

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Tuesday, 20 February 2024

Time: 14:00

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

Contact: Lynn Straker, Committee Officer
lynn.straker@west-dunbarton.gov.uk
committee.admin@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
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: 13 February 2024

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 - https://portal.audiominutes.com/public_player/westdc

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

AGENDA

TUESDAY, 20 FEBRUARY 2024

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 21 November 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 2023/24 FINANCIAL PERFORMANCE REPORT AS AT 17 - 58
PERIOD 9 (31 DECEMBER 2023)**

Submit report by Julie Slavin, Chief Financial Officer providing an update on the financial performance as at period 9 to 31 December 2023 and a projected outturn position to the 31 March 2024.

8 2024/25 ANNUAL BUDGET SETTING UPDATE 59 - 105
(REVENUE ESTIMATES) REPORT

Submit report by Julie Slavin, Chief Financial Officer providing an update on the revenue estimates exercise for 2024/25, including the main cost pressures, funding assumptions and key financial risks for the HSCP Board. The report also provides detail of a number of management adjustments taken, and to seek members' approval in relation to a savings option, to partially close the indicative budget gaps for 2024/25. The remaining options to close the gap will be presented to the West Dunbartonshire Health and Social Care Board at the next meeting on 28 March 2024.

9 URGENT AND UNSCHEDULED CARE UPDATE 107 - 164

Submit report by Fiona Taylor, Head of Health and Community Care providing the mid-year update on the progress towards the delivery of local and whole-system change against the urgent and unscheduled priorities to minimise the impact of unscheduled care.

10 CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 165 - 215
2022-23

Submit report by Lesley James, Head of Children's Health, Care and Community Justice and Chief Social Work Officer, providing Members with the Chief Social Work Officer (CSWO) Annual Report for 2022-23 (see Appendix 1) which provides information on the statutory work undertaken on the Council's behalf, including a summary of governance arrangements, service delivery, resources and workforce.

11 WORKFORCE PLAN 2022 – 2025 PROGRESS REPORT 217 - 230

Submit report by Gillian Gall, Head of HR, presenting the HSCP Action Plan update for Year 1 (to December 2023) and providing an update on progress made.

12 CLIMATE CHANGE REPORT 2022/23 231 - 233

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation providing an update on the Climate Change Report prepared on its behalf in accordance with the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.

13/

13 MINUTES OF MEETING FOR NOTING

235 - 250

Submit for noting the Approved Minutes of Joint Staff Forum (JSF) Meetings held on:-

- (a) 26 October 2023; and
- (b) 30 November 2023

14 DATE OF NEXT MEETING

Members are asked to note the next meeting of West Dunbartonshire Health and Social Care Partnership Board will be held on Thursday, 28 March 2024 at 2.00 p.m. as a Hybrid Meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL.

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 G82 1QL on Tuesday, 21 November 2023 at 2.03 p.m.

- Present:** Rona Sweeney, Lesley Rousselet and Michelle Wailes, NHS Greater Glasgow and Clyde and Councillors Michelle McGinty, Martin Rooney and Clare Steel, West Dunbartonshire Council.
- Non-Voting** Beth Culshaw, Chief Officer; Diana McCrone, Staff Representative (NHS Greater Glasgow and Clyde); Julie Slavin, Chief Financial Officer; Barbara Barnes, Chair of the Locality Engagement Network – Alexandria and Dumbarton; Selina Ross, Chief Officer – West Dunbartonshire CVS; Helen Little, MSK Physiotherapy Manager; Kim McNab, Service Manager – Carers of West Dunbartonshire; Dr Saied Pourghazi, Associate Clinical Director and General Practitioner and Val Tierney, Chief Nurse.
- Attending:** 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; Sylvia Chatfield, Head of Mental Health, Addictions and Learning Disabilities;; Michael McDougall, Manager of Legal Services; and Lynn Straker and Nicola Moorcroft, Committee Officers.
- Also Attending:** Tom Reid, Audit Director - Mazars
- Apology:** An Apology for absence was intimated on behalf of Anne MacDougall, Chair of the Locality Engagement Network – Clydebank.

Councillor Michelle McGinty in the Chair

STATEMENT BY CHAIR

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

DECLARATIONS OF INTEREST

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

RECORDING OF VOTES

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health and Social Care Partnership Board held on 19 September 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 for information and relevant updates were noted and agreed.

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 it had been a busy couple of months with a key highlight being a visit from Elena Whitham (MSP) who gave great positive feedback on our care facilities. It was positive also to note an inspection declared the Dumbarton Health Centre as clear of any RAAC concrete. She noted there was currently a recruitment drive for GPs and also work ongoing by Dr Saied Pourghazi and Val Tierney for the HSCPs application to be selected a multidisciplinary team demonstrator site as part of the Scottish Government's Phased Improvement Programme for Primary Care Improvement which will be discussed later in the meeting.

Ms Culshaw noted figures for delayed discharge were disappointingly high and it may be for a number of reasons including the onset of pressures of healthcare and complex needs during winter. She advised HSCP Board Member Peter O'Neill, Trade Union Representative, had recently retired and a replacement Trade Union representative was expected to be in place by the next meeting of the Board. And finally she noted the Staff Awards event had been a great success with winners going through to Regional (Greater Glasgow and Clyde) competition.

DAVID THOMSON MEMORIAL TRUST

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing information to raise awareness of the ambition to establish the David Thomson Memorial Trust and seeking approval to provide financial support to this organisation.

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

- (1) to note the intention of the family of the late David Thomson to establish the David Thomson Memorial Trust; and
- (2) that all funding options be explored and the Board must be satisfied with Governance arrangements prior to funding being determined.

A REFRESH OF THE STRATEGY FOR MENTAL HEALTH SERVICES IN GREATER GLASGOW AND CLYDE 2023 – 2028

A report was submitted by Sylvia Chatfield, Head of Mental Health, Addictions and Learning Disabilities, providing an update on the Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 – 2028.

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

- (1) to note progress made against the Mental Health Strategy 2018 – 2023 outlined in the proposed strategy refresh; and
- (2) to note the Refresh of the Strategy for Mental Health Services in Greater Glasgow and Clyde 2023-2028.

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

A report was submitted by Lesley James, Head of Children's Health, Care and Community Justice and Chief Social Work Officer, providing an update on the current finance aligned to develop and improve community mental health support and services for children and young people within West Dunbartonshire from Programme for Government funding.

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

- (1) to note the content of the report;
- (2) to note progress since the previous report to HSCP Board on 15 March 2023;
- (3) to the proposed allocation of current 23/24 grant and carry forward of 22/23 Grant; and
- (4) to seek a subsequent full year report to come back in March 2024.

WEST DUNBARTONSHIRE HSCP'S APPLICATION: MULTIDISCIPLINARY TEAM DEMONSTRATOR SITE – SCOTTISH GOVERNMENT'S PHASED IMPROVEMENT PROGRAMME FOR PRIMARY CARE IMPROVEMENT

A report was submitted by Val Tierney, Chief Nurse, informing of West Dunbartonshire HSCPs application to be selected a multidisciplinary team demonstrator site as part of the Scottish Government's Phased Improvement Programme for Primary Care Improvement.

After discussion and having heard from the Chief Nurse and the Associate Clinical Director and General Practitioner in further explanation and in answer to Members' questions, the Board agreed that if the application was successful, to approve the proposal to recruit to permanent posts, noting mitigations against financial risk which would be managed through staff turnover of the wider PCIP workforce in the event that bid funding is not baselined. In respect of any permanent staff displacement there is an existing risk sharing agreement across all six HSCPs within NHSGGC.

ADJOURNMENT

The Chair adjourned the meeting for a short recess. The meeting reconvened at 3.30p.m. with all the those listed in the sederunt present with the exception of Dr Saied Pourghazi, Associate Clinical Director and General Practitioner.

2023/24 FINANCIAL PERFORMANCE REPORT AS AT PERIOD 6 (30 SEPTEMBER 2023)

A report was submitted by Julie Slavin, Chief Financial Officer, providing an update on the financial performance as at period 6 to 30 September 2023 and the projected outturn position to 31 March 2024.

After discussion and having heard from the Chief Financial 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 September 2023 is reporting an adverse (overspend) position of £1.111m (1.12%);
- (3) to note the projected outturn position of £2.320m overspend (1.17%) for 2023/24 including all planned transfers to/from earmarked reserves;
- (4) to note the progress update on the recovery plan to address the projected overspend and approve the application of both earmarked and unearmarked reserves as set-out in Table 7;
- (5) to note the update on the monitoring of savings agreed for 2023/24;
- (6) to note the current reserves balances;
- (7) to note the update on the capital position and projected completion timelines;
- (8) to note the progress to date on the budget planning process for 2024/25 to 2026/27; 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.

AUDITED ANNUAL ACCOUNTS 2022/23

A report was submitted by Julie Slavin, Chief Financial Officer, presenting the audited Annual Accounts for the year ended 31 March 2023.

After discussion and having heard from the Chief Financial Officer and the Audit Director – Mazars, in further explanation and in answer to Members' questions, the Board agreed to consider the audited Annual Accounts for the period 1 April 2022 to 31 March 2023 and recommended their approval for final signature by the Chair, Chief Officer and Chief Financial Officer.

WINTER PLAN 2023/24

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update on the winter planning arrangements for 2023/24.

After discussion and having heard from the Head of Strategy and Transformation and the Head of Health and Community Care, in further explanation and in answer to Members' questions, the Board agreed to note the content of the report.

WD HSCP SHORT BREAKS PILOT UPDATE

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update regarding the progress of the Short Breaks Pilot.

After discussion and having heard from the Head of Strategy and Transformation and the Carers of West Dunbartonshire (Service Manager) in further explanation and in answer to Members' questions, the Board agreed that the HSCP Partnership Board noted the progress of the project, the initial learning from the pilot and the intention to provide an impact report in Winter 2024.

A VERBAL UPDATE REGARDING INSPECTION OF CARE HOMES

With authorisation from Chair, Councillor Michelle McGinty, Fiona Taylor, Head of Health and Community Care, provided a verbal update on the Care Inspectorate Inspection of Care Homes. The initial inspection, undertaken in March 2023 at which point a six month period had been granted for the service to meet requirements for service improvement. An assessment as to whether the service had met requirements took place in early October 2023. It was acknowledged that areas of progress had been made and that the service was undergoing consider redesign, however additional evidence was required to demonstrate that the service had met requirements.

An extension, with monthly progress reports, until Spring 2024, was recommended, to enable the service to meet said requirements. An Improvement Plan with indicative timescales has been submitted to the Care Inspectorate Team Manager, for approval.

Once the extension period concludes, the Inspectorate will undertake a further inspection, which will be reported back to the Board at a future meeting.

REVIEW OF STRATEGIC RISK REGISTER

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, presenting the six monthly update on the HSCP Strategic Risk Register in compliance with the West Dunbartonshire Health and Social Care Partnership Risk Management Policy.

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 approve the changes to Appendix 1 of the report, as agreed at the meeting of the HSCP Board Audit and Performance Committee held on 14 November 2023; and
- (2) to approve the addition of two new Strategic Risks as outlined in Appendix 2 of the report.

REVIEW OF INTEGRATION SCHEME

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update on work ongoing to review the Integration Scheme between West Dunbartonshire Council and NHS Greater Glasgow and Clyde, and, as part of the consultation process, seeking the views of the HSCP Board on the draft revised Integration Scheme.

After discussion and having heard the Head of Strategy and Transformation in further explanation and in answer to Members' questions, the Board agreed to note the content of this report and the draft Integration Scheme.

IMPLEMENTATION OF DIRECTIONS POLICY

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

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

MINUTES OF MEETING FOR NOTING

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

- (1) 7 August 2023; and
- (2) 31 August 2023.

The meeting closed at 4.42 p.m.

**WEST DUNBARTONSHIRE HSCP BOARD
ROLLING ACTION LIST**

Agenda Item	Decision/ Minuted Action	Responsible Officer	Timescale	Progress/ Update/ Outcome	Status
A REFRESH OF THE STRATEGY FOR MENTAL HEALTH SERVICES IN GREATER GLASGOW AND CLYDE 2023 – 2028	Michelle McGinty questioned the accessibility of the new specialised unit. Head of service to be contacted to find out from users how accessible they consider the unit to be.	Sylvia Chatfield	Information to be provided to members as soon as possible		Open
SCOTTISH GOVERNMENT FUNDING FOR CHILDREN AND YOUNG PEOPLE'S COMMUNITY MENTAL HEALTH SUPPORTS AND SERVICES	Briefing Note to be provided to all members detailing to work of the Planet Youth in west Dunbartonshire.	Lesley James	Information to be provided to members as soon as possible		Open
REVIEW OF STRATEGIC RISK REGISTER	Appendix 2 to be amended to reflect the changes agreed at HSCP Audit and Performance Committee 14 11 23	Margaret – Jane Cardo	Revised Strategic risk Register to be	Update: This will now be presented at March 2024 HSCP Board meeting	Open

			presented to next meeting of the HSCP Board		
REVIEW OF INTEGRATION SCHEME	<p>Rona Sweeney queried the reference to delegated services within the document.</p> <p>The Chief Officer to provide revised definitions of delegated services.</p>	Beth Culshaw	Information to be provided to members as soon as possible	Update: This is now presented at February HSCP Board meeting so item to be closed.	Closed

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Julie Slavin, Chief Financial Officer

20 February 2024

Subject: 2023/24 Financial Performance Report as at Period 9 (31 December 2023)

1. Purpose

- 1.1** To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 9 to 31 December 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 December 2023 is reporting an adverse (overspend) position of £1.185m (0.82%);
- c) **Note** the projected outturn position of £1.585m overspend (0.79%) for 2023/24 including all planned transfers to/from earmarked reserves and the implementation of the recovery plan as approved at the November HSCP Board;
- d) **Note** the update on the monitoring of savings agreed for 2023/24;
- e) **Note** the current reserves balances;
- f) **Note** the update on the capital position and projected completion timelines; and
- g) **Note** that the progress to date on the budget planning process for 2024/25 to 2026/27 is detailed in a separate report within the agenda for this HSCP Board meeting.

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 £199.991m 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 December 2023 is an overspend of £1.185m (0.82%) with an annual projected outturn position being a potential overspend of £1.585m (0.79%) to 31 March 2024. 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 overall HSCP summary and the individual head of service positions are reported within Tables 1 and 2 below and the figures will be subject to change as the actual costs for the last quarter of the financial year are analysed. The projection now reflects the financial impact of the regrading of care at home staff (job evaluation outcome to move from grade 3 to grade 4) and the final pay award for local government employees (at an average of 7.5% and 6.5% for lower and higher graded staff) at a cost of £0.321m and £1.558m respectively. Table 3 details the underlying position by head of service, excluding the impact of the local government pay award, and shows a near breakeven position. Please note that both the regrading and backdated pay award have not yet been paid out to staff at the time of writing, therefore the estimated figures will also be subject to change, in particular across recalculation of overtime and additional hours payments.

Table 1 – Summary Financial Information as at 31 December 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	Recovery Plan	Revised Forecast Variance	Variance %
	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Health Care	119,837	88,062	88,091	(29)	120,714	(877)	(840)	0	(37)	-0.03%
Social Care	117,861	81,076	82,860	(1,784)	124,305	(6,444)	(2,105)	(1,946)	(2,393)	-2.03%
Expenditure	237,698	169,138	170,951	(1,813)	245,019	(7,321)	(2,945)	(1,946)	(2,430)	-1.02%
Health Care	(4,831)	(3,615)	(3,609)	(6)	(4,823)	(8)	0	0	(8)	0.17%
Social Care	(32,876)	(21,524)	(22,158)	634	(31,935)	(941)	(1,808)	14	853	-2.59%
Income	(37,707)	(25,139)	(25,767)	628	(36,758)	(949)	(1,808)	14	845	-2.24%
Health Care	115,006	84,447	84,482	(35)	115,891	(885)	(840)	0	(45)	-0.04%
Social Care	84,985	59,552	60,702	(1,150)	92,370	(7,385)	(3,913)	(1,932)	(1,540)	-1.81%
Net Expenditure	199,991	143,999	145,184	(1,185)	208,261	(8,270)	(4,753)	(1,932)	(1,585)	-0.79%

Table 2 – Financial Information as at 31 December 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	Recovery Plan	Revised Forecast Variance	Variance %
	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Children's Health, Care & Justice	29,862	19,392	20,382	(990)	31,611	(1,749)	(434)	0	(1,315)	-4.40%
Health and Community Care	51,522	37,288	38,300	(1,012)	54,006	(2,484)	332	(1,470)	(1,346)	-2.61%
Mental Health, Learning Disability & Addictions	30,201	21,921	21,596	325	30,700	(499)	(931)	0	432	1.43%
Strategy & Transformation	2,147	1,470	1,228	242	1,824	323	0	0	323	15.04%
Family Health Services	32,344	23,945	23,945	0	32,344	0	0	0	0	0.00%
GP Prescribing	21,394	16,180	16,877	(697)	22,323	(929)	0	0	(929)	-4.34%
Hosted Services	8,328	6,351	6,311	40	9,000	(672)	(724)	0	52	0.62%
Other	24,193	17,452	16,545	907	26,453	(2,260)	(2,996)	(462)	1,198	4.95%
Net Expenditure	199,991	143,999	145,184	(1,185)	208,261	(8,270)	(4,753)	(1,932)	(1,585)	-0.79%

Table 3 – Underlying Variance Excluding Impact of Local Authority Pay Award

Summary Financial Information	Revised Forecast Variance	Cost of Local Government Pay Uplift	Variance Exc Cost of Local Government Pay Uplift
	£000	£000	£000
Children's Health, Care & Justice	(1,315)	328	(987)
Health and Community Care	(1,346)	1,049	(297)
Mental Health, Learning Disability & Addictions	432	124	556
Strategy & Transformation	323	30	353
Family Health Services	0		0
GP Prescribing	(929)		(929)
Hosted Services	52		52
Other	1,198	26	1,224
Total	(1,585)	1,558	(27)

4.3 The favourable movement in the overall position between the period 6 projections of a £2.320m overspend and the current projection of £1.585m is covered in Table 4 below and it mainly due to the impacts of the approved recovery plan as at November 2023. This table also highlights the volatile nature of the demand of some health and care services that can significantly impact on projections.

Table 4 – Movement since Period 6

Movement since period 6	£000
Period 9 adverse variance (after recovery plan)	(1,585)
Period 6 adverse variance as reported to HSCP Board 21 November 2023	(2,320)
Movement since period 6	735
Represented By:	
Recovery plan as approved by the November HSCP Board	2,692
Adjustment to recovery plan to remove prescribing reserve	(747)
Additional cost of 2023/24 Social Care pay award	(1,558)
Cost of Care at Home Regrading	(321)
Improvement in prescribing forecast	235
Improvement in childrens residential schools and external accommodation	172
Additional underspend in core staffing due to vacancies and recruitment challenges	784
Increase in forecast overspend for Care at Home due to overtime and agency use	(583)
Other	61
Movement since period 6	735

4.4 Members should note that the projected overspend takes into account the progress on agreed savings programmes, £4.753m of expenditure to be covered from drawdowns in earmarked reserves and the implementation of the recovery plan as approved at the November HSCP Board. Further detail on progress of savings is detailed in Appendix 2 with a summary position shown in Table 5 below.

4.5 The progress of savings is tracked by the Senior Management Team, and a RAG (Red, Amber, and Green) status applied to inform further actions. In the period to 31 December 2023 approximately 76% 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 2023 to underwrite the savings challenge, is provided within Appendix 6.

Table 5 – Monitoring of Savings and Efficiencies

Efficiency Detail	Saving to be Monitored	Savings Completed or Anticipated to be Achieved as Planned	Saving Achieved Through Management Action	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	£000
Total	7,862	5,704	283	55	1,820
Health Care	1,243	1,243	0	0	0
Social Care	6,619	4,461	283	55	1,820

- 4.6** Analysis on the projected annual variances in excess of £0.050m are contained within Appendix 5. The detailed analysis of the range of variances, highlights the range of pressures being managed across the HSCP delegated budgets. After accounting for anticipated movements in staffing and demand pressure and the application of recovery planning actions, the residual projected overspend of £1.585m is due to the additional unfunded local government staff pay award costs. This is covered in further detail below.
- 4.7** Continuing from the November Board update some teams continue to experience recruitment and retention challenges, with savings generated from vacant posts exceeding turnover targets applied in many of these services. However, costs for premium rate overtime and agency cover are being reviewed with enhanced scrutiny afforded by new online pre-approval request forms. Projections continue to reflect the volatility and impact of significant demand for children and families residential and community placements, care at home staffing challenges and external older people's residential placements and increased prescribing volumes, with further explanation provided below.
- 4.8** Previous financial reports have provided information on the scale of the financial challenge supporting vulnerable children and families. There has been some turnover within residential accommodation, resulting in the projected overspend reducing by £0.172m, from that reported to the November HSCP Board. 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 "What Would It Take" 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.
- 4.9** Staffing challenges continue to present themselves within Care at Home services with the projected overspend increasing by circa £0.583m from that reported to the November HSCP Board over and above the cost of the 23/24 pay uplift and the cost of job evaluation. This is mainly due to ongoing increases in premium rate overtime and agency usage in relation to sickness, staff training and holiday cover and a reduction in anticipated income. As stated in section 4.7 above approval processes are being enhanced, however the level of sickness absence has continued to increase in the last few weeks, with weekend cover being exceptionally challenging.
- 4.10** The external care homes budget overspend has reduced by £0.213m from the November reported position prior to recovery planning measures. However, the actual number of current residents funded by the HSCP remains in excess of the budgeted placements by a total of 25 places with an increasing number of nursing placements.

Update on Local Authority Pay Awards

- 4.11** As previously reported the 2023/24 Local Authority pay deal was agreed in November 2023. The pay offer, backdated to 1 April 2023, means that employees currently paid the Scottish Local Government Living Wage and

those on National Spinal Column Points 19 to 23 will receive an increase of £1.04 per hour. Employees on all other spinal column points will receive either an increase of £1.00 on their hourly rate or the following (which ever) is more.

Table 6 – Pay Uplift per Spinal Column Point

Spinal Column Point 2023/24 Pay Award	Increase
SCP019-SCP043	7.50%
SCP044-SCP064	6.50%
SCP065 and above including Chief Officers	6.05%

- 4.12** As highlighted in 4.2 above the additional estimated costs associated with the pay award are £1.558m in 2023/24 which are now reflected in the projected outturn. It should be noted however that these costs are lower than full budgeted costs due to vacant posts and if fully staffed the financial impact would be circa £1.609m.
- 4.13** The financial contribution made available by the Scottish Government towards the recurring costs associated with the 2023/24 LGE Pay Award is summarised in the table 7 below. This information was extracted from the Council's Chief Officer Resources report: "Item 11 Financial Update" presented to 20 December 2023 Council meeting. The distribution of elements of the funding are not confirmed, at the time of writing, therefore the figures in the table are estimates. In addition, as part of the agreement COSLA Leaders agreed that Councils would contribute a total of £10m from Council reserves with the WD share being £0.182m to provide estimated total funding of £4.771m.

Table 7 – Funding for Local Authority Pay Uplift

Funding Element	National Share	WDC Estimated Share
	£m	£000
Scottish Government (Revenue)	155	2,821
Scottish Government (Capital) – SG capital underspends to be provided to councils with capacity to convert to revenue which will then be distributed	22	400
Child Abuse Compensation Scheme contribution from LG due to less demand than anticipated. Puts an additional £7m into overall LG 2024/25 settlement for the purposes of paying the 2023/24 pay award.	7	127
Underspends nationally in employability funding	21	382
Carried Forward Pupil Equity Funding to be repaid to councils in 2024/25	30	546
Share of £17.2m to backdate pay award to 1st April 2023	17	313
Scottish Government Funding	252	4,589
Council contribution from reserves	10	182
Total Funding	262	4,771

- 4.14** The Financial Update report also confirmed, *“The £4.589m of funding made available by the Scottish Government for the 2023/24 pay award was based on the total local government workforce.”* which includes HSCP social care staff who remain employed under WDC contractual arrangements. The report also made no assumption regarding any political decision in relation to any allocation of funding to the HSCP, *“councils have autonomy to allocate funding based on local needs and priorities.”*
- 4.15** The report expands further when considering the council’s own budget position, *“Consequently the budget gap presented in this report has been calculated with 100% of the funding retained by the Council. The HSCP makes up 31% of the overall Council staff costs (excluding Teachers) which would equate to a total funding share of £1.422m”.* Please note that the HSCP makes up 35% of the overall Council staff costs, now confirmed with the Chief Officer – Resources and therefore a 35% share would equate to £1.670m.
- 4.16** If the HSCP received an appropriate share of circa. £1.670m, this would, in tandem with the recovery plan, amend the current 2023/24 projected outturn to a breakeven position as detailed in Table 3 above. This would allow further flexibility around the unearmarked and earmarked reserves balances to be factored into options to close the projected 2024/25 budget gap, covered in a separate item on this agenda.
- 4.17** With regards to when a decision on this could be made, the Financial Update report further stated, *“it is expected that Council, when agreeing the 2024/25 budget on 6 March 2024, may require to take a decision as to whether a share of the funding for the 2023/24 pay award funding is passed through to the HSCP.”*
- 4.18** Table 8 compares the cost of the 2023/24 pay awards for the remaining local authority staff with the WDC estimated share of funding and shows that the funding anticipated for the Council local authority staff is in excess of that required by £1.077m. Similarly, with the HSCP estimated costs set out in section 4.2 above, actual costs will be subject to change once all staff have received their backdated pay.

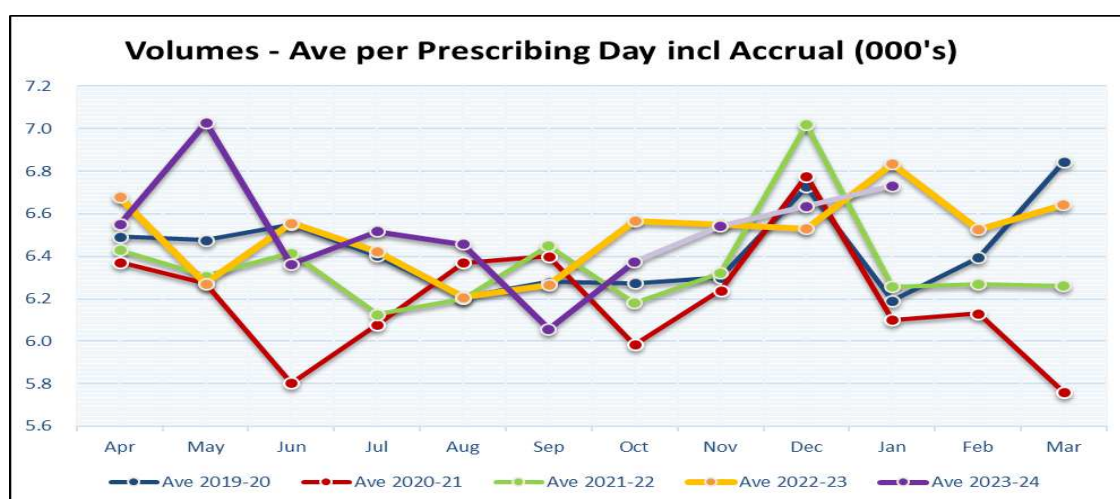
Table 8 – Cost of 2023/24 Local Authority Pay Awards compared to Estimated Share of National Funding

Cost of 2023/24 Local Authority Pay Awards compared to Estimated Share of National Funding	Cost of LA Pay Award	WDC Estimated Share	Net Impact
	£000	£000	£000
Impact of 2023/24 LGE Pay Award on base budget	3,694	(4,771)	(1,077)

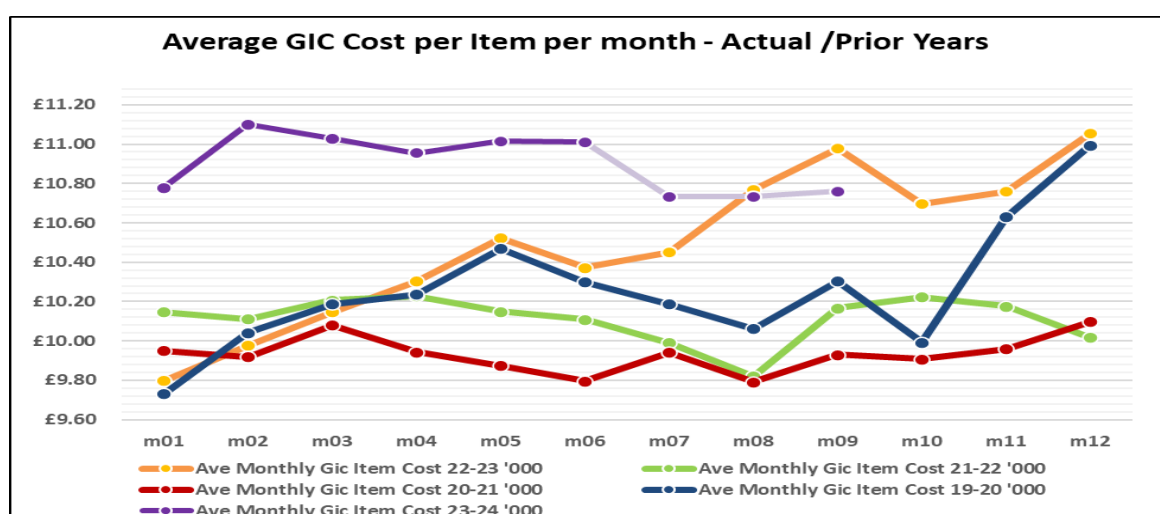
Update on Prescribing 2023/24

- 4.19** As previously reported, the accuracy of 2023/24 prescribing data remains a risk to the reported projections. National Services Scotland (NSS) are responsible for the production of prescribing data used to calculate payments to community pharmacists and to inform health boards and HSCPs of activity (costs and volumes). However, NSS have experienced a variety of challenges implementing a new system across Scotland, which has caused significant delays in the production of robust, reliable and timeous data on prescribing volumes and prices. At the time of writing April to October data was available with November to January figures accrued.
- 4.20** Graphs 1 and 2 show the volume per average prescribing day and the average monthly cost per item respectively for April 2019 to January 2024. While volume numbers fluctuate month on month, the average cost per item is substantially higher than any of the last 4 years, pre, during and post-pandemic.

Graph 1: Prescribing Volumes April 2019 to January 2024



Graph 2: Cost per Item April 2019 to January 2024



- 4.21** While the HSCP Board recognised the 2022/23 trend did show an increase in volumes, exacerbated with increasing prices globally and provided a 5% uplift on the prescribing budget, the latest data indicates that the projected outturn position could be an overspend in the region of £0.929m. While this latest projection is an improvement on the period 6 reported variance, due to a slowdown in volume growth from 2022/23 to 2023/24 and a reduction in gross cost per item, it remains far in excess of the available budget.
- 4.22** Early board reports had already anticipated that a proportion (£0.225m) of the earmarked prescribing reserve balance of £0.972m would have to be utilised to partially mitigate the prescribing pressure in the current financial year. In addition, the November report anticipated that, as part of the recovery plan, the remaining earmarked reserve may also have to be utilised, in tandem with savings derived from local and Board wide prescribing efficiency programmes. However, the overall health forecast position includes a number of favourable variances related to recruitment challenges that offset the overall prescribing pressure in 2023/24 thus enabling the entire earmarked reserve to be retained to underwrite the financial pressure in 2024/25.

Bad Debt Write-Off

- 4.23** 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 and as such include a provision for potential bad debt within the HSCP Board's balance sheet.
- 4.24** 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
- 4.25** Bad debt write off totalling £0.008m for the period October to December 2023 are included in the tables 9 and 10 below for information only, as no individual debt exceeds £5,000. The debt written off for to date for 2023/24 exceed previous financial year's write-offs and this will have to be monitored closely for potential impact on the current provision which is £0.289m.

Table 9 – Bad Debt Write Off by Classification

Debt Write off Summary for October to December 2023	Value of Debt Write Off	Number of Cases
Prescribed under £5k	0	0
Uneconomical under £5k	0	0
Unreasonable under £5k	3,044	96
Deceased under £5k	5,028	52
Small balance under £5k	0	0
Deceased over £5k	0	0
Prescribed over £5k	0	0
Unreasonable over £5k	0	0
	8,072	148

Table 10 – Bad Debt Write Off by Service Area

Debt Write off Summary for October to December 2023	Value of Debt Write Off	Number of Cases
Care at Home	15	2
Care Contracts	9	1
Learning Disability	1,477	46
Addictions	1,388	3
Respite	1,475	12
Community Alarms	938	65
Older People Day Care	2,772	19
Totals	8,072	148

Recovery Plan

- 4.26** As reported above the annual projected outturn position reported at Period 9 is a potential overspend of £1.585m (0.79%) after the implementation of the approved recovery plan, mainly due to the unfunded local authority pay award for 2023/24. It should be noted that the financial pressure being projected is not unique to WDHSCP. All Scottish IJB's Quarter 2 financial returns (to Health and Sport Committee) have highlighted the national scale of the financial challenge due to cumulative impacts of "flat-cash" or below inflation allocations coupled with high levels of volatility of demand and costs across health and social care services.

Update on Reserves

- 4.27** Analysis of reserves is detailed in Appendix 6 and identifies that at this time it is anticipated that a total of £6.432m will be drawn down from earmarked reserves to fund anticipated expenditure in 2023/24 and implement the

approved recovery plan, at £4.753m and £1.670m respectively, which includes £1.812m applied in March 2023 to balance the 2023/24 budget.

- 4.28** As agreed as part of the November Recovery Plan, an element of unearmarked reserves of £0.262m is also being utilised, which equates to the value of “free reserve” over the 2% balance held, as set out within the HSCP Board’s Reserves Policy. However, if no pay award funding is passed through by WDC, the current overspend of £1.585m will require to be covered from unearmarked reserves. This would leave a potential balance of £2.545m or 1.2% of the overall HSCP’s net expenditure.

Budget Process for 2024/25 to 2026/27

- 4.29** Significant work has been undertaken to date regarding the draft budget position for 2024/25 and future years and an update is provided in a separate report within this HSCP meeting agenda.

Housing Aids and Adaptations and Care of Gardens

- 4.30** The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services delegated to the HSCP Board and should be considered as an addition to the HSCP’s 2023/24 budget allocation of £84.985m from the council.
- 4.31** These budgets are managed by the Council’s – Roads and Neighbourhood and Housing and Employability Services on behalf of the HSCP Board.
- 4.32** The summary projected position for the period to 31 December 2023 is included in Table 11 below and will be reported as part of WDC’s financial update position.

Table 11 - Financial Performance projected 31 December 2023

Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council	Annual Budget	Forecast Full Year	Forecast Variance
	£000	£000	£000
Care of Gardens	229	229	0
Aids & Adaptations	250	250	0
Net Expenditure	479	479	0

2023/24 Capital Expenditure

- 4.33** The capital updates for Health Care and Social Care are contained within Appendix 7 and details the actual and forecast progress on a number of capital projects being:

- Minor Health Capital Works;

- Special Needs - Aids & Adaptations for HSCP clients;
- Community Alarm upgrade; and
- HSCP ICT Modernisation

5. Options Appraisal

- 5.1** None required for this report however any recovery plan may require options appraisals to be undertaken.

6. People Implications

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

7. Financial and Procurement Implications

- 7.1** Other than the financial position noted above, there are no other financial implications known at this time. The regular financial performance reports to the HSCP Board will update on any material changes to current costs and projections.

8. Risk Analysis

- 8.1** The main financial risks to the 2023/24 projected outturn position relate to anticipated increases in demand for some key social care services, complex care packages and prescribing costs, and the uncertainty around pay award funding for Local Authority staff, in particular the impact this could have on the unearmarked reserves balance to be carried forward into 2024/25.
- 8.2** While inflation has fallen to 4.3% it is unclear at this time what impact this will have on the future of the UK Economy for the remainder of this financial year which may have a detrimental impact on public sector funding. Now that the HSCP is in the recovery phase of the Covid-19 pandemic the wider impact of the Britain's exit from the European Union are beginning to reveal themselves.
- 8.3** The Minister for Social Care, Mental Wellbeing and Sport, announced in July 2023 that the proposed model for a National Care Service would be based a shared accountability with Scottish Ministers, Local Government and NHS Boards. There has been a series of communications issued throughout December on the interpretation of the current version of the Bill and a revised Financial Memorandum. To allow sufficient scrutiny, the new deadline for Stage 1 debate is now 1 March 2024. The possibility of direct allocations to Integration Authorities remains unclear at this stage.

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

Julie Slavin – Chief Financial Officer

Date: 6 February 2024

Person to Contact: Julie Slavin – Chief Financial Officer, Church Street, WDC
Offices, Dumbarton G82 1QL
Telephone: 07773 934 377
E-mail: julie.slavin@ggc.scot.nhs.uk

Appendices:

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

Background Papers: 2023/24 Annual Budget Setting Report – 15 March HSCP Board
2023/24 Financial Performance Report as at Period 6 (21 November 2023)

Localities Affected: All

Item 7
Appendix 1

West Dunbartonshire Health & Social Care Partnership Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023			Appendix 1
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 Trans	(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 Adjustment for 2022/23	(276)		(276)
Budget Adjustment related to Health Pay Award One Off Payment	444		444
PCIP Tranche One Funding	3,011		3,011
Winter Planning 1000 HCSW Funding	622		622
ADP Recurring PFG Funding	301		301
Apremilast Acute 22-23 Accr Diff	(4)		(4)
Apremilast Acute Apr23 Actual	10		10
Apremilast Acute May-mar24 Fyb	145		145
Apremilast Acute Feb23 Reverse	(13)		(13)
Apremilast Acute Mar23 Reverse	(11)		(11)
ADP Tranche One Funding and AFC Uplift	497		497
District Nursing Tranche One Funding	150		150
OU Students	10		10
Winter Planning MDT Funding	563		563
School Nursing Funding	210		210
Prescribing Share Of £20m NRAC	378		378
Smoking Prevention Funding	70		70
WD Lead Nurse	54		54

West Dunbartonshire Health & Social Care Partnership Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023			Appendix 1
2023/24 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
2023/24 Pay Uplift	1,073		1,073
GMS Budget Adjustments	1,083		1,083
Effective Prev Oc Fw	27		27
Dental Outcomes	8		8
Dementia Post Diagnostic Funding	62		62
Care Home Monies	35		35
Covid Vacc Hb/ch	67		67
Mental Health Sas Contract Reforms	8		8
Retinal Screening Oct Triton	(78)		(78)
<u>Outstanding Health Funding Assumptions</u>			
<u>Scottish Government Ring Fenced Funding</u>			
Tranche Two PCIP Funding	177		177
Winter Planning (1000 HCSW and MDT Funding)	188		188
District Nursing Funding	64		64
ADP Funding	171		171
Action 15 Funding	638		638
<u>Outstanding Social Care Funding Assumptions</u>			
Recommended Scottish Allowance		318	318
Revised Budget 2023/24	115,111	86,798	201,909
Drawdown from Reserves	(106)	(1,812)	(1,918)
Budget Funded from Partner Organisations	115,005	84,986	199,991

West Dunbartonshire Health & Social Care Partnership
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					
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&F02	L James	Social Care	Review of Kinship placements as part of redesign*	The full service redesign has still to commence. Kinship placements are under pressure at this time with client numbers 31 in excess of those budgeted with the result that this saving is at high risk of not being achieved due to the current financial projection.	54
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
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, however until the service redesign is implemented this remains a high risk area.	181
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 high risk that this saving will not be achieved as planned.	140

Ref	Head of Service	Partner	Efficiency Detail	Comment	Total
					£000
CAH04	F Taylor	Social Care	One year staff turnover increased from 1% to 4%	Staffing costs are projected to be overspent by £2.3m (prior to recovery planning), therefore any staffing related savings are at high risk of not being achieved.	337
RSCH01	L James	Social Care	Restrict Continuing Care Spend	While there are 3 more young people being supported than budgeted with ongoing discussions on establishing a local provision to reduce rental costs incurred under the current contract this saving has been partially achieved.	202
Savings at Medium Risk of not being achieved as planned and subject to Recovery Planning					
S&T04	MJ Cardno	Social Care	New Transport Policy will reduce requirement for taxis and some internal transport across social care services	The process required to achieve this saving is ongoing. Meetings with all relevant Heads of Service have taken place and a meeting has taken place with transport to further understand the charges and the formulae which are applied to determine charges. Interrogation of the actual transport charge versus the actual usage has resulted in stark contrasts and work ongoing to understand, if there is a further reduction in use, how this 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.	55
			Total Health Care Social Care		1,875 0 1,875

Item 7

Appendix 3

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 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	Recovery Plan	Revised Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000	£000		
Older People Residential, Health and Community Care	34,280	26,201	26,182	19	34,315	(35)	332	(392)	25	0.07%	↑
Care at Home	13,935	8,642	9,760	(1,118)	16,505	(2,570)	0	(1,078)	(1,492)	-10.71%	↓
Physical Disability	2,492	1,915	1,866	49	2,427	65	0	0	65	2.61%	↑
Childrens Residential Care and Community Services	29,860	19,289	20,056	(767)	31,310	(1,450)	(426)	0	(1,024)	-3.43%	↓
Strategy, Planning and Health Improvement	2,145	1,469	1,228	241	1,824	321	0	0	321	14.97%	↑
Mental Health Services - Adult and Elderly, Community and Inpatients	12,173	8,735	8,625	110	12,414	(241)	(386)	0	145	1.19%	↑
Addictions	3,947	2,671	2,596	75	4,152	(205)	(305)	0	100	2.53%	↑
Learning Disabilities - Residential and Community Services	14,081	10,515	10,373	142	14,135	(54)	(240)	0	186	1.32%	↑
Family Health Services (FHS)	32,344	23,945	23,945	0	32,344	0	0	0	0	0.00%	→
GP Prescribing	21,394	16,180	16,877	(697)	22,323	(929)	0	0	(929)	-4.34%	↓
Hosted Services	8,328	6,351	6,311	40	9,000	(672)	(724)	0	52	0.62%	↑
Criminal Justice (Including Transitions)	0	104	325	(221)	301	(301)	(8)	0	(293)	0.00%	↓
Resource Transfer	17,630	13,222	13,223	(1)	17,630	0	0	0	0	0.00%	→
HSCP Corporate and Other Services	7,382	4,760	3,817	943	9,581	(2,199)	(2,996)	(462)	1,259	17.05%	↑
Net Expenditure	199,991	143,999	145,184	(1,185)	208,261	(8,270)	(4,753)	(1,932)	(1,585)	-0.79%	↓

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	Recovery Plan	Revised Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000	£000		
Employee	88,999	62,340	62,519	(179)	92,660	(3,661)	(1,789)	(1,628)	(244)	-0.27%	↓
Property	1,267	718	751	(33)	1,481	(214)	(173)	0	(41)	-3.24%	↓
Transport and Plant	1,355	813	930	(117)	1,516	(161)	0	(7)	(154)	-11.37%	→
Supplies, Services and Admin	7,041	3,411	2,991	420	6,293	748	245	(58)	561	7.97%	↑
Payments to Other Bodies	81,906	58,994	60,269	(1,275)	84,717	(2,811)	(884)	(226)	(1,701)	-2.08%	↓
Family Health Services	33,118	24,615	24,614	1	33,118	0	0	0	0	0.00%	→
GP Prescribing	21,395	16,180	16,877	(697)	22,324	(929)	0	0	(929)	-4.34%	→
Other	2,619	2,065	2,001	64	2,907	(288)	(344)	(27)	83	3.17%	↓
Gross Expenditure	237,700	169,136	170,952	(1,816)	245,016	(7,316)	(2,945)	(1,946)	(2,425)	-1.02%	↓
Income	(37,709)	(25,137)	(25,768)	631	(36,755)	(954)	(1,808)	14	840	-2.23%	↓
Net Expenditure	199,991	143,999	145,184	(1,185)	208,261	(8,270)	(4,753)	(1,932)	(1,585)	-0.79%	↓

Item 7 Appendix 4

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 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	Recovery Plan	Revised Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000	£000		
Planning & Health Improvements	883	707	546	161	668	215	0	0	215	24.35%	↑
Childrens Services - Community	4,193	3,030	2,986	44	4,134	59	0	0	59	1.41%	↑
Adult Community Services	11,589	8,436	8,396	40	11,140	449	395	0	54	0.47%	↑
Community Learning Disabilities	730	732	732	0	730	0	0	0	0	0.00%	→
Addictions	2,992	1,885	1,795	90	2,872	120	0	0	120	4.01%	↑
Mental Health - Adult Community	4,837	3,238	3,137	101	4,990	(153)	(286)	0	133	2.75%	↑
Mental Health - Elderly Inpatients	3,700	2,859	2,859	0	3,799	(99)	(100)	0	1	0.03%	↑
Family Health Services (FHS)	32,344	23,945	23,945	0	32,344	0	0	0	0	0.00%	→
GP Prescribing	21,394	16,180	16,877	(697)	22,323	(929)	0	0	(929)	-4.34%	↓
Other Services	6,386	3,862	3,675	187	6,261	125	(125)	0	250	3.91%	↑
Resource Transfer	17,630	13,222	13,223	(1)	17,630	0	0	0	0	0.00%	→
Hosted Services	8,328	6,351	6,311	40	9,000	(672)	(724)	0	52	0.62%	↑
Net Expenditure	115,006	84,447	84,482	(35)	115,891	(885)	(840)	0	(45)	-0.04%	↓

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	Recovery Plan	Revised Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000	£000		
Strategy Planning and Health Improvement	1,264	763	682	81	1,156	108	0	0	108	8.54%	↑
Residential Accommodation for Young People	3,062	1,778	1,771	7	3,053	9	0	0	9	0.29%	↑
Children's Community Placements	6,947	4,843	5,160	(317)	7,369	(422)	0	0	(422)	-6.07%	↓
Children's Residential Schools	6,178	3,967	4,991	(1,024)	7,542	(1,364)	0	0	(1,364)	-22.08%	↓
Childcare Operations	5,262	3,469	3,078	391	4,971	291	(231)	0	522	9.92%	↑
Other Services - Young People	4,220	2,201	2,071	130	4,241	(21)	(195)	0	174	4.12%	↑
Residential Accommodation for Older People	7,407	5,320	5,426	(106)	7,759	(352)	0	(213)	(139)	-1.88%	↓
External Residential Accommodation for Elderly	9,104	8,118	8,118	0	9,346	(242)	(63)	(179)	0	0.00%	→
Sheltered Housing	1,508	1,380	1,348	32	1,465	43	0	0	43	2.85%	↑
Day Centres Older People	1,317	761	643	118	1,159	158	0	0	158	12.00%	↑
Meals on Wheels	31	7	5	2	27	4	0	0	4	12.90%	↑
Community Alarms	(11)	(258)	(227)	(31)	30	(41)	0	0	(41)	372.73%	↓
Community Health Operations	3,335	2,435	2,474	(39)	3,387	(52)	0	0	(52)	-1.56%	↓
Residential - Learning Disability	11,090	8,287	8,299	(12)	11,347	(257)	(240)	0	(17)	-0.15%	↓
Physical Disability	2,227	1,563	1,514	49	2,162	65	0	0	65	2.92%	↑
Day Centres - Learning Disability	2,261	1,495	1,343	152	2,058	203	0	0	203	8.98%	↑
Criminal Justice (Including Transitions)	0	104	325	(221)	301	(301)	(8)	0	(293)	0.00%	↓
Mental Health	3,636	2,638	2,629	9	3,624	12	0	0	12	0.33%	↑
Care at Home	13,935	8,642	9,760	(1,118)	16,505	(2,570)	0	(1,078)	(1,492)	-10.71%	↓
Addictions Services	955	787	802	(15)	1,280	(325)	(305)	0	(20)	-2.09%	↓
Equipu	265	352	352	0	265	0	0	0	0	0.00%	→
Frailty	80	1	(40)	41	26	54	0	0	54	67.50%	↑
Carers	1,564	877	877	0	1,964	(400)	(400)	0	0	0.00%	→
HSCP - Corporate	(652)	22	(699)	721	1,333	(1,985)	(2,471)	(462)	948	-145.40%	↑
Net Expenditure	84,985	59,552	60,702	(1,150)	92,370	(7,385)	(3,913)	(1,932)	(1,540)	-1.81%	↓

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 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	883	668	215	24%	↑
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				
Childrens Services - Community	4,193	4,134	59	1%	↑
Service Description	This care group provides community services for children				
Main Issues / Reason for Variance	The projected favourable variance is due to vacancies and staff turnover, however health visitor graduates are now in post therefore current underspend trend is not forecast to continue.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Adult Community Services	11,589	11,535	54	0%	↑
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 to fund current expenditure.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Addictions	2,992	2,872	120	4%	↑
Service Description	This care group provides addictions services				
Main Issues / Reason for Variance	The projected favourable variance is mainly due to staff turnover within the core addictions budget. Current projections show a breakeven position against ringfenced Scottish Government funding which assumes that the full 2023/24 funding allocation is received and spent in year, including estimated recharge of Buvidal Prescribing costs.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Mental Health - Adult Community	4,837	4,704	133	3%	↑
Service Description	This care group provides mental health services for adults				
Main Issues / Reason for Variance	The projected favourable variance is due to recruitment delays.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
GP Prescribing	21,394	22,323	(929)	-4%	↓
Service Description	GP prescribing costs				
Main Issues / Reason for Variance	GP prescribing costs is showing an anticipated adverse variance due to increased volumes and an increase in the average cost per item, however due to a number of factors actual prescribing data is further behind than normal at this time and therefore the projection contains significant assumptions. While the earmarked prescribing reserve of £0.972m is available and could be used to fully mitigate the projected overspend, the favourable variance across the remainder of the health portfolio is significant and is able to mitigate the prescribing pressure in the current financial year. This action retains the entire prescribing reserve to underwrite the significant 2024/25 financial pressure.				
Mitigating Action	None available at this time				
Anticipated Outcome	An overspend is anticipated				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget	Forecast Full Year	Forecast Variance	% Variance	RAG Status
	£000	£000	£000		
Other Services	6,386	6,136	250	4%	↑
Service Description	This care group covers administration and management costs in relation to Health				
Main Issues / Reason for Variance	The forecast underspend is due to unallocated financial planning budget. Forecast				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Hosted Services	8,328	8,276	52	1%	↑
Service Description	Hosted Services				
Main Issues / Reason for Variance	The projected favourable variance is due to underspends within Hosted Integrated Eye Service and Retinal Screening supplies budgets and staff turnover.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Social Care Variances					
Strategy Planning and Health Improvement	1,264	1,156	108	9%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The projected favourable variance is mainly due to staff vacancies				
Mitigating Action	Delay in recruiting to posts				
Anticipated Outcome	An underspend is anticipated at this time.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Children's Community Placements	6,947	7,369	(422)	-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 36 children in kinship and external foster care more than budgeted for at a cost of circa £0.392m. These overspends are partially offset by an anticipated underspend in internal foster care, interagency, legal and adoption fees.				
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	A significant 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
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Children's Residential Schools and External Accommodation	6,178	7,542	(1,364)	-22%	↓
Service Description	This service area provides residential education for children and includes the costs of secure placements				
Main Issues / Reason for Variance	The overall projected adverse variance is mainly due to the combined impact of overspends within client placements which are 100% funded by the HSCP and housing support of £0.140m and £0.202m respectively and incurring costs for unbudgeted secure placements of £0.963m. The overall projected adverse variance has increased by circa £0.172m from period 6 and is mainly due to a realignment of clients within service provision categories and an increase in the overall number of clients increasing by one from period 6.				
Mitigating Action	While the anticipated position has improved from that previously reported the service area will require to continue to review all client packages with a view to reducing the reliance on external residential care and exploring alternative ways to support clients.				
Anticipated Outcome	A significant overspend remains anticipated at this time unless the service area radically take steps to address both the number and value of client packages across all areas of residential schools				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Childcare Operations	5,262	4,740	522	10%	↑
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 with recruitment challenges ongoing. While forecast costs include the additional cost of the local authority pay award at £0.114m and an assumption that agency cover will continue to the end of the year at cost of £0.170m the number of vacant posts far exceed both of these financial pressures.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				
Other Services - Young People	4,220	4,046	174	4%	↑
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
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Residential Accommodation for Older People	7,407	7,546	(139)	-2%	↓
Service Description	WDC owned residential accommodation for older people				
Main Issues / Reason for Variance	<p>The unadjusted 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 and additional costs arising from the local authority pay award. While the action to achieve the saving has been implemented 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 with a partial drawdown from the complex care reserve as part of the recovery plan.</p>				
Mitigating Action	<p>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.</p>				
Anticipated Outcome	<p>An overspend is anticipated at this time unless the service area reviews the use of beds and takes steps to address staffing issues</p>				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Day Centres Older People	1,317	1,159	158	12%	↑
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
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Community Health Operations	3,335	3,387	(51)	-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	2,162	65	3%	↑
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	2,261	2,058	203	9%	↑
Service Description	This service provides day services 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
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Justice Services	0	294	(294)	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 £0.250m 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
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Care at Home	13,935	15,426	(1,492)	-11%	↓
Service Description	This service provides care at home which includes personal care and minor domestic tasks				
Main Issues / Reason for Variance	<p>The unadjusted projected overspend of £2.570m 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. As agreed at the November HSCP Board a recovery plan to utilise earmarked care at home reserves have been used to partially offset the projection, however a net overspend of £1.492m remains which mainly reflects the cost of overtime and agency use at £0.253m, the regrading exercise at £0.309m and the additional costs of the local authority pay award at £0.588m along with an underachievement of income of circa £0.292m.</p>				
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 inefficiencies within the system it is unclear at this time how quickly this can be progressed.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
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.				
HSCP - Corporate	(652)	(1,600)	948	-145%	↑
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 and utilisation of earmarked reserves as approved at the November HSCP Board as part of the recovery plan.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				

Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023
Analysis of Reserves 2023/24

Analysis of Reserves	Actual Opening Balance as at 1 April 2023	Forecast Movement in Reserves	Recovery Plan Adjustment	Forecast Closing Balance as at 31 March 2024	Notes
	£000	£000	£000	£000	
Unearmarked Reserves					
Unearmarked Reserves	4,301	(1,585)	(262)	2,454	
Total Unearmarked Reserves	4,301	(1,585)	(262)	2,454	
Earmarked Reserves					
Scottish Govt. Policy Initiatives	9,529	(1,476)	(1,278)	6,775	
Community Justice	192	(8)		184	Addition relates to anticipated underspend on transitions funding
Carers Funding	1,363	(401)		962	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	(148)		216	Agency workers
GIFREC NHS	57	0		57	
Mental Health Action 15	26	0		26	
Mental Health Recovery and Renewal Fund	885	(511)		374	
New Dementia Funding	63	0		63	
Scottish Government Alcohol and Drug Partnership (including various National Drugs Priorities)	984	(284)		700	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	219		767	Addition relates to anticipated underspend on Social Care MDT funding
Winter Planning Funding - 1000 Healthcare Workers	367	0		367	
Workforce Wellbeing	70	(36)		34	Drawdown relates to GP Practice initial consultancy work

Analysis of Reserves	Actual Opening Balance as at 1 April 2023	Forecast Movement in Reserves	Recovery Plan Adjustment	Forecast Closing Balance as at 31 March 2024	Notes
	£000	£000	£000	£000	
Winter Planning Funding - Interim Care	985	(175)	(200)	610	£0.175m applied within 2023/24 Annual Budget Setting Report to balance the budget with £0.200m further drawdown as part of recovery plan
Winter Planning Funding - Enhance Care at Home	2,240	0	(1,078)	1,162	Drawdown part of recovery plan
HSCP Initiatives	4,593	(1,695)	0	2,898	
Service Redesign and Transformation	1,341	(757)	0	584	
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	(231)		483	Additional posts agreed by the HSCP Board in 2022.
Fixed term posts with the integrated HSCP Finance team	90	(75)		15	Health Care assistant management accountant and Social Care finance officer
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)	0	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 Manager and Medical Secretary
Unachievement of Savings	724	(43)		681	Delay in the transition of LD and Addiction Services from 118 Dumbarton Road
Recruitment Campaign for Internal Foster Carers	30	0		30	
Promise Keeper Fixed Term Recruitment	71	(65)		6	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
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

Analysis of Reserves	Actual Opening Balance as at 1 April 2023	Forecast Movement in Reserves	Recovery Plan Adjustment	Forecast Closing Balance as at 31 March 2024	Notes
	£000	£000	£000	£000	
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	0	2	
COVID-19 Pressures	2	0		2	Carers PPE
Health Care	4,768	(1,102)	0	3,666	
DWP Conditions Management	153	(109)		44	£0.100m applied within 2023/24 Annual Budget Setting Report to balance the budget with a further £0.009m drawdown to fund expenditure in year.
Physio Waiting Times Initiative	829	(562)		267	Msk Physiotherapy Additional Staffing and Equipment re Waiting Times and EPR transition
Retinal Screening Waiting List Grading Initiative	234	(162)		72	Retinal Screening Additional Clinics re waiting times and Equipment costs
Prescribing Reserve	972	0		972	Partial drawdown towards funding of currently anticipated overspend
NHS Board Adult Social Care	88	0		88	
CAMHS	120	0		120	Will transfer to EDHSCP
Planning and Health Improvement	145	(10)		135	WDHSCP contribution to Planet Youth project which is linked to health promotion/early intervention themes
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	(160)		293	HSCP Property Strategy Group will consider plans
Workforce Wellbeing	18	0		18	
Social Care	2,982	(480)	(392)	2,110	
Complex Care Packages/Supporting delay discharges	2,882	(480)	(392)	2,010	£0.280m applied within 2023/24 Annual Budget Setting to balance the budget with a further drawdown to mitigate complex packages within C&F and LD and external care home placements for older people.
Asylum Seeker increasing placements	100	0		100	
Total Earmarked Reserves	21,874	(4,753)	(1,670)	15,451	
Total Reserves	26,175	(6,338)	(1,932)	17,905	

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023

Month End Date 31 December 2023

Period 9

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
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023

Appendix 7

Month End Date 31 December 2023

Period 9

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
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023

Appendix 7

Month End Date 31 December 2023

Period 9

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 filled.

Mitigating Action

None available at this time

Anticipated Outcome

Community Alarm Upgrade

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 9 covering 1 April 2023 to 31 December 2023

Appendix 7

Month End Date 31 December 2023

Period 9

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 consider spend plans which will be developed as part of the digital strategy, 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.

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 20 February 2024

Attachment: 2023/24 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	HSCPB000055JS20022024	
2	Date direction issued by Integration Joint Board	20 February 2024	
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	
		HSCPB000053JS21112023	
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 £84.985m 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 £115.006m in line with the Strategic Plan and the budget outlined within this report Details of debt write off totalling £0.008m are contained within this report for information only.	
8	Specification of those impacted by the change	2023/24 Revenue Budget for the HSCP Board will deliver on the strategic outcomes for all delegated health and social care services and our citizens.	
9	Budget allocated by Integration Joint Board to carry out direction	The total 2023/24 budget aligned to the HSCP Board is £232.283m. Allocated as follows: West Dunbartonshire Council - £84.985m NHS Greater Glasgow and Clyde - £115.006m 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 - 28 March 2024	

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Julie Slavin, Chief Financial Officer

20 February 2024

Subject: 2024/25 Annual Budget Setting Update (Revenue Estimates)**1. Purpose**

- 1.1** To provide the Health and Social Care Partnership Board with an update on the revenue estimates exercise for 2024/25, including the main cost pressures, funding assumptions and key financial risks for the HSCP Board. The report also provides detail of a number of management adjustments taken, and to seek members' approval in relation to a savings option, to partially close the indicative budget gaps for 2024/25. The remaining options to close the gap will be presented to the Board on the 28 March 2024.

2. Recommendations

- 2.1** The HSCP Board is recommended to:
- a) **Note** the progress on the 2024/25 budget setting process, planning assumptions, updated gap analysis, and the expected timeline in relation to our partner bodies budget offers;
 - b) **Note** the analysis of the reserves position and the projected balances as at 31 March 2024;
 - c) **Note** the options available with regard to the smoothing of the reduction in the Council's employer contribution rate to the Strathclyde Pension Fund;
 - d) **Note** the £0.432m of management adjustments which will contribute towards agreeing a balanced budget for 2024/25 and assist with future projected budget gaps;
 - e) **Approve** the £0.460m of savings option requiring Board approval which will contribute towards agreeing a balanced budget for 2024/25 and assist with future projected budget gaps;
 - f) **Note** that the 28 March HSCP Board will be presented with further management adjustments, savings options and use of reserves for consideration; and
 - g) **Note** that an updated Medium Term Financial Plan will be presented to the March HSCP Board for consideration alongside the budget report.

3. Background

- 3.1** This report is a continuation of the budget gap analysis contained within the 21 November Financial Performance report and sets out updated indicative 2024/25 to 2026/27 revenue budgets.
- 3.2** The revenue budget estimates have been constructed considering the impact of any known or anticipated inflationary and current demographic demand on

HSCP services, coupled with any agreed changes to service delivery models reflecting the priorities to be set out within the Strategic Plan.

- 3.3** As part of the 2024/25 Revenue Budget Setting Report to the March Board, it is anticipated that the March HSCP Board will receive an updated Medium Term Financial Plan detailing potential costs and funding assumptions covering the period 2024/25 to 2033/34.
- 3.4** All previously approved savings in prior years, not fully delivered on a recurring basis in 2023/24, will have to be delivered by services in 2024/25 in addition to any further savings options approved within this report. The forecast balance of the earmarked reserve of £0.681m held for “Unachievement of Savings” will be reviewed as part of the 2023/24 annual accounts exercise and recommendations will be put to the HSCP Board.
- 3.5** The indicative 2024/25 funding gap of £11.266m, reported to the 21 November Board is summarised below, with Table 1 providing further detail:
- Health Care - £1.666m
 - Social Care - £9.600m

Table 1: Composition of 2024/25 projected budget gaps as at November 2023

WD HSCP - Composition of November Budget Gaps	Health Care £m	Social Care £m	Total HSCP £m
2023/24 Recurring Budgets excluding Set Aside		84.668	84.668
2024/25 Draft Budget as reported to the HSCP Board in March 2023	106.119		106.119
Net Expenditure Pressures as at November 2023			
Reversal of One Year Application of Reserves to Balance 2023/24 Budget		1.812	1.812
Reversal of Non Recurring Savings		0.844	0.844
Unfunded Pay Uplift 2023/24		1.457	1.457
Projected Pay Uplifts 2024/25 (4% Social Care)		2.162	2.162
Care at Home Staffing Pressures		0.569	0.569
Net Demand Pressures c/f Adult Services		1.393	1.393
Commissioning Services inflation (Adult SLW, NCHC)		3.299	3.299
Children & Families Residential Schools		0.930	0.930
Children & Families Community Placements		0.885	0.885
Children & Families Community Justice		0.255	0.255
Resource Transfer			-
Other Cost and Demand Pressures		0.845	0.845
Other Inflation			-
Prescribing	1.457		1.457
Recurring Savings		- 2.432	- 2.432
2024/25 Estimated Budget	107.576	96.687	204.263
2024/25 Assumed Funding from Partners	- 105.910	- 86.901	- 192.811
Estimated Funding Gap	1.666	9.786	11.452
Application of previously approved reserves		- 0.186	- 0.186
Estimated Budget Gap as at 21 November Board	1.666	9.600	11.266

3.6 The HSCP Board received further information on the main pressures, funding assumptions and current savings options at dedicated member's sessions in January. The estimates continue to be refined to ensure they maximise all available funding, in addition to applying the future year impacts of previously approved savings, baseline adjustments, service efficiencies (including considerations such as HSCP recovery and redesign work) and the application of reserves where appropriate. All current work has contributed to reduce the November reported combined budget gap of £11.266m to £10.435m as detailed below:

- Health Care - £2.201m
- Social Care - £8.234m

3.7 Further work is being undertaken to consider if turnover trends continue, including difficulties in filling vacancies, then the estimated pay inflation pressure could be recalculated and reduce the gap further.

3.8 The reported position will be subject to continual review as more definitive information is forthcoming regarding both 2023/24 and 2024/25 agreed pay deals and the impact of additional Scottish Government funding to our partners, with appropriate shares being passed through for local government and health board employed staff delivering HSCP delegated services.

4. Main Issues

2024/25 to 2026/27 Budget Setting

4.1 Work continues on the 2024/25 to 2026/27 budget projections and in reflecting the priorities set out within the Strategic Plan, current pressures which will impact on future years, known transition packages and demographic and inflationary pressures.

4.2 As part of the 2024/25 Revenue Budget Setting Report, it is anticipated that the March HSCP Board will receive an updated Medium Term Financial Plan detailing potential costs and funding assumptions covering the period 2024/25 to 2033/34.

Scottish Government Budget and Budget Bill

4.3 The Scottish Government announced their 2024/25 financial settlements to local authorities and health boards on 19 December 2023. Both settlement letters contained specific reference on funding to be directed to Integration Authorities. The Budget Bill for 2024/25 was introduced on 21 December together with details of their local authority 2024/25 finance settlements.

4.4 Following the announcement of the local authority settlement the Scottish Government is expected to progress the budget through the parliamentary process (subject to approval), on the following dates with the Local Government Finance Order being expected to be published by the end of February 2024.

- Stage 1 (8 February 2024) - Debate in Chambers on the general principles of the Bill
- Stage 2 (20 February 2024) - Changes to the Bill can be suggested by Scottish Government Ministers
- Stage 3 (27 February 2024) – MSP's decide on any further changes proposed to Scottish Ministers and vote on whether to pass the Bill
- Local Government Finance Order Debate (28 February 2024)

4.5 Historically the Scottish Government has published a Public Sector Pay Policy at the same time as the Scottish Government Budget Bill. In 2023/24 this changed to the publication of a Public Sector Pay Strategy which was intended to balance fairness, affordability and fiscal sustainability of pay awards in recognition of tight financial settlements. While the pay strategy was published for 2023/24 at the time of writing no pay strategy has been published for 2024/25.

4.6 In the absence of a published Public Sector Pay Strategy current draft estimates include a 3% pay uplift for local government social care staff, this aligns with the current assumption being made by WDC for all other local government employees. The cost of which will have to be funded by savings and service redesign programmes, as there is currently no inflationary provision within the “flat-cash” settlement set out in the paragraphs below. If inflation remains at a significant level and this translates into pay awards, it would be expected that a proportionate share of any additional funding from the Scottish Government to local authorities for public sector pay would pass through to the HSCP Board. In relation to health staff current draft estimates, no indication has been given as to an appropriate level of pay uplift. These estimates include a 2% pay uplift with the assumption that not only the 2% will be funded but that the Scottish Government will fund any excess above this (see section 4.27).

Social Care

4.7 The key messages from the budget announcement are contained within a letter from the Deputy First Minister and Cabinet Secretary for Finance dated 19 December 2023 are detailed below with the letter appended to this report as Appendix 1.

- The total funding which the Scottish Government will make available to local government in 2024-25 through the settlement will be over £14 billion for the first time should all 32 councils agree to freeze council tax. This includes:
 - Additional funding of £230m to deliver a £12 per hour minimum pay settlement for adult social care workers in commissioned services via agreed contract uplifts; and

- An additional £11.5m to support the uprating of Free Personal and Nursing Care rates.

4.8 Finance Circular 08/2023 provided details on the initial total revenue support grant funding for West Dunbartonshire Council, however it did not detail the West Dunbartonshire allocation of the £230m which remains outstanding at this time.

4.9 The 19 December letter also states:

*“The funding allocated to Integration Authorities for Free Personal and Nursing Care and adult social care pay in commissioned services **should be additional and not substitutional to each Council's 2023-24 recurring budgets for adult social care services that are delegated.** This means that, when taken together, Local Authority adult social care budgets for allocation to Integration Authorities must be £241.5 million greater than 2023-24 recurring budgets to ensure funding from Health and Social Care Portfolio contributes to meeting outcomes in this area.”*

*“Our expectation is that Councils will continue to deliver all statutory and contractual commitments associated with the relevant funding. **In relation to the funding for Social Care being baselined** we expect the continued payment of the living wage to adult social care staff in commissioned services.”*

4.10 Discussions with the Council are ongoing and until a confirmed funding offer is made, this report is based on the 2023/24 funding allocation plus an estimate of the £241.5m of new funding (£4.022m). As the share of the £230m for adult social care pay will be required to fund the commitment to increase the hourly rate from £10.90 to £12.00 per hour, the remaining “flat cash” settlement means the HSCP are responsible for fully funding staffing pay awards, inflationary uplifts, including the National Care Home Contract (NCHC) and demographic impacts itself with no cost pressures funded by the Council. Negotiations around the NCHC continue with current indications being that final agreed uplifts will be in the region of 7% to 8.5%.

4.11 At this time the estimated £4.022m of new funding comes with cost commitments of approximately £3.495m for commissioned services, based on current rates. However, throughout 2023/24 a number of current providers have made representations for additional increases to cover inflationary pressure in all non-pay related costs (e.g. energy, insurance, travel). It is likely that the potential remaining £0.527m will have to be directed to these other costs.

4.12 The November reported social care budget gap of £9.600m has reduced to £8.234m as shown in Table 6 below.

Table 2: Social Care Budget Gaps 2024/25 to 2026/27

Budget Gap Analysis	2024/25	2025/26	2026/27
	£m	£m	£m
Social Care			
Indicative Draft Budget	97.253	105.045	112.900
Indicative Funding	89.019	93.470	97.903
Annual Budget Gap	8.234	11.575	14.997
Cumulative Budget Gap	8.234	19.809	34.806

- 4.13** The Council will consider the impact of the local government finance settlement for 2024/25 at their own budget setting meeting on 6 March 2024, at which time they will confirm the funding offer to the HSCP Board. This meeting will also make a decision on whether a proportionate share of the 2023/24 additional Scottish Government funding £4.589m will be passed to the HSCP for council employed social care staff.
- 4.14** Members should note that the indicative draft budgets summarised in Table 2 are inclusive of previously approved savings options and management adjustments that are currently at risk of not being achieved in 2023/24 but have already been carried forward into 2024/25 totalling £1.875m as detailed in Table 3 below.

Table 3: Unachieved Savings and Management Adjustments Taken in 2023/24 and already included in Draft 2024/25 Indicative Draft Budget figures

Service Area	Nature of Proposal	2024/25
		£000
Children and Families	Review of foster carer strategy	0.215
Children and Families	Review of Kinship placements as part of redesign*	0.054
Children and Families	Review of external fostering placements as part of redesign*	0.091
Care at Home	Reduction in premium overtime payments and increased compliance/utilisation of CM2000	0.600
Care at Home	Part Year Reduction in Care at Home budget reflecting work of Service Improvement Leads	0.181
Care at Home	Removal of care at home overnight support as provided by District Nurses	0.140
Care at Home	One year staff turnover increased from 1% to 4%	0.337
Children and Families	Restrict Continuing Care Spend	0.202
Strategy and Planning	New Transport Policy will reduce requirement for taxis and some internal transport across social care services	0.055
Total		1.875

- 4.15** Members should also note that the budget gaps as detailed in Table 2 do not include any provision for growth items at this time. While the senior management team have been working on proposals for management adjustments and savings options totalling £7.865m, only options to the value of £ 0.510m are presented within this report for approval and noting. Summary details are contained within Table 4 below and Appendix 2, with further detail and equality impact assessments related to savings options presented in Appendices 3 and 4 respectively.

Table 4: Options to contribute towards reducing the 2024/25 to 2026/27 Social Care Budget Gaps

Options to Close the Budget Gaps	2024/25	2025/26	2026/27
	£m	£m	£m
Social Care			
Management Adjustments	0.050	0.050	0.050
Savings Options	0.460	0.460	0.460
Total	0.510	0.510	0.510

Strathclyde Pension Fund (SPF) Employer Contributions

- 4.16** As previously reported to the HSCP Board the SPF Board approved a proposal to reduce the main employer group (which includes West Dunbartonshire Council) employer pension contributions in the years 2024/25 and 2025/26 and revert to a prudent estimate of a sustainable long-term rate in 2026/27 with the approved reduced contribution rates being:

- 6.5% (of pensionable payroll) from 1 April 2024
- 6.5% (of pensionable payroll) from 1 April 2025
- 17.5% (of pensionable payroll) from 1 April 2026

Based on the current budgeted employee pensionable pay (including the implementation of the final agreed 2023/24 pay award) this will generate an estimated saving to the HSCP of £11.171m which breaks down as follows:

- 2024/25 - £5.254m
- 2025/26 - £5.426m
- 2026/27 - £0.491m

- 4.17** There are a range of options available to the HSCP in terms of how to manage this overall saving of £11.171m however, no recommendation is being made at this time given the uncertainty around the outstanding 2023/24 additional pay funding. Table 5 sets out a range of possible options for applying the benefit to reducing the budget gap.

Table 5: Options for Managing the SPF Contribution Benefit Option

Options for Managing the SPF Contribution Benefit	2024/25	2025/26	2026/27	2027/28	2028/29	Total
	£m	£m	£m	£m	£m	£m
1 Apply in Year	5.253	5.426	0.491	-	-	11.171
2 Smooth over the 3 years of the pension valuation review	3.724	3.724	3.724	-	-	11.171
3 Smooth over 4 years	2.793	2.793	2.793	2.793	-	11.171
4 Smooth over 5 years	2.234	2.234	2.234	2.234	2.234	11.171

- 4.18** Option 1, whilst providing an opportunity, to materially decrease the budget gap in the coming two years would result in a severe financial pressure in 2026/27 when the rate increases to 17.5%.

Option 2 is aligned to the period of the pension valuation review (as they are done every three years) however the setting of the contribution rate at 17.5% in 2026/27 is the prudent estimate of the sustainable long-term rate so it is not expected to change again substantially in 2027/28. Whilst this option provides a degree of smoothing it will still create a large budget gap in 2027/28 when the benefit is used up.

Options 3 and 4 providing a further degree of smoothing which will help alleviate superannuation financial pressures over a longer period of time and facilitate longer term financial planning, but requires a higher level of savings options to be generated in 2024/25 to 2028/29.

In relations to options 2 to 4 benefits obtained in year but carried forward into future years would be held in an earmarked reserve to help bring down future budget gaps. In the event that the HSCP's financial position improves in future years there would be an option to accelerate the application of the benefit.

Review of HSCP Reserves

- 4.19** The 20 February Financial Performance Report projects an overspend for the year ended 31 March 2024 of £1.585m which is split (£1.540m) Social Care and (£0.045m) Health Care. This projection has been used to assess the impact on the forecast overall HSCP reserves position at the end of the financial year, and how reserves could be applied to some 2024/25 cost pressures, after accounting for the impact of the management adjustments and savings options currently proposed and still being finalised.
- 4.20** The HSCP Board's Reserves Policy recommends that as part of the annual budget setting exercise the Chief Financial Officer should review the current level of reserves, estimate the year end position and assess their adequacy in light of the medium-term financial outlook.

- 4.21** The HSCP Board's Reserves Policy recommends that a prudent level of general reserve would be approximately 2% of the partnership's net expenditure budget which for 2023/24 equates to £4.039m.
- 4.22** The 20 February Financial Performance Update Report, provides members with a comprehensive update on the application of (withdrawal) and anticipated additions to both unearmarked and earmarked reserves, projected to 31 March 2024 as detailed in Table 6 below.

Table 6: Anticipated Reserves Position as at 31 March 2024

Analysis of Reserves	Actual Opening Balance as at 1 April 2023	Forecast Movement in Reserves	Recovery Plan Adjustment	Forecast Closing Balance as at 31 March 2024
	£000	£000	£000	£000
Unearmarked Reserves	4,301	(1,585)	(262)	2,454
Earmarked Reserves	21,874	(4,753)	(1,670)	15,451
Total Reserves	26,175	(6,338)	(1,932)	17,905

- 4.23** Current forecasts indicate, in the event that the HSCP does not receive a share of the additional funding allocated by the Scottish Government and West Dunbartonshire Council reserves for the entire local authority workforce, including those staff delegated to the HSCP, that the projected 2023/24 overspend of £1.585m will require to be drawn down from unearmarked reserves. This would result in an unearmarked reserve as at 31 March 2024 of circa 1.2% and would require to be replenished in future years.
- 4.24** The projected Social Care 2024/25 budget gap set out in Table 2 includes a modest application of £0.288m of earmarked reserves which will be taken from the £15.451m detailed in Table 6. Table 7 below provides detail of further application of earmarked reserves being considered to provide cover for some significant financial risks as well as to supplement the proposed savings options identified to close the projected social care budget gap, however no recommendation is being made at this time.

Table 7: Further Application of Social Care Earmarked Reserves under Consideration

Further Application of Reserves	Total £m
Social Care	
Winter Planning Funding - Interim Care	0.058
Winter Planning Funding - Enhance Care at Home	1.042
Covid-19 Support to women and children in recovery from Domestic abuse	0.124
Complex Care Packages/Supporting delay discharges	1.000
Fixed term posts with the integrated HSCP Finance team	0.015
Total	2.239

4.25 The HSCP Board Meeting scheduled for 28 March 2024 will be provided with a further update on the West Dunbartonshire Council confirmed budget offer and any further amendments to projections, in particular around pay policy; inflationary uplifts and service redesign plans. At that point, any remaining budget gap will be considered alongside a final range of options that may be required to close the anticipated 2024/25 budget gap and is likely to include:

- Further management adjustments;
- Further savings options developed by Heads of Service;
- Recommendation in relation to the smoothing of the reduction in the Council's employer contribution rate to the Strathclyde Pension Fund; and
- Recommendation in relation to the smoothing and application of reserves.

Justice Social Work (JSW) Services

4.26 The 2024/25 budget allocation for Justice Social Work Services has yet to be confirmed. Similar to the “flat-cash” allocation to the HSCP for all delegated social care services, the core justice budget, referred to as Section 27 funding has not received any inflationary uplift since 2021/22. To maintain core staffing levels the HSCP has had to mitigate pay inflation pressure of circa £0.280m, mainly through non-recurring turnover and application of reserves. This current pressure is reflected within the 2024/25, £8.234m estimated budget gap.

Health Care

4.27 The key messages from the budget announcement are contained within a letter from the Director of Health and Social Finance, Digital and Governance dated 19 December 2023 are detailed below with the letter appended to this report as Appendix 5.

- NHS Boards will receive a total increase of 4.3% for 2024/25 to cover costs related to the 2023/24 pay deals, as well as the baselining of £100 million sustainability and NRAC funding provided in 2023/24. For clarity, the 4.3% uplift relates to 2023/24 non-recurring funding now being made on a recurring basis.
- In terms of pay, funding arrangements for Boards will be revisited by the Scottish Government following the outcome of the pay negotiations in the new financial year. As part of Boards recurring adjustments for 2023/24, amounts have been included based on pay offers for Agenda for Change and Medical and Dental staffing in 2023/24. Pay for NHS staff remains subject to agreement for 2024/25, and we will work with Directors of Finance to finalise this position once the outcome is known. We will write to Boards in 2024 to confirm finalised baseline budgets following the conclusion of this work, but at this stage **it should be assumed that additional funding will be allocated** to support a deal.

- We have committed the £100 million sustainability funding for non-pay costs, but beyond this and the NRAC funding provided in 2023-24, Boards will be **expected to manage pressures within existing envelopes**.
- 4.28** Effectively the above equates to a “flat cash” settlement for Health Care and it is anticipated that NHSGGC Health Board will make an indicative offer to the HSCP Board in March which will reflect a nil uplift on recurring budgets.
- 4.29** The 2024/25 pay inflation assumption will be a major consideration for the HSCP Board’s budget setting exercise. It would be a reasonable assumption to include an assumption of 5% based on current levels of inflation and final 2023/24 pay uplifts for both Health and Social Care. However, as stated in section 4.27 above, it may be an acceptable risk to assume the Scottish Government will provide additional funding if pay settles at above the current 2% assumption, as they have done in previous years. Table 8 reflects a 2% increase at a cost of £0.668m.
- 4.30** Cost and volume increases to GP Prescribing budgets present the greatest financial risk to HSCP budgets, requiring ambitious efficiency programmes and additional investment. Since 2020/21 the impact of the Covid-19 pandemic and Britain’s exit from the EU has influenced short supply price rises; however this pressure had been contained by the 4% reduction in items dispensed as well as inflationary uplift funding passed through from the health board.
- 4.31** In 2023/24, in line with pre Covid-19 average annual increases (ranging from 4%-6%), an uplift of 5% was applied at a cost of £0.997m. As detailed within the regular financial performance reports, prescribing is forecasting an anticipated overspend of £0.929m on the 2023/24 recurring budget which, taken together with the budgeted uplift applied, results in a circa 9.4% increase over the 2022/23 prescribing budget. This indicates that not only is prescribing activity returning to pre Covid levels but that they are being exceeded. Given the uncertainty of future volumes and prices, the prescribing budget could require to increase by circa 9% over the 2023/24 forecast outturn, however table 8 reflects a 6.6% increase at this time at a cost of £1.394m based on reported prescribing activity to 31 October 2023.
- 4.32** Historically health care budgets are agreed for one year only and no indicative future funding offers are agreed with Health Boards. However assuming this year’s “flat cash” allocation and pay assumption is replicated in the future 2 years, with prescribing pressure returning to 5%, Table 8 summaries the indicative budget gap for 2024/25 along with further anticipated budget gaps for 2025/26 and 2026/27. These range of assumptions could result in a budget gap in 2024/25 of £2.201m.

Table 8 – Health Care Budget Gaps 2024/25 to 2026/27

Budget Gap Analysis	2024/25	2025/26	2026/27
	£m	£m	£m
Health Care			
Forecast Spend	111.426	113.249	115.142
Forecast Income	109.225	109.909	110.607
Annual Budget Gap	2.201	3.340	4.535
Cumulative Budget Gap	2.201	5.541	10.076

- 4.33** Similar to Social Care while the senior management team have been working on proposals for management adjustments and savings options totalling £1.903m, only options to the value of £0.382m are presented within this report for approval and noting. Summary details are contained within Table 9 below and Appendix 6.

Table 9 – Options to Close the Health Care Budget Gap of £2.996m

Options to Close the Budget Gaps	2024/25	2025/26	2026/27
	£m	£m	£m
Health Care			
Management Adjustments	0.122	0.095	0.095
Temporary Increase in Turnover	0.261	-	-
Total	0.382	0.095	0.095

- 4.34** Application of earmarked reserves being considered are detailed in Table 10, however as with Social Care no recommendation is being made at this time.

Table 10: Further Application of Health Care Earmarked Reserves under Consideration

Further Application of Reserves	Total
	£m
Health Care	
Prescribing Reserve	0.972
NHS Board Adult Social Care	0.088
Planning and Health Improvement	0.085
Children's Community Health Services	0.302
Workforce Wellbeing	0.018
Total	1.465

- 4.35** The HSCP Board Meeting scheduled for 28 March 2024 will be provided with a further update on the NHSGCC budget offer and any further amendments to projections, in particular, around prescribing taking into account the impact of pharmacy first. At that point, any remaining budget gap will be considered alongside a final range of options that may be required to close the 2024/25 Health budget gap and is likely to include:

- Further management adjustments;
- Further savings options developed by Heads of Service;
- Further updates on prescribing; and
- Recommendation in relation to the smoothing and application of reserves

Updated Consolidated Budget Gap Position

- 4.36** If the options as presented are approved the overall budget gap will reduce from £10.435m to £9.543m as detailed in table 11 below.

Table 11: Revised Budget Gap Analysis

Budget Gap Analysis	2024/25 £m	2025/26 £m	2026/27 £m
Social Care			
Indicative Draft Budget	97.253	105.045	112.900
Indicative Funding	89.019	93.470	97.903
Options to Close the Gap	0.510	0.510	0.510
Revised Annual Budget Gap	7.724	11.065	14.487
Revised Cumulative Budget Gap	7.724	18.789	33.276
Health Care			
Forecast Spend	111.426	113.249	115.142
Forecast Income	109.225	109.909	110.607
Options to Close the Gap	0.382	0.095	0.095
Revised Annual Budget Gap	1.819	3.245	4.440
Revised Cumulative Budget Gap	1.819	5.064	9.504
Combined			
Forecast Spend	208.679	218.294	228.042
Forecast Income	198.244	203.379	208.510
Options to Close the Gap	0.892	0.605	0.605
Revised Annual Budget Gap	9.543	14.310	18.927
Revised Cumulative Budget Gap	9.543	23.853	42.780

5. Options Appraisal

- 5.1** All savings options and management adjustments have been scrutinised by the Senior Management Team, including their impact and risk on the delivery of the HSCP Board's strategic objectives.

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, in particular children's community placements, care at home and residential/nursing placements.

8.2 The ongoing impact of Britain's exit from the European Union, weak exchange rates, transport costs and inflation rates are all contributing to the detrimental impact on public sector funding levels.

8.3 In relation to budget setting there are a number of risks in relation to the current and future years including:

- Continued volatility in, and the legacy impact of the Covid-19 pandemic on, demand pressures across a range of community services;
- Financial sustainability and the ongoing need to ensure the reserves strategy is prudent and serves the needs of the HSCP;
- Continued pressure from external providers to sign up to Scotland Excel Frameworks which would result in significant rate increases;
- Financial and governance impacts of the proposed National Care Service;
- Delivery of targets and outcomes such as delayed discharge and waiting times;
- Managing demand and the impact of legislative changes such as the Carers Act and Free Personal Care for under 65's;
- Implications from consumption of hosted services if current arrangements are revised;
- Potential short supply prescribing pressures and the inability to deliver on efficiency programmes;
- The financial impact of cost of living pressures, including the impact on the Scottish Living Wage and both local authority and health pay uplifts;
- Continuing impact on staff recruitment, drug prices and drug availability as a consequence of the United Kingdom leaving the EU; and
- Staff recruitment challenges as all HSCP's seek to recruit from a limited pool of staff resulting in a potential inability to fulfil national priorities.

9. Equalities Impact Assessment (EIA)

9.1 Where required, the EIAs are appended to this report.

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 2024/25 updated budget gap analysis and options presented to contribute to closing the gap for core health and social care services are set out within a direction at Appendix 7 to both WDC and NHSGGC.

Julie Slavin – Chief Financial Officer

Date: 12 February 2024

Person to Contact: Julie Slavin – Chief Financial Officer, Church Street, WDC
Offices, Dumbarton G82 1QL
Telephone: 07773 934 377
E-mail: julie.slavin@ggc.scot.nhs.uk

Appendices: Appendix 1 – Local Government Settlement 2024-25
letter from the Deputy First Minister and Cabinet
Secretary for Finance
Appendix 2 – Social Care Summary Management
Adjustments and Savings Options
Appendix 3 – Social Care Savings Options Detail
Appendix 4 – Social Care Equality Impact Assessments
Appendix 5 – Scottish Budget Settlement 2024-25 letter
from the Director for Health and Social Care Finance,
Digital and Governance
Appendix 6 – Health Care Summary Management
Adjustments
Appendix 7 – Directions

Background Papers: 2023/24 Financial Performance Update Report –
November 2023 HSCP Board

Localities Affected: All

Councillor Morrison
COSLA President
Verity House
19 Haymarket Yards
Edinburgh
EH12 5BH

Copy to: Councillor Steven Heddle
The Leaders and Chief Executives of all Scottish
local authorities

19 December 2023

LOCAL GOVERNMENT SETTLEMENT 2024-25

Today I formally set out the Scottish Government's proposed Budget for 2024-25 to the Scottish Parliament. Further to the budget statement I write now to confirm the details of the local government finance settlement for 2024-25.

This draft budget prioritises supporting people through the cost-of-living crisis, investing in our frontline public services, and tackling the climate emergency head-on. It focuses on our three missions:

- Community - Delivering efficient and effective public services
- Equality - Tackling poverty and protecting people from harm
- Opportunity - Building a fair, green and growing economy

This Budget comes at a difficult fiscal period for Scotland. The economic conditions for the 2024-25 Scottish Budget are set to remain challenging as inflationary and pay pressures continue to impact on households, businesses and public bodies. The funding provided by the UK Government in the Autumn Statement fell far short of what we needed. Scotland needed more money for infrastructure, public services and fair pay deals. Instead, the Autumn Statement delivered a real terms reduction in the total block grant. The UK Government have not inflation-proofed their Capital Budget which is forecast to result in a 9.8% real terms cut in our UK capital funding over the medium term between 2023-24 and 2027-28.

It is also important to recognise the positive change in the relationship between the Scottish Government and local government. On 30 June of this year we signed the Verity House Agreement which set out our vision for a more collaborative approach to delivering our shared priorities for the people of Scotland. We agreed to change the way we work together, building a relationship on mutual trust and respect; focusing on achievement of better

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

outcomes; and consulting and collaborating as early as possible in policy areas where local government has a key interest.

We committed to regularly reviewing councils' powers and funding, with the expectation that services will be delivered at a local level unless agreed otherwise; and to develop a framework for collecting and sharing evidence to ensure progress is maintained.

We also undertook to agree a new Fiscal Framework governing how local authorities' funding is allocated, reducing ring-fencing and giving greater control over budgets to meet local needs. On Thursday 14 December we jointly published an update on the development of this fiscal framework and our officials will continue to work together to develop this further. We also wish to work with COSLA through the development of that Fiscal Framework to ensure the distribution arrangements for the settlement continue to meet the needs of our remotest communities and changing population. In this regard, I am open to considering adjusting the funding floor percentage ahead of the Local Government Order and would welcome any views on this or other elements of distribution as part of the consultation to the order due to publish on Thursday 21 December."

As part of our discussions with you on the new fiscal framework we will also seek to increase discretion for local authorities to determine and set fees and charges locally. This will include continuing our joint work to agree next steps following the recently closed consultation on building warrant and verification fees, and a consultation on planning fees to launch in early 2024. We also intend to explore with local government options in respect of other fees and charges which are currently levied locally but set nationally, with a view to further empowering councils in these areas.

The intention is that the indicative allocations to individual local authorities for 2024-25 will be published in a Local Government Finance Circular on Thursday 21 December. That circular will begin the statutory consultation period on the settlement.

The total funding which the Scottish Government will make available to local government in 2024-25 through the settlement will be over £14 billion for the first time should all 32 councils agree to freeze council tax. This includes:

- An additional £6m to support the expansion of Free School Meals;
- An additional £11.5m to support the uprating of Free Personal and Nursing Care rates;
- Additional funding of £230m to deliver a £12 per hour minimum pay settlement for adult social care workers in commissioned services via agreed contract uplifts;
- An additional £6.8m for Discretionary Housing Payments
- £145.5m to continue to maintain teachers and support staff (on which further detail will follow) as well as £242m to support teacher pay uplifts;

This excludes funding for teacher pension contributions. As you are aware there will be an increase in the employer contribution rate in the Scottish Teachers' Pension Scheme. The rate is set to increase from 23% to 26% from 1 April 2024, following the conclusion of the 2020 scheme valuation. The UK Government have publicly stated that the funding will be allocated to individual UK Government departments in Spring 2024. Scottish Ministers will make decisions on funding allocations once the UK Government funding position is clearer and the implications for consequentials are understood.

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

Discussions with COSLA are also underway to finalise the costs of delivering the £12 per hour minimum pay commitment for PVI providers delivering children's social care, bringing this in line with ELC and adult social care. Following discussions with COSLA, and approval through the formal financial governance process, our aim is to provide additional funding in 2024-25 for children's social care.

The funding allocated to Integration Authorities for Free Personal and Nursing Care and adult social care pay in commissioned services should be additional and not substitutional to each Council's 2023-24 recurring budgets for adult social care services that are delegated. This means that, when taken together, Local Authority adult social care budgets for allocation to Integration Authorities must be £241.5 million greater than 2023-24 recurring budgets to ensure funding from Health and Social Care Portfolio contributes to meeting outcomes in this area. Where there is evidence funding is not passed across to be used for the policy intent, the Scottish Government reserves the right to look at reclaiming this.

Within the Verity House approach, Scottish Government and Local Government are committed to developing a joint overarching framework of outcomes, accountability and monitoring. It is envisaged that this framework will be finalised by spring 2024. In the meantime, this settlement includes almost £1 billion of funding which has been baselined into the General Revenue Grant, as part of our commitment under the Verity House Agreement to remove ring-fencing and increase funding flexibilities to local authorities, subject to agreeing the detail set out below. As I have advised the COSLA President, Vice President and Resources Spokesperson in our pre-budget engagement, the baselining exercise has required us to restate the fiscal position for prior years to meet Parliamentary expectation on budget presentation. In light of this restatement, I have asked my officials to provide the necessary data to ensure that the reconciliations are clearly understood by COSLA.

The baseline proposals will deliver flexibilities across Social Care, Education, Social Justice, Net Zero and Justice. The detail of the individual lines is set out in the Annex to this letter.

In return, our expectation is that Councils will continue to deliver all statutory and contractual commitments associated with the relevant funding. In relation to the funding for Social Care being baselined we expect the continued payment of the living wage to adult social care staff in commissioned services, with Councils benefitting from flexibility on how that is delivered locally.

Alongside this, we expect that local government will continue in good faith to engage in a range of discussions about future policy direction. Given the joint work required to progress the delivery of the National Care Service, and the positive progress made so far, we expect this to continue, with every effort being made to reach agreement on outstanding matters in relation to arrangements for the chairs of local boards, direct funding and consistency of delegation.

Our offer to baseline £564.1m of education funding is conditional upon the agreement that, by the end March 2024, the assurance framework being sought by the Cabinet Secretary for Education and Skills is in place and that the new joint Education Assurance Board has been

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

established. In light of the £521.9 million of early learning and childcare (ELC) funding which is being baselined, I am also seeking your agreement to commit publicly to exploring options for a national indicative rate or range of rates for the ELC PVI sector to secure their financial sustainability in future years.

Further discussion on flexibility on other Education funding lines will take place within the Education Assurance Board once it is operational. Our expectation is also that Councils will continue to honour the existing joint agreement on provision of free school meals on a universal basis to primary 4, 5 and special school pupils, building upon our earlier agreement with respect to universal provision to primary 1 to 3 pupils.

This baselining is an initial step in the process of embedding the Verity House Agreement and is not a one-off event. I have emphasised the need for further movement in Budget 2025-26 to my Cabinet colleagues and over the coming months we will be identifying further lines which could be considered and put forward for baselining supported by the outcomes, accountability and monitoring framework to be agreed in the coming months.

The Scottish Government is committed to working in partnership with Local Government to deliver a national freeze on Council Tax in 2024-25. We have engaged closely with you to discuss the parameters and principles for identifying funding to support this commitment and will continue discussions during the coming months to reach agreement. Consequently, we have set aside £144 million to fund a freeze in Council Tax across each of Scotland's 32 local authorities. The funding earmarked is equivalent to a 5% increase in Council Tax nationally, taking into account the average rise to Council Tax in 2023-24, whilst recognising that inflationary pressures have eased in the last 12 months.

The funding represents the Council Tax revenue that might have been raised (net revenue), and excludes the forgone revenue associated with the increased cost of the Council Tax Reduction scheme, and other deductions (gross revenue), which Council Tax rises would have caused. On this basis we will seek the agreement of councils to freezing their Council Tax in 2024-25, and as I have indicated this week, I remain open to continued dialogue as to how we might best achieve that.

In respect of the statutory accounting framework and discussions on its robustness over the past number of years, I can also confirm that I have no plans in the immediate future to commence the Capital Accounting Review which was proposed in the Resources Spending Review in May 2022.

Should all councils agree to freeze Council Tax, the 2024-25 Local Government Settlement of over £14 billion offers an increase equivalent to 6.0% in cash terms since the 2023-24 budget. It continues to provide local government with a funding settlement that is both fair and affordable, under the most challenging of circumstances. Critically, in the face of a worst-case scenario Autumn Statement and amongst all the difficult decisions in the Budget, we have increased the Local Government Settlement's share of the discretionary budget.

I acknowledge that this Budget cannot deliver the resources all our partners will want. I am under no illusions about the challenging fiscal environment we face across all of our public services, not only this year but in years to come. This Budget addresses key priorities, targets resources on low-income households and paves the way for future investment in this

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

Parliament. It treats local authorities fairly and consistently with other portfolios. Scottish Ministers have had to take difficult decisions which have allowed us to prioritise funding and invest in the areas which have the greatest impact on the quality of life for the people who call Scotland home.

I look forward to working with COSLA in the year ahead to deliver our shared priorities and to continue to fully implement the Verity House Agreement.



SHONA ROBISON

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

FUNDING BASELINED IN 2024-25

Funding Line	Proposal (£m)
Local Heat and Energy Efficient Strategies	2.4
Community Justice Partnership Funding	2.0
Living Wage	333.5
Blue Badge	0.72
Free Personal and Nursing Care	42.3
Former Housing Support Grant	1.0
Free period products in schools and public places	4.9
Early Learning and Childcare Specific Revenue Grant	521.9
Free School Meals	42.2
Total (£m)	£950.92

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



West Dunbartonshire Health and Social Care Partnership
2024/25 Social Care Summary Management Adjustments and Savings Options

Ref	Head of Service	Management Adjustment or Savings Option	Detail	2024/25		2025/26		2026/27	
				Saving (£000)	FTE	Saving (£000)	FTE	Saving (£000)	FTE
OPDC01	Fiona Taylor	Management Adjustment	Revision of management structure within Older People Day Care Daycare to remove vacant grade 7 position.	50	1.0	50	1.0	50	1.0
			MANAGEMENT ADJUSTMENTS SUB TOTAL	50	1.0	50	1.0	50	1.0
CH01	Fiona Taylor	Savings Option	Close the 14 beds within Crosslet Care Home trialed in 2023/24 on a permanent basis (all vacant posts)	370	13.4	370	13.4	370	13.4
LD01	Sylvia Chatfield	Savings Option	Closure of Pavilion Café in Leverngrove Park (Fixed term posts)	90	3.5	90	3.5	90	3.5
			SAVINGS OPTION SUB TOTAL	460	16.9	460	16.9	460	16.9
			TOTAL SOCIAL CARE OPTIONS	510	17.9	510	17.9	510	17.9

2024/25 BUDGET PREPARATION – SAVING OPTION

Head of Service: Sylvia Chatfield		Saving Ref: LD01																															
Saving Title		Closure of Pavilion Café, Levensgrove Park																															
Summary of Savings Proposal <p>Pavilion Café in Levensgrove Park is currently managed by the HSCP and open to the public Monday to Sunday. This service was intended to provide a community café, as well as volunteering opportunities from employability services capturing a range of service users. The cost of the service was expected to be covered by profits made from the café, however this has not been successful.</p> <p>It is expected that there will be a £0.090m deficit on funding year on year. This has been previously covered previously by funding held in a suspense account, however this balance has now been depleted and an overspend is the current and projected position.</p> <p>It is proposed that this service be closed and there is a renewed focus on the development of more appropriate services for this client group as part of the learning disability review.</p>																																	
Impact and Risk Associated with Proposed Savings <p>There are currently employees and volunteers who work within the Pavilion Café. Volunteers can be supported to identify suitable other volunteering opportunities.</p> <p>7 x Grade 3 Catering Assistants – all fixed term except one 2 x 30 hrs 1 x 21 hrs 1 x 16 hours (permanent post) 1 x 12.5 hours 1 x 8 hrs 1 x 6 hours</p> <p>There are 11 volunteers who can be found alternative placements.</p> <p>The fixed term of these contracts do not go beyond October 2024, in the main. The staff member will be supported to be matched into a suitable vacancy.</p> <p>If this café does not close, there will be a continued loss of income which will increase the financial burden on the HSCP and its ability to fund critical services.</p> <p>It is recommended that this café closes as soon as practicable.</p>																																	
Saving <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2" style="padding: 5px;">2024/25</th> <th colspan="2" style="padding: 5px;">2025/26</th> <th colspan="2" style="padding: 5px;">2026/27</th> </tr> <tr> <th style="padding: 5px;">£000</th> <th style="padding: 5px;">FTE</th> <th style="padding: 5px;">£000</th> <th style="padding: 5px;">FTE</th> <th style="padding: 5px;">£000</th> <th style="padding: 5px;">FTE</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">90</td> <td style="padding: 5px;">3.5</td> <td style="padding: 5px;">90</td> <td style="padding: 5px;">3.5</td> <td style="padding: 5px;">90</td> <td style="padding: 5px;">3.5</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> </tbody> </table>				2024/25		2025/26		2026/27		£000	FTE	£000	FTE	£000	FTE	90	3.5	90	3.5	90	3.5												
2024/25		2025/26		2026/27																													
£000	FTE	£000	FTE	£000	FTE																												
90	3.5	90	3.5	90	3.5																												
FTE Impact that could be delivered through existing vacancies: n/a																																	
Equality Impact Assessment Completed: Yes		EIA No: LD01																															

2024/25 BUDGET PREPARATION – SAVING OPTION

Head of Service: Fiona Taylor		Saving Ref: CH01																											
Saving Title		Remodelling Local Authority Residential bed availability.																											
Summary of Savings Proposal																													
<p>The total bed capacity across Queens Quay and Crosslet Care Homes is 168 with 84 beds in each home.</p> <p>To date there are 140 open beds, with 70 beds opened in each Home.</p> <p>Queens Quay aims to open a further 14 beds in Spring 2024 (a total of 84 beds which is full capacity).</p> <p>In 2023 the Board agreed to pause the opening of two unstaffed flats (14 beds) in Crosslet. There has been no negative impact from this decision.</p> <p>This proposal is to permanently close the unstaffed flats.</p> <p>Staff affected: 13.4 WTE which are currently vacant.</p> <p>The staff to resident ratio in Crosslet is higher than that of Queens Quay. This is because flats are seven bedded in Crosslet and 10 bedded in Queens Quay. A higher ratio translates into higher agency and overtime costs with there are staff absences due to the workforce numbers required for safe staffing.</p> <p>Permanently reducing total bed occupancy will impact positively on agency costs and maximise utilisation of resources more efficiently.</p>																													
Agency costs																													
<div><h3>Agency Costs 2023</h3><table><thead><tr><th>Category</th><th>Cost (£)</th></tr></thead><tbody><tr><td>11</td><td>£37,423.35</td></tr><tr><td>9</td><td>£48,956.20</td></tr><tr><td>7</td><td>£48,799.98</td></tr><tr><td>5</td><td>£43,471.90</td></tr><tr><td>3</td><td>£55,882.00</td></tr><tr><td>1</td><td>£61,956.39</td></tr><tr><td>11</td><td>£66,350.06</td></tr><tr><td>9</td><td>£56,997.12</td></tr><tr><td>7</td><td>£70,431.97</td></tr><tr><td>5</td><td>£116,982.83</td></tr><tr><td>3</td><td>£97,043.36</td></tr><tr><td>1</td><td>£97,040.91</td></tr></tbody></table></div>				Category	Cost (£)	11	£37,423.35	9	£48,956.20	7	£48,799.98	5	£43,471.90	3	£55,882.00	1	£61,956.39	11	£66,350.06	9	£56,997.12	7	£70,431.97	5	£116,982.83	3	£97,043.36	1	£97,040.91
Category	Cost (£)																												
11	£37,423.35																												
9	£48,956.20																												
7	£48,799.98																												
5	£43,471.90																												
3	£55,882.00																												
1	£61,956.39																												
11	£66,350.06																												
9	£56,997.12																												
7	£70,431.97																												
5	£116,982.83																												
3	£97,043.36																												
1	£97,040.91																												
<p>This will result in a permanent saving of £0.370m, which includes supplementary costs such as food and domestic costs.</p>																													
Impact and Risk Associated with Proposed Savings																													
<p>Impact: Reduction in agency and overtime costs and saving £0.370m</p>																													
<p>Risks:</p> <ul style="list-style-type: none">• This saving can be achieved immediately due to being trialed in 2023/24.• No risk to residents as beds are already closed on a trial basis.• No risk to staff as beds affected are unstaffed.																													

Saving

2024/25		2025/26		2026/27	
£000	FTE	£000	FTE	£000	FTE
370	13.4	370	13.4	370	13.4

FTE Impact that could be delivered through existing vacancies: n/a.

Equality Impact Assessment Completed: Yes

EIA No: CH01

Equality Impact Assessment - Closure of Pavilion Café, Levenshulme (LD01)

Owner:	Sylvia Chatfield
---------------	------------------

Resource:	HSCP	Service/Establishment:	Learning Disability
------------------	------	-------------------------------	---------------------

	First Name	Surname	Job Title
Head Officer:	Sylvia	Chatfield	Head of Mental Health, Learning Disability and Addictions.

	Include job titles/organisation
Members:	<p>Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions</p> <p>Gillian Gall, Head of HR</p> <p>Julie Slavin, Chief Financial Officer</p> <p>Lesley Kinloch, Integrated Ops Manager</p>

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Closure of Pavilion Café, Levenshulme

The aim, objective, purpose and intended outcome of policy
Pavilion Café is situated within Levensgrove Park, Dumbarton and is managed by WDHSCP. This café was set up with the expectation that the profits would cover the cost of the café and provide employability for those who meet the eligibility criteria. However, over the last number of years, the café has been making substantial losses which have been paid by a suspense budget. Without this budget, the loss per year would be approx. £0.090m per year. The suspense account can only cover losses for another year and then will be in detriment.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy
HSCP staff, Council staff and Trade Unions Public

Does the proposals involve the procurement of any goods or services?	N
If yes please confirm that you have contacted our procurement services to discuss your requirements	

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

Who will be affected by this policy?
HSCP staff and volunteers
Partner organisations
Public

Who will be/has been involved in the consultation process?
1. Joint staff forum and individual Unions in relation to consultation
2. IJB and Council

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups			
	Needs	Evidence	Impact
Age	Neutral		Neutral
Disability	Employees with additional needs and volunteers who currently work in the café could be impacted upon	Staff will be supported to identify alternative post. Volunteers will be supported to find alternative volunteering opportunities.	Alternative options for employment or volunteering will be explored however may cause some anxiety for those in post.
Gender Reassign	Neutral		Neutral

Marriage & Civil Partnership	Neutral		Neutral
Pregnancy & Maternity	Neutral		Neutral
Race	Neutral		Neutral
Religion & Belief	Neutral		Neutral
Sex	Neutral		Neutral
Sexual Orientation	Neutral		Neutral
Human Rights (ECHR statutory) UNCRC (note: currently non statutory)	Neutral		Neutral
Health	Neutral		Neutral
Social & Economic Impact	There may be concerns about impact of job changes on lower paid staff.	HR21 records Full review of current staffing shows that there are a number of staff who are on the lowest grade.	Negative – if alternative posts are not identified
Cross Cutting	Neutral		Neutral

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this
There is potential for staff to be displaced as part of the transfer of the cafe. A fair process will be undertaken in line with Council's policies.
Will the impact of the policy be monitored and reported on an ongoing bases?
Yes
What is your recommendation for this policy?
It is recommended that this work is progressed.

Please provide a meaningful summary of how you have reached the recommendation
The Pavilion Café has been running at a loss for a number of years. The WDHSCP require to focus their finite resource into services for those who meet the eligibility criteria and are therefore not best placed to run this café without an impact on ongoing budgets.

Equality Impact Assessment - Remodelling Local Authority Residential bed availability (CH01)

Owner:	Fiona Taylor
---------------	--------------

Resource:	HSCP	Service/Establishment:	HSCP Health and Community Care: Residential Care Homes (Local Authority)
------------------	------	-------------------------------	---

	First Name	Surname	Job Title
Head Officer:	Fiona	Taylor	Head of Health and Community Care

	Include job titles/organisation
Members:	<p>Fiona Taylor, Head of Health and Community Care</p> <p>Bernadette Smith, Integrated Operations Manager Residential and Day Care Services</p> <p>Gillian Gall, Head of HR</p> <p>Julie Slavin, Chief Financial Officer</p>

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Remodelling Local Authority Residential bed availability

The aim, objective, purpose and intended outcome of policy
<p>In 2023 the Board agreed to pause the opening of two unstaffed flats (14 beds) in Crosslet. There has been no negative impact from this decision.</p> <p>This proposal is to permanently close the unstaffed flats.</p> <p>Bed capacity across Queens Quay and Crosslet is 168 and to date 140 beds have been opened. There are currently 70 beds available in each care Home. Queen Quay has been unable to open the remaining 14 bedded flat due to recruitment challenges.</p> <p>Currently Crosslet has 70 residential beds occupied with the remaining 14 beds remaining empty.</p> <p>Permanent savings achieved: £0.370m.</p>

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy
<p>SMT</p> <p>Head of Service</p> <p>IOM Residential Care</p> <p>Finance officers.</p>

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

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

Who will be affected by this policy?
Residents in Crosslet Care Home. No workforce implications as the 14 beds are unstaffed and therefore posts are vacant.

Who will be/has been involved in the consultation process?
Consultation with the residents, families and power of attorney Workforce consultation in line with Organisational Change Policy

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups			
	Needs	Evidence	Impact
Age	Residents within West Dunbartonshire may require future residential care thereby increasing demand in the future.	Total occupancy in local authority bed provision is increasing by 14 which allows a significant increase in availability and allows choice.	Negative impact if demand was to increase in the future, however this is minimised as the beds are already closed on a trial basis with no negative impact recorded.
Disability	Neutral		Neutral
Gender Reassign	Neutral		Neutral
Marriage & Civil Partnership	Neutral		Neutral
Pregnancy & Maternity	Neutral		Neutral
Race	Neutral		Neutral
Religion & Belief	Neutral		Neutral
Sex	Neutral		Neutral
Sexual Orientation	Neutral		Neutral
Human Rights (ECHR statutory)	Neutral		Neutral

UNCRC (note: currently non statutory)			
Health	Neutral		Neutral
Social & Economic Impact	There is a need for both choice and availability of local beds for older people who are assessed as requiring long term care in a residential care home	Total occupancy in local authority bed provision is increasing by 14 which allows a significant increase in availability and allows choice.	Negative impact if demand was to increase in the future, however this is minimised as the beds are already closed on a trial basis with no negative impact recorded.
Cross Cutting	Neutral		

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

The negative impact of this policy is conditional on future demand, and this will be reviewed and if evidenced then further consideration will be made to reverse this decision.

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

Yes via the monitoring of internal and external care home bed funding.

What is your recommendation for this policy?

It is recommended that this work is progressed.

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

This proposal will provide a significant permanent saving of £0.370m. This proposal will also reduce agency and overtime spend



Chief Executives, NHS Scotland

Copy to: NHS Chairs
NHS Directors of Finance
Integration Authority Chief Officers
Integration Authority Chief Finance Officers

Issued via email

19 December 2023

Dear Chief Executives

Scottish Government Budget 2024-25

Following the announcement of the Scottish Government's Budget for 2024-25 by the Deputy First Minister in Parliament today, I am writing to provide details of the indicative funding settlement for Health Boards. A breakdown of the total is provided in **Annex A** to this letter.

The Deputy First Minister noted in her response to the UK Government's Autumn Statement that it delivered a worst-case scenario for Scotland's finances. The financial pressures across health and social care are, by far, the most challenging since devolution. We have worked to protect NHS Budgets and social care funding where other parts of the public sector have faced reductions. All health consequentials have been passed through to the Portfolio, but these were not at a level expected by the Scottish Government, particularly given the non-recurring nature of 2023-24 pay consequentials, and we recognise the continued pressures health and social care services face in the aftermath of the pandemic and changing demographic profiles.

As in previous years, the budget announced will be subject to any amendments agreed through the Scottish Parliament's Budget Bill process. In addition, we will undertake further work with you specifically in relation to pay costs and waiting times funding. I will keep you up to date with any changes to our planning assumptions.

Budget Uplift

Compared to 2023-24 budgets, territorial NHS Boards will receive a total increase of 4.3% for 2024-25 to cover costs related to the 2023-24 pay deals, as well as the baselining of £100 million sustainability and NRAC funding provided in 2023-24. For clarity, the 4.3% uplift relates to 2023-24 non-recurring funding now being made on a recurring basis. National Boards will receive a 3.8% uplift to fund 2023-24 pay deals.

In terms of pay, funding arrangements for Boards will be revisited by the Scottish Government following the outcome of the pay negotiations in the new financial year. As part of Boards recurring adjustments for 2023-24, amounts have been included based on pay offers for Agenda for Change and Medical and Dental staffing in 2023-24. Pay for NHS staff remains subject to agreement for 2024-25, and we will work with Directors of Finance to finalise this position once the outcome is known. We will write to Boards in 2024 to confirm finalised baseline budgets following the conclusion of this work, but at this stage it should be assumed that additional funding will be allocated to support a deal.

We have committed the £100 million sustainability funding for non-pay costs, but beyond this and the NRAC funding provided in 2023-24, Boards will be expected to manage pressures within existing envelopes. Funding ensures no Territorial Board is further than 0.6% from parity.

Covid-19 Funding

Whilst the scale of Covid-19 costs has reduced significantly in 2023-24, we recognise there are specific legacy costs that will require additional funding support in the new financial year. This includes funding for:

- Vaccinations staffing and delivery.
- Test & Protect activities including Regional Testing facilities.
- Additional PPE requirements; and
- Some specific Public Health measures.

Following today's budget, we will seek to provide early clarity as to the total funding to be provided to support these costs. However, beyond the above, NHS Boards and Integration Authorities should expect to meet remaining costs from baseline funding and should continue to drive these costs down as far as possible.

Policy Funding

In addition to the baseline uplift outlined, funding aligned to policy commitments and recovery of health and social care services will be allocated to Boards and Integration Authorities in 2024-25. It is our intention to provide early indication of allocations where possible, and to align this to the planning guidance that will be issued in relation to Annual Delivery Plans, setting out the priorities for health and social care in the coming year.

We are aware there has been a rise in the volume of allocations over the past few years and we are committed to reducing this. We are also aware timing of some allocations being later in the year leads to uncertainty and difficulties in service planning without funding certainty. We are committing to putting out 80% of allocations in the first quarter, where necessary these may be a % of the full allocation value.

Health and Social Care Integration

Formal notification of the terms and approach to the Local Government funding settlement will be given in the Circular and Local Government Budget Letter. The Health and Social Care Portfolio will transfer net additional funding of £241.5 million to Local Government to support social care and integration. The overall transfer to Local Government includes additional funding of £230 million to deliver a £12 per hour minimum pay settlement for adult social care workers in private and third sectors, in line with the Real Living Wage Foundation rate. In addition, an inflationary uplift on Free Personal Nursing Care rates (£11.5 million) is provided.

The funding allocated to Integration Authorities for Free Personal and Nursing Care and adult social care pay in third and private sectors should be additional and not substitutional to each Council's 2023-24 recurring budgets for adult social care services that are delegated. This means that, when taken together, Local Authority adult social care budgets for allocation to Integration Authorities must be £241.5 million greater than 2023-24 recurring budgets to ensure funding from Health and Social Care Portfolio contributes to meeting outcomes in this area. Where there is evidence funding is not passed across to be used for the policy intent, the Scottish Government reserves the right to look at reclaiming funding allocated.

We have progressed baselining prior year Real Living Wage funding totalling £333.5 million to Local Government. A further £52.3 million has been baselined for other commitments including uprating free personal nursing care.

Capital

a. Capital Budget

The health capital budget increases from £578 million to £754 million, however if the health research element is excluded (which is a ring-fenced budget that cannot be used for capital investment), the budget reduces by £59 million from £373 million to £314 million. This is lower than our planning assumptions, which were shared with Chief Executives, Chairs and Directors of Finance in August.

The settlement allows for formula capital to be maintained at 2023-24 levels, all major projects in construction to be completed (Baird and Anchor, Parkhead Health Centre, QEUH rectification and Jubilee Phase 2), as well as support for the national replacement programmes for Ambulances and Radiotherapy equipment. Beyond these

core areas outlined above, we will not be providing any funding, including in relation to our intention to increase formula capital so that it doubles over the Capital Spending Review period (2021-22 to 2025-26).

In respect of 2023-24, we are asking all Boards to review their capital expenditure for the remainder of the year and to defer any areas where spend is discretionary.

b. New Developments and Capital Planning

We are aware that most Boards are developing infrastructure plans and individual projects which will require Scottish Government funding to progress. Given the challenging settlement we are managing, we will not be funding development costs for any new projects, as we do not anticipate starting construction of any new project over the next two years at least. We understand the local challenges this will present in some instances, so the Health Capital Finance team will arrange a discussion with all affected Boards in the New Year to confirm arrangements. However, in the meantime, NHS Boards should immediately stop any project development spend, otherwise these costs may need to be funded from local formula capital budgets which should instead be directed towards maintenance of the existing estate and essential equipment and digital replacement.

Now that we have clarity on the capital funding position, a Directors' Letter on Whole System Planning that focusses on maintaining your current estate, will be issued in the New Year.

c. Small Scale Projects

The Scottish Government has always looked to provide capital support for relatively small scale, but essential investments, that could not be funded through formula capital. At this point, our ability to fund such investments is extremely limited and Boards should not anticipate receiving additional funding in 2024-25, even if funding has previously been agreed.

It is clear that there is significant financial challenge in 2024-25 above levels we have seen before and we will continue to work closely with Chief Executives to address this. I thank you again for your support to date and your continued engagement moving into the next financial year.

2024-25 Financial Planning

I wrote to all Boards previously outlining my expectations for 2024-25 plans, being:

- a clear programme of work and supporting actions to achieve the target of 3% recurring savings on baseline budgets; and
- an improved forecast outturn position compared to your forecast outturn position reported at the start of 2023-24.

Further to this, I confirmed for Boards in receipt of brokerage in previous years that this would be capped for 2024-25. There is no central budget available for brokerage and any funding given for this limits investment in other areas.

Financial savings

I am aware the 3% savings target alone will not be enough to return to breakeven or in some cases the brokerage cap. There are a number of areas of work underway to support NHS Boards and collectively improve the financial position as set out below.

15 box grid

I have communicated previously the 15 box grid approved by Board Chief Executive on 14 November. This sets out 15 areas of focus for Boards to progress. There are various national programmes of work supporting these areas to be implemented at a local level.

The Financial Delivery Unit will continue to co-ordinate and assist Boards to identify further actions or areas that will support delivery of your 3% recurring savings target.

The NHSSP&DB has been established to direct and co-ordinate a range of national work including strategic planning, national programmes and national improvement. Work will continue to rationalise national programmes and agree priorities to simplify the landscape and have a stronger focus on affordability. As agreed, decisions will be taken on a Once for Scotland basis working alongside Board Chief Executives and the other functional professionals groups.

CHOICES

As set out at the Board Chief Executive meeting on 12 December, we will progress the development of the CHOICES options which will provide the framework in which decisions around the following key areas will be made:

- Workforce
- Innovation
- Service and infrastructure optimisation

Further guidance will follow in respect of the above and will take account of the discussions you have been having with the NHS Scotland Chief Operating Officer and members of my team.

It is clear that there is significant financial challenge in 2024-25, above levels we have seen before, and we will continue to work closely with Chief Executives and colleagues across the whole system. I thank you again for your support to date and your continued engagement moving into the next financial year.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'R McCallum', with a long horizontal stroke extending to the right.

RICHARD MCCALLUM

Director of Health and Social Finance, Digital and Governance

Annex A – Board Funding Uplifts

	2023/24 Allocation	Recurring Allocations*	Updated Allocation	Uplift**	2024/25 Total Allocation	Uplift from 2023/24	NRAC Funding	Distance from NRAC Parity
	£m		£m	£m	£m	%	£m	%
NHS Territorial Boards								
Ayrshire and Arran	850.2	33.1	883.3	0.2	883.5	3.9%	0.2	-0.6%
Borders	248.6	10.4	259.0	1.5	260.4	4.8%	1.5	-0.6%
Dumfries and Galloway	352.2	12.5	364.7	0.0	364.7	3.6%	0.0	1.1%
Fife	790.8	31.3	822.1	7.2	829.2	4.9%	7.2	-0.6%
Forth Valley	631.1	25.7	656.8	2.1	658.9	4.4%	2.1	-0.6%
Grampian	1,129.9	44.4	1,174.2	2.2	1,176.4	4.1%	2.2	-0.6%
Greater Glasgow and Clyde	2,639.4	93.8	2,733.1	0.0	2,733.1	3.6%	0.0	1.3%
Highland	768.2	39.0	807.1	0.0	807.1	5.1%	0.0	-0.6%
Lanarkshire	1,424.1	57.9	1,482.0	6.9	1,489.0	4.6%	6.9	-0.6%
Lothian	1,743.3	72.0	1,815.3	10.2	1,825.5	4.7%	10.2	-0.6%
Orkney	60.2	2.5	62.8	0.8	63.6	5.6%	0.8	-0.6%
Shetland	60.1	2.2	62.4	0.0	62.4	3.7%	0.0	1.9%
Tayside	912.2	39.0	951.2	0.0	951.2	4.3%	0.0	-0.3%
Western Isles	89.0	3.8	92.9	0.0	92.9	4.3%	0.0	12.6%
Territorials Total	11,699.2	467.5	12,166.7	31.1	12,197.9	4.3%	31.1	
NHS National Boards								
National Waiting Times Centre	75.8	6.0	81.8	0.0	81.8	7.9%		
Scottish Ambulance Service	334.2	15.0	349.2	0.0	349.2	4.5%		
The State Hospital	42.5	2.0	44.5	0.0	44.5	4.6%		
NHS 24	90.7	0.7	91.4	0.0	91.4	0.8%		
NHS Education for Scotland	517.6	32.6	550.2	0.0	550.2	6.3%		
NHS National Services Scotland	378.6	1.7	380.3	0.0	380.3	0.4%		
Healthcare Improvement Scotland	33.6	0.2	33.8	0.0	33.8	0.5%		
Public Health Scotland	56.9	0.6	57.5	0.0	57.5	1.0%		
Nationals Total	1,530.1	58.8	1,588.9	0.0	1,588.9	3.8%		
Total NHS Boards	13,229.3	526.3	13,755.6	31.1	13,786.7	4.2%		

* Includes recurring allocations from 2022-23

** Includes NRAC parity adjustments.

West Dunbartonshire Health and Social Care Partnership
2024/25 Health Care Summary Management Adjustments

Ref	Head of Service	Management Adjustment or Savings Option		2024/25		2025/26		2026/27	
				Saving (£000)	FTE	Saving (£000)	FTE	Saving (£000)	FTE
DRS01	Helen Little	Management Adjustment	Temporary Increase in Diabetic Retinal Screening service turnover from 3%to 6%	27	0.0	0	0.0	0	0.0
PH01	Fiona Taylor	Management Adjustment	Removal of prescribing advisory group funding for hospitality	3	0.0	3	0.0	3	0.0
BS01	Fiona Taylor	Management Adjustment	Removal of vacant support administrator post within Vale Centre	18	1.0	18	1.0	18	1.0
BS02	Fiona Taylor	Management Adjustment	Review of business support arrangements within Dumbarton and Alexandria Health Centres	28	1.0	28	1.0	28	1.0
FIT01	Fiona Taylor	Management Adjustment	Amalgamation of Nurse Team Lead roles within FIT and CTAC	35	0.5	35	0.5	35	0.5
CTAC01	Fiona Taylor	Management Adjustment	Reduction in CTAC Band 6 hours	11	0.2	11	0.2	11	0.2
TO01	Various	Management Adjustment	Temporary Increase in staffing turnover of 1%	261	0.0	0	0.0	0	0.0
			MANAGEMENT ADJUSTMENTS SUB TOTAL	383	2.7	95	2.7	95	2.7

Direction from Health and Social Care Partnership Board.

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

From: Chief Office HSCP
To: Chief Executives WDC and NHSGCC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: For Action: Directions from HSCP Board 20 February 2024

Attachment: 2024/25 Budget Update Report

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCPBO00056JS20022024
2	Date direction issued by Integration Joint Board	20 February 2024
3	Report Author	Julie Slavin, Chief Financial Officer
4	Direction to	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	All delegated Health and Care Services as set-out within the Integration Scheme
7	Full text and detail of direction	West Dunbartonshire Council is directed to note that the draft delegated net budget of £97.253m results in a current budget gap of £7.724m in line with the Strategic Plan and the anticipated resources outlined within this report. NHS Greater Glasgow and Clyde is directed to note that the draft delegated net budget of £111.426m results in a current budget gap of £1.819m in line with the Strategic Plan and the anticipated resources outlined within this report
8	Specification of those impacted by the change	2024/25 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 current total 2024/25 draft budget aligned to the HSCP Board (excluding Set Aside) is £208.679m. West Dunbartonshire Council - £97.253m NHS Greater Glasgow and Clyde - £111.426m
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities
11	Strategic Milestones	Maintaining financial balance in 2024/25
12	Overall Delivery timescales	30 June 2025
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 - 28 March 2024

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Fiona Taylor, Head of Health and Community Care

20 February 2024

Subject: Urgent and Unscheduled Care Update

1. Purpose

- 1.1 This report provides the mid-year update to the HSCP Board on the progress towards the delivery of local and whole-system change against the urgent and unscheduled priorities to minimise the impact of unscheduled care.

2. Background

- 2.1 Unscheduled care work across GGC is directed by the Unscheduled Care Design and Delivery Plan 2022/23 to 2024/25 (Appendix 1). Ratified by all 6 IJBs, this detailed how HSCPs would seek to operate in conjunction with acute sector colleagues to meet the unprecedented levels of unscheduled care across NHSGGC and meet the continuing challenges of an aging population with increasing complex care needs. This plan will be refreshed and brought back to IJBs in 2024.

- 2.2 As noted in the most recent update to IJBs on unscheduled care on the 21st February 2023 (Appendix 2), national improvement work and reporting on unscheduled care has been organised into High Impact Change Areas (HIC) whilst improvement work remains true to the action plan detailed in the Design and Delivery Plan. GGC partnerships are participating actively in three HICs.

- HIC 3 – Virtual Capacity
- HIC 7 – Discharge without Delay
- HIC 8 – Community Focussed Integrated Care

3. Trends in Unscheduled Care

- 3.1 **Emergency attendances:** Figure 1 below shows the rate of presentation across all facilities in GGC. Thus far seasonal patterns of attendance are being observed for 2023, however attendance numbers are down 7% on 2019 figures. This could be attributed to the significant efforts within community and Primary Care on early intervention, prevention and signposting of service users to planned care.

West Dunbartonshire roughly follows the wider GGC trend while continuing to have the second highest rate of attendances per 100,000 population. Despite the decrease in numbers, anecdotally from front-line staff there is an increase in the complexity of the patients who are attending, which may explain the increased average length of stay.

A breakdown of attendances per HSCP by 100,000 of population is included at Figure 2.

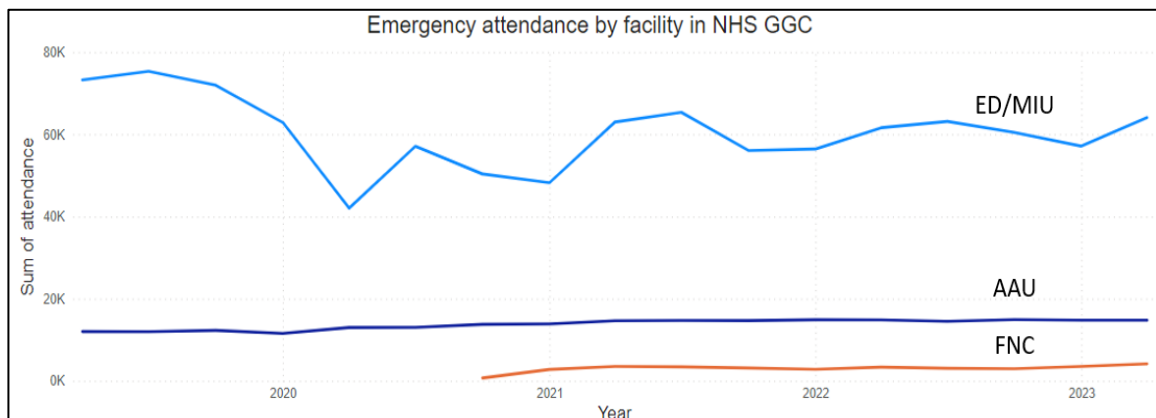


Figure 1. Quarterly counts of attendances to Emergency department (ED)/ Minor Injury Unit (MIU), Acute Assessment Units (AAU) and Flow Navigation Centre from 2019 to 2023. Source: NHS GGC Emergency Department dataset.

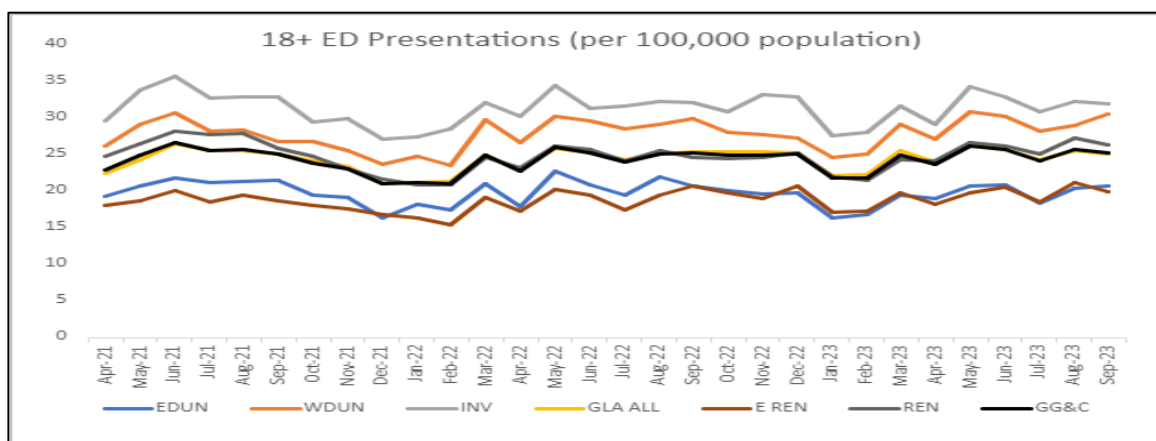


Figure 2. ED/MIU attendances per 100,000 population. Source: NHS GGC Micro strategy

3.2 Admissions: Emergency admission rates appear to have stabilised post-pandemic with GGC admission rates closely following Scottish rates overall. The figures for West Dunbartonshire remain at pre pandemic levels.

Figure 3: Admission rate per 100,000 population by HSCP.

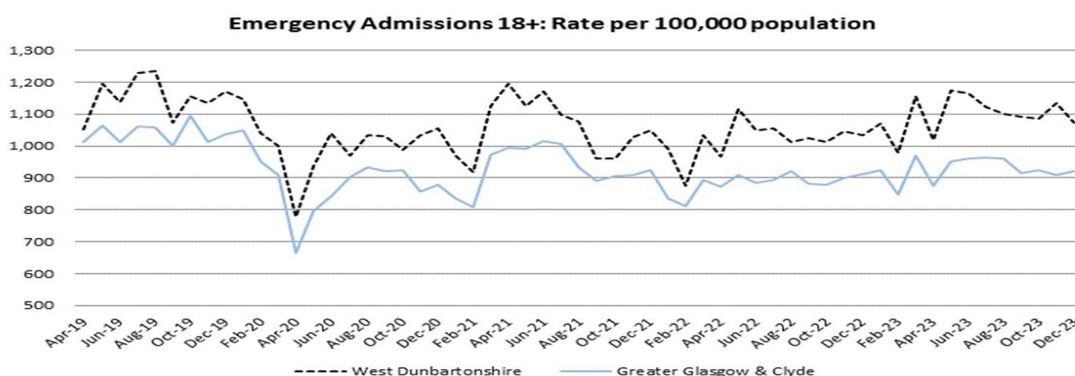


Figure 3. ED/MIU admissions per 100,000 population. Source: NHS GGC Micro strategy

3.3 Average Length of Stay: Overall, mean length of stay in NHS GGC has increased from 8.3 days in 2019 to 10.2 days in 2023 (January to June only). This has remained above the Scottish average throughout the time-period.

The distribution of lengths of stay is not uniform. As can be seen in Figure 4, over half (53.5%) of admissions from January to June 2023 lasted four days or less. There is however a notably large proportion (17.3%) of stays lasting fifteen days or more.

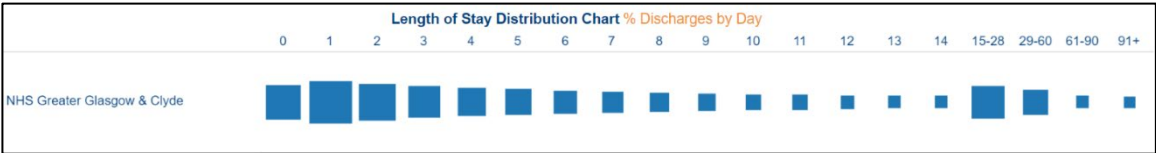


Figure 4. Breakdown of length of stay by day for inpatient stays. Source: PHS

3.4 Delayed Discharges: Acute sites faced significant pressures in bed availability across November and December 2023. Scrutiny continues to be applied to all those delayed past their planned date of discharge (PDD) with the HSCP Community Hospital Discharge Team (CHDT) and Head of Service.

Recent quality improvement activity includes a test of change with older adult wards at Gartnavel General Hospital, with a multi-disciplinary focus on all WDHSCP inpatients to ensure pathways of care were appropriate and early discharges encouraged.

An enhanced delays dashboard has been developed which presents HSCP specific delays information around the reasons for delays (based on the Scottish Government codes).

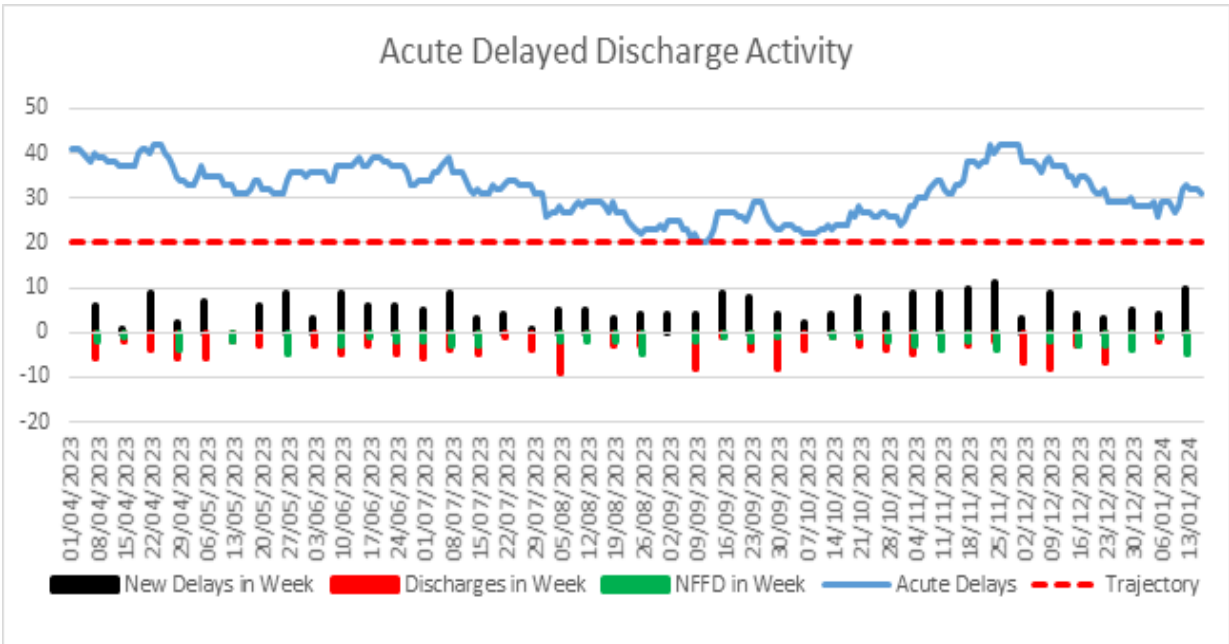


Figure 5: Acute Delayed Discharge Activity

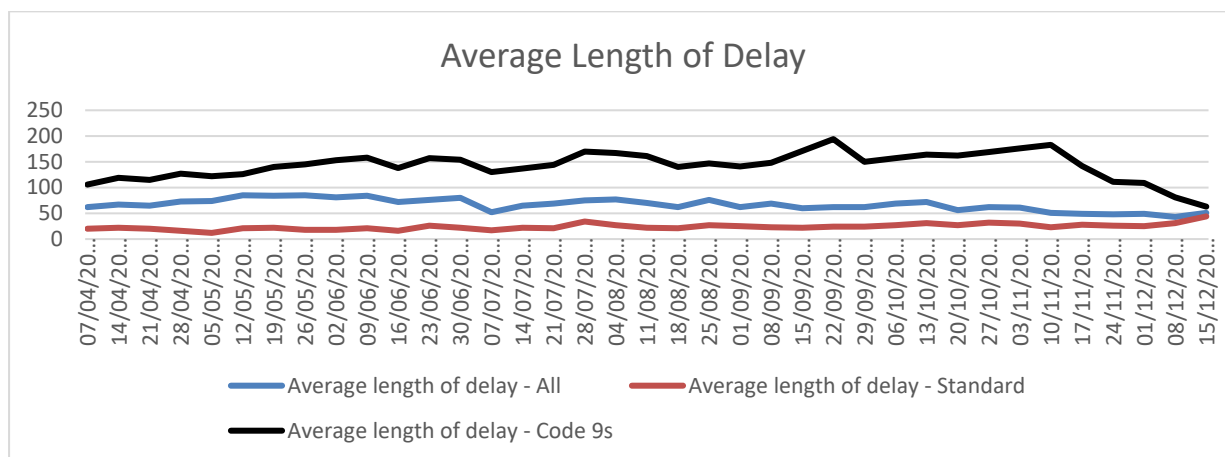


Figure 6: Average Length of Delay

4. Unscheduled Care Progress

4.1 The following key interventions led by HSCPs are now live across GGC.

4.2 **Hospital at Home.** The Hospital at Home (H@H) service is available in Glasgow City HSCP and provides acute level care to individuals in their own home who would otherwise be admitted to hospital. This remains a Glasgow City specific service, with ongoing negotiations around upscaling across GGC.

4.3 **Home First Response Service.** This service has been established for a year within the Queen Elizabeth University Hospital (QEUH) and Royal Alexandra Hospital (RAH). Delivering an augmented multi-disciplinary team approach composed of community staff (Frailty Practitioners, Allied Health Professionals,

Pharmacy and Frailty Support Workers) embedded and working alongside the acute team to identify, assess and turn around patients at the earliest opportunity, up to 72 hours post-admission.

This work aligns with preventative measures such as the development of HSCP Frailty Pathways to support prevention/early intervention activity and future (anticipatory) care planning to maintain individuals at home for longer, reducing risk of admission to hospital.

The impact on this service for West Dunbartonshire is progressing slowly due to long term absence of the Frailty Practitioner allocated to WDHSCP. However, the staff in FIT work with these two Hubs and are managing referrals to provide a rapid response and turn around at the front door.

	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Totals
2023	0	1	1	6	2	4	6	4	1	2	3	0	30

4.4 **Falls Pathways.** Work is ongoing to reduce the number of conveyances to Emergency Departments following a fall.

- **The Community Integrated Falls Pathway**, in collaboration with the Scottish Ambulance Service (SAS), has a focus on referral to community teams for multifactorial assessment for those patients who are not conveyed, with a same day or next day follow up from FIT. Local referrals from SAS are variable and this remains a focus of improvement work discussed at the HSCP Urgent and Unscheduled Care Group.

	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Totals
2022											2	1	3
2023	5	0	2	4	2	5	6	6	4	6	2	8	50

Falls Pathway Referrals (Commenced Nov '22)

- **Care Home Falls.** Following a successful test-of-change in Glasgow City, training has been rolled out to the external and internal Care Home managers across WDHSCP, connecting Care Home staff with clinical decision makers. Using 'Near Me' video technology, a livestream consultation takes place between the FNC and the care home resident resulting in the formation of an action and treatment plan, which helps avoid an unscheduled and potentially lengthy attendance to the Emergency Department.

4.5 Call before Convey for Care Homes. On average 420 care home residents attend ED each month across GGC. Whilst the GGC Care Home Falls Pathway gives homes access to Flow Navigation Centre clinicians it only covers falls and no other reasons for attendance, which are predominantly respiratory and urinary issues. Building on the experiences of Ayrshire & Arran and East Dunbartonshire and the recommendations within the My Health, My Care, My

Home framework published in 2022, a test-of-change for Winter 23/24 has been developed to give care homes access to a senior clinical decision maker who

can provide remote clinical assessment. This would provide timely contact with the potential to avoid delays experienced at NHS24 and the FNC thus reducing the likelihood of a call to 999.

Access to senior clinical decision makers varies across HSCP. An example of a senior clinical decision maker would be an Advanced Nurse Practitioner (ANP) or a GP. There are currently no ANP's within the District Nursing Service so an alternative model in being trailed, managing available DN resource against need.

The Senior Nurse monitors a dashboard that demonstrates monthly attendances at ED per Care Home. This shows that in 2023 the two HSCP Residential Care Homes conveyed the highest number of people across the HSCP, with one of the larger external Nursing care Homes third. The reason the Residential Care Homes may be higher is that they, unlike the other Homes, have no Registered Nurses on site to assess risk and rationale for attendance.

In 2022 combined conveyances for Queens Quay and Crosslet were 129, in 2023 this reduced to 96 (28% drop overall). This test of change aims to reduce this figure further and involves a Nurse Team Lead meeting with the two Residential Care homes every Friday to review those at risk of admission. This

test of change started in December and will be monitored for impact via the Urgent and Unscheduled Care Group.

4.6 Anticipatory (Future) Care Plans (ACP). GGC's ACP programme was aligned with Unscheduled Care Programme in 2022 to develop the implementation of Clinical Portal as the platform to hold an ACP that acute and HSCP staff can update.

West Dunbartonshire HSCP had already implemented the use of the Key Information Summary (via GP Practices) over a number of use, along with the use of frailty scoring. As a result, completing ACP's is seen as 'business as usual' for the District Nursing staff. A sub group was established to roll out completion to a wider HSCP staff group, including the HSCP Residential care Homes. As a result, West Dunbartonshire has exceeded our targets for 2023.

In addition to raw numbers, work is on-going to improve the quality of ACPs available to support decision making. Lessons learned from the first cycle of improvement activity has been shared with all HSCPs and cycle two is underway. Additionally, Scottish Government have announced a national re-brand of ACP activity as Future Care Planning. This new terminology will be adopted across GGC with the ACP materials and website being amended to reflect this change.

5. West Dunbartonshire Initiatives

5.1 Focused Intervention Team: FIT are referenced at 5.2 and 5.3 and are the primary responders for MDT unscheduled care activity. This team started just before the pandemic and therefore had little time to embed but as Pandemic restrictions lifted this team targeted a renewed campaign to raise awareness with GP practices and HSCP teams. Activity has grown steadily since 2021:

Year	Referrals
2021	416
2022	928
2023	1904

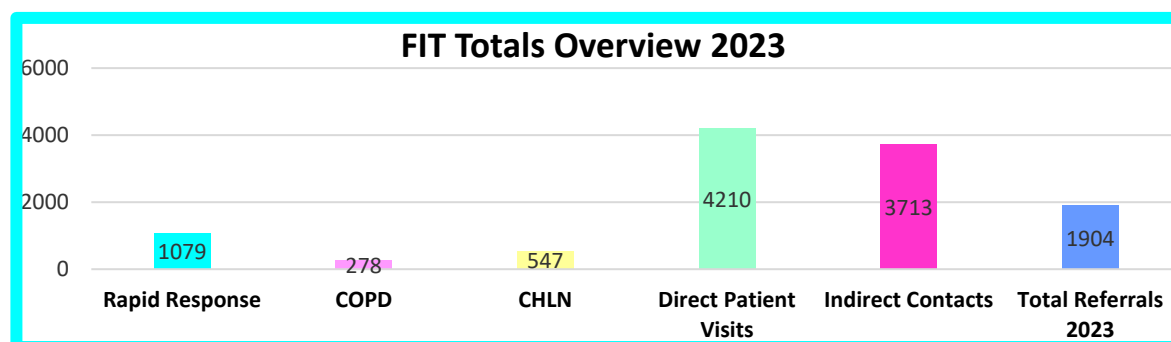


Figure 6

Hospital Front Door referrals to FIT													
	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Totals
2021	2	3	4	2	5	1	4	6	3	6	5	3	44
2022	8	5	4	5	4	9	3	6	10	6	11	10	81
2023	11	10	6	21	11	19	17	8	11	14	16	9	153

Prior to the HFRS, FIT were the point of contact for all acute sites as part of the 'Hospital Front Door' approach. They continue to prevent admissions through this pathway:

- 5.2 Future Care Planning** (previously known as Anticipatory Care Planning) - District Nursing Service is leading on the HSCP work stream to ensure those in scope have a Future (Anticipatory) Care Plan completed. The completion and sharing of an FCP reduces the risk of an admission to hospital when someone reaches a time of crisis. FCP's can be completed by a range of health and social care staff and this has been extended to allow staff in the two Residential Care Homes access.

Within West Dunbartonshire 135 Future Care Plans were completed in 2022, and the HSCP has exceeded the GGC target for 2023 with 539 completed by early December 2023. During 2023 we were the second highest performing HSCP.

- 5.3 COPD management** – WDHSCP has a high number of attendances and admissions due to COPD and we continue to consider and develop initiative to reduce this figure. A COPD Nurse sits within FIT and all GP Practices refer to this resource; 'rescue medications' and a Future Care Plan are initiated when applicable. The Nurse also links with the Respiratory Consultants weekly and accepts referrals from them.

In addition there is a planned development of a pharmacy technician led COPD patient education session service in West Dunbartonshire from early 2024. This service will support patients with COPD who have been admitted to hospital within last year with the aim to improving patient education, inhaler technique and to reduce potential future hospital admissions. This project will also link with the COPD Nurse who is planning a 'deep dive' into named lists of frequent attenders due to COPD to assess the potential for interventions to reduce the risk of further attendances.

- 5.4 End of Life Care** – In 2023, 91% of the patients who had their preferred place of death recorded were provided with the support required to ensure this was supported. This is above the recommended 60%.
- 5.5 Flu & Covid Vaccinations (Staff, Care Home Residents and Housebound)** - In scope staff groups for the winter vaccination programme have been encouraged

to book vaccinations. The Adult Community Nursing Service ensured that all care home residents were vaccinated by end of September 2023. The District Nursing service delivered the domiciliary vaccination programme.

	Covid	Flu
Care Homes	87.1%	88.3%
Housebound	91.8%	94%

% of citizens vaccinated winter 2023/24 (as at November 2023)

- 5.6 Power of Attorney** – West Dunbartonshire HSCP, Citizen's Advice Bureau and Carers of West Dunbartonshire have worked collaboratively to identify and support people to put in place a Power of Attorney. This ensure that, if they no longer have the mental capacity to make decisions about their health or finances, they have the relevant paperwork in place so that someone that knows and cares about them can make these decisions on their behalf. This is important for the population, and in the context of this paper there are a number of people who become delayed in hospital as the legal powers are not in place to facilitate a move back to the community setting.

Referrals from partners	72
Registrations documents completed	48
Registrations approved	6
Initial interviews completed	21
Advice given - PoA registration not appropriate	3
Client deemed to not have capacity	4
No further engagement	12
GP refused to complete Schedule 1 Certificate	2
Clients visited at home	6
Miscellaneous cases	4

On National POA day on 23rd November 2023 the Citizen's Advice Bureau led on public engagement sessions within Clydebank Shopping Centre and Asda Dumbarton.

5.7 Carers of West Dunbartonshire:

Scottish Ambulance Service Pathway Hub - The Scottish Ambulance Service is working closely with partners to increase the range of alternative clinical pathways in communities which support the Service to deliver care closer to home.

The Service's Pathway Hub connects patients and carers with services and support by using a multi-disciplinary network of clinical staff, the Hub gives SAS the ability to provide a detailed consultation for patients whose initial 999 triage has ruled out time-critical illness. The hub will operate 24 hours a day, to ensure patients receive the best possible response to their need when they dial 999.

Carers of West Dunbartonshire has recently become involved in the work which will allow ambulance crews to identify and signpost carers in West Dunbartonshire for support via the Pathway Hub. Activity within this development will be monitored to ensure the pathway is utilised to its full potential.

Hospital Discharge - The Act requires each health board to involve the carer before a cared-for person is discharged from hospital. Carers of West Dunbartonshire works closely with the Hospital Discharge Team, through its Carer Link Worker initiative, to ensure that carers are being identified and referred for support at the earliest point and are supported through the discharge process.

Emergency plans - If an emergency situation arises for a carer it can mean them being separated from the person that they care for long enough to pose a risk to that person. Emergency planning is relevant to all carers, however some will be more at risk than others e.g. older carers and carers with their own health needs.

In West Dunbartonshire carers are provided with an Emergency Planning Booklet and are supported by an allocated Carer Support Worker to develop their plan. Since April 2023 to September 2023 1186 Carer Assessments and Support plans or reviews were completed for the first time. In addition 131 Emergency Plans were completed. A Carers' Emergency Card with the name and telephone number of their emergency contacts is also included and a Carers Emergency Keyring with the name and telephone number only of their emergency contacts

6. Financial and Procurement Implications

- 6.1** The legislation requires the HSCP Board and Health Board to put in place arrangements to support set aside arrangements for unscheduled care, and is subject to external assessment.
- 6.2** The Unscheduled Care Commissioning Plan delivers a joint strategic commissioning approach to unscheduled care which will deliver on the intentions of the legislation.
- 6.3** The HSCP Board's budget for 2023/24 includes a "notional set aside" amount for the commissioning of acute hospital services within scope (e.g. accident & emergency services). This is currently £34.292m for West Dunbartonshire.

7. Risk Analysis

- 7.1** Not applicable

8. Equalities Impact Assessment (EIA)

- 8.1** None required for this report.

9. Environmental Sustainability

- 9.1** None required for this report.

10. Consultation

10.1 A workshop was undertaken in early 2023 with key stakeholders from across the HSCP.

11. Strategic Assessment

11.1 The unscheduled care program contributes to all nine national outcomes and in particular is fundamental to the delivery of outcome 9 that resources are used effectively and efficiently in the provision of health and social care services.

11.2 The integration scheme for the IJB includes specific responsibilities for the strategic planning of certain acute hospital services.

11.3 Integration Authorities have responsibility for strategic planning, in partnership with the hospital sector, of those hospital services most associated with the emergency care pathway, alongside primary and community health care and social care. This is known as unscheduled hospital care. The objective is to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care can be achieved.

12. Directions

12.1 No directions required.

Name: Fiona Taylor

Designation: Head of Health and Community Care

Date: 13 February 2024

Person to Contact: Fiona Taylor

Appendices: Appendix 1
Unscheduled Care Design and Delivery Plan 2022/23 to 2024/25

Appendix 2
Urgent and Unscheduled Care Update Paper



NHS GREATER GLASGOW & CLYDE

**UNSCHEDULED CARE
JOINT COMMISSIONING PLAN**

**DESIGN & DELIVERY PLAN
2022/23-2024/25**

ANNEXES

March 2022

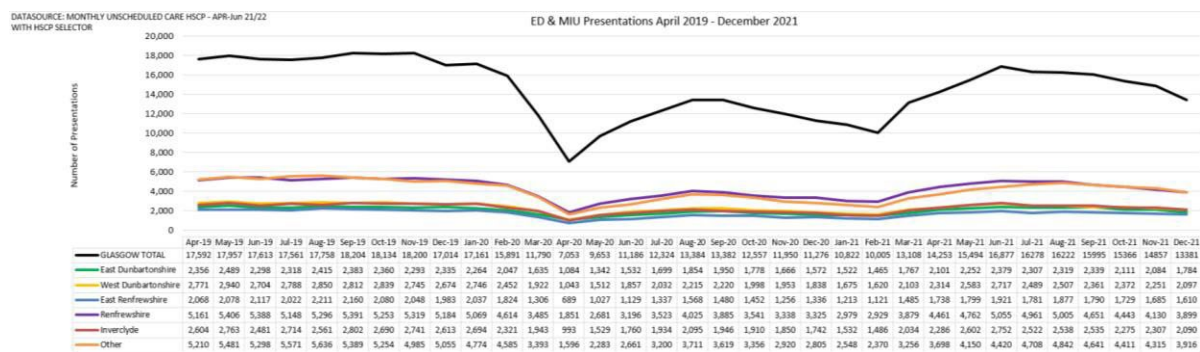
CONTENTS

	Page
Annex A	
Rear view mirror – HSCP unscheduled care data 2019-2022	3
Annex B	
2019 – 2021 activity review	10
Annex C	
Design & Delivery Plan action plan	16
Annex D	
Financial framework	24
Annex E	
Key performance indicators	29
Annex F	
Emergency admissions projections	31

Rear View Mirror

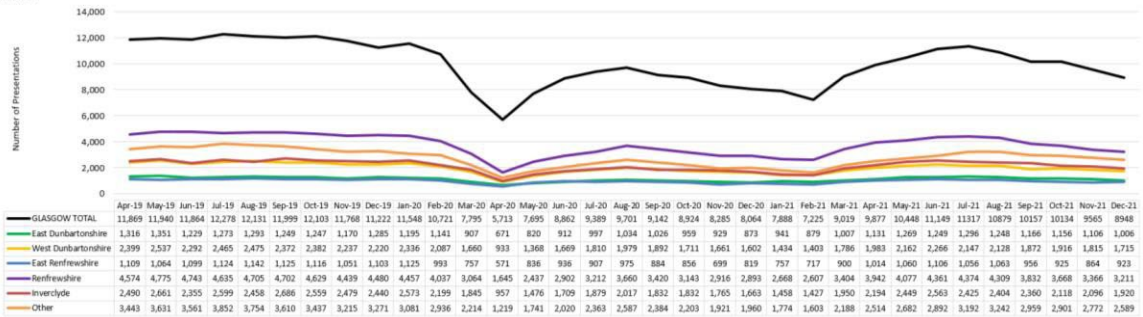
Unscheduled Care activity

2019-2021
by HSCP and GG&C



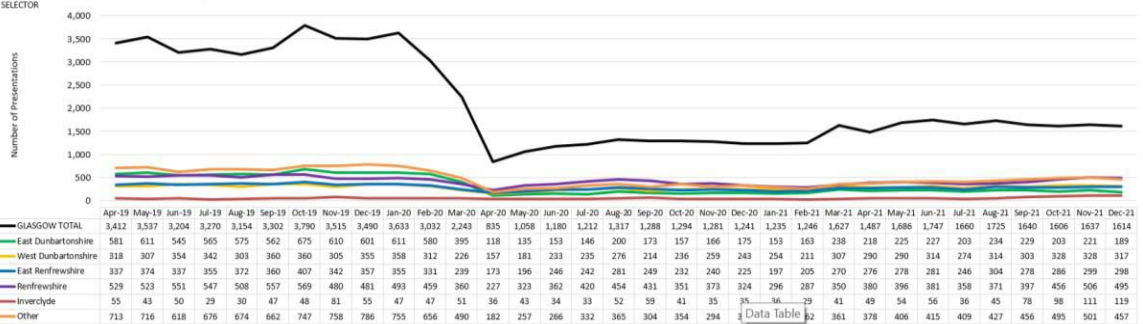
DATASOURCE: MONTHLY UNSCHEDULED CARE HSCP - APR-JUN 21/22
WITH HSCP SELECTOR

ED Presentations (Excluding MIU & RHC) April 2019 - December 2021



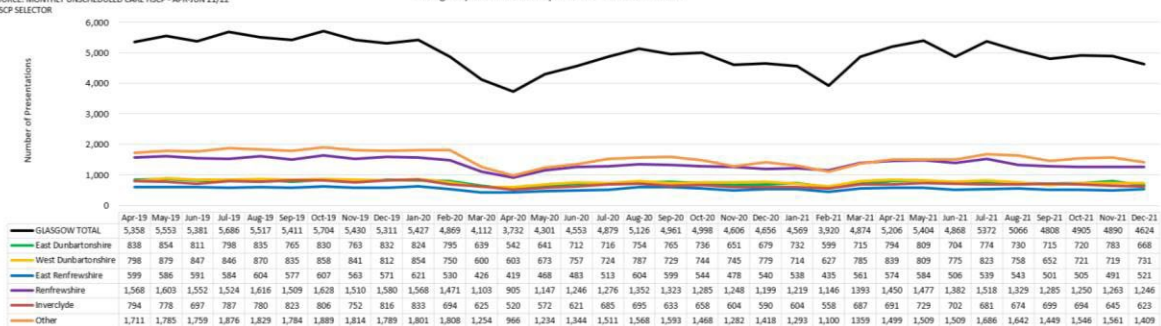
DATASOURCE: MONTHLY UNSCHEDULED CARE HSCP - APR-JUN 21/22
WITH HSCP SELECTOR

Assessment Unit Attends (inc RHC CDU) April 2019 - December 2021



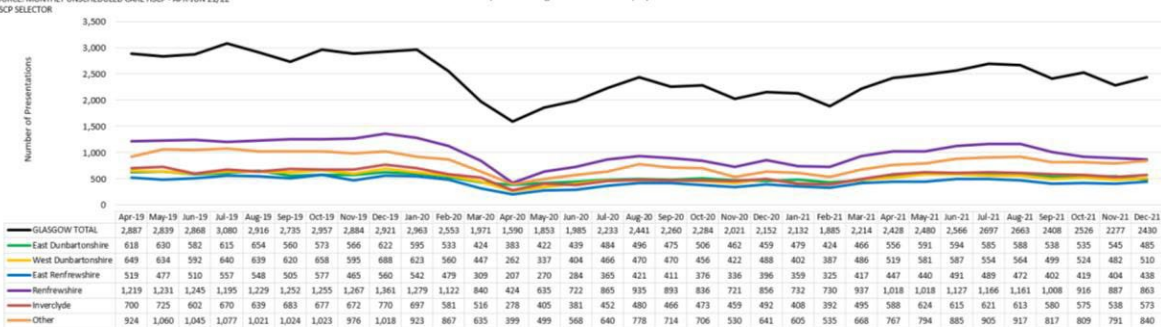
DATASOURCE: MONTHLY UNSCHEDULED CARE HSCP - APR-JUN 21/22
WITH HSCP SELECTOR

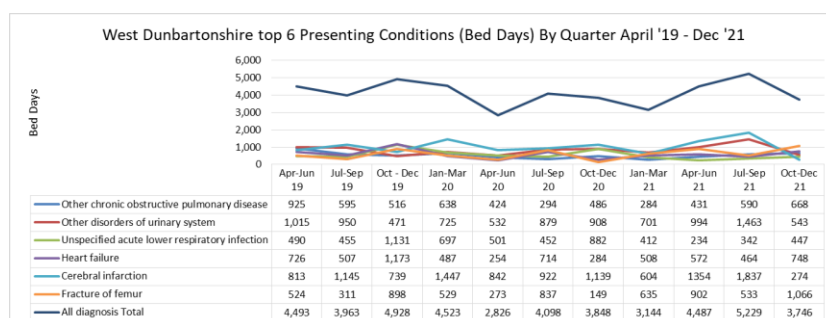
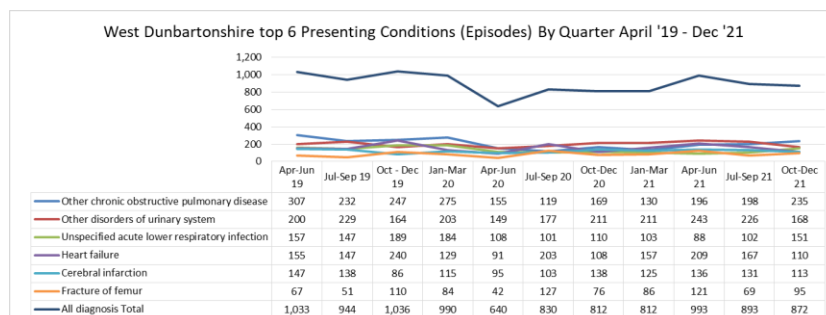
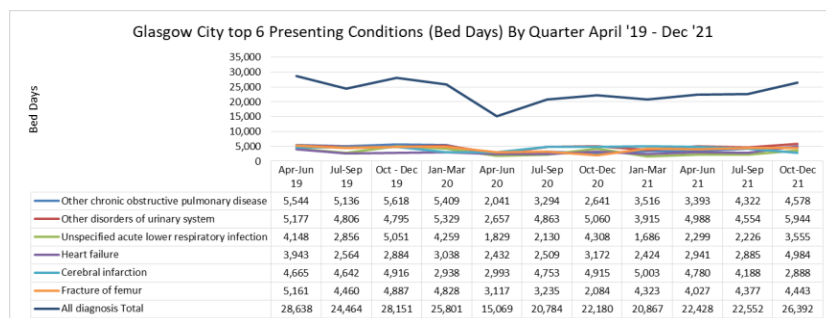
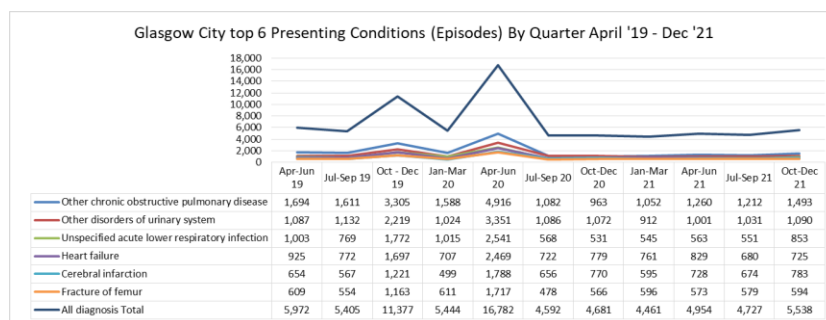
Emergency Admits Adult April 2019 - December 2021



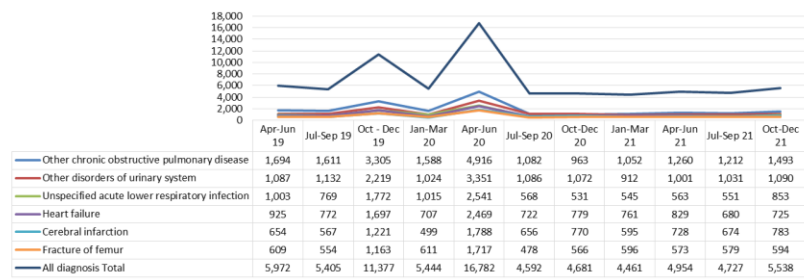
DATASOURCE: MONTHLY UNSCHEDULED CARE HSCP - APR-JUN 21/22
WITH HSCP SELECTOR

ED & MIU Presentations (Patients Aged 65 and Older) April 2019 - December 2021

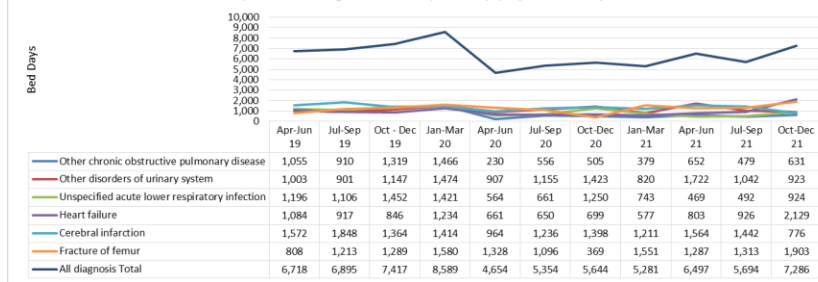




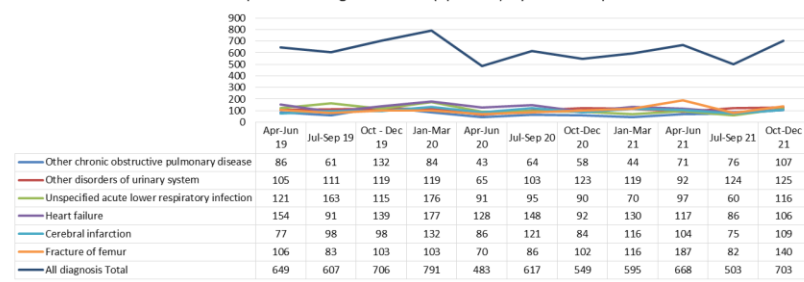
Glasgow City top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '21



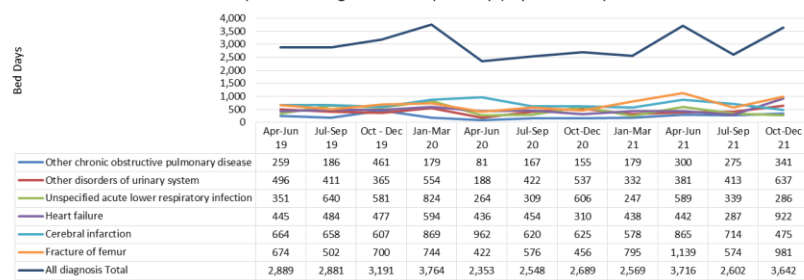
Renfrewshire top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '21

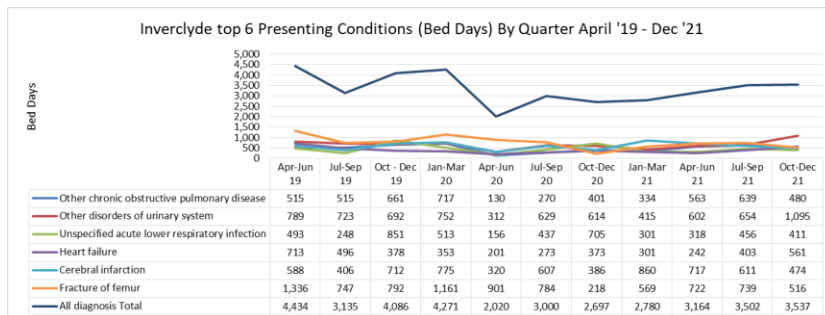
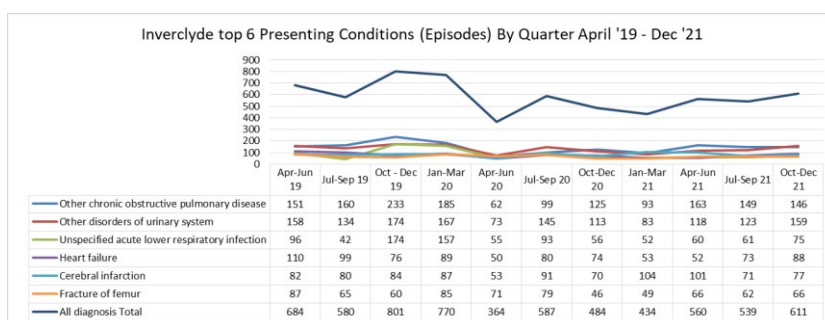
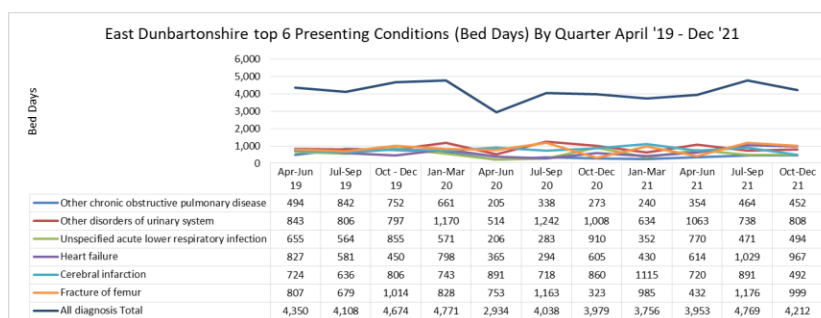
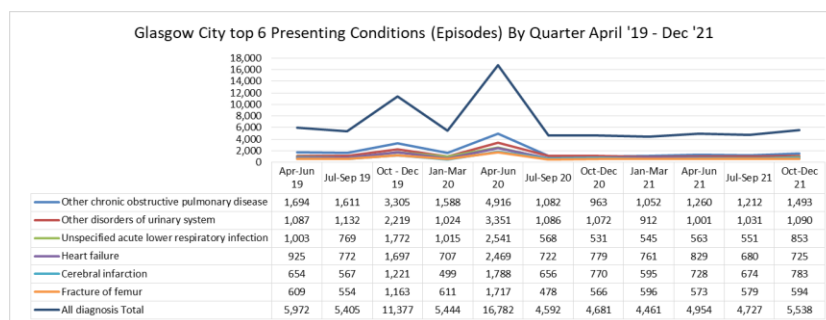


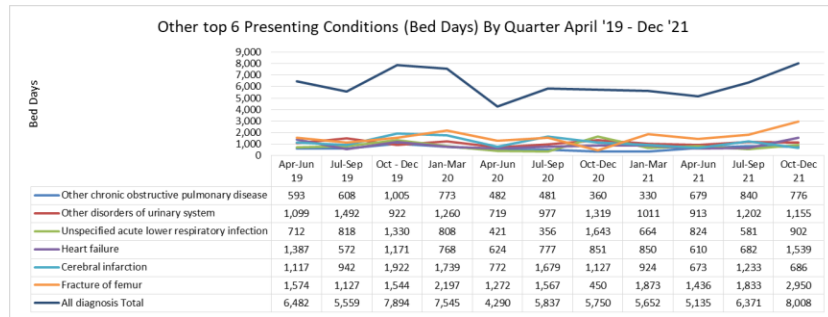
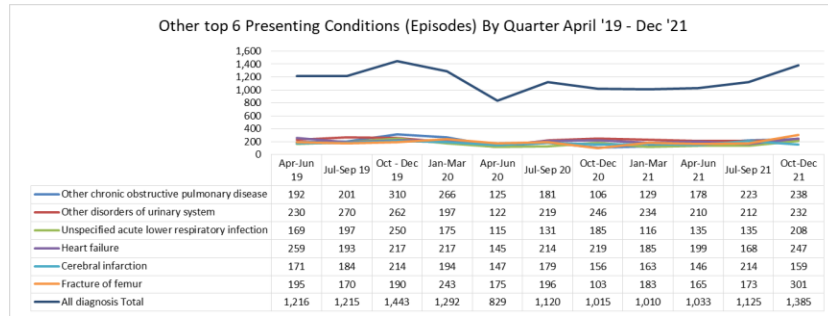
East Renfrewshire top 6 Presenting Conditions (Episodes) By Quarter April '19 - Dec '21



East Renfrewshire top 6 Presenting Conditions (Bed Days) By Quarter April '19 - Dec '21







Unscheduled Care: A look back over the period of the Pandemic

Introduction

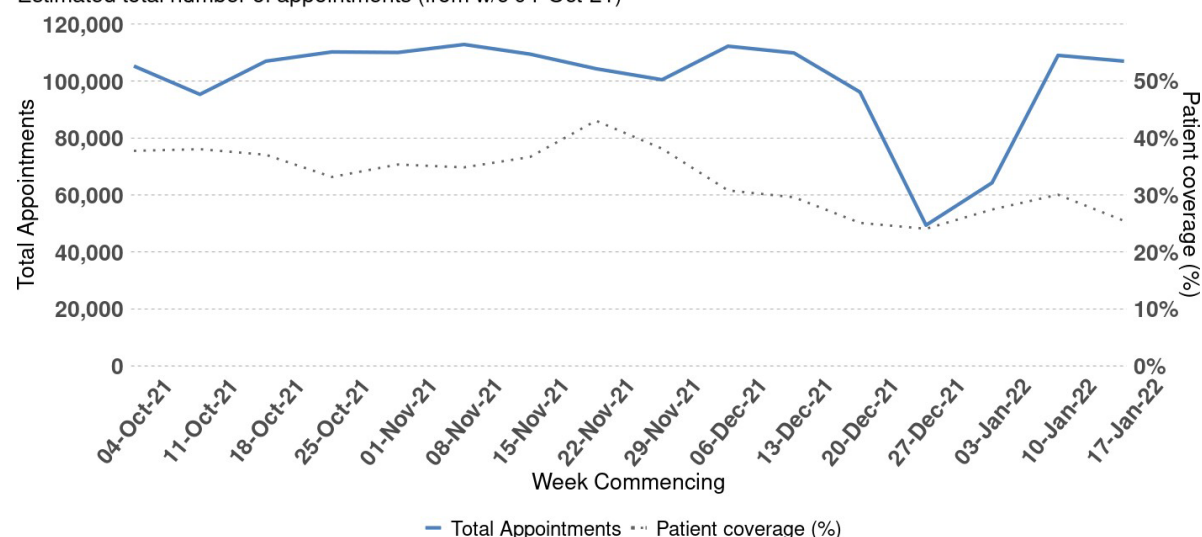
The impact of the COVID-19 pandemic and our response to it has disrupted Unscheduled Care activity levels and the previously understood seasonal trends. It is unclear the extent to which this disruption will have a long-term impact or whether previous trends will reassert themselves. This summary provides an overview of the key dynamics following the flow of demand from Primary Care through the interface to Secondary Care. The response to the pandemic has resulted in the rapid adoption of new ways of working, utilising digital and virtual technology, as well mechanisms such as the Flow Navigation Hub to support direction of patients to the most appropriate services.

Primary Care

Aggregate data on access to GPs is not generally available but in response to concerns about the pressure on these services, a cohort of practices across NHSGGC - accounting for approximately 25% of patients - have participated in a survey to enable estimated trends of demand to be developed. The study suggests that GPs have delivered between 100,000 and 120,000 appointments per week (dip on week of 20 December reflects Christmas holiday period and weekend impact).

Estimated Number of Appointments

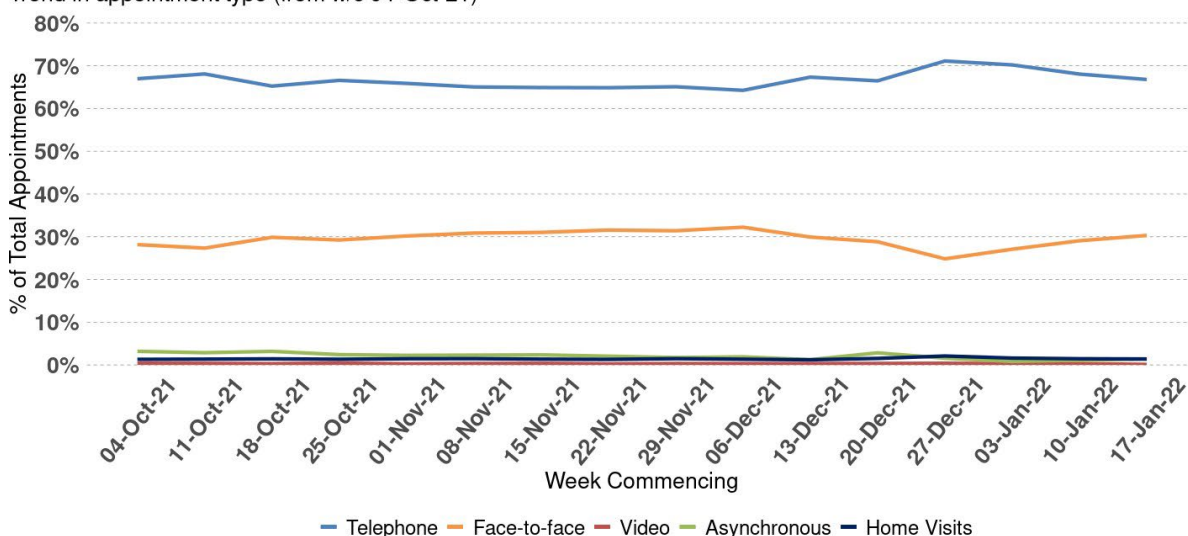
Estimated total number of appointments (from w/c 04-Oct-21)



The study also indicates the extent to which telephone appointments account for around two-thirds of all appointments.

Appointment Type - NHS GGC

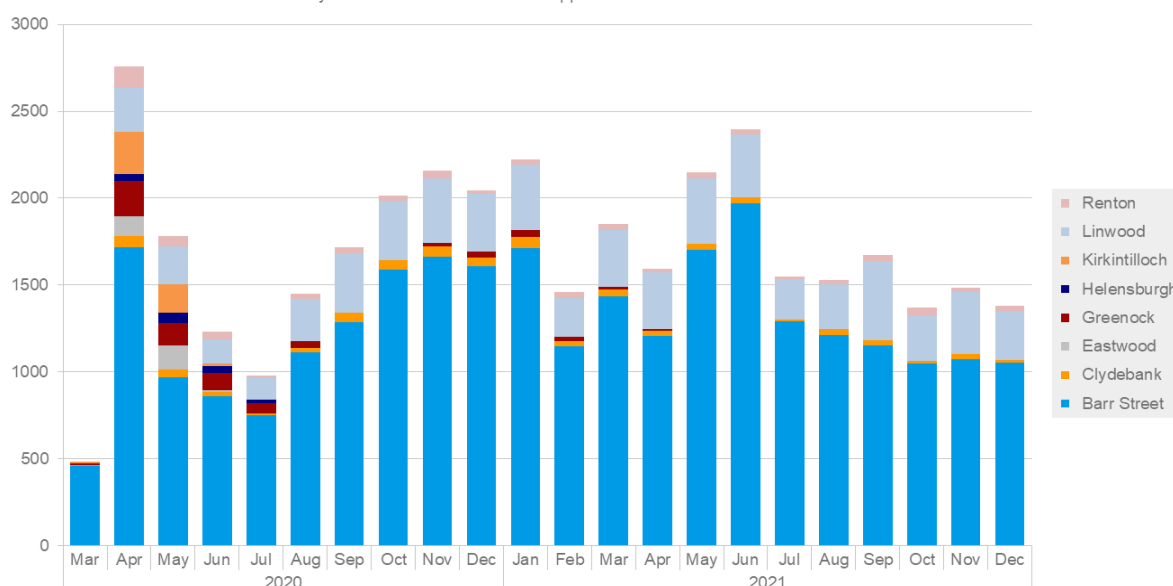
Trend in appointment type (from w/c 04-Oct-21)



Community Assessment Centres

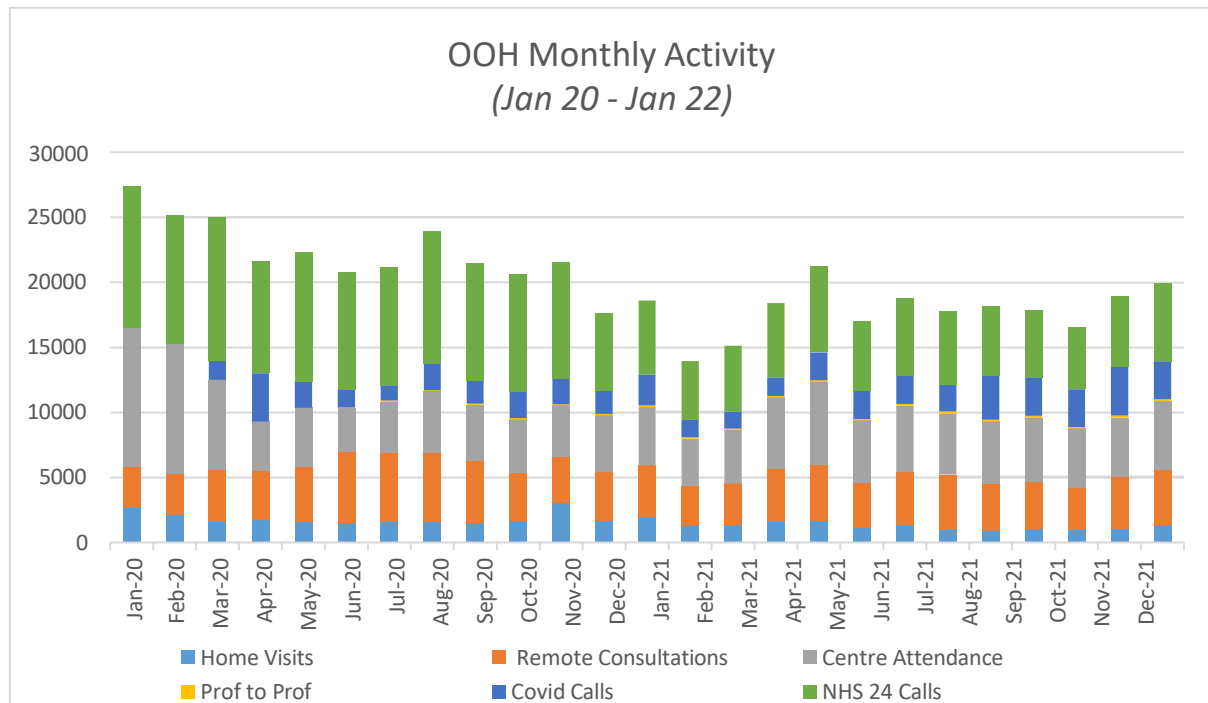
Established to support GPs to provide safe and rapid access for patients with suspected diagnosis of COVID-19, Community Assessment Centres were set up across NHSGGC. At peak times, 8 were in operation, with a plan to close these facilities by March 2022. These centres operated 12 hours per day with the GP Out of Hours (GPOOH) Service addressing demand when they were closed. Demand has clearly fluctuated over the duration, averaging 1,700 per month but peaking at between 2,100 and 2,700 appointments.

Community Assessment centres - No. of Appointments Per Month Mar 2021 to November 2021



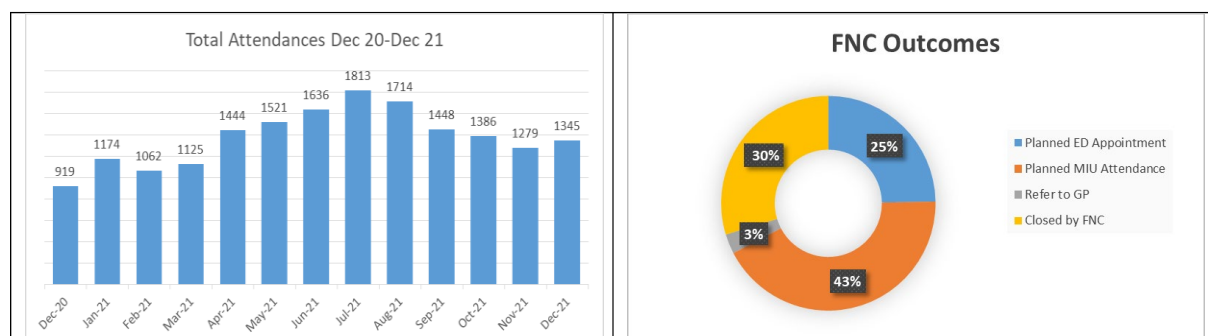
GP Out of Hours (GPOOH)

The GPOOH service has similarly experienced high levels of demand, averaging around 20,000 calls per month. Calls recorded as related to COVID-19 represent approximately 11% of demand, a figure which has been rising over recent months.



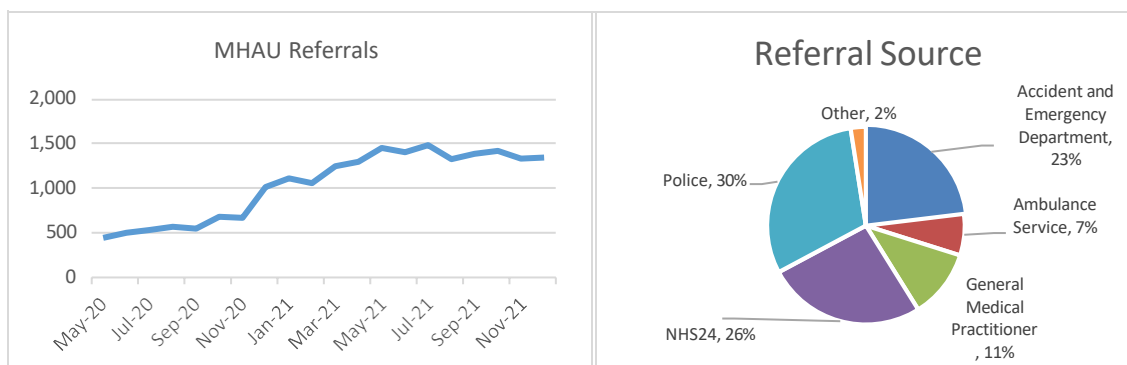
Flow Navigation Hub

The Flow Navigation Hub was introduced in December 2020, providing a mechanism for patients to be referred by NHS111 and be connected with the most appropriate response. This would be delivered as a 'Near Me' virtual consultation or telephone call in the first instance, aiming to avoid a face-to-face presentation where appropriate. There has been a steady progression of care pathways that can be managed in this way.



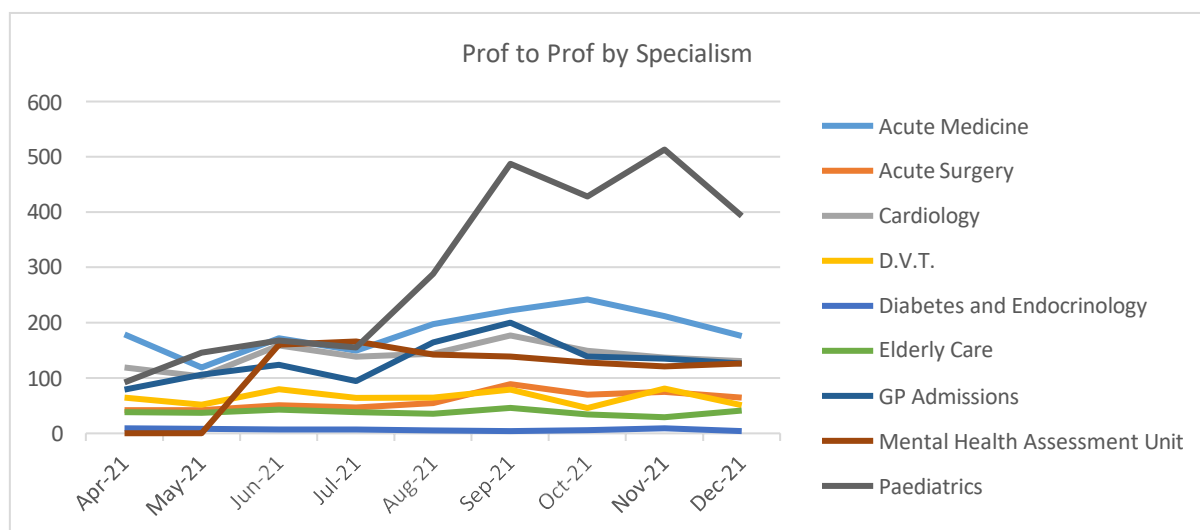
Mental Health Assessment Unit

The Mental Health Assessment Unit was a planned development, which coincided with the onset of the pandemic. This has now proven itself to be a core part of the Urgent Care response and is integrated into the Flow Navigation Hub, managing in the region of 1,400 referrals per month. Analysis of the source of referrals shows the impact this service is having in diverting 70% of presentations that would otherwise have gone straight to A&E departments.



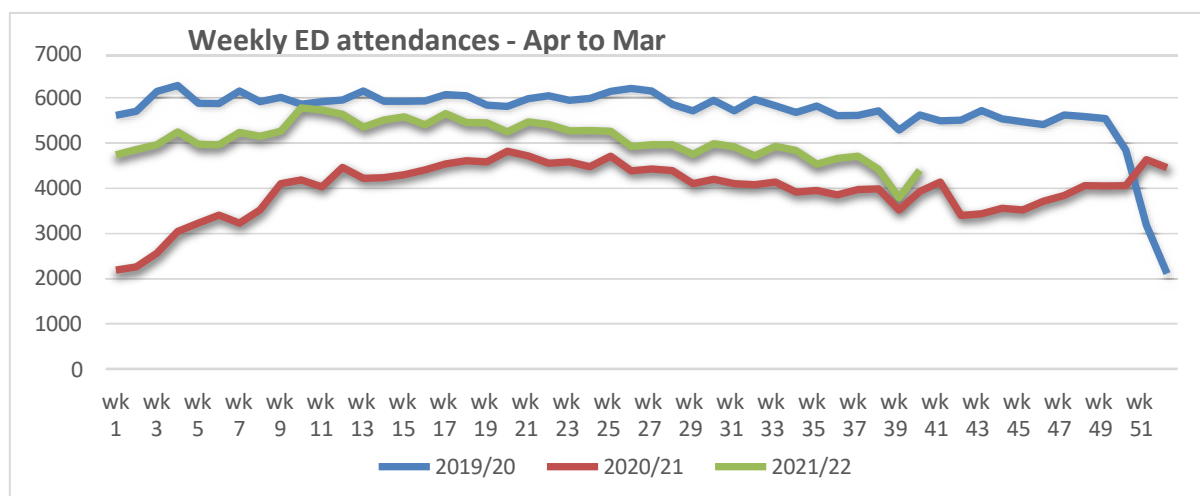
Professional to Professional

'Consultant Connect' is the digital telephone service that has been adopted by Secondary Care to provide rapid access for GPs to specialist advice as an alternative to an emergency admission. This has developed alongside the mechanisms above and is now handling over 1,000 calls per month.

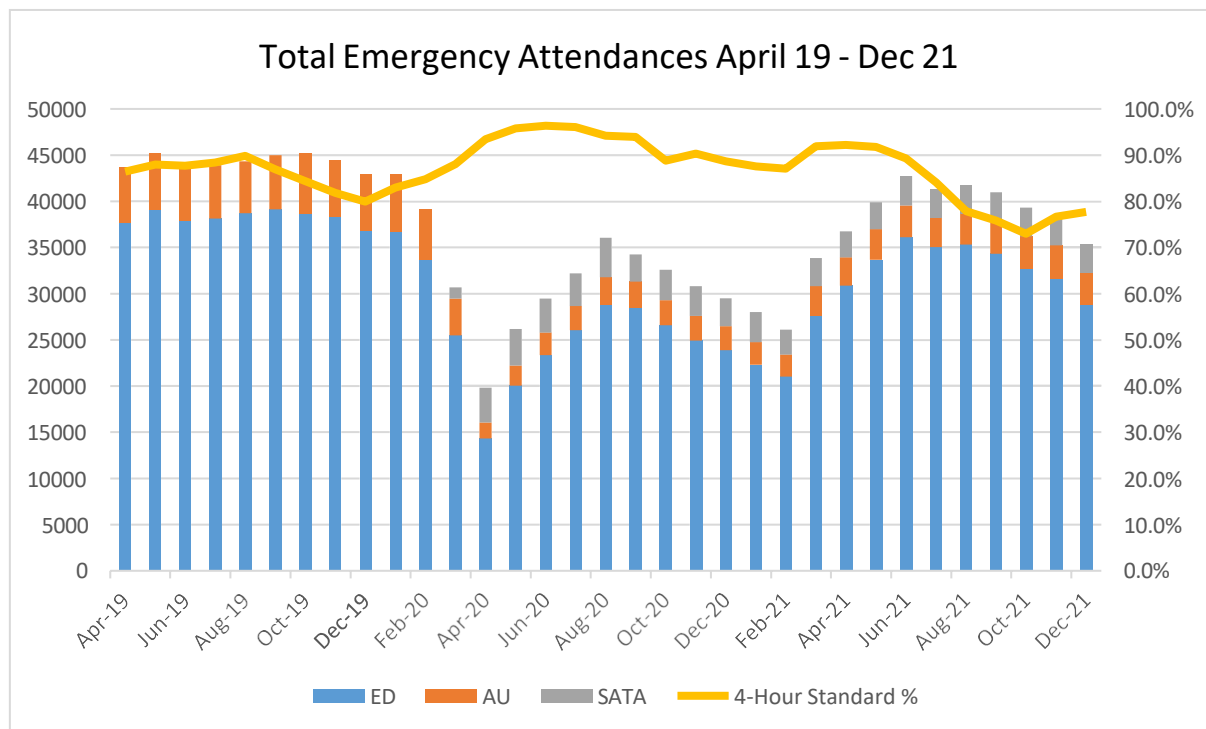


Acute Hospital Attendances

ED attendances dropped substantially during the initial months of the pandemic. Whilst increasing during 2021, the weekly rates have yet to return to pre-pandemic levels.

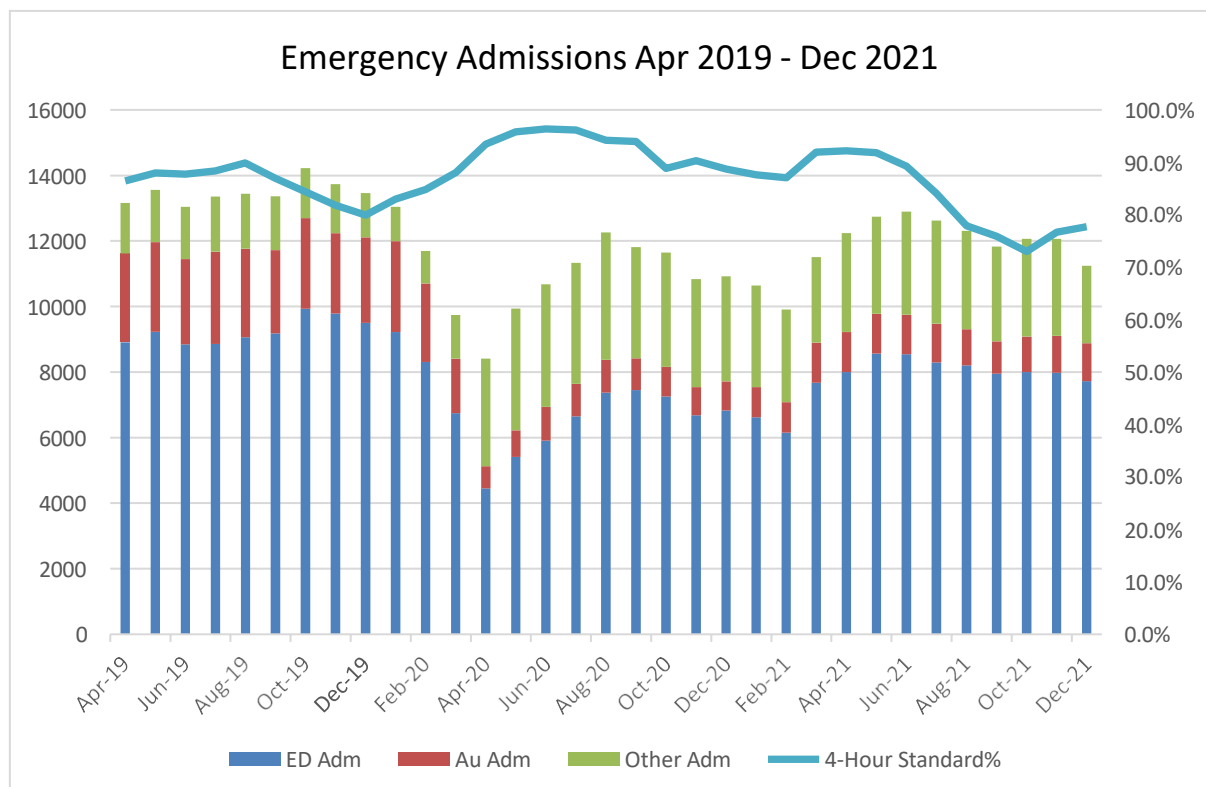


Further comparison - including SATA and Admission Unit attendances, which also contribute to the 4-hour target - clearly describes the profile of activity, which continues to be broadly 10% down on 2019/20 levels.

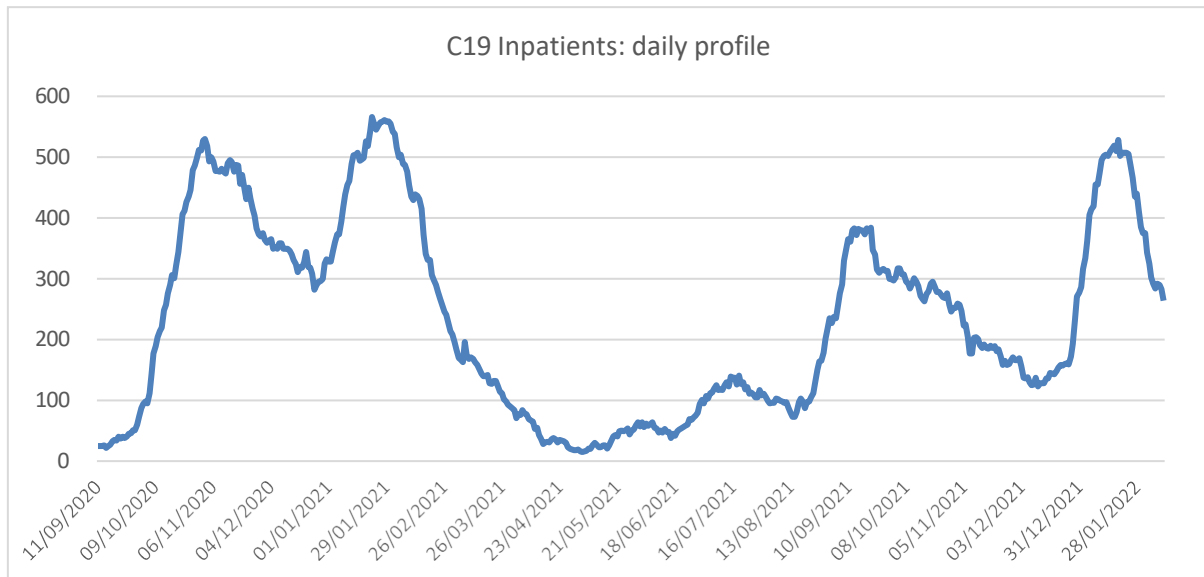


Hospital Admissions

Emergency Admissions mirror the above profile, with demand continuing throughout 2021 to be broadly 9% below pre-pandemic levels.



The necessity of maintaining 'green' and 'red' pathways to separate COVID-19 patients for infection control issues is one of the significant challenges in managing demand efficiently, particularly with continuing high rates of bed occupancy for COVID-19 positive patients which have consistently accounted for 10% or more of bed capacity for unscheduled care admissions.



Conclusion

The pandemic has continued to disrupt trends in demand throughout 2021. The development of new services has contributed to a further understanding of pathways, but not yet in a manner that can be used to project ongoing and future profiles.

ANNEX C

Design & Delivery Action Plan

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
Communications			
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services	2 & 3	SG Comms campaign on-going re Right Person, Right Place. Opportunities to develop GGC wide comms and engagement strategy in development liaising with the Corporate Comms Team and Public Engagement Team. A number of awareness campaigns have taken place including Falls Week, ACP, and POA etc. HSCP local signposting materials are being reviewed in a number of HSCPs to ensure they are fully reflective of changes
Prevention & Early Intervention			

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions	2 & 3	<p>Via Falls & Frailty Programme Work stream 2: GGC ACP Design & Implementation Group well established with GGC Action Plan developed</p> <p>HSCP ACP Implementation Groups established with implementation plans developed. ACP Standard Operating Procedure developed due to be implemented Jan 2022. Approval routes via Clinical Advisory Group and Quality Outcomes Group.</p> <p>Number of ACPs on Clinical Portal has increased (working with eHealth to develop monthly reporting</p> <p>Staff trained increased significantly in the last 12 months: since Aug 2020 till Dec 2021 818 completed emodule and 475 completed virtual training</p> <p>ACP Champions across GGC has improved over the last 12 months with 35 across GG&C</p> <p>Quality Assurance approach to be developed to ensure the information within the ACP is of a standard to support decision making</p>
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department	2 & 3	Work on-going with SAS to ensure all pathways are considered for patients who have had a fall but may not need conveyed to A&E. This is being progressed via the Falls & Frailty Work stream and RUC FNC.

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
4	We will develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions	2 & 3	Approved MDT Interface model development with enhanced roles including Advanced Practice Frailty Practitioner and other roles operating within a hub and spoke model to support prevention of conveyance to front door, supporting individuals at home or their homely setting and early turnaround of those individuals to the community for those who do not require clinical care within the hospital setting. Frailty Pathway and Operating Model being developed to support the implementation of the enhanced MDT teams for RAH and QEUE. This will include the identification of frailty within the population and pathways to community supports (volunteers and managed services)
5	We will increase support to carers as part of implementation of the Carer's Act	2 & 3	Being monitored locally by each HSCP via their Carer's Plan. Connections and opportunities are considered across all the Falls & Frailty Work streams.
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc.	2 & 3	Community capacity building will be tracked within this programme via Work Stream 5 Sub Group 1A.
7	We will develop integrated pathways for the top six conditions most associated with admission to hospital with the aim of better supporting patients in the community	2 & 3	Community Respiratory Pathway ToC with SAS - North Glasgow Pilot for COPD patients already known to the CRT.
8	We will develop a range of alternatives to admission for GPs such as access to consultant advice, access to diagnostics and "hot clinics" e.g. community respiratory team advice for COPD and promote consultant connect - that enable unscheduled care to be converted into urgent planned care wherever possible	2 & 3	Activity on-going to extend the range of alternatives. Performance updates provided via RMP process. OOHs pathways for Palliative and Care Homes in development

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission	2 & 3	HSCP models being monitored. Work Stream 5 Sub Groups considering alternatives pathways to support individuals within the community to minimise the risk of an admission to hospital
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes	2 & 3	Nursing/Care Home Falls Pathway via Flow Navigation Centre test phase OOHs pathway being developed
11	We will explore extending the care home local enhanced service to provide more GP support to care homes	2 & 3	Led by Primary Care
Primary Care & Secondary Care Interface			
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time	2 & 3	NHSGGC representatives have collaborated with Scottish Government colleagues to produce a National Redirection Policy guidance document that was launched on 02/12/2021 This updated guidance supports a 'Once for Scotland' approach. NHS Boards, Health and Social Care Partnerships, (H&SCPs), Primary Care (PC) and the Royal College of Emergency Medicine (RCEM) have worked collaboratively with the Scottish Government to review and amalgamate best practice examples from across the country and translate them into implementable guidance. GGC have developed local procedures in line with the policy and a standard technical solution to recording activity and providing automated feedback to GP's is now being explored.

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service	2 & 3	As part of the Redesign of Urgent Care programme aligned to the Right Care in the Right Place at the Right Time, NHSGGC designed and implemented a Flow Navigation Centre (FNC) to provide a new planned urgent care service in partnership with NHS24. The FNC directly receives clinical referrals through the NHS111 service providing rapid access to an appropriate clinical decision maker within the multidisciplinary team, optimising digital health through a telephone or video consultation where possible, minimising the need to attend A&E. The service has developed multiple specialty outflow pathways designed to provide an urgent but planned appointment that enables patients to be seen by the most appropriate clinician avoiding attendance at the ED, MIU and/or Assessment Units. This work continues with focus on further pathway development and interconnections between other health and social care service providers.
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites	√	NHSGGC has three designated MIU's at Stobhill, Victoria and Vale of Leven. During the pandemic both GRI and QEUH established designated MIU areas adjacent to the ED. Within RAH and IRH site configuration and resources have facilitated designated areas for minor injury patients to enable patients to be streamed accordingly, these are not adjacent units but areas within the existing units.
15	We will incentivise patients to attend MIUs rather than A&E with non-emergencies through the testing of a tow hour treatment target.	3	The Redesign of Urgent Care has included the introduction of planned urgent care services through the FNC and appointment based attendance at MIU's. This action has been aligned to phase 3 of the programme as it is anticipated that the changes made in the service provision to accommodate appointments within the MIU's may supersede the previous thinking around this specific action.

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
16	We will explore extending MIU hours of operation to better match demand	3	The Redesign of Urgent Care work continues to review and align hours of operation to meet service demands. This action has been aligned to phase 3 of the programme as it is anticipated that the FNC pathway development and the virtual appointment based system now in place may provide alternative options to extending MIU opening times that might achieve extended access for non-urgent minor injuries.
17	We will improve urgent access to mental health services	2 & 3	Mental Health Assessment Units (MHAU) were established as part of the immediate response to Covid-19. NHSGGC's MHAU provides access for patients through the NHS111 service where further specialist assessment is required and in addition now provides direct access routes for ED's, SAS, and the Police and in addition we have established in hours and out of hours GP access. The service is now also enhanced through a professional to professional advice service where clinicians can discuss and refer patients of concern and rapid action taken to provide specialist input.
18	We will reduce the number of A&E attendances accounted for by people who have attended more than five times in the previous twelve months equivalent to 2% of total attendances.	2 & 3	During the pandemic ED's have introduced the signposting and redirection policy and in addition at a local level a number of bespoke approaches developed to ensure appropriate treatment plans are in place for individuals with high attendances. We have not progressed any whole systems change and therefore this action will be reviewed at a later date to agree how to progress.
19	We will reduce the number of people discharged on the same day from GP assessment units through the implementation of care pathways for high volume conditions such as deep vein thrombosis and abdominal pain. To enable this we will review same day discharges and signpost GPs to non-hospital alternatives that can be accessed on a planned basis	3	This is a phase 3 action, work has however commenced on specialty pathways aligned to the FNC with a test of change completed at the QEUH relative to developing a planned response for GP referrals. This work will continue through the Redesign of Urgent Care and future updates provided accordingly.

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY)	2 & 3	H@H pilot to launch February 2022. A significant programme of work has been undertaken to design the concept of a 'virtual ward' with technical and clinical processes developed to support the delivery of NHSGGC's H@H model. We will be in a position to report progress following the Feb 2022 launch.
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E	2 & 3	Programme underway and to be reported vis routine performance reports to Health Board meetings
Improving Discharge		□	
21	We will work with acute services to increase by 10% the number of discharges occurring before 12:00 noon and at weekends and during peak holiday seasons, including public holidays	2 & 3	A number of actions underway: - Discharge to Assess Policy implementation (review of implementation required) - Hospital @ Home Pilot - MDT Interface Model
22	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person is medically fit.	2 & 3	Discharge to Assess Policy Implementation of the MDT Interface Hub and Spoke Model
23	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and reablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance	2 & 3	Being developed within Work Stream 5 of the Falls & Frailty Programme

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
24	We will reduce delayed discharges so that the level of delays accounts for approximately 2.5-3.0% of total acute beds, and bed days lost to delays is maintained within the range of 37,00-40,000 per year	3	All of the above actions will support this ambition

ANNEX D

UNSCHEDULED CARE FINANCIAL FRAMEWORK

Unscheduled Care : Financial Framework		Glasgow City IA					Inverclyde IA				
		Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1											
Communications											
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.	N/R	£74,000	£0	£0	£74,000	R	£10,000	£10,000	£0	£20,000
Prevention & Early Intervention											
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.	R	£52,460	£10,287	£0	£62,747	R	£66,200	£22,067	£0	£88,267
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.	R	£52,060	£17,353	£0	£69,414		£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.	R	£791,231	£71,744	£0	£862,974	R	£11,000	£0	£0	£11,000
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0		£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0	£0	£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.		£0	£0	£0	£0		£0	£0	£0	£0
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.		£0	£0	£0	£0		£0	£0	£0	£0
Primary Care & Secondary Care Interface											
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.		£0	£0	£0	£0		£0	£0	£0	£0
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.		£0	£0	£0	£0		£0	£0	£0	£0
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.		£0	£0	£0	£0	N/R	£5,000	£0	£0	£5,000
17	We will improve urgent access to mental health services.	R	£683,694	£0	£0	£683,694	R	£93,453	£0	£0	£93,453
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).	N/R	£1,353,000	£0	£0	£1,353,000		£0	£0	£0	£0
21	Improving access and waiting times for scheduled care at QUEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E		£0	£0	£0	£0		£0	£0	£0	£0
Improving Discharge											
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person is medically fit.	N/R	£210,000	£200,000	£0	£410,000		£0	£0	£0	£0
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.	N/R and R	£210,000	£0	£0	£210,000	N/R	£10,000	£0	£0	£10,000
Total			£3,426,445	£299,384	£0	£3,725,829		£195,653	£32,067	£0	£227,720

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£1,679,445	£99,384	£0	£1,778,829
Non Recurring	£1,747,000	£200,000	£0	£1,947,000
Total	£3,426,445	£299,384	£0	£3,725,829

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£180,653	£32,067	£0	£212,720
£15,000	£0	£0	£15,000
£195,653	£32,067	£0	£227,720

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Funding : Recurring Expenditure				
Scottish Government Funding	£676,000	£0	£0	£676,000
Scottish Government Funding : COVID	£0	£0	£0	£0
IJB Budget	£319,751	£99,384	£0	£419,135
Total Funding Recurring	£995,751	£99,384	£0	£1,095,135

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£11,000	£0	£0	£11,000
£0	£0	£0	£0
£10,000	£10,000	£0	£20,000
£21,000	£10,000	£0	£31,000

Funding Gap	£683,694	£0	£0	£683,694
--------------------	-----------------	-----------	-----------	-----------------

£159,653	£22,067	£0	£181,720
-----------------	----------------	-----------	-----------------

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Funding : Non Recurring Expenditure				
Earmarked Reserves	£0	£0	£0	£0
Manage within HSCP Budget	£284,000	£200,000	£0	£484,000
Scottish Government Funding	£1,463,000	£0	£0	£1,463,000
Total Funding Non Recurring	£1,747,000	£200,000	£0	£1,947,000

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£15,000	£0	£0	£15,000
£0	£0	£0	£0
£0	£0	£0	£0
£15,000	£0	£0	£15,000

Funding Gap	£0	£0	£0	£0
--------------------	-----------	-----------	-----------	-----------

£0	£0	£0	£0
-----------	-----------	-----------	-----------

Unscheduled Care : Financial Framework		East Renfrewshire IA					West Dunbartonshire IA				
		Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1											
Communications											
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.	R	£10,000	£0	£0	£10,000	R	£10,000	£0	£0	£10,000
Prevention & Early Intervention											
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.	R	£21,652	£7,217	£0	£28,869	R	£8,482	£0	£0	£8,482
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.		£0	£0	£0	£0		£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.		£77,508	£25,836	£0	£103,344	R	£126,268	£0	£0	£126,268
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0		£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0		£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.	R	£85,696	£28,565	£0	£114,262		£0	£0	£0	£0
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.	R	£93,194	£31,065	£0	£124,259	R	£61,876	£0	£0	£61,876
Primary Care & Secondary Care Interface											
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.		£0	£0	£0	£0		£0	£0	£0	£0
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.		£0	£0	£0	£0		£0	£0	£0	£0
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.		£0	£0	£0	£0		£0	£0	£0	£0
17	We will improve urgent access to mental health services.	R	£91,161	£0	£0	£91,161	R	£103,638	£0	£0	£103,638
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).		£0	£0	£0	£0		£0	£0	£0	£0
21	Improving access and waiting times for scheduled care at QUEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E		£0	£0	£0	£0		£0	£0	£0	£0
Improving Discharge											
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person is medically fit.		£0	£0	£0	£0	R	£617,925	£0	£0	£617,925
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.		£0	£0	£0	£0	R	£599,109	£0	£0	£599,109
Total			£379,211	£92,683	£0	£471,895		£1,527,298	£0	£0	£1,527,298

Recurring
Non Recurring
Total

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£379,211	£92,683	£0	£471,895
£0	£0	£0	£0
£379,211	£92,683	£0	£471,895

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£1,527,298	£0	£0	£1,527,298
£0	£0	£0	£0
£1,527,298	£0	£0	£1,527,298

Funding : Recurring Expenditure
Scottish Government Funding
Scottish Government Funding : COVID
IJB Budget
Total Funding Recurring

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£203,204	£54,401	£0	£257,605
£0	£0	£0	£0
£84,846	-£84,846	£0	£0
£288,050	-£30,445	£0	£257,605

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£1,405,178	£0	£0	£1,405,178
£0	£0	£0	£0
£18,482	£0	£0	£18,482
£1,423,660	£0	£0	£1,423,660

£91,161	£123,128	£0	£214,290
---------	----------	----	----------

£103,638	£0	£0	£103,638
----------	----	----	----------

Funding : Non Recurring Expenditure
Earmarked Reserves
Manage within HSCP Budget
Scottish Government Funding
Total Funding Non Recurring

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£0	£0	£0	£0
£0	£0	£0	£0
£0	£0	£0	£0
£0	£0	£0	£0

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£0	£0	£0	£0
£0	£0	£0	£0
£0	£0	£0	£0
£0	£0	£0	£0

£0	£0	£0	£0
----	----	----	----

£0	£0	£0	£0
----	----	----	----

Unscheduled Care : Financial Framework		East Dunbartonshire IA					Renfrewshire IA				
		Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1											
Communications											
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.	R	£10,000	£0	£0	£10,000		£0	£0	£0	£0
Prevention & Early Intervention											
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.		£0	£0	£0	£0	N/R	£20,000	£0	£0	£20,000
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.		£0	£0	£0	£0	R	£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.	R	£393,679	£139,634	£0	£533,313	R	£2,367,365	£0	£0	£2,367,365
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0		£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0		£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.	R	£400,648	£13,125	£0	£413,773	R	£620,000	£0	£0	£620,000
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.	R	£326,991	£0	£0	£326,991	R and N/R	£0	£0	£0	£0
Primary Care & Secondary Care Interface											
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.		£0	£0	£0	£0	N/R	£0	£0	£0	£0
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.		£0	£0	£0	£0		£0	£0	£0	£0
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.		£0	£0	£0	£0		£0	£0	£0	£0
17	We will improve urgent access to mental health services.	R	£106,312	£0	£0	£106,312	R	£194,672	£0	£0	£194,672
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).		£0	£0	£0	£0		£0	£0	£0	£0
21	Improving access and waiting times for scheduled care at QUEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E		£0	£0	£0	£0		£0	£0	£0	£0
Improving Discharge											
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person is medically fit.		£182,007	£0	£0	£182,007		£530,112	£0	£0	£530,112
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.	R	£1,072,745	£0	£0	£1,072,745	N/R	£20,000	£0	£0	£20,000
Total			£2,492,382	£152,759	£0	£2,645,141		£3,752,149	£0	£0	£3,752,149

Recurring
Non Recurring
Total

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£2,492,382	£152,759	£0	£2,645,141
£0	£0	£0	£0
£2,492,382	£152,759	£0	£2,645,141

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£3,712,149	£0	£0	£3,712,149
£40,000	£0	£0	£40,000
£3,752,149	£0	£0	£3,752,149

Funding : Recurring Expenditure
Scottish Government Funding
Scottish Government Funding : COVID
IJB Budget
Total Funding Recurring

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£2,059,079	£152,759	£0	£2,211,838
£0	£0	£0	£0
£326,991	£0	£0	£326,991
£2,386,070	£152,759	£0	£2,538,829

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£3,517,477	£0	£0	£3,517,477
£0	£0	£0	£0
£0	£0	£0	£0
£3,517,477	£0	£0	£3,517,477

£106,312	£0	£0	£106,312
-----------------	-----------	-----------	-----------------

£194,672	£0	£0	£194,672
-----------------	-----------	-----------	-----------------

Funding : Non Recurring Expenditure
Earmarked Reserves
Manage within HSCP Budget
Scottish Government Funding
Total Funding Non Recurring

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£0	£0	£0	£0
£0	£0	£0	£0
£0	£0	£0	£0
£0	£0	£0	£0

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£40,000	£0	£0	£40,000
£0	£0	£0	£0
£0	£0	£0	£0
£40,000	£0	£0	£40,000

£0	£0	£0	£0
-----------	-----------	-----------	-----------

£0	£0	£0	£0
-----------	-----------	-----------	-----------

Unscheduled Care : Financial Framework		Greater Glasgow and Clyde Health Board				
		Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1						
Communications						
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.		£0	£0	£0	£0
Prevention & Early Intervention						
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.		£0	£0	£0	£0
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.		£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.		£0	£0	£0	£0
5	We will increase support to carers as part of Implementation of the Carer's Act.		£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.		£0	£0	£0	£0
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.		£0	£0	£0	£0
Primary Care & Secondary Care Interface						
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.	R	£1,200,000	£0	£0	£1,200,000
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.	R	£2,546,221	£0	£0	£2,546,221
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.	R	£728,000	£0	£0	£728,000
17	We will improve urgent access to mental health services.		£0	£0	£0	£0
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).		£0	£0	£0	£0
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E	N/R	£20,000,000	£0	£0	£20,000,000
Improving Discharge						
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person is medically fit.		£0	£0	£0	£0
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.		£0	£0	£0	£0
Total			£24,474,221	£0	£0	£24,474,221

Total			
2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£114,000	£10,000	£0	£124,000
£168,794	£39,571	£0	£208,365
£52,060	£17,353	£0	£69,414
£3,767,051	£237,214	£0	£4,004,265
£0	£0	£0	£0
£0	£0	£0	£0
£1,106,344	£41,690	£0	£1,148,035
£482,061	£31,065	£0	£513,126
£1,200,000	£0	£0	£1,200,000
£2,546,221	£0	£0	£2,546,221
£733,000	£0	£0	£733,000
£1,272,930	£0	£0	£1,272,930
£1,353,000	£0	£0	£1,353,000
£20,000,000	£0	£0	£20,000,000
£1,540,044	£200,000	£0	£1,740,044
£1,911,854	£0	£0	£1,911,854
£16,247,359	£576,893	£0	£36,824,252

Recurring
Non Recurring
Total

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£4,474,221	£0	£0	£4,474,221
£20,000,000	£0	£0	£20,000,000
£24,474,221	£0	£0	£24,474,221

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£14,445,359	£376,893	£0	£14,822,252
£21,802,000	£200,000	£0	£22,002,000
£36,247,359	£576,893	£0	£36,824,252

Funding : Recurring Expenditure
Scottish Government Funding
Scottish Government Funding : COVID
UJB Budget
Total Funding Recurring

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£2,840,252	-£2,840,252	£0	£0
£581,000	-£581,000	£0	£0
£0	£0	£0	£0
£3,421,252	-£3,421,252	£0	£0

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£10,712,190	-£2,633,092	£0	£8,079,098
£581,000	-£581,000	£0	£0
£760,070	£24,538	£0	£784,608
£12,053,260	-£3,189,554	£0	£8,863,706

£1,052,969	£3,421,252	£0	£4,474,221
-------------------	-------------------	-----------	-------------------

£2,392,099	£3,566,447	£0	£5,958,546
-------------------	-------------------	-----------	-------------------

Funding : Non Recurring Expenditure
Earmarked Reserves
Manage within HSCP Budget
Scottish Government Funding
Total Funding Non Recurring

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£20,000,000	£0	£0	£20,000,000
£0	£0	£0	£0
£0	£0	£0	£0
£20,000,000	£0	£0	£20,000,000

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£20,055,000	£0	£0	£20,055,000
£284,000	£200,000	£0	£484,000
£1,463,000	£0	£0	£1,463,000
£21,802,000	£200,000	£0	£22,002,000

£0	£0	£0	£0
-----------	-----------	-----------	-----------

£0	£0	£0	£0
-----------	-----------	-----------	-----------

Unscheduled Care : Financial Framework		Renfrewshire IA						East Dunbartonshire IA					Glasgow City IA				
		Recurring (R)/ Non Recurring (N/R)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 2 and 3																	
Prevention & Early Intervention																	
7	We will develop integrated pathways for the top six conditions most associated with admission to hospital with the aim of better supporting patients in the community	N/R	£103,357	£212,916	£122,526	£0	£438,799	R	£43,384	£14,461	£0	£57,845		£0	£0	£0	£0
11	We will explore extending the care home local enhanced service to provide more GP support to care homes		£0	£0	£0	£0	£0	R	£103,267	£0	£0	£103,267		£0	£0	£0	£0
Primary Care & Secondary Care Interface																	
18	We will reduce the number of A&E attendances accounted for by people who have attended more than five times in the previous twelve months equivalent to 2% of total attendances.	R	£0	£0	£0	£0	£0		£0	£0	£0	£0		£0	£0	£0	£0
Improving Discharge																	
22	We will work with acute services to increase by 10% the number of discharges occurring before 12:00 noon and at weekends and during peak holiday seasons, including public holidays	R	£0	£82,032	£14,011	£0	£96,043	R	£63,649	£21,216	£0	£84,866	N/R	£10,000	£0	£0	£10,000
25	We will reduce delayed discharges so that the level of delays accounts for approximately 2.5-3.0% of total acute beds, and bed days lost to delays is maintained within the range of 37,00-40,000 per	R	£0	£159,268	£0	£0	£159,268	R	£380,244	£162,846	£0	£543,090	R and N/R	£220,000	£0	£0	£220,000
Total			£103,357	£454,216	£136,537	£0	£694,111		£590,544	£198,524	£0	£789,068		£230,000	£0	£0	£230,000

Recurring
Non Recurring
Total

2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£0	£241,300	£14,011	£0	£255,311
£103,357	£212,916	£122,526	£0	£438,799
£103,357	£454,216	£136,537	£0	£694,111

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£590,544	£198,524	£0	£789,068
£0	£0	£0	£0
£590,544	£198,524	£0	£789,068

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£210,000	£0	£0	£210,000
£20,000	£0	£0	£20,000
£230,000	£0	£0	£230,000

Funding
Earmarked Reserves
Scottish Government Funding
Total Funding Non Recurring

2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£103,357	£212,916	£122,526	£0	£438,799
£0	£241,300	£14,011	£0	£255,311
£103,357	£454,216	£136,537	£0	£694,111

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£0	£0	£0	£0
£590,544	£198,524	£0	£789,068
£590,544	£198,524	£0	£789,068

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£0	£0	£0	£0
£230,000	£0	£0	£230,000
£230,000	£0	£0	£230,000

Funding Gap

£0	£0	£0	£0	£0
----	----	----	----	----

£0	£0	£0	£0
----	----	----	----

£0	£0	£0	£0
----	----	----	----

Unscheduled Care Performance Management Framework

Proposed Key Performance Indicators (using baseline year 2018/19)

- **emergency departments attendances:**
 - delivery of the four hour target (by hospital site not HSCP)
 - total attendances by age, sex and deprivation
 - rates of attendances per head of population
 - rates of admissions and discharges per head of population
 - frequent attenders as a percentage of total attendances
- **minor injury units attendances:**
 - delivery of the four hour target (by hospital site not HSCP)
 - total attendances by age, sex and deprivation
 - rates of attendances per head of population
- **flow navigation hub performance data (TBC)**
- **GP assessment units (or equivalent):**
 - total attendances by age, sex and deprivation
 - rates of attendances per head of population e.g. 65+ & 75+
 - rates of admissions and discharges
 - GP referral rates
 - Consultant Connect activity by practice
 - Near Me / Attend Anywhere activity
- **emergency acute hospital admissions (all admissions):**
 - admissions by age, sex and deprivation
 - rates per head of population e.g. 65+ & 75+
 - length of stay
 - rates per GP practice
 - ACPs
- **mental health assessment unit activity**
 - attendances by age, sex and deprivation
 - admissions and discharges
- **acute unscheduled care bed days:**
 - rates per head of population e.g. 65+ & 75+
- **acute bed days lost due to delayed discharges:**
 - rates by age e.g. 65+ & 75+
 - AWI and non AWI rates
 - bed days lost as % of total acute beds (reported annually)
- **acute delays:**

- total number of daily delays (by age, AWI, non AWI etc.) over the reporting period (not the census figure)
- as above for AMH, LD and OPMH
- monthly average delay duration (in days) for AWI and non AWI over 65 and under for the reporting period
- D2A indicators

EMERGENCY ADMISSIONS (65+) PROJECTIONS

2022/23-2024/25

Design and Delivery Plan Projections

NHSGGC Emergency Admissions Projections (Ages 65+)



3 December 2021 (update to RMP4)

Gary King

Local Intelligence Support Team (LIST)



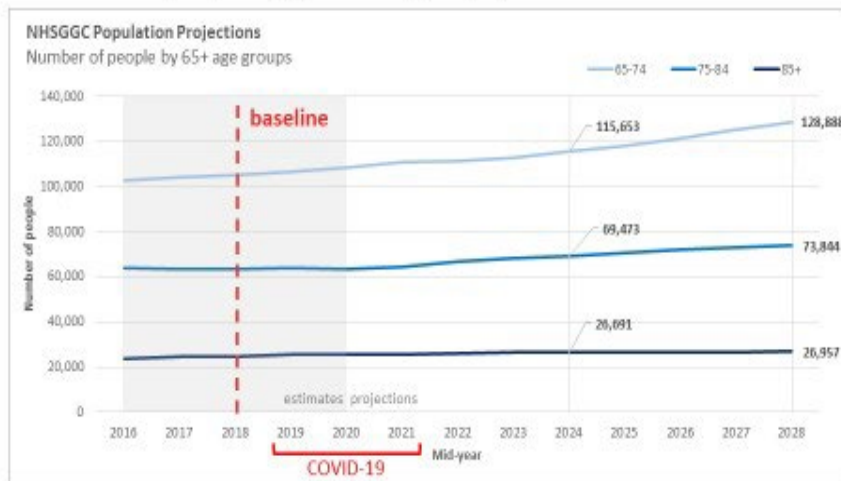
Summary

- Population Projections 2018 to 2028  NRS data
 - Age groups 65-74, 75-84 & 85+
 - Age group 65+ alone
- Emergency Admissions Projections (Age 65+)  NHS GGC data
 - Actual numbers 2017/18 to 2020/21
 - Use rates per 1,000 population
 - Take into account increase in 65+ population
 - 2018/19 baseline (pre-COVID-19)
 - Use rates to propose 3 scenarios for 2021/22 to 2024/25
 - Taking into consideration RMP4 target for 2021/22



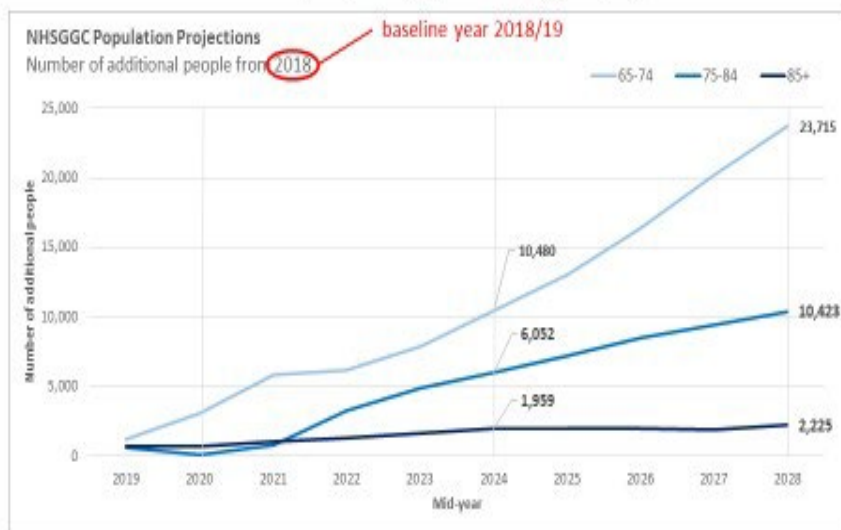
Population Projections

Number of people (aged 65+ groups)



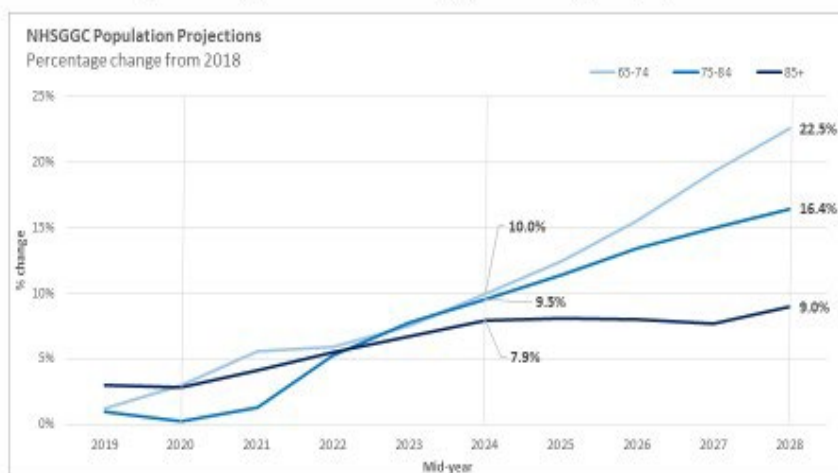
Population Projections

Number of additional people (aged 65+ groups)



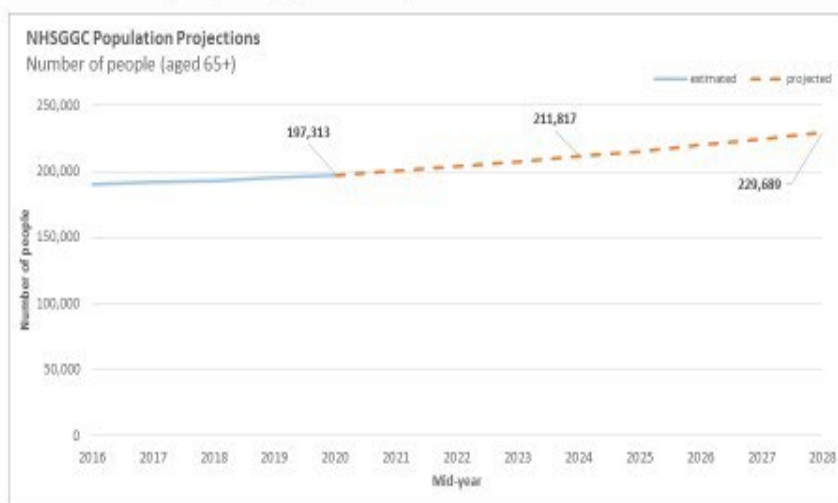
Population Projections

Percentage change from 2018 (aged 65+ groups)



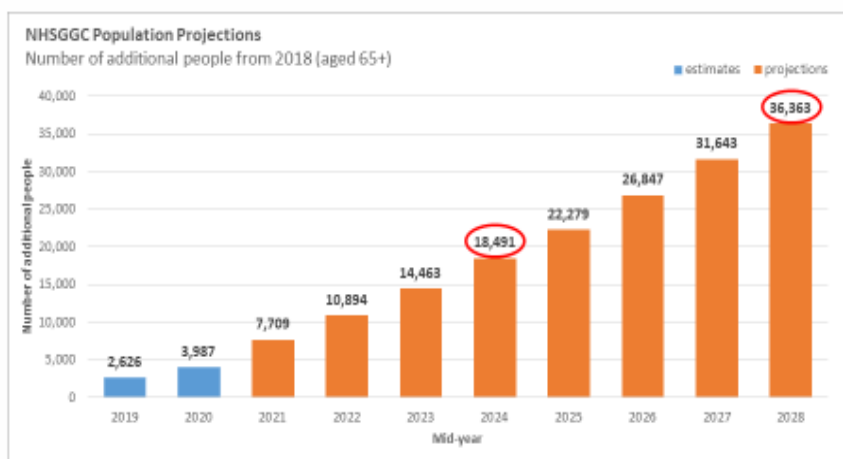
Population Projections

Number of people (aged 65+)



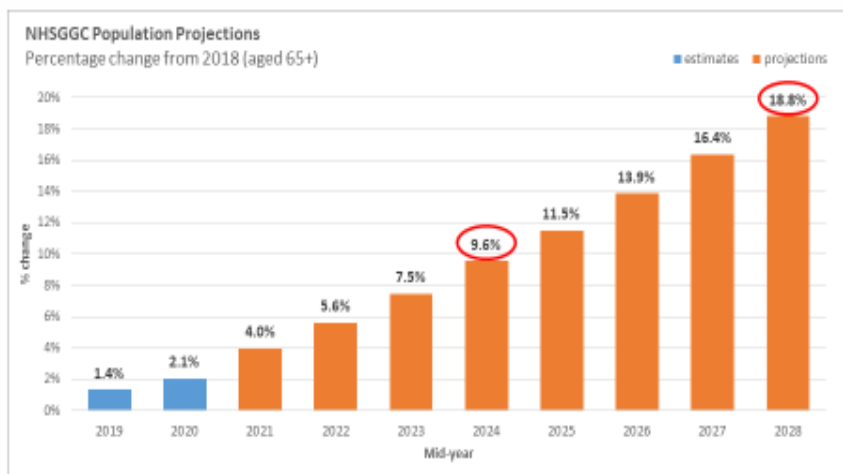
Population Projections

Additional people from 2018 (aged 65+)



Population Projections

Change from 2018 (aged 65+)



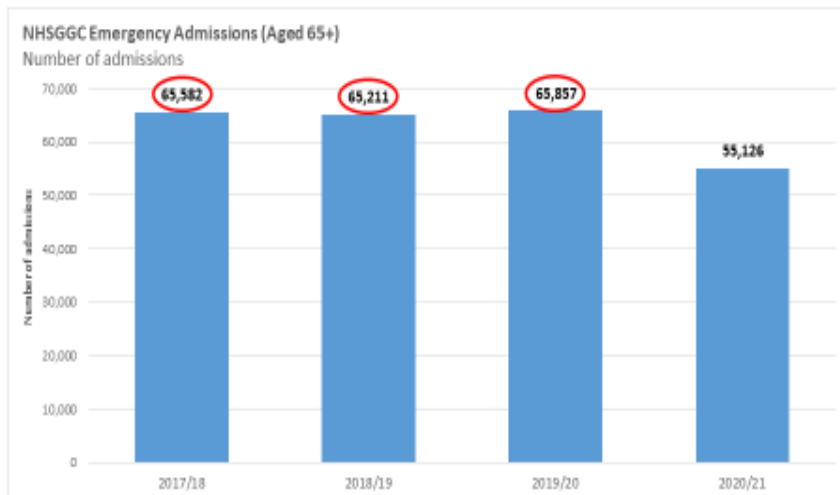
Emergency Admissions (Ages 65+)

Number of admissions



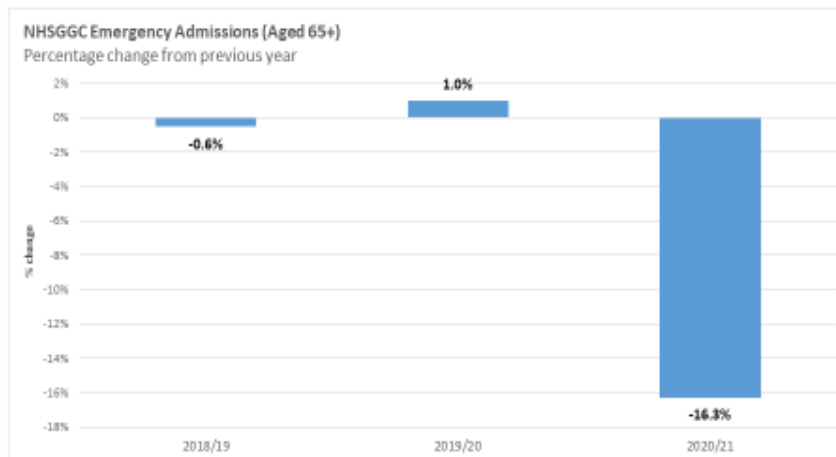
Emergency Admissions Ages 65+

Number of admissions



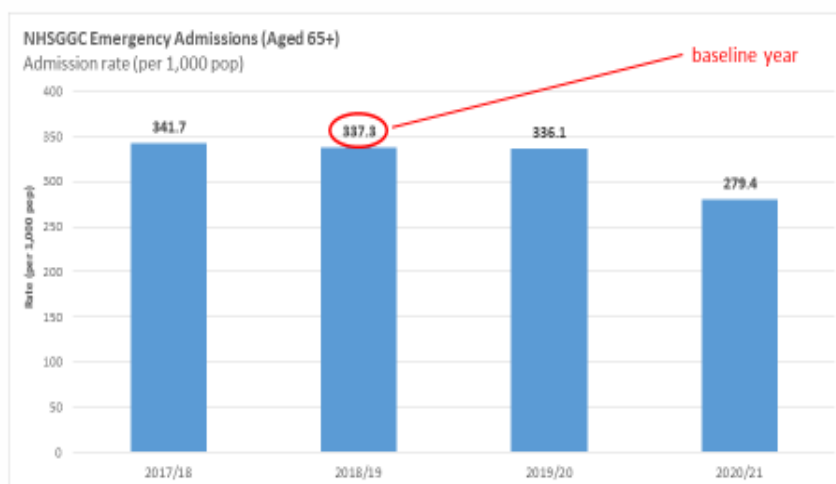
Emergency Admissions Ages 65+

% change from previous year



Emergency Admissions Ages 65+

Admission rates (per 1,000 population)



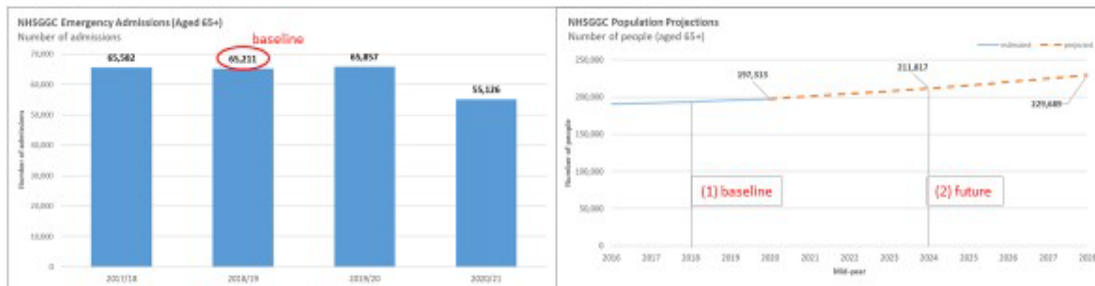
Emergency Admissions Ages 65+ Projections Theory

- Use baseline admission rate with population projections to estimate future number of admissions

$$\begin{aligned}
 (1) \quad \text{Admission rate (per 1,000 pop)} &= \frac{\text{Number of admissions}}{\text{Population}} \Rightarrow \text{Admission rate (2018/19 baseline)} = \frac{65,211}{193,326} \times 1,000 = 337.3 \\
 (2) \quad \text{Number of admissions} &= \text{Population} \times \text{Admission rate (per 1,000 pop)} \Rightarrow \text{Number of admissions (2024/25)} = 211,817 \times \frac{337.3}{1,000} = 71,448
 \end{aligned}$$

⇒ Admission rate stays the same but number of admissions increase due to increase in 65+ population

9.6% increase from baseline



Emergency Admissions Ages 65+ Projection Scenarios

Scenario 1

No implementation ⇒ No reduction in 2018/19 baseline admission rate

Scenario 2

Partial implementation ⇒ 5% reduction

Scenario 3

Full implementation ⇒ 10% reduction

RMP4 is a 7.5% reduction from 2018/19 baseline

⇒ While factoring in RMP4 targets for 2021/22

RMP4 target 2021/22:
149,333 (All ages)

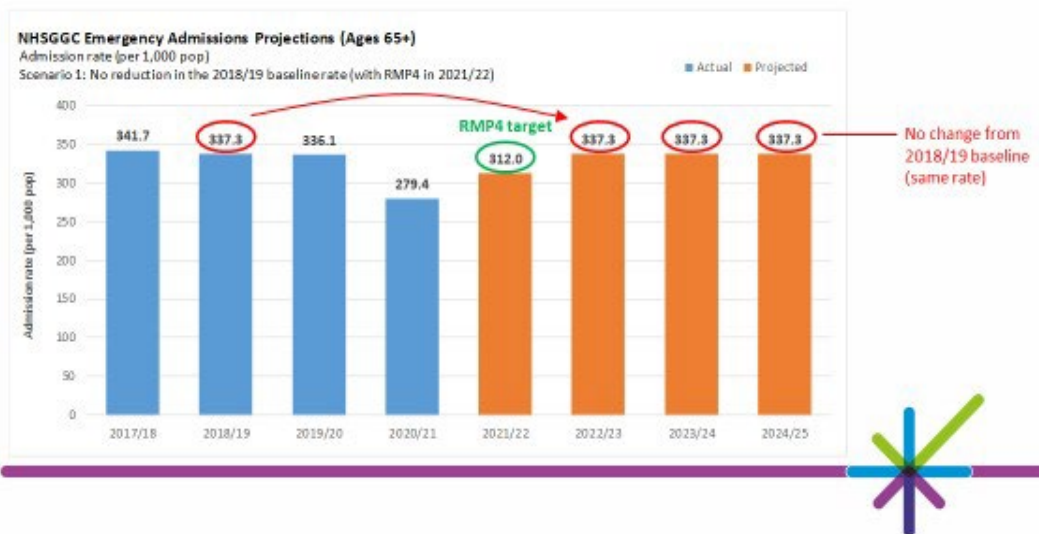
Estimate for ages 65+:
149,333 x 42%
= 62,720

Ratio of EAs:
Age 65+
All ages



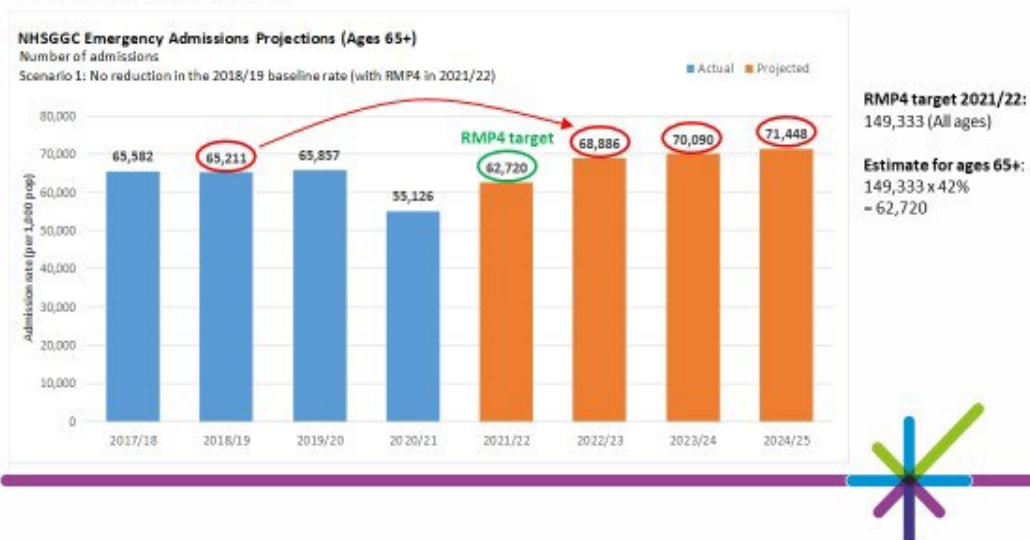
Scenario 1: No reduction in 2018/19 baseline (no implementation)

Admission rates (per 1,000 population)



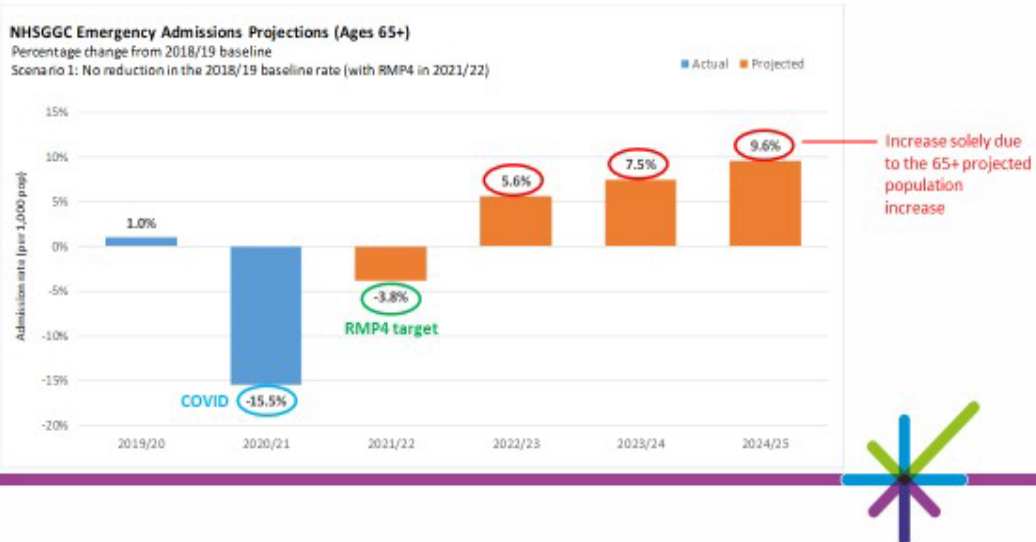
Scenario 1 No reduction in 2018/19 baseline (no implementation)

Number of Admissions



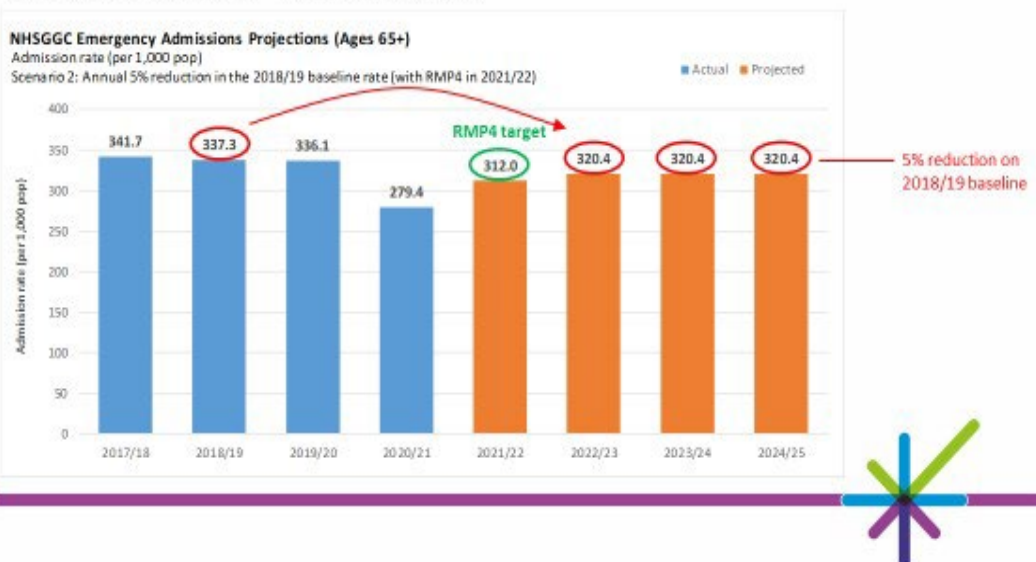
Scenario 1: No reduction in 2018/19 baseline (no implementation)

Percentage change from 2018/19 baseline



Scenario 2: 5% reduction in 2018/19 baseline (partial impl.)

Admission rates (per 1,000 population)



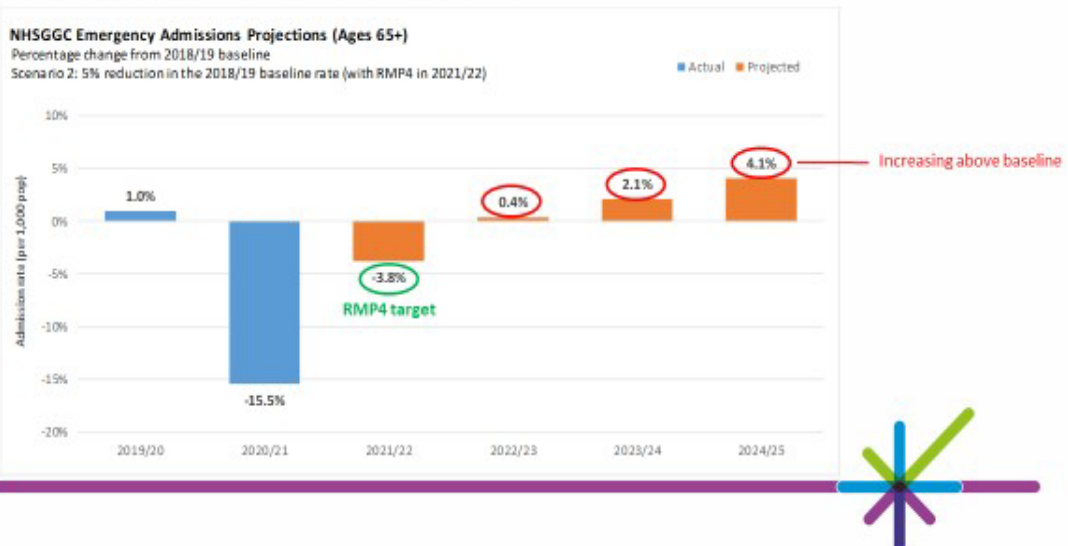
Scenario 2: 5% reduction in 2018/19 baseline (partial impl.)

Number of Admissions



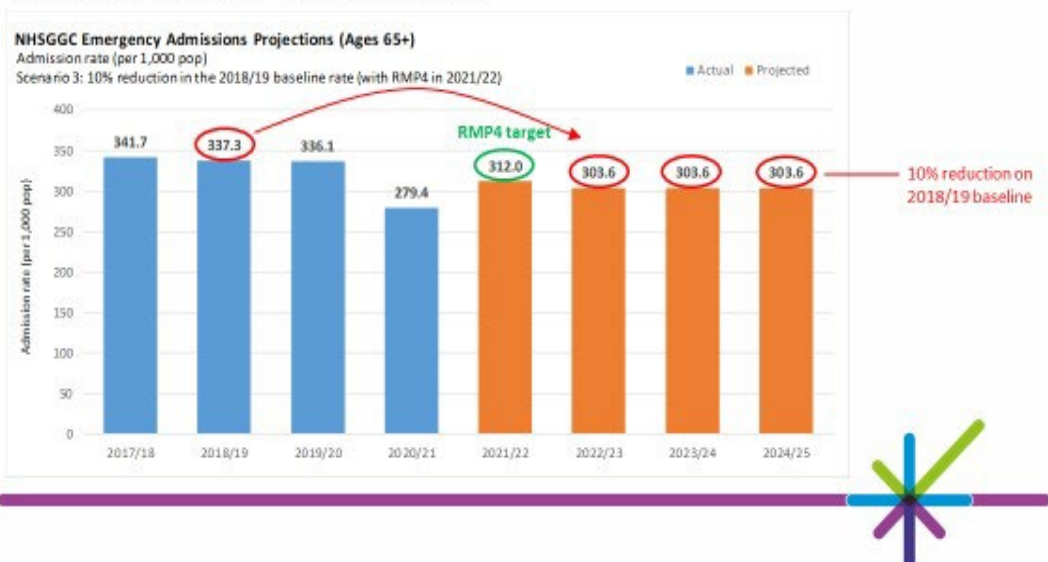
Scenario 2: 5% reduction in 2018/19 baseline (partial impl.)

Percentage change from 2018/19 baseline



Scenario 3: 10% reduction in 2018/19 baseline (full impl.)

Admission rates (per 1,000 population)



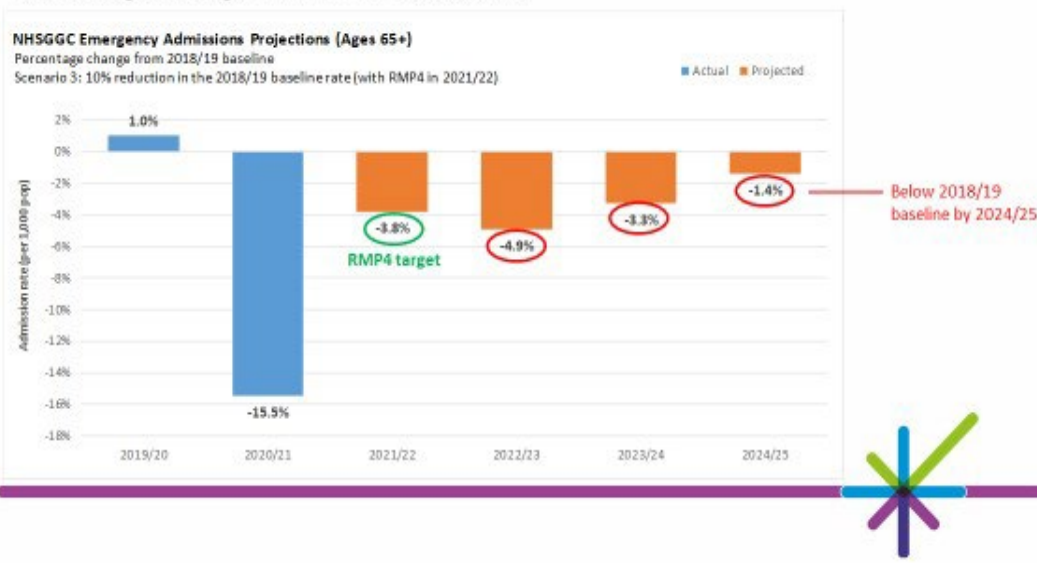
Scenario 3: 10% reduction in 2018/19 baseline (full impl.)

Number of Admissions



Scenario 3: 10% reduction in 2018/19 baseline (full impl.)

Percentage change from 2018/19 baseline



WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Fiona Taylor, Head of Health and Community Care

23 January 2023

Subject: Urgent and Unscheduled Care update paper

1 Purpose

- 1.1** The purpose of this report is to update the HSCP Board on developments in Urgent and Unscheduled Care (U&UC) governance across NHSGGC and how HSCTPs are delivering against U&UC priorities to minimise the impact of unscheduled care.

2 Recommendations

- 2.1** The HSCP Board is asked to note the content of this report.

3 Background

- 3.1** In March 2022 HSCP Boards received an update report on the Unscheduled Care Design and Delivery Plan for the period 2022/23 to 2024/25. Ratified by all 6 HSCP Boards, this detailed how HSCTPs would seek to operate in conjunction with acute sector colleagues to meet the unprecedented levels of unscheduled care across NHSGGC and meet the continuing challenges of an aging population with increasing complex care needs. There are 8 High Impact Change (HIC) areas that relate to this report:

- HIC 3 – Virtual Capacity
- HIC 5 – Rapid Assessment & Discharge
- HIC 8 – Community Focussed Integrated Care

4 Urgent & Unscheduled Care Governance

- 4.1** The NHS GG&C board and HSCP Chief Officers have adapted to Scottish Government requirements for assurance through refinement of the governance structure for Urgent and Unscheduled Care, whilst staying true to the three key themes of the Delivery Plan;
- Early intervention and prevention of admission to hospital to better support people in the community;
 - Improving hospital discharge and better supporting people to transfer from acute care to community supports; and,
 - Improving the primary / secondary care interface jointly with acute to better manage patient care in the most appropriate setting.

- 4.2** This new governance structure is shown at Appendix 2. Operational delivery remains largely unchanged with acute sector and individual HSCP implementation groups driving activity locally. Tactical co-ordination has been aligned with the HIC structure, with HSCP senior officers leading on the “Discharge without Delay and Rapid Acute Assessment” and “Community Focussed Integrated Care” work streams. In the strategic space, a new Urgent and Unscheduled Care Oversight Board draws together all activity and is jointly led by Chief Operating Officer NHSGGC and Chief Officer GCHSCP. This group links to both the COVID-19 Recovery Tactical Group and Moving Forward Together Programme Board, ensuring whole-system integration and ultimately reports into the Board’s Corporate Management Team.

5 HIC 3 – Virtual Capacity

- 5.1** Designed to offer a virtual alternative to the need for face to face, in person attendance and in-patient care, this work is focused on driving innovation and improvement in virtual pathways making best use of technology where appropriate and increasing capacity across GG&C. Our HIC 3 workstream is targeted to deliver on four key areas:

- Reduced number and proportion of patients self-presenting to Emergency Departments (ED) as unplanned/unscheduled care attendance
- Increase the number of patients assessed and discharged through the use of the ‘NearMe’ consultation IT platform via the Flow Navigation Centre (FNC)
- Increase the number of patients attending /scheduled into more clinically appropriate alternative pathways via Flow Navigation Centre e.g. Minor Injury Units (MIA).
- Scottish Ambulance Service (SAS) hospital conveyance rates - work with SAS to reduce conveyancing rates to hospital to be aligned closer to the average NHS Scotland Board rates

- 5.2** There are 14 virtual pathways across these four key areas now live across GGC with ongoing discussions with partner agencies e.g. SAS and NHS24 as to how their use can be further maximised. These pathways include a range that link with the Flow Navigation Centre and capacity is likely to be the rate limiting step in the short term, however options to expand this are being considered. Other virtual pathways include Heart Failure, Chronic Obstructive Pulmonary Disease, and Out Patient Antibiotic Treatment.

6 HIC 5 – Rapid Assessment & Discharge

- 6.1** The HIC 5 work stream seeks to optimise flow by aligning capacity with demand across the system. Much of this is synonymous with the existing Discharge to Assess policy and ongoing Discharge without Delay activity. The ‘Discharge to Assess’ (D2A) policy is a mechanism for avoiding delayed

discharge when a patient is medically fit for discharge from acute care. This process allows a decision to be made to discharge home to continue an assessment of need, inclusive of providing relevant rehabilitation in the home setting. The Community Hospital Discharge Team facilitates this approach, with a multidisciplinary team to support discharge as soon as the person is medically fit.

'Discharge without Delay' (DwD) is a Scottish Government programme which takes a whole system approach from the point of admission to improve the patient journey, from the initial point of a hospital stay, preventing any delays through early and effective planning.

Improvement will be enacted through refining discharge processes, improving patient experience by simplifying the discharge process and improve length-of-stay by ensuring the necessary arrangements have been made to safely discharge patients on the planned day of discharge. The interface care work stream is also monitored under HIC 5, however is a primarily acute endeavour.

Within West Dunbartonshire, this DwD work is being led by the Head of Health and Community Care, reporting to the Unscheduled Care group, and also into the GG&C Urgent and Unscheduled Care group.

- 6.2** For Discharge without Delay, HSCPs are equipped with Community Hospital Discharge Teams who proactively reach into hospital wards to prevent unnecessary delays and manage early supported, safe, timely and effective discharge. All HSCPs continue to develop the use of local data to understand and project demand, complexities of need to inform local responses around recruitment. This includes the re-alignment of resources and use of local interim care placements to provide a more suitable alternative pathway to acute hospital in-patient services offering a step up/step down approach. The use of interim beds across GG&C will be optimised over the winter period including Bonnyton intermediate care facility (East Renfrewshire), 6 additional care beds provided in Inverclyde, new IMC contract being tendered in Glasgow City (75 beds).
- 6.3** Key Performance Indicator targets are still being developed for HIC 5 around increasing the proportion of patients effectively discharged within 48 hours of admission and increasing the proportion of patients discharged pre-noon to improve patient flow through the hospital and improve access for new patients. Opportunities have already been identified to build on a successful rapid discharge practices through a test of change in Ward 54 of the QEUH by rolling this process out to 17 other wards across the South Sector, before further application in North and Clyde.

7 HIC 8 – Community Focussed Integrated Care

- 7.1** The well-established Unscheduled Care Design and Delivery plan has allowed HSCPs to progress existing initiatives through HIC 8. We are delivering on 3 key priorities;
- GG&C Community Falls Pathway
 - Hospital@Home pilot (specific to residents in Glasgow City HSCP)
 - GG&C Home First Response Service
- 7.2** The GG&C Community Falls Pathway launched in September 2022, linking Scottish Ambulance Service (SAS) crews with professional advice through the FNC in order to reduce conveyance for those fallers for whom it was deemed clinically appropriate to direct to scheduled care. When compared with the previous year, GG&C wide data from September / October 2022 showed a 108% improvement in the rate of referral to Community Rehabilitation by SAS, demonstrating that the pathway is working. Further review is intended one-year post-implementation to demonstrate the utility and financial impacts of the pathway in addition to aspirations to make the pathway accessible to SAS crews responding to fallers in Care Homes. The West Dunbartonshire response service to link to this pathway is to the Focussed Intervention Team, and referrals and outcomes will be monitored and collated.

Referrals within West Dunbartonshire have been lower than GG&C statistics and this is being monitored through the West Dunbartonshire Unscheduled Care Group as there is SAS representation at this group.

- 7.3** Glasgow City HSCP is hosting the Hospital@Home (H@H) test of change and has published its first phase evaluation, delivering reduced admittance by providing care direct to patients within their home or homely setting. With 187 patients having used the service it is estimated that 906 bed days have been saved since the project commenced in February 2022. Governance discussions are underway as to the timeline of expanding the 10 bed model to 15.
- 7.4** The Home First Response Service (HFRS), hosted by Renfrewshire and Glasgow City HSCPs, conducted the first of a series of phased launches on 1st November 2022. This service delivers a multidisciplinary virtual team at the Emergency Department (ED) front door of the Royal Alexandra Hospital and Queen Elizabeth University Hospital who review frail patients with a view to avoiding admittance through community care provision. Recruitment is ongoing to establish 11 Advanced Practice Frailty Practitioners with the ambition that they will all be in post by January 2023, however even with limited staff the initial phase of the service has proved promising with several patients having been urgently referred to Community Rehabilitation opposed to being unnecessarily admitted. Full data will be gathered once the service is deemed fully operational.

- 7.5** The HFRS will work as a 'Hub and Spoke' model, with each HSCP hosting their own Frailty Practitioner (FP) resource who will link directly with colleagues in the Hub, and also across the HSCP. The West Dunbartonshire FP is now in post and working within the Focussed Intervention Team with close links across all health and community care services to provide responsive community care provision within a multi-disciplinary team. This role will be subject to ongoing review and evaluation as a test of change to ensure maximum productivity.

8 People Implications

- 8.1** There are no personnel issues.

9 Financial and Procurement Implications

- 9.1** The legislation requires the HSCP Board and Health Board to put in place arrangements to support set aside arrangements for unscheduled care, and is subject to external assessment. The Unscheduled Care Commissioning Plan delivers a joint strategic commissioning approach to unscheduled care which will deliver on the intentions of the legislation. The HSCP Board budget for 2022/23 includes a "set aside" amount of £33.620m for the commissioning of acute hospital services within scope (e.g. accident & emergency services).

10 Risk Analysis

- 10.1** Not applicable

11 Equalities Impact Assessment (EIA)

- 11.1** Not applicable

12 Environmental Sustainability

- 12.1** Not applicable

13 Consultation

- 13.1** Not applicable

14 Strategic Assessment

- 14.1** The Urgent and Unscheduled Care priorities align with the need to support individuals, families and carers to live independently and with dignity and also to develop efficient and effective frontline services that improve the everyday lives of residents.

Fiona Taylor

Head of Health and Community Care

29th December 2022

Person to Contact:	Fiona Taylor Fiona.taylor2@ggc.scot.nhs.uk Phone: 07766085272
Appendices:	Appendix 1: Urgent & Unscheduled Care Collaborative The Right Care, in the Right Place, for Every Person, Every Time: High Impact Changes and Aims Appendix 2: New Governance Structure – NHS GGC Urgent and Unscheduled Care Programme
Background Paper:	HSCP Board Paper 'Unscheduled Care Commissioning Plan' March 2022
Wards Affected:	All

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

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

20 February 2024

Subject: Chief Social Work Officer Annual Report 2022-23

1. Purpose

- 1.1** The purpose of this report is to provide Members with the Chief Social Work Officer (CSWO) Annual Report for 2022-23 (Appendix 1) which provides information on the statutory work undertaken on the Council's behalf, including a summary of governance arrangements, service delivery, resources and workforce.

2. Recommendations

- 2.1** The HSCP board is asked to note the content of the Chief Social Work Officer Annual Report 2022-23 .

3. Background

- 3.1** The requirement for each Council to have a Chief Social Work Officer was initially set out in section 3 of the Social Work (Scotland) Act 1968 and is also contained within section 45 of the Local Government etc. (Scotland) Act 1994.
- 3.2** The role of the CSWO is to provide professional guidance, leadership and accountability for the delivery of social work and social care services – both those provided directly by the HSCP and also those commissioned or purchased from other providers.
- 3.3** The CSWO Annual Report has been prepared in line with national guidance: 'The Role of the Chief Social Work Officer' (Scottish Government: 2016). This report also fulfils the statutory requirement for each CSWO to produce an annual report on the activities and performance of social work services within the local area.
- 3.4** Following approval, the annual report will be provided to the Chief Social Work Advisor to the Scottish Government and will be posted on the Council and HSCP websites.
- 4. Main Issues**
- 4.1** Each CSWO produces an annual report based on an agreed template by the Office of the Chief Social Work Adviser. This ensures local reporting arrangements continue whilst having due regard to current pressures being experienced across the sector. The Office of the Chief Social Work Adviser will use completed reports to prepare a national overview later in the year.

- 4.2** The report for 2022-2023, makes significant reference to the work of teams across Children & Families, Adults, Older People and Justice Services. The report gives both performance information and highlights the extensive and varied contribution that social work makes to the lives of our most vulnerable citizens within West Dunbartonshire
- 4.4** Oversight arrangements, public protection activity and performance information is detailed as well as external scrutiny of those regulated services delivering statutory functions during 2022-23.
- 4.5** Referenced throughout the report is the ongoing position re staff shortages and vacancies which have been evident throughout 22/23 as is most acutely experienced in children's services. Workforce planning is crucial in supporting the development of local strategies in recruitment and retention of social work staff in a climate of national recruitment challenges.
- 4.6** As a profession based on building relationships to engage with children and adults and deliver rights-based services to individuals, families and carers towards better outcomes, our skilled workforce is key to any delivery model. The Social Work services workforce is diverse and includes Social Workers; Occupational Therapists; residential and day care staff; home care staff; Mental Health Officers; and support staff working with Children, Adults and Justice Services. Services are delivered by a skilled, dedicated workforce who require support, training and effective leadership to undertake complex and often challenging work.
- 4.7** This year, has seen services reset from a pandemic driven service response, with increased numbers of staff returning to the work place and buildings.
- 4.8** It is to the credit of the entire social work and social care workforce that vital services in West Dunbartonshire have continued throughout pandemic and beyond and is testament to the dedication, commitment and individual effort of each social worker, social care worker and manager in providing a continuity of service through these unprecedented times. Those with the greatest inequalities in life have been most impacted through the pandemic. Unfortunately, the impact on citizens and communities is resulting in increased need and demand in almost all service areas, combined with a cost-of-living crisis and the impact of poverty on the wellbeing of children and adults.
This impact at a time of significant budgetary pressure with additional needs for families and individuals which will likely be evident for some time to come.
- 4.9** The clarity of objective of service ambition to deliver earliest and preventative services to enable children and adults to live their best lives in community settings where possible is clear across all delivery areas. The ongoing challenges to ensure we do not lose sight of this ambition at a time where service resourcing is facing significant pressures with a clear need to do more with less.

5. People Implications

- 5.1** The CSWO Annual Report highlights the clear requirement to do more in relation to workforce planning, creating pathways and opportunities for qualified social workers and ensure learning and development opportunities are available for practitioners and managers delivering social work and social care.
- 5.2** The report highlights developments of key posts across social work services to support an on- going improvement agenda and identified priorities for the delivery of social work services.

6. Financial and Procurement Implications

- 6.1** There are no financial or procurement implications arising from the CSWO annual report, however the report highlights the financial implications upon the HSCP budget and the importance of spend that is compliant with procurement arrangements.
- 6.2** Budgetary oversight of services provided by the HSCP continues to be provided by the HSCP Board and senior officers continue to address these issues to meet statutory duties; the ongoing impact of the Covid-19 pandemic will undoubtedly continue to shape the budgetary and financial arrangements for HSCP services during 2022-23 and beyond.

7. Risk Analysis

- 7.1** Provision of statutory social work services requires appropriately qualified and skilled staff; analysis of activity and future demand is intended to inform future service planning to continue to meet statutory duties.

8. Equalities Impact Assessment (EIA)

- 8.1** There is no equalities impact as the report does not recommend a change to existing policy, function or strategy.

9. Environmental Sustainability

- 9.1** There are no implications for environmental sustainability.

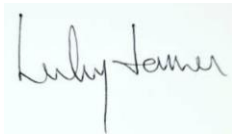
10. Consultation

- 10.1** The CSWO Annual Report has been informed by information provided by managers across the HSCP; members of the HSCP Senior Management Team have also been consulted on the report content.

11. Strategic Assessment

- 11.1** Analysis of activity, resources and performance within the CSWO Annual Report provide assurance that the planning and delivery of social work services in West Dunbartonshire continue to reflect statutory requirements.

11.2 The report also demonstrates how services support the Council's strategic priorities and the HSCP Strategic Plan, and work with communities to improve lives.



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

Person to Contact:	Lesley James, Head of Children's Health, Care and Justice Services, Chief Social Work Officer Lesley.james@west-dunbarton.gov.uk
Appendices:	Chief Social Work Officer Annual Report 2022-23
Background Papers:	None
Wards Affected:	All



**West Dunbartonshire
Health and Social Care Partnership**

Chief Social Work Officer Annual Report

2022-2023

CONTENTS

Section		Page
1	Governance, accountability, and statutory functions	4-10
2	Service Quality and Performance	11-33
3	Resources	34-38
4	Workforce	39-47



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

Introduction

It gives me great pleasure to present this annual report 2022/2023 as Chief Social Work Officer for West Dunbartonshire. The report presents an overview of social work and social care services within West Dunbartonshire and the statutory functions delivered during that period. The report sets out some of the challenges for social work and care services as well as highlighting the many achievements over the past year.

This report, and I personally want to recognise the commitment of our social work and social care workforce in providing services to many of our most vulnerable children, young people and adults in our communities, and at a time where budgetary pressures and workforce challenges are at arguably an unprecedented point in ensuring our capacity to sustain, deliver and improve on vital social work and care services to our citizens whose rights we uphold. . The workforce section in this report highlights some of the real challenges both in terms of capacity within the social work and care workforce almost without exception and our need for a clear local strategy aligned to the National workforce strategy is a key priority to ensure services are sustainable and of a quality we expect going forward.

In West Dunbartonshire our social work and care services are diverse, and this report does not attempt to cover every aspect. This report summarises practice activity, improvement and the strengthening of service user voices, and where necessary service redesign activity that is taking place. Services need to keep evolving and changing to best respond to the needs of our communities and we need to be outward facing in all that we do.

The challenging economic policy and societal pressures are directly related to increasing demand for social work and social care services and the requirement for other supports and services within our communities, requires solution focused, collaborative leadership due to increasing complexity of needs for those we serve.

This annual report allows us to take stock and consider in a challenging landscape what requires to be our priorities in supporting communities to reduce the need for social work intervention, and deliver earlier community based support to curtail escalating needs for children and adults who need community and service support.

This year has been challenging on many levels and the continued uncertainty of the future focused policy agenda of social work and care, its value and that of its workforce requires some certainty which leaders and professionals will continue to engage with through National consultation forums.

The nature of social work is often overlooked or misunderstood in the vital role we play in supporting children and adults whose complex needs requires support, with their voice at the heart of what this needs to look like. We need to continue our development of services moving away from the doing to and understand and consult on what makes a difference and invest in our services in relation to being able to measure and evaluate the impact.

As Chief Social Worker I have in my report referred to social work and social care separately as they are two very different activities. Care is the support and help you will receive to meet your care needs and 'social work is a practice based discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people' (Global definition of Social Work 2014). Often the two are conflated and we need to have a shared understanding of what the profession delivers to making a difference to individuals and the communities we serve in West Dunbartonshire.

Social Work operates across a range of partnerships across Health and social care and Community Planning. The importance of that role is significant in making a difference to the citizens of West Dunbartonshire. All that social work delivers needs to be viewed in an integrated context, services are not stand alone and partnership working is key to delivering improved outcomes.

Despite the increasing challenges the context and future uncertainty our social work and care, our workforce including careers are our greatest asset and the commitment and dedication of our social work and social cares workforce cannot be overstated.

Put simply due to their commitment to people at a time of crisis, failing health trauma or family breakdown is a daily reality and is making a real difference in people's lives.

Governance, accountability, and Statutory Functions

1.1 Role of the Chief Social Work Officer:-

1. There is a statutory requirement for all Local Authorities to appoint a professionally qualified Chief Social Work Officer (CSWO) who is registered with the Scottish Social Service Council (SSSC). This regulation is set out in Section 45 of the Local Government (Scotland) Act 1994. The overall role of the CSWO is focused on the provision of effective professional advice and guidance to Local Authorities, Integration Joint Boards, Elected Members and Officers in the provision of Social Work services whether directly provided or commissioned.
2. The CSWO has responsibility for overall performance improvement and the identification and management of corporate risk in so far as these relate to Social Work services. The CSWO provides professional governance, leadership and accountability for the delivery of Social Work and Social Care services whether directly provided or delivered by the private or voluntary sector on behalf of the Local Authority.
3. The role assists the Council and the Integration Joint Board to understand the responsibilities and the complexities involved in the delivery of Social Work services. The CSWO is required to ensure that all social services workers meet the requirements of the SSSC Codes of Practice.
4. The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of Social Work and Social Care services, not only those provided directly by the HSCP but also those commissioned or purchased from the voluntary and private sector. Social Work services are delivered within a framework of statutory duties and powers and are required to meet national

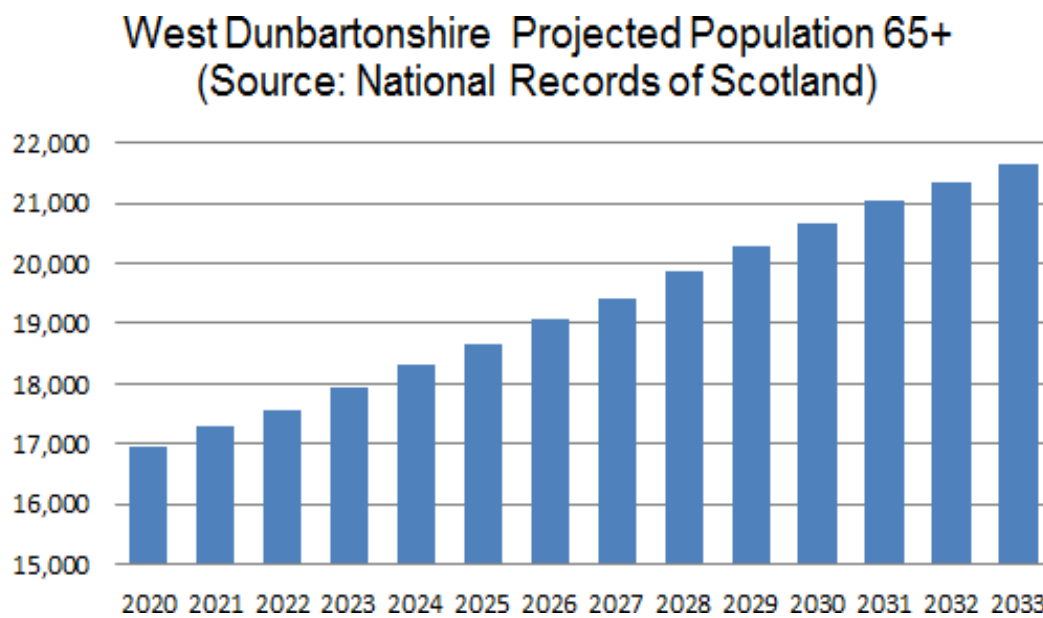
standards and provide best value.

5. West Dunbartonshire Council has resolved that the Chief Social Work Officer role is held by the Head of Children's Health, Care and Justice reporting to both the Chief Officer of the HSCP and the Chief Executive.
6. The Chief Social Work Officer is a 'proper officer' of the Council in relation to social work functions and is a member of the Senior Management Team within the HSCP and a non-voting member of the Health and Social Care Partnership (HSCP) Board.
7. The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of a Local Authority's statutory functions as they relate to Social Work services. The CSWO fulfils the functions of both Council and the Health & Social Care Partnership.
8. The CSWO assists the Local Authority, Integration Joint Board and their partners to understand the complexities and cross-cutting nature of Social Work delivery – particularly in relation to issues such as:-
 - Corporate parenting and implementation of The Promise
 - Child protection;
 - Adult protection;
 - The management of high-risk offenders.
 - Workforce development, professional and practice standards
9. The role also contributes to supporting overall performance improvement, management of corporate risk and a wide range of national and local outcomes.
10. Within the structure of HSCP focus on preventative and participative service approaches to improve the outcomes of those who use services is built in to the 2023-2026 strategy. The delegated functions are as follows;
 - Adult and Older People's services across all disciplines within integrated community teams;
 - Children and Young People's services across all disciplines and in partnership with Education Services.
 - Justice Social Work;
 - Community Mental Health, Learning Disability and Addictions services within integrated community teams and inpatient services.

1.2 Population profile

1. In 2021, the population of West Dunbartonshire was 87,790 (National Records for Scotland, 2022). This is a decrease of 0.6% from 88,340 in 2020. Over the same period, the population of Scotland increased by 0.25%. The population of West Dunbartonshire accounts for 1.6% of the total population of Scotland.
2. The number of births in West Dunbartonshire in 2022 was 852 which was significantly higher than the low numbers in 2020 and 2021 of 771 and 769 respectively and in contrast with a decrease of 1.7% in births in Scotland on 2021 figures. In West Dunbartonshire, 17.4% of the population are aged 0-15, slightly higher than Scotland (16.6%), and 9.7% of the population are aged 16-24, which is smaller than Scotland (10.2%). In terms of overall size, the 45 to 64 age group remains the largest age in 2020, with a population of 25,220 (28.7%).

3. People aged 65 and over make up 19.5% of West Dunbartonshire's population, which is similar to the Scottish population. Currently West Dunbartonshire ranks the third most deprived area in Scotland (equal with North Ayrshire) with 40% of data zones being among the 20% most deprived areas of Scotland. Only Inverclyde (45%) and Glasgow City (44%) have higher deprivation (Scottish Government, 2020¹).



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

1.3 CSWO and Partnership Arrangements

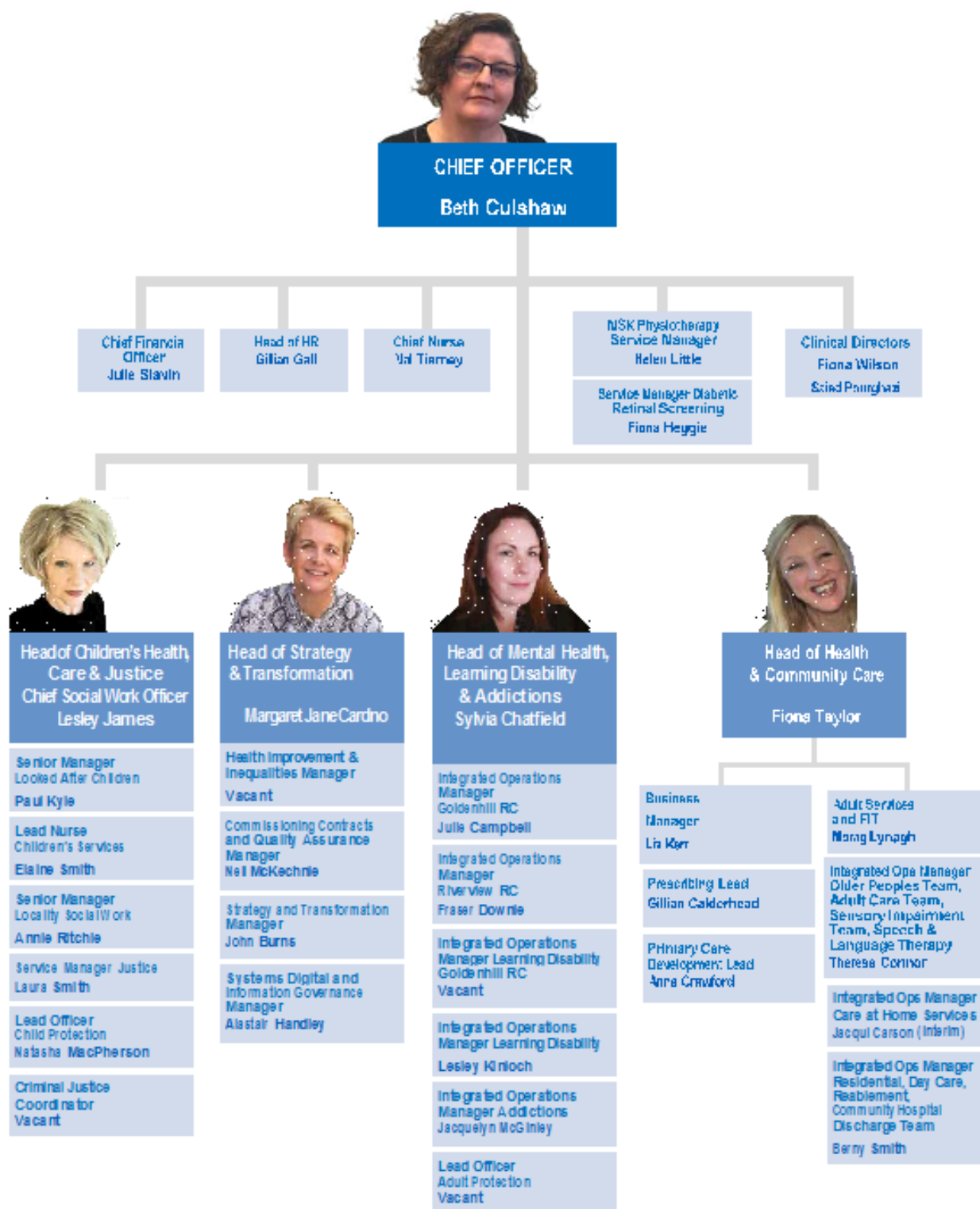
1. The Chief Social Work Officer provides a leadership role in a range of groups and forums to ensure the proper delivery of social work functions. These include the NURTURE Delivery Improvement Group (DIG) which delivers the statutory requirement of a Children's Service plan as part of West Dunbartonshire Community Planning Partnership, as well as the Public Protection Chief Officer Group (PPCOG), Child protection Committee, Adult Support and Protection Committee, Community Justice Planning Partnership the HSCP Board, HSCP Audit & Performance Committee and Clinical & Care Governance, (CCG) with a newly developed Social Work and Care sub group chaired by the CSWO.
2. These arrangements support work with a range of key partners including the Council, NHS Greater Glasgow & Clyde, third sector, Police and Scottish Children's Reporter Administration to ensure that services are developed and provided across West Dunbartonshire that reflect local and national strategic priorities. The CSWO is a non-voting member of the HSCP Board.

3. Development Sessions with PPCOG, have taken place over the past 12 months to strengthen partnership working and collaborative leadership, develop the use of partnership data, and reviewed reporting arrangements. In addition Scottish Government colleagues have supported two workshops in relation to child and adult protection with focus on the role and function of PPCOG.

1.4 Directions

1. In September 2020 the West Dunbartonshire HSCP Board approved a new Directions Policy to ensure compliance with the practice set out in statutory guidance, strengthening performance monitoring, accountability, quality and sustainability of services. This Policy was implemented on the 30 September 2020.
2. Directions are the legal basis on which the Local Authority and Health Board deliver services that are under the control of the HSCP Board. As a legal requirement, the use of Directions is not optional for IJBs, Health Boards or Local Authorities.
3. Progress continues to be made in respect of the use and implementation of Directions and the HSCP Senior Management Team continue to work closely with West Dunbartonshire Council, in streamlining the process of recruitment to vacancies which are the subject of Directions.
4. Currently all new posts or those pertaining to service restructures, whether or not they are part of a Direction, are considered by the local authorities Strategic Service Review Panel given the significant budgetary pressures. Exceptions have been agreed for all social worker and social work assistant vacancies to support the ongoing recruitment challenges across the sector.

1.5 West Dunbartonshire HSCP Structure



1.6 Programme Management Office (PMO)

1. West Dunbartonshire HSCP have implemented a Programme Management Office (PMO) approach to bring structure and governance to change projects across the partnership. The PMO Board meets monthly to review updates from individual projects and provide guidance and direction where required. The PMO board will agree on which projects should be brought forward for updates and define timescales for reporting to be submitted.
2. The PMO board is chaired by the Head of Strategy and Transformation, with board membership made up of representatives from the HSCP Senior Management Team (SMT) and Systems, Digital & Information Governance Manager.
3. The PMO approach uses standard documentation to support projects from the earliest stages. Each new project requires the development of a Project Initiation Document (PID) which will include the Business Case for the project. This document would be submitted and approved at PMO Board. Highlight Reports are completed for board updates, with End of Project reporting in place for project closure.
4. Active change projects which are driving improvements in relation to social work and care services include a redesign of Home care services in West Dunbartonshire which has yet to be completed and is currently engaging staff and Trade union colleagues in the design process.
5. A self -directed support project has been actively seeking to further embed the approach in service delivery with principles of choice, control and' good conversations aligned to outcomes at the heart of services.
6. In children's services a re-design of the current duty system has been in development since January 2023 to ensure improved response times and a dedicated focus on new referrals of concerns aligned to 2021 Child Protection Guidance and local implementation of the Scottish Child Interview Model in partnership with Police Scotland Colleagues in May 2023.
7. The launch and implementation of a My assessment and Plan tool in children's services was implemented between March and June 2023 and the evaluation of the implementation reports directly to the PMO.
8. The PMO provides a level of scrutiny and consistency to change projects across the HSCP, ensuring Project Managers are given appropriate support where required and allowing SMT to have a detailed overview of all active change projects. It also provides an appropriate governance stage for starting up and closing down projects.

1.7 Systems Change Board

1. Following on from the introduction of the PMO Board, a Systems Change Board will be introduced to improve governance around significant changes to systems. This Board will have representatives from SMT, as well as the Systems, Digital & Information Governance Manager, Information Lead and Information Systems Lead.
2. The Systems Change Board will allow system changes from individual teams and services to be documented, discussed and agreed to ensure changes are appropriate to support service redesign and ensure systems meet user requirements.

1.8 Strategy & Transformation Recruitment

1. Recruitment of a Systems, Digital & Information Governance Manager within the Strategy & Transformation Service has increased capacity within the service and allowed focus on systems and the improved use of data within HSCP and specifically social work and care services
2. Progress is being made on key roles within the team. Recruitment is underway for a Digital Business Lead role which will enable and support digital transformation, and a Project Manager to focus on Digital Telecare, supporting our telecare users through the analogue to digital switchover, implementing a shared digital alarm receiving system and establishing how new digital technologies can be used to support people in their own homes.

1.9 Management Information

1. Areas of improvements in provision of management information to teams and services have been identified, with developments underway to ensure provision of robust trend and performance data to enable services to monitor and provide effective and efficient services. Where possible automated reports will be utilised to share information with Senior Managers on a regular basis.
2. Creation of management information reporting will be aligned with existing requirements for reporting and statutory returns, to reduce duplication and ensure focus on data quality and consistent areas of focus.
3. Development of systems and reporting to produce data required to support the initial submission of the phase 1 Adult Protection Minimum Dataset, with alignment of the reporting for the new dataset aligned to reporting for the Adult Protection Committee. As the Adult Protection Minimum Dataset continues to develop through further phases, similar exercises will take place to ensure systems and reporting support the submission.
4. This year has seen improved alignment of data reporting of Social Work and Care aligned to scrutiny by Clinical and Care Governance by the CSWO and Heads of Service. The terms of reference for Clinical Care Governance has been updated to reflect enhanced scrutiny arrangement of both commissioned and West Dunbartonshire regulated services, including service user complaints and care inspectorate notifications.
5. West Dunbartonshire Council are currently rolling out Microsoft 365 across all users. As additional apps such as Power BI become available bringing new functionality, these apps will be evaluated and their use rolled out within HSCP to improve management information reporting including potential for dashboard type functionality to support managers and services.
6. The Information Team is working with West Dunbartonshire Council colleagues to explore opportunities for Robotic Process Automation (RPA) to reduce manual and duplicate processes, and to improve data quality by introducing automation to identify and resolve issues. The use of automation could bring significant benefits in simplifying processes, reducing duplication and improving overall quality of information held across HSCP systems.

2.0 Strategic Plan 2023-2026

1. To support the implementation of the new Strategic Plan – Improving Lives Together 2023 – 2026, informal SMT sessions were held to review Performance Monitoring Arrangements for monitoring and reporting on performance against the National Health and Wellbeing Outcomes, National Outcomes for Children and Young People, National Outcomes for Community Justice and Core Integration Indicators developed by the Scottish Government. Updated targets for 2023/2024 were discussed and agreed and will be utilised in HSCP performance reporting moving forward.
2. A single delivery plan now sits under the strategic plan with priorities for implementation and improvement activity aligned to the strategic priorities.

Service Quality and Performance

2.1 Performance and Improvement at a Glance 2022/23

Appointment of a Self- Directed Support (SDS) Lead in June 2022 to drive forward improvement work.

Update and release of an SDS ilearn module in October 2022.

Twice weekly SDS Clinics for one to one coaching around any aspect of SDS.

10,386 hours of homecare delivered to 1,416 West Dunbartonshire residents as at March 2023 to support them to live as independently as possible in their own homes.

Introduction of a new Adult Carer Assessment and Support Plan, eligibility criteria for adult carers and new process for how to newly identify adult carers can access different support.

£50,000 allocated by the HSCP to Carers of West Dunbartonshire to be accessed by carers for Short Breaks via Carers of West Dunbartonshire's Out the Blue Service.

827 Justice Social Work Reports completed, an increase of 4% on 2021/22.

84.2% of people with a Community Payback Order attending an induction session within 5 working days of sentence.

15 individuals supported by a new Bail Assessment and Supervision Service which commenced at Dumbarton Sheriff Court in September 2022.

Diversion services provided to 37 people who had not been convicted of an offence, supporting them not to become further entrenched in the justice system.

Close working between Justice and Housing Services to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy.

Enhancement of unpaid work services by ensuring that tasks are meaningful to communities and provide learning opportunities for service users, including improving the environment and supporting charitable and voluntary organisations.

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

40 leaders attending the national Scottish Trauma- informed Leadership Training.

1,280 people in total have now seen the Trauma informed Resilience film with the latest viewers being foster carers, kinship carers and adoptive parents in March 2023.

Development and introduction of an HSCP Adult Support and Protection Duty system and Area Resource Group.

Mental Health Social Workers have ensured all clients have an established review date using principles of self-directed support to ensure all care packages meet the eligibility criteria for adult social care services.

Conversion rate of 83% in January- March 2023 for the proportion of children where the Child Protection Case Conference decision is to add the child to the Child Protection Register. This Conversion Rate is a good indicator of the effectiveness of our processes and decision- making. The rate was 65% in the same period in 2022.

More effective collection of Inter-Agency Referral Discussion data identified through scrutiny and Police Scotland data now being shared with the HSCP.

Revised model of initial response of 'duty' service has been developed by Children's Services, benchmarked against current services uptake of new referrals to the service.

Work undertaken with the Scottish Children's Reporters Administration to Support better management of the high volume of report requests, specifically developing a triage process to support decision making.

88.7% of looked after children being looked after in the community helping them maintain relationships and community links.

86.2% of children from a black or minority ethnic community who are looked after, are looked after in the community.

The Promise Lead Officer recruited in May 2022. Engagement sessions reached over 300 people.

Viewpoint relaunched in July 2022 with over 70 Social Workers attending training.

Free training provided by Each and Every Child to over 80 multi-agency staff offering support around language and care experience to reduce stigma.

130 young people supported by the Throughcare and Aftercare team during 2022/2023. New ways of supporting unaccompanied asylum seeking children developed including a housing supported model and working directly with the Home Office to ensure identified children who will be travelling to Scotland as part of the National Transfer Scheme are fully supported with this transition.

Leadership training for equality and inclusion and a session on the Fairer Scotland Duty from the Improvement Service provided to the HSCP's extended management team.

Addiction Services piloted a project on same day medication assisted treatment in Clydebank. Changes made to the service via the pilot led to an 85% reduction in service access delays and a 65% increase in the number of people accessing treatment in Clydebank.

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

Development of a Recovery Community and Lived and Living Experience Panel.

Whole System Approach to Rights-Based, REACH advocacy workshop delivered to over 300 individuals within statutory and not statutory services as well as community members.

Recruitment of 2 dedicated advocacy workers for Addiction Services.

Recognition of sector leading support to the rights and wellbeing of our children and young people in West Dunbartonshire's Blairvadach Children's House.

In May 2023 the new Supervision Policy for Social Work and care staff was approved to support reflective supervision and essential support to staff supported by training for managers.

Children Young People and their Families

2.2 External scrutiny

1. West Dunbartonshire Community Planning Partnership was subject an Inspection of Services for Children at Risk of Harm between October 2021 and March 2023. The Joint Inspection was led by the Care Inspectorate and included scrutiny partners drawn from Healthcare Improvement Scotland, Education Scotland and HM Inspectorate of Constabulary. The active period of phase 1 and 2 of the inspection process ran from October 2021 until March 2023 and gathered evidence drawn from a range of sources across a 2 year period.
2. The Children's Services Partnership engaged in an agreed programme of improvement activity supported by the Joint Inspection Team during a period of ongoing monitoring and prior to the commencement date. The interim report on phases 1 and 2 was published on 24 May 2022 and highlighted areas for improvement.
3. Children's social work services and partners engaged in 'supported improvement' activity with the Joint Inspection Team during the third phase of inspection of ongoing monitoring and evaluation between May 2022 and February 2023.

4. As part of the improvement support the Joint Inspection Team developed and delivered series of 9 workshops on the following topics –
 - multi-agency record reading;
 - Inter-agency Referral Discussions;
 - using data; self-evaluation;
 - involvement of children and young people;
 - quality assurance;
 - Leadership relating to Quality Indicators and self-evaluation and collaboration.
5. In April 2023 the Partnership received a letter outlining the outcome from the further period of monitoring and evaluation. The letter contains a number of areas for continuing focus and improvement. Both the interim report and the letter are published on the Care Inspectorate website and together form the outcome and next steps arising from the self-evaluation and inspection process.
6. The outcome letter acknowledges the “...considerable effort...” of the Partnership to address the findings arising from the joint inspection. The letter clearly indicates that, over the next 12 months, the Partnership will need to:
 - sustain additional investment to address capacity challenges.
 - maintain enhanced governance to continue to provide appropriate support and challenge for improvement work;
 - refine the existing Improvement Action Plan to provide a greater focus on the outcomes for children and young people at risk of harm;
 - build on the work already started to ensure children and young people are meaningfully and appropriately involved in decisions about their lives;
 - continue to undertake and place emphasis on self-evaluation activity that focusses not only on how much or well services are delivering, but what difference the support is making; and
 - continue to seek external support where this is necessary to achieve change

The outcome letter concluded that the Joint Inspection Team ‘are confident ‘that the Community Planning Partnership had in place the necessary framework to effect improvement. Ongoing support in relation to strategic planning and delivery of services to children and young people at risk of harm.

7. The approach is arguably a significant departure from previous inspection methodology within Children’ services and little cognisance would seem to be have been given in relation to the context of pandemic and the impact this had on service delivery and capacity for continuous improvement.
8. Indeed the inspection activity was halted in December 2022 due to the Omicron variant of Coronavirus .Records evaluation and Care Inspectorate survey issues to staff , children and young people survey informed the initial findings . No children young people or families or staff were able to be spoken to as part of the inspection activity.

2.3 Permanence planning

1. The service continues to work on model of redesign aligned in order to better meet current challenges by ensuring that the totality of current resource is best utilised and where possible creating defined teams. An example of this has been the recent move of four locality posts to augment a small adoption team to create a permanence team to better address delay in permanence planning for

children This has been an identified area of improvement since pandemic , and compounded by staff vacancies. The principles of the redesign approach will ensure that the national policy context, including The Promise, the refresh of the GIRFEC National Practice Model, and National Child Protection Guidance 2021 will be delivered and embedded in practice.

2.4 Request for Assistance

1. Work is in final stages to implement an Initial Response Team, with clear guidance, thresholds and boundaries supporting notifications of concern and requests for assistance, initial assessment of vulnerable pregnancies and initial child protection activity. The redesign has been informed by feedback and engagement with service users, practitioners delivering current response to child concerns and managers operating within the system. Appreciative Inquiry sessions have taken place to engage staff in the redesign process.
2. The team will have a defined number of key staff, including a dedicated management structure and admin support. Early help and whole family support will be key pillars of the approach alongside good practice in child protection work including further development of the Scottish Child Interviewing Model and the embedding of Special Needs in Pregnancy (SNIPs) within a model of initial child protection assessment. Implementation and final agreement on the proposed model will be concluded in 2023.

2.5. Special Needs in Pregnancy

1. The revision of local processes with a view to better alignment with both the national Child Protection Guidance and Whole Family Support systems locally, ensuring women are provided with the right support at the right time. The current guidance is being updated and finalised to develop a children's service system response with health and police colleagues being key to the practice.
2. Interagency Referral Discussion for unborn babies have been introduced in March 2023 to inform decision making and Child protection planning. Local development of pathways to early help and support will be key to success in this area, and need to be underpinned by GIRFEC principles. This will ensure only the most high risk and vulnerable women and families are considered under child protection procedures. Work in early 2023 concluded the need for a full revision of key processes as described above which is ongoing.

2.6 Strengthening Scrutiny and the Voice of Children and Young People

1. Recruitment took place in in early 2023 of four Independent Reviewing Coordinators to undertake reviews of plans for all looked after and accommodated children. These posts will ensure that all children and young people who are looked after away from home, in formal placements or in kinship, will be regularly reviewed in line with regulatory frameworks and good practice guidance.
2. In addition the quality assurance function is key to ensuring the 'birds eye view of practice ' is fully understood and quarterly reports on a set of Key Performance for children and young people in kinship and other key settings is being developed and shared with the wider children management team . This includes consideration of retention of sibling connections as part of new reportable data to Scottish government as well as ensuring that children and young people's views are captured and are central to planning processes.

3. This aligns to brothers and sisters work led by our Promise Keeper and the Promise multi-agency team.
4. Language in West Dunbartonshire



5. “Scotland must change the language of care. Language must be easily understood, be positive and must not create or compound stigma...”

The Promise, page 87

“Organisations that have responsibilities towards care experienced children and young people will be able to demonstrate that they are embedding destigmatising language and practices across the way they work.”

6. Language was identified as a key area for focus through the development work of the Keeping the Promise group, as well as through discussions with children, young people and families. In West Dunbartonshire we have a responsibility to acknowledge, address and embed the changes required in the way we talk, write and think about infants, children, young people and their families and their lives. This area of work is aiming to address this, in a multi-faceted way.
7. We have created a language guide, highlighting principles and ethos for the language we use. This is purely a starting point, and designed to support thinking and conversations around how we talk about people’s lives.
8. We are also delivering a training session, designed and supported by young people and adults with experience of the care system. This will be multi-agency, and to reach all levels of our workforce. It aims to support people to understand the true impact of language used for infants, children, young people and their families. We will be asking staff to commit to thinking about the impact of the language they use and how they can make changes.
9. Prior to the Covid 19 pandemic a campaign around language was created by young people from Craigellachie, one of our Children’s Houses: “Words Matters”. There was a launch of the campaign and a pledge sought from attendees to think about the language they use. Unfortunately due to the impact of the pandemic further work was not possible. We would like to re-visit and build on this great work that was started and use it as a launch pad and focus for increased campaigning.
10. To further embed this change in culture we will be introducing a “Words Matter Check-In” within Review meetings for our looked after and accommodated children and young people, chaired by our Independent Reviewing Co-Ordinators. This was developed following reflections from our

care experienced young people and adults that a level of personalisation was required in relation to specific language used around the care system. Children and young people who are looked after away from home will be asked about how they would like important aspects of their lives described, and this will be shared with the team around the child to ensure consistency.

11. We must also review our documents, policies, forms, and communications to ensure we are consistently changing our approach to language. This will ensure consistency and leading by example across the local authority. We want children, young people and their families to feel the change in all of their interactions within West Dunbartonshire. Work is underway in relation to this already, with newer documents being widely considered within this lens. GIRFEC refresh and the UNCRC implementation also supports the use of strengths based, simplified language that is more accessible to all. The Lead Officer for the Promise will carry out an audit of relevant documents to identify any changes required going forward.

2.7 Evaluation – How will we know we are making progress?

- For our care experienced children and young people we will want to know that they are feeling the difference in relation to how language is used within West Dunbartonshire.
- There will be a pre-training and post-training questionnaire for staff to complete around their understanding of this area and encourage personal commitment to changing their language.
- It is proposed that an audit around language within case notes is carried out six months after the launch of the training.
- 12 months after the Language Matters Check-In is launched that we consult with children, young people and families that have participated to understand their experience of this. Given the nature/timing of reviews 12 months feels like a realistic timeframe from which to allow opportunity to participate and then measure progress.

2.8 Brothers and Sisters

“Scotland will stop the practice of separating brothers and sisters, unless for reasons of safety. Relationships between brothers and sisters will be cherished and protected across decision making and through the culture and values of the people who care for them.” The Promise

1. In March 2023 we were keeping 38% of our Looked after children and young people with all of their brothers and sisters in care. 27% of our children and young people were with 1, but not all of their brothers and sisters. 35% were separated from all of their brothers and sisters. We are significantly better at keeping brothers and sisters together within kinship care, however this is also where we see the highest number of children separated.
2. 68% of respondents to our Brothers and Sisters survey about time together reported that there was no formal plan in place to support their time together with brothers and sisters out-with contact with their wider family.
3. Actions to consider within this report span data, local policy and protocols, supporting and promoting creative practice and quality assurance. Ensuring we have a mechanism for routine data collection around the separation of brothers and sisters is essential for monitoring our progress.

This work has been carried out as part of the Keeping the Promise Working Group on Brothers and Sisters, which aims to understand how well we are doing at keeping brothers and sisters together

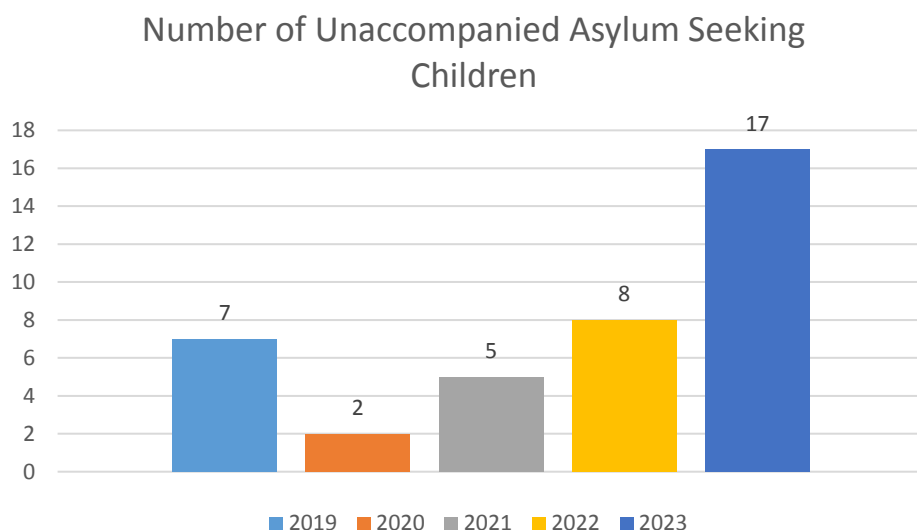
currently, the factors impacting upon separation, and how well we are doing at keeping connections between siblings when they are separated. This will support future proofing of our services, building capacity and culture change within systems to ensure relationships between brothers and sisters are valued and protected. The data gathering began in March 2023 and this report has been written in July 2023.

2.9 Family Support for Children and Young People and Families

1. The findings from research with young people and families commissioned by the HSCP in 2021 was undertaken by Glasgow University, reported a need for increased support for parents and families with children and young people as well as increased visibility of local supports and services for children, young people and their families. These themes align with the holistic family-based developments arising from the Whole Family Wellbeing Fund work. Three family wellbeing hubs have been developed in 2022 through Integrated children's service planning arrangements and are now open three days a week
2. A third sector provider has been commissioned from Whole family Wellbeing funding to provide interventions and support for children young people and families in need of intensive and flexible seven day services as required with a focus on prevention and intervention with families to keep children safely at home
3. Work has been completed in the design, build and maintenance of a website which will direct and inform local young people and families about supports and services for mental and emotional wellbeing. West Dunbartonshire Wellbeing website design has been inspired and co-produced with the local young people from West Dunbartonshire Youth Council. The working group will continue to link with youth organisations to build content and support the promotion of the resource. The time scale for initial launch is early April 2023.
4. There is strong commitment to ensuring that the voice of children and young people is at the centre of planning and care. The ongoing work of the Young Ambassadors group and Champions Board, developing work on delivering The Promise, refresh of our approach to GIRFEC and work on integrated operational guidance, paperwork and training will support improved engagement. As part of the work to implement The Promise engagement and development sessions involving a range of over 250 stakeholders including young people were held to set priorities for action, with work now taking place to develop an implementation plan.
5. The Children and Young People's Involvement and Engagement Strategy provides a framework, tools and tips for services to engage young people in decision making and to undertake successful consultation and engagement activities.
6. A bespoke programme of support for parents and carers has been delivered throughout 2022-2023 to families where a child has a new diagnosis or are awaiting diagnosis of autism spectrum disorder and other complex needs. The training has been delivered by a neurodiversity trainer.

2.10 Unaccompanied Asylum Seeking Children UASC

1. In January 2019 there were two known young people who were seeking asylum across the WDC location. In total there have been 39 children and young people seeking asylum to date.



These 3 UASC Young people are accommodated in a number of placement provisions, 2 young people have yet to have their placement identified and determined.

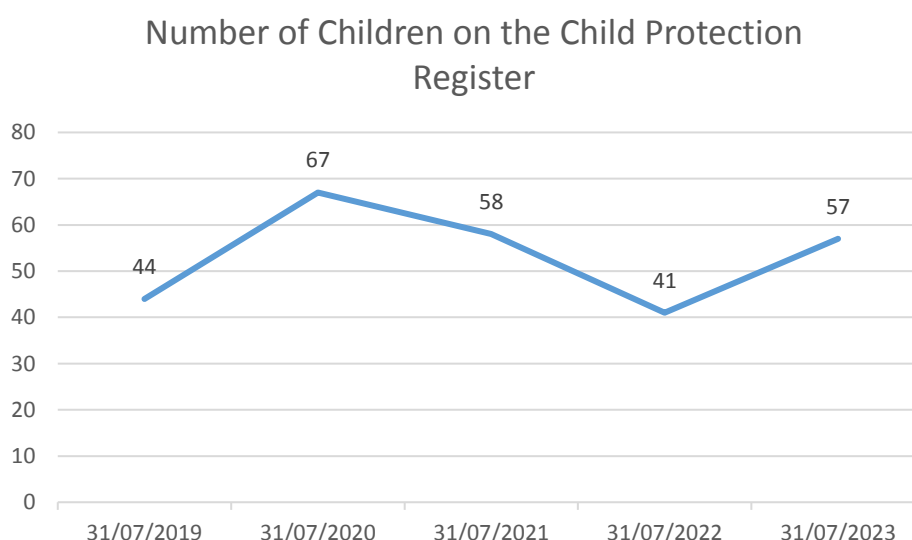
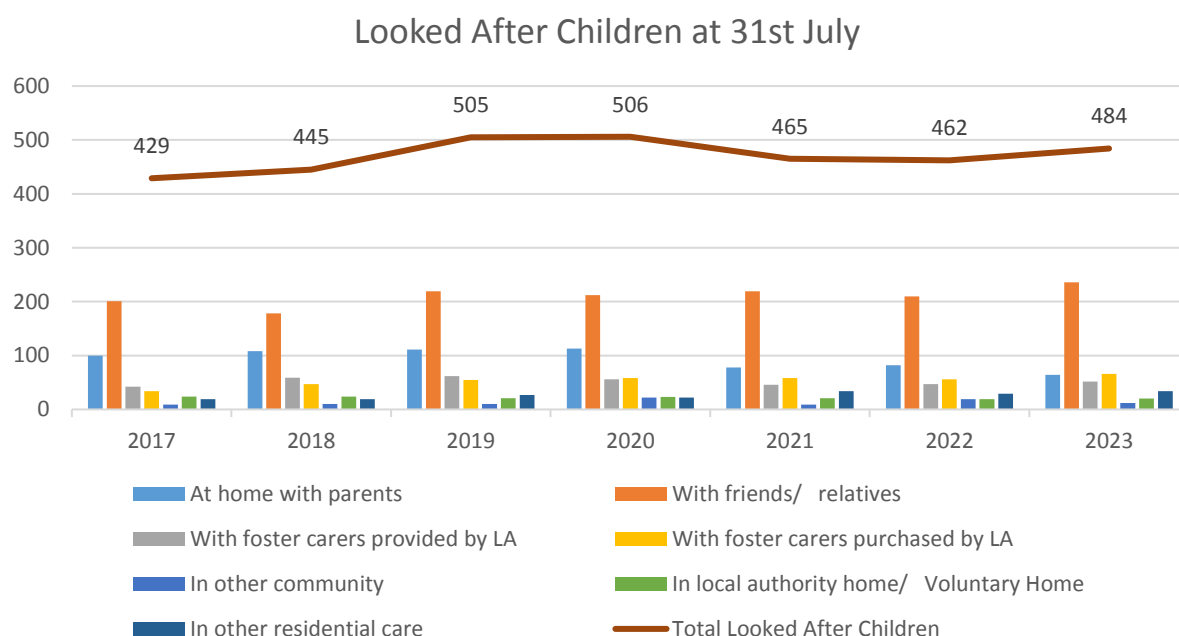
11 in supported lodgings (out of 14 available supported carers placements)

- 1 in foster care.
- 5 in residential care
- 12 in tenancies with support (NTS)
- 6 living with friends or relatives
- 1 in their own tenancy.

2.11 Self- Evaluation Activity

1. A programme of single agency audit activity combined with planned multi agency self-evaluation aligned to Child Protection Committee has been developed during 2022 and 2023. This activity has included a multi-agency review of 35 cases of children at risk of harm, a review of all children subject to Child protection re-registration, a Threshold self- evaluation in relation of children and young people where there was a notification of concern with an evaluation of case conference and registration decision making.
A pre- birth audit to inform a refreshed Pre- birth Multi-agency guidance informed by GIRFEC principles is currently taking place.
2. A single agency audit of notifications of concern and request for assistance was completed in June 2023 with the findings presented at The GIRFEC sub group of integrated children's services planning. The learning from this evaluation has helped shape the development of an 'Initial response team and the required information form partners to social work services to ensure chronologies and wellbeing assessments are part of a request for assistance process.
3. The service has been working hard to develop a long-term strategic approach in how to deliver its ambitions of 'The Promise' and keep children supported locally with family where possible. It is clear

that our use of external provision of both residential school and external foster care has consistently risen over the last 6 year with associated spend in both areas more than double. A 5 year strategic approach improving the lives with Children and Young People in West Dunbartonshire 'What would it take?' is being considered by the Integrated John Board later this year. Underpinning the strategy is a 5 year financial plan with detailed savings where children can be supported in their communities with the necessary investment and developing preventative service to mitigate and manage risk.



4. As part of our ongoing implementation of National Child protection Guidance in Scotland (2021) we have included in child protection management children and young people up to the age of 18 year and potential impact is likely to be seen in 2023 24 in reporting of this activity.

2.12 Scottish Child Interview Model (SCIM)

1. The national roll out of SCIM created an opportunity for West Dunbartonshire and Argyll and Bute, along with L division Police Scotland, to develop a model which both capitalised on the sharing on one police division, but also acknowledged some of the geographical and structural differences between the two local authorities.
Police and social work colleagues were trained between March and June 2023; an implementation group was set up with the support of the national strategic team supporting the roll out of SCIM, chaired initially by the PPU DI, now chaired by the senior manager for children and families social work services in WD. The meeting takes place every two weeks, with an alternate implementation and data meeting every four weeks; due to the initial implementation challenges however, interrogation of emerging data has not yet been undertaken as there have been insufficient interviews to consider to date.
2. All systems supporting data capture, performance management and the evaluation of both SCIM interviews and the practitioners carrying these out, are however in place, including the reinstatement of SCRA JII QA processes locally (paused due to resource pressures).
Both local authorities retain a hybrid model in respect of child witness interviews, however are working towards full implementation as per the national strategy. Two social workers are trained within WD, along with two SSWs. One WD SSW is about to undertake the evaluation course, and will lead on the review and feedback to practitioners going forward. In addition, local meetings with Police colleagues in WD take place twice weekly, to consider which child witness interviews will progress using the SCI model.
3. Implementation has not been without its challenges; staff recruitment within the social work services, have impacted both local authorities, with West Dunbartonshire in particular being most disadvantaged. While the local agreement currently notes that QSW staff will not generally work across geographical boundaries, working together to implement the new model created an opportunity to draw on the Argyll social work resource temporarily during this period, facilitating SCIM interviews of a small group of children most requiring this methodology for evidential purposes.
4. A further challenge has been the recent Crown Office decision that no child interviews would be undertaken by Police Scotland only. As such all non-familial interviews will now also require a QSW interviewer; a request to scope practice in this regard, specifically in respect of the role of both IRD, and recording practice for children and young people who may not require social work support, is underway.

Adult Services

2.13 Mental Health Officer Service

1. Since the start of 2023, the focus of the MHO service has been on improving data collection and statistical reporting, decreasing turnaround times for delayed discharge cases awaiting applications for intervention under Adults with Incapacity legislation, improving workforce capacity and increasing the number of completed Social Circumstances Reports as per the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003.

2.14 Data gathering

1. The recording of interventions undertaken by MHOs in West Dunbartonshire Council in previous years has been somewhat inconsistent and as such it has been difficult to accurately report upon the work being undertaken by the service, including being able to identify trends in relation to the use of legislation, the impact that staffing issues within the team have had on service output and the overall efficiency of the service and it's ability to meet the needs of the client group with whom we work.
2. Standing Operating procedures and workflows have been developed for several areas of MHO practice, including duty work and AWI practice and these are being reviewed on a regular basis to ensure that they are working. Work is also ongoing via team meetings, individual supervision sessions and targeted training to ensure consistency of recording within the team.
3. Closer links have been forged with the CareFirst team, with monthly reports now being provided to the service regarding the use of the legislation, the data from which is then collated by the SSW/admin worker. The CareFirst activities have been reviewed so that appropriate data can be gathered more easily and to reduce the time spent by workers on duplicate IT tasks, thereby increasing their efficiency.
4. Improvement in data gathering will be further enhanced by the proposed Resource Worker role (see below).

2.15 Delayed discharges

1. It is has been well evidenced that West Dunbartonshire has consistently had poor delayed discharge statistics. This appears to occur for a number of reasons and so a review of 22 of the most delayed cases was undertaken by the MHO service in order establish where these delays were occurring following which a multiagency discussion took place and action point identified. Measures including 30/60/90 day reviews for complex cases, more accurate gathering and recording of data (including more consistent and accurate use of CareFirst) and closer partnership working with other services including advocacy were identified with implementation being worked towards.
2. The MHO service also works closely with the Hospital Discharge service with the early identification of potential Adults with Incapacity (AWI) cases and feedback on more complex cases which may incur further delays being the keys aims.

2.16 Social Circumstance reports.

1. In the year 2021-2022, 70% of SCR1 forms in WDC were not completed, 25% were completed with an SCR attached and 5% had the SCR1 completed with an explanation that the SCR would serve no purpose. This figure improved by 20% in the period 2022/23, with 50% of SCR1s not completed, 37% prepared with an SCR attached and 13% with the SCR1 completed with an explanation that the SCR would serve no purpose. Data gathered for the 2023/24 year thus far suggests a further improvement of around 10-15% in terms of completed SCR1s and, while this is positive, it is evident that this remains an area for improvement and so continues to be a focus for the service.

2.17 My Life Assessment (MLA) Adult Services

1. The way individuals with care and support needs are assessed and supported by social work and social care services was reviewed. The My Life Assessment refocused interventions away from 'need' and deficits and towards resources and 'strengths' identifying what is working well and what can be built on. Through a human learning systems approach we will build on the work of the My Life Assessment and the "Just Enough Support" programme by starting with what people want and working to connect them in ways which enable them to achieve that.
2. A human learning systems approach, understands the need for service provision to be more person centred to meet the multiple and complex needs of individuals and communities and recognises the value of adaptability and learning together.
3. The MLA was implemented on 1 April 2022. Improvement work has progressed with the use of the My Life Assessment (MLA) for service users providing a strengths based model which empowers staff to record good conversations with service users which are focused on personal outcomes and prevention. This outcome focused assessment tool has been recognised by Health and Social Care Scotland as an exemplar of good practice. It is fundamentally important that all service users, who are eligible for HSCP services, fully understand the principles of Self Directed Support in order to ensure that people are supported to identify and achieve personal outcomes, people experience choice and control over what happens to them, people feel heard and listened to about what's important to them. Staff are enabled and empowered to implement self-directed support, the principles and values of self-directed support are embedded in practice, and there is information, choice and flexibility for people when accessing services.

2.18 Self Directed Support (SDS)

1. Just Enough Support (JES) – Between Feb 23 and Sept 23 three member of HSCP staff completed accreditation to deliver "Just Enough Support" training which will now be rolled out to all staff across the Staff can use the JES approach to ensure they are focusing on what is strong within a services user's situation which helps prevent over-supporting them which maintaining a person-centred approach that coproduces outcomes that really matter to the individual. The previous organisation that provided independent advice and guidance around SDS closed in March 2023, I have worked with Improving Lives and SIRD to secure test of change funding to roll out a new service providing independent advice and guidance starting Oct 2023 for a 6 month period. We have a further funding bid in at present that will see Improving Lives and Carers of West Dunbartonshire work together to provide an advice and guidance service from Apr 2024 - Mar 2027.
2. SDS officers have established weekly drop in clinics for staff looking for support or 121 mentoring around SDS - these run in Clydebank HC on a Tuesday and Church St, Dumbarton on a Thursday. Staff can come along to talk through cases and get support with navigating process. The SDS team are also regularly attending team meetings and sitting in with teams to help build confidence in approach to SDS.
3. An evaluation of the MLA assessment framework commenced in 2023 which will allow us to review experiences of staff and service users and look at what works well but also what needs to be updated/refreshed.
4. Coming into post in June 2022 as SDS lead I have spent time building up strong working relationships with key community partners such as Improving Lives, LAAS, Carers of West Dunbartonshire and Shopmobilty as well as linking in with all adult teams across the HSCP in order to better understand the challenges being faced but also share good practice across teams.

Active promotion of the SDS options and encouraging staff to think more creatively when support planning including use of technology to maximise independence, use of community assets to meet needs rather than traditional services and encouraging staff to link in to the SDS officers for support with both SDS and Independent Living Fund, is ongoing.

5. We are reviewing and streamlining of all SDS paperwork for direct payments, work with colleagues in procurement and finance to develop an official option 2 process and continue with support at AARG/MDT to ensure the values of principles of SDS run throughout everything we do.
6. As part of our implementation, regular training sessions around SDS legislation, sessions offer an overview of what SDS is, national eligibility framework as well the HSCP process and assessment is ongoing.

2.19 Adult Community Mental Health

1. A focus of the service has been to review support in our supported accommodation and care home places for adults with complex MH care needs.
2. The Davidson Road project in Balloch, is commissioned by West Dunbartonshire and the service provided by the Richmond Fellowship has been under review for a year. The project could provide 10 individual supported tenancies but is currently only providing 4. The issues appear to be around a lack of contract with TRFS and this is being addressed by regular meetings with TRFS/housing and the new post of contract and commissioning manager created in January this year.
3. The services users currently in these tenancies have been reviewed and having accessed their original tenancy agreements we are able to assist them to either move to more independent living or develop care plans of how they can move towards independent living in the future. These care plans are created in conjunction with the individual, OT assessment and TRFS supports.
4. With more movement in our supported living development we are then able to identify adults who are currently in specialist MH care homes who do not require this level of 24 hour care and are at risk of institutionalisation. Again working with the individuals and our OT colleagues we can support people to have the confidence to move to less supported but more empowering environments.
5. This movement in turn gives us more options for discharging people from hospital with Mental Health needs. Unfortunately one of the challenges we face is a lack of provision of social care workers which is a nationwide problem. Delayed discharges can be created by a lack of service provision from our providers. We are trying to address this by ensuring that the long standing care packages we have are reviewed regularly and ensuring we are creative in using community resources rather than 1:1 support which may be more appropriate for people coming out of hospital. The support from the SDS team has been invaluable for our workers in finding out what community resources are available.
6. Going forward we hope to develop an additional supported living resource with the help of the contract and commissioning manager in the Clydebank area. This will be a small group living home for adults who require intensive rehabilitation i.e. have been in hospital or care home for many years. We also hope to use part of this resource to provide OT facilitated independent living skills hub for younger adults who may still be living at home with their parents and require preparation for independent living.

2.20 Learning Disability Services:

1. Scotland must provide the best possible services for people with a learning disability to enable them to lead high quality lives within their family and/or their community where they experience personalised support consistent with a Human Rights Based approach. A priority within *The keys to life* is that all adults with learning disabilities, including those with complex needs, experience meaningful and fulfilled lives. This includes where individuals live, as well as the services they receive. The Scottish Government's vision for people with learning disabilities and complex needs within Scotland is that everyone is supported to lead full, healthy, productive, and independent lives in their communities, with access to a range of options and life choices.
2. The Coming Home Report, published in November 2018, identified that some people with learning disabilities and complex needs were living far from home or within NHS hospitals; there was an urgent need to address this issue. The Scottish Government commissioned a two-year project to look specifically at the support provided to people with learning disabilities who have complex needs. The focus of the project was to identify the number of people involved and also to suggest support solutions for individuals with learning disabilities who have complex needs: either those placed out-of-area or those currently delayed in hospital-based assessment and treatment units.
3. To support Health and Social Care Partnerships (HSCPs) to find alternatives to out-of-area placements, and to eradicate delayed discharge for people with learning disabilities, in February 2021 the Scottish Government allocated a £20 million Community Living Change Fund to Integration Authorities nationally via NHS Boards to:
 - Reduce the delayed discharges of people with complex needs
 - Repatriate those people inappropriately placed outside of Scotland
 - Redesign the way services are provided for people with complex needs
4. A further report, The Coming Home Implementation Report, was published in February 2022 and the actions to be taken forward from this report, published by the Scottish Government, include setting up a new national register to improve monitoring of those at risk of hospital admission or inappropriate placements. A new national support panel and a peer support network will also bring together expertise, and share best practice among professionals, to support HSCPs ensuring genuine change is delivered. The first action is to raise visibility, through improved monitoring and planning, for and with people with learning disabilities and complex care needs through the development and implementation of Dynamic Support Registers. The Dynamic Support Registers have been co-developed by a working group including people with lived experience. The Register is a tool to gather information on people that Integration Authorities already hold across various systems into one manageable place. The Memorandum of Understanding (MoU) sets out the key expectations upon Scottish Government, COSLA and Integration Authorities to continue working in partnership on this high priority agenda. Key actions include the importance of embedding Dynamic Support Registers in all Integration Authorities by July 2023 and reporting data through a new national reporting mechanism delivered in partnership with Public Health Scotland (PHS), which is in the process of being activated as of this month (September 2023).
5. The rights of people with learning disabilities and complex needs are not being protected if they remain in hospital when they should be living at home, or in a homely environment, with the right support. To achieve this vision will require a transformational change through committed thinking and planning and genuine collaboration across the entire system. A new framework is recommended, underpinned by strong local and national partnerships, to deliver the innovative and quality services needed to support people with learning disabilities and complex support needs who are currently placed inappropriately. Visibility and accountability are critical; this is not going to be an easy task, however, a collective responsibility to take action is required with sustained commitment at all levels to deliver the recommendations outlined with the funding provided.

6. NHS Greater Glasgow and Clyde, through its Learning Disability Board wide Governance structure has set up a Programme Board to support HSCPs. In West Dunbartonshire the structure required to deliver this work is not yet in place, however, it is anticipated this will be finalised by October 2023. In the meantime preparations for a review of learning disability services, in line with organisational change policies, is being planned. Developing and maintaining good, sustainable accommodation and support services is crucial to meeting the aspirations of the report and the needs of those identified. Achieving this requires coordinated effort and alignment of resources locally to create the capacity to achieve progress against the strategic objectives of the Community Living Change Fund.
7. One of the Board sub-groups 'Future Landscapes', is working with third sector and housing colleagues to recommend new sustainable models of support specifically for this group of individuals ensuring a co-production approach in terms of how services should be designed and developed. In addition to directly impacting people with learning disabilities, this work will also impact on services and how these are planned and commissioned. It will support better local long-term planning to meet the housing and support needs of individuals with complex needs including the formation of specialist multidisciplinary teams that are focused on providing the necessary services and support in the community to prevent admission to hospital as well as the proactive development of appropriate housing. Sharing of best practice and a culture that promotes open and frank discussion about the ongoing challenges, such as the role of a Registered Social Landlord (RSL) compared to the role of a specialist care provider, is vital. It is hoped that in collaborating across the six HSCP areas comprising Greater Glasgow and Clyde greater momentum will be achieved in developing and delivering services to people with learning disabilities and very complex support needs to ensure improved outcomes for those individuals and their families.
8. The Learning Disability Team within West Dunbartonshire comprises a considerable integrated workforce of both NHS and Council staff within statutory, registered, supported employability, transition and respite services with one Manager responsible for all services. The health team within the statutory service includes psychiatry, psychology, nursing, occupational therapy, physiotherapy, speech and language therapy as well as dietetics. On the Council side, within statutory services, is social work; a team that is not yet fully staffed and continues to carry a demanding caseload regarding volume, complexity and in relation to adult support and protection. In addition, it is required to provide input to carer assessments, reviews and respite. Recently welcome additional, time limited resource utilising CSWO monies for adult services to allow completion of outstanding assessments and reviews, which were not able to be undertaken during the pandemic.
9. The registered Housing Support Service (HSS) provides supported living to people with a learning disability to live as independent a life as possible. HSS work with those supported in a person centred way to develop personalised, outcome focussed, support plans This includes support with the following areas of everyday life; personal care, developing independent living skills, maintaining important relationships, remaining healthy and accessing healthcare services. HSS also offers support in being able to take an active role in local community life, identifying and accessing leisure opportunities and with all aspects relating to maintaining tenancies and being a good neighbour. Outcomes for those supported are varied and personal, however, include improving feelings of security, increasing inclusion, reducing social isolation, reducing risk and vulnerability and improving health and wellbeing. Staffing across all sites remains a challenge and, as the needs and complexity of those being supported changes, the way in which the service is delivered, to ensure it is meeting

the needs of those highlighted in the Coming Home Implementation Report, will require to be reviewed in line with Council policies.

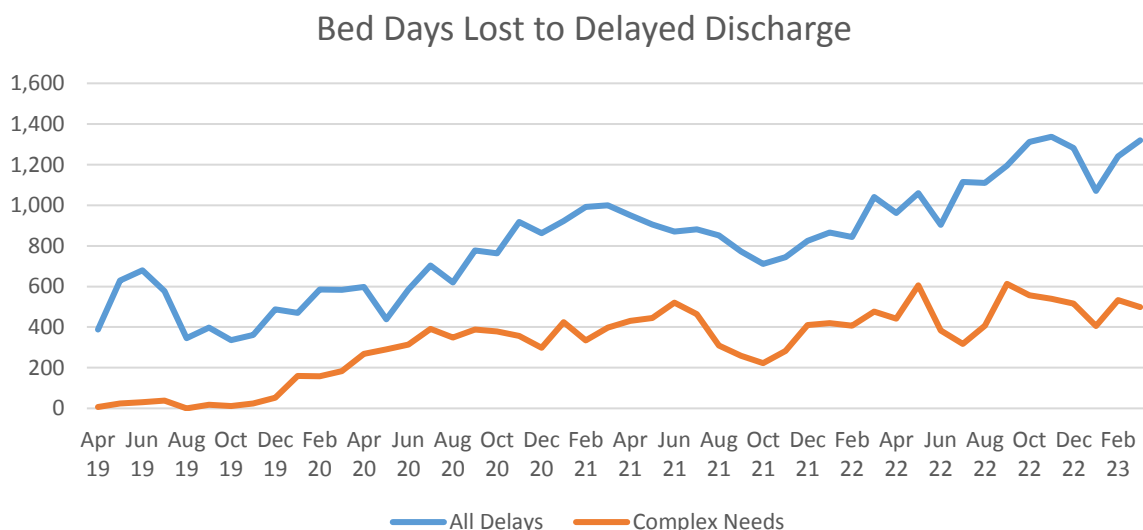
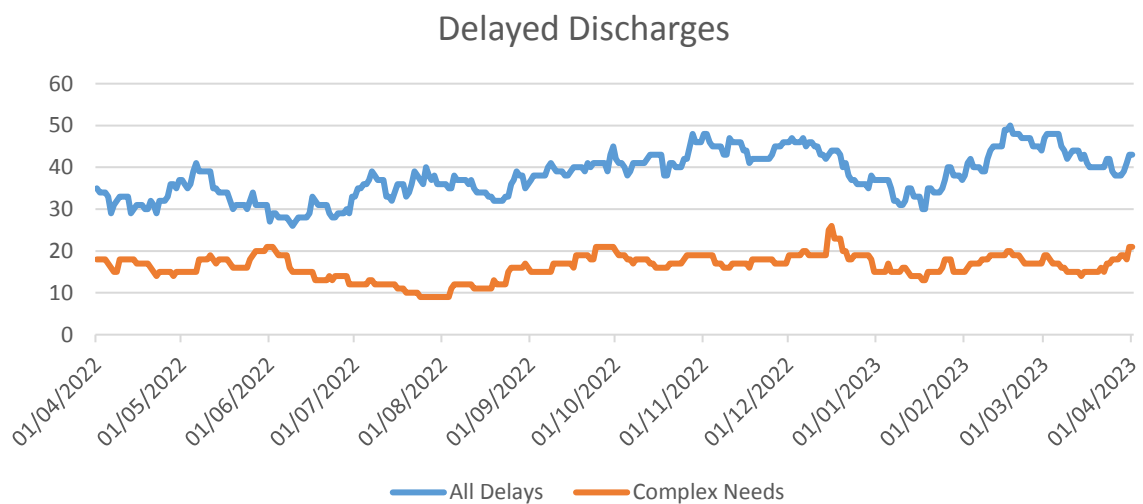
2.21 Alcohol and Drug Partnership

1. The National Records of Scotland (NRS) have recently published both the “Drug-Related deaths in Scotland in 2022” and the “Alcohol-Specific deaths in Scotland in 2022” reports which provides some of the details of those individuals who sadly lose their lives to drug-related deaths (DRDs) and alcohol-Specific deaths (ASDs) registered within that year. In West Dunbartonshire there were 20 drug-related deaths, a decrease of 28.6 % on 2021 and 21 alcohol-Specific deaths, a decrease of 48.5% on 2021.
2. Addiction services during 2022-23, the service received 826 referrals for people experiencing problems with drug or alcohol requiring assessment for treatment and support. 96% of referrals were seen within 21 days, exceeding the Scottish Government HEAT target of 90%. This highlights how our health and social care staff have continued to ensure our most vulnerable and high-risk adults with chaotic and complex drug and alcohol use could engage with services.
3. The Medication Assisted Treatment (MAT) Standards were developed by the Drugs Death Taskforce who brought together voices from a wide range of stakeholders including those with lived experience. The standards aim to drive improvement within those services and reduce harm from drug use.
4. All feedback from Public Health Scotland (MIST) has been very positive in relation to the implementation of Medication Treatment (MAT) Standards 1 to 5. The ADP will continue to work closely with all partners to ensure continued implementation of the standards. Challenges identified with standard 3 and 5 have been highlighted with issues around the numerical data collection. Work is underway locally to overcome this and MIST are reassured this will be provisional green on the next reporting cycle.

2.22 Community Hospital Discharge Service

1. A range of quality improvement activities have been implemented within the Community Hospital Discharge Team, linking also with the HSCP Senior Mental Health Officer. This has been an area of focus for the past two years due to the volume of delayed discharges (both acute and complex) in West Dunbartonshire in comparison to other HSCP's. A range of improvement activities have been progressing, in tandem with the implementation of the Discharge without Delay programme, and an improving picture in total number of delays, both acute and complex, is beginning to emerge.
2. Complex adults with capacity impairment (AWI) have reduced steadily, with the service working closely with local Solicitors so that the Guardianship process moves through each stage timeously. This dialogue involves the Senior Mental Health Officer to ensure reports are concluded on schedule and that any areas of challenge are discussed safely.
3. Early allocation of people referred for a SW assessment has also started to embed, reducing the risk of people becoming a delay.

4. A revised multi-disciplinary team Area Resource Group (MDT ARG) has also been established to provide a forum for Community Hospital Discharge Service staff to present and discuss appropriate community packages of care for those in hospital. This forum provides professional challenge, shared decision making and evidence that all community based risks are mitigated ahead of a discharge home. When risk cannot be managed in the community, the Area Resource Group considers the assessed risk and need and requirement for care based support away from home. The rights and choice of adults is paramount and services require to ensure this is central to decision making and support people at home where this is their choice.
5. The aim of improvements is to reduce the total number of bed days lost once someone has been identified as unnecessarily remaining in hospital, thereby reducing the risks inherent in a prolonged inpatient stay.










2.23 Blue Badge Applications to Support Independence

1. The waiting times for desktop assessments (DTA's) and independent mobility assessment (IMA) relating to Blue Badge allocation in West Dunbartonshire HSCP was at an unacceptable level, with numerous appropriate complaints being received by the HSCP. The reason for this significant waiting time was multi factorial.
2. One issue has been that discretionary awards given during the Covid pandemic expired in the same month (January 2023) which caused a surge in applications. In addition, the growing community based demand for OT assessments resulted in increasing community waiting times. The OT resource was targeting community demand, to support people to maintain independence at home longer and reduce the risk of admissions to hospital but this meant the blue badge waiting times increased.
3. Recognising the need to tackle this problem, the challenge was to manage this without impacting negatively on waiting times for occupational therapy (OT) community assessments. OT resource was limited due to vacancies and absences and so a proposal to address the blue badge lists whilst maintaining a risk based reactive service for high priority community assessments was agreed. The waiting times for Independent Mobility Assessment have reduced from to 12 weeks with ongoing work to reduce these further.
4. To reduce any unintentional risk with this resource allocation, community waiting lists were monitored, and by the end of the 3 month period there was no significant increase, which reassured staff. To reduce the risk of waiting lists increasing again there's an agreed weekly OT resource allocation to complete both DTA's and IMA's timeously, and monthly management reports to the service manager for oversight and scrutiny. This is also reported via the Clinical care and Governance structure via exception reports.

2.24 Focussed Intervention Service (Prevention)

1. Comprising of a highly skilled Multi-Disciplinary Team, this team provide rapid responses to people at risk of an admission to hospital; providing nursing, OT and physio care. This team was established just before the Covid pandemic, and referrals to the team had been slow to progress as the HSCP moved back to 'business as usual'. In 2021 there were 416 referrals to the service, in 2022 this more than doubled and in the first 7 months of 2023 referrals are now nearly 3 times the size of 2021.
2. The team sit under the line management of the Senior Nurse, and this allows oversight and pathways of care across the wider District Nursing Service. This approach ensures that service users experience seamless shared care, and access to Non-Medical Prescribing when appropriate. Links are also being embedded across Care at Home and the Integrated Adult Services as a whole system approach to person centred care.
3. The team are also central to a number of key Scottish Government drivers to reduce admissions to hospital and facilitate speedy discharges. The majority of these drivers sit within the Urgent and Unscheduled Care framework. These include the Home First Response service, falls pathways to reduce conveyancing and enhanced respiratory pathways of care. The Health Board Urgent and Unscheduled Care performance indicators are reported via the WD HSCP Urgent and Unscheduled Care Group. This allows trends to be monitored so that impact can be demonstrated, and indeed if impact is not demonstrated this will be explored so that improvements can be implemented.

2.25 Supporting Service Users Care Inspectorate Inspections

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

2.26 Residential Care Good Practice

1. Crosslet Home is a Residential Care Home with a strong focus on placing the residents in the centre of decision making and around delivering activities in the Care Home that are meaningful for them. One of these valuable areas of work is the intergenerational learning that's developed between local schools and the residents of the home.
2. In March 2023 the Care Home won a national 'Generations Working Together' award, along with a local Primary School for their intergenerational work. The award recognises projects that have demonstrated exceptional commitment to evaluating the effectiveness of their work, with benefits to residents and school children.
3. Primary seven pupils have been visiting the residents in the care home for five years as part of the initiative, which originally began as a pen-pal scheme. The pupils and residents send and receive letters and also visit the Home. During the visits the children work with residents on dementia friendly activities, physical exercise, arts and crafts and gardening to promote positive and enhanced health and wellbeing.
4. The Care Home also held a Coronation Celebration in May 2023 at the request of the residents, with music, dancing food and a bake off competition.

2.27 Reablement Service

1. WDHSCP is launching a reablement service in Autumn 2023. Following a soft launch as a test of change, the team will move towards full staffing and anticipate around 20 new referrals per week.
2. Reablement involves specialist, therapeutic interventions which are provided in the community and offered to someone who, through injury or illness, is experiencing reduced functional ability. While traditional practice is often to provide a package of support on task-orientated level, the core aim of reablement is to help the individual to recover lost independence by restoring reduced skills and confidence. This is achieved by way of a goal-orientated and interdisciplinary approach.
3. A team comprising of Occupational Therapy, Care at Home Organisers, Rehabilitation Support Worker and Home Carers will work over 7 days a week to provide goal focussed interventions to promote independence, increase functionality and reduce the need for mainstream care at home. It's anticipated that each service user will receive a maximum of 6 weeks service.
4. Measures and reporting mechanisms have been developed and a clinical pathway in place. Quality Indicators include:
 - Impact on Care at Home
 - Impact of Acute
 - Impact on service users
 - Fulfilment of scope

Baseline data from the current Care at Home service will also be used to evidence impact.

This attention to strong governance foundations will allow the test of change to be implemented and monitored and a continuum of quality improvement demonstrated.

2.28 Justice Quality and Performance

1. Justice social work services experienced some notable increases in demand, the full impact, post pandemic, and is anticipated to continue over the coming years as the backlog of Court cases are heard, resulting in increased work for Justice Services.

	2020/21	2021/22	2022/23
Criminal Justice Social Work Reports	455	576	599
Community Payback Orders	234	332	374
Bail Supervision Orders	0	0	15
Structured Deferred Sentences	0	2	17
Diversion from Prosecution	21	37	28



- ❖ Current Deferment from Prosecution = 54
- ❖ Current Bail Orders = 18

2.29 Improvement Activity

1. A number of improvement actions been completed during the past year including:
New staff being trained and existing staff annually updated on the suite of assessment tools used within Justice Social Work.
2. Staff training being completed in Trauma Informed Practice
3. Throughcare Assessment for Release on Licence –West Dunbartonshire staff having being trained in the first delivery of this tool.
4. Ongoing engagement with the National Caledonian Team to bring Caledonian Domestic Abuse group work to West Dunbartonshire has continued A launch date is in place for the 26th October with training for staff completed in December 2023. West Dunbartonshire are implementing with no additional financial resource and this will be closely evaluated in relation to impact and sustainability.
5. Additional Government funding has enabled the service, increase provision to our local courts including bail supervision and structured deferred sentences as an alternate disposal. The new Bail Assessment and Supervision Service commenced in September 2022.
6. The operational management team has been extended using funding from the wider HSCP and this will strengthen oversight of best practice and accountability to the senior management team and operational staff have the necessary management time support and supervision required , but not yet aligned to setting the bar
7. Development of senior staff have included being trained to support as trainers for the national roll out of training for Unpaid Work.
8. Involvement in national strategic groups to ensure West Dunbartonshire Justice Services are linked to current and new policy and practice.

2.30 Justice Challenges

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

2.31 Strengths

1. Strong partnership working is evident in the planning of support for individuals being released from prison. Our justice and housing services are working closely together to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy.
2. Positive and supportive working relationships with Police Scotland colleagues in the management and supervision of those assessed as posing a high risk of re-offending
3. During this year we have enhanced our unpaid work service by ensuring that tasks are meaningful to communities and provide learning opportunities for service users, including improving the environment and supporting charitable and voluntary organisations.
4. Many Service users have went on to employment, further education and volunteering through our close association with employability services.
5. We continue to work closely within established partnerships in the community including Children's Hospice Across Scotland, Alternatives and Greenspace.
6. The 'Moving Forward' Women's Service supports females involved in the Justice system and offers one to one holistic supports, looking at increasing independent skills, self-confidence and mindfulness.
7. The Women's Safety and Support Service provides specialist responses and interventions to increase the safety and wellbeing of survivors of Domestic Abuse. The service supports women offenders, (via group work and one to one supports) who have additional vulnerabilities and complex needs resulting from multiple experiences of Violence Against Women.
8. Service Users have worked alongside their allocated workers looking at specific needs relevant to

their own personal/offending circumstances. This has been done via structured one to one interventions including:

9. Home learning and focussed discussion at supervision appointments of blended learning packs concentrating on topics such as substance misuse, pros and cons of offending, healthy relationships and anger management. These have included utilising a CBT approach alongside motivational interviewing techniques. All of which has been trauma informed practice.
10. Dependent on the type of offending, staff trained in the NOTA Individual Treatment Program have supported service users, convicted of sexual offending, to understand their offending pathways and support them to contribute to their risk management plans in order to address the risk of re-offending.

Resources

3.0 Financial Pressures

1. The HSCP Board is operating within a complex and evolving Scottish Government policy landscape coupled with a challenging and potentially worsening UK economic outlook. Decisions on an appropriate, and prudent, level of un-earmarked reserve versus the delivery of strategic priorities and supporting our communities out of the pandemic and cost of living crisis is multi-layered. Financial sustainability in the short, medium and longer term, must be maintained, to allow the HSCP Board to invest proactively and drive out efficiencies through better ways of integrated working.
2. Public sector pay negotiations effective from 1 April 2023 for Social Care HSCP staff are ongoing. The currently reported annual budget for Social Care services includes an estimation of the impact of the 2023/24 pay uplift for staff within this group currently assumed at 4%, however this will be subject to change as pay negotiations continue to progress. While the Scottish Government has announced additional funding for local authority pay uplifts, the allocation of this is unknown at this time. In February, Healthcare staff across Scotland agreed a 2023/24 pay offer of an average a 6.5% uplift, compared to a budget of 2%, with an appropriate share of additional Health Board funding to flow through to HSCP's. Recruitment challenges for both qualified and unqualified health and social care staff continue, however this problem is not unique to West Dunbartonshire, and is likely to continue this year and into the medium term.
3. Financial pressures, from both internal and external care packages, continue to be experienced across social care services. The main areas of pressure are children and families residential care and community placements, learning disabilities and care at home. The following graph shows the increasing spend on children and families since 2016/17.

Graph 1: Spend on Children and Families 2016/17 to 2022/23

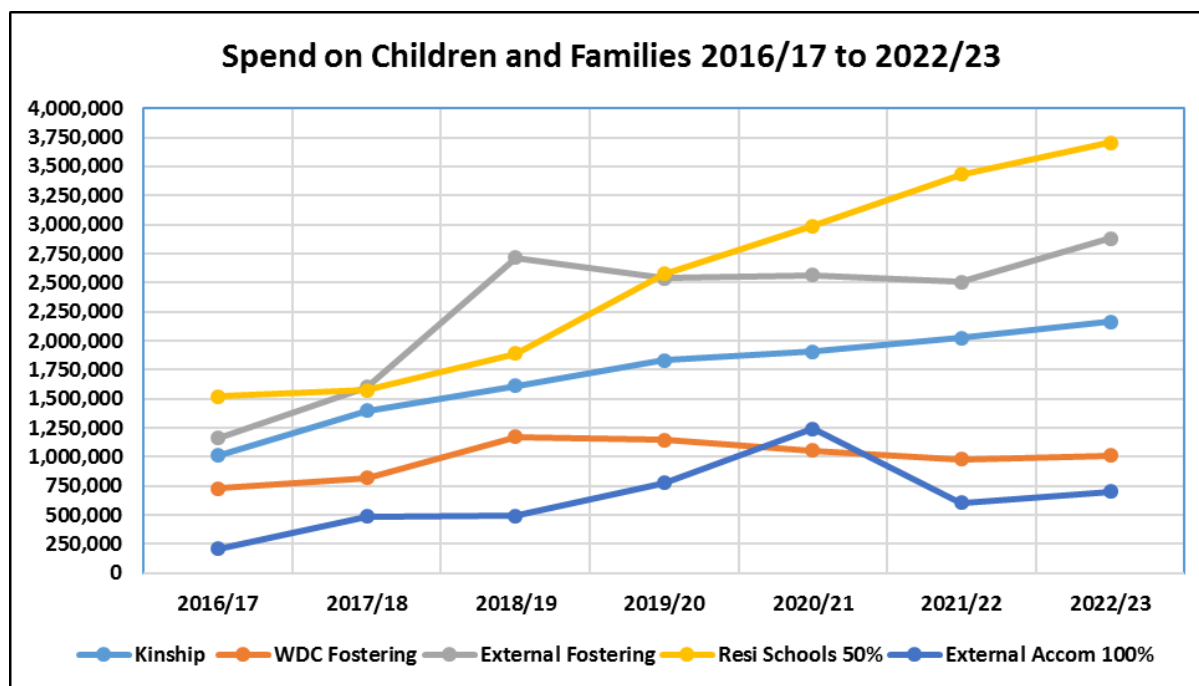


Table 1: Extract from WD HSCP 2022/23 Unaudited Accounts - Final Outturn against Budget 2022/23

West Dunbartonshire Integrated Joint Board	2022/23 Annual Budget	2022/23 Net Expenditure	2022/23 Underspend/ (Overspend)	2022/23 Reserves Adjustment	2022/23 Underspend/ (Overspend)
Consolidated Health & Social Care	£000	£000	£000	£000	£000
Older People, Health and CC	53,857	51,034	2,823	2,044	779
Physical Disability	3,584	3,242	342	0	342
Children and Families	29,553	30,529	(976)	250	(1,226)
Mental Health Services	12,578	12,086	492	445	47
Addictions	3,622	3,525	97	112	(15)
Learning Disabilities	19,784	20,487	(703)	6	(709)
Strategy, Planning and HI	2,210	1,623	587	121	466
Family Health Services (FHS)	31,226	31,224	2	0	2
GP Prescribing	19,937	21,001	(1,064)	(591)	(473)
Hosted Services - MSK Physio	7,394	7,623	(229)	(246)	18
Hosted Services - RS	860	846	14	14	0
Criminal Justice	0	45	(45)	(11)	(34)
Corporate and Other Services	6,907	7,421	(514)	(1,039)	525
Covid-19	(6,348)	2,863	(9,211)	(9,211)	0
IJB Operational Costs	377	377	0	0	0

Cost of Services Directly Managed by West Dunbartonshire HSCP	185,541	193,926	(8,385)	(8,107)	(278)
Set aside for delegated services provided in large hospitals	41,323	41,323	0	0	0
Assisted garden maintenance and Aids and Adaptions	562	562	0	0	0
Total Cost of Services to West Dunbartonshire HSCP	227,426	235,811	(8,385)	(8,107)	(278)

2022/23 Financial Position

1. The HSCP Audit and Performance Committee approved the draft 2022/23 Annual Accounts for submission to external audit on 20 June 2023. An extract from those accounts are provided below, and provide information on the scale of the integrated budget required to deliver on both health and social care services and the outturn position as at 31 March 2023.

The key explanations and analysis of budget performance against actual costs are provided in detail within the [draft](#) 2022/23 Annual Accounts.

Table: 2 Social Care Expenditure 2022/23

Social Care Net Expenditure	2022/23 Annual Budget	2022/23 Net Expenditure	2022/23 Underspend/(Overspend)	2022/23 Reserves Adjustment	2022/23 Underspend/(Overspend)
	£000's	£000's	£000's	£000's	£000's
Strategy Planning and Health Improvement	1,140	838	302	121	181
Residential Accommodation for Young People	3,105	2,995	110	(3)	113
Children's Community Placements	5,767	6,296	(529)	(53)	(476)
Children's Residential Schools	4,963	5,547	(584)	100	(684)
Childcare Operations	4,659	4,950	(291)	1	(292)
Other Services - Young People	4,143	4,079	64	(50)	114
Residential Accommodation for Older People	7,196	6,433	763	0	763
External Residential Accommodation for Elderly	9,006	8,304	702	336	366
Sheltered Housing	1,417	1,373	44	0	44
Day Centres Older People	1,211	1,010	201	0	201
Meals on Wheels	25	36	(11)	0	(11)
Community Alarms	21	111	(90)	0	(90)
Community Health Operations	2,932	2,746	186	0	186
Residential - Learning Disability	10,339	11,243	(904)	(30)	(874)
Physical Disability	2,401	2,043	358	0	358
Day Centres - Learning Disability	2,184	1,989	195	0	195
Criminal Justice	0	45	(45)	(11)	(34)

Mental Health	3,330	3,095	235	187	48
Care at Home	14,630	14,682	(52)	956	(1,008)
Addictions Services	878	1,362	(484)	(204)	(280)
Equipu	285	300	(15)	0	(15)
Frailty	141	13	128	0	128
Carers	1,564	1,059	505	506	(1)
Covid-19	(0)	8,302	(8,302)	(8,302)	(0)
HSCP - Corporate	1,838	1,132	706	333	373
Net Expenditure	83,175	89,983	(6,808)	(6,113)	(695)

2. The HSCP Board have an approved Reserves Policy which sets out the legal basis for holding reserves and the process of applying those reserves. It is recognised reserves are a key element in demonstrating financial stability in the medium to long term. The current policy strives to hold 2% of total budget in un-earmarked reserves, for 2022/23 this was approximately £3.9 million.
3. The HSCP Senior Management Team have undertaken a robust review of all earmarked. Approximately 50% of earmarked reserves are from the Scottish Government and given that conditions and outcomes are attached to them there is reduced scope to “free-up” a significant element. In addition the Scottish Government have made it a condition of funding that all current earmarked reserves must be exhausted before any 2023/24 funding will be released e.g. Primary Care Improvement, ADP and Mental Health Recovery and Renewal. There is potential flexibility within HSCP Board approved earmarked reserves, however further work requires to be undertaken by Heads of Service to determine whether other local HSCP priorities can be delivered in tandem with Scottish Government required outcomes.

Table 3: Extract from WD HSCP 2022/23 Unaudited Accounts – Movement in Reserves

Balance as at 31 March 2022 £000	Total Reserves	Transfers Out 2022/23 £000	Transfers In 2022/23 £000	Balance as at 31 March 2023 £000
	Scottish Govt. Policy Initiatives			
(9,213)	Covid	9,211	0	(2)
(2,392)	Primary Care	2,056	0	(336)
(4,595)	Adult and Older People Services	1,800	(3,789)	(6,584)
(568)	Children’s Services	493	(780)	(855)
(857)	Carers Funding	0	(506)	(1,363)
(1,780)	Other	685	(496)	(1,591)
	HSCP Initiatives			
(2,009)	Service Redesign & Transformation	259	(17)	(1,767)
(560)	Complex Care	0	(2,322)	(2,882)
(300)	Community Empowerment	0	0	(300)
(5,576)	Recovery / Renewal in Services	1,471	(664)	(4,769)
(568)	Other	140	(25)	(453)
	Prescribing			

(1,563)	Prescribing	591	0	(972)
(29,981)	Total Earmarked Reserves	16,706	(8,599)	(21,874)
(4,579)	Total Unearmarked Reserves	278	0	(4,301)
(34,560)	Total General Fund Reserves	16,984	(8,599)	(26,175)
	Overall Movement			8,385

4. The table below detail expenditure in relation to commissioned spend across Social Work services.

Table 4: Expenditure for commissioned spend across Social Care Services

Spend Category	Children and Families £000	Health and Community Care £000	Learning Disabilities, Mental Health and Addictions £000	Other £000	Total £000
Residential Care	5,325	14,098	3,137	0	22,559
Respite	261	200	551	220	1,232
Housing Support	1,511	1,352	11,793	0	14,656
Day Support	0	286	2,392	0	2,677
Nursing	0	0	675	0	675
Payments to other bodies	1,109	3,353	1,445	3,209	9,117
External fostering	2,726	0	0	0	2,726
Kinship payment	2,188	0	0	0	2,188
Fostering and Adoption	1,191	0	0	0	1,191
Payments to NHS	560	12	357	0	930
Direct payments	131	849	711	78	1,768
Total	15,002	20,150	21,061	3,507	59,720

3.1 Medium Term Financial Outlook

1. The HSCP Board approved the indicative 2023/24 Revenue Budget on the 15 March 2023. The identified budget gaps and actions taken to close these gaps, to present a balanced budget, took into account current levels of service, however it was recognised that the legacy impact of the COVID-19 pandemic are not fully quantifiable at this time.
2. The challenging financial landscape for all of our funding partners (i.e. the Scottish Government, WDC and NHSGGC) in relation to future service demands, global inflation, and Scottish Government policy commitments (e.g. Mental Health Recovery and the National Drugs Mission), protracted the annual budget setting exercise. This was exacerbated by confirmation of the revised allocation of children's residential placement budget and associated costs and ongoing discussions regarding the confirmation of funding for pay uplifts within Social Care and the requirement to pass through an appropriate share of funding received by West Dunbartonshire Council to the HSCP.

3. Both WDC and NHSGGC complied with the Scottish Government directives on funding to the HSCP Board for 2023/24. For WDC the direction was at least roll over of the 2022/23 recurring budget (i.e. flat cash) plus share of allocated funding for social care in relation to Scottish Living Wage and uprating of Free Personal Care. For NHSGGC the direction was a pass through of the same 2% uplift provided to health boards.
4. For health services, the 2% uplift was accepted, on the basis that pay and other inflation was set at 2%, excluding Prescribing budgets. Prescribing is hugely complex and during 2022/23 both the volume of drugs dispensed and the average cost per item have increased to above pre pandemic levels. Given these increases and the requirement to drawdown from earmarked reserves, to partially fund the 2022/23 prescribing overspend, an uplift of 5% was applied in 2023/24.
5. A flat cash allocation for social care services from West Dunbartonshire Council, in essence, required the HSCP Board to cover all inflationary pressures (circa £6.7m) for pay awards and commissioned services, national insurance uplifts and demographic pressure, from a combination of service efficiencies, approved savings options, baseline adjustments and application of earmarked reserves.
6. The HSCP Board needs to be as financially well placed as possible to plan for and deliver services in a difficult financial climate, whilst maintaining enough flexibility to adapt and invest where needed to redesign service delivery moving forward depending on the funding available in future years.

Workforce

4.0 Workforce and Service Impact

1. Children's social work services continues to operate in a context of increased demand and complexity as communities are impacted by the cost-of-living crisis. In addition, we remain in a position of much reduced staffing across the service, with ongoing challenges regarding the recruitment and retention of staff at all levels within the service.
2. Vacancies in the service have been on average around 40 %within locality teams where the majority of statutory functions are currently delivered. The vast majority of staff able to be recruited are newly qualified which overtimes has shifted the skill profile of the service workforce in social work with a significantly higher percentage of inexperienced staff.
3. Recruitment of agency staff has had mixed success, with other local authorities also completing for both substantive and agency staff across a range of roles. Staff vacancies in services is now being reported at CPC and updates provided to PPCOG. Staffing shortages are further reflected in strategic risk registers and recognition of the impact that this is having inevitably across the wider system. Strategies to mitigate and manage risk are in place and communication across partners stressing the need for a continued focus on GIRFEC practice and principles has been issues.
4. This context has undoubtedly impacted on the continuity of service delivery for children and their families, where changes in staff have led to uncertainty and inconsistency for children, young people and their families, and for other professionals, while remaining staff have worked hard to maintain statutory functions. Unfortunately, the cumulative impact has meant a significant number of children and their families not having a single identified lead professional within social work services.

4.1 Adult services

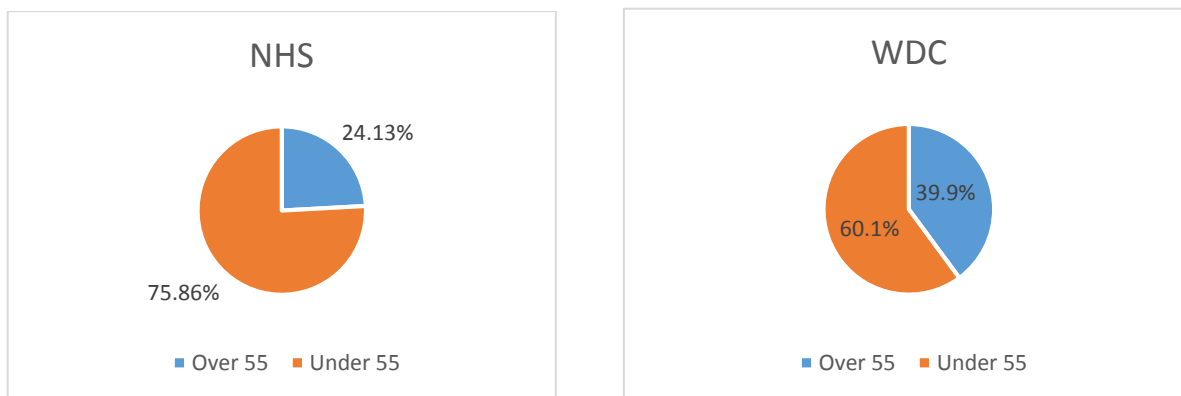
1. There have been a number of changes to the WDC MHO workforce over the last 12 months, with a number experienced staff leaving, either due to retiring or to take up posts in other local authorities and, in the case of one MHO, with an agency.
2. Recruitment to the vacant posts has been a challenge. One full-time post was filled by an MHO who had previously been working in the dual SW/MHO role within Justice Services. Whilst she brought with her a wealth of experience, her move has meant there are now no dual-role MHOs within WDC currently. This has resulted in MHO skills and knowledge being concentrated within the core team and whilst efforts are made to engage with other teams who would benefit from having regular MHO input (such as the Learning Disability and Hospital Discharge teams), there remains a need for dual-role MHOs to be in post within other teams.
3. Of note, the other 1.5 vacancies in the team have not been filled on a permanent basis, despite the posts being advertised on several occasions as no suitably qualified candidates have applied. The full time post is currently being filled by an agency worker with the part-time post being filled on a temporary basis by a returning ex-employee of the council.
4. The experience of West Dunbartonshire is similar to the overall picture nationally, with other local authorities reporting difficulties filling posts and losing experienced MHOs to agencies. Given these challenges, the focus of the MHO service over the next few years will be on training more MHOs from within the existing WDC social work workforce and encouraging those who no longer undertake MHO duties back into practice. There is currently one trainee MHO one returning MHO undertaking the course, with them both being expected to start practicing in the summer of 2024.
5. A proposal for a dedicated MHO service Resource Worker has also been drawn up. Having a skilled, knowledgeable, and reliable Resource Officer as part of the team would lead to improvements in data reporting, service response, quality assurance and information management. They would support the Senior Social Worker in reviewing the effectiveness of existing processes and procedures, provide assistance to individual MHOs by following up on matters such as the completion of AWI medicals and the arranging of court dates, and would be able to provide the Senior Management Team with up-to-date data relating to the use of legislation and the associated timescales, both on an individual and a service-wide level.
6. Additional funding from Government to Chief social work officers in 2022 to promote service delivery within adult services has been identified to develop a Principle Lead Officer for Social work and depute CSWO, and an adult services reviewing team to support quality assurance and scrutiny of quality of care and support for adults and older people. The posts have not as yet been released for advert and are being considered by the Chief Executive though the SSRG process for all posts where all posts are considered.
7. In this section I will provide an overview of the Social work and Care workforce and considerations for workforce demand, outlining the gap between where we are now and where we need to be. Highlighted through this report are the significant issues of staffing availability and recruitment

which has had an impact in nearly all areas of service delivery. As West Dunbartonshire HSCP experiences, and plans for, change, a number of resources and programmes are being developed to support our workforce through change. Whilst the effects change are acknowledged, there are levels of challenge due to a shortage of available workers for some sectors which is resulting in higher than normal level of vacancies. Never has there been a greater need for workforce planning and development to be supported to ensure the continuity of a skilled and committed workforce to deliver high quality services for the future. The National Workforce Strategy for Health and Social Care in Scotland states 'Our workforce is at the heart of delivering Health and Social Care services to the people of Scotland'. The strategy recognises the need to increase and upskill the workforce alongside supporting retention.

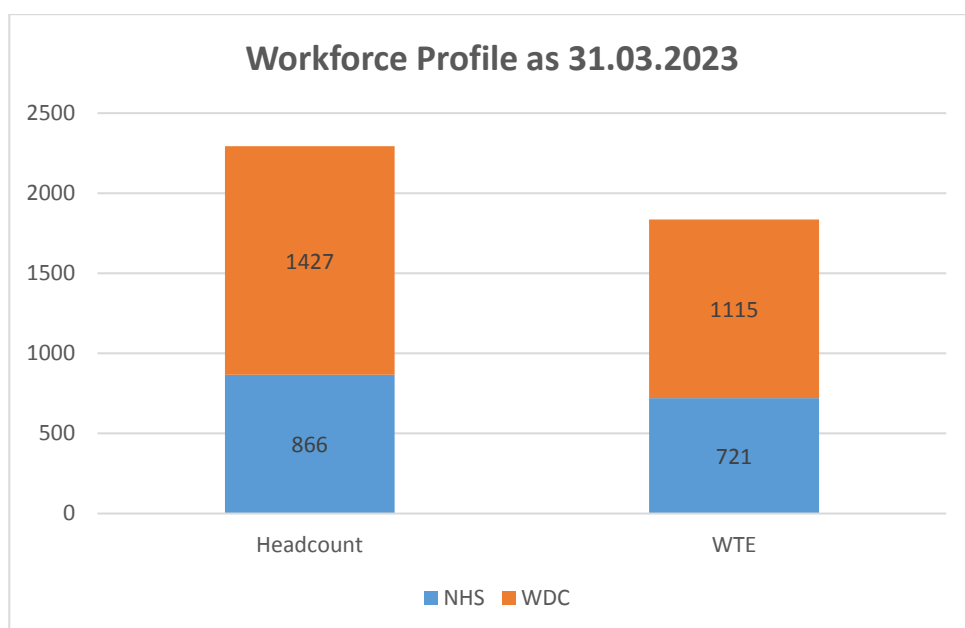
8. West Dunbartonshire HSCP has developed a three year workforce plan, over the next 3 years (mainly the next 12 months) to plan, attract, train, employ and nurture staff to help us to deliver the future workforce. As might be expected West Dunbartonshire HSCP are looking to grow and retain our workforce in the next 3 years. Recruitment and retention is a main focus of actions to help us deliver both our Workforce Plan but also encourage employability and extending the number and type of training opportunities available. Significant areas of work include how we supplement our existing workforce and how we look at supporting and developing our workforce.
9. Throughout 2022-2023 retention of staff is being supported with the development of post qualifying Social Work qualification delivered by the Open University. A number of staff are now actively engaged in post graduate social work programmes following a selection and interview process, involving as part of the panel care experienced or individuals with lived experience of service. Both the training programmes and placement provision are being supported by the wider HSCP.

Table 3
Workforce Split

Age Band	NHS	WDC	Total
<20	1	7	8
20-24	10	41	51
25-29	74	73	147
30-34	107	122	229
35-39	113	121	234
40-44	109	146	255
45-49	107	152	259
50-54	136	195	331
55-59	115	260	375
60-64	71	221	292
65+	23	89	112
TOTAL	866	1427	2293

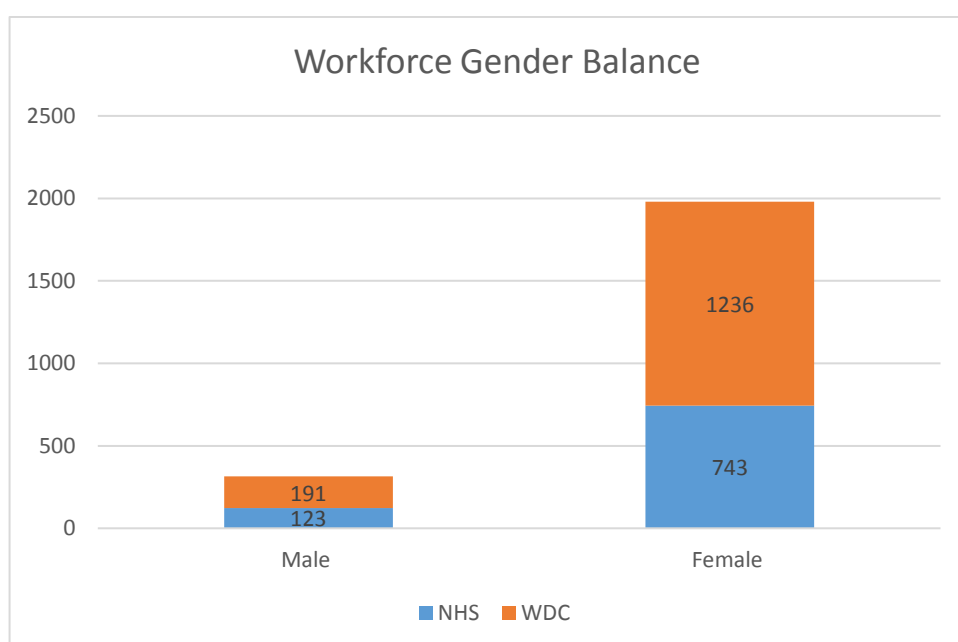


10. The age profile for NHS workforce in West Dunbartonshire HSCP indicates that there is almost an even split of the workforce under the age of 45 and over the age of 45. The picture is slightly different across WDC workforce, which indicates the majority of the workforce are over the age of 45. Whilst this does not present an immediate retirement risk, we do need to be mindful of the importance of succession planning and maintaining health and wellbeing.
11. As our workforce gets older, and we continue to rely on them, we will need to put in place policies and strategies to enable experienced workers to remain in the workforce, while maintaining their health and wellbeing. We will also have to put in place succession planning for their eventual replacements.
12. Around a third of the NHS workforce (24%) are aged 55 years and over. This presents risk of retirement of a sizeable proportion of the workforce within the next 5 to 10 years. There is a significantly higher risk with WDC workforce as almost 40% of the workforce, is aged 55 or over. The chart below shows the split of the workforce over 55 and those under 55.
13. As an employer we must recognise this, and be ready to put in place reasonable adjustments to allow colleagues to support the workforce do their role as well as when someone does have for example a long term condition, using various forms of flexible working (for example: home working, job sharing, shift working, part time working) to assist with work life balance.



4.2 Workforce Gender Balance

- As can be seen below West Dunbartonshire HSPC has a greater proportion of female workers than male workers and whilst this is not untypical within the caring profession, the HSCP does need to consider how we encourage greater inclusion within professions as part of recruitment campaigns.



4.3 Staff Turnover

- Between April 2022 and March 2023, 298 people left West Dunbartonshire HSCP. The annual turnover rate for WDC staff within the HSCP was 13.9% and for the NHS was 11.3%. This represents a reduced turnover rate compared to the same period in the previous reporting year.

The workforce may have been less willing to leave the security of their posts or actively pursue retirement.

2. To take account of the ageing patient population, as well as the workforce, both NHS Greater Glasgow and Clyde, and West Dunbartonshire Council are exploring new ways of working and new recruitment and retention strategies, as well as having a continued focus on how we support the health and wellbeing of our workforce. It is forecast that our workforce will want to work for longer.

4.4 Creating the Conditions – Measuring Effectiveness

1. The promotion of the iMatter programme continues, with a focus on action planning and team discussions with staff. This is a national staff experience continuous improvement model used locally. Our iMatter Lead supported a local focus of these principles, as well as promoting local ownership of the process and understanding of manager and team responsibilities. Within West Dunbartonshire HSCP, there is a continued emphasis on the importance of action planning; highlighted below is a comparison of results from 2021, 2022 and 2023 which demonstrates that staff feel they are cared about, are treated with dignity and respect and are appreciated:

iMatter Survey Results 2021 – 2023 (Weighted Index Value)			
iMatter Question	2021	2022	2023
I feel my direct line manager cares about my health & wellbeing	84	87	86
I feel my organisation cares about my health & wellbeing	71	73	73
I am treated with dignity and respect as an individual	83	85	86
My work gives me a sense of achievement	80	82	83
I get the help and support I need from other teams and services within the organisation to do my job	69	70	71
I feel appreciated for the work I do	71	75	77
I would recommend my organisation as a good place to work	74	75	75

4.5 Workforce Development, Learning and Collaboration

1. The West Dunbartonshire Adversity, Trauma and Resilience Programme aims to prevent childhood adversity and trauma and to mitigate the effects across an individual's life course where it has already occurred. A key component is to develop a trauma-informed West Dunbartonshire through supporting workforce development across public and third sector organisations, in line with the [National Trauma Training Programme](#) and the West Dunbartonshire Council commitment to support the [Wave Trust's 70/30 campaign](#) to reduce child abuse, neglect and other adverse childhood experiences (ACEs) by at least 70% by the year 2030 which the Council reconfirmed its original 2021 commitment to in 2023. The programme is coordinated by the local Trauma Champion and seeks to cover the **five drivers** of change of **trauma-informed systems** of;

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

2. Via Trauma Training plans including Resilience Film viewings to support the development of a trauma-informed workforce supported by the Resilience Hub community of practice which now has over 500 members. The Resilience Hub held one online meeting in 2022/23 themed on 'Developing your Trauma-informed Practice' and 58 people participated. It showcased the range of free training resources available from the National Trauma Training Programme as well as how some local teams within Education and Blairvadach had put into practice.
3. Joint work with the NHSGGC Transforming Psychological Trauma Implementation Coordinator (TPTIC) included focused leadership work with leaders working in Children's Health Care and Justice with 40 leaders attending the [national Scottish Trauma-informed Leadership Training \(STILT\)](#). A training needs analysis was also carried out for Children's Health Care and Justice workforce exploring awareness and attitudes to psychological trauma and trauma-informed practice based on the national [National Trauma Training Programme: workforce survey 2021](#) to allow a learning and development plan to be developed. Staff working in the Older Adults Mental Health Team have completed the Opening Doors Learning Session on Trauma Informed practice to support planning for trauma informed change.
4. All staff working in children's houses have accessed training in the Dyadic Developmental Psychotherapy (DDP) approach. This approach encourages working with young people and their family and or other key people involved in their care. It raises awareness of trauma and its impact on young people's development and how this might affect their behaviour and supports staff to interact and talk with young people with this informed approach. It highlights use of a PACE approach in interactions i.e. to be Playful, (to allow us to attune and match young people's mood and emotions), Appreciative, (of the young person's point of view and what they are telling us about how they feel), Curious (to wonder why a young person feels the way they do, or wonder what their behaviour is really telling us) and finally to be Empathetic (to really try to understand how young people are feeling). To support this over a hundred staff across WDC Education including Educational Psychology, and HSCP Children's Social work have accessed a level 1 DDP learning opportunity. Managers have also accessed training in how to bring these approaches to supervision.

4.6 Adverse Childhood Experiences (ACEs)

1. The West Dunbartonshire Adverse Childhood Experiences (ACEs) Programme continues to address childhood adversity and trauma across the life course. The Programme supports workforce development and development of a Nurtured Strategy.
2. The Resilience documentary about Adverse Childhood Experiences (ACEs) continues to be an additional popular resource to increase ACEs awareness. One online viewing was held in 2022/23 as part of West Dunbartonshire world [kindness day activities](#) with 58 people attending. Knowledge and understanding of ACES increased from 2.84 to 3.84 out of five after viewing the film and taking part in a discussion.

Below captures a representation of the feedback received from the activity:

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

3. In addition two face to face viewings were held in 2022/23; One in partnership with the West Dunbartonshire [Clydesider](#) community media social enterprise co-ordinated Community Response

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

Network to build capacity and understanding of trauma with a range of third sector organisations and building on the message in the film that:

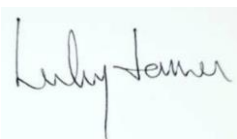
4. Feedback was positive with organisations requesting more viewings for this group. To continue to build connections with the Promise a focused viewing for foster carers kinship carers and adoptive parents was held in March 2023. Feedback was positive as below with a similar request for more viewings across West Dunbartonshire:
5. This brings the total number of people within West Dunbartonshire who have viewed the film to approximately 1,280.
Work has been undertaken to refine a local evaluation framework based on the draft Improvement Service [Creating Trauma Informed Change: What, Why and How A Quality Improvement Framework for Trauma-Informed Organisations, Systems and Workforces in Scotland](#) to develop the understanding of the impact of this work and this will continue in 2023/24 once the revised framework is available nationally.

4.7 Child Protection National Guidance Scotland 2021

1. National Guidance for Child Protection in Scotland was published in 2021. The Guidance integrates child protection within the Getting it right for every child (GIRFEC) continuum and wider strategic landscape, including incorporation of the United Nations Convention on the Rights of the Child (UNCRC) and The Promise.
2. It sets out responsibilities and expectations of everyone who works with children, young people and their families in Scotland and describes how agencies should work together to protect children from abuse, neglect, exploitation and violence.
3. The Guidance builds on evidence and well established single and multi-agency practice, however, there are key changes of note: Integration of the previously separate Child Protection Guidance for Health Professionals (2013) – the “Pink Book”, underlining the multi-agency nature of child protection; 4. Further clarification of the role, function and contribution of Health Boards, professionals, designated staff and services for child protection to support discharging their responsibilities safely, both individually and collectively; 5. A ‘child’ defined as being a child or young person up to the age of 18 years, where appropriate, in line with UNCRC. The legal situation with regard to young people aged 16 and 17 years is summarised;
4. The criticality of multi-agency collaboration and Interagency Referral Discussions (IRDs) is outlined where there is risk of significant harm; and the importance of continuity and consistency across organisational and sector boundaries is emphasised. Implementation is across 2 years, commencing September 2021;
5. There is an incentive within the Guidance to share best practice and procedures across Scotland, albeit recognising that individual regions and authorities currently have some variation. West of Scotland Child Protection procedures already exist (aligned with the 2014 Guidance) and although

they are in place in West Dunbartonshire, they are no longer universally used across the West of Scotland consortium, partly due to having lost their online platform and partly because they now require a significant refresh. At the West of Scotland Chairs and Lead officers meeting in December 2021, it was concluded that the majority of areas no longer wished to progress with a refresh of the West of Scotland procedures. West Dunbartonshire CPC agreed in March 2022 that until the 2021 Guidance is implemented, Partners will continue to follow the West of Scotland procedures.

6. West Dunbartonshire has been part of a smaller group of West of Scotland CPCs to commission an individual to update all multi-agency child protection policies/procedures/ protocols. This has now been concluded and further localisation of procedures is being concluded by the lead officer and will be available early 2024 to support continued implementation and training.
7. As the workforce further adapts it is important that the required collaboration, support and 'good conversations' are taking place to support staff wellbeing as well as provide effective leadership. Embedding career development conversations into workforce discussions is essential. Creating those conditions for employment opportunities, career changes and learning for our workforce is essential. The continued developing of a social work learning & development framework for the social work workforce through supporting trainees and qualified social workers to fulfil their roles being at the forefront.
Continuing to invest in the delivery of trauma informed approaches through the roll out of a trauma informed training plan, and the development of management capacity among the workforce to support succession planning and career development through Leadership Programmes alongside mentoring and development opportunities is a key objective.
8. A Chief Social Work Officer I am committed to emphasising the importance of supporting the workforce and colleagues during day to day work activities but also during difficult times. As a leader of social work services, promoting and maintaining a healthy workplace and providing support for our people, which maximises their health and wellbeing is a shared goal. The workforce priorities are clear to support and drive forward our local recruitment and retention agenda and providing support and capacity to our workforce in progressing the growth and transformation of social care in Scotland that is fit for the future.
9. The challenges are national and local authorities need to be supported to deliver and build into the system workforce capacity, both I commissioned services and recruitment to social work and social care in to deliver the high quality services regardless of the organisational alignment going forward.



Lesley James
Head of Children's Health Care & Justice
Chief Social Work Officer
31/10/2023

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD**Report by Gillian Gall, Head of HR****20 February 2024**

Subject: Workforce Plan 2022–2025 Progress Report**1. Purpose**

- 1.1** The West Dunbartonshire HSCP Workforce Plan (2022 – 2025) was approved in November 2022. The associated Action Plan was developed with actions covering the term of the plan. This report presents the HSCP Action Plan update for year 1 (to December 2023) and provides an update on progress.

2. Recommendations

- 2.1** Members are asked to note the content of the report, and approve the 2024 – 2025 action plan, in particular the progress on actions completed in year 1 and the planned actions/priorities for 2024 – 2025 (Appendix 1).

3. Background

- 3.1** The Integration Scheme, through the Chief Officer, commits to the development of Workforce Plan, taking account of existing workforce development policies and procedures of both Parties.
- 3.2** On the 15th November 2022, the HSCP Partnership Board received and approved a three Year Workforce Plan. This set out the challenges and opportunities facing the health and social care workforce in West Dunbartonshire. This plan provides an overview of the predicted workforce planning challenges during the period to March 2025 and a description of the activity being undertaken to mitigate the challenges. The plan also sets out actions across the five Scottish Government pillars of workforce planning; (i) Plan; (ii) Attract; (iii) Employ; (iv) Train; (v) Nurture.
- 3.3** On 31 May 2023, the Scottish Government issued a letter to Health Boards and HSCPs requesting a progress update on the delivery of the Health Board and HSCP Workforce Plans, to be incorporated into each Health Board's Annual Delivery Plan. For NHSGGC this was done at a summary level to reflect the complexity of planning arrangements across the six HSCPs and Board.
- 3.4** This paper provides an update to the Partnership Board on delivery of the Plan, reflecting on progress made in delivering Year 1 actions, and confirmation of priority actions to be commenced in 2024/2025.

4. Main Issues

- 4.1** West Dunbartonshire has had the benefit of a strong local track record for joined-up workforce planning across health and social care services, coupled with a clear commitment to the principles of staff governance: i.e. that staff should be well informed; appropriately trained and developed; involved in decisions which affect them; treated fairly and consistently; and provided with an improved and safe working environment promoting the health and wellbeing of staff, patients/clients and the wider community.
- 4.2** The action plan has been developed to support the delivery of the overall Workforce Plan. An update on all actions which commenced in year 1 are covered in Appendix 1. In total, there were 22 overall actions created within the plan. In year 1, 8 actions were completed with 14 actions ongoing, and carried forward into 2024/2025.

5. Options Appraisal

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

6. People Implications

- 6.1** The Health and Social Care Partnership is committed to effective, integrated workforce planning across both health and social care services. We are committed to working in partnership and involving our Trades Union colleagues. There are implications across all workforce groups with regard to ensuring all of the workforce are appropriately trained, involved and engaged.
- 6.2** Effective workforce planning ensures that services and organisations have the necessary information, capability, capacity and skills to plan for current and future workforce requirements. This means planning a sustainable workforce of the right size, with the right skills and competences, which is responsive to health and social care demand and ensures effective and efficient service delivery across a broad range of services and locations.

7. Financial and Procurement Implications

- 7.1** The HSCP budget has elements of funding that can be aligned to this plan, coupled with an element of earmarked reserves previously approved by the HSCP Board to support training and wellbeing. The partner bodies, as the employers of health and care staff, provide a range of workforce support. Any further financial implications associated with this plan will be subject to assessment, scrutiny and approvals. Although the plan sets out the predicted increase in demand for the services we provide, it has not been possible to predict skill mix of the workforce that will be required.
- 7.2** The plan has been developed with an understanding of the financial environment that both partner bodies and HSCP services are operating – both

currently and anticipated in the future. It will be used to inform the wider financial planning activities for the HSCP.

8. Risk Analysis

- 8.1** Risks and issues arising from delivery of the Workforce Plan, and associated workforce issues, are captured within the HSCP Partnership Board risk register.

9. Equalities Impact Assessment (EIA)

- 9.1** This report does not materially change the implementation of the Plan. The Equality Act 2010 is relevant to many of the actions contained within this report, particularly workforce matters.

10. Environmental Sustainability

- 10.1** Not applicable.

11. Consultation

- 11.1** The action plan has been reviewed to reflect progress and challenges around changing demographics and budget position during 2022/2023.
- 11.2** The HSCP Senior Management Team, Monitoring Solicitor, Chief Officer – People & Technology and Internal Audit have all been consulted in the production of this report.
- 11.3** Alongside the Joint Staff Forum will continue to be updated and informed about the supporting action plan. The HSCP workforce planning group will continue to meet and review and update progress.

12. Strategic Assessment

- 12.1** The implementation of the planned actions and priorities will support the overall delivery of the Strategic Plan.

13. Directions

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

Name: Gillian Gall
Designation: Head of HR
West Dunbartonshire Heath and Social Care Partnership
Date: 16 January 2024

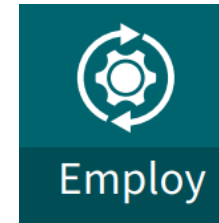
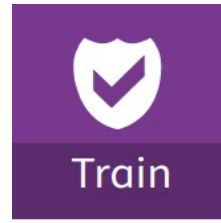
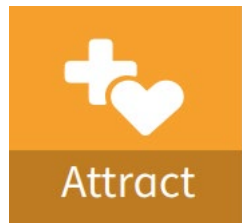
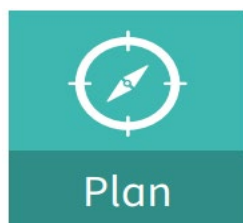
Person to Contact: Gillian Gall
Head of HR

E-mail: West Dunbartonshire Health and Social Care Partnership
Gillian.gall22@ggc.scot.nhs.uk

Appendices:

Appendix 1: Action Plan and Planned Actions

Background Papers: HSCP Workforce Plan [HSCP WP 2022-2025](#)

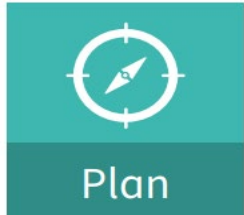


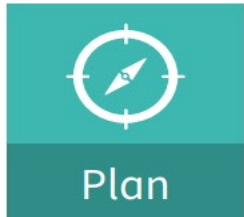
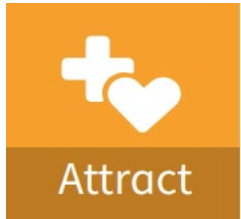
Appendix 1

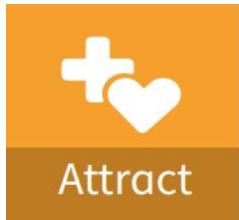
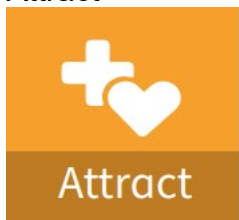
Action Plan Progress Report

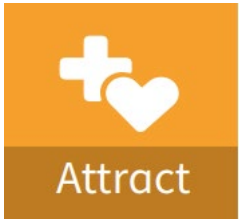
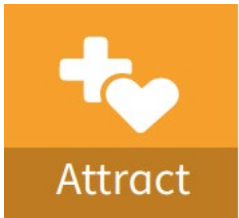
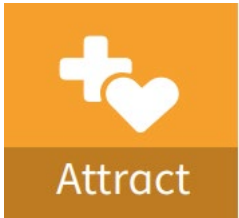

This is not an exhaustive list of all of the workforce and organisational development activities that have been undertaken across and within service areas, but rather key actions of particular relevance to the delivery of the Workforce Plan. These actions address issues regarding the workforce where improvements are required or where planning is required to manage particular issues. The HSCP has drawn upon expertise and a combination of support from the Human Resource, Learning and Organisational Development functions of both the Council and the Health Board to deliver as much joint activity as possible, as well as activities which are delivered directly by specialist expertise from service areas.



The following is an update on progress for Year 1, along with a refreshed actions for 2024/2025.





Primary Pillar	Action	Lead	Update on Progress	Priorities for 24/25
Plan 	Submission of Draft Workforce Plan to IJB	Head of HR	Achieved target, formally published in November 2022. COMPLETE	Continue to deliver and implement. Continued investment in workforce planning to support future service planning. Support readiness for the implementation of the Health and Care Staffing (Scotland) Act 2019.

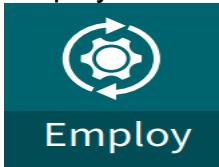



<p>Plan</p> 	Develop Strategic Plan	Head of Strategy and Transformation	<p>The HSCP Board approved the Strategic Plan 2023 – 2026 in March 2023.</p> <p>COMPLETE</p>	<p>The new delivery plan accompanying the strategic plan sets out four strategic outcomes - caring communities, safe and thriving communities, equal communities and healthy communities. Alongside the associated National Health and Wellbeing Outcomes. Annual Performance Reporting on the progress made on implementation of these outcomes, alongside associated National Health and Wellbeing Outcomes will continue.</p>
<p>Attract</p> 	Form working group to consider recruitment and retention issues	Head of HR	<p>Work has begun with the development of a Recruitment and Retention Group. The group have prioritised talent pathways particular to Homecare, Residential Care, Social Work and Mental Health Nursing.</p> <p>COMPLETE</p>	<p>Ongoing promotion of career pathways across all roles within the HSCP. Together with accessibility to the variety of entry routes to career pathways.</p>



<p>Attract</p> 	<p>Develop existing links to schools, and other educational establishments</p>	<p>Head of HR</p>	<p>Links with partners such as Colleges, OU, University of WS, to explore opportunities for placements, modern apprentices.</p>	<p>Embed career development for members of the workforce who want to support young people who are care experienced.</p> <p>Strengthen relationships with Further and Higher Education institutions to develop training opportunities.</p> <p>Work alongside Working 4 U colleagues to raise awareness of the wide range of health and social care careers.</p>
<p>Attract</p> 	<p>Develop young person's engagement plan to consider modern apprentice, kickstart etc</p>	<p>Head of HR</p>	<p>Engages with local communities to promote employment within the HSCP, in order to try to help to address gap analysis.</p>	<p>Promote opportunities offered by modern apprenticeships.</p> <p>Maximise use of modern apprenticeship frameworks. Providing careers information for young people, in support of informing subject choices to become future members of the workforce.</p> <p>Promoting and enhancing pathways into Modern Apprenticeships. Increasing the number of opportunities and strengthening pipeline from local communities.</p>


<p>Attract</p> 	<p>Identify difficult to fill posts and work collegiately with NHS GG&C and other HSCP's to consider wider approach to recruitment</p>	<p>Head of HR</p>	<p>Developing an effective system to predict and identify local, regional and national gaps in workforce. Focusing on predictions of future capacity, capability and pressure to assess the options of alternative placement models.</p>	<p>Work is being undertaken in collaboration with Council colleagues. Series of meetings have taken place with future meetings scheduled.</p> <p>Output from national task groups around pilot recruitment campaigns to support key hard to fill roles.</p>
<p>Attract</p> 	<p>Continue to recruitment to Care at Home vacancies</p>	<p>Care Home Management Team</p>	<p>Business-as-usual activity of rolling advert for Care at Home vacancies. Remaining challenge to sufficiently fill vacancies and meet service demand.</p> <p>COMPLETE</p>	<p>Carry forward action into 2024/2025. Approach to consider scope for revisiting Care Academy.</p>
<p>Attract</p> 	<p>Recruitment to 4.8 WTE School Nurse posts by the end of 2023</p>	<p>School Nursing Management Team</p>	<p>Posts have been recruited and relevant training accessed, due to be completed January 2025.</p> <p>COMPLETE</p>	<p>Transition two newly qualified school nurses in 2024/2025.</p>
<p>Train</p> 	<p>Explore development of Health and Social Care Training Passport</p>	<p>Head of HR</p>	<p>Incomplete actions carried over to year 2.</p>	<p>Update training landscape and accessibility to support workforce training and development.</p>

				Succession Planning supported as part of Personal Development Discussions. Encourage leadership and management development activities to support Career Development to build capacity and capability.
Train 	Ensure all staff complete statutory and mandatory training within timescales	All Heads of Service	Monitored closely via employers systems and reminders processed accordingly. Both L&D teams provide ongoing training reports for HSCP workforce to meet registration and statutory purposes. For example Adult Support & Child Protection, Moving and Handling, Information Governance, Infection Control. COMPLETE	Ensure all workforce are up to date with statutory and mandatory/ induction training in line with employer and professional requirements.
Train 	Develop cross service shadowing programme	Head of HR All Heads of Service	Incomplete action carried forward in to Year 2.	Progress programme to offer development linked to recruitment and progression.

<p>Train</p> 	<p>Introduce digital champions within the partnership to encourage and demonstrate new digital ways of working</p>	<p>Head of HR Head of Strategy and Transformation</p>	<p>Work is underway to develop a Health Visiting information App.</p> <p>Nominated C&F lead representing and contributing to the new innovation.</p>	<p>The growth in the use of digital technology in the delivery of both health and care services has accelerated significantly in recent years. Plan for the ability to meet the increased demands of a growing reliance on digital enabled care.</p>
<p>Train</p> 	<p>Development of a digital roadmap to ensure staff are digitally enabled to adapt to new digital ways of working and technologies</p>	<p>Head of Strategy and Transformation</p>	<p>Recruitment progress to appoint Digital Business Lead.</p> <p>COMPLETE</p>	<p>Development of HSCP Digital Strategy and supporting delivery plan.</p>
<p>Train</p> 	<p>Ensure staff are appropriately trained to promote self-management to individuals that they work with</p>	<p>All Heads of Service</p>	<p>Opportunities to be appropriately trained published and encouraged.</p> <p>COMPLETE</p>	<p>Continue to deliver appropriate and responsive levels of training. Enabling core and mandatory training.</p> <p>Drive forward the implementation of Trauma Informed Practice and support our workforce through the National Trauma Training Programme.</p>
<p>Train</p> 	<p>Development of I.T guidance to support and encourage the use of technology for all staff in particular staff working in the community</p>	<p>Head of HR, ICT, Heads of Service</p>	<p>Staff are encourage to engage with the digital teams within the HSCPs two employing bodies and embrace relevant training and development opportunities.</p>	<p>The actions contained in the workforce plan will be delivered under HSCP Digital Strategy.</p>

<p>Employ</p> 	<p>Develop Plan for services to “Grow our own” to meet our future workforce needs</p>	<p>Head of HR All Heads of Service</p>	<p>Development of a bespoke programme for “Growing our Own” Trainee Social Workers, carried over into Year 2.</p>	<p>Development of the Pilot model for Trainee Social Worker programme through Test of Change model.</p>
<p>Employ</p> 	<p>Recognise and celebrate achievement of staff and partners</p>	<p>All Heads of Service</p>	<p>Staff and partners achievements are celebrated through the HSCP Staff Excellence Awards.</p>	<p>The HSCP will continue to encourage local teams to celebrate their successes through the iMatter cycle and also through nominations to the awards cycles.</p>
<p>Employ</p> 	<p>Promote the culture and environment of the dimensions of the Fair Work Framework</p>	<p>Head of HR All Heads of Service</p>	<p>Continued to reflect the commitment to fair work through Council employed social care staff and staff in commissioned services.</p>	<p>Enhance the attractiveness for health and social care roles. Dedicated vision for the health and social care workforce to provide a sustainable, skilled workforce, with attractive career choices and fair work, where all are respected, valued and appropriately remunerated for the work they do.</p>
<p>Employ</p> 	<p>Increase approachability, visibility and engagement with leadership and management e.g. Chief Officer road show</p>	<p>Head of HR Chief Officer</p>	<p>A range of engagement approaches continue to be used to update staff including Chief Officer updates, Extended SMT meetings and the Leadership Network and wider cascading of key messages.</p>	<p>Ensure effective engagement and collaboration occurs with staff and trade union colleagues.</p> <p>Staff engagement underpins a healthy organisational culture and overall staff experience. Support the capability of our workforce to engage in the</p>

				transformation and quality improvement priorities, whilst recognising the challenges on current workforce and service pressures.
Employ 	Use iMatter results to develop service specific and meaningful action plans	Heads of Service	The emphasis on the importance of action planning and team stories continued in 2023, with the aim of gathering and sharing the continuous improvement journey of teams across the HSCP.	The promotion of the iMatter programme will continue, with a focus on action planning and team discussions with staff.
Nurture 	Develop Post Pandemic Health and Wellbeing Plan	Head of HR	<p>Employees provided with information, advice, awareness and self-help techniques through the Occupational Health and various information sharing platforms.</p> <p>Increased awareness around accessibility to the workforce on a variety of supports including, suicide prevention, financial wellbeing and physical activity.</p>	Continue to prioritise the health and wellbeing of staff through the provision of local, regional and national support.

			<p>A range of actions have been ongoing to provide staff with access to health and wellbeing resources and continue to be promoted and encouraged alongside partner organisations.</p> <p>Access to mental health first aid awareness and increased support for colleagues with mental health issues by continuing with Mental Health First Aid Training.</p> <p>The NHSGGC Mental Health Training timetable is shared via the Health Improvement team across West Dunbartonshire.</p>	
<p>Nurture</p>  <p>Nurture</p>	<p>Improve staff's health, mental health & support well-being via health & well-being programme</p>	<p>Head of HR</p>	<p>Promote the health and wellbeing of staff through the provision of local, regional and national support.</p> <p>COMPLETE</p>	<p>Continual updates or refreshed accessible resources communicated on digital platforms.</p> <p>Establish programme of promotional days across the year, with a focus on wellbeing.</p>

			Offerings accessible through the national wellbeing hub, employee assistance routes and through local networks which are free and can be utilised.	
--	--	--	--	--

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

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

20 February 2024

Subject: Climate Change Report 2022/23

1. Purpose

- 1.1 To present the HSCP Board with an update on the Climate Change Report prepared on its behalf in accordance with the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.

2. Recommendations

The HSCP Board is asked to:

- 2.1 Homologate the decision of officers to submit this nil return to the Scottish Government in advance of the 30 November 2023 deadline; and
- 2.2 Agree that given this is a nil return delegate the responsibility for approval and submission of the return to the Head of Strategy and Transformation, on the proviso that there is recourse to the HSCP Board should there be any future significant change to the content of the submission.

3. Background

- 3.1 The Climate Change (Duties of Public Bodies: Reporting Requirements)(Scotland) Order 2015, came into force in November 2015, requiring all public bodies classed as 'major players' to submit a climate change report to the Scottish Government using a standardised online template by 30 November.

- 3.2 (IJBs) appear on schedule 1 within the Order as 'An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c)'.

In order to comply with the duty to prepare a Climate Change Report, the Head of Strategy and Transformation has prepared a Climate Change Report 2022/23 and requests that the Board homologate the decision of Officers to submit this return to the Scottish Government by the deadline of 30 November 2023.

4. Main Issues

- 4.1 Following dialogue with Scottish Government, Health Facilities Scotland and the Sustainable Scotland Network (SSN) involving the six HSCPs in the Greater Glasgow and Clyde area it has become clear that due to the nature of

IJBs – and specifically the fact that they are not directly responsible for staff or capital estates, and locally do not directly procure services – very few areas of the standardised template are directly relevant to IJBs. HSCP contributions to the requirements of the Order will properly be captured within the distinct reports that the NHS Health Board and the Council are separately obliged to submit. It has also been accepted that a degree of proportionality should be applied to the completion of the reports. The content of the submitted IJB return consequently reflects this.

5. Options Appraisal

5.1 Not Required

6. People Implications

6.1 None

7. Financial and Procurement Implications

7.1 None

8. Risk Analysis

8.1 The submission of a Climate Change Report is a statutory obligation for the HSCP Board as per the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.

9. Equalities Impact Assessment (EIA)

9.1 None

10. Environmental Sustainability

10.1 Not Required

11. Consultation

11.1 None Required

12. Strategic Assessment

12.1 The submission of a Climate Change Report supports the commitment of the Partnership Board to good governance and transparent public reporting.

13. Directions

13.1 None required

Name: Margaret Jane Cardno

Designation: Head of Strategy and Transformation
Date: 12 January 2024

Person to Contact: Margaret Jane Cardno, Head of Strategy and Transformation
E-mail: Margaret-Jane.Cardno@west-dunbarton.gov.uk

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

Meeting: Monthly Meeting of Joint Staff Forum

Date: Thursday 26th October 2023, 2 p.m.

Venue: Burgh Meeting Room, Ground Floor, Church Street, Dumbarton

DRAFT MINUTE

Present: Beth Culshaw (Chair), Diana McCrone, Fiona Taylor, Margaret Jane Cardno, Moira Wilson, Michelle McAloon, David Smith, David Scott, Gillian Gall; Sylvia Chatfield, Leeanne Galasso, Helen Little, Ricky Sherrif-Short, Callum Croall

Apologies: Ann Cameron-Burns, Andrew McCready, Margaret McCarthy; Lauren MacKenzie; Debbie Duffy; Shirley Furie, Lesley James, Julie Slavin

In Attendance: Claire Berry (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 the last meeting were agreed as an accurate record. b) Rolling Action Log The RAL was reviewed and updated. c) Chief Officer Update B Culshaw provided an update on covid noting that there has been pockets of outbreaks in care homes but advised that it hasn't been impactful on residents so it appears the vaccines are working. When reviewing latest vaccination figures it appears staff are reluctant to get current vaccinations with B Culshaw reiterating we are keen to encourage where appropriate clinically to have vaccinations. All union colleagues noted that no employees have raised vaccination issues with Trade Unions. D McCrone noted that employees have mentioned possible adverse reactions to vaccines and questioned if this is what is making them reluctant.	

B Culshaw advised that IJB is on 21st November and Audit and Performance Committee is on 14th November. In terms of what is going forward - review risk register, internal audit report of internal and external services, hoping to sign off annual accounts. B Culshaw emailed convenors this morning in terms of papers on quality and service design and hoped to have it combined into one single paper. B Culshaw advised there are a few papers which are subject to pre agenda as they have not been decided yet. Margaret-Jane informed the strategic risk register goes to audit and performance first and they are looking to take forward 2 new strategic risks and recommended members look at the report. D Smith informed the branch met and took position on some of the papers which were going forward. D Smith informed that the branch have asked him to report that they would like to reiterate that Local Government employees go through change management framework within the Council and NHS employees use the NHS policy and don't understand why a paper is going when there is already a process. B Culshaw advised that when a paper is agreed as a draft, it will be shared and will reflect both council and NHS policies as there has to be something that reflects the overall approach within HSCP.

d) HR & OD Update

i) Report

M McAloon advised that absence rate for NHS HCP staff has decreased when compared to the previous month but is higher than in previous years, with absence overall increasing across GCC and other Health Boards. Top 5 reasons for absences are psychological (anxiety, stress, depression), other reasons, fracture, musculo-skeletal and viral.

M McAloon stated long term absence was 4.19% and short term was 2.07%.

M McAloon advised that the KSF compliance rate as at 1st October was 57.73% which is a slight increase from the previous month.

Statutory and mandatory training performance has increased by 1% from August to 93% which is great and needs to be recognised. All modules with the exception of Fire safety and Information Governance are about 90%.

B Culshaw raised the issue of fire safety as it is a concern and is keen to see improvements on this. D Smith queried if we can break the figures down to see if staff are in integrated buildings to ensure all staff have access to fire training. D Smith noted that with NHS staff in council premises and vice-versa, we need to ensure all workforces are aware of fire safety regulations and muster points. Margaret-Jane informed she will pick this up at property strategy group.

	<p>D Smith advised that he recently negotiated with the Leisure Trust for LT staff off sick to be able to use gym, swim and sauna as a way to bring staff back quicker and support staff wellbeing. David is happy to have a discussion with Leisure Trust to see if this could be an option for HSCP staff.</p> <p>L Galasso provided an update on WDC absence figures - which was 2.08 working days lost for September which is a decrease on the previous month and an increase of 6.8% from the same period last year.</p> <p>Long term absence remains highest proportion of absence. Top reasons for absence are minor illness, personal stress, musculo-skeletal injuries, acute medical conditions and back pain.</p> <p>Within WDC the turnover figure for the year to date is sitting at 7.68% with majority of the leavers being from resignation and retiring members. D Smith queried if we have gap during recruitment when waiting for person to retire and job being advertised as this could put stress on staff. Leeanne confirmed that there is nothing stopping managers advertising jobs during the waiting period for retirement or resignation. B Culshaw advised that there is a weekly vacancy panel where this is looked at.</p> <p>ii) HSCP Local Staff Awards</p> <p>M Wilson explained that a lot of work has been involved in arranging this year's staff awards and it is an important way of recognising the effort of staff. This year's awards will be the second face to face since she joined with around 65 people attending with 5 award categories and 5 winners. B Culshaw informed the awards are taking place next Friday and would like to extend invite to Trade union convenors.</p> <p>e) Service Updates</p> <p>i. Mental Health, Addictions and Learning Disabilities</p> <p>S Chatfield advised that staff within Addictions are currently moving into Goldenhill Resource Centre – there has been lots of work done to ensure the building is ready for the move and a lot of work has been done with staff to ensure they are happy with the move. Learning Disabilities staff have already moved to Clydebanks health centre and are looking at reviewing additional space if possible. Learning Disability review is beginning to move forward with the service manager post out to advert now. Cafe Connect work is ongoing with trials and 121s this week. There are ongoing challenges around nursing and vacancies - continuing to try fill posts. Have good nurse team leaders within the team and are currently looking to fill lower bands with newly qualified staff.</p> <p>D Smith asked S Chatfield how many vacancies, disciplinary, grievances and Stress Risk Assessments are ongoing in her services. B Culshaw advised that this information would be built in going forward.</p>	<p>DS</p>
--	---	------------------

ii. Health and community care

District Nurses have completed vaccinations for care home residents and are concentrating on housebound patients now. District Nursing staff have participated in peer support network sessions and are looking at a plan to provide peer support to staff. Nurse Team Leader actively supporting HCSW day.

Queens Quay was inspected in September – still awaiting the report. The new Integrated Operations Manager started a couple of months ago – she is meeting all of the staff and reviewing waiting times and service reviews.

F Taylor informed they have extended JCC to discuss the Care at Home reviews which will allow us to bring all the items first on the agenda and agreed and can have a conversation out with if needed.

iii. Children's Health, Care and Justice

B Culshaw advised that within Justice Services they are rolling out training on the Caledonia project which is a national accredited program around supporting individuals and supporting domestic abuse work. It is different from other programmes as it focuses on the perpetrator. Team will do drop in sessions in November and B Culshaw welcomed to share invites with trade unions.

iv. Strategy & Transformation

MJ Cardno informed she is looking at restructuring the service - work is ongoing. Would like to acknowledge Susan and Andrew's work on the business case. Putting forward a couple of vacant posts as savings. Hopefully will be able to bring paper to next JSF so details can be shared.

MJ Cardno advised that the team are starting to do some groundwork in relation to an Admin Review and will be in touch with TU's soon.

There is an event taking place on Monday relating to strategic planning with a key note speaker attending. Feedback from the event will be shared.

A few vacancies are now quite well advanced with another going through the internal process.

D Smith asked if SDS is part of the restructure. Feedback will be available after 14th November. D McCrone asked if it would be brought back to JSF for decisions to be made. MJ Cardno advised that Andrew and Susan have been involved.

v. MSK

H Little advised that she continues to meet with her CSP colleagues every 2 months. Ongoing space issue at VOL – guarantee given. Waiting on timescales to get MSK department back. Three ongoing priority projects

	<p>and staffside are involved. The service is in a much better position with vacancies.</p> <p>H Little advised that they recently carried out a wellbeing survey which had 206 responses out of 230. The MSK Staff Wellbeing Group is currently meeting.</p> <p>The annual MSK wellbeing event is next month. Dr David Hamilton who is a kindness scientist is attended. Some of the sessions include ballet, yoga and running.</p> <p>The service are invested in training – 28 physios attending training in January and February. There is publishable research from training with the service.</p> <p>Other items mentioned were the Annual Roadshow with feedback from staff and patients and focuses on ACES, Trauma Informed Practice and growing the Community Justice Partnership.</p> <p>vi. Finance B Culshaw informed that J Slavin will provide finance as a substantive item at next JSF. There are pressures from prescribing and staffing costs.</p>	
3.	HR Connect Job Evaluation Page Update	
	G Gall advised that there is updated STAC guidance and referred to the New and Changed Jobs Policy	
4.	Staff Partnership Fora – Change of Designation	
	G Gall advised that there has been a change of name for the locals reps – they are now called “Staffside Lead” and no longer co-chair.	
5.	Health & Care (Staffing) (Scotland) Act	
	<p>B Culshaw informed that the Health and care staffing Scotland Act will be a standing agenda item going forward and a further presentation from G Gall and V Tierney will be provided at a future JSF.</p> <p>Helens Jackson is the NHS Lead. Melissa Cook from the Care Inspectorate is coming out to deliver training to SMT and EMT.</p> <p>D McCrone asked if there could be a presentation for JSF around what it means.</p> <p>SSSC are considering changing their rules and displaying warnings on their web pages – this is currently out to consultation. More information is required on what SSSC are proposing.</p>	
6.	Trade Union Updates	
	None	

7.	National Care Service	
	No movement report. January is the end stop date. There is a national conference in Glasgow on Monday 30 th – F Taylor/MJ Cardo will report back. At present there is ongoing discussions through COSLA and funding discussions are still ongoing for HSCPs.	
8.	Any Other Business	
	a) Three key elements for Area Partnership Forum <ol style="list-style-type: none"> 1. Concerns around financial position. 2. Learning Disability Community Team almost back to full compliment. 3. Staff Awards – celebrating success. 4. MSK Wellbeing Initiatives – yearly events and surveys. High staff engagement in survey. 	
9.	Papers for Information	
	<ul style="list-style-type: none"> • Area Partnership Forum Papers • JCF Minutes – 8th June • NHS Workforce Analytics Storyboard 	
10.	Date of Next Meeting	
	Thursday 30 th November	
	Meetings start at 2pm	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: Monthly Meeting of Joint Staff Forum

Date: Thursday 30th November 2023, 2 p.m.

Venue: Room 2, Clydebank Health Centre

APPROVED MINUTE

Present: Beth Culshaw (Chair); Diana McCrone; Fiona Taylor; Margaret Jane Cardno; Moira Wilson; Michelle McAloon; Gillian Gall; Sylvia Chatfield; Leeanne Galasso; Ricky Sherrif-Short; David Smith; Pauline McDougall; Shirley Furie; Margaret Wood; Lesley James

Part

Attendance: Andrea Healey, Pharmacy Presentation

Apologies: Helen Little; Ann Cameron-Burns; Andrew McCready, Margaret McCarthy; Julie Slavin; Davy Scott

In Attendance: Joyce Habo (Minutes)

Item	Description	Action
1.	Welcome, Introduction, Apologies	Chair
2.	Establishing a Deputy Director of Pharmacy for Primary Care SBAR - Establishing a Deputy Director of Pharmacy for Primary Care in NH.. .docx	Andrea Healey
	<p>Andrea highlighted the attached report which included the leadership structure, there are 320 whole time pharmacy staff across HSCP's to build health care capacity, and 288 community pharmacies they're working to develop unscheduled care. Increases in prescribing costs means challenges and new approaches are required to reduce duplication.</p> <p>Diane advised she has now seen this presentation a few times and noted there has been a lot of partnership involvement and everyone has been in agreement which has been positive.</p>	
3.	Standing Agenda Items a) Minutes of Last Meeting 2023 10 26 JSF Draft Minute.docx	Chair
	<p>Agreement that the minute of the last meeting is an accurate reflection.</p>	

b) Rolling Action List
[JSF Rolling Action List.xlsx](#)

Chair

Recruitment & Attraction Plan

Work is ongoing via the HR team in terms of recruitment and retention and the grow your own scheme as well as senior pupils contact. There are 4 dates scheduled for school recruitment events.

Diana queried what type of grow your own is being considered, Gillian confirmed they're currently focussing on the social work profession given the challenges, also including the nursing workforce and work is ongoing over the next few months for the September 2024 intake.

Lesley and Sylvia have been in contact with Universities and educational establishments and there is also local interest. Diana advised Inverclyde have a similar scheme for SW students and have filled several posts in this way and will share these details with the group. Lesley highlighted the need for available practice teachers to support SW students.

Recruitment and Retention to be added to the agenda under HR&OD Update.

c) Chief Officer Update

BC

Audit & Performance and IJB papers are now available on line and include the Mental Health Refresh Strategy.

There is increasing pressure across all sites re: delayed discharges, winter planning, home care and deployment of staff re vaccinations.

There was a recruitment event for local GP's held recently encouraging attendees to work in West Dunbartonshire/ primary care. It was positive with current GP's addressing attendees about working in the WDun area. It is hoped to recruit some GP's as a result.

Reinforced Concrete (RAAC) testing has been carried out across all council buildings and nothing has been detected, including at Dumbarton health centre which is positive.

A bid to become a demonstrator site as part of the Primary Care Strategy to seek additional resources was submitted via a national bidding process. Interviews took place 3 weeks ago and we should be advised before Christmas if we've been successful.

The staff award ceremony was very positive, celebrating the winners who will go forward to the next stage in May 2024.

Waiting confirmation from the 3 convenors for a representative for IJB, David S advised 1 person has expressed an interest, Davy Smith advised the same. Beth noted all 3 TU need to agree the representative.

d) HR & OD Update

[JSF HR Report - November 2023.docx](#)

NHS

Absence is at 6.7% as most areas have seen an increase, this is 0.33% increase from last year with the highest absence in community mental health services.

MM/GG

KSF has seen a positive increase of 4.63% since last month.

Statutory/Mandatory training has exceeded the 90% target but a decrease of 1% from last month. Fire safety and Information Governance are below 90% compliance. Fire safety compliance rates being lower are due to the requirement to complete the training annually, all attendees to encourage staff to complete.

NHS leavers; 6, one from Child Services – Community and 5 from MSK Physio.

A peer support on line training session is available for staff. Sessions are also available for managers re: supporting attendance in Dec/Jan.

David S advised the H&S committee came up with a standard report with service information included and felt we could utilise that for this meeting too.

Margaret W queried the high number of staff leaving the service, particularly 5 from 1 service and has requested further details, Michelle will provide this to Margaret. Beth noted we recruited more staff than the number of leavers.

Ricky queried if the Attendance Management training is for all staff or just aimed at managers for now, Michelle advised it's currently for managers.

Diana highlighted an attendance management process that came in pre-covid when they had joint training with TU and staff and queried if this would be repeated. Gillian advised

there will be awareness sessions and further information will be circulated by Michelle.

WDun

LG

Leeanne advised absence improved in October, long term absence continues with the 3 main reasons being personal stress, minor illness and musculo-skeletal issues, 38 staff are currently going through a process.

Increase of leavers; 24 mainly resignations and a few retirements, 17 from Community Health and Care, 5 from Child Healthcare & Justice, 1 from Mental Health, Addic & LD and 1 from Strategy & Transformation.

Event on 7th December re: Gambling Harm Awareness and spaces are still available, noting this will not be recorded.

David queried where the 5 leavers are from in Children's Healthcare and Justice and asked if there is any comparison on work related stress, Leeanne will share this information from the dataset.

ii. Staff Awards Update

Moira thanked everyone for nominating and supporting this event as it's a good way to recognise staff, there were 5 very good winners who will be invited to attend the Staff Excellence award ceremony in May 2024. There was also a collection for the food bank on the day. The event was on both NHS and WDun Webpages and both Chief Executives were in attendance.

e) Service Updates

I. Mental Health, Addictions and Learning Disabilities

SC

Currently advertising 12 nursing vacancies and a daily huddle is ensuring safe staffing. Addiction services have now moved to Goldenhill and joint visits/discussions are taking place.

LD community team is stable, but overall they have a lot of vacancies: day services, Community Connections, Work Connect, pavilion.

A large scale investigation is taking place in a care home and 12 reviews are being progressed.

Overall staff are very busy, reviewing this to ensure staff are not overloaded as they're doing amazing work.

David S queried a previous meeting that noted improvements, Sylvia advised the addiction service and MH service are both fully staffed, but LD has been an issue.

II. Health and Community Care

DN services have recruited but this has been challenging.

FT

JCC redesign meeting this morning agreed to extend the consultation period by 10 days to 18th December. There are ongoing group consultations and 1:1's for anyone if that's preferred. There are 119 slots available and Fiona asked attendees to encourage staff to attend.

SLWG; was positive and they reviewed the proposed roster.

Vaccines; available and all staff can attend the venues recently circulated.

Care Inspectorate Inspectors return in January to Queens Quay and it is likely the requirement regarding record keeping will be on track and the CI will increase the ratings.

14 beds have been unable to be opened due to staffing, but 11 posts have recently been offered and if they all start another flat can be opened.

David wanted to share information in good spirits, noting a level of frustration in terms of how we have worked together for a significant period of time. Setting up a working group for a 4 week period achieved a lot and although the rotas are not perfect, it is a much improved situation than where we started, he felt this would have been better had it started sooner. Also, meetings being cancelled at very short notice has also caused frustration, not being able to progress items on the agenda impacted too. Beth summarised that it has been a challenging period and the short life working group made good progress jointly chaired and came up with a revised rota, we have extended the consultations and staff are engaging with this, noting the consultation period has now been extended twice.

III. Children's, Health, Care and Criminal Justice
Improved staff position with a HV now based in

LJ

Clydebank.

Working on refurbishment plans for Dumbarton Health Centre.

Lots of focus and work re Children's Services and SW services 5 year strategy, the presentation was taken to JCC in November which gave an overview of the Aims etc.

We are annually paying approx. £14m to accommodate children into care and we need to ensure they're supported, because we see young people escalating within the care system and then not returning home; these challenges need to be addressed.

National research highlights that most young people return home as adults as the care system doesn't always produce the best outcomes for children. A Programme Board has been developed and this strategy will go to IJB for sign off and be underpinned by the 5 year plan.

Pathway to University; we have 2 staff being supported through their post graduate training, working in the service this year and funding to get them SW accreditation, a number of staff applied.

A suite of management training with face to face sessions, managing attendance, wellbeing, core management competencies are also available.

Caledonian staff are completing accredited training currently and a Sheriff has highlighted that staff need to be more involved in justice services.

Margaret.W. noted service users were on the panel, Lesley advised we will do more of this going forward as there are real benefits to doing so.

A bid via The Promise has led to us having a Promise lead, this was highly competitive and a young person also took part in a video, this will be noted on the 5 year strategy.

David S advised he has been contacted by members re supervision and will discuss this with Lesley out with the meeting. Lesley noted the supervision policy went to IJB in May 23 and training has just been completed, they

may re-run this as it was not well attended.

MJC

IV. Strategy & Transformation

The admin review is now ready to start, all convenors were contacted as we require an NHS and LA rep to be on the project team. Diana advised she did raise with Unison, potentially Andrew McCready and Susan Walker, Diana to confirm this to Margaret Jane.

Review of Integration Schemes paper was at IJB on 21/11 which was a governance document that was quite technical. Formal agreement was given by both the health board and local authority and the paper highlights how services should be organised and delivered locally, staff will be consulted over the next 2 months and an email has been circulated seeking any comments as there is a Statutory requirement to consult, launched 01/12/23 until 31/01/24.

Recent leadership event attended by Gavin Oates from Tree of Knowledge went very well with work around the implementation of the strategic plan. Follow up work with EMT will be completed and to date there has been a lot of positive feedback.

Testing of ICT systems with a small group of staff has commenced, to highlight how the NHS and council systems work together.

NCS – no further updates at this time. CoSLA are seeking renewed assurances around how this will look. The Bill will go via Parliament in August but it's not clear of any potential changes to Legislation that might be made.

A Health and Social Care Scotland working group is planned for 13/12 and Margaret Jane will provide an update from this at the next meeting.

HL

V. MSK
C/F

BC

VI. Finance – BC Updated

Challenging position currently which was shared with attendees. Table 1 highlights the current financial position re budget spend year to date and the forecast is a £2.3m gap, the prescribing budget is 10% of the budget Table 8 highlights the budget gap analysis, current financial position and projections.

The regrading of Care at Home staff will cost close to £1m.

The Council changed their pension contributions so we will have a better understanding of what the budget will be at the next meeting.

The Pay award is causing uncertainty as the local authority settlement is not yet known, which means it will be January before we have an overall financial position.

We will require savings of £6m next year and £12m the following year.

4. Mental Health Refresh Strategy

SC

Paper was at IJB 21/11 and the report highlighted the work completed board wide re 2023-2028 strategy.

Psychiatric care unit, psychological services, ADHD are refreshed to ensure a balance of care, with a lot of work via the sub-groups across the board wide area. Ongoing work re IPCU for adolescents, eating disorder beds also.

Diana attended IJB and noted this involved a large number of bed closures which is reasonable if people are getting their care in the community, but there is concern the beds will go and there will be no support initially, particularly if there are cuts on adult acute admissions too. Sylvia advised there are 2.5 older people wards in that area and the benchmarking around beds is an ongoing issue, but there are more beds than are required and we need to ensure people stay in their own homes longer.

Fraser Downie is in a 2 year post working with older adults with mental health to review what community supports are required e.g. cognitive rehab, and prolonging people in the community with the right level of supports.

Margaret W noted ScotGov have new trends but do not share any new money to go with it and there are not enough resources, David S feels people are used to receiving a particular type of service and queried how we will support them to transition, he's being advised that people prefer face to face based around the needs of the person.

Ricky can understand the apprehension, but historically some people feel safe and secure being in hospital.

Beth noted this is shifting the balance at a very early stage of consultation, a lot of work has to be done via Health Care Improvement Scotland. Sylvia advised the team are working to change some of their training to ensure rehabilitation rather than crisis management, this is in Trauma Informed or Dementia Informed.

Margaret.W. advised following hospital discharge, some people were placed in homeless units and from personal family experience they've waited a significant time to speak to someone. Sylvia advised this was fair to say but we must do things better going forward.

5. Health & Care (Staffing) (Scotland) Act GG/VT

Gillian highlighted the key strands in preparation for implementation on 1st April 2024 as we need to be in a state of readiness for this using a workforce planning group who would be responsible for identifying areas of good practice, improved reporting etc.

There will be a further presentation at EMT next week and noted that there is a gap for TU representation.

6. Trade Union Updates DS
a) Leisure Trust
No meeting as yet and will bring an update to the next meeting

7. National Care Service MJC
No current updates.

8. Any Other Business
a) Membership List

b) Three key elements for Area Partnership Forum
Statutory Mandatory Training
KSF
Recruitment & Attraction

9. Papers for Information
• JCF Minutes – 7th September
[JCF 07 09 23.pdf](#)
• NHS Workforce Analytics Storyboard
[Workforce Analytics Storyboard WEST DUN Oct 23.pptx](#)
• SBar - Establishing a Deputy Director of Pharmacy for Primary Care
[SBAR - Establishing a Deputy Director of Pharmacy for Primary Care in NH.. .docx](#)

- APF papers
[APF WORKFORCE MEETING Agenda 15.11.23.doc](#)
[APF Information Exchange 15.11.23.docx](#)

10. Date of Next Meeting
Thursday 18th January at 2pm