Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date:	Tuesday, 20 August 2024
Time:	14:00
Format:	Hybrid Meeting, Civic Space, 16 Church Street, Dumbarton G82 1QL
Contact:	Lauren Simeon, Committee Officer lauren.simeon@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

Fiona Hennebry (Chair)
Michelle Wailes
Michelle McGinty
Martin Rooney
Lesley-Ann MacDonald
Libby Cairns

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: 13 August 2024

Audio Streaming

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

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

AGENDA

TUESDAY, 20 AUGUST 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 27 June 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 2024/25 FINANCIAL PERFORMANCE REPORT AS AT PERIOD 3 (30 JUNE 2024) **15 - 50**

Submit report by Julie Slavin, Chief Financial Officer, providing the Health and Social Care Partnership Board with an update on the financial performance as at period 3 to 30 June 2024 and a projected outturn position to 31 March 2025.

8 HSCP DIGITAL STRATEGY 2024 - 2027 **51 - 96**

Submit report by Margaret-Jane Cardno, Head of Service Strategy and Transformation, providing information on the HSCP Digital Strategy 2024 – 2027, and the associated Delivery Plan and Equalities Impact Assessment to the West Dunbartonshire Health and Social Care Partnership Board.

9 STRATEGIC RISK REGISTER SIX MONTH REVIEW **97 - 110**

Submit report by Margaret-Jane Cardno, Head of Service Strategy and Transformation, presenting the Strategic Risk Register to the West Dunbartonshire Health and Social Care Partnership (HSCP) Board.

10 ANNUAL REPORT FOR MUSCULOSKELETAL PHYSIOTHERAPY SERVICE 2023/24 **111 - 164**

Submit report by Helen Little, Physiotherapy Manager Partnerships, presenting the Annual Report for Musculoskeletal (MSK) Physiotherapy service (Greater Glasgow and Clyde) 2023/24.

11 MEMBERSHIP OF THE HSCP BOARD AND ITS SUB COMMITTEES **165 - 170**

Submit report by Margaret-Jane Cardno, Head of Service Strategy and Transformation, providing information on the constitutional membership of the Integration Joint Board, known locally as the Health and Social Care Partnership Board, and its sub committees.

12 FUTURE MEETING SCHEDULE HSCP BOARD AND HSCP BOARD AUDIT AND PERFORMANCE COMMITTEE **171 - 174**

Submit report by Margaret-Jane Cardno, Head of Service Strategy and Transformation, providing information on the Integration Joint Board (IJB) known locally as the Health and Social Care Partnership (HSCP) Board with a meeting schedule for meetings of both the HSCP Board and the HSCP Board Audit and Performance Committee for the period 1 August 2024 to 31 December 2025.

13 MINUTES OF MEETING FOR NOTING **175 - 191**

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

(a) 11 April 2024; and

(b) 23 May 2024.

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, 24 September 2024 at 3.00 p.m. as a Hybrid Meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL.

ITEM 5A

WEST DUNBARTONSHIRE HEALTH AND 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 Thursday, 27 June 2024 at 3.00 p.m.

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

Non-Voting Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Barbara Barnes, Chair of the Locality Engagement Network – Alexandria and Dumbarton; Selina Ross, Chief Officer – West Dunbartonshire CVS; Dr Saied Pourghazi, Associate Clinical Director and General Practitioner; and Val Tierney, Chief Nurse.

Attending: Michael McDougall, Manager of Legal Services; 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; Lesley Rousselet, NHS Greater Glasgow and Clyde; Shirley Furie, Trade Union Representative; John Kerr, Housing Dev & Homeless Manager; Neil McKechnie, Contracts, Commissioning & Quality Manager; David Smith, Unpaid Carers Representative; Lynn Straker and Lauren Simeon, Committee Officers.

Apologies: Apologies for absence were intimated on behalf of Anne MacDougall, Chair of the Locality Engagement Network – Clydebank; Gillian Gall, Head of Human Resources; Lesley James, Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer;

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.

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DECLARATIONS OF INTEREST

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

RECORDING OF VOTES

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health and Social Care Partnership Board held on 28 March 2024 were submitted and approved as a correct record.

ROLLING ACTION LIST

The Rolling Action list for the Health and Social Care Partnership Board was submitted for information and relevant updates were noted and agreed.

VERBAL UPDATE FROM CHIEF OFFICER

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

Ms Culshaw updated on recent activities within the partnership. The Criminal Justice Team were in the process of making arrangements to support the Early Release of Prisoners, with consideration in particular to risk management. She advised that a number of meetings had taken place with trade union colleagues to address the issues being raised with regard to the redesign of the Homecare service, and at the moment the trade unions had agreed to pause any further industrial action. Ms Culshaw had recently been joined by both the Chief Executives of West Dunbartonshire Council and NHS Greater Glasgow and Clyde , in a visit to Clydebank Health and Care Centre by the Permanent Secretary , Mr PJ Marks. A positive discussion had taken place with regard to the action being taken by the Partnership to improve Delayed Discharge performance, which remained a key focus of the Management Team. Mrs Grant had also spent a morning visiting the Dumbarton Joint Hospital, meeting with staff and patients. The recent Health Board Staff Awards had taken place, and Morven Cowie, Senior Charge Nurse in the Mental Health Wards at the Vale of Leven Hospital, had been named as the overall winner of the West Dunbartonshire Awards.

Ms Culshaw also updated on changes to the membership and Chair of the Board, with Michelle Wailes and Cllr Fiona Hennebry, becoming the Chair and Vice Chair respectively. She thanked Cllr McGinty and Rona Sweeney for their efforts, challenge and support over their time in office and wished Rona well in the future.

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PRIMARY CARE STRATEGY

A report was submitted by Fiona Taylor, Head of Health and Community Care updating the HSCP Board on the development and implementation of the NHSGGC Primary Care Strategy, and sharing the Strategy and Implementation Plan for noting.

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

(1) to note the contents of this report and its appendices:

- Appendix 1: NHSGGC Primary Care Strategy 2024-29
- Appendix 2: NHSGGC Primary Care Strategy 2024-29 – Summary Implementation Plan
- Appendix 3: NHSGGC Primary Care Strategy 2024-29 – EQIA

(2) to receive an annual update on delivery of the programme.

FINANCIAL PERFORMANCE UPDATE REPORT

A report was submitted by Julie Slavin, Chief Financial Officer, providing Members with the draft outturn position for the period 1 April 2023 to 31 March 2024.

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

(1) to note the updated position in relation to budget movements on the 2023/24 allocation by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and approve the direction for 2023/24 back to our partners to deliver services to meet the HSCP Board's strategic priorities;

(2) to note the draft outturn position (subject to audit) for the period 1 April 2023 to 31 March 2024 is reporting an adverse (overspend) position of £1.731m (0.86%) including all planned transfers to/from earmarked reserves;

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

d) to note the draft reserves balances (subject to audit);

(4) to approve the requirement to increase to £12/hr Social Care Workers commissioned to provide services to Children and Young People, within the level of affordability, as per the letters attached as Appendices 8 to 10;

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

(6) to note the HSCP Board's Audit and Performance Committee considered the 2023/24 draft unaudited accounts at the 27 June 2024 meeting.

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A COMPREHENSIVE REVIEW OF LEARNING DISABILITY SERVICES

A report was submitted by Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions providing an update on the review of Learning Disability Services across West Dunbartonshire Health & Social Care Partnership and the engagement and consultation required with stakeholders to re-shape services in line with Scottish Government guidance.

After discussion and having heard the Service Manager LD in further explanation and in answer to Members' questions, the Board agreed:-

(1) the Year One proposals of the plan; and

(2) to note the proposals and planned next steps for phase two of the review of Learning Disability services in 2025/2026.

NHS GGC DIRECTOR OF PUBLIC HEALTH REPORT WORKING TOGETHER TO STEM THE TIDE IN WEST DUNBARTONSHIRE

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, regarding the above.

After discussion and having heard the Service Lead, NHSGGC in further explanation and in answer to Members' questions, the Board agreed:-

(1) to acknowledge the health and well-being position of our population informed by the Adult Health and Well-being Survey (2023); and

(2) to use the analysis and calls to action within the Director of Public Health report within planning structures to capitalise on available opportunities to improve health.

NHS GREATER GLASGOW AND CLYDE HEALTH AND WELLBEING SURVEY

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, updating the HSCP Board following a review of NHS Greater Glasgow and Clyde's Health and Wellbeing West Dunbartonshire Report, to identify any emerging areas of concern that West Dunbartonshire HSCP Board requires to consider from a strategic planning perspective.

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

(1) to note The Health and Wellbeing Survey Report provided as Appendix 1;

(2) to note The Health and Wellbeing Report reaffirms the strategic priorities identified within the HSCP Strategic Plan 2023-26: Improving Lives Together;

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(3) to note the identification of the low number of children registered with a dentist and the need for collaborative working in this area; and

(4) to note the suggestions made for consideration when reviewing the HSCP Strategic Plan 2023-26: Improving Lives Together.

ANNUAL PERFORMANCE REPORT

It was noted that it had not been possible for a report to be provided in time for the present meeting and that this report would instead be submitted to the next meeting of the West Dunbartonshire Health and Social Care Partnership Board meeting on Tuesday, 20 August 2024.

HSCP DIGITAL STRATEGY 2024 – 2027

Councillor Michelle McGinty, Chair, declared that this report would be carried forward for discussion at the next meeting of the West Dunbartonshire Health and Social Care Partnership Board meeting on Tuesday, 20 August 2024.

CLINICAL AND CARE GOVERNANCE - ANNUAL REPORT 2023

A report was submitted by Val Tierney, Chief Nurse, describing the clinical and care governance oversight arrangements in West Dunbartonshire HSCP and the progress made in assuring and improving the quality of health and social care.

After discussion and having heard the Chief Nurse in further explanation and in answer to Members' questions, the Board agreed to approve the report. This report would also be sent to NHS Greater Glasgow and Clyde Health Board (NHSGGC) as all HSCPs were requested to provide an Annual Report covering the role and remit of the group and any future plans for review and evaluation of care quality.

STRATEGIC RISK REGISTER

Councillor Michelle McGinty, Chair, declared that this report would be carried forward for discussion at the next meeting of the West Dunbartonshire Health and Social Care Partnership Board meeting on Tuesday, 20 August 2024.

MINUTES OF MEETING FOR NOTING

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

(1) 7 March 2024; and

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(2) 11 April 2024.

DATE OF NEXT MEETING

Members noted that the next meeting of West Dunbartonshire Health and Social Care Partnership Board would be held on Tuesday, 20 August 2024 at 2.00 p.m. as a Hybrid Meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL.

Members also noted that the Health and Social Care Partnership Informal Session would be held on Tuesday, 13 August 2024 at 10 a.m. as an in-person meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL.

STATEMENT BY THE CHAIR

Before closing the meeting, Councillor Michelle McGinty, invited Councillor Clare Steel and Lesley Rousselet to formally speak. Both thanked the Board personally for their support over the last 3 years and wished the Board good luck in continuing the hard work for the people of West Dunbartonshire.

The meeting closed at 5.10 p.m.

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WEST DUNBARTONSHIRE HSCP BOARD
ROLLING ACTION LIST

Agenda Item	Decision / Minuted Action	Responsible Officer	Timescale	Progress/ Update/ Outcome	Status
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	Update: Beth Culshaw to provide Briefing Note before August meeting of HSCP Board	**Open**

ITEM 7

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Julie Slavin, Chief Financial Officer

20 August 2024

Subject: 2024/25 Financial Performance Report as at Period 3 (30 June 2024)

1. Purpose

1.1 To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 3 to 30 June 2024 and a projected outturn position to 31 March 2025.

2. Recommendations

2.1 The HSCP Board is recommended to:

a) **Note** the updated position in relation to budget movements on the 2024/25 allocation by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and **approve** the direction for 2024/25 back to our partners to deliver services to meet the HSCP Board's strategic priorities;
b) **Note** the reported revenue position for the period to 30 June 2024 is reporting an adverse (overspend) position of £0.880m (2.01%);
c) **Note** the projected outturn position of £3.525m overspend (1.73%) for 2024/25 including all planned transfers to/from earmarked reserves;
d) **Note** that a recovery planning actions are being developed by the Senior Management Team to address the projected overspend;
e) **Note** the update on the monitoring of savings agreed for 2024/25;
f) **Note** the bad debt write off for January to June 2024;
g) **Note** the current reserves balances and the impact the projected overspend has on unearmarked balances;
h) **Note** the update on the capital position and projected completion timelines; and
i) **Note** the impact of a number of ongoing and potential burdens on the reported position for 2024/25 and the previously reported budget gaps for 2025/26 and 2026/27.

3. Background

3.1 At the meeting of the HSCP Board on 28 March 2024 members agreed the 2024/25 revenue estimates. A total indicative net revenue budget of £199.662m (excluding Set Aside) was approved as the health allocation was subject to NHSGGC Board formal approval. This indicative budget consists of combined partner contributions of £197.512m and application of reserves of £2.150m, to close the presented budget gap for 2024/25.

3.2 Since the March HSCP Board report there have been several budget adjustments. A total net budget of £203.970m is now being monitored as detailed within Appendix 1.

4. Main Issues

Summary Position

4.1 The current year to date position as at 30 June is an overspend of £0.880m (2.01%) with an annual projected outturn position being a potential overspend of £3.525m (1.73%). The consolidated summary position is presented in greater detail within Appendix 3, with the individual health care and social care partner summaries detailed in Appendix 4.

4.2 The overall HSCP summary and the individual head of service positions are reported within Tables 1 and 2 below.

Table 1 – Summary Financial Information as of 31 March 2025

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Forecast Variance
	£000	£000	£000	£000	£000	£000	£000	£000	
Health Care	119,927	20,298	20,160	138	120,444	(517)	(1,100)	583	0.49%
Social Care	122,195	25,489	26,505	(1,016)	125,859	(3,664)	431	(4,095)	-3.35%
Expenditure	**242,122**	**45,787**	**46,665**	**(878)**	**246,303**	**(4,181)**	**(669)**	**(3,512)**	-1.45%
Health Care	(4,905)	(535)	(535)	0	(4,905)	0	0	0	0.00%
Social Care	(33,247)	(1,385)	(1,383)	(2)	(31,592)	(1,655)	(1,642)	(13)	0.04%
Income	**(38,152)**	**(1,920)**	**(1,918)**	**(2)**	**(36,497)**	**(1,655)**	**(1,642)**	**(13)**	0.03%
Health Care	115,022	19,763	19,625	138	115,539	(517)	(1,100)	583	0.51%
Social Care	88,948	24,104	25,122	(1,018)	94,267	(5,319)	(1,211)	(4,108)	-4.62%
Net Expenditure	**203,970**	**43,867**	**44,747**	**(880)**	**209,806**	**(5,836)**	**(2,311)**	**(3,525)**	**-1.73%**

Table 2 – Financial Information as at 31 March 2025 by Head of Service

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Forecast Variance
	£000	£000	£000	£000	£000	£000	£000	£000	
Children's Health, Care & Justice	30,240	7,004	7,176	(172)	31,568	(1,328)	(625)	(703)	-2.35%
Health and Community Care	52,523	14,063	14,937	(874)	56,056	(3,533)	(35)	(3,498)	-6.66%
Mental Health, Learning Disability & Addictions	30,712	8,919	8,747	172	30,694	18	(660)	678	2.21%
Strategy & Transformation	1,949	440	406	34	2,044	(95)	(229)	134	6.88%
Family Health Services	32,719	3,651	3,651	0	32,719	0	0	0	0.00%
GP Prescribing	21,534	5,384	5,446	(62)	22,271	(737)	(487)	(250)	-1.16%
Hosted Services	8,384	2,093	2,090	3	8,474	(90)	(110)	20	0.24%
Other	25,909	2,313	2,294	19	25,980	(71)	(165)	94	0.36%
Net Expenditure	**203,970**	**43,867**	**44,747**	**(880)**	**209,806**	**(5,836)**	**(2,311)**	**(3,525)**	**-1.73%**

4.3 Members should note that the current projected outturn considers the progress on agreed savings programmes, totalling £7.132m. Further detail on progress of savings is detailed in Appendix 2 with a summary position shown in Table 3 below.

Table 3 – Monitoring of Savings and Efficiencies

Efficiency Detail	Saving to be Monitored	Saving achieved	Saving on track to be achieved	Saving at low/medium risk of not being achieved	Saving at high risk of not being achieved
	£000	£000	£000	£000	£000
Total	7,132	2,782	1,416	1,052	1,883
Health Care	2,343	389	1,115	840	0
Social Care	4,789	2,393	302	213	1,883

4.4 The progress of savings is tracked by the Senior Management Team, and a RAGB (Red, Amber, Green and Blue) status applied to inform further actions. In this first quarter approximately 59% of savings have been achieved or are on track to be achieved, with the remainder requiring further action, which could include application of reserves as appropriate.

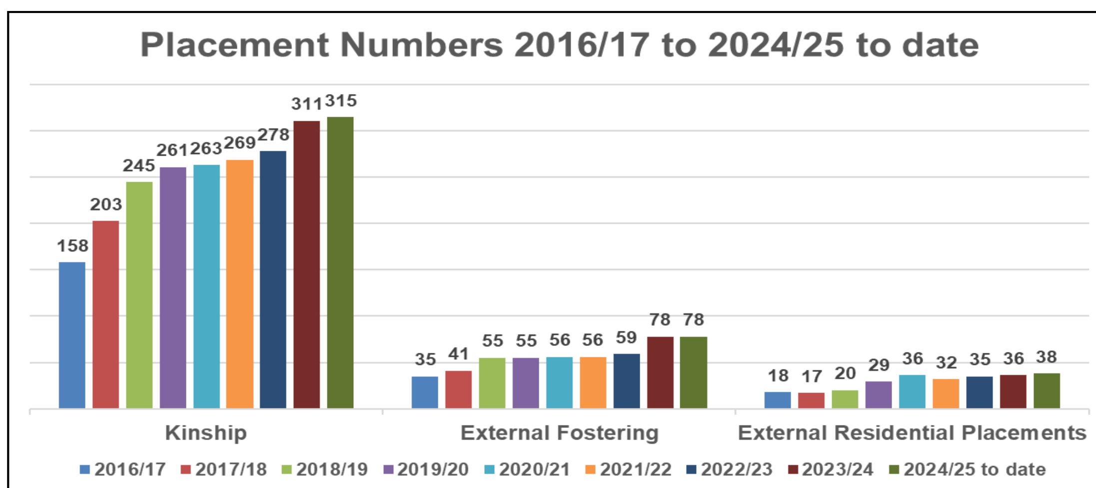
4.5 Summary detail on the anticipated level of reserves, including those approved by the HSCP Board in March 2024 to underwrite the savings challenge (£2.150m), is provided within Appendix 6. The appendix highlights that the current projected overspend of £3.525m would wipe out the opening unearmarked reserves balance of £3.504m, leaving the HSCP Board unable to mitigate against any further in-year pressures. With regards to the range of earmarked reserves, it is anticipated that £3.833m will be drawn down to cover planned expenditure. As set-out within the March 2024 budget setting paper, the benefit of the two-year local authority employer's superannuation saving (19.3% to 6.5% contribution rate) was to be spread over a three-year period. For 2024/25, the saving will be in the region of £1.522m (based on budgeted rates). This is shown as an addition to earmarked reserves within Appendix 6, however given the risk to the unearmarked balance, it is likely that the in-year benefit will be re-categorised.

4.6 Analysis on the projected annual variances more than £0.050m are contained within Appendix 5. The variance analysis highlights the range of pressures being managed across the HSCP's delegated budgets. After accounting for the planned application of earmarked reserves, the residual projected overspend of £3.525m is mainly due to continuing pressures within children and young people community and residential placements, external older people care home placements and and high use of agency and premium rate overtime delivering care at home services.

4.7 Previous financial performance has provided information on the scale of the financial challenge supporting vulnerable children and families. Graph 1 below highlights that Kinship Placements have increased by 99%, External

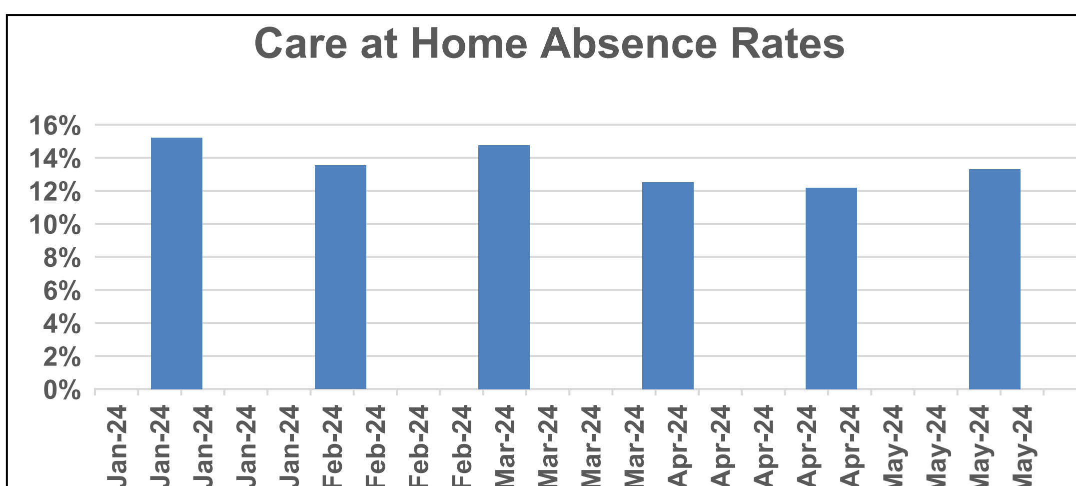
Fostering by 122% and Residential by 111% since 2016/17. While additional budget resource has been incorporated into annual estimates, the levels of inflationary increases agreed through Scotland Excel Framework Agreements and the increase in demand provision has exceeded demographic burdens applied. The recently approved "What Would it Take" medium term plan sets out the reasons for these pressures and actions to mitigate over the next 5 years.

Graph 1 – Children and Families Community Placement and Residential Numbers 2016/17 to 2024/25 to Date



4.8 Care at Home continues to face several significant pressures and while the redesign programme continues, the pace at which this is progressing is slower than anticipated. The impact of 3 years of unfunded pay awards (£2.486m), job evaluation claims (£0.604m) and higher than average absence levels (as detailed in Graph 2 below) have all contributed to the current forecast adverse variance

Graph 2 – Care at Home Absence Rates January 2024 to June 2024



4.9 Improving delayed discharge performance coupled with demographic pressures has increased demand for both nursing and residential care home beds creating an additional financial pressure. In addition, residential care assistants within our Crosslet and Queens Quay care homes have been successful in a recent job evaluation claim and will be regraded from grade 3 to grade 4 with the likely date of pay uplifts being March 2023. Officers are currently working through the cost of this, and an update will be provided to a future HSCP Board.

Update on Pay Awards

4.10 On 30 May 2024 the Scottish Government published the Public Sector Pay Policy for 2024/25 which sets out sets a framework which individual bargaining units can use to take forward negotiations on pay and non-pay elements relevant to their sector and workforce. The pay policy sets out a multi-year framework covering 2024/25 to 2026/27, as detailed in the policy extract below, however public bodies covered by the policy have the option of following the metric for 2024/25 only or agreeing a 2- or 3-year deal in line with the metrics as outlined.

Extract from the Scottish Government Public Sector Pay Policy 2024/25

Pay Metrics Framework

Year	2024-25	2025-26	2026-27
Pay Metric	3%	3%	3%
Pay Metric Structure	2% from April, 1% from January	2% from April, 1% from January	2% from April, 1% from January
CPI Inflation*	2%	2%	1.7%

*Source: Average of Bank of England May 2024 Monetary Policy Report and OBR March 2024 Economic and Fiscal Outlook

4.11 The key features of the Public Sector Pay Policy 2024/25 are:

- The cumulative impact of the pay metrics over the 3-year period is 9.3%, compared to forecast CPI inflation of 5.7%;
- The Pay Policy sets the overarching framework and public bodies have the flexibility to draw up their own pay proposals which consider workforce planning and local pay issues such as recruitment and retention, equality, and the impact of the low pay measures on other staff; and
- Employers are encouraged to consider a progressive pay approach, which may include setting a cash underpin, a higher percentage uplift, or a non-consolidated cash payment.

Local Authority Pay Award

4.12 The currently reported annual budget for Social Care services includes an estimation of the impact of the 2024/25 pay uplift for Social Care HSCP staff currently assumed at 3% at a cost of circa £1.637m. This will be subject to change as pay negotiations continue to progress.

4.13 An 18 month offer to cover the period April 2024 to 30 September 2025 was made on 23 May 2024, the details of which are provided below:

- A 2.2% increase effective from 1 April 2024 to 30 September 2024;
- A further 2% uplift from 1 October 2024 to 30 September 2025;
- Change settlement date to 1st October; and
- Agree to develop negotiation protocol;

4.14 In June consultative ballots saw significant numbers of Local Authority staff voting to reject the pay deal and being in favour of taking action, up to and including strike action. This was subsequently followed in July by further ballots which resulted in a vote in favour of strike action.

4.15 On 18 July 2024 a new 12 month pay offer of 3.2% uplift on all spinal column points was made by COSLA covering the period 1 April 2024 to 31 March 2025.

4.16 This offer was also rejected with COSLA stressing that the revised offer was at the absolute limit of affordability given the "severe financial constraints" faced by Local Government.

4.17 On 9 August 2024 it was announced that an unquantified level of additional funding had been identified to enable an improved formal offer to be made, such that "everyone will receive at least 3.6% and for the first pay point on our pay scales, there will be an increase of £1,292 (or 5.63%) taking the overall offer value to 4.27%".

4.18 At the time of writing all unions have suspended strike action to consult with their members.

4.19 Forecast outturn figures do not include the impact of any pay award over the 3% budgeted for at present, however the financial impact of the 4.27% pay offer of circa £0.750m is detailed in Table 7 below.

Health Care Pay Award

4.20 Pay negotiations in relation to Healthcare AfC across Scotland commenced on 26 July 2024.

4.21 Board Members will recall that the indicative health care budget approved in March 2024 assumed 0% uplift for Agenda for Change and other staff groups pending the outcome of pay negotiations following which funding arrangements for Boards will be revisited by the Scottish Government.

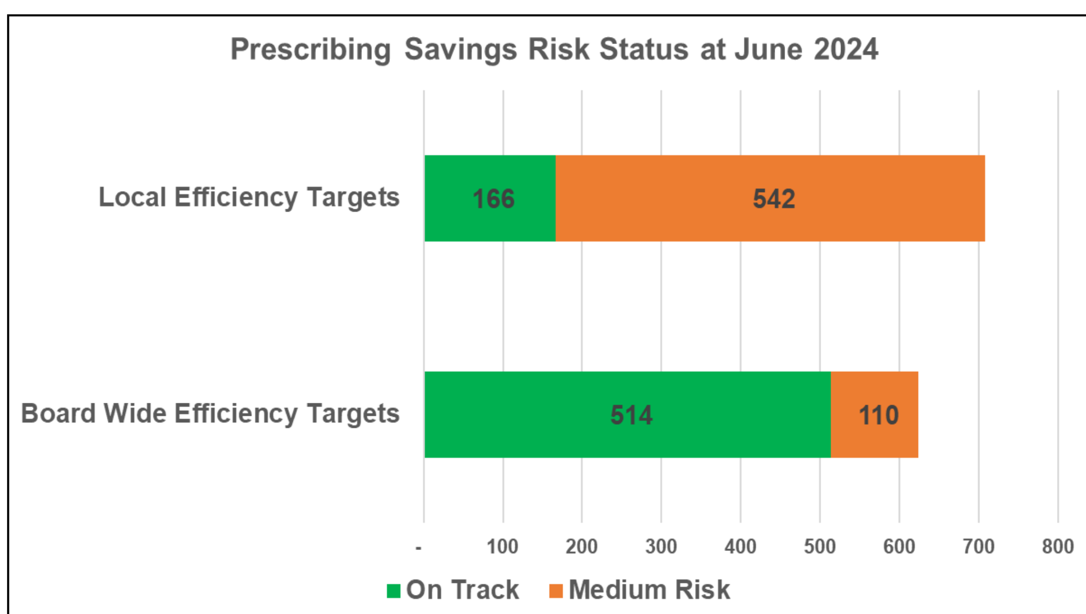
Update on Prescribing 2024/25

4.22 Significant levels of savings at £1.332m are required in 2024/25 to achieve spend on budget. Prescribing data is normally provided two months in arrears, meaning that projections provided at period 3 will include actual data

for April. At the time of writing April spend data has been provided, however only limited data has been provided regarding progress of savings actions. The forecast at this time shows, after the drawdown of £0.487m earmarked prescribing reserves used to balance the 2024/25 budget, £0.250m overspend related to the cost of prescribing buvidal, which is a recurring pressure, but at present can be funded from the core Health addictions budget.

4.23 Once actual prescribing data starts to flow through from NHSGCC the projection will require to be updated. Based on actual 2023/24 spend and budget assumptions regarding increasing demand and inflationary pressures updated forecasts could be substantially higher than budget with increased pressure on the savings required. Based on the limited data provided graph 3 shows the current risk status of prescribing efficiencies required.

Graph 3 – Prescribing Savings Risk Status



4.24 The projection for Health Care at period 3 shows a forecast net favourable variance of £0.583m. Based on this position, the remaining allocation of earmarked reserves of £0.191m that were allocated in March 2024 to balance the 2024/25 budget is not required at this time but remains available, along with the favourable variance, to help to mitigate any increase to the prescribing projection if required.

<u>Bad Debt Write-Off and Bad Debt Provision</u>

4.25 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.

4.26 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. 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

4.27 Bad debt write off totalling £0.083m for the period January to June 2024 are included in the tables 4 and 5 below for information only, as no individual debt exceeds £5,000. The debt written off for the period January to June 2024 are almost as much as the total 2023/24 write off's and this will have to be monitored closely for potential impact on the current provision which is £0.439m. The HSCP has been actively focussing on bad debt levels over the last year, and recently has joined a WDC working group convened to actively manage outstanding debt across all Council levied charges. The HSCP has also been working to promote the advantages of payment by direct debit which, in addition to being beneficial to service users, will reduce the risk of bad debt accruing for new charges raised.

Table 4 – Bad Debt Write off by Classification

Debt Write Off Summary for January to June 2024	**Value of Debt Write Off**	**Number of Cases**
Prescribed under £5k	31,676	218
Uneconomical under £5k	0	0
Unreasonable under £5k	13,688	317
Deceased under £5k	37,119	319
Small balance under £5k	0	0
Deceased over £5k	0	0
Prescribed over £5k	0	0
Unreasonable over £5k	0	0
Total	**82,483**	**854**

Table 5 – Bad Debt Write off by Service Area

Debt Write Off Summary for January to June 2024	Value of Debt Write Off	Number of Cases
Care at Home	34,901	114
Care Contracts	5,295	10
Learning Disability	1,557	20
Addictions		
Mental Health	2,088	4
Physical Disability	5,930	25
Respite	234	3
Community Alarms	28,611	672
Finance	3,321	4
Community Care	547	2
Total	**82,483**	**854**

Recovery Plan

4.28 As reported above the annual projected outturn position reported at Period 3 is a potential overspend of £3.525m (1.73%). The Integration Scheme, a key document within the financial governance framework, states that a recovery plan must be put in place (with the agreement of partners) to mitigate any projected overspend. Extract below:

11.4 The Chief Officer will deliver the Outcomes within the total delegated resources (paid and Set Aside) and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the Integration Joint Board. If the recovery plan is not successful the Parties will consider making interim funds available based on the agreed percentage contribution for joint responsibilities, as outlined above, with repayment in future years on the basis of a revised recovery plan agreed by the Parties and Integration Joint Board. If the revised plan cannot be agreed by the Parties or is not approved by the Integration Joint Board, the dispute resolution mechanism in herein, will be followed.

4.29 The Chief Officer and the Chief Financial Officer have already met with both NHSGCC and WDC Chief Executives to consider the forecast outturn based on quarter one’s actual position and a range of actions must be developed. The SMT met on 8 August to discuss the possibility of accelerating the development of 2025/26 savings options, to determine those options that could mitigate the in-year pressure and be sufficiently robust to minimise the impact on future year budget setting (see Table 7 below). The Board will be updated on planning progress at the meeting on 24 September 2024.

Update on Reserves

4.30 The 2023/24 recovery plan included a recommendation in relation to the further application of earmarked reserves and while all efforts were made to minimise the impact on un-earmarked reserves the final year end unaudited reserve balances were as detailed in Table 6 below:

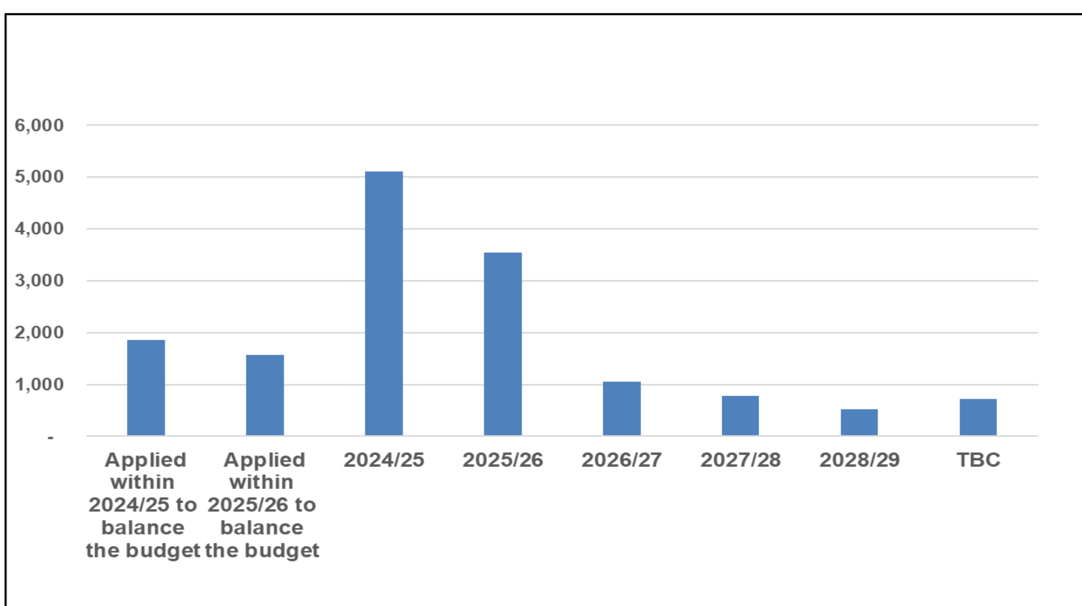
Table 6 – Unaudited Reserve Balances

Total Reserves	Balance as at 31 March 2024 £000
Total Earmarked Reserves	(15,150)
Total Unearmarked Reserves	(3,504)
Total General Fund Reserves	(18,654)

4.31 The unaudited unearmarked balance brought forward from 2023/24 is £3.504m which at 1.66% is below the 2% target of net expenditure of £4.231m contained within the Reserves Policy. The Policy is clear that a sufficient level of un-earmarked reserves should be held to “cushion the impact of unexpected events or emergencies” in any given financial year

4.32 Graph 4 details the anticipated spend profile of the £15.150m unaudited earmarked balance. Given the level of reserves already committed to balancing the 2024/25 and 2025/26 budgets and planned drawdowns between 2024/25 and 2028/29, along with those reserves for which timing is uncertain but subject to wider NHSGCC programmes of work, it is unlikely that a substantial level of earmarked reserves will be available to contribute towards recovery planning in 2024/25.

Graph 4 – Anticipated Spend Profile of Earmarked Reserves



Children's Residential and Community Care Updates

Children's Social Care Pay Uplift

4.33 As reported to the June HSCP Board, Members will recall that the Programme for Government 2023 to 2024 included a commitment to pay eligible children's social care workers in private, voluntary, and independent sectors a minimum rate of £12 per hour. At the time of writing further information is required from Scotland Excel to establish the full year impact and how this aligns to the funding (£0.415m) allocated.

Scottish Recommended Allowance

4.34 Correspondence has been received from the Deputy Director, Keeping the Promise, confirming that, in the context of inflation and the significant financial challenges that the Scottish Government faces, the Scottish Recommended Allowance for 2024/25 will remain unchanged from 2023/24.

Community Placements and Universal Credit

4.35 There are likely to be potential additional costs to the HSCP for looked after children due to the migration to Universal Credit. In August 2023, Scottish Government introduced the Scottish Recommended Allowance (SRA) for foster and kinship carers in line with the shared commitment to Keep the Promise.

4.36 Eligible kinship carers can claim Child Tax Credit (CTC) which due to the method of payment is deducted from kinship payments made by the HSCP. However, Universal Credit (UC) does not allow for a deduction to be made thus increasing the kinship payment to be borne by the HSCP.

4.37 A case-by-case analysis will be required to quantify the impact accurately, but at the time of writing, it is estimated that this could result in full year additional costs to the HSCP of up to £0.687m based on current client activity if all carers currently in receipt of CTC were to move over to UC. While some claimants will qualify for transitional protection which may impact on the timing of the additional costs anticipated this remains a significant potential increase in cost in an already pressured budget.

4.38 In March 2020, the Department for Work and Pensions (DWP) paused work on moving those claiming legacy benefits to UC - known as managed migration - to focus on their response to the Covid-19 pandemic. While it was anticipated that the roll out and implementation of UC will be complete by 2024, it is unclear at this time whether this will be achieved and therefore when the financial impact of this will be felt by the HSCP. In the year to date circa £0.035m of additional costs have been incurred. The potential financial burden of these changes on local authorities and HSCP's has been raised by CoSLA to the Scottish Government.

Budget Gap Analysis

4.39 Officers have undertaken a review of all potential burdens that may impact on the currently reported position for 2024/25 and the previously reported budget gaps for 2025/26 and 2026/27 at the 28 March 2024/25 budget setting meeting.

4.40 Table 7 details the potential financial impact of a number of burdens ranging from social care pay uplifts, the potential impact on community placements and the move to Universal Credit, and the continued impact of pressures within children and families and health and community care.

Table 7 – Budget Gap Analysis

Consolidated Budget Gap Analysis	**2024/25**	**2025/26**	**2026/27**
	£000's	**£000's**	**£000's**
Budget Gap Reported March 2024	0	4,943	10,500
Forecast Deficit @June 2024	3,525		
Application of unearmarked Reserves above PB			
Budget Adjustments / Pressures not Reported			
Social Care Pay Inflation increased on average 1.27%	750	773	796
Community Placements and Universal Credit (assume 3 month impact)	172	687	687
Pressures within Community Placements and Childrens Residential Care		1,386	1,455
Pressures within Care Homes and Care at Home		4,101	4,225
Revised Budget Gap @ June 2024	**4,447**	**11,890**	**17,662**

4.41 Table 7 highlights the widening financial gap if all potential burdens were to be realised in 2024/25 and if any further recovery plan does not deliver recurring actions to mitigate pressure in future years. The current forecast overspend of £3.525m is also subject to risk as the local authority pay award and the financial impact of the move to UC remains outstanding. The care home staff regrading which has now been agreed is also anticipated to add a further financial burden to 2024/25, however the cost of this is unclear at this time. The impact on 2025/26 and 2026/27 considering the current trajectory for children and families and health and community care increases the mid-range scenario budget gap to £11.9m and £17.7m.

4.42 The future year budget gaps are mainly driven by the assumption that the HSCP Board will continue to receive flat-cash allocations for delegated social care services while delegated health services will have some inflationary uplift for pay award funding. The 2024/25 budget setting paper clearly set-out the scale of the financial challenge flat-cash settlements bring and require all inflation and demographic pressure to be balanced through savings programmes and management actions.

Housing Aids and Adaptations and Care of Gardens

4.43 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 2024/25 budget allocation of £88.948m from the council.

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

4.45 The draft outturn position for the period to 31 March 2025 is included in Table 8 below and will be reported as part of WDC's financial update position.

Table 8 – Draft Outturn Financial Performance as of 31 March 2025

Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council	Annual Budget	Year to Date Actual	Forecast Spend	Forecast Variance
	£000	£000	£000	£000
Care of Gardens	229	42	229	0
Aids & Adaptations	80	20	80	0
Net Expenditure	**309**	**62**	**309**	**0**

2024/25 Capital Expenditure

4.46 The capital updates for Social Care are summarised in Table 9 below and contained within Appendix 7 and details the forecast position on the undernoted capital projects.

Table 9 – Capital Project Summary

HSCP Capital Project Summary	Project Life Budget	Project Life Forecast Spend	Project Life Variance	On Track / Complete	Off Track
	£000	£000	£000		
Special Needs (Aids & Adaptations)	6,765	6,765	0	6,765	0
ICT Modernisation HSCP	1,668	1,668	0	1,668	0
Community Alarm upgrade	898	898	0	898	0
Total	**9,331**	**9,331**	**0**	**9,331**	**0**

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.

8. Risk Analysis

8.1 The main financial risks to the HSCP in 2024/25 relate to:

- ongoing increases in demand for some key social care services;
- transition of families to universal credit;
- cost of complex care packages;
- unquantified cost of job evaluation claims within social care;
- uncertainty round local authority and health pay uplifts;
- the potentially insufficient funding allocation in relation to children's social care pay uplift;
- prescribing costs and volumes; 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.

8.2 The impact of inflationary pressures and costs of imports has added to the volatility of GP Prescribing costs. The complicated contractual arrangements and gathering of monthly data from community pharmacies causes a two-

month lag in confirming actual costs. Any differences between actual costs and those accrued will impact on 2024/25.

8.3 As of 9 May 2024 the Bank of England reports that the current rate of inflation is 2.3% compared to the target level of 2%. It is unclear at this time what impact this will have on the future of the UK Economy in 2024/25 which may have a detrimental impact on public sector funding.

8.4 The progress of the National Care Service Bill remains subject to change. The Bill as amended will be published following stage 2 proceedings.

9. Equalities Impact Assessment (EIA)

9.1 None required for this report however any recovery plan may require equality impact assessments to be undertaken.

10. Environmental Sustainability

10.1 None required.

11. Consultation

11.1 This report and the projections and assumptions contained within it has been discussed with both council and health board finance colleagues.

12. Strategic Assessment

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

12.2 Strategic enablers being workforce, finance, technology, partnerships, and infrastructure will support delivery of our strategic outcomes as below:

- Caring Communities;
- Safe and Thriving Communities;
- Equal Communities and
- Healthy Communities

13. Directions

13.1 The recurring and non-recurring budget adjustments up to 30 June 2024 (Appendix 1) will require the issuing of a direction, see Appendix 8.

Julie Slavin – Chief Financial Officer
Date: 12 August 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 2024/25 (Overall Summary)
Appendix 4 – Revenue Budgetary Control 2024/25 (Health Care and Social Care Summary)
Appendix 5 – Variance Analysis over £50k
Appendix 6 – Reserves
Appendix 7 – Capital Update
Appendix 8 – Directions

Background Papers: 2024/25 Annual Budget Setting Report – 28 March HSCP Board

Localities Affected: All

West Dunbartonshire Health & Social Care Partnership **Appendix 1**
Financial Year 2024/25 Period 3 covering 1 April 2024 to 30 June 2024

2024/25 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved at Board Meeting on 28 March 2024	**109,242**	**90,420**	**199,662**
Health Rollover Budget Adjustments	426		426
Budget Adjustments			
Board Allocated			
Pfg Afc Rec Wdhscp	34		34
Wdhscp App Levy Scs Tfer	(10)		(10)
Wdhscp O365 Scs Tfer	(14)		(14)
Wdhscp Pension Scs Tfer	(1)		(1)
Adp Tr 1 Wdhscp	455		455
Adp Tr 1 Wdhscp Afc	65		65
Wd Pcip	3,214		3,214
Outstanding			
Eers Superannuation	501		501
MDT	569		569
District Nursing	214		214
School Nursing	210		210
ADP	114		114
Action 15	619		619
PDS Dementia	62		62
Revised Budget 2024/25	**115,700**	**90,420**	**206,120**
Drawdown from Reserves	**(678)**	**(1,472)**	**(2,150)**
Budget Funded from Partner Organisations	**115,022**	**88,948**	**203,970**

West Dunbartonshire Health & Social Care Partnership **Appendix 2**
Monitoring of Efficiencies and Management Adjustments 2024/25

Head of Service	Partner	Efficiency Detail	Comment	Total
				£000
Savings at high risk of not being achieved				
Head of Community Health and Care Services	Social Care	Budget savings taken from Care at Home between 2020/21 and 2023/24 related to the ongoing service redesign work. These savings have been unachieved in prior years and have not been added back to the 2024/25 budget and therefore still require to be monitored.	While work to implement the Care at Home redesign continues, the forecast outturn at this time shows there is a high risk of these savings not being achieved. The areas of largest cost pressure sit within staffing and relate to the continued use of agency staff and payment of premium rate overtime with redesign pathways to address these areas ongoing. Individual contractual preference meetings concluded at the end of June 2024 with work now focussed on phasing contractual changes linking with payroll dates. The Standard Operating Process (SOP) for overtime is not yet agreed and implemented, however targeted action continues and organiser specific financial reports are being developed to allow scrutiny per organiser in relation to FTE, absence rates, overtime,agency spend and planned hours. Once agreed and ready to be implemented, SOP training will be rolled out to the organisers. A 4 weekly chief officer oversight meeting takes place to monitor performamce.	1,206
Head of Children's Health Care and Criminal Justice	Social Care	Budget savings taken from Children and Families between 2021/22 and 2023/24. These savings have been unachieved in prior years and have not been added back to the 2024/25 budget and therefore still require to be monitored and addressed as part of the What Would It Take medium term financial plan.	Historically placement data has been monitored retrospectively, however work is ongoing to provide live placement data to enable accruate position updates in a timely manner. While the period 3 financial performance data for residential and community placements reports an overall forecast adverse variance of £1.2m compared to a 2023/24 unaudited adverse variance of £2.1m suggesting an improved position, it should be noted that this is still relatively early in the 2024/25 financial year and this risk of these savings being unachieved remains high at this time.	558
All	Social Care	Temporary Increase in Turnover	At high risk of not being achieved given overall projected adverse variance on social care staffing.	100
Head of Mental Health, Learning Disability and Addictions	Social Care	Alzheimers Scotland	The Head of Service and Commissioning colleagues have met with Alzheimers Scoltand regarding their service and they will be paid at the lower rate from June onwards with reserves being used to fund the gap.	19

West Dunbartonshire Health & Social Care Partnership
Monitoring of Efficiencies and Management Adjustments 2024/25

Appendix 2

Head of Service	Partner	Efficiency Detail	Comment	Total
				£000
Savings at medium risk of not being achieved				
Head of Community Health and Care Services	Social Care	Removal of care at home overnight support as provided by District Nurses	0.55 FTE remains in post at this time with costings being collated for early retirement and an at risk letter has been issued. This saving links in with removal of overnight team resource and must be equitable with the redesign process. 'Suitable alternatives' been offered and declined. An option is available regarding moving to a mobile attendant role, however this requires further discussion re funding and / modelling for demand in this service. There is currently only one MA on per night across all the HSCP.	28
Head of Strategy and Transformation	Social Care	Admin Saving	The admin review has commenced but given it will take a number of months to come to a conclusion the only way to achieve full in year savings is to hold recruitment.	185
Musculoskeletal Physiotherapy Manager	Health Care	Temporary Increase in MSK Service Turnover from 3.7% to 8.3%	Negotiations are continuing with Lanarkshire Health Board regarding their notice to withdraw from the existing SLA. It is assumed that income will continue to be received for the first 2 quarters of the financial year. The recurring turnover target for MSK services is being met, however the stretch to 8.3% is lower than anticipated at this stage, as previous years' staff movements have settled as PCIP embed across the country. There is a £100k earmarked reserve as well as support from the unachieved savings reserve if required	188
Head of Community Health and Care Services	Health Care	Prescribing Board Wide and Stretch Efficiency Programmes	In the absence of robust data, those initiatives with slow progress to date are recorded at being at medium risk at this time.	652
		Total		**2,935**
		Health Care		**840**
		Social Care		**2,095**

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 3 covering 1 April 2024 to 30 June 2024

Appendix 3

Consolidated Expenditure by Service Area	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Older People Residential, Health and Community Care	34,370	9,673	9,638	35	34,263	107	(35)	142	0.41%	↑
Care at Home	14,520	3,424	4,375	(951)	18,323	(3,803)	0	(3,803)	-26.19%	↓
Physical Disability	2,947	798	757	41	2,782	165	0	165	5.60%	↑
Childrens Residential Care and Community Services	30,286	6,977	7,124	(147)	31,424	(1,138)	(546)	(592)	-1.95%	↓
Strategy, Planning and Health Improvement	1,949	440	406	34	2,044	(95)	(229)	134	6.88%	↑
Mental Health Services - Adult and Elderly, Community and Inpatients	11,799	3,849	3,786	63	11,731	68	(185)	253	2.14%	↑
Addictions	4,058	953	849	104	3,962	96	(314)	410	10.10%	↑
Learning Disabilities - Residential and Community Services	14,856	4,117	4,113	4	15,000	(144)	(161)	17	0.11%	↑
Family Health Services (FHS)	32,719	3,651	3,651	0	32,719	0	0	0	0.00%	→
GP Prescribing	21,534	5,384	5,446	(62)	22,271	(737)	(487)	(250)	-1.16%	↓
Hosted Services	8,384	2,093	2,089	4	8,475	(91)	(110)	19	0.23%	↑
Criminal Justice (Including Transitions)	(46)	27	54	(27)	144	(190)	(79)	(111)	241.30%	↓
Resource Transfer	17,814	0	0	0	17,814	0	0	0	0.00%	→
Contingency	2,039	510	381	129	0	2,039	1,522	517	25.36%	↑
HSCP Corporate and Other Services	6,741	1,971	2,078	(107)	8,854	(2,113)	(1,687)	(426)	-6.32%	↓
Net Expenditure	**203,970**	**43,867**	**44,747**	**(880)**	**209,806**	**(5,836)**	**(2,311)**	**(3,525)**	**-1.73%**	↓

Consolidated Expenditure by Subjective Analysis	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Employee	89,182	20,502	20,942	(440)	90,644	(1,462)	312	(1,774)	-1.99%	↑
Property	1,134	225	245	(20)	1,214	(80)	0	(80)	-7.05%	→
Transport and Plant	1,455	104	96	8	1,421	34	0	34	2.34%	→
Supplies, Services and Admin	6,341	795	770	25	6,368	(27)	(131)	104	1.64%	↓
Payments to Other Bodies	85,881	14,085	14,525	(440)	88,002	(2,121)	(363)	(1,758)	-2.05%	↓
Family Health Services	33,644	3,972	3,972	0	33,644	0	0	0	0.00%	→
GP Prescribing	21,535	5,384	5,446	(62)	22,272	(737)	(487)	(250)	-1.16%	↓
Other	2,950	720	668	52	2,739	211	0	211	7.15%	→
Gross Expenditure	**242,122**	**45,787**	**46,664**	**(877)**	**246,304**	**(4,182)**	**(669)**	**(3,513)**	**-1.45%**	↓
Income	(38,152)	(1,920)	(1,917)	(3)	(36,498)	(1,654)	(1,642)	(12)	0.03%	↓
Net Expenditure	**203,970**	**43,867**	**44,747**	**(880)**	**209,806**	**(5,836)**	**(2,311)**	**(3,525)**	**-1.73%**	↓

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 3 covering 1 April 2024 to 30 June 2024

Appendix 4

Health Care Net Expenditure	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Planning & Health Improvements	816	205	164	41	765	51	(113)	164	20.10%	↑
Childrens Services - Community	4,014	1,043	1,026	17	3,988	26	(40)	66	1.64%	↑
Adult Community Services	11,221	2,755	2,730	25	11,155	66	(35)	101	0.90%	↑
Community Learning Disabilities	814	210	210	0	905	(91)	(91)	0	0.00%	→
Addictions	2,998	556	493	63	2,744	254	0	254	8.47%	↑
Mental Health - Adult Community	4,785	1,412	1,337	75	4,481	304	0	304	6.35%	↑
Mental Health - Elderly Inpatients	3,716	1,141	1,139	2	3,809	(93)	(100)	7	0.19%	↑
Family Health Services (FHS)	32,719	3,651	3,651	0	32,719	0	0	0	0.00%	→
GP Prescribing	21,534	5,384	5,446	(62)	22,271	(737)	(487)	(250)	-1.16%	↓
Other Services	6,207	1,313	1,339	(26)	6,414	(207)	(124)	(83)	-1.34%	↓
Resource Transfer	17,814	0	0	0	17,814	0	0	0	0.00%	→
Hosted Services	8,384	2,093	2,090	3	8,474	(90)	(110)	20	0.24%	↑
Net Expenditure	**115,022**	**19,763**	**19,625**	**138**	**115,539**	**(517)**	**(1,100)**	**583**	**0.51%**	↑

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 3 covering 1 April 2024 to 30 June 2024

Appendix 4

Social Care Net Expenditure	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Strategy Planning and Health Improvement	1,133	235	242	(7)	1,279	(146)	(116)	(30)	-2.65%	↓
Residential Accommodation for Young People	2,943	651	632	19	2,867	76	0	76	2.58%	↑
Children's Community Placements	7,559	1,545	1,772	(227)	8,471	(912)	0	(912)	-12.07%	↓
Children's Residential Schools	5,595	1,854	1,956	(102)	6,003	(408)	0	(408)	-7.29%	↓
Children's Supported Accommodation	1,135	491	407	84	800	335	0	335	29.52%	↑
Childcare Operations	6,206	1,178	1,099	79	6,258	(52)	(366)	314	5.06%	↑
Other Services - Young People	2,834	215	230	(15)	3,037	(203)	(140)	(63)	-2.22%	↓
Residential Accommodation for Older People	6,975	2,043	2,053	(10)	7,013	(38)	0	(38)	-0.54%	↓
External Residential Accommodation for Elderly	10,266	4,119	4,163	(44)	10,445	(179)	0	(179)	-1.74%	↓
Sheltered Housing	1,384	377	393	(16)	1,451	(67)	0	(67)	-4.84%	↓
Day Centres Older People	1,268	54	46	8	1,234	34	0	34	2.68%	↑
Meals on Wheels	0	0	3	(3)	12	(12)	0	(12)	0.00%	↓
Community Alarms	(65)	(493)	(491)	(2)	(58)	(7)	0	(7)	10.77%	↓
Community Health Operations	3,267	817	739	78	2,956	311	0	311	9.52%	↑
Residential - Learning Disability	12,229	3,572	3,595	(23)	12,396	(167)	(70)	(97)	-0.79%	↓
Physical Disability	2,616	793	752	41	2,452	164	0	164	6.27%	↑
Day Centres - Learning Disabilty	1,813	336	307	29	1,699	114	0	114	6.29%	↑
Criminal Justice (Including Transitions)	(46)	27	54	(27)	144	(190)	(79)	(111)	241.30%	↓
Mental Health	3,297	1,296	1,310	(14)	3,441	(144)	(85)	(59)	-1.79%	↓
Care at Home	14,520	3,424	4,375	(951)	18,323	(3,803)	0	(3,803)	-26.19%	↓
Addictions Services	1,060	396	356	40	1,219	(159)	(314)	155	14.62%	↑
Equipu	330	5	5	0	330	0	0	0	0.00%	→
Frailty	54	3	3	0	56	(2)	0	(2)	-3.70%	↓
Carers	1,511	138	143	(5)	1,635	(124)	(101)	(23)	-1.52%	↓
Contingency	2,039	510	381	129	0	2,039	1,522	517	25.36%	↑
HSCP - Corporate	(975)	518	597	(79)	804	(1,779)	(1,462)	(317)	32.51%	↓
Net Expenditure	**88,948**	**24,104**	**25,122**	**(1,018)**	**94,267**	**(5,319)**	**(1,211)**	**(4,108)**	**-4.62%**	↓

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2024/25 Period 3 covering 1 April 2024 to 30 June 2024
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	**Actual Full Year £000**	**Actual Variance £000**	**% Variance**	**RAG Status**
Health Care Variances					
Planning & Health Improvements	816	652	164	20%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The main reason for the forecast favourable variance is due to a number of vacances across Planning, Health and Management				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Childrens Services - Community	4,014	3,948	66	2%	↑
Service Description	This care group provides community services for children				
Main Issues / Reason for Variance	The main reason for the forecast favourable variance is due to staff turnover, maternity leave and long term sickness. It is anticipated that some bank usage will be required to cover gaps in service.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Adult Community Services	11,221	11,120	101	1%	↑
Service Description	This service provides community services for adults				
Main Issues / Reason for Variance	The main reason for the forecast favourable variance is due to staff turnover savings currently in excess of target.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2024/25 Period 3 covering 1 April 2024 to 30 June 2024
Analysis for Variances Over £0.050m

Budget Details	**Variance Analysis**				
	Annual Budget £000	**Actual Full Year £000**	**Actual Variance £000**	**% Variance**	**RAG Status**
Addictions	2,998	2,744	254	8%	↑
Service Description	This care group provides addictions services				
Main Issues / Reason for Variance	The main reason for the forecast favourable variance is mainly due to staff turnover and recruitment delays				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Mental Health - Adult Community	4,785	4,481	304	6%	↑
Service Description	This care group provides mental health services for adults				
Main Issues / Reason for Variance	The main reason for the forecast favourable variance is due to high levels of staff furnover and recruitment delays.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
GP Prescribing	21,534	21,784	(250)	-1%	↓
Service Description	GP prescribing costs				
Main Issues / Reason for Variance	The main reason for the adverse variance is the cost of buvidal to be funded from addictions core funding. The forecast spend related to prescribing will require to be revisited as minimal data is available at this time to provide a meaningful projection and a significant level of savings are assumed.				
Mitigating Action	Continue to closely link in with the HSCP Prescribing Lead and NHSGCC prescribing				
Anticipated Outcome	An overspend is forecast at this time				
Other Services	6,207	6,290	(83)	-1%	↓
Service Description	This care group covers administration and management costs in relation to Health				
Main Issues / Reason for Variance	The main reason for the adverse variance is due to pay pressure within PCIP funding allocation.				
Mitigating Action	Vacancy management process is in place and a review of workforce profile and				
Anticipated Outcome	An overspend is forecast at this time				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 3 covering 1 April 2024 to 30 June 2024
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Social Care Variances					
Residential Accommodation for Young People	2,943	2,867	76	3%	↑
Service Description	This service provides residential care for young persons				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to vacant posts				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Children's Community Placements	7,559	8,471	(912)	-12%	↓
Service Description	This service covers fostering, adoption and kinship placements				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to an increase in kinship and external fostering client activity at £0.185m and £0.771m respectively. The forecast overspend in kinship has arisen due to placement of 12 more clients than budgeted and the backdated impact of changes to children's tax credits, while 15 more clients than budgeted are placed with external fostering providers.				
Mitigating Action	The "What Would It Take" children and families medium term financial strategy will require to accelerate in pace to achieve previously approved savings options and further reduce to bring spend back in line with budget.				
Anticipated Outcome	A significant overspend is forecast at this time unless action is taken to address underlying causes and use of external fostering providers.				
Children's Residential Schools	5,595	6,003	(408)	-7%	↓
Service Description	This service area provides residential education for children				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to an increase in client activity within secure placements.				
Mitigating Action	The "What Would It Take" children and families medium term financial strategy will require to accelerate in pace to achieve previously approved savings options and further reduce to bring spend back in line with budget.				
Anticipated Outcome	A significant overspend is forecast at this time unless action is taken to address underlying causes and use of children's residential care placements.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 3 covering 1 April 2024 to 30 June 2024
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Children's Supported Accommodation	1,135	800	335	30%	↑
Service Description	This service area provides the cost of supported accommodation for children				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to a reduction in client packages.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Childcare Operations	6,206	5,892	314	5%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to a number of vacant posts				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Other Services - Young People	2,834	2,897	(63)	-2%	↓
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to increased respite costs arising from increased packages and rates				
Mitigating Action	The service will require to closely monitor the number of clients with respite packages				
Anticipated Outcome	An overspend is forecast at this time.				
External Residential Accommodation for Elderly	10,266	10,445	(178)	-2%	↓
Service Description	External residential and nursing beds for over 65s				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to funding circa 15 more clients than budgeted for with the additional places split evenly between residential and nursing.				
Mitigating Action	The service will require to closely monitor the number of clients placed within external				
Anticipated Outcome	An overspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2024/25 Period 3 covering 1 April 2024 to 30 June 2024
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Sheltered Housing	1,384	1,451	(67)	-5%	↓
Service Description	Warden Service for Housing run sheltered housing service				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to a reduction in income from the HRA for the warden service charge of £0.117m in line with 2023/24 income received and related to unoccupied flats scheduled for demolition, partially offset by an underspend in employee costs of £0.041m arising from better use of sessional staff to cover vacancies and sickness with agency only being used when no other option.				
Mitigating Action	The service will require to understand the drivers in relation to the warden service				
Anticipated Outcome	An overspend is forecast at this time.				
Community Health Operations	3,267	2,956	311	10%	↑
Service Description	Adult services				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to the delay in recruiting additional social work capacity staff and staff turnover.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Residential - Learning Disability	12,229	12,326	(97)	-1%	↓
Service Description	This service provides residential care for persons with learning disabilities				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to partial non achievement of previously approved savings options of £0.500m, however work is ongoing to continually review packages of care and taxi spend.				
Mitigating Action	The service will continue to review care packages with a view to fully achieving				
Anticipated Outcome	An overspend is forecast at this time.				
Physical Disability	2,616	2,452	164	6%	↑
Service Description	This service provides physical disability services				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to a reduction in the number of client service packages.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2024/25 Period 3 covering 1 April 2024 to 30 June 2024
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Day Centres - Learning Disability	1,813	1,699	114	6%	↑
Service Description	This service provides day services for learning disability clients				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to a number of vacant posts.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Justice Services	(46)	65	(111)	241%	↓
Service Description	This service provides support and rehabilitation for offenders				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to non achievement of staff turnover savings.				
Mitigating Action	The service will require to manage staffing carefully to achieve turnover.				
Anticipated Outcome	An overspend is forecast at this time.				
Mental Health	3,297	3,356	(59)	-2%	↓
Service Description	This service provides mental health services				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to partial non achievement of previously approved savings options of £0.300m, however work is ongoing to continually review packages of care.				
Mitigating Action	The service will continue to review care packages with a view to fully achieving				
Anticipated Outcome	An overspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 3 covering 1 April 2024 to 30 June 2024
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Care at Home	14,520	18,323	(3,803)	-26%	↓
Service Description	This service provides care at home which includes personal care				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to staffing at £3.527m. Use of agency and premium overtime continues to be an issue while the service review is ongoing and delay to staff moving to new shift patterns. In addition there is a forecast under recovery of income as no invoices have been raised in 2024/25 due to the reduction in provision of meals and non personal care.				
Mitigating Action	The service review will require to accelerate in pace to address inefficiencies within the service and the reliance on agency and premium rate overtime, achieve previously approved savings options and further reduce to bring spend back in line with budget.				
Anticipated Outcome	A significant overspend is forecast at this time.				
Addictions Services	1,060	905	155	15%	↑
Service Description	This budget contains the cost of working with Clients dealing with Drug and Alcohol Addictions				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to moving clients into more affordable placements and clients moving to older peoples services. There are also turnover and sickness absence savings in staffing				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Contingency	2,039	1,522	517	25%	↑
Service Description	This contains 2024/25 budgeted transferred from services where budget is no longer required and/or unlikely to show any spend against it in the current financial year.				
Main Issues / Reason for Variance	The forecast favourable variance is due to unallocated excess budget within services.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 3 covering 1 April 2024 to 30 June 2024
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
HSCP - Corporate	(975)	(658)	(317)	32%	↓
Service Description	This budget contains Corporate spend and budgeted reserve drawdown				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to unachieved admin savings target and additional HSCP Social Care turnover target applied.				
Mitigating Action	The admin review will require to accelerate in pace to achieve required savings.				
Anticipated Outcome	An overspend is forecast at this time.				

Financial Year 2024/25 Period 3 covering 1 April 2024 to 30 June 2024 **Appendix 6**
Analysis of Reserves 2024/25

Analysis of Reserves	Actual Opening Balance as at 1 April 2024	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2025
	£000	£000	£000
Unearmarked Reserves			
Unearmarked Reserves	3,504	(3,525)	(21)
Total Unearmarked Reserves	**3,504**	**(3,525)**	**(21)**
Earmarked Reserves			
Scottish Govt. Policy Initiatives	**4,841**	**(1,660)**	**3,181**
Community Justice	192	(79)	113
Carers Funding	219	(132)	87
Child and Adult Disability Payments	0	0	0
Informed trauma	130	0	130
Additional Social worker capacity	364	(66)	298
GIFREC NHS	57	0	57
Mental Health Action 15	0	0	0
Mental Health Recovery and Renewal Fund	432	0	432
New Dementia Funding	63	0	63
Scottish Government Alcohol and Drug Partnership (including various National Drugs Priorities)	841	(314)	527
Primary Care Boardwide MDT	0	0	0
Community Living Change Fund	336	(161)	175
Children's Mental Health and Wellbeing	65	0	65
PCIF	0	0	0
GP Premises (incl. PCIF)	0	0	0
SG District Nursing Funding	74	0	74
TEC and Analogue to Digital Project	30	0	30
PEF Funding – Speech & Language Therapy Projects	26	0	26
Winter Planning Funding - MDT	0	0	0
Winter Planning Funding - 1000 Healthcare Workers	0	0	0
Workforce Wellbeing	67	0	67
Winter Planning Funding - Interim Care	610	(211)	399

Financial Year 2024/25 Period 3 covering 1 April 2024 to 30 June 2024 **Appendix 6**

Analysis of Reserves 2024/25

Analysis of Reserves	Actual Opening Balance as at 1 April 2024	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2025
	£000	£000	£000
Winter Planning Funding - Enhance Care at Home	1,162	(583)	579
Care Home & Housebound Vaccination funding from Health Board and Call Before You Convey	94	(94)	0
LD Health Checks	60	0	60
Pharmacy NES Funding	20	(20)	0
HSCP Initiatives	**2,924**	**(651)**	**2,273**
Service Redesign and Transformation	**496**	**(331)**	**165**
Fixed term development post to progress work on Older People's Mental Health, Adult Mental Health and Learning Disabilities Strategies.	0	0	0
Children at risk of harm inspection action	481	(316)	165
Fixed term posts with the integrated HSCP Finance team	15	(15)	(0)
Additional six social workers in children and families on a non recurring basis. Approved by the Board at 25 March 2021 meeting.	0	0	0
Unscheduled Care Services	397	0	397
COVID-19 Recovery (HSCP Funded)	**218**	**(113)**	**105**
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.	218	(113)	105
Children's Mental Health and Wellbeing and recruitment of a fixed term 2 year Clinical psychologist.	0	0	0
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.	0	0	0
Unachievement of Savings	1,085	(153)	932
Recruitment Campaign for Internal Foster Carers	0	0	0
Promise Keeper Fixed Term Recruitment	0	0	0
Public Protection Officers	244	0	244
Participatory Budgeting	50	0	50
Digital Transformation	227	(54)	173
Training and Development	207	0	207
Change and Transformation	0	0	0

Financial Year 2024/25 Period 3 covering 1 April 2024 to 30 June 2024 **Appendix 6**

Analysis of Reserves 2024/25

Analysis of Reserves	Actual Opening Balance as at 1 April 2024	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2025
	£000	£000	£000
Covid-19- Scottish Government Funded	**2**	**0**	**2**
COVID-19 Pressures	2	0	2
Health Care	**5,410**	**(882)**	**4,528**
DWP Conditions Management	46	(10)	36
Physio Waiting Times Initiative	103	0	103
Retinal Screening Waiting List Grading Initiative	147	(7)	140
Prescribing Reserve	972	(487)	485
NHS Board Adult Social Care	88	0	88
CAMHS	120	(90)	30
Planning and Health Improvement	248	(113)	135
West Dunbartonshire Mental Health Services Transitional Fund	1,454	(100)	1,354
Children's Community Health Services	0	0	0
C&F 5 year MTFP "What Would it Take"	1,130		1,130
Property Strategy	963	(35)	928
Health Visiting	120	(40)	80
Workforce Wellbeing	18	0	18
Social Care	**1,973**	**882**	**2,855**
Complex Care Packages/Supporting delay discharges	1,973	(640)	1,333
Local Authority Superannuation	0	1,522	1,522
Asylum Seeker increasing placements	0	0	0
Total Earmarked Reserves	**15,150**	**(2,311)**	**12,839**
Total Reserves	**18,654**	**(5,836)**	**12,818**

West Dunbartonshire Health & Social Care Partnership **Appendix 7**
Financial Year 2024/25 Period 3 covering 1 April 2024 to 30 June 2024

Month End Date	**30 June 2024**
Period	**3**

Summary

HSCP Capital Project Summary	Project Life Budget	Project Life Forecast Spend	Project Life Variance	On Track / Complete	Off Track
	£000	£000	£000		
Special Needs (Aids & Adaptations)	6,765	6,765	0	6,765	0
ICT Modernisation HSCP	1,668	1,668	0	1,668	0
Community Alarm upgrade	898	898	0	898	0
Total	**9,331**	**9,331**	**0**	**9,331**	**0**

Changes to Capital Plan and Implications

	Initial End Date	Revised End Date	Current Year 2024/25	2025/26	2026/27	2027/28	Future Years	Total Capital Plan
ICT Modernisation HSCP - Original	31/03/2025	31/03/2025	668,457	125,000	125,000	125000	625,000	**1,668,457**
ICT Modernisation HSCP - Revised			**125,000**	**396,729**	**396,729**	**125000**	**625,000**	**1,668,457**
Explanation	The digital strategy is across 2024 – 2027, so covering 2024-2025, 2025-2026, 2026-2027 financial years. This will drive spend over that period, given where we are in 2024-2025 and the position with it going to the board any spend related to this would need to be weighted more towards the next 2 financial years. Depending on progress on a replacement case management system, and if some of that is funded from this budget (whether costs for licenses, resources etc) that is also likely to feature in the next 2 FYs. Given the procurement exercise required for this, and following experience of other HSCPs who are further forward, these costs are likely to be more across the next 2 FYs than the current one. Come 2027 we'll then need to have a new strategy in place for the 2027-2028 FY.							

	Initial End Date	Revised End Date	Current Year 2024/25	2025/26	2026/27	2027/28	Future Years	Total Capital Plan
Community Alarm upgrade - Original	31/03/2025	31/03/2025	435,498	0	0	154,000	308,000	**897,498**
Community Alarm upgrade - Revised			**155,200**	**332,600**	**66,600**	**66,600**	**276,498**	**897,498**
Explanation	The Scotland Excel framework for the alarms & peripherals is due to be released July2023, EDC/WDC now have access to the new Chubb platform for the call handling (ARC). We hope to go live with this in October 24. With a live digital platform, we can then start installing the digital alarms and peripherals (Procurement exercise still needs to be completed). Currently we plan to install 600 alarms and peripherals in 2024/5 and the remaining 1200 alarms and peripherals in 2025/6.							

West Dunbartonshire Health & Social Care Partnership **Appendix 7**
Financial Year 2024/25 Period 3 covering 1 April 2024 to 30 June 2024

Month End Date	**30 June 2024**
Period	**3**

	Initial End Date	Revised End Date	Current Year 2024/25	2025/26	2026/27	2027/28	Future Years	Total Capital Plan
Special Needs (Aids & Adaptations) - Original	31/03/2025	31/03/2025	629,073	767,000	767,000	767,000	3,835,000	**6,765,073**
Special Needs (Aids & Adaptations) - Revised			**629,073**	**767,000**	**767,000**	**767,000**	**3,835,000**	**6,765,073**
Explanation	None required at this time							

All Approved Projects at Period 3 - 30 June 2024

			Full Project Life						In Year			
Project	Initial End Date	Revised End Date	Project Life Budget	Spend to 31/3/25	Spend to Date	Projected Future Spend	Total Projected Spend	Project Variance	Approved Budget 2024/25	Actual to date 2024/25	Revised Forecast 2024/25	In Year Variance
			£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Special Needs (Aids & Adaptations)	31/03/2025	31/03/2025	6,765	7	7	6,758	6,765	0	629	7	629	0
ICT Modernisation HSCP	31/03/2025	31/03/2025	1,668	0	0	1,668	1,668	0	125	0	125	0
Community Alarm upgrade	31/03/2025	31/03/2025	898	0	0	898	898	0	155	0	155	0
			9,331	**8**	**8**	**9,323**	**9,331**	**0**	**909**	**8**	**909**	**0**

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 20 August 2024

Attachment: **2024/25 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	HSCPB000064JS20082024	
2	Date direction issued by Integration Joint Board	20 August 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 £88.948m 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 £115.022m in line with the Strategic Plan and the budget outlined within this report West Dunbartonshire Council is instructed to write off £0.082m of outstanding debt as detailed within the 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 budget aligned to the HSCP Board is £244.566m. Allocated as follows: West Dunbartonshire Council - £88.948m NHS Greater Glasgow and Clyde - £115.022m 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 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 and (where appropriate) the position regarding Debt Write Off's.	
14	Date direction will be reviewed	The next scheduled HSCP Board - 24 September 2024	

ITEM 8

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

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

20 August 2024

Subject: HSCP Digital Strategy 2024 - 2027

1. Purpose

1.1 The purpose of this report is to present the HSCP Digital Strategy 2024 – 2027, and the associated Delivery Plan and Equalities Impact Assessment to the West Dunbartonshire Health and Social Care Partnership Board.

2. Recommendations

It is recommended that the HSCP Board:

2.1 Approve the Digital Strategy 2024 – 2027 (Appendix A) and note the Digital Strategy Delivery Plan (Appendix B) and Equalities Impact Assessment (Appendix C).

3. Background

3.1 The HSCP Digital Strategy 2024-2027 is an ambitious approach to developing digital services and structures, and to deliver successful change for employees, service users and other stakeholders.

3.2 The HSCP Digital Strategy aligns with the HSCP Strategic Plan 2023-2026, and links to national strategies such as Scotland's Digital Health and Care Strategy and the Health and Social Care Data Strategy. This approach would allow the HSCP to link specific programmes and projects to digital aims and objectives at a national and local level.

3.3 The HSCP participated in the Scottish Government Digital Maturity 2023 assessment, which identified areas of digital maturity and good practice. Specific areas of improvement and development highlighted by this exercise are focused upon within the strategy to ensure improvement in the digital maturity of the HSCP.

3.4 A delivery plan for the HSCP Digital Strategy has been created, which links directly to the Strategic Plan 2023-2027: Improving Lives Together Delivery Plan and the HSCP Workforce Plan. In addition, several digital workstreams that will be evaluated against the aims of Scotland's Digital Health and Care Strategy have been identified.

3.5 Digital will become central to everything the HSCP does and will be key in making services more person-centred, leading to significant changes in how health and social care is managed and delivered. Digital by default aims to make services more accessible, efficient, and user-friendly, while maintaining alternatives to include those who cannot use digital services.

3.6 Existing governance structures which as the HSCP PMO Board will be key to the success of the digital strategy through ensuring any projects identify areas where digital technologies would support the success of the project. The PMO Board will also have a role in providing guidance and direction to digital projects to ensure they are successful and following the aims of the digital strategy.

3.7 The Digital Strategy identifies several specific areas which will require focus through the duration of the strategy, which will bring opportunities for digital transformation across systems and technologies used, alongside the development of digital skills and supporting digital inclusion. In addition, a continual process of evaluating emerging technologies will be undertaken through the duration of the strategy.

4. Main Issues

4.1 As HSCP digital technologies and services are provided by West Dunbartonshire Council and NHS Greater Glasgow & Clyde, the HSCP has limited influence over wider strategic developments on priorities. The HSCP will need to ensure clarity is given around digital requirements.

4.2 Information systems used within the HSCP have been live for several years and are close to a point when their replacement will need to be considered. Outdated functionality, including the inability to integrate key systems, has led to issues with duplication of processes, recording and led to data issues between systems.

4.3 Replacement of existing systems with modern, cloud-based systems would bring significant benefits in streamlining processes, reducing duplication, and ensuring systems were able to share information which would improve data quality.

4.4 Funding would be required to allow any system replacement project to progress, whether in terms of costs associated with the procurement and implementation of a new system or implementation and resource costs to successfully go live. Existing systems would also need to be maintained during an implementation project.

4.5 It should be recognised that increased use of digital technologies will have an impact on our communities. Indications are that a high number of people have no concerns in using digital technologies, and the digital strategy will support digital inclusion, however traditional ways of seeking information or access to

services, such as telephone lines, will be maintained for those who are unable to engage with digital technologies.

4.6 The Digital Strategy will bring focus to the development of digital skills within the HSCP, ensuring appropriate training and support is available both to ensure employees have a good baseline level of digital literacy and to ensure those who require more advanced digital skills to support their roles receive suitable training, linking to the Workforce Plan and development of a Digitally Enabled Workforce.

5. Options Appraisal

5.1 Not required for this report.

6. People Implications

6.1 Training and support provision to improve digital skills within the HSCP will require teams to make employees available for training, supporting them to engage with any training content and support provided.

6.2 Digital technologies can transform the way members of our communities can access information and services, including giving people control of their own information through secure digital channels.

6.3 Digital inclusion will be considered, particularly where alternative digital channels are being considered. However, the strategy makes clear that these will be in addition to existing contact methods for engaging with the HSCP rather than replacing existing services.

7. Financial and Procurement Implications

7.1 Although the Digital Strategy does not have direct financial implications, there would be financial and procurement implications of some of the programmes and projects identified in the delivery plan such as the replacement of core HSCP systems where funding would be required for one off and recurring costs related to the implementation following procurement advice on testing the market.

8. Risk Analysis

8.1 The Digital Strategy aims to help position West Dunbartonshire HSCP as a digital by default organisation, able to utilise technology to support change within the partnership, support employees and support services and information provided by service users.

8.2 Current systems used within HSCP are essentially legacy systems which are limited in technology used and functionality available when compared to modern systems. Reliance on on-premise systems could post a risk around information security and resilience when compared to cloud-based systems.

8.3 All systems used are currently support by their suppliers, however over time there is a risk that for any legacy system a supplier will set a date to withdraw support. As more customers move to newer systems, this risk is likely to increase.

8.4 Current systems used within the partnership are likely to face additional barriers which could prevent taking full advantage of developments around the National Digital Platform.

9. Equalities Impact Assessment (EIA)

9.1 An Equalities Impact Assessment (EIA) was completed within the West Dunbartonshire Council Corporate EIA system on 15th January 2024 and approved in April 2024. The EIA can be found in Appendix 3.

9.2 The recommendation was to introduce the Digital Strategy, taking the view that the strategy will provide HSCP with a focus on digital developments across several areas, support change and setting out areas where focus will be required.

9.3 Although digital exclusion was noted as an issue, and identified in the strategy itself, existing routes to access HSCP services would remain in place.

10. Environmental Sustainability

10.1 Not required for this report.

11. Consultation

11.1 A consultation group was established to review and comment on the HSCP Digital Strategy, with comments sought from interested partners.

11.2 The HSCP Digital Strategy has been reviewed and confirmed by the Health and Social Care Partnership Senior Management Team.

11.3 Relevant Monitoring Officers, including internal auditors, have been consulted in the preparation of this report.

12. Strategic Assessment

12.1 The HSCP Digital Strategy is ambitious across several area in its aim to make digital technologies central to the delivery of services across the HSCP, including a focus on technology and digital skills within the organisation.

12.2 Approval of the Digital Strategy will allow the HSCP to engage with national digital and data strategies, including areas such as the National Digital Platform which would allow the partnership to be fully part of national initiatives.

12.3 Improvements in use of technology and systems will bring significant benefits to HSCP employees, with modern systems being accessible from different devices and offering improved functionality to simplify processes and reduce duplication in recording.

12.4 Technology Enabled Care will provide additional help to support vulnerable people to be safe and supported in their own homes, alongside Digital Telecare devices, and can be an established way of improving service user uptake of Self Directed Support.

13 Directions

Not required for this report.

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Date: 20 August 2024

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Appendices: HSCP Digital Strategy 2024-2017 (Appendix 1)
HSCP Digital Strategy Delivery Plan (Appendix 2)
Equalities Impact Assessment (Appendix 3)

West Dunbartonshire Health and Social Care Partnership

Digital Strategy 2024-2027

Document Management Details

Document Management Category	Details
Title	**West Dunbartonshire Health & Social Care Partnership Digital Strategy 2024-2027**
Writer	**Head of Strategy and Transformation**
Approved By	**HSCP Board**
Date Approved	**TBC**
Date Effective	**01/04/2024**
Review Date	**01/04/2025**
Version Number	**Version 1**
Version Number & Date of superseded version (if applicable)	
Rationale for Introduction/Driver for Change	**Detailed in Introduction and Background**
Summary of Substantive Changes (if applicable)	
Summary of Technical changes (if applicable)	
Lead Officer	
Consultation and Approval Process	**Internal consultation group. Shared with key stakeholders for comment. Approved by HSCP Senior Management Team**
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	**TBC**
Date when the Equalities Impact Assessment was approved	**April 2024**

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Introduction

Purpose of this document

The West Dunbartonshire Health and Social Care Partnership (WDHSCP) Digital Strategy 2024-2027 is an ambitious approach to developing digital services and structures, and to deliver successful change for employees, service users and other stakeholders. The Digital Strategy will support the WDHSCP Strategic Plan 2023-2026 Improving Lives Together, and the digital strategy itself and use of digital technologies will support the Strategic Delivery Plan.

Scotland's Digital Health and Care Strategy and the Health and Social Care Data Strategy provide the strategic direction that the Scottish Government and COSLA are making to improve the care and wellbeing of people in Scotland by increasing the use of digital technologies and using data in the design and delivery of services.

This strategy will reflect on how the impact of the Covid-19 pandemic has influenced the approach to digital within the partnership. The pandemic, and move into lockdown, made effective digital services critical to WDHSCP and supported moves to new ways of working. The strategy will aim to build on these positive developments.

The strategy will provide a framework for developing digital technologies to support service transformation, using the Scottish Approach to Service Design, introduce digital channels offering a secure and convenient option for accessing information and services, countering digital exclusion in communities and ensuring employees have the skills and knowledge required.

Digital technologies are key in making services person-centred, leading to significant changes in how health and social care can be arranged, managed, and delivered. Digital by Default aims to make services more accessible, efficient, and user-friendly, while maintaining alternatives to include those who cannot use digital services.

This will include how people engage with services, empowering service users to have greater choice and control in the delivery of their care. This will help people maintain their health and wellbeing, support people to live safely within their own homes and achieve best value through the delivery of more efficient and effective services.

The strategy will support engagement with communities to make sure the use of technology is accessible, promote digital inclusion and ensure that even with a focus on digital technologies no-one in our communities is affected by digital exclusion.

We will engage with communities and other partners to establish ways to improve access to information and support. As part of our plans to promote digital skills and inclusion within our communities, improvements to support and develop health literacy will be identified. Health literacy is the ability to find, understand and use information and services to make decisions about health and wellbeing. Health literacy involves personal skills and confidence, as well as the quality and accessibility of health information and services. Health literacy affects a person's health status and their ability to form effective partnerships with health care providers.

The Digital Strategy will align with the digital strategies of both West Dunbartonshire Council and NHS Greater Glasgow & Clyde, with each organisation having their own Digital strategies related to their wider organisations. With ICT services used by WDHSCP being managed by both organisations, technology, and devices available will be heavily influenced by decisions made within those corporate ICT services. WDHSCP will need to ensure that any requirements around applications or devices are clearly identified and shared with each ICT department.

Vision

Our vision is to become digital by default, shifting from traditional models of care delivery to a new model of patient-centred, value-based care with the help of digital technologies. We will support digital skills development within our teams and improve digital inclusion in our communities while continuing to provide services and support that meet the needs of our service users.

Mission

We will empower our service users and employees by utilising digital technologies and information, to support reliable, consistent, and responsive services, improving outcomes in line with the HSCP Strategic Plan Improving Lives Together 2023 - 2026.

Aims

The aims of the WDHSCP Digital Strategy 2024 – 2027 are to:

- Support the vision and delivery of the Strategic Plan 2023 – 2026 Improving Lives Together.
- Evaluate and improve digital maturity within WDHSCP.
- Ensure best use of modern, secure systems and technologies which help streamline processes, and improve quality and usage of our data.
- Reduce costs within our services by implementing digital tools and streamlining processes.
- Improve outcomes for service users by introducing technology enabled care and supporting the transition from analogue to digital telecare.
- Introduce high quality, innovative, accessible digital services which bring benefits to service users, carers, families, and employees.
- Focus on the development of digital skills for employees, ensuring confidence in using digital technologies.
- Ensure any digital technologies introduced by the partnership consider equalities, inclusion, and any environmental impacts before approval.
- Ensure governance of digital work streams support the digital strategy, and link appropriately to national and local strategies which influence the partnership.
- Support digital inclusion within our communities, working with partners and providers to increase digital skills and access to technologies.

The Digital Strategy will also support the six main priorities of Scotland's Digital Health and Care Strategy which are:

Digital access

- People have flexible digital access to information, their own data and services which support their health and wellbeing, wherever they are.

Digital services

- Digital options are increasingly available as a choice for people accessing services and staff delivering them.

Digital foundations

- The infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery.

Digital skills and leadership

- Digital skills are seen as core skills for the workforce across the health and care sector.

Digital Futures

- Our wellbeing and economy benefit as Scotland remains at the heart of digital innovation and development.

Data-driven services and insight

- Data is harnessed to the benefit of citizens, services and innovation.

The aims of the strategy, alongside national priorities, will be considered when projects with a digital element are being started up and progress monitored through the duration of individual projects.

Background

Current Position

Within WDHSCP, several areas where effective use is made of digital technologies have been identified. WDHSCP participated in the Digital Health & Care Scotland Digital Maturity Assessment 2023, which identified areas of digital maturity and good practice, and will help focus attention on areas where change and improvement can be supported. Developments in those areas will have a positive impact on the 2024 Digital Maturity Assessment outcomes.

There are well established digital technologies within WDHSCP, including the ability for many employees to work remotely or begin and end their days from their own homes. Following on from its introduction during the Covid-19 pandemic, MS Teams has become a key communication platform used across the partnership for messaging, calls and online meetings which has led to less travelling for meetings reducing our carbon footprint. Recent developments have allowed WDHSCP employees employed by West Dunbartonshire Council or NHS Greater Glasgow & Clyde to share calendars, availability status, and call and chat functionality within MS Teams. Future developments will expand the features available within MS Teams.

Established information systems are in place, with a central service user information system linked to an electronic document management system. Within the Care at Home service a separate system for scheduling care visits is used. The use of these systems has enabled increased paperless working and use of digital files across the organisation. Internally, there is a focus on the use of management information from these systems, including improving access to information, setting up automated scheduled reports to reduce manual processes and improving accuracy of data.

Specific governance structures have been put in place to support digital transformation, including a Programme Management Office (PMO) Board allowing standardisation of process and guidance to be given, and a Change Board to ensure any changes made to information systems are controlled and meet WDHSCP and service requirements.

A WDHSCP website is available and provides information on what we do, how to make contact, key information around structures and sharing of documentation. Contact details are provided on the website, although it should be noted that opportunities for direct contact through the website are limited. In addition, other websites which meet specific requirements are available, such as the West Dunbartonshire Wellbeing website which provides information to support the wellbeing of children, young people, and their families.

The Digital Strategy will focus on where areas of improvement are available while also recognising progress made to date in those areas identified.

Challenges

There are several challenges associated with implementing a Digital Strategy for WDHSCP. As ICT and digital services are provided by West Dunbartonshire Council

and NHS GGC, WDHSCP has limited influence over wider strategic developments and priorities and there are specific challenges where employee work across separate networks, systems, and different devices. NHS systems are designed to meet NHS GG&C or national requirements, and Council systems are designed to meet WDHSCP or Council requirements which can mean it is difficult to find solutions that work specifically for the full partnership.

National drivers also need to be considered, including any preparatory work relating to the National Care Service as well as relevant national strategies, both directly and indirectly, linked to digital developments. Although the planned implementation date of the National Care Service is outside of the period covered by the digital strategy, the potential for preparatory work involving digital technologies will need to be considered.

Service user information systems used within WDHSCP have now been live for several years and are close to a point where their replacement will need to be considered whether to improve systems used or as suppliers move their support efforts to their newer systems. Integration between the main systems has not been possible which has led to duplication in processes and manual input into multiple systems.

The systems used are lacking in functionality available in more modern systems that would better support simplified recording processes, improved functionality for users, reduction in duplication and potential for integrating with other systems without the need for specific adaptors. Continued use of these systems will impact on the ability of WDHSCP to meet the aims of this strategy and will continue to embed inefficient recording processes.

Given the current financial climate, finding available funding for replacing current systems is likely to be a significant challenge both in terms of costs associated with implementing new systems or for additional resource to support new system implementation. It should be noted that throughout any implementation, there will still be a need to support current systems until go live. However, replacing existing systems would bring significant benefits to the partnership and should be seen as a priority area.

Consideration also needs to be given to the impact of digital technologies on our communities. Although indications are that a high number of people have no concerns in using digital technologies, other factors could impact on an individual’s ability to use digital technology. It is important to note that non-digital ways of contacting WDHSCP, accessing information and receiving services will be maintained to ensure the digital approach does not bring any negative impacts on those who, for whatever reason, are not able to engage with digital technologies. Where possible we should support digital inclusion while recognising that for some people digital is not an option.

Strategic Opportunities

HSCP Strategic Plan 2023-2026

The Digital Strategy 2024-2027 will be reviewed in line with the WDHSCP Strategic Plan 2023-2026 and associated delivery plan as the Digital Strategy will support the implementation of the Strategic Plan. As well as managing the ongoing impacts of the Covid-19 pandemic, the cost of living crisis, and financial restraints within the public sector will all impact on both the Strategic Plan and Digital Strategy. However, digital transformation can support service change and provide opportunities for preventing ill health, streamlining processes, and reducing duplication all of which will have a positive impact on WDHSCP and people of West Dunbartonshire.

Governance

WDHSCP is going through a period of significant change, with several large-scale projects ongoing within services which will change the way the partnership operates in key areas. Service improvement projects following the Scottish Approach to Service Design are ongoing within individual services and many of these projects will have a digital element to them. To improve outcomes and ensure success of change projects, there is a need for greater awareness of digital and clarity around the digital and data implications of individual programmes and projects.

To ensure the successful implementation of organisational change projects within the partnership, the PMO will support individual managers who are responsible for individual projects. A PMO Board is in place, with representatives from the WDHSCP Senior Management Team as members, which will have oversight on change projects with responsibilities including approving start-up of projects, monitoring progress, providing guidance and direction, and approving the closure of completed projects.

As part of this overall governance structure digital aspects of all projects should be captured and considered at the initiation stage and through ongoing project reporting even if those areas are either part of a phase or are likely to only be available once the project is live. It’s also clear that individual project managers need a raised level of digital awareness so that these requirements and potential solutions are identified as part of the project work.

The success of these projects will have a significant impact on the HSCP and its strategic objectives. Therefore, a governance framework that ensures only suitable projects are given approval and supports them to a point where they are successful will have a significant impact on digital developments.

Information Systems

WDHSCP makes effective use of information systems across the organisation, using case management systems which enable recording of client, carer, and service information, including assessment forms, case notes, financial information, and specific areas such as Child Protection and Criminal Justice. A document management system is in place and linked to the case management system to support

a paperless approach and to improve accessibility of case record information. The Care at Home service uses a separate system to schedule and monitor care services which sits separately to other systems.

The systems used within the partnership have all been in place for a significant period, with the main case management system having been live for around 15 years. Although the systems continue to support the organisation, they are at a point where they should be considered legacy systems which have been or are being replaced in other partnerships.

The main impact of ongoing use of these systems is the lack of development to improve functionality to match what is available in newer systems which would support recording, reduce duplication, and improve accuracy of information stored on the system.

In addition, moving forward opportunities to integrate these systems, either with each other or with wider systems to support information sharing, will be limited when compared to more modern systems as current systems do not support an Open Application Programming Interface (API) approach. An Open API is an application programming interface made available by system providers which allows more straightforward integration between systems and will be required moving forward both for integrating systems within the partnership and to take full advantage of developments around the National Digital Platform.

Although the focus is currently on making best use of current systems with ongoing development projects taking place to support organisational change and improve access to information across teams and services, it is clear that replacement systems projects will need to be considered to support the aims of the digital strategy both in terms of improving digital tools for staff but also for enabling service user access to information and supporting national strategies and the National Care Service. Solutions which can be integrated will be key to linking up systems to reduce duplication, improve accuracy of data and ensure that key information can be captured once and recorded on all required systems.

Data Utilisation

The Scottish Government and COSLA strategy for data-driven care in the digital age seeks to empower the people of Scotland by giving individuals clear and easy access to, and the ability to manage and contribute to, their own health and social care data where it is safe and appropriate to do so. The National Digital Platform developments are likely to support access in this way, however the key for the partnership will be ensuring that systems used are able to integrate with national systems in a suitable way to enable this. This area may be a significant driver in the decision to start up a replacement systems project to ensure a suitable cloud-based solution is in place to support this integration.

Data held within the partnership should be developed as a business asset, with better use of systems ensuring information is recorded once, is accurate and is used to support services delivered to our communities. Where possible usage of a single

standard identifier such as the Community Health Index (CHI) number should become the main identifier across systems to allow integration and data linking to further reduce duplication, improve information quality, and support fuller management information.

Business intelligence tools will be used to extract information to support management information reporting, analysis and inform decision making. Real time access to data using dashboards to support service knowledge, identification of issues, budget management and decision making supported by business intelligence applications will support managers across WDHSCP to ensure delivery of a high quality, efficient service to all service users.

Microsoft Power BI is an enterprise-class data analytics and business intelligence platform that users connect to for data analysis, visualisation, collaboration, and distribution. The introduction of Power BI would improve reporting functionality available to the partnership, allowing us to move towards a more live dashboard approach rather than the existing use of excel as a way of outputting and reporting on our data.

Information sharing with partners will also be a key approach to the strategy, including building on existing arrangements to share health and social care information. New cloud-based systems with well-developed security models may enable access to partner agencies on a tightly controlled basis to allow them to access information and contribute to multi-agency working and assessments. This would reduce duplication and manual processes, improve data quality, and reduce recording time for staff across all partner agencies.

Information can also support equality outcomes, identifying areas where community engagement may be required, promoting health improvement across the area, and giving indications of where preventative work can be done either directly with client groups or more generally.

Technology Enabled Care

The national switchover of telephone lines from analogue to digital, due for completion by the end of 2025, will bring both challenges and opportunities to the WDHSCP Telecare Service. As the current analogue community alarm units are not fully compatible with the new digital lines, the analogue alarms will need to be replaced by new digital alarms for all service users.

The Digital Office and Scotland Excel have led on a national procurement exercise, creating a framework for a shared digital Alarm Receiving Centre (ARC) system with Chubb Cloud Care Control being the selected system.

The new ARC system will be a cloud solution offered as a Software as a Service (SaaS) model supporting the rollout of digital devices. The new system will bring benefits around accessibility of information, reporting and use of mobile apps to improve communications with responders. WDHSCP will work with partners in East Dunbartonshire to ensure the successful implementation of the ARC system and to review other functionality that could bring benefits to staff and service users.

New digital devices that can connect to digital alarms and may bring additional functionality to better support people at home, allowing them to remain independent for longer, will be evaluated and introduced where appropriate. In addition, wider use of Technology Enabled Care to support services users will be considered, including potential for standalone digital devices, which may be off the shelf products, to have a positive impact on outcomes and ensure people are safe, connected and supported.

Digital Skills

The focus on enhancing digital capabilities with the partnership has underscored the necessity of fostering both general digital literacy among all staff while also providing targeted, job-specific digital upskilling. Recognising that digital literacy forms the foundation of modern professional competencies, it is essential to equip every employee with basic digital skills, ensuring they can navigate digital tools and platforms effectively, including core systems, and understand data and how it can be used to support them.

Specialised digital upskilling is crucial for roles that demand more than just basic digital proficiency, requiring in-depth knowledge of specific software, systems, or technologies. By addressing both the digital literacy baseline and the more nuanced, role-specific digital skill requirements the partnership can develop and support a workforce that not only achieves a baseline level of digital literacy but can also hand the specific digital demands of their individual roles. This dual approach is integral to the continuous improvement and efficiency of services, reflecting a commitment to excellence in delivery in the digital age.

The recent Scottish Government Digital Maturity Assessment exercise helped identify a lack of digital skills linked to posts across the HSCP. Digital skills are not part of most standard job descriptions, including those where there is a requirement to use systems.

Through the duration of this digital strategy, an evaluation will take place on how digital skills could be reflected in roles within the HSCP and what training and support would be required to improve digital literacy for all staff, while also focusing on more job specific needs for advanced skills. The aim would be for digital skills to become a standard part of developmental discussions between managers and employees to ensure all employees are empowered to use digital systems and technologies in their roles where required.

The Digital Skills Support Framework launched within West Dunbartonshire Council alongside nominated Digi Champs would support HSCP employees develop their digital skills through sharing resources and offering digital skills support. Raising awareness of this framework alongside increased the number of HSCP Digi Champs would support improvements in digital skills. Potential for use of online training resources which can be accessed at any time will be explored.

Digital Inclusion

Digital Inclusion will be a significant factor in the ability of WDHSCP to move towards being a digital by default partnership. Digital inclusion ensures equal access to and proficiency in using digital technology and services. Addressing this aligns with broader goals of health equalities, community engagement and service optimisation. The disparities in access and literacy, especially among marginalised groups, elderly, and lower socioeconomic communities, can lead to inequitable outcomes. Therefore, it's essential to integrate digital inclusion into this Digital Strategy to maintain a commitment to equitable and comprehensive care.

To effectively address digital inclusion, the partnerships strategic goals should focus on supporting a multi-agency approach to enhancing digital literacy and access, particularly in vulnerable populations, through community-based programs. Inclusive service design, involving diverse community input, is crucial for creating accessible, secure, and user-friendly digital health and social care services.

Collaborative efforts with Council, Third Sector, Independent and Community sectors are key to implementing these strategies. Community organisations offering support within communities can help develop and support digital skills and increase confidence in using digital technologies. Challenges in this endeavour include securing funding, managing digital privacy and data security, and catering to the diverse needs of the population. WDHSCP will work with partners to support digital inclusion across our communities. Our clear commitment will be to balance the advancement of digital services with the maintenance of traditional access points is essential for inclusive digital health and social care.

Digital Customer Experience

The current WDHSCP website is a useful resource for providing information to our communities which includes clear pathways supporting people to access information related to their area of interest, including ways of contacting the partnership. Development of the website to offer additional information, signposting to partners and alternative ways of making contact, which are easy to use and available 24/7, will be considered.

In addition to offering digital channels for making direct contact with the partnership, people within our communities should be empowered to share their experience of health and care services, good or bad, that they have received. The partnership will evaluate the use of Care Opinion to encourage patients, service users and carers to share their experience of services which will further inform choice and allow the WDHSCP to gather information relating to direct experience of services delivered which will allow improvements to be identified.

As the online presence is developed to include digital channels, with encouragement given to service users and anyone needing to contact the partnership to use these channels, care must be taken to ensure alternative contact routes remain available rather than introducing technological barriers.

The Scottish Household Survey 2021 indicated that the proportion of households with internet access had risen across all households, however there are several factors impacting on access particularly around age, lower incomes, Scottish Index of Multiple Deprivation (SIMD) measure and social housing. This means that while there has been growing uptake of digital technologies there are still substantial numbers of people without internet access who could not make best use of digital channels.

While there needs to be a focus on improving digital channels, citizen engagement to reduce digital exclusion needs to be considered with a particular focus on ideas around how to increase digital skills to empower people and allowing them digital access to information, including their own data where it's appropriate.

The use of tools such as Near Me, which allows people to attend appointments from home or wherever is convenient rather than having to travel to appointments in a specific office, was taken up widely as a response to Covid-19 restrictions. Near Me is widely used across NHS Scotland and is a secure form of providing video consultations approved for use by the Scottish Government and NHS Scotland which will continue to be used and developed within the partnership.

WDHSCP currently uses a dedicated Twitter/X account to share information with our communities and could explore the potential for other channels to communicate with our communities. Given how comfortable many people are with social media, this would be a key route to sharing news, information, raising awareness of health conditions and opportunities for communities to share experiences with us.

An agreed approach to utilisation of social media, including potential for training and enabling staff from different services to be able to post content to social media as used in other HSCPs may allow an expanded WDHSCP social media presence to support sharing of information, service details and signposting to additional resources including web content.

Robotic Process Automation (RPA)

The partnership will explore the potential for Robotic Process Automation (RPA) to support change, reduce duplication and improve data quality across all systems used. RPA is well established within West Dunbartonshire and can be utilised to automate processes, reducing manual effort and duplication and will perform certain data tasks much faster than a user can update a system.

RPA will become a key tool which will enable efficiencies in processes, support systems and improve data quality within systems, with specific processes identified as suitable for automation which can then run as and when required to reduce duplication or enable information to be distributed from one system to another without requiring manual processes or full integrations.

Looking Forward

Throughout the duration of the Digital Strategy, the partnership will be committed to a continual process of evaluating emerging technologies with applications across health and social care, whether identified at a national or local level. There are likely to be

technological developments that will have to be considered in the implementation of this digital strategy, with progress across health and social care systems, Artificial Intelligence (AI) and automation likely to continue through the duration of the strategy.

Developments of AI applications within health and social care are likely to take place through the duration of the strategy, and the availability of Generative AI applications such as ChatGPT will lead to increasing use by individual users within the partnership, so this is an area that will need attention. Moving forward as this area develops it will be important for all organisations, including WDHSCP, to develop and introduce appropriate guidance and governance around the use of AI, ensuring use of trustworthy, ethical and inclusive AI as outlined in Scotland's AI Strategy.

At a national level there will also be further developments, including the introduction of the National Digital Platform and an increased focus on individuals having access to and control over their own information potentially through the introduction of a 'digital wallet' approach where individuals have control over their own information and who can have access to it. As the approach taken to national developments of this nature becomes clearer the partnership will need to be able to support this level of access and control.

Delivery Plan and Measuring Success

The HSCP Digital Strategy is ambitious across several areas and aims to make digital central to the delivery of services across the partnership, including a focus on technology and digital skills within the organisation, and to ensure the introduction of functionality that will support our staff, service users and communities as we move forward into an ever more digitally engaged world. The strategy will be delivered across the next 3 years with a recognition that in certain areas such as AI there is likely to be significant developments and progress made across that period.

While there is a baseline already achieved for digital within WDHSCP, with widely used systems and appropriate governance structures in place, there is much to be done to embed digital within employee groups and to ensure that new technology is made available to support our workforce.

This West Dunbartonshire HSCP Digital Strategy is supported by a clear delivery plan, which details actions that we will take over the next 3 years to achieve strategic and digital outcomes. This delivery plan provides a framework that will allow the Health and Social Care Partnership Board to monitor progress.

The delivery plan provides details on strategic plan delivery plan programmes of work and individual projects that have a digital element which should be supported by the digital strategy and demonstrates where individual projects will support the digital strategy itself and the workforce strategy.

Reporting on progress of programmes or projects under the digital strategy will be managed, and receive guidance and direction through the PMO, with the PMO responsible for ensuring digital aspects are captured at an early stage and that any projects have a robust business case.

Appendix 1 – References

Referenced Document	Web Address
West Dunbartonshire HSCP Strategic Plan 2023-20206: Improving Lives Together	http://www.wdhscp.org.uk/media/2666/wdhscp-strategic-plan.pdf
West Dunbartonshire HSCP Strategic Delivery Plan 2023-2026	http://www.wdhscp.org.uk/media/2665/wdhscp-delivery-plan.pdf
West Dunbartonshire Council Information & Communications (ICT) Strategy 2023-2028	https://www.west-dunbarton.gov.uk/media/r2vpw44q/ict-strategy-2023-28.docx
West Dunbartonshire Council People First Strategy 2022-2027	https://www.west-dunbarton.gov.uk/media/cr2lhspx/people-first-strategy-2022-2027.pdf
NHS Greater Glasgow and Clyde Digital on demand 2023-28	https://www.nhsggc.scot/downloads/digital-health-care-strategy-digital-on-demand-2023-2028/
Scotland's Digital Health and Care Strategy – Care in the Digital Age	https://www.gov.scot/publications/scotlands-digital-health-care-strategy/
Care in the Digital Age Delivery Plan 2023-24	https://www.gov.scot/publications/care-digital-age-delivery-plan-2023-24/
Scottish Government and CoSLA Strategy for data-driven care in the digital age	https://www.gov.scot/publications/data-strategy-health-social-care-2/
Scotland's AI Strategy	https://www.scotlandaistrategy.com/the-strategy
Scottish Approach to Service Design	https://www.gov.scot/publications/the-scottish-approach-to-service-design/
National Digital Platform	https://www.nationaldigitalplatform.scot/
Digital Maturity Assessment	https://www.digihealthcare.scot/digital-maturity-assessment-2023/

West Dunbartonshire
Health and Social Care Partnership

Digital Strategy 2024 – 2027
Delivery Plan

Introduction

The West Dunbartonshire Health & Social Care Partnership (WDHSCP) is pleased to present a delivery plan accompanying its Digital Strategy 2024-2027. The Digital Strategy and this delivery plan will support the HSCP Strategic Plan 2023-2026: Improving Lives Together and its associated Strategic Plan Delivery Plan through a focus on the projects identified within the delivery plan which have a digital dimension.

This delivery plan will support the WDHSCP Workforce Plan specifically around the development of a digitally enabled workforce where the workforce plan set out a vision stating 'We will review on an ongoing basis the need for investment in new technology to support both staff who will be working in a different way and to support service delivery going forward and will continue to work on the application of remote and digital services where appropriate e.g. attend anywhere appointments with clinical services.'.

In addition, specific digital projects will support the partnership in meeting the aims of Scotland's Digital Health and Care Strategy, focusing on the 6 priorities which support the main aims of the national strategy.

Moving forward the digital strategy and the delivery plan will provide the foundation for the partnership to improve digital skills across the organisation, improve systems and data quality, provide digital channels which support lean processes and reduce duplication are in place for our communities, support digital inclusion and improve WDHSCP digital maturity.

Within this delivery plan we present actions that WDHSCP will take to implement the Digital Strategy including areas where partnership working will be required. Clear links will be made to projects identified through the Strategic Plan which are relevant to and meet requirements of the implementation of the digital strategy. The digital strategy will support a number of projects, to varying degrees depending on the scope of the project, throughout its timeframe with digital becoming a key consideration for any project being undertaken within the partnership. It should also be noted that an exercise was undertaken to match areas identified within the strategic delivery plan to programmes that would be monitored and directed through the partnership Programme Management Office (PMO) Board.

Strategic Plan 2023-2026: Improving Lives Together Delivery Plan

Within the Strategic Delivery Plan several individual areas were identified that are of direct relevance to the Digital Strategy and this delivery plan. Within the Strategic Enables for the Strategic Plan Delivery Plan several individual programmes/projects are identified which have a defined digital component through their focus on technology, or a digital element likely required to meet their objectives.

Strategic Enablers

National Health and Wellbeing Outcomes

O8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

O9. Resources are used effectively and efficiently in the provision of health and social care services

Strategic Measures: National Indicators (NI) and intended direction of change

NI2. Percentage of adults supported at home who agree that they are supported to live as independently as possible (increase).

NI3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (increase).

NI10. Percentage of staff who say they would recommend their workplace as a good place to work (increase).*

Programmes/Projects with a focus on digital, data and systems

Technology						
Programme/Project	Responsible Officer	Year 1 2023-2024	Year 2 2024-2025	Year 3 2025-2026	Strategic outcomes and measures	Measure of output
Develop and implement a project plan for the replacement of the CareFirst Information System	Head of Strategy and Transformation			March 2026	O9	Implementation of replacement system
Increase our focus on the provision of good-quality data, to enable services to monitor and provide effective and efficient health and social care.	Head of Strategy and Transformation	March 2024	March 2025	March 2026	O9	Enhancement of strategic, tactical and operational reporting.
Support the implementation of appropriate technology-based improvements, including the federation of NHS and council systems	Head of Strategy and Transformation			March 2026	O9 NI2	Implementation of federation of NHS and council systems.
Expand the use of technology-enabled care (TEC) throughout West Dunbartonshire.	Head of Strategy and Transformation	March 2024	March 2025	March 2026	O9	TEC usage statistics.
Address digital exclusion by exploring ways to assist access to digital systems and promote automation.	Head of Strategy and Transformation	March 2024	March 2025	March 2026	O9	Development and implementation of digital strategy.
Develop and implement the Analogue to Digital Implementation Plan.	Head of Strategy and Transformation		March 2025		O9 NI2	Development and implementation of plan.

Programmes/Projects where the digital strategy will have an input.

Programme/Project	Responsible Officer	Year 1 2023-2024	Year 2 2024-2025	Year 3 2025-2026	Strategic outcomes and measures	Measure of output
Develop and implement our workforce plan, focusing on staff recruitment, retention, training and health and wellbeing.	Head of HR	March 2024	March 2025	March 2026	O8, O9 NI10	Implementation of workforce plan.
Undertake workforce modelling to inform ICT needs, in the context of a blend of office-based, hybrid and home working	Head of HR	July 2023			O8, O9 NI10	Completion of workforce modelling.
Review and implement our Participation and Engagement Strategy.	Head of Strategy and Transformation	September 2023			O8 NI3	Review and implementation of strategy.

Alongside the Technology section, several other specific Programmes/Projects will be considered within this Delivery Plan for potential Digital opportunities.

Caring Communities

National Health and Wellbeing Outcomes

O3. People who use health and social care services have positive experiences of those services, and their dignity is respected.

O4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

O5. Health and social care services contribute to reducing health inequalities.

O8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

O9. Resources are used effectively and efficiently in the provision of health and social care services

Strategic Measures: National Indicators (NI) and intended direction of change

NI4. Percentage of adults supported at home who agree that their health and care services seem to be well coordinated (increase).

NI5. Percentage of adults receiving any care or support who rate it as excellent or good (increase).

NI6. Percentage of people with a positive experience of care at their General Practice (increase)

Programme/Project	Responsible Officer	Year 1 2023-2024	Year 2 2024-2025	Year 3 2025-2026	Strategic outcomes and measures	Measure of output
Review and update the HSCP Participation and Engagement Strategy.	Head of Strategy and Transformation	September 2023			O3, O4 NI5 NI6	Approval of updated strategy by HSCP Board.
Promote the use of Care Opinion to encourage patients, clients, carers and people who use our services to share their experiences of services, further informing choice.	Head of Strategy and Transformation		April 2024		O3, O4 NI5 NI6	Number of engagements with Care Opinion.
Strengthen the voice and include the views of the people who use our services in our individual care planning approach using My Assessment tools.	Head of Children's Health, Care and Justice	March 2024	March 2025	March 2026		Reporting and capturing of the views of children who are the subject of Looked After Reviews.
Undertake service design and improvement activity regarding how partners and people who use our services access HSCP services.	Head of Strategy and Transformation	December 2023			O3, O5, O9 NI4	Implementation of pathway to HSCP services plan, improving accessibility and coordination.
Develop and implement a Children's Services initial response team.	Head of Children's Health, Care and Justice	February 2024			O3, O4, O5	Development of key performance indicators to evaluate impact, including referral rates, pending services, wait times and service and staff satisfaction

Programme/Project	Responsible Officer	Year 1 2023-2024	Year 2 2024-2025	Year 3 2025-2026	Strategic outcomes and measures	Measure of output
Implement the HSCP Quality improvement Policy across all teams and, as part of a wider quality framework, develop a quality assurance policy. Identify mechanisms to share good practice and benchmarking information routinely and systematically	Head of Strategy and Transformation	September 2023			O8 NI5	Approval and implementation of the HSCP Quality Improvement Policy and Service Design Policy.
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-centred services; supported accommodation for care leavers; best practice in child protection; children at the centre of residential care; and fostering for the future.	Head of Children's Health, Care and Justice	March 2024	March 2025	March 2026		Development of impact measures. HSCP Board approval of strategic plan.

Safe and thriving communities

National Health and Wellbeing Outcomes

O1. People are able to look after and improve their own health and wellbeing and live in good health for longer.

O2. 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

O3. People who use health and social care services have positive experiences of those services, and their dignity is respected.

O4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

O5. Health and social care services contribute to reducing health inequalities.

O9. Resources are used effectively and efficiently in the provision of health and social care services

Strategic Measures: National Indicators (NI) and intended direction of change.

NI1. Percentage of adults able to look after their health very well or quite well (increase).

NI2. Percentage of adults supported at home who agree that they are supported to live as independently as possible (increase).

NI3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (increase).

Programme/Project	Responsible Officer	Year 1 2023-2024	Year 2 2024-2025	Year 3 2025-2026	Strategic outcomes and measures	Measure of output
Work in partnership with stakeholders and people who use our services to develop pathways of care that promote and support self-management of long-term conditions. This will be facilitated by the establishment of a Greater Glasgow and Clyde primary care strategy and the progression of Moving Forward Together and the unscheduled care agenda.	Head of Health and Community Care	September 2023	September 2024	September 2025	O1, O2, O3, O4, O5, O9 NI1, NI2, NI3	Implementation of relevant strategies.

Equal communities

National Health and Wellbeing Outcomes

O1. People are able to look after and improve their own health and wellbeing and live in good health longer.

O2. 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.

O3. People who use health and social care services have positive experiences of those services, and their dignity is respected.

O4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

O5. Health and social care services contribute to reducing health inequalities.

Strategic measures: National Indicators (NI) and intended direction of change

NI1. Percentage of adults able to look after their health very well or quite well (increase).

NI2. Percentage of adults supported at home who agree that they are supported to live as independently as possible (increase).

NI3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (increase).

NI4. Percentage of adults supported at home who agree that their health and care services seem to be well coordinated (increase).

NI5. Percentage of adults receiving any care or support who rate it as excellent or good (increase).

NI7. Percentage of adults supported at home who agree that the services and support they receive have had an impact in improving or maintaining their quality of life (increase).

NI9. Percentage of adults supported at home who agree that they feel safe (increase).

Programme/Project	Responsible Officer	Year 1 2023-2024	Year 2 2024-2025	Year 3 2025-2026	Strategic outcomes and measures	Measure of output
Focus on improving quality of care for people living with dementia and their families, and develop strategies to reduce the risk of people developing dementia.	Head of Mental Health, Learning Disability and Addictions	March 2024	March 2025	March 2026	O1, O2, O3, O4, O5 NI1, NI2, NI3, NI4, NI5, NI7, NI9	Implementation of a dementia strategy.

Healthy communities

National Health and Wellbeing Outcomes

O1. People are able to look after and improve their own health and wellbeing and live in good health longer.

Strategic measures: National Indicators (NI) and intended direction of change

NI1. Percentage of adults able to look after their health very well or quite well (increase).

NI11. Premature mortality rate (reduction).

Programme/Project	Responsible Officer	Year 1 2023-2024	Year 2 2024-2025	Year 3 2025-2026	Strategic outcomes and measures	Measure of output
Through the Health Improvement Team, develop a range of interventions linked to cancer prevention, sexual health, physical activity and substance use – the leading risk factors driving West Dunbartonshire's high burden of preventable ill health and premature mortality.	Head of Strategy and Transformation	March 2024	March 2025	March 2026	O1 NI1, NI11	Improvement in engagement data.

Digital Strategy Delivery Plan

The WDHSCP PMO Board will provide governance on individual workstreams supporting the aims of the Digital Strategy, as well as supporting the delivery of the HSCP Strategic Plan. Through the duration of the strategy it is expected that other workstreams will start up that have not been identified at this point.

National Health and Wellbeing Outcomes

O8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

O9. Resources are used effectively and efficiently in the provision of health and social care services

Strategic measures: National Indicators (NI) and intended direction of change

NI2. Percentage of adults supported at home who agree that they are supported to live as independently as possible (increase).

NI10. Percentage of staff who say they would recommend their workplace as a good place to work (increase).*

Scotland's Digital Health & Care Strategy Priorities

P1 Digital access – people have flexible digital access to information, their own data and services which support their health and wellbeing wherever they are.

P2 Digital services – Digital options are increasingly available as a choice for people accessing services and staff delivering them.

P3 Digital foundations – the infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery

P4 Digital skills and leadership – digital skills are seen as core skills for the workforce across the health and care sector

P5 Digital futures – our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development

P6 Data-driven services and insight – data is harnessed to the benefit of citizens, services and innovation.

Information Systems						
Programme/Project	Responsible Officer	Year 1 2024-2025	Year 2 2025-2026	Year 3 2026-2027	Strategic outcomes and measures	Measure of output
Digital Telecare	Head of Strategy and Transformation	March 2025	March 2026	March 2027	O2, O9, NI2, P2, P3, P5, P6	Digital transition across systems and devices complete Digital technologies to improve experience of service users, responders and telecare staff.

Information Systems						
Programme/Project	Responsible Officer	Year 1 2024-2025	Year 2 2025-2026	Year 3 2026-2027	Strategic outcomes and measures	Measure of output
Case Management System Replacement	Head of Strategy and Transformation	March 2025	March 2026	March 2027	O8, O9, P2, P3, P6	Business case for system replacement including requirements and options for procurement. If agreed implementation of replacement case management system.
Care at Home Scheduling Systems Replacement	Head of Health and Community Care	March 2025	March 2026	March 2027	O8, 09, P2, P3, P6	Business case for system replacement including requirements and procurement options. If agreed implementation of replacement system.
Data Quality Improvement including RPA	Head of Strategy and Transformation	March 2025	March 2026	March 2027	O8, O9, P3, P6	Information stored on main HSCP systems reviewed and updated. Missing information recorded, any out of date service information closed down. RPA to resolve data issues and streamline processes.

Information Systems						
Programme/Project	Responsible Officer	Year 1 2024-2025	Year 2 2025-2026	Year 3 2026-2027	Strategic outcomes and measures	Measure of output
Business Intelligence	Head of Strategy and Transformation	March 2025	March 2026	March 2027	O9, P3, P5, P6	Improving use of information, including management information reports, dashboard type development using existing applications and Power BI.
Staff digital skills developments	Head of HR	March 2025	March 2026	March 2027	O9, NI10, D4	Improving HSCP Digital Maturity. Identifying areas of development and how best to offer training and development opportunities.
HSCP website development	Head of Strategy and Transformation	March 2025	March 2026	March 2027	O9, D1, D2, D3	Including increased use of online forms to support and provision of detailed information and signposting to support communities.
Care Opinion evaluation	Head of Strategy and Transformation	March 2025			O9, D1, D2	Potential implementation of Care Opinion to be explored, including cost benefit analysis and business case.

Several specific areas with the aim of improving digital literacy within the HSCP have been identified and detailed below. This will consider available training resources to support a baseline level of digital skills and literacy as identified in the Workforce Plan, as well as more advanced training for specific job requirements which covers systems, processes, and wider requirements to develop and improve the understanding, interpreting and utilising of performance information within services.

Digitally Enabled Workforce – training and support						
Programme/Project	Responsible Officer	Year 1 2024-2025	Year 2 2025-2026	Year 3 2026-2027	Strategic outcomes and measures	Measure of output
Developing Digital Literacy	Head of Strategy and Transformation	March 2025	March 2026	March 2027	O9, NI10, D4	Aiming to improve general levels of digital literacy across the workforce on an ongoing basis. Identification of appropriate baseline training
Advanced Digital Skills	Head of HR	March 2025	March 2026	March 2027	O9, NI10, D4	Specialist roles where specific training would be beneficial identified and suitable training identified and delivered. An example could be PowerBI training for Information Team or specific systems training provision for individual services.
Online training resources – either currently existing or potential for ad hoc development	Head of Strategy and Transformation	March 2025	March 2026	March 2027	O9, D4	Supporting development of digital literacy, skills and offering additional options for training to support new systems implementations.

Digitally Enabled Workforce – training and support						
Programme/Project	Responsible Officer	Year 1 2024-2025	Year 2 2025-2026	Year 3 2026-2027	Strategic outcomes and measures	Measure of output
Performance Management – understanding and using information	Head of Strategy and Transformation	March 2025	March 2026	March 2027	O8, O9, D4, D6	Focus on increased provision of management information. Need to ensure that leaders within the HSCP are offered support and development in how to interpret, utilise and apply change based on a well-developed understanding of information.
Widen engagement with WDC Digital Skills Support Framework including encouraging people to become Digi Champs within the partnership to provide support and demonstrate new digital ways of working	Head of Strategy and Transformation	March 2025	March 2026	March 2027	O9, D4	Existing WDC framework offers opportunities to be involved in provision of digital support within Teams.

APPENDIX 3

AssessmentNo	872	**Owner**	Alastair.Handley	
Resource	HSCP		**Service/Establishment**	Joint
	First Name	Surname	**Job title**	
Head Officer	Alastair	Handley	Systems, Digital &Information Governance Manager	
	(include job titles/organisation)			
Members	Alastair Handley (Systems, Digital &Information Governance Manager) Robert Sullivan (Digital Business Lead) Bob Purdon (Health Improvement Lead) Fraser Downie (Mental Health IOM)			
	(Please note: the word 'policy' is used as shorthand for stategy policy function or financial decision)			
Policy Title	West Dunbartonshire Health &Social Care Partnership Digital Strategy 2024 - 2027			
	The aim, objective,purpose and intended out come of policy			
	HSCP Digital Strategy covering 2024-2027, aim is to set out a number of key areas which the HSCP will focus on over the duration of the strategy to become a more digitally mature organisation. The strategy has an internal focus, identifying areas where progress would be required to improve digital maturity, linking back to a recent national digital maturity assessment exercise. Looks at structures in place to support change, identifying areas which will require focus and looking at opportunities moving forward. Outcomes will be in the enablement of individual projects that will support the strategy and changes to how digital skills are considered, developed and supported.			
	Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy.			
	Across the HSCP including both parent organisations.			

Does the proposals involve the procurement of any goods or services?	**Yes**
If yes please confirm that you have contacted our procurement services to discuss your requirements.	**No**
SCREENING	
You must indicate if there is any relevance to the four areas	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	**Yes**
Relevance to Human Rights (HR)	**Yes**
Relevance to Health Impacts (H)	**Yes**
Relevance to Social Economic Impacts (SE)	**Yes**
Who will be affected by this policy?	
The HSCP Digital Strategy will have an impact across both staff and service users. Internally whether through a focus on digital skills, using new systems or becoming more digitally aware as an organisation there will be an impact on staff. This isn't anything new as there are already systems in use along with use of digital technologies but would be supportive and offer solutions that should have a positive impact. For service users any digital strategy that would focus on the digital customer experience, digital channels and inclusion/exclusion will have an effect, and will bring benefits such as improved access to information and simplified processes for contacting HSCP including online forms, however should be clear that current means of accessing services e.g. telephone calls to duty services will be maintained. In addition and project that would support the digital strategy would be responsible for its own specific equality impact assessment.	

Who will be/has been involved in the consultation process?
Alastair Handley (Systems, Digital &Information Governance Manager) Robert Sullivan (Digital Business Lead) Bob Purdon (Health Improvement Lead) Fraser Downie (Mental Health IOM)
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	Barrier - numbers of people without internet access who could not make best use of digital channels, suggestion that this has a higher impact on older age groups.	The Scottish Household Survey 2021 indicated that the proportion of households with internet access had risen across all households, however there are a number of factors impacting on access including age.	Retaining existing non-digital routes will ensure no negative impact. For all age groups, possibly younger more engaged in particular although exclusion can still be an issue, potential for positive impact of digital access to information and / or resources 24/7. In addition potential positive impact on families of older people who have other routes to access information.
Cross Cutting	Barrier - identified through Citizens Panel 2023, barriers around online safety, low level of digital skills, poor mobile reception were identified alongside costs of broadband and devices/	Citizens Panel 2023 identified barriers around online safety, poor mobile reception alongside cost of broadband and devices. Should be noted that 71% noted no barriers to digital communications and 80% of responders were aware of sources of digital support.	Retaining existing non-digital routes will ensure no negative impact. Similar to socio-economic impact. If HSCP can play a role in raising awareness of available digital support with service users both awareness and barriers may become less of an issue.
Disability	Barrier - specific accessibility type software may be required to support digital access.	Based on experience of supporting users who used Jaws screen reader	Retaining existing non-digital routes will ensure no negative impact. Don't think this would act as a further exclusion given alternative routes. Many people affected may already be digitally aware

			and have software in place to support general use but this could form part of any focus on digital inclusion.
Social & Economic Impact	Barrier - cost of being online and accessing equipment. Need - explore potential of facilitating use of reconditioned laptops and tablets for all groups. Provision of devices and free WiFi in libraries and other community venues.	Feedback captured at World Cafe Mental Health events in this area, similar issues arise across all client groups. As detailed above, digital strategy will look at areas such as improving digital channels however current non-digital routes will be maintained. Opportunities for improving digital inclusion through partners is a key element of the digital strategy to support inclusion.	Retaining existing non-digital routes will ensure no negative impact. Focus on digital inclusion may have a positive impact on this area given focus on devices and potential for identifying needs to training and support within communities
Sex			
Gender Reassign			
Health			
Human Rights			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Race			
Religion and Belief			
Sexual Orientation			

Actions

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

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

Delivery plan will be written up alongside the strategy focusing on individual projects which can then be monitored and reported on through HSCP Governance including reporting to Senior Management Team and HSCP Board/Audit &Performance.

Q7 What is you recommendation for this policy?

Intoduce

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

The HSCP Digital Strategy will help provide the HSCP, including its Senior Management Team and Board, with a focus on the potential for digital developments across a number of areas that will

bring together change projects within the HSCP with digital focus and set out areas where attention, focus and developments will be required. The strategy will allow the HSCP to improve its digital maturity, which is a key Scottish Government focus, by looking to improve position across systems used, digital skills, access to information and governance structures. It should also serve to increase awareness and visibility of digital within the HSCP. The hope would be that a number of areas identified would bring benefits both within the HSCP and for members of the public looking to engage either for information or services and have a positive impact on inclusion, engagement and support provided. Although digital exclusion is clearly an issue, which has been identified and will be actioned through the strategy, the strategy itself will not impact on access to HSCP services through existing routes.

ITEM 9

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD (HSCP)

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

20 August 2024

Subject: Strategic Risk Register Six Month Review

1. Purpose

1.1 The purpose of this report is to present the Strategic Risk Register to the West Dunbartonshire Health and Social Care Partnership (HSCP) Board.

2. Recommendations

It is recommended that the HSCP Board:

2.1 Consider and approve the Strategic Risk Register (Appendix A).

3. Background

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board (IJB) must have effective governance arrangements in place, which includes systems for managing strategic risks.

3.2 The Integration Scheme confirms that a key element of the required risk management process is the preparation, scrutiny, approval and then annual review of the strategic risk register for the Health and Social Care Partnership.

3.3 The Chief Officer is responsible for ensuring that suitable and effective arrangements are in place to manage both strategic and operational risks relating to the Health and Social Care Partnership.

3.4 The HSCP Board's Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a West Dunbartonshire Health and Social are Partnership Risk Management policy and strategy. The current Risk Management Policy and Strategy was approved by the HSCP Board on the 20 September 2021.

3.5 On the 19 March 2024 the HSCP Board Audit and Performance Committee approved the Risk Appetite Statement, this provides officers with clear guidance in respect of the amount of risk that the Partnership is prepared to accept, tolerate, or be exposed to at any point in time and is used as a point of reference when reviewing the strategic risk register.

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4. Main Issues

4.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that beneficial and defensible decisions are made.

4.2 The attached Strategic Risk Register (Appendix A) has been prepared in accordance with the Risk Management Policy and Strategy, approved by the HSCP Board on the 20 September 2021. Similarly, in accordance with that Policy and Strategy, standard procedures are applied across all areas of activity within the Health and Social Care Partnership to achieve consistent and effective implementation of good risk management.

4.3 Strategic risks represent the potential for the HSCP Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk. These are distinct from operational risks, which represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Health and Social Care Partnership's activities.

4.4 The Chief Officer has responsibility for managing operational risks as those are 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. Operational risk registers are maintained by Heads of Service on behalf of the Chief Officer; and are the "building blocks" for the Strategic Risk Register.

4.5 Where several operational risks impact across multiple service areas or, because of interdependencies, these may require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the HSCP Board.

4.6 Existing Strategic Risks on the risk register were reviewed by the appropriate Risk Owner.

4.7 One risk was assessed as requiring an increase in the assessed risk level, moving from Low to Medium.

4.8 Five risks were assessed as requiring a decrease in their risk level, with all 5 moving from High to Medium.

4.9 Following the review, the number of strategic risks identified by risk level are as follows: Very High - 1, High - 9, Medium - 11, Low - 1.

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4.10 On the 27 June 2024 the HSCP Board Audit and Performance Committee reviewed the strategic risk register as presented in Appendix A and requested that Officers once again review the risk scores attributed to two key risks namely:

- Staff dissatisfaction due to increased workload pressure; increasing risk of staff absence and turnover, leading to further loss of skills and knowledge. (Risk Owner: Head of HR); and

- Failure to support timely discharge and minimise delayed discharge; creates risk for the HSCP to effectively manage patient, client and carer care. (Risk Owner: Head of Head of Community Health and Care Services).

4.11 The Head of HR has reviewed the risk pertaining to staff dissatisfaction and, subject to HSCP Board approval, would be minded to increase the risk initial risk level score (as at 1 April 2024) to 16 (high) and the current risk level to 12 (high). It is acknowledged that the original initial risk level was somewhat low and the change is based on an increase in likelihood and impact due to absences level. The most recent iMatter directorate report shows there is a higher possibility of staff dissatisfaction than before. All the mitigations in place are under review, including and attendance management action plan, succession planning templates and iMatter action plans to address improvements and celebrations of good work.

4.12 The Head of Community Health and Care Services has reviewed the risk pertaining to delayed discharge. Significant improvements have been made in this area however it is acknowledged that the initial risk revel score (as at 1 April 2024) is somewhat low. Subject to the HSCP Board approval the Head of Community Health and Care Services would be minded to increase the initial risk level to 20 (very high) and the current risk level to 16 (high). Although significant progress has been achieved in this area, there are emerging risks in relation to access to residential care beds and financial risks generated by recent high levels of movement into care.

5. Options Appraisal

5.1 Not required for this report.

6. People Implications

6.1 Key people implications associated with the identified strategic risks are addressed within the mitigating actions of the Strategic Risk Register.

6.2 The Risk Management Policy and supporting strategy affirms that risk management needs to be integrated into daily activities, with everyone involved in identifying current and potential risks where they work.

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6.2 Individuals have a responsibility to make every effort to be aware of situations which place them, or others at risk, report identified hazards and implement safe working practices developed within their service areas.

7. Financial and Procurement Implications

7.1 Key financial implications associated with the identified strategic risks are addressed within the mitigating actions of the Strategic Risk Register.

7.2 The Risk Management Policy and supporting strategy affirms that financial decisions in respect of these risk management arrangements rest with the Chief Financial Officer.

8. Risk Analysis

8.1 Failure to comply with the legislative requirement in respect of risk management would place the HSCP Board in breach of its statutory duties.

8.2 The Strategic Risk Register has been reviewed by the appropriate risk owner which has included the addition of new risks, updates to existing risks including risk levels and closure of risks that no longer apply.

8.3 The Chief Officer and Senior Management Team reviewed the updated Strategic Risk Register on 29 May 2024.

9. Equalities Impact Assessment (EIA)

9.1 An equality impact assessment is not required as the recommendations within this report will not have a differential impact on any of the protected characteristics.

10. Environmental Sustainability

10.1 Not required for this report.

11. Consultation

11.1 The Strategic Risk Register has been reviewed and confirmed by the Health and Social Care Partnership Senior Management Team.

11.2 Relevant Monitoring Officers, including internal auditors, have been consulted in the preparation of this report.

11.3 The Strategic Risk Register was scrutinised by the HSCP Board Audit and Performance Committee on 27 June 2024.

12. Strategic Assessment

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12.1 Effective risk management will support local and strategic priorities and national health and wellbeing outcomes. It will prevent or mitigate the effects of loss or harm; and will increase success in delivery of the HSCP Strategic Plan, improving lives with the people of West Dunbartonshire.

13 Directions

13.1 Not required for this report.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
Date: 29 July 2024

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Appendices: Strategic Risk Register (Appendix A)

Background Paper: WDHSCP Audit and Performance Committee 19 March 2024

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Description	Cause	Risk level (initial)	Controls in place	Risk level (current)	Risk level (Target)	Status
Risk Owner: Margaret-Jane Cardno Failure to deliver contract monitoring and management of commissioned services; creates a risk to the financial management of the HSCP and there is a risk to delivery of high quality services and the delivery of quality assurance across all areas of service delivery	Poor commissioning can have several underlying causes. 1. Insufficient Needs Assessment: Issue: Inadequate understanding of the health and care needs of the population. 2. Lack of Strategic Planning: Issue: Commissioning without a clear long-term vision or strategic direction. 3. Inadequate Stakeholder Engagement: Issue: Failing to involve key stakeholders (such as patients, carers, and community representatives) in decision-making. 4. Financial Constraints: Issue: Budget limitations and financial pressures. 5. Fragmented Systems and Silos: Issue: Lack of coordination between health and social care providers. 6. Inadequate Performance Monitoring: Issue: Insufficient monitoring of service quality and outcomes. 7. Short-Term Focus: Issue: Prioritizing immediate needs over long-term sustainability.	4x4 High = 16 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	1. Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation. 2. Commissioning Reviews linked to medium term financial plan. 3. Development and monitoring of Contract Risk Register. 4. Contracts Risk Register reported to HSCP Board. 5. Commissioning Team represented at an appropriate level across the HSCP. 6. Establish provider networks/forums across all HSCP areas. Engagement of stakeholders throughout the commissioning process to ensures inclusivity and responsiveness. 7. Develop and implement IRISS Change Makers Project. 8. Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers. 9. Trend analysis and reporting by exception programmed into HSCP Board reports. This enables the HSCP to regularly assess performance, collect feedback, and adjust commissioning strategies accordingly. 10. Strategic Plan “Improving Lives Together” approved by IJB. The development of this robust strategic plan ensures alignment with local and national priorities. 11. Care Pay and Care Finance roll out. 12. Balance financial constraints with the need for effective and sustainable services. 13. Promote integrated working, breaking down silos, and fostering collaboration. 14. Balance short-term goals with a forward-looking perspective. 15. Rigorous assessment processes, involving community engagement and data analysis, are essential.	3x3 Medium = 9 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	2x2 Medium = 4 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Live/Active
Risk Owner: Margaret-Jane Cardno Failure to manage contracting arrangements; there is a risk that the HSCP has commissioned services which may be out-with contract or contracts are not fit for purpose.	Poor contract management can have several underlying causes such as: 1. Inadequate Record-Keeping Techniques. 2. Too Many Manual Processes. 3. Misalignment between Legal Teams and Stakeholders. 4. Misunderstandings about contract terms and expectations. 5. Inefficient collaboration and decision-making. 6. Limited Expertise. 7. Insufficient knowledge or expertise in contract management practices. 8. Lack of training for contract managers. 9. Inability to identify and address potential risks. 10. Inadequate Technology.	4x4 High = 16 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	1. Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation. 2. Commissioning Reviews linked to medium term financial plan. 3. Development and monitoring of Contract Risk Register. 4. Contracts Risk Register reported to HSCP Board. 5. Commissioning Team represented at an appropriate level across the HSCP. 6. Establish provider networks/forums across all HSCP areas. 7. Develop and implement IRISS Change Makers Project. 8. Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers. 9. Trend analysis and reporting by exception programmed into HSCP Board reports. 10. Roll out of Care Pay and Care Finance.	3x4 High = 12 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	2x2 Medium = 4 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Live/Active

Risk Owner: Margaret-Jane Cardno Failure to manage contracting arrangements; there is a risk that the HSCP is unable to demonstrate Best Value.	Poor contract management can have several underlying causes such as: 1. Inadequate Record-Keeping Techniques. 2. Too Many Manual Processes. 3. Misalignment between Legal Teams and Stakeholders. 4. Misunderstandings about contract terms and expectations. 5. Inefficient collaboration and decision-making. 6. Limited Expertise. 7. Insufficient knowledge or expertise in contract management practices. 8. Lack of training for contract managers. 9. Inability to identify and address potential risks. 10. Inadequate Technology.	4x4 High = 16 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	1. Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation. 2. Commissioning Reviews linked to medium term financial plan. 3. Development and monitoring of Contract Risk Register. 4. Contracts Risk Register reported to HSCP Board. 5. Commissioning Team represented at an appropriate level across the HSCP. 6. Establish provider networks/forums across all HSCP areas. 7. Develop and implement IRISS Change Makers Project. 8. Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers. 9. Trend analysis and reporting by exception programmed into HSCP Board reports. 10. Roll out of Care Pay and Care Finance.	3x4 High = 12 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	2x2 Medium = 4 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Live/Active
Risk Owner: Margaret-Jane Cardno Failure to adhere to Financial Regulations and Standing Financial Instructions when commissioning services from external providers.	Failure to adhere to financial regulations can have significant consequences for individuals, the HSCP, and the overall stability of the financial system. Underlying causes can be: 1. A poor understanding of legal obligations and contractual agreements. 2. Ignorance or Lack of Awareness. 3. Intentional Non-Compliance: 4. Financial Reporting Irregularities. 5. Culture and Incentives: Organizational culture that prioritizes efficiency or short term interventions over compliance. 6. Complexity and Opaqueness.	4x4 High = 16 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	1. Restructure and implementation of a Transactional Team. 2. Training on financial regulation and standing orders. 3. Care Pay and Care Finance roll out. 4. Review of Scheme of Delegation. 5. Implementation of Strategic Plan “Improving Lives Together”	3x3 Medium = 9 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	1x1 Low = 1 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Live/Active

Risk Owner: Margaret-Jane Cardno Failure to maintain a secure information management network; there is a risk for the HSCP that the confidentiality of information is not protected from unauthorised disclosures or losses.	Maintaining a secure information management network is crucial for the HSCP and its parent bodies. Some common systemic causes are: 1. Misconfigurations of network devices. 2. Network disruptions. 3. Line Damage. 4. Human damage. 5. Sudden Hardware Failure. 6. Poor Visibility and Fundamentals in Cybersecurity. 7. Failure to implement basic security practices. 8. Outdated Software.	3x3 Medium = 9 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	1. Data breach management policy in place for both NHS and WDC data. This includes internal e-form reporting procedure for staff. Data breach registers for both partner organisations are kept and analysed for trends and where relevant mitigation put in place. 2. Breaches are reported to ICO and data subjects where required. 3. Ongoing monitoring and management required including relevant training. 4. Records management plan in place and lodged with National Records of Scotland. 5. Cyber security recognised as a strategic risk by both parent bodies.	2x2 Medium = 4 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	1x1 Low = 1 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Tolerated
Risk Owner: Margaret-Jane Cardno Failure to maintain a secure information management network; there is a risk for the HSCP if this is unmanaged of breaches as a result of a GDPR breach; power/system failure; cyber-attack; lack of shared IT/recording platforms; as such being unable to manage and deliver services. Inability to provide service.	Maintaining a secure information management network is crucial for the HSCP and its parent bodies. Some common systemic causes are: 1. Misconfigurations of network devices. 2. Network disruptions. 3. Line Damage. 4. Human damage. 5. Sudden Hardware Failure. 6. Poor Visibility and Fundamentals in Cybersecurity. 7. Failure to implement basic security practices. 8. Outdated Software.	3x3 Medium = 9 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	1. Data breach management policy in place for both NHS and WDC data. This includes internal e-form reporting procedure for staff. Data breach registers for both partner organisations are kept and analysed for trends and where relevant mitigation put in place. 2. Breaches are reported to ICO and data subjects where required. 3. There remains an ongoing risk that despite procedures a breach may occur. 4. Ongoing monitoring and management required including relevant training. 5. Records management plan in place and lodged with National Records of Scotland. 6. Contingency planning underway in respect of planned power outages and black start events. 7. Cyber security recognised as a strategic risk by both parent bodies.	2x2 Medium = 4 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	1x1 Low = 1 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Tolerated

Risk Owner: Margaret-Jane Cardno Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of the organisational responsibilities.	1. Inadequate Leadership and Culture. 2. Lack of Clear Goals and Objectives. 3. Absence of basic management systems.	4x4 High = 16 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	1. Regular performance reports are presented to the HSCP Chief Officer and Heads of Services. 2. Regular Organisational Performance Review meetings are held with Chief Executives of WDC and NHSGGC. 3. Regular performance reports are presented to the Audit and Performance Committee and HSCP Board. 4. NHSGGC has established a monthly performance board in order to further scrutinise high risk areas in relation to waiting time directives. 5. The Senior Management Team reviews performance data at both SMT meetings and via the Programme Management Office. 6. Roll out of data literacy training.	3x4 High = 12 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	1x1 Low = 1 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Tolerated	
Risk Owner: Margaret-Jane Cardno Failure to monitor commissioned and other partnership services which could impact on an individual's safety or risk to themselves or others.	Failure to monitor commissioned and other partnership services which could impact on an individual's safety or risk to themselves or others.	4x4 High = 16 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	1. Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation. 2. Commissioning Reviews linked to medium term financial plan. 3. Development and monitoring of Contract Risk Register. 4. Contracts Risk Register reported to HSCP Board. 5. Commissioning Team represented at an appropriate level across the HSCP. 6. Establish provider networks/forums across all HSCP areas. 7. Develop and implement IRISS Change Makers Project. 8. Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers. 9. Quality Assurance reporting to HSCP Board and relevant sub committees for example Clinical & Care Governance. 10. Trend analysis and reporting by exception programmed into HSCP Board reports.	3x3 Medium = 9 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	2x1 Low = 2 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Tolerated	

Risk Owner: Julie Slavin West Dunbartonshire HSCP Board (IJB) being unable to achieve and maintain financial sustainability within the approved budget in the short to medium term due to the financial challenge of delivering services with increasing costs and demographic pressures against a backdrop of flat-cash allocations from partners	1. Insufficient funding allocations from partner bodies that fail to reflect demographic pressures, the impacts of poverty, the impacts of heath inequalities or inflationary cost of delivering health and social care services. 2. Unable to deliver on all approved savings from current and previous years. 3. Unable to fully mitigate the financial impacts of wider economic issues, in particular UK and global inflation. Financial risks to staffing costs, commissioning of care services, GP prescribing costs (inflation, import challenges and short supply), utilities, food and equipment costs. 4. New demand across services e.g. legacy impacts of COVID-19 on general health, increase in secure placements and impact of cost of living pressures on families. 5. Impact of NRAC and GAE allocations from the Scottish Government to deliver on a range of policy commitments and requirement to use earmarked reserves for core delivery. 6. Increasing resilience on use of non-recurring savings options and use of reserves to close the financial gap.	5x5 Very High = 25 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Active engagement with all partner bodies in budget planning process and throughout the year. This includes HSCP senior officers being active members of both council and health board corporate management teams. Working in partnership across the 6 GGC HSCPs. Also working collectively in local and national forums for health and social care e.g. National Chief Officers Group, CIPFA Chief Financial Officers Section, Scottish Government Sustainability and Value Groups. Local and NHSGGC Prescribing Efficiency Programmes. CIPFA CFO Section working with Scottish Government and COSLA officials on the importance of timely notification of funding, the need to have recurring allocations that attract inflationary uplifts to support full delivery and financial sustainability of policies. The regular financial reports to the HSCP Board. Budget monitoring reports are prepared and informed by the range of actions, controls and mitigations. These reports support the HSCP Board to agree on any corrective actions required to support financial sustainability. All actions are predicated on the adherence to Financial Regulations, Standing Financial Instructions, Procurement Regulations and implementation of Directions issued by the Board. Service Redesign Programmes managed by Project Boards and scrutinised by the Project Management Office (PMO). Regular analysis of performance and financial data with updates to SMT. Regular meetings with operational budget holders to monitor progress of savings as well as overall budgetary performance and corrective action as taken as required. Focus on service redesign programmes and regular programme of review that support the outcomes of service users and patients. Weekly Vacancy Management Panel to scrutinise and challenge recruitment requests. Balanced against reduction in use of agency staff. Review and update the Medium Term Financial Plan (MTFP). The MTFP, the annual budget setting report and the regular financial performance reports update on key financial risks and any mitigating actions. Robust Reserves Policy and protection of earmarked reserves to support short to medium term financial planning. This includes, the creation, maintenance and application of some key earmarked reserves for GP Prescribing, Redesign and Transformation, Unachievement of Savings and Fair Work Practices. Robust commissioning processes linked to strategic priorities and eligibility and self-directed support. Strengthening of governance processes including a refreshed Area Resource Group. Robust application of Eligibility Criteria in completion of new My Life Assessments and regular reviews of current packages of care. Further supported by Supervision Policy.	5x4 Very High = 20 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	3x3 Medium = 9 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Tolerated
Risk Owner: Gillian Gall Inability to develop and deliver sufficient workforce capacity to deliver strategic objectives. Insufficient workforce will impact ability to meet service demands, caused by the inability to recruit, retain or deploy the workforce with necessary skills, which could potentially lead to disruption of services.	Failure to attract people to work for the organisation and the unavailability of labour market.	3x4 High = 12 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Workforce Plan. HR/strategic policy mirrors national guidance and policy on terms and conditions. Workforce planning oversight locally. Local recruitment drives ongoing to support delivery of workforce plans and shortage occupational gaps. Recruitment stats monitored through workforce team and assessed through vacancy control group.	3x3 Medium = 9 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	3x3 Medium = 9 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Tolerated

Risk Owner: Gillian Gall Staff dissatisfaction due to increased workload pressure; increasing risk of staff absence and turnover, leading to further loss of skills and knowledge.	Increasing risk of staff absence and turnover, leading to further loss of skills and knowledge. Training and development infrastructure not effectively monitored and implemented.	1x2 Low = 2 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Data reported through performance reporting frameworks provided and improvement measures identified where data is below the required standard. This presents opportunity for any workforce risks to be highlighted or escalated. A robust, proactive approach to analysis and triangulation of this data could support management teams in monitoring the workforce to identify areas where support can be given. Completion of core statutory and mandatory training. Internal profession based career pathways development as identified in the workforce plan.	2x2 Medium = 4 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	1x2 Low = 2 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Tolerated
Risk Owner: Fiona Taylor Failure to support timely discharge and minimise delayed discharge; creates risk for the HSCP to effectively manage patient, client and carer care	Increasing complexity of people admitted to hospital. This impacts on increased bed days plus higher number of people requiring Guardianship applications. Pathways of care across the Acute sites and the HSCP CHDT can vary.	3x3 Medium = 9 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Quality improvement activities are ongoing to address a range of issues impacting on the ability to discharge people in a timely manner. Includes: Partnership working with Vale of Leven Hospital for high referral wards; staff awareness in identified areas such as AWI legislation; effective leadership. Increasing awareness of Power of Attorney and Future care Planning underway. Daily HSCP huddles to scrutinise the HSCP daily delays list, Effective dialogue between HSCP and Acute Hospital Discharge team to facilitate speedy resolution to operational issues impacting on bed days lost.	3x3 Medium = 9 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	2x3 Medium = 6 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Live/Active
Risk Owner: Fiona Taylor Failure to plan and adopt a balanced approach to manage the unscheduled care pressures and related business continuity challenges that are faced in winter; creates risk for the HSCP to effectively manage patient, client and carer care	Impact is unpredictable, can be dependent e.g. weather, communicable diseases such as flu. Public messaging is central to ensure citizens understand and comply with pathways for care available in the community before attending Acute sites.	3x3 Medium = 9 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Greater Glasgow and Clyde whole system co-ordinated approach for Winter Planning starts June 2024. Adult Vaccination programme Business Continuity Plans in place for all Health and Community care Services, inclusive of adverse weather events. Annual leave monitored to reduce risk of lack of staff availability at key points. Integrated approach across Health and Community Care services to target shared care opportunities if increased demand is experienced.	2x3 Medium = 6 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	2x3 Medium = 6 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Tolerated

Risk Owner: Fiona Taylor Failure to monitor and ensure the wellbeing of adults in independent or WDC residential care facilities. Failure of staff to recognise, report and manage risk.	Lack of managerial scrutiny of a high standard of care in external and internal care homes. Lack of ASP awareness in external and internal care homes.	2x4 Medium = 8	Mandatory ASP training for Local Authority Residential Care staff. Care Home Collaborative and Clinical care Governance process have oversight of risks. Care Home Collaborative and Clinical care Governance process have oversight of risks Care Homes accountability to the Care Inspectorate.	2x4 Medium = 8	2x4 Medium = 8	Tolerated
Risk Owner: Sylvia Chatfield Failure to meet waiting times targets - Psychological Therapies	Increase in referral numbers, staffing absence, or inability to fill vacant posts	4x4 High = 16	Full data cleanse has taken place with ongoing admin support around accurate data recording. Continue to maximise staff capacity and use of peripatetic psychology for additional weekly session. Impact has been substantially due to vacancies and absence however staffing position is improving.	3x3 Medium = 9	1x2 Low = 2	Live/Active
Risk Owner: Sylvia Chatfield Failure to meet waiting times targets - Drug and Alcohol Treatment.	Increase in referral numbers, staffing absence, or inability to fill vacant posts	1x2 Low = 2	Target continues to be reached and maintained. Only impact would be due to substantial absences. Staff team stable with minimum vacancies	1x2 Low = 2	1x1 Low = 1	Live/Active

Risk Owner: Lesley James There is a risk that failure to ensure compliance with relevant assessments such as My Life Assessments and My Assessment and plan will cause disparity within service user groups and in service access and result in incomplete assessments of risk's and needs and will not comply with statutory requirements.	Failure to embed My Life assessment and My Life Assessment screening across adult services. The implementation of My Assessment and Plan was fully implemented in July 2023. An evaluation on the implementation and quality of assessments is underway. Self evaluation activity is required to determine quality beyond implementation.	4x4 High = 16 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Group improvement project is documenting the end-to-end process for adult assessments along with a new Adult Area Resource Group standard operational guide which defines the roles and responsibilities across the team and ensures there is consistence governance across the adult services. In addition, the project is reviewing any common tasks across the services which could be centralised. The ARG is being reinstated in Children's in addition to the social work Education panel for screening of shared placement provision service. An evaluation is being progressed of roll out of My life Assessment and Plan within Children's services . There is a concern that the duty to assess for report requests form the reporter is not being fully met due to staffing shortages and the required assessment provision not being able to be undertaken. Ongoing liaison with SCRA and Panel Chairs is in place to implement range of shared solutions to initial enquiry requests. Close working with Children's reporter in relation to the duty to carry out enquires is in place with agreed processes and solution being developed to ensure information is shared appropriately with the reporter.	4x4 High = 16 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	2x4 Medium = 8 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Live/Active
Risk Owner: Lesley James Failure to ensure that staff are appropriately trained and adhere to standards for risk assessment and risk management across child, adult and public protection work.	Resources to support Learning and development opportunities for staff have not been recruited to (temporary resource funding). Skills passports for council staff are not being routinely reported on or further developed.	4x4 High = 16 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Reporting mechanisms are at early stages to ensure both Training needs analysis of staff and training delivered and attended is both captured and able to be reported within social work and social care. The appointment of two learning and developments officers will ensure this can be effectively progressed. The learning and development officers have recently been approved by SSRG and are being recruited to. On an interim basis training and development opportunities are being promoted through a range of commissioned training and through ilearn modules and scheduled management training.	4x4 High = 16 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	4x2 Medium = 8 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Live/Active
Risk Owner: Lesley James Failure to meet legislative duties in relation to child protection.	Capacity workforce risk due to vacancies and absence . Gaps in data oversight Training and development in National child Protection Guidance required	4x4 High = 16 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Oversight by the Child Protection Committee is currently in place with an independent chair to ensure objective support and challenge. The national data set for CP is in place and a data analysis groups meets regularly to consider local performance. Time scales aligned to national guidance are routinely reported on as part of children's services data set. Visits to children on the CP register. With required timescales are routinely reported. Self-evaluation activity in relation to areas for improvement are informed by the data. Mechanisms for recording staff core and mandated training is an early stages of developments and this requires to be strengthened to ensure oversight and assurance. Use of agency staff to manage vacancies.	3x4 High = 12 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	2x4 Medium = 8 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Live/Active

Risk Owner: Lesley James Failure to meet legislative duties in relation to adult support & protection.	Learning and development aligned to capacity and data oversight	4x4 High = 16 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	A national data set is being implemented by April 2023 and routine reporting to the Adult Protection Committee is in place with an independent chair to ensure objective scrutiny. Performance and conversion rates in relation to case conferencing is regularly reported and identified improvement in timescales is progressing. Further development is required to report on staff core and mandated training to ensure training compliance in ASP is in place for Social Work and Social Care.	4x4 High = 16 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	4x2 Medium = 8 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Live/Active
Risk Owner: Lesley James Failure to meet legislative duties in relation to multi-agency public protection arrangements (MAPPA).	Rising demand of MAPPA activity Capacity in relation to rising demand within Justice services both in relation to MAPPA and court orders with flat cash settlement section 27 budget 22/23 and 23/24	4x3 High = 12 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	West Dunbartonshire is part of the North Strathclyde Partnership and oversight reporting structures namely the SOG and MOG meet regularly in relation to all MAPPA activity where reporting of MAPPA activity and the associated risk register is in place. MAPPA activity forms part of reporting to PPCOG to ensure effective oversight and scrutiny. Training to all staff in relation to risk management is supported nationally with justice services. strengthening of reporting is required to ensure improved oversight of learning and development including completion mandatory training is met.	4x3 High = 12 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	4x2 Medium = 8 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Live/Active
Risk Owner: Lesley James Failure to ensure that Guardianship cases are appropriately monitored, supported and reviewed by social workers.	Data oversight of all guardianship cases is being developed but not currently available. Some adults subject to guardianship orders are not routinely allocated. Statutory reviews are not always taking place within required timeframes.	4x4 High = 16 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Clinical and Care Governance oversight is being strengthened in this area with Guardianship oversight data to be reported form CareFirst with performance being reported quarterly. The data set is in early stages of development to ensure effective assurance is in place as is data to ensure effective reviewing timeline are in place . Data has been collated and reported to the Mental Welfare Commission who have an external scrutiny role.	4x4 High = 16 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	4x2 Medium = 8 5 10 15 20 25 4 8 12 16 20 3 6 9 12 15 2 4 6 8 10 1 2 3 4 5	Live/Active

ITEM 10

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
Integration Joint Board

Report by Helen Little, MSK Physiotherapy Manager GGC

20 August 2024

Subject: Annual Report for Musculoskeletal Physiotherapy Service 2023/24

1. Purpose

1.1 To present the Annual Report for Musculoskeletal (MSK) Physiotherapy service (Greater Glasgow and Clyde) 2023/24.

2. Recommendations

It is recommended that the Integration Joint Board:

2.1 Note the content of the report.

2.2 Note the achievements of the MSK service in regards to performance; priority project work; patient feedback and involvement; and use of data within the MSK service.

3. Background

3.1 This paper presents the Annual Report for MSK Physiotherapy Service for 2023/24 which can be found at Appendix 1 of this report. The paper is not meant to be representative of all the work that was carried out within the service but represents the key performance areas and priority project work.

4. Main Issues

4.1 The paper presents an overview of service performance data from 2023/24. This includes waiting times data; impact data (including patient reported outcome measures and patient experience and impact data from Advanced Practice Physiotherapists within GP practice). The priority projects presented reflect the service priorities for that period. The Scottish Government waiting times target for AHP MSK services is that 90% of patients should be seen within 4 weeks of referral. For clarity some current MSK performance information is bulleted below:

- Demand for MSK service has increased by 13.3% in 2023/24 when compared to 2022/23.
- An additional 7,825 New patient appointments have been created in 2023/24 when compared to previous year (an increase of 13.6%). This

is a result of ongoing priority project work.

- The increase in capacity has offset the increase in demand and maximum routine waiting times have remained static between 12-13 weeks throughout 2023/24.
- At present the MSK service ensures that all urgent patients are seen within the 4 week target. Work continues to address the routine waiting list as until the routine waiting times are closer to the 4 week target the proportion seen within 4 weeks will not significantly change.

4.2 The paper provides an overview of the 5 priority objectives and associated priority project work within the service. The 5 priority objectives were waiting times; Streamlining of Vetting; Internal referral; staff wellbeing and Streamlining MSK Pathways of Care and shared decision making for patients with OA of Hip/Knee.

A brief overview is provided for each project. Hyperlinks are included to provide more detail on any particular project, including stakeholder feedback.

5. Options Appraisal

5.1 None required.

6. People Implications

6.1 No implications.

7. Financial and Procurement Implications

7.1 No implications.

8. Risk Analysis

8.1 Performance Management has been identified by the HSCP Board as a strategic risk. The presentation of this annual report mitigates against this risk by providing an opportunity for the Committee to review and scrutinise performance management information in relation to the MSK service. Failure to review and scrutinise performance management information creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of its organisational responsibilities.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

10.1 N/A

11. Consultation

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

12. Strategic Assessment

12.1 On 15 March 2023 the HSCP Board approved its Strategic Plan 2023-26 "Improving Lives Together". The Plan outlines sustained challenge and change within health and social care. These changes bring with them a host of governance implications: cultural, operational, structural, ethical and clinical. Good governance, which includes performance management, is essential to ensure the actions within the Strategic Plan are implemented effectively and efficiently in a way which promotes safe and effective care whilst achieving best value.

13. Directions

13.1 None required.

Name:	Dr Helen Little
Designation:	MSK Physiotherapy Manager Greater Glasgow and Clyde
Date:	20 August 2024
Person to Contact:	Dr Helen Little
Appendices:	Appendix 1: Annual Report for Musculoskeletal Physiotherapy Service 2023/24.
Background Papers:	None

Introduction

Welcome to our Musculoskeletal (MSK) Physiotherapy annual report which covers the period from April 2023 to March 2024.

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

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

- Service performance: data on demand/activity and waiting times.
- Impact data: Patient reported outcomes measures and patient reported experience.
- Impact data: Success of Advanced Practice Physiotherapists within Primary Care.
- Brief summary of 5 key priority projects.
- MSK Digital strategy.

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

Section 1: A year in data: an overview

The MSK Physiotherapy service continues to have a huge focus on data, in regards to waiting times; quality assurance and to inform and drive priority project work.

MSK performance data in regards to waiting demand, capacity and waiting times is presented within Section 1.1 of the report. Data collected from patients in regard to their treatment outcome and experience of the MSK service is presented within Section 1.2 and Section 1.3 provides data on the success of Advanced Practice Physiotherapists within GP practice. Section 2 presents some of the project work carried out within 2023/24.

There has been ongoing priority project work to address waiting times (see section 1.1). The project work utilised Quality Improvement methodology and the driver diagram for the priority project work is included within section 2.1 below. Although demand for service provision rose by 13.3% in 2023/23 when compared to the previous year, maximum routine waiting times and number of patients waiting for a routine appointment remained relatively static throughout the year. This is due the project work resulting 7825 additional New Patient (NP) appointments when compared to the previous year and therefore this resultant increase in capacity offset the 13.3% increase in demand.

Data was collected in regards to Patient Reported Outcome Measures (PROMS) and patient experience (Section 1.2). Both measures validated the quality of service provision, with PROMS demonstrating service effectiveness in reducing patients' pain, increasing patients' function and

returning patients to the workplace. The feedback on patient experience with service provision was overwhelmingly positive.

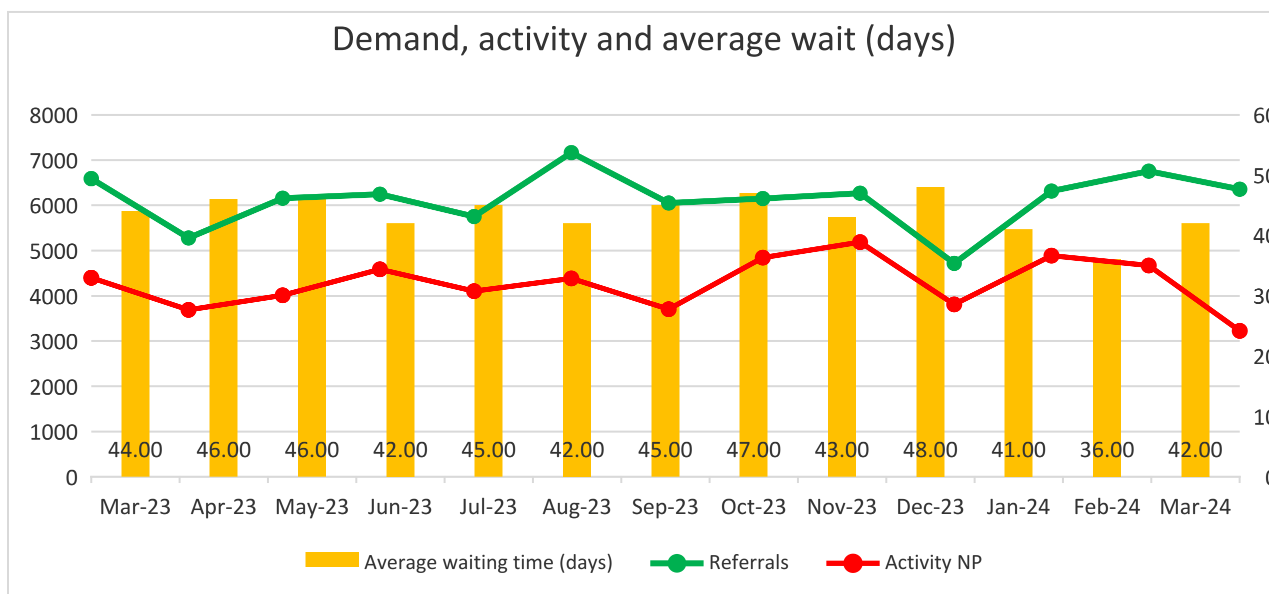
Impact data from Advanced Practice Physiotherapy (APP) staff based within GP Practice (see section 1.3). APPs demonstrated their effectiveness in supporting 78% to self manage their MSK condition. Requests for bloods, medication and imaging were low, as were onward referral rates to MSK and orthopaedics (including lower than GP practices without an APP) which shows the APPs to be a cost effective resource within a Primary Care setting.

1.1 Referral rate; activity and average waiting times.

1.1.1 Referrals and Demand

Demand for the MSK service has risen in 2023/24 compared to the two previous years. The service received 73,680 referrals in 2023/24 (c/f 65,017 referrals in 2022/23 and 61,877 in 2021/22). The referral rate was consistently around 6-7k referrals per month (other than the usual seasonal dip in December and a peak of 7.2k referrals in August 23). This data is presented within Graph 1 below.

Graph 1: Demand, Activity and average waiting times



Graph and Table 1 below show the success of the priority project work in maintaining generally static maximum routine waiting times in 2023/24 despite the 13.3% (n = 8663 referrals) increase in referral rate. The maximum wait for a routine appointment remained pretty static at 12-13 weeks despite the rise in demand. As well as demand increasing staff have reported on the increase in patient complexity (see section 3.0 below) with increased prevalence of socioeconomic issues; comorbidity and mental health issues which requires. These patients require more support and time to discuss and signpost to appropriate services.

Table 1: Demand, Activity and maximum routine waiting times

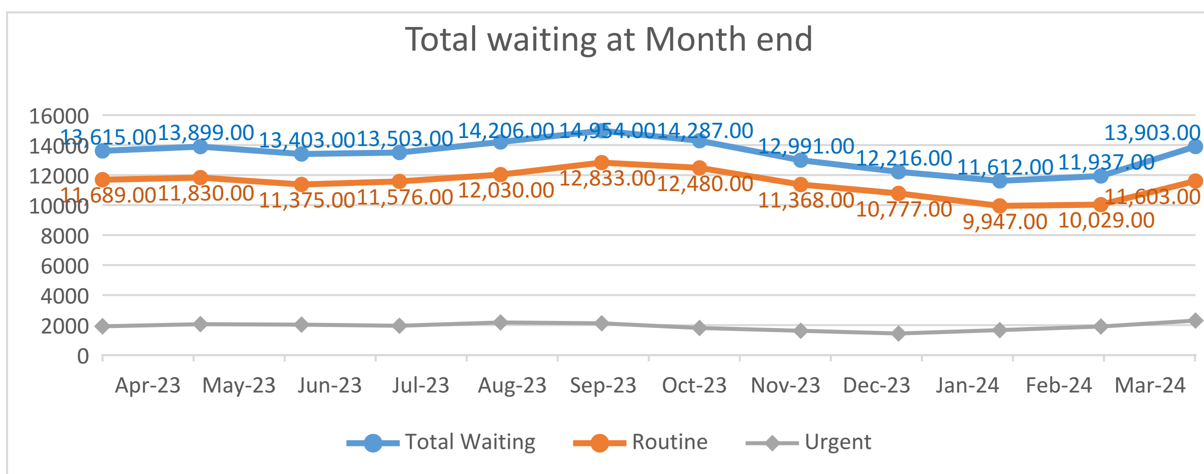
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Referrals	6536	5273	6152	6240	5748	7157	6046	6152	6247	4698	6309	6750	6350
Activity NP	4395	3686	4008	4582	4099	4381	3700	4837	5181	3804	4884	4666	3222
Waiting time in weeks	12	13	13	12	13	12	13	13	12	12	11	12	14

There was also little variance throughout the year in the number of patients waiting on an appointment over 2023/24 (see Graph 2 below). Despite the rise in referral rate by 8,663 referrals there were 86 less

patients waiting for a routine appointment over the period (decreasing from 11,689 in April 23 to 11,603 at end of March 24).

Graph 2 illustrates general reduction in total number of patients waiting between September 23 and Feb 24 as a result of the priority project work. However the numbers waiting for a routine appointment rose sharply in March 24 as the service had to discontinue the use of Agency staff at end Feb 24 due to financial restraints. This meant that the caseloads of 7 agency staff had to be reabsorbed by the substantive workforce and therefore there were less NP appointments available in March and a resultant rise in number of patients waiting for an appointment. March figures are also not truly representative because the normal end of the month waiting list tidy up (which are administrative errors rather than patients truly waiting) were not completed because the last day was a Public holiday. The waiting time and numbers waiting were therefore artificially increased and were immediately lower on the next week.

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



All referrals into the MSK service are clinically vetted into “urgent” and “routine” based on clinical need and then appointed into “urgent” and “routine” appointment types. The service trakcare templates are built in such a way that 40% of all New Patient appointments are maintained to prioritise “urgent” referrals and ensure that these patients are appointed within the Scottish Government AHP MSK waiting times target of 4 weeks (see below). Any urgent appointment not utilised is converted to a routine appointment to address routine waiting times and the appointments are provided to those patients who have been waiting longest.

The service continues to be able to appoint all urgent referrals within this 4 week target. Although the service achieves the Scottish Government waiting times for all urgent referrals, the target states that 90% of patients should be seen within a 4 week period. In order to achieve this target the service’s priority project work has focussed primarily on reducing routine appointment waiting times (until the routine waiting times are closer to 4 weeks the percentage of patients seen within the target will not vary much- see further detail and Table 2 below). However one test of change started in Jan 24 and was aimed at directly increasing the % seen within 4 weeks whilst still adhering to Board Access Policy. This test of change involved the Advanced Practice Physiotherapists in Primary care (in their MSK sessional commitment) seeing routine self referred patients at point of referral. Although this project has only been implemented for 2 months of the year and there was an immediate resultant improvement in % of patients seen within the 4 weeks target, rising from 42% in Dec 23 to 48% and 51% in Jan and Feb 24 which is shown within Table 2. The figures may have been improved in part due to reduced demand in December and early January

and not solely have been due to the test of change (n.b. this test of change will be fully evaluated after 6 months and reported within 2024/25).

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

	Apr 23	May 23	Jun 23	July 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
% seen 4 wks	32%	34%	32%	36%	39%	36%	37%	41%	42%	48%	51%	42%

1.1.2 Service Capacity and Activity

New patient (NP) activity levels within 2023/24 are illustrated by the red line within Graph 1). There were 7,825 more new patient appointments in 2023/24 compared to the previous year (65,141 NPs in 2023/24 compared to 57, 316 NPs in 2022/23). This is reflective of the ongoing focus on both waiting times as a priority project and recruitment of MSK staff. Recruitment is a national problem for the profession and for MSK services within other national health boards. Recruitment has been an ongoing service focus and has improved vacancy levels within the service but recruitment of experienced MSK staff at Band 6 level still remains a challenge. This is primarily due to movement of staff into

promoted posts as Advanced Practice Physiotherapists (APPs) within GP practice (see section 1.3 below for APP impact data). At end March 2024 there were 9 vacant MSK clinical posts across the Board area.

Sickness absence has also impacted on capacity throughout 2023/34. Prior to the pandemic sickness absence rates within MSK service were rarely over the 4% target. However during 2023/24 sickness absence rates were consistently over the 4% target other than in August (ranging from 3.95% in August 23 to a high of 7.02% in Jun 23). The service employed agency staff to address waiting times but maximum benefit from agency staff was impacted due to the need to absorb caseloads of staff on long term sickness absence.

Accommodation challenges across several MSK sites have also impacted on service capacity and the ability to provide the best rehabilitation environment for our patients. This has primarily been due to other services utilising MSK space during the pandemic and the area not yet being returned to MSK; departments going through refurbishment or space pressures within Acute which has meant other services have taken over MSK space. There has been a delay in getting bespoke MSK rehabilitation space returned to the service. To date there is one site where MSK clinical space remains compromised. This is due to ongoing Infection control requirements for respiratory patients within that site. The service continues to work with Acute colleagues to resolve this issue. An SBAR has been submitted to Board Capital Planning and approved by Corporate Management Team which will involve the MSK space being returned to the service.

1.1.3 Demand vs Capacity and impact on reduction of waiting times

The gap between the red and green lines on Graph 1 demonstrates that the referral rate (demand) continues to be higher than New Patient (NP) capacity. This, as well as the backlog of patients waiting for a routine appointment has meant that addressing waiting times has been an ongoing challenge. Ongoing priority project to address waiting times has really only served to maintain status quo due to the 13% increase in demand (see section 2.1).

The gap between demand and capacity is not as great as the data suggests as a variable proportion of patients referred routinely to the service do not 'opt in' at the time of appointment offer. However, there is still a challenge around demand continuing to exceed capacity, which limits ability to address the backlog of patients waiting for a routine appointment.

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

Patient Reported Outcome Measures (PROMS) using validated tools are gathered routinely after a course of treatment. The MSK service collects PROMS across the 4 quadrant areas. This is to demonstrate impact of care, quality of care and provide assurance around equity of clinical care across all areas. The results over the years have indicated real consistency within the MSK Physiotherapy service with very similar quantitative outcome data across the wide geographical area (see Appendix 1).

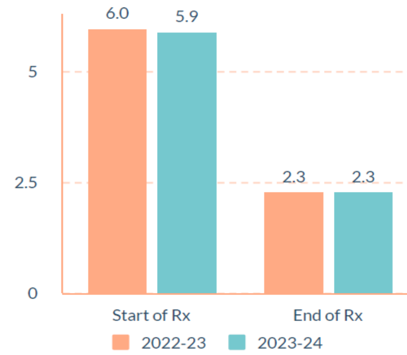
There have been historical challenges in completion rate of PROMs over the years. The main issues impacting completion has been staff

turnover, staff remembering to ask the relevant questions and the covid pandemic (when the service was primarily delivered virtually). Despite these challenges, the service has continued to produce the same consistent paired scores in relation to reducing pain, increasing function and successful return to work status over several years.

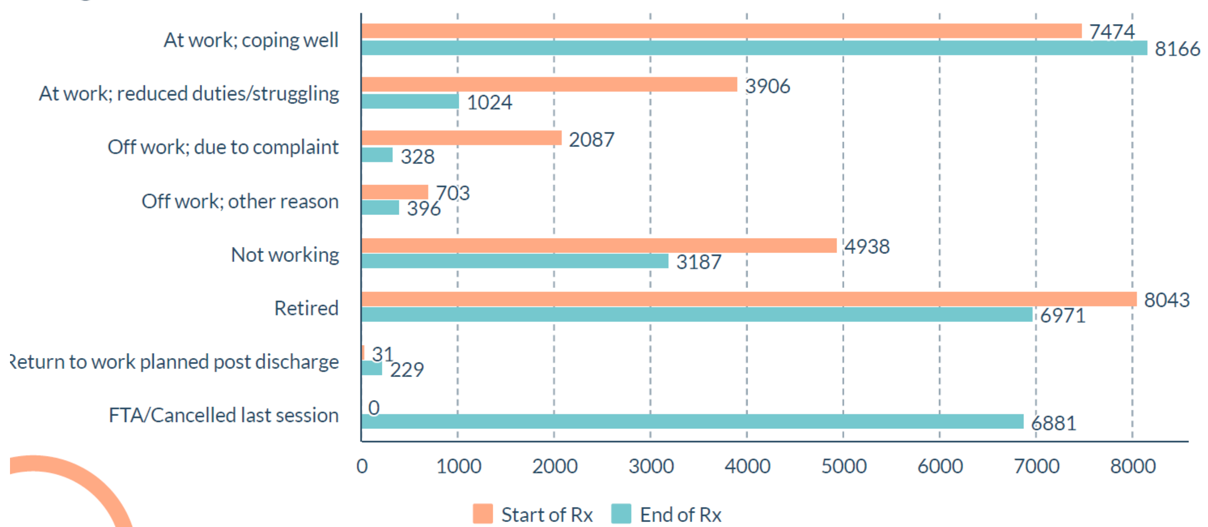
There was a significant increase in the completion of PROMs in 2022/23 (n = 26,158 completed) and then marked further increase in 2023/24 (n = 48,715 completed). This is related to the MSK Physiotherapy service transitioning to Digital Clinical Records/Active Clinical Notes (ACN) and the embedding of the PROMs within the ACN. For full details please see Appendix 1.

A snapshot of 2023/24 data are presented in the infographics 1 and 2 below and demonstrate the reduction of pain (from a score of 6 to 2); improvement in function(from a score of 5 to 6) and successful return to work as a result of MSK service intervention (infographic 2).

Infographic 1: PROMs of pre and post physiotherapy: Pain, function and work status 2023/24



Infographic 2: Work status pre and post physiotherapy



PREMS: Patient Reported Experience of MSK Service

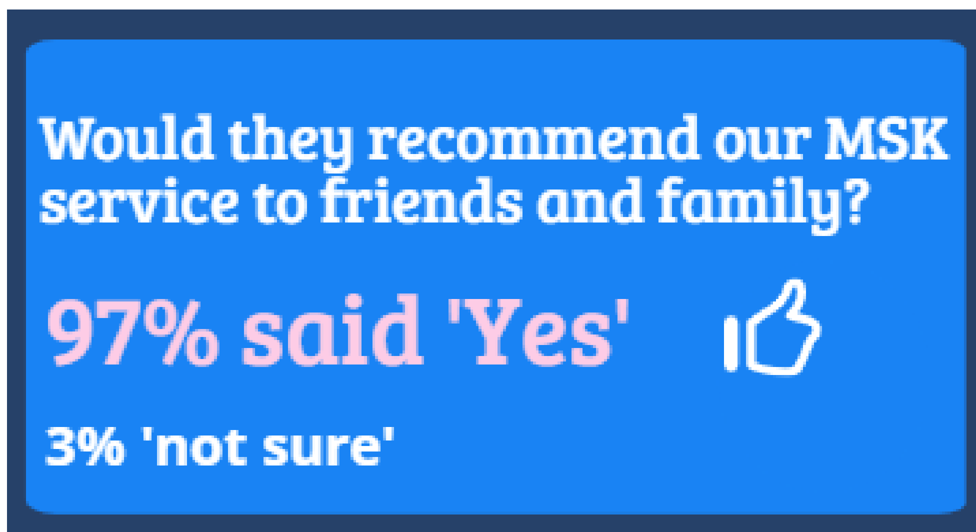
Before the pandemic each staff member collected 25 Patient Reported Experience Measures (PREMS) using the CARE measure. This previously provided the service with over 3000 PREMS each year. CARE measure will be reintroduced within 2024/25 but at present the service continues to seek feedback from all patients electronically through a service webropol survey and more recently through Care Opinion and individual project work.

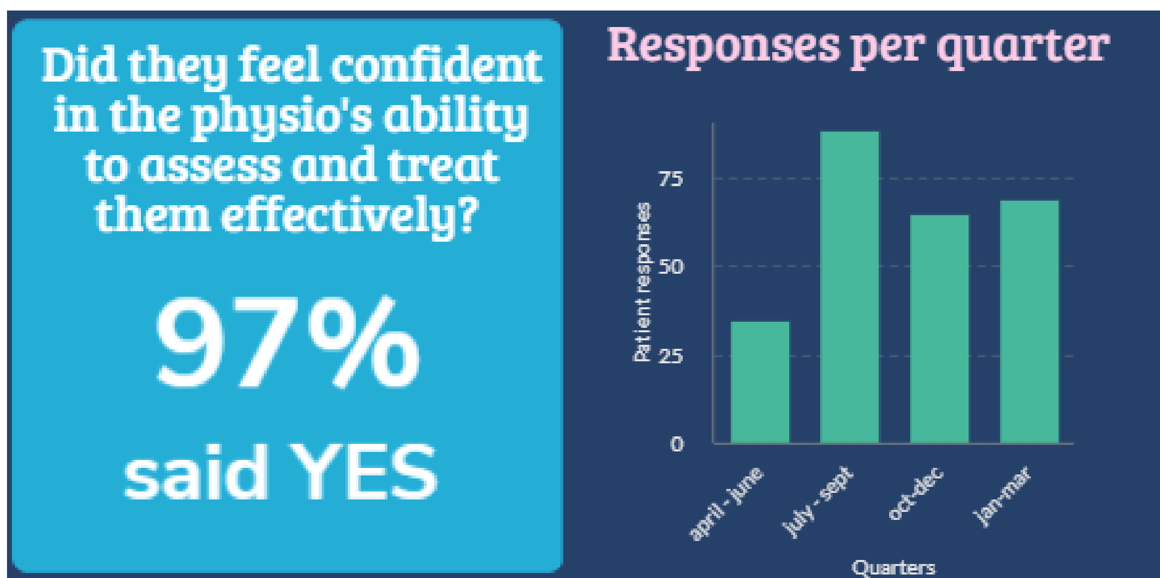
Infographic Flash reports from webropol are prepared quarterly and circulated to all staff. In addition to the quantitative data, we also communicate the qualitative themes to support all staff to appreciate what matters most to our patients. Any feedback that identifies a named therapist is shared with them, their manager, and the head of service. Summaries of feedback are included in the regular service newsletter.

Any constructive learning points from the feedback are brought to the EMT and shared with staff.

On webropol, patients were asked about a range of aspects of care and their overall recommendation. In 2022/23, 119 patients responded and this more than doubled in 23/24, to 261, a 219 % increase. The feedback, as always, was very positive and shows little variation form one quarter to another. A summary for the whole year is presented here with a few highlights below.

Infographic 3: Patient feedback on service





In addition, the service now receives regular qualitative feedback via Care Opinion from patients who receive care on acute sites. Here is an example that Chief Executive included in the February Core Brief:

Posted by Orthopatient2023 (as a service user), 2 days ago

> I want to thank NHS GGC staff for the excellent treatment that I have received as a patient suffering from severe leg pain as a result of a large lumbar disc bulge.
>
> I was assessed and treated in MSK Physiotherapy (NVIC) by Morven who, with her highly specialist experience, was able to guide me on the right pathway for rehab with empathy and compassion. I was referred for an MRI and then on to Orthopaedics for surgical opinion.
>
> The Radiology department were so professional and made me feel at ease when I was struggling to move. The Orthopaedic staff which included Mr Brownson and his surgical team, pre-op staff and the Advanced Practice Ortho physios (Martijn and Jenny) were all outstanding in supporting me through a very difficult time offering reassurance and hope.
>
> The QEUH Orthopaedic ward staff which included domestic staff, support workers, physios, nurses and the medical team were amazing and treated me with dignity and respect.
>
> The care and attention that I have received could not be faulted - Thank you!

The Practice Development physiotherapist is our responder for Care Opinion and replies to any relevant feedback within seven days. Any more critical feedback is relayed to service managers for investigation.

At present the service feedback tools may exclude those who do not speak English as a first language. The service is keen to ensure that it receives meaningful feedback from all service users and a workstream has started to explore feedback from harder to reach populations. This group includes a range of clinicians and will be guided by advice from

the PEPI and Equalities teams. The service is in the early stages and will report back next year.

In addition to these service wide methods for the day to day care delivered, feedback has been sought from patients about specific service developments. This has included two pieces of work led by the MSK consultant, exploring the use of classes and developing new pathways for patients with osteo arthritis (OA). Semi structured, one to one interviews as well as the ‘personal personas’ tool were used. The latter is a tool new to the service and it provided rich qualitative feedback. In total 128 patients fed back about classes and 26 gave detailed feedback about the new OA pathway. Their feedback helped to shape changes in both areas of the service and is reported under Section 2.4 below.

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

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

There are now almost 30wte APPs in GP practices across GGC (covering 44% of the GGC population). The resource was based on the recommended national model of one whole time equivalent APP per 16 - 18,000 head of population. In 2023/24, APPs provided 62,943 new patient appointments across GGC (an increase of 4361 appointments on 2022/23). Impact data from the Board area can be accessed via this

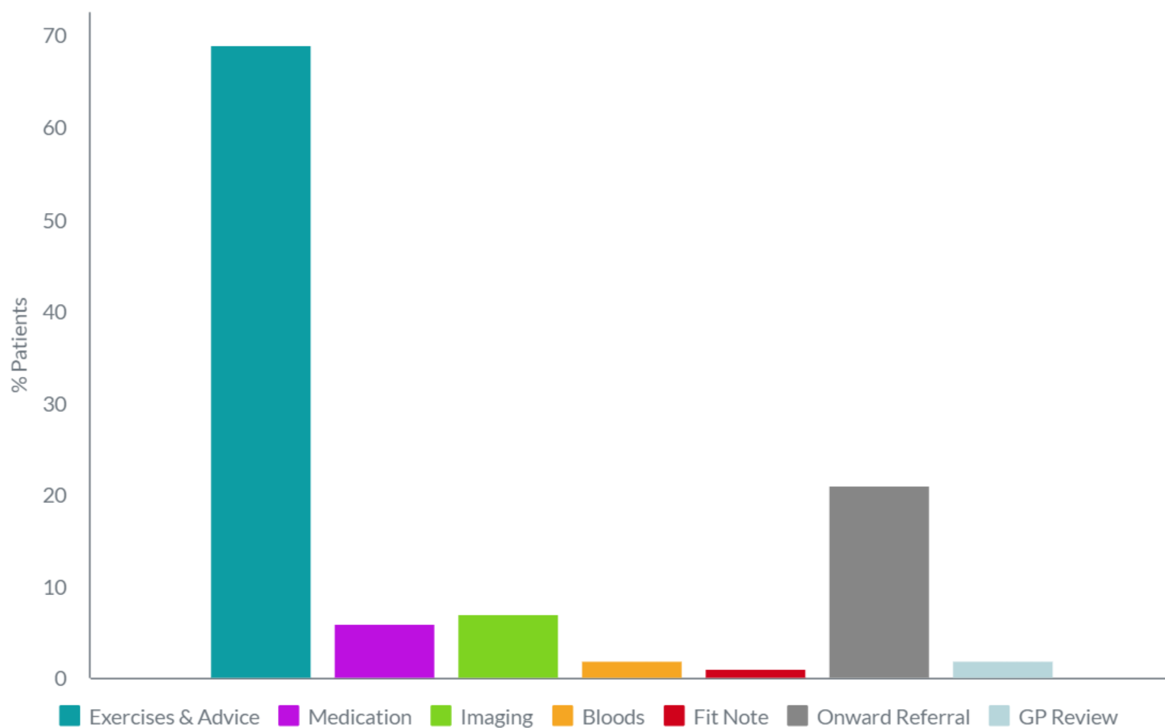
hyperlink https://create.piktochart.com/output/63829958-nhsggc-app-in-primary-care-activity-report-mar23-apr24

Impact data shows that:

78% of patients had not seen a GP prior to their APP appointment, demonstrating the release of GP time spent on MSK consultations. The remaining 32% of patients were directed to the APP via the GP.

78% of patients attending an APP were supported to 'self manage' their MSK condition with exercises and advice. Please refer to the infographics below.

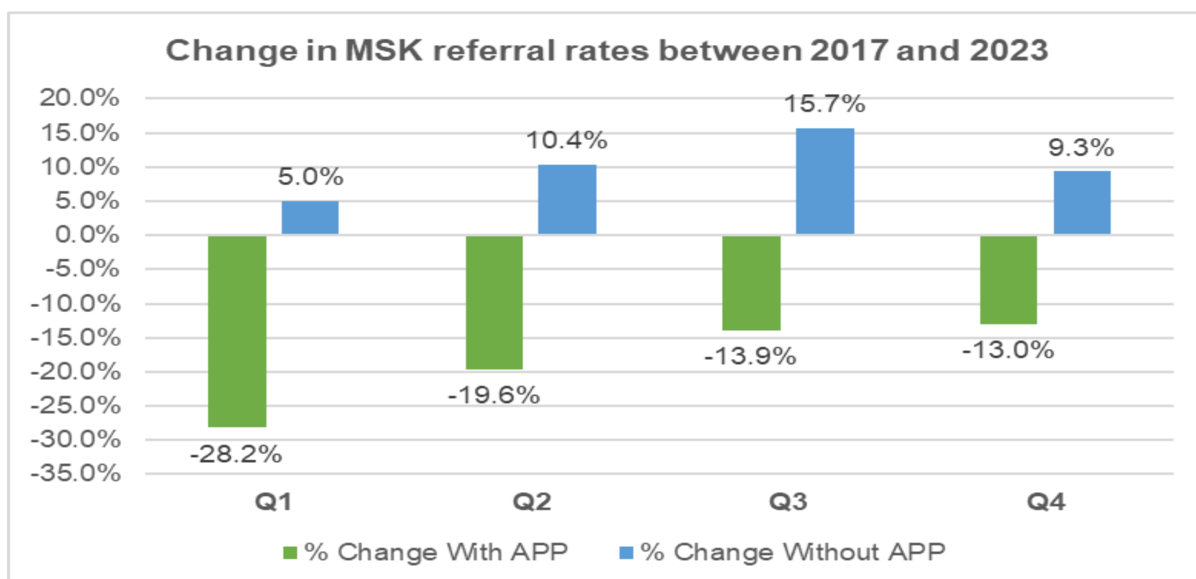
Infographic 4: What happened when patient attended GP APP?



Only 21% of all patients seen required onward referral!

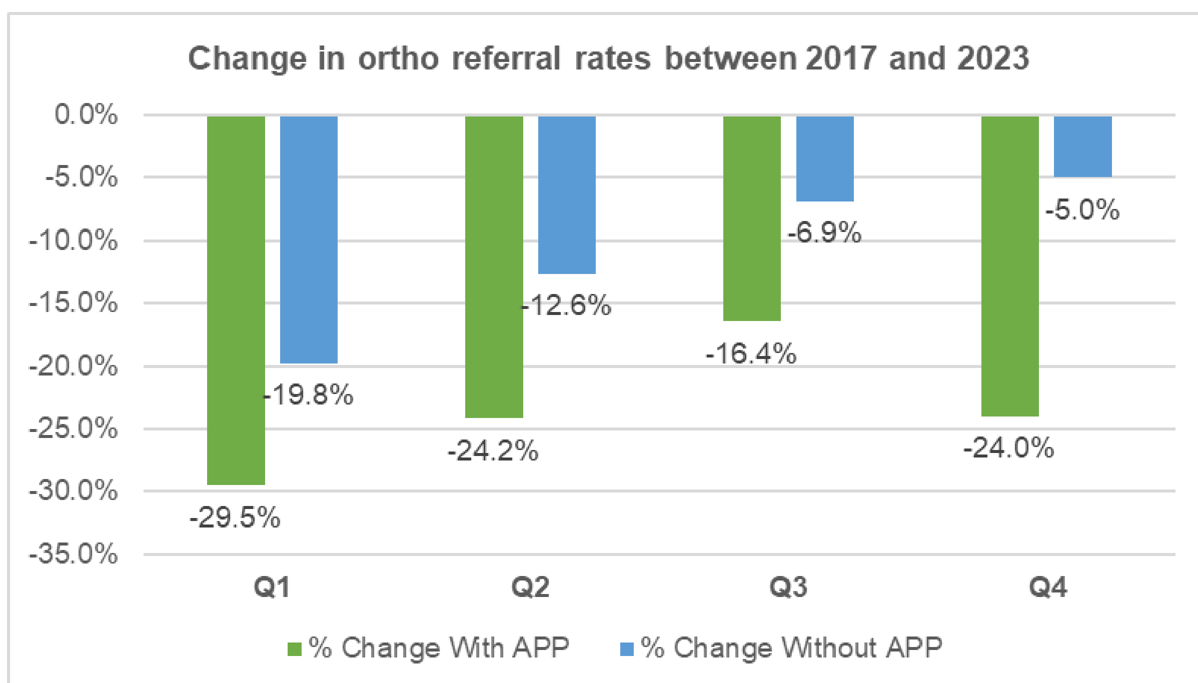
Referral rates to MSK Physiotherapy from primary care continues to rise by around 10% from 2017-2023, from practices with an APP there is an overall reduction in referral rates by 19% (see Graph 3 below)

Graph 3: Difference in referral rates to MSK Physio in GP practices with and without an APP between 2017 and 2023.



Referral rates to Orthopaedics from primary care appear to have reduced by around 11% from 2017-2023, however where practices have an APP there is an overall reduction in referral rates by 24% (see Graph 4 below).

Graph 4: Difference in referral rates to Orthopaedics in GP practices with and without a GP APP between 2017 and 2023



APPs in Primary Care have opened up pathways enabling them to refer patients to Rheumatology where there is suspicion of an underlying inflammatory pathology. Referral rates from APPs to Rheumatology account for 0.2% of patients seen, with at least 65% of patients referred in receiving a Rheumatology diagnosis, or requiring specialist investigation. Further information on this pilot can be accessed in the link below;

https://create.piktochart.com/output/62925546-gp-app-rheumatology-pathway-pilot-2023

Other Key Developments include;

Fit Note Provision

Following legislative changes in July 2022, enabling a wider group of healthcare professionals to certify fit notes, APPs in Primary Care were identified as early implementers. The number of fit notes issued over a 5month period was compared to the previous year, and demonstrated how APPs continue to support people to remain at work, with only a marginal increase (0.2%) in fit notes issued.

	Oct 22 – Feb23	**Oct 23 – Feb 24**
Number of Patients Attended	21996	23456
Number of fit notes Issues	138	177
% of patients issued with fit-note	0.6%	0.8%

Activity Dashboard

To support business intelligence the service has worked with Public Health Scotland to review how APP activity is gathered & recorded. An electronic dashboard has been developed (in line with National Agreed Data for APP activity in Primary Care), leading to more efficient processes for data collection and interpretation.

2.0 Key Priority Objectives

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

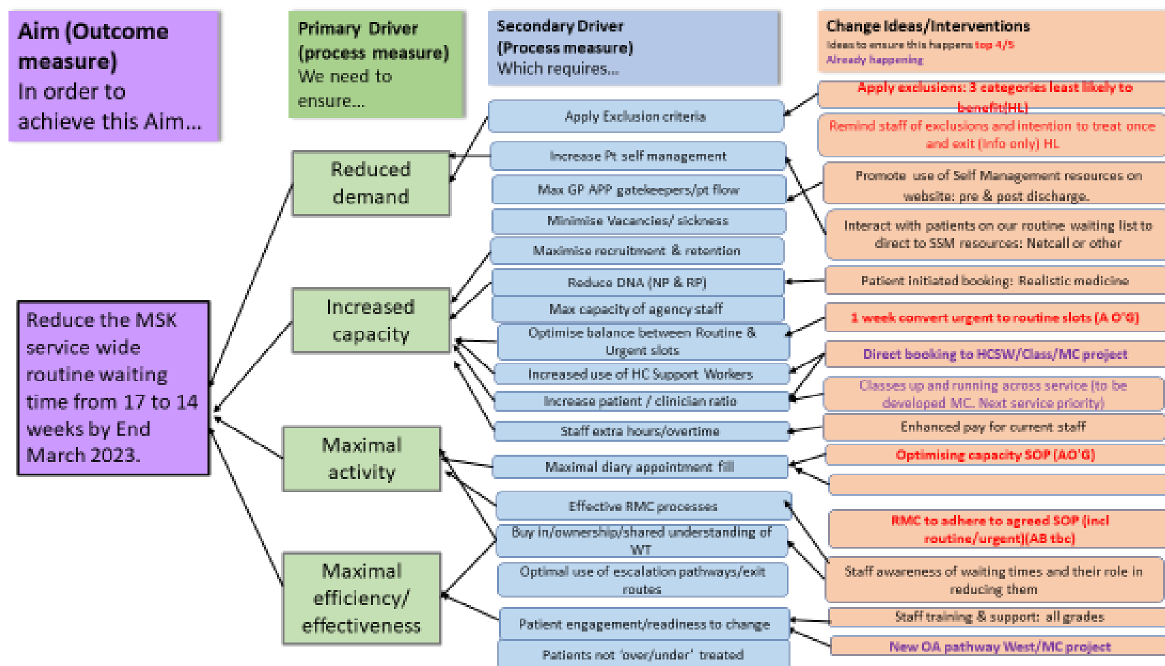
- Waiting times
- Vetting
- Internal referral
- Staff wellbeing
- Streamlining MSK Pathways of Care and shared decision making for patients with OA of Hip/Knee.

A short summary of each project is presented below.

2.1 Waiting times

The waiting times data has been presented within Section 1.1. This section presents the Priority Project work which went towards maintaining the maximum routine waiting times at between 12 to 13 weeks in 2023/24, despite the 13.3% increase in referral rate. Quality Improvement methodology was used within the project work. The driver diagram for the project work is within Infographic 5 below.

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



Waiting times are multifactorial and hence the tests of change (right hand column) were multi-faceted. There were several tests of change and a brief overview is provided on three of these tests of change. Firstly, the service followed a Standard Operating Procedure to maximise efficiency. This involved local admin staff merging any two unutilised return slots in clinician's diaries and converting to new patient slots. The increase in new patient availability is measured monthly and this created additional New Patient (NP) appointments each month (ranging between 25- 176 additional NPs each month).

The service has also currently scoped out the number of patients on active caseloads where MSK service is unlikely to be of benefit according to the evidence base. This is with a view to focussing service provision on those patients with true MSK need and thereby likely to be helped by MSK input. This relates to three categories of patients i.e. those patients who have been to MSK in the last year with the same

condition; those patients who have been through the Pain Management Service with the same condition; and those patients with widespread body pain (as will not truly be MSK pathology). Early focussed work was around patients with widespread body pain. Initial scoping data demonstrates that “widespread body pain” (i.e. non MSK condition) equates to around 3.6% on average of each staff caseload. This would equate to just over 2,000 new patient appointments each year. The service plan to manage these patients differently with reliable supported self-management resources which can be delivered in various formats. A list of resources has been created in the form of a patient letter. A tool ‘the pain puzzle’ is a resource designed to be used within their therapy session alongside the patient to select the resources most pertinent to them.

A further test of change started in Jan 24 and was aimed at directly increasing the % seen within 4 weeks whilst still adhering to Board Access Policy. This test of change involved the Advanced Practice Physiotherapists in Primary care (in their MSK sessional commitment) seeing routine self referred patients at point of referral. This has been reported within section 1.1.1 above. Although this project has only been implemented for 2 months there has been an immediate resultant improvement in the % seen within the 4 week target.

2.2 Vetting.

The MSK Physiotherapy service agreed that one of its priority projects for 23-24 was to review and rebuild our referral vetting process within TrakCare. The main drivers behind this project were to ensure patients reached the correct grade and expertise of clinician at point of access

e.g. Advanced Practice Physiotherapist (APP) through to Health Care Support Worker (HCSW), thus ensuring the right care was provided by the right clinician in a more timely manner, improving the patient journey and utilising the available clinical skills more effectively and also optimising capacity across the service.

All vetting outcomes have been redesigned to allow direct booking of appropriate new patients to our APP’s and HCSW and also direct booking to some clinicians with specialist skills e.g. booking appropriate patients requiring a corticosteroid injection to a member of staff who is trained to carry out this intervention. This will directly improve the patients’ journey and resultant effective use of capacity. The vetting outcomes have also been redesigned so that the Referral Management Centre (RMC) will now automatically book urgent patients to urgent appointments and routine patients to routine appointments ensuring the urgent appointments are kept for their purpose of seeing clinically urgent patients quicker. The project has also gained staff feedback and acted on this to aim to improve the process of vetting e.g. trialling moving admin tasks associated with vetting to admin staff to complete; streamlining our vetting guides from one per quadrant to one for the service; updating vetting time required in each quadrant with current referral rates and reviewing all staff templates to ensure equity and enhance staff wellbeing. The impact of this on the patient journey and also staff experience of vetting will be re-evaluated in the second half of 2024.

2.3 Internal Referrals via Trakcare system

It is necessary that patients receive the right care with the right clinician at the right time based on timely referrals and consistent standard of appropriate referral information. Electronic referral is favoured over historical paper referral for future access to the service. This is to increase the speed of referral to the service; to provide a full audit trail; and to have the ability to swiftly return referrals when they are inappropriate for the MSK service without any delay in patient referral management.

The use of electronic “internal referral” is progressing within other GGC specialisms on Trak Care. However MSK service had concerns around clinical governance issues associated with the inability to return a referral to the referrer on Trak Care. A patient referral may require to be returned for a variety of reasons. This could include referrals having insufficient clinical information to accurately vet a referral as urgent or routine, the condition may not be MSK in nature or the patient may not living within Greater Glasgow and Clyde Board area. There is currently no established process to electronically return inappropriate referrals and this presents a patient safety and clinical governance issue. The main issue with internal referral is the lack of ability to quickly, easily and safely return electronically inappropriate referrals evidenced by a clear audit trail. There is no planned upgrade to the trakcare system to provide this and therefore additional agreed workarounds with other service providers across GG&C is required. The bulk of referrals through internal referral will come from Orthopaedics across the three main sectors of North, South and Clyde, but other referrers such as Rheumatology, Maternity, podiatry and Orthotics are anticipated to utilise this option on Trak Care. Currently only Orthopaedics in the North/GRI have an agreed

internal referral route to MSK Physiotherapy, which includes an ability to return referrals quickly and safely. The priority project work had to plan for scaling up use of internal referral by orthopaedics and also provide safe efficient referral pathways for future utilisation by other services (including possibly Minor Injury Units and Emergency Departments).

The service project is currently working around agreements with each of the Orthopaedic sectors for Orthopaedic inpatient and outpatient referral which will result in the development of standard operating procedures for referral to and return from MSK Physiotherapy. This is a significant challenge as it involves large services over three sectors and variation of common working practices. Engagement with service users is well underway and our ambition is to have one Standard Operating Procedure for simplicity and consistency of guidance that can then also be utilised for other smaller services who may refer to MSK Physiotherapy in the future.

2.4 Staff wellbeing

The service recognises that staff wellbeing is essential in delivering the high quality care we aspire to. The service focusses its efforts through the well-established Wellbeing steering group. The service aim is to maintain a focus on staff wellbeing and a working culture that supports it.

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

that we use as a guide. This supports all staff to take a proactive approach to their wellbeing in line with updated HCPC standards of practice.

The service sought feedback from all staff in July 2023 and achieved a response rate of 76% (n = 204). The tool used asked about stress, wellbeing, service recommendation and an open text option. The findings were explored in detail with the Extended Management Team (EMT) and the wellbeing steering group and suggestions for changes generated. The service is currently working through these suggestions which include clarity on processes to manage workload, escalation for complex patients and specific development for the EMT.

The annual half day wellbeing event was held in the Campanile hotel in November 2023 and attended by over 100 staff. The keynote speaker was Dr David Hamilton who spoke about the Science of Kindness. This was followed by a range of breakout sessions, including for the first time Therapets and creative crafts in response to feedback.

The Wellbeing session evaluated well:

- 100% rated the event “excellent” or “very good”.
- 100% would recommend it to colleagues.
- All breakout sessions rated above 85%.

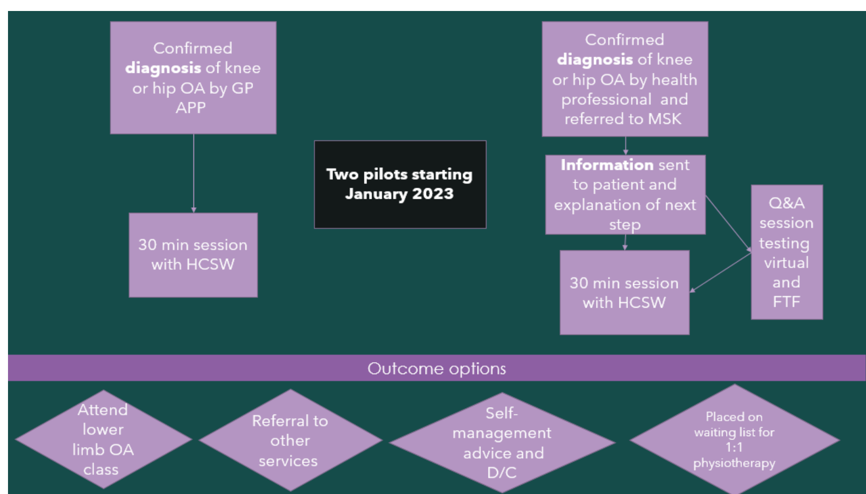
In response to the topic of Kindness, the monthly mindfulness drop in sessions have focussed on befriending meditations.

Recent developments in response to staff feedback are to make Sage and Thyme training available as well as Safe Talk suicide awareness. We have also responded to requests to be more active at work and have supplied 4 portable table tennis tables and boxing equipment paid for through the practice development endowment fund.

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

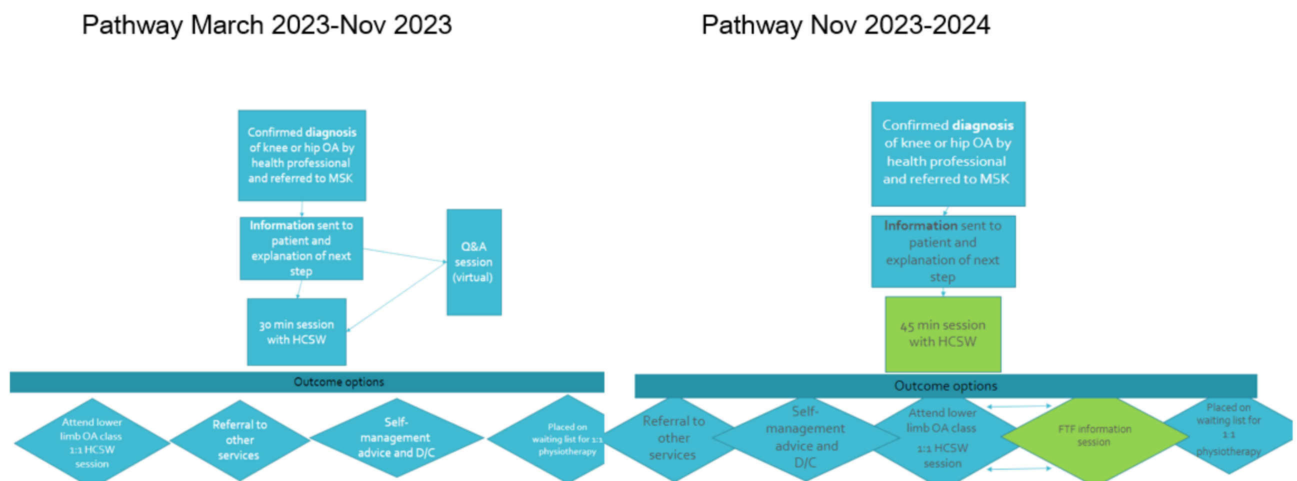
2.5 Streamlining MSK Pathways of Care and shared decision making for patients with OA of Hip/Knee.

The MSK service is seeking to improve the care options for patients referred into the service with either hip or knee osteoarthritis. These new pathway options are underpinned with the principles of realistic medicine, shared decision making, right person right time and aligns with national and international clinical guidelines. The initial aim of the project work was to produce an MSK pathway for patients with lower limb OA which aligns with 'best evidence' and provides high value care with a 'patient centred' focus. There were 2 tests of change within the OA pathway work, illustrated within Infographic 6 below.



Using the principles of our Healthcare Quality Strategy 2019-23 and realistic medicine principles the pathway has been adapted and improved based on patient and staff feedback. This test of change has taken place in the West Quadrant before looking at spreading this to the whole service. Feedback has been reviewed following our newly created HCSW (Healthcare Support Worker) sessions and from patients that did not opt into the new pathway. The service upskilled Band 3 HCSWs and with continued mentorship the service now offers 1:1 appointment to patients offering guidance with regards 'what matters most' to them and options to either access our classes/ information sessions or onward referrals to live active/ weight management and 3rd sector organisations. 95% of patient feedback on HCSW sessions was incredibly positive. The service also obtained patient feedback from those who chose not to opt in. 65% of patients who did not opt in said they understood the options available within the pathway. 50% of these patients engaged with the information and exercises and reported them to be helpful. 50% said they would have preferred a face to face (FTF) information session/ video rather than virtual session. As a result, the virtual option has been replaced with a FTF information session. The service is in the final

stages of completing the pilot in West and will look to roll this out across GG&C MSK services later this year. The initial pathway and revised pathways are illustrated in Infographic 7 below.



3.0 Training, Education and staff development towards best patient care

One of the priority projects within 2022/23 was to develop an educational plan to meet the needs of clinicians and service now and in the future and to be able to define a core package of training resources for all staff with a focus on NES pillar of clinical practice. A focused training plan was required to allow a greater understanding of the return on investment from staff training.

The service had a reserves budget which was able to be accessed to support staff training within the scope of the training plan. In 2023/24 over £60k of this reserves budget was used for staff training and development.

Patients are presenting with more complex and multiple co-morbidities and the service needs to ensure that staff have the skills and knowledge

to effectively assess and manage this patient group. This is especially required given the movement of experienced Band 6 staff into roles within Primary Care (see section 1.3). As such the service invested £30k in training 28 staff in Cognitive Functional Therapy (CFT).

‘Cognitive Functional Therapy (CFT) was developed as an approach to address and manage disabling Low Back Pain (LBP). It can be used for many different types of back pain, as well as other disorders. The underlying motive for this approach is to analyse the behavioural psychology and beliefs seen within patterns of movement’

This included advanced mentorship training for 8 staff to ensure ongoing support and mentorship in CFT within the service and to ensure that CFT becomes embedded as an assessment and treatment approach for patients with increasing complex presentations.

In 2023 the Kinharvie Institute was commissioned to work with and develop the Extended Management Team to explore how to improve the way colleagues relate and work together. This culminated in a service report, recommendations and a 3 level action plan. The service is currently testing a new process for dealing with conflict and improving our communication and self care.

4.0 MSK Digital Strategy

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

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

MSK Digital Strategy

(If the link cannot open please refer to attached Appendix 2 document).

Conclusion

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

NHS GG&C MSK Physiotherapy Service

Digital Strategy – Live Document

"Digital technology will be central to delivering the transformational change that is necessary to support integrated health and care into the future. People expect to use technology in all areas of their lives and health and care should be no exception. Digital technology provides the opportunities to support transformational change and to make care safer, sustainable and allow people to become active participants in their care." (NHS GGC Digital as Usual 2018)

Introduction

It is widely recognised that digital technology will play a crucial role in the development of future health services. Recent national and local strategies emphasise the pressing need to incorporate digital technology: NHS GGC Digital Health & Care Strategy 'Digital on Demand 2023-28', NHS GGC Digital as Usual (2018), Scotland's Digital Health & Care Strategy (2018). Digital technology can also help with supporting the aims of Ready to Act (2015) particularly with regards to access of care.
The COVID-19 pandemic has resulted in a significant change in service delivery for all aspects of healthcare including the MSK Physiotherapy Service. Many of these changes rely on digital technology to effectively continue service delivery. Therefore, it is vital that the MSK Physiotherapy service continues to incorporate and expand the use of digital technology to deliver patient-centred care.
This document outlines the Digital Strategy for our MSK Physiotherapy service, the following tables detail the seven digital priorities and within each priority, the areas for development that have been identified.

The following colour coding is being used in each table to easily identify the stage each area of development is at:-

Green = No action required / complete

Amber = Currently being worked on

Red = Decision required on how to progress

Blue = Blue sky ideas for the future

1) Receiving & Sending All Referrals Electronically

Aim to receive all referrals electronically which can be automatically added to TrakCare with minimal need for manual processing. The advantages of this is to provide a quick and easy referral pathway for all, reducing delays in care and increasing governance and audit trails of every referral received and sent to and from our service.

Area for Inclusion	Detail Current Position	Platforms Involved	Assigned to / Service Work Stream
GP SCI Referrals	Electronic referrals sent via SCI gateway with minimal processing by RMC to vetting list.	SCI Gateway TrakCare	No action required at present
Self-Referral Short Term	Electronic form has been developed and launched in December 2022. Electronic self-referrals are received into a generic email account, then processed by admin on to TrakCare. Paper referrals will still be available for patients to fill in and send to Physiotherapy departments and admin will scan to TrakCare.	Tactum Website Generic email TrakCare Paper Webropol MS Forms	No action required at present – rolled out & initial teething issues resolved, Our electronic self-referral form is currently hosted by Tactuum and will hopefully move to Show website, however changes & updates to the form is not quick or easy. We are therefore submitting an SBAR to eHealth to host this in a way we can change and update easily within our service eg Webropol, MS Forms etc

Within GG&C e.g. Ortho	Within GG&C e.g. Ortho – Internal referral on TrakCare (GRI Ortho only at present) has been identified as best electronic route into our service. There is no electronic route to return inappropriate referrals therefore a process needs agreed prior to a roll out plan to appropriate services being finalised. SCI referral is not going to be used for these types of referrals therefore closing down this option also needs completed.	TrakCare – Internal Referral SCI Gateway	This has been identified as priority project for the service from September 2023 – Craig Farish
Review Referral Routes to Improve & Standardise Process and Information Gained	A review of all referral routes into our service to ensure these are fit for purpose and straight forward for all referrers, but also ensure the information we receive is of a high enough standard to allow accurate decisions regarding the best pathway of care for each patient. This links to both vetting and digital innovation below.	TrakCare SCI Gateway Electronic Self-Referral Paper	Work ongoing within our Pathways Project group, also links to Vetting and Innovation below.
MSK Physiotherapy staff referring to Other specialities e.g. Ortho	Develop an agreed electronic referral route (Internal Referral) for MSK Physiotherapy staff to refer to other services e.g. Ortho.	TrakCare	This has been identified as priority project for the service from September 2023 – Craig Farish
Referring / Transferring within MSK Physiotherapy Service	Electronic referrals within our service ie patients being transferred between clinicians eg to class, gym, 2nd opinion.	TrakCare ACN	Completed through the use of agreed referral canned text on ACN.

GP APP sending SCI referrals	At present GP APP staff refer via SCI Gateway. This has been set up as being sent from one of the GP's within the practice. This results in any communication coming back to the GP rather than the APP. Previously GG&C stated APP's could not be set up individually under the HCPC number, however other health boards in Scotland have managed to do this. This is now being explored again to improve referral pathways and governance.	SCI Gateway	Fiona Rough / Lindsay Wheeler

2) Waiting List, Vetting & Appointment Type Management

We are currently using a form of a single waiting list to ensure equal waiting times across the service. Each quadrant has their own waiting list, however routine patients from all areas are appointed at the same time from the top of each list. This keeps the ability for local quadrant appointing whilst ensuring our waiting times are the same in all areas.

Vetting can be complicated by the numerous vetting options available partly due to the current 4 waiting lists, appointment type builds, and due to specialist vetting outcomes. Vetting should be reviewed in line with the service aim to improve patient pathways and waiting list management, with the aim of streamlining and simplifying vetting, which could progress to the use of artificial intelligence (AI) to achieve this and thus reducing clinical hours taken up with our current process.

Area for Inclusion	Detail Current Position	Platforms Involved	Assigned to / Service Work Stream
Vetting	Streamline, simplify and standardise vetting outcomes as much as possible across the	TrakCare	Identified as a 2023 Priority Objective starting in

	whole service. to tie in with improving the overall patient pathway, for example:- • Option to vet to either a specialist first or anyone first with option to escalate. • Look at using support workers more for initial appointments including the possibility to vet straight to classes. • Patient Choice to allow them to choose preferred mode of contact Telephone V's Video V's F2F This will also involve a decision regarding the use of ACRT Vetting – more in-depth with clinicians making the decisions OR simplified 'tick box' AI Vetting. Links to digital innovation below & improved referrals above		September '23 – Louise Ross and Alison Baird will lead.
Interacting with patients waiting on our service	It is recognised that if advice / pre-information can be given to patients as early in their journey as possible it improves outcomes. The aim would be to find ways to easily interact with patients either at vetting or when placed on the routine WL to direct patients to generic information and exercises so that they can start self-management while waiting. Florence was previously piloted however involved manual input of patients details, the aim would be to find a system or platform where all routine patients are	TrakCare Website Netcall	Awaiting eHealth to give go ahead for SBAR submitted to trial Netcall.

	automatically sent a link e.g. email or text to direct them to our website and encourage them to access relevant SSM information.		
R5 & R4 MSK Waiting Lists	The R5 waiting list is still available to use on TrakCare. No speciality ever took ownership of this which resulted in patients being added to it in error and patients being lost resulting in significant delays in patient care. All Physiotherapy specialities now have their own speciality on TrakCare and the waiting list is clear. However final work is required to allow this speciality to be closed / hidden so that no patients can be added in error and 'lost'.	TrakCare	Both the R5 and R4MSK specialities have been marked as 'Do Not Use' while the TrakCare team find a solution to close or hide both specialities completely so they can no longer be added to. Meanwhile monitor and deal with additions - Alison Baird
Single Waiting List	We continue to use of a 'single waiting list' to ensure equitable waiting times across the service. Future service decision required regarding whether we continue to use in current build format of 4 waiting lists which still allows some local control, or may redesign to under one hospital and appointment types in the future.	TrakCare	A single / equitable waiting list has been achieved from the point of view of all patients across our service have waiting times that are same.

3) Virtual Patient Management – Modes of Contact

Due to the COVID pandemic requiring almost immediate introduction of remote consultations without any planning, work has now taken place to ensure this is still integrated into the service we provide with patient choice being the main driving factor behind what mode of contact is chosen. We want to continue to embrace the opportunities that remote consultations can give us alongside face to face consultations.

Area for Inclusion	Detail Current Position	Platforms Involved	Assigned to / Service Work Stream
Modes of Contact	Investigation conducted to optimise patient centred care through effective use of appropriate appointment types (face to face and VPM). Changes implemented including	Telephone Near Me MS Teams	'Optimising appointment type' project led by Louise Ross is complete. All new patient appointments are built as F2F with patients able to choose

	template review to ensure safety netting, patient choice and staff wellbeing. Delivering classes remotely has been trialled however not rolled out or scaled up. This needs investigated again to see if there is a need for some classes to be offered in this format.		another mode of contact if more suitable. All return appointments built as Tel / F2F so either can be booked at any time based on clinical need and patient choice. Virtual classes were trialled but have now stopped, this will be included in the scoping for the Pathways Project to review, update and standardise classes across the service – Margot Cohen will lead.
VCreate	Investigate the functionality and potential use of VCreate to help with reviewing patient's progress visually, then interact with them remotely. This can also be used as way to visually document progress and also as a valuable teaching tool.	Vcreate	Potential future discussion as there is the possibility of using VCreate from an educational point of view e.g. trial with CFT course in 2023
EQIA	We need to ensure that what we develop is accessible to all no matter background, IT literacy etc., for example continue to offer paper formats or drop in's / phone in's where assistance is given to self refer.	NA	Included in service wide EQIA led by Aileen O'Gorman & Helen Little
Accommodation	Links with forward planning for 'ideal accommodation' with adequate IT	NA	Ongoing discussions EMT

	infrastructure e.g. single rooms with appropriate IT whilst keeping rehabilitation space. Ensure we keep accommodation planning on everyone's planning agenda		

4) Digital Innovation

Innovative solutions are required to improve the referral process for patients to ensure they reach our service and the most appropriate clinician in a smooth and easy way while being fully informed along the pathway with appropriate information.

Self-Referral Long Term	Long term a solution similar to MSK Advisor which gives patients more information and direction to correct service at the point of referral. Appropriate MSK referrals are then vetted / processed electronically and automatically to TrakCare in an accurate way – reducing the time needed for clinicians to process referrals. Paper referrals or telephone referrals (admin fill in SR over phone then add to TrakCare) may still be required to offer route for all if can't access via IT.	Referral tool similar to MSK Advisor TrakCare Paper Telephone	Current discussions ongoing to agree best way forward as a service either on our own, with other GG&C services and / or nationally

5) <u>Electronic Patient Records (EPR)</u>

Our business case for EPR for the MSK service was agreed with eHealth at the end of 2018. Since then a work stream was established to work with eHealth to plan, build and then implement EPR in the form of ACN on TrakCare across the service as per our business plan. The roll out of this across the service was completed at the end of 2022 resulting in all our clinical interactions now being recorded electronically. Further developments of our EPR will continue to make sure it is fit for purpose for our service, staff and patients moving into the future.

Area for Inclusion	Detail Current Position	Platforms Involved	Assigned to / Service Work Stream
Plan, Build & Implement EPR – Active Clinical Notes (ACN) on TrakCare	Finalise the platform that will be used then finalise the building of the forms to then allow the forms to be piloted then rolled out across the service as per stages 1,2 & 3 in the business case.	TrakCare	Completed end 2022 – Marion O'Toole October 2023 Staff Feedback was sought
Hardware	Secure funding for large amount of hardware to allow EPR to be rolled out on all sites, especially on sites with cubicles that currently have no access to IT.	All required hardware	Completed 2022 – Marion O'Toole
PROMS Collection	PROMS were manually inputted on TrakCare by clinicians and automatically collected on our dashboard, with EPR this data is now automatically collected from our ACN forms (to save separate inputting) and cease use of the separate TrakCare questionnaire. A new dashboard is being built to collate and display these results to aid service monitoring and reporting.	Dashboard TrakCare	New dashboard has been finalised alongside service processes to collate and disseminate appropriate reports eg Analysis & Plan questionnaires sitting at entered - Marion O'Toole Trial producing individual reports for staff on their PROMS, possibly use within TURAS review discussions

Future Developments	Our service should always consider the impact on ACN at start of all service improvements or changes.	TrakCare	Ongoing all EMT
Patient Access to Records	There is the possibility that nationally, patients will have appropriate access to their own records e.g. 'Patient Portal'. We need to link, as appropriate, with any work streams regarding this to ensure any MSK Physiotherapy records link up appropriately.	TrakCare Netcall 'Patient Portal'	Potential future discussion

6) <u>Data</u>

Continue to develop the collection of the data we need to use to inform and prove our service (stop collecting data we don't need), make sure data is collected automatically to minimise manual data collection and is flexible and responsive to allow our service to ask more or different questions as required.

Area for Inclusion	Detail Current Position	Platforms Involved	Assigned to / Service Work Stream
Current Data Collection	Review our current dashboard reports to ensure our reports give us what we need quickly and easily and are easy to interpret with access to all who need it. Previously started to be looked at with the 'Measuring for Improvement' project.	Dashboard TrakCare	Digital group has summarised what we have already, what needs to be stopped and what we need that we don't already have. Wider EMT to consider with all future developments.
Future / Ideal Data Collection	Project required to build on outcome of 'Current Data Collection' above. This would	Dashboard TrakCare	Project to be assigned / agreed

	aim to ensure the data we collect is what we need and when we need it and would include removing unnecessary data collection. We would look to include more specific epidemiology & demographics of patients that access our service which will help to shape our current and future service provision.		
Sharing Data	Share Data with staff and stakeholders as appropriate, find out what stakeholders and staff want or need – this will link with 'Future Data Collection' project.	Dashboard Infographics Email Websites	Ongoing on an ad hoc basis – Project to be assigned / agreed
PROMS	Ensure this data is further developed to make it as meaningful as possible, for example, making it more condition specific, link with proving virtual v's F2F etc. Agree whether we want to pursue individual staff reports on their PROMS for reflection and directing areas for self-development.	Dashboard TrakCare Clinical Portal	Carolyn Galloway is monitoring outcome measure data return and presenting these results. Future developments to be agreed
PREMS	Alongside PROMS we also need to ensure as a service we also collect meaningful PREMS, that can be collected, analysed and reported quickly & easily using appropriate digital platforms available.	TBC	Karen Glass – will relaunch / investigate what to use, how & when. New group meeting in September '23

GP APP Data Collection	This data was collected manually on paper which was a time consuming process to collect then present this information electronically. Work is currently underway with PHS/ISD to build an FCP dashboard, with data collected in line with National FCP agreed data. This still requires an element of manual input by staff using MS Forms for each patient, however, seems quicker, and the dashboard will provide greater degree of governance/overview. Staff will continue to have to manually count numbers of appts available & filled each month. A pilot of the new data collection/dashboard is anticipated in Sept 23.	EMIS Dashboard	Fiona Rough working on this with the GP APP team.
Moving share folders to SharePoint	All share folders will be moved to SharePoint. As a service we want to do this with our own timescales to ensure the move meets our needs as a service. Local areas need to tidy up current folders so only relevant information is included so they are ready to move. Then we need to agree timescales to complete this with assistance from eHealth.	Share Folders Share Point	EMT agreed to tidy shared drives by the end of 2023 with view of moving to SharePoint

7) Staff Information & Training

Staff should be supported with developing digital skills and also be able to easily access all information they require in a timely manner to be able to do their jobs easily and effectively.

Area for Inclusion	Detail Current Position	Platforms Involved	Assigned to / Service Work Stream
Digital Literacy	"Support a modern and flexible workforce with the tools, training, and new skills they will need to operate within a modernised organisation and meet the expectations of a digitally confident workforce". However "that measurement of competency should focus on the local context of environment and professional role to have meaning" P19 GG&C AHP Learning & Development Strategic Framework New HCPC standards also required all registered Physiotherapists to be coherent in the digital you need to do your job. We need to ensure we have a digitally literate and confident workforce which could involve a	MS teams Any as indicated	Requires a project to be assigned / agreed however with ongoing discussions within EMT and wider board AHP groups.

	specific LNA of staff to highlight training needs, incorporate digital literacy into TURAS and PDP discussions to increase awareness of staff that we want to support them in developing the digital skills they need to do their jobs. As a service we want to optimise the use of remote consultations, where indicated, by supporting staff with training and appropriate IT hardware where needed. This is to ensure remote consultations are used for staff & patients benefits. Succession planning for digital leadership within the service should also be encouraged eg Digital Leadership course with projects to align to our digital strategy and then become involved in the MSK Digital Group.		
Review MSK Index	'The Right Decision Service' is an alternative to CKP (for MSK Index) which services are moving to as CKP upgrades are no longer going to be supported. Our service needs to plan moving our information to a new / supported platform	MSK Index The Right Decision Service	MSK Index is currently being moved completely to Right Decision Service
Staff Information	All information to be able to carry out their jobs, including delivering patient care, should be easy to access, timely and relevant.	Website MSK Index Email MS Teams Core Brief SharePoint	Ongoing – all EMT

		Newsletter	
Feedback	Feedback from staff, (patients), stakeholders – timely & meaningful that is then actioned and results shared with those that require it.	Webropol MS Teams Email Infographics	To be agreed / assigned & Ongoing Ad Hoc Currently through wellbeing team for staff feedback
O365 Functionality	Increase knowledge of full functionality and how best to utilise this to improve flow of work, projects and information sharing in all aspects of the service. Disseminate and share this knowledge across the whole service. Work with IT to find solutions to any issues that o365 may be able to provide.	Microsoft 0365	To be agreed / assigned & Ongoing Ad Hoc

8) Patient Information

All information that patients require, at various points in their journey i.e. before, during and after interacting with our service, should be easy to access and appropriate.

Area for Inclusion	Detail Current Position	Platforms Involved	Assigned to / Service Work Stream

Self Management Information / Resources	Our public facing website has been extensively improved and continues to be updated so that the public can access all Self Management information alongside our service information at any time.	Word Press – website TrakCare	Website Team
Information provided while patients being seen within the service.	Continue to find easy ways to share condition and patient specific exercises and advice after assessment. SSM area on MSK Index is a great way to hold a lot of information however can be time consuming to find appropriate information, review options to streamline this as above. Possibly move towards creating more of our own advice resources e.g. videos.	MSK Index Generic emails PhysioTools Website	Ongoing as part of other work streams – monitor.
Post Discharge Information	Equip patients with the knowledge to easily access both generic information but also to access and refresh specific information previously given.	Website	Ongoing as part of other work streams – monitor.
Share Success and promote our profession and health promotion messages.	Expand ways to celebrate our service successes and developments. Move towards having more people who share positive news and information on various platforms to reach a wide audience both within and out with GG&C.	Social Media - Twitter Core Brief Website Email	Ongoing as part of other work streams – monitor.

Feedback	Feedback from patients or stakeholders – timely & meaningful that is then actioned and results shared with those that require it.	Webropol MS Teams Email Infographics	Ongoing / To be agreed / assigned

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

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

20 August 2024

Subject: Membership of the HSCP Board and its Sub Committees

1. Purpose

1.1 The purpose of this report is to confirm the constitutional membership of the Integration Joint Board, known locally as the Health and Social Care Partnership Board, and its sub committees.

2. Recommendations

It is recommended that the HSCP Board:

2.1 Note the voting members from the Elected Members of West Dunbartonshire Council as detailed in paragraph 4.3 of this report;

2.2 Note the voting members from the Non-Executive Directors of Greater Glasgow and Clyde Health Board as detailed in paragraph 4.3 of this report;

2.3 Note the non-voting members of the HSCP Board, including the confirmation of the designated professional advisors as detailed in paragraph 4.4 of this report;

2.4 Instruct Officers to seek to increase from two, to a minimum of four service user representatives to act as non-voting Members on the HSCP Board, from the communities of interest most prominently featured within the HSCP Strategic Plan “Improving Lives Together”;

2.5 Instruct HSCP Board Audit and Performance Committee to complete the work pertaining to the effectiveness of the Committee. This should include a review of the Committee’s Terms of Reference which would enable identification of two independent representatives to act as non-voting members.

3. Background

3.1 The constitution of the Health and Social Care Partnership Board is established through the Public Bodies (Joint Working) (Scotland) Act 2014.

3.2 As confirmed within the approved Integration Scheme for West Dunbartonshire (1 July 2015) it has been established that:

3.3 The Council will formally identify three representatives to be voting members on the Integration Joint Board, to serve for a period of

three years. The Council retains the discretion to replace its nominated members on the Integration Joint Board.

3.4 The Health Board will formally identify three representatives to be voting members on the Integration Joint Board, to serve for a period of three years. The Health Board retains the discretion to replace its nominated members on the Integration Joint Board.

3.5 As prescribed in the 2015 Integration Scheme, the term of office of the Chair and Vice Chair will be three years. As required by the Integration Joint Board Order, the parties will alternate nominating the Chair and Vice Chair.

3.6 On the 21 November 2023, the HSCP Board noted an update on work which is ongoing to review the Integration Scheme between West Dunbartonshire Council and NHS Greater Glasgow and Clyde. This remains a work in progress, but it should be noted that should the revised Integration Scheme be approved by West Dunbartonshire Council and NHS Greater Glasgow and Clyde, the term of office of the Chair and Vice Chair will be two years.

3.7 The first Chair of the Integration Joint Board was nominated by the Council; and the first Vice Chair was nominated by the Health Board.

3.8 The Parties acknowledge that the Integration Joint Board will include additional non-voting members as specified by the Integration Joint Board Order, the individuals to be formally determined by the Integration Joint Board‘s voting members.

4. Main Issues

4.1 In accordance with Standing Order 3, the Board is asked to note the following:

HSCP Board

4.2 From the 1 August 2024 – 31 July 2027: Michelle Wailes (NHS Greater Glasgow and Clyde) will assume the position of Chair and Cllr Fiona Hennebry (West Dunbartonshire Council) will assume the position of Vice Chair of the West Dunbartonshire Health and Social Care Partnership Board.

4.3 The Voting Members of the HSCP Board are as follows:

- Cllr Fiona Hennebry (West Dunbartonshire Council) (Vice Chair)
- Cllr Martin Rooney (West Dunbartonshire Council)
- Cllr Michelle McGinty (West Dunbartonshire Council)
- Libby Cairns (NHS Greater Glasgow and Clyde)
- Lesley McDonald (NHS Greater Glasgow and Clyde)
- Michelle Wailes (NHS Greater Glasgow and Clyde) (Chair)

4.4 In accordance with Standing Order 3, the Board is asked to note the non-voting membership of the Health and Social Care Partnership Board as follows:

Name	Role
Beth Culshaw	Chief Officer
Julie Slavin	Chief Financial Officer (Section 95 Officer)
Saied Pourghazi	Clinical Director
Val Tierney	Professional Nurse Advisor
Diana McCrone	Staff Representative (NHS Greater Glasgow and Clyde)
Shirley Furie	Staff Representative (West Dunbartonshire Council)
Selina Ross	Chief Officer, West Dunbartonshire CVS (Third Sector Interface)
Kim McNab	Service Manager, Carers of West Dunbartonshire
David Smith	Unpaid Carers Representative
Barbara Barnes	Service user residing in the area of the local authority
Anne MacDougall	Service user residing in the area of the local authority
Helen Little	Lead Allied Health Professional
John Kerr	Housing Development and Homelessness Manager
Lesley James	Chief Social Work Officer
Vacant	A registered medical practitioner employed by the Health Board and not providing primary medical services. Professional advisor (appointee).

4.5 Regarding the vacant position outlined above, the Chief Officer has written to NHS Greater Glasgow and Clyde to identify an appropriate registered medical practitioner.

Service User Representatives

4.6 Historically the service users residing in the area were sourced from the Local Engagement Networks. These networks went into abeyance during the global pandemic and have not been re-established.

4.7 It is generally accepted that there are more innovative means of effectively engaging with service users and this will be reflected in the HSCPs forthcoming Engagement and Participation Strategy, which will be presented to the Board for its approval later this year.

4.8 As part of this work an Engagement and Participation Group has been established and it is proposed that once the Strategy has been approved that this group develop to support the HSCP to engage in the effective implementation of the work.

4.9 It is recommended that the HSCP Board instruct Officers to seek a minimum of four service user representatives to act as non-voting Members on the HSCP Board, from the communities of interest most prominently featured within the HSCP Strategic Plan “Improving

Lives Together". Officers should use the Engagement and Participation Group as a springboard to undertake this work.

4.10 Four service user reps would enable the HSCP Board to align a community of interest to each of its strategic outcomes. Although the Public Bodies (Joint Working) (Scotland) Act 2014: statutory guidance in relation to the membership of IJBs prescribes a minimum membership for inclusion on the IJB of one service user representative, there is also local flexibility for the Integration Joint Board to add additional members.

HSCP Audit and Performance Committee

4.11 From the 1 August 2024 – 31 July 2027: Cllr Fiona Hennebry (West Dunbartonshire Council) will assume the position of Chair and Michelle Wailes (NHS Greater Glasgow and Clyde) will assume the position of Vice Chair of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee.

4.12 On the 15 March 2023 the HSCP Board agreed the Terms of Reference for the HSCP Board Audit and Performance Committee. The HSCP Board agreed, to maintain the number of voting members at six.

4.13 The Terms of Reference states that, "Two members of the Strategic Planning Group (SPG) (a sub-committee of the Partnership Board) will be co-opted as non-voting members of the Audit and Performance Committee."

4.14 The Strategic Planning Group has not met in a considerable period and despite a significant time investment in its development has not flourished in the expected manner. There are several reasons for this, and it is hoped that the group can be re-energised in 2024/2025.

4.15 Whilst the HSCP Board Audit and Performance Committee is a key component of the HSCP Board's governance framework, and may be delegated some governance responsibilities, the overall accountability remains with the HSCP Board. As the voting members on both are already identical, to source a further two members from the Strategic Planning Group, which has a narrow membership, could expose the HSCP Board to the challenge that the independence of the Audit and Performance Committee is diluted.

4.16 A review of the HSCP Board Audit and Performance Committee could consider the approach of looking out with the Strategic Planning Group for membership. To facilitate this the Committee must first complete its work in relation to the effectiveness of the Committee and, as part of that work, review its Terms of Reference.

HSCP Strategic Planning Group

4.17 From the 1 August 2024 – 31 July 2027: Cllr Fiona Hennebry (West Dunbartonshire Council) will assume the position of Chair of the

Strategic Planning Group, with a co-chair to be determined from the NHS Non-Executives.

5. Options Appraisal

5.1 The recommendations within this report do not require the completion of an options appraisal.

6. People Implications

6.1 There are no direct people implications arising from the recommendations within this report. Should the non-voting membership of the HSCP Board be expanded, and new lay members be appointed to the HSCP Board Audit and Performance Committee those appointed will require support through their induction period. This will be absorbed by existing resources.

7. Financial and Procurement Implications

7.1 There are limited financial implications and no procurement implications arising from the recommendations within this report. The HSCP Board may pay reasonable travel and other expenses of Members incurred by them in connection with their Membership of the HSCP Board and the HSCP Board Audit and Performance Committee. An expanding membership may increase these costs slightly.

8. Risk Analysis

8.1 There are no risks identified because of the recommendations within this report. However, it should be noted that the matter of vacant non-voting positions has previously been highlighted by external audit and assurances sought that steps are being taken to address this matter.

9. Equalities Impact Assessment (EIA)

9.1 An equality impact assessment is not required as the recommendations within this report do not have a differential impact on any of the protected characteristics.

10. Environmental Sustainability

10.1 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.

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 is essential to ensure the actions within the Strategic Plan are implemented effectively and efficiently in a way which promotes safe and effective care whilst achieving best value.

13. Directions

13.1 The recommendations within this report do not require a direction to be issued.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
Date: 12 July 2024

Person to Contact: Margaret-Jane Cardno
Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership

ITEM 12

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

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

20 August 2024

Subject: Future Meeting Schedule HSCP Board and HSCP Board Audit and Performance Committee

1. Purpose

1.1 The purpose of this report is to present the Integration Joint Board (IJB) known locally as the Health and Social Care Partnership (HSCP) Board with a meeting schedule for meetings of both the HSCP Board and the HSCP Board Audit and Performance Committee for the period 1 August 2024 to 31 December 2025.

2. Recommendations

2.1 It is recommended that the HSCP Board:

2.1.1 Approve the following meeting schedule:

Tuesday	13	August	2024	Informal
Tuesday	20	August	2024	IJB
Tuesday	24	September	2024	IJB & Audit
Tuesday	12	November	2024	Informal
Tuesday	19	November	2024	Audit
Wednesday	22	January	2024	Informal
Tuesday	28	January	2025	IJB
Tuesday	18	February	2025	Audit
Friday	28	March	2025	IJB
Tuesday	22	April	2025	Informal
Tuesday	27	May	2025	IJB
Wednesday	25	June	2025	Audit
Tuesday	19	August	2025	IJB
Tuesday	30	September	2025	IJB & Audit
Tuesday	25	November	2025	IJB
Tuesday	16	December	2025	Audit

3. Background

3.1 Standing Orders state that the Integration Joint Board (IJB) shall meet at such place and such frequency as may be agreed by the Integrated Joint Board. It is proposed that the above meetings be held in the afternoon, where possible at 14:00 hours.

3.2 The HSCP Board meeting of 20 February 2019 approved to extend the number of meetings to six per calendar year from the previously agreed four. The report also highlighted that there may be a further request for realignment of dates to allow for the approval of the audited annual accounts.

3.3 On the 15 March 2023 the HSCP Board agreed that the HSCP Board Audit and Performance Committee will meet quarterly, with a provision for additional meetings if required as the discretion of the Chair of the HSCP Board Audit and Performance Committee; and with meetings scheduled at regular intervals between the meetings of the HSCP Board.

4. Main Issues

4.1 The meeting schedule, as outlined within section 2.1.1 of this report, has been developed to align financial reporting requirements and provide officers with a planned schedule to report on performance, service delivery and programmes of work, enabling the HSCP Board and the HSCP Board Audit and Performance Committee to effectively fulfil its monitoring and scrutiny role.

4.2 There is a close correlation between the HSCP Board Audit and Performance Committee and the HSCP Board with many reports requiring scrutiny by the HSCP Board Audit and Performance Committee prior to their approval by the HSCP Board. An alignment of meeting dates with statutory reporting timescales ensures that: (a) Members receive the highest quality information in a timely manner; and (b) that the Board meet regulatory timeframes in terms of the scrutiny and subsequent submission of statutory reports. This is particularly important in September to agree the Annual Performance Report, unaudited accounts, and final accounts.

4.3 The schedule introduces four informal Members development sessions per year. These planned sessions will be complemented with additional informal briefings to guide and support members through emerging issues and complex topics as required.

4.4 The proposed timetable has been developed to avoid, where possible, a clash with other meetings and the proposed dates have been agreed in principle with the Chair and the Vice Chair of the HSCP Board.

5. Options Appraisal

5.1 An options appraisal is not required for this report.

6. People Implications

6.1 There are no people implications arising because of the recommendation within this report.

7. Financial and Procurement Implications

7.1 There are no financial and procurement implications arising because of the recommendation within this report.

8. Risk Analysis

8.1 There are no risks associated with the recommendation within this report.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

10.1 A Strategic Environmental Assessment (SEA) is not required for this report.

11. Consultation

11.1 The Senior Management Team, Chief Financial Officer, Monitoring Solicitor, Head of HR, and the Chairs of both the HSCP Board Audit and Performance Committee and the HSCP Board have been consulted in the preparation of this report.

12. Strategic Assessment

12.1 The HSCP Board Strategic Plan 2023 – 2026 "Improving Lives Together" highlights several enabling priorities, good governance is a recurring theme. Transparency in relation to the future meeting schedule of the HSCP Board and the HSCP Board Audit and Performance committee supports effective decision making, promotes transparency and helps to ensure that the reputation of the HSCP Board is safeguarded when exercising its duties.

13. Directions

13.1 The HSCP Board are not required to issue a Direction in relation to the recommendations within this report.

Margaret –Jane Cardno
Head of Strategy and Transformation
12 August 2024

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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: **Monthly Meeting of Joint Staff Forum**

Date: Thursday 11th April 2024, 2.00pm to 4.00pm

Venue: Ballantine, Ground Floor, Church Street, Dumbarton

Present: Shirley Furie (Chair); Beth Culshaw; Diana McCrone; Fiona Taylor; Margaret Jane Cardno; Moira Wilson; Michelle McAloon; Gillian Gall; Conner Farmer; David Smith; Ricki Sheriff Short; Lesley James; Leanne Galasso; Davy Scott; Fraser Downie; Joyce Habo (Minutes)

Apologies: Susan Walker; Sylvia Chatfield; Helen Little; Julie Slavin; Andrew McCready

DRAFT MINUTE

Item	**Description**	**Action**
1.	**Welcome, Introduction, Apologies**	Chair
	Apologies noted. Shirley Furie agreed to Chair today's meeting. Review of circulation list to be updated.	
2.	**Standing Agenda Items**	
	a) Minutes of Last Meeting Minute was agreed as an accurate record. ..\3 March\JSF Agreed Minute 07 03 2024.docx	Chair
	b) Rolling Action List Updated	Chair
	c) Chief Officer Update IJB met in March to discuss the proposals for savings and set the budget. The budget has now been set and savings proposals need to be delivered this year. The IJB highlighted concerns around savings on a non-recurring basis that need to be achieved on a recurring basis. This needs to be taken forward to release recurring efficiencies. Children and Families 5 year strategy was approved by the IJB along with the redesign of LD services to be considered in June. There remains ongoing challenges with staff absence.	BC

Industrial action from GMB on 10th and 11th April is being managed across the service. Discussions with GMB have been positive, action short of a strike action surrounding medication has been removed.

d) HR & OD Update

MM/LG
GG/MW

Leanne gave an overview of absence for Council staff. In Feb 24 has decreased in some service areas from 11.42% to 10.85%. Community health and care have had significant absences, main reasons: minor illness, health and stress, MSK. The HR team are continuing to work with services in terms of supporting wellbeing and any additional training to support newer managers.

Leavers were recorded as 29 for the period. The majority were resignations, no concerns were highlighted on exit questionnaires, noting not everyone completed this. Following a query from David, it was noted that 29.9% of staff completed the exit questionnaire.

David requested a link to the wellbeing roundups is circulated to Managers as this may be helpful, Leanne agreed to circulate. LG

Davy queried if any of these leavers were linked to budget cuts noting that some other service areas were impacted, for example access to both physio and counselling for staff are now being added to NHS waiting lists, this is potentially a false economy. Leanne felt it was too early to see any impact of this. Davy advised he's getting feedback that staff are considering other career options e.g. retail staff have higher salaries, querying how we can stop this sliding further.

Beth advised we do have a recruitment and retention group to look at local ways to recruit staff. Gillian highlighted we are linking into schools with 3 recent events, reviewing apprenticeships options and scoping with local colleges.

David noted a high number of staff leavers were from health and care teams, and felt we are losing a lot of experienced staff which will result in a huge skills gap, although it's positive we're going into schools and have this R&R group. Further discussion at JCC was suggested.

Michelle advised NHS absence is reducing at 7.25% in March. Main reasons are anxiety, stress, depression, colds, injuries and gastro intestinal issues.

KSF compliance shows an increase from January-February and a decrease from February-March due to staff using annual leave. Trajectory for 2024 is 64%.

StatMan training is positive at 94%, above 90% for all modules. Leavers were 4; 1 retirement, 1 voluntary resignation and 2 other reasons. Michelle highlighted NHS workforce messages, Pension contribution changes are in place for NHS. Staff bursary is now live. April is stress awareness month. Current review of Band 5 nursing role via the agenda for change pay deal, and advised a group has been set up but we're waiting national guidance.

Reduced working week – Gillian advised the 30 minute reduced working week has generated a lot of questions and meetings are taking place with NHSGG/HR/Operational teams to review the recording of this as there are 3 systems requiring input. There is no detriment to staff by this reduction and teams have implemented this positively. Gillian advised TU have been involved, noting this is not yet implemented for a small number of areas including in-patient staff as there is currently significant absence in ward settings. Fraser added there are a high number of part time staff and every day requires planning, Julie Campbell has been meeting team leads and senior charge nurses and the feedback is they will come up with a plan. Some teams are averaging this over the rota period or reducing weekly.

Moira updated the iMatter process is now live via Webropol with a start date of 22nd April for managers to confirm their teams. Support sessions are in place and have been promoted. The Intranet has a QR code to log this information and key themes will be added, a YouTube clip is also available highlighting the process.

Action planning support sessions are available and managers should plan ahead to meet their teams. Moira reminded the forum that iMatter is about staff experience as we all have an influence on each other, ownership and responsibility is on everyone who need to consider what part they play in this. David requested a report would be helpful on completion rates to keep track of this. Moira circulated the Link Below:
iMatter Participation Rates 2018-2023 (1).doc

e) Service Updates

I. Mental Health, Addictions and Learning Disabilities — FD

Fraser advised there are challenges around staffing but it is an improving picture with 1 person acting up and some nursing posts being recruited to. The service has vacancies in community health and at Goldenhill, along with nurse team lead post. Pavilion café is currently in the 45 day consultation period. All staff have had 121's completed, the process is planned to end on 31st May. Staff who have length of service are entitled to move to the Switch process.

There is currently 1 stress risk assessment, 1 grievance and 1 disciplinary in health.

II. Health and Community Care

Fiona confirmed the opening of 14 additional beds in Queens Quay, these are likely to be filled quickly. In adult nursing they are progressing with the spring vaccination programme. The care at home implementation group starts on 15/04 and attendees include TU members and employee reps. — FT

Ricky advised Stephanie Dunn has not been in contact with him, Fiona advised she would connect them.

III. Children's, Health, Care and Criminal Justice

Lesley advised the change to a 37hr working week for health staff will be implemented from 15/04. All were in agreement that this time needs to be meaningful for staff.

Lesley reported a concern with absence in Clydebank across health visiting and school nursing. Confirming the RAG status will be updated to amber due to short term and long term absences. — LJ

Children's Services 5 year Strategy was agreed at IJB in March which is good news for the service and this will create efficiencies when we re-balance care services for looked after children. The medium term financial plan underpins the £1.9m overspend in care provision as we are unable to balance that out until 2026/2027. This document is now in the public domain.

There are currently 18 vacancies in children's services. 53 SW posts are being reviewed to align some of this across services, along with the approach to recruitment.

There are currently 2 inspections taking place; one in fostering and adoption which has been inspected recently with a current action plan/improvement plan in place to evidence the work. The other is a thematic inspection of care for children transitioning or continuing care. Inspections do create anxiety for staff and leads to additional work and pressure for them.

Justice services are fully staffed. The Caledonia programme have moved in the last 6 months with some additionality from children's services to allow justice to oversee these areas. Domestic violence is currently a real concern.

There is a new requirement for SSSC registration and we're working to develop a manager's and employee guide to strengthen this oversight aligned to registration. The current practice relies on manual spreadsheets, however, HR21 has now been amended to log this on individual employee records and this will ensure all annual checks are completed.

The Permanence Team have been recruited to, 4 posts were realigned from the locality team.

Ricky noted high absence in HV's is concerning but this seems to be consistent across the area. Lesley confirmed they have moved the RAG status (red/amber/green) to amber and this relates to staffing levels, particularly in the Clydebank team.

IV. Strategy & Transformation
Margaret Jane confirmed there is no issues with staff absence. Noting the end of the financial year means several annual reports are required. Within the Transformation team, there is a lot of activity with major change projects. A key one for the service is the admin review, the first meeting next week includes TU representation. — MJC

V. MSK
No Update

VI. Finance
No Update

3. Health & Care (Staffing) (Scotland) Act — GG

Gillian advised the next meeting is taking place on 23/04 and a TOR has been agreed. Reviewing learning and templates requires a large volume of reading including reviewing the landscape for social care and also a mapping tool, YouTube videos are also available.

Overall there is a GGC programme group as well as an HSCP oversight working group that Gillian and Val attend. Gillian will circulate the papers and infographics.

4. Trade Union Updates

Diana queried vacancy management, Beth clarified this was not to slow down the process as we are quick to respond, but this was part of budget setting and achieving staff turnover, we will continue to monitor this. Gillian added that the vacancy replacement form was driven by GG&C who are requesting additional information, which can slow things down at times but is unavoidable.

Diana queried the reasonable adjustments presentation, Michelle advised this is important for staff with a disability or health issue to ensure they feel valued at work and may also reduce staff sickness absence. It does mean members of staff are treated differently, this new guidance was developed from the staff disability forum to ensure there's a 'yes' approach to what we can do to ensure staff are supported. Included with

the amendments were updates to the appeal process where you can request a 2nd look, there were also explanation about workplace passport and a link to the NHS website.

David questioned there being no deliberate attempt to slow recruitment but we did speak about how employers can achieve savings would be to increase overall turnover target. Beth explained using MSK as an example, they monitored vacancies and the budget they had available, due to recruitment taking up to 12 weeks, the steps to recruit naturally create a saving due to the period of time when a post was not filled.

David queried if we are increasing the turnover target, how can you make a saving without putting a delay in, Beth clarified staff are only required to give 4 weeks' notice, it takes more than 4 weeks to recruit, however, we might not get the same level of turnover therefore it's a safer way to achieve target and this is closely monitored.

Diana felt each time there is an underspend, it is due to staff vacancies, are we deliberately keeping posts vacant to save money. Beth gave the example of children's services being unable to cover staff, Lesley has 5 agency staff in place to reduce the pressure, and this situation is similar across Scotland at the moment.

5. National Care Service MJC

David highlighted that the Bill went through parliament with several unanswered questions. Margaret Jane advised this was expected to go live in 2025/26 however following re-negotiation and discussion with Cosla regarding the reshaping of the proposal, a new target date of 2028/29 has now been set, one key change is no staff transfers are being proposed. A new NCS Board will oversee reformed local integration and co-design all aspects of the structure and service delivery, this is at stage one of the Parliamentary process.

Dates for moving to stage two are unclear and there are a number of unanswered questions including the scope of the original Bill and accountability to Ministers.

Lesley added for awareness that discussions via the CSWO national group were that the National SW Agency would sit alongside NCS and would include children's services and adult services. They would consider a standardisation of resources to limit variation across local authorities. Version two has gone out to consultation with CSWO's, but noted that each HSCP may have different perspectives.

6. Any Other Business

a) Finance Presentation — GG

Paper was shared via APF

b) Three key elements for Area Partnership Forum

NCS Bill – potential to impact locally; ongoing development of NCS
Absence continues to be an area of concern
Industrial action – worked in partnership, medication policy FAQs agreed

7. Papers for Information — All

- NHS Workforce Analytics Storyboard – February
- APF (Strategy) - Info Exchange document – 20.03.24
- APF (Strategy) - Minutes – 20.12.23
- APF Agenda – 20.03.24
- CMT Report – Partnership Working – March 2024
- HR Slides – Reasonable Adjustment Guidance and the Workplace Passport

8. Date of Next Meeting

Thursday 23rd May 2024, 2.00pm, Clydebank Health Centre

ITEM 13B

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: **Monthly Meeting of Joint Staff Forum**

Date: **Thursday 23rd May 2024, at 1.00pm**

Venue: **Clydebank Health Centre**

Present: Diana McCrone; (Chair); Fiona Taylor; Margaret Jane Cardno; Moira Wilson; Michelle McAloon; Gillian Gall; Connor Farmer; David Smith; Ricky Sheriff-Short; Lesley James; Julie Slavin; Andrew McCready; Julie Campbell; Shirley Furie; Vivienne Warner (Minutes)

Apologies: Sylvia Chatfield, Beth Culshaw; Leanne Galasso, Helen Little

Item	Description	Action
1.	**Welcome, Introduction, Apologies**	Chair
2.	**Standing Agenda Items** a) Minutes of Last Meeting • GG will link with JH to discuss amendment. • iMatter participation link does not work. Moira will provide an alternative. • Add Andrew's apologies No matters arising. b) Rolling Action List All completed c) Chief Officer Update LD will be discussed at the IJB meeting in June. JS noted purdah will come into force soon due to the upcoming election. This may prevent certain papers/items going to IJB – there will be a review of what is being taken. The Review of Integration Scheme is underway – there are not many changes. The updated scheme will now go to Councils and Health Boards in June. Hoping this is not affected by Purdah. They will go to the Scottish Government for final sign off. Any IJB business will then be operated under the new Integration Scheme. The scheme is a legal document between organisations and the review makes the schemes across the 6 partnerships consistent with local variations.	 GG MW JH

d) HR & OD Update

I. Report

Absence

MM updated the group and gave the top reasons for absence in both NHS and WDC.

- NHS - 7.25% increase to 7.86%
- WDC - 12.74% – 9.98% reduction for WDC
- WDC stress reasons are separated as work related, personal and mental health.
- We have 2nd highest absence levels out of the 6 partnerships.

KSF/PDP

The percentage of KSF/PDPs has reduced slightly, however this may be due to staff using up annual leave. We are looking at what support we can give managers to assist them to increase numbers being completed.

Stat/Mandatory Training

93% compliance with a target of 90% for all modules

Staffing:

NHS

- New starts x 12
- Leavers x 11

WDC

- Issue with Council data as it is duplicating information
- 15 Leavers

NHS HR Updates

Higher starting salary guidance highlighted for Agenda for Change staff transferring to Scotland from the rest of the UK, Channel Islands and Isle of Man. Revised guidance will be shared. Request that guidance is checked to ensure it applies before confirming with candidates/employees.

SHAW – staff to log in and update tasks

Council HR Updates

Changes are being made to the Health Surveillance process which is relevant for nightshift workers. This change will be effective from the end of July.

The link to Wellbeing Round Ups was included in the report.

II. Agenda for Change – non-pay updates

GG advised that there were 3 components of non-pay pay deal and work is underway on all 3 with work groups set up for each.

Reduced Working Week
GG explained that one of the groups is looking at the reduced working week moving from 37.5 to 37 hours and that most areas have already implemented the reduction however it is more difficult in rostered areas, for example Mental Health inpatient wards. Work is ongoing in consultation with staffside and it is hoped that when the current roster ends the reduction will be implemented.
There was a request from the Programme Board about separation of rostered and non-rostered areas, doing non-traditional work patterns. Discussed 12 hour shifts and extending hand over periods. Staff would prefer to have a week when they do not work a 12 hour, 4 day week. Staff are also keen not to have it as several minutes' reduction per day. The ultimate position is to reduce to 36 hours by 2026. The Implementation group continues to meet.

Protected Learning Time
Programme of work is at scoping stage. Risk around the time being reduced with some nervousness from service managers.

Nursing Band 5 review
Working group has been set up and meeting regularly. Currently awaiting paperwork and guidance from Scottish Government. Further information will be communicated when known.

No update re NHS pay uplift and discussions may be paused due to the upcoming election.

III. iMatter

The questionnaire was launched on 20 May and runs until 10 June. There is a 24% response rate so far. MW is encouraged by the number of people requesting the link. Many trying to be proactive around the action plan. MW has had some online sessions, and conversations have taken place with managers and staff. MW requested that staff are encouraged to complete the questionnaire.

Most issues can be resolved by Kerry Begg (Kerry.Begg@ggc.scot.nhs.uk). Paper copies are still available and MW is distributing the prepaid envelopes.

Staff excellence awards are taking place next Thursday. This will be attended by our 5 winners with one overall winner being chosen.

e) Service Updates

i. Mental Health, Addictions and Learning Disabilities

Mental Health

- Recruitment is improving, however there are still some areas where it is challenging. Hope that this will have an impact on absences.
- Good report received from Mental Health Welfare Commission – was overall very good with 2 areas for improvement identified.
- Standards remain high.
- Beds across there board is critical – we have no vacant beds and we have 4 on the waiting list.
- Reduction in waiting times for psychological therapies to 27 weeks. The target is 18 weeks.

Addictions

- Julie Campbell is currently covering for Jacquelyn McGinley who is on Mat Leave.
- Recruitment is going well.
- Achieved Green status for Mat 1-5 and a provisional green for 6-10.
- There are good figures for the Mobile Harm Reduction Unit.

Learning Disabilities

- The new IOM - Gemma Cowie is now in place.
- Social Work element has much improved with a new Social Worker.

ii. Health and Community Care

- Second round of industrial action has taken place. The service had live monitoring to ensure no missed visits and we have received help from families.
- Working through the redesign of Care at Home at the implementation group which meets every 4 weeks. Group feedback sessions and 1-1s taking place.
- Awaiting publication of both inspection reports for Care at Home and Sheltered Housing.
- Crosslet has a wellbeing hub using a cabin purchased using funding raised by staff and a grant received. Looking at having yoga sessions etc. The Manager has met with families and residents who are also keen to be able to use the hub.
- Integrated Adult Services has had another Learning Review.

- A new duty process is underway and is working well. Staff feel that there is more oversight and governance. The changes are being monitored.
- DN Out of Hours service: Staff requesting to move to a different working pattern. RSS noted there is an SBAR but this is still to be shared (sent to MM and DMcC). FT has not yet had sight of it. RSS shared the document on screen. Staff cover the whole of WD as well as Helensburgh & Lochside for Out of Hours. It is a pilot but we need to include the reduction in the working week going forward. A review is featured within the pilot stage. DMcC requested it is circulated to SPF. There is overall support for the pilot to be implemented.
- DN Service audited against CAAT Standards for which Dumbarton DNs received a Gold rating and Vale received a Green. This is a quality assurance audit where nurse team leads come from other areas to audit staff.

iii. Children's, Health, Care and Criminal Justice

- Health Visiting & School Nursing:
  - Roll out of reduction of 30 mins for the working week. Currently going well and not presenting any issues, but we may see more impact next year.
  - Work going on in HV teams re alignment of caseloads. Some staffing issues due to long term absences and 3 pending mat leaves, resulting in being below the 80% threshold. LJ clarified that there are no actual vacancies in Health Visiting; shortage of staff is due to sickness etc. New HV starting next year.
  - Huge disparity with caseloads in Health Visiting. Work ongoing to review this.
- Children's SW service:
  - Retiral of Annie Ritchie and another senior member of staff in the next few weeks. Have an acting up senior manager and team leader in place. These interim arrangements are positive and have presented staff with development opportunities.
  - Work underway around vacancies and review of agency staff: vacancies are down to 22% from approximately 40%.
  - Fostering & Adoption inspection starting on Monday.
  - Justice Service is fully staffed with no agency workers. Continues to be a high demand service with some waiting times in areas. Aligned to a ring fenced budget.
  - Seeking applications for post grad & under grad for staff to engage in qualifications in terms of the learning journey. Looking at putting in a firmed up policy due to

competitiveness. There have been 24 applications received.
  - NQSWA - mandatory for us to implement in September - will be woven into the Supervision Policy. WDC HR are looking at this.

iv. Strategy & Transformation

- MJC gave an overview of the National Care Service
  - First phase is now complete and moving into phase two, focussing on governance and representation (what IJBs may look like) and complains and redress.
  - 9 half day meetings with 12 people in each group.
  - Suggested there would be significant amendments to the bill at 2nd reading.
  - Next meeting in August focusing on Advocacy.
  - Communication has been mixed.
  - DS advised that Unison is not happy with what went to Parliament.
  - Awaiting briefings from recent meetings.
  - LJ advised that the NSW Agency work is ongoing but it is not clear how things will link/interface and how it will work in practice.

- Team Update
  - Service is stable with 1 vacancy at managerial level.
  - Currently pulling together annual performance report.

- Admin Review
  - The first three of a series of staff meetings were held on 21 May. Thanks to all who attended/supported these. MJC
  - Approximately 120 staff (60 on each side) involved.
  - Now collating all questions and will provide Q & A sheet.
  - Next phase is roll out of workload management tool and will collate all information from that.
  - There were a number of assumptions noted from the meetings. We are in the discovery phase and will work with staff for the best solutions. A central admin team is not the end game. DS advised this was staff's interpretation of this.
  - Email communication re WDC TU reps – CF, DS & DS have been included. CF is happy to continue with current set up. Each of the TUs were asked to put forward reps. DS is happy to link and share information. MJC is happy to accommodate a change. Was to be 1 rep from NHS and 1 for WDC. Happy to accommodate 2 from each side. DS has provided 2 reps.

- MLA
  - We now have the evaluation report from the review of MLA by In Control Scotland.
  - Had hoped to take to IJB this month but BC requested that it goes with an Improvement Plan.
  - MJC will bring back to JSF.
  - Co-production work will begin imminently. DS requested the key themes. 2 strands: tool itself and far more focussed on SW support and practice and engagement with supervision.
  - Supporting the professional development of staff.
  - LJ gave an overview of the MLA. Staff need to ensure the quality and implementation of the MLA. Starting improvements now.
  - Need to involve staff with this.
  - It is an assessment tool to understand needs and risks for an individual. Some changes to be made to the tool but it is supporting staff to have strength based conversations.
  - DMcC requested update at next meeting.

v. MSK

No update available

vi. Finance

- Main work is around year end and preparation of annual reports to go to Audit and Performance in June.
- Health ledgers are closed but Council ledgers still open for a week or so.
- We are projecting £1.7m overspend.
- Issues around unfunded pay and additional demand across services. Have to look at how we can clear this with general or ear-marked reserves. HSCP has been relying on non-recurring funding.
- Setting up for 2024/25 looking at how our budget estimates compares to demands. This is work in progress.
- Terry Wall is retiring – very experienced member of staff. We have permission to recruit to her post. Advert will be out in June.
- For noting: Finance presentation to NHS GGC Board. Themes & pressures are similar to ours. Area Partnership Forum has requested that some of these presentations are shared.
- JS advised that pay has been covered, as well as employers' superannuation costs.
- No direction from SG about how funding is impacted to Councils.

3. Health & Care (Staffing) (Scotland) Act

- Terms of Reference and membership has been finalised of the local oversight group. Request at last meeting was for missing representation. If unable to attend a deputy should attend.
- Setting up a Teams channel as there are lots of resources. At a local level we are starting to think about templates for mapping.
- Escalation process across HSC is being looked at.
- There is a HSCP SLWG.
- The next meeting of the local group is next week – there are lots of papers for this meeting. There will be a meeting of the HSCP SLWG prior to our local meeting.
- There is a gap around 3rd Sector which is being picked up by Margaret-Jane's team.
- Health Boards and Local Authorities have to report separately.
- Act has gone live. First reporting is due in 2025.
- GGC has taken an early adoption process.

4. Trade Union Updates

a) OOH Nursing Shifts

Discussed above

5. Any Other Business

a) Engagement & Participation Strategy Union Representative Request

We have a strategy in place, which is looking at how we can engage with service users and communities and marginalised groups. Impact on staff, service redesign etc. Work has started and should go to IJB around November. Looking for TU reps. DMcC offered to circulate the information to get 1 rep from each side. — TUs

b) Three key elements for Area Partnership Forum

- Gold Achievement for Dumbarton District Nursing Team Evaluation of My Life Assessment
- DN Out of Hours Nursing
- Positive recruitment across HSCP Vacancies
- Funding gap

DS requested that papers are attached to calendar invites. — JH

6. Papers for Information

- NHS Workforce Analytics Storyboard – March
- NHS Workforce Analytics Storyboard – April

- Finance Presentation
- APF (Workforce) – Minute – 14.02.24
- APF (Workforce) – Agenda – 17.04.24
- APF (Workforce) – Info Exchange – 17.04.24
- JCF Minutes – 14.03.24
- Engagement & Participation Strategy Union Representative Request
- HR Report
- Three minute Brief NCS Key Stakeholders Group

Noted

7. Date of Next Meeting

11th July 2024, 10am, Ballantine Room, Church Street