

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Thursday, 28 March 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 Board

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
Shirley Furie
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: 21 March 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

THURSDAY, 28 MARCH 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 - 12

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 20 February 2024.

(b) ROLLING ACTION LIST 13 - 14

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/

7 2023/24 FINANCIAL PERFORMANCE REPORT AS AT PERIOD 10 (31 JANUARY 2024) 15 - 56

Submit report by Julie Slavin, Chief Financial Officer, providing an update on the financial performance as at period 10 to 31 January 2024 and a projected outturn position to the 31 March 2024.

8 2024/25 BUDGET SETTING UPDATE (REVENUE ESTIMATES) 57 - 173

Submit report by Julie Slavin, Chief Financial Officer, setting out the financial allocations from West Dunbartonshire Council (WDC) and NHS Greater Glasgow and Clyde Health Board (NHSGGC), the main cost pressures and key financial risks for the HSCP Board in 2024/25 and to seek members' approval to set an indicative 2024/25 revenue budget.

9 LOCAL CARER STRATEGY: 2024-2026 IMPROVING LIVES WITH CARERS 175 - 224

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, seeking approval for the Local Carers Strategy 2024-2026 "Improving Lives with Carers" and to update the Board on how the plan will be implemented.

10 CHILDRENS HEALTH AND CARE SERVICES STRATEGY IMPROVING LIVES WITH CHILDREN AND YOUNG PEOPLE IN WEST DUNBARTONSHIRE 225 - 289

Submit report by Lesley James, Head of Childrens Health, Care and Justice and Chief Social Work Officer, presenting the Children's Health and Care Services Strategy, "Improving Lives with Children and Young People in West Dunbartonshire, What Would It Take? 2024 – 2029" to the HSCP Board for its approval.

11 CARE AT HOME REDESIGN UPDATE 291 - 331

Submit report by Fiona Taylor, Head of Health and Community Care, providing an update on the progress of the Care at Home redesign including the outcome of recent consultations which have informed the final proposal for implementation.

12 RISK APPETITE STATEMENT 333 - 349

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, seeking the agreement of the HSCP Board in respect of the amount of risk that the Partnership is prepared to accept, tolerate, or be exposed to at any point in time.

13 REVIEW OF HSCP BOARD FINANCIAL REGULATIONS 351 - 371

Submit report by Julie Slavin, Chief Financial Officer, present for review and approval, amendments to the current Financial Regulations of the West Dunbartonshire Health & Social Care Partnership Board.

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 Tuesday, 25 June 2024 at 3.00 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 on Tuesday, 20 February 2024 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** Julie Slavin, Chief Financial Officer; Anne MacDougall, Chair of the Locality Engagement Network – Clydebank; Diana McCrone, Staff Representative (NHS Greater Glasgow and Clyde); 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:** Peter Hessett, Chief Executive – West Dunbartonshire Council; Margaret-Jane Cardno, Head of Strategy and Transformation; Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction; Fiona Taylor, Head of Health and Community Care; Gillian Gall, Head of Human Resources; Lesley James, Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer; Shirley Furie, Trade Union Representative; Michael McDougall, Manager of Legal Services; and Lynn Straker and Nicola Moorcroft, Committee Officers.
- Apologies:** Apologies for absence were intimated on behalf of Beth Culshaw, Chief Officer – HSCP; and David Smith, Unpaid Carers Representative.

Councillor Michelle McGinty in the Chair

STATEMENT BY CHAIR

Michelle McGinty, Chair, advised that the meeting was being audio streamed and broadcast live to the internet and would be available for playback. Ms McGinty welcomed Ms Shirley Furie as a new member of HSCP Board in attendance, standing as the Trade Union Representative for the Board.

DECLARATIONS OF INTEREST

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

ADJOURNMENT

Michelle McGinty, Chair, advised there was currently a technical problem with the Hybrid meeting and those joining remotely using Zoom Video Conference were unable to hear those in the Civic Space meeting room. Ms McGinty apologised and after several attempts to resolve the problem had failed, advised that the meeting being quorate, despite the technical problem, would continue without those who had joined remotely, namely Rona Sweeney, NHS Greater Glasgow and Clyde; Lesley Rousselet, NHS Greater Glasgow and Clyde; Anne MacDougall, Chair of the Locality Engagement Network – Clydebank; Diana McCrone, Staff Representative (NHS Greater Glasgow and Clyde); 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 and Dr Saied Pourghazi, Associate Clinical Director and General Practitioner. The meeting reconvened at 2.12 p.m. with the following voting members in attendance in the room; Michelle McGinty, Michelle Wailes, Martin Rooney and Clare Steel.

RECORDING OF VOTES

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health and Social Care Partnership Board held on 21 November 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

Julie Slavin, Chief Financial Officer – HSCP, provided a verbal update on the recent business of the Health and Social Care Partnership.

2023/24 FINANCIAL PERFORMANCE REPORT AS AT PERIOD 9 (31 DECEMBER 2023)

A report was submitted 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 31 March 2024.

After discussion and having heard from Julie Slavin, 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 31 December 2023 was reporting an adverse (overspend) position of £1.185m (0.82%);
- (3) to 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 2023 meeting of the HSCP Board;
- (4) to note the update on the monitoring of savings agreed for 2023/24;
- (5) to note the current reserves balances;
- (6) to note the update on the capital position and projected completion timelines; and
- (7) to note that the progress to date on the budget planning process for 2024/25 to 2026/27 was detailed in a separate report within the agenda for this HSCP Board meeting.

2024/25 ANNUAL BUDGET SETTING UPDATE (REVENUE ESTIMATES) REPORT

A report was submitted 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.

It was noted that the report also:-

- (a) provided details of a number of management adjustments taken, and sought members' approval in relation to a savings option to partially close the indicative budget gaps for 2024/25; and

- (b) advised that the remaining options to close the gap would be presented to the Board at its next meeting on 28 March 2024.

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

- (1) to 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;
- (2) to note the analysis of the reserves position and the projected balances as at 31 March 2024;
- (3) to note the options available with regard to the smoothing of the reduction in the Council's employer contribution rate to the Strathclyde Pension Fund;
- (4) to note the £0.432m of management adjustments which would contribute towards agreeing a balanced budget for 2024/25 and assist with future projected budget gaps;
- (5) to approve the £0.460m of savings option requiring Board approval which would contribute towards agreeing a balanced budget for 2024/25 and assist with future projected budget gaps with the addition of a further direction for Levensgrove Pavillion Café, where HSCP would continue to manage the premises until the end of May 2024, allowing the Council time to identify an alternative tenant to manage the café;
- (6) to note that the further management adjustments, savings options and use of reserves for consideration would be presented to the Board at its meeting on 28 March 2024; and
- (7) to note that an updated Medium Term Financial Plan would be presented to the March 2024 meeting of the HSCP Board for consideration alongside the budget report.

ADJOURNMENT

Michelle McGinty, Chair, adjourned the meeting for a short recess. The meeting reconvened at 3.32 p.m. with the following voting members in attendance: Michelle McGinty, Michelle Wailes, Martin Rooney and Clare Steel.

URGENT AND UNSCHEDULED CARE UPDATE

A report was submitted 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.

After discussion and having heard Fiona Taylor, 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.

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022-23

A report was submitted by Lesley James, Head of Children's Health, Care and Community Justice (Chief Social Work Officer), providing the Chief Social Work Officer (CSWO) Annual Report for 2022-23 which included information on the statutory work undertaken on the Council's behalf, and in particular a summary of governance arrangements, service delivery, resources and workforce.

After discussion and having heard the Lesley James, Head of Children's Health, Care and Justice Services and Chief Social Work Officer in further explanation and in answer to Members' questions, the Board agreed to note the content of the report.

VARIATION IN ORDER OF BUSINESS

Having heard the Chair, the Board agreed to vary the order of business as hereinafter minuted.

CLIMATE CHANGE REPORT 2022/23

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

After discussion, the Board agreed:-

- (1) to homologate the decision of officers to submit this nil return to the Scottish Government in advance of the 30 November 2023 deadline; and
- (2) that given this was a nil return, to delegate the responsibility for approval and submission of the return to the Head of Strategy and Transformation noting that should there be any future significant change to the content of the submission then it would be referred back to the HSCP Board.

WORKFORCE PLAN 2022 – 2025 PROGRESS REPORT

A report was submitted 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.

After discussion, the Board agreed 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.

MINUTES OF MEETING FOR NOTING

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

- (1) 26 October 2023; and
- (2) 30 November 2023

DATE OF NEXT MEETING

Members noted that the next meeting of West Dunbartonshire Health and Social Care Partnership Board would be held on Thursday, 28 March 2024 at 2.00 p.m. It was also agreed the venue and format of this meeting would be decided at a later date to prevent any technical issues.

The meeting closed at 4.00 p.m.

**WEST DUNBARTONSHIRE HSCP BOARD
ROLLING ACTION LIST**

Agenda Item	Decision / Minuted Action	Responsible Officer	Timescale	Progress/ Update/ Outcome	Status
BUDGET SETTING UPDATE	Request for Members to be advised when a decision is made by the Council on funding for the pay award because of the impact it has on the budget. This gives members as much time as possible in advance of the end of March Board to consider the budget position.	Julie Slavin	Before 28 March 2024 HSCP Board meeting	Email with update sent to Members on 19/03/24	Closed
A REFRESH OF THE STRATEGY FOR MENTAL HEALTH SERVICES IN GREATER GLASGOW AND CLYDE 2023 – 2028	<p>Cllr McGinty questioned the accessibility of the new specialised unit.</p> <p>Head of service to be contacted to find out from users how accessible they consider the unit to be.</p>	Sylvia Chatfield	Information to be provided to members as soon as possible		Open
SCOTTISH GOVERNMENT FUNDING FOR CHILDREN AND	Briefing Note to be provided to all members detailing to work of the	Lesley James	Information to be provided to members		ed

YOUNG PEOPLE'S COMMUNITY MENTAL HEALTH SUPPORTS AND SERVICES	Planet Youth in west Dunbartonshire.		as soon as possible	Briefing Note sent to Members on 15/03/24 regarding this.	
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 presented to next meeting of the HSCP Board	Included in Agenda for HSCP Board meeting on 28/03/24.	Closed
REVIEW OF INTEGRATION SCHEME	Rona Sweeney queried the reference to delegated services within the document. The Chief Officer to provide revised definitions of delegated services.	Beth Culshaw	Information to be provided to members as soon as possible		Open

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Financial Officer

28 March 2024

Subject: 2023/24 Financial Performance Report as at Period 10 (31 January 2024)

1. Purpose

- 1.1 To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 10 to 31 January 2024 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 January 2024 is reporting an adverse (overspend) position of £1.349m (0.82%);
- c) **Note** the projected outturn position of £1.607m overspend (0.80%) 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. The set aside, notional budget agreed for 2023/24 is £40.596 million.
- 3.2 Since the March HSCP Board report there have been a number of budget adjustments. A total net budget of £200.214m is now being monitored as detailed within Appendix 1.

4. Main Issues

Summary Position

- 4.1** The February HSCP Board received a comprehensive update on the projections up to 31 December 2023, this report refreshes any significant movements in the last 4 weeks. The current year to date position as at 31 January 2024 is an overspend of £1.349m (0.82%) with the annual projected outturn being a potential overspend of £1.607m (0.80%) to 31 March 2024. The consolidated summary position is presented in detail within Appendix 3, and individual Health Care and Social Care reports in Appendix 4.
- 4.2** The overall HSCP summary and the individual head of service positions are reported within Tables 1 and 2 below. The figures will be subject to change as the actual costs for the last quarter of the financial year are analysed. 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.

Table 1 – Summary Financial Information as at 31 January 2024

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	120,189	98,500	98,502	(2)	120,567	(378)	(378)	0	0	0.00%
Social Care	117,871	94,663	96,757	(2,094)	124,803	(6,932)	(2,465)	(1,946)	(2,521)	-2.14%
Expenditure	238,060	193,163	195,259	(2,096)	245,370	(7,310)	(2,843)	(1,946)	(2,521)	-1.06%
Health Care	(4,970)	(4,253)	(4,253)	0	(4,970)	0	0	0	0	0.00%
Social Care	(32,876)	(24,331)	(25,078)	747	(32,088)	(788)	(1,716)	14	914	-2.78%
Income	(37,846)	(28,584)	(29,331)	747	(37,058)	(788)	(1,716)	14	914	-2.42%
Health Care	115,219	94,247	94,249	(2)	115,597	(378)	(378)	0	0	0.00%
Social Care	84,995	70,332	71,679	(1,347)	92,715	(7,720)	(4,181)	(1,932)	(1,607)	-1.89%
Net Expenditure	200,214	164,579	165,928	(1,349)	208,312	(8,098)	(4,559)	(1,932)	(1,607)	-0.80%

Table 2 – Financial Information as at 31 January 2024 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	29,861	22,381	23,239	(858)	31,483	(1,622)	(593)	0	(1,029)	-3.45%
Health and Community Care	51,522	44,856	46,121	(1,265)	54,192	(2,670)	306	(1,470)	(1,506)	-2.92%
Mental Health, Learning Disability & Strategy & Transformation	30,181	24,204	23,815	389	30,582	(401)	(868)	0	467	1.55%
Family Health Services	2,165	1,751	1,502	249	1,755	410	113	0	297	13.72%
GP Prescribing	32,676	26,911	26,911	0	32,676	0	0	0	0	0.00%
Hosted Services	21,316	18,010	18,726	(716)	22,176	(860)	0	0	(860)	-4.03%
Other	8,328	7,031	6,982	49	9,086	(758)	(818)	0	60	0.72%
Net Expenditure	200,214	164,579	165,928	(1,349)	208,312	(8,098)	(4,559)	(1,932)	(1,607)	-0.80%

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	(1,029)	328	(701)
Health and Community Care	(1,506)	1,049	(457)
Mental Health, Learning Disability & Addictions	467	124	591
Strategy & Transformation	297	30	327
Family Health Services	0		0
GP Prescribing	(860)		(860)
Hosted Services	60		60
Other	964	26	990
Total	(1,607)	1,558	(49)

- 4.3** While there has been no material changes to the adverse movement in the overall position between the period 9 projections of a £1.585m overspend and the current projection of £1.607m, the main movements are covered in Table 4 below and are mainly due to the volatile nature of the demand of some health and care services that can significantly impact on projections.

Table 4 – Movement since Period 9

Movement since period 9	£000
Period 10 adverse variance (after recovery plan)	(1,607)
Period 9 adverse variance as reported to HSCP Board 20 February 2024	(1,585)
Movement since period 9	(22)
Represented By:	
Improvement in prescribing forecast	69
Improvement in children and families overall projection	243
Increase in projected cost of agency staff within care homes	(372)
Other	38
Movement since period 9	(22)

- 4.4** Members should note that the projected overspend takes into account the progress on agreed savings programmes, £4.559m of expenditure to be covered from drawdowns in earmarked reserves and the implementation of the recovery plan as approved at the November HSCP Board, which includes a further application of reserves of £1.932m. 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 January 2024 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 £1.607m is due to the additional unfunded local government staff pay award costs. This is covered in further detail below.
- 4.7** Continuing from the February 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. While the pressure with regard to community placements and residential schools has increased since that reported to the February HSCP Board, there has been some additional staff turnover within Children and Family social care services, resulting in the projected overspend reducing by £0.243m, from that reported to the November HSCP Board.
- 4.9** The internal care homes budget overspend has increased by £0.373m from the February reported position, prior to recovery planning measures, due to an increase in projected agency costs.

Update on Local Authority Pay Awards

4.10 West Dunbartonshire Council met on 6 March 2024 and agreed to retain 100% of the additional Scottish Government pay funding to assist with closing the council budget gap. As a result the HSCP will not receive an appropriate share, circa. £1.670m, which is the main driver behind the projected adverse variance of £1.607m.

4.11 The outcome of this decision not only has significant bearing on the HSCP Board's 2023/24 projected outturn, but also on the level of recurring funding being rolled-over into 2024/25. As detailed in the February Board report to the Board, the Scottish Government directed local authorities as follows:

“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.**”

4.12 When the HSCP Board approved a recovery plan to address the projected position in November 2023, it was acknowledged that if the Council did not pass through a proportionate share of pay award funding, the resultant £1.6m pressure would have to be underwritten by the application of general, unearmarked reserves. This is reflected within the Reserves Update Section below and within Appendix 6.

Update on Prescribing 2023/24

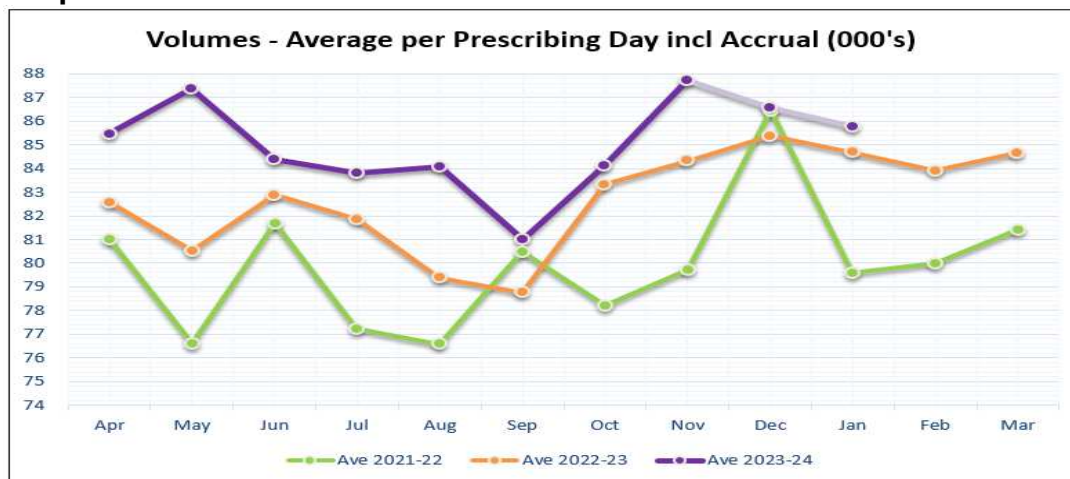
4.13 As previously reported, the accuracy of 2023/24 prescribing data remains a risk to the reported projections. National Services Scotland (NSS) have informed Health Boards that all issues have been resolved and available data is back to previously agreed timetables. At the time of writing April to November data was available with December to January figures accrued.

4.14 Graphs 1 and 2 below, show the overall volume per average prescribing day and the average monthly cost per item, respectively for April 2021 to January 2024 for the six HSCPs within NHSGGC. While volumes fluctuate month on month, the average cost per item is substantially higher than any of the last 4 years, pre, during and post-pandemic. However, the average cost per item projections have fallen by circa 20p per item from October 2023, with further decreases projected for December and January 2024.

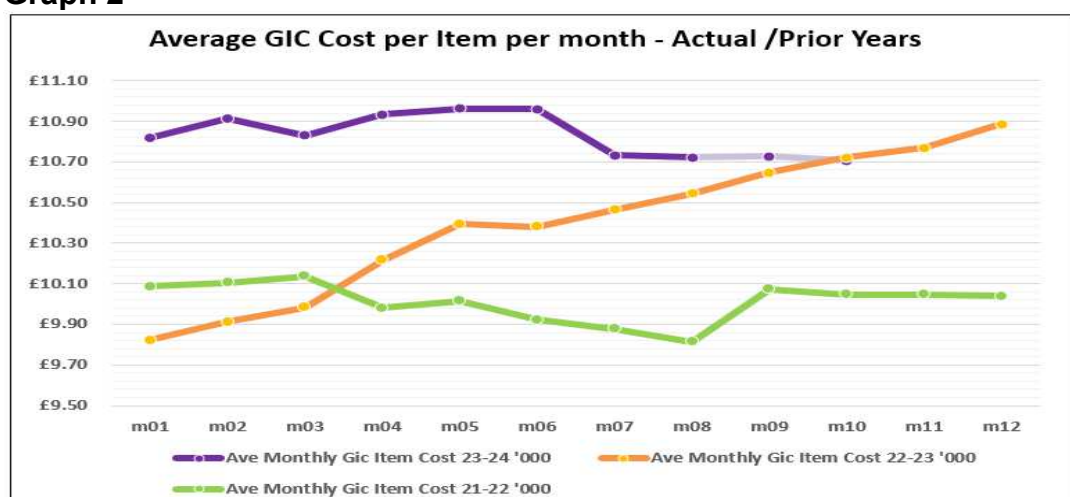
4.15 While the HSCP Board recognised the 2022/23 trend did show an increase in volumes, exacerbated with increasing prices globally and provided a 5% uplift on the prescribing budget, the latest data indicates that the projected outturn position could be an overspend in the region of £0.860m. While this latest projection is an improvement on the period 9 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. However for context, the HSCP Board should note that both local and board wide actions are having a positive impact on the position. West

Dunbartonshire's average growth in volumes (items prescribed) to November is 1.9% compared to an average of 3.5% across all six HSCPs. Similarly the average rise in price is 5.8% compared to an average of 6.3% across the same group.

Graph 1



Graph 2



- 4.16** Early reports had anticipated that a proportion (£0.225m) of the earmarked prescribing reserve would have to be utilised to partially offset the projected overspend. However, the overall health forecast position includes some favourable variances related to recruitment challenges that have offset the overall prescribing pressure in 2023/24 thus enabling the entire earmarked reserve of £0.972m to be retained to underwrite the financial pressure in 2024/25.

Bad Debt Write-Off

- 4.17** As agreed by WDC and the HSCP Board in March 2022, the Board are responsible for accounting for bad debt arising from charges levied for HSCP delegated services and as such include a provision for potential bad debt within the HSCP Board's balance sheet.

4.18 While WDC retain the legal power to both set and levy charges, with the collection of those charges being governed by the Council's Corporate Debt Policy any requests to write off HSCP debt now come to the HSCP Chief Financial Officer and HSCP Board for approval depending on the value of the write off request. The policy recognises that where a debt is irrecoverable, prompt and regular write off of such debts is appropriate in terms of good accounting practice and while the Council and HSCP will seek to minimise the cost of write-offs by taking all necessary action to recover what is due, where it has not been possible to collect a debt, authorisation to write these debts off will be requested to:

- The HSCP Chief Financial Officer if the debt is under £5,000; or
- The HSCP Board if the debt is valued at more than £5,000

4.19 There are no bad debt write offs included within this report. Quarter 4 will be included within the 2023/24 Outturn Report for the June meeting of the HSCP Board.

Recovery Plan

4.20 As reported above the annual projected outturn position reported at Period 10 is a potential overspend of £1.607m (0.80%) 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 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

4.21 Analysis of reserves is detailed in Appendix 6 and identifies that at this time it is anticipated that a total of £6.229m will be drawn down from earmarked reserves to fund anticipated expenditure in 2023/24 and implement the approved recovery plan, at £4.559m and £1.670m respectively, which includes £1.812m applied in March 2023 to balance the 2023/24 budget.

4.22 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, as no pay award funding has been passed through by WDC, the current overspend of £1.607m will require to be covered from unearmarked reserves. This would leave a potential balance of £2.432m or 1.2% of the overall HSCP's net expenditure. This is in breach of the HSCP Board's Reserve's Policy, which recognises that a minimum of 2% held in a general, unearmarked reserve provides some protection to cover unplanned variations from budget and supports financial sustainability in the short to medium term.

Budget Process for 2024/25 to 2026/27

- 4.23** 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. Many of the 2023/24 reported pressures will continue into the 2024/25 and beyond, and with flat cash funding allocations, unfunded pay pressures and reducing reserves balances, current service delivery levels and meeting statutory and locally agreed performance targets are at risk.

Housing Aids and Adaptations and Care of Gardens

- 4.24** 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 £84.995m from the council.
- 4.25** These budgets are managed by the Council's – Roads and Neighbourhood and Housing and Employability Services on behalf of the HSCP Board.
- 4.26** The summary projected position for the period to 31 January 2024 is included in Table 11 below and will be reported as part of WDC's financial update position.

Table 11 - Financial Performance projected 31 January 2024

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

- 4.27** 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.

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 unanticipated increases in demand for some key social care services, complex care packages and prescribing costs, and the depletion of both earmarked and unearmarked reserves to maintain current levels of service activity and cover unfunded pay award costs for Local Authority staff, to be carried forward into 2024/25.
- 8.2** While the Consumer Prices Index (CPI) is reported to have fallen to 4% in January 2024, core inflation is 5.1%. 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. While the National Care Services Bill has passed the first stage at Holyrood, with MSP's voting 65 to 50 in favour of backing the general principles of the Bill, 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 January 2024 (as detailed within Appendix 2) will require the issuing of a direction, see Appendix 8.

Julie Slavin – Chief Financial Officer

Date: 18 March 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 9 (20 February 2024)

Localities Affected: All

West Dunbartonshire Health & Social Care Partnership			Appendix 1
Financial Year 2023/24 Period 10 covering 1 April 2023 to 31 January 2024			
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 Tran	(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 Adujstment 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
2023/24 Pay Uplift	1,073		1,073

West Dunbartonshire Health & Social Care Partnership			Appendix 1
Financial Year 2023/24 Period 10 covering 1 April 2023 to 31 January 2024			
2023/24 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
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)
Prescribing Contr To Cps Global Sum 23/24	(90)		(90)
Apremil Acute Addit 23/24 M10	12		12
Camchp118 Comm Food Network	24		24
Camchp133 Adp Nm Tr2 Nr	171		171
Camchp135 Action 15	619		619
Camchp136 Dn Tr 2 Wdhscp	64		64
Camchp138 Vale Live Active	(25)		(25)
Camchp145 Hwb Comm Engagement	20		20
Gos Ncl 23-24 Fyb 2023-10	219		219
Gos Ncl 23-24 Fyb 2023-10	264		264
Hscp Gds Ncl Budget 23-24	(151)		(151)
Recommended Scottish Allowance		319	319
SDS and Roundings		8	8
<u>Outstanding Health Funding Assumptions</u>			
<u>Scottish Government Ring Fenced Funding</u>			
Tranche Two PCIP Funding	137		137
Winter Planning (1000 HCSW and MDT Funding)	188		188
Revised Budget 2023/24	115,325	86,807	202,132
Drawdown from Reserves	(106)	(1,812)	(1,918)
Budget Funded from Partner Organisations	115,219	84,995	200,214

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

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	30,163	30,297	(134)	34,528	(248)	306	(392)	(162)	-0.47%	↓
Care at Home	13,935	11,779	13,026	(1,247)	16,510	(2,575)	0	(1,078)	(1,497)	-10.74%	↓
Physical Disability	2,492	2,336	2,253	83	2,392	100	0	0	100	4.01%	↑
Childrens Residential Care and Community Services	29,861	22,017	22,675	(658)	31,185	(1,324)	(536)	0	(788)	-2.64%	↓
Strategy, Planning and Health Improvement	2,164	1,750	1,503	247	1,755	409	113	0	296	13.68%	↑
Mental Health Services - Adult and Elderly, Community and Inpatients	12,154	9,855	9,716	139	12,242	(88)	(256)	0	168	1.38%	↑
Addictions	3,946	3,081	2,982	99	4,168	(222)	(341)	0	119	3.02%	↑
Learning Disabilities - Residential and Community Services	14,081	11,269	11,118	151	14,172	(91)	(271)	0	180	1.28%	↑
Family Health Services (FHS)	32,676	26,911	26,911	0	32,676	0	0	0	0	0.00%	→
GP Prescribing	21,316	18,010	18,726	(716)	22,176	(860)	0	0	(860)	-4.03%	↓
Hosted Services	8,328	7,031	6,982	49	9,086	(758)	(818)	0	60	0.72%	↑
Criminal Justice (Including Transitions)	0	363	563	(200)	298	(298)	(58)	0	(240)	0.00%	↓
Resource Transfer	17,630	14,692	14,692	0	17,630	0	0	0	0	0.00%	→
HSCP Corporate and Other Services	7,351	5,322	4,484	838	9,494	(2,143)	(2,698)	(462)	1,017	13.83%	↑
Net Expenditure	200,214	164,579	165,928	(1,349)	208,312	(8,098)	(4,559)	(1,932)	(1,607)	-0.80%	↓

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	88,556	74,592	75,044	(452)	92,716	(4,160)	(1,990)	(1,628)	(542)	-0.61%	↓
Property	1,267	768	948	(180)	1,533	(266)	(52)	0	(214)	-16.89%	↓
Transport and Plant	1,355	890	898	(8)	1,369	(14)	0	(7)	(7)	-0.52%	→
Supplies, Services and Admin	7,495	4,312	3,706	606	6,123	1,372	704	(58)	726	9.69%	↑
Payments to Other Bodies	81,964	64,732	66,146	(1,414)	85,049	(3,085)	(1,161)	(226)	(1,698)	-2.07%	↓
Family Health Services	33,488	27,629	27,630	(1)	33,488	0	0	0	0	0.00%	→
GP Prescribing	21,317	18,011	18,727	(716)	22,177	(860)	0	0	(860)	-4.03%	↓
Other	2,619	2,227	2,161	66	2,912	(293)	(344)	(27)	78	2.98%	↓
Gross Expenditure	238,061	193,161	195,260	(2,099)	245,367	(7,306)	(2,843)	(1,946)	(2,517)	-1.06%	↓
Income	(37,847)	(28,582)	(29,332)	750	(37,055)	(792)	(1,716)	14	910	-2.40%	↓
Net Expenditure	200,214	164,579	165,928	(1,349)	208,312	(8,098)	(4,559)	(1,932)	(1,607)	-0.80%	↓

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	901	780	600	180	573	328	113	0	215	23.86%	↑
Childrens Services - Community	4,192	3,330	3,289	41	4,102	90	41	0	49	1.17%	↑
Adult Community Services	11,589	9,489	9,317	172	11,013	576	369	0	207	1.79%	↑
Community Learning Disabilities	730	689	689	0	730	0	0	0	0	0.00%	→
Addictions	2,991	2,144	2,013	131	2,834	157	0	0	157	5.25%	↑
Mental Health - Adult Community	4,818	3,713	3,570	143	4,803	15	(156)	0	171	3.55%	↑
Mental Health - Elderly Inpatients	3,700	3,139	3,140	(1)	3,800	(100)	(100)	0	0	0.00%	→
Family Health Services (FHS)	32,676	26,911	26,911	0	32,676	0	0	0	0	0.00%	→
GP Prescribing	21,316	18,010	18,726	(716)	22,176	(860)	0	0	(860)	-4.03%	↓
Other Services	6,348	4,319	4,320	(1)	6,174	174	173	0	1	0.02%	↑
Resource Transfer	17,630	14,692	14,692	0	17,630	0	0	0	0	0.00%	→
Hosted Services	8,328	7,031	6,982	49	9,086	(758)	(818)	0	60	0.72%	↑
Net Expenditure	115,219	94,247	94,249	(2)	115,597	(378)	(378)	0	0	0.00%	→

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	971	902	69	1,182	82	0	0	82	6.49%	↑
Residential Accommodation for Young People	3,062	2,582	2,519	63	2,986	76	0	0	76	2.48%	↑
Children's Community Placements	6,947	5,523	5,940	(417)	7,447	(500)	0	0	(500)	-7.20%	↓
Children's Residential Schools	6,178	3,548	4,725	(1,177)	7,497	(1,319)	92	0	(1,411)	-22.84%	↓
Childcare Operations	5,262	4,401	3,859	542	4,867	395	(254)	0	649	12.33%	↑
Other Services - Young People	4,220	2,634	2,344	290	4,286	(66)	(414)	0	348	8.25%	↑
Residential Accommodation for Older People	7,407	6,364	6,792	(428)	8,132	(725)	0	(213)	(512)	-6.91%	↓
External Residential Accommodation for Elderly	9,104	8,886	8,815	71	9,260	(156)	(63)	(179)	86	0.94%	↑
Sheltered Housing	1,508	1,756	1,719	37	1,465	43	0	0	43	2.85%	↑
Day Centres Older People	1,317	917	762	155	1,132	185	0	0	185	14.05%	↑
Meals on Wheels	31	16	8	8	22	9	0	0	9	29.03%	↑
Community Alarms	(11)	(183)	(148)	(35)	31	(42)	0	0	(42)	381.82%	↓
Community Health Operations	3,335	2,918	3,033	(115)	3,473	(138)	0	0	(138)	-4.14%	↓
Residential - Learning Disability	11,090	8,856	8,853	3	11,358	(268)	(271)	0	3	0.03%	↑
Physical Disability	2,227	1,874	1,787	87	2,122	105	0	0	105	4.71%	↑
Day Centres - Learning Disability	2,261	1,723	1,576	147	2,084	177	0	0	177	7.83%	↑
Criminal Justice (Including Transitions)	0	363	563	(200)	298	(298)	(58)	0	(240)	0.00%	↓
Mental Health	3,636	3,003	3,006	(3)	3,639	(3)	0	0	(3)	-0.08%	↓
Care at Home	13,935	11,779	13,026	(1,247)	16,510	(2,575)	0	(1,078)	(1,497)	-10.74%	↓
Addictions Services	955	937	968	(31)	1,334	(379)	(341)	0	(38)	-3.98%	↓
Equipu	265	461	466	(5)	271	(6)	0	0	(6)	-2.26%	↓
Frailty	80	(7)	(42)	35	26	54	0	0	54	67.50%	↑
Carers	1,564	870	870	0	1,964	(400)	(400)	0	0	0.00%	→
HSCP - Corporate	(642)	140	(664)	804	1,329	(1,971)	(2,472)	(462)	963	-150.00%	↑
Net Expenditure	84,995	70,332	71,679	(1,347)	92,715	(7,720)	(4,181)	(1,932)	(1,607)	-1.89%	↓

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 10 covering 1 April 2023 to 31 January 2024
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
Health Care Variances					
Planning & Health Improvements	902	686	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				
Adult Community Services	11,589	11,381	207	2%	↑
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				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 10 covering 1 April 2023 to 31 January 2024
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
Addictions	2,991	2,834	157	5%	↑
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.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Mental Health - Adult Community	4,818	4,647	171	4%	↑
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				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 10 covering 1 April 2023 to 31 January 2024
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
GP Prescribing	21,316	22,176	(860)	-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				
Hosted Services	8,328	8,268	60	1%	↑
Service Description	Hosted Services				
Main Issues / Reason for Variance	The projected favourable variance is due to underspends within Hosted Integrated Eye Service and Retinal Screening supplies budgets and staff turnover.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 10 covering 1 April 2023 to 31 January 2024
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
Social Care Variances					
Strategy Planning and Health Improvement	1,264	1,182	82	6%	↑
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	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				
Residential Accommodation for Young People	3,062	2,986	76	2%	↑
Service Description	This service provides residential care for young persons				
Main Issues / Reason for Variance	The projected favourable variance is mainly due to staff vacancies				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 10 covering 1 April 2023 to 31 January 2024
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	7,447	(500)	-7%	↓
Service Description	This service covers fostering, adoption and kinship placements				
Main Issues / Reason for Variance	The projected adverse variance is mainly due to approved savings of £0.306m relating to a review of foster carers and external foster strategy not being achieved and accommodating an additional 45 children in kinship and external foster care more than budgeted for at a cost of circa £0.452m. 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 10 covering 1 April 2023 to 31 January 2024
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 Accomodation	6,178	7,589	(1,411)	-23%	↓
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 £0.463m and £0.187m respectively and incurring costs for unbudgeted secure placements of £0.740m. The overall projected adverse variance has increased by circa £0.047m from period 9 and is mainly due to an increase in the placement period for a residential care client.				
Mitigating Action	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 10 covering 1 April 2023 to 31 January 2024
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	4,613	649	12%	↑
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	3,872	348	8%	↑
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 10 covering 1 April 2023 to 31 January 2024
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	7,918	(512)	-7%	↓
Service Description	WDC owned residential accommodation for older people				
Main Issues / Reason for Variance	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.				
Mitigating Action	The service area will require to consider the use of beds for non income generating activity and look to address the staffing issues thus reducing the reliance on agency cover.				
Anticipated Outcome	An overspend is anticipated at this time unless the service area reviews the use of beds and takes steps to address staffing issues				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 10 covering 1 April 2023 to 31 January 2024
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
External Residential Accommodation for Elderly	9,104	9,018	86	1%	↑
Service Description	External residential and nursing beds for over 65s				
Main Issues / Reason for Variance	The unadjusted projected adverse variance of £0.242m is mainly due to the number of external residential placements being used being 25 more than budgeted for with a change in the profile of clients from residential to nursing (at a cost of £0.117m) and an increase in the number of free personal and nursing care clients (at a cost of £0.208m) partially offset by a reduction in the cost of direct payments. Earmarked reserves have been drawn down as part of the recovery plan.				
Mitigating Action	All referrals for residential and nursing care are robustly challenged at weekly MDT meetings.				
Anticipated Outcome	It is possible that the current overspend projected will require to be covered by earmarked reserves as part of final recovery planning unless other actions are taken to limit occupancy and support people in their own homes for longer with all appropriate support in place.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 10 covering 1 April 2023 to 31 January 2024
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	1,132	185	14%	↑
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 10 covering 1 April 2023 to 31 January 2024
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	3,473	(138)	-4%	↓
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	2,122	105	5%	↑
Service Description	This service provides physical disability services				
Main Issues / Reason for Variance	The projected favourable variance is mainly due to an underspend in residential packages arising from reduction in client numbers.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				
Day Centres - Learning Disability	2,261	2,084	177	8%	↑
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 10 covering 1 April 2023 to 31 January 2024
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	240	(240)	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 10 covering 1 April 2023 to 31 January 2024
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	15,431	(1,497)	-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 £2.575m 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 £1.497m 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 10 covering 1 April 2023 to 31 January 2024
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	(644)	(1,607)	963	-149%	↑
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				

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	(1,607)	(262)	2,432	
Total Unearmarked Reserves	4,301	(1,607)	(262)	2,432	
Earmarked Reserves					
Scottish Govt. Policy Initiatives	9,529	(1,810)	(1,278)	6,441	
Community Justice	192	(62)		130	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	Transfer of earmarked reserves to EDHSCP related to Childrens Services - Specialist
New Dementia Funding	63	0		63	
Scottish Government Alcohol and Drug Partnership (including various National Drugs Priorities)	984	(319)		665	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	(219)		21	Drawdown for related expenditure
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	

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 - MDT	548	193		741	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
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	(1,727)	0	2,866	
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	(89)	0	349	

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	
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	(23)		211	
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	(52)		672	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
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	(614)	0	4,154	

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	
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	(734)		95	Msk Physiotherapy Additional Staffing and Equipment re Waiting Times and EPR transition
Retinal Screening Waiting List Grading Initiative	234	(83)		151	Retinal Screening Additional Clinics re waiting times and Equipment costs
Prescribing Reserve	972	0		972	
NHS Board Adult Social Care	88	0		88	
CAMHS	120	0		120	Will transfer to EDHSCP
Planning and Health Improvement	145	103		248	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	268		721	HSCP Property Strategy Group will consider plans
Health Visiting	0	41		41	Increase to reserves to fund student costs
Workforce Wellbeing	18	0		18	
Social Care	2,982	(408)	(392)	2,182	
Complex Care Packages/Supporting delay discharges	2,882	(500)	(392)	1,990	£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	92		192	Increase to reserves from increased income received
Total Earmarked Reserves	21,874	(4,559)	(1,670)	15,645	
Total Reserves	26,175	(6,166)	(1,932)	18,077	

West Dunbartonshire Health & Social Care Partnership
Financial Year 2023/24 Period 10 covering 1 April 2023 to 31 January 2024

Appendix 7

Month End Date

31 January 2024

Period

10

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 10 covering 1 April 2023 to 31 January 2024

Appendix 7

Month End Date

31 January 2024

Period

10

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	690	82%	845	0	0%
Current Year Financials	845	690	82%	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

Month End Date 31 January 2024

Period 10

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

Month End Date 31 January 2024

Period 10

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.**Appendix 8**

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

From: Chief Office HSCP
To: Chief Executives WDC and NHSGCC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: For Action: Directions from HSCP Board 28 March 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	HSCPB000060JS28032024
2	Date direction issued by Integration Joint Board	28 March 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
		HSCPB000055JS20022024
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 No Bad Debt Write Offs are included in this report
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 £240.810m. Allocated as follows: West Dunbartonshire Council - £84.985m NHS Greater Glasgow and Clyde - £115.219m Set Aside - £40.596m
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
12	Overall Delivery timescales	30 June 2024
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report and (where appropriate) the position regarding Debt Write Off's.
14	Date direction will be reviewed	The next scheduled HSCP Board - 21 May 2024

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by ie in Chief Financial Officer

28 March 2024

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

- 1.1** This report sets out the financial allocations from West Dunbartonshire Council (WDC) and NHS Greater Glasgow and Clyde Health Board (NHSGGC), the main cost pressures and key financial risks for the HSCP Board in 2024/25 and to seek members' approval to set an indicative 2024/25 revenue budget.

2. Recommendations

- 2.1** The HSCP Board is recommended to:

- a) **Accept** the flat cash offer from West Dunbartonshire Council of the roll forward of the 2023/24 recurring base allocation of £84.995m and the full pass through of the allocated share of the £241.5m related to Scottish Living Wage and Free Personal and Nursing Care of £4.025m;
- b) **Accept** the total 2024/25 allocation from WDC based on (a) above and other minor adjustments of £88.947m;
- c) **Approve** the required increase to the Scottish Living Wage for adult commissioned services as per the letter in Appendix 1;
- d) **Note** the analysis of the reserves position and the projected balances as at 31 March 2024;
- e) **Accept** the indicative 2024/25 budget allocation from NHS Greater Glasgow and Clyde Health Board of £108.565m, subject to confirmation of the final month 12 recurring base (£108.381m), MDT funding (£0.184m) and indicative set aside budget of £40.596m;
- f) **Approve** an overall indicative funding allocation to the Partnership of £197.512m, excluding set aside for delegated health and social care services for 2024/25;
- g) **Note** the range of management adjustments to the value of £3.447m contained within Table 7;
- h) **Approve:**
 - the range of savings options to the value of £0.725m,
 - the 3 year smoothing of the pension value review of £3.700m, and
 - the drawdown of a range of reserves to the value of £1.802m. All contained within Table 7.
- i) **Agree** that if all options set out in (h) above are approved, this delivers a balanced budget of £199.602m for 2024/25 consisting of:
 - Partners financial allocation of £197.512m
 - Total application of reserves of £2.090m

- j) **Note** that 2024/25 budget allocations for Housing Aids and Adaptations of £0.100m and the Care of Gardens budget of £0.229m;
- k) **Note** the update to the WDC's 10 Year Capital Plan from 2024/25 to 2033/34; and
- l) **Note** that the updated Medium-Term Financial Plan covering 2024/25 to 2033/34 will be presented to the August HSCP Board.

3. Background

- 3.1 This report is a continuation of 20 February Annual Budget Setting Update (Revenue Estimates) report and sets out a number of proposals for approval to deliver a balanced revenue budget for 2024/25.
- 3.2 The requirement to set a balanced budget is established in s108(2) of the Local Government (Scotland) Act 1973 and s93(3) of the Local Government Finance Act 1992.
- 3.3 The 2024/25 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.
- 3.4 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 £0.672m held for "Unachievement of Savings" will be reviewed as part of the 2023/24 year end exercise and recommendations put to the HSCP Board for consideration.
- 3.5 The Scottish Government announced their 2024/25 financial settlements to local authorities and health boards on 19 December 2023. Both settlement letters (presented to the 20 February HSCP Board) contained specific reference to funding to be directed to Integration Authorities.
- 3.6 An indicative 2024/25 funding gap of £10.435m was reported to the February HSCP Board along with details of £0.432m of management adjustments and £0.460m of savings options for noting and approval respectively which would have reduced the budget gap to £9.543m.
- 3.7 Following a period of debate, and in response to officers' response to queries, the savings options were approved with an adjustment to the Pavillion Café option. This adjustment related to the date of the HSCP's withdrawal from operating this service, moving from the 1 April 2024 to 31 May 2024, resulting in the overall savings options reducing from £0.460m to £0.435m.
- 3.8 This report presents a number of options to close the updated budget gap of £9.558m, as summarised below, with Table 1 providing further detail:
 - Health Care - £1.819m
 - Social Care - £7.739m

Table 1: Composition of 2024/25 Budget Gaps as at 20 February 2024 updated for HSCP Board Decisions Taken

WD HSCP - Composition of February Budget Gaps	Health Care £m	Social Care £m	Total HSCP £m
2023/24 Recurring Budgets (excluding Set Aside)	108.373	84.985	193.358
Net Expenditure Pressures as at February 2024			
Reversal of One Year Application of Reserves to Balance 2023/24 Budget		1.812	1.812
Reversal of Non Recurring Savings	0.412	1.181	1.593
Unfunded Pay Uplift 2023/24		1.609	1.609
Projected Pay Uplifts 2024/25 (2% Health Care and 3% Social Care)	0.668	1.636	2.304
Care at Home Staffing Pressures		0.569	0.569
Net Demand Pressures Adult Services		2.429	2.429
Commissioning Services inflation (Adult SLW, NCHC)		3.494	3.494
Children & Families Residential Schools		0.776	0.776
Children & Families Community Placements		1.127	1.127
Children & Families Community Justice		0.287	0.287
Other Cost and Demand Pressures		0.346	0.346
Recurring Savings		(2.812)	
Prescribing	1.413		1.413
Potential FHS GMS Shortfall	0.040		0.040
Loss of Lanarkshire SLA Income (MSK Physio - Northern Corridor)	0.198		0.198
Regrading of District Nursing staff	0.138		0.138
Increase to RT related to social care staff funded from MDT Funding	0.184		0.184
2024/25 Estimated Budget	111.426	97.439	211.677
2024/25 Assumed Funding from Partners	(109.225)	(89.019)	(198.244)
Estimated Funding Gap	2.201	8.420	10.621
Application of previously approved reserves		(0.186)	(0.186)
Budget Gap as reported to 20 February HSCP Board	2.201	8.234	10.435
Management Adjustments reported to February HSCP Board	(0.382)	(0.050)	(0.432)
Savings Options approved at February HSCP Board		(0.445)	(0.445)
Updated Budget Gap following 20 February HSCP Board Approval	1.819	7.739	9.558

4. Main Issues

- 4.1** The position set out within Table 1 has been continually revised by officers to minimise the requirement for further savings programmes and protect, as much as possible, reserves to support financial sustainability in the short to medium term.
- 4.2** Table 2 below details the significant movements since the February report, including changes to assumptions in both demand and funding allocations. While there have been additional cost pressures, these have been minimised by additional income from increases to charges and new Scottish Government funding. The combined budget gap was increased marginally from £9.558m to £9.674m.

Table 2: Reconciliation between February and March Budget Gaps

WD HSCP - Reconciliation of Budget Gaps between February and March	Health Care £m	Social Care £m	Total HSCP £m
Updated Budget Gap following 20 February HSCP Board Approval	1.819	7.739	9.558
Increase in recurring budget funding	(0.008)		(0.008)
Increase in recurring budget cost	0.008		0.008
Removal of pay award funding assumption	0.668		0.668
Removal of pay award burden assumption	(0.668)		(0.668)
Increase in prescribing burden	0.820		0.820
Reduction in funding assumption		0.072	0.072
Removal of 4% inflationary assumption for CPP for 24/25		(0.154)	(0.154)
Increase in SFC inflationary assumption to 10%		(0.130)	(0.130)
Increase in Property Sale income for external care homes		(0.100)	(0.100)
Application of SFC inflationary assumption to internal care home income		(0.230)	(0.230)
Additional Income for Criminal Justice		(0.232)	(0.232)
Other		0.070	0.070
Revised March Budget Gaps	2.639	7.035	9.674

Scottish Government – Budget 2024/25

4.3 The 20 February 2024 HSCP Board considered the main messages from the Scottish Government’s 19 December 2023 letters and the impact on health and social care funding (refer to Table 3 below), detailed below. It should also be noted that when delivering the Scottish Government’s budget plans, the Deputy First Minister and Cabinet Secretary for Finance Shona Robison described the 2024/25 budget as *“the toughest since the creation of the Scottish Parliament in 1999”*. This narrative was further supported in the Fraser of Allander’s – Scotland’s Budget Report 2023, which described this period as *“one of the most challenging fiscal backdrops in the history of Scottish devolution”*.

- **For Health Care** – Confirmation that while *“NHS Boards will receive a total increase of 4.3% in relation to 2023/24 non-recurring funding now being made on a recurring basis for 2024/25 to cover costs related to the 2023/24 pay deals,Boards will be **expected to manage pressures within existing envelopes**”*.
*“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...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**”*.
- **For Social Care** – The direction that *“funding allocated to Integration Authorities for free personal and nursing care and adult social care pay in commissioned services **should be additional and not substitutonal 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.”

Table 3: Scottish Government Funding

Financial Settlement	Scotland Wide	WD HSCP Allocation
	£m	£m
Social Care		
Adult Social Care Pay in Commissioned Services	230.000	3.916
Free Personal Care and Nursing Services	11.500	0.109
Scottish Recommended Allowance for Kinship & Foster Care	16.000	0.318
Self Directed Support Transformation Funding	0.176	0.004
Remove Undistributed Scottish Disability Allowance	(4.584)	(0.071)
Total	253.092	4.276

- 4.4** Since the settlement announcement on 19 December 2023, the Scottish Government budget has progressed through the three parliamentary stages to final approval on the 27 February 2024. This included the announcement of an additional £62.7m for local authorities based on:
- a further £17.7m in 2024/25; and
 - £45m of Barnett consequentials expected as a result of new UK Government funding for Adult Social Care funding in England.

This additional funding is conditional upon local authorities agreeing to freeze council tax.

- 4.5** While WDC have elected not to pass through an in-year or recurring share of additional pay award funding in both 2022/23 and 2023/24, the HSCP Board should make future representations to the Council should any new funding be received to fund the 2024/25 pay offer, to cover local authority employed social care staff.
- 4.6** This lack of funding is the main contributing factor of the 2024/25 social care budget gap, coupled with another year of flat-cash allocations. This means that the HSCP Board requires to fully fund the cumulative impact of pay awards in 2022/23 and 2023/24 and a projected pay award of 3% in 2024/25, of circa £5.5m for social care staff. The HSCP Board should note that for every additional 1% pay increase over the 3% currently estimated would cost circa £0.545m.

2023/24 Financial Performance Update and Review of HSCP Reserves

- 4.7** The 2023/24 Financial Performance Update is provided in a separate report to this agenda and projects an overspend for the year ended 31 March 2024 of £1.607m. This is the net projection after the planned drawdown of earmarked reserves for both specific policy intentions (£4.559m) and to support recovery planning (£1.932m). This projection is used to assess the impact on the 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 savings options for approval.
- 4.8** 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.
- 4.9** 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. The opening unearmarked reserves balance as at 1 April 2023 was £4.301m (2.07% of 2023/24 net expenditure budget) compared to the 2% target figure of £4.163m
- 4.10** The projected 2023/24 overspend of £1.607m, is mainly due to the unfunded pay award cost pressure of £1.558m. While officers continue to monitor spend and review packages of care and non-essential spend, in the absence of further recovery planning measures this overspend will require to be funded by further application of reserves. The final accounts exercise will determine whether this will be unearmarked reserves, release of earmarked reserves following review, or a combination of both. For the purposes of this report, it is anticipated to be aligned to unearmarked reserves as set out in Table 4 below.
- 4.11** By aligning to the application of unearmarked reserves this results in a projected balance held at 31 March 2024 of circa £2.432m (1.17% of 2023/24 net expenditure budget). This projected balance is £1.731m below the 2% target and will require further savings options/management actions in excess of those required to balance the budget in future years, in order to work towards restoring the prudential target in the short to medium term. The next iteration of the Medium-Term Financial Plan will explore how this could be achieved.
- 4.12** Table 4 below sets out the projected outturn's impact on unearmarked reserves as set out above and the projected movement in earmarked reserves from the March Financial Performance Update report.

Table 4: Anticipated Reserve 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	(1,607)	(262)	2,432
Earmarked Reserves	21,874	(4,559)	(1,670)	15,645
Total Reserves	26,175	(6,166)	(1,932)	18,077

The projected 2024/25 budget gap set out in Table 1 above include a modest application of £0.288m of earmarked reserves which will be taken from the £15.645m detailed in Table 4 above.

- 4.13** The 2% prudential target requires to be recalculated based on the 2024/25 funding allocations from WDC and NHSGGC. Recognising there may be some further changes to the indicative allocations set out in Table 5 and 6 below, based on a total indicative budget of £238.108m less Family Health Services budget of £32.384m, a 2% contribution to hold as an unearmarked reserve would equate to £4.114m.

Funding from West Dunbartonshire Council

- 4.14** West Dunbartonshire Council met on 6 March to set their 2024/25 budget including the approval of their funding contribution to the HSCP Board. The agreed allocation complies with the Scottish Government's direction to provide the HSCP Board with a "flat-cash" allocation of the 2023/24 recurring budget requisition plus the full pass through of WDC's share of the £241.5m, with some other minor adjustments and is set out in Table 5 below:

Table 5: WDC Approved Funding Allocation to the HSCP Board

Extract from WDC 6 March 2024 Report	£m
Original Requisition	86.368
Adjustments in year	
Less Criminal Justice Specific Grant (goes directly to HSCP)	(1.634)
Less Community Justice Transitional Funding	(0.063)
Scottish Recommended Allowance for Kinship & Foster Care (£16m)	0.319
Self Directed Support Transformation Funding (£0.176m)	0.005
Revised 2023/24 HSCP Requisition	84.995
Adjust for minor reductions in funding for RSA and SDS	(0.002)
Adjust for reduction in Scottish Disability Allowance (currently undistributed)	(0.073)
Share of Free Personal and Nursing Care of Elderly (£11.5m)	0.109
2024/25 HSCP Requisition as detailed in WDC 6 March Report	85.029
Confirmed share of funding for Adult Social Care Pay in Commissioned Services (£230m)	3.916
Correction for reduction in Scottish Disability Allowance	0.002
Revised 2024/25 HSCP Requisition	88.947

- 4.15** This confirmed allocation includes a small reduction of £0.072m from that reported to the 20 February HSCP Board mainly relating to the adjustment for the reduction in the Scottish Disability Allowance funding of £0.071m, at present this is undistributed by the Scottish Government, and other minor adjustments. While compliant with the Scottish Government direction, a “flat-cash” allocation requires the HSCP to cover all inflationary and demographic pressures for 2024/25, coupled with the cumulative impact of the 2022/23 and 2023/24 unfunded pay gap.

Justice Social Work (JSW) Services

- 4.16** The 20 February Board report set out the anticipated 2024/25 budget allocation for Justice Social Work Services, which was a continuation of the flat-cash allocation for justice social work services, referred to as Section 27 funding. This core budget has not received an inflationary uplift since 2021/22, adding to the HSCP budget gap. However, the Scottish Government wrote to local authorities on the 11 March and confirmed additional funding would be provided to support ongoing work linked to the pandemic. West Dunbartonshire’s share is £0.232m and this has been reflected in Table 2 above.

Funding from NHS Greater Glasgow & Clyde

- 4.17** Due to the nature of the monthly financial allocations made by the Scottish Government to Health Boards, the final recurring roll-forward position will not be confirmed until month 12 is finalised in April 2024, followed by formal confirmation from the Health Board. This is further complicated as Health Boards have just been notified of their recurring allocations to cover the cost of the 2023/24 pay uplift, with appropriate share included in the current recurring roll-forward position (see Appendix 2). The indicative budget contribution is set out in Table 6 below.

Table 6: NHSGGC Indicative Funding Allocation to the HSCP Board

Indicative Funding Allocation based on Month 10	£m
Recurring 2023/24 Health Care Budget (See Table 1)	108.381
NHS 0% Uplift on eligible services (i.e. excludes FHS)	0.000
Estimated MDT Funding for Social Care staff	0.184
2024/25 Budget Contribution for Health Care	108.565
Notional 2024/25 Set Aside Budget	40.596
NHS 0% Uplift	0.000
2024/25 Notional Set Aside Budget	40.596

Financial Risks and Uncertainties

- 4.18** Table 1 above, along with further changes detailed in sections 4.1 - 4.2, sets out a summary of the key component cost pressures considered as part of the 2024/25 revenue estimates exercise. The following sections expands on the

content, uncertainties and risk related to these pressures and the mitigation that could be applied.

Pay

- 4.19** Health and social care pay increases are one of the main risk areas for the HSCP as 2024/25 pay uplifts and the potential levels of funding are unknown at this time. The Scottish Government has not published a Public Sector Pay Policy as yet, given the uncertain outlook for inflation.
- 4.20** For local authority employed staff, including those delivering delegated social care services through the HSCP, respective s95 officers have taken a collegiate approach when considering what percentage (%) to add. For 2024/25 estimates, 3% has been assumed for both Council and HSCP services. As set-out in Table 1, 3% equates to a cost pressure of £1.636m, with every additional 1% costing circa £0.545m.
- 4.21** The Health Budget gap as reported to the February HSCP Board assumed a fully funded pay pressure for health board employed staff, including those delivering delegated community health care services of 2% which, as set-out in Table 1 above, equated to a cost pressure of £0.668m with every 1% additional 1% costing circa £0.333m.
- 4.22** Historically the Scottish Government have committed to fund health staff pay uplifts in excess of any public sector pay policy, including the 2023/24 pay deal. The 14 March letter from the NHSGGC Assistant Director of Finance-Financial Planning & Performance (Appendix 2) acknowledges that funding arrangements for Boards will be revisited by the Scottish Government following the outcomes of the pay negotiations in the new financial year and that it should be assumed that additional funding will be allocated to support a deal.
- 4.23** In light of the wording contained within this letter senior NHSGGC finance colleagues and the six CFOs have been consistent in assuming a 0% uplift for Agenda for Change and other staff groups at this time. This change is reflected in Table 2 above.

Inflationary Uplifts and Policy Commitments

- 4.24** The Scottish Government has provided £230m to uplift the living wage for commissioned adult social care workers to a minimum of £12.00/hr from £10.90/hr an increase of 10.09%. This increase is applied to a set percentage (national weighting) of contract values. Full details of how these weighting are to be applied is set out in the 26 February 2024 letter from Director of Social Care and National Care Service Development, Scottish Government and is included at Appendix 1.
- 4.25** Table 2 above sets out the HSCP share as £3.916m and this is fully committed in 2024/25 covering the 10.09% base uplift on current levels of commissioned services, new demand and increases to personal assistants.

While the funding provided is sufficient to deliver uplifts in line with the national weightings, there is a risk that providers could request additional uplifts to cover increases in non-pay related costs, given the current levels of inflation. The HSCP Commissioning Manager will work with services, providers, procurement and finance teams to scrutinise and minimise any additional funding requests in line with available funding.

- 4.26** There is a similar risk aligned to the 2024/25 National Care Home Contract (NCHC) negotiations. Scotland Excel, COSLA and HSCP CFOs continue to work with care home sector representatives to agree on a fair deal that recognises the significant financial pressure all sectors are under. In early March a non-negotiable offer of 6.76% and 8.3% was made to Scottish Care in relation to Nursing and Residential rates respectively, with the Nursing rate to be revisited once Agenda for Change uplifts are agreed. The current HSCP estimates assume an average 7.26% uplift, taking into account the national weighting for residential care services. If the care home sector reject the offer, every 1% increase over and above this equates to an additional cost pressure of circa £0.170m.
- 4.27** While the 26 February 2024 letter refers specifically to Adult Social Care, the Scottish Government has committed to delivering a £12/hr minimum wage to providers of children's social care services. At this time the HSCP draft estimates for 2024/25 and future years do not include any additional costs or any associated funding.

Current 2023/24 demand continuing into 2024/25

- 4.28** While the Integration Scheme agreement between WDC and NHSGGC sets out the partners responsibilities to recognise inflationary and demographic pressures, the reality has been flat cash allocations for social care.
- 4.29** Regular financial performance reports throughout the 2023/24 financial year, have highlighted areas where actual costs are in excess of approved budgets. The main ones being Children and Families community placements and residential care; staffing costs for Internal Care Homes; Care at Home overtime and agency costs (partially offset by Winter Monies as part of the Recovery Plan) and GP Prescribing (being offset with turnover across all other health services but with an earmarked reserve available).
- 4.30** Table 1 above highlights the additional cost of community and residential placements pressure for 2024/25 as £1.903m. This has further increased over the last month as placement numbers have increased with an unbudgeted additional pressure of £0.672m that will be required to be managed within existing budgets. The HSCP funds a minimum of 72% of residential care packages where there is educational input and 100% if only social care. The Council when setting their own budget on 6 March made provision to Education Services (liable for 28% of residential costs) of £0.696m to help mitigate the increase in both demand and costs of these placements. If the HSCP had been provided similar support, this would have mitigated the 2024/25 cost pressure.

- 4.31** As part of the planned review across children and family services, the Head of Service has developed a Children's Health and Care Services Strategy "What Would it Take" that includes Shifting the Balance of Care to reduce the number of children looked after away from home embracing a family first approach. This strategy is provided within a separate agenda item in this HSCP Board meeting. Any financial implications arising from the programme of improvements have not been included within the future year budget gaps as presented in this report but will be reflected in the refresh of the Medium-Term Financial Plan.
- 4.32** The Care at Home Review continues to make progress, however the pace has been impacted by increasing demand which has been covered by additional overtime and agency. The financial consequences of this, coupled with savings targets are well documented within regular financial performance reports. An update on the progress of the review is provided within a separate agenda item. As stated in section 3.4 above, it is the responsibility of the service to deliver on previously approved savings and the 2024/25 budget estimates reflect full delivery.
- 4.33** Unfunded demographic pressures related to social work packages of care total £2.775m as detailed in Table 1. There is a minimum requirement for social work packages of care to be reviewed on an annual basis. This is always a challenge however the pandemic impacted on the reviews taking place along with ongoing staffing vacancies. This delayed progression of reviews which are now underway. In addition to this there have been a range of developments as detailed below and application of these measures will support the management adjustments, detailed within Appendix 3.
- All service packages require to be assessed against the West Dunbartonshire Council Charging Policy and charges levied appropriately,
 - Ongoing review of packages against eligibility criteria has identified that there are some service users receiving support who do not meet this criteria or who have support above what is required to meet their needs.
 - The introduction of the new resource group which authorises all adult packages of care has supported consistency of approach across all adult services. The resource group also ensures that consideration is given to Carers Assessments and income maximisation, including implementing client charges.
 - Completion of a full My Life Assessment (MLA) or MLA Review.
- 4.34** GP Prescribing is the largest singular budget delegated to the HSCP at £21.142m, yet the management of such a budget is highly complex and significantly impacted by global price inflation, as the majority of drugs are imported. During the first two years of the pandemic the volume of drugs dispensed fell significantly, and while there was some price increases due to short supply, overall the costs were less than the approved budget. This provided an opportunity to create and maintain an earmarked prescribing reserve over the last three years.

- 4.35** During 2023/24 the volume of items dispensed across GP Practices has increased by an average of 2% coupled with an average price increase of 6%. If the current volume and price trends continue on this trajectory, before including any prescribing efficiency, the 2024/25 budget would have to increase by 10.5% at a cost of £2.223m. Given the Scottish Government have provided flat-cash funding, significant efficiencies will have to be made. The current estimated uplift set-out in Tables 1 and 2 above is based on a 10.5% uplift and is the main element of the current health care gap.
- 4.36** Over the past few months work has been ongoing in respect of a clinically led approach to cost containment and volume control as part of an NHSGGC system wide approach and one that is built up from prescribing patterns of individual GPs and informed by known costs. It is anticipated that this could deliver circa. £0.593m in savings 2024/25.
- 4.37** In addition to these measures, the Scottish Government were asked to support health boards by providing a list of medicines to be considered to be of low clinical value, similar to guidance issued by NHS England. This has not been taken forward nationally, however it is for individual health boards to consider targeting medicines in this category. This has been considered by local clinicians and a number of medicines have been identified to be targeted, supported by changes to the Formulary and use of Scriptswitch. This is an ambitious programme which comes with an ambitious efficiency target of £0.739m.
- 4.38** It must be recognised that the delivery of these programmes are predicated on a number of factors including the availability of pharmacy and GP resources to undertake individual patient reviews which include reassuring patients of the efficacy any switch.
- 4.39** The total of these programmes is £1.332m as set out in Table 7, as part of the recommended measures to close the HSCP budget. These efficiencies, along with the application of 50% of the current earmarked prescribing reserves of £0.487m, will mitigate the prescribing pressure in 2024/25.

Closing the Revised Budget Gaps

- 4.40** Further scrutiny and analysis has been undertaken to minimise the projected budget gaps set out in Tables 1 and 2 above. Any further management action, savings options or application of reserves has been considered in line with the strategic priorities set out in the “2023 - 2026 Strategic Plan: Improving Lives Together and recommendations are detailed within Table 7 below, with detailed breakdowns available within the accompanying appendices on management adjustments (Appendices 3, 4 and 5), savings proposals (Appendices 6, 7 and 8), Strathclyde Pension Fund Superannuation smoothing (detail provided to the February HSCP Board) and application of reserves (Appendix 9). It should be clearly understood by the HSCP Board that the majority of measures are non-recurring and unless additional funding is provided in the future, recurring measures will impact on permanent staffing levels and reductions to services.

Table 7: Closing the Revised Budget Gap

WD HSCP - Composition of February Budget Gaps	Health Care	Social Care	Total HSCP
	£m	£m	£m
Revised Gap as at 20 February HSCP Board (Table 1 above)	1.819	7.739	9.558
Change from projected funding to confirmed funding	0.660	0.072	0.732
Change to budget assumptions	0.160	(0.776)	(0.616)
Revised 2024/25 Gap before Options	2.639	7.035	9.674
Management Adjustments			
Please refer to Appendices 3 to 5 for full details	(1.865)	(1.582)	(3.447)
Revised 2024/25 Gap as at March 2024	0.774	5.453	6.227
Savings Options			
Please refer to Appendices 6 to 8 for full details	(0.096)	(0.629)	(0.725)
Recommended Smoothing of Superannuation Savings			
Smooth over the 3 years of the pension valuation review		(3.700)	(3.700)
Shortfall in Savings if all options taken	0.678	1.124	1.802
Suggested Application of Reserves to close the gap			
Winter Planning Funding - Interim Care		(0.026)	(0.026)
Winter Planning Funding - Enhance Care at Home		(0.521)	(0.521)
Covid-19 Support to women and children in recovery from Domestic abuse		(0.062)	(0.062)
Complex Care Packages/Supporting delay discharges		(0.500)	(0.500)
Fixed term posts with the integrated HSCP Finance team		(0.015)	(0.015)
Prescribing Reserve	(0.487)		(0.487)
NHS Board Adult Social Care	(0.088)		(0.088)
Planning and Health Improvement	(0.085)		(0.085)
Workforce Wellbeing	(0.018)		(0.018)
Total use of Reserves Proposal	(0.678)	(1.124)	(1.802)
Please refer to Appendix 9 for full details			
Final Position if all options and reserves accepted	0.000	0.000	0.000

- 4.41** The proposals set out in Table 7 above would allow the HSCP Board to set a balanced budget based on the indicative funding offers and estimated costs of delivering delegated health and social care services in 2024/25.
- 4.42** As covered in the “Financial Risks and Uncertainties” section above, delivery of the range of options do not come without risk, and as such a number of the adjustments related to additional turnover and the temporary non filling of vacancies are assumed for one year only. Turnover targets have always been factored in health and social care budgets and formed part of the original delegated budgets. They range from 1% to 4.5% depending on frontline or support services and over the last three years they have been exceeded across a range of services. This situation is not unique to West Dunbartonshire, and is one of the main contributory factors in all Scottish HSCPs continuing to hold reserves across a range of Scottish Government policy commitments. Therefore together with all the other uncertainties around inflation and pay, increasing turnover targets, where appropriate, in 2024/25 is considered a reasonable approach in the short term.

Refresh of the Medium-Term Financial Plan 2024/25 to 2033/24

- 4.43** The current Medium-Term Financial Plan (MTFP) 2022/23 to 2026/27 was approved by the HSCP Board on 21 March 2022. External audit have recommended that a full refresh of the plan should be undertaken before 2026, to reflect progress on service developments and the impact of Covid legacy. In order to be meaningful and help to support the HSCP Board shape strategic priorities, it is the opinion of the Chief Financial Officer that this should be undertaken over the summer, with the refreshed plan submitted to the August HSCP Board. Table 8 provides details of the mid-range budget gaps for 2025/26 and 2026/27 at this time, taking the future year impact of 2024/25 budget saving options into account.

Table 8: Integrated Budget Gaps 2024/25 to 2026/27

Budget Gap Analysis	2024/25	2025/26	2026/27
	£m	£m	£m
Social Care			
Indicative Draft Budget	96.477	104.097	111.772
Indicative Funding	88.947	93.409	98.333
Options Already Approved	0.495	0.510	0.510
<u>Additional Options</u>			
Phase EER's Superann Contributions over 3 years	3.700	3.700	3.700
Management Adjustments	1.582	1.507	1.507
Savings Options	0.629	1.040	1.040
Revised Annual Budget Gap	1.124	3.931	6.682
Revised Cumulative Budget Gap	1.124	5.055	11.737
Health Care			
Forecast Spend	111.586	113.436	115.358
Forecast Income	108.565	109.236	109.920
Options Already Approved	0.382	0.095	0.095
<u>Additional Options</u>			
Management Adjustments	1.865	1.490	1.490
Savings Options	0.096	0.096	0.096
Revised Annual Budget Gap	0.678	2.519	3.757
Revised Cumulative Budget Gap	0.678	3.197	6.954
Combined			
Forecast Spend	208.063	217.533	227.130
Forecast Income	197.512	202.645	208.253
Options Already Approved	0.877	0.605	0.605
<u>Additional Options</u>			
Phase EER's Superann Contributions over 3 years	3.700	3.700	3.700
Management Adjustments	3.447	2.997	2.997
Savings Options	0.725	1.136	1.136
Revised Annual Budget Gap	1.802	6.450	10.439
Revised Cumulative Budget Gap	1.802	8.252	18.691
Application of Earmarked Reserves	1.802	1.568	0.000
Revised Annual Budget Gap	0.000	4.882	10.439
Revised Cumulative Budget Gap	0.000	4.882	15.321

Other Integrated Budgets in Scope

- 4.44** 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 which should be delegated to Integration Authorities.
- 4.45** As covered within the regular financial performance report, these budgets are currently held within WDC's 'Roads and Neighbourhood' and 'Housing and Employability' Services and are managed on behalf of the HSCP Board. The 2024/25 budgets approved by Council on 6 March 2024 are detailed below, including the impact of approved savings:
- Aids and Adaptations - £0.100m (reduced from £0.250m)
 - Care of Gardens - £0.229m (unchanged)

Capital

- 4.46** West Dunbartonshire Council approved their refreshed 10 year capital plan on 6 March 2024. While the updated Capital Plan has some changes to projects from the previous plan agreed in March 2023 due to projects coming to the end of their natural life and reprofiling of ongoing projects as a consequence of a formal review carried out during 2023/24 there are no changes to HSCP capital projects.
- 4.47** The phasing of the approved HSCP capital budgets from 2023/24 to 2031/32 are detailed in Table 9 below.

Table 9: Capital Budgets 2024/25 to 2032/33 (Extract from WDC 6 March 2024 Budget Setting Report)

Project	Updated Budget 2023/24	Forecast Outturn 2023/24	Budget 2024/25	Budget 2025/26	Budget 2026/27	Budget 2027/28	Budget 2028/29	Budget 2029/30	Budget 2030/31	Budget 2031/32	Budget 2032/33	Budget 2024/25 to 2032/33
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Special Needs - Aids & Adaptations for HSCP Clients	845	766	823	767	767	767	767	767	767	767	767	7,725
ICT Modernisation HSCP	584	50	659	125	125	125	125	125	125	125	125	1,709
Criminal Justice Adaptations	19	3	0	0	0	0	0	0	0	0	0	3
Community Alarm Upgrade	308	50	412	0	0	154	154	154	0	0	0	924
Total	1756	869	1894	892	892	1046	1046	1046	892	892	892	10361

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 and contained within the accompanying appendices, there are no other people implications known at this time.

7. Financial and Procurement Implications

- 7.1** Other than the financial position noted above and contained within the accompanying appendices, 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 the 2024/25 budget assumptions.

8. Risk Analysis

- 8.1** The HSCP Board is facing considerable financial and service risks in the current financial year, 2024/25 and into the medium term. Short term and one-off measures such as increased turnover, the use of non-recurring funding such as employers superannuation benefits and the utilisation of reserves to meet financial deficits will not be available at the same in future years. The requirement to deliver recurring savings will impact on all HSCP services both internally and externally commissioned and the consequences will be borne by staff and the communities we serve.

- 8.2** Other 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;
- 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;
- Implementation of the Safer Staffing Act and associated cost implications;
- Ongoing Agenda for Change non pay agreements to reduce the working week for AFC staff to 37 hours per week in 2024/25 and 36 hours per week in the medium term; 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 indicative budget allocation for core health and social care services are set out within a direction at Appendix 10 to both WDC and NHSGGC.

Julie Slavin – Chief Financial Officer

Date: 20 March 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 – Letter from Director of Social Care and
National Care Service Development Directorate regarding
Adult Social Care Uplift – 26 February 2024

Appendix 2 – Letter from Assistant Director of Finance-
Financial Planning & Performance (NHSGCC) – 14
March 2024

Appendix 3 – Management Adjustments Summary

Appendix 4 – Management Adjustments Detail

Appendix 5 – Management Adjustments Equality Impact
Assessments

Appendix 6 – Savings Options Summary

Appendix 7 – Savings Options Detail

Appendix 8 – Savings Options Equality Impact
Assessments

Appendix 9 – Proposed Reserves Application

Appendix 10 – Directions

Background Papers: 2023/24 Financial Performance Update Report – 20
February 2024 HSCP Board

Localities Affected: All

**Director of Social Care and National Care
Service Development Directorate**
Donna Bell



Scottish Government
Riaghaltas na h-Alba
gov.scot

E: donna.bell@gov.scot

To: Integration Authority Chief Officers
Integration Authority Chief Finance Officers
Local Authority Chief Executives
Local Authority Directors of Finance
COSLA
Scotland Excel
ILF Scotland
Chief Social Work Officers
Scottish Care
CCPS
Care Inspectorate
Unite
UNISON
GMB
STUC
Care providers

From: Donna Bell, Director of Social Care and National Care Service Development,
Scottish Government

Date: 26th February 2024

Adult Social Care Pay Uplift

Dear colleague,

Following agreement at COSLA Leaders on 26 January 2024, I am writing to confirm the initial details of the pay uplift for adult social care workers that was announced on 19 December 2023 by the Deputy First Minister as part of the Scottish Budget for 2024/25.

As you are aware, in the Scottish Budget for the 2024/25 fiscal year, it was announced that £230 million will be transferred to Local Government to support the delivery of a £12.00 minimum wage for all adult social care staff delivering direct care in commissioned services from April 2024. This funding will be paid to Local Authorities in the weekly General Revenue Grant payments from April 2024.

There has been political agreement that the uplift to £12.00 per hour will be delivered in the same manner as the uplift to £10.90 per hour for these workers, which was delivered in the 2023/24 financial year.

Scope

The pay uplift will apply to staff providing direct care within Adult Social Care in commissioned services in the third and independent sectors. This will include Supervisors, Practitioners, Support Workers, Personal Assistants, and staff providing overnight support. This funding will apply to workers in care homes, care at home, day care, housing support, adult placement services, respite services and those delivering direct support through all SDS Options.

This funding will enable pay for these workers, in these services, to be uplifted from at least £10.90 per hour to at least £12.00 per hour.

Full details of scope and eligible services can be found at Annex A.

Timing and Process

This funding will take effect from April 2024.

In line with existing process and previous years approach, Local Government and Integration Joint Boards will be working through the required governance, legal and contractual arrangements to deliver this to providers.

Local indications suggest that most payments will be made across April and May, with funding back dated and provided from April 2024. Best endeavours will be made to have all payments with providers by July 2024. However, this relies on a timely return of contract variation letters by providers.

The Scottish Government and COSLA will meet with Scottish Care, Coalition of Care and Support Providers Scotland (CCPS) and Trade Union representatives to discuss any concerns or questions around implementation and will work together to resolve these quickly through the established troubleshooting process.

Policy Implementation

The uplift to £12.00 per hour will be distributed to providers in the same manner as the previous uplift to £10.90 per hour for the workers in scope.

This will mean a 10.09% uplift will be applied to a set percentage (national weighting) of contract values, in line with the **average full workforce costs** for residential and non-residential services. A separate agreed weighted percentage has been set for Personal Assistants who are paid directly through SDS Option 1 budgets.

The current approach provides funding for wages and on-costs and the national weightings are based on the **average full workforce costs** within a contract.

The term **average full workforce cost** references and means that the weightings do not only include workers on the £10.90 per hour in direct care roles - that this uplift to £12.00 is intended for - but that the calculation also provides for all workers

employed directly within services and the associated on-costs. This includes workers on higher rates and in non-direct care roles as are included in the contracts.

National Weightings

The national weightings for the £12.00 uplift will be the same as those used for the uplift to £10.90. These percentages are below:

- Residential care – uplift applied to **71.8%** of full contract value.
- Non-residential – uplift applied to **86.9%** of full contract value.
- SDS option 1 Personal Assistants – uplift applied to **90%** of budgets.

This equates to contract uplifts of:

- **Residential Care** **7.24%**
- **Non-Residential Care** **8.77%**
- **SDS Option 1** **9.08%**

Due to the nature of this approach, this may result in some providers having funds remaining once the policy intent - **to uplift pay for the workforce delivering direct care to at least £12.00 per hour** - has been fully delivered.

Any additional funds that providers may have from this policy must be spent on uplifting pay for the directly employed workforce working within services for the 2024/25 financial year. It is the provider's discretion of how any remaining funds are to be spent within these stipulations, but this can be used to support differentials.

The residential care uplift does not relate to National Care Home Contract rates which are dealt with separately and incorporate the pay uplift using the established Cost Model

Non-workforce costs

This policy, to uplift the minimum rate of pay for adult social care workers, provides funding for wages and on-costs within providers contracts.

Local areas still have the ability to offer increases to providers on the non-workforce costs within their contracts.

Any changes, over and above the funding for the pay uplift, on the rest of local contracts / Scotland Excel, Adult Social Care National Flexible Frameworks to address other increasing and inflationary non-workforce costs would be out with the remit of this policy and would form part of the normal local contractual negotiating process with providers and their local commissioners and finance departments. For national arrangements, Scotland Excel will work in collaboration with providers and commissioners in line with the Framework's Price Review process.

Assurance process

For this uplift, and in line with previous practice, providers will be required to sign and return contract variation letters. This will confirm that the funding must only be used for uplifting pay and local areas will be responsible for assuring this funding is used for these purposes through their normal contract monitoring processes.

As per usual process, funding will then be released to providers as soon as possible after they return their signed contract variation letters.

Personal Assistants

Separate guidance will be issued for PA employers.

ILF Scotland

Separate guidance will be issued for ILF Scotland recipients.

Childrens Social Care

Separate guidance will be issued by the Children and Families Directorate for Childrens Services.

Next steps

I hope this provides clarity on the pay uplift for 2024/25.

The Scottish Government recognises the exceptional work of the social care workforce, and we thank them for the most important role that they play in our communities.

We appreciate you sharing this with your networks and working with us to get this uplift delivered to the workforce at speed.

Yours sincerely,



Donna Bell
Director of Social Care and National Care Service Development

Annex A

Workforce in scope (those eligible to be paid a minimum of £12.00)

Broad title	Role description
Supervisor in Care Home Services / Care at Home Services / Housing Support Services / Day Care Services / Adult Placement Services / Respite Services	<p>Worker who holds responsibilities for providing and supervising the provision of care and/or support provided directly to adults using residential care / a user within a care at home service or of a housing support service.</p> <p>This also includes workers providing overnight support¹</p>
Practitioner in Care Home Services / Care at Home Services / Housing Support Services / Day Care Services / Adult Placement Services / Respite Services	<p>Worker who provides care and support to adults using residential care and who has responsibility for co-ordinating the implementation of care plans. This may include holding keyworker responsibilities.</p> <p>This also includes workers providing overnight support.</p>
Support Worker in Care Home Services / Care at Home Services / Housing Support Services / Day Care Services / Adult Placement Services / Respite Services	<p>Worker employed in providing care / and or support directly to adults using residential care / a user of service within a care at home service or of a housing support service.</p> <p>This also includes workers providing overnight support.</p>
Personal Assistants	Separate guidance will be provided.

¹ Overnight support is where a care worker sleeps, provides a waking night service or night sitting service, in the home of someone they support or in work premises, so that they are on hand in case of an emergency or any other issue during the night.

Services in scope

The uplift applies to commissioned services for adult social care in the independent and third sectors.

This does not include workers in children's, justice, or homelessness services.

Type of service	Definition of services
Care homes	A service which provides accommodation, together with nursing, personal care or personal support, for persons by reason of their vulnerability or need this may include for: alcohol & drug misuse, blood borne virus, learning disabilities, mental health problems, older people, physical and sensory impairment or respite care and short breaks.
Care at home	<p>Care at home is registered by the Care Inspectorate as a support service – "Support Service – Care at home."</p> <p>A support service is defined as a personal care or personal support service provided by arrangement made by a local authority or health body to a vulnerable or person in need. This does not include a care home service or a service providing overnight accommodation.</p>
Day care	<p>Adult day care is registered as a support service – "Support service – Other than care at home."</p> <p>See definition above.</p>
Housing support	<p>A service, also defined as Supported Living, which provides support, assistance, advice or counselling to a person who has particular needs, with a view to enabling that person to occupy residential accommodation as a sole or main residence.</p> <p>This will include delegated and non-delegated services.</p> <p>The nature of the work within the contract (either residential or non-residential care) should attract the current percentage uplifts applied to the total value of the contract.</p>

	<p>While homelessness services largely fall out-with the scope of this policy, the Scottish Government recognises that homelessness services within the housing support sector as defined by the SSSC, where staff provide direct care, fall within the parameters of this policy.</p>
Adult placement services	<p>A service which consists of, or includes, arranging for the provision of accommodation for an adult (age of eighteen years or over), together with personal care or personal support or counselling, or other help, provided other than as part of a planned programme of care by reason of the person's vulnerability or need, by placing the person with a family or individual; but a service may be excepted from this definition by regulations.</p>
All SDS options (1, 2, 3 and 4)	<p>All SDS options where workers provide direct Adult Social Care support, either in a social care provider organisation or someone paying a Personal Assistant.</p>
Respite services	<p>Registerable under a care home and housing support as per the definitions above.</p>
Shared Lives	<p>Shared Lives services are a form of care that supports people to live safely and comfortably in a home and community of their choosing. Care is provided by professional carers - either individuals, couples, or families - in their homes and as part of their local community.</p> <p>The services in scope are.</p> <ul style="list-style-type: none"> • Live-in support • Daytime support <p>The nature of the work within the contract (either residential or non-residential care) should attract the current percentage uplifts applied to the total value of the contract.</p>

Greater Glasgow and Clyde NHS Board

JB Russell House
 Gartnavel Royal Hospital
 1055 Great Western Road
 GLASGOW
 G12 0XH
 Tel. 0141-201-4444
www.nhsggc.org.uk

Date: 14th March 2024
 Our Ref: FMcE

Enquiries to: Fiona McEwan
 Direct Line: 07957638165
 E-mail: fiona.mcewan@ggc.scot.nhs.uk

Dear Beth

2024/25 Indicative Financial Allocation to West Dunbartonshire Health and Social Care Partnership

Further to initial informal discussions with Chief Officers and Chief Finance Officers, I am writing to you with an indicative budget proposal for 2024/25. An update to this letter formally confirming your final allocation for 2024/25 will be issued on behalf of the Board after the Board's financial plan has been approved at the April board meeting and when the Board's financial out-turn is confirmed along with further clarification on the totality and distribution of the pay awards have been determined.

Annual uplift to NHSGGC

The Scottish Government's budget letter issued on 19th December 2023 states that "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." In real terms this means a pay uplift of 3.6% for NHSGGC.

In terms of pay, funding arrangements for Boards will be revisited by the Scottish Government following the outcomes of the pay negotiations in the new financial year. It should be assumed that additional funding will be allocated to support a deal.

The annual general uplift provided by the Scottish Government to support Boards in meeting expected additional costs related to supplies (which includes prescribing growth and utilities charges) and capital charges for 2024/25 is 0%.

The HSCP Settlement

The funding in relation to the pay award for 2023/24 has already been included in the baseline allocations to the HSCP's. Further detail is anticipated to be received with regards to the additional elements in relation to the 2023/24 pay award namely protected learning time, band 5- 6 and reduced working week. When clarity has been provided on funding arrangements for these elements this will be communicated and allocated in due course.

Once the pay deal has been negotiated for 2024/25 and the funding agreed this will be passed over to the HSCP.

Due to no uplift being provided for suppliers and capital charges as noted above there is therefore no further uplift for 2024/25.

An indicative allocation based on Month 11 figures is included in **Appendix 1**.

Set Aside Budget

This is initially based on the estimated set aside budget for 2023/24 and will be revised when the Board's final out-turn is confirmed. This figure represents the estimated actual usage of in scope Acute services. This will continue to be a notional allocation.

Recharges to HSCPs

The following items will continue to be charged to the HSCP during 2024/25:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost;
- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17; and
- The HSCP's share of Office 365 costs based on the number of licences in use.

Meetings will be arranged before the end of the financial year to allow us to formalise the funding and processes that are required for 2024/25. In the meantime, this letter enables the HSCP to produce its financial plans for 2024/25.

Yours sincerely



Fiona McEwan

Assistant Director of Finance- Financial Planning & Performance
NHS Greater Glasgow and Clyde

Appendix 1 – Financial Allocation 2024/25 (based on month 11 figures)

Spend Categories		West Dunbartonshire Hscp
		£000s
Family Health Services		33,313
Fhs Income		(970)
Family Health Services Budget (Net)		32,343
Prescribing & Drugs		21,354
Non Pay Supplies		3,739
Pay		32,987
Other Non Pay & Savings		21,708
Other Income		(3,750)
Budget - HCH incl Prescribing		76,038
Total Rollover budget - NET		108,381
Budget Eligible for HCH & Prescribing uplift		76,038
<u>Uplifts</u>		
Scottish Government allocation 24.25	0%	0
Pay uplift - tbd	0%	0
Total Uplift		0
Revised Budget		108,381
<u>Set Aside Budget</u>		
2023.24 Value		40,596
Uplift @ 0%	0%	0
2023/24 Set Aside Value		40,596

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

Ref	Head of Service	Partner Body	Detail	2024/25			2025/26			2026/27		
				Saving (£000)	FTE	H/Count	Saving (£000)	FTE	H/Count	Saving (£000)	FTE	H/Count
LD02	Sylvia Chatfield	Social Care	Review of Social Care Packages	500	0.00	0.00	500	0.00	0.00	500	0.00	0.00
LD03	Sylvia Chatfield	Social Care	Temporary Non Filling of Vacant Posts (1)	350	10.20	16.00	350	TBC	TBC	350	TBC	TBC
MH01	Sylvia Chatfield	Social Care	Review of Social Care Packages	300	0.00	0.00	300	0.00	0.00	300	0.00	0.00
PD01	Fiona Taylor	Social Care	Review of Social Care Packages	253	0.00	0.00	357	0.00	0.00	357	0.00	0.00
IAS01	Fiona Taylor	Social Care	Temporary Non Filling of IOM Vacant Post (2)	79	1.00	1.00	0	0.00	0.00	0	0.00	0.00
TO01	All	Social Care	Temporary Increase in Turnover (2)	100	0.00	0.00	0	0.00	0.00	0	0.00	0.00
			Social Care Sub Total	1,582	11.20	17.00	1,507	0.00	0.00	1,507	0.00	0.00
HV01	Lesley James	Health Care	Removal of Vacant Band 3/4 Posts (2)	87	2.38	3.00	87	2.38	3.00	87	2.38	3.00
MH02	Sylvia Chatfield	Health Care	Removal of Post due to Retiral (2)	71	1.00	1.00	71	1.00	1.00	71	1.00	1.00
MSK01	Helen Little	Health Care	Temporary Increase in MSK Service Turnover from 3.7% to 8.3%	375	0.00	0.00	0	0.00	0.00	0	0.00	0.00
PRES01	Fiona Taylor	Health Care	Board Wide Prescribing Efficiency Programme (2)	1,332	0.00	0.00	1,332	0.00	0.00	1,332	0.00	0.00
			Health Care Sub Total	1,865	3.38	4.00	1,490	3.38	4.00	1,490	3.38	4.00
			TOTAL MANAGEMENT ADJUSTMENTS	3,447	14.58	21.00	2,997	3.38	4.00	2,997	3.38	4.00

(1) Future year savings and staffing implications subject to confirmation on progress of LD Review

(2) No additional information required as covered in previous budget sessions and further detail on prescribing contained within the main report

2024/25 BUDGET PREPARATION – MANAGEMENT ADJUSTMENTS DETAIL

Head of Service: Sylvia Chatfield		Saving Ref: LD02			
Saving Title		Review of LD social care packages			
<p>Summary of Savings Proposal</p> <p>Current budget for Social care spend in LD is £10.942m. Staffing of social work team has been an ongoing issue and work is underway to try and stabilise the team so that review work can be progressed. There are a number of areas within these package of care which has been identified as having savings available to be released. This includes those service users who do not meet the eligibility criteria and should be signposted to other services in the community, packages that are not meeting outcomes and could be amended, and client charge not appropriately implemented. It is estimated that savings of £0.500m could be realised, as long as staffing allows.</p>					
<p>Impact and Risk Associated with Proposed Savings</p> <p>This will maximise service users independence ensure that they continue to meet identified outcomes. Some packages are too large and have reduced the service users' skills which now need to be developed.</p> <p>Some service users will no longer be eligible for HSCP services and will be signposted elsewhere.</p> <p>Service users will be charged according to Council charging policy.</p> <p>Risks are associated with staff ability to progress the reviews within agreed timescale. Also, whether this is staffing availability to take on packages of care within the third sector.</p>					
Saving					
2024/25		2025/26		2026/27	
£000	FTE	£000	FTE	£000	FTE
500	0	500	0	500	0
<p>FTE Impact that could be delivered through existing vacancies: n/a</p>					
Equality Impact Assessment Completed: Yes				EIA No: LD02	

Head of Service: Sylvia Chatfield		Saving Ref: LD03
Saving Title	Learning Disability Review	
Summary of Savings Proposal		
<p>A key priority for the HSCP has been to review LD services and ensure that they are robust and able to meet the changing demand with reduced resources. The Scottish Government launched the Community Change Living Fund which drives forward the Coming Home agenda. As part of this work, the learning Disability review will identify and develop a range of community resources.</p> <p>Services which are under this review currently include; LD Day Service, Community Connections, Housing Support, Respite Bureau and Work Connect. This option recommends that approx. 10fte current vacancies across these services are held where practicable to do so, in lieu of the review commencing.</p> <p>Community Connections staffing 16 FTE 35 service users attend this service (5 critical, 21 substantial, 8 moderate and 1 low eligibility criteria). This is a budget of £0.624m for 26 service users who meet the eligibility criteria.</p> <p>Housing Support Service staffing- 23 FTE and 0.5 vacancies and 9 Service users</p> <p>Dumbarton Day Centre staffing – 34 FTE and approx. 8 FTE vacancies, 14-17 service users daily.</p> <p>Work Connect Employability Service – 11.61 FTE. This service works with around 100 service users with MH, LD, ABI and Autism. 24 are critical, 25 substantial and 51 low or moderate criteria, with a budget of £0.419m.</p> <p>The current LD budget in total is £13.350m however the budget for each service is as follows; LD Day service £2.260m, (which includes Community Connections £0.624m), Housing Support £1.156m and Work Connect £0.419m.</p> <p>In addition a review of the Respite Bureau will also take place as part of this work. It is envisaged that a full review of these services will potentially highlight duplication and service users not meeting the eligibility criteria who can move onto other services. It is expected that an amalgamation of the Day Service and Community Connections could provide a more flexible service, meeting service user’s needs.</p> <p>A refresh is required to ensure that those transitioning from children’s services to adult services are supported fully and self-directed packages of support developed. It is felt that the review could look at options around this service and that the Transition Hub would be staffed by Hub Coordinators funded from part of savings and reinvestment.</p>		
Impact and Risk Associated with Proposed Savings		

The review will ensure that services are robust and flexible to provide the support required for the changing needs of those with Learning disabilities.

There is a risk that the third sector cannot mobilise a work force to provide the level of support required to compliment in-house services.

Saving

2024/25		2025/26		2026/27	
£000	FTE	£000	FTE	£000	FTE
350	10	350*	TBC	350*	TBC

** Future year savings and staffing implications are subject to confirmation on progress of Learning Disability review*

FTE Impact that could be delivered through existing vacancies:

Yes, day service has substantial vacancies and Housing Support also has some.

Equality Impact Assessment Completed: Yes

EIA No: LD03

Head of Service: Sylvia Chatfield		Saving Ref: MH01																															
Saving Title		Mental Health social care package savings																															
Summary of Savings Proposal We will achieve 9% savings of £0.300m by: Reviewing inappropriate high tariff residential placements Reviewing all social care packages for mental health patients in line with eligibility criteria Reviewing block funding costs																																	
Impact and Risk Associated with Proposed Savings This will maximise service users independence ensure that they continue to meet identified outcomes. In some instances there is an over provision of support which has reduced the service users' skills, this needs to be rebalanced in order to promote independence and ensure positive outcomes for the service user. Some service users will no longer be eligible for HSCP services and will be supported to access more appropriate services. Service user's reviews will include appropriate application of the Council charging policy. Risks are associated with staff ability to progress the reviews within agreed timescale. In addition, whether there is staffing availability/capacity to take on packages of care within the third sector.																																	
Saving																																	
<table border="1"> <thead> <tr> <th colspan="2">2024/25</th> <th colspan="2">2025/26</th> <th colspan="2">2026/27</th> </tr> <tr> <th>£000</th> <th>FTE</th> <th>£000</th> <th>FTE</th> <th>£000</th> <th>FTE</th> </tr> </thead> <tbody> <tr> <td>300</td> <td>0</td> <td>300</td> <td>0</td> <td>300</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		2024/25		2025/26		2026/27		£000	FTE	£000	FTE	£000	FTE	300	0	300	0	300	0														
2024/25		2025/26		2026/27																													
£000	FTE	£000	FTE	£000	FTE																												
300	0	300	0	300	0																												
FTE Impact that could be delivered through existing vacancies: n/a																																	
Equality Impact Assessment Completed: Yes			EIA No: MH01																														

Head of Service: Fiona Taylor		Saving Ref: PD01
Saving Title	Review of Physical Disability Service Packages	
Summary of Saving Proposal : The total budget for physical disability service packages is £2.227m. Two actions are proposed to deliver a 10% saving: 1) Current Underspend The total budget for physical disability service packages is £2.227m. There is currently an underspend of £0.106m therefore the proposal is to reduce the overall budget by £0.150m by September 2024. 2) Service package reviews All current service packages (55 packages) will be reviewed, with a target for completion by end of Sept 2024, to ensure eligibility criteria is being applied and that packages of care are meeting service user outcomes and care needs. Once the My Life Assessment Review has been completed, these service packages will be presented at the Adult Area Resource Group and an annual budget agreed, in line with eligibility criteria. It is anticipated that these reviews will deliver a minimum in year saving of £0.103m as these reviews progress rising to £0.207m in 2025/26. These two savings together will deliver a total saving of £0.253m in 2024/25 rising to £0.357m in 2025/26.		
Impact and Risk Associated with Proposed Savings		
Impact <ul style="list-style-type: none">• All service users with care packages will have a review of their care needs aligned with eligibility criteria.• Monthly reporting to SMT• Ensures best value and sustainability of services• Maximises independence for service users.• No detrimental impact on workforce numbers		
Risk: <ul style="list-style-type: none">• The outcome of these reviews may generate enquires / complaints. Any alteration to an existing package is made via the Adult Area Resource Group (AARG) and based on HSCP ARG Policy.		

Saving					
2024/25		2025/26		2026/27	
£000	FTE	£000	FTE	£000	FTE
150	0	150	0	150	0
103	0	207	0	207	0
FTE Impact that could be delivered through existing vacancies: NA					
Equality Impact Assessment Completed: Yes				EIA No: PD01	

Head of Service: Helen Little		Saving Ref: MSK01			
Saving Title		MSK Physiotherapy Service Temporary Increase in Turnover			
Summary of Savings Proposal					
Increase turnover target to 8.3% (n.b. 9% was achieved in 2023/24 - see risks below). This would equate to a non recurring saving of £0.375m. This would require to be closely monitored on a monthly basis by HOS/Finance and if not on target to achieve then vacancies delayed (or worst scenario held).					
Impact and Risk Associated with Proposed Savings					
The impact of the above options is a rise in routine waiting times for MSK physiotherapy (currently 12 weeks), as well as a rise in the numbers waiting for a routine appointment (currently 12.2k) in line with normal turnover rates.					
MSK conditions would become more chronic whilst patients wait for an appointment (and therefore more input required when accessing service). There are many unintended consequences due to rise in MSK waiting times which are known to include increased patient access to Primary Care services (especially GP attendance); increased orthopaedic referral rate; increased attendance at ED and economic impact of loss of working days due to MSK condition.					
Saving: based on 3% each year for next 3 years (n.b this does not include turnover savings or use of reserves as outlined above).					
2024/25		2025/26		2026/27	
£000	FTE	£000	FTE	£000	FTE
375	0	0	0	0	0
FTE Impact that could be delivered through existing vacancies:					
n/a					
Equality Impact Assessment Completed: n/a as impact same across all groups					

Management Adjustment Equality Impact Assessments

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:	Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions Julie Slavin, Chief Financial Officer Lesley Kinloch, Integrated Ops Manager

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Reviews of Learning Disability (LD) social care packages LD02

The aim, objective, purpose and intended outcome of policy

The aim of this policy is to embed the practice of effectively embedding the use of eligibility criteria, assessment and review ensuring the best outcomes for users of adult social work and social care services.

As set out in the section on duties, Section 1 and 2 of the Social Care (Self-directed Support) (Scotland) Act 2013 provides a legislative framework for the HSCPs approach to assessment of needs for adults, children and carers and the HSCPs social work function must have regard to these principles in conducting assessments.

Once a service user has a package of care and support in place, it must be checked or reviewed regularly to confirm that it is still appropriate for the needs of the individual. A service users package is based on their original needs assessment which formally records all of their needs and intended outcomes. Reviews are an ongoing process used to reflect on the current package, to discuss what is working, what isn't working and what might need to change in future.

Staffing within the LD social work team has been an ongoing issue and work is underway to try and stabilise the team so that review work can be effectively progressed. This is vitally important to ensure service users have access to the right level of service to meet their needs and improve their outcomes.

Although the purpose of a review is never to simply generate savings there are a number of areas of inequity which have been identified which may result in the release of savings and ensure the HSCP is meeting its best value duties. For example, there are service users who do not meet the HSCPs eligibility criteria. These service users could have their needs more effectively met through the support of other community based services, this in turn will lead to better outcomes for the individual. It is also clear that the client charge is not appropriately or consistently implemented, another inequity which must be addressed.

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

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 Service users and carers Partner organisations

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

1. Joint staff forum
2. Staff
3. HSCP Board and West Dunbartonshire 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	Service users and carers may be concerned that they will not be able to access services which they previously attended.	According to the Social Care (Self-directed Support) (Scotland) Act 2013 the authority should aim to conduct reviews within a maximum period of 12 months. It should consider the review as a means by which to prevent crisis or to respond and adapt to the supported person's life.	There will be a reduction in service users attending LD services but it will be more targeted and ensure that those attending meet eligibility criteria, or are signposted to community supports. This will ensure that positive outcomes are delivered as packages will be more reflective of individual needs and outcomes.
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	Neutral		Neutral

non statutory)			
Health	Neutral		Neutral
Social & Economic Impact	The consistent implementation of the charging policy may impact on service users and carers who may be on low incomes.	Service users are likely to be on low income/welfare benefits and therefore will have their income maximised.	Negative – charges for services which they have not paid previously.
Cross Cutting	Neutral		Neutral

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this
Service users may not have paid the client charge previously however it is to be applied consistency ensuing equity. Some service users may no longer be eligible for services from HSCP.
Will the impact of the policy be monitored and reported on an ongoing bases?
The impact and progress will be reported to Senior Management Meeting and HSCP Board
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

There are a number of service users within learning disability who have not received a review recently. Services have been implemented previously contrary to eligibility criteria and equity. It is important that all service users have the same opportunity and access to services to meet their assessed needs. The local resource group (AARG) has been set up to ensure that there is transparency and equity for service users and carers.

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, Service Manager – Learning Disability</p>

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Learning Disability Review – LD03

The aim, objective, purpose and intended outcome of policy

The purpose of the learning disability (LD) service review is to develop provision within West Dunbartonshire HSCP which will meet the needs of this group of vulnerable service users. The intended outcome of this work is to ensure that authentic person-centred care is commissioned appropriately and delivered, ensuring people are in control and able to exercise choice about how, and where, care is delivered that best meets their needs and outcomes.

The £20m Community Living Change Fund was allocated to Integration Authorities via NHS Boards in February 2021. The fund was designed to bring home people with complex needs, including intellectual disabilities and autism, and those who have enduring mental health problems that are placed outside of Scotland, to discharge those that have endured long stays in a hospital setting and design community-based solutions that negate, or limit future hospital use and out of country placements. The funding was to be held in reserve within individual Integration Authorities to be used as plans are developed to support improvements up to March 2024.

The LD review, which had already been identified as a priority within West Dunbartonshire HSCP, has not taken place to date due to a number of factors, including; the global pandemic, staffing challenges and vacancies, prioritising other key areas of work to ensure service user safety and lack of management capacity to drive forward the change required. The monies from the Community Living Change Fund has allowed the HSCP to progress two new additional posts for two years; these post holders will be able to drive forward the review.

In addition to the requirement to develop sustainable person centred services, there is the financial context which requires the HSCP Board to identify savings and achieve best value. There are services which are loss making, and others which have a very high staff /service user ratio, which require to be reviewed. Also, there are a number of service users receiving support who do not meet the HSCP Accessing Adult Social Care Eligibility criteria. It is important that these service users are signposted to alternative community services, which are more appropriate and will more effectively meet their needs and outcomes.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy
HSCP staff, Council staff, Trade Unions, service users and carers will be involved in engagement sessions during the review process.

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

Service users and carers

Partner organisations

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

1. Joint staff forum and individual Unions in relation to consultation as part of Organisational Change policies.
2. IJB and West Dunbartonshire Council
3. NHSGGC LD Board and Programme Board and Scottish Government for Coming Home Implementation/Community Living Change Fund work in line with deadlines already set.
3. External partner agencies such and 3rd sector providers.
4. Consultation and co-production with individual service users and their families.

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	Service users and carers may be concerned that they will not be able to access services which they previously attended.	<p>At the moment there remain a number of people accessing services who do not meet WDHSCP Eligibility criteria. They continue to receive support from LD services due to legacy provision which requires review. The Scottish Government's strategy The Keys to Life; Improving quality of life for people with learning disabilities, sums up the ambition to improve outcomes by increasing choice and control for these individuals; "rather than being a passive recipient of services, citizens can become actively involved in selecting and shaping the support they receive."</p> <p>There is evidence from service users, both pre and post pandemic, that through active participation in the review of their services positive outcomes will be achieved.</p>	There will be a reduction in service users attending LD services but it will be more targeted and ensure that those attending meet eligibility criteria, or are signposted to community supports.
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	Worries around job security may be heightened, especially within the 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 LD review work and reconfiguring services. This process will be managed in line with the appropriate West Dunbartonshire Council Policy. Service users and their carers will be reviewed and signposted to appropriate services, as required. Support will be provided to ensure a smooth transition to these services where appropriate.
Will the impact of the policy be monitored and reported on an ongoing bases?
All work within the review will be reported back to Senior Management Meeting and HSCP Board, for update and agreement with progression.
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
<p>There is a requirement to implement the Scottish Government Strategy for complex care Learning Disability service users. It has also been a key HSCP strategic priority to review LD services and taking into consideration that increasing complexity of need and that services are robust and resilient for the future.</p> <p>This review will re-focus the available resources to ensure that those citizens with the greatest and most critical needs are supported to achieve positive and meaningful outcomes. The implementation of this work, will facilitate the development of services that can deliver on the ambitions and priorities of the Scottish Government Strategy for Learning Disability service users who require complex care as well as WDHSCP's Strategic Plan with an emphasis on developing the key drivers of Workforce, Finance, Partnerships and Technology to empower staff to empower citizens to take greater responsibility for their own outcomes.</p>

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

Resource:	HSCP	Service/Establishment:	Mental Health
------------------	------	-------------------------------	---------------

	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>Julie Slavin, Chief Financial Officer</p> <p>Julie Campbell/Anne Kane, Integrated Ops Managers</p>

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Reviews of Mental Health (MH) Service packages MH01

The aim, objective, purpose and intended outcome of policy

The aim of this policy is to embed the practice of effectively embedding the use of eligibility criteria, assessment and review ensuring the best outcomes for users of adult social work and social care services.

As set out in the section on duties, Section 1 and 2 of the Social Care (Self-directed Support) (Scotland) Act 2013 provides a legislative framework for the HSCPs approach to assessment of needs for adults, children and carers and the HSCPs social work function must have regard to these principles in conducting assessments.

Once a service user has a package of care and support in place, it must be checked or reviewed regularly to confirm that it is still appropriate for the needs of the individual. A service users package is based on their original needs assessment which formally records all of their needs and intended outcomes. Reviews are an ongoing process used to reflect on the current package, to discuss what is working, what isn't working and what might need to change in future.

Staffing within the MH social work team has been an ongoing issue and work is underway to try and stabilise the team so that review work can be effectively progressed. This is vitally important to ensure service users have access to the right level of service to meet their needs and improve their outcomes.

Although the purpose of a review is never to simply generate savings there are a number of areas of inequity which have been identified which may result in the release of savings and ensure the HSCP is meeting its best value duties. For example, there are service users who do not meet the HSCPs eligibility criteria. These service users could have their needs more effectively met through the support of other community based services, this in turn will lead to better outcomes for the individual. It is also clear that the client charge is not appropriately or consistently implemented, another inequity which must be addressed

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

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

Service users and carers

Partner organisations

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

1. Joint staff forum
2. Staff
3. HSCP Board and West Dunbartonshire 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	Needs
Age	Neutral		Neutral
Disability	Service users and carers may be concerned that they will not be able to access services which they previously attended.	According to the Social Care (Self-directed Support) (Scotland) Act 2013 the authority should aim to conduct reviews within a maximum period of 12 months. It should consider the review as a means by which to prevent crisis or to respond and adapt to the supported person's life.	There will be a reduction in service users attending MH services but it will be more targeted and ensure that those attending meet eligibility criteria, or are signposted to community supports. This will ensure that positive outcomes are delivered

			as packages will be more reflective of individual needs and outcomes.
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	Neutral		Neutral

non statutory)			
Health	Neutral		Neutral
Social & Economic Impact	The consistent implementation of the charging policy may impact on service users and carers who may be on low incomes.	Service users are likely to be on low income/welfare benefits and therefore will have their income maximised.	Negative – charges for services which they have not paid previously.
Cross Cutting	Neutral		Neutral

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this
Service users may not have paid the client charge previously however it is to be applied consistency ensuing equity. Some service users may no longer be eligible for services from HSCP.
Will the impact of the policy be monitored and reported on an ongoing bases?
The progress and impact will be updated to the Senior Management Meeting and HSCP Board.
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

There are a number of service users within mental health services who have not received a review recently. Services have been implemented previously contrary to eligibility criteria and equity. It is important that all service users have the same opportunity and access to services to meet their assessed needs. The local resource group (AARG) has been set up to ensure that there is transparency and equity for service users and carers.

Owner:	Theresa Connor
---------------	----------------

Resource:	IAS02	Service/Establishment:	HSCP Health and Community Care
------------------	-------	-------------------------------	--------------------------------

	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>Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction Services</p> <p>Theresa Connor, IOM Integrated Adult 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:	Savings proposal: Review of Physical Disability Service Packages - PD01

The aim, objective, purpose and intended outcome of policy

<p>The aim is to achieve a saving of £253K. This can be achieved by two concurrent actions-</p>

<p>1) Reduce the current budget as there is underspend.</p>

<p>2) Review all existing physical disabilities service packages.</p>

<p>The aim of this policy is to more effectively develop the practice of embedding the use of eligibility criteria, assessment and review ensuring the best outcomes for users of adult social work and social care services.</p>

<p>As set out in the section on duties, Section 1 and 2 of the Social Care (Self-directed Support) (Scotland) Act 2013 provides a legislative framework for the HSCPs approach to assessment of needs for adults, children and carers and the HSCPs social work function must have regard to these principles in conducting assessments.</p>
--

<p>Once a service user has a package of care and support in place, it must be checked or reviewed regularly to confirm that it is still appropriate for the needs of the individual. A service user's package is based on their original needs assessment which formally records all of their needs and intended outcomes. Reviews are an ongoing process used to reflect on the current package, to discuss what is working, what isn't working and what might need to change in future.</p>

<p>Staffing within the Physical Disabilities social work team has been an ongoing issue and work is underway to try and stabilise the team so that review work can be effectively progressed. This is vitally important to ensure service users have access to the right level of service to meet their needs and improve their outcomes.</p>

<p>Although the purpose of a review is never to simply generate savings there are a number of areas of inequity which have been identified which may result in the release of savings and ensure the HSCP is meeting its best value duties. For example, there are service users who do not meet the HSCPs eligibility criteria. These service users could have their needs more effectively met through the support of other community based services, this in turn will lead to better outcomes for the individual. It is also clear that the client charge is not appropriately or consistently implemented, another inequity which must be addressed</p>
--

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy
Senior Management Team / Head of Service / Integrated Operations Manager (IOM) Integrated Adult Services (IAS)

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?
1) Service users with current service packages
2) Future service users who require a service package

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

Employees in the HSCP who complete reviews.

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

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	Adults of any age who have been assessed as requiring a service package to meet their assessed level of health and social care needs to support them to remaining at home.	<p>Any person receiving an HSCP funded service packages should have an annual review of this package to assess if it continues to meet there assessed needs.</p> <p>This is based also on the application of the HSCP eligibility criteria.</p> <p>There are approximately 55 service users currently receiving HSCP funded service packages and these will be reviewed within a 6 month period and presented to the Adult Area Resource Group (AARG).</p>	<p>The AARG assesses the outcomes of each review and agrees the appropriate funding allocation to meet the needs of the service user.</p> <p>The outcome can be that the package is maintained at the existing level, it is increased or it is decreased.</p>

Disability	Adults with disabilities which preclude them for being able to live as independently as possible at home and for whom a service package is required to meet their assessed level of health and social care needs to support them to remaining at home.	<p>Any person receiving an HSCP funded service packages should have an annual review of this package to assess if it continues to meet there assessed needs.</p> <p>This is based also on the application of the HSCP eligibility criteria.</p> <p>There are approximately 55 service users currently receiving HSCP funded service packages and these will be reviewed within a 6 month period and presented to the Adult Area Resource Group (AARG).</p>	<p>The AARG assesses the outcomes of each review and agrees the appropriate funding allocation to meet the needs of the service user.</p> <p>The outcome can be that the package is maintained at the existing level, it is increased or it is decreased.</p>
Gender Reassign	No impact		
Marriage & Civil Partnership	No impact		
Pregnancy & Maternity	No impact		
Race	No impact		
Religion & Belief	No impact		
Sex	No impact		

Sexual Orientation	No impact		
Human Rights (ECHR statutory) UNCRC (note: currently non statutory)	No impact		
Health	No impact		
Social & Economic Impact	No impact		
Cross Cutting	No impact		

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

Those assessed with care needs will continue to receive care (based on eligibility criteria).

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

Yes, via Senior Management Team and via the Adult Area Resource Group

What is your recommendation for this policy?

It is recommended that this policy be progressed.

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

This proposal will achieve savings required with risk to service users minimised.

There are a number of service users within physical disability services who have not received a review recently. Services have been implemented previously contrary to eligibility criteria and an equitable approach to service delivery across the team has not been consistently implemented. It is important that all service users have the same opportunity and access to services to meet their assessed needs. The local resource group (AARG) has been set up to ensure that there is transparency and equity for service users and carers.

Owner:	Helen Little
---------------	--------------

Resource:		Service/Establishment:	MSK Physiotherapy (Hosted Service within West Dunbartonshire HSCP)
------------------	--	-------------------------------	--

	First Name	Surname	Job Title
Head Officer:	Helen	Little	GGC MSK Physiotherapy manager

	Include job titles/organisation
Members:	

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Financial savings proposal MSK Physiotherapy – MSK01

The aim, objective, purpose and intended outcome of policy
The purpose of the proposal is to provide savings options for 2024/25 within HSCP and IJB.
Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy

MSK Senior Management Team

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)	N
Relevance to Human Rights (HR)	N
Relevance to Health Impacts (H)	Y
Relevance to Social Economic Impacts (SE)	Y

Who will be affected by this policy?
All GGC patients who require MSK Physiotherapy provision could be impacted by these savings proposals, but impact would be equitable across all service users.

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

MSK Senior Management Team/MSK Physiotherapy Extended Management Team/West Dun Senior Management Team

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups

	Needs	Evidence	Impact
Age	Nil- all impacted same. Service delivery is for Adults (>16 years).		
Disability	Nil		
Gender Reassign	Nil		
Marriage & Civil Partnership	Nil		
Pregnancy & Maternity	Nil		
Race	Nil		
Religion & Belief	Nil		

Sex	Nil		
Sexual Orientation	Nil		
Human Rights (ECHR statutory) UNCRC (note: currently non statutory)	Nil		
Health	Increased risk of chronicity of MSK condition due to potential for delayed access to service provision. This could result in patients having increased pain for longer periods of time and functional limitation in activities of daily living for an extended period.	The longer patients wait for a routine MSK Physiotherapy appointment will result in increased chronicity of their MSK condition. This will not only potentially require more physiotherapy input when they do access services but the delayed access will also result in patients having increased pain and decreased function for longer periods of time whilst they await an appointment. The MSK service records data on pre and post Pain and function scores to measure impact of physiotherapy intervention. It is likely that patients will wait > 12 weeks for a routine MSK appointment and therefore will remain in pain for a longer period and pain scores may be higher by the time they are able to access.	Increased pain scores at start of MSK treatment. Patients have pain longer and have limited function over an extended period of time.

Social & Economic Impact	There could be loss of working days due to patients having to wait longer for MSK assessment and treatment. This would have potential for economic impact.	There is an evidence base to say that one of the largest reasons for work absence is due to MSK conditions. If patients waited longer for services as a result of reduced staffing levels (from financial savings) then there is a risk that the working population in GGC could be off work longer due to their MSK condition .	Not able to be measured
Cross Cutting			

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this
N/A- all groups impacted equally
Will the impact of the policy be monitored and reported on an ongoing bases?
Yes
What is your recommendation for this policy?
That the financial proposal be approved (as all services are required to make the savings). Impact will be monitored.

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

The only avenue for reduction in budget is staff costs (due to MSK Physiotherapy having very small non staff budget). The service could be at risk of losing up to 4.5wte staff each year for 3 years, however much of this may be offset by increased turnover savings but due to financial restrictions in other GGC service and other Health Boards there is less likelihood of staff turnover due to less career opportunities. Turnover savings would require to be monitored to ensure MSK service is achieving the required savings. Loss of staff would be required if there were to be a shortfall in turnover savings.

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

Ref	Head of Service	Partner Body	Detail	2024/25			2025/26			2026/27		
				Saving (£000)	FTE	H/Count	Saving (£000)	FTE	H/Count	Saving (£000)	FTE	H/Count
ST01	Margaret-Jane Cardno	Social Care	10% Reduction in Funding To Carers of West Dunbartonshire	40	0.00	0.00	40	0.00	0.00	40	0.00	0.00
ST02	Margaret-Jane Cardno	Social Care	10% Reduction in Funding To Y Sort It	20	0.00	0.00	20	0.00	0.00	20	0.00	0.00
CH02	Fiona Taylor	Social Care	Close further 14 beds within Crosslet Care Home (Vacant Posts)	311	15.00	15.00	622	15.00	15.00	622	15.00	15.00
BC01	Fiona Taylor	Social Care	Reduction in Block Funded Contracts	258	0.00	0.00	358	0.00	0.00	358	0.00	0.00
			Social Care Sub Total	629	15.00	15.00	1,040	15.00	15.00	1,040	15.00	15.00
CHC01	Fiona Taylor	Health Care	Reduce Establishment within Community Health and Care	96	2.80	3.00	96	2.80	3.00	96	2.80	3.00
			Health Care Sub Total	96	2.80	3.00	96	2.80	3.00	96	2.80	3.00
			TOTAL SAVINGS OPTIONS	725	17.80	18.00	1,136	17.80	18.00	1,136	17.80	18.00

2024/25 BUDGET PREPARATION – SAVING OPTION DETAIL

Head of Service: Margaret-Jane Cardno, Head of Strategy and Transformation		Saving Ref: ST01
Saving Title	Budget Reduction: Carers of West Dunbartonshire	
Summary of Savings Proposal : This savings proposal outlines a potential 10% reduction in the funding currently available to Carers of West Dunbartonshire. This equates to a direct saving of £0.040m.		
Impact and Risk Associated with Proposed Savings Unpaid carers play an important role across West Dun with over 2k registered with the Carers Centre and an estimated number of 13k unpaid carers across the local authority area. They provide vital care, and many carers derive satisfaction and pride from their roles. However, while carers’ rights to state support are recognised under the Carers Act, caring can come at a personal and financial cost.		
Impact <ul style="list-style-type: none">○ Carers of West Dunbartonshire will be impacted by this proposal. The HSCP will work with the organisation to minimise the impact where possible.○ Unpaid carers may be impacted as this proposal as this may result in a reduction of service.○ The HSCP may be impacted as Carers of West Dunbartonshire carry out a statutory duty for the HSCP under the Carers Scotland Act 2016 in respect of the completion of Adult Carer Support Plans. The HSCP Board also has a statutory duty to develop and publish a Local Carers Strategy, Carers of West Dunbartonshire provide significant input in respect of the development of this Strategy and its supporting delivery plan. To mitigate against this impact, work will be undertaken in relation to the future shape of the service level agreement.		
Risk <ul style="list-style-type: none">○ There may be a reduction in staff which may have an additional financial impact on the organisation should redundancy costs be incurred.○ A reduction in service may have an impact on home based care and more pressure on formal services such as Care at Home and residential care.○ This is a sensitive area politically a reduction in service may result in an increase in complaints, Councillor, MP and MSP enquiries.		

Saving					
2024/25		2025/26		2026/27	
£000	FTE	£000	FTE	£000	FTE
40	0	40	0	40	0
FTE Impact that could be delivered through existing vacancies: N/A					
Equality Impact Assessment Completed: Yes				EIA No:	

Head of Service: Margaret-Jane Cardno, Head of Strategy and Transformation		Saving Ref: ST02																									
Saving Title		Budget Reduction: Y Sort It																									
Summary of Savings Proposal : This savings proposal outlines a potential 10% reduction in the funding currently available to Y Sort It. This equates to a direct saving of £0.020m.																											
Impact and Risk Associated with Proposed Savings Unpaid young carers play an important role across West Dunbartonshire. They provide vital care, and many carers derive satisfaction and pride from their roles. However, in their Young Carer's Statement, children and young people in West Dunbartonshire have reported that conflicting emotions were linked to their caring role: worry and loneliness; happiness and pride; bullying; lack of understanding from peers and teachers; not knowing where and from whom to seek support; fears that they may be removed from their; parents care; fears they may be placed in residential care; and lack of understanding from peers and teachers.																											
Impact <ul style="list-style-type: none"> ○ Y Sort It may be impacted by this policy. The HSCP will work with the organisation to minimise the impact where possible. ○ Unpaid young carers may be impacted as this proposal as this may result in a reduction of service. ○ The HSCP may be impacted as the HSCP Board has a statutory duty to develop and publish a Local Carers Strategy, Y Sort It provide significant input in respect of the development of this Strategy and its supporting delivery plan. To mitigate against this impact, work will be undertaken in relation to the future shape of the service level agreement. 																											
Risk <ul style="list-style-type: none"> ○ The risk is a reduction in service may exacerbate existing inequalities as support for young carers may be reduced. ○ This is a sensitive area politically a reduction in service may result in an increase in complaints, Councillor, MP and MSP enquiries. 																											
Saving <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2">2024/25</th> <th colspan="2">2025/26</th> <th colspan="2">2026/27</th> </tr> <tr> <th>£000</th> <th>FTE</th> <th>£000</th> <th>FTE</th> <th>£000</th> <th>FTE</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>0</td> <td>20</td> <td>0</td> <td>20</td> <td>0</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				2024/25		2025/26		2026/27		£000	FTE	£000	FTE	£000	FTE	20	0	20	0	20	0						
2024/25		2025/26		2026/27																							
£000	FTE	£000	FTE	£000	FTE																						
20	0	20	0	20	0																						
FTE Impact that could be delivered through existing vacancies: N/A																											
Equality Impact Assessment Completed: Yes			EIA No:																								

Head of Service: Fiona Taylor		Saving Ref: CH02
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 we have opened 140 beds, with 70 beds opened in each home.</p> <p>Queens Quay aims to open a further 14 beds by Summer 2024 (dependent on successful recruitment). This will provide a total of 84 beds which is full capacity.</p> <p>In 2023 the Board agreed to pause the opening of 2 unstaffed flats (14 beds) in Crosslet. There has been no negative impact from this decision, and for 4 consecutive months (Oct- Jan) the Home was running with an under occupancy of an average of 8 empty beds out of the available 70 beds.</p> <p>This proposal is for a further reduction of 14 beds in Crosslet, with a total occupancy of 56 beds. It currently has an occupancy of 63 (March 2024).</p> <p>This will mean reallocating 11 residents in the first floor to rooms on the ground floor.</p> <p>This proposal involves an indicative employee reduction of 15 FTE. This saving will be achieved through reviewing the vacancies across both Homes and managing the staffing required as the beds close in Crosslet and open in Queens Quay. There will be a requirement to move a small number of employees from Crosslet to Queens Quay. This will be progressed via workforce consultation in line with the Organisational Change Policy.</p> <p>The staff to resident ratio in Crosslet is higher than that of Queens Quay. This is because flats are 7 bedded in Crosslet and 10 bedded in Queens Quay. This higher ratio translates into higher agency and overtime costs to manage absences.</p> <p>Reducing total bed occupancy will impact positively on agency costs and maximise utilisation of resources more efficiently.</p>		
Impact and Risk Associated with Proposed Savings		
Impact: <ul style="list-style-type: none">• The further reduction of 14 beds will result in a 2024/25 part year saving of £0.311m rising to £0.622m over 25/26 as the remaining beds are closed.• A reduction in overall staffed beds will also result in a reduction on overtime and agency use.		

Risks:

- The timescale to achieve the savings is dependent on movement within the home, and it is anticipated that this could be achieved within 6-8 months.
- The actual number of residents who will be affected by this proposal is dependent on the total occupancy at the point of implementation. It is recognised that this may be unsettling and staff will support residents / PoA to ensure any moves are completed in a supportive manner. Residents will also have the opportunity to move to Queens Quay if this is their preference.
- Depending on the number of vacancies, there may be a requirement to reallocate staff to Queens Quay.

Saving

2024/25		2025/26		2026/27	
£000	FTE	£000	FTE	£000	FTE
311	15	622	15	622	15

FTE Impact that could be delivered through existing vacancies:

Staff can be offered vacant posts at Queens Quay which will allow the additional beds there to be opened.

Equality Impact Assessment Completed: Yes

EIA No: CH02

Head of Service: Sylvia Chatfield		Saving Ref: BC01
Saving Title		Reduction of Block funded budgets
Summary of Savings Proposal <p>West Dunbartonshire HSCP currently have a range of block-funded providers which provide support for Adults and Older Adults across all service areas. They continue to be under utilised. This proposal is to review the block-funding for Alzheimers Scotland, Benview and West End Project.</p> <p>The HSCP provides a block grant of £0.154m to Benview and is subject to Adult Social Care Pay uplifts. There is no formula which splits the block grant between the lunch club and the bathing club. It is recommended that to cease the block funding of the day support service and move to a framework model of contract. This means the provider will only be paid for the sessions delivered. Reduce budget from £0.078m to £0.52m. With regard to the bathing service, cease the block funding of the service and move to a framework model of contract. This means the provider will only be paid for the sessions delivered. Reduce budget from £0.075m to £0.039m.</p> <p>The West End Project (Mungo Foundation) -The HSCP provides a block grant of £0.306m. It is recommended that we cease the block funding of the service and move to a framework model of contract. This means the provider will only be paid for the sessions delivered. Reduce budget from £0.306m to £0.209m.</p> <p>Alzheimers Scotland - The HSCP provides a block grant of £0.209m. We recommend ceasing the block funding of the service and move to a framework model of contract. This means the provider will only be paid for the sessions delivered. Reduce budget from £0.209m to £0.110m. In addition, by fully implementing the charging policy, this will provide additional savings.</p> <p>Total minimum saving £0.258m With further £0.100m the following year</p> <p>It is expected that this will be higher as a number of service users’ needs are not best met by the service they are attending. Reviews will allow these service users to be signposted from WDHSCP services to community groups.</p>		
Impact and Risk Associated with Proposed Savings <p>There will be limited impact to service users currently as the reduced expected spend is based on current attendance, unless there are individuals who do not meet the service or HSCP eligibility criteria. There may be some service users who are signposted elsewhere or who do not wish to pay a charge.</p> <p>We will review all those service users who currently attend these services to ensure they meet the eligibility criteria for services and that the correct client charge is in place. This will ensure that all service users have income maximisation if required.</p>		

Saving					
2024/25		2025/26		2026/27	
£000	FTE	£000	FTE	£000	FTE
258	0	358	0	358	0
FTE Impact that could be delivered through existing vacancies: N/a					
Equality Impact Assessment Completed: Yes				EIA: No - Block funding	

Head of Service: Fiona Taylor		Saving Ref: CHC01			
Saving Title		Budget saving: reduction in community health funded establishment			
Summary of Savings Proposal The District Nursing Service has a budget of £2.3 million. This is inclusive of the out of hours District Nursing Service. The proposal is to reduce the budget by £0.096m. This would be achieved by reducing the total whole time equivalent (WTE) as follows: <ul style="list-style-type: none">• Band 5 posts (Staff Nurses) by 0.8 WTE• Band 3 (Healthcare Support Workers) by 2 WTE These savings can be achieved immediately with existing vacancies. The current funded establishment: Band 5 = 36.1 WTE Band 3 = 11 WTE					
Impact and Risk Associated with Proposed Savings					
Impact <ul style="list-style-type: none">• This will achieve a saving of £ £0.096m• It will be possible to mitigate any risk to the current service as we have robust quality / workforce / and financial oversight to the service and will monitor closely for any unintended consequences / or adverse impact.					
Risks <ul style="list-style-type: none">• Completion of the workload tool and triangulation of the output using local demographic data and quality data recommended the DN service have 38.1WTE Band 5. The service currently has 36.1 WTE and this reduction will take the service to 35.3 WTE.• The main risk associated with this is to the development of this service. It will be possible to mitigate any risk to the service as is.					
Saving					
2024/25		2025/26		2026/27	
£000	FTE	£000	FTE	£000	FTE
96	2.8	96	2.8	96	2.8

FTE Impact that could be delivered through existing vacancies: 2.8 is achieved immediately via existing vacancies.	
Equality Impact Assessment Completed: Yes	EIA No: CHC01

Savings Options Equality Impact Assessments

Owner:	Margaret-Jane Cardno, Head of Service Strategy and Transformation
---------------	---

Resource:	HSCP	Service/Establishment:	Strategy and Transformation Service
------------------	------	-------------------------------	-------------------------------------

	First Name	Surname	Job Title
Head Officer:	Margaret-Jane	Cardno	Head of Strategy and Transformation

	Include job titles/organisation
Members:	MJ Cardno, Head of Strategy and Transformation

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Reduction of funding to Carers of West Dunbartonshire and Y Sort It – ST01 and ST02

The aim, objective, purpose and intended outcome of policy
The aim of this proposal is to achieve a financial saving enabling the HSCP Board to achieve a balanced budget.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy
No services, partners or stakeholders have been involved in the development of this proposal. It has emerged due to the requirement to achieve savings to enable the HSCP Board to achieve a balanced budget. Should this saving be approved discussions will be required with the two affected organisations in order that the impact can be understood and, where possible, mitigating actions developed.

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

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)	Y
Relevance to Social Economic Impacts (SE)	Y

Who will be affected by this policy?

The two anchor carer organisations, Carers of West Dunbartonshire and Y Sort It may be impacted by this policy.

Unpaid carers may be impacted as this proposal may result in a reduction of service.

The HSCP may be impacted as Carers of West Dunbartonshire carry out a statutory duty for the HSCP under the Carers Scotland Act 2016 in respect of the completion of Adult Carer Support Plans. The HSCP Board also has a statutory duty to develop and publish a Local Carers Strategy, both these organisations provide significant input in respect of the development of this Strategy and its supporting delivery plan.

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

Should this proposal be accepted further work will be required in respect of consultation with the two anchor agencies, service users and their carers.

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	For some people, caring for a relative or friend may have no impact, while for others it can be considerable and require significant life adjustments, such as giving up work or deciding to live with the cared-for person. Carers often report feeling isolated and disconnected from their friends, family and their wider community. Many carers also live with long-term health conditions themselves and	<p>A significant proportion of known carers in Scotland are aged 55 or over and the gender split demonstrates that women are over-represented in unpaid caring roles. Scotland's Carers Census 2021-22</p> <p>The National Carers Strategy shows that the number of Unpaid Carers in Scotland by Age and Gender (2021-22) was: Under 18 (13.08%) 18 - 64 (61.47%) 65 and over (25.45%)</p> <p>The West Dunbartonshire Local Carers Strategy shows the proportion of adult carers in West Dunbartonshire supporting more than one person rose from 8% to 18% between 2021/22 and 2023/24. The number of carers is expected to grow in the next decade due to demographic changes and shift towards community-based support.</p> <p>In respect of young carers, in their Young Carer's Statement, children and young people in West Dunbartonshire have reported that conflicting emotions were linked to their caring role: worry and loneliness; happiness and pride; bullying; lack of understanding from peers and teachers; not knowing where and from whom to seek support; fears that they may be removed from</p>	<p>Negative</p> <p>Any reduction in service to carers may have a disproportionate impact on those under 18 and over 65.</p>

	face the challenge of managing their own health alongside their caring responsibilities.	their; parents care; fears they may be placed in residential care; and lack of understanding from peers and teachers.	
Disability	For some people, caring for a relative or friend may have no impact, while for others it can be considerable and require significant life adjustments, such as giving up work or deciding to live with the cared-for person. Carers often report feeling isolated and disconnected from their friends, family and their wider community. Many carers also live with long-term health conditions	<p>Carers responding to State of Caring 2023 provided information about who they care for and the conditions or disabilities that affect them.</p> <ul style="list-style-type: none"> • 35% are caring for a parent/parent-in-law, 34% were caring for a spouse or partner, 38% for a son/daughter/in-law), 11% for another relative and 3% for someone else e.g. a friend or neighbour. • 18% care for someone aged under 18, 22% for someone aged 18-34 years, 30% for someone aged 35-64 and 58% for someone 65 or over. • Respondents were caring for people with a range of health conditions and/or disabilities: <ul style="list-style-type: none"> o 90% said that the person(s) they care for has a long-term health condition or illness such as arthritis, diabetes, kidney disease. o 34% a mental health condition. 	<p>Negative</p> <p>Any reduction in services to carers may lead to an inability for carers to sustain their caring role. A breakdown in caring support will have a negative impact on the cared for person.</p>

	<p>themselves and face the challenge of managing their own health alongside their caring responsibilities.</p>	<ul style="list-style-type: none"> o 29% autism, ADHD or another neurodiversity. o 26% a physical disability. o 25% needs that arise from being older. o 24% a neurological condition such as multiple sclerosis. o 24% dementia. o 22% a learning disability. o 18% a sensory impairment. o 4% alcohol or substance misuse. <p>Carers Trust Scotland has reported that Local Authority services stopping, or caring needs increasing led to greater caring responsibilities for some carers. Additionally, some carers have reported that the restrictions put in place during the global pandemic directly intensified their caring needs, often exacerbated by a reduction in available support. Care home visiting restrictions caused some carers to take the difficult decision to care for their relative at home. Such decisions were taken at a time when many elderly people were dying in care homes and, for many, this decision was taken to try and reduce this risk. Oftentimes caring roles were undertaken alongside working from home and home</p>	
--	--	--	--

		<p>schooling, with some carers reporting that they felt overwhelmed and struggled to cope.</p> <p>The HSCP must meet the eligible social care needs of disabled and older people as well as those of carers. The duty to meet eligible needs is one that exists regardless of the resource problems an HSCP may have.</p>	
Gender Reassign			Neutral
Marriage & Civil Partnership			Neutral
Pregnancy & Maternity			Neutral
Race			Neutral
Religion & Belief			Neutral

Sex	For some people, caring for a relative or friend may have no impact, while for others it can be considerable and require significant life adjustments, such as giving up work or deciding to live with the cared-for person. Carers often report feeling isolated and disconnected from their friends, family and their wider community. Many carers also live with long-term health conditions themselves and face the challenge of managing their own health alongside their caring responsibilities.	<p>A significant proportion of known carers in Scotland are aged 55 or over and the gender split demonstrates that women are over-represented in unpaid caring roles. Source: Scotland's Carers Census 2021-22.</p> <p>The West Dunbartonshire Local Carers Strategy shows that in West Dunbartonshire one in ten people in the local authority area are carers, 40.5% are male 59.5% are female</p>	<p>Negative</p> <p>Any reduction in services may have a disproportionate impact on women.</p>
			Neutral

Sexual Orientation			
Human Rights (ECHR statutory) UNCRC (note: currently non statutory)			Neutral
Health	<p>For some people, caring for a relative or friend may have no impact, while for others it can be considerable and require significant life adjustments, such as giving up work or deciding to live with the cared-for person. Carers often report feeling isolated and disconnected from their</p>	<p>West Dunbartonshire contains 48 data zones that are amongst the most deprived 20% in Scotland.</p> <p>The link between poverty and poorer health outcomes is well evidenced. People living in the poorest two-fifths of households are almost 8 times as likely to report poor health as the richest fifth.</p> <p>Having access to a sufficient income enables people to not only have the security of the basics of life such as a warm home and sufficient food but reduces the stress and worry that lack of income brings. It also allows access to activities that sustain and improve health such as social, leisure and</p>	<p>Negative</p> <p>Any reduction in support for unpaid carers may further exacerbate the health inequalities experienced by this group.</p>

	<p>friends, family and their wider community. Many carers also live with long-term health conditions themselves and face the challenge of managing their own health alongside their caring responsibilities.</p>	<p>educational opportunities as well as vital breaks from caring.</p> <p>Even before the cost-of-living crisis, carers were already more likely to be in poor health than non-carers. Those with the heaviest caring responsibilities were twice as likely to be in poor health. Source: Carers Scotland State of Caring 2023</p>	
Social & Economic Impact	<p>For some people, caring for a relative or friend may have no impact, while for others it can be considerable and require significant life adjustments, such as giving up work or deciding to live with the cared-for person. Carers often report feeling isolated and disconnected from their friends, family and their wider community. Many carers also live with long-term health conditions themselves</p>	<p>West Dunbartonshire contains 48 data zones that are amongst the most deprived 20% in Scotland.</p> <p>Scotland's Carers' Census 2022 shows that West Dunbartonshire has one of the highest rates of caring in Scotland, as well as a high proportion of carers who report they care for 35+ hours a week (the rate at which Carer's Support Payment can be claimed) and the equivalent of being in full-time employment.</p> <p>Data from Scotlands Wellbeing: national outcomes for disabled people shows that carers in Scotland are more likely to have below-average incomes and to live in areas of social deprivation.</p>	<p>Negative</p> <p>Any reduction in support for unpaid carers may have a disproportionate impact on those with below average incomes and living in areas of social deprivation.</p>

	and face the challenge of managing their own health alongside their caring responsibilities.		
Cross Cutting			Neutral

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

This proposal has the potential to have a negative impact on those with protected characteristics. There is an imperative for the HSCP Board to achieve a balanced budget and no services are immune from impacts of the financial pressures which are felt by those with protected characteristics across the Partnership.

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

This proposal will be monitored through routine contract management with the two affected providers. The wider impact will be monitored via the Carers Development Group who have delegated responsibility in terms of monitoring the Local Carers Strategy. The delivery of this strategy will be reported to the HSCP Board on an annual basis.

What is your recommendation for this policy?

It is recommended that the HSCP Board consider all the potential impacts of this proposal and determine their tolerance to accept the level of risk and impact this will have on unpaid carers.

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

There is a degree of mitigation in that regardless of the delivery vehicles the partners, via the HSCP, must meet the eligible social care needs of disabled and older people as well as those of carers. The duty of partners to meet eligible needs is one that exists regardless of the resource problems an HSCP may have. In practical terms should the third sector agencies be unable to support the HSCP and its partners to meet their statutory duties this work will have to be delivered in another way.

Owner:	Morag Lynagh
---------------	--------------

Resource:	HSCP	Service/Establishment:	HSCP Health and Community Care: Adult Community Nursing
------------------	------	-------------------------------	---

	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>Morag Lynagh, Senior Nurse</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:	CHC01 Reduce Establishment within Community Health and Care

The aim, objective, purpose and intended outcome of policy
The aim to achieve savings in the District Nursing service by reducing the budget by £0.096m.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy
SMT, Head of Service, Senior Nurse, Finance officers.

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)	N
Relevance to Human Rights (HR)	N
Relevance to Health Impacts (H)	Y
Relevance to Social Economic Impacts (SE)	N

Who will be affected by this policy?

Impact on employees who will absorb resulting workload from removing these posts. The District Nursing Service does not hold a waiting list. Referrals are accepted based on nursing need and care planned and delivered according to that need.

There may be an impact on service users as a reduction in available staffing. When staffing levels are reduced then the service moves to prioritise visits, resulting in a reduction in frequency and length of visit time.

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

Chief Nurse and Senior Nurse.

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	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) UNCRC (note: currently non statutory)	Neutral		Neutral
Health	There may be an impact on service users as a reduction in available staffing will impact on safe staffing levels. When staffing levels are reduced then the service moves	This proposal reduces the staffing level as agreed as necessary via the National Workload Tool.	When staffing levels are reduced then the service moves to prioritise visits, resulting in a reduction in frequency and length of visit time.

	to prioritise visits, resulting in a reduction in frequency and length of visit time.		
Social & Economic Impact	neutral	.	
Cross Cutting	Neutral		

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

No impact

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

Not applicable

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 saving of £0.096m.

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:	CH02: redesign bed occupancy levels with Crosslet and Queens Quay Care Homes to make efficiency savings:

The aim, objective, purpose and intended outcome of policy
<p>The aim is to further reduce the occupancy at Crosslet Care Home by a further 14 beds.</p> <p>Currently the Home has 8 empty beds so these beds would remain empty and further beds become available they will not be filled.</p> <p>Bed capacity across Queens Quay and Crosslet is 168 and to date we have opened 140 beds. 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>In 2023 the HSCP Board (2023 budget setting) agreed to pilot pausing the opening of 14 beds at Crosslet for one year and monitor impact. There has been no negative impact and given the current under occupancy the intended outcome is to further reduce the total staffed beds to 56.</p> <p>Savings achieved: £0.311m 24/25 rising to £0.622m in 25/26.</p>

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

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.
There are potential workforce implications if there is a need to reduce the workforce in Crosslet to achieve this saving.

Who will be/has been involved in the consultation process?
Consultation with the residents / PoA in the rooms that would be closed
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 in the affected rooms may find the move to an alternative room in a different flat unsettling	The residents in both care homes are over 65 years old.	Recognising that a change in environment may be unsettling for older adults full support will be provided to those affected and to their families / PoA to ensure that this is completed sensitively.
Disability	Residents in the affected rooms may find the move to an alternative room in a different flat unsettling	The residents in both care homes are over 65 years old.	Recognising that a change in environment may be unsettling for older adults full support will be provided to those affected and to their families / PoA to ensure that this is completed sensitively.
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 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.	Impact is minimal as people have the opportunity to remain at Crosslet Care Home or have the option to move to Queens Quay is this is their preferred option.
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 to open the 14 beds in Crosslet care home.

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 saving of £0.311m in 24/25, rising to £0.622m once the additional beds have been closed. This proposal will also reduce agency and overtime spend.

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

Resource:	HSCP	Service/Establishment:	Block-funding Adult Services
------------------	------	-------------------------------	------------------------------

	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>Julie Slavin, Chief Financial Officer</p> <p>Fiona Taylor, Head of Service</p> <p>Neil McKechnie, Commissioning Manager</p>

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Reduction of Block-funded spend in Adult Services – BC01

The aim, objective, purpose and intended outcome of policy

West Dunbartonshire HSCP currently have a range of block funded providers which provide support for Adults and Older Adults across all service areas. This proposal is to review the block funding for Alzheimers Scotland, Benview and the West End Project.

The HSCP provides a block grant of £0.153m to Benview and is subject to Adult Social Care Pay uplifts. There is no formula which splits the block grant between the lunch club and the bathing club. It is recommended that the HSCP transition from a model of block funding the day support service and move to a framework model of contract. This means the provider will only be paid for the sessions delivered. With regard to the bathing service this will result in a reduction in the budget from £0.078m to £0.051m. Transition the block funding of the service and move to a framework model of contract. This means the provider will only be paid for the sessions delivered. Reduce budget from £0.075m to £0.039m producing a saving of £0.036m

The West End project (Mungo Foundation) -The HSCP provides a block grant of £0.306m and is subject to Adult Social Care Pay uplifts. It is recommended that the HSCP transition from block funding the service and move to a framework model of contract. This means the provider will only be paid for the sessions delivered. This will result in a reduction in the budget from £0.306m to £0.209m which will produce a saving of £0.097m.

Alzheimers Scotland - The HSCP provides a block grant of £0.208m and is subject to Adult Social Care Pay uplifts. It is recommended that the HSCP transition from block funding the service and move to a framework model of contract. This means the provider will only be paid for the sessions delivered. This will result in a reduction in the budget from £0.208m to £0.109m producing a saving of £0.098m

We have identified that charging policy has been implemented inequitably within these services and therefore fully implementing this will provide additional savings.

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

HSCP staff and engagement with the providers involved.
--

Does the proposals involve the procurement of any goods or services?	
---	--

Y

If yes please confirm that you have contacted our procurement services to discuss your requirements	Y
--	---

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?
Third Sector organisations

Who will be/has been involved in the consultation process?
<ol style="list-style-type: none"> 1. HSCP Board and West Dunbartonshire Council 2. Commissioning and Procurement 3. Third Sector organisations

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	Service users and carers may be concerned that they will not be able to access services which they previously attended.	There are a number of service users who do not meet the eligibility criteria but who continue to receive support from these services.	All service users will fully reviewed and those not meeting the criteria will be signposted to more appropriate services. This will have a positive impact of freeing up availability of the service to those who meet the needs, however may impact negatively on those who are used to attending.
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	The consistent implementation of the charging policy may impact on service users and carers who may be on low incomes.	Service users are likely to be on low income/welfare benefits and therefore will have their income maximised.	Negative – charges for services which they have not paid previously. However reviews will allow all service users to have their income maximised.
Cross Cutting	Neutral		Neutral

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this
Service users may not have paid the client charge previously however it is to be applied consistency ensuing equity. Some service users may no longer be eligible for services from HSCP.
Will the impact of the policy be monitored and reported on an ongoing bases?
Reported to Senior Management Meeting
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
Due to the block funded nature of the services, the HSCP have not maximised the places available, and therefore moving to price per point, enables the HSCP to only pay for services received. It also ensures that service users can use their self directed support budget to pay for these services.

Further Application of Reserves	Actual Opening Balance as at 1 April 2024 £m	Forecast Movement in Reserves £m	Drawn Down within Recovery Plan £m	Forecast Closing Balance as at 31 March 2024 £m	Comments	Suggested Release		
						2024/25	2025/26	Total
						£m	£m	£m
Social Care								
Winter Planning Funding - Interim Care	0.985	(0.175)	(0.200)	0.610	£0.584m already applied within 2024/25 to 2026/27 to fund permanent interim care posts	0.026	0.000	0.026
Winter Planning Funding - Enhance Care at Home	2.240	0.000	(1.078)	1.162	£0.120m retained to fund improvement officer post	0.521	0.521	1.042
Covid-19 Support to women and children in recovery from Domestic abuse	0.234	(0.023)	0.000	0.211	£0.087m retained to fund approved post	0.062	0.062	0.124
Complex Care Packages/Supporting delay discharges	2.882	(0.500)	(0.392)	1.990	£0.990m retained to underwrite the "What Would It Take" strategy which is subject to a separate report within the 28 March HSCP Board agenda	0.500	0.500	1.000
Fixed term posts with the integrated HSCP Finance team	0.090	(0.075)	0.000	0.015	This reserve was created to provide additional capacity within the HSCP Finance Team	0.015	0.000	0.015
Total	6.431	(0.773)	(1.670)	3.988		1.124	1.083	2.207
Health Care								
Prescribing Reserve	0.972	0.000	0.000	0.972	While there is a projected overspend of £0.860m as detailed in the Financial Performance Update report for Period 10 projected underspends within other Health service areas are able to offset this overspend thus retaining the prescribing reserve for application in 2024/25 and 2025/26 to mitigate the prescribing cost pressure.	0.487	0.485	0.972
NHS Board Adult Social Care	0.088	0.000	0.000	0.088	This reserve is uncommitted	0.088	0.000	0.088
Planning and Health Improvement	0.145	0.103	0.000	0.248	£0.163m retained to fund work within health promotion/early intervention themes	0.085	0.000	0.085
Workforce Wellbeing	0.018	0.000	0.000	0.018	This reserve was created from funding received in relation to workforce wellbeing and is uncommitted	0.018	0.000	0.018
Total	1.223	0.103	0.000	1.326		0.678	0.485	1.163
Combined	7.654	(0.670)	(1.670)	5.314		1.802	1.568	3.370

Direction from Health and Social Care Partnership Board.**Appendix 10**

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 28 March 2024

Attachment: 2024/25 Annual Budget Setting 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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCPB000061JS28032024
2	Date direction issued by Integration Joint Board	28 March 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 spend the delegated net budget of £88.947m 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 £149.161m (including Set Aside) in line with the Strategic Plan and the budget 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 total 2024/25 indicative budget aligned to the HSCP Board is £240.198m. Allocated as follows: West Dunbartonshire Council - £88.947m NHS Greater Glasgow and Clyde - £108.565m Set Aside - £40.596m Application of Reserves - £2.090m (£0.288m already applied and £1.802m recommended further application)
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 30 June 2025
12	Overall Delivery timescales	30 June 2025
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report, a Year-End Report in line with Annual Accounts statutory timetable and (where appropriate) the position regarding Debt Write Off's.
14	Date direction will be reviewed	The next scheduled HSCP Board - 25 June 2024

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
BOARD**

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

28 March 2024

**Subject: West Dunbartonshire Health and Social Care Partnership (HSCP)
Local Carer Strategy 2024-2026: Improving Lives with Carers**

1. Purpose

The purpose of this report is to seek HSCP Board approval for the Local Carers Strategy 2024-2026: “Improving Lives with Carers” and to update the Board on how the strategy will be implemented.

2. Recommendations

2.1 It is recommended that the HSCP Partnership Board:

2.1.1 Approves “Improving Lives with Carers” the HSCP Local Carer Strategy.

2.1.2 Approves the Delivery Plan which is the means of implementing the Local Carer Strategy.

2.1.3 Approves the use of financial resources as outlined in Table 2, Section 4 of the report

3. Background

3.1 The Carers (Scotland) Act 2016 sets out that each Local Authority and Health Board is required to publish a Local Carer Strategy (LCS). In West Dunbartonshire, as is the case throughout the country, the Integration Authority has been delegated the responsibility of leading on the development and co-ordination of support for unpaid carers (hereafter referred to as ‘carers’).

3.2 West Dunbartonshire HSCP’s previous LCS was approved by the HSCP Board on 26 November 2020 with that LCS coming to an end in 2023.

3.3 The HSCP Board delegates to the HSCP Carer Development Group (CDG) the responsibility for developing, implementing and monitoring the LCS. Through multi-agency collaboration, including the involvement of carers with lived experience, the CDG is able to present West Dunbartonshire HSCP’s Local Carer Strategy 2024-26: Improving Lives with Carers for the HSCP Board’s approval.

4. Main Issues

- 4.1** The Carers (Scotland) Act 2016 was implemented on 1 April 2018 and has been accompanied by statutory guidance. Nine areas are identified within the guidance as being required to be included in any LCS for it to meet the statutory definition of an LCS.
- 4.2** The criteria which must be met include:
- 4.2.1 Plans for identifying relevant carers and obtaining information about the care they provide (or intend to provide) to cared-for persons in the local authority's area.
 - 4.2.2 An assessment of the demand for support to relevant carers.
 - 4.2.3 Support available to relevant carers in the authority's area.
 - 4.2.4 An assessment of the extent to which demand for support to relevant carers is currently not being met.
 - 4.2.5 Plans for supporting relevant carers.
 - 4.2.6 Plans for helping relevant carers put arrangements in place for the provision of care to cared-for persons in emergencies.
 - 4.2.7 An assessment of the extent to which plans for supporting relevant carers may reduce any impact of caring on relevant carers' health and wellbeing.
 - 4.2.8 The intended timescales for preparing adult carer support plans and young carer statements.
 - 4.2.9 Information relating to the particular needs and circumstances of young carers.
- 4.3** Improving Lives with Carers (Appendix 1) meets the statutory definition of a LCS by explicitly accounting for each of the nine areas identified above either in the strategy itself or by noting how these areas will be addressed in the Delivery Plan (Appendix 2). For example, there are, as yet, no locally agreed timescales for the completion of an adult carer support plan or young carer statement however, the Delivery Plan identifies this as a piece of work to be completed during the lifetime of the LCS.
- 4.4** In addition to the nine criteria set out above, the Act Guidance encourages any LCS to be developed collaboratively and with a recognition of the broader socio-political context.
- 4.5** In relation to collaboration, and the aforementioned responsibility of the CDG in developing a LCS, the CDG appointed a short life working group to develop an initial draft. The short life working group included representation from two unpaid carers as well as representation from Y Sort-It, Carers of West Dunbartonshire, WDCVS and the HSCP Strategy and Transformation Team.
- 4.6** The short life working group ensured the LCS took cognisance of the local and national socio-political context drawing on the following main documents: the HSCP Strategic Plan 2023-2026: [Improving Lives Together](#) ; the Scottish Government Published [National Carers Strategy](#) and the Care Inspectorate

[Inquiry into adult carers' experiences of social work and social care](#). In addition, it was critical to consider the impact of the Covid-19 pandemic and cost of living crisis on carers. Various pieces of evidence were reviewed to consider these and the LCS and the Delivery Plan note how specific actions will be taken in response to these events which have negatively disproportionally affected carers.

- 4.7** Following the short life working group's completion of a first draft, an engagement plan was developed to allow various stakeholders an opportunity to comment on and further shape the final draft (see report section eleven re: consultation) alongside the completion of an Equalities Impact Assessment (see report section nine re: Equalities Impact Assessment).
- 4.8** To ensure strategic alignment, each outcome within the LCS Delivery Plan is mapped to a thematic area from the HSCP's Strategic Plan 2023-26: Improving Lives Together. These include Safe and Thriving, Equal, Healthy and Caring Communities. Therein, the Delivery Plan contains outcomes intended to be achieved across the lifetime of the strategy. Broad areas of focus include: supporting carers in the aftermath of COVID-19; supporting carers with the cost of living crisis; increasing awareness of caring in general and specifically the value of the contribution caring and carers make to society; transition support for young carers when they move into adult services; improved accessibility to support for carers, including to short breaks.
- 4.9** While the Delivery Plan provides all of the outcomes, activities and accountable officers related to the LCS, examples of outcomes include:
- The social and economic contribution, impacts and scale of caring are recognised, understood and reflected in local and national policy making across all areas
 - Carers are able to access the financial support and assistance to which they are entitled
 - Carers are able to take up or maintain employment and education alongside caring if they wish to do so
 - Young adult carers are supported when moving from education to training and work while balancing an ongoing caring role
 - Carers' voices are heard and their views and experiences are taken into account in decisions which affect them
 - Improve carers' experiences of systems and processes including initial access, resource allocation and reviews
 - Further support social work and social care staff to be more knowledgeable about the Carers (Scotland) Act 2016
 - Ensure that local carer strategies, short-break services statements and eligibility criteria are up to date and are coproduced with carers and carers' organisations

Carers Act Monies

- 4.10** As part of the support provided by Scottish Government for Carers (Scotland) Act 2016 implementation, Local Authorities continue to receive funding for the implementation of the Carers Act in line with the Financial Memorandum of the Carers Bill. The funding allocated to Integration Authorities should be additional and not substitutional to each Council's recurring budgets for adult social care services that are delegated. In addition to this, the HSCP core services budgets are oftentimes used to provide support to carers alongside the people for whom they care.
- 4.11** Work is currently underway to better understand the extent of the use of core HSCP budgets to ensure appropriate funding arrangements are in place to continue to provide services to both carers and the people for whom they care, while ensuring best value in all instances. The budget associated with the Carers Act will continue to be monitored by the HSCP Head of Service for Strategy and Transformation and shared with the CDG and the HSCP Board for scrutiny.
- 4.12** The Delivery Plan associated with Improving Lives with Carers makes a number of commitments which will require to be met within existing resources. On the 28 March 2024, the HSCP Board will be considering the 2024/25 Budget Setting Report which contains suggestions for efficiencies relating to Carers of West Dunbartonshire and Y Sort It. The LCS is intended to be delivered in line with the resources made available to the HSCP via the Carers Act (Scotland) 2016 monies. This report on the LCS makes no assumptions regarding these proposed efficiencies; the proposed use of funds, including the proposed options for savings from the Budget Setting Report, are provided in Tables 1 and 2 (below).
- 4.13** There is, however, a need to consider the most efficient and effective use of Carers Act reserves in a way that can meet local need and deliver outcomes in a way that achieves best value.
- 4.14** The Delivery Plan notes that a new resource will be required to meet the needs of parent carers (as defined in the 2016 Act) to facilitate the delivery of the Children's Services Strategic Plan Improving the Lives with Children in West Dunbartonshire, What Would it Take? 2024 – 2029 which is subject to a separate report for HSCP Board consideration on the 28 March 2023.
- 4.15** Improving Lives with Children includes the redesign and implementation of family support services aligned to GIRFEC principles to, alongside other support measures, develop respite support and services for children with complex need and disabilities to enable families to provide safe and sustainable care.
- 4.16** The HSCP Children with Disabilities Service is currently responsible for supporting access to respite for parents and children who use the service. The budget available for this is under £600k. As demand for services increase this budget is under some considerable pressure. There are

currently no services in place which provide the flexibility families require or meet the outcomes to which service users, their carers and families aspire.

- 4.17** A scoping exercise has identified that no local resource currently exists to meet the needs of families in these circumstances and an organisation has been commissioned to undertake engagement with families to better understand what will work best in order to meet their needs and outcomes. It is anticipated that a broad continuum of support will form part of these discussions and that, given the critical role respite plays combined with the lack of locally available resource, the need for such support will require to be met.
- 4.18** Investment in such a resource will go beyond meeting the immediate needs of parent carers and their families and forms part of the HSCP's commitment to the development of preventative approaches, inasmuch as provision of an effective resource will prevent the breakdown of family situations which can, in some instances, require children to become accommodated by the Local Authority. As well as aligning with the outcomes of the LCS and HSCP Strategic Plan of prevention and early intervention, the financial savings associated with preventing a child from being accommodated by the Local Authority are well-recognised as being significant. Moreover, the outcomes for children and families are also well-understood as being more positive where families can be supported to remain together.
- 4.19** Table 1 sets out the proposed use of Carers Act monies, including the proposed use of reserves, this includes the proposed investment in a respite resource as described above. While a detailed business case will be developed following the commissioned engagement work with families, in relation to the provision of respite support, a tentative estimate of £0.700m over a three year period is anticipated at this time as a test of change.
- 4.20** It is anticipated that this investment will not only meet the needs of the family network of children with complex needs and disabilities but will also, through prevention of family breakdown and/or the return of children to their home environment, result in a financial saving over the life of the Children's Services strategy. This spend will be monitored against planned outcome measures to determine the success of this investment and to inform the strategy in the longer term.
- 4.21** In summary, the proposed respite provision is aligned to the Improving Lives Together, Improving Lives with Children and Improving Lives with Carers strategies. The creation of suitable respite provision for children with complex needs will require a significant investment of funds – to be made following a better understanding of how best to meet local need. This work stands to improve the quality of life for children and families affected by disabilities as well as generating measurable savings for the HSCP.

Table 1: Proposed Spend of Carers Act Funding

Proposed Spend of Carers Act Funding	Core Budget £000	Reserve Spend £000	Total Spend £000
Carers of West Dunbartonshire (note 1)	397,597	0	397,597
Y-Sort-It (note 1)	189,000	0	189,000
Staffing Costs	199,621	148,610	348,231
Respite Support and Provision (note 2)	778,013	0	778,013
Short Breaks Complex Care and Disabilities	0	700,000	700,000
Total Proposed Spend	1,564,231	848,610	2,412,841
Core 2024/25 Budget	1,564,231	0	1,564,231
Forecast Reserves as at 1 April 2024	0	919,524	919,524
Total Anticipated Funding	1,564,231	919,524	2,483,755
Unallocated Funding	0	70,913	70,913

Note 1: The proposed spend related to Service Level Agreements is based on current levels of spend and is prior to approval of any proposed savings options.

Note 2: Respite support and provision is based on current activity levels and does not include any provision to extend the short breaks pilot of 2023/24.

Table 2: Proposed Spend of Carers Act Funding with 10% Savings Applied to Carers of West Dunbartonshire and Y Sort-It

Proposed Spend of Carers Act Funding	Core Budget £000	Reserve Spend £000	Total Spend £000
Carers of West Dunbartonshire	397,597	0	397,597
Less Budget Saving	(40,000)		(40,000)
Y-Sort-It	189,000		189,000
Less Budget Saving	(20,000)		(20,000)
Staffing Costs	199,621	148,610	348,231
Respite Support and Provision (note 1)	778,013	0	778,013
Short Breaks Complex Care and Disabilities	0	700,000	700,000
Total Proposed Spend	1,504,231	848,610	2,352,841
Core 2024/25 Budget	1,504,231	0	1,504,231
Forecast Reserves as at 1 April 2024	0	919,524	919,524
Total Anticipated Funding	1,504,231	919,524	2,423,755
Unallocated Funding	0	70,913	70,913

Note 1: Respite support and provision is based on current activity levels and does not include any provision to extend the short breaks pilot of 2023/24.

- 4.22** Table 2 reflects the financial consequence of the 10% saving proposals, presented for consideration on the earlier on this agenda: 2024/25 Annual Budget Setting Update (Revenue Estimates), if approved. Implementation of Improving Lives with Carers will commence immediately following HSCP

Board approval. The Carers Development Group will continue in its role as overseeing and monitoring the implementation of the LCS via monthly meetings where Delivery Plan updates will be collated and reviewed. Improving Lives with Carers is proposed as a two-year strategy to allow alignment with the publishing schedule of the HSCP Strategic Plan 2023-2026: Improving Lives Together which will be reviewed in 2026.

5. Options Appraisal

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

6. People Implications

- 6.1** There are no direct people implications associated with the recommendations contained in this report. It is acknowledged that there may be people implications associated with actions contained within the Delivery Plan and these will be reported to the HSCP Board on a stand-alone basis at an appropriate 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. A procurement and tender exercise will be required in relation to this investment which will be initiated following approval of the business case.

8. Risk Analysis

- 8.1** There is a statutory duty to publish a LCS and to include the nine criteria required for it to meet the statutory definition of a LCS. Moreover, with the increasing focus at a local and national level on 'shifting' the balance of care, it is critical that the HSCP supports partners and carers themselves to be in a position to accommodate what this will mean. A shift away from statutory health and social care services entails a shift towards community in the broadest sense and to carers specifically. The HSCP must continue to achieve best value and strive towards continuous improvement in the services it provides while at the same time supporting and building community and carer capacity to accommodate the shifting of the balance of care.

9. Equalities Impact Assessment (EIA)

- 9.1** An Equalities Impact Assessment has been completed in relation to the LCS. A small group consisting of a carer with lived experience, representation from Carers of West Dunbartonshire, Y Sort-It, the HSCP Learning Disabilities Team and Strategy and Transformation Team met to complete the EIA.
- 9.2** The EIA identified a number of areas the LCS either already included or required to include, particularly around areas of and people experiencing

deprivation and under-represented communities including black and minority ethnic communities, people from the LGBTQ+ community and gypsy travelers. The EIA noted the need for the LCS and/or Delivery Plan where appropriate to reflect the need to better identify and engage with carers from these groups.

- 9.3** The full EIA is attached as Appendix 3 and concludes with the recommendation that the LCS should progress to implementation.

10. Environmental Sustainability

- 10.1** A Strategic Environmental Assessment (SEA) is not required in this instance.

11. Consultation

- 11.1** Consultation has been woven through the development of Improving Lives with Carers: from the development of an initial draft by a multi-agency group through to the EIA being undertaken in a similar way and whereby both groups involved people with lived experience.
- 11.2** In addition, formal consultation was undertaken for an eight week period whereby a range of stakeholders were provided with a range of engagement options. Decisions on proportionate engagement methods were informed by a stakeholder analysis which considered interest and influence.
- 11.3** Examples of engagement include an online survey which was promoted via social media and specifically to HSCP staff via email and to carers working with Carers of West Dunbartonshire via text message. In addition, focus group options were made available to HSCP staff and to third sector partners.
- 11.4** While the majority of feedback was positive, for example, the majority of respondents either through survey or focus group agreed that the strategy made sense and used appropriate language, a small minority still felt it would benefit from being written in more plain English and some specific wording was highlighted as requiring minor editing. This feedback has been actioned by revising the specific areas identified and reviewing the whole document to identify opportunities to improve accessibility. In addition, the LCS will be made available in an Easy Read format (designed primarily for people with additional support needs but is, nevertheless, a resource most people should be able to access).

12. Strategic Assessment

- 12.1** It was important the LCS was aligned to the HSCP Strategic Plan 2023-2026: Improving Lives Together, as well as the various other national strategic and policy drivers. The LCS has been written in a way that reflects these various documents and this is perhaps best reflected in the Delivery Plan whereby the outcome areas from the Improving Lives Together (Safe and Thriving, Health, Equal and Caring Communities) are aligned to the

National Carers Strategy outcomes and the local action required to achieve them.

13. Directions

13.1 A Direction is provided as Appendix 4

Margaret –Jane Cardno
Head of Strategy and Transformation
28 February 2024

Person to Contact: John Burns
Strategy and Transformation Manager
West Dunbartonshire Health and Social Care Partnership
16 Church Street
Dumbarton
G82 1QL

Email: John.burns@west-dunbarton.gov.uk

Phone: 07880472395

Appendices: Appendix 1: WDHSCP Local Carer Strategy: Improving
Lives with Carers
Appendix 2: Delivery Plan
Appendix 3: Equalities Impact Assessment
Appendix 4: Direction: HSCP B000057MJC28032024

Improving Lives with Carers

West Dunbartonshire Health and Social Care Partnership Local Carers' Strategy 2024-2026



Table of Contents

- ① Foreword
- ② Introduction
- ③ What do we Mean by 'Carer'?
- ④ Who are our Carers?
- ⑥ The Impact Of Caring On Adults
- ⑦ The Impact of Caring on Young People
- ⑩ COVID-19 and the Cost of Living
- ⑪ Your Rights as a Carer
- ⑫ Eligibility Criteria
- ⑬ Implementation of the Local Carer Strategy 2020-2023
- ⑭ Governance and Monitoring Implementation
- ⑮ Strategic Context
- ⑯ What Matters to Adult Carers in West Dunbartonshire?
- ⑯ Taking a Rights-Based Approach
- ⑰ *Improving Lives with Carers*: Delivery Plan
- ⑲ Services for Carers in West Dunbartonshire

Foreword



Welcome to West Dunbartonshire Health and Social Care Partnership's Local Carers' Strategy 2024-2026. This Local Carers' Strategy will involve both continuity and change from our 2020-2023 Local Carers' Strategy. Continuity because some great progress was made in delivering our previous strategy and we intend to build on that success, and change because during the lifetime of the previous strategy we were all faced with unexpected and unimaginable challenges, with many carers continuing to experience the consequences of these. It is in this post-pandemic context that we've worked with carers and other stakeholders to prepare this new Local Carers' Strategy: *Improving Lives with Carers* in West Dunbartonshire.

Some of the success outlined below includes investing over £250,000 in short breaks for carers; the appointment of an unpaid carer as a carer representative on the Health and Social Care Partnership Board; the development of a paid post designed to specifically lead on supporting unpaid carers within the Health and Social Care Partnership; and the redesign of the assessment and support pathway for carers.

However, the challenges posed by the pandemic and the cost of living crisis combine to make formidable challenges. We know that carers were disproportionately negatively impacted by the pandemic and the cost of living crisis, and many are facing the additional financial impact which often accompanies caring responsibilities, notwithstanding the potential physical and emotional cost.

I am acutely aware and exceedingly grateful of the significant role carers play in supporting the Health and Social Care Partnership to undertake its work in providing health and social care to the citizens of West Dunbartonshire. Without them, the Health and Social Care Partnership would be overwhelmed and unable to function. It is for these reasons, and more, that I am pleased to present this Local Carers' Strategy and reaffirm our commitment to working together with carers and to *Improving Lives with Carers* in West Dunbartonshire.

Beth Culshaw, Chief Officer, West Dunbartonshire Health and Social Care Partnership

Introduction

Welcome to *Improving Lives with Carers*, the West Dunbartonshire Health and Social Care Partnership's Local Carers' Strategy for the period 2024-2026. This strategy has been written for carers. It describes who carers are in West Dunbartonshire; the critical role they play; the support the Health and Social Care Partnership and partners can provide; and the strategic and legal landscape which enables this support.

Carers provide support in various ways -and at different frequencies- to people who may be their friends or family. Some carers are providing personal care and daily support to one person or more, while others may provide weekly or less frequent support of a different nature, possibly to more than one person. What is important to recognise is that providing this support can often have an impact on the carer themselves. *Improving Lives with Carers* seeks to support carers and reduce those impacts.

It is estimated that there are over [800,000](#) carers in Scotland, of which 30,000 are young carers under the age of 18. Scotland's Census 2011 shows there were approximately [10,000](#) carers in West Dunbartonshire. Data from the Census in 2022 are still to be released. However, the true number of carers is unknown as many people undertaking caring roles do not recognise or identify themselves as carers in national or local surveys.

Improving Lives with Carers draws on several national and local strategies and priorities while also focusing on what matters to individual carers, what they want to achieve, and how the Health and Social Care Partnership and partners can work with them to support their outcomes.

These priorities are detailed in the Delivery Plan at the end of this document, but can be summarised as having a focus upon:

- Improving carers' influence on and involvement in decision-making (from governance and service improvement to the planning of their own care and that of the people they look after)
- Supporting carers with the consequences and ongoing impacts of COVID-19, and the cost of living crisis
- Improving carers' quality of life through early intervention and prevention, and with access to quality support, including short breaks to support them in their life alongside caring.

The Delivery Plan accompanying this strategy provides the details of how the outcomes will be achieved.



What do we mean by “Carer”?

In West Dunbartonshire, those aged under 16 are considered young carers, while those aged 16-24 are considered young adult carers. Anyone aged 25 or older providing support to a loved one is considered an adult carer. For young carers, tailored support is essential. Throughout this strategy, when referring to specific age groups, we'll use appropriate terms. Otherwise, we'll use "carer" or "unpaid carer."

[The Carers \(Scotland\) Act 2016](#) is a law passed by the Scottish Parliament to improve support for unpaid carers in Scotland. The Act recognises the important contribution of carers and aims to ensure that they are better supported in their caring role. In line with the Act, caring for someone solely due to their age and being under 18 years old is not considered a caring role; this is considered as parental responsibilities unless the dependent child has additional care and support needs. For more information, please refer to the [Carers Act Guidance \(pp 16 and 17\)](#). This also applies to kinship care situations. It is not considered a caring role if care is being provided as voluntary work or under a contract of employment. Foster care is also excluded due to the agreement in place and fees paid.

In terms of support provided by the HSCP and partners to carers, support will be provided to carers and those they care for who reside in West Dunbartonshire. If any uncertainty arises regarding which services and from which Local Authority area are best placed to assess and/or support carers, decisions will be taken in the best interests of and with the view of the carer at the centre.

Caring does not discriminate; anyone can become a carer at any time in their life. The people they care for, usually referred to as *“the cared for person”*, may be affected by physical disability, mental health issues, frailty, substance use or other conditions, and who otherwise could not cope without the carer’s support. The carer does not need to be living with the cared-for person to be recognised as a carer. If a child or young person provides care, they can still be identified as a young carer even if they are not the primary carer.

Many people providing care do not see themselves as a ‘carer’. First and foremost, they may see themselves as a husband, wife, son, daughter or friend, and see caring as a natural extension of those relationships. The term *‘carer’* is not intended to label a person, but rather aims to describe the important role that they have within our community, how it might be impacting them and how they can be supported to continue caring if they so wish.

Carers provide a wide range of support to the person they care for, including physical, emotional, and financial support.

Some of the help a carer can provide:

providing personal care



administering medication



carrying out housework



shopping



assisting with finances



transport to appointments




providing emotional support




The support carers give is crucial with:

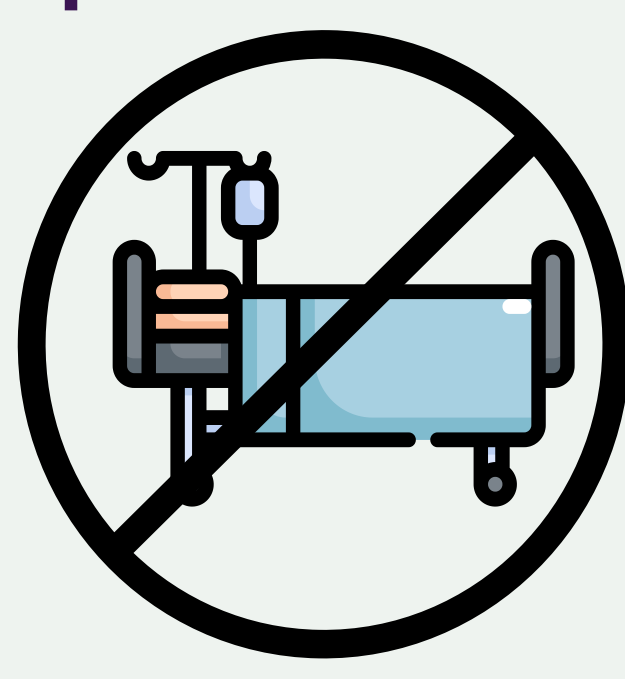
helping people to remain in their own home



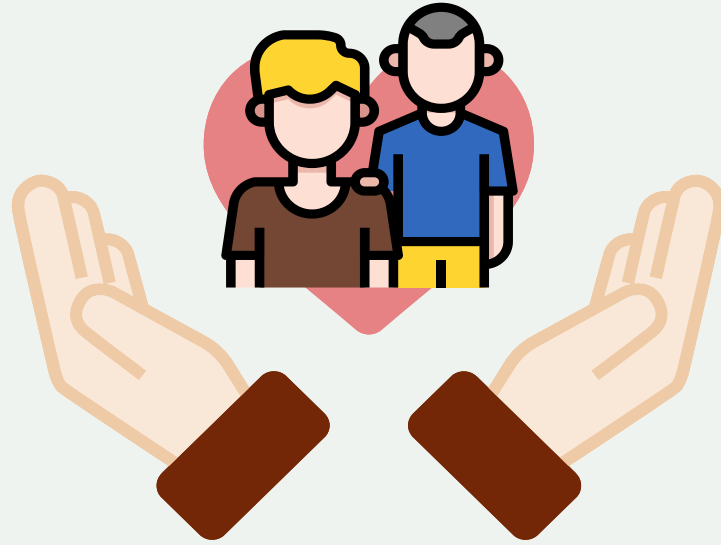
supporting earlier hospital discharge



avoiding unnecessary hospital admission



reducing isolation and loneliness



Who Are Our Carers?

[Scotland's Carers' Census 2022](#) shows that West Dunbartonshire has one of the highest rates of caring in Scotland, as well as a high proportion of carers who report they care for 35+ hours a week (the rate at which Carer's Support Payment can be claimed) and the equivalent of being in full-time employment.

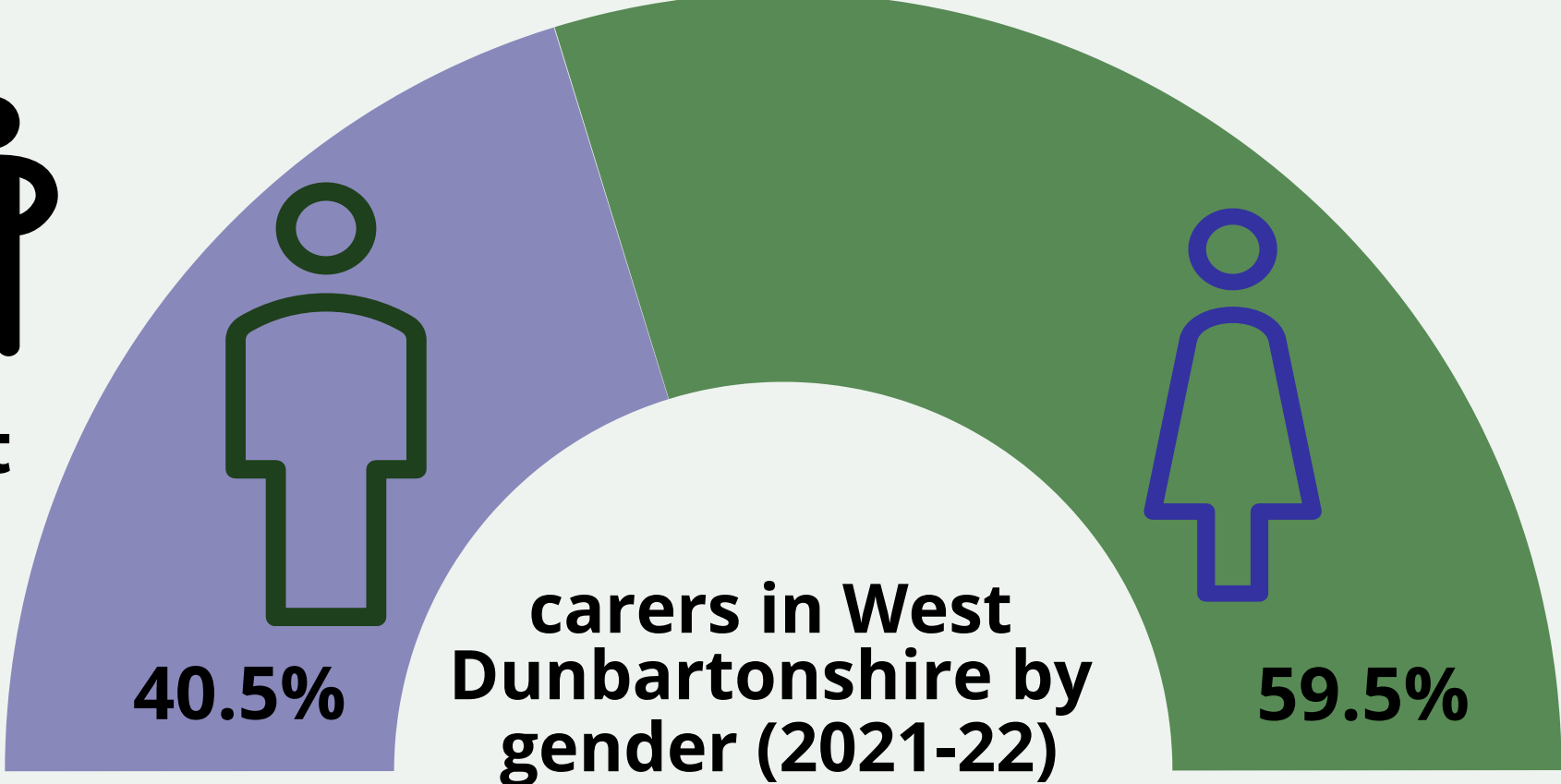
To implement the [Carers \(Scotland\) Act 2016](#) effectively the Health and Social Care Partnership and its partners must first understand the challenges that carers may face. Data collected locally through a variety of sources will continue to help inform the local position and ensure planning of services are in line with carers' needs.

Number of Unpaid Carers in Scotland by Age and Gender (2021-22)

- Under 18 (13.08%)
- 18 - 64 (61.47%)
- 65 and over (25.45%)



more than 1 in 10 people in West Dunbartonshire are carers



A significant proportion of known carers in Scotland are aged 55 or over and the gender split demonstrates that women are over-represented in unpaid caring roles.

[Scotland's Carers Census 2021-22](#)

The proportion of adult carers in West Dunbartonshire supporting more than one person rose from 8% to 18% between 2021/22 and 2023/24.

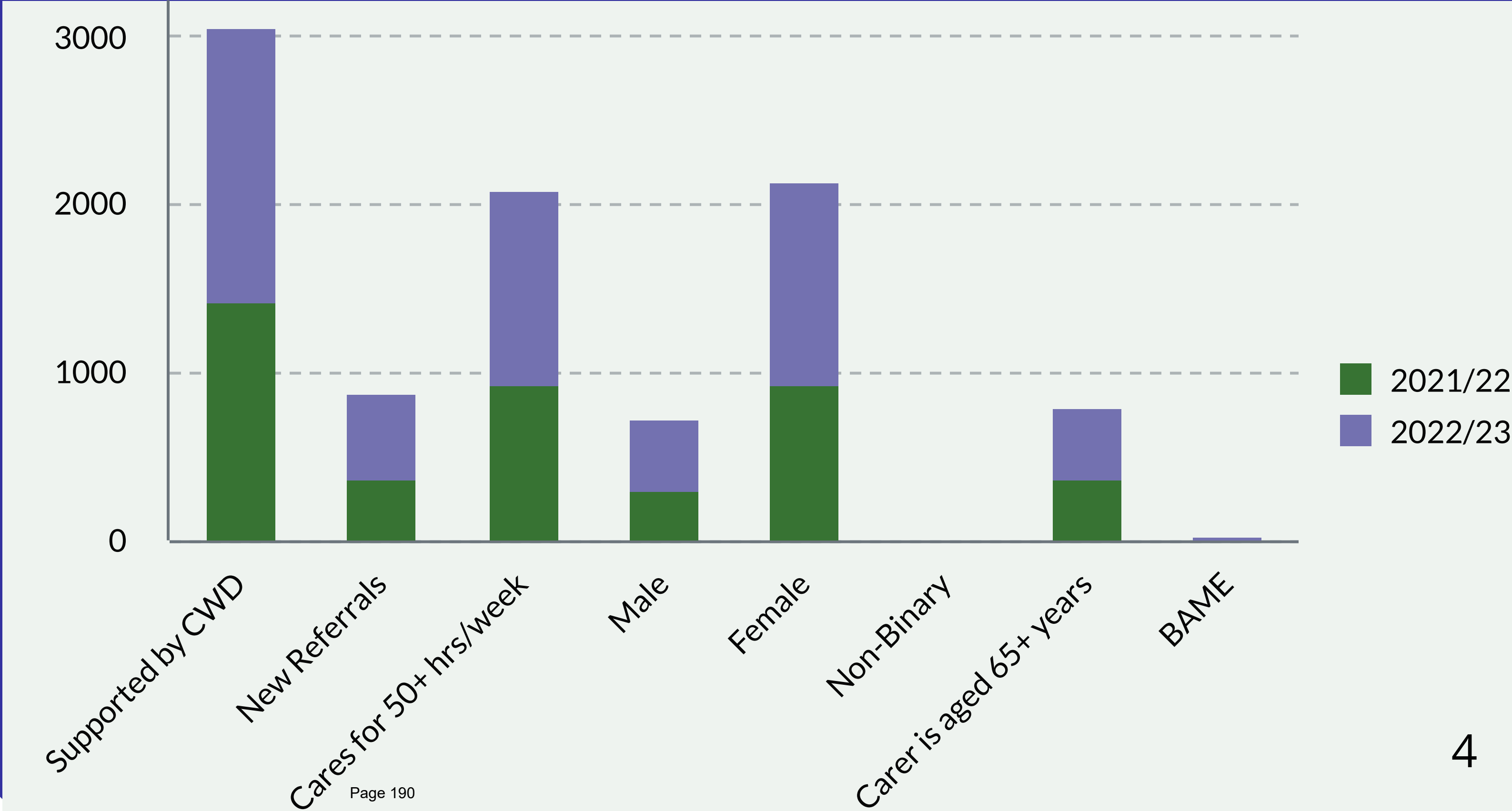


The number of carers is expected to grow in the next decade due to demographic changes and shift towards community-based support.



[Carers of West Dunbartonshire \(CWD\)](#) is the organisation commissioned by West Dunbartonshire Health and Social Care Partnership to work with them to support adult carers.

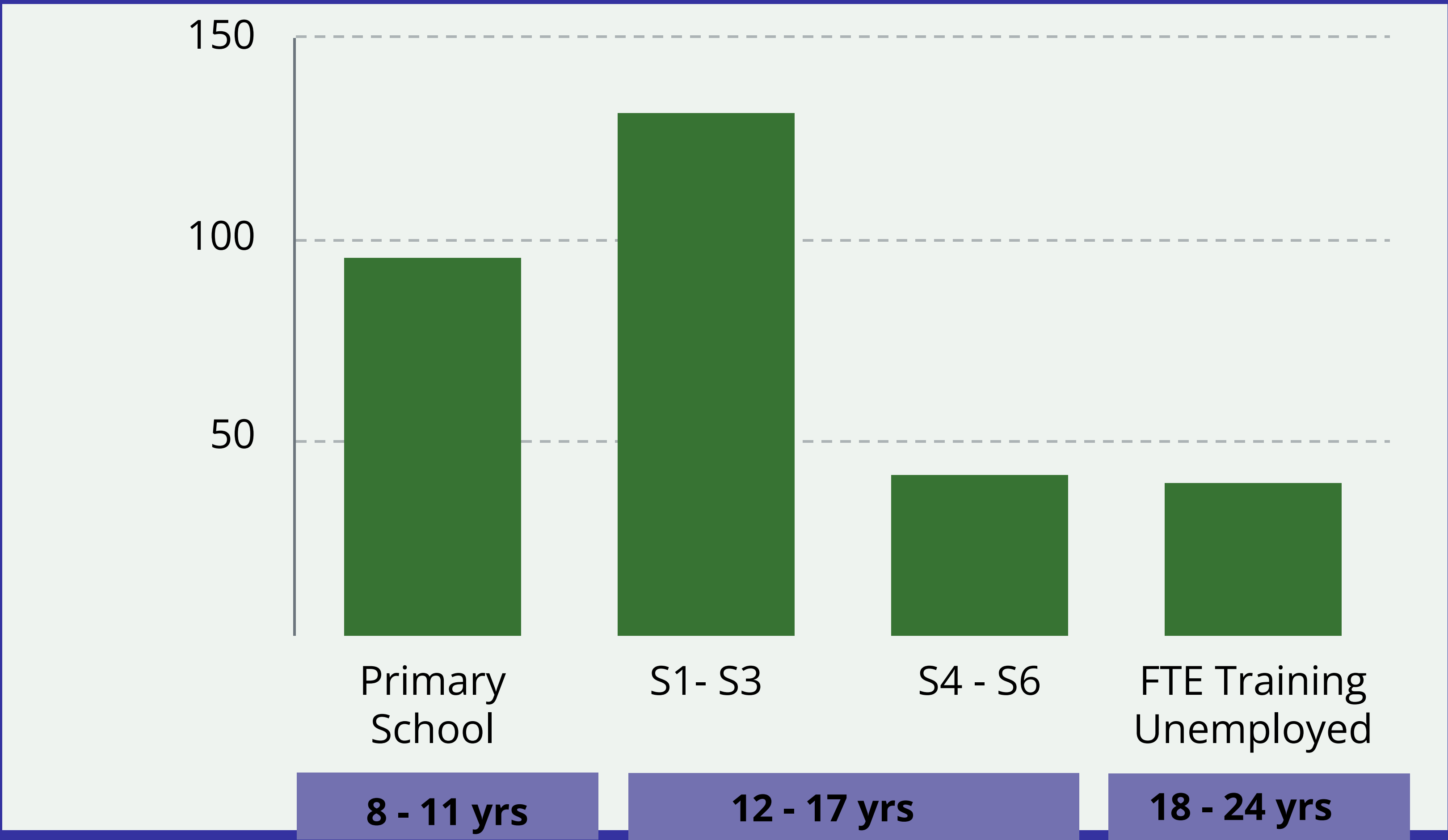
Carers of West Dunbartonshire 2021/22 - 2022/23



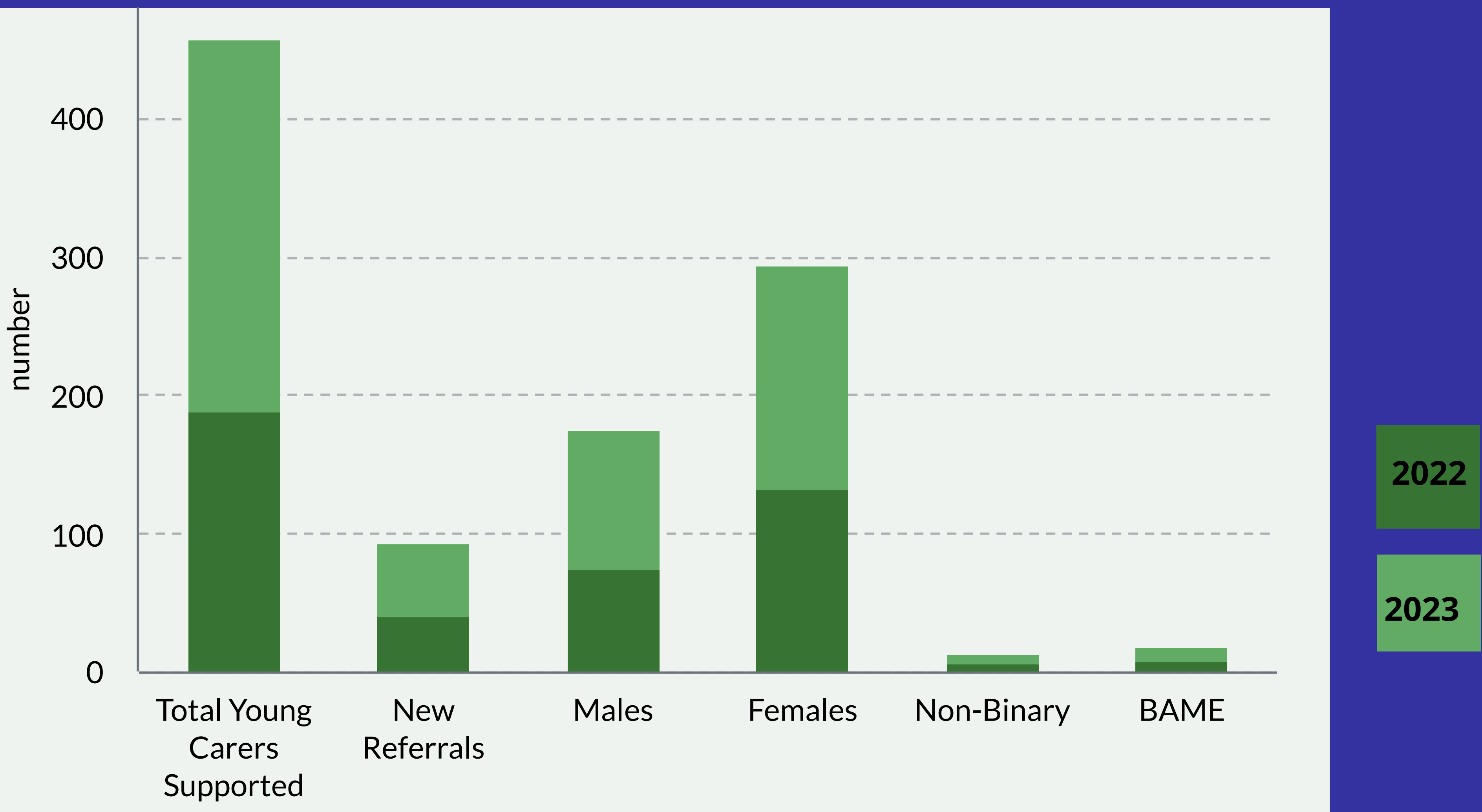
Y Sort It is the organisation commissioned by West Dunbartonshire Health and Social Care Partnership to work with them to support young carers and young adult carers.



Young Carer and Young Adult Carer by Age and Stage (2023)



Young Carers Accessing Support (2022-2023)



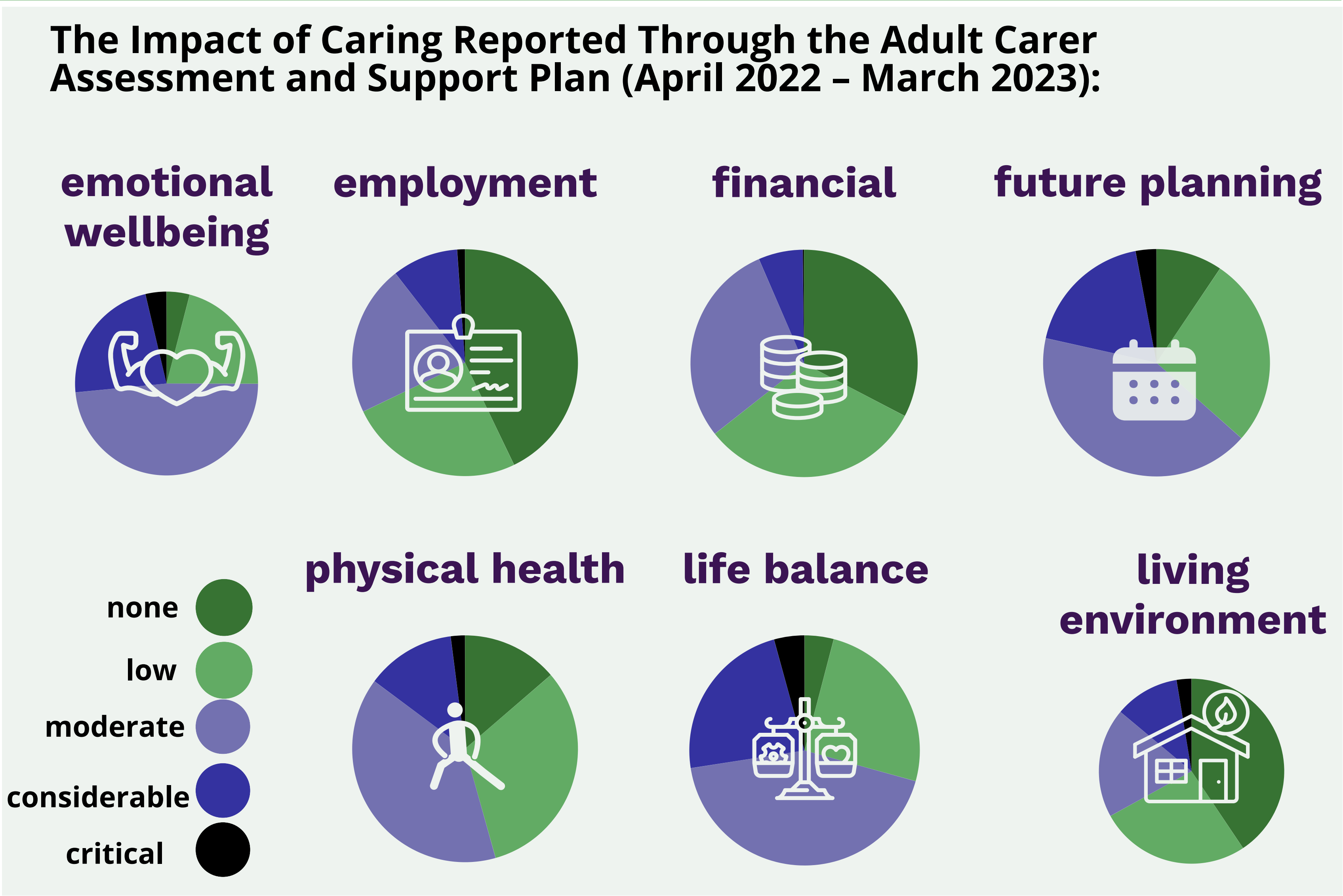
The Impact of Caring on Adult Carers

For some people, caring for a relative or friend may have no impact, while for others it can be considerable and require significant life adjustments, such as giving up work or deciding to live with the cared-for person. Carers often report feeling isolated and disconnected from their friends, family and their wider community. Many carers also live with long-term health conditions themselves and face the challenge of managing their own health alongside their caring responsibilities.



In line with the National Carers Organisation’s Framework for National Eligibility, West Dunbartonshire Health and Social Care Partnership takes account of seven life areas when considering The Impact of Caring on a carer’s life:

539 [Adult Carer Assessment and Support Plans](#) were analysed. The most common response across all seven life areas was being moderately impacted. The most notable impacts were on the carer’s emotional wellbeing and life balance: 26.5% of carers reported a considerable or critical impact on their wellbeing, and 27.5% reported a considerable or critical impact on their life balance.



"Caring for my mum has had an impact on every aspect of my life" (Carer, Clydebank)

"It's important to me that I don't lose my identity" (Carer, Dumbarton)

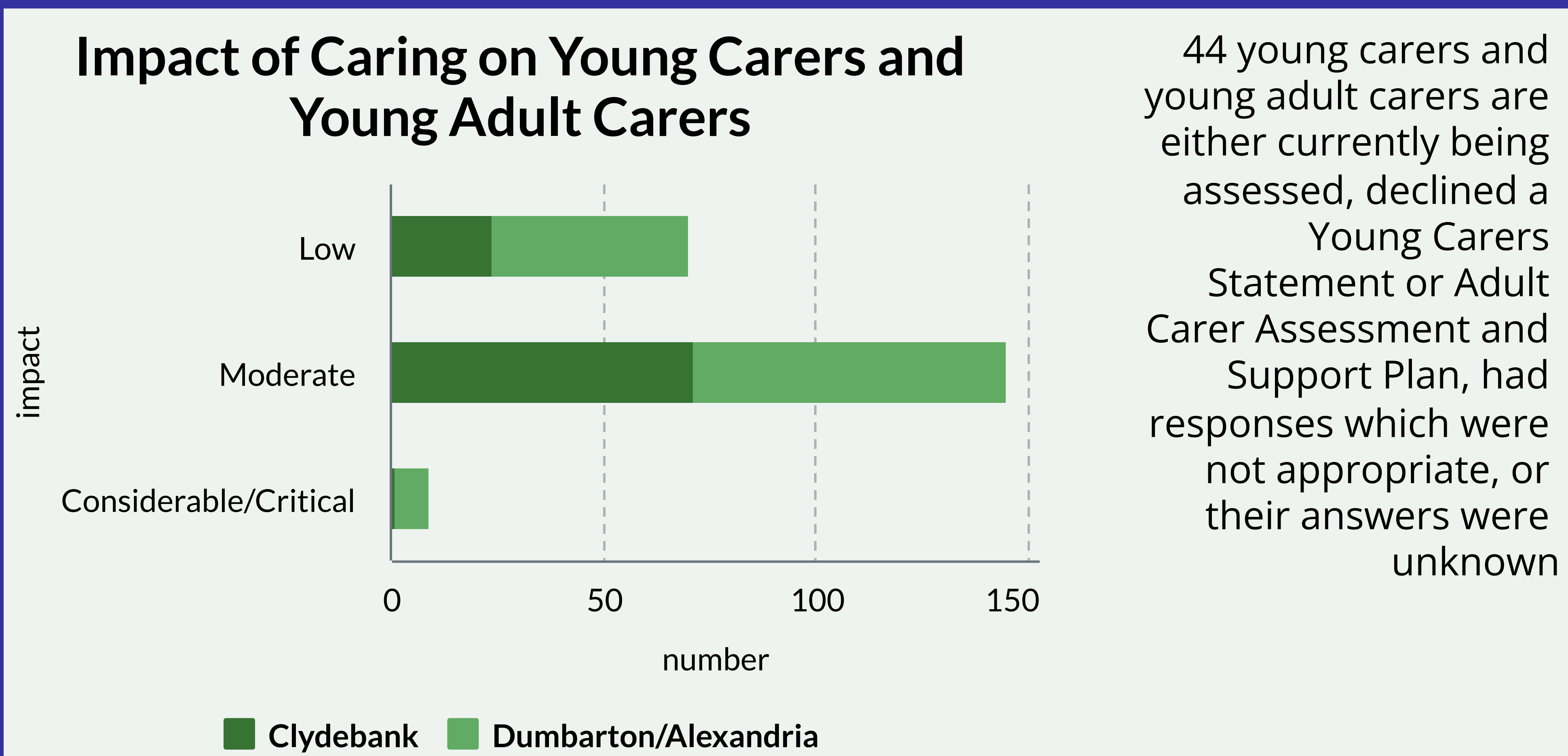
The Impact of Caring on Young Carers

When considering the impact of caring on children and young people, the [Getting it Right for Every Child \(GIRFEC\)](#) model is used. It proposes [eight wellbeing indicators](#) in a young person's life: **safe, healthy, active, nurtured, achieving, respected, responsible, and included** (SHANARRI)

The indicators are integrated into a [Young Carers Statement](#) designed to capture local young carers' support needs and the Framework Model of West Dunbartonshire Eligibility Criteria, which assesses the impact of caring on young carers and can be low, moderate, considerable or critical.



Both the Eligibility Criteria and Young Carer Statement are aligned with the [National Convention of the Rights of the Child](#) (UNCRC), identifying personal outcomes and support needs for young carers, but also to ensure they are supported to have the right to be protected from discrimination, express their own views, live, survive and have a healthy development, spend time with friends, enjoy opportunities for leisure and to relax and play, and have an education.



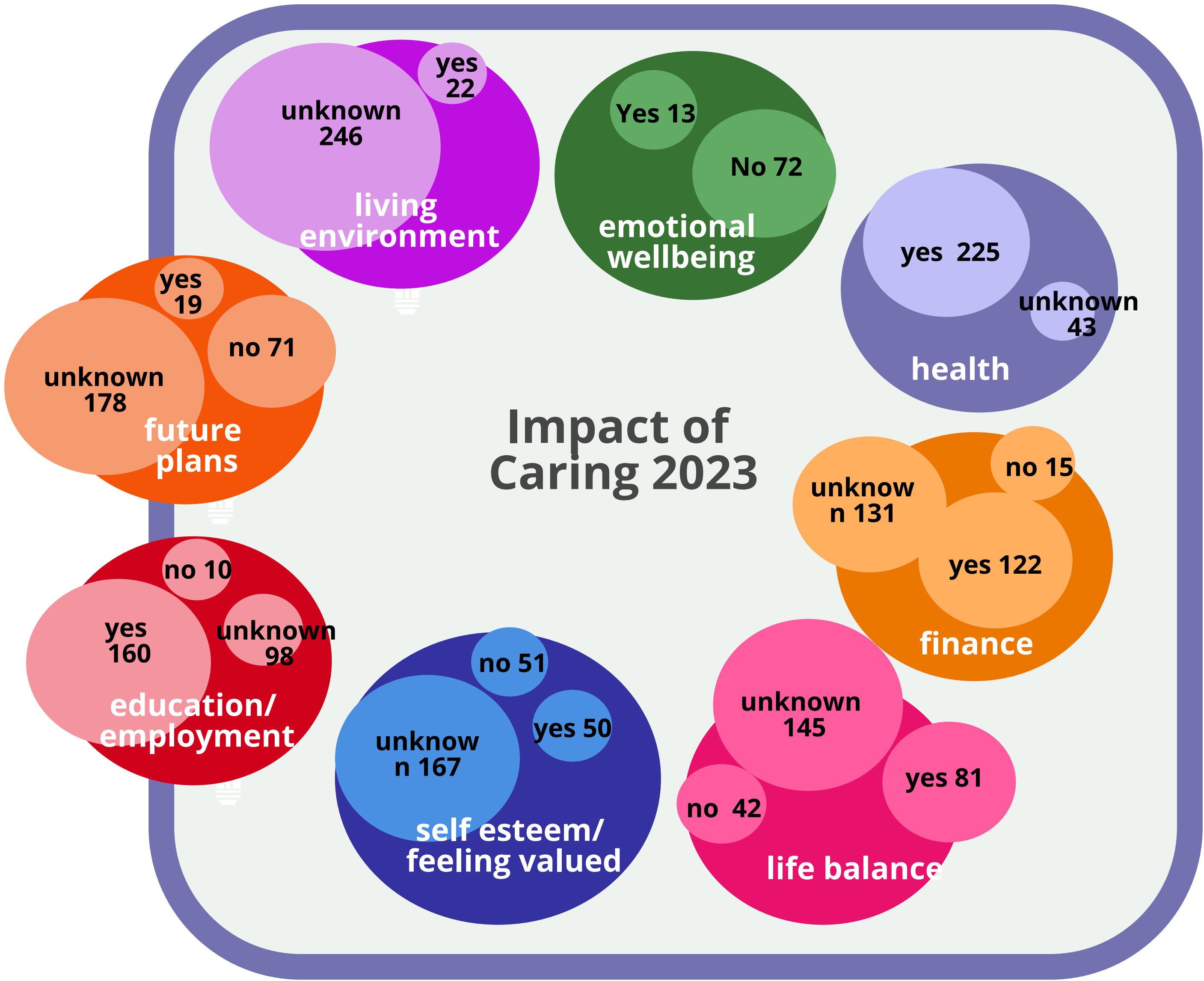
In their Young Carer's Statement, children and young people in West Dunbartonshire have reported that conflicting emotions were linked to their caring role:

- worry and loneliness
- happiness and pride
- bullying
- lack of understanding from peers and teachers
- not knowing where and from whom to seek support
- fears that they may be removed from their parents care
- fears they may be placed in residential care



We acknowledge the significant impact that caring responsibilities can have on a young carer's physical and mental wellbeing. Through our strategy, we aim to gain a deeper understanding of the challenges faced by carers and develop targeted support programs to address these issues. We will collaborate with relevant agencies and initiatives, such as the Dementia, Autism, Learning Disabilities, and Neurological Care Strategies, as well as GIRFEC and the outputs of the Whole Family Wellbeing Funding, to provide comprehensive and holistic support. Providing support to keep families together and working to ensure the whole family’s needs are met is at the heart of our engagement with young carers.

In their Young Carer's Statement, Young Carers are asked if their caring role had an impact on different areas of their lives:



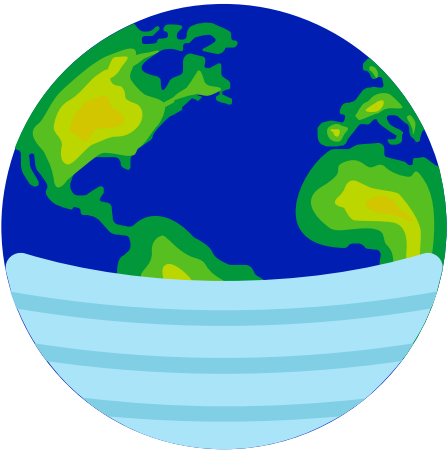


- Partners:
- School Counselling Service
 - Scottish Families Affected by Alcohol and Drugs
 - Intandem
 - Includem
 - Social Work
 - CAMHS
 - Alternatives to Care
 - West Dunbartonshire Education Services

Y Sort It provide a range of support directly to Young Carers:

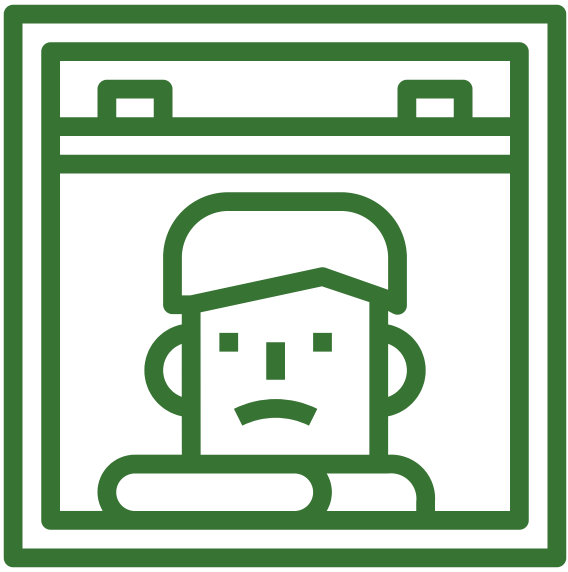
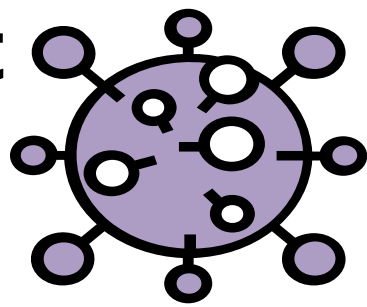


COVID-19 and the cost of living



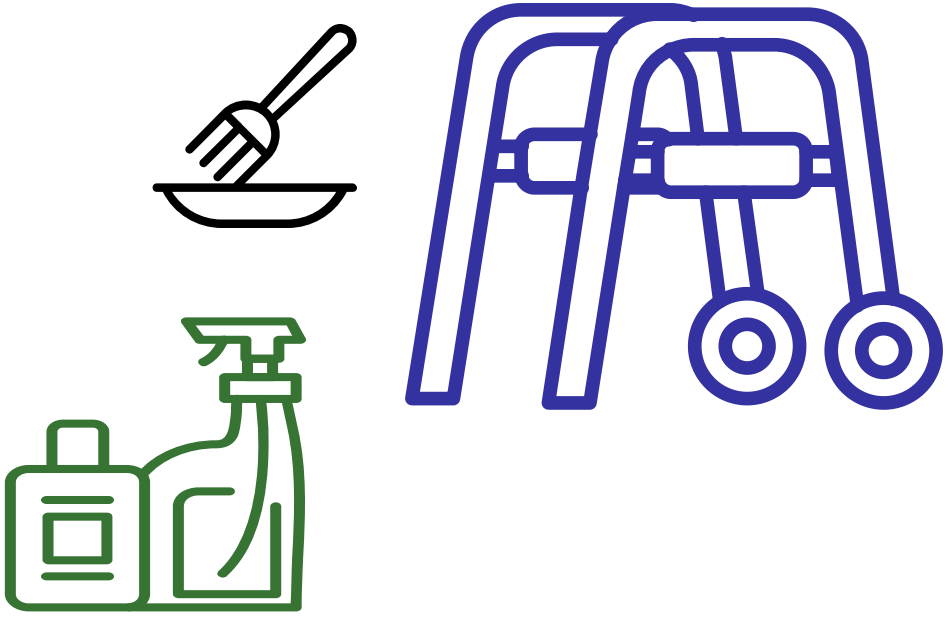
The global Covid-19 pandemic has had a significant impact on the health and social care system, the staff who work within it, the communities it serves and the country as a whole. It is important to note that individuals were not impacted equally or in the same manner.

The Impact of the Coronavirus (COVID-19) Pandemic on the Lifestyle of Unpaid Carers study by the Office for National Statistics suggest the COVID-19 pandemic and the cost-of-living crisis has had a disproportionately negative impact on carers, resulted in more carers and increased their need for support



carers were more worried about the impact on themselves and those they care for, and felt more isolated

many carers used their heating less with a significant number falling into arrears with household energy bills

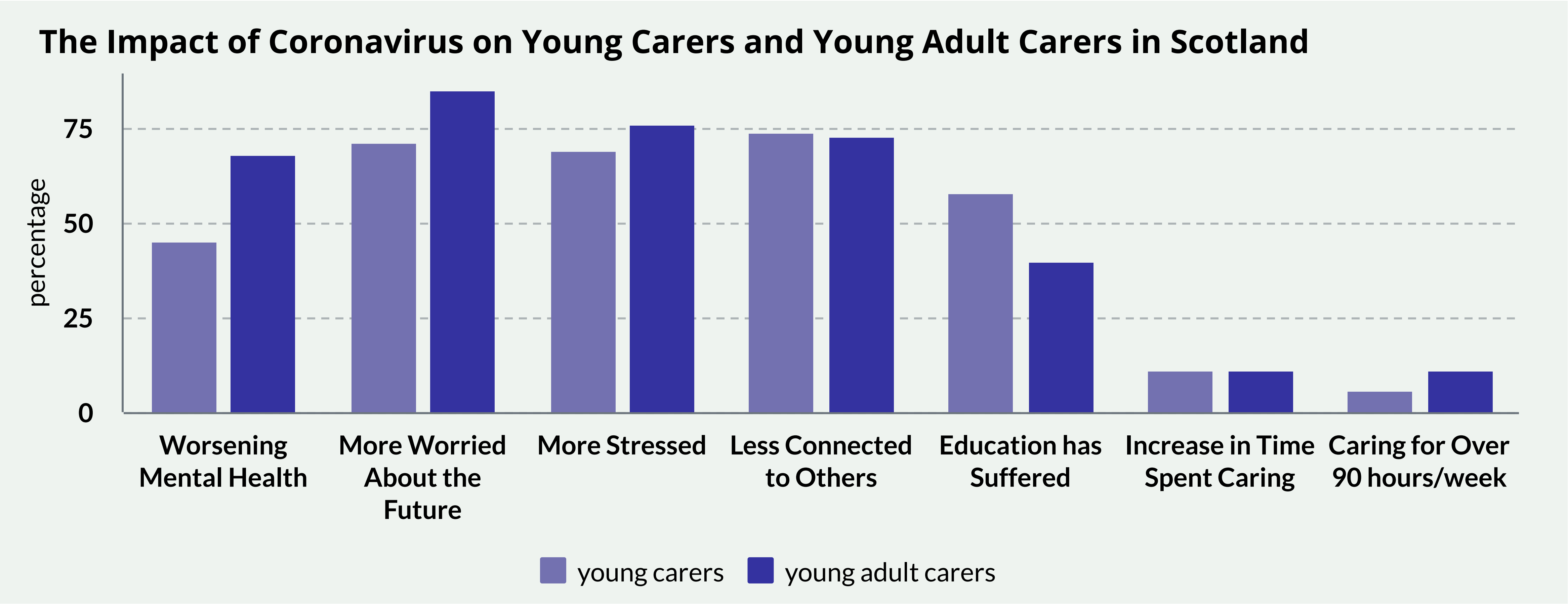


the increased costs of aids and adaptations, food, and cleaning products is an issue for carers

inability to plan for the future and the associated anxiety of continued caring was a cause for concern for many carers

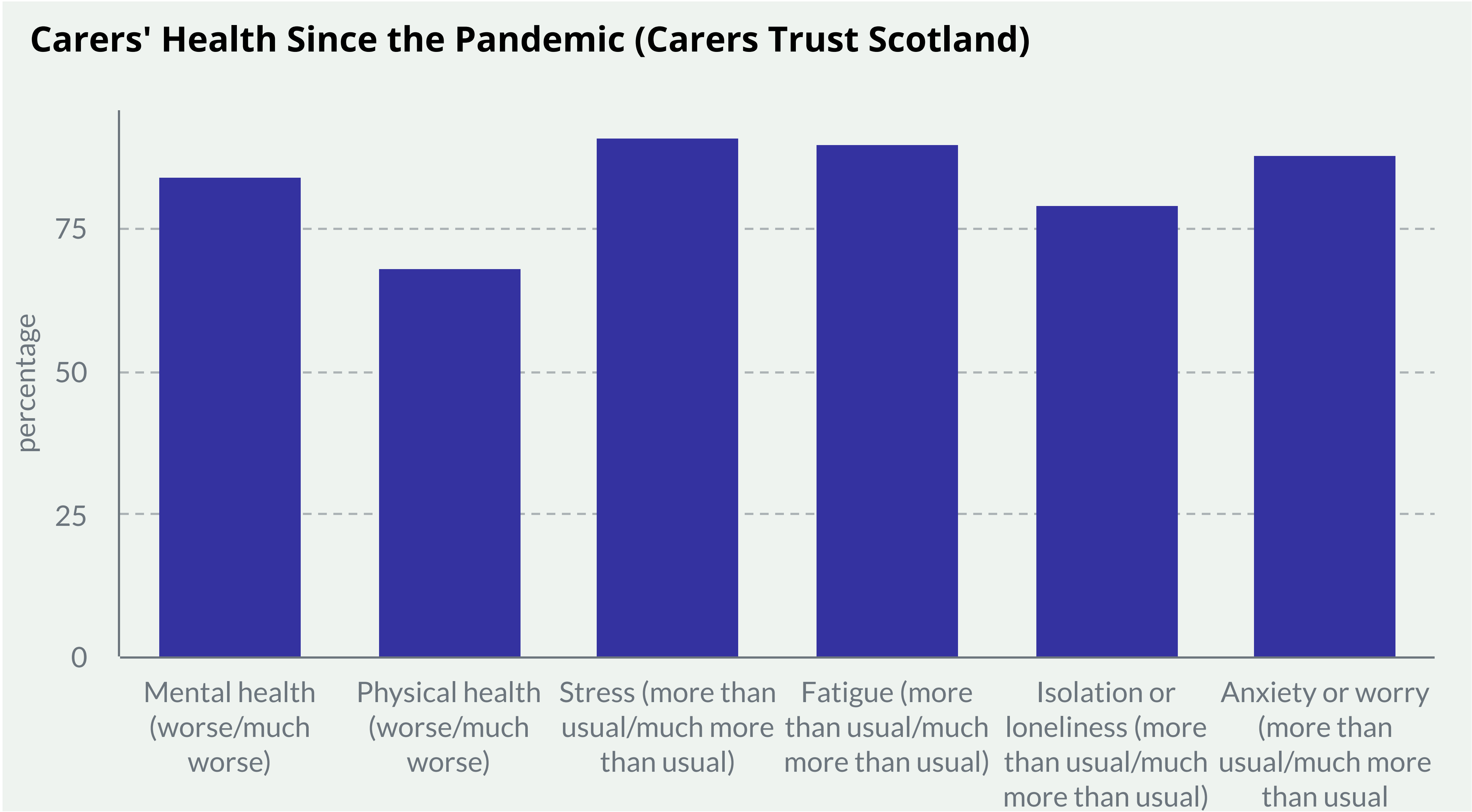


Findings from [Young Carers Research](#) by Carers Trust Scotland show the significant and worsening impact of Covid-19 on them and their caring experiences:



Carers Trust Scotland also reported that Local Authority services stopping, or caring needs increasing led to greater caring responsibilities for some carers. Additionally, some carers have reported that the restrictions put in place to prevent the spread of the virus directly intensified their caring needs, often exacerbated by a reduction in available support.

Care home visiting restrictions caused some carers to take the difficult decision to care for their relative at home. Such decisions were taken at a time when many elderly people were dying in care homes and, for many, this decision was taken to try and reduce this risk. Oftentimes caring roles were undertaken alongside working from home and home schooling, with some carers reporting that they felt overwhelmed and struggled to cope.



[Carers Trust Scotland's survey, Covid-19 in Scotland](#) surveyed 461 carers. The data in the chart above shows the reported worsening in both physical and mental health.

While more than half the respondents stated that they could identify no positives, some reported 'having more time for themselves' (5%), 'spending more time with the people they live with' (29%), 'increased flexibility via working from home' (17%) and 'having more time to relax' (4%) as being positives from the pandemic.

It is important for support providers to note for future planning that some carers indicated they would like to continue to use remote or online and digital options for support (e.g. telephone calls, 1:1 video calls or group video calls) introduced during the pandemic, but many carers preferred traditional, in-person support.

In their paper, [Being a Young Carer is Not a Choice - It's Just What We Do](#), Carers Trust Scotland found that 66% of young carers and young adult carers said the cost of living crisis is 'always' or 'usually' affecting them and their families – with 36% facing additional costs because they are a young carer or young adult carer.

A key recommendation from the report is to identify and respond to poverty and financial hardship among carers. While some of the responsibility for this lies with UK and Scottish Governments, there are some actions that can be taken locally as part of Improving Lives with Carers to drive this forward.

Improving Lives with Carers emphasises the need for collaboration between carers and public services to enhance health and wellbeing outcomes. Public bodies have a responsibility to prevent poor health outcomes for carers while taking care of their own wellbeing. By working together, we can improve outcomes for carers, their patients, and the community.

Your Rights as a Carer

While *Improving Lives with Carers* encourages carers as much as is practical and practicable to support their own health and wellbeing, it is critical that if and when carers require support from services, a clear and robust process is in place to ensure the right type and level of support is available at the right time.

[The Carers \(Scotland\) Act 2016](#) provides the foundation for *Improving Lives with Carers*, which demonstrates our commitment to fully implement the Act and support carers to enjoy a life alongside caring. The Act emphasises carer identification, decision-making involvement, and support service provision. The Health and Social Care Partnership collaborated with Carers of West Dunbartonshire to develop a new pathway that assesses carers' needs, risks, strengths, and desired outcomes. The pathway treats carers as individuals separate from but coordinated with any support provided to the cared-for person(s). Where appropriate and eligible, carers are supported to access Self-Directed Support for themselves (see below regarding eligibility criteria).

Responsibilities from the Carers (Scotland) Act 2016

People identified as carers:



must be offered an [Adult Carer Assessment and Support Plan](#) or a [Young Carer Statement](#)



must be included in hospital discharge processes for the individual(s) they provide care for



must have their interests included in development and review of carer services



must be provided with Information and advice services

The Health and Social Care Partnership must:



make public local eligibility criteria



share information on available short breaks






produce a Local Carers' Strategy and review within set timeframes

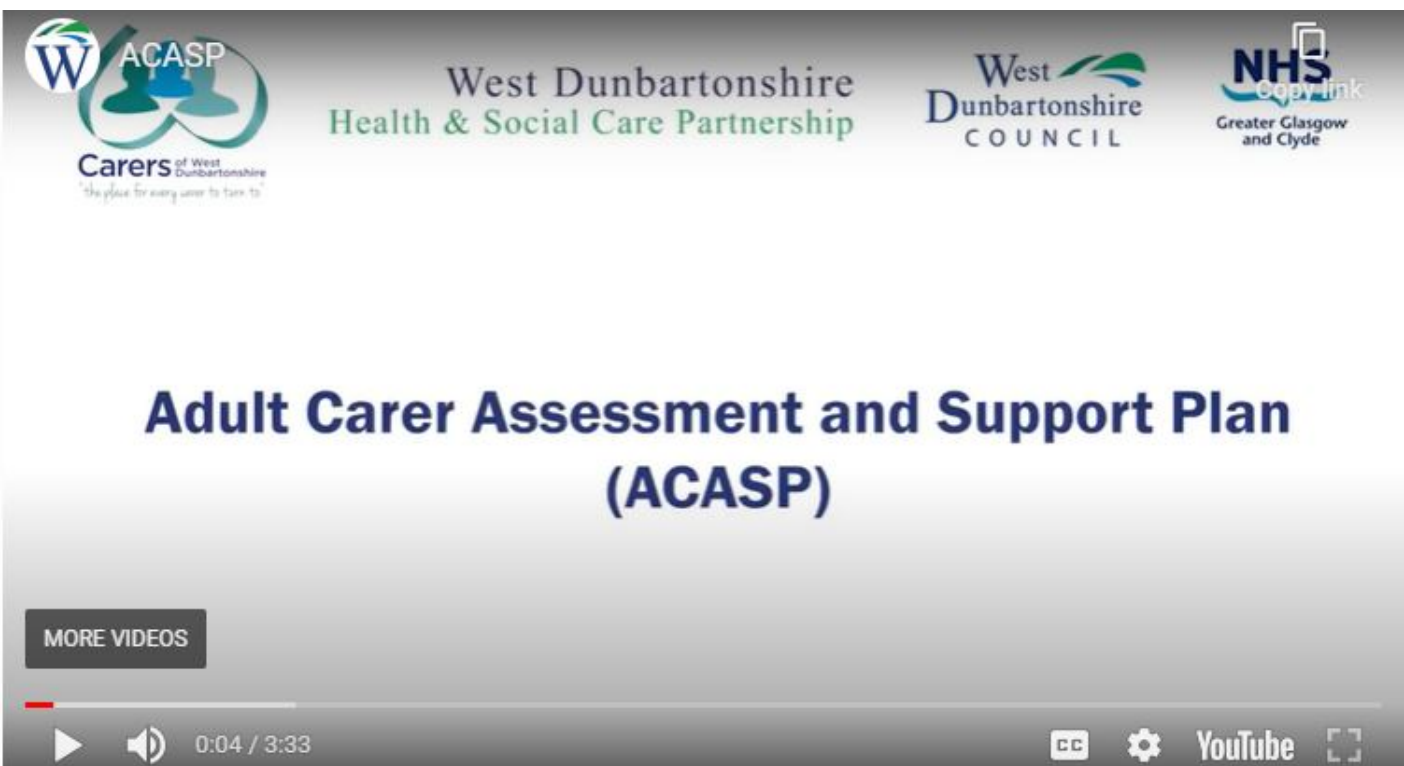
Eligibility Criteria

A tiered approach to support services was introduced by the National Carers Organisation, ranging from self-help to specialised services. In April 2022, the Health and Social Care Partnership collaborated with carers and representatives to develop eligibility criteria using this framework, improving carers' access to the most appropriate support at the right time. Completing an Adult Carer Assessment and Support Plan or a Young Carer Statement helps in determining the best support for carers.

Copies of West Dunbartonshire Young Carers Statement and Referral Guidance can be found at [West Dunbartonshire Young Carers - Resources - Carers Trust](#)



The [Eligibility Criteria](#) for carers aims to prioritise services for those with the greatest needs while promoting independence and resilience. An [Adult Carer Assessment and Support Plan](#) and [Young Carer Statement](#) is designed to help identify carer strengths, the outcomes they want to achieve and what, if any, services and supports would help them to achieve those outcomes. Guidance and process information can be found in this animation (click on the image to watch).



Implementation of the Local Carers Strategy 2020-2023

Examples of actions:



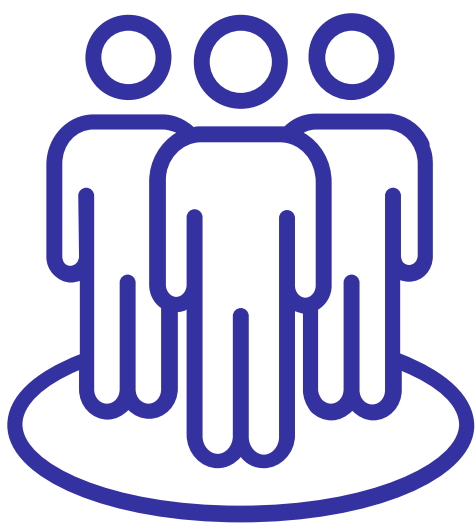
redesigned support pathways, seeing Carers of West Dunbartonshire become the ‘front door’ for all carer support



continued to meaningfully involve carers in areas of service design and policy which affect them



worked with staff and carers to develop a strengths-based and outcome-focused Adult Carer Assessment and Support Plan



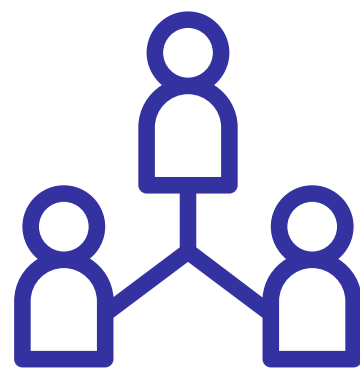
introduced the ability for carers to access and completed the new Adult Carer Assessment and Support plan online



raised awareness of the role of carers across the HSCP via the introduction of mandatory training provided as online modules



supported carers to access Self-Directed Support access to Short Breaks



established a network of school-based Young Carer Champions and Education Forums to ensure Education staff can identify young carers, and are aware of issues they face and support that is available



built a unique respite facility for Young Carers and their families at Carbeth Hutting Community, Stirlingshire to access for short breaks



introduced the role of Unpaid Carer Liaison Officer to lead and co-ordinate carer activity

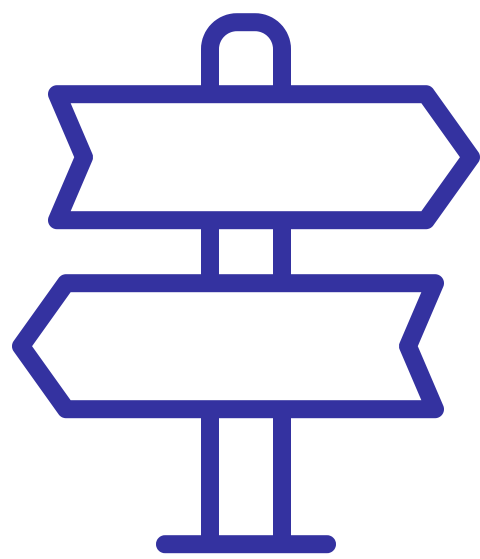
Carers of West Dunbartonshire introduced the [Valued Carer](#) initiative helping local businesses support local carers



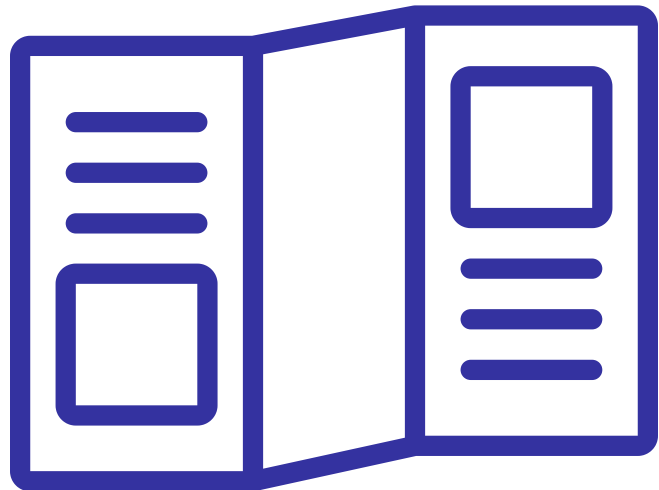
introduced sessions to educate new teachers in West Dunbartonshire about Young Carers Champions and Education Forums



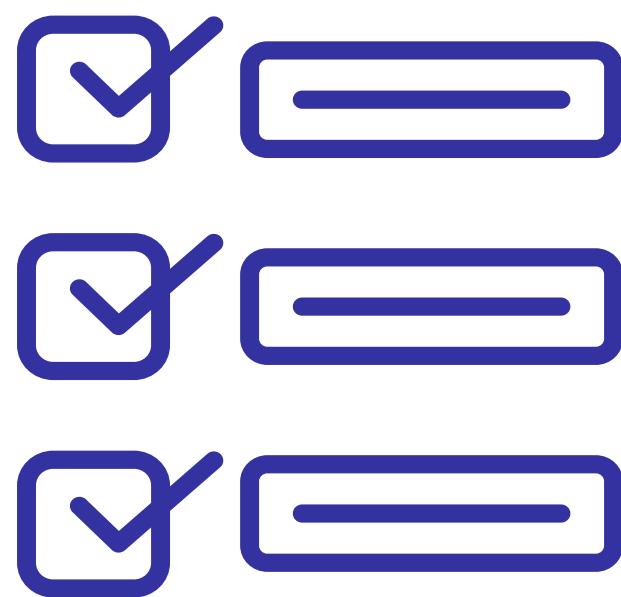
development of Bonhill Community Centre, Alexandria extending safe youth friendly space for Young Carers/ Young Adult Carers and improving accessibility



commenced the review of our respite pathways



supported the research, development and implementation of the resource [‘Together: A Whole Family Approach for Young Carers’](#) with Carers Trust Scotland



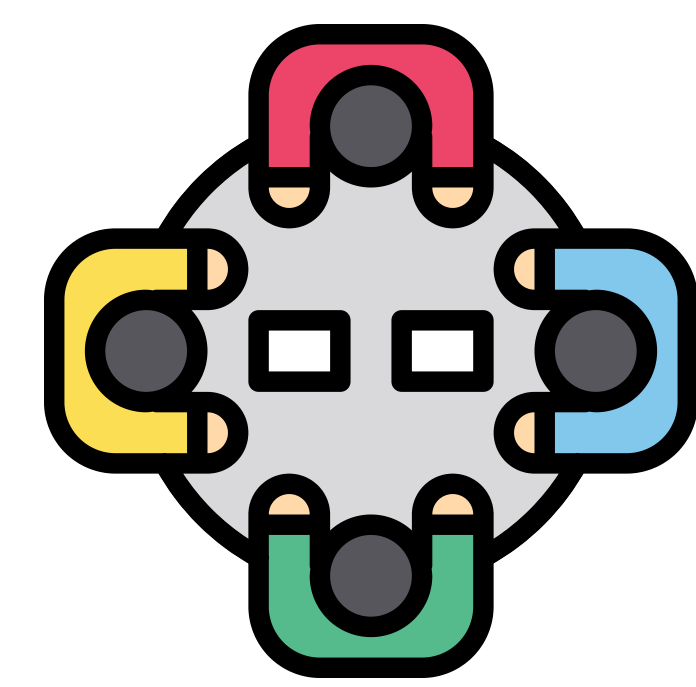
implemented eligibility criteria to ensure proportional support for all carers

Improving Lives with Carers will build on the success described above. More details are provided in the Delivery Plan. *Improving Lives with Carers* is a two-year strategy that aligns with and draws upon [West Dunbartonshire Health and Social Care Partnership’s Strategic Plan, Improving Lives Together 2023-2026](#) which sets out the Health and Social Care Partnership’s priorities across the organisation.

Governance and Monitoring Implementation

A Carers' Development Group, established by the Health and Social Care Partnership and its governing Board, progresses and oversees the support provided to carers through the Local Carers' Strategy by:

- Leading and monitoring implementation
- Reviewing and reporting progress
- Ensuring the Carers Act funding is used to achieve outcomes
- Identifying and sharing opportunities for collaboration



The group is chaired by the Head of Service for Strategy and Transformation. Members include unpaid carers and representatives from:

- Carers of West Dunbartonshire
- Y Sort-It
- HSCP services
- Education Services
- WD Community Voluntary Services

The Carers Development Group has been responsible for overseeing the development and implementation of the previous Local Carers' Strategy and will continue to do so for *Improving Lives with Carers*. They provide regular updates to the Health and Social Care Partnership Board and will continue to do so when required. At a minimum, they will provide annual updates on the Delivery Plan that accompanies *Improving Lives with Carers*.

Strategic Context

It is important to understand the broader context that influences and shapes *Improving Lives with Carers* and its implementation. Nationally it involves the new National Carers' Strategy and work undertaken by the Care Inspectorate, while locally the Health and Social Care Partnership's strategic plan has a direct influence alongside what matters to carers in West Dunbartonshire.

The **National Carers Strategy** (2022 -2026) sets out a range of actions to ensure carers are supported, which *Improving Lives with Carers* recognises and incorporates. There is a focus on:



- living with COVID 19
- valuing, recognising and supporting carers
- health and social care support
- social and financial inclusion
- young carers

The Care Inspectorate Inquiry into Adult Carers Experiences of Social Work and Social Care Services took place in 2022.

The report highlights the need for improvement in support of adult unpaid carers and makes a series of recommendations for HSCPs which are now reflected in the *Improving Lives with Carers* Delivery Plan.



West Dunbartonshire HSCP Strategic Plan *Improving Lives Together*

Improving Lives Together is the strategic plan (2023-2026) of the Health and Social Care Partnership. It includes all services, workforce, and resources. The plan sought feedback from various stakeholders, including carers, and has adopted the vision, mission, and values of *Improving Lives with Carers*. The feedback from carers is on the next page.



Vision

Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, receiving care and support that prioritises independence, control, choice and recovery.

Values

- Respect
- Compassion
- Empathy
- Care
- Honesty

Improving Lives Together proposes four overarching Strategic Outcomes covering various thematic areas that include:

- Equal Communities: Outcome: A reduction in the impact of the wider determinants of health
- Caring Communities: Outcome: Enhanced satisfaction among people who use our services, an increase in perceived quality of care and equitable access to services ensured
- Safe and Thriving Communities: Outcome: People are able to look after and improve their own health and wellbeing, and live in good health for longer, while ensuring that our citizens are safe from harm
- Healthy Communities: Outcomes: Improved health, an increase in independence and resilience, lower rates of hospital admissions, lower rates of re-admission and a reduction in reliance on health and social care services

What Matters to Adult Carers in West Dunbartonshire?

As part of [What Matters to You Day 2023](#) and as part of their consultation on the HSCP Strategic Plan 2023-2026: Improving Lives Together, we analysed 150 Adult Care Assessment and Support Plans to better understand what matters to carers. These views have been incorporated in the Delivery Plan of *Improving Lives with Carers*. Some examples are shown below.

What matters to you about having a life alongside your caring role?

"Being able to sustain my work or education."

"Taking part in hobbies or interests."

"Looking after my own physical and mental health."

"Having adequate breaks from caring."

"Being able to maintain other relationships."

What matters to you about you caring role?

"that my loved one is safe and well"



"that I am able to provide the best care that I can"

"that I am able to make plans for the future"

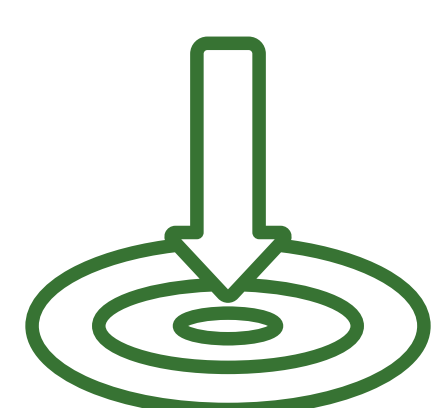
"that I am able to keep my loved one at home"

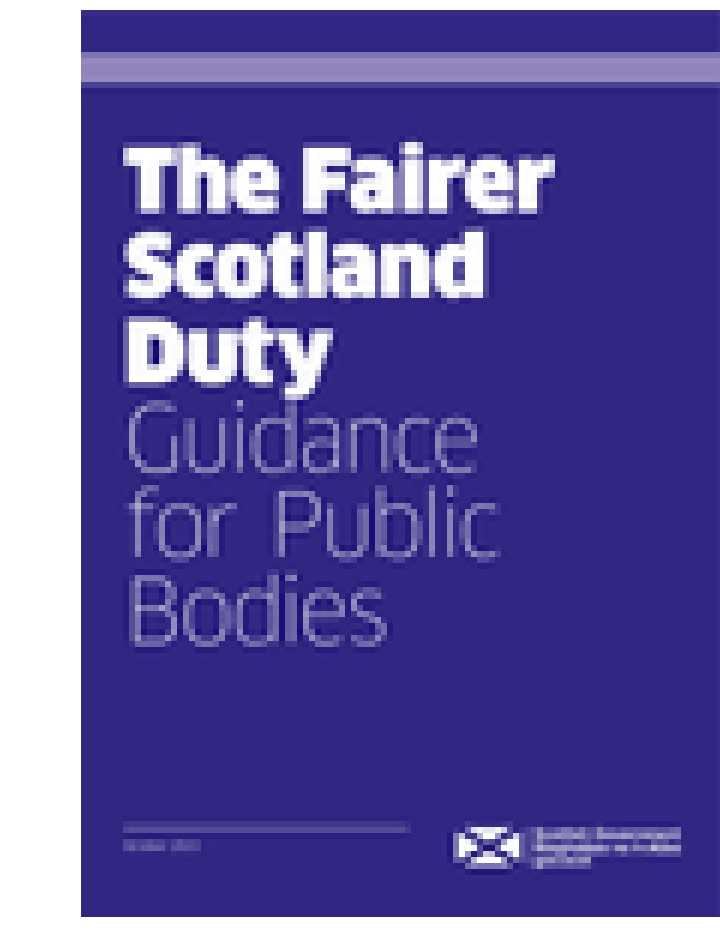
Taking a Rights-Based Approach

Improving Lives with Carers is underpinned by a rights-based approach, which makes sure that people's rights are at the very centre of the strategy, and is informed by:



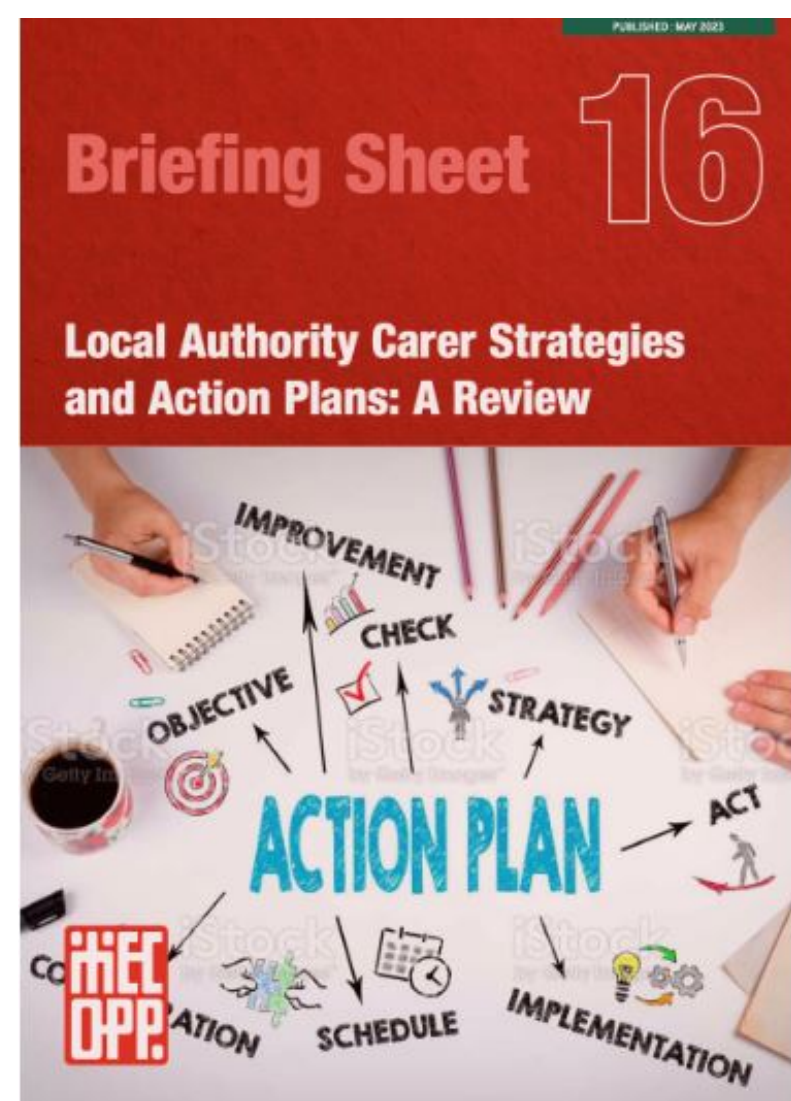
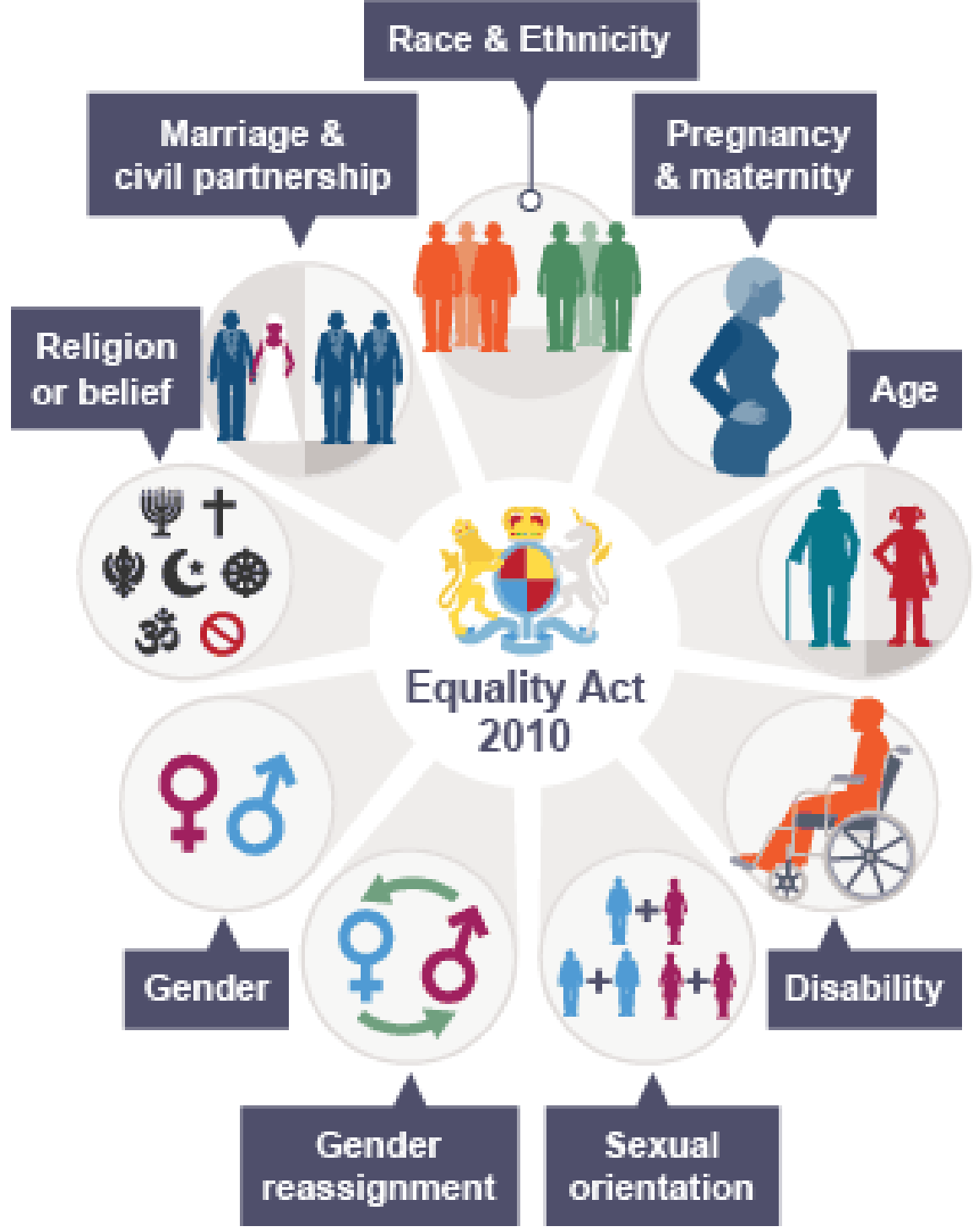
An [Equalities Impact Assessment](#) was undertaken by a working group which included carers





[Fairer Scotland Duty Guidance for Public Sector Bodies](#) which helps them actively consider how they can reduce inequalities

The [Equality Act 2010](#) which protects people against discrimination and underpins the Strategy



the Minority Ethnic Carers of People Project's (MECOPP) [Local Authority Carer Strategies and Action Plans review](#) which reviewed Local Authority Carer Strategies

The [HSCP Strategic Plan's](#) Outcomes areas; caring, healthy, equal, safe and thriving communities.



Each of these has been considered and reflected in the Delivery Plan for *Improving Lives with Carers* along with the thematic areas identified as important by the National Carer Strategy and the recommendations made by the Care Inspectorate in their inquiry into carer experiences of adult social care.

Improving Lives with Carers: Delivery Plan

The outcomes within the Delivery Plan are drawn from Improving Lives Together, the National Carers Strategy, and the Care Inspectorate Inquiry and are aligned to Improving Lives Together's strategic outcomes. The outcomes below are colour-coded to reflect whether they are from:

Improving Lives Together, **the National Carers Strategy**, or **The Care Inspectorate Inquiry**

HSCP Strategic Outcome - Equal Communities: A reduction in the impact of the wider determinants of health

The social and economic contribution, impacts and scale of caring are recognised, understood and reflected in local and national policy making across all areas



Carers are able to take up or maintain employment and education alongside caring if they wish to do so



Carers can participate in and are valued by their community and wider society



Carers are recognised and their contribution is understood and valued by society



Carers are able to access the financial support and assistance to which they are entitled




Young adult carers are supported when moving from education to training and work while balancing an ongoing caring role.




HSCP Strategic Outcome - Caring Communities: Enhanced satisfaction among people who use our services, an increase in perceived quality of care and equitable access to services ensured:


Carers' voices are heard and their views and experiences are taken into account in decisions which affect them.




Develop and improve the accessibility and availability of short breaks available to support carers to continue to care.




Improve carers' experiences of systems and processes including initial access, resource allocation and reviews.



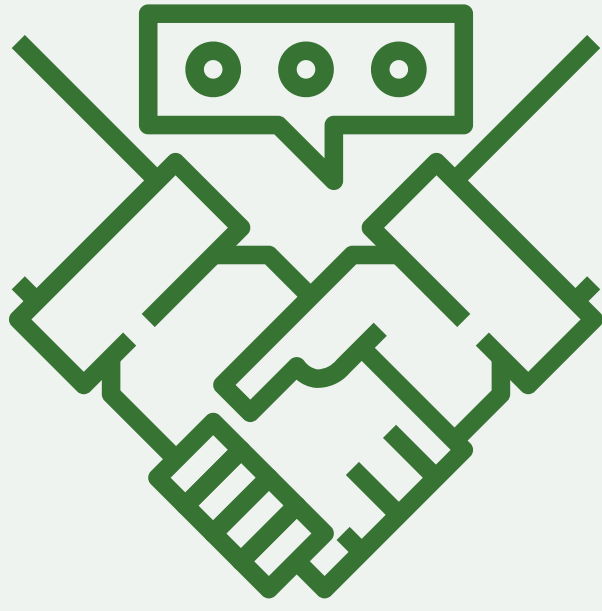
Further support social work and social care staff to be more knowledgeable about the Carers (Scotland) Act 2016.




Further develop with carers engagement and consultation approaches including evaluation of these approaches and how best to feedback carers' views.




Ensure that local carer strategies, short-break services statements and eligibility criteria are up to date and are coproduced with carers and carers' organisations.



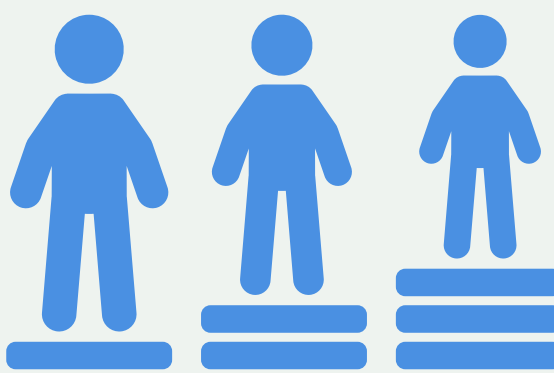
Increase the meaningful and representative inclusion of carers in planning and governance groups that impacts positively on service improvement.



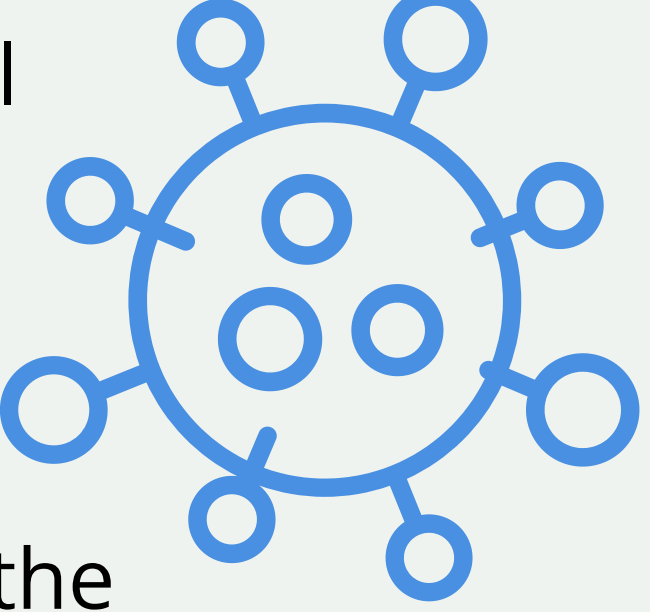
Provide better support to carers.



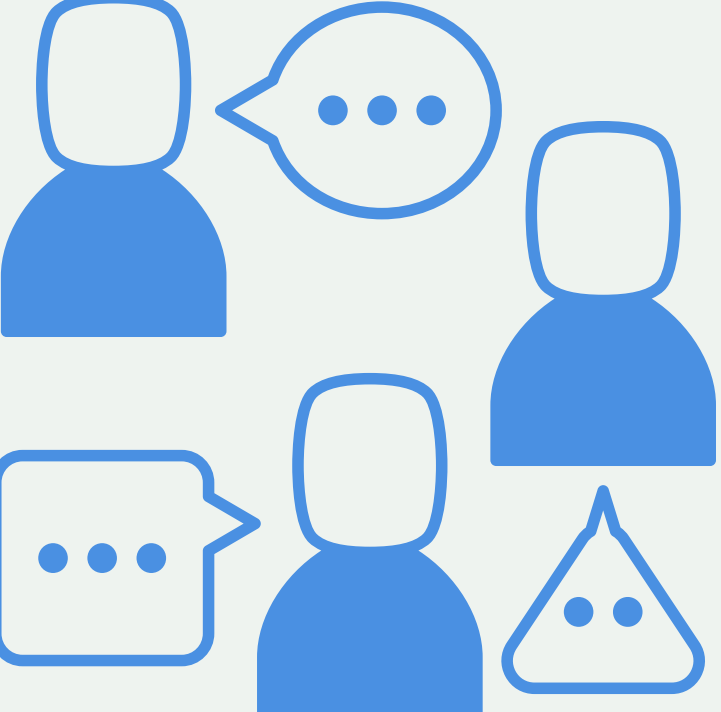
Undertake whole-pathway reviews, ensuring coordination and equity of access to services.




Develop and implement the Local Carers Strategy with unpaid carers and providers of carer support services, taking into account the impact of Covid-19.




Co-produce services with the people who use services and their carers.




Monitor and evaluate the impact of the Local Carers Strategy on an ongoing basis, factoring in early preparations for the next revision.



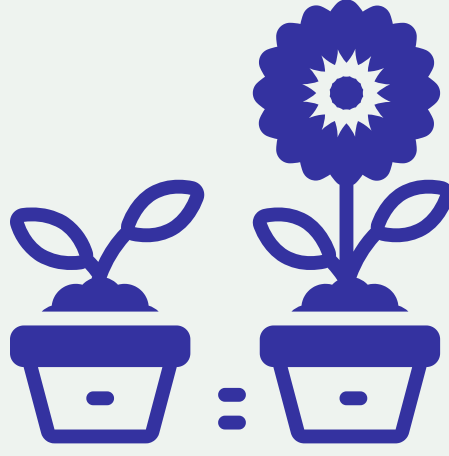
HSCP Strategic Outcome - Safe and Thriving Communities:
People are able to look after and improve their own health and wellbeing, and live in good health for longer, while ensuring that our citizens are safe from harm



Carers feel confident and supported to protect themselves from COVID-19.




Carers and the people they care for feel supported and confident to re-engage with their communities.




Carers are supported to recover from the negative impacts of COVID-19.

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing. (National health and wellbeing outcome 6)

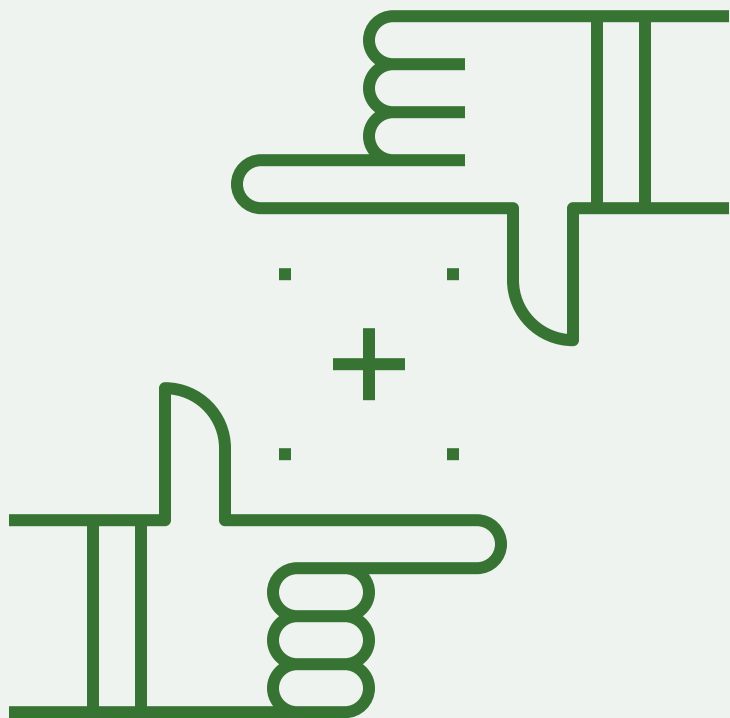


Young carers are supported and protected from inappropriate caring and negative impacts on their education, social lives and future opportunities.



HSCP Strategic Outcome - Healthy Communities:
Improved health, an increase in independence and resilience, lower rates of hospital admissions, lower rates of re-admission and a reduction in reliance on health and social care services.

Ensure there is refocus on prevention and early intervention, self-directed support and outcomes-focused practice for carers.



Services for Carers in West Dunbartonshire

Examples of services available for carers in West Dunbartonshire.

For more information on services for carers, please visit the [HSCP website page "Support for Carers"](#).

The **Health and Social Care Partnership** can provide the following support where appropriate:

- Assessment and support to develop an Adult Carer Assessment and Support Plan / Young Carer Statement
- Access to respite and short breaks
- Access to Self-Directed Support
- Advice and signposting to other services

More information and contact details for Health and Social Care Partnership services can be found on the website www.WDHSCP.org.uk

West Dunbartonshire
Health & Social Care Partnership



Carers of West Dunbartonshire is commissioned by the HSCP to provide a wide range of support for local adult carers. Support includes but is not limited to:

- Assessment and support to develop an ACASP
- Carer health and wellbeing self-management
- Emotional support
- Hospital discharging arrangements
- Advocacy
- Signposting and support to access other services

Website: www.carerswd.org

Tel: 0141 941 1550

Address: 84 Dumbarton Road, Clydebank G81 1UG

Y-Sort-It is an innovative youth project that provides information and support to young people between the ages of 12 and 25. The support and services West Dunbartonshire HSCP commissions Y Sort It to provide to young carers and young adult carers includes but is not limited to:

- Assessment and completion of Young Carer Statement
- Accessing relevant information and support to understand information
- Provide on-going support and advocacy where required
- One to one, drop-in and group support
- Transition from youth to adult services

Website: www.ysortit.com

Tel: 0141 941 3308

Address: 5 West Thomson Street, Clydebank, G81 3EA



West Dunbartonshire Community Volunteering Service (WDCVS) is a social action support agency and the recognised Third Sector Interface (TSI) for the Local Authority area, working to ensure that the community and third sector is recognised as strong, vital and resilient, and is valued for its delivery of positive outcomes for local people and resilient communities.

In addition to the TSI role, WDCVS co-produces and delivers the Ask ACCESS social prescribing hub service, signposting and supporting citizens to connect with a range of opportunities to support their health and wellbeing.

Website: www.wdcvs.com

Tel: 0141 941 0886

Address: Arcadia Business Centre, Miller Ln, Clydebank G81 1UJ



West Dunbartonshire Macmillan Carers Service offer support to those with cancer and their loved ones through every step of their journey. If you are caring for someone with cancer, you can contact for person-centred support.

Macmillan can provide or link you with a range of services to provide, for example, emotional support, practical support, access to support groups and more.

Website: www.macmillan.org.uk

Tel: 01389 776439

Email: catherine.barry@west-dunbarton.gov.uk

MACMILLAN
CANCER SUPPORT

Outcome	Activity/action	Measure	Lead person/Organisation
Equal Communities			
Carers are recognised and their contribution is understood and valued by society.	Support carers to feel valued in their caring role by health and social care professionals	Proportion of carer responses to 'feeling values' as part of ACASP	UCLO/CWD Strategy and Development Manager
	Awareness of caring and impact is raised across HSCP staff	EPiC training is approved Number of staff completing EPiC training	HSCP Snr OD Lead
	Develop and roll out online Carer Awareness training for local businesses and organisation	Development of training Number of businesses/orgs completing training	CWD Marketing and Engagement Manager
	Increase the number of local businesses subscribed to Valued Care Initiative	Number of businesses subscribed to VCI	CWD Marketing and Engagement Manager
	Increase the number of carers known to CWD (as a proportion of carers estimated to be providing care to cared for people in WD)	Number of new carers registered with CWD	CWD Strategy and Development Manager
	Increase number of carers identified from under-represented groups (including black and minority ethnic groups, LGBTQ+ and gypsy traveller community)	Number of carers from under-represented groups registered with CWD	CWD Strategy and Development Manager
The social and economic contribution, impacts and scale of caring are recognised, understood and reflected in local and national policy making across all areas	Equality impact assessment, including Fairer Scotland Duty, undertaken for LCS and other carer focused work	Completion of EQIA for ILwC; number of EQIAs completed in relation to carer initiatives	HSCP Strategy and Transformation Manager
	CWD, Y Sort-It and HSCP will submit data to SG for Carer Census	Submissions to Scottish Government	CWD, HSCP Information Lead, Y Sort-It
	Replacement care will be provided for any carers attending learning sessions with CWD (subject to external grant funding)	Number of carers supported Number of carers prevented from attending due to lack of funding for replacement care	CWD Strategy and Development Manager
	Impact of caring as per ACASPs are reviewed on a quarterly	Quarterly reports using ACASP dataset	UCLO and CWD Strategy and Development Manager
	Explore the feasibility of a study into quantification of social and economic impacts of caring	Output from exploration of feasibility study	UCLO, CWD Strategy and Development Manager and Y Sort-It Manager
	Review carer representation across HSCP governance forums and increase number of carer representatives where appropriate	Completion of governance review Number of carers participating in governance groups	UCLO
Carers are able to access the financial support and assistance to which they are entitled	The CWD RISE Project will work in areas of and with people experiencing proportionately higher levels of deprivation	Number of carers supported	CWD Strategy and Development Manager
	Financial impact of caring on adult carers will be measured via ACASP	Number, proportion and extent of financial impact of caring monitored quarterly via ACASP dataset	CWD Strategy and Development Manager, UCLO
	Welfare Rights Officer provides tailored support for carers	Number of carers referred to WRO; Number of carers assessed by WRO; total amount of benefits accessed; number of cared for people assessed by WRO; total amount of benefits accessed for cared for person	W4U Manager
	Subject to external grant funding, micro grants for short breaks via CWD will be offered to adult carers	Number and value of micro grants provided	CWD Strategy and Development Manager
	All carers to be offered benefit maximisation opportunity as part of ACASP	Proportion of adult carers who accept offer of support (number who are assessed and number who accept offer)	CWD Strategy and Development Manager
Carers are able to take up or maintain employment and education alongside caring if they wish to do so	WRO / W4U will offer support to carers regarding employment, education and training opportunities	Number of carers offered EET advice; number of carers supported to access EET	W4U Manager
	Impact of caring on employment and education for carers will be monitored	Number, proportion and extent of education and employment impact of caring monitored quarterly via ACASP dataset	CWD Strategy and Development Manager, UCLO, Y Sort-It Manager
Carers can participate in and are valued by their community and wider society	Increase the number of local businesses subscribed to Valued Care Initiative (VCI)	Number of businesses subscribed to VCI	CWD Marketing and Engagement Manager
	Online Carer Awareness training will be developed for use with local businesses and organisations	Progress with development of module(s) Number of users completing the training	CWD Marketing and Engagement Manager
	Carers will be supported to access volunteering opportunities	Number of carers accessing volunteering opportunities via CVS	CWD Strategy and Development Manager, WDCVS Manager
	Carers will be supported to access leisure opportunities via WDLT	Number of carers applying for leisure pass as short break option via CWD; money saved by carers through use of the pass	CWD Strategy and Development Manager, WDLT
	As part of its commissioning arrangements, HSCP to ask providers to become part of VCI	Number of providers who take up offer to join VCI	HSCP Commissioning Manager, CWD Marketing and Engagement Manager
Young adult carers are supported when moving from education to training and work while balancing an ongoing caring role.	Young Carer Statements make provisions to support young carers in transition stages from education, training and work while in caring role	Number of young carer statements where transition from education, work and employment are recorded	Y Sort-It Manager
Caring Communities			
Carers' voices are heard and their views and experiences are taken into account in decisions which affect them.	ACASPs and YCS are completed with carers and young carers	Quarterly reporting of ACASPs and YCS	CWD Strategy and Development Manager, Y Sort-It Manager, HSCP/UCLO
	Consensus achieved on local standards regarding time to complete an ACASP and YCS, involving carers in discussions on these local standards	Standards agreed and published	CWD Strategy and Development Manager, Y Sort-It Manager, UCLO
	Increase in carer involvement in hospital discharge planning and decision making	Feedback from carers re satisfaction of involvement	HSCP Hospital Discharge Team Manager, CWD Strategy and Development Manager

Develop and improve the accessibility and availability of short breaks available to support carers to continue to care	Redesign of short break pathways across HSCP	Completion of redesign of short break pathway; Feedback from carers on experience of new pathways; number of carers accessing short breaks from CWD and HSCP	UCLO/HSCP S+T Manager
	Undertake mapping of short breaks available for young carers	Completion of mapping exercise	Y Sort-It Manager
	Development of resource for parent carers of children with multiple and complex needs	Completion of project; use of project; savings associated with project; feedback from parent carers; feedback from C+F staff	HSCP C+F Head of Service/Senior Manager
Improve carers' experiences of systems and processes including initial access, resource allocation and reviews	Develop system to routinely collect carer views on experiences of accessing support, resource allocation and reviews	Design and implementation of mechanism for carer feedback on experiences (e.g. local adult carer satisfaction survey); Number of carers who have provided views	UCLO/CEDO
	Improve carer use of Self-Directed Support (SDS)	Number of carers accessing SDS; distribution of options uptake i.e. SDS Option, 1, 2, 3 and 4	HSCP SDS Lead
	Collate and, where apt, take action(s) based on feedback from carers	Examples of how carer views have, if and where required, made demonstrable impact	UCLO
	Review Carer ARG membership and / or alternative e.g. MDT review which includes CWD (and others) prior to ARG	Confirmation of MDT discussions occurring as part of carer care planning	CWD Strategy and Development Manager, UCLO, HSCP HoS for MH, LD and Addictions; Y Sort-It
Further support social work and social care staff to be more knowledgeable about the Carers (Scotland) Act 2016	Provide accessible online learning options for HSCP staff	Number of HSCP staff who have completed each of the 2 online modules re the Carers Act and the ACASP	UCLO
	Carers Awareness Training to be offered by CWD to HSCP staff	Number of teams offered training; number of teams undertaking training; number of staff completing training; evaluation noting SW and social care staff more knowledgeable about the Carers (Scotland) Act	CWD Strategy and Development Manager, HSCP service/team managers, HSCP Snr OD Lead
	Introduce Equal Partners in Care training for HSCP staff	Number of HSCP staff completing EPiC training	HSCP Snr OD Lead
Further develop with carers engagement and consultation approaches including evaluation of these approaches and how best to feedback carers' views	Development and evaluation of Carer Consultation Group	Number of individuals participating in CCG; Number of issues consulted upon; feedback from participants on impact	CWD Strategy and Development Manager
	Develop evaluation opportunities of carer involvement (e.g. in EQIA engagement, HSCP Board representation, CDG participation)	Number of evaluations undertaken; examples of where improvements have been suggested; examples of where improvements have been implemented	UCLO Strategy and Development Manager
Ensure that local carer strategies, short-break services statements and eligibility criteria are up to date and are coproduced with carers and carers' organisations	Short break statement to be reviewed and to include carers and carer organisations in same	Confirmation of publication of SB statement	UCLO, HSCP HoS Health and Community Care
	Local Carer Strategy to be published and ensure carer and carer organisations in involvement in development of LCS	Confirmation of publication of LCS	HSCP S+T Manager
	Eligibility criteria to be reviewed and to include carers and carer organisations in same	Confirmation of review of eligibility criteria	UCLO, SDS Lead
Increase the meaningful and representative inclusion of carers in planning and governance groups that impacts positively on service improvement	Further development and support of Carer HSCP Board Rep	Feedback from Carer HSCP Board Rep; number of Board meetings attended by Carer Rep	CWD Strategy and Development Manager/UCLO
	Development of Carer Consultation Group	Number of individuals participating in CCG Number of issues consulted upon	CWD Strategy and Development Manager
	Establishment of steering group for the RISE Project	Steering group established	CWD Strategy and Development Manager
	Ensure carers are represented on service redesign/improvement projects where apt (e.g. project teams/oversight forum)	Number of examples where carers are involved in project teams/oversight forums as group members (not, for example, as stakeholders via traditional engagement methods such as surveys)	HSCP S+T Team, HSCP services
	Support the development of a Young Carers Sub Group of the Carer Development Group	Terms of reference established for Young Carer Sub Group; Number of Young Carer Sub Group meetings held; number of young carer members of the sub group	Y Sort-It Manager, UCLO
Provide better support to carers.	Locally commissioned carer services, as part of service level agreements, will be supported with continuous improvement activity	SLA monitoring	HSCP Commissioning, UCLO, CWD Strategy and Development Manager, Y Sort-It Manager
Undertake whole-pathway reviews, ensuring coordination and equity of access to services	Redesign of short break pathways across HSCP	Completion of redesign of short break pathway; Feedback from carers on experience of new pathways; number of carers accessing short breaks from CWD and HSCP	UCLO/HSCP S+T Manager
	Review the new carer pathway	ACASP monitoring dataset; feedback from staff; feedback from carers; output of review	CWD Strategy and Development Manager, UCLO
	Eligibility criteria to be reviewed and to include carers and carer organisations in same	Confirmation of review of eligibility criteria	UCLO, SDS Lead
Co-produce services with the people who use services and their carers	Ensure carers are represented on service (re)design/improvement projects where apt (e.g. project teams/oversight forum)	Number of examples where carers are involved in project teams/oversight forums as project members (not, for example, as stakeholders via traditional engagement methods such as surveys)	HSCP S+T Team, HSCP services, UCLO

Develop and implement the Local Carers Strategy with unpaid carers and providers of carer support services, taking into account the impact of Covid-19	Carer Development Group oversee implementation of LCS	Implementation updates	Carer Development Group
Monitor and evaluate the impact of the Local Carers Strategy on an ongoing basis, factoring in early preparations for the next revision	Carer Development Group monitoring of implementation of LCS	Monitoring reports to and by Carer Development Group members and for HSCP Board	Carer Development Group
Safe and Thriving Communities			
Carers feel confident and supported to protect themselves from COVID-19.	Carers will be kept up to date with information in various formats e.g written, social media, SMS alerts	Carers reporting feeling protected and safe	CWD Strategy and Development Manager, HSCP service managers, UCLO, Y Sort-It Manager
Carers and the people they care for feel supported and confident to re-engage with their communities.	ACASPs will be reviewed with a view to establishing impact on life balance	Proportion of ACASPs reviewed where impact of caring is reducing specifically on life balance	CWD Strategy and Development Manager, HSCP service manager, UCLO
Carers are supported to recover from the negative impacts of COVID-19	Implementation of the Local Carer Strategy	Implementation updates to CDG	All partners involved in implementation, supported by UCLO
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing. (National health and wellbeing outcome 6)	ACASPs will be reviewed to better understand aggregate impact of interventions	Proportion of ACASPs reviewed showing a reduction in the impact of caring.	CWD Strategy and Development Manager, HSCP service managers, UCLO
Young carers are supported and protected from inappropriate caring and negative impacts on their education, social lives and future opportunities.	Develop multi-agency response and pathway for the identification and provision of support for young carers	Establishment of multi-agency approach; implementation of new pathway; monitoring of implementation of new pathway	UCLO, Y Sort-It, HSCP C+F Senior Manager, WDC Education Manager
	Review of Young Carer Statement template	Completion of review	UCLO, Y Sort-It, HSCP C+F Senior Manager, WDC Education Manager
	YCS will be reviewed to better understand aggregate impact of interventions	Proportion of YCS reviews showing a reduction in the impact of caring	UCLO, Y Sort-It Manager
Healthy Communities			
Ensure there is refocus on prevention and early intervention, self-directed support and outcomes-focused practice for carers	Adult carers will be supported by universal / preventative services	Proportion of adult carers supported by preventative services	CWD Strategy and Development Manager
	Young carers will be supported by education services as a preventative support	Proportion of young carers supported by WDC Education (excluding those young carers also supported by Y Sort-It)	WD Education Manager, Y Sort-It Manager
	Carers will utilise SDS more fully	Change in the distribution of SDS Options uptake	SDS Lead Officer
	ACASPs will be reviewed to better understand aggregate impact of interventions	Proportion of ACASPs reviewed showing a reduction in the impact of caring.	CWD Strategy and Development Manager, HSCP service managers, UCLO
	Carers will improve their knowledge of SDS through collaboration between CWD and Improving Lives (formerly Big Disability Group) (subject to external funding)	Number of carers supported by initiative	CWD Strategy and Development Manager, Improving Lives Manager
	Increase in the number of carers receiving bespoke, preventative support (subject to external funding)	Number of carers supported by CWD/Improving Lives collaborative	CWD Strategy and Development Manager, Improving Lives Manager

Equality Impact Assessment record layout for information

Owner:	John Burns
---------------	------------

Resource:		Service/Establishment:	West Dunbartonshire HSCP
------------------	--	-------------------------------	--------------------------

	First Name	Surname	Job Title
Head Officer:	Margaret-Jane	Cardno	Head of Service, Strategy and Transformation

	Include job titles/organisation
Members:	John Burns, Strategy and Transformation Manager, West Dunbartonshire HSCP Lorraine Davin, Service Manager, Development and Involvement, Learning Disability Service, WD HSCP Joanne McGinley, Manager, Carers of West Dunbartonshire Barbara Barnes, Carer Representative Gillian Kirkwood, Manager, Y-sort-it Youth Services West Dunbartonshire

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Improving Lives with Carers in West Dunbartonshire: West Dunbartonshire HSCP Local Carers Strategy 2024-2026

The aim, objective, purpose and intended outcome of policy
<p>Aim (ultimate goal): People of West Dunbartonshire who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.</p> <p>Purpose (necessity of the activity): To provide a local carers' strategy that supports unpaid carers caring for someone living in West Dunbartonshire.</p>

Objective (strategic goal): *'Improving Lives with Carers'* draws on a number of national and local strategies and priorities as well as focusing on what matters to carers regarding what they want to achieve and how the Health and Social Care Partnership and partner organisations can work with them to support their individual outcomes.

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

Carers Development Group (including people with lived experience)
 West Dunbartonshire Health and Social Care Partnership (all services)
 Carers of West Dunbartonshire (including people with lived experience)
 Y-Sort It
 West Dunbartonshire Community Volunteering Service
 West Dunbartonshire Education
 West Dunbartonshire Council Working 4 U Service
 Scottish Families Affected by Alcohol and Drugs
 Service Users

Does the proposals involve the procurement of any goods or services?	Not directly or immediately: the proposal is a 2 year strategy. Should procurement activity be required during that time, an additional EQIA will be undertaken to consider that change
If yes please confirm that you have contacted our procurement services to discuss your requirements	

SCREENING

You must indicate if there is any relevance to the four areas

Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	YES
Relevance to Human Rights (HR)	YES
Relevance to Health Impacts (H)	YES
Relevance to Social Economic Impacts (SE)	YES

Who will be affected by this policy?

The strategy (Improving Lives with Carers in West Dunbartonshire) has been written with a focus to improve the lives of carers and hence will affect all carers of various age groups and demographics, cared for people, West Dunbartonshire HSCP Services, staff, delivery partners and the strategic landscape which facilitate its implementation.

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

Carers Development Group (including people with lived experience)
West Dunbartonshire citizens via online survey offer
West Dunbartonshire HSCP staff via survey and focus group offers
Carers of West Dunbartonshire and carers open to the service (over 1000 carers received invite to survey)
Y-Sort It and young carers
West Dunbartonshire Community Volunteering Service
Third sector partners via focus group offer
Patient groups (including Lomond Patient Group)

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	<p>People are most likely to become carers in their later working years. Potential impacts of this include a carer facing difficulties entering and remaining in employment.</p> <p>Significant numbers of older people either rely on the support of unpaid carers or are carers themselves.</p> <p>Young carers are more likely to report instances of isolation as they may be deprived of social activities and other opportunities their peers without caring responsibilities can enjoy.</p> <p>The local carers strategy needs to reflect the specific needs of all age groups including young people and older people.</p>	<p>Caring affects people across all age groups but local and national evidence highlights that people aged 40 to 50 are more disproportionality affected.</p> <p>17% of people aged 50 to 64 provide unpaid care to a relative, friend or neighbour. This compares to 2% of under-25s, 10% of 25-49 year olds and 11% of over-65s. https://www.gov.scot/Publications/2015/03/1081</p> <p>Improving Lives with Carers in West Dunbartonshire <i>To reference once document is complete and web link</i></p> <p>Carer demographics - Percentage of unpaid carers by age and gender https://www.gov.scot/publications/carers-census-scotland-2021-22/</p> <p>WD Strategic Needs Assessment: http://www.wdhscp.org.uk/media/2521/sna-aop-june-2022.pdf</p> <p>National Carers Strategy https://www.gov.scot/publications/national-carers-strategy/</p>	<p>Positive – Improving Lives with Carers in West Dunbartonshire, WD HSCP Local Carers Strategy reflects the needs of carers of all ages. Alongside its more general focus on personalisation, the Strategy also includes actions to address challenges related to caring role and age.</p> <p>Publication of the strategy locally will raise awareness of the support available for carers of all ages.</p> <p>The action/delivery plan will ensure no age group is disproportionately negatively impacted. Actions include a focus on young carers at a transitional stage of their life and carers of working age.</p> <p>If carers are not eligible for HSCP services they can be supported to access commissioned services including Carers of West Dunbartonshire and Y-Sort-It and universal support services.</p>
------------	--	--	--

	Needs	Evidence	Impact
--	-------	----------	--------

Disability	<p>The council has a duty in terms of ensuring accessibility of information for people with disabilities.</p> <p>To ensure that the Local Carers Strategy does not have any negative disproportional impact on people with a disability.</p>	<p>The Equality Act 2010 - General Duty Foster good relations between people who share a characteristic and those who don't. This means tackling prejudice and promoting understanding</p> <p>The Equality Act 2010 – Due Regard Removing or minimising disadvantages experienced by people due to their protected characteristics. Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.</p> <p>Carers - 16% of people who provide unpaid care to a relative, friend or neighbour are deaf or have partial hearing loss; 16% have a physical disability; 11% have a mental health condition. https://www.gov.scot/Publications/2015/03/1081</p>	<p>Positive - The Local Carers Strategy will be produced in Easy read and be available in paper documents where required. Alternative formats (e.g. large print, braille etc.) can be made available.</p> <p>Positive – During the assessment of carers, any specific needs relating to disability will be discussed and addressed (for example, the carer might be eligible for carer support <i>as well as</i> adult social care support for themselves).</p>
	Needs	Evidence	Impact
Gender Reassign	People who identify as transgender are no more likely to be disproportionally affected by caring. However it is acknowledged that their experience in accessing services could be negative.	No evidence of specific impact	There are no identified negative impacts on people who identify as transgender.
Marriage & Civil Partnership	No needs identified	No evidence of specific impact	

Pregnancy & Maternity	No needs identified	No evidence of specific impact	
	Needs	Evidence	Impact
Race	<p>Black, Asian and ethnic minority carers, including carers from the gypsy/travellers community are less likely to be aware of support services available and also less likely to seek help.</p> <p>The Local Carers Strategy therefore aims to create awareness in these communities about the various initiatives and encourage these groups to engage, including with national carer organisations, to mitigate any disproportionate negative impacts.</p>	<p>Minority ethnic adults living in Scotland represented 4.6% in 2018 https://www.gov.scot/publications/scottish-surveys-core-questions-2019/#:~:text=The%20Scottish%20Surveys%20Core%20Questions%20in%202019%20reports%20on%20the,caring%20and%20local%20government%20satisfaction.</p> <p>Carers - 96% of people who provide unpaid care to a relative, friend or neighbour are from a "White Scottish/British/Irish" ethnic background. https://www.gov.scot/Publications/2015/03/1081 This is similar to the demographics in West Dunbartonshire.</p> <p>1,270 Gypsies/Travellers living in West Dunbartonshire were identified in 2007 and represented 0.29% of the total Council population; the highest concentration of any local authority in the West of Scotland. https://www.west-dunbarton.gov.uk/media/722939/gypsy_traveller_update_2009.pdf</p>	<p>Positive Impact: The strategy will be made available in different formats and languages on request.</p> <p>Positive Impact: The strategy reflects the need to engage more effectively with ethnic minority groups including the Gypsy/Traveller community.</p> <p>Positive Impact: Carer of West Dunbartonshire use MECOPP.</p>
Religion & Belief	No needs identified	Information is not currently available	

	Needs	Evidence	Impact
--	--------------	-----------------	---------------

Sex	<p>More women than men are carers in West Dunbartonshire. As there is a higher proportion of female carers, they are more likely to be disproportionately affected emotionally, financially and physically due to their caring role.</p>	<p>The proportion of female carers in West Dunbartonshire is 59.5%, marginally greater than the national figure of 59.2%</p> <p>https://www.gov.scot/Publications/2015/03/1081</p>	<p>The strategy acknowledges that women are over-represented in unpaid caring roles.</p> <p>The strategy highlights that all unpaid carers, regardless of demographic, are entitled to an Adult Carers Assessment and support Plan/Young Carer Assessment to identify individual needs.</p> <p>Women are over-represented in the sex of people accessing services. For example, while data suggests approx. 60% of carers in West Dunbartonshire are female, of the over 1600 carers accessing support from Carers of West Dunbartonshire (2022-23), 75% were female. The strategy will work to identify carers generally and males in particular.</p>
Sexual Orientation	<p>Sources of evidence pointing to LGBT+ people being much more likely than others to feel isolated and/or lonely.</p>	<p>Concern about lack of LGBT+ inclusiveness in elderly care</p> <p>https://www.stor.scot.nhs.uk/bitstream/handle/11289/580258/Health%20Needs%20Assessment%20LGBTQ.pdf?sequence=1</p> <p>Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people (scot.nhs.uk)</p>	<p>The strategy highlights that all unpaid carers, regardless of demographic, are entitled to an Adult Carers Assessment and support Plan/Young Carer Assessment to identify individual needs. These assessments take the opportunity to personalise and tailor any subsequent support which would take sexual orientation (and other protected characteristics) into account.</p>

	Needs	Evidence	Impact
Human Rights	Carers have the right to access information and support that respects their dignity and autonomy. They also have the right to participate in decisions that affect their lives, and to be protected from violence, abuse and neglect.	Human Rights Act 1998 Human Rights Act 1998 imbeds the European Convention Human Rights in UK law. The policies we have and how these are operated must be in line with the convention (ECHR) http://www.legislation.gov.uk/ukpga/1998/42/contents	Positive – The strategy takes steps to advance the rights of carers in various areas including, for example: the right to information and support (including broadening access to support services to various groups); ensuring carers are better involved in decisions which affect them and the people they care for including, but not limited to, decision making forum re policies and in more practical settings such as when a cared for person is being discharged from hospital.
Health	Health inequalities for carers need to be addressed within West Dunbartonshire and working practices put in place to provide information, support and resources.	The Scottish Index of Multiple Deprivation (SIMD) which provides an analysis of deprivation across Scotland, states that West Dunbartonshire has 48 data zones in the 20% most deprived, which equates to a local share of 40% of all data zones within West Dunbartonshire falling within the most deprived category (Scottish Government, 2020) 41% of carers, compared to 29% of non-carers have a long-term health condition.[5] https://www.ons.gov.uk/census/2011census The impact of caring reported through the ACASP 1 st April 2022 – 31 March 2023 reflects moderate across all seven life areas. With a notable increased impact on a carers emotional well-being.	Positive: The strategy acknowledges the significant impact that caring responsibilities can have on carers' physical and mental well-being. Through our strategy we aim to gain a deeper understanding of the challenges faced by carers and develop targeted support programs to address these issues. We will collaborate with relevant agencies and initiatives, such as Dementia, autism, Learning Disabilities and Neurological Care strategies, as well as GIRFEC and the outputs of the Whole Family Wellbeing Funding, to provide comprehensive and holistic support.

	Needs	Evidence	Impact
--	-------	----------	--------

Social & Economic Impact	<p>The Fairer Scotland Duty, places a legal responsibility on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socio economic disadvantage, when making strategic decisions. Carers are impacted negatively financially and socially.</p>	<p>As evidenced by reports, surveys and publications, many carers are impacted negatively socially and economically.</p> <p>Percentage of Unpaid Carers by Deprivation - Young Carers were more likely to live in the most deprived SIMD deciles in 2020-21. https://www.gov.scot/publications/carers-census-scotland-2019-20-2020-21/documents/</p> <p>Mainstreaming Report and Equalities Outcomes 2021/25 The Scottish Health Survey 2018 Digital Exclusion</p>	<p>Positive – The strategy outlines the support available to carers – promoting relevant services and how to access all the support and benefits to which they are entitled.</p> <p>Positive - This supports West Dunbartonshire council and HSCP objectives to improve support equality for people who are socio economically disadvantaged.</p> <p>Positive – the strategy emphasises the need to identify more carers in West Dunbartonshire, including those experiencing deprivation. Particular initiatives will be developed and deployed during the lifetime of the strategy to better support people experiencing multiple disadvantage including, for example, a Welfare Rights Officer working exclusively with carers and the CWD project aimed at identifying and supporting carers from deprived areas.</p>
Cross Cutting	<p>There is considerable cross-over between equality and socio-economic issues, as many of the disadvantages faced by particular equality groups are underpinned or made worse by low income. Therefore any and all</p>		<p>The strategy is sensitive to both protected characteristics as individual characteristics but also to intersectionality: more assertive and inequalities sensitive approaches will be taken through the development and implementation of the strategy when supporting people experiencing</p>

	approaches to tackling inequalities must pay attention not only to locality but the different challenges which tend to be faced by people because of ethnicity, disability or sex or any combination of these.		one or more of the issues identified above in order to undertake personalised assessments and develop tailored support.
--	--	--	---

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this
A set of positive impacts and a few minor negative impacts have been identified for the equality groups. Where the negative impacts were identified, it was decided that these were minor and likely to be offset by the positive impacts delivered. In addition, in some instances, steps have been taken to minimise and/ or mitigate them. Any negative impacts that have been identified have actions identified for completion.
Will the impact of the policy be monitored and reported on an ongoing bases?
Yes. Section 33(2) of the Carers Act (Scotland) require a review of the local carers' strategy at least every three years. This should enable West Dunbartonshire HSCP to keep the review of their statutory local carer strategy in line with the integration strategic plans if they wish to do so, or to allow the statutory local carer strategy to run for a full three years even if the integration strategic plan is reviewed sooner if they feel that is more appropriate. The reviews will be undertaken in consultation and participation with carers and relevant stakeholders.
What is your recommendation for this policy?
The working group have reached the recommendation to implement the Improving Lives with Carers Strategy to support West Dunbartonshire Council's responsibilities from the Carers Act (Scotland) 2016. The strategy outlines how West Dunbartonshire HSCP will better support carers, fulfilling this need locally and meeting statutory requirements.
Please provide a meaningful summary of how you have reached the recommendation

The Carers Act (Scotland) requires each local authority and relevant health board to prepare a local carer strategy and provides for what that strategy must set out. This strategy will help deliver consistency of approach nationally whilst allowing the content and presentation of local carer strategies to reflect different local circumstances in the planning and delivery of support to carers. To meet this duty, the HSCP have worked with carers, carer representatives and organisations to prepare a local carer strategy which includes information listed at section 31 of the Carers Act (Scotland):

- Plans for identifying relevant carers and obtaining information about the care they provide (or intend to provide) to cared-for persons in West Dunbartonshire.
- An assessment of the demand for support to relevant carers.
- Support available to relevant carers in West Dunbartonshire.
- An assessment of the extent to which demand for support to relevant carers is currently not being met.
- Plans for supporting relevant carers.
- Plans for helping relevant carers put arrangements in place for the provision of care to cared-for persons in emergencies.
- An assessment of the extent to which plans for supporting relevant carers may reduce any impact of caring on relevant carers' health and wellbeing.
- The intended timescales for preparing adult carer support plans.

This is outlined in the Improving Lives with Carers Strategy and our recommendation is that strategy is introduced and widely promoted to communities, carers, staff groups and key support partners. The working group have reached this conclusion in response to the thorough review of the previous carers' strategy, consultation and engagement with carers, partners and stakeholders.

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

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

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCPB000057MJC28032024
2	Date direction issued by Integration Joint Board	28 th March 2024
3	Report Author	Margaret-Jane Cardno, Head of Service, Strategy and Transformation
4	Direction to:	West Dunbartonshire Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes: 15 th November 2022: HSCPB000033MJC15112022
6	Functions covered by direction	Carers Scotland Act 2016
7	Full text and detail of direction	West Dunbartonshire Council is directed to spend the delegated Carers Scotland Act 2016 budget in line with the recommendations within this report
8	Specification of those impacted by the change	The Carers Scotland Act 2016 budget for the HSCP Board will deliver on the strategic outcomes for unpaid carers outlined within the Local Carers Strategy 2024-26.
9	Budget allocated by Integration Joint Board to carry out direction	Reserves: £848,610 Recurring: £1,564,231
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of the strategic outcomes in respect of the Local Carers Strategy
11	Strategic Milestones	Successful implementation of the Local Carers Strategy in line with the associated Delivery Plan
12	Overall Delivery timescales	31 st March 2026
13	Performance monitoring arrangements	The Delivery Plan will be reviewed monthly by the Carers Development Group and reported annually to the HSCP Board

14	Date direction will be reviewed	31 st March 2026
----	---------------------------------	-----------------------------

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
BOARD**

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

28 March 2024

**Subject: Children's Health and Care Services Strategy
"Improving Lives with Children and Young People in West
Dunbartonshire, What Would It Take? 2024 - 2029"**

1. Purpose

- 1.1** The purpose of this report is to present the Children's Health and Care Services Strategy, "Improving Lives with Children and Young People in West Dunbartonshire, What Would It Take? 2024 - 2029", to the HSCP Board for its approval.

2. Recommendations

It is recommended that the West Dunbartonshire Health and Social Care Partnership (HSCP) Board

- 2.1** Note the content of this report.
- 2.2** Approve the Children's Health and Care Services Strategy "Improving Lives with Children and Young People in West Dunbartonshire, What Would It Take? 2024 - 2029"
- 2.3** Approve the Medium-Term Financial Plan (MTFP) aligned to the strategy.
- 2.4** Agree the MTFP will be subject to annual scrutiny and review by the HSCP Board.

3. Background

- 3.1** The Children's Health and Care Services Strategy, "Improving Lives with Children and Young People in West Dunbartonshire, What Would It Take? 2024 - 2029" (Appendix 1) will be delivered by key projects with related key performance measures and milestones. The Strategy presents the road map to deliver sustainable services, aligned to The Promise and Shift the Balance of Care. This will ensure children and young people, where possible, can remain supported at home with the necessary scaffolding of support, with family or in a community setting.

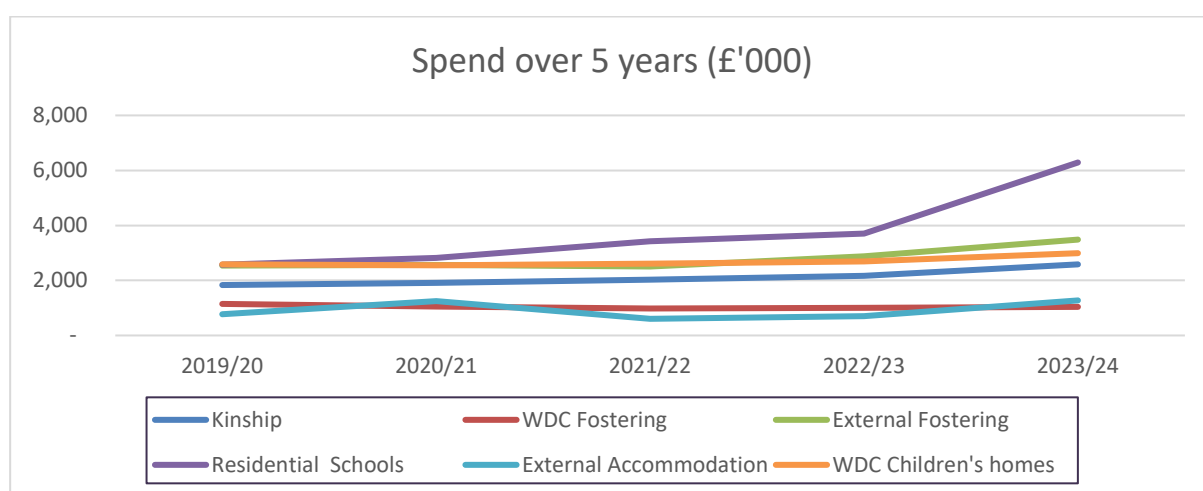
- 3.2** The What Would It Take? Strategy is a five-year plan which recognises the importance of using service design to evaluate Children and Families services. The Scottish Approach to Service Design (SAtdSD) encourages service change to be deliberate and purposeful, as opposed to organic and reactive, informed by data and evidence. It also emphasises service users voices, both providers and recipients of a services should be at the centre of service design and, sustainability and future proofing considered throughout.
- 3.3** Delivery of the plan will take time, resources and a shared commitment to improve outcomes for children and young people. It recognises our commitment to working with our partners and communities to ensure our children grow up loved, safe, and respected so that they can realise their full potential.
- 3.4** This change programme aims to deliver sustainable services and better outcomes for vulnerable children, young people and their families. It will ensure service improvements are realised whilst continuing to respond to the financial challenges that are being experienced across the public sector.
- 3.5** The What Would It Take? Strategy has a number of drivers:
- A need to Safely shift the ‘balance of care’ reducing the number of children looked after away from home.
 - Outcomes are improved for children and young people by increasing; community-based supports enabling children to be supported safely where possible within their communities.
 - Workstreams are led by data, Key Performance Indicators and informed by the Children’s Strategic Needs Assessment.
 - To ensure services are sustainable reversing the trend of year on year rising care costs.

4. Main Issues

- 4.1** The review of the Scotland’s care system carried out over a three-year period and resulting in The Promise, identifies key outcomes for Children and Young people. The importance of The Promise applies across all integrated Health and Social Care services, ensuring that Health Boards, Local Authorities and Integration Authorities are clear about their shared priorities by bringing together responsibility and accountability for their delivery.
- 4.2** The financial context in relation to service delivery is clear and for many years in Children’s services demand for care provision has exceeded available budget. The data is clear and particularly in relation to the use of residential schools, the cost has increased by 100% over a 5 year period as detailed in Table 1 below. The current

2023/24 projected outturn (as at period 10) estimates a combined overspend of £1.911m across community and residential placements. The current trajectory for 2024/25 is that 'more of the same' is highly likely with a continual rise in costs. It should be noted that the HSCP assumed 72% of residential school costs as of April 2022 from the previously agreed 50% shared costing arrangements with Education Services.

Table 1:
Expenditure on Community and Residential Placements 2019 - 2024



4.3 “Improving Lives Together,” West Dunbartonshire HSCP’s Strategic Plan (2023- 2026) is strongly aligned to the National Outcomes. The vision set out in Improving Lives Together is that “Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, receiving care and support that prioritises independence, control, choice and recovery”. Improving Lives Together also sets out the HSCP’s mission – how the vision will be achieved – by “improving lives with the people of West Dunbartonshire”. This vision and mission are aligned to the What Would It Take? Strategy and are central to the ethos of care provision within Children services.

4.4 The West Dunbartonshire Integrated Children’s Services Strategic Needs Assessment 2018 provides statistics of children’s health, social circumstances, family health and environment. The needs assessment provides useful data and allows services to target resources and improvement projects on those areas which require focus. For example, West Dunbartonshire is experiencing a continued decrease in population however there is a continued high rate of child poverty. Child poverty rates in Scotland are rising. It is estimated that 24% of children (240,000 children each year) were living in relative poverty after housing costs in 2017-20. Before housing costs, it is estimated that 21% of children (210,000 children each year) were in relative

poverty. In West Dunbartonshire, the most recent estimates suggest that 26.8% of children are living in poverty (Source: End Child Poverty 2019/20 (2021))

- 4.5** Improving Lives with Children and Young People in West Dunbartonshire, What Would It Take? 2024 – 2029 supports the delivery of wider Integrated Children's Services Planning with (Getting It Right for Every Child (GIRFEC) early help and support approaches as core to supporting children at earliest stages. Our Integrated Children's services activity is coordinated through the Nurture Delivery and Improvement Group (DIG) and reported to community planning.
- 4.6** The Joint Inspection of Services for Children and Young People at Risk of Harm in West Dunbartonshire published on the 24 May 2022, identified concerns in relation to the ability of local partners to progress improvement and implement national drivers, such as The Promise, without support and investment in services. In March 2023 a letter concluding the supported period of inspection was received, with the Care Inspectorate recognising the considerable improvement work and some investment that was starting to take place, which this strategy aims to support and further embed.
- 4.7** The strategy provides a number of thematic areas within each individual Children and Families service, namely: Family Support Services; Foster Carer Recruitment; Supported Accommodation Options for Care Leavers; Commissioning Services for Children and Families; Permanence and Care Excellence (PACE); and Best Practice in Child Protection and Safeguarding.
- 4.8** These thematic areas will be underpinned by projects within the overall programme, the success of which will be dependent on the participation and collaboration of the stakeholders involved. This includes employees who deliver and facilitate the service and people who use the service; their input will be critical to the success of the re-design.
- 4.9** The Scottish Approach to Service Design (SAtdSD) methodology ensures any service changes involve users, providers and stakeholders of the service across each of the four broad project phases: discover (understanding the scope and nature of the project); define (define the problems the project/status quo); develop (an alternative to the status quo); deliver (test new ways of working). Stakeholder involvement across each of these phases is critical to project success.
- 4.10** The scale and scope of the What Would It Take? programme is significant. It affects a number of stakeholders in different ways, not least of all those who use services and those who provide and deliver services. Consequently, it is necessary to ensure a robust and well-tested methodology is adopted to guide the re-design work.

- 4.11 As would be expected with the scale of the proposed changes associated with the re-design, engagement with stakeholders, including employees, Trade Union colleagues and people who use services, their families and their carers, will continue to be critical.
- 4.12 The strategy sets out the What Would It Take? programme and the various projects within the programme. The Plan on a page details the approach required to enable that shift in the 'balance of care'. The plan on a page will be a tool to support communication and understanding in relation to our strategic approach across service areas.
- 4.13 This work will align the workforce and support learning and development as the programme drives cultural change. The programme will support the development and implementation of preventative approaches whilst also strengthening the voices of children and young people, their families and carers. We will ensure more children and young people are looked after and supported at home in line with our ambition to shift the balance of care.

5. Options Appraisal

- 5.1 The recommendations within this report do not require an options appraisal to be undertaken.

6. People Implications

- 6.1 The majority of the people implications in this programme relate to re-aligning existing employees and financial resources to support the HSCP's strategic aims and meet the needs of our children and young people.
- 6.2 It is anticipated that the early identification of changes will ensure that individual contributions and concerns are articulated at an early stage of organizational change. It is important to ensure that communication in relation to changes to service affords sufficient time to consult with employees, Trade Union colleagues and service users, and address any concerns which they may have in a structured and systematic way.
- 6.3 **The strategy will be implemented in line with the relevant West Dunbartonshire Council and NHC Greater Glasgow and Clyde Policies, including the Organisational Change Policy.**

7. Financial and Procurement Implications

- 7.1 The following tables show the current financial cost for Children and families services and the impact this five-year programme will have on the budget.

- 7.2** Table 1 shows the historic spend of Children services in the past five years. The table demonstrates the rising costs of placing a child into care.
- 7.3** The MTFP to support the strategy is attached at Appendix 2 and details the changing profile of care provision over 5 years aligned to associated savings and required investment to create the conditions to retain more children within their local communities.
- 7.4** It is estimated this strategy, and the approach will reduce spend by £3,692,000 by 2029. It is anticipated the proposed use of reserves to enable the project deliverables within the strategy will take to the end of year three to deliver a balanced budget.
- 7.5** This is due to the current significant overspend on care provision. The calculations of efficiencies are based on the defined shift in service and care provision to bring the service to a point of a balanced budget as detailed in the MTFP for the strategy in Appendix 2.
- 7.6** Thereafter and subject to minimally annual review the reinvestment of efficiencies and contribution to the wider budget will be determined by the HSCP Board.

8. Risk Analysis

- 8.1** All project risks will be included in the programmes risk register and risks and issues will be presented to the project management office.
- 8.2** Some examples of the risks are:
- Destabilisation of the workforce due to ongoing staff vacancies and an inability to fully deliver the necessary approach.
 - If changes are not implemented and efficiencies are not achieved, alternative ways to provide a service may need to be sought.

9. Equalities Impact Assessment (EIA)

- 9.1** An EIA has been undertaken to assess the impact of the What Would It Take? programme will have on children, young people, their carers and families, and employees. The reference number is 978. The EIA can be found in Appendix 3 of this report.
- 9.2** It is acknowledged that specific projects contained within the strategy will require their own equality impact assessments. These will be undertaken in line with normal project management procedures and presented to the HSCP Board at an appropriate time.

10. Environmental Sustainability

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

11. Consultation

- 11.1** The HSCP Senior Management Team, the HSCP Chief Finance Officer, and the HSCP Board Monitoring Solicitor have been consulted in the production of this report and their comments incorporated accordingly.
- 11.2** Should the HSCP Board be minded approving the recommendations within this report the Children's Health and Care Services Strategy – "Improving Lives with Children and Young People in West Dunbartonshire, What Would It Take? 2024 - 2029" will be communicated to service users, their families and carers, and employees.
- 11.3** Any formal consultation with employees will be managed in accordance with West Dunbartonshire Councils Organisational Change Policy.

12. Strategic Assessment

- 12.1** On the 15 March 2023 the HSCP Board approved its Strategic Plan 2023 – 2026 "Improving Lives Together". The Plan outlines sustained challenges and change within health and social care, these changes bring with them a host of governance implications: cultural, operational, structural, ethical and clinical.
- 12.2** This work seeks to achieve the HSCP Boards vision that "Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, receiving care and support that prioritises independence, control, choice and recovery", whilst also ensuring good governance and best value.
- 12.3** It will deliver against the Caring Communities strategic outcome, by meeting the strategic priority of "Shift the balance of care for children and adults by strengthening prevention and our community-based support options, keeping individuals in their community where possible".
- 12.4** This work is reflected in the Strategic Delivery Plan which supports the implementation of "Improving Lives Together", specifically the following action: Develop and implement a five-year strategic approach – What Would It Take? – across Children's Services, underpinned by a medium-term financial plan and defined work streams for Children's Services. This will include commissioning child-centered services; supported accommodation for care leavers; best practice in child protection; children at the Centre of residential care; and fostering for the future.

13. Directions - Appendix 4

- 13.1** The recommendations in this report require a direction to be issued to the Chief Executive of West Dunbartonshire Council. This direction {HSCPB000062LJ28032024} can be found in Appendix 4 of this report.

Lesley James

Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer
13 March 2024

Person to Contact:	Lesley James Head of Children's Health Care and Criminal Justice West Dunbartonshire HSCP 16 Church Street Dumbarton
Appendices:	Appendix 1: The Children's Health and Care Services Strategy, "Improving Lives with Children and Young People in West Dunbartonshire, What Would It Take? 2024 - 2029" Appendix 2: MTFP Appendix 3: EIA Appendix 4: Direction HSCPB000062LJ28032024

West Dunbartonshire Health and Social Care Partnership

Children's Health and Care Services
Strategy
Improving Lives With Children and Young
People in West Dumbarton
What Would It Take?
2024 – 2029

Document Management Details

Document Management Category	Details
Title	Children's Health and Care Services Strategy Improving Lives With Children and Young People in West Dumbarton What Would It take? 2024 – 2029
Writer	Lesley James
Approved By	WDHSCP Board 28 th March 2024
Date Approved	28 th March 2024
Date Effective	28 th March 2024
Review Date	28 th March 2026
Version Number	DRAFT 0.12
Version Number & Date of superseded version (if applicable)	N/A
Rationale for Introduction/driver for Change	Within introduction and background of report
Summary of Substantive Changes (if applicable)	N/A
Summary of Technical changes (if applicable)	N/A
Lead Officer	Lesley James
Consultation and Approval Process	WDHSCP Board
Financial consultation	06/03/2024
Legal consultation	N/A
Audit and Fraud consultation	N/A
Trades Union consultation	N/A
Date of approval at WDHSCP Board	28 th March 2024
Date when the Equalities Impact Assessment was approved	EIA - 978 March 2024

Contents

1.	Introduction and Background.....	4
2.	Scottish Approach to ServiceDesign.....	7
3.	Plan on a Page (Appendix 1).....	8
4.	Local Strategic Needs Assessment.....	9
4.14	Table 1 shows the steady increase of Looked after children and young in West Dunbartonshire over a 5 year period.....	111
5.	The Independent Care Review: The Promise.....	12
6.	West Dunbartonshire's Promise.....	13
6.5	Table 2: indicators and outcomes to measure our progress in keeping The Promise.....	13
	Strategic Inspection of Services for children and Risk of Harm in West Dunbartonshire.....	14
7.	Local Landscap.....	16
8.	The Early Child Development Transformational Change Programme.....	16
9.	Project Plans and Measuring Success.....	17
10.	Services within Children and Families.....	17
11.	Family Support Services.....	17
12.	Foster Carer Recruitment.....	18
13.	Supported Accommodation Options For Care leavers.....	18
14.	Commissioning Services for Children and Families.....	18
15.	Permanence and Care Excellence (PACE).....	19
16.	Best Practice in Child Protection and Safeguarding.....	19
17.	Risks and Assumptions.....	19
18.	People Implications.....	20
19.	Financial and Procurement Implications.....	20
19.2	Table 3: This table shows the average cost of placing a child into alternative care in FY23/24.....	21
19.3	Table 4: This table four shows the historic spend of Children services in the past five years.....	22
19.4	Table 5: The impact the What Would It Take programme will have on the Children services – Appendix 2- MTFP.....	22
19.6	Table 6: This table shows the projected reduction in placements because of the What would it take programme.....	22
20.	Equalities Impact Assessment (EIA)(Appendix 3).....	23
21.	Environmental Sustainability.....	23
	Appendix 1 Plan on a page.....	24
	Appendix 2 EIA.....	26
	Appendix 3 MTFP.....	29

1. Introduction and Background

- 1.1 The Children and Families service within West Dunbartonshire Health and Social Care Partnership (WDHSCP) provides social work and health services to children, young people, their families or carers until they are eighteen years old. There are some services and duties which require the local authority including services within WDHSCP to discharge its duties of care specifically to care experienced young people until 26 years of age in support of transition arrangements into adulthood. The service support circa 1200 children and their families on an ongoing basis with
- 1.2 Children and young people have a statutory right to remain in a continued care with suitable and sustained support within a care setting until the age of 21 years if this provision continues to meet their assessed need.
- 1.3 Children's Services statutory functions included:
- Fulling filling duties to undertake inquiries and assessment of children who may be experiencing harm.
 - Servicing of Court and SCRA inquiries and assessment.
 - Child Protection and safeguarding services.
 - Support of children and young people looked after at home.
 - Support of children and young people away from home, including fostering adoption and residential care.
 - Support to West Dunbartonshire Foster Carers and delivery of three residential Children's Houses
 - Support to vulnerable families with issues such as addictions, mental health difficulties and disability.
 - Services for Children or young people with a disability.
 - Support families with adoption and fostering of children and young people.
 - Support to children and their families within Kinship
 - Through Care and Aftercare and Continuing Services.
 - Health Visiting School and School Nursing services; and
 - Support to children and families experiencing domestic abuse.
- 1.4 The trajectory of care placement over the last six years demonstrates the increased demands in relation to the cost of care. Importantly the outcomes of children and young people within care settings must be met as articulated by [The Promise](#). West Dunbartonshire Children and Families service has seen children and young people experience disrupted relationships with family, siblings, their community and schools. The experience of complex childhood trauma often results in poorer outcomes in adult years with resultant demand in Mental Health services, addiction services and an increased likelihood of involvement in Justice Systems.

- 1.5 The strategy is aligned to [“Improving Lives Together”, West Dunbartonshire WDHSCP’s Strategic Plan \(2023- 2026\)](#) The vision set out in Improving Lives Together is for everyone to lead healthy, happy fulfilling lives, and, when they need it, receive care and support that prioritises independence, control, choice and recovery. Improving Lives Together also sets out the WDHSCP’s mission – how the vision will be achieved – by ‘improving lives with the people of West Dunbartonshire’. National measures are contained and reported on as part of the wider HSCP strategy.
- 1.6 To effectively report on the impact of What Would It take? Each of the projects will identify key performance indicators (KPI’s) in order to demonstrate impact and improvement to identified objectives. This will be reported through our Project Management Office and overseen by the What would It take? project board currentted chaired by the sponsor and Head of Service. In addition to KPI’s Each project has a part to play in enabling and creating the conditions to keep children safely within their community in order to achieve the overall ambitions in relation to shifting the balance of care
- 1.7 The children’s [Strategic Needs Assessment](#) provides statistics of children’s health, social circumstances, family health and a child’s environment. The needs assessment provides useful data and allows services to target resources and improvement projects on areas which require focus. For example, West Dunbartonshire is experiencing continued decrease in population alongside a continuously high rate of child poverty across the whole area at 26%.
- 1.8 The What Would It Take 2024 – 2029 Strategy supports the delivery of the [Integrated Children’s Services Plan](#) delivered and reported through the Nurture DIG with governance arrangements and reporting to Community Planning
- 1.9 The Care Inspection of Children services on the 24 May 2022 identified significant concern about the WDHSCPs ability to progress improvement and implement nation drivers such as The Promise without support. In March 2023, a letter concluding the supported period of inspection was received. This report contained a number of key messages for community planning partners involved in the delivery of integrated children’s services, including the need to strengthen the voice of children young people and their families, the need to drive improvement and self-evaluation through the use of data and service user feedback, the need for strong collaborative leadership, investment in services.
- 1.10 The What Would It Take? 2024 – 2029 Strategy will be delivered by a programme of projects. This programme will be called What Would it Take? The programme will present the road map to deliver sustainable services within Children and Families. The ambition is to shift the Balance of Care ensuring children and young people have the support, where possible, remain at home with family or in a community setting.

- 1.11 The What Would It Take programme is a five-year plan which recognises the importance of using The Scottish Approach to Service Design to evaluate and improve Children and Families services. The Scottish Approach to Service Design is informed by data and evidence and encourages service change to be deliberate and purposeful, as opposed to organic and reactive. It also emphasises service users' voices, both providers and recipients of a services should be at the centre of policy and service design, ensuring that sustainability and future proofing be considered throughout.
- 1.12 Delivery of the plan will take time, resources and a shared commitment to improve outcomes for children and young people. It recognises our commitment to working with our partners and communities to ensure our children grow up loved, safe, and respected so that they can realise their full potential.
- 1.13 This change programme aims to deliver sustainable services and better outcomes for vulnerable children, young people and their families. It will ensure service improvements are realised whilst continuing to respond to the financial challenges that are being experienced across the public sector.
- 1.14 The what would it take programme will consider the following strategic aims:
- Safely shift the 'balance of care,' reducing the number of children looked after away from home.
 - Strengthening the contribution of universal services, for example health and education.
 - Outcomes are improved for children and young people by increasing; community-based supports when children and their families need them.
 - The need for the workforce to align to the service demand.
 - Implement the changes within the Nurtured Delivery Implementation Group.
 - Implement the Care inspectorates' recommendations.
 - Projects are led by data including the Children's Strategic Needs Assessment.
 - Services are sustainable and delivered within the available budget.
 - Across health visiting, school, nursing and social work services ensure early help is delivered locally, providing the right help in the right place to meet the identified needs of children and young people. We will collate and measure any gaps in service provision and annually report on identified gaps in service provision through our Area Resource Group.
 - Ensure all children have the best start in life. Children of all ages will thrive through loving and consistent living arrangements supported by access to early learning, family support and childcare to make sure we get it right at infancy through multi-agency planning.
 - Implement the Early Child Development Transformational Change Programme.
 - A family first approach will ensure children and young people:
 - remain at home or with birth family where possible.
 - have a rights based approach in line with [United Nations Convention on the rights of the Child](#);

- have the right to family life by valuing relationships with siblings, the wider family and community; and
- for a small minority of children who cannot remain with their family due to the risk of harm, support will be local and we will endeavour to keep children within 15 miles of their home community.
- We will minimise children's exposure to harm with fully embedded [Getting it Right for Every Child \(GIRFEC\)](#) principles and approaches supported with robust assessment and planning including chronologies to support analysis.
- We will strive to Keep families together and develop services to ensure the 'scaffolding' of support helps to enable families facing complex and enduring challenges is available through use of reserves and redesign of our service provision and commissioning'.
- We will ensure services are relational and not transactional.
- Support employees by ensuring training is in place to show what a 'good conversations' is with a focus on outcomes and SMART care plans ensuring that this becomes part of employee's core practice; and
- Through the use of data, consultation and evaluation we will develop, improve and evaluate our services, with the voice of those who use our services having a meaningful part to play in our service design.

2. Scottish Approach to Service Design

- 2.1 The scale and scope of the What Would It Take programme is significant. It affects a number of stakeholders in different ways, not least those who use the service and those who provide the service. Consequently, it is necessary to ensure a robust and well-tested methodology was adopted to guide the re-design work.
- 2.2 The Scottish Approach to Service Design methodology ensures any service changes involves users, providers and stakeholders of the service across each of the four broad project phases: discover (understanding the scope and nature of the project); define (define the problems the project/status quo); develop (an alternative to the status quo); deliver (test new ways of working). Stakeholder involvement across each of these phases is critical to project success.
- 2.3 The progress of this programme will rely on the participation and collaboration of the stakeholders involved, including employees who deliver and facilitate the service and people who use the service; their input will be critical to developing the proposed changes resulting from the re-design.
- 2.4 As would be expected with the scale of the proposed changes associated with the re-design, engagement with stakeholders, including employees, Trades Union colleagues and people who use services, their families and their carers, will continue to be critical. Consultation with Tu's and employees will adhere to [NHS Workforce Change Policy](#) and [WDC Organisational Change Procedure](#).

3. Plan on a Page (Appendix 1)

- 3.1 The plan on a page sets out The What Would it take? approach and projects. The Plan on a page details the approach required to enable that shift in the 'balance of care'. The plan on a page will be a tool to support communication and understanding in relation to our strategic approach across service areas. The key message 'What would it take?' poses the question to professionals and families to consider what would need to be in place and look differently for a child to remain at home or with family. What would be needed and what can services and families do as part of a child's plan to support safe and sustainable care.
- 3.2 For a small minority of children where risks cannot be safely managed in the community then children require to be cared for elsewhere. However, no child should be looked after away from home other than where risks cannot be managed effectively for that child. Creative practice as well as where required supporting resource is required to ensure the scaffolding for families through challenging times is available to enable parents and carers to safely fulfil their caring role.
- 3.3 This communication aims to align the workforce and support learning and development as the implementation leads to a cultural change. The changes enable preventative approaches alongside strengthening families, children and young people voices. We will ensure more children and young people are looked after and supported at home as part of our shift in the balance of care.
- 3.4 The next few sections detail the national and local drivers which set out some of the key changes the Children and Families service are required to make. These changes are reflected in the plan on a page.

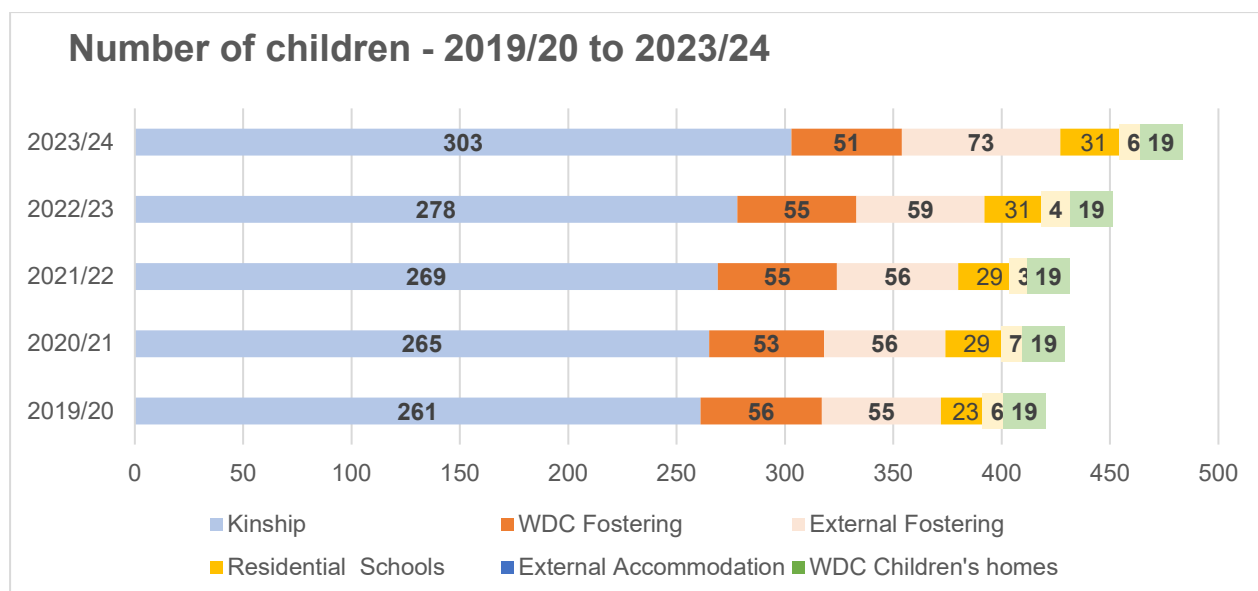
4. Local Strategic Needs Assessment

- 4.1 As part of the development of this Strategic Plan the WDHSCP undertook a comprehensive [Strategic Needs Assessment](#), this complemented an earlier piece of work focusing primarily on Children's Services. Although the impact of Covid19 is yet to fully reveal itself our forecasts indicate that the demand for health and social care services will increase over the coming years, financial resources will decrease and more people will be living with multiple long-term conditions.
- 4.2 West Dunbartonshire has a decreasing and aging population. Between 2018 and 2028, the population of West Dunbartonshire is projected to decrease from 89,130 to 87,141. This is due to fewer babies being born each year and more people moving out of the area than moving in.
- 4.3 West Dunbartonshire has both a high percentage of lone parent families and lone parents who are not in employment. 50% of lone parents in West Dunbartonshire are not in employment, the third highest of all local authorities in Scotland. Children in lone parent families and non-working lone parent families are more likely to have lower mental wellbeing than those who are not in those categories. West Dunbartonshire is likely to have a high percentage of children, young people and parents who have a number of Adverse Childhood Experiences (ACES). Parental mental health is also the second highest reason for parents not being in employment.
- 4.4 Life expectancy is lower than the Scottish average with those living in the most deprived communities spending, on average 24 years fewer in good health than those living in the least deprived areas. With those in the most deprived areas also dying younger, they spend more than one third of their lives in poor health.
- 4.5 Before the pandemic, one in five Scots were living in relative poverty after housing costs, including almost one in four children. West Dunbartonshire contains the third equal highest share of the most deprived data zones out of Scotland's 32 local authority areas. In 2019 29% of West Dunbartonshire residents were in fuel poverty, this is predicted to rise to 41% from April 2022. Child health and wellbeing is also affected by household income and the employment status of parents. 17.3% of children live in households in fuel poverty.
- 4.6 West Dunbartonshire has continued high rate of child poverty across the whole area (26%) with 22.6% of children live in low income families and there is a high eligibility for and uptake of free school meals (27.4% for primary 4-7 pupils) although the registration rate for secondary school pupils is on a downward trend. Almost half of the primary schools in West Dunbartonshire have rates of over 30% of pupils in Primary 4-7 registered for free school meals.

- 4.7 The total number of households in West Dunbartonshire is project to decline between 2023 and 2043, with 42% of those named as responsible for the accommodation being over the age of 60. By 2028 it is projected that 1 in 2.4 households will have a single adult with the number of single adult dwellings increasing since 2012 to an average of 41.1%. Since 2016 45.4% of children are living in homes that failed the Scottish Housing Quality Standard (SHQS).
- 4.8 West Dunbartonshire has a rate of 23.7 per 1,000 school pupils assessed and/or declared as having a disability compared to the Scottish rate of 24.3 per 1,000 pupils. 26% of residents report having a lifelong time limiting condition (Scotland is 24%). Women are more likely to be disabled than men, with disabled women at greater risk of violence and abuse compared with both non-disabled people and disabled men. 458 Individuals with a learning disability are known to WDHSCP learning disability services, learning disability rates are above the Scottish average and these individuals have some of the poorest health outcomes of any group in Scotland.
- 4.9 Domestic Abuse rates in West Dunbartonshire are the second highest in Scotland, at 168 incidents per 10,000 population reported to Police Scotland. Children are adversely affected by domestic abuse with the average number of people involved per incident remaining at four (victim, perpetrator and two children). This is the main reason for concern for children identified at case conferences for the child protection register and reason for referral to Scottish Children's Reporter Administration (SCRA).
- 4.10 West Dunbartonshire has 14.7% of S4 pupils reported drinking alcohol at least once a week. This is higher than Scotland at 11.5% and 4.1% of S4 pupil reporting using drugs monthly. The rate of drug related hospital stays in 11–25-year-olds is increasing and is higher than the Scottish average. West Dunbartonshire also has 543 young people in prison per 100,000. This is the highest figure of any local authority in Scotland.
- 4.11 The health and wellbeing of our youngest babies and children is also a concern with West Dunbartonshire. Over 25% of all local referrals being made to SCRA are for under 5's. West Dunbartonshire has the highest percentage of children with at least one developmental concern being identified at the 27–30-month health visitor assessment. In addition, 13% of the children accessing funded early learning and childcare have social, emotional and behavioural difficulty compared to the Scottish average of 5%.
- 4.12 Across Scotland, young carers were more likely to live in the most deprived SIMD deciles. In West Dunbartonshire: the majority of known adult unpaid carers are most likely to be female; adult unpaid carers are most likely to be aged between 45-64 years; reported adult carers needs include support to access services, financial and health and wellbeing support. During 2020/21, Carers of West Dunbartonshire supported 1,250 different carers and identified 263 new carers. 23.4% of the 145 young carers known to Y Sort It are aged 8 - 11 years.

4.13 In 2020/21, West Dunbartonshire had a rate of 12.7 child protection investigations (per 1,000 of the 0 – 15yr population), slightly higher than the Scottish average of 12.6.

4.14 **Table 1 shows the steady increase of Looked after children and young in West Dunbartonshire over a 5 year period.**



4.15 Our balance of care profile tells us there is a declining number of children being looked after at home. In order to keep The Promise and shift the balance of care, we need to consider what would it take? to keep children safely looked after at home with birth families, and develop the resources required to meet the needs of the families we serve.

4.16 Similarly, we have a rising number of looked after children in Kinship Care and need to ensure independent reviewing arrangements are in place as a statutory minimum. We must ensure support for our kinship carers is robust with points of contact which are easy to access.

4.17 The sustained numbers of residential school usage external to West Dunbartonshire is significant and we need to strive to keep children locally supported. Where possible we must consider alternative options. No child should be placed within a residential school without significant planning and management of risks both within school and within the home environment.

5. The Independent Care Review: The Promise

- 5.1 Scotland's ambition for all children and young people is that "we grow up loved, safe, and respected so that we realise our full potential."
- 5.2 In October 2016, the First Minister made a commitment to figure out how Scotland could love its most vulnerable children and give them the childhood they deserve. The Independent Care Review was commissioned and between February 2017 and February 2020 the Care Review worked to figure out how to keep that promise. On 5 February 2020, the Care Review published seven reports:
- [The Promise](#) and [The Pinky Promise](#) (for younger readers): The Promise reflected what over 5,500 care experienced children and adults, families and the paid and unpaid workforce told the Care Review in the hope that Scotland was listening. It told Scotland what it must do to make sure its most vulnerable children feel loved and have the childhood they deserve.
 - [The Plan](#) explains how this change must happen.
 - [The Money](#) and [Follow The Money](#) explain how Scotland can invest better in its children and families;
 - [The Rules](#) demonstrates the current legislative framework and how it must change to achieve The Promise.
 - There is also a [Thank You](#) to the thousands who contributed to the Care Review.
- 5.3 Between 2021 and 2030, the Promise will be shaped into series of plans, and outlining the priorities and action across that period:
- Years Two to Four, (April 2021–March 2024) - Early intervention and prevention will become standard with obsolescence of crisis services commenced. The necessary legislative reform will be underway to make sure The Rules are enabling. A practice and culture change programme will be embedded.
 - Years Four to 10, (April 2024–March 2030) - the national ambition is to ensure targets will be achieved. The majority of crisis services will have become obsolete. The Promise will be delivered across Voice, Family, Care, People and Scaffolding. The independent oversight body will cease to exist, giving way to a new standard of care.
 - The Promise What Must Change Plan 2021 - 2030 shows what needs to happen by 2024 in order that Scotland can keep The Promise by 2030. With a focus on five priority areas making significant and substantive changes to the lives of care experienced children, families, and young people across Scotland. These are a good childhood; whole family support; supporting the workforce; planning and building capacity.
- 5.4 The West Dunbartonshire will ensure the Promise Plan is embedded at a local level via the Nurture Delivery Implementation Group.

6. West Dunbartonshire's Promise

- 6.1 West Dunbartonshire's Promise Plan, which is reported through the Nurture DIG reporting to Community Planning considers the recommendations made by the Independent Care Review, the national priorities identified within the Promise Plan 21-24, alongside what we know locally about our areas of challenge and strength. The overarching ambition of our plan is to ensure families have the support they need, when they need it to, and be able to remain together where this is safe. When children and young people can't remain at home with their parents, we want to make sure they feel cared for, supported and loved within their communities and by those caring for them. Safe, loving relationships are at the heart of our Promise Plan, alongside ensuring that we get better at listening to the voices of infants, children, young people and their families in relation to their individual lives as well as informing how we design and develop our services.
- 6.2 This will be broad and intensive work, that will involve teams, services, organisations and communities across West Dunbartonshire, and will lead to long lasting, systemic change in how we support our families and those with care experience in West Dunbartonshire.
- 6.3 As we near the end of Plan 21-24, we are in the process of contributing to consultation around the creation of Plan 24-30. This will cover the remainder of the Promise's 10-year transformational change programme, building on progress made in the first part of the plan, and addressing barriers to progress. Our Promise Plan will evolve to reflect additional areas identified within Plan 24-30 after its publication in May 2024.
- 6.4 We will be using a number of indicators and outcomes to measure our progress in keeping The Promise. Below is a table of the high-level indicators are reported upon regularly within The Keeping the Promise Group and the Nurture DIG to ensure we are held accountable on progress and can use our data to help support this journey.
- 6.5 **Table 2: indicators and outcomes to measure our progress in keeping The Promise.**

Number of children who are looked after and breakdown of type of care.
Percentage of children in care living in out of authority placements
Percentage rate of care experienced children and young people excluded from school
Number of children placed with all their siblings/with 1+/with none
Percentage of care experienced children and young people accessing Advocacy and placement type
Average age of young people leaving care

Number of young people in Continuing Care placements
Number of young people receiving Through Care and Aftercare Support and number eligible
Percentage of children's views included within social work assessments
Number of families accessing support through WD for Families Hubs
% measurement of community-based health and social care spend on preventative whole family support measures
% of social worker vacancies within Children and Families social work

- 6.6 A successful bid to the national promise team has enabled the recruitment of a data insights lead and engagement and participation officer to support The Promise. The post holders work will ensure the use of data and the voice of service users to be aligned to the What Would it Take programme.

Strategic Inspection of Services for children and Risk of Harm in West Dunbartonshire

- 6.7 On the 24 May 2022, the Care Inspectorate published its interim report on phases one and two of a [Joint Inspection of Services for Children at Risk of Harm in West Dunbartonshire](#). The Care Inspectorate identified significant concern about the WDWDHSCP ability to progress improvement and implement nation drivers such as the promise without support. In March 2023 a letter concluding the supported period of inspection was received. This report contained a number of key messages for community planning partners involved in the delivery of integrated children's services:
- Improve key processes in relation to care planning and reviewing.
 - Improve Partnership working on Interagency referral discussions.
 - Improve collaborative leadership.
 - Improve and strengthen children's voice through individual care planning and service design; and
 - Improve the use of data to inform strategic priorities.
- 6.8 After a lengthy period of supported inspection, the Care Inspectorate concluded in April 2023 "Partners have made considerable effort in addressing the findings of the joint inspection. This had included additional investment and pro-actively seeking external support. Although it is too early to determine to what extent their actions had improved outcomes for children and young people at risk of harm in West Dunbartonshire, we are confident that the partnership has in place a strengthened approach to self-evaluation and improvement. Change remains at an early stage and continuing focus will be necessary to consolidate progress and drive forward further improvement".
- 6.9 It is vital that the What Would It Take? strategy ensures the findings and actions within the inspection are included in the Plan. Recognising the outcome of the recent joint inspection of children at risk of harm, the service

continues to drive and maintain the pace and energy to implement, embed and sustain the improvements required to achieve Scotland's ambitions for children and young people. The following list provides the recommended actions from the latest inspection which will be embedded into the change programme:

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

7. Local Landscape

- 7.1 In March 2023 the Health and Social Care Partnership (WDHSCP) Board approved its [Strategic Plan 2023 – 2026 “Improving Lives Together”](#). WDWDSHSCP Boards vision is:

Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, they receive care and support that prioritises independence, control, choice and recovery.

- 7.2 Improving Lives Together aligns with the ambition for Scotland’s children via The Promise. The actions outlined in the What Would It Take programme, are mirrored in the WDHSCP delivery plan which supports the implementation of the WDHSCP Strategic Plan.

8. The Early Child Development Transformational Change Programme

- 8.1 In 2023, the Scottish Government committed to investing in primary prevention from pre-birth through the earliest years to ensure children have the nurturing care they need to improve their outcomes. This includes providing enhanced support for speech and language development during the critical window in the early years when these skills develop.
- 8.2 In West Dunbartonshire we want to ensure that every child has the nurturing care they need to get the best start in life and to fulfil their potential. We are contributing to this through implementation of the [Early Child Development Transformational Change Programme](#). This programme will:
- Re emphasise the importance of pre-birth and early years across all policy areas.
 - Provide oversight and better integration of the policies that contribute to early child development with a focus on prevention.
 - Identify policy and practice implementation gaps, informed by current evidence (including what is needed pre-conception); and
 - build collaboration across the whole system to address them.
- 8.3 The Programme has three main drivers:
- Support caregivers' wellbeing and capacity to provide nurturing care. We see there are four things that every baby needs:
 - sensitive responsive care and nutrition
 - health, play and stimulation.
 - keeping them safe from harm.
 - create a culture, environment, economy and society that enhances early child development.

- Integrate policies and services, ensuring they are evidence based, family centred and responsive to need; and
- All of the aforementioned will be central to supporting the shift in the balance of care that we seek in West Dunbartonshire.

9. Project Plans and Measuring Success

- 9.1 We will achieve the ambitions within this programme through the development and implementation of key projects over a five-year period. This will be data informed using both qualitative and quantitative data. This work will be supported by the Strategy and Transformation service.
- 9.2 There will be a monthly Programme Board which will discuss the projects which are under way. The projects will also feed into the WDHSCP project Management Office every quarter. Where appropriate, updates will be provided to the Clinical and Care Governance Committee and the Audit and Performance Committee. Our Annual Performance Report will continue to be approved and published annually by the Integration Joint Board as required under the Public Bodies (Joint Working) (Scotland) Act 2014.

10. Services within Children and Families

- 10.1 The following section details the services which will be reviewed and changes which are required to be made. There are some known changes which have been evidenced either by the Care Inspectorate, West Dunbartonshire Promise or the WDHSCP Strategic plan. There will be some changes which aren't known yet but will be developed by the What Would It Take programme through the governance channel outlined in section 9.

11. Family Support Services

- We will redesign and implement a family support service aligned to GIRFEC principles.
- We will commission family services from third sector which cannot be delivered within our existing services where there is a defined service gap to meet need and prevent children becoming accommodated.
- We will redesign our family support services to keep children safely supported and support children returning home or to family placements where possible.
- Key performance measure aligned to the project requires to be developed to understand demand and impact of the families referred to services.
- Develop respite support and services for children with complex need and disabilities to enable families to provide safe and sustainable care.

12. Carer Recruitment

- We will recruit as a minimum an additional 15 foster carers over the next five years and increase our kinship care opportunities and support for children, young people and their families.
- The fostering market is highly competitive, and it is proposed that the service invest in a marketing campaign. Supported by the local authorities' communications team we will develop a social media page with testimonials from carers, ensuring fostering for West Dunbartonshire and our offer is both attractive and understood by prospective carers.
- Responsiveness to inquiries is key. Opportunities across our exiting workforce both in council and the WDHSCP is currently underutilised.

13. Supported Accommodation Options for Care Leavers

- By working closely with Housing partners, we will strengthen housing support options for care leavers beyond tenancies or homeless pathways for young people leaving care. Currently the WDHSCP supports 9 young people in supported accommodation options who have left care and are unable to manage independent living. This generates an annual spend of circa £1.5 million.
- Efficiencies can be realised, and outcomes improved through the development of suitable supported accommodation. This will include working with housing partners and commissioned 24-hour support to meet the needs of young people leaving care to enabling them to receive the housing support they require.
- Development of supported accommodation for Unaccompanied Asylum-Seeking Children (UASC) is required, aligned to the National Transfer Scheme and the spontaneous arrival of young people. West Dunbartonshire has seen over a 500% increase in the last 5 years.
- Development of a supported accommodation to enable young people to move on from care in particular residential schools is required to bridge the gap. This will empower young people to sustain and manage their own tenancy upon leaving care.
- We will review our commissioned spend and funding for unaccompanied asylum seekers to increase our supported carers options and supported tenancy provision. We will develop the provision for 8 supported tenancies with 24 hours support to enable young people to move from care more seamlessly.

14. Commissioning Services for Children and Families

- We will review all our contracted and spot purchased services to ensure good outcomes for children and families whilst delivering Best Value. Currently nearly all care placements are commissioned through the Scotland Excel Framework and considerable price rises have significantly contributed to current overspend.

- The development of a local commissioning framework with agreed local rates (underpinned by the Scotland Excel Framework) is likely to generate significant efficiencies and develop a network of suitable preferred providers.
- The establishment of an improved contract monitoring and reporting framework is necessary to ensure both best value and improve the outcomes delivered for young people.
- Impact measure will derive from cost benefits and the development of a reportable framework on outcomes delivered to children and young people by providers.

15. Permanence and Care Excellence (PACE)

- Enable more looked after children to experience permanence. This means providing them with stability, including secure and nurturing relationships, in a setting that continues until adult independence.
- Develop a permanence team and oversight reporting from CareFirst to strengthen permanence planning and meet all requirements stated in our Fostering and Adoption inspection improvement plan.

16. Best Practice in Child Protection and Safeguarding

- Develop a dedicated 'Initial Response Team' to respond to all new concerns and child protection referrals. These referrals are currently responded to by the same social work staff with high caseloads and a broad range of statutory responsibilities.
- Improve joint working with partner's agencies and enhance Interagency Referral Discussions (IRD). IRD timescales aligned to 2021 National Child protection Guidance.
- Evaluate and develop the child assessment and planning tool and chronology function to support quality assessment analysis and SMART care planning.
- Develop quality assurance through independent chairing and reporting from a 'bird's eye' view of practice.
- Support the development of a learning culture and self- evaluation approach to practice across managers and staff.
- Implement an Area Resource Group as part of placement decision making.
- Develop baseline measure for referrals of concern and response times.
- Data set development for Interagency Referral Discussions or IRD's required by National Child Protection Guidance Scotland 2022.

17. Risks and Assumptions

- 17.1 All project risks will be included in the programmes risk register and risks and issues will be presented to the project management office.
- 17.2 Some examples of the risks are:

- destabilisation of the workforce due to ongoing absence and inability to effectively deliver the approaches required from our workforce
- If changes are not implemented and efficiencies are not achieved, alternative ways to provide a service may need to be sought.

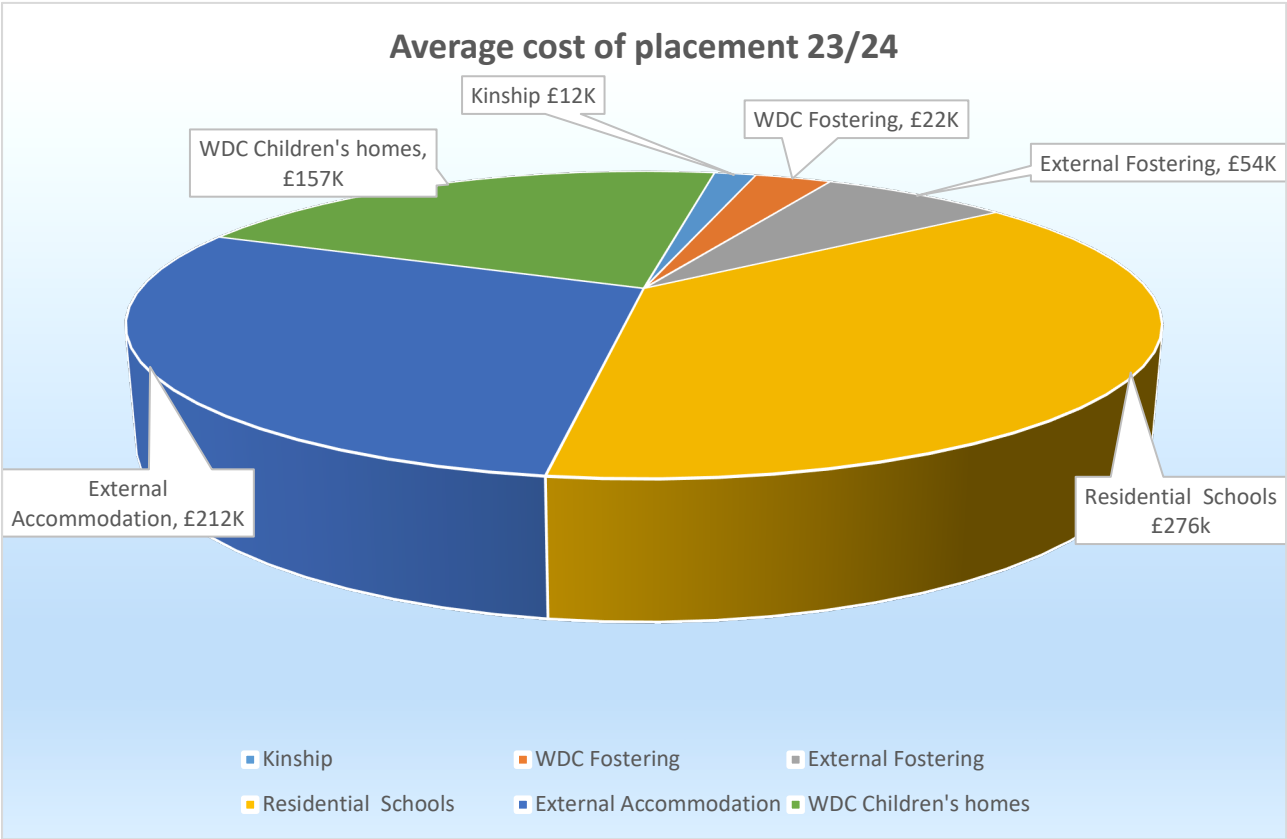
18. People Implications

- 18.1 The majority of the people implications in this programme relate to re-aligning existing employees and financial resources to support the WDHSCP's strategic aims and meet the needs of our children and young people.
- 18.2 It is anticipated that the early identification of changes will ensure that individual contributions and concerns are articulated at an early stage of organisational change. It is important to ensure that communication in relation to changes to service affords sufficient time to consult with employees, Trades Union colleagues and address any concerns which they may have in a structured and systematic way.
- 18.3 Any transition to a revised structure would be in accordance with the Councils Organisational Change Procedure and SWITCH Policy.
- 18.4 After consultation, an implementation plan to support this proposal will be developed in accordance with principles outlined in Councils Organisational Change Procedure.

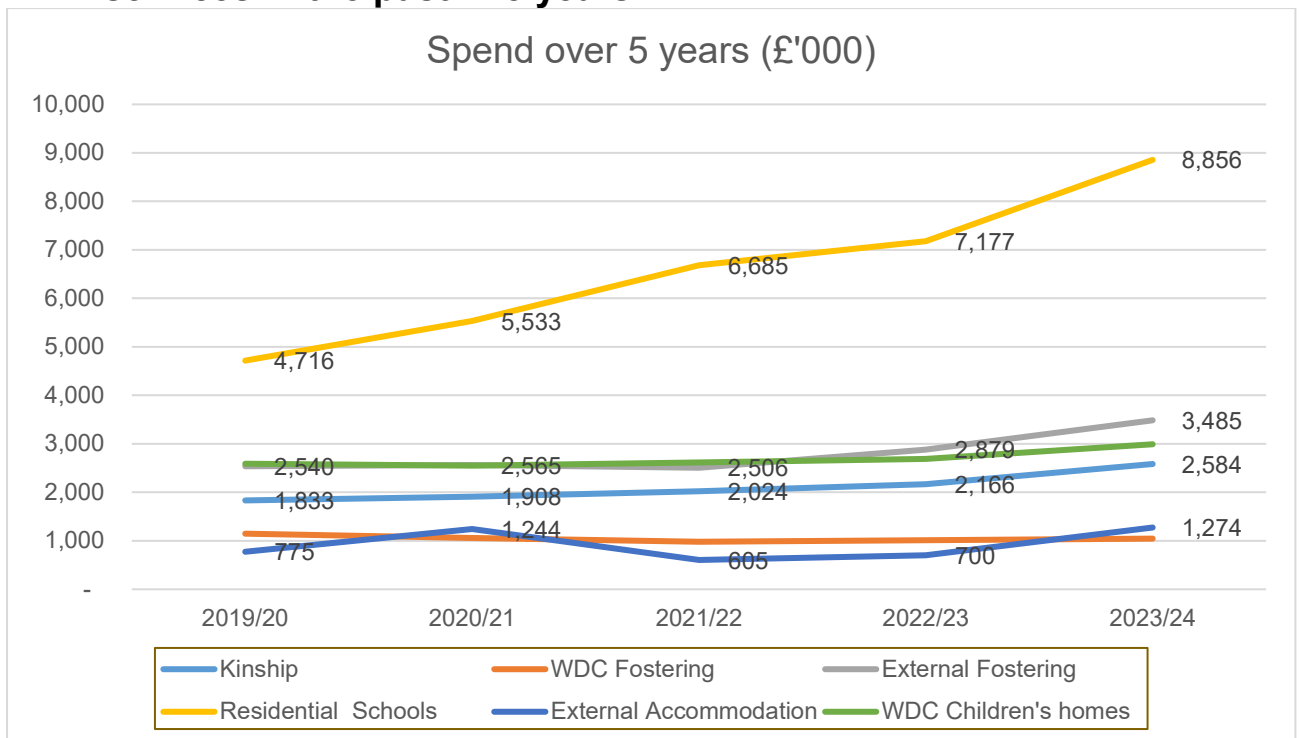
19. Financial and Procurement Implications

- 19.1 The following tables show the current financial cost for Children and families services and the impact this five-year programme will have on the budget.

19.2 **Table 3: This table shows the average cost of placing a child into alternative care in FY23/24.**



19.3 **Table 4: This table four shows the historic spend of Children services in the past five years.**



19.4 **Table 5: The impact the What Would It Take programme will have on the Children services – Appendix 2- MTFP**

19.5 It is estimated this programme will reduce spend by £3,692,000 by 2029.

19.6 **Table 6: This table shows the projected reduction in placements because of the What would it take programme.**

Movement in number of placements	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2028/29	Total Reduction
Residential School (31), Secure (3), residential care (4)	38 (Actual)	-1	-2	-2	-3	-3	27	-11
External Fostering	67	-2	-3	-3	-3	-4	52	-15
In house Fostering	53	2	3	3	3	4	68	15
Kinship	286	-3	-3	-3	-3	-3	271	-15
Supported Accommodation	9	-1	-1	-1	-1	-1	4	-5
Total	453	-5	-6	-6	-7	-7	418	-26

20. Equalities Impact Assessment (EIA)

- 20.1 An EIA was produced to review the impact starting the What Would it Take programme will have on children, young people, their carers and families, and employees. The reference number is 978. The EIA can be found in Appendix 3.
- 20.2 Any specific changes which require an EIA in future will be carried out via the project.

21. Environmental Sustainability

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

Our ambitions

1. Safely reduce the number of children looked after away from home
2. Families will be central to decision making and planning and will receive help as early as possible
- 3 Ensure outcomes and best value underpin the services we deliver.

What would it take?
Projects 2024 - 2027

Family Support Services:

- We will develop a family support strategy aligned to GIRFEC principles.
- We will develop a children's services best start in life project.

Foster Carer Recruitment and Kinship Care Support

- We will recruit an additional 15 foster carers over the next 5 years and strengthen our support for kinship care opportunities for children and young people.

Supported Accommodation Options and moving on from Care.

- We will develop supported accommodation options for young people in our care.

Commissioning Services

- We will review all our commissioned and contracted services to ensure best outcomes and best value is delivered within approved budgets.

Best Practice in Child Protection and Safeguarding

- We will make sure we have best practice in child protection and risk management arrangements.
- We will incorporate findings from Significant Case Reviews whenever appropriate.
- We will implement 'a signs of safety' approach to assessment and planning.

PACE Permanence and Care Excellence

- We will improve the timescales for permanence planning for children and their brothers and sisters to reduce uncertainty.



A strategy to deliver sustainable services and better outcomes for infants, children, young people and their families who are currently or have experienced adversity.

Our Priorities

The best start in life

We will ensure infants and children will thrive through loving and consistent living arrangements supported by access to the right services at the right time.

Families first

We will ensure a rights-based approach in line with UNCRC for all children and young people. We are committed to delivering "The Promise" in all of our services for children and families to realise our ambitions to keep children safely with their families.

Using data, consultation and evaluation to improve services

We will use information as an asset to develop, improve, consult and evaluate our services.

Supporting our workforce to deliver high quality outcome focused services that are underpinned by caring relationships, strength-based practice and accredited training and support.

Outstanding services for Children

We will ensure our services will be of the highest quality and will be developed in partnership with children and their families.

Working together to find and build on the strengths of infants, children, young people, families and communities.

Positive outcomes and effective transitions into adulthood

Our young people are valuable members of our communities with fair and supported access to housing, employment and lifelong learning.

Our Approach

- In partnership we will support families to care safely for their children at home or within the wider family network.
- We will identify strengths and any risks, providing support as early as possible to minimise a child's exposure to adversity.
- We will adopt a preventative approach, strengthening our early year's services for parents and families.
- We will explore all options for children to be cared for within their family networks, community, and robustly support kinship carers.
- We will make sure children's rights are upheld and respected and incorporate the key messages from The Promise across practice.
- We will focus on sustaining the relationships that are important to our infants, children and young people with a particular focus on brothers and sisters.
- We will support infants, children, young people and families for as long as needed, with particular care around transitions through life.
- We will further develop a self-directed model of support to families with children and young people at the centre of delivery.
- We will support our workforce to prioritise and maintain caring relationships with families and deliver high quality services.

Children Services MTFP 5 year plan	2024/25 (Saving brought forward)	2024/25	2025/26	2026/27	2027/28	2028/29	Total
Efficiencies	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Reduction in Residential School (see note 1)	-198	0	-412	-412	-618	-618	-2,060
Reduction in External Fostering	-306	0	-162	-162	-162	-216	-702
Recruitment of in-house foster carers	0	0	66	66	66	88	286
Review of Kinship placements	-54	0	-36	-36	-36	-36	-144
Commissioning savings	0	0	-207	-207	-50	-50	-514
Total *	-558	0	-751	-751	-800	-832	-3,134
* The anticipated efficiencies to be released in 2025/26 to 2027/28 will contribute to bringing these services back to budgeted levels.							
Investment Strands	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Short breaks complex care and disabilities	100	150	150	150	150	150	700
Investment in local foster care services	100	100	0	0	0	0	200
Support workers through care and aftercare	100	200	200	200	200	200	900
Includem	200	200	200	200	200	200	1,000
Supported Accommodation	120	240	240	240	240	240	1,080
Independent Reviewing officers - Fixed Term	265	0	0	0	0	0	265
GIRFEC lead - Fixed Term	65	68	0	0	0	0	133
Senior Manager - Fixed Term	95	101	0	0	0	0	196
Total	1,045	1,059	790	790	790	790	4,474
Sources of Funding	Recurring or Non-Recurring	£'000	£'000	£'000	£'000	£'000	£'000
Re-investment of released efficiencies *	Recurring	0	0	0	0	-832	-832
Short breaks complex - Carers Reserve	Non-Recurring	-100	-150	-150	-150	-150	-700
Includem - Whole Family Well being funding - see Note 2	Recurring	-200	-200	-200	-200	-200	-1,000

Supported Accomodation - Home office income - see Note 3	Recurring	-120	-200	-200	-200	-200	-920
Support workers through care and aftercare - see Note 4	Recurring	-100	-200	-200	-200	-200	-900
Total		-520	-750	-750	-750	-1,582	-4,352
Funding Current Reserve		£'000	£'000	£'000	£'000	£'000	£'000
Investment in local foster care	Non-Recurring	-30	0	0	0	0	-30
Children at risk of harm inspection action reserve	Non-Recurring	-425	-60	0	0	0	-485
Complex Care Reserve	Non-Recurring	-70	-249	-40	-40	0	-399
Total		-525	-309	-40	-40	0	-914
Total of Recurring and Non-Recurring Funds		-1,045	-1,059	-790	-790	-1,582	-5,266
Savings after Investment and Funding		0	0	0	0	-792	-792
<p>Note 1 The HSCP contribute minimum of 72% of the cost of a placement and 100% of the cost if there is no educational element.</p> <p>Note 2 Scottish Government Whole Family Wellbeing Funding is currently managed as part of Integrated Children's Services. At this time the funding is expected to be recurring, but it is not yet confirmed after 2025/26.</p> <p>Note 3 The HSCP submit monthly claims to the Home Office for both unaccompanied young people and national transfer scheme asylum seekers. Based on current and anticipated numbers an element of this funding will be used to support the development of a new service designed to support care leavers and unaccompanied young people.</p> <p>Note 4 Staffing resources available within existing structure.</p>							

<u>Number of Children</u>	Current	2024/25	2025/26	2026/27	2027/28	2028/29	Total
Residential School	35	-1	-2	-2	-3	-3	-11
External Fostering	73	-6	-3	-3	-3	-4	-19
In house Fostering	52	0	3	3	3	4	13
Kinship Supported	303	-5	-3	-3	-3	-3	-17
Accommodation	8	0	-1	-1	0	0	-2
Total	471	-12	-6	-6	-6	-6	-36

Appendix 3

Assessment No	978	Owner	Lesley James	
Resource	HSCP	Service/Establishment	Joint	
Name	Lesley James	Job title	Head of Service Children and Families and Justice services.	
Head Officer	Lesley James			
Members	<ul style="list-style-type: none">• Head of Service – Lesley James• Service Improvement Lead – Laura Evans• HSCP Senior Management team• Ailsa King – Health Improvement Lead			
Policy Title	What Would it Take Strategy?			
The aim, objective, purpose and intended outcome of policy	<p><u>Aims</u></p> <ul style="list-style-type: none">• Safely shift the 'balance of care,' reducing the number of children looked after away from home.• Strengthening the contribution of universal services, for example health and education.• Outcomes are improved for children and young people by increasing; community-based supports when children and their families need them.• The need for the workforce to align to the service demand.• Implement the changes within the Nurtured Delivery Implementation Group.• Implement the Care inspectorates' recommendations.• Projects are led by data including the Children's Strategic Needs Assessment.• Services are sustainable and delivered within the available budget.• Across health visiting, school, nursing, and social work services ensure early help is delivered locally, providing the right help in the right place to meet the identified needs of children and young people. We will collate and measure any gaps in service provision and annually report on identified gaps in service provision through our Area Resource Group.• Ensure all children have the best start in life. Children of all ages will thrive through loving and consistent living arrangements supported by access to early learning, family support and childcare to make sure we get it right at infancy through multi-agency planning.• Implement the Early Childs Development Transformational Change Programme.• A family first approach will ensure children and young people:<ul style="list-style-type: none">○ remain at home or with birth family where possible.○ have a rights based approach in line with United nations Convention on the rights of the Child;○ have the right to family life by valuing relationships with siblings, the wider family and community; and○ for a small minority of children who cannot remain with their family due to the risk of harm, support will be local, and we will endeavor to keep children within 15 miles of their home community.			

	<ul style="list-style-type: none"> • We will minimise children's exposure to harm with fully embedded Getting it Right for Every Child (GIRFEC) principles and approaches supported with robust assessment and planning including chronologies to support analysis. • We will strive to Keep families together and develop services to ensure the 'scaffolding' of support helps to enable families facing complex and enduring challenges is available through use of reserves and redesign of our service provision and commissioning.' • We will ensure services are relational and not transactional. • Support employees by ensuring training is in place to show what a 'good conversations' is with a focus on outcomes and SMART care plans ensuring that this becomes part of employee's core practice; and • Through the use of data, consultation and evaluation we will develop, improve and evaluate our services, with the voice of those who use our services having a meaningful part to play in our service design. <p><u>Purpose</u></p> <p>The purpose of re-design is to meet the aims and objectives of the project but also to follow the Scottish approach to re-design¹ to gain the data required to ensure this service is fit for the future. The evaluation and engagement to date has taken into account both lessons learned and feedback from stakeholders. The project team will collaborate with employees, managers, and key stakeholders to understand what changes are required.</p> <p><u>Outcomes</u></p> <p>The outcomes the service strives to meet are:</p> <ol style="list-style-type: none"> 1. Shift The Balance of Care specifically reducing residential school and external care provision 2. Recruit an additional West Dunbartonshire 15 foster carers. 3. Re-Design and develop our West Dunbartonshire Family Support provision including commissioned services. 4. Support our workforce in delivering strength based accredited practice, including implementing signs of safety as our framework for assessment and intervention. 5. Develop local commissioning frameworks for our foster and residential care provision and ensure best value. 6. Develop supported accommodation for care leavers to reduce delay in transition form care. 7. Improve our permanence planning to reduce delay in children and young people securing permanent outcomes.
Service/Partners/Stakeholders/service users involved in the Development and/or implementation of	<ul style="list-style-type: none"> • Head of Service – Lesley James • Service Improvement Lead – Laura Evans • HSCP Senior Management team

¹ [Introduction - The Scottish Approach to Service Design \(SAtdSD\) - gov.scot \(www.gov.scot\)](#)

policy.	
---------	--

DRAFT

Does the proposals involve the procurement of any Goods or services?	No
If yes, please confirm that you have contacted our Procurement services to discuss your requirements.	No
SCREENING	
<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)	Yes
Relevance to Human Rights (HR)	Yes
Relevance to Health Impacts (H)	Yes
Relevance to Social Economic Impacts (SE)	Yes
Who will be affected by this policy?	
All citizens of West Dunbartonshire who could be prospective users of the Children and Families service, current users of the service and employees of the service,	
Who will be/has been involved in the consultation process?	
The EIA will be reviewed and a request for approval will be asked for in March 2024 HSCP Board. Any changes which require an EIA will have an individual EIA in place before any changes are implemented. Individual EIA will be consulted on with the relevant stakeholders.	
Please outline any particular need/barriers which equality groups may have in Relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups.	

Protected Characteris tic	Needs	Evidence	Impact
Age	<p>West Dunbartonshire has a decreasing and aging population.</p> <p>Between 2018 and 2028, the population of West Dunbartonshire is projected to decrease from 89,130 to 87,141. This is due to fewer babies being born each year and more people moving out of the area than moving in.</p>	HSCP Children's Needs assessment	<p><u>Positive Impact – Service user</u> Even though there is declining population within West Dunbartonshire, there is a rise in looked after children and young people within the service.</p> <p>One of the aims of the project is to ensure all children have the best start in life. Children of all ages will thrive through loving and consistent living arrangements supported by access to early learning, family support and childcare to make sure we get it right at infancy in multi-agency planning.</p> <p>One of the aims of the project is to ensure the service meets the National Outcome “Percentage of 16- or 17-year-olds in positive destinations (further/ higher education, training, employment) at point of leaving care”.</p>
Disability	West Dunbartonshire has a rate of 23.7 per 1,000 school pupils assessed and/or declared as having a disability compared to the Scottish rate of 24.3 per 1,000 pupils. 26%	HSCP Children's Needs assessment	The aims of the project doesn't provide any direct impact on children or young people with a disability, but there are cross cutting impacts which affect all protected characteristics.

	<p>of residents report having a lifelong time limiting condition (Scotland is 24%).</p> <p>There is limited available local and national data about disability and social care workers, which relies on individual workers to disclose this information. Whilst Scottish Social Services Council (SSSC) data show that at least 2% of the overall social care workforce reported having a disability, this is likely to be an undercount, because disability information was unknown for a further 17% of the social care workforce.</p>		<p><u>Employee Impact – Positive</u></p> <p>Any employee affected by any changes to their working life, can apply for a disability passport via the council's wellbeing policy.</p>
Gender reassign	<p>There is no national data about gender reassignment and people who access children services. However, given the prevalence of social care needs in the population and across the life course, it is likely that some trans people will require social care support.</p>	HSCP Children's Needs assessment	<p>The aims of the project doesn't provide any direct impact on children or young people who have undergone gender reassignment but there are cross cutting impacts which affect all protected characteristics.</p>
Marriage and Civil Partnershi p	<p>West Dunbartonshire has both a high percentage of lone parent families and lone parents who are not in employment. 50% of lone parents in West Dunbartonshire were not in employment, the third highest of all local authorities in Scotland. Children in lone parent families and non-working lone parent families are more likely to have lower mental wellbeing than those who are not in those categories.</p> <p>West Dunbartonshire is likely to have a high percentage of children, young people and parents who have a number of Adverse Childhood Experiences (ACES).</p>	HSCP Children's Needs assessment	<p><u>Positive Impact – Children</u></p> <p>As the number of lone family's increases in West Dunbartonshire, the ethos of the Promise and one of the aims of this project is to improve for children and young people community-based supports when children and their families need them. The services which will be in place will support children whether there is a family setting or not.</p>
Pregnancy and Maternity	<p>There is no national data about pregnancy and maternity and children services. However, there is a substantial cohort of women</p>	HSCP Children's Needs assessment	<p>The aims of the project doesn't provide any direct impact on children, young people, their families, or carers who are pregnant or on maternity but there are cross cutting impacts which affect all protected characteristics.</p>

	<p>of child-bearing age who are receiving social care, and many of this group are likely to experience pregnancy and maternity. There are 22,710 women aged 18-64 receiving social care in Scotland. Within the general population, there are around 50 live births per 1,000 women of childbearing age in Scotland.</p> <p>West Dunbartonshire has a higher than average teenage pregnancy rate and this programme should assist with providing the best support to all pregnant women including links with maternity services.</p>		Currently the service pays for SNIPs to support a small number of young women.
Race	<p>Research by the ALLIANCE and Self-Directed Support Scotland (SDSS), which explored people's experience of Self-directed Support and social care in Scotland, highlighted barriers to support for Black and minority ethnic people, including access to information and advice; and cultural awareness and understanding. This was particularly the case for Black and minority ethnic women, and the report suggests that this could be associated with women having less fluency in English in some communities.</p> <p>Minority ethnic groups are also less likely to report health damaging behaviors such as smoking, excessive alcohol consumption and drug misuse.</p> <p>Health and social care workers are required to understand the importance of a flexible, person-centered approach; no two people are exactly the same, and service provision must reflect this. Where service users have additional requirements linked to language, culture or understanding of services, these need to be met effectively.</p>	https://www.gov.scot/publications/race-equality-framework-scotland-2016-2030/documents/	<p><u>Positive impact –employees</u></p> <p>It is important employees participate in training on equality, diversity, and human rights, including race equality and intercultural competency training.</p> <p>Reviewing recruitment strategies to encourage a greater representation of the minority ethnic population within Children services.</p> <p><u>Positive Impact – Children</u></p> <p>One of the national outcomes the project will be measured against is “Percentage of children from black minority and ethnic communities who are looked after that are being looked after in the community.”</p>

	Local authorities for which many social care staff work generally have very low numbers of minority ethnic staff.		
Religion and Belief	There is no national data on religion or belief for people who access social care, although NRS analysis of population data suggests that Scotland is becoming more ethnically and religiously diverse.	HSCP Children's Needs assessment	The aims of the project doesn't provide any direct impact on children, young people, their families, or carers who have a religious belief but there are cross cutting impacts which affect all protected characteristics.
Sex	No Impact	No Impact	The aims of the project doesn't provide any direct impact on children, young people, their families, or carers based on a person's sex but there are cross cutting impacts which affect all protected characteristics.
Sexual Orientation	LGBTQI+ identities are associated with poorer health and Wellbeing.	HSCP Children's Needs assessment	The aims of the project doesn't provide any direct impact on children, young people, their families, or carers based on a person's sexual orientation but there are cross cutting impacts which affect all protected characteristics.
Human Rights	<p>Right to equality</p> <p>FREDA' principles: Fairness Respect Equality Dignity Autonomy</p> <p>The right for respect for private and family life, dignity and autonomy protected by the HRA (Article 8 of the European Convention on Human Rights) autonomy protected by Article 8 of the ECHR and by Article 19 of the Convention on the Rights of Persons with Disabilities. This programme specifically makes reference to the United Nations on the rights of the child.</p>	Human Rights Act	Positive and negative impact - included in cross cutting section.
Health	<p>The longstanding impacts of poverty, poor employment and multiple deprivation have led to a less healthy population in West Dunbartonshire.</p> <p>Life expectancy is lower than the Scottish average with those living in the most deprived communities</p>	HSCP Children's Needs assessment	Positive and negative impact - included in cross cutting section.

	<p>spending, on average 24 years fewer in good health than those living in the least deprived areas. With those in the most deprived areas also dying younger, they spend more than one third of their lives in poor health.</p>		
Social and Economic Impact	<p>Before the pandemic, one in five Scots were living in relative poverty after housing costs, including almost one in four children. West Dunbartonshire contains the third equal highest share of the most deprived data zones out of Scotland's 32 local authority areas. In 2019 29% of West Dunbartonshire residents were in fuel poverty, this is predicted to rise to 41% from April 2022. Child health and wellbeing is also affected by household income and the employment status of parents. 17.3% of children live in households in fuel poverty.</p> <p>West Dunbartonshire has continued high rate of child poverty across the whole area (27.7%) with projections that this will rise to 33%. 22.6% of children live in low-income families and there is a high eligibility for and uptake of free school meals (27.4% for primary 4-7 pupils) although the registration rate for secondary school pupils is on a downward trend. Almost half of the primary schools in West Dunbartonshire have rates of over 30% of pupils in Primary 4-7 registered for free school meals.</p> <p>West Dunbartonshire has 14.7% of S4 pupils reported drinking alcohol at least once a week. This is higher than Scotland at 11.5% and 4.1% of S4 pupil reporting using drugs monthly. The rate of drug related hospital stays in 11–25-year-olds is increasing and is higher than the Scottish average. West Dunbartonshire also has 543</p>	<p>HSCP Children's Needs assessment</p>	<p>Positive and negative impact - included in cross cutting section.</p> <p><u>Negative Impact - Children</u> One of the aims of the project is for the service to be sustainable and delivered within the available budget. The aim of this project is to increase the in-house services for example, fostering, Asylum, leaving care. The main cost pressures are on external commissioned services.</p>

	young people in prison per 100,000. This is the highest figure of any local authority in Scotland.		
Cross Cutting	<p>Impacts on all protected characteristics and external impacts.</p> <p>Domestic Abuse rates in West Dunbartonshire are the second highest in Scotland, at 168 incidents per 10,000 population reported to Police Scotland. Children are adversely affected by domestic abuse with the average number of people involved per incident remaining at four (victim, perpetrator and two children).</p> <p>Across Scotland, young carers were more likely to live in the most deprived SIMD Deciles. 23.4% of the 145 young carers known to Y Sort It are aged 8 - 11 years.</p> <p>In 2020/21, West Dunbartonshire had a rate of 15.1 child protection investigations (per 1,000 of the 0 – 15yr population), higher than the Scottish Average of 12.8.</p>	HSCP Children's Needs assessment	<p>The following project aims at positive impacts on all of the protected characteristics.</p> <p>All changes will aim to have the following in place:</p> <ul style="list-style-type: none"> • have a family first approach. • remain at home or with birth family where possible. • ensure a rights-based approach in line with UNCRC. • Promote the right to family life by valuing relationships with siblings, the wider family and community. • For a small minority of children who cannot remain with family due to risk of harm, support will be local, and we will endeavor to keep children within 15 miles of their home community. • Safely shift the 'balance of care,' reducing the number of children looked after away from home. <p>The National Promise and Nurtured DIG changes will be implemented which is based on 5000 children voices on how to improve Children services.</p> <p>Some National outcomes have already been mentioned, but the remaining outcomes will need to be met by the service. These outcomes are mandatory performance indicators all children services are required to meet.</p> <p>The Care Inspection recommendations are actions which ensure the children are the forefront of children services and is meeting the required needs.</p> <p>Across health visiting, school, nursing, and social work services will ensure early help is locally delivered, providing the right help in the right place to meet the identified needs of children and young people. We will collate and measure any gaps in service provision and annually report on identified gaps in service provision through our Area Resource Group.</p> <p>We will minimise children's exposure to harm with fully embedded GIRFEC principles and approaches supported with robust assessment and planning including chronologies to support analysis.</p> <p>We will strive to Keep families together and develop services to ensure the 'scaffolding' of</p>

			<p>support helps to enable families facing complex and enduring challenges is available through use of reserves and redesign of our service provision and commissioning.'</p> <p>Employee Impact - Positive</p> <p>Support employees by ensuring training is in place to show what a 'good conversations' is with a focus on outcomes and SMART care plans, and this becomes part of employee's core practice.</p>

Issue Description	Action Description	Actioner Name	Due Date
<p><u>Negative Impact - Children</u></p> <p>One of the aims of the project is for the service to be sustainable and delivered within the available budget. If the service is unable to deliver within the service, this could mean externalizing existing services.</p>	<p>Ensure that all changes implemented within the five-year plan, don't impact the service budget and help reduce any overspend.</p>	<p>Lesley James – Head of Service</p>	<p>2029</p>

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

The strategy is required to make sure there isn't an overspend within the service. Without a re-design of the service the service will continue to overspend, and measures will be forced upon the service.

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

Assessment of its effectiveness will be monitored via the HSCP Project Management Board and the What would it take programme board. Strategically its governance and any issues raised by protected characteristics will be managed via the HSCP Board, Project Management office

Q7 What is your recommendation for this policy?

Commence implementation of the What would it take Strategy.

Please provide a meaningful summary of how you have reached the

Recommendation: this is the next step of the project plan.

DRAFT

Our ambitions

1. Safely reduce the number of children looked after away from home
2. Families will be central to decision making and planning and will receive help as early as possible
- 3 Ensure outcomes and best value underpin the services we deliver.

What would it take? Projects 2024 - 2027

Family Support Services:

- We will develop a family support strategy aligned to GIRFEC principles.
- We will develop a children's services best start in life project.

Foster Carer Recruitment and Kinship Care Support

- We will recruit an additional 15 foster carers over the next 5 years and strengthen our support for kinship care opportunities for children and young people.

Supported Accommodation Options and moving on from Care.

- We will develop supported accommodation options for young people in our care.

Commissioning Services

- We will review all our commissioned and contracted services to ensure best outcomes and best value is delivered within approved budgets.

Best Practice in Child Protection and Safeguarding

- We will make sure we have best practice in child protection and risk management arrangements.
- We will incorporate findings from Significant Case Reviews whenever appropriate.
- We will implement 'a signs of safety' approach to assessment and planning.

PACE Permanence and Care Excellence

- We will improve the timescales for permanence planning for children and their brothers and sisters to reduce uncertainty.



A strategy to deliver sustainable services and better outcomes for infants, children, young people and their families who are currently or have experienced adversity.

Our Priorities

The best start in life

We will ensure infants and children will thrive through loving and consistent living arrangements supported by access to the right services at the right time.

Families first

We will ensure a rights based approach in line with UNCRC for all children and young people. We are committed to delivering "The Promise" in all of our services for children and families to realise our ambitions to keep children safely with their families.

Using data, consultation and evaluation to improve services

We will use information as an asset to develop, improve, consult and evaluate our services.

Supporting our workforce to deliver high quality outcome focused services that are underpinned by caring relationships, strength-based practice and accredited training and support.

Outstanding services for Children

We will ensure our services will be of the highest quality and will be developed in partnership with children and their families.

Positive outcomes and effective transitions into adulthood

Our young people are valuable members of our communities with fair and supported access to housing, employment and lifelong learning.

Working together to find and build on the strengths of infants, children, young people, families and communities

Our Approach

- In partnership we will support families to care safely for their children at home or within the wider family network.
- We will identify strengths and any risks, providing support as early as possible to minimise a child's exposure to adversity.
- We will adopt a preventative approach, strengthening our early year's services for parents and families.
- We will explore all options for children to be cared for within their family networks, community, and robustly support kinship carers.
- We will make sure children's rights are upheld and respected and incorporate the key messages from The Promise across practice.
- We will focus on sustaining the relationships that are important to our infants, children and young people with a particular focus on brothers and sisters.
- We will support infants, children, young people and families for as long as needed, with particular care around transitions through life.
- We will further develop a self-directed model of support to families with children and young people at the centre of delivery.
- We will support our workforce to prioritise and maintain caring relationships with families and deliver high quality services.

Children Services MTFP 5 year plan	2024/25 (Saving brought forward)	2024/25	2025/26	2026/27	2027/28	2028/29	Total
Efficiencies	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Reduction in Residential School (see note 1)	-198	0	-412	-412	-618	-618	-2,060
Reduction in External Fostering	-306	0	-162	-162	-162	-216	-702
Recruitment of in-house foster carers	0	0	66	66	66	88	286
Review of Kinship placements	-54	0	-36	-36	-36	-36	-144
Commissioning savings	0	0	-207	-207	-50	-50	-514
Total *	-558	0	-751	-751	-800	-832	-3,134
* The anticipated efficiencies to be released in 2025/26 to 2027/28 will contribute to bringing these services back to budgeted levels.							
Investment Strands	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Short breaks complex care and disabilities	100	150	150	150	150	150	700
Investment in local foster care services	100	100	0	0	0	0	200
Support workers through care and aftercare	100	200	200	200	200	200	900
Includem	200	200	200	200	200	200	1,000
Supported Accommodation	120	240	240	240	240	240	1,080
Independent Reviewing officers - Fixed Term	265	0	0	0	0	0	265
GIRFEC lead - Fixed Term	65	68	0	0	0	0	133
Senior Manager - Fixed Term	95	101	0	0	0	0	196
Total	1,045	1,059	790	790	790	790	4,474
Sources of Funding	Recurring or Non-Recurring	£'000	£'000	£'000	£'000	£'000	£'000
Re-investment of released efficiencies *	Recurring	0	0	0	0	-832	-832
Short breaks complex - Carers Reserve	Non-Recurring	-100	-150	-150	-150	-150	-700
Includem - Whole Family Well being funding - see Note 2	Recurring	-200	-200	-200	-200	-200	-1,000

Supported Accommodation - Home office income - see Note 3	Recurring	-120	-200	-200	-200	-200	-920
Support workers through care and aftercare - see Note 4	Recurring	-100	-200	-200	-200	-200	-900
Total		-520	-750	-750	-750	-1,582	-4,352
Funding Current Reserve		£'000	£'000	£'000	£'000	£'000	£'000
Investment in local foster care	Non-Recurring	-30	0	0	0	0	-30
Children at risk of harm inspection action reserve	Non-Recurring	-425	-60	0	0	0	-485
Complex Care Reserve	Non-Recurring	-70	-249	-40	-40	0	-399
Total		-525	-309	-40	-40	0	-914
Total of Recurring and Non-Recurring Funds		-1,045	-1,059	-790	-790	-1,582	-5,266
Savings after Investment and Funding		0	0	0	0	-792	-792

Note 1

The HSCP contribute minimum of 72% of the cost of a placement and 100% of the cost if there is no educational element.

Note 2

Scottish Government Whole Family Wellbeing Funding is currently managed as part of Integrated Children's Services. At this time the funding is expected to be recurring, but it is not yet confirmed after 2025/26.

Note 3

The HSCP submit monthly claims to the Home Office for both unaccompanied young people and national transfer scheme asylum seekers. Based on current and anticipated numbers an element of this funding will be used to support the development of a new service designed to support care leavers and unaccompanied young people.

Note 4

Staffing resources available within existing structure.

<u>Number of Children</u>	Current	2024/25	2025/26	2026/27	2027/28	2028/29	Total
Residential School	35	-1	-2	-2	-3	-3	-11
External Fostering	73	-6	-3	-3	-3	-4	-19
In house Fostering	52	0	3	3	3	4	13
Kinship Supported	303	-5	-3	-3	-3	-3	-17
Accommodation	8	0	-1	-1	0	0	-2
Total	471	-12	-6	-6	-6	-6	-36

Assessment No	978	Owner	Lesley James	
Resource	HSCP	Service/Establishment	Joint	
Name	Lesley James	Job title	Head of Service Children and Families and Justice services.	
Head Officer	Lesley James			
Members	<ul style="list-style-type: none">• Head of Service – Lesley James• Service Improvement Lead – Laura Evans• HSCP Senior Management team• Ailsa King – Health Improvement Lead			
Policy Title	What Would it Take Strategy?			
The aim, objective, purpose and intended outcome of policy	<p><u>Aims</u></p> <ul style="list-style-type: none">• Safely shift the ‘balance of care,’ reducing the number of children looked after away from home.• Strengthening the contribution of universal services, for example health and education.• Outcomes are improved for children and young people by increasing; community-based supports when children and their families need them.• The need for the workforce to align to the service demand.• Implement the changes within the Nurtured Delivery Implementation Group.• Implement the Care inspectorates’ recommendations.• Projects are led by data including the Children’s Strategic Needs Assessment.• Services are sustainable and delivered within the available budget.• Across health visiting, school, nursing, and social work services ensure early help is delivered locally, providing the right help in the right place to meet the identified needs of children and young people. We will collate and measure any gaps in service provision and annually report on identified gaps in service provision through our Area Resource Group.• Ensure all children have the best start in life. Children of all ages will thrive through loving and consistent living arrangements supported by access to early learning, family support and childcare to make sure we get it right at infancy through multi-agency planning.• Implement the Early Childs Development Transformational Change Programme.• A family first approach will ensure children and young people:<ul style="list-style-type: none">○ remain at home or with birth family where possible.○ have a rights based approach in line with United nations Convention on the rights of the Child;○ have the right to family life by valuing relationships with siblings, the wider family and community; and○ for a small minority of children who cannot remain with their family due to the risk of harm, support will be local, and we will endeavor to keep children within 15 miles of their home community.• We will minimise children’s exposure to harm with fully embedded Getting it Right for Every Child (GIRFEC) principles and approaches supported with robust assessment and planning including chronologies to support analysis.• We will strive to Keep families together and develop services to ensure the ‘scaffolding’ of support helps to enable families facing complex and enduring challenges is available through use of reserves and redesign of our service provision and commissioning.’• We will ensure services are relational and not transactional.• Support employees by ensuring training is in place to show what a ‘good conversations’ is with a focus on outcomes and			

	<p>SMART care plans ensuring that this becomes part of employee's core practice; and</p> <ul style="list-style-type: none"> Through the use of data, consultation and evaluation we will develop, improve and evaluate our services, with the voice of those who use our services having a meaningful part to play in our service design. <p><u>Purpose</u></p> <p>The purpose of re-design is to meet the aims and objectives of the project but also to follow the <u>Scottish approach to re-design</u>¹ to gain the data required to ensure this service is fit for the future. The evaluation and engagement to date has taken into account both lessons learned and feedback from stakeholders. The project team will collaborate with employees, managers, and key stakeholders to understand what changes are required.</p> <p><u>Outcomes</u></p> <p>The outcomes the service strives to meet are:</p> <ol style="list-style-type: none"> Shift The Balance of Care specifically reducing residential school and external care provision Recruit an additional West Dunbartonshire 15 foster carers. Re-Design and develop our West Dunbartonshire Family Support provision including commissioned services. Support our workforce in delivering strength based accredited practice, including implementing signs of safety as our framework for assessment and intervention. Develop local commissioning frameworks for our foster and residential care provision and ensure best value. Develop supported accommodation for care leavers to reduce delay in transition form care. Improve our permanence planning to reduce delay in children and young people securing permanent outcomes.
<p>Service/Partners/Stakeholders/service users involved in the Development and/or implementation of policy.</p>	<ul style="list-style-type: none"> Head of Service – Lesley James Service Improvement Lead – Laura Evans HSCP Senior Management team

Does the proposals involve the procurement of any Goods or services?	No
If yes, please confirm that you have contacted our Procurement services to discuss your requirements.	No
SCREENING	
<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)	Yes
Relevance to Human Rights (HR)	Yes
Relevance to Health Impacts (H)	Yes
Relevance to Social Economic Impacts (SE)	Yes
Who will be affected by this policy?	
All citizens of West Dunbartonshire who could be prospective users of the Children and Families service, current users of the service and employees of the service,	
Who will be/has been involved in the consultation process?	
The EIA will be reviewed and a request for approval will be asked for in March 2024 HSCP Board. Any changes which require an EIA will have an individual EIA in place before any changes are implemented. Individual EIA will be consulted on with the relevant stakeholders.	
Please outline any particular need/barriers which equality groups may have in Relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups.	

Protected Characteristic	Needs	Evidence	Impact
Age	<p>West Dunbartonshire has a decreasing and aging population.</p> <p>Between 2018 and 2028, the population of West Dunbartonshire is projected to decrease from 89,130 to 87,141. This is due to fewer babies being born each year and more people moving out of the area than moving in.</p>	HSCP Children's Needs assessment	<p>Positive Impact – Service user</p> <p>Even though there is declining population within West Dunbartonshire, there is a rise in looked after children and young people within the service.</p> <p>One of the aims of the project is to ensure all children have the best start in life. Children of all ages will thrive through loving and consistent living arrangements supported by access to early learning, family support and childcare to make sure we get it right at infancy in multi-agency planning.</p> <p>One of the aims of the project is to ensure the service meets the National Outcome "Percentage of 16- or 17-year-olds in positive destinations (further/ higher education, training, employment) at point of leaving care".</p>
Disability	<p>West Dunbartonshire has a rate of 23.7 per 1,000 school pupils assessed and/or declared as having a disability compared to the Scottish rate of 24.3 per 1,000 pupils. 26% of residents report having a lifelong time limiting condition (Scotland is 24%).</p> <p>There is limited available local and national data about disability and social care workers, which relies on individual workers to disclose this information. Whilst Scottish Social Services Council (SSSC) data show that at least 2% of the overall social care workforce reported</p>	HSCP Children's Needs assessment	<p>The aims of the project doesn't provide any direct impact on children or young people with a disability, but there are cross cutting impacts which affect all protected characteristics.</p> <p>Employee Impact – Positive</p> <p>Any employee affected by any changes to their working life, can apply for a disability passport via the council's wellbeing policy.</p>

	having a disability, this is likely to be an undercount, because disability information was unknown for a further 17% of the social care workforce.		
Gender reassign	There is no national data about gender reassignment and people who access children services. However, given the prevalence of social care needs in the population and across the life course, it is likely that some trans people will require social care support.	HSCP Children's Needs assessment	The aims of the project doesn't provide any direct impact on children or young people who have underwent gender reassignment but there are cross cutting impacts which affect all protected characteristics.
Marriage and Civil Partnerships	<p>West Dunbartonshire has both a high percentage of lone parent families and lone parents who are not in employment. 50% of lone parents in West Dunbartonshire were not in employment, the third highest of all local authorities in Scotland. Children in lone parent families and non-working lone parent families are more likely to have lower mental wellbeing than those who are not in those categories.</p> <p>West Dunbartonshire is likely to have a high percentage of children, young people and parents who have a number of Adverse Childhood Experiences (ACES).</p>	HSCP Children's Needs assessment	<p><u>Positive Impact – Children</u></p> <p>As the number of lone family's increases in West Dunbartonshire, the ethos of the Promise and one of the aims of this project is to improve for children and young people community-based supports when children and their families need them. The services which will be in place will support children whether there is a family setting or not.</p>
Pregnancy and Maternity	<p>There is no national data about pregnancy and maternity and children services. However, there is a substantial cohort of women of child-bearing age who are receiving social care, and many of this group are likely to experience pregnancy and maternity. There are 22,710 women aged 18-64 receiving social care in Scotland. Within the general population, there are around 50 live births per 1,000 women of childbearing age in Scotland.</p> <p>West Dunbartonshire has a higher than average teenage pregnancy rate and this programme should assist with providing the best support to all pregnant women including links with maternity services.</p>	HSCP Children's Needs assessment	The aims of the project doesn't provide any direct impact on children, young people, their families, or carers who are pregnant or on maternity but there are cross cutting impacts which affect all protected characteristics. Currently the service pays for SNIPs to support a small number of young women.
Race	Research by the ALLIANCE and Self-Directed Support Scotland (SDSS), which explored people's experience of Self-directed Support and social care in Scotland,	https://www.gov.scot/publications/race-equality-framework-scotland-2016-2030/documents	<p><u>Positive impact –employees</u></p> <p>It is important employees participate in training on equality, diversity, and human rights, including race equality and intercultural competency training.</p>

	<p>highlighted barriers to support for Black and minority ethnic people, including access to information and advice; and cultural awareness and understanding. This was particularly the case for Black and minority ethnic women, and the report suggests that this could be associated with women having less fluency in English in some communities.</p> <p>Minority ethnic groups are also less likely to report health damaging behaviors such as smoking, excessive alcohol consumption and drug misuse.</p> <p>Health and social care workers are required to understand the importance of a flexible, person-centered approach; no two people are exactly the same, and service provision must reflect this. Where service users have additional requirements linked to language, culture or understanding of services, these need to be met effectively.</p> <p>Local authorities for which many social care staff work generally have very low numbers of minority ethnic staff.</p>	/	<p>Reviewing recruitment strategies to encourage a greater representation of the minority ethnic population within Children services.</p> <p><u>Positive Impact – Children</u></p> <p>One of the national outcomes the project will be measured against is “Percentage of children from black minority and ethnic communities who are looked after that are being looked after in the community.”</p>
Religion and Belief	There is no national data on religion or belief for people who access social care, although NRS analysis of population data suggests that Scotland is becoming more ethnically and religiously diverse.	HSCP Children’s Needs assessment	The aims of the project doesn’t provide any direct impact on children, young people, their families, or carers who have a religious belief but there are cross cutting impacts which affect all protected characteristics.
Sex	No Impact	No Impact	The aims of the project doesn’t provide any direct impact on children, young people, their families, or carers based on a person’s sex but there are cross cutting impacts which affect all protected characteristics.
Sexual Orientation	LGBTQI+ identities are associated with poorer health and Wellbeing.	HSCP Children’s Needs assessment	The aims of the project doesn’t provide any direct impact on children, young people, their families, or carers based on a person’s sexual orientation but there are cross cutting impacts which affect all protected characteristics.
Human Rights	<p>Right to equality</p> <p>FREDA’ principles: Fairness Respect Equality Dignity Autonomy</p> <p>The right for respect for private and family life, dignity and autonomy protected by the HRA (Article 8 of the European Convention on</p>	<p>Human Rights Act</p> <p>Page 284</p>	Positive and negative impact - included in cross cutting section.

	Human Rights) autonomy protected by Article 8 of the ECHR and by Article 19 of the Convention on the Rights of Persons with Disabilities. This programme specifically makes reference to the United Nations on the rights of the child.		
Health	<p>The longstanding impacts of poverty, poor employment and multiple deprivation have led to a less healthy population in West Dunbartonshire.</p> <p>Life expectancy is lower than the Scottish average with those living in the most deprived communities spending, on average 24 years fewer in good health than those living in the least deprived areas. With those in the most deprived areas also dying younger, they spend more than one third of their lives in poor health.</p>	HSCP Children's Needs assessment	Positive and negative impact - included in cross cutting section.
Social and Economic Impact	<p>Before the pandemic, one in five Scots were living in relative poverty after housing costs, including almost one in four children. West Dunbartonshire contains the third equal highest share of the most deprived data zones out of Scotland's 32 local authority areas. In 2019 29% of West Dunbartonshire residents were in fuel poverty, this is predicted to rise to 41% from April 2022. Child health and wellbeing is also affected by household income and the employment status of parents. 17.3% of children live in households in fuel poverty.</p> <p>West Dunbartonshire has continued high rate of child poverty across the whole area (27.7%) with projections that this will rise to 33%. 22.6% of children live in low-income families and there is a high eligibility for and uptake of free school meals (27.4% for primary 4-7 pupils) although the registration rate for secondary school pupils is on a downward trend. Almost half of the primary schools in West Dunbartonshire have rates of over 30% of pupils in Primary 4-7 registered for free school meals.</p>	HSCP Children's Needs assessment	<p>Positive and negative impact - included in cross cutting section.</p> <p><u>Negative Impact - Children</u> One of the aims of the project is for the service to be sustainable and delivered within the available budget. The aim of this project is to increase the in-house services for example, fostering, Asylum, leaving care. The main cost pressures are on external commissioned services.</p>

	<p>West Dunbartonshire has 14.7% of S4 pupils reported drinking alcohol at least once a week. This is higher than Scotland at 11.5% and 4.1% of S4 pupil reporting using drugs monthly. The rate of drug related hospital stays in 11–25-year-olds is increasing and is higher than the Scottish average. West Dunbartonshire also has 543 young people in prison per 100,000. This is the highest figure of any local authority in Scotland.</p>		
Cross Cutting	<p>Impacts on all protected characteristics and external impacts.</p> <p>Domestic Abuse rates in West Dunbartonshire are the second highest in Scotland, at 168 incidents per 10,000 population reported to Police Scotland. Children are adversely affected by domestic abuse with the average number of people involved per incident remaining at four (victim, perpetrator and two children).</p> <p>Across Scotland, young carers were more likely to live in the most deprived SIMD Deciles. 23.4% of the 145 young carers known to Y Sort It are aged 8 - 11 years.</p> <p>In 2020/21, West Dunbartonshire had a rate of 15.1 child protection investigations (per 1,000 of the 0 – 15yr population), higher than the Scottish Average of 12.8.</p>	<p>HSCP Children's Needs assessment</p>	<p>The following project aims at positive impacts on all of the protected characteristics.</p> <p>All changes will aim to have the following in place:</p> <ul style="list-style-type: none"> • have a family first approach. • remain at home or with birth family where possible. • ensure a rights-based approach in line with UNCRC. • Promote the right to family life by valuing relationships with siblings, the wider family and community. • For a small minority of children who cannot remain with family due to risk of harm, support will be local, and we will endeavor to keep children within 15 miles of their home community. • Safely shift the 'balance of care,' reducing the number of children looked after away from home. <p>The National Promise and Nurtured DIG changes will be implemented which is based on 5000 children voices on how to improve Children services.</p> <p>Some National outcomes have already been mentioned, but the remaining outcomes will need to be met by the service. These outcomes are mandatory performance indicators all children services are required to meet.</p> <p>The Care Inspection recommendations are actions which ensure the children are the forefront of children services and is meeting the required needs.</p> <p>Across health visiting, school, nursing, and social work services will ensure early help is locally delivered, providing the right help in the right place to meet the identified needs of children and young people. We will collate and measure any gaps in service provision and annually report on identified gaps in service provision through our Area Resource Group.</p> <p>We will minimise children's exposure to harm with fully embedded GIRFEC principles and approaches supported with robust assessment and planning including chronologies to support analysis.</p> <p>We will strive to Keep families together and develop services to ensure the 'scaffolding' of support helps to enable families facing complex and enduring</p>

			<p>challenges is available through use of reserves and redesign of our service provision and commissioning.'</p> <p>Employee Impact - Positive</p> <p>Support employees by ensuring training is in place to show what a 'good conversations' is with a focus on outcomes and SMART care plans, and this becomes part of employee's core practice.</p>

Issue Description	Action Description	Actioner Name	Due Date
<p>Negative Impact - Children</p> <p>One of the aims of the project is for the service to be sustainable and delivered within the available budget. If the service is unable to deliver within the service, this could mean externalizing existing services.</p>	<p>Ensure that all changes implemented within the five-year plan, don't impact the service budget and help reduce any overspend.</p>	<p>Lesley James – Head of Service</p>	<p>2029</p>

<p>Policy has a negative impact on an equality group, but is still to be Implemented, please provide justification for this.</p>
<p>The strategy is required to make sure there isn't an overspend within the service. Without a re-design of the service the service will continue to overspend, and measures will be forced upon the service.</p>
<p>Will the impact of the policy be monitored and reported on an ongoing basis?</p>
<p>Assessment of its effectiveness will be monitored via the HSCP Project Management Board and the What would it take programme board. Strategically its governance and any issues raised by protected characteristics will be managed via the HSCP Board, Project Management office</p>
<p>Q7 What is your recommendation for this policy?</p>
<p>Commence implementation of the What would it take Strategy.</p>
<p>Please provide a meaningful summary of how you have reached the Recommendation: this is the next step of the project plan.</p>

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

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

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	<i>HSCPB000062LJ28032024</i>
2	Date direction issued by Integration Joint Board	28/03/2024
3	Report Author	Lesley James Head of Children's Health, Care and Justice/Chief Social Work Officer West Dunbartonshire Health and Social Care Partnership
4	Direction to:	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Children's Health and Care Services
7	Full text and detail of direction	West Dunbartonshire Council and NHS GGC are jointly directed to deliver and develop services in line with the priorities within the Children's Health and Care Services Strategy "Improving Lives with Children and Young People in West Dunbartonshire, What Would It Take? 2024 - 2029"
8	Specification of those impacted by the change	Children and young people, parents, carers and employees delivering services. A comprehensive EIA has been undertaken to assess the impact of the What Would It Take? programme will have on children, young people, their carers and families, and employees.
9	Budget allocated by Integration Joint Board to carry out direction	As outlined in the MTFP. It is anticipated the proposed use of reserves to enable the project deliverables within the strategy will take to the end of year three to deliver a balanced budget.

10	Desired outcomes detail of what the direction is intended to achieve	The Strategy presents the road map to deliver sustainable services, aligned to The Promise and shift the Balance of Care. This will ensure children and young people, where possible, can remain supported at home with the necessary scaffolding of support to keep children and young people at home, with family or in a community setting.	
11	Strategic Milestones	<i>Shift the balance of care</i>	<i>2024-2029</i>
		1. Shift The Balance of Care specifically reducing residential school and external care provision	
		2. Recruit an additional West Dunbartonshire 15 foster carers.	
		3. Re-Design and develop our West Dunbartonshire Family Support provision including commissioned services.	
		4. Support our workforce in delivering strength based accredited practice, including implementing signs of safety as our framework for assessment and intervention.	
		5. Develop local commissioning frameworks for our foster and residential care provision and ensure best value.	
		6. Develop supported accommodation for care leavers to reduce delay in transition from care.	
		7. Improve our permanence planning to reduce delay in children and young people securing permanent outcomes.	
12	Overall Delivery timescales	2024-2029	
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored, and progress reported annually.	
14	Date direction will be reviewed	31 March 2025	

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

Report by Fiona Taylor, Head of Service Health and Community Care

28 March 2024

Subject: Care at Home Redesign Update

1. Purpose

- 1.1** The purpose of this report is to update the HSCP Board on the progress of the Care at Home redesign including the outcome of recent consultations which have informed the final proposal for implementation.

2. Recommendations

It is recommended that the HSCP Board:

- 2.1** Note the content of this report;
- 2.2** Agree the following proposed changes which are being recommended as part of the consultation feedback, in order to deliver the review of Care at Home services;

Proposed Change

- a. The service will be moving to a 7 day service from 7.30am to 10pm.
- b. The service will only provide personal care tasks to service users.
- c. The definition of personal care tasks will be provided by COSLA guidance.
- d. All Home Carers will move to a standardised rota.
- e. Update job profiles and submit for Job Evaluation.
- f. Introduce seven new schedulers for an initial test of change.
- g. Reduce the number of Organisers from 21.4FTE to 16FTE through natural depletion.
- h. Organisers will work one weekend every four weeks.
- i. Review current service users and provide alternative methods of care, thereby removing the night time rota team (2.8FTE).
- j. An on call rota will be put in place to ensure there is management cover out of hours across seven days.
- k. All office roles will start at 8am.
- l. To meet the Councils Strategic Operating Model and the service business needs, the role of coordinators within the current structure will no longer exist. Two new roles will be established in new structure - Business and Quality Lead roles.
- m. The Out of Hours Coordinator will be renamed Out of Hours and Scheduling Coordinator and directly manage the scheduling team.
- n. The three Assistant Organisers will be removed from the delivery model and seven new scheduler roles will be added.

- o. A job profile for the In House Trainer will be created and advertised. The Care at Home establishment will be updated to include an In House Trainer.
- 2.3** Agree the establishment of an Implementation Group, which includes staff and trade union representatives, to take forward these changes in order that the review of Care at Home services can be implemented in a timely manner.

3. Background

- 3.1** On the 19 September 2023 the HSCP Board considered a report by the Head of Health and Community Care, which provided an overview of the outputs of the Care at Home re-design project. The HSCP Board agreed “to approve the proposed changes outlined in section 4.29 and detailed in Appendix 4 of the report to allow the proposal(s) to progress to employee and Trade Union consultation” (extract from the minute).
- 3.2** Following HSCP Board approval, and in accordance with the Council’s organisational change procedures, a consultation pack was developed to support the consultation process. The consultation pack was discussed and shared with the Joint Trade Unions in line with the Joint Consultative Committee (JCC) Terms of Reference and shared in advance of briefings with employees.
- 3.3** The consultation period for the Care at Home redesign started on the 21 September 2023 and finished on the 18 December 2023. This report will provide summary detail of feedback and alternative suggestions from the consultation process.
- 3.4** This report outlines the following:
- Key statistics from the consultation;
 - Summary of feedback based on proposed change;
 - Joint Trade Union consultation / feedback;
 - Feedback on work patterns and considerations;
 - Work Patterns/Contracted Hours agreed at working group;
 - Risks;
 - Next steps;
 - High level implementation plan.

4. Main Issues

Key Statistics From The Consultation Period

- 4.1** In line with the consultation and communication plan, consultation took place via group sessions and individual 1-2-1s. Recognising the demographic and variety of work patterns, group sessions were held both face to face and remotely. Trade Union colleagues were invited to attend all consultation and communication sessions. The following

points are key statistics from the consultation period:

- All Home Carers were asked to complete a preference form, detailing what preferred work pattern they would move to and their opinion on the changes. In the region of 550 forms were issued and 335 preference forms were returned;
- 213 one to ones took place with Care at Home managers.
- 3 ZOOM sessions with Home Carers for Group Communication;
- 5 face to face sessions with Home Carers for Group Communication;
- 1 session with service managers;
- 1 session with coordinators;
- 2 sessions with admin employees;
- 2 sessions with admin officer;
- 3 sessions with Organisers;
- 2 sessions with assistant Organisers.

4.2 Joint Trade Union engagement through JCC and Joint Staff Forum (JSF) meetings.

Meetings	Dates
JCC (Joint Consultative Committee)	18.09.23, 21.09.23, 05.10.23, 12.10.23, 19.10.23, 02.11.23, 11.01.24, 01.02.24, 14.03.24
JSF (Joint Staff Forum)	26.10.23, 30.11.23, 18.01.24

Table 1

Summary Of Proposed Changes And Feedback

4.3 Table 2 details the proposed changes and feedback from the consultation exercises and outlines the outcomes.

4.4 The current position and the impact the current position has on the Care at Home service is detailed in the Care at Home redesign report which was shared with the HSCP Board, Trade Union Colleagues and employees.

Current position	Proposed Change	Feedback from Consultation Exercises/Outcome	Response to Feedback
Currently the service operates from 7am to 5am.	The service will be moving to a 7 day service from 7.30am to 10pm.	<p>JTU raised question as to the current service user base that receives care overnight and objection to the removal of the service.</p> <p>JTU raised concerns on behalf of employees on the requirement to work until 10pm and any equality impact assessment information relating to this.</p> <p>The majority of service user feedback stated they would prefer support to be provided before 10pm.</p>	<p>All service users eligible for receiving overnight care will be reviewed and appropriate alternative support will be provided. There will be no risk attached.</p> <p>On the basis of feedback from service users, which has been reviewed, Care at Home support will be provided between 7:30am and 10pm. There is a strong commitment to work with staff to make the in-house service as efficient, flexible and attractive as possible. The future mix and</p>

		Employees raised that contracts ending at 11pm were too late, and would prefer if the night time support was brought in.	<p>volume of service provision will be shaped by service user demand.</p> <p>The service is currently delivering care to 1,513 service users covering a total of 11,535 planned hours.</p>
Personal care and domestic, shopping tasks are provided to service users via the Care at Home service	The service will only provide personal care tasks to service users.	<p>Service users who currently receive domestic/shopping support raised concerns about how support would be provided.</p> <p>Concerns were raised that those who were receiving support were not being charged for the service and some were receiving a charge.</p>	<p>The service will only provide personal care tasks to service users.</p> <p>All service users eligible for receiving domestic and shopping support will be provided an alternative service.</p> <p>Any support provided by HSCP for these tasks are chargeable as per the councils charging policy.</p>
There isn't a clear definition of personal care.	The definition of personal care tasks will be provided by COSLA guidance.	Employees fed back that it was a good idea that personal care is defined especially when discussing the Care at Home service with service users.	The personal care definition will be communicated with all employees within HSCP and the Care at Home website will be updated with this definition.
There are over 70 work patterns within the Care at Home service, making covering the care hours for service users difficult.	All Home Carers will move to a standardised rota.	<p>Early on in the consultation process the JTU expressed a range of concerns about the proposed single standard rota.</p> <p>This was discussed at the JCC and it was agreed that a short life working group be established to consider alternatives. The short life working group was jointly chaired by the Integrated Operations Manager (IOM) and the JTU and included employee representatives.</p> <p>Service users stated they want regular Home Carers providing care at regular times.</p>	<p>The working group proposal for shifts and rosters was presented at JCC and agreed in principle.</p> <p>Further detail can be found in section 9 of this report.</p>
Due to the various work patterns, vacancies, increasing use of external care, high use of agency and overtime, the correct number of Home Carers to cover the number of care hours at the right time is not currently in place.	The Care at Home redesign report anticipated a reduction in 2023. This was to ensure the correct amount of Home Carers were in place to cover the planned hours of care.	Feedback from employees state that the service required more Home Carers and not less.	<p>After reviewing the current numbers of Home Carers and the number of planned hours required to provide care to service users, there are no indicators to reduce the amount of Home Carers.</p> <p>The current FTE for home carers is 357. This will be subject to review based on planned hours of care going forward.</p>
Care at Home job profiles had not been updated in some time, and some roles did not have a job profile.	The job profiles were to be updated with employees and be submitted to Job Evaluation.	<p>All job profiles were reviewed with employees and updated accordingly. The profiles were shared with the JCC.</p> <p>In summary some of the changes made were:</p> <ul style="list-style-type: none"> Old terminology was removed; Current tasks were added; A decision was made to have one Home Carer job profile, all Home Carers are paid at the same grade; and The in house trainer and out of hours Organiser did not have a job profile, an in house trainer job profile and Scheduler job profile was created. 	All job profiles were reviewed with employees and updated accordingly. All job profiles were sent to Job Evaluation in November 2023.

Currently the Organisers carry out all scheduling.	There will be the introduction initially of seven new schedulers.	<p>There were differing views expressed across the Organiser workforce. Some felt that the new scheduler role was very important and beneficial to allow them to perform their roles as Organisers. There was also a view that 7 schedulers would not be sufficient. Some Organisers were less keen on the role of schedulers and unsure of the benefit they would bring.</p> <p>The JTU also raised issues in relation to the necessity of schedulers and the estimated number, seeking clarity to explain the decision to recruit 7 posts initially.</p> <p>Service users stated they want regular Home Carers providing care at regular times and that Organisers are providing regular reviews with service users.</p>	<p>There will be the introduction initially of seven schedulers. The initial decision to start with 7 was made following a comprehensive workload modelling session with Care at Home management.</p> <p>They will be started as a test of change, to measure impact and define the most effective way of using this new resource. This will allow Organisers time to complete reviews and perform spot-checks on carers in the home environment, key to Care Inspectorate requirements.</p>
There are currently 21.4FTE Organisers	Reduction of Organisers from 21.4FTE to 16FTE through natural depletion.	Feedback from employees was that 16 Organisers would not be enough to cover the demand.	<p>The aim is for the service to have 16 FTE organisers in place. The managers of the service will ensure any reduction through natural depletion is implemented safely.</p> <p>The reduction is aligned to the introduction of the schedulers' role. This will remove scheduling responsibilities from Organisers, allowing them time to focus on the Organisers responsibilities e.g. conduct supervision, reviews and meeting carers in the field.</p> <p>Organisers will form an integral component of quality assurance, ensuring the quality of service provided is in line with Care Inspectorate expectations.</p>
The Organisers do not work out of hours or the weekends. It is in the contract currently that they 'may' but this has never been enforced.	Organisers will work one weekend every four weeks.	<p>Feedback from some Organisers was that there is no desire to work weekends.</p> <p>There was feedback from service users and Home Carers that there should be more manager support at the weekends and out of hours.</p>	<p>There will be a requirement for Organisers to work weekends. This is to ensure there is management support and oversight at weekends and also the delivery of staff supervision for Home Carers who work weekends.</p> <p>Team Leads will be required to create a plan of how this will be implemented.</p> <p>Organisers on flexible working arrangements will be accommodated and individual circumstances will be discussed via one to ones.</p>
Night time rota (Dumbarton) of 2.8 FTE	Review current service users and provide alternative methods of care, this small team.	The removal of the 'night time team' raised concerns that this removal of service will have a detrimental effect on service users. Reassurance has been given that there will be no risk to service users. Those still receiving this service will be reviewed and	Discussion with the workforce impacted has commenced; the proposal is that organisational change will be used transition displaced staff into alternative posts located within a different service.

		alternative care provided, based on clinical risk assessments.	
There is an out of hours management rota however, this has never included the Organisers.	An on call rota will be put in place to ensure there is management cover in out of hours across seven days.	Some Organisers raised concerns about the need to add their role to the management rota.	Management oversight is required for this service due to the level of dependency of service users and the size of the service. Organisers on flexible working arrangements will be accommodated and individual circumstances will be discussed via one to ones.
Office roles start at 8:45am currently.	All office roles will start at 8am.	Feedback from those who are based in Church Street stated that the office doesn't sometimes open until after 8am. JTU stated that Church Street should open earlier than 8am.	Church Street opens at 7:50am three days a week and 8am two days a week. Staff therefore have sufficient time to start work at 8am. The proposed start time for these roles is 8am to ensure staff are on duty to meet the admin needs of the service at the right time and provide real time response where required. Employees on flexible working arrangements will be accommodated and individual circumstances will be discussed via one to ones.
There are currently 26 areas across Clydebank and Dumbarton.	Areas of work will be aligned to Council wards to allow a wider employee pool with appropriate skills mix.	Organisers stated the Council wards would not work as the ward areas are too spread out. Organisers and managers stated that the Organisers work in teams naturally to cover absences and Home Carers are aware that they could be asked to work other areas but this is not documented.	It is now proposed that the 26 areas will remain and that the proposal of Council Wards will not progress. The wider requirement to ensure equity of visit allocation and team working across areas will be maintained. Team Leads will create a SOP which details how Organisers will cover areas when an Organiser is not working, and ensure a fair allocation of visits across teams when there is unplanned absence.
There are two service managers who manage the Clydebank and Dumbarton Area. There is one service manager who manages Community Alarms, Out of Hours and Sheltered Hours. The service manager who manages the Community Alarm service, Sheltered Housing service and the out of hour's service is an interim post.	The focus of the service manager (to be renamed Team Leads) will change from being locality focussed to 'front line operations' and business operations'. Community Alarms and Sheltered Housing services will be split between two Team Leads. An additional Team Lead will be added to the delivery model to support front line operations, bringing the total 3 Team Leads.	The service managers stated the set up currently works for the service and adding the responsibility of either Community Alarms or Sheltered Housing to either the Clydebank service manager or Dumbarton service manager would be unmanageable.	There will be three permanent service managers implemented in the new structure. The operational management of the services will remain unchanged. The scheduling team will fall under the remit of the Community Alarms, out of hours and Sheltered Housing service manager.
The service managers are not included in an on call rota.	An on call rota will be put in place to ensure there is management cover in out of hours across the seven days.	The service managers agreed operationally that this change would be implemented before the redesign consultation was completed as more managers were required to be added to the rota to make sure there was coverage.	An on call rota will be implemented across management structure.
There are currently two coordinators for Clydebank and	To meet the Councils Strategic Operating Model and the services	Feedback from the coordinators stated that this	The Business and Quality Lead role will be established in the

Dumbarton. The services organisational chart is not Strategic Operating Model (SOM) compliant.	business needs, the role of coordinators within the current structure will no longer exist. Two new roles will be established in new structure - Business and Quality Lead roles.	made sense and agreed with the change. Currently the coordinators are line managers of the Organisers but this doesn't happen in practice. This change would remove the line management responsibility from the role of Business Quality Lead, and the Team Leads would manage the Organisers.	structure. The role of Coordinator will be removed from the structure.
There is a role named Out of Hours Coordinator. The role is currently not part of a standardised rota.	The Out of Hours Coordinator will be renamed Out of Hours and Scheduling Coordinator and directly manage the scheduling team. A move to a standardised rota to cover out of hours.	The current position holder of this post agreed with the name change. Service managers stated the role requires flexibility and the person in the role is able to choose their working pattern based on the needs of the service.	The Out of Hours Coordinator will be renamed to Out of Hours and Scheduling Coordinator. The rota will be considered in line with the operating model of the service.
There are currently three Assistant Organisers in post. This post does not have a job profile.	The three Assistant Organisers will be removed from the delivery model.	There was concern that the proposal to create the role of Scheduler and the number of FTE proposed would not be able to complete all of the tasks within the Schedulers job profile. It was understood that there wasn't a job profile that had been through job evaluation. There was a nervousness around the outcome from the job evaluation process.	Three Assistant Organiser roles will be removed from the establishment. Seven new Scheduler roles will be added to the establishment. Through the application of the Organisational Change Procedure, a matching process will be developed. Any impacted employees may be considered for matching in line with organisational change procedure.
There is no job profile for the In House Trainer. The In House Trainer was described as an Organiser within the Care at Home Establishment. The current In House Trainer is currently working as a Service Manager. The service are unable to recruit temporarily because there is no job profile.	A job profile for the In House Trainer will be created and advertised. The Care at Home establishment will be updated to include an In House Trainer.	Employees fed back that this role is key to the service and without this role currently is causing additional pressure on the service.	The In House Trainer job profile was submitted to job evaluation and will be advertised.

Table 2

Joint Trade Unions (JTU) Consultation And Feedback

- 4.5** Consultation with Trade Unions was central to the process with opportunities for feedback provided through many mechanisms.
- 4.6** Engagement during the consultation phase with the JTU has been facilitated via increased JCC meetings to focus on the redesign discussion. Early feedback identified concerns about the work patterns and to address this a Short Life Working Group was convened and co-chaired by the Integrated Operations Manager and JTU. Proposals from this group were agreed by JCC on the 16

November 2023.

- 4.7** There were requests to extend the consultation period at JCC and this was agreed and implemented on two occasions, in total extending the consultation period from the 21 September 2023 to the 18 December 2023. Joint communications have been sent to employees to encourage attendance at group, and one to one consultation sessions. After each JCC a shared communication was agreed and sent to employees to provide an update on the progress of the Consultation.
- 4.8** JTU colleagues have highlighted a concern that the HSCP were failing to adhere to WDC Change Policies. Assurance and confirmation has been provided through the Health and Community Care Joint Consultative Committee, the HSCP Joint Staff Forum and the WDC Joint Consultative Forum that the redesign is following WDC Organisational Change Procedure.
- 4.9** JTU colleagues were invited to all group consultation meetings and invited to one to ones if the employee requested this.
- 4.10** JTU also provided feedback on the following changes:
- There was a question on why Community Alarms and Sheltered Housing service was not in scope for the redesign. The rationale was that the initial focus was Care at Home; with Community Alarms/Sheltered Housing service for redesign at a future point.
 - The current hours of service delivery for Care at Home are 7.30a.m – 10:00p.m. The removal of the 'night time team' raised concerns that this removal of service will have a detrimental effect on service users. Reassurance has been given that there will be no risk to service users. Those still receiving this service will be reviewed and alternative care provided, based on clinical risk assessments. The aim is that displaced employees would be offered alternative posts through consultation, adhering to the Organisational Change Procedure and Policy.
 - Concerns were also raised about the quality of the data underpinning the proposed changes. There has always been recognition that some components of the data are 'assumptions' and that the redesign changes will facilitate the improvements required to drive forward the accuracy of data. There has been ongoing improvement work to address this e.g. maximising the use of formal referral pathways, strengthening care plan recording, care plan reviews - to meet the Care Inspectorate requirements and to embed as business as usual.
- 4.11** Other concerns related to the 'business as usual' component of the Care at Home Service:
- The need to ensure reviews of service user care packages.

- Access to regular supervision for employees.
- Recruitment and retention of staff.

4.12 J TU also raised concerns the quality of communication across the workforce, stating employees felt uninformed and disconnected in regard to the redesign process. The JCC worked together to agree key messages during the consultation phase, with agreed weekly communications being sent to staff.

4.13 No additional formal written consultation feedback has been provided by the J TU.

Work Patterns and Considerations

4.14 Table 3 shows the proposed work patterns and consideration from the working group led by the Care at Home service and Trade Union colleagues.

Proposed work patterns and considerations
5 and 2 rota - this is 5 days one week and 2 days the following week, working every second weekend.
4 and 3 rota - this is 4 days one week and 3 days the following week, working every second weekend.
For two years, Home Carers contracted to work Monday to Friday, will move to a 5 over 7 rota. This would be a rota that would accommodate all hours. This is worked over a 4 week period working one weekend in 4.
Weekend only rotas would remain due to service pressures at the weekend.
Those on retirement plans will not be asked to change.
All current disability passports will be reviewed to ensure people have the appropriate support.
That those who have reasonable adjustments due to health conditions are reviewed to ensure that they remain effective and appropriate.
That all flexible working arrangements, with the exclusion of flexible retirement are reviewed.
Employees on flexible retirement will have the option to move to the new rota if they wish through one to ones

Table 3

4.15 An Equalities Impact Assessment (EIA) was completed on the 1 February 2023 with members from the Care at Home service and the HSCP Equalities Team. The EIA can be found in Appendices I and II of this report.

Work Patterns / Contracted Hours / Shift Patterns Agreed at Working Group

4.16 The work patterns, contracted hours and shift patterns were developed by the working group. The shift hours were then subsequently reviewed by the Team Leads as part of the consultation to make sure they meet the needs of the service. The

Implementation Group will incorporate this as a component of their Implementation Plan.

Next Steps

- 4.17** An Implementation Group will be created in accordance with the Council's Organisational Change Procedure and relevant sections of the Change Management Framework.
- 4.18** This Group will be responsible for the development of an implementation plan with associated milestones and timescales. It will comprise of Care at Home management, HR, a JTU representative and employee representation. It will be chaired by the Chief Officer.
- 4.19** The implementation plan will provide a timeline appointing and matching into posts within the revised structure for those employees affected.

High level Implementation Plan

Task	Timeline	Owner
EIA completed	01/02/2024	Laura Evans
JCC Single Item Agenda	14/03/2024	Fiona Taylor
Joint Staff Forum	tbc	Fiona Taylor
IJB	28/03/2024	Fiona Taylor
Implementation Group	Starts 9 April 2024	Fiona Taylor

Table 4

- 4.20** The Implementation Group will adhere to the WDC Change Policy and Framework.
- 4.21** Three initial priority areas for this group will be:
- To agree the timescale for operationalising to match carers into the new rosters, with 1:1s with Organisers.
 - To move carers who have agreed the move and are already in the new rosters to the new Role Profile.
 - To recruit to scheduler and trainer roles as soon as the Job Evaluation Panel have considered the Role Profiles.

5. Options Appraisal

- 5.1** The recommendations within this report do not require an options appraisal to be undertaken.

6. People Implications

- 6.1** Taking into consideration the current level of care hours and modelling to include cover for training, supervision, team meetings, annual leave, sickness, and travel time, the amount of planned care hours is approximately 12,500 which equates to 355 FTE. There are currently 357 FTE within the service which means there will be no reduction in Home Carers required for this project.
- 6.2** The proposed improvements will provide employees with stability and deliver fair work principles for all employees. The changes to the current operational infrastructure will ensure that service user's reviews are completed, that scheduling is managed effectively and employees are skilled and trained.
- 6.3** The majority of the people implications in this report relate to re-aligning existing employees and financial resources to support the HSCP's strategic aims and meet the needs of our service users. Care at Home is a 365 day a year service, the current employees' model cannot cover the care hours required to be delivered to service users and results in costly and inconsistent cover arrangements. The report identifies the need to remodel the Care at Home employees in the following ways:
- Consider requirements for operational management oversight.
 - Remodel the scheduling infrastructure to take advantage of electronic scheduling tools and to improve the interface with Home Carers.
 - Redesign the model of frontline Home Carers.
- 6.4** The overall impact of this model will be to reduce the use of overtime and most importantly have sufficient employees available at the right time to deliver a consistent and high quality service. The impact of any potential employee changes will be managed in accordance with WDC Organisational Change Policy.

7. Financial and Procurement Implications

- 7.1** The total efficiencies previously agreed by the HSCP Board to reverse the service overspend trend and achieve savings is £2.459 million (extracted from the 19 September 2023 HSCP Board report).

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

Table 5

- 7.2** The employee budget is to cover employee costs, overtime at single rate, agency spend, holidays, annual leave, training and sick leave. There is a separate budget for external care.
- 7.3** Sustainability is a key driver for change. The service has savings and efficiency targets to be realised that have not been achieved in previous budgets. In 22/23 the service was not able to achieve previously agreed savings of £0.606m and coupled with unfunded pay awards, additional overtime and agency costs this resulted in a net overspend of approximately £1 million. There is an additional £1.452 million efficiencies target for 23/24, of which £0.337m is a one year additional turnover target, plus the overspend from FY22/23, bringing the total efficiency to £2.459m.
- 7.4** The £2.459m efficiencies can be broken down to:
- Accrued overspend in overtime, and agency;
 - Savings from payroll budgets as the total number of employee hours greatly exceeds the care hours delivered. Despite overall demographic increases these are not reflected in planned hours;
 - FY22/23 overspend on budget; and
 - Agreed efficiencies by Care at Home managers to identify savings to contribute to the HSCP budget gap

8. Risk Analysis

- 8.1** The total efficiencies previously agreed by the HSCP Board to reverse the service overspend trend and achieve savings is £2.459 million (extracted from the 19 September 2023 HSCP Board report). Should the HSCP Board elect not to support, or only partially support, the recommendations within this report the risks, in respect of the financial aspect, are twofold: The agreed savings target will not be met in the 2024/25 financial year further widening the gap in respect of the current financial projections; and it is unlikely that the service will be able to effectively manage its in year budget continuing to overspend adding further pressures to the current budget.
- 8.2** Following the recent regrading for Grade 3 home carers to Grade 4 the additional projected spend for 2023/24 is £0.321m.
- 8.3** The following risks stated in the Care at Home redesign report still apply to this project:
- Some employees may decide to leave the service due to proposed changes;
 - Workforce unrest;
 - Risk to reputation of HSCP by implementing these changes;
 - Implementation of changes are delayed causing distress to service users and employees;
 - The correct care cannot be provided to service users and demand outweighs supply; and

- If changes are not implemented and savings are not achieved, the eligibility criteria for the service may need to be reviewed or look at other ways to provide support to service users.

8.4 The following assumptions have been noted:

- It is recognised that the data used to inform the initial redesign report was captured at a point in time, and that the need for robust data has and will be a key driver throughout the implementation phase. Improvement work has been underway since March 2023 to enhance data reporting and continues to evolve to ensure assurance and governance.

8.5 There are inherent risks in redesigning the service during a period of increased pressure, although conversely this also strongly exemplifies why redesign should be expedited.

8.6 There are significant pressures on the Care at Home Service due to increasing demand for services, a shortage of staff due to recruitment challenges and staff absence. Recently staff absence has been in the region of 14.35%, alongside 31.44 FTE vacancies.

8.7 Demand for Care at Home services changes on a daily basis as the service responds to referrals from the community and hospitals. As of mid-February the team were delivering care to 1,513 service users with a total of 11,535 planned hours.

8.8 In practical terms unplanned absence and vacancy management, combined with planned leave means that the front line workforce can be significantly depleted, in some instances operating at approx. 70% capacity. The funded establishment is designed to deliver 9,999 planned hours of internal care per week, with largely equitable demand seven days per week.

8.9 The service seeks to mitigate against the risk to service users in a number of ways.

8.10 There are 323 FTE non enhanced carers (86%) and 52 FTE augmented carers (14%). Absence across augmented care is high; they deliver care to the most vulnerable, and the service are unable to redirect non enhanced carers to deliver this care as they do not have the knowledge and skills and it is not in their role profile.

8.11 To address this gap the service requires to utilise agency and is also in discussion with external providers to commission further care packages.

8.12 Approximately 13% of planned hours are covered through the use of external home care providers. The service currently have five main providers delivering a care at home service ensuring that the most vulnerable service users have been prioritised.

- 8.13** Improvements to home care scheduling are underway, however the service continue to have available staffed hours during Monday to Friday which require to be redirected to weekend cover arrangements. There is an imbalance in the availability of staff in the evenings and weekends and an over provision of staff availability during day time Monday to Friday. The redesign and improvement to scheduling will shift this balance, and will ensure equal availability of staff to planned hours over seven days. This further exemplifies the need for the care management system used by the service to support scheduling to be fully implemented as a matter of priority.
- 8.14** To address the significant pressure in covering planned visits, the service steps down services depending on absence levels, this is reviewed on a daily basis. Decision making is based on Red, Amber, and Green (RAG) ratings of service users and only done when safe to do so. To date all Red rated visits (362 service users, assessed to be of the highest risk) have been undertaken.

9. Equalities Impact Assessment (EIA)

- 9.1** An EIA was previously produced to review the impact of the redesign before consultation began, this was based on the proposed changes. The reference number is 763 and was approved by the HSCP Board on the 19 September 2023.
- 9.2** An EIA was completed on the 1 February 2024. This EIA was completed in two phases, phase one to assess the impact on employees and the second to assess the impact on service users. These EIAs can be found in appendices I and II of this report.

10. Environmental Sustainability

- 10.1** The recommendations within this report do not require a Strategic Environmental Assessment (SEA) to be undertaken.

11. Consultation

- 11.1** The HSCP Senior Management Team, the HSCP Chief Finance Officer, and the HSCP Board Monitoring Solicitor have been consulted in the production of this report and their comments incorporated accordingly.
- 11.2** Prior to and throughout the consultation period there have been regular meetings with Trade Union colleagues. This culminated in the most recent meeting of a single item JCC on the 14 March 2024, whereby the Trade Unions confirmed their position that these proposals should not be presented to the HSCP Board on the 28 March 2024 for its approval. The Trade Unions rationale for this request was based on their collective view that there were gaps in the provision of data emerging from the consultation and secondly they felt that the pending outcome of the job evaluation process was a predetermining factor to

progress with the redesign.

11.3 In response to the above a supplementary data pack has been shared with the Trade Unions which underpins the rationale for decision making. It is the view of Officers that the job evaluation process is not a predetermining factor and based on the balance of risk Officers have concluded that this report should be progressed in line with the recommendations.

11.4 An implementation group will be established in order to deliver the Implementation Plan. A terms of reference will be created and agreed by the implementation group. Members will include:

- The Chief Officer
- Head Of Service
- Integrated Operation Manager
- Trade Union Colleague
- Service Improvement Lead
- Clydebank Team Lead
- Dumbarton Team Lead
- Clydebank Coordinator
- Dumbarton Coordinator
- Admin Officer
- Finance Officer
- HR Advisor
- Organiser
- Home Carer

11.5 Updates on the implementation will be provided to the HSCP Project Management Office, Senior Management Team, JCC, JSF and the HSCP Board.

12. Strategic Assessment

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

12.2 This review seeks to achieve the HSCP Boards vision that “Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, receiving care and support that prioritises independence, control, choice and recovery”, whilst also ensuring good governance and best value, specifically:

“Our services both in-house and commissioned will achieve sustainable outcomes at a sustainable cost, ensuring the optimal use of resources to achieve the intended outcomes. They will focus on person-centred care and outcomes and will be inclusive, well led and promote a

sustainable and diverse market”.

13. Directions

- 13.1** The recommendations within this report require a direction to be issued to the Chief Executive of West Dunbartonshire Council.

Fiona Taylor

Head of Community Health and Care

13 March 2024

Person to Contact:

Fiona Taylor
Head of Community Health and Care
West Dunbartonshire HSCP
16 Church Street
Dumbarton

Appendices:

Appendix I: EIA 979 – Care at Home Employees
Appendix II: EIA – Service Users
Appendix III: Direction Ref
HSCP B000059MJC28032024

- For two years, Home Carers contracted to work Monday to Friday, will move to a 5 over 7 rota. This would be a rota that would accommodate all hours.
- Those on retirement plans will not be asked to be changed.
- Weekend only rotas would remain due to service pressures at the weekend.
- That the 5% of those who are currently in receipt of 10% shift allowance remain on the shift patterns they have to enable them to retain income and that these patterns of work are phased out as people leave their post.

- All current disability passports will be reviewed to ensure people have the appropriate support.
- That those who have reasonable adjustments due to health conditions are reviewed to ensure that they remain effective and appropriate.
- That all flexible working arrangements, with the exclusion of flexible retirement are reviewed.
- Employees on flexible retirement will have the option to move to the new rota if they wish through 1-2-1.
- The job profile will be submitted via job evaluation.

Management Employee Changes

- There will be the introduction initially of seven new schedulers²;
 - The aim is that an Organiser would no longer be responsible for scheduling but will have oversight. This will be monitored as the use of schedulers is a test of change;
- The out of hours coordinator will be renamed Out of Hours and Scheduling coordinator and directly manage the scheduling team;
- The Out of Hours and Scheduling coordinator will move to a standardised rota to cover out of hours;
 - This is to allow consistency in care visits of home carers, focus the Organisers on staff management and Reviews of service users.
- All organisers will be added to a rota to work weekends.
- An on call rota will be put in place to ensure there is management cover in out of hours across the seven days³;
 - This is to ensure there is out of hours management support for front line staff and service users
- An additional Team Lead will be added to the delivery model to bringing the total 3 Team Leads;
- Two new posts will be introduced called Business and Quality Lead;
 - This is to ensure the service is SOM compliant with WDC delivery models and there is dedicated support for business functions within the service i.e. HR, improvements, processes
- To meet the Councils Strategic Operating Model, two coordinators within the Care at Home delivery model will be removed from the structure;
- The three Assistant Organisers will be removed from the structure and moved to the Scheduler post.
- All job profiles will be submitted via Job evaluation;
- There is no job profile for the in house trainer. The in house trainer was described as an Organiser within the Care at Home Establishment.

² Section 2

³ Section 1.9

	<ul style="list-style-type: none"> ○ The current in house trainer is currently working as a service manager. The service are unable to recruit temporarily because there is no job profile.
Service/Partners/Stakeholders/service users involved in the Development and/or implementation of policy.	<p>A variety of communication methods were utilised to engage and update a range of stakeholders in the development of the proposed changes in the redesign document. Examples include:</p> <ul style="list-style-type: none"> • All employee survey. All employees, circa 750, within Care at Home were sent this survey; • Organisers Survey. All organisers, circa 18 were sent this survey; • Ideation sessions, designed to solicit thoughts and ideas were made available on topics such as scheduling, agency staff use, overtime, assessments, reviews, referrals and processes. These sessions included ten organisers, two service managers, two co-ordinators, one Care at Home Accountant and one admin supervisor. At these sessions, problem statements were written and ideas were produced on how to respond to these problems; • Seven online and face to face workshops with home carers and Trade Union colleagues. On average, ten Home Carers attended each workshop; • Monthly project update meetings with all office employees, estimated to have engaged with 37 employees Those who cannot attend have access to the project board reports on MS Teams; • Quarterly project update sessions with home carers. On average 180 Home Carers would attend each session. • A dedicated mailbox for employees to submit questions; • A text telephone number to text questions; • All service 1430 service users were sent a survey via postal mail with over 600 responses; • Unpaid carers via Survey Monkey with over 100 responses. 73% of respondents were female; • Regular meetings with the Care at Home management team. • Leeanne Galasso - HR • Catherine Hughes - HR • Victoria Rogers - Chief Officer - People and Technology • John Duffy Job evaluation • West Dunbartonshire HSCP Senior Management • Jacqueline Carson - Integrated Operations Manager • Jane Gray, Anne Marie Lennox, Louise Crockett - Service managers • Yvonne Allan, Lisa Auchterlonie, Gordon Martin Coordinators • Employees were involved in revising the relevant job profile <p>All of the feedback via the various meetings has been incorporated into the project scope.</p> <p><u>During Consultation the following communication methods were used to gain feedback.</u></p> <ul style="list-style-type: none"> • All Home Carers were asked to complete a preference form, detailing what preferred work pattern they would move to and their opinion on the changes. 335 preference forms were returned; • 213 121s took place with Care at Home managers. 121s were open to all employees within the Care at Home service; • 3 x ZOOM sessions with Home Carers for Group Communication; • 5 x face to face sessions with Home carers for Group Communication; • 1 x session with service managers; • 1 x session with coordinators; • 2 x session with admin employees; • 2 x session with admin officer; • 3 x sessions with Organisers; • 2 x session with assistant Organisers; • Weekly meetings with Care at Home Management Team • MS Teams channel for questions • Care at Home mailbox for additional questions

	<ul style="list-style-type: none"> • JTU engagement through JCC and JSF meetings • Project updates via Project Management Officer • Survey sent to all Carers of service users • All service users were sent a letter to provide feedback
--	---

Does the proposals involve the procurement of any Goods or services?	No
If yes please confirm that you have contacted our procurement services to discuss your requirements.	No
SCREENING	
<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)	Yes
Relevance to Human Rights (HR)	Yes
Relevance to Health Impacts (H)	Yes
Relevance to Social Economic Impacts (SE)	Yes
Who will be affected by this policy?	
All citizens of West Dunbartonshire who could be prospective users of Care at Home, current users of Care at Home, Care at Home staff and other HSCP staff will be affected by this policy.	
Who will be/has been involved in the consultation process?	
<p>The below list are people who have been involved in creating the redesign report which staff and Trade Union Colleagues consulted on during the period between 19th September 2023 and the 18th December 2023.</p> <ul style="list-style-type: none"> • Leeanne Galasso – HR • Catherine Hughes – HR • Victoria Rogers - Chief Officer - People and Technology • John Duffy - Job evaluation • West Dunbartonshire HSCP Senior Management • Jacqueline Carson - Integrated Operations Manager • Jane Gray, Anne Marie Lennox, Louise Crockett - Service managers • Yvonne Allan, Lisa Auchterlonie, Gordon Martin Coordinators • Laura Evans – Service Improvement Lead • Employees were involved in revising the relevant job profile • Organisers involved in working groups. <p>The following boards approved the initial EIA and re-design report before consultation began on the 19th September 2023.</p> <ul style="list-style-type: none"> • West Dunbartonshire HSCP Senior Management – 22/06/2023 • Recovery and review meeting – 02/08/2023 • SSRG – 16/08/2023 • IJB members session – 01/09/2023 • IJB – 19/09/2023 	
<u>During Consultation the following communication methods were used to gain feedback.</u>	
<ul style="list-style-type: none"> • All Home Carers were asked to complete a preference form, detailing what preferred work pattern they would move to and their opinion on the changes. 335 preference forms were returned; • 213 121s took place with Care at Home managers. 121s were open to all employees within the Care at Home service; • 3 x ZOOM sessions with Home Carers for Group Communication; • 5 x face to face sessions with Home carers for Group Communication; • 1 x session with service managers; • 1 x session with coordinators; • 2 x session with admin employees; • 2 x session with admin officer; • 3 x sessions with Organisers; • 2 x session with assistant Organisers; 	

<ul style="list-style-type: none"> • Weekly meetings with Care at Home Management Team • MS Teams channel for questions • Care at Home mailbox for additional questions • JTC engagement through JCC and JSF meetings • Project updates via Project Management Officer • Survey sent to all Carers of service users • All service users were sent a letter to provide feedback
<p>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.</p>

Protected Characteristic	Needs	Evidence	Impact
Age	<p>There is a clear relationship between long-term health conditions or disability and increasing age. In 2020, the Scottish Health Survey found that the prevalence of any long-term condition increased with age, from 32% among those aged 16-44, to 68% among those aged 75 and over.</p> <p>The ageing population nationally and within West Dunbartonshire mean that there will be expected increase in demand on care at home services and also given the age composition of the workforce a need to consider how to make care at home work a fulfilling career</p>	<p>The Adult Strategic Needs assessment http://www.wdhsc.org.uk/media/2521/sna-aop-june-2022.pdf</p> <p>https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2022/06/national-care-service-adult-social-care-scotland-equality-evidence-review/documents/adult-social-care-scotland-equality-evidence-review/govscot%3Adocument/adult-social-care-scotland-equality-evidence-review.pdf</p>	<p>Employees - negative</p> <ul style="list-style-type: none"> • 44% of Home Carers are over 55 and 54% are between 20 and 54. The work pattern will involve weekends and out of hours. This may impact on income as those over 55 be not be able to move to the new shift patterns. It could also result in the person, being worse off financially. • Those with caring responsibilities / may not be able to move to the new work pattern. • There was a concern that older people may not be able to work to 10pm. • For 35 hour contracted hours, there is a requirement for split shifts. This is not amenable to all, and could affect those who are older. <p>Positive – employees</p> <ul style="list-style-type: none"> • Some current employees, mainly those with families have stated they would prefer more hours.
Disability	<p>In 2019 29% of West Dunbartonshire adults had a limiting long-term physical or mental health Condition. Learning disability rates are above the Scottish Average. Individuals with learning disabilities have some of the poorest health outcomes of any group in Scotland.</p> <p>A large proportion of the current service users would be classified as having a disability</p> <p>There is limited available local and national data</p>	<p>The adult Strategic needs assessment - http://www.wdhsc.org.uk/media/2521/sna-aop-june-2022.pdf</p>	<p>Employees Positive</p> <ul style="list-style-type: none"> • All WDC employees can complete the <u>disability passport</u> which allows the employee make adjustments to their job due to a disability. <p>Employees – Negative</p> <ul style="list-style-type: none"> • Some employees with disabilities may not be able to move to the new work pattern

	about disability and social care workers, which relies on individual workers to disclose this information. Whilst Scottish Social Services Council (SSSC) data show that at least 2% of the overall social care workforce reported having a disability, this is likely to be an undercount, because disability information was unknown for a further 17% of the social care workforce.		
Gender reassignment	There is no national data about gender reassignment and people who access social care. However, given the prevalence of social care needs in the population and across the life course, it is likely that some trans people will require social care support.	The adult Strategic needs assessment http://www.wdhsc.org.uk/media/2521/sna-aop-june-2022.pdf	Positive and negative impact - included in cross cutting section.
Marriage and Civil Partnership	Those who are married or in a civil partnership may be employed as a Home Carer within HSCP.	Information on an employee's marriage or civil partnership can be found on HR21	Positive and negative impact - included in cross cutting section. Positive impact Service Users – The updated review and assessment form for Care at Home service users now asks if the service user marriage and civil partnership status. Knowing this will allow the service to have awareness, and ensure the Home Carers providing the care have been trained.
Pregnancy and Maternity	There is no national data about pregnancy and maternity and social care. However, there is a substantial cohort of women of child-bearing age who are receiving social care, and many of this group are likely to experience pregnancy and maternity. There are 22,710 women aged 18-64 receiving social care in Scotland. Within the general population, there are around 50 live births per 1,000 women of childbearing age in Scotland.	Information on whether an employee is pregnant or on maternity can be found on HR21.	Positive and negative impact - included in cross cutting section.
Race	Research by the ALLIANCE and Self Directed Support Scotland (SDSS), which explored people's experience of Self-directed Support and social care in Scotland,	https://www.gov.scot/publications/race-equality-framework-scotland-2016-2030/documents/	Positive impact –employees Reviewing the training framework for employees within Care at Home will have a positive impact on the service if there is a good understanding of issues around racial inequality and racism to deal with any incidents which may occur within the service. Both service users and employees from minority ethnic

	<p>highlighted barriers to support for Black and minority ethnic people, including: access to information and advice; and cultural awareness and understanding. This was particularly the case for Black and minority ethnic women, and the report suggests that this could be associated with women having less fluency in English in some communities</p> <p>Minority ethnic groups are also less likely to report health damaging behaviours such as smoking, excessive alcohol consumption and drug misuse.</p> <p>Health and social care workers are required to understand the importance of a flexible, person-centred approach; no two people are exactly the same, and service provision must reflect this. Where service users have additional requirements linked to language, culture or understanding of services, these need to be met effectively.</p> <p>Local authorities for which many social care staff work generally have very low numbers of minority ethnic staff.</p>		<p>backgrounds are at risk of facing both direct and subtle forms of racism; public service organisations need to be able to take appropriate action where this occurs. It is important employees participate in training on equality, diversity and human rights, including race equality and intercultural competency training.</p> <p>Reviewing recruitment strategies to encourage a greater representation of the minority ethnic population within the Care at Home service.</p>
Religion and Belief	<p>Working shifts could impact to attend religious services</p> <p>There is no national data on religion or belief for people who access social care, although NRS analysis of population data suggests that Scotland is becoming more ethnically and religiously diverse.</p>	Impact group meeting 26/08/2023	<p>Employees – Positive</p> <p>Employees can request adjustments to their rota if suitable to the service.</p>
Sex	<p>Life expectancy is lower than the Scottish average for both men and Women within WDC.</p> <p>it is recognised there will be an impact on a primarily female work force who may have caring responsibilities.</p>	<p>Information on an employee's sex can be found on HR21</p> <p>The adult Strategic needs assessment - http://www.wdhsc.org.uk/media/2521/sna-aop-june-2022.pdf</p>	<p>Negative employees</p> <ul style="list-style-type: none"> Over 94.5% of the Care at Home employees are female and 5.5% are male. There could be an impact if the worker cannot move to the new work pattern therefore could be a reduced income to the household. Statistically, women tend to have additional caring responsibilities than men. Reduced hours could affect other lives within the household.

	Research by the ALLIANCE and Self Directed Support Scotland (SDSS), which explored people's experience of Self-directed Support and social care in Scotland. found some variation in men and women's experiences. For participants in this study, women had generally received less information about Self-directed Support options and budgets than men, and were less content with the quality of information that they received		Employees – Positive <ul style="list-style-type: none"> There will be an increase in hours for employees, this could benefit the workforce as they have access to more hours, than they did before this re-design. This will improve recruitment options for the future and more work patterns will be on offer with additional hours.
Sexual Orientation	LGBTQI+ identities are associated with poorer health and wellbeing and	The adult Strategic needs assessment - http://www.wdhscps.org.uk/media/2521/sna-aop-june-2022.pdf	Positive and negative impact - included in cross cutting section.
Human Rights	Right to equality FREDA' principles: Fairness Respect Equality Dignity Autonomy The right for respect for private and family life, dignity and autonomy protected by the HRA (Article 8 of the European Convention on Human Rights) autonomy protected by Article 8 of the ECHR and by Article 19 of the Convention on the Rights of Persons with Disabilities	Human Rights Act	Positive and negative impact - included in cross cutting section.
Health	The longstanding impacts of poverty, poor employment and multiple deprivation have led to a less healthy population in West Dunbartonshire.	The adult Strategic needs assessment - http://www.wdhscps.org.uk/media/2521/sna-aop-june-2022.pdf	Positive and negative impact - included in cross cutting section.
Social and Economic Impact	Overall, substantially higher proportions of people in the most deprived areas in Scotland receive home care support; 26% of people receiving home care lived in the most deprived areas, compared to 13.9% in the least deprived. However, this varies by age; 36.2% of those aged 16-64 receiving home care lived in the most deprived areas, compared to 7.5% in the least deprived,	No impact recognized	Positive and Negative impact Employees – shift allowance 54 Care at Home employees will receive shift allowance and wont be asked to change work pattern. This change has a positive impact on those employees, but there is no time limit on the shift allowance being given. This means there will always be a sub section of the service who will not be on a standardized rota, which will impact schedules, the services budget and service users.

	while there was little difference in the age 85 and over age group		
Cross Cutting	Impacts on all protected characteristics and external impacts.	The adult Strategic needs assessment - http://www.wdhscp.org.uk/media/2521/sna-aop-june-2022.pdf	<p>Positive Impact employees</p> <ul style="list-style-type: none"> The referral process were reviewed which will impact on the customer journey of receiving a service. The impact will allow staff to understand their roles and responsibilities within the process and ensure referrals to Care at Home are appropriate. <p>Positive - Employees</p> <ul style="list-style-type: none"> Organisers will be given more time to provide time management and reviews of service users by adding seven schedulers to the team. This will allow organisers to go out and meet service users regularly. There will be an increase in hours for employees, this could benefit the workforce as they have access to more hours, than they did before this re-design. Analysis of SSSC data shows that there were 58,450 adult social care workers under the age of 44 in 2020, and at least 80% of the overall adult social care workforce were women. In addition, almost half of the adult social care workforce (47%) are on part time contracts and around 5.5% are on zero hours contracts, which may impact on maternity pay. 5 temporary Organisers will be provided permanent Organiser roles. Organisers will be have be able to have time off during the week when working a weekend. There will be management cover out of hours and at the weekend. This means Home Carers will be able to speak to a manager in unsociable hours. A standardized rota will reduce reactive behavior to cover care visits. All Home Carers will move to the same job profile which will mean all Home Carers will be paid at the same grade. <p>Negative – Employees</p> <ul style="list-style-type: none"> Some Home Carers may not be able to move to the new work pattern. The work pattern will involve weekends and out of hours. This may impact on the services budget and planned care for a service user. It could also result in the person, being worse off financially. The service is currently £2million over spent, which could result in externalizing the service to providers. It is cost effective to provide an external Care at Home commissioned service rather than an internal HSCP service. With standardized rotas, there could be a decrease in overtime being given to Home

			<p>Carers. This could possibly result in reduced income for some Home Carers.</p> <ul style="list-style-type: none"> 54 Care at Home employees will receive shift allowance and won't be asked to change work pattern. This change has a positive impact on those employees, but there is no time limit on the shift allowance being given. This means there will always be a sub section of the service who will not be on a standardized rota, which will impact schedules, the services budget and service users. In addition, all Home Carers will be moving to the same job profile and paid at the same grade, this means there will be a small group of Home Carers being paid more because of a previous work pattern with no date in place for this to change. 5% of Home Carers will remain on their working pattern and receive a 10% shift allowance. This means there will be a section of the workforce who is not being asked to move to the standardized rota, which can be seen as unfair to other Home Carers who are being asked.
--	--	--	--

Issue Description	Action Description	Actioner Name	Due Date
Those receiving shift allowance continue to receive the 10% additional pay and will not be asked to move to a standardized rota.	SMT to review and consider if a time limit should be added of two years to this consideration.	SMT	February 2024
The aging workforce within Care at Home may not be able to move to the new work pattern.	Each employee for Care at Home will be able to have a discussion with their manager to consider if there is any alteration which can be made to the rota. However, the needs of the service user is a priority. Possible alternative employments may be on the Switch register.	Care at Home – Integrated Operations Manager	December 2024
It is recognised there will be an impact on a primarily female work force who may have caring responsibilities.	Each employee for Care at Home will be able to have a discussion with their manager to consider if there is any alteration which can be made to the rota. However, the needs of the service user is a priority. Possible alternative employments may be on the Switch register.	Care at Home – Integrated Operations Manager	December 2024

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

The service is £2million over spent. These changes are required to ensure there is a continuous internal Care at Home service and to provide the service, service users have requested and are required to have as a registered service and via SDS legislation.

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

Assessment of its effectiveness will be monitored via the HSCP Project Management Board and Care at Home project board. Strategically its governance and any issues raised by protected characteristics will be managed via the HSCP Board, Project Management office

Q7 What is your recommendation for this policy?

Commence implementation of the redesign after JCC has approved the feedback on consultation report.

Please provide a meaningful summary of how you have reached the

Recommendation: this is the next step of the project plan.

Assessment No	980	Owner	levans	
Resource	HSCP	Service/Establishment	Joint	
Name	Laura Evans	Job title	Service Improvement Lead	
Head Officer	Fiona Taylor			
Members	<ul style="list-style-type: none">• HR – Leeanne Galasso and Catherine Hughes• Equality Team – Ailsa King and Karen Marshall• IOM of service – Jacqueline Carson• Coordinator – Yvonne Allan• Organiser – Aimee McGowan and Sara Miller• Team Leads – Jane Gray, Louise Crockett and Ann Marie Lennox• Admin Officer – Suzann Alexander• Finance – Terry Wall and Julie Slavin• Head of HR – Gillian Gall• Head of Service – Fiona Taylor			
Policy Title	Care at Home Re-design – Service User Changes			
The aim, objective, purpose and intended outcome of policy	Aims <ul style="list-style-type: none">• Ensuring the outcomes for Care at Home are met;• Ensuring the service is delivered within the agreed budget;• Focusing on driving care using the internal Care at Home service;• Reducing the amount of agency spend;• Reducing the amount of spend on enhanced overtime;• Ensuring reviews take place every six months as per Care Inspectorate guidance;• Providing choice for the service user on how they would like their care to be delivered as per Self-directed support (SDS) legislation; and• Signposting and directing families and service users to all offerings which are available to support daily living as an alternative method of care e.g. day service, social support.			
	Purpose <p>The purpose of re-design is to meet the aims and objectives of the project but also to follow the <u>Scottish approach to re-design</u>¹ to gain the data required to ensure this service is fit for the future. The evaluation and engagement to date has taken into account both lessons learned and feedback from stakeholders. The project team have been working in close collaboration with employees, managers and key stakeholders since the start of this project, January 2022.</p>			
	Outcomes <p>Three of the outcomes which the Care at Home service strives to meet are:</p> <ol style="list-style-type: none">1. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community;2. People are able to look after and improve their own health and wellbeing and live in good health for longer; and3. Health and social care services are centred on helping to maintain or improve the quality of life of people who use the service.			
	Proposed changes after consultation ended on the 18th December 2023			
	Service User changes <ul style="list-style-type: none">• The service will be moving to a 7 day service from 7.30am to 10pm;<ul style="list-style-type: none">○ Currently the service operates from 7am to 5am.○ There 113 care hours required between 10pm and 7.30am²			

¹ [Introduction - The Scottish Approach to Service Design \(SATSD\) - gov.scot \(www.gov.scot\)](#)

² Section 2.8 details the multi handed visits required at night. Data has been provided which shows non multi handed visits to show a very small requirement for night time support.

	<ul style="list-style-type: none"> ○ Service users with an outcome for night time support will be provided care via their SDS package. This could be via technology, continence care or an alternative supplier. • The service will only provide personal care tasks to service users³. • The definition of personal care tasks will be provided by COSLA guidance; • Chargeable services such as domestic tasks and shopping, will no longer be provided as a service via the HSCP Care at Home Service; <ul style="list-style-type: none"> ○ Service users with an outcome for domestic and shopping requirements will be able to get support via their SDS package. ○ There is currently 52 service users receiving this service.
Service/Partners/Stakeholders/service users involved in the Development and/or implementation of policy.	<p>A variety of communication methods were utilised to engage and update a range of stakeholders in the development of the proposed changes in the redesign document. Examples include:</p> <ul style="list-style-type: none"> • All employee survey. All employees, circa 750, within Care at Home were sent this survey; • Organisers Survey. All organisers, circa 18 were sent this survey; • Ideation sessions, designed to solicit thoughts and ideas were made available on topics such as scheduling, agency staff use, overtime, assessments, reviews, referrals and processes. These sessions included ten organisers, two service managers, two co-ordinators, one Care at Home Accountant and one admin supervisor. At these sessions, problem statements were written and ideas were produced on how to respond to these problems; • Seven online and face to face workshops with home carers and Trade Union colleagues. On average, ten Home Carers attended each workshop; • Monthly project update meetings with all office employees, estimated to have engaged with 37 employees Those who cannot attend have access to the project board reports on MS Teams; • Quarterly project update sessions with home carers. On average 180 Home Carers would attend each session. • A dedicated mailbox for employees to submit questions; • A text telephone number to text questions; • All service 1430 service users were sent a survey via postal mail with over 600 responses; • Unpaid carers via Survey Monkey with over 100 responses. 73% of respondents were female; • Regular meetings with the Care at Home management team. • LeeAnne Galasso - HR • Catherine Hughes - HR • Victoria Rogers - Chief Officer - People and Technology • John Duffy Job evaluation • West Dunbartonshire HSCP Senior Management • Jacqueline Carson - Integrated Operations Manager • Jane Gray, Anne Marie Lennox, Louise Crockett - Service managers • Yvonne Allan, Lisa Auchterlonie, Gordon Martin Coordinators • Employees were involved in revising the relevant job profile <p>All of the feedback via the various meetings has been incorporated into the project scope.</p> <p><u>During Consultation the following communication methods were used to gain feedback.</u></p> <ul style="list-style-type: none"> • All Home Carers were asked to complete a preference form, detailing what preferred work pattern they would move to and their opinion on the changes. 335 preference forms were returned;

	<ul style="list-style-type: none"> • 213 121s took place with Care at Home managers. 121s were open to all employees within the Care at Home service; • 3 x ZOOM sessions with Home Carers for Group Communication; • 5 x face to face sessions with Home carers for Group Communication; • 1 x session with service managers; • 1 x session with coordinators; • 2 x session with admin employees; • 2 x session with admin officer; • 3 x sessions with Organisers; • 2 x session with assistant Organisers; • Weekly meetings with Care at Home Management Team • MS Teams channel for questions • Care at Home mailbox for additional questions • JIU engagement through JCC and JSF meetings • Project updates via Project Management Officer • Survey sent to all Carers of service users • All service users were sent a letter to provide feedback
--	--

Does the proposals involve the procurement of any Goods or services?	No
If yes please confirm that you have contacted our procurement services to discuss your requirements.	No
SCREENING	
<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)	Yes
Relevance to Human Rights (HR)	Yes
Relevance to Health Impacts (H)	Yes
Relevance to Social Economic Impacts (SE)	Yes
Who will be affected by this policy?	
All citizens of West Dunbartonshire who could be prospective users of Care at Home, current users of Care at Home, Care at Home staff and other HSCP staff will be affected by this policy.	
Who will be/has been involved in the consultation process?	

The below list are people who have been involved in creating the redesign report which staff and Trade Union Colleagues consulted on during the period between 19th September 2023 and the 18th December 2023.

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

The following boards approved the initial EIA and re-design report before consultation began on the 19th September 2023.

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

During Consultation the following communication methods were used to gain feedback.

- All Home Carers were asked to complete a preference form, detailing what preferred work pattern they would move to and their opinion on the changes. 335 preference forms were returned;
- 213 121s took place with Care at Home managers. 121s were open to all employees within the Care at Home service;
- 3 x ZOOM sessions with Home Carers for Group Communication;
- 5 x face to face sessions with Home carers for Group Communication;
- 1 x session with service managers;
- 1 x session with coordinators;
- 2 x session with admin employees;
- 2 x session with admin officer;
- 3 x sessions with Organisers;
- 2 x session with assistant Organisers;
- Weekly meetings with Care at Home Management Team
- MS Teams channel for questions
- Care at Home mailbox for additional questions
- JIU engagement through JCC and JSF meetings
- Project updates via Project Management Officer
- Survey sent to all Carers of service users
- All service users were sent a letter to provide feedback

Please outline any particular need/barriers which equality groups may have in Relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups.

Protected Characteristic	Needs	Evidence	Impact
Age	<p>There is a clear relationship between long-term health conditions or disability and increasing age. In 2020, the Scottish Health Survey found that the prevalence of any long-term condition increased with age, from 32% among those aged 16-44, to 68% among those aged 75 and over.</p> <p>The ageing population nationally and within West Dunbartonshire mean that there will be expected increase in demand on care at home services and also given the age composition of the workforce a need to consider how to make care at home work a fulfilling career</p>	<p>The Adult Strategic Needs assessment http://www.wdhscp.org.uk/media/2521/sna-aop-june-2022.pdf</p> <p>https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2022/06/national-care-service-adult-social-care-scotland-equality-evidence-review/documents/adult-social-care-scotland-equality-evidence-review/adult-social-care-scotland-equality-evidence-review/govscot%3Adocument/adult-social-care-scotland-equality-evidence-review.pdf</p>	<p>Service Users - Negative</p> <ul style="list-style-type: none"> The service will be stopping from 10pm, and there will be no internal night time service made available. This will have an impact on 2% of the service users who currently require night time support who are either over 65 or have a disability. Personal Care tasks will only be provided going forward. The care at home service will not provide domestic and shopping tasks. Currently 52 service users use this service and are over 65. Those with no family/friends, support, knowledge of how to get support for shopping via technology. The skills may not be there for those who are older.
Disability	<p>In 2019 29% of West Dunbartonshire adults had a limiting long-term physical or mental health Condition. Learning disability rates are above the Scottish Average. Individuals with learning disabilities have some of the poorest health outcomes of any group in Scotland.</p> <p>A large proportion of the current service users would be classified as having a disability</p> <p>There is limited available local and national data about disability and social care workers, which relies on individual workers to disclose this information. Whilst Scottish Social Services Council (SSSC) data show that at least 2% of the overall social care workforce reported having a disability, this is likely to be an</p>	<p>The adult Strategic needs assessment - http://www.wdhscp.org.uk/media/2521/sna-aop-june-2022.pdf</p>	<p>Service user – negative</p> <ul style="list-style-type: none"> Personal Care tasks will only be provided going forward. The care at home service will not provide domestic and shopping tasks directly however will signpost to other supports. 2% of the service users require night time support. There is a high probability those who have been assessed as requiring night time service may require support from Care at home during the night are disabled people which may affect their right to independent living particularly if combination of service providers <p>Service User - Positive</p> <ul style="list-style-type: none"> Look at using assisted technology at night time for example assisted mattress equipment. No service will be removed until there is a plan in place for an alternative. Training to employees on how to assess service users especially if there are barriers to communication. For example, BSL training and awareness.

	undercount, because disability information was unknown for a further 17% of the social care workforce.		
Gender reassign	There is no national data about gender reassignment and people who access social care. However, given the prevalence of social care needs in the population and across the life course, it is likely that some trans people will require social care support.	The adult Strategic needs assessment http://www.wdhsc.org.uk/media/2521/sna-aop-june-2022.pdf	<p>Positive and negative impact - included in cross cutting section.</p> <p>Positive impact Service Users – The updated review and assessment form for Care at Home service users now asks if the service user has had gender reassignment. Knowing this will allow the service to have awareness, and ensure the Home Carers providing the care have been trained.</p>
Marriage and Civil Partnership	Those who are married or in a civil partnership may be a service user of the HSCP Care at Home service.	Evidence of relationship status can be found on CM2000 via assessments undertaken by Organisers.	<p>Positive and negative impact - included in cross cutting section.</p> <p>Positive impact Service Users – The updated review and assessment form for Care at Home service users now asks if the service user marriage and civil partnership status. Knowing this will allow the service to have awareness, and ensure the Home Carers providing the care have been trained.</p>
Pregnancy and Maternity	There is no national data about pregnancy and maternity and social care. However, there is a substantial cohort of women of child-bearing age who are receiving social care, and many of this group are likely to experience pregnancy and maternity. There are 22,710 women aged 18-64 receiving social care in Scotland. Within the general population, there are around 50 live births per 1,000 women of childbearing age in Scotland.	Evidence of pregnancy and maternity can be found on CM2000 via assessments undertaken by Organisers.	Positive impact Service Users – The updated review and assessment form for Care at Home service users now asks the service user pregnancy and maternity status. Knowing this will allow the service to have awareness, and ensure the Home Carers providing the care have been trained.
Race	Research by the ALLIANCE and Self Directed Support Scotland (SDSS), which explored people's experience of Self-directed Support and social care in Scotland, highlighted barriers to support for Black and minority ethnic people, including: access to information and advice; and cultural awareness and understanding. This was particularly the case for Black and minority ethnic women, and the report suggests that this could be associated with	https://www.gov.scot/publications/race-equality-framework-scotland-2016-2030/documents/	<p>Positive impact – service users</p> <p>Reviewing the training framework for employees within Care at Home will have a positive impact on the service if there is a good understanding of issues around racial inequality and racism to deal with any incidents which may occur within the service. Both service users and employees from minority ethnic backgrounds are at risk of facing both direct and subtle forms of racism; public service organisations need to be able to take appropriate action where this occurs. It is important employees participate in training on equality, diversity and human rights, including race equality and intercultural competency training.</p> <p>Reviewing recruitment strategies to encourage a greater representation of the minority ethnic population within the Care at Home service.</p>

	<p>women having less fluency in English in some communities</p> <p>Minority ethnic groups are also less likely to report health damaging behaviours such as smoking, excessive alcohol consumption and drug misuse.</p> <p>Health and social care workers are required to understand the importance of a flexible, person-centred approach; no two people are exactly the same, and service provision must reflect this. Where service users have additional requirements linked to language, culture or understanding of services, these need to be met effectively.</p> <p>Local authorities for which many social care staff work generally have very low numbers of minority ethnic staff.</p>		
Religion and Belief	<p>Working shifts could impact to attend religious services</p> <p>There is no national data on religion or belief for people who access social care, although NRS analysis of population data suggests that Scotland is becoming more ethnically and religiously diverse.</p>	Impact group meeting 26/08/2023	<p>Service Users - positive</p> <p>Service users can request adjustments to their care visit suitable to the service.</p>
Sex	<p>Life expectancy is lower than the Scottish average for both men and Women within WDC.</p> <p>it is recognised there will be an impact on a primarily female work force who may have caring responsibilities.</p> <p>Research by the ALLIANCE and Self Directed Support Scotland (SDSS), which explored people's experience of Self-directed Support and social care in Scotland. found some variation in men and women's experiences. For participants in this study,</p>	<p>Information on service users sex can be found on CM2000 via an Organisers assessment.</p> <p>The adult Strategic needs assessment - http://www.wdhscp.org.uk/media/2521/sna-aop-june-2022.pdf</p>	<p>Service users – positive</p> <p>Service users can choose if they would prefer a female or male Home Carer. There are many reasons why service users would prefer a female or male Home Carer, but this option is important, especially in West Dunbartonshire, which has the highest rates of domestic Violence in Scotland. Also, for cultural reasons, a service user may prefer a female or male Home Carer.</p>

	women had generally received less information about Self-directed Support options and budgets than men, and were less content with the quality of information that they received		
Sexual Orientation	LGBTQI+ identities are associated with poorer health and wellbeing and	The adult Strategic needs assessment - http://www.wdhsc.org.uk/media/2521/sna-aop-june-2022.pdf	<p>Positive and negative impact - included in cross cutting section.</p> <p>Positive impact Service Users – The updated review and assessment form for Care at Home service users now asks the service users sexual orientation. Knowing this will allow the service to have awareness, and ensure the Home Carers providing the care have been trained.</p>
Human Rights	<p>Right to equality</p> <p>FREDA' principles: Fairness Respect Equality Dignity Autonomy</p> <p>The right for respect for private and family life, dignity and autonomy protected by the HRA (Article 8 of the European Convention on Human Rights) autonomy protected by Article 8 of the ECHR and by Article 19 of the Convention on the Rights of Persons with Disabilities</p>	Human Rights Act	Positive and negative impact - included in cross cutting section.
Health	The longstanding impacts of poverty, poor employment and multiple deprivation have led to a less healthy population in West Dunbartonshire.	The adult Strategic needs assessment - http://www.wdhsc.org.uk/media/2521/sna-aop-june-2022.pdf	Positive and negative impact - included in cross cutting section.
Social and Economic Impact	Overall, substantially higher proportions of people in the most deprived areas in Scotland receive home care support; 26% of people receiving home care lived in the most deprived areas, compared to 13.9% in the least deprived. However, this varies by age; 36.2% of those aged 16-64 receiving home care lived in the most deprived areas, compared to 7.5% in the least deprived, while there was little difference in the age 85 and over age group	The adult Strategic needs assessment - http://www.wdhsc.org.uk/media/2521/sna-aop-june-2022.pdf	<p>Positive impact – service users</p> <p>Personal care is a free service within Scotland. Personal care will continue to be provided and be free to all ages and to service users who are eligible for the service.</p>
Cross Cutting	Impacts on all protected characteristics and external impacts.	The adult Strategic needs assessment - http://www.wdhsc.org.uk/media/2521/sna-aop-june-2022.pdf	<p>Positive – service user</p> <ul style="list-style-type: none"> Employees will be on a standardized Rota, which will meet the times services users

		-aop-june-2022.pdf	<p>require a service with consistent Home Carers. That may well particularly benefit clients with dementia and mental health disabilities - people who would benefit from consistent relationships.</p> <p>Positive Impact service user</p> <ul style="list-style-type: none"> 95% of service user feedback stated the would like consistent times for visits and regular Home Carer to provide their care. Standardised rota will provide this to service users by providing a 7 day service. With the focus on compliance for Home Carers clocking in and out at service users homes, this will provide data to Organisers to ensure care visits are being provided and the schedule is being followed. New review paperwork is being implemented to ensure the reviews are person centered. People will be positively impacted by increased signposted to services via SDS options and service user assessment. Research by the ALLIANCE and Self Directed Support Scotland (SDSS) highlighted particular barriers to accessing information about Self-directed Support for older people, and suggested actions to address these barriers, including: increasing professional knowledge and awareness; streamlining and signposting; and ensuring people can access information in a range of formats. There will be a focus on reviews and having regular contact with service users and Home Carers to update care plans. The reviews will allow for better informed of individual needs/outcomes, improved quality of service and person centered approach. All service users will be required to have an eligibility assessment in place so the service can focus on those who need it. There will be management cover out of hours and at the weekend. This means service users will be able to speak to a manager in unsociable hours. <p>Negative – service users</p> <ul style="list-style-type: none"> No night time service will be provided due to a lesser demand of service. Those who currently receive the service, will be provided an alternative option, if eligible. Personal Care tasks will be provided going forward. The care at home service will not provide domestic and shopping tasks. Those who currently receive the service, will be provided an alternative option, if eligible.
--	--	--------------------	--

Issue Description	Action Description	Actioner Name	Due Date
Removing providing a Care	Those who have an		

at Home service after 10pm.	identified outcome via the My Life Assessment will receive support for night time. This can be via a supplier, technology, or a direct payment.	Care at Home – Integrated Operations Manager	December 2024
Personal Care tasks will only be provided going forward. The care at home service will not provide domestic and shopping tasks.	Those who have an identified outcome via the My Life Assessment will receive for domestic and shopping tasks. If not eligible the service user will be signposted to a supplier..	Care at Home – Integrated Operations Manager	December 2024

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

The service is £2million over spent. These changes are required to ensure there is a continuous internal Care at Home service and to provide the service, service users have requested and are required to have as a registered service and via SDS legislation.

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

Assessment of its effectiveness will be monitored via the HSCP Project Management Board and Care at Home project board. Strategically its governance and any issues raised by protected characteristics will be managed via the HSCP Board, Project Management office

Q7 What is your recommendation for this policy?

Commence implementation of the redesign after JCC has approved the feedback on consultation report.

Please provide a meaningful summary of how you have reached the

Recommendation: this is the next step of the project plan.

Appendix 3: Direction from Health and Social Care Partnership Board

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

From: Chief Officer, HSCP
To: Chief Executive West Dunbartonshire Council
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: Direction(s) from HSCP Board 28 March 2024 FOR ACTION

Attachment: Care at Home Redesign Update

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCPB000059MJC28032024
2	Date direction issued by Integration Joint Board	28 March 2024
3	Report Author	Fiona Taylor Head of Community Health and Care West Dunbartonshire HSCP 16 Church Street Dumbarton
4	Direction to:	West Dunbartonshire Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Care at Home Services
7	Full text and detail of direction	<p>West Dunbartonshire Council are directed to implement the following proposed changes which are being recommended as part of the consultation feedback, in order to deliver the review of Care at Home services;</p> <p>Proposed Change</p> <p>a. The service will be moving to a 7 day service from 7.30am to 10pm.</p> <p>b. The service will only provide personal care tasks to service users.</p>

		<ul style="list-style-type: none"> c. The definition of personal care tasks will be provided by COSLA guidance. d. All Home Carers will move to a standardised rota. e. Update job profiles and submit for Job Evaluation. f. Introduce seven new schedulers for an initial test of change. g. Reduce the number of Organisers from 21.4FTE to 16FTE through natural depletion. h. Organisers will work one weekend every four weeks. i. Review current service users and provide alternative methods of care, thereby removing the night time rota team (2.8FTE). j. An on call rota will be put in place to ensure there is management cover in out of hours across seven days. k. All office roles will start at 8am. l. An on call rota will be put in place to ensure there is management cover in out of hours across the seven days. m. To meet the Councils Strategic Operating Model and the service business needs, the role of coordinators within the current structure will no longer exist. Two new roles will be established in new structure - Business and Quality Lead roles. n. The Out of Hours Coordinator will be renamed Out of Hours and Scheduling Coordinator and directly manage the scheduling team. o. The three Assistant Organisers will be removed from the delivery model and seven new scheduler roles will be added. p. A job profile for the In House Trainer will be created and advertised. The Care at Home establishment will be updated to include an In House Trainer. <p>Facilitate the establishment of an Implementation Group, which includes staff and trade union representatives, to take forward these changes in order that the review of Care at Home services can be implemented in a timely manner..</p>
8	Specification of those impacted by the change	Employees, service users, their carers and families.

9	Budget allocated by Integration Joint Board to carry out direction	There is no specific budget allocated by the HSCP Board to carry out this direction. It is expected that this work can be absorbed by existing resources.	
10	Desired outcomes detail of what the direction is intended to achieve	<p>This review seeks to achieve the HSCP Boards vision that “Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, receiving care and support that prioritises independence, control, choice and recovery”, whilst also ensuring good governance and best value, specifically:</p> <p>“Our services both in-house and commissioned will achieve sustainable outcomes at a sustainable cost, ensuring the optimal use of resources to achieve the intended outcomes. They will focus on person-centred care and outcomes and will be inclusive, well led and promote a sustainable and diverse market”.</p>	
11	Strategic Milestones		
		<i>Implementation Group Established</i>	<i>9 April 2024</i>
		<i>Conclusion of Redesign Project</i>	<i>31 March 2025</i>
12	Overall Delivery timescales	Implementation Group to be established 9 April 2024. It is expected that the full Care at Home redesign will conclude by 31 March 2025.	
13	Performance monitoring arrangements	<p>In line with the agreed Performance Management framework this direction will be monitored and progress reported twice per year.</p> <p>Updates on the implementation will be provided to the HSCP Project Management Office, HSCP Senior Management Team, JCC, JSF and the HSCP Board.</p>	
14	Date direction will be reviewed	30 September 2024	

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

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

28 March 2023

Subject: Risk Appetite Statement

1. Purpose

- 1.1** The purpose of this report is to seek the agreement of the HSCP Board in respect of the amount of risk that the Partnership is prepared to accept, tolerate, or be exposed to at any point in time.

2. Recommendations

It is recommended that the HSCP Board:

- 2.1** Agree risk appetite statement as shown in Appendix I; and
- 2.2** Agree that the risk appetite statement be reviewed annually, when the HSCP Boards strategic plan is reviewed, or more frequently if required.

3. Background

- 3.1** On the 16 May 2023 the Integration Joint Board (IJB), known locally as the HSCP Board, considered a six monthly update on the HSCP Strategic Risk Register in compliance with the West Dunbartonshire HSCP Risk Management Policy.
- 3.2** The HSCP Board agreed that in order to supplement this policy a risk appetite statement was required, this report seeks to address that requirement.
- 3.3** In June 2017 the Good Governance Institute in partnership with the Aberdeen City HSCP developed and published the following document [Risk Appetite for Health and Social Care Partnership: A maturity matrix to support better use of risk in partnership decisions](#). The recommendations within this report are based on the matrix within this guidance document.
- 3.4** On 27 October 2023 the Board considered this matter at an informal session, this was followed up by a formal report to the Audit and Performance Committee on the 14 November 2023. The following is an extract from the draft minute of the 14 November 2023 meeting:

“After discussion and having heard the Head of Strategy and Transformation in further explanation and in answer to Members’ questions, the Committee agreed:

- (1) that some of the data within current risk appetite statement as shown in*

Appendix 1 of the report required to be updated and brought back to the next meeting of the HSCP Audit and Performance Committee with the following changes required:

- *Risks to quality and innovation outcomes – remove the term ‘outcomes’*
- *Information Risks and Business Continuity Risks – require clarity on definition of risks levels and the inclusion of an additional column in Appendix 2 titled ‘Operational Risks’; and*

(2) to continually review the risk appetite statement annually, when the HSCP Board’s Strategic Plan is reviewed or more frequently if required going forward.”

3.5 On the 19 March 2024 the HSCP Audit and Performance Committee were invited to Comment on the risk appetite statement as shown in Appendix I of this report and make recommendations to the HSCP Board on the 28 March 2024; and recommend to the HSCP Board that the risk appetite statement be reviewed annually, when the HSCP Boards strategic plan is reviewed, or more frequently if required.

3.6 Due to the timing of Committee and Board meetings the outcomes of this discussion will be reported verbally to the HSCP Board on the 28 March 2024.

4. Main Issues

4.1 West Dunbartonshire HSCP delivers children’s and adult’s community health and social care services, some of which are delivered with partners in other sectors. As well as our local services such as Social Work, Community Nursing and Allied Health Professionals, the partnership “hosts” Greater Glasgow and Clyde wide services such as Musculoskeletal (MSK) services and Diabetic Retinopathy Screening. The Integration Joint Board (IJB), known locally as the HSCP Board, governs and directs the work of the partnership.

4.2 On the 15 March 2023 the HSCP Board approved its Strategic Plan 2023 – 2026 “Improving Lives Together”. This strategic plan demonstrates that the HSCP delivers a wide range of complex services with predicted increases in demand across all sectors, workforce pressures and reducing financial resources.

4.3 This reports seeks to support the HSCP Board to prioritise risk in relation to the strategic outcomes, priorities and enablers as outlined in the Strategic Plan.

4.4 The concept of a ‘risk appetite’ is key to achieving effective risk management. The concept may be looked at in different ways depending on whether the risk being considered is a threat or an opportunity:

- When considering threats the concept of risk appetite embraces the level of

- exposure which is considered tolerable and justifiable should it be realised.
- When considering opportunities the concept embraces consideration of how much one is prepared to actively put at risk in order to obtain the benefits of the opportunity.

4.5 Risk Appetite Levels are defined as follows:

- Avoid: Avoidance of risk and uncertainty is a key Organisational objective.
- Minimalist: Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
- Cautious: Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
- Open: Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).
- Seek: Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.

4.6 The concept of risk appetite was introduced to public sector organisations in the Orange Book by HM Treasury in 2004. It was reiterated by Scottish Government in its online public sector resources which gives guidance on the basic principles of risk management. The guidance is aimed at all organisations to which the Scottish Public Finance Manual (SPFM) is directly applicable. This includes health boards, local government and integrated health and social care partnerships.

4.7 Risk appetite is “The amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time” (HM Treasury Orange Book definition 2004). It can be influenced by personal experience, political factors, and external events. Risks need to be considered in terms of both opportunities and threats and are not usually confined to money, they will invariably also impact on the capability of the HSCP, its performance and its reputation, the quality of services provided and the outcome and experience of service users their families and carers.

4.8 Each risk type has been assigned a risk appetite as follows:

Financial / Value for Money	Low
Compliance / Regulatory	None
Innovation / Quality	Significant
Reputation	Low

4.9 These risk appetite levels will be applied to the all HSCP risks to ensure that risk owners responsible for the risk alongside those with responsibilities for oversight committees consider the overarching risk appetite applicable to each risk.

4.10 We need to know about risk appetite because:

- If we do not know what the Partnerships collective appetite for risk is and the reasons for it, then this may lead to erratic or inopportune risk taking, exposing the Partnership to a risk it cannot tolerate; or an overly cautious approach which may stifle growth and development.
- If our leaders do not know the levels of risk that are legitimate for them to take, or do not take important opportunities when they arise, then service improvements may be compromised and patient and service user outcomes affected.

4.11 Risk tolerances reflect the boundaries within which the HSCP Board are willing to allow the true day-to-day risk profile of the Partnership to fluctuate, while they are executing strategic objectives in accordance with the Board's strategy and risk appetite. It is the level of residual risk below which the Board expects sub-committees to operate and management to manage. Breaching the tolerance requires escalation to the Board for consideration of the impact on other objectives, competing resources, and timescales.

4.12 The Board should be aware of and influence the risk appetite of delegated tolerances for parent, partner, and host organisations promoting transparency and understanding in relation to the extent to which decisions may compromise service provision.

4.13 At least once a year, the Board should set specific limits for the levels of risk the Partnership is able to tolerate in the pursuit of its strategic outcomes. The HSCP Board should also review these limits during periods of increased uncertainty or adverse changes in the context in which it operates.

4.14 The perception of the public to risk and confidence in the Partnerships ability to identify and mitigate risk successfully can shift quickly in the light of publicity and risk failures often outside the direct control of the HSCP. As such, risk awareness and communications play an important part in protecting the reputation of the Partnership.

4.15 At its meeting of the 14 November 2023 the Audit and Performance Committee asked that the risk pertaining to quality, innovation and outcomes be amended to remove the term outcomes. It also instructed Officers to include a definition of risk levels. These actions are complete.

4.16 In respect of operational risks, the HSCP "Risk Management Policy" which was approved by the HSCP Board on the 21 September 2021, states that "Parent bodies will retain responsibility for managing operational risks as operational risks will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders."

- 4.17** The development of the Risk Appetite Statement is important from an operational perspective and it is the responsibility of managers to ensure these tolerances are applied to operational risks. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the HSCP Board in line with the agreed Policy.

5. Options Appraisal

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

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

- 8.1** The recommendations within this report do not necessitate the development of a risk assessment. The purpose of the risk appetite statement is to define the level of risk the Partnership is prepared to accept in pursuit of its strategic priorities before action is deemed necessary to reduce the risk. It represents a balance between the potential benefits of innovation and the threats that change inevitably brings.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

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

11. Consultation

- 11.1** The HSCP Senior Management Team, the HSCP Chief Finance Officer, the HSCP Board Monitoring Solicitor and the Internal Auditor have been consulted in the production of this report and their comments incorporated accordingly. Comments from both informal and formal sessions with the HSCP Board and the Audit and Performance Committee have also been incorporated into this

report.

12. Strategic Assessment

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

13. Directions

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

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
Date: 15 February 2024

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

Appendices: Appendix I: Risk Appetite Statement

West Dunbartonshire Health and Social Care Partnership

RISK APPETITE STATEMENT

Policy version Number:	FINAL v1.0	Owner:	Margaret-Jane Cardno
Date Effective:	1 April 2024	Review Date:	1 April 2025

Document Management Details

Document Management Category	Details
Policy Title	Risk Appetite Statement
Writer of Policy	Head of Strategy and Transformation
Approved By	HSCP Board
Date Approved	TBC
Date Effective	1 April 2024
Review Date	1 April 2025
Version Number	V1
Version Number & Date of superseded version (if applicable)	
Rationale for Introduction/driver for Change	Annual Review
Summary of Substantive Changes (if applicable)	
Summary of Technical changes (if applicable)	
Lead Officer	Head of Strategy and Transformation
Consultation and Approval Process	
Financial consultation (if applicable)	
Legal consultation(if applicable)	
Audit and Fraud consultation(if applicable)	
Trades Union consultation (if applicable)	
Date of approval at HSCP Board	
Date when the Equalities Impact Assessment was approved	

Contents

Introduction	4
Aims and Purpose	4
West Dunbartonshire HSCP Board.....	5
Definitions.....	6
Risk Levels 2024/2025.....	7
Best Value	7
Detailed Risk Appetite Statements for Each Risk Type.....	9

Introduction

West Dunbartonshire Health and Social Care Partnership (HSCP) Integration Joint Board (IJB) known locally as the HSCP Board, approved its Strategic Plan 2023 – 2026 [Improving Lives Together](#) on the 15 March 2023.

Improving Lives Together recognises that the HSCP Board is operating in, and directly influencing, a collaborative health and social care partnership, delivering a wide range of complex services with predicted increases in demand across all sectors, workforce pressures and reducing financial resources. This sustained challenge and change within health and social care brings a host of governance implications: cultural, operational, structural, ethical and clinical.

The HSCP Board also recognise that its appetite for risk will change over time, reflecting a longer-term aspiration to promote best practice, commit to improving and meeting standards, and encouraging evidence-based innovation across all health and social care services.

The HSCP Board acknowledges that the achievement of its strategic priorities will involve balancing different types of risk and that there will be a complex relationship between different risks and opportunities.

The risk appetite approach is intended to be helpful to the HSCP Board in decision making and to enable members to consider the risks to organisational goals of not taking decisions as well as of taking them.

The HSCP Board has identified several broad dimensions of risk which will affect the achievement of its strategic priorities and will set a level of appetite ranging from “none” up to “significant” (none, low, moderate, high, significant) for these different dimensions.

Aims and Purpose

Setting a risk appetite will help the HSCP Board establish a threshold of impacts they are willing and able to absorb in pursuit of its objectives.

The concept of calculated risk and acceptable loss can be challenging to reconcile with the essential nature of many of the services delegated to the HSCP. However, if properly applied and maintained, understanding risk appetite can result in improved management of risks to achieving objectives, whilst supporting the Partnership to maintain performance and demonstrate value for money.

The HSCP Board cannot be entirely risk averse and also be successful. Effective and meaningful risk management remains vital in order to take a balanced view of

delivering health and social care services. Decisions must be taken about where to allocate finite resources in order to maximise the chance of achieving outcomes and delivering for service users. The more resource that is put in to minimising risk, the less resource is left to take opportunities.

As such it is essential that the HSCP Board clearly articulates the levels of risk-taking that are acceptable.

Risk management is an integral part of good governance and corporate management mechanisms. A key consideration in balancing risks and opportunities, supporting informed decision-making and preparing tailored responses is the organisation's risk appetite.

Key considerations in risk management:

- It is often not possible to manage all risks at any point in time to the most desirable level;
- Outcomes cannot be guaranteed when decisions are made in conditions of uncertainty;
- It is often not possible, and not financially affordable, to fully remove uncertainty from a decision;
- Decisions should be made using the best available information and expertise;
- When decisions need to be made urgently, the information relied upon and the considerations applied to it should be retained; and
- The risk culture must embrace openness, support transparency, welcome constructive challenge and promote collaboration, consultation and co-operation.

West Dunbartonshire HSCP Board

The HSCP Board is responsible for setting and monitoring its risk appetite when pursuing its strategic objectives. The Board's approach to, and appetite for, risk is summarised below.

All processes, procedures and activities carried out by the Board carry with them a degree of risk. It is necessary for the Board to agree the level of risk that it is willing to accept, based on what it considers to be justifiable and proportionate to the impact on service users, carers, the public, members of staff and the Board.

In June 2017 the Good Governance Institute in partnership with the Aberdeen City HSCP developed and published the following document

[Risk Appetite for Health and Social Care Partnership: A maturity matrix to support better use of risk in partnership decisions](#). The HSCP Boards Risk Management approach is based on this maturity matrix.

Definitions

Risk Appetite is the amount and type of risk that the HSCP Board is willing to seek or accept in the pursuit of its strategic objectives.

Risk Appetite Levels have been developed using the Good Governance Institute Maturity Matrix.

Risk Appetite Levels:

- **Avoid:** Avoidance of risk and uncertainty is a key Organisational objective.
- **Minimalist:** Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
- **Cautious:** Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
- **Open:** Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).
- **Seek:** Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.

Good practice guides indicate that organisations should identify a small number of high level risk types. The risk types used for this Risk Appetite Statement are those considered most relevant to the HSCP Board from the Good Governance Institute Maturity Matrix. These are:

Financial / Value for Money: Risks arising from not managing finances in accordance with requirements and financial constraints resulting in poor returns from investments, failure to manage assets/liabilities or to obtain value for money from the resources deployed, and/or non-compliant financial reporting. Risks arising from weaknesses in the management of commercial partnerships, supply chains and contractual requirements, resulting in poor performance, inefficiency, poor value for money, fraud, and /or failure to meet business requirements/objectives.

Compliance / Regulatory: Risks arising from a defective transaction, a claim being made (including a defence to a claim or a counterclaim) or some other legal event occurring that results in a liability or other loss, or a failure to take appropriate measures to meet legal or regulatory requirements or to protect assets. Risks arising from weaknesses in health and social care processes, resulting in poor performance in terms of service user outcomes, service user safety, wellbeing and service user experience. Failure to deliver services that are, effective, safe, efficient and person centred. Failure to meet compliance and regulatory requirements.

Innovation / Quality: Risks arising from inadequate, poorly designed or ineffective/inefficient internal processes resulting in fraud, error, impaired service (quality, quantity and/or access to service), non-compliance and/or poor value for money.

Reputation: Risks arising from adverse events, including ethical violations, a lack of sustainability, systemic or repeated failures or poor quality or a lack of innovation, leading to damages to reputation and or destruction of trust and relationships.

Risk Levels 2024/2025

West Dunbartonshire HSCPs vision is “Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, receiving care and support that prioritises independence, control, choice and recovery.”

This vision is supported through our mission of “Improving lives with the people of West Dunbartonshire” and underpinned by our values of: respect; compassion; empathy; care and honesty.

The HSCP Board recognises that it is not possible to eliminate all the risks which are inherent in the delivery of health and social care services and that at times higher levels of risk can lead to greater reward. On this basis the HSCP Board is willing to accept a degree of risk where it is considered in the best interest of service user outcomes. The HSCP Board has therefore considered the level of risk it is prepared to accept for key aspects of the delivery of health and social care services.

Each risk type has been assigned a risk appetite as follows:

Financial / Value for Money	Low
Compliance / Regulatory	None
Innovation / Quality	Significant
Reputation	Low

These risk appetite levels will be applied to the all HSCP risks to ensure that risk owners responsible for the risk alongside those with responsibilities for oversight committees consider the overarching risk appetite applicable to each risk.

The detailed risk appetite statement for each risk type can be found in Appendix A of this document.

Best Value

The HSCP Risk Appetite Statement recognises the HSCPs duty to secure Best Value. The development and implementation of this work helps to provide a robust framework for service delivery supporting the HSCPs drive for continuous

improvement in performance. It will be reviewed on an annual basis and any changes brought to the HSCP Board for their approval, the impact on service delivery will be monitored by the HSCP Audit and Performance Committee through routine performance measures.

Detailed Risk Appetite Statements for Each Risk Type

<p>Risk Levels →</p> <p>Risk Elements ↓</p>	<p>AVOID</p> <p>Avoidance of risk and uncertainty is a key Organisational objective. No consensus by partners.</p>	<p>MINIMAL (ALARP) (as little as reasonably possible)</p> <p>Partners have a preference for ultra- safe delivery options that have a low degree of inherent risk and therefore potential for only limited reward</p>	<p>CAUTIOUS</p> <p>Partners have preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward</p>	<p>OPEN</p> <p>All parties willing to consider all potential delivery options and choice while also providing an acceptable level of reward and value for money</p>	<p>SEEK</p> <p>All parties eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)</p>	<p>MATURE</p> <p>Partnership confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust</p>
<p>FINANCIAL / VALUE FOR MONEY</p>	<p>Avoidance of financial loss is a key objective. Only willing to accept the low cost options. VFM is the primary concern.</p>	<p>Only prepared to accept the possibility of very limited financial loss if essential. VFM is the primary concern.</p>	<p>Prepared to accept the possibility of some limited financial loss. VFM still the primary concern but willing also to consider other benefits or constraints. Resources are generally restricted to existing commitments.</p>	<p>Prepared to invest for return and minimise the possibility of financial loss by managing the risks to a tolerable level. Value and benefits considered (not just the cheapest price). Resources allocated in order to capitalise on potential opportunities.</p>	<p>Prepared to invest for the best possible return and accept the possibility of financial loss (with controls and assurances in place). Resources allocated without firm guarantee of return – investment capital type approach</p>	<p>Consistently focussed on the best possible return for stakeholders. Resources allocated in social capital with confidence that process is a return in itself.</p>

COMPLIANCE / REGULATORY	Avoid anything which could be challenged, even unsuccessfully. Play safe.	Want to be very sure we would win any challenge. Similar situations elsewhere have not breached compliances.	Limited tolerance for sticking our neck out. Want to be reasonably sure we would win any challenge.	Challenge would be problematic but we are likely to win it and the gain will outweigh the adverse consequences.	Chances of losing any challenge are real and consequences would be significant. A win would be a great coup.	Consistently pushing back on regulatory burden. Front foot approach informs better regulation.
INNOVATION / QUALITY	Defensive approach to objectives – aim to maintain or protect, rather than to create or innovate. Priority for tight management controls and oversight with limited devolved decision taking authority. General avoidance of systems / technology developments.	Innovation always avoided unless essential or commonplace elsewhere. Decision making authority held by senior management. Only essential systems / technology developments to protect current operations.	Tendency to stick to the status quo, innovations generally in practice avoided unless really necessary. Decision making authority generally held by senior management. Systems / technology developments limited to improvements to protection of current operations.	Innovation supported, with demonstration of commensurate improvements in management control. Systems / technology developments used routinely to enable operational delivery. Responsibility for non-clinical decisions may be devolved.	Innovation pursued – desire to break the mould and challenge current working practices. New technologies viewed as a key enabler of operational delivery. High levels of devolved authority – management by trust rather than control.	Innovation the priority – consistently breaking the mould and challenging current working practices. Investment in new technologies as catalyst for operational delivery. Devolved authority – management by trust rather than tight control is standard practice.
REPUTATION	No tolerance for any decisions that could lead to scrutiny of, or indeed attention to, the organisation. External interest in the organisation viewed with concern.	Tolerance for risk taking limited to those events where there is no chance of any significant repercussions for the organisation. Senior	Tolerance for risk taking limited to those events where there is little chance of any significant repercussion for the organisation should there be a failure.	Appetite to take decisions with potential to expose the organisation to additional scrutiny/interest. Proactive management of	Willingness to take decisions that are likely to bring scrutiny of the organisation but where potential benefits outweigh the risks. New	Track record and investment in communications has built confidence by public, press and politicians that organisation will take the difficult decisions

		management encouraged to distance themselves from any chance of exposure to attention.	Mitigations in place for any undue interest.	organisations reputation.	ideas seen as potentially enhancing reputation of organisation.	for the right reasons with benefits outweigh the risks. New ideas pursued.
APPETITE	NONE	LOW	MODERATE	HIGH	SIGNIFICANT	

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD**Report by Chief Financial Officer****28 March 2024**

Subject: Review of HSCP Board Financial Regulations**1. Purpose**

- 1.1** To present for review and approval, amendments to the current Financial Regulations of the West Dunbartonshire Health & Social Care Partnership Board.

2. Recommendations

- 2.1** The HSCP Board is recommended to:
- a) Approve the revised Financial Regulations.

3. Background

- 3.1** Under Scottish Government Regulations, the Integrated Joint Board's Chief Officer, supported by the Chief Financial Officer must ensure that there are adequate systems and controls in place for the proper management of the Board's financial affairs.
- 3.2** At the initial meeting of the Partnership Board on 1 July 2015, the HSCP Board approved a report establishing its "Financial Processes and Procedures" which laid out the governance arrangements for a range of matters in relation to financial management and accountability. These were based on the model regulations developed jointly by the national health and social care Technical Finance Working Group.
- 3.3** The Financial Regulations are a key component of the HSCP Board's governance arrangements. They set out the expectations on and the responsibilities of the Board and senior officers in relation to the proper administration of the Board's finances, as well as approving the role of Internal Audit and its rights of access across the Partnership Board.
- 3.4** It is a requirement of the Chief Financial Officer to review the Financial Regulations and present initially to the Audit and Performance Committee and then to the HSCP Board any recommended changes. The Audit and Performance Committee met on 19 March 2024 and considered the revisions, summarised below in section 4.3 and agreed for them to be remitted to the HSCP Board for final approval.

- 3.5** The Financial Regulations were last reviewed and amendments approved at the 5 August 2020 HSCP Board.
- 3.6** Both the West Dunbartonshire Council (WDC) and NHS Greater Glasgow and Clyde Health Board (NHSGGC) operate under their own Financial Regulations/Standing Financial Instructions as part of the governance framework supporting the operational delivery of delegated services. As the HSCP Board commission services (via Directions) from both the WDC and the NHSGGC, all operational and transactional finance matters for the delivery of services will comply with Council Financial Regulations and Health Board Standing Financial Instructions as appropriate. As the HSCP Board's Financial Regulations relate specifically to the affairs of the Board itself, they are therefore more limited and focussed in scope. In addition, they set out the responsibilities of the Chief Officer and the Chief Financial Officer within the context of the West Dunbartonshire HSCP Board's financial management framework.
- 3.7** The Financial Regulations of the HSCP Board will not supersede those of WDC or the Standing Financial Instructions of NHSGGC; it is an overarching document which will operate alongside Partners regulations.

4. Main Issues

- 4.1** The review of the Financial Regulations took cognisance of the current Financial Regulations of West Dunbartonshire Council and the Standing Financial Instructions of NHS Greater Glasgow & Clyde as well as those of other Integrated Joint Boards.
- 4.2** It is the Chief Financial Officer's opinion that the current Financial Regulations require some change and updating to reflect the current review of the Integration Scheme (currently being reviewed to reflect consultation feedback), the recent review of the Terms of Reference of the Audit and Performance Committee, the updated guidance on Directions, publication of the CIPFA Financial Management Code of Practice and current reporting processes within the Council and the Health Board. Subject to the recommendations made below, the regulations remain sufficiently robust and provide the HSCP Board with a written framework which governs its financial affairs.
- 4.3** The main recommended changes are referenced below for consideration:
- a) Section 2.2 to 2.5 - New sections added detailing the responsibilities of the HSCP Board to comply with the Financial Management Code of Practice.
 - b) Section 2.10 – Updated section to strengthen overall budget responsibility to include the production of a Medium Term Financial Plan.
 - c) Section 2.14 – Updated section to strengthen the level detail included within the financial performance updates reported to each meeting of the HSCP Board.

- d) Section 3.2 – Updated section related to financial planning and the continuing limitations of both partners in only providing single year funding allocation in light of the current financial climate. The ambition should remain for the HSCP Board to receive indicative three year rolling budgets to better inform the Medium Term Financial Plan assumptions.
- e) Section 3.5 – Updated section to reflect impact on expenditure limits where additional funding has been provided by the Scottish Government for a specific purpose.
- f) Section 3.6 to 3.7 – Updated section to strengthen the definition of virements to show the distinction between virements and budget reallocations.
- g) Section 3.12 – Updated to confirm ownership of capital (non-current) assets remain with either the Council or the Health Board.
- h) Section 9.1 to 9.3 – Updated to confirm all contracts required to deliver delegated services will adhere to the procurement regulations of either the Council or Health Board.
- i) Section 10.6 – Updated section to reflect the scope of internal audit plans

5. Options Appraisal

- 5.1 There is no requirement for an option appraisal for the content of this report.

6. People Implications

- 6.1 There are no people implications in relation to the content of this report.

7. Financial and Procurement Implications

- 7.1 The Financial Regulations are a key component of the Board's governance arrangements. They set out the expectations on and the responsibilities of the HSCP Board and senior officers in relation to the proper administration of the Board's finances, as well as approving the role of Internal Audit and its rights of access across the HSCP Board.

8. Risk Analysis

- 8.1 The approval of the attached Financial Regulations will ensure the HSCP Board complies with the requirements of Section 95 of the Local Government (Scotland) Act 1973, which states that relevant authorities “shall make arrangements for the proper administration of their financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs”.

9. Equalities Impact Assessment (EIA)

- 9.1 There is no requirement for an EIA for the content of this report.

10. Environmental Sustainability

10.1 There is no environmental sustainability impact for the content of this report.

11. Consultation

11.1 The proposed revisions will be shared with the Health Board Director of Finance and the Council Section 95 Officer.

12. Strategic Assessment

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

12.2 This report links to the strategic financial governance arrangements of both the Health Board and the Council.

13. Directions

13.1 There is no direction required for the content of this report.

Julie Slavin – Chief Financial Officer

Date: 20 March 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: Revised Financial Regulations

Background Papers: HSCP Board Reports August 2020 and July 2015

HSCP Board: Audit and Performance Committee 19
March 2024 – Review of HSCP Board Financial
Regulations

Financial Regulations of West Dunbartonshire Council

Standing Financial Instructions of NHS Greater Glasgow
and Clyde Health Board

Schemes of Delegation for West Dunbartonshire Council
and NHS Greater Glasgow and Clyde Health Board

Localities Affected: All

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board
Financial Regulations

CONTENTS

WHAT THE REGULATIONS COVER	2
CORPORATE GOVERNANCE	3
FINANCIAL MANAGEMENT CODE OF PRACTICE	4
RESPONSIBILITIES UNDER THESE FINANCIAL REGULATIONS	4
FINANCIAL PLANNING AND BUDGET MANAGEMENT	6
FINANCIAL REPORTING	9
LEGALITY OF EXPENDITURE	10
REVIEWING THE FINANCIAL REGULATIONS	10
RESERVES	10
VAT	10
PROCUREMENT OF SERVICES	11
INTERNAL AUDIT	11
EXTERNAL AUDIT	12
RISK MANAGEMENT AND INSURANCE	13
ECONOMY, EFFICIENCY AND EFFECTIVENESS (BEST VALUE)	14
BOARD MEMBERS EXPENSES	14

The Health and Social Care Partnership Board positively promotes the principles of sound corporate governance within all areas of its affairs. These Financial Regulations are an essential component of the governance of the Health and Social Care Partnership Board.

Document Title:	WDHSCP Board Financial Regulations	Owner:	Chief Financial Officer
Version No.	Final v3	Superseded Version:	Final v2
Date Effective:	28 March 2024	Review Date:	01/04/2027

WHAT THE REGULATIONS COVER

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 established the framework for the integration of health and social care in Scotland. The Integration Joint Board (IJB), known locally as the West Dunbartonshire Health and Social Care Partnership (HSCP) Board is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow and Clyde Health Board and West Dunbartonshire Council (described in full within its approved Integration Scheme). The Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as West Dunbartonshire Health and Social Care Partnership. The HSCP Board is responsible for the operational oversight of West Dunbartonshire Health and Social Care Partnership.
- 1.2 The HSCP Board is a legal entity created by Parliamentary Order, following ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a major function of management and, therefore, a responsibility placed upon the appointed members and officers of the HSCP Board.
- 1.3 Both the Health Board and the Council operate under their own Financial Regulations/Standing Financial Instructions, as part of the governance frameworks supporting the operational delivery of delegated services. As the HSCP Board commission services (via Directions) from both West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board, all operational and transactional finance matters for the delivery of services will comply with Council Financial Regulations and Health Board Standing Financial Instructions as appropriate. These Financial Regulations relate specifically to the affairs of the HSCP Board itself and therefore are more limited and focussed in scope.
- 1.4 These financial regulations should be read in conjunction with the Integration Scheme, the HSCP Board's Financial Processes and Procedures (July 2015); Local Code of Good Governance; Standing Financial Instructions of NHS Greater Glasgow and Clyde Health Board; and relevant policies of West Dunbartonshire Council.
- 1.5 The Regulations set out the respective responsibilities of the HSCP Board, the Chief Officer, and the Chief Financial Officer of the HSCP Board.
- 1.6 It will be the duty of the Chief Officer assisted by the Chief Financial Officer to ensure that these Regulations are made known to the appropriate persons

within the HSCP Board; and to ensure that they are adhered to. All actions which affect the HSCP Board's finances should only be carried out by properly authorised employees. The Chief Officer and other authorised persons will ensure that all expenditure within the delegated budget meets proper accounting standards.

- 1.7 The HSCP Board will issue directions to West Dunbartonshire Council and Greater Glasgow and Clyde Health Board that are designed to ensure resources are spent in accordance with the Strategic Plan and Integration Scheme.
- 1.8 If it is believed that anyone has broken, or may break, these Regulations, this must be reported immediately to the Chief Financial Officer, who may then discuss the matter with the Chief Officer, Health Board Chief Executive, Council Chief Executive, Health Board Director of Finance or Council Section 95 Officer as appropriate to decide what action to take.
- 1.9 These Regulations will be the subject of regular review by the Chief Financial Officer in consultation with the Health Board Director of Finance and the Council Section 95 Officer; and where necessary, subsequent adjustments will be submitted to the HSCP Board for approval.

CORPORATE GOVERNANCE

- 2.1 Corporate governance is about the structures and processes for decision-making, accountability, controls and behaviour throughout the HSCP Board. The HSCP Board positively promotes the principles of good governance within all areas of its affairs and this is laid out within the [WDHSCP Local Code of Good Governance](http://www.wdhscp.org.uk/media/2320/wdhscp-local-code-of-good-governance-2020.pdf)¹. These principles are summarised below:
 - a) Behaving with integrity, demonstrating strong commitment to ethical values, and representing the rule of law.
 - b) Ensuring openness and comprehensive stakeholder engagement,
 - c) Defining outcomes in terms of sustainable economic, social and environmental benefits.
 - d) Determining the interventions necessary to optimise the achievement of intended outcomes.
 - e) Developing the entity's capacity, including the capability of its leadership and the individuals within it.
 - f) Managing risk and performance through robust internal control and strong public financial management.
 - g) Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

¹ <http://www.wdhscp.org.uk/media/2320/wdhscp-local-code-of-good-governance-2020.pdf>

FINANCIAL MANAGEMENT CODE OF PRACTICE

- 2.2 Local government finance in the UK is governed by legislation, regulation, and professional standards.
- 2.3 The Chartered Institute of Public Finance and Accountancy (CIPFA) Financial Management Code (hereafter referred to as the FM Code) was published in October 2019 and is the first professional code for general financial management in local government bodies designed to support good practice in financial management and to assist local authorities in demonstrating their financial sustainability.
- 2.4 The HSCP Board will undertake regular self-evaluation to assess compliance with the CIPFA FM Code and recognises that self-regulation is the preferred response to potential financial management failures.
- 2.5 The HSCP Board recognises that demonstrating compliance is the collective responsibility of all voting and non-voting members, including the Chief Officer, the Chief Financial Officer, and professional colleagues in the leadership team.

RESPONSIBILITIES UNDER THESE FINANCIAL REGULATIONS

- 2.6 The HSCP Board will continuously work to secure best value for money, and economy, efficiency, and effectiveness in how the organisation directs its resources.
- 2.7 The Chief Financial Officer (in consultation with the Chief Officer) will advise the HSCP Board on the financial implications of the Board's activities. The Chief Financial Officer will ensure that budget holders receive impartial advice, guidance and support and proper information to enable them to affect control over expenditure and income.

Strategic Plan and Integrated Budget

- 2.8 In accordance with its Integration Scheme, the HSCP Board is responsible for the production, approval and monitoring of a Strategic Plan which sets out the arrangements for planning and directing the functions delegated to it by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board. The Strategic Plan covers a three year period and will determine the budgets allocated to each operational partner for the operational service delivery in line with the Plan, recognising that these may need to be indicative for years two and three.
- 2.9 The resources within scope of the Strategic Plan are:

- a) The payment made by the Council to the HSCP Board in respect of all the functions delegated by Council to the HSCP Board.
 - b) The payment made by the Health Board to the HSCP Board in respect of all the functions delegated by the Health Board to the HSCP Board.
 - c) The amount set aside by the Health Board to the HSCP Board in respect of NHS acute hospital services for the West Dunbartonshire population.
- 2.10 The Chief Officer and Chief Financial Officer will develop an integrated budget based on the Strategic Plan and agreed funding from West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board for consideration and agreement as part of the annual budget setting process and Medium-Term Financial Plan. While the Strategic Plan covers a three-year period the Medium Term Financial covers a longer period (up to ten years) and details future year budget gaps in a best, likely, and worst-case scenario.

Responsibilities of the Chief Officer

- 2.11 The Chief Officer is the accountable officer of the HSCP Board in all matters except finance.
- 2.12 The Chief Officer will discharge their duties in respect of the delegated resources by:
- a) Ensuring that the Strategic Plan meets the requirement for economy, efficiency, and effectiveness.
 - b) Giving directions to the Health Board and the Council that are designed to ensure resources secure value for money and are spent in accordance with the plan; it is the responsibility of the Chief Officer to ensure that the provisions of the directions enable them to discharge their responsibilities in this respect within available resources.

Responsibilities of the Chief Financial Officer

- 2.13 The Chief Financial Officer is the accountable officer for financial management and administration of the HSCP Board. The Chief Financial Officer will be line managed by the Chief Officer, and receive support and advice from the Council Section 95 Officer and the Health Board Director of Finance.
- 2.14 The Chief Financial Officer will discharge their duties in respect of the delegated resources by:
- a) Establishing financial governance systems for the proper use of the delegated resources.
 - b) Ensuring that the Strategic Plan meets the requirement for best value in the use of the Partnership Board's resources.
 - c) Working with both organisation's financial information systems to produce

- financial reports and forecasts to monitor the overall financial performance of the approved HSCP Board's revenue budget.
- d) Providing each meeting of the HSCP Board with financial update reports which provides detail on:
- Budget reconciliations detailing movements on partner funding from the approved budgets to the reporting period.
 - Monitoring of approved management efficiencies and approved savings options.
 - Consolidated and partner forecast spend for both the year to date and the anticipated year end position.
 - Variance analysis to provide explanations for any significant variations from budget and actions planned to deal with them.
 - Update on anticipated additions to and/or drawdowns from unearmarked and earmarked reserves.
 - Details of any bad debt write off within the reporting period.
 - Update on capital expenditure plans.
 - Directions back to the Health Board and the Council.

Responsibilities of Budget Holders

- 2.15 Budget holders within the Health Board and Council will be accountable for all budgets within their control as directed by the HSCP Board in line with its Strategic Plan. The HSCP Board will ensure proper arrangements are in place to support good financial management and planning.

FINANCIAL PLANNING AND BUDGET MANAGEMENT

- 3.1 The Integration Scheme sets out the details of the integration arrangement agreed between NHS Greater Glasgow and Clyde Health Board and West Dunbartonshire Council in relation to all areas of finance.
- 3.2 The Health Board and Council will continue to explore the possibility of providing indicative, three year rolling funding allocations to the HSCP Board. The current financial climate is such that both partners only provide single year funding allocations to the HSCP Board to support its strategic planning process, by March each year. For the Health Board this remains an indicative allocation subject to approval, until all recurring funding is finalised. Single year funding allocations leads to future uncertainty and the inclusion of a number of assumptions within the Medium Term Financial Plan.
- 3.3 The Chief Officer and the Chief Financial Officer will develop revenue estimates (including efficiencies) for the integrated budget based on the Strategic Plan and present it for consideration to both Health Board and Council Chief Executives and Director of Finance/Section 95 Officer. This will align to each organisation's annual budget setting process as well as informing any revisions to Medium-Term Financial Plans. The Integration Scheme sets out the

requirement for due diligence and that revenue estimates will be evidence based, with full transparency on its assumptions and take account of:

- **Activity Changes.** The impact on resources in respect of increased demand (e.g., demographic pressures and increased prevalence of long-term conditions) and for other planned activity changes.
- **Cost Inflation.** Pay and supplies cost increases.
- **Efficiencies.** All savings options (including increased income opportunities and service redesign).
- **Performance against outcomes.** The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by the Council and the Health Board.
- **Legal requirements.** Legislation may entail expenditure commitments that should be taken into account in adjusting the payment.
- **Transfers to/from the amounts set aside for hospital services.** Based on actual activity.

- 3.4 The HSCP Board will approve a budget and provide direction to the Health Board and Council by 31 March each year. The Strategic Plan will determine the allocation of resources with respect to operational delivery of integrated services. The Strategic Plan will take account of all resources available to the Chief Officer, including capital assets owned by the Health Board on behalf of Scottish Ministers, and the Council.

Limits on Expenditure

- 3.5 No expenditure will be incurred by the HSCP Board unless it has been included within the approved integrated budget and Strategic Plan except:

- Where additional funding has been provided by the Scottish Government for a specific purpose; and the integrated budget and Strategic Plan has been updated appropriately.
- Where additional funding has been approved by the Health Board and/or Council; and the integrated budget and Strategic Plan has been updated appropriately.
- Where a supplementary budget has been approved by the HSCP Board.
- In emergency situations as defined in the terms of the Council and Health Board's schemes of delegation.
- Where the application of reserves (as defined within the reserves policy) has been approved by the HSCP Board; and
- Is provided in paragraph 3.6 below (Virement).

- 3.6 Virement is defined by CIPFA as "the transfer of an under-spend on one budget head to finance additional spending on another budget head in accordance with the Financial Regulations". In effect virement is the transfer of budget from one main budget heading (e.g., employee costs, supplies and services) to another; or

a transfer of budget from one service to another. Where resources are transferred between the two operational arms of the integrated budget this will require in-year balancing adjustments to the allocations from the HSCP Board to the Council and the Health Board, i.e., a reduction in the allocation to the body with the under-spend and a corresponding increase in the allocation to the body with the overspend.

- 3.7 Virement proposals to control revenue expenditure will require to be supported by the Chief Financial Officer as set out by the Scheme of Virement (approved by the HSCP Board July 2015). In terms of formal reporting arrangements, existing schemes of virement within the Council and Health Board will continue to operate. The level at which virement requires approval will be determined by the individual schemes of delegation. Virement proposals exceeding the locally agreed limits will require to be submitted by the Chief Officer and Chief Financial Officer to the HSCP Board for approval. The guiding principles are as follows:

- Virement must not create additional overall budget liability. One off savings or additional income should not be used to support recurring expenditure or to create future commitments including full year effects of decisions made part way through a year.
- The Chief Officer will not be permitted to vire between the integrated budget and those budgets that are managed by the Chief Officer but are out with the scope of the Strategic Plan, unless agreed by the Council and the Health Board.
- Virements are distinct from budget reallocations, where a budget initially held centrally is subsequently required to be allocated across services based on updated information (e.g., centrally held budgets for pay or Scottish Living Wage uplifts).

Budgetary Control

- 3.8 It is the responsibility of the Chief Officer and Chief Financial Officer to report regularly and timeously on all budgetary control measures, comparing projected outturn with the approved financial plan, to the HSCP Board and other bodies as designated by the Health Board and Council.
- 3.9 The Health Board Director of Finance and the Council Section 95 Officer will, along with Chief Financial Officer, put in place a system of budgetary control which will provide the Chief Officer with management accounting information (as detailed in section 2.14) for both arms of the operational budget and for the HSCP Board in aggregate.
- 3.10 It is the responsibility of the Chief Financial Officer, in consultation with the Health Board Director of Finance and the Council Section 95 Officer to agree a consistent basis and timetable for the preparation and reporting of management accounting information.

- 3.11 The Integration Scheme specifies how in year budget variance (overspends or underspends) will be treated. Where it appears that any heading of income or expenditure may vary significantly from the Financial Plan, it will be the duty of the Chief Officer and the Chief Financial Officer, in conjunction with the Health Board Director of Finance and the Council Section 95 Officer to report in accordance with the appropriate method established for that purpose by the HSCP Board, Health Board and Council, the details of the variance and any remedial action required, which may include a recovery plan in the event of an anticipated overspend.

Capital Planning Process

- 3.12 The HSCP Board does not receive direct capital funding allocations. Capital projects are funded by either the Council or the Health Board and expenditure will be controlled in accordance with their financial regulations. All capital assets (non-current) remain within the ownership of either the Council or the Health Board.
- 3.13 The Chief Officer will be a member of the Council and Health Board's Capital Planning Groups and in consultation will consider where capital investment is required to deliver the Strategic Plan. Business Cases will be prepared with appropriate professional support by the partners and be submitted through the planning approval groups and be submitted to the HSCP Board for endorsement.
- 3.14 The HSCP Board will receive financial monitoring reports from the Council and Health Board which include information on capital expenditure against approved schemes relevant to the services delegated to the Partnership Board.

Reports to the HSCP Board

- 3.15 All reports to the HSCP Board and sub-committees thereof must specifically identify the extent of any financial implications. These must have been discussed and agreed on with the Chief Financial Officer prior to lodging of reports.

FINANCIAL REPORTING

Accounting Procedures and Records

- 4.1 All accounting procedures and records of the HSCP Board will be as specified in applicable legislation and regulations. Financial Statements will be prepared following the Code of Practice on Local Authority Accounting in the UK. Statements will be signed as specified in regulations made under Section 105 of the Local Government (Scotland) Act 1973.

- 4.2 The financial statements must be completed to meet the audit and publication timetable specified in regulations made under section 105 of the Local Government (Scotland) Act 1973. It is the primary responsibility of the Chief Financial Officer to meet these targets; and of the Chief Officer to provide any relevant information to ensure that the Health Board and Council meet their respective statutory audit and publication requirements for their individual and group financial statements. The Chief Financial Officer will agree the financial statements timetable with the external auditors of the HSCP Board, Health Board and Council.
- 4.3 The accounts of the HSCP Board will be hosted by West Dunbartonshire Council.

LEGALITY OF EXPENDITURE

- 5.1 It will be the duty of the Chief Officer to ensure that no expenditure is incurred, or included within the Financial Plan unless it is within the power of the HSCP Board, as established by the Integration Scheme. In cases of doubt, the Chief Officer should consult the respective legal advisers of the Health Board and Council before incurring expenditure. The legality of expenditure on new service developments, initial contributions to other organisations and responses to emergency situations must be clarified prior to expenditure being incurred, under the regulations of the Schemes of Delegation of the Council and Health Board.

REVIEWING THE FINANCIAL REGULATIONS

- 6.1 The HSCP Board will consider and approve any alterations to these Financial Regulations. The HSCP Board may also withdraw these financial regulations. If so, this will come into force from the first working day after the end of the HSCP Board meeting at which the change or withdrawal was approved.

RESERVES

- 7.1 Legislation, under Section 106 of the Local Government (Scotland) Act 1973 as amended, empowers the HSCP Board to hold reserves which should be accounted for in the financial accounts and records of the HSCP Board.
- 7.2 The HSCP Board has an approved reserves policy and a reserves strategy which includes the level of reserves required and their purpose. This will be agreed on as part of the annual budget setting process and will be reflected in the Strategic Plan and Medium-Term Financial Plan.

VAT

- 8.1 HM Revenues and Customs (HMRC) has confirmed that there is no requirement to have a separate VAT registration for the HSCP Board, as it does not deliver

any services within the scope of VAT. This situation should be kept under review by the Chief Financial Officer should the operational activities of the HSCP Board change and a need to register be established. HMRC guidance applies to Scotland, will allow a VAT neutral outcome.

PROCUREMENT OF SERVICES

- 9.1 While the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014/285 provides that an Integration Joint Board may enter into a contract with any other person in relation to the provision of goods and services for the purpose of carrying out the functions conferred in it by the Act, all contracts will be entered into via the procurement routes of either the Council or the Health Board and will adhere to all relevant financial regulations and standing instructions.
- 9.2 In the event that the HSCP Board considers a direct procurement, the Board will be required to seek the advice from the Chief Financial Officer when considering any such direct procurement exercise.
- 9.3 As a result of specific VAT and accounting issues associated with HSCP Board contracting directly for the provision of goods and services, the Chief Officer is required to consult with the Health Board Director of Finance, the Council's Section 95 Officer and the Chief Financial Officer prior to any direct procurement exercise being undertaken.

INTERNAL AUDIT

- 10.1 It is the responsibility of the HSCP Board to establish adequate and proportionate internal audit arrangements for the review of the adequacy of the arrangements for risk management, governance, and control of the delegated resources; and which are consistent with good practice governance standards in the public sector. This will include determining who will provide the internal audit service for the HSCP Board and appointing a Chief Internal Auditor.
- 10.2 The internal audit service should be provided by one of the internal audit teams from the Health Board or Council.
- 10.3 The Chief Internal Auditor of West Dunbartonshire Council has been appointed to undertake this role for the HSCP Board in addition to their role as Chief Internal Auditor of their respective Authority.
- 10.4 The appointed Internal Audit Service will undertake their work in compliance with the Public Sector Internal Audit Standards.
- 10.5 The HSCP Board will establish a standing Audit Committee (known as the Audit and Performance Committee) to focus on internal audit, performance and risk on

behalf of the HSCP Board. It will be the responsibility of the HSCP Board to agree the membership having regard to the agreed remit, skills, and good practice for a public sector audit committee. The current Terms of Reference state that voting members of the HSCP Board will serve in this capacity. The Chief Officer, Chief Financial Officer and appointed Chief Internal Auditor will be required to attend meetings of the Audit and Performance Committee.

- 10.6 Before the start of each financial year, the Chief Internal Auditor will consult with the Chief Officer and Chief Financial Officer in the preparation of a strategic and risk-based audit plan, which the Chief Internal Auditor will then submit to the Audit and Performance Committee at the start of the financial year. The scope of interest of such internal audit plans will be:
- The Strategic Plan,
 - Financial Plan underpinning the Strategic Plan,
 - The operational delivery of those integrated services delegated to the HSCP Board (except for NHS acute hospital services),
 - Relevant issues raised by the Chief Officer and the Chief Financial Officer,
 - Relevant issues raised by the internal auditors of the Health Board, Council, and the external auditors of the HSCP Board.
- 10.7 The Chief Internal Auditor for the HSCP Board will report to the Chief Financial Officer and the Audit and Performance Committee on the approved annual risk-based audit plan; delivery of the audit plan and any recommendations; and will provide an annual internal audit report, including the audit opinion.
- 10.8 The Chief Financial Officer will work with the internal auditors of the Health Board, Council, and the HSCP Board to ensure that there is clarity and consistency of appropriate scrutiny of the work of the HSCP Board and the Health and Social Care Partnership; and that the internal audit plans of the three audit committees provide necessary assurance to all three of the bodies.
- 10.9 The Chief Internal Auditor will ensure that the HSCP Board's annual internal audit plan and internal audit report are shared with the both the Health Board and Council Audit Committees through the reporting arrangements in those bodies for internal audit.
- 10.10 Reports on each internal audit engagement will be submitted to the Chief Officer and Chief Financial Officer.

EXTERNAL AUDIT

- 11.1 The Accounts Commission will appoint the External Auditors to the HSCP Board as specified under Section 13 of the legislation.

RISK MANAGEMENT AND INSURANCE

Responsibility for Insurance and Risk

- 12.1 The HSCP Board, while having legal personality, has neither replaced nor assumed the rights or responsibilities of either the Health Board or the Council as the employers of the staff delivering integrated services, or for the operation of buildings or services under the operational remit of those staff. The Council and the Health Board will continue to indemnify, insure, and accept responsibility for the staff that they each employ; their capital assets that integrated services are delivered from or with; and the respective services themselves that each has delegated to the HSCP Board.
- 12.2 The HSCP Board will make appropriate insurance arrangements for all activities of the HSCP Board in accordance with its locally approved risk management policy and strategy. The Chief Financial Officer will arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all normal insurable risks arising from the activities of the HSCP Board and for which it is the general custom to insure. This will include the provision of appropriate insurance in respect of voting members of the HSCP Board acting in a decision-making capacity. The Chief Officer and the Chief Financial Officer will put in place appropriate procedures for the notification and handling of any insurance claims made against the HSCP Board.

Risk Management

- 12.3 The Chief Officer will be responsible for developing and implementing the HSCP Board's approved risk management policy and strategy. This will include arrangements for maintaining and reporting on a strategic risk register that will identify, assess, and prioritise risks related to the preparation and delivery of the Strategic Plan; and identify and describe processes for mitigating those risks. This will then be presented to the HSCP Board's Audit and Performance Committee for scrutiny and the HSCP Board for approval on a bi-annual basis.
- 12.4 The Health Board and Council will continue to identify and manage within their own risk management arrangements any risks they have retained under the Integration Scheme. The Health Board and Council will continue to report on the management of such risks, alongside the impacts of the integration arrangements.
- 12.5 The Health Board Director of Finance and the Council Section 95 Officer will ensure that the HSCP Board's Audit and Performance Committee, Chief Officer and Chief Financial Officer have access to professional support and advice in respect of risk management.

ECONOMY, EFFICIENCY AND EFFECTIVENESS (BEST VALUE)

- 13.1 The Chief Officer will ensure that arrangements are in place to maintain control and clear public accountability over the public funds delegated to the HSCP Board. The HSCP Board has a duty to put in place proper arrangements for securing Best Value in the use of resources and delivery of services.
- 13.2 It will be the responsibility of the Chief Officer to deliver the arrangements put in place to secure Best Value. This will be incorporated into the process of strategic planning, to establish the systematic identification of priorities; and the implementation of the Strategic Plan with respect to services delivered within the Health and Social Care Partnership to realise Best Value.

BOARD MEMBERS EXPENSES

- 14.1 Payment of voting board members allowances, including travel and subsistence expenses will be the responsibility of the members' individual Council (West Dunbartonshire Council) or Health Board (NHS Greater Glasgow and Clyde Health Board), and will be made in accordance with their own schemes.
- 14.2 Non-voting members of the HSCP Board will be entitled to the payment of reasonable travel and subsistence expenses relating to approved duties. Non-voting members are required to submit claims on the HSCP Board's agreed expenses claim form and as far as practicable provide receipts in support of any expenses claimed. The costs relating to expenses incurred by the non-voting members of the HSCP Board will require to be funded within existing budget resources.
- 14.3 The Chief Financial Officer will ensure that a record of all expenses paid under the Scheme, detailing name, amount, and nature of payment.