

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Tuesday, 24 September 2024

Time: 16:30

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

Contact: Lynn Straker, Committee Officer
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Dear Member

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

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

The business is shown on the attached agenda.

Yours faithfully

BETH CULSHAW

Chief Officer
Health and Social Care Partnership Board

Distribution:-

Voting Members

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

Non-Voting Members

Barbara Barnes
Beth Culshaw
Shirley Furie
Lesley James
John Kerr
Helen Little
Anne MacDougall
Diana McCrone
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: 18 September 2024

Audio Streaming

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WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

AGENDA

TUESDAY, 24 SEPTEMBER 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 5 - 10

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

(b) ROLLING ACTION LIST 11

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 2024/25 FINANCIAL PERFORMANCE REPORT AS AT PERIOD 4 (31 JULY 2024) 13 - 42

Submit report by Julie Slavin, Chief Financial Officer, providing an update on the financial performance as at period 4 to 31 July 2024 and a projected outturn position to 31 March 2025.

8 WEST DUNBARTONSHIRE HSCP ANNUAL 43 - 124
PERFORMANCE REPORT 2023/24

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an overview of the HSCPs performance in planning and carrying out integrated functions. The Annual Performance Report is produced for the benefit of Partnerships and their communities. This report also includes a complaints management overview for the year 2023/24.

9 AUDITED ANNUAL ACCOUNTS 125 - 210

Submit report by Julie Slavin, Chief Financial Officer, providing information on the above.

10 INTEGRATION JOINT BOARDS (IJB) FINANCE AND 211 - 311
PERFORMANCE REPORT 2024 - FOR NOTING

Submit for noting the Integration Joint Boards (IJB) Finance and Performance 2024 Report which will be discussed in further detail at the HSCP Informal Session on Tuesday, 12 November 2024.

11 MINUTES OF MEETING FOR NOTING 313 - 321

Submit for noting the Approved Minute of the Joint Staff Forum (JSF) Meeting held on 11 July 2024.

12 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, 19 November 2024 at 2.00 p.m. as a Hybrid Meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL.

**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 Tuesday, 20 August 2024 at 2.02 p.m.

Present: Michelle Wailes, Libby Cairns and Lesley McDonald, NHS Greater Glasgow and Clyde and Councillors Fiona Hennebry, Michelle McGinty and Martin Rooney, 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; Helen Little, MSK Physiotherapy Manager; John Kerr, Housing Development Homeless Manager; 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; Kim McNab, Selina Ross, Chief Officer – West Dunbartonshire CVS; Diana McCrone, Staff Representative (NHS Greater Glasgow and Clyde); David Smith, Unpaid Carers Representative; Dr Saied Pourghazi, Associate Clinical Director and General Practitioner and Val Tierney, Chief Nurse.

Also Attending: Peter Hessett, Chief Executive – West Dunbartonshire Council; 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; Jennifer Ogilvie, Finance Manager and Lynn Straker and Lauren Simeon, Committee Officers.

Michelle Wailes in the Chair

STATEMENT BY CHAIR

Michelle Wailes, Chair, advised that the meeting was being audio streamed and broadcast live to the internet and would be available for playback. Michelle Wailes welcomed new Voting Members to the Board – Fiona Hennebry, Lesley MacDonald and Libby Cairns.

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 27 June 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 Board.

Ms Culshaw welcomed the new Voting Members of the Board and looked forward to working with them over their period of office.

Ms Culshaw advised the recent Informal Session held on 13 August 2024 was very useful and provided Members the opportunity to go through the Health and Wellbeing report and explore in some detail some of the challenges facing West Dunbartonshire.

Ms Culshaw advised the Board they would hear from a range of members from the Senior Management Team, who would provide a flavour of many of the issues currently challenging West Dunbartonshire, not least the current financial pressures. As a team they had spent some considerable time exploring cost containment and identification of further savings to improve our financial position.

Ms Culshaw noted they had been particularly absorbed with the ongoing redesign of the Home Care Service and addressing the issues which highlighted from the recent Care Inspectorate Inspection, as well as working with our Trade Union colleagues to progress the redesign.

As updated at the last meeting, we highlighted the continued focus on improving the delayed discharge performance. The First Minister has set a national mission in relation to delayed discharges. Ms Culshaw and the two Chief Executives are due to meet again for an update session with the Permanent Secretary. Ms Culshaw was pleased to report that currently the performance is very close to the national target that has been set for the end of October, which is a target of 24 for West Dunbartonshire with figures currently sitting at 24 acute and 4 mental health delays with some actual discharges planned today, Tuesday 20 August 2024. Ms Culshaw will keep Members updated in due course.

2024/25 FINANCIAL PERFORMANCE REPORT AS AT PERIOD 3 (30 JUNE 2024)

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

After discussion and having heard Ms Slavin 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 2024/25 allocation by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and approve the direction for 2024/25 back to partners to deliver services to meet the HSCP Board's strategic priorities;
- (2) to note the reported revenue position for the period to 30 June 2024 is reporting an adverse (overspend) position of £0.880m (2.01%);
- (3) to note the projected outturn position of £3.525m overspend (1.73%) for 2024/25 including all planned transfers to/from earmarked reserves;
- (4) to note that a recovery planning actions are being developed by the Senior Management Team to address the projected overspend;
- (5) to note the update on the monitoring of savings agreed for 2024/25;
- (6) to note the bad debt write-off for January to June 2024;
- (7) to note the current reserves balances and the impact the projected overspend has on unearmarked balances;
- (8) to note the update on the capital position and projected completion timelines; and
- (9) to note the impact of a number of ongoing and potential burdens on the reported position for 2024/25 and the previously reported budget gaps for 2025/26 and 2026/27.

HSCP DIGITAL STRATEGY 2024 – 2027

A report was submitted by Margaret-Jane Cardno, Head of 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.

After discussion and having heard Ms Cardno in further explanation and in answer to Members' questions, the Board agreed to approve the Digital Strategy 2024 – 2027 (Appendix A of the report) and noted the Digital Strategy Delivery Plan (Appendix 2 of the report) and Equalities Impact Assessment (Appendix 3 of the report).

ADJOURNMENT

Michelle Wailes, Chair, adjourned the meeting for a short recess.

Mr Peter Hissett, Chief Executive, left the meeting at this time.

The meeting reconvened at 3.06 p.m. with all those listed in the sederunt present.

STRATEGIC RISK REGISTER SIX MONTH REVIEW

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

After discussion and having heard Ms Cardno in further explanation and in answer to Members' questions, the Board agreed to approve the Strategic Risk Register.

ANNUAL REPORT FOR MUSCULOSKELETAL PHYSIOTHERAPY SERVICE 2023/24

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

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

- (1) to note the content of the report; and
- (2) to note the achievements of the MSK service in regard to performance; priority project work; patient feedback and involvement; and use of data within the MSK service.

MEMBERSHIP OF THE HSCP BOARD AND ITS SUB COMMITTEES

A report was submitted by Margaret-Jane Cardno, Head of 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.

After discussion and having heard Ms Cardno in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note the voting members from the Elected Members of West Dunbartonshire Council as detailed in paragraph 4.3 of the report;
- (2) to note the voting members from the Non-Executive Directors of Greater Glasgow and Clyde Health Board as detailed in paragraph 4.3 of the report;
- (3) to note the non-voting members of the HSCP Board, including the confirmation of the designated professional advisors as detailed in paragraph 4.4 of the report;
- (4) to 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"; and
- (5) to 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.

FUTURE MEETING SCHEDULE HSCP BOARD AND HSCP BOARD AUDIT AND PERFORMANCE COMMITTEE

A report was submitted by Margaret-Jane Cardno, Head of 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.

After discussion and having heard Ms Cardno in further explanation and in answer to Members' questions, the Board agreed to 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	2025	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

MINUTES OF MEETING FOR NOTING

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

- (1) 11 April 2024; and
- (2) 23 May 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, 24 September 2024 at 4.30 p.m. as a Hybrid Meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL.

The meeting closed at 3.52 p.m.

**WEST DUNBARTONSHIRE HSCP BOARD
ROLLING ACTION LIST**

Agenda Item	Decision / Minuted Action	Responsible Officer	Timescale	Progress/ Update/ Outcome	Status
REVIEW OF INTEGRATION SCHEME	<p>Rona Sweeney queried the reference to delegated services within the document.</p> <p>The Chief Officer to provide revised definitions of delegated services.</p>	Beth Culshaw	Information to be provided to members as soon as possible	Update: Beth Culshaw to provide Briefing Note before September meeting of HSCP Board	Open

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Julie Slavin, Chief Financial Officer

24 September 2024

Subject: 2024/25 Financial Performance Report as at Period 4 (31 July 2024)**1. Purpose**

- 1.1** To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 4 to 31 July 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 31 July 2024 is reporting an adverse (overspend) position of £1.198m (1.78%);
- c) **Note** the projected outturn position of £3.588m overspend (1.76%) 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 current reserves balances and the impact the projected overspend has on unearmarked balances;
- g) **Note** the update on the capital position and projected completion timelines; and
- h) **Note** the impact of a number of ongoing and potential burdens on the reported position for 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 £204.060m is now being monitored as detailed within Appendix 1.

4. Main Issues

Summary Position

- 4.1** The current year to date position as at 31 July is an overspend of £1.198m (1.78%) with an annual projected outturn position being a potential overspend of £3.588m (1.76%). 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 at 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	£000
Health Care	120,150	36,497	36,307	190	120,885	(735)	(1,303)	568	0.47%
Social Care	122,195	35,009	36,613	(1,604)	126,559	(4,364)	440	(4,804)	-3.93%
Expenditure	242,345	71,506	72,920	(1,414)	247,444	(5,099)	(863)	(4,236)	-1.75%
Health Care	(5,038)	(815)	(815)	0	(5,038)	0	0	0	0.00%
Social Care	(33,247)	(3,255)	(3,471)	216	(32,237)	(1,010)	(1,658)	648	-1.95%
Income	(38,285)	(4,070)	(4,286)	216	(37,275)	(1,010)	(1,658)	648	-1.69%
Health Care	115,112	35,682	35,492	190	115,847	(735)	(1,303)	568	0.49%
Social Care	88,948	31,754	33,142	(1,388)	94,322	(5,374)	(1,218)	(4,156)	-4.67%
Net Expenditure	204,060	67,436	68,634	(1,198)	210,169	(6,109)	(2,521)	(3,588)	-1.76%

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	£000
Children's Health, Care & Justice	30,297	9,354	9,506	(152)	31,418	(1,121)	(667)	(454)	-1.51%
Health and Community Care	52,542	18,498	19,807	(1,309)	56,499	(3,957)	(35)	(3,922)	-7.46%
Mental Health, Learning Disability & Addictions	30,571	12,388	12,091	297	30,458	113	(785)	898	2.94%
Strategy & Transformation	1,923	564	520	44	2,021	(98)	(229)	131	6.81%
Family Health Services	32,719	8,152	8,152	0	32,719	0	0	0	0.00%
GP Prescribing	21,760	7,282	7,366	(84)	22,497	(737)	(487)	(250)	-1.15%
Hosted Services	8,367	2,793	2,793	0	8,520	(153)	(153)	0	0.00%
Other	25,881	8,405	8,399	6	26,037	(156)	(165)	9	0.03%
Net Expenditure	204,060	67,436	68,634	(1,198)	210,169	(6,109)	(2,521)	(3,588)	-1.76%

- 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	3,197	1,107	732	2,096
Health Care	2,343	708	986	435	214
Social Care	4,789	2,489	121	297	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 60% 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 £3.588m 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 £4.043m 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).
- 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 £3.588m is mainly due to continuing pressures within children and young people community and residential placements and continued high use of agency and premium rate overtime delivering care at home services. The successful job evaluation claim for residential care home workers should be paid out in the next pay cycle. The costs of this and any further backdating of job evaluation claims are not included within the current projection. The Recovery Plan will be amended accordingly when actual figures are available.

Update on Pay Awards

- 4.7** The August 2024 pay offer, as set out within the 20 August HSCP Board report, made to Local Authority staff remains in dispute with two of the three bargaining unions accepting the offer. At the time of writing the pay offer of 5.5% for Health staff, made in late August, is subject to employee ballot, however unions have recommended members accept the offer. Scottish Government funding to support both proposals is yet to be confirmed, therefore there is a risk to the current projection.

Recovery Plan

- 4.8** As reported above the annual projected outturn position reported at Period 4 is a potential overspend of £3.588m (1.76%). 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.
- 4.9** It should be noted that the financial pressures being projected are not unique to WDHSCP. The Quarter 1 financial returns, due for submission to the Health and Sport Committee at the end of September, will highlight the scale of the financial challenge. The recently published Audit Scotland report on Integration Joint Boards: Finance and Performance 2024, states “The financial outlook for IJBs continues to weaken with indications of more challenging times ahead.” The report also highlights the difficulty in sustaining services “at current levels and collaborative, preventative and person-centred working is shrinking at a time when it is most needed.”
- 4.10** The Senior Management Team is focussed on minimising the projected overspend where possible. The March report on 2024/25 budget setting measures already relies heavily on the application of reserves and maximisation of turnover (recognising frontline service delivery requirements), therefore reducing these measures as options to contribute more, unless a full review of all fixed term contracts funded from reserves and consideration of a vacancy freeze. A financial template was issued to all Heads of Service on 27 August 2024 for submission of 2024/25 recovery plan options and 2025/26 to 2027/28 savings options with a return date of 6 September 2024. Submissions are currently being reviewed and an update will be provided to the November HSCP Board.

Budget Gap Analysis

- 4.11** 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.
- 4.12** Table 4 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 4 – 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 @ July 2024	3,588		
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		1,430	1,502
Pressures within Care Homes and Care at Home		3,996	4,116
Revised Budget Gap @ July 2024	4,510	11,829	17,601
Health Care	(568)	2,034	3,757
Social Care	5,078	9,795	13,844
Revised Budget Gap @ July 2024	4,510	11,829	17,601

4.13 Table 4 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 £3.588m is also subject to risk as the local authority pay award and the financial impact of the move to universal credit remains outstanding. The residential 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 £11.8m and £17.6m.

4.14 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

4.15 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.

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

- 4.17** The draft outturn position for the period to 31 March 2025 is included in Table 5 below and will be reported as part of WDC's financial update position.

Table 5 – 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	76	229	0
Aids & Adaptations	80	27	80	0
Net Expenditure	309	103	309	0

2024/25 Capital Expenditure

- 4.18** The capital updates for Social Care are summarised in Table 6 below and contained within Appendix 7 and details the forecast position on the undernoted capital projects.

Table 6 – 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	£000	£000
Special Needs (Aids & Adaptations)	6,765	8,387	-1,622	0	8,387
ICT Modernisation HSCP	1,668	1,668	0	1,668	0
Community Alarm upgrade	898	898	0	898	0
Total	9,331	10,953	-1,622	2,566	8,387

- 4.19** A request for additional capital funding is being submitted to West Dunbartonshire Council for Special Needs (Aids & Adaptations) due to the 2024/25 budget being reduced as part of the year end capital closedown processes and increased demand anticipated in future years.

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;
- movement 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
- 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 July 2024 the current rate of inflation was reported at 2.2% compared to the target level of 2%. The Bank of England expects inflation to increase to 2.75% in second half of the year before falling to below 2% in 2025. 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 (as detailed within Appendix 1) will require the issuing of a direction, see Appendix 8.

Julie Slavin – Chief Financial Officer

Date: 16 September 2024

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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

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

Localities Affected: All

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 4 covering 1 April 2024 to 31 July 2024

Appendix 1

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
District Nursing	214		214
Camchp42 Vale Live Active	(25)		(25)
Apremilast 24/25 Init Alloc	225		225
Camchp28 Care Home Funding	35		35
Camchp35 Wd Ch Lead Nurse	57		57
Outstanding			
Eers Superannuation	387		387
MDT	569		569
School Nursing	203		203
ADP	114		114
Action 15	538		538
PDS Dementia	62		62
Revised Budget 2024/25	115,790	90,420	206,210
Drawdown from Reserves	(678)	(1,472)	(2,150)
Budget Funded from Partner Organisations	115,112	88,948	204,060

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 performance.	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 accurate 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 Community Health and Care Services	Health Care	Prescribing Board Wide and Stretch Efficiency Programmes	Savings of £0.214m in relation to anticoagulants switches are at high risk of not being achieved due to staff vacancy impacting on switch activity and the increase in the price of apixiban which has reduced the overall NHSGCC anticipated saving.	214
Head of Mental Health, Learning Disability and Addictions	Social Care	Alzheimers Scotland	The Head of Service and Commissioning colleagues have met with Alzheimers Scotland regarding their service and they will be paid at the lower rate from June onwards with reserves being used to fund the gap.	19

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
Head of Community Health and Care Services	Social Care	Review of Physical Disability Social Care Packages	32 out of 88 reviews have been completed to date. Forecast spend is tracking a favourable variance.	45
Head of Community Health and Care Services	Social Care	Temporary Non Filling of IOM Vacant Post	Agreement at Vacancy (June) panel to reverse this saving to recruit to an IOM for integrated Adult Services SW staff. Time taken to recruit should enable a minimum of 6 months savings	39
Musculoskeletal Physiotherapy Manager	Health Care	Temporary Increase in MSK Service Turnover from 3.7% to 8.3%	Still chasing info at Board level re potential and timelines for loss of income due to SLA Lanarkshire.. Some vacancies held and ongoing turnover. Await first budget report of 2024 to know exact position. Reserves budget of £100k as smoothing reserve.	103
Head of Community Health and Care Services	Health Care	Prescribing Board Wide and Stretch Efficiency Programmes	Prescribing initiatives with slow progress to date are recorded at being at medium risk at this time.	332
		Total		2,828
		Health Care		649
		Social Care		2,179

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	34,391	12,391	12,388	3	34,416	(25)	(35)	10	0.03%	↑
Care at Home	14,520	4,704	5,999	(1,295)	18,406	(3,886)	0	(3,886)	-26.76%	↓
Physical Disability	2,947	1,184	1,199	(15)	2,992	(45)	0	(45)	-1.53%	↓
Childrens Residential Care and Community Services	30,268	9,296	9,448	(152)	31,296	(1,028)	(572)	(456)	-1.51%	↓
Strategy, Planning and Health Improvement	1,923	564	520	44	2,021	(98)	(229)	131	6.81%	↑
Mental Health Services - Adult and Elderly, Community and Inpatients	11,662	5,190	5,072	118	11,593	69	(284)	353	3.03%	↑
Addictions	4,055	1,552	1,436	116	4,044	11	(340)	351	8.66%	↑
Learning Disabilities - Residential and Community Services	14,854	5,647	5,583	64	14,821	33	(161)	194	1.31%	↑
Family Health Services (FHS)	32,719	8,152	8,152	0	32,719	0	0	0	0.00%	→
GP Prescribing	21,760	7,282	7,366	(84)	22,497	(737)	(487)	(250)	-1.15%	↓
Hosted Services	8,367	2,793	2,793	0	8,520	(153)	(153)	0	0.00%	→
Criminal Justice (Including Transitions)	29	57	57	0	122	(93)	(95)	2	6.90%	↑
Resource Transfer	17,814	5,877	5,877	0	17,814	0	0	0	0.00%	→
Contingency	1,964	654	507	147	0	1,964	1,522	442	22.51%	↑
HSCP Corporate and Other Services	6,787	2,093	2,237	(144)	8,908	(2,121)	(1,687)	(434)	-6.39%	↓
Net Expenditure	204,060	67,436	68,634	(1,198)	210,169	(6,109)	(2,521)	(3,588)	-1.76%	↓

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	89,171	27,092	27,893	(801)	91,350	(2,179)	217	(2,396)	-2.69%	↑
Property	1,134	234	305	(71)	1,346	(212)	0	(212)	-18.69%	→
Transport and Plant	1,455	192	177	15	1,411	44	0	44	3.02%	→
Supplies, Services and Admin	6,400	1,065	969	96	6,296	104	(182)	286	4.47%	↓
Payments to Other Bodies	85,831	25,779	26,440	(661)	88,225	(2,394)	(411)	(1,983)	-2.31%	↓
Family Health Services	33,644	8,761	8,761	0	33,644	0	0	0	0.00%	→
GP Prescribing	21,761	7,282	7,366	(84)	22,498	(737)	(487)	(250)	-1.15%	↓
Other	2,950	1,101	1,010	91	2,676	274	0	274	9.29%	→
Gross Expenditure	242,346	71,506	72,921	(1,415)	247,446	(5,100)	(863)	(4,237)	-1.75%	↓
Income	(38,286)	(4,070)	(4,287)	217	(37,277)	(1,009)	(1,658)	649	-1.70%	↓
Net Expenditure	204,060	67,436	68,634	(1,198)	210,169	(6,109)	(2,521)	(3,588)	-1.76%	↓

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	790	217	162	55	739	51	(113)	164	20.76%	↑
Childrens Services - Community	3,996	1,362	1,338	24	3,965	31	(40)	71	1.78%	↑
Adult Community Services	11,241	3,632	3,599	33	11,176	65	(35)	100	0.89%	↑
Community Learning Disabilities	812	276	277	(1)	903	(91)	(91)	0	0.00%	→
Addictions	2,995	920	836	84	2,742	253	0	253	8.45%	↑
Mental Health - Adult Community	4,675	1,884	1,776	108	4,411	264	(60)	324	6.93%	↑
Mental Health - Elderly Inpatients	3,690	1,595	1,596	(1)	3,894	(204)	(200)	(4)	-0.11%	↓
Family Health Services (FHS)	32,719	8,152	8,152	0	32,719	0	0	0	0.00%	→
GP Prescribing	21,760	7,282	7,366	(84)	22,497	(737)	(487)	(250)	-1.15%	↓
Other Services	6,253	1,692	1,720	(28)	6,467	(214)	(124)	(90)	-1.44%	↓
Resource Transfer	17,814	5,877	5,877	0	17,814	0	0	0	0.00%	→
Hosted Services	8,367	2,793	2,793	0	8,520	(153)	(153)	0	0.00%	→
Net Expenditure	115,112	35,682	35,492	190	115,847	(735)	(1,303)	568	0.49%	↑

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	347	358	(11)	1,282	(149)	(116)	(33)	-2.91%	↓
Residential Accommodation for Young People	2,943	837	812	25	2,867	76	0	76	2.58%	↑
Children's Community Placements	7,559	2,533	2,851	(318)	8,513	(954)	0	(954)	-12.62%	↓
Children's Residential Schools	5,595	1,943	2,079	(136)	6,003	(408)	0	(408)	-7.29%	↓
Children's Supported Accommodation	1,135	579	453	126	758	377	0	377	33.22%	↑
Childcare Operations	6,206	1,691	1,553	138	6,168	38	(375)	413	6.65%	↑
Other Services - Young People	2,834	352	363	(11)	3,022	(188)	(157)	(31)	-1.09%	↓
Residential Accommodation for Older People	6,975	2,463	2,529	(66)	7,170	(195)	0	(195)	-2.80%	↓
External Residential Accommodation for Elderly	10,266	5,060	5,058	2	10,260	6	0	6	0.06%	↑
Sheltered Housing	1,384	515	529	(14)	1,425	(41)	0	(41)	-2.96%	↓
Day Centres Older People	1,268	104	97	7	1,243	25	0	25	1.97%	↑
Meals on Wheels	0	3	3	0	0	0	0	0	0.00%	→
Community Alarms	(65)	(435)	(405)	(30)	25	(90)	0	(90)	138.46%	↓
Community Health Operations	3,267	1,046	975	71	3,057	210	0	210	6.43%	↑
Residential - Learning Disability	12,229	4,910	4,888	22	12,231	(2)	(70)	68	0.56%	↑
Physical Disability	2,616	1,184	1,199	(15)	2,662	(46)	0	(46)	-1.76%	↓
Day Centres - Learning Disability	1,813	461	419	42	1,687	126	0	126	6.95%	↑
Criminal Justice (Including Transitions)	29	57	57	0	122	(93)	(95)	2	6.90%	↑
Mental Health	3,297	1,710	1,699	11	3,288	9	(24)	33	1.00%	↑
Care at Home	14,520	4,704	5,999	(1,295)	18,406	(3,886)	0	(3,886)	-26.76%	↓
Addictions Services	1,060	632	600	32	1,302	(242)	(340)	98	9.25%	↑
Equipu	330	0	0	0	330	0	0	0	0.00%	→
Frailty	54	1	3	(2)	59	(5)	0	(5)	-9.26%	↓
Carers	1,511	597	604	(7)	1,635	(124)	(101)	(23)	-1.52%	↓
Contingency	1,964	654	507	147	0	1,964	1,522	442	22.51%	↑
HSCP - Corporate	(975)	(194)	(88)	(106)	807	(1,782)	(1,462)	(320)	32.82%	↓
Net Expenditure	88,948	31,754	33,142	(1,388)	94,322	(5,374)	(1,218)	(4,156)	-4.67%	↓

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 4 covering 1 April 2024 to 31 July 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
Health Care Variances					
Planning & Health Improvements	790	626	164	21%	↑
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 vacancies across Planning, Health and Management				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Childrens Services - Community	3,997	3,926	71	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.				

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Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Adult Community Services	11,241	11,140	100	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.				
Addictions	2,996	2,743	253	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	4,674	4,351	324	7%	↑
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 turnover and recruitment delays.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

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Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
GP Prescribing	21,760	22,010	(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 to revisit projections as prescribing data becomes available.				
Anticipated Outcome	An overspend is forecast at this time				
Other Services	6,254	6,345	(91)	-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 4 covering 1 April 2024 to 31 July 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	8,513	(954)	-13%	↓
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.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 4 covering 1 April 2024 to 31 July 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 Residential Schools	5,596	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 childrens residential care placements.				
Children's Supported Accommodation	1,136	758	377	33%	↑
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.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 4 covering 1 April 2024 to 31 July 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
Childcare Operations	6,206	5,793	413	7%	↑
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.				
Residential Accommodation for Older People	6,975	7,170	(195)	-3%	↓
Service Description	WDC owned residential accommodation for older people				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to increased agency spend arising from recruitment challenges				
Mitigating Action	The service will need to continue to focus on recruitment to enhance in house staffing to reduce reliance on agency spend.				
Anticipated Outcome	An overspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 4 covering 1 April 2024 to 31 July 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
Community Alarms	(65)	25	(90)	139%	↓
Service Description	Installation and response service for Community Alarms				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to the anticipated use of sessional staff and a reduction in income due to data cleansing.				
Mitigating Action	The service will need to closely monitor staffing to reduce sessional spend and provide further analysis on data cleanse				
Anticipated Outcome	An overspend is forecast at this time.				
Community Health Operations	3,268	3,058	210	6%	↑
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.				

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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
Residential - Learning Disability	12,229	12,161	68	1%	↑
Service Description	This service provides residential care for persons with learning disabilities				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to over achievement of previously approved savings options of £0.500m and vacant posts				
Mitigating Action	The service will continue to review care packages with a view to fully achieving previously approved savings options.				
Anticipated Outcome	An overspend is forecast at this time.				
Day Centres - Learning Disability	1,813	1,687	126	7%	↑
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.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 4 covering 1 April 2024 to 31 July 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	18,405	(3,886)	-27%	↓
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 £3.775m. 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 underrecovery 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	962	98	9%	↑
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.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 4 covering 1 April 2024 to 31 July 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
Contingency	1,964	1,522	442	22%	↑
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.				
HSCP - Corporate	(978)	(657)	(320)	33%	↓
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.				

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	(3,588)	(84)
Total Unearmarked Reserves	3,504	(3,588)	(84)
Earmarked Reserves			
Scottish Govt. Policy Initiatives	4,841	(1,654)	3,187
Community Justice	192	(53)	139
Carers Funding	219	(132)	87
Informed trauma	130	0	130
Additional Social worker capacity	364	0	364
GIFREC NHS	57	0	57
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	(340)	501
Community Living Change Fund	336	(161)	175
Children's Mental Health and Wellbeing	65	0	65
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
Workforce Wellbeing	67	0	67
Winter Planning Funding - Interim Care	610	(211)	399
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	(60)	(0)
Pharmacy NES Funding	20	(20)	0
HSCP Initiatives	2,924	(707)	2,217
Service Redesign and Transformation	496	(339)	157

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
Children at risk of harm inspection action	481	(324)	157
Fixed term posts with the integrated HSCP Finance team	15	(15)	(0)
Unscheduled Care Services	397	0	397
COVID-19 Recovery (HSCP Funded)	218	(155)	63
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	(155)	63
Unachievement of Savings	1,085	(159)	926
Public Protection Officers	244	0	244
Participatory Budgeting	50	0	50
Digital Transformation	227	(54)	173
Training and Development	207	0	207
Covid-19- Scottish Government Funded	2	0	2
COVID-19 Pressures	2	0	2
Health Care	5,410	(1,025)	4,385
DWP Conditions Management	46	(10)	36
Physio Waiting Times Initiative	103	0	103
Retinal Screening Waiting List Grading Initiative	147	(50)	97
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	(200)	1,254
C&F 5 year MTFP "What Would it Take"	1,130	0	1,130
Property Strategy	963	(35)	928
Health Visiting	120	(40)	80
Workforce Wellbeing	18	0	18

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
Social Care	1,973	865	2,838
Complex Care Packages/Supporting delay discharges	1,973	(657)	1,316
Local Authority Superannuation	0	1,522	1,522
Total Earmarked Reserves	15,150	(2,521)	12,628
Total Reserves	18,654	(6,109)	12,544

Month End Date

31 July 2024

Period

4

Summary

HSCP Capital Project Summary	Project Life Budget	Project Life Forecast Spend	Project Life Variance	On Track / Complete	Off Track
	£000	£000	£000	£000	£000
Special Needs (Aids & Adaptations)	6,765	8,387	-1,622	0	8,387
ICT Modernisation HSCP	1,668	1,668	0	1,668	0
Community Alarm upgrade	898	898	0	898	0
Total	9,331	10,953	-1,622	2,566	8,387

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	125,000	396,729	396,729	125,000	625,000	1,668,457
ICT Modernisation HSCP - Revised			62,500	459,229	396,729	125,000	625,000	1,668,457
Explanation	The Digital Strategy was approved at the HSCP Board Meeting on 20 August. Spend plans have still to be agreed but will be clearer once prioritisation planning meeting has taken place. Some of the focus will be internal around framework to support digital skills development. It is likely that spend will be incurred towards the latter part 2024/25.							

	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	31/03/2025	31/03/2025	867,000	940,000	940,000	940,000	4,700,000	8,387,000
Explanation	The aids and adaptations budget in 2023/24 was insufficient resulting in an overspend of £0.115m at the end of the financial year which has been reduced from the initial approved 2024/25 budget. The 2024/25 budget requires to be profiled from future years to the projected outturn level and future years budgets to be increased accordingly. The increase in the budget is required due to the numbers of clients requiring aids and adaptations of a capital nature, the increasing cost of OT recharges to capital that have arisen due to pay uplifts and the increasing cost of equipment.							

Month End Date

31 July 2024

Period

4

Projects that are Off Track

Appendix 2

	Approved Project Life Cost	Revised Project Life Cost	Project Life Variance	Initial Completion Date	Revised Completion Date
	£'000	£'000	£'000		
Aids & Adaptations - Special Needs Adaptations & Equipment	6,765	8,387	1,622	31/03/2025	31/03/2025

Project Name:	Aids & Adaptations - Special Needs Adaptations & Equipment	
Initial End Date:	31/03/2025	Revised End Date: 31/03/2025
How was this project initially funded:	Please Detail any additional funding N/A	
Why is the project classified as off track and what has caused the issues identified?		
The aids and adaptations budget in 2023/24 was insufficient resulting in an overspend of £0.115m at the end of the financial year which has been reduced from the initial approved 2024/25 budget. We require the 2024/25 budget to be profiled from future years to the projected outturn level and future years budgets to be increased accordingly. The increase in the budget is required due to the numbers of clients requiring aids and adaptations of a capital nature and the increasing cost of OT recharges to capital that have arisen due to pay uplifts.		
What action will be taken to rectify the position?	Source of Funding	
Additional Funding Requested:	1,622 WDC Capital Allocation	
New Completion Date:	Unchanged	
What are the implications on the actions proposed?		
Revenue Implications	Additional loan fund costs	
Virement Implications		

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 24 September 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 HSCP Board report for reference.

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP B000065JS24092024
2	Date direction issued by Integration Joint Board	24 September 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)	HSCP B000064JS20082024
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 £115.112m in line with the Strategic Plan and the budget outlined within this report
8	Specification of those impacted by the change	2024/25 Revenue Budget for the HSCP Board will deliver on the strategic outcomes for all delegated health and social care services and our citizens.
9	Budget allocated by Integration Joint Board to carry out direction	The total 2023/24 budget aligned to the HSCP Board is £244.656m. Allocated as follows: West Dunbartonshire Council - £88.948m NHS Greater Glasgow and Clyde - £115.112m 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
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 - 19 November 2024

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

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

24 September 2024

Subject: West Dunbartonshire HSCP Annual Performance Report 2023/24

1. Purpose

- 1.1** The purpose of the Annual Performance Report is to provide an overview of the HSCPs performance in planning and carrying out integrated functions. The Annual Performance Report is produced for the benefit of Partnerships and their communities. This report also includes a complaints management overview for the year 2023/24.

2. Recommendations

It is recommended that the HSCP Board:

- 2.1** Approve the West Dunbartonshire HSCP Annual Performance Report 2023/24 and the Annual Complaints Report 2023/24.

3. Background

- 3.1** The Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") established the legislative framework for the integration of health and social care services in Scotland under either an Integration Joint Board (IJB) or Lead Agency model.
- 3.2** Section 42 of the 2014 Act requires that Performance Reports are prepared by the "Integration Authority". This term broadly means the person or body which is responsible for the planning and direction of integrated health and social care services. Section 42 of the 2014 Act covers both the Integration Joint Board and Lead Agency model.
- 3.3** To ensure that performance is open and accountable, the 2014 Act obliges Partnerships to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.
- 3.4** The 2014 Act requires Integration Joint Boards to publish an Annual Performance Report within four months of the end of each reporting year. The unapproved annual performance report was published in line with the statutory timescales.

- 3.5** The required content of the performance reports is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. These requirements are adhered to within the 2022/23 Annual Performance Report.
- 3.6** The content and structure of the 2023/24 annual report has been informed by the Scottish Government's 'Guidance for Health and Social Care Integration Partnership Performance Reports' and guidance from West Dunbartonshire HSCP's external auditor in relation to Best Value.
- 3.7** On the 24 September 2024 the HSCP Board Audit and Performance Committee will scrutinize the draft Annual Performance Report and Annual Complaints Report. Due to the timing of the meeting schedule their comments will be reported by means of a verbal update to the HSCP Board.

4. Main Issues

- 4.1** The main issues pertaining to the year 2023/24 are contained within the Annual Performance Report (Appendix I). As has been the custom in previous years, it is accompanied by a complaints management overview for the corresponding period (Appendix II).
- 4.2** The Annual Performance Report summarises the progress made by the HSCP over the past year and highlights the positive outcomes the integration of health and social care services can have on individuals, families and the wider community. Teams across the HSCP have embraced innovative new approaches in line with the key strategic priorities of Caring Communities; Safe and Thriving Communities; Equal Communities and Healthy Communities.
- 4.3** The HSCP recognize the value of working closely with partners and communities; the annual performance report seeks to demonstrate our efficacy in delivering the HSCP Boards vision to ensure that: Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, receiving care and support that prioritises independence, control, choice and recovery. The HSCP have ensured a continued emphasis on joining up services, improving care and support for people who use services, their carers and their families.

5. Options Appraisal

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

6. People Implications

- 6.1** There are no people implications arising from the recommendations

within this report.

7. Financial and Procurement Implications

- 7.1** There are no financial and procurement implications arising from the recommendations within this report.

8. Risk Analysis

- 8.1** There are no risks identified as a result of the recommendations within this report. This report does however support the mitigation of the following risk as contained within the HSCP Strategic Risk Register:
- 8.2** Performance Management Information: Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of its organisational responsibilities.
- 8.3** The performance information is considered by relevant Managers in line with operational risk registers. No risks have been identified which would be proposed for escalation to 'strategic risk' status for the HSCP Board.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

- 10.1** A Strategic Environmental Assessment (SEA) is not required in respect of the recommendations within this report.

11. Consultation

- 11.1** The HSCP Senior Management Team, the HSCP Monitoring Solicitor, the Chief Finance Officer and the Internal Auditor have all be consulted in the production of this report and their comments incorporated accordingly.

12. Strategic Assessment

- 12.1** On the 15 March 2023 the HSCP Board approved its Strategic Plan 2023 – 2026 "Improving Lives Together". The Plan outlines sustained challenge and change within health and social care, these changes bring with them a host of governance implications: cultural, operational, structural, ethical and clinical.
- 12.2** Good governance, which includes performance management, is essential to ensure the actions within the Strategic Plan are implemented effectively and efficiently in a way which promotes safe

and effective care whilst achieving best value.

13. Directions

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

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
Date: 20 June 2024

Person to Contact: Margaret-Jane Cardno
Head of Strategy and Transformation
West Dunbartonshire Health and Social Care
Partnership
16 Church Street
Dumbarton
G82 1QL

Email: Margaret-Jane.Cardno@west-dunbarton.gov.uk

Appendices: West Dunbartonshire HSCP Annual Performance
Report 2023/24 (Appendix 1)
Annual Complaints Report 2023/24 (Appendix 2)

West Dunbartonshire
Health & Social Care Partnership

Annual Performance Report 2023/2024

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Foreword

Welcome to West Dunbartonshire Health and Social Care Partnership's (HSCP) Annual Performance Report 2023/24. This report summarises the HSCP's progress and performance over the past year in terms of both our Strategic Plan 2023-2026: Improving Lives Together and against the wider national integration objectives.

As in previous years, public sector funding has struggled to keep pace with rising costs, including inflationary pressures, increased care costs and demographic pressures within the local authority area. Deprivation levels in West Dunbartonshire are the 4th highest in Scotland and contribute to poorer health and wellbeing outcomes for people in our communities. In addition, pressures still remain following the end of the Covid pandemic, leading to increased demands on services particularly for people being discharged from hospital.

Core budgets continue to be under significant pressure, in common with other organisations across the public sector, and recruitment and retention of our workforce has also proved challenging and continues to impact on services across the HSCP. However, building on progress made in the last year, we continue to take opportunities to do things differently.

The Integration Joint Board maintains a focus on the provision of services within our communities, aiming to ensure people are able to safely remain in their own homes for as long as possible and able to lead healthy, happy and fulfilling lives. This Annual Performance Report will show the progress made across the year along with examples of good practice and areas where developments have been made which will positively impact on our communities.

Significant developments have taken place across a number of areas including service re-design, a Local Carers Strategy, innovative work around dementia prevention, and the development of a Digital Strategy which will help enable different ways of working: all of which will support our efforts to better meet the needs of our communities and support health and wellbeing across West Dunbartonshire.

Finally, I would like to celebrate the efforts of our health and social care workforce who have ensured the provision of a high level of support to those within our communities who require assistance and to recognise the valuable contributions of unpaid carers, our community groups and third sector organisations who engage and collaborate with us to ensure the voices of the people of West Dunbartonshire help shape our services, improving lives together.



Beth Culshaw
Chief Officer

Summary

Purpose of Report

This annual performance report outlines West Dunbartonshire Health and Social Care Partnership's performance in relation to national and local priorities during the period 1st April 2023 to 31st March 2024. It will describe progress against the key strategic priorities outlined in our Strategic Plan 2023-2026: Improving Lives Together and will seek to demonstrate our commitment to Best Value in the commissioning and delivery of services.

Key Achievements 2023/24

During 2023/24 West Dunbartonshire Health and Social Care Partnership (HSCP) made significant progress against the key strategic priorities outlined in our Strategic Plan 2023-2026 Improving Lives Together: caring communities; safe and thriving communities; equal communities; and healthy communities.

Priority 1: Caring Communities

- Publication of HSCP's Local Carer Strategy 2024-2026: Improving Lives with Carers.
- 89 people supported to submit 65 Power of Attorney applications to the Office of the Public Guardian.
- 211 Adult Carer Support Plans developed.
- 4 Independent Reviewing Officers appointed who conduct all reviews for looked after and accommodated children within West Dunbartonshire.
- 88.9% of looked after children are looked after in the community.
- 85.8% of looked after children did not have more than one placement in the last year.
- 100% of children waiting less than 18 weeks from referral to treatment for Child and Adolescent Mental Health Services (CAMHS).
- 98.6% of people starting drug or alcohol treatment within 3 weeks of referral.
- 91% of the patients who had their preferred place of death recorded, supported to die in their place of choice.
- 6th highest proportion of adults with intensive needs being supported at home in Scotland.
- The proportion of people aged 65 and over receiving personal care at home was the 3rd highest in Scotland.
- 4th lowest weekly cost for both children looked after in a residential setting and children looked after in the community in Scotland.
- Weekly cost for residential care for older people lower than the Scotland figure for the first time since 2012/13.
- 6th highest proportion of Care Inspectorate Inspections of HSCP services graded at 4 (Good) or above in Scotland.
- Delivery of Overview of Complaints sessions to the extended management team to improve awareness of processes, timescales and quality of responses to the people of West Dunbartonshire.

Priority 2: Safe and Thriving Communities

- Tripartite audit of Adult Support and Protection in February 2024.
- Progressing the improvement actions from the Joint Inspection of Children and Young People at Risk of Harm.
- There were no children re-registered on the Child Protection Register within 18 months.
- 1,361 people receiving homecare with 99.6% receiving personal care and 40% receiving 20 or more interventions.
- 1,065 people supported with their medication by the Homecare Pharmacy Team.
- 1,869 people receiving a Community Alarm/Telecare service.
- Delayed discharge bed days for complex cases 7% below local target.
- Development of Children's Services Strategy: Improving Lives with Children and Families in West Dunbartonshire - What would it take? and commencement of a 5 year redesign of services.
- Development of an HSCP Digital Strategy.

Priority 3: Equal Communities

- Pilot hearing check programme in Clydebank to support dementia prevention.
- Over 2,000 people supported by Community Link Workers within their GP practice.
- Justice staff trained and accredited in the delivery of the Caledonian Domestic Abuse system.
- 80.3% of Community Payback Orders attending an induction session within 5 working days of sentence.
- 80% of 16 and 17 year olds in positive destinations at the point of leaving care.
- Young carers and care experienced young people have accessed over 4,500 physical activity sessions to help support their mental health and emotional wellbeing.
- 126 frontline workers completed Distress Brief Intervention training by the end of 2023/24.
- 86.2% of looked after children from Black and Minority Ethnic communities being looked after in the community.
- 220 referrals to the Distress Brief Intervention Service by March 2024.
- Success in obtaining £160,000 of funding from the Corra Foundation on behalf of the Promise Partnership fund to create a project around voice and data.

Priority 4: Healthy Communities

- West Dunbartonshire childhood immunisation levels exceeding levels across Greater Glasgow and Clyde and Scotland for all immunisations offered at 24 months and 5 years of age.
- West Dunbartonshire Wellbeing Site live in August 2023.
- 1,904 referrals to the Focused Intervention Team.
- 6th lowest rate in Scotland for readmission within 28 days of a hospital discharge.
- A 26% reduction in ambulance conveyances of HSCP care home residents to Accident & Emergency (A&E).
- Prescribing cost per (weighted) patient below the target, which is the average across Greater Glasgow and Clyde.

Overview of the HSCP



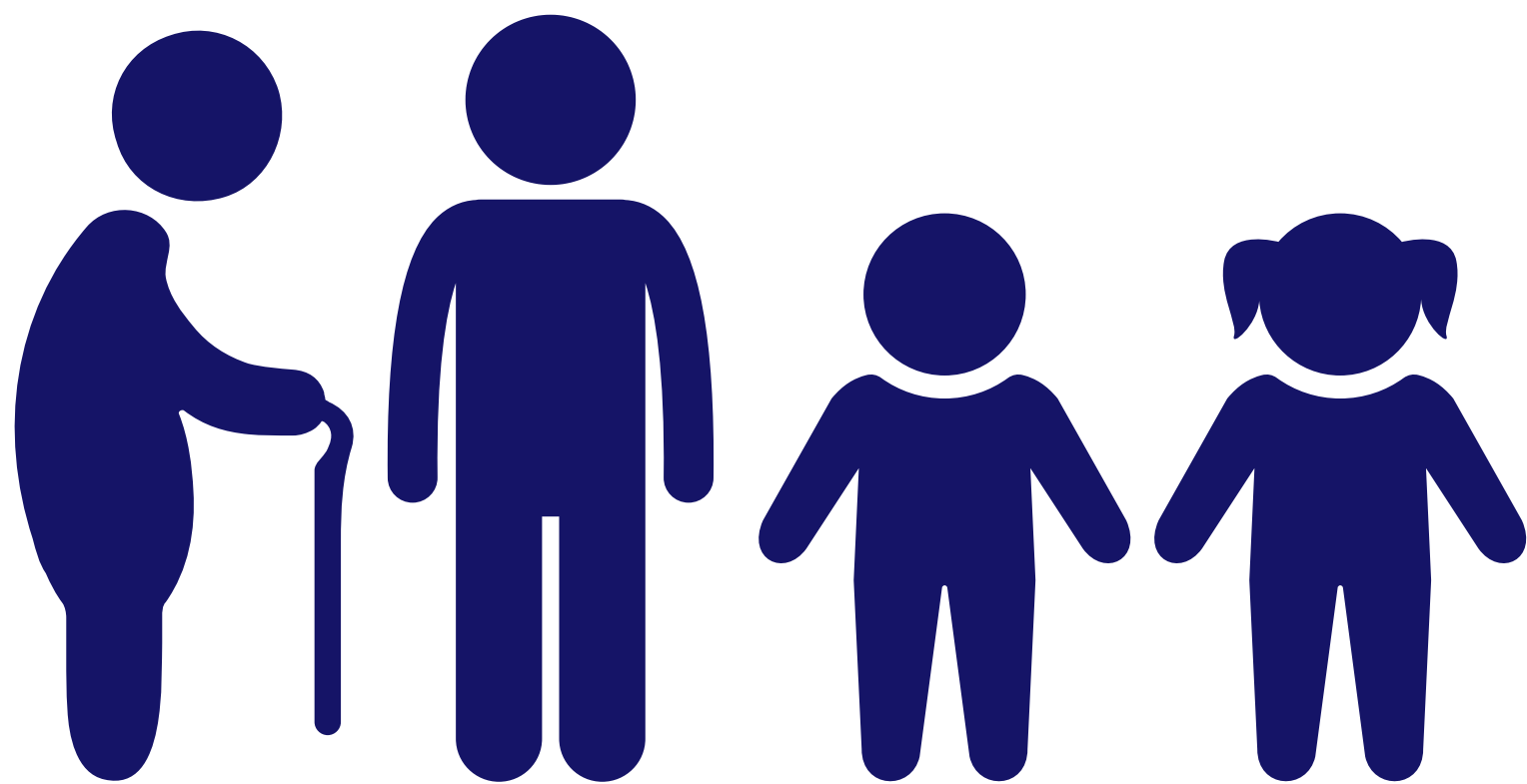
West Dunbartonshire Health and Social Care Partnership formally established 1st July 2015



2023/24 budget of £200.6 million



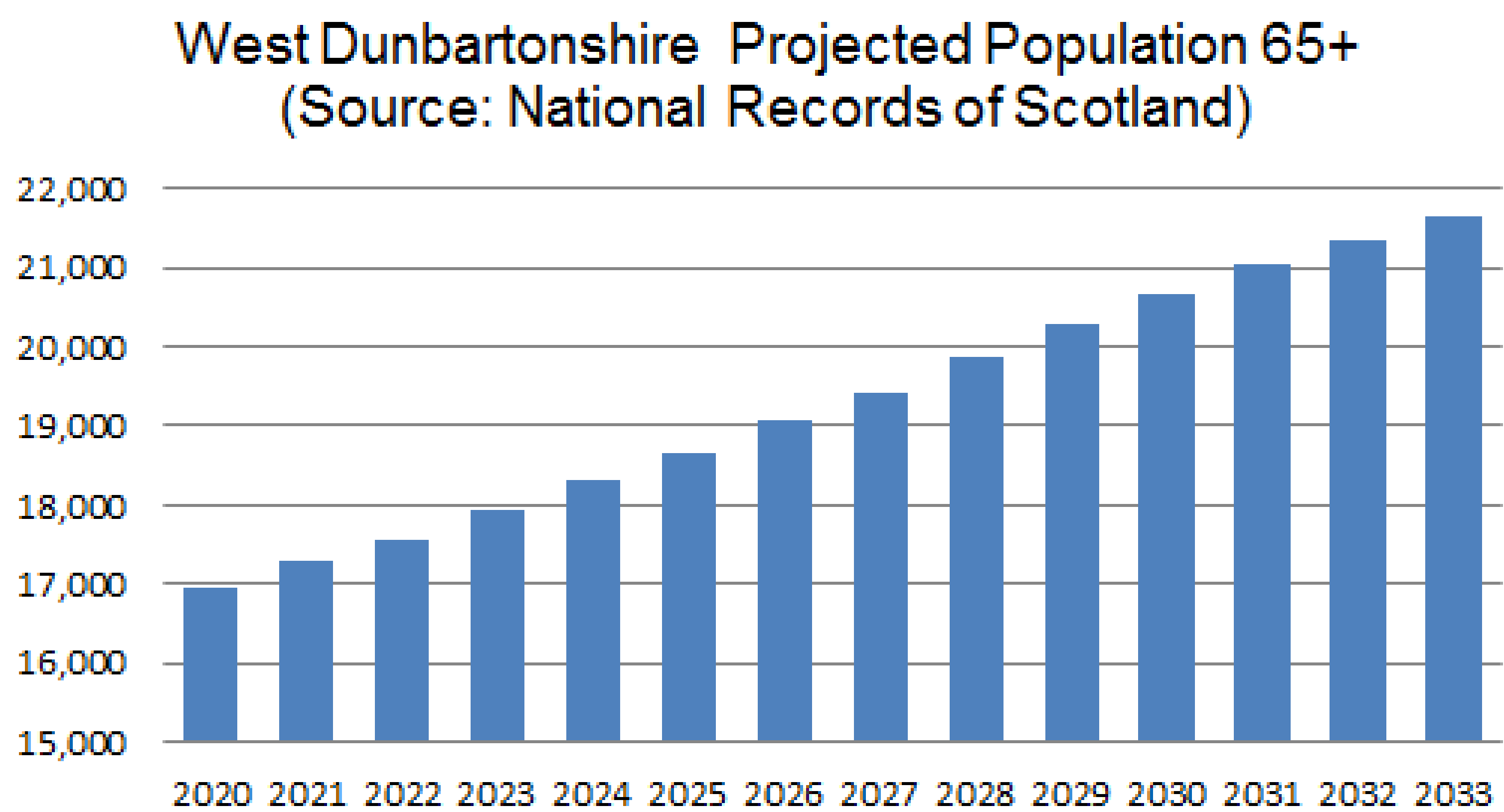
Employing 2,221 health and social care staff across Adult, Children's and Justice services (1,785 FTE)



Delivering health and social care services to support the people of West Dunbartonshire: population 88,270

Challenges and Areas for Improvement

West Dunbartonshire's overall population is in decline, however the proportion of older people within the authority is steadily increasing. From 2018-based population estimates, it is predicted that the 65 years and over population will increase by 15.2% by 2033 and the over 75 population will increase by 34%. People are living longer with more complex health needs and therefore may require more input from health and social care services.



West Dunbartonshire is an area of high deprivation and the impact of the current cost of living crisis, with significant hikes in fuel prices, inflation and the cost of providing services across all sectors and businesses, is likely to be felt more acutely than in other less deprived areas. In addition, while the worst of the Covid-19 pandemic may now be behind us, our communities have had little time to recover from its impact and the longer term effects are still unfolding.

Specific challenges faced during 2023/24 were:

- The impact of continuing and ever more demanding budget cuts and constraints.
- Record numbers of West Dunbartonshire residents having their hospital discharge delayed.
- Emergency admissions and Accident and Emergency attendances continuing to rise towards pre-pandemic levels. A&E attendances were 7% higher than in 2022/23 and we had the 7th highest rate of emergency hospital admissions and 3rd highest rate of emergency bed usage in Scotland. Emergency admissions were 6% higher than in 2022/23.
- Only one of our locally set Ministerial Steering Group targets was achieved in 2023/24.
- Recruitment and retention across almost all frontline services and the impact that this has had on waiting times and service delivery.
- The annual funding model restricts our ability to plan and sustain services beyond the current financial year, including services commissioned from the Third Sector.
- High numbers of domestic abuse offending within West Dunbartonshire.
- Increasing number of referrals from the Crown Office and Prosecution Service.
- A further decline in child development in West Dunbartonshire, with the lowest level in Scotland of children with no developmental concerns at their 27-30 month review and a fall from 73.95% to 72.3%.

Introduction

The Scottish Government's Public Bodies (Joint Working) Act (Scotland) 2014 sets out the arrangements for the integration of health and social care across Scotland. In line with the Act, West Dunbartonshire Health and Social Care Partnership (WDHSCP) was established on 1st July 2015. The Integration Joint Board for West Dunbartonshire is known as the West Dunbartonshire Health and Social Care Partnership Board and is responsible for the operational oversight of WDHSCP.

All Health and Social Care Partnerships are required to produce an annual report outlining their performance in the previous financial year by the end of July each year and these reports should be produced in line with the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014.

Overview of the HSCP

West Dunbartonshire HSCP was formally established on 1st July 2015 in line with the Scottish Government's Public Bodies (Joint Working) Act (Scotland) 2014 which sets out the arrangements for the integration of health and social care across the country.

The HSCP's vision is:

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

We know we cannot achieve this vision on our own and recognise that we must work together to integrate health and social care services around individuals, their carers and other family members, to best meet their needs. This includes understanding the wider impacts on health and social care, and shaping and influencing them wherever possible. It does not mean doing everything by ourselves: it means working with the wider community to make the right things happen in the right way at the right time. Our role in meeting these challenges, focusing everything we do on what matters, is reflected in our mission statement:

Improving lives with the people of West Dunbartonshire

Working together as an integrated health and social care system means that we must share a set of values for how we work. These values are key to delivering on our vision and align with the values of our partner organisations within NHS Greater Glasgow and Clyde and West Dunbartonshire Council. Our values are:

Respect

Compassion

Empathy

Care

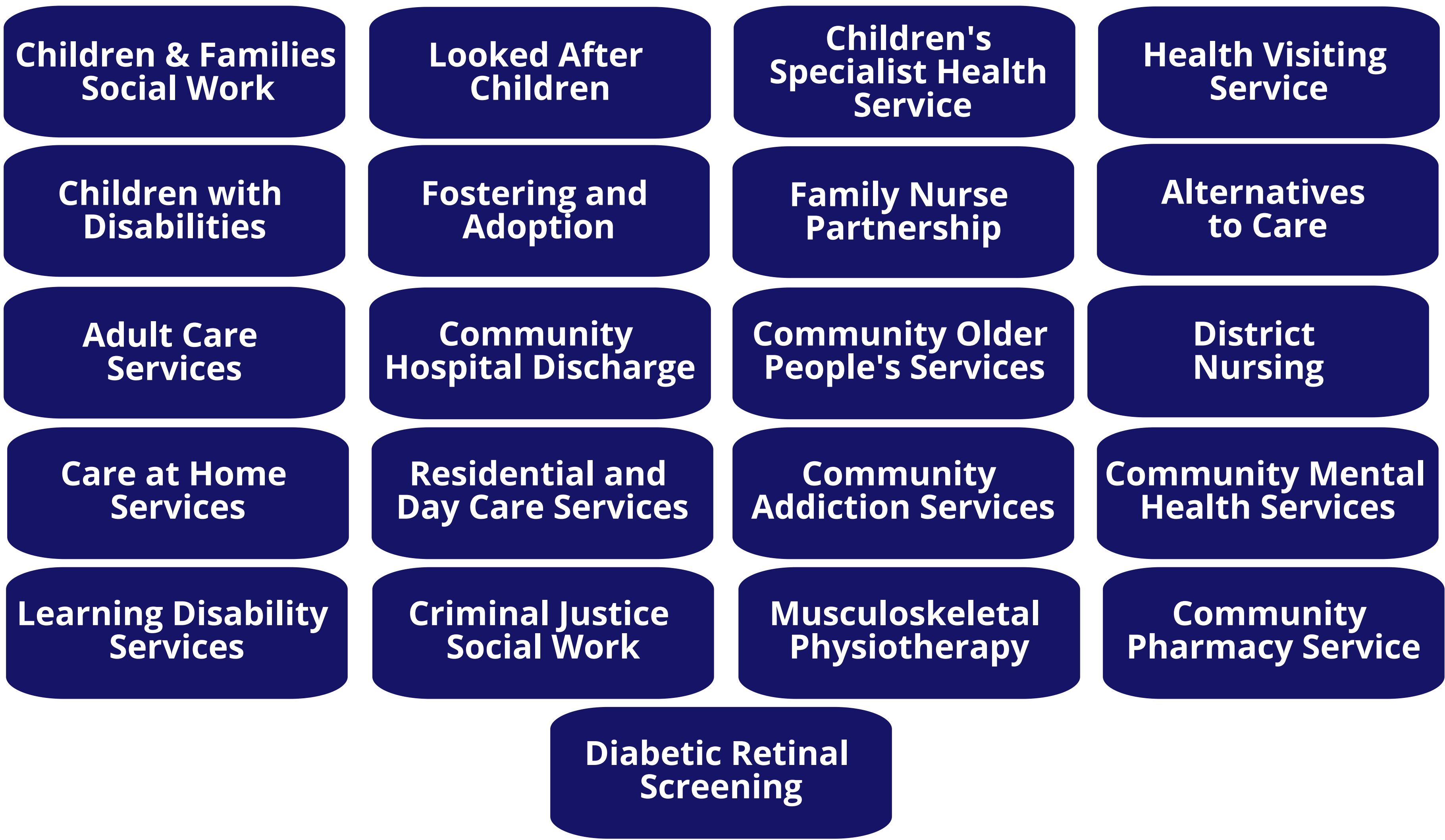
Honesty

The Health and Social Care Partnership has delegated responsibility to deliver:

- Adult and Older People's services across all disciplines within integrated community teams
- Children and Young People's services across all disciplines and in partnership with Education Services
- Criminal Justice Social Work
- Community Mental Health, Learning Disability and Addictions services within integrated community teams and inpatient services

West Dunbartonshire HSCP hosts the Musculoskeletal (MSK) Physiotherapy Service for the NHS Greater Glasgow and Clyde area. Work is ongoing within the service to ensure the delivery of high quality outcomes for patients whilst striving to meet national waiting time targets.

The HSCP also hosts a programme of Diabetic Retinal Screening on behalf of NHS Greater Glasgow and Clyde and leads the Community Planning Partnership's Alcohol and Drugs Partnership.



West Dunbartonshire has an estimated population of 88,270 people according to National Records of Scotland's latest mid-year population estimates 2022. This is a slight increase of 480 (0.5%) on the 2021 estimates which appears to buck the trend of West Dunbartonshire's declining population. However, the 2022 estimates are the first to have been based on Scotland's Census 2022 and previous year estimates will be revised by National Records Scotland to reflect the Census findings.

The HSCP has a workforce of approximately 2,221 which equates to 1,785 full time equivalent at March 2024, with 38% of staff employed by NHS Greater Glasgow and Clyde and 62% by West Dunbartonshire Council. A large proportion of HSCP staff live within West Dunbartonshire, providing services to people within their own communities.

Services are delivered across the two localities within West Dunbartonshire: Dumbarton/Alexandria and Clydebank.

During 2023/24 the HSCP had responsibility for a budget of £200.6 million.



Aims of the Annual Performance Report

The aim of this annual performance report is to provide an open and transparent account of the work carried out across all service areas within the HSCP during 2023/24: improvements and challenges and the direction of travel in our efforts to improve outcomes for residents of West Dunbartonshire. The report will also seek to demonstrate the HSCP's commitment to Best Value in the commissioning and delivery of services.

This report will cover our performance between 1st April 2023 and 31st March 2024 and will describe Year One progress against the key strategic priorities outlined in our Strategic Plan 2023-2026: Improving Lives Together.

Policy Context

West Dunbartonshire HSCP's Strategic Plan 2023-2026: Improving Lives Together was developed in line with our four key strategic priorities: caring communities; safe and thriving communities; equal communities; and healthy communities.

These key strategic priorities reflect the Scottish Government's National Health and Wellbeing Outcomes Framework which states that:

'Health and social care services should focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community. Key to this is that people's experience of health and social care services and their impact is positive; that they are able to shape the care and support that they receive, and that people using services, whether health or social care, can expect a quality service regardless of where they live.'

The Health and Wellbeing Outcomes are embodied in the ethos of the Social Care (Self-Directed Support) (Scotland) Act 2013 which aims to ensure that social care is controlled by the person to the extent that they wish; is personalised to their own outcomes; and respects the person's right to participate in society.

HSCP services are delivered to adults with critical or substantial needs in line with the HSCP's Eligibility Criteria for Adult Community Care Policy. The eligibility criteria allows for discretion to be applied in terms of providing adult social care for those people assessed as experiencing moderate risk.

Self-Directed Support (SDS) is embedded in the HSCP's assessment process across all adult and children's services. The HSCP's Integrated Resource Framework continues to support indicative personal budgeting assessment, with the aim of this framework being to support fairness and equality across all individuals assessed as eligible for local authority funded support.

The diagram overleaf depicts the links between our strategic priorities and the National Health and Wellbeing Outcomes which focus on an individual's experience of health and social care and how that care has impacted on their lives.

National Health and Wellbeing Outcomes

Strategic Priorities

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

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing

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

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

People using health and social care services are safe from harm

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

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

Health and social care services contribute to reducing health inequalities

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

Caring communities

Safe & thriving communities

Healthy communities

Equal communities

Public Protection



Public Protection provides a range of measures which can be used together to 'protect our people'. This includes protection from harm for children and young people, vulnerable adults and the effective and robust management of High Risk Offenders through our Multi-Agency Public Protection Arrangements (MAPPA). As such Public Protection is integral to the delivery of all adult and children's services within the HSCP.

The HSCP has a significant role within the Public Protection Chief Officers Group (PPCOG), with both the Chief Officer and Chief Social Work Officer providing the necessary leadership, scrutiny and accountability. It incorporates a range of measures including multi-agency strategic planning and operational services providing protections to children, young people and adults at risk including the management of high risk offenders through Multi-Agency Public Protection arrangements (MAPPA), West Dunbartonshire Alcohol and Drugs Partnership, Violence Against Women Group and Community Safety.

PPCOG continue to strengthen their assurance and risk management processes. This includes quarterly review of multiagency, operational and strategic risk registers. The PPCOG Performance and Assurance Reporting Framework dataset continues to be developed.

NHS Greater Glasgow and Clyde's Public Protection Unit developed a Public Protection Strategy and Quality Assurance Framework during 2023. This will support and enhance oversight of corporate and local HSCP monitoring of compliance with requisite standards.

National Learning Review Guidance was published by the Scottish Government in September 2021 for Child Protection Committees, and in May 2022 for the Adult Protection Committees, replacing Initial and Significant Case Review Guidance. During 2023 West Dunbartonshire Adult Protection Committee commissioned and concluded one themed learning review with a further learning review commissioned. A Learning Review was also commissioned by our Child Protection Committee.

Learning Reviews are multi-agency, bringing practitioners together with the review team in a structured process in order to reflect, increase understanding and identify key learning. They provide a means for public bodies and office holders with responsibilities relating to the protection of adults and children at risk of harm to learn lessons by considering the circumstances where an adult or child at risk has died or been significantly harmed. They are carried out by the Adult/Child Protection Committees under their functions of keeping procedures and practices under review, giving information and advice to public bodies and helping or encouraging improvement.

Extensive work has been underway during 2023/24 to progress the learning from the Inspection of Adult Protection Services in 2022/23, with a tripartite audit taking place in February 2024. Implementing the improvement actions from the Joint Inspection of Children and Young People at Risk of Harm has also progressed during the year.

West Dunbartonshire is part of North Strathclyde MAPPA arrangements, along with five other local authority areas, supported by a dedicated MAPPA Co-ordinator who provides professional advice and guidance. The MAPPA Unit team also support responsible authorities to fulfil their statutory duties around information sharing and joint working to assess and manage the risk of individuals managed within MAPPA.

The Chief Social Work Officer continues to attend the North Strategic Oversight Group and the Justice Service Manager is a member of the Management Oversight Group, where both groups include responsible authorities: Local Authorities, Police Scotland, Scottish Prison Service and Health.

The MAPPA Unit's performance report noted 100% compliance, with key performance indicators for cases managed at level 2 and 3 (multi-agency risk management) being reviewed no less than 12 weekly. Furthermore, Justice Services were fully compliant with all national key performance indicators, where all MAPPA meetings were held and notifications submitted to the MAPPA Unit within fixed timescales: no exceptions were reported during 2023/24.

Equalities Mainstreaming

The HSCP has committed to strengthen our approach to mainstreaming equality, diversity and inclusion across the organisation and to ensure we meet the reporting requirements of the Public Sector Equality specific duties as they apply to the Integration Joint Board and as outlined in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. In line with this, reporting on our Equality Mainstreaming activity, information on our Equality Outcomes and how we have equality impact assessed our policies and practices will be outlined within this Annual Performance Report.

While we have a section devoted to Equalities Activity later in the report, the service developments and progress detailed throughout the report should evidence our approach and the HSCP’s efforts to promote equality, diversity and inclusion through the services we provide and our engagement with our communities.

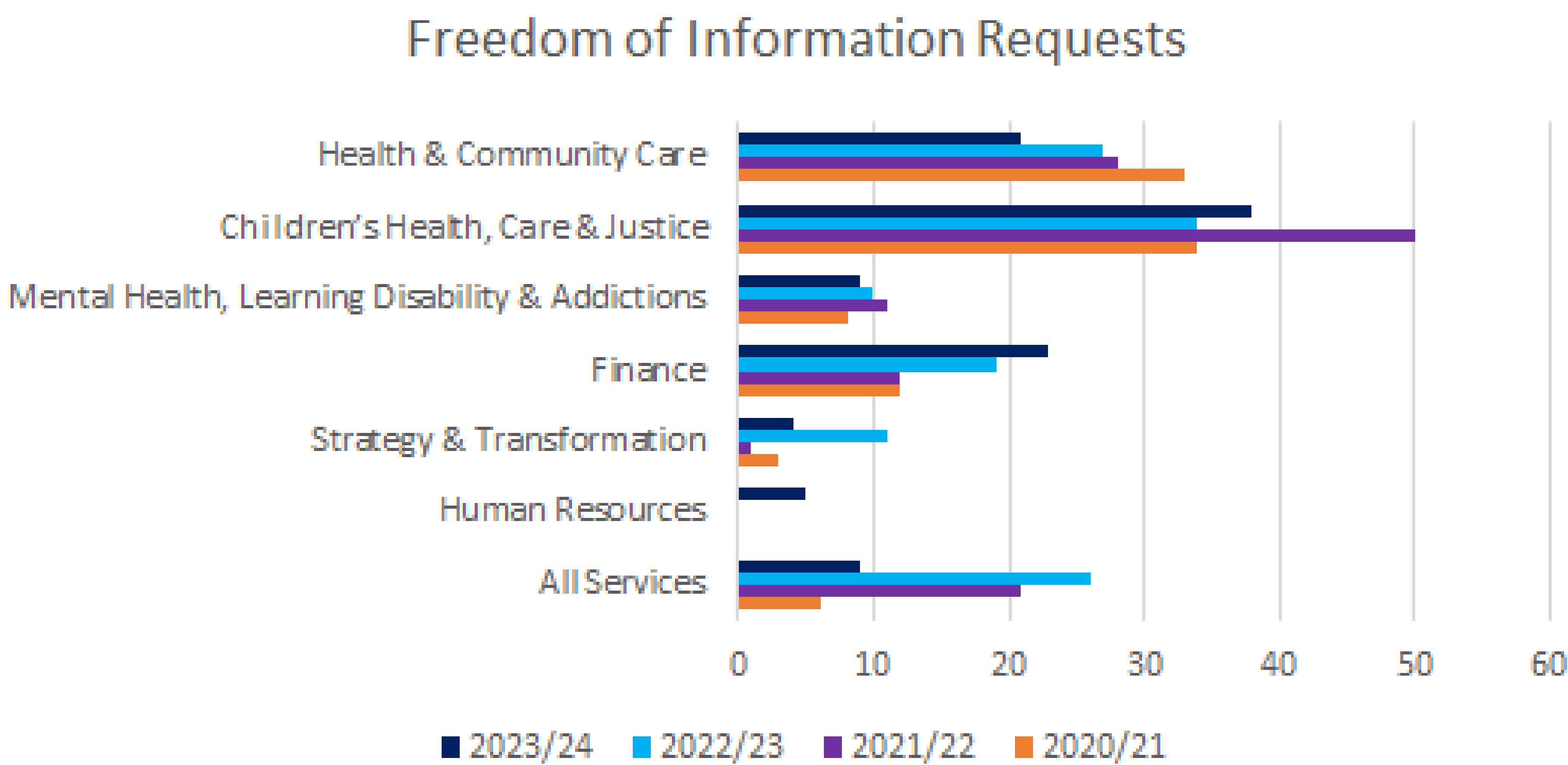
Access to Information

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

The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005. Under FOISA, a person who requests information from a Scottish public authority which holds it, is entitled to be given this information by the authority subject to certain conditions and exemptions set out in the Act. This information should normally be provided within 20 working days of receiving the request. The HSCP's Integration Joint Board also has a responsibility to provide information under FOISA in relation only to the functions of the Integration Joint Board.

Through television, newspapers and social media, people's right to request information under FOISA, and the power national or locally aggregated information can have, has become widely known. Public authorities can refuse to provide information under very strict exemptions contained within the Act and individuals have the right to request a review of these decisions by the public authority. If they are subsequently unhappy with the outcome of the review they can appeal the response with the Scottish Information Commissioner.

There were 109 Freedom of Information requests relating to HSCP services received in 2023/24, a decrease of 14% on the previous year. 68% were responded to within the timescale: a decrease of 7% on 2022/23 and the average response time was 29 days. Most delays involved responses being collated from a number of different sources across services. The numbers below represent the main service area covered in the request however many requests cover both service delivery and the associated financial and staffing information.



Often information requests under FOISA relate to information which is already published either on the HSCP, Council or Health Board website or on the websites of organisations the HSCP submits data to, such as the Scottish Government or Public Health Scotland. In that event we will signpost an individual to the published information to maintain the consistency of information held in the public domain.

Under the Data Protection Act 2018, individuals have the right to access their own information held by an organisation. They can do this in the form of a Subject Access Request (SAR). Organisations have one month to provide the information and this can be extended by up to two months if the request is complex or an individual has made a number of requests.

A SAR can also be made on behalf of another individual where the individual has provided their permission. The information collated for a SAR response may contain reference to other individuals or third parties. Where this third party is not an HSCP employee carrying out the functions of their role and authorisation has not been provided to release their information, this information will be removed or redacted from the response. During 2023/24 the number of SARs received by the HSCP increased significantly. There were 194 requests made: a 96% increase on the 99 received in the previous year. This almost twofold increase impacted on the ability to meet timescales for response which reduced from 91% being issued within the initial or extended timescales in 2022/23 to 79% in 2023/24. Many SAR responses are lengthy and involve significant checking and redaction by HSCP staff.

The HSCP also provides information to the Scottish Government and Public Health Scotland. Quarterly and annual returns on service volume and the demographics of people who use HSCP services are submitted for all HSCP services: Older People, Adult, Children's and Criminal Justice services. The Scottish Government and Public Health Scotland use this information for a number of specific purposes such as: monitoring the implementation of national policies or legislation; to inform funding and planning decisions; to predict the future needs of Scotland and local populations; and to develop models of care and service delivery and inform policy makers. Much of this information is published at aggregate level on their websites and therefore available in the public domain.

In line with Data Protection and UKGDPR the HSCP has a requirement to inform people of how their information will be used. Privacy Notices relating to the various types of information we submit are available on the HSCP website. These outline how we hold, manage, process and submit an individual's information and an individual's rights with regard to their own information.

The HSCP also provides information in the form of complaint responses. Full details of how to make a complaint can be found on the HSCP's website and more detailed information on the HSCP's performance in relation to complaints handling can be found in our Annual Complaints Report 2023/24.

During 2023/24 we developed an HSCP Complaints Overview presentation with two sessions delivered to our extended management team and to be cascaded to service teams. The Overview covered:

- What is and what is not a complaint
- The value of complaints for the organisation
- The Model Complaints Handling Process
- Scottish Public Services Ombudsman feedback
- Tools to assist with investigating and responding to complaints
- Good practice examples

These sessions prompted some valuable discussions about processes, how to improve the quality of our complaint investigations and responses, how to capture stage 1 complaints and shared learning from complaints and individual team processes.

The presentation has been made available to all HSCP staff on our staff intranet along with a Complaints Toolkit which was also developed during 2023/24 and comprises of an Employee Guide on Complaints Handling, an Investigation Plan template and a Stage 2 Response template. This toolkit will be developed as we identify additional resources.

Alongside this work we carried out an SBAR (Situation, Background, Assessment and Recommendation) to analyse the increase in our stage 1 complaints in the first two quarters of 2023/24 compared to the same period in the previous year. The analysis undertaken identified that the majority of the increase was due to changes in recording practice that may mean information being reported is more accurate than before, particularly around Care at Home complaints.

It was recommended that a similar exercise be undertaken for the remaining quarters of 2023/24 to establish whether a pattern becomes apparent or whether the higher level of complaints appears to be a new normal situation, given changes in recording procedures. In addition it was recommended that more detailed information and context be provided in our Quarterly Performance Report to our Audit and Performance Committee, including details of which services are receiving complaints.

It has also been agreed that complaints, MP/MSP and Councillor enquiries will be included in the HSCP's Weekly/Monthly Performance Dashboards to allow more timely scrutiny of the volume of being received and the service areas they cover, to highlight any patterns or areas of concern.

National Performance Measurement

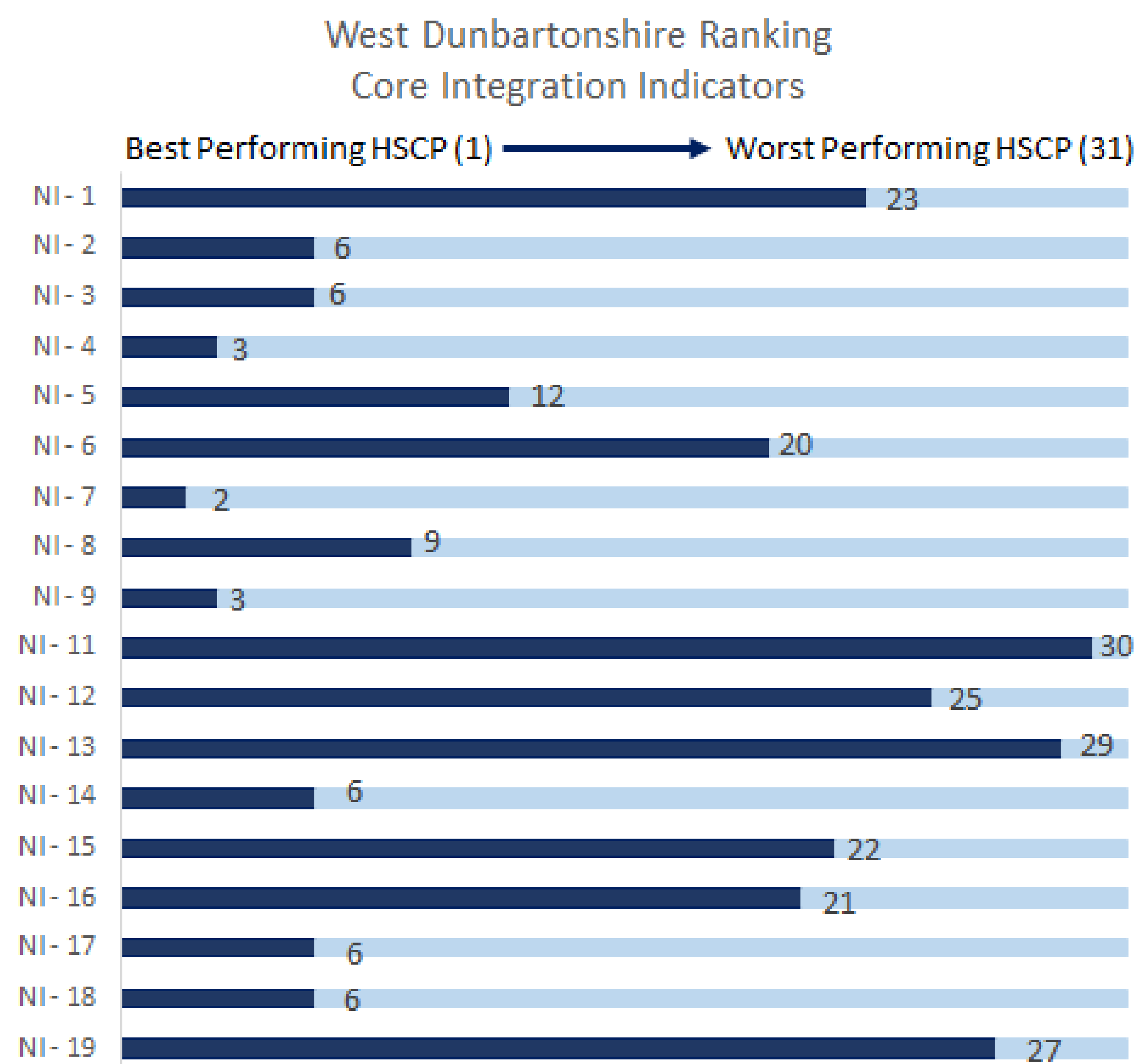
Core Integration Indicators



The Scottish Government developed a suite of 23 Core Integration Indicators to help HSCPs monitor their performance against the National Health and Wellbeing Outcomes and to allow for comparison nationally and by partnership. Of these indicators, 5 are not currently being reported nationally.

Code	Performance Indicator
NI-1	Percentage of adults able to look after their health very well or quite well
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible
NI-3	% of adults supported at home who agree that they had a say in how their help, care or support was provided
NI-4	Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated
NI-5	Percentage of adults receiving any care or support who rate it as excellent or good
NI-6	Percentage of people with positive experience of the care provided by their GP practice
NI-7	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
NI-8	% of carers who feel supported to continue in their caring role
NI-9	Percentage of adults supported at home who agree that they felt safe
NI-11	Premature mortality rate per 100,000 persons
NI-12	Rate of emergency admissions per 100,000 population for adults
NI-13	Rate of emergency bed days per 100,000 population for adults
NI-14	Rate of readmission to hospital within 28 days per 1,000 discharges
NI-15	Proportion of last 6 months of life spent at home or in a community setting
NI-16	Falls rate per 1,000 population aged 65+
NI-17	% Proportion of care services graded "good" or better in Care Inspectorate inspections
NI-18	Percentage of adults (18+) with intensive care needs receiving care at home
NI-19	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

The chart overleaf shows West Dunbartonshire's position in comparison with the other 30 HSCPs in Scotland. The numbering on the chart denotes where West Dunbartonshire ranked in Scotland, with 1 being best performing and 31 worst performing. Appendix 1 provides the detail behind the rankings and comparison with national figures. West Dunbartonshire performed better than the Scottish national figure in 10 of the 18 indicators.



Core Integration indicators 1-9 are gathered from the Health and Care Experience Survey which is carried out every 2 years. The survey was carried out during 2023/24 however the results will not be published until July 2024 and are therefore too late for inclusion in this report. Rankings above are subsequently based on 2021/22 figures for these indicators.

West Dunbartonshire had the 2nd highest proportion of respondents who agreed that the services and support they receive help improve or maintain their quality of life: 85.7% compared with a Scotland-wide figure of 78.1%. Those who thought their health and social care services were well co-ordinated moved from 10th to 3rd in Scotland and 87.9% of adults being supported at home said they felt safe, also the 3rd highest in Scotland. The proportion of West Dunbartonshire residents supported at home who agreed that they were being supported to live as independently as possible moved from the 11th lowest in Scotland in 2019/20 to the 6th highest in 2021/22.

Premature mortality rates for 2023 will not be available until July 2024 and therefore not in time for this report however in 2022 West Dunbartonshire continued to have the 2nd highest premature mortality rate in Scotland: the rate of deaths per 100,000 for people aged under 75 years. Similarly the proportion of Care Inspectorate Inspections graded at 4 (Good) or above during 2023/24 will not be available to meet our report timescales however in 2022/23 West Dunbartonshire HSCP services performed 6th best in Scotland with 82.1% of inspections meeting this criteria, compared with 75.2% across Scotland.

Due to data completeness issues at Health Board level we are having to compare provisional 2023 calendar year figures with 2022/23 financial year figures for some of our hospital-related indicators. The former will be subject to update once the full financial year data is available and will therefore differ in our 2024/25 Annual Performance Report from those reported here.

In 2023 we had the 7th highest emergency admission to hospital rate in Scotland and the 3rd highest bed day usage for emergency admissions. Readmission rates by contrast were the 6th lowest in Scotland for West Dunbartonshire residents, suggesting appropriate discharge at the right time to the right place.

Delayed hospital discharge continued to be a significant challenge for the HSCP and the rate of bed days for people aged 75 and over whose discharge was delayed was the 5th highest in Scotland in 2023/24. Falls rates in West Dunbartonshire were the 11th highest, while the proportion of the last 6 months of life spent at home or in a community setting increased slightly from 87.7% in 2022/23 to 88.2% in 2023.

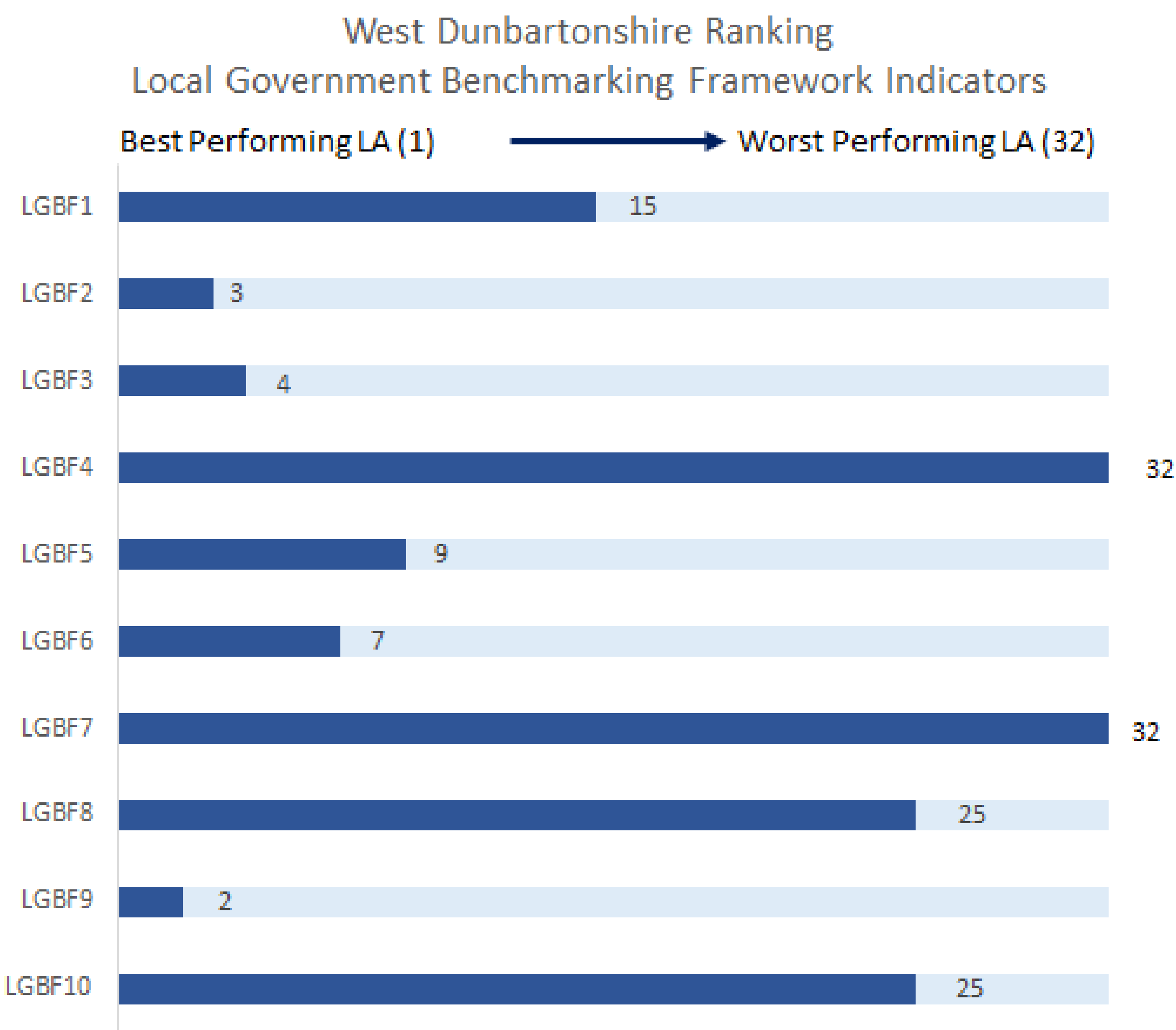
Delivering support to people at home continues to be a strongly performing area for the HSCP. In 2023 the percentage of adults with intensive needs being supported at home was the 6th highest in Scotland at 70.2%: the Scotland figure was 64.8%.

Local Government Benchmarking Framework

The Local Government Benchmarking Framework (LGBF) is a benchmarking tool designed to allow councils and the public to measure performance on a range of high level, comparable indicators that cover all areas of local government activity. The LGBF was developed by the Improvement Service and the Society of Local Authority Chief Executives (SOLACE Scotland). LGBF indicators cover efficiency, output and outcomes for those who use council services. The framework is designed to focus questions on variation of costs and performance as a catalyst for improving services and more effectively targeting resources.

Code	Performance Indicator
LGBF1	Balance of Care for looked after children: % of children being looked after in the Community
LGBF2	The gross cost of "children looked after" in residential based services per child per week £
LGBF3	The gross cost of "children looked after" in a community setting per child per week £
LGBF4	Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27–30 month child health review
LGBF5	% Child Protection Re-Registrations within 18 months
LGBF6	% Looked After Children with more than one placement within the last year
LGBF7	Self directed support spend for people aged over 18 as a % of total social work spend on adults
LGBF8	Home care costs for people aged 65 or over per hour £
LGBF9	% of people aged 65 and over with long-term care needs who receiving personal care at home
LGBF10	Net Residential Costs Per Capita per Week for Older Adults (65+)

The chart below shows West Dunbartonshire's position in 2022/23 in comparison with the other 31 Local Authorities in Scotland for those indicators for which the HSCP has responsibility. The numbering in the chart denotes West Dunbartonshire's ranking from 1 best performing in Scotland to 32 worst performing.



Appendix 2 provides the detail behind these rankings as well as comparison with the national figure. To aid meaningful comparison, family groups of similar levels of deprivation and rural/urban geography were established as part of the framework. For Children's and Adult Social Work, West Dunbartonshire sits in a family group with Dundee City, East Ayrshire, Eilean Siar, Glasgow City, Inverclyde, North Ayrshire and North Lanarkshire. Appendix 2 also details where West Dunbartonshire performance ranks within this family group with 1 being the best performing and 8 the worst.

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

The HSCP performed better than the Scottish national figure in 6 of the remaining 10 indicators during 2022/23. West Dunbartonshire had the 4th lowest weekly cost for both children looked after in a residential setting and children looked after in the community: 16% and 41% lower than the Scotland figure respectively. Within our LGBF family group we were ranked 4th lowest cost for residential and 3rd lowest for looked after in the community.

Along with 9 other local authority areas, including Dundee City and Inverclyde who sit within our family group, no children were re-registered on the Child Protection Register within 18 months of a previous registration in West Dunbartonshire. While this indicator is influenced by individual circumstances it can reflect on the appropriateness of decision-making. The percentage of Looked After Children with more than 1 placement in 2022/23 (August – July) was 14.2% which was slightly higher than the 11.4% in the previous year, but lower than the Scotland figure of 17.2%.

There has been a significant improvement in our ranking in relation to the weekly cost for residential care for older people, where we have gone from 25th to 14th best performing, 4th in our family group, and have been better than the Scotland figure for the first time since 2012/13. The proportion of people aged 65 and over receiving personal care at home was the 3rd highest in Scotland and 2nd highest in our family group at 71.1%.

The HSCP's worst performing indicators were: expenditure on Direct Payments or Personalised Budgets as a proportion of overall Social Work spend, again with the lowest figure in Scotland, and the percentage of children reaching their developmental milestones at 27-30 months of age. In relation to Direct Payments and Personalised Budgets, these are Options 1 and 2 of Self-Directed Support. This indicator does not take account of expenditure on services for people who select Option 3 under Self-Directed Support which means they have made a choice to request that the local authority arrange and pay for services on their behalf. Self-Directed options are discussed as part of the My Life Assessment process and the high uptake of Option 3 may reflect satisfaction with HSCP services or the more complex needs of people requiring our services who perhaps do not feel as able to arrange their services via Options 1 or 2.

Ministerial Steering Group

Improving emergency or unscheduled care within hospitals across Scotland is a key ministerial priority for the Scottish Government. Through the National Unscheduled Care – 6 Essential Actions Improvement Programme the Government aims to improve the timeliness and quality of patient care, from arrival to discharge from hospital and back into the community.

In light of the integration of health and social care services, the Ministerial Steering Group (MSG) for Health and Community Care is closely monitoring the progress of HSCPs across Scotland in delivering reductions in: delays in hospital discharge; unnecessary hospital admissions; and attendances at accident and emergency (A&E). They are also monitoring the shift in the balance of care from hospital to community settings and the proportion of people supported within the community in the last six months of their life.

As in the previous three years no national targets for MSG were set for 2023/24. Ambitious targets were therefore set locally along with a review of HSCP Key Performance Indicator targets for 2023/24, in line with our new Strategic Plan. The 2023/24 MSG targets developed and agreed were based on: a 10% reduction on 2022/23 emergency admissions, unscheduled bed days and A&E attendances; and a 20% reduction on 2022/23 delayed discharge bed days.

Due to data completeness issues at Health Board level and the fact that Public Health Scotland's data is collected at the point of discharge from hospital, our 2023/24 figures for emergency admissions and unscheduled bed days are provisional and will be subject to change.

Only one of our locally set MSG targets was achieved in 2023/24. Bed days lost to delayed discharges for West Dunbartonshire residents with a complex discharge were 7% below target and 16% lower than in 2022/23.

	2022/23	2023/24	Variance against 2022/23	2023/24 Target	Variance against 2023/24 Target
Delayed Discharge Bed Days: All Reasons	13,905	13,819	-1%	11,124	24%
Delayed Discharge Bed Days: Complex	6,236	5,212	-16%	5,623	-7%

The number of bed days used for all reasons where people's discharge from hospital has been delayed was 24% above our target but slightly lower than the figure in 2022/23. While there have been significant challenges nationally in relation to delayed discharge, West Dunbartonshire has seen unprecedented numbers of delays which will be explored in more detail in the Unscheduled Care section later in this report.

Emergency admissions and unscheduled bed days for those aged 18 and over and those aged 65 and over exceeded our targets, however unscheduled bed days were lower than in 2022/23 as shown below.

	2022/23	2023/24	Variance against 2022/23	2023/24 Target	Variance against 2023/24 Target
Emergency Admissions 18+	8,841	9,354	6%	7,958	18%
Emergency Admissions 65+	4,738	4,914	4%	4,265	15%
Unscheduled Bed Days 18+	92,107	88,782	-4%	80,375	10%
Unscheduled Bed Days 65+	67,185	64,447	-4%	58,262	11%
A&E Attendances 18+	22,261	23,868	7%	20,020	19%

Attendances at Accident and Emergency Departments were 19% above target and 7% higher than in 2022/23 however were still 5% lower than the pre-pandemic rates of 2019/20, similar to other partnerships across Greater Glasgow and Clyde.

Charts detailing monthly trends for the MSG indicators over the previous 3 years can be found at Appendix 3 and further details of our efforts in relation to hospital activity can be found in the Unscheduled Care section later in this report.

Care Inspectorate Inspection Gradings

The Care Inspectorate is a scrutiny body which supports improvement. They look at the quality of care across services in Scotland to ensure they meet high standards. Where they find that improvement is needed, they support services to make positive changes. Their vision is that everyone experiences safe, high-quality care that meets their needs, rights and choices.

Announced and unannounced inspections by the Care Inspectorate of HSCP services and those services we commission from the independent and third sector are carried out on a regular basis. These inspections award gradings from 1 (unsatisfactory) to 6 (excellent). As part of their inspection report they may set out requirements with deadlines for completion which are then followed up in subsequent inspections. They may also identify areas for improvement which are less time specific but are also followed up in subsequent inspections.

The inspection themes currently used by the Care Inspectorate are:

- How well do we support people’s wellbeing?
- How good is our leadership?
- How good is our staff team?
- How good is our setting?
- How well is care and support planned?

Details of gradings and inspection requirements for all HSCP services inspected during 2023/24 can be found at Appendix 5.

Performance against Strategic Priorities

This section of our report will describe our performance against our 4 strategic priorities during 2023/24 with specific regard to the areas outlined below. Performance against our Strategic Plan indicators can be found at Appendix 4.

Priority 1: Caring Communities

- Keeping The Promise
- Community Mental Health Supports for Children and Young People
- Local Carers Strategy 2024-2026: Improving Lives with Carers
- Primary Care
- Planet Youth Model

Priority 2: Safe and Thriving Communities

- Child Protection
- HSCP Staff Wellbeing
- Learning Disability Services - Weight Management Clinics
- HSCP Digital Strategy

Priority 3: Equal Communities

- Medication Assisted Treatment Standards
- Dementia Prevention: Community Hearing Checks
- Justice Social Work Services
- Diabetic Retinopathy Service
- Community Learning Disability Students and Trainees

Priority 4: Healthy Communities

- Unscheduled Care
- MSK Physiotherapy
- Children's Health
- Equalities Activity

Priority 1: Caring Communities



Keeping The Promise

Children and young people who become looked after are among the most disadvantaged children in society and in general experience poorer outcomes than their peers. Reasons for becoming looked after vary for each child but in every case, children will have been through difficult or traumatic life experiences which can result in poor emotional and physical health, distress, a lack of stability and often a lack of social and educational development.

Scotland's promise to care experienced children and young people is that they will grow up loved, safe, and respected, able to realise their full potential. The Promise was developed from the findings of the Independent Care Review which took place 2017-2022. At the point of concluding, the Care Review had listened to over 5,500 experiences. Over half of the voices were children and young people with experience of the 'care system', adults who had lived in care, and lots of different types of families. The remaining voices came from the paid and unpaid workforce.

The HSCP's The Promise Lead Officer was appointed in May 2022 to support the implementation of The Promise across West Dunbartonshire. This post was funded for a fixed term ending in May 2024 by Promise Partnership Corra Funding and matched by West Dunbartonshire Council. However, this post has now been made permanent reflecting West Dunbartonshire's commitment to The Promise.

The Keeping the Promise sub-group, which reports to our Community Planning Partnership Nurtured Delivery Improvement Group, has representation from 23 different services. This includes Children and Families Social Work, Education, Health, Police, Residential Childcare, Youth Justice, Family Placement Team, Throughcare and Aftercare, Scottish Children's Reporters Administration, Children's Hearings Scotland, Who Cares? Scotland, Partners in Advocacy, Further Education, Welfare Rights, Health Improvement, Elected Members, local Kinship Carers Group, Y-Sort It, Action for Children, Routes Project and The Promise Scotland.

The role of this group, which meets quarterly, is to support and drive forward the recommendations of The Promise. Short life working groups were established from the Keeping the Promise group to look at specific issues in more detail and enlisted membership from relevant parties. The three initial working groups were for Continuing Care "Moving on", Brothers and Sisters, and Language and progress reported to the Keeping the Promise Group.

The "Moving On" group focused on a more consistent and clear approach around the implementation of Continuing Care. This has hinged on the creation of a Continuing Care policy for West Dunbartonshire, which is in the final stages of completion. A plan around implementation of this will follow to ensure the policy is widely understood and used.

The Brothers and Sisters group began in March 2023 by gathering our local data to establish a baseline for how we are doing in keeping brothers and sisters together, alongside efforts to establish how decisions are being made and how we are supporting ongoing relationships when siblings are separated. A Brothers and Sisters plan was created with the findings of this data. A repeat gathering of this data will be done in March 2024 to consider our progress in this area.

The Language group "Words Matter" has gone through a journey, similar to many other local authorities and organisations, where we identified words our children, young people and families dislike and tried to create alternatives. When reviewed we have found that the words used to describe people's lives are very personal, and that our goal should be to follow certain principles when using language, such as strengths based and easy to understand language, to influence practice and to personalise language for our care experienced children and young people wherever possible.

A new role of Independent Reviewing Officer was established within Children's Services in May 2023. Four officers were appointed who conduct all reviews for looked after and accommodated children within West Dunbartonshire. This has brought increased accountability, consistency and independence to reviews and supports improving the experience of children and families by making meetings more accessible and child friendly. Our Reviewing Officers consider advocacy at every review meeting and we have seen a significant uptake of independent advocacy by our care experienced children and young people in 2023/24.

We currently use Viewpoint, a software tool to gather children and young people's views to inform their care planning. An area identified within our Promise work has been around infant voice and how we promote infant mental health. Within our wider agenda of ensuring the voice of those with lived experience of care is embedded within our planning and delivery of services, ensuring we are equipped to hear and act upon the voices of our youngest is essential.

The HSCP was successful in obtaining £160,000 of funding from the Corra Foundation on behalf of the Promise Partnership fund to create a project around voice and data. We have commissioned this to Action for Children and the Children and Young People Centre for Justice and from 1st June 2024 will have an Engagement Co-ordinator, Participation Worker and Data Analyst in place. The project involves creating widespread, diverse and creative opportunities for children, young people and adults to share their experience and views towards delivering change. We are also striving to understand our data better, making sure the data we are gathering is helping us effectively measure progress and is reporting on what is important to children, young people and families. We believe in those views being at the heart of how we make big decisions about plans, about services and about direction.

Better links have been made with those involved in wider participation work with children and young people in West Dunbartonshire, for example our Youth Council, Members of the Scottish Youth Parliament. More joined up working within young people's participation should increase visibility of The Promise and support wider engagement around the issues important to children and young people. Links have also been created with those working alongside adults with lived experience, particularly in areas like Recovery.

Our Whole Family Wellbeing work is being led by Education with a multi-agency working group supporting this. Following wide scale consultation with parents, carers and children and young people, via surveys and focus groups, West Dunbartonshire For Families Hubs have been established. These are three bases within the local community where people can access a wide range of supports including parenting groups, outreach support and specialist clinics provided by a range of support agencies. Our consultation had shown that people wanted a "one stop shop" where they could easily access a range of supports, but were most acutely in need of financial support, support around neurodiversity and accessing support that felt non-stigmatising. It emerged that people did not feel they knew what supports were available therefore a Family Support resource directory was also created, which is an accessible website signposting to a wide range of local and national supports.

A Better Hearings group is being re-established in West Dunbartonshire, involving Scottish Children's Reporter Administration (SCRA) and the Children's Hearing Service and will look at how to improve the experience of children, young people and their families in relation to Children's Hearings, as well as looking ahead towards implementing changes recommended within the Children's Hearings Redesign. Some of the challenges experienced by SCRA locally relate to their own staffing shortages as well as social work capacity. Our workforce, particularly within Children and Families Social Work, continue to experience staffing difficulties. Recruitment and retention of social workers is a significant issue nationally and is felt within West Dunbartonshire, making the support of existing staff and attracting new staff to West Dunbartonshire a priority.

Police Scotland have nationally introduced the Not At Home (NAH) process as well as the Philomena protocol in all children's care homes, with the desired outcome of reducing the disproportionate criminalisation of care experienced children and young people. Within West Dunbartonshire, this has been introduced into each of the children's houses in the area. The NAH process has helped to reduce the stigma attached to children within children's houses with unnecessary police involvement when the children fail to return home for a certain time. This is an attempt to create a more "family" orientated home.

We are fortunate in West Dunbartonshire to have a very active and committed community support group, Kinship Carers of West Dunbartonshire, who are part of the wider Kinship Care Alliance group. Their role is to provide peer support to fellow kinship carers and the group has grown significantly over the past two years. They are supporting over 100 local kinship carers and their families and providing additional groups with support in relation to children's mental health and carers' emotional and physical health. They have joined our Keeping the Promise group and are able to bring the voices of kinship carers to the forefront.

We are currently at the start of a 5 year re-design of Children's Services: Improving Lives with Children and Families in West Dunbartonshire - What would it take? This is about creating better outcomes for our children and their families. This re-design is based upon the principles of GIRFEC (Getting It Right For Every Child), the UN Convention on Rights of a Child (UNCRC) and The Promise and will involve addressing some of the key areas identified within The Promise such as foster carer recruitment, support to kinship carers, enhancing family support and ensuring our workforce are nurtured.

Community Mental Health Supports for Children and Young People

The Scottish Government's Community Health and Wellbeing Supports and Services Framework, launched in February 2021, sets out a clear broad approach for the support that children and young people should be able to access for their mental health and emotional wellbeing within their community.

The core principles of the framework are that supports should be:

- Easily accessible
- Accessible to all
- Strengths based
- Relationship based
- Prevention focused
- Empowered
- Get the right help at the right time
- Tell your story only once



West Dunbartonshire HSCP received £231,000 in grant funding for the Framework in 2023/24 allowing us to continue to develop our four main initiatives:

- Distress Brief Intervention Service
- Family support for families with a young person with neurodiverse needs
- Physical activity access for young carers and care experienced young people
- West Dunbartonshire Wellbeing Site

Distress Brief Intervention Service

The Distress Brief Intervention (DBI) service for young people continues to offer fast access support to young people in distress.

By the end of 2023/24, a total of 126 frontline workers completed DBI training to allow them to provide a compassionate response to a young person in distress and make a referral to the service. Referrals can be made from West Dunbartonshire Council (WDC) Education, Learning & Attainment Services, Child and Adolescent Mental Health Services (CAMHS), Primary Care, Mental Health Services, Social Work, Police Scotland, WDC Housing and some third sector partners.

As of March 2024, a total of 220 referrals have been received by the service with an average of 18 referrals each month. Education, Learning and Attainment continue to be the highest referrer to the young person DBI Service.

West Dunbartonshire became the 5th national pilot site delivering DBI for young people under 16 years of age. In collaboration with the national DBI Clinical Director, service provider and local delivery group members, and informed by learning from frontline staff, the decision was taken to open a pathway for 14 and 15 year olds. This new pathway for younger ages initially launched in education settings and CAMHS. This tripartite pathway linking School Pupil Support Teams, CAMHS and DBI Level 2 services is designed to allow fast and effective communication of a young person's needs, ensuring they receive the right support, from the right people, at a time when they need it. Expansion of the pathway for 14 and 15 year olds to GPs will commence early 2024/25.

Outcome measures for the DBI service indicate that of the closed cases between October 2022 and September 2023 young people reported an improvement of 5 points in their distress rating at level 2 (post intervention) compared to level 1 rating (when referral made).

Post intervention, when asked about their ability to meet their own goals in relation to their distress, a median rating of 9 was given on a scale from 0 (not at all) - 10 (completely). When asked about their ability to manage immediate distress and future distress post intervention, a median score of 9 was given.

Family support for families with a young person with neurodiverse needs

Two Health Care Support Workers (HCSW) provide ongoing support to families awaiting neurodiversity assessment and to those who have received a recent diagnosis. This additional resource was funded to join the Special Children's Service Neurodevelopment Team supporting families in community-based settings via the newly established Family Wellbeing Hubs.

The HCSWs have supported 607 families since implementation in June 2023 by either telephone or face to face support. The support workers help to deliver training sessions on communication, sleep, sensory needs and toileting. They staff the advice line and deal with frontline calls, freeing up clinical time for assessments. The support workers carry out all school observations as part of the diagnostic process providing a direct saving to clinical assessment time.



Physical activity access for young carers and care experienced young people

The project expanded during 2023/24 to offer full leisure access to all young people who are care experienced aged 12-26 years as well as young carers and young adult carers. Engagement with The Promise Keeper and The Promise Implementation group enabled the expansion of this opportunity. During the reporting period young carers and care experienced young people have accessed over 4,500 physical activity sessions to help support their mental health and emotional wellbeing.

West Dunbartonshire Wellbeing Site

The new website became operational in August 2023. The site provides information to children, young people, their parents and carers - and those that work with them - on how to access support online and within their community on how to improve emotional and mental wellbeing. The site also aims to improve awareness of pathways and service criteria for local services and tools for self-management.

Since its launch, there have been nearly 5,000 visits recorded and just over 4,000 new users on the site. The site has been adopted by other local services such as Togetherall and West Dunbartonshire for Families as the key source of local wellbeing information.

Site adaptations and improvements have taken place to include language translation and viewing tools to increase accessibility.

Use this QR code to visit www.wdwellbeing.info



Local Carers Strategy 2024-2026: Improving Lives with Carers

The HSCP's Local Carer Strategy 2024-2026: Improving Lives with Carers was approved by the HSCP Board in March 2024. The Carers (Scotland) Act 2016 sets out that each Local Authority and Health Board is required to publish a Local Carer Strategy. In West Dunbartonshire, as is the case throughout the country, the Integration Authority has been delegated the responsibility of leading on the development and co-ordination of support for unpaid carers.

The Strategy and an associated Delivery Plan were developed through multi-agency collaboration. The Carers Development Group, which has representation from Adult and Children's Services, Education, Carers of West Dunbartonshire, Y Sort It, CVS (Community and Volunteering Services), community groups and carers with lived experience, appointed a short life working group to develop an initial draft.

The short life working group ensured the Local Carers Strategy took cognisance of the local and national socio-political context, drawing on the following main documents: the HSCP Strategic Plan 2023-2026: Improving Lives Together; the Scottish Government's National Carers Strategy and the Care Inspectorate Inquiry into adult carers' experiences of social work and social care.

In addition, it was critical to consider the impact of the Covid-19 pandemic and cost of living crisis on carers. Various pieces of evidence were reviewed to consider these and the Strategy and Delivery Plan note how specific actions will be taken in response to these events which have had a disproportionate negative impact on carers.

Following the short life working group's completion of a first draft, an engagement plan was developed to allow various stakeholders an opportunity to comment on and further shape the final draft alongside the completion of an Equalities Impact Assessment.

The Delivery Plan contains outcomes intended to be achieved across the lifetime of the strategy. Broad areas of focus include:

- Supporting carers in the aftermath of COVID-19
- Supporting carers with the cost of living crisis
- Increasing awareness of caring in general and specifically the value of the contribution caring and carers make to society
- Transition support for young carers when they move into adult services
- Improved accessibility to support for carers, including to short breaks

An Equalities Impact Assessment (EIA) has been completed in relation to the Local Carers Strategy. A small group consisting of a carer with lived experience and representation from Carers of West Dunbartonshire, Y Sort-It, and the HSCP Learning Disabilities and Strategy and Transformation Teams met to complete the EIA.

The EIA identified a number of areas the Strategy either already included or required to include, particularly around areas of people experiencing deprivation and under-represented communities including black and minority ethnic communities, people from the LGBTQ+ community and gypsy travellers. The EIA noted the need for the Strategy and Delivery Plan where appropriate to reflect the need to better identify and engage with carers from these groups.



Primary Care

Since April 2023 all GP Practices in West Dunbartonshire have had a Community Link Worker based in their practice to provide our patients with supports, including activities and services that meet practical, social, and emotional needs that impact on their health and wellbeing. This includes connecting people to statutory services for example housing, financial and welfare advice and third sector organisations within the community. Community Link workers provide support for people with long term conditions, mental health needs including trauma and those who feel lonely or isolated and experience complex social needs.

Our Community Link Workers work collaboratively across our local services, supporting people with the greatest need and risk of health inequalities. They collaborate with partners to identify gaps in provision and support community assets to be accessible and sustainable. Examples of activity undertaken in the last year are: a conversation cafe with a focus on menopause; a health and wellbeing course to tackle social isolation; and collaboration with housing providers to address issues raised.

During 2023/24 Community Link Workers across West Dunbartonshire supported over 2,000 people within their GP Practice with over 8,000 appointments. The majority of people are seeking support for poverty/income related issues, housing and mental health and wellbeing as well as a range of other reasons such as bereavement, health anxiety, social isolation, child and school issues, sleep issues, domestic abuse and relationship issues.

GPs within our Alexandria and Dumbarton locality have developed an Intrauterine Device (long acting contraceptive) Training Hub in response to the high number of terminations in our local community. This hub provides additional capacity to provide intrauterine devices/coils to local women, whilst providing much sought after training to ensure our local GPs and nurses have the skills and qualifications required to provide this service within their own GP Practices.

In the first 6 months of the service, 76 appointments for coil insertion have been offered by the Hub, 68 appointments have been taken and 65 coils have been fitted. One Healthcare professional completed training with 2 further trainees in progress. 82% of patients were appointed within 2 weeks of contacting the service and the average patient satisfaction for the service was 4.95/5 indicating high patient satisfaction rates.

Planet Youth Model

The Planet Youth Model, previously known as the Icelandic Prevention Model, has been successful in reducing substance use among adolescents in Iceland and has been adopted by 20 countries, including Ireland, Spain, and Australia. West Dunbartonshire is one of the six pilot sites in Scotland for the 'Planet Youth in Scotland' programme, which is part of the West Dunbartonshire Substance Use Prevention Strategy Delivery Plan: Action Area 2 Healthier and Safer Environments.

The Planet Youth Model was developed in response to the high rates of adolescent substance use in Iceland in the 1990s. The model has three core pillars: a local evidence base obtained via a cross-sectional survey of secondary school pupils; a community-based approach in response to data; and maintaining dialogue across research, policy, and practice in substance use prevention. The model is comprised of five guiding principles with ten core steps and operates in four domains impacting the individual in the community: family, school, peer group and leisure time.

Work directly targets the risk and protective factors which fall within these four domains that determine their substance use behaviours and by enhancing the social environment they are growing up in. The Planet Youth Model offers the opportunity to improve the long-term health and life outcomes for young people and goes far beyond simply reducing their substance use rates.

In year two of the programme, West Dunbartonshire received Scottish Government Drug Death Taskforce Response funds awarded to each of the National Planet Youth pilot sites to upscale activity. The funding has been used to commission Y Sort-It youth organisation for a period of two years to ensure capacity for the operational delivery of Planet Youth, including the development and implementation of positive alternative activities and parental engagement.

The second survey of the model was delivered in October 2023 to three of the five secondary schools in West Dunbartonshire, Choices and Kilpatrick School, with 919 survey responses completed by pupils in S3 and S4. Each school continues to use their own dataset to plan support for young people and their families to increase protective factors in relation to substance use.

Priority 2: Safe and Thriving Communities

Child Protection

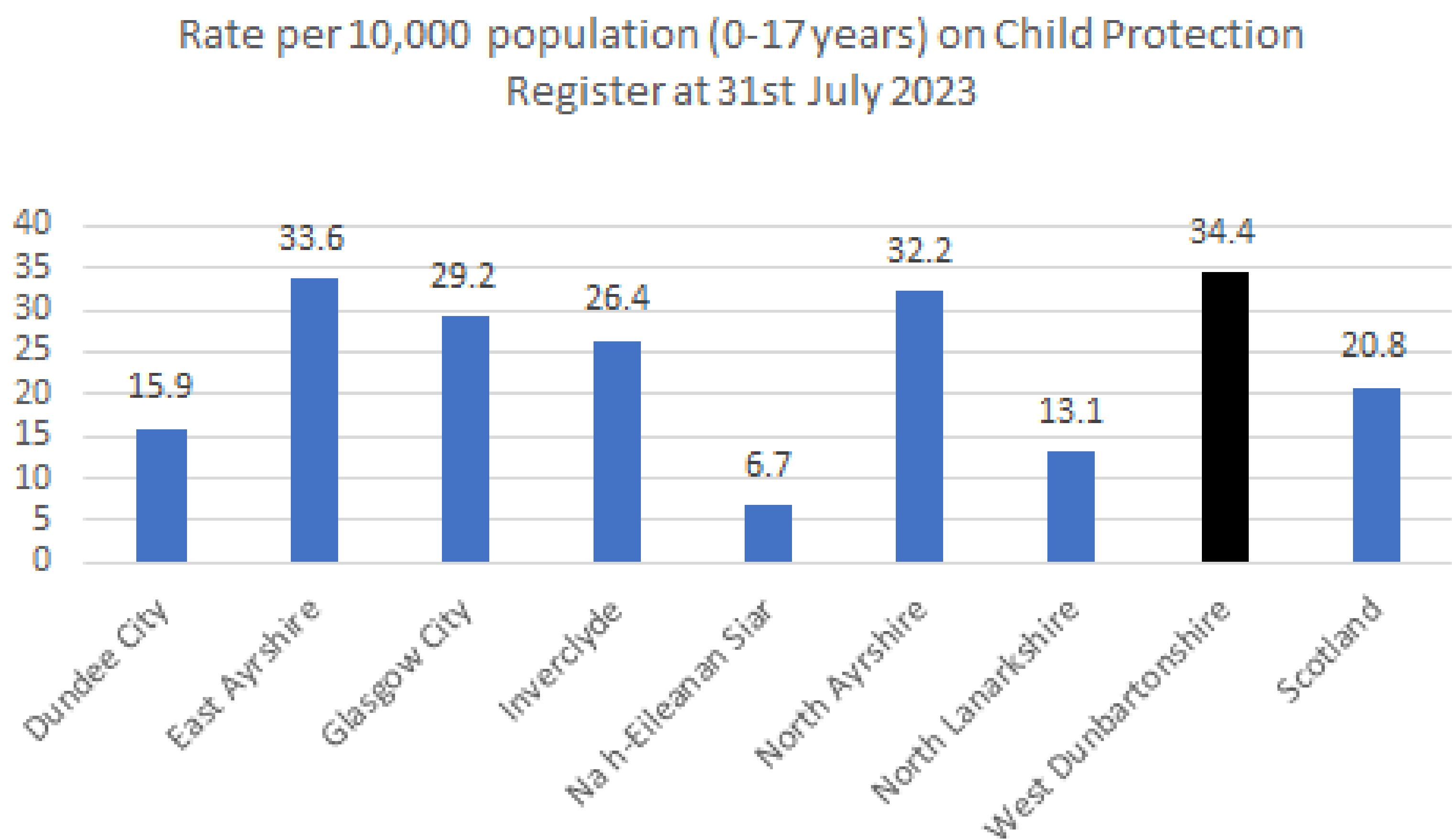
Phased implementation of the National Child Protection Guidance 2021 has been underway during 2023/24. Since January 2024 timescales for child protection investigations to case conference have been extended from 21 days to 28 days in line with the Guidance. In addition, work is ongoing to further develop the process of Initial Referral Discussion (IRD) to reflect the National Guidance recommendation in respect of IRD as a process within which multi-agency decision making and oversight with regard to initial child protection decision making takes place. This, once agreed locally, will replace the 10-day discussion as the means of agreeing progression to child protection planning meeting from child protection investigation.

Further work to develop the IRD, facilitating more effective reporting of data and trends within the initial child protection decision making period, is also being discussed as part of the wider work to embed IRD as a process within the system. This includes additional detail during the initial child protection investigation and decision making stage regarding:

- Child protection medicals
- Medical information sought from GPs
- Referral to Scottish Children’s Reporter Administration (SCRA)
- Joint Investigative Interview/Scottish Child Interview Model interview required

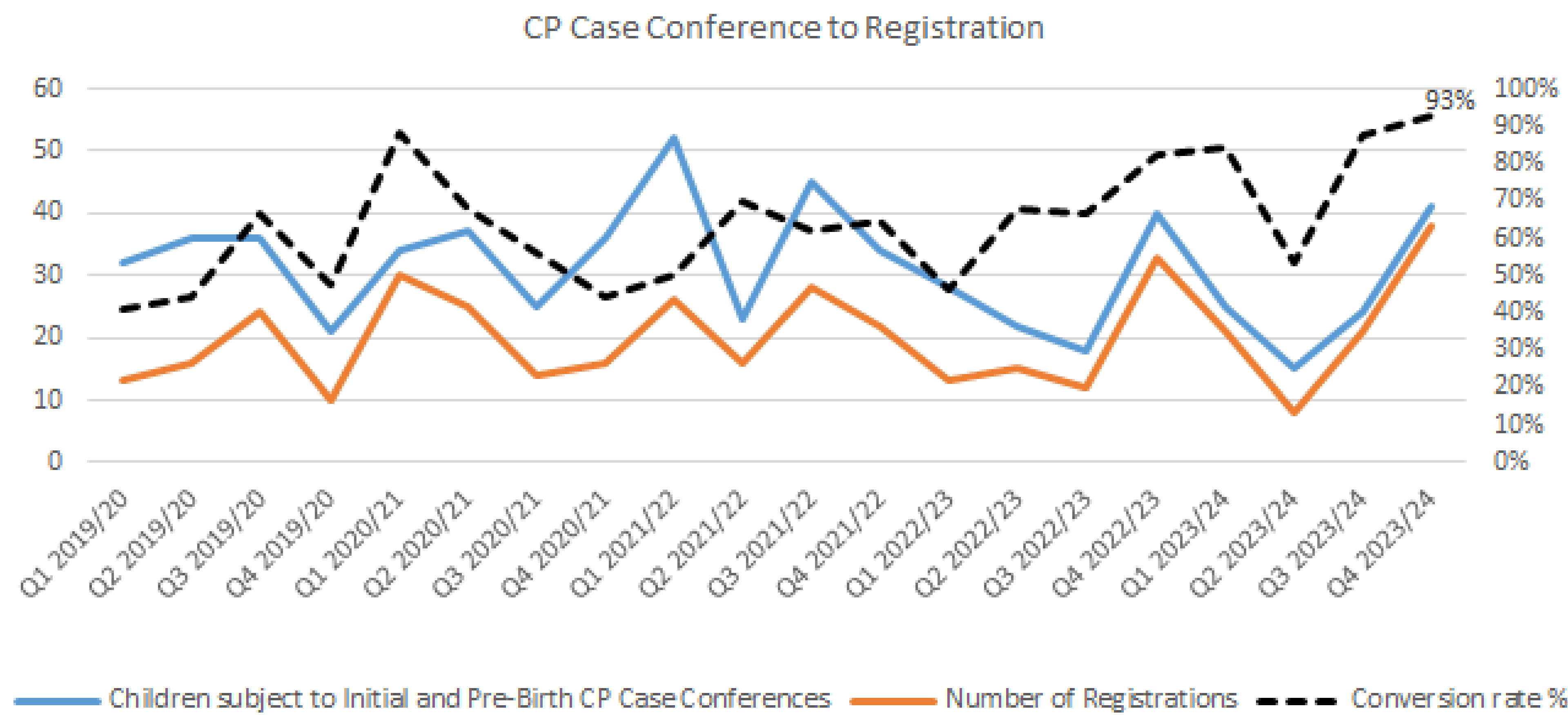
As at 31st March 2024 there were 58 children on the Child Protection Register with a total of 86 registrations and 79 de-registrations during 2023/24. Child Protection statistics are submitted to the Scottish Government annually in line with the academic year (1st August to 31st July) rather than the financial year. Their national report Children's Social Work Statistics 2022/23 was published in March 2024.

The Local Government Benchmarking Framework developed by the Improvement Service and the Society of Local Authority Chief Executives (SOLACE Scotland) arranged local authorities into 'family groups' to allow comparison across authorities of similar affluence/deprivation levels and the area they cover whether urban, rural or semi-rural. When converted to a rate per 10,000 of the 0-17 years population within each authority, West Dunbartonshire had the highest rate on the Child Protection Register at 31st July 2023 among our LGBF family group.



The Child Protection Minimum Dataset is collated and analysed on a quarterly basis and reported to the Child Protection Committee half-yearly. The Minimum Dataset was created by the Centre for Excellence for Children’s Care and Protection (CELCIS) in partnership with Scotland’s Child Protection Committees, Scottish Government, the Care Inspectorate and Scottish Children’s Reporter Administration. It is a set collection of agreed measurements, criteria, or categories required to create a robust understanding of information about a service. With historic data as far back as April 2016 where available, the Dataset allows the CPC and its scrutiny group to explore trends, highlight anomalies and improve services, processes and the quality of case recording.

The Dataset monitors the proportion of children where the decision is taken to add the child to the Child Protection register after an Initial or Pre-Birth Case Conference. This is known as the Conversion Rate and monitors the effectiveness of our processes and decision-making. As can be seen in the the chart below, when the line representing the number of children subject to a case conference is close to that of the number of children registered the Conversion Rate is higher. The Conversion Rate in January - March 2024 was 93% compared with 83% in the same period 2023 and the overall trend is of an improving Conversion Rate.



HSCP Staff Wellbeing

The HSCP is committed to supporting the health, wellbeing and development of our workforce. Maintaining a positive workplace culture that promotes and supports the health and wellbeing of our workforce is a priority. We recognise that along with embracing new styles of working and tackling the challenges of digital technology and balancing work-life demands, mental health and wellbeing issues have the biggest impact on our workforce. We put people at the centre of everything we do and work to a common set of values which guide the work we do, the decisions we take and the way we treat each other. The iMatter staff survey score for the question “My organisation cares about my health and wellbeing” remained consistently high at 73 in 2023 following a steady increase over the previous 3 years.

During Autumn/Winter 2023, a series of online ‘Healthy Minds’ wellbeing sessions were developed using NHS Greater Glasgow and Clyde Healthy Minds materials and were offered to all HSCP workforce members. The topics were selected via a staff webropol survey:

- Menopause Awareness
- Bereavement and Loss Awareness
- Basic Adult Mental Health Awareness

Each session was interactive, with a focus on prevention and early intervention and provided information and the opportunity for discussion to increase awareness around the subject matter, as well as signposting participants to useful websites and organisations for further information and support. The initial response and feedback was very positive and, consequently, further sessions were held in Spring 2024.

The 'Let's talk about...Staff Wellbeing' webinar series has been ongoing since September 2022, offering short 20 minute information sessions to HSCP staff. The monthly webinars, developed by NHSGGC, focus on areas such as managing stress, healthy weight management, alcohol and drugs, smoking, nutrition and emotional wellbeing. These sessions are recorded and available for all staff to access at their own convenience.

The Active Staff initiative is part of the NHSGGC Staff Health Strategy and is open to all HSCP employees. Regular updates are provided about the various activities such as guided health walks, the Active Staff Walking Challenge, seated exercise and yoga and staff are encouraged to participate.

NHSGGC's Peer Support Team has introduced a 45-minute online version of the eLearning module 'Looking after Yourself and Others'. Open to all HSCP employees, this is a brief intervention rooted in evidence-based techniques to support stress management, providing information on healthy behaviours to support staff wellbeing. Topics include: understanding stress responses; understanding Psychological First Aid; learning how to look after ourselves; and Peer Support – learning to look after our colleagues and others.

A new Mindfulness Programme has also been developed for HSCP staff with the aim of enabling staff to gain skills and knowledge about Mindfulness. The programme offers a three stage approach:

- Mindfulness Tiny Habits
- Mindfulness Based Stress Reduction
- Maintaining a Mindfulness Practice

A Mindfulness app is also available which staff can access via a QR code. Staff are encouraged to join the three-week Mindfulness Tiny Habits course before progressing to the eight-week Mindfulness Based Stress Reduction course.

As part of West Dunbartonshire Council's commitment to supporting employees' wellbeing and mental health, an awareness session on Gambling Harm was held in partnership with Unite trade union. This was delivered by John Hartson and Tony Marini who shared their personal experiences and highlighted the support available for anyone struggling with gambling issues.

HSCP staff were also offered spaces on three different Disability Awareness Workshops delivered virtually by an expert facilitator from Signs4Life and designed to support all employees in their work with vulnerable services users, families and colleagues. Firstly, the Dyslexia Awareness course provided information on common features of dyslexia, identifying dyslexia, and the rights of people with dyslexia. Secondly, the Autism Awareness course discussed what is meant by autism, why is it considered a spectrum, how it can affect different individuals, and explained the important aspects of diagnosis, intervention, education, and life-span development. Thirdly, the Deaf Awareness Workshop aimed to: identify barriers faced by deaf and hard of hearing people; note the ways in which deaf and hard of hearing people communicate; and demonstrate how to implement positive methods of communication in order to offer an equal service to deaf and hard of hearing people.

Staff development opportunities were also highlighted, such as The Open University Healthcare Support Worker Pathway to Registered Nurse which is a 4-year part-time nursing degree (BSc (Hons) Nursing) open to Healthcare Support Workers in NHSGGC. West Dunbartonshire Council also announced plans to offer staff the opportunity to undertake their Social Work qualification (PG Dip or BSc (Hons) Social Work) through the Open University.

West Dunbartonshire Council further strengthened its commitment to gender equality in the workplace through the Equally Safe at Work (ESAW) accreditation. The ESAW working group earned the "Development Accreditation" by attending training, and adapting and developing policies and practices to further support equality at work and prevent violence against women.

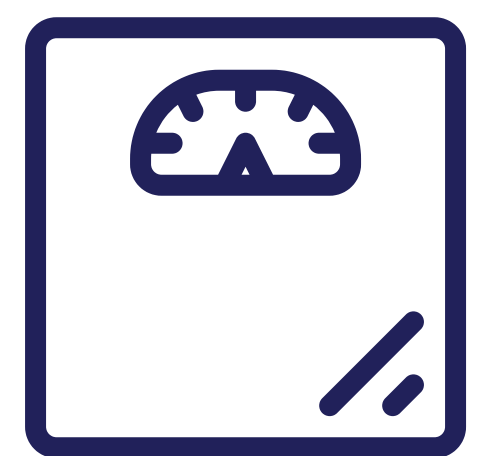
Further to this, council employees are being encouraged and supported to report Gender Based Violence (GBV) in the workplace as part of a new policy to raise awareness and ensure employees feel protected and are offered support. The policy also includes guidelines to address the behaviour of employees who may be, or are, perpetrators of GBV and who may pose a risk to others while at work. Employees experiencing GBV can apply for up to 5 days leave, with pay.

Alongside this, NHSGGC have launched the "Cut It Out Programme" which encourages staff members who have experienced harassment, in any form, either directly or by witnessing it happening to others, to speak up and report it. Accountability and respect are the cornerstones of a safe and supportive work environment. The HSCP want everyone who speaks up against harassment and violence to know they will be supported, valued and heard.

With regards to the National Trauma Transformation Programme, a drop-in session was held to: provide an overview of the national programme's aims; discuss online training and trauma and Trauma-informed Practice in relation to employees' roles; view training and resources; and discuss and share feedback. Work continues to implement the National Trauma Transformation programme with more leaders accessing the Scottish Trauma Informed Leaders training (STILT) as well as connections and objectives being included regarding trauma training in Justice, Alcohol and Drugs, and Children's workforces.

To support our workforce during the current cost of living crisis, Home Energy Scotland, in partnership with NHSGGC, offered a free online workshop on 'Saving Energy in the Home' for all HSCP staff, with the focus on learning about energy saving and highlighting the financial support available.

Learning Disability Services - Weight Management Clinics



Learning from a Significant Adverse Event Review within Learning Disability Services in 2023 identified actions in relation to weight management and the management of chronic low body weight to support improvement and review of weight management processes. Actions identified were:

- Audit of Malnutrition Universal Screening Tool (MUST) and weight management recording on EMIS information management system.
- Development of a Standard Operating Procedure for weight management within the team.
- Attendance of senior social work and the duty social worker at health allocations meetings and note of meeting recorded on CareFirst, the HSCP's case management system.
- Completion of face-to-face MUST training and Food, Fluid and Nutrition modules.
- Audit of allocations meetings regarding attendance compliance with processes.

All healthcare staff in the Community Learning Disability Team participated in a face-to-face session regarding MUST completion in the last quarter of 2023. Monthly Food, Fluid and Nutrition audits have been completed within the team with December 2023 reporting 60% compliance, increasing to 91% compliance in February 2024. There has also been the development of a Weight Management Standard Operating Procedure for the team and our Health Care Support Workers now run a weight management clinic weekly at our local day service and any concerns are raised and discussed through the weekly team allocations meeting. Plans are also in place to trial an initial appointment clinic that will support triaging of referrals on the waiting list and allow the team to gain weight and nutrition information at the point of referrals being accepted.

Since joining the team in 2022, our Health Care Support Workers (HCSW) have become an integral part of our team, providing support to nursing and Allied Health Professionals. As well as the weight clinics already mentioned, HCSWs run twice weekly rebound therapy clinics which have benefited many of our service users with return referrals being requested. Rebound therapy uses trampoline activity that can improve strength, coordination, balance, communication and more for people with a disability.

The HCSWs have also provided vital support to two individuals who had become housebound for significant periods of time following the pandemic. Both individuals are now able to regularly access community activities thanks to the commitment and persistence of these workers. Both families involved have highly praised their input and level of skills.

HSCP Digital Strategy



The HSCP has been developing a Digital Strategy during 2023/24 which will support the development of digital services and structures, delivering successful change for employees, service users and other stakeholders. The Digital Strategy will support the WDHSCP Strategic Plan 2023-2026, as well as linking directly to Scotland's Digital Health and Care Strategy and the Health and Social Care Data Strategy.

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. It 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 vision of the HSCP 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. Existing ways to contact the HSCP will be maintained so that no member of our communities are negatively impacted by the focus on digital developments.

The Digital Strategy will focus on several key areas which will impact on the HSCP, both in terms of how change is managed through ensuring governance structures are in place to support successful projects and in the systems used within the HSCP, which will include ensuring availability of digital systems and technology to meet the requirements of the switchover of analogue to digital telephony.

The HSCP will also focus internally on improving digital skills within the organisation, seeking to improve general digital literacy for staff as well as supporting targeted, job-specific support to improve skills and knowledge. Consideration will be given to how digital technologies can be used to better communicate with our communities and enable alternative ways to request and receive information and engage with services. We will ensure that digital inclusion within communities is supported, while ensuring that anyone unable to utilise digital technologies can still approach the HSCP using traditional routes.

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.

An immediate priority for West Dunbartonshire is the move from Analogue to Digital in relation to the Community Alarm/Telecare service. The HSCP indicated to the Scottish Digital Office that we would be interested in being an early adopter of a shared Alarm Receiving Centre (ARC) alongside East Dunbartonshire Council who currently provide the call handling service through a Tunstall ARC platform. We have supported the Scottish Digital Office and Scotland Excel along with other partnerships to create the requirements and specifications for the tendering documentation for a shared ARC.

Chubb were the successful provider in October 2023 and have entered into a 4+1+1-year contract, using the Scotland Excel framework. East Dunbartonshire Council have now signed a contract with Chubb and we are awaiting a transition start date expected to be late Summer 2024. East and West Dunbartonshire are currently working to formalise the agreement for East Dunbartonshire Council to provide the call handling service through the new shared ARC.

The HSCP has been working with West Dunbartonshire Council procurement to look at how best to procure new digital alarms and telecare peripherals. A new digital alarm framework from Scotland Excel is due to be released in Summer 2024.

Priority 3: Equal Communities

Medication Assisted Treatment Standards

Medication Assisted Treatment (MAT) Standards are evidence-based standards which were created to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. The purpose of the standards is to improve access and retention in MAT, enable people to make an informed choice about care, include family members or nominated person(s) wherever appropriate, and to strengthen accountability and leadership so that the necessary governance and resource is in place to implement them effectively.

The MAT Standards were introduced in 2021 and came into force in 2022. Through effective implementation of these standards each year we can evidence that West Dunbartonshire is supporting individuals, families and communities to reduce drug harms and drug deaths. A key priority is to ensure people receive high quality treatment and care. It has been evidenced that those who enter into a program of substitute prescribing have increased chances of better health outcomes, making this a critical intervention to help support people through problematic drug use.

An experiential programme was introduced alongside the implementation of the MAT Standards as a qualitative measure designed to explore how people accessing services evaluate their experience. This measure and approach was designed by lived and living experienced individuals alongside family members and was developed to ensure that the MAT Standards are meeting the aims and objectives of those they were designed to help.

In 2023/24, further progress has been made with regards to the implementation of MAT Standards within Addiction Services. Early in 2024 West Dunbartonshire Alcohol and Drug Partnership were required to submit numerical data to Public Health Scotland with regards to caseloads, waits, choice of treatment, supported/unsupported discharges, shared care, harm reduction, advocacy, and psychological support.

In addition to this, as part of the experiential programme, interviews were conducted with people who use treatment services, family members, and service providers to understand their experiences and to determine how well the MAT Standards have been embedded into Addiction Services. Interviewees were asked about their experience of Addiction Services/MAT Standards with reference to the following 4 categories:

- Access, Options and Choice
- Staying and Being Involved In Treatment
- Mental Health and Emotional Wellbeing
- Shared Care and Advocacy

The interviews were then analysed to determine dominant themes. The experiential analysis was submitted to Public Health Scotland and is also intended to be used locally for service improvement purposes. Plans are already underway to extend this programme in 2024/25. Public Health Scotland evaluate both numerical and experiential data submissions to determine RAGB (Red Amber Green Blue) scores for each of the MAT Standards and these scores are compared over time to evidence areas of progress.

The objective is for all standards to achieve a green status and West Dunbartonshire has shown progress across the first two years of evaluation, demonstrating our commitment to delivering the highest standard in treatment and care to all service users. Through each standard we incorporate a holistic approach that covers all services and organisations that are responsible for the delivery of care in a Recovery Orientated System.

The 2023/24 results were published in the PHS National Benchmarking Report: Medication Assisted Treatment Standards in Scotland and West Dunbartonshire received green status for MAT Standards 1-5 and provisional green status for 6-10.

In support of MAT Standard 9, improving joint working with Addiction and Mental Health services, several steps have been taken to improve working and to improve overall mental health support available to patients of Addiction Services, addressing the divide identified by the Mental Welfare Commission's 'Ending the Exclusion' report. We know the impact of trauma often leads to poor mental health and addiction however, for the first time, we are now seeing the benefits of joint working with our patients, giving them the appropriate support to address mental health needs and reduce dependency at the same time. Having introduced this change to clinical practice we anticipate a reduction in relapse and self-harm and suicide among our patient group.

Dementia Prevention: Community Hearing Checks



The HSCP is committed to enhancing community health through strategic public health interventions and addressing modifiable risk factors for dementia, given its profound impact and the absence of a cure, is a major focus for the HSCP.

Dementia is influenced by multiple factors, with research suggesting that up to 40% of cases could be prevented or delayed by addressing modifiable risk factors such as hypertension, low social contact, physical inactivity, smoking and depression. By focusing on these factors, the HSCP aims to:

- Reduce the Incidence of Dementia: Lowering the number of new dementia cases and reducing the healthcare burden.
- Improve Quality of Life: Enhancing overall health and wellbeing, contributing to better quality of life and longevity.
- Promote Health Equity: Reducing health disparities and ensuring equitable access to preventive care.

During Spring 2024 the HSCP's Health Improvement Team delivered a pilot hearing check programme in Clydebank in partnership with the Royal National Institute for the Deaf (RNID), West Dunbartonshire Libraries and Clydebank Housing Association. This programme is part of a wider West Dunbartonshire Healthy Hearing Campaign which is aligned to the HSCP's Dementia Strategy by promoting the early detection and management of acquired hearing loss which is recognised as the most significant risk factor for dementia and cognitive decline.

The hearing checks are a targeted community screening initiative designed to reduce inequalities by bringing them to accessible venues located in our most deprived communities. The approach also exemplifies the HSCP's commitment to preventative strategies addressing current and future health needs.

The programme was delivered at Centre 81 provided by Clydebank Housing Association and residents and partner agencies were told about the new service through a series of social media posts and posters and leaflets placed in community venues across the area. West Dunbartonshire Council's Communities Team were a great source of support: advising of potential community venues and contacts for promotion.

Primary Care were involved in discussions before the pilot began as we were aware of the possible consequences for GP practices if additional patients required an audiology referral. Their advice was invaluable and informed our promotion to visitors of the Community Treatment and Care service for ear irrigation located in Health Centres, as ear wax can be a common cause of hearing loss for some people.

More than 60 people visited in the first 4 weeks, which was more than had been anticipated. All those who engaged were residents of West Dunbartonshire, overwhelmingly from the Clydebank area and representative of a socially excluded community. Providing this service in a community setting was welcomed and raised plenty of engagement. Feedback showed that all had a very positive experience. Visitors appreciated the service coming to their area and that it raised awareness of the issue of hearing loss. They felt listened to, more informed and supported to manage their hearing aids and to seek further support if needed.

As well as a positive experience, practical outcomes were that 11 hearing aids were retubed and one visitor, who had stopped using their hearing aid due to difficulties, returned to another session to have their hearing aid checked and new batteries fitted.

Future plans are to upscale the offer across West Dunbartonshire by offering checks in Alexandria and Dumbarton later in 2024. There will also be a new Frequently Asked Questions sheet for further hearing management information and provision of the local Community Treatment and Care service information so that people can self-refer to this service rather than automatically attending their GP surgery.

Justice Social Work Services

Justice Social Work Services experienced some notable increases in demand in 2023/24, continuing the trend of previous years. This is expected to continue as the backlog of court cases stemming from the pandemic are heard, resulting in increased workloads for Justice Services.

A number of improvement actions have been completed during the past year including:

- New staff being trained and existing staff annually updated on the suite of assessment tools used within Justice Social Work.
- Staff are now trained and accredited in the delivery of the Caledonian Domestic Abuse system. This is now available to the court and will address the high levels of domestic abuse prevalent within the local area.
- Several Justice staff are now accredited trainers for the national roll out of training for Unpaid Work workforce.
- Involvement in national strategic groups to ensure West Dunbartonshire Justice Services are linked to current and new policy and practice.
- Established close links with employment partners, enabling greater numbers of service users to access employment and training opportunities.

Challenges during 2023/24 have included difficulties in the recruitment of suitably qualified staff and horizon scanning to anticipate the impact on Justice Social Work of the Children's Care and Justice (Scotland) Act, alongside the forthcoming Bail and Release from Custody (Scotland) Act 2023.

Referrals from the Crown Office and Prosecution Service (COPFS) have also significantly increased. In line with the national policy of early intervention, the service has seen an increase in those subject to diversion in sustained attempts to reduce the number of individuals going through the Criminal Justice system. We continue to have regular meetings with the COPFS service through the local Community Justice Forum.

Strengths identified during 2023/24 include the fact that strong partnership working is evident in the planning of support for individuals being released from prison. Our Justice and Housing services are working closely together to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy.

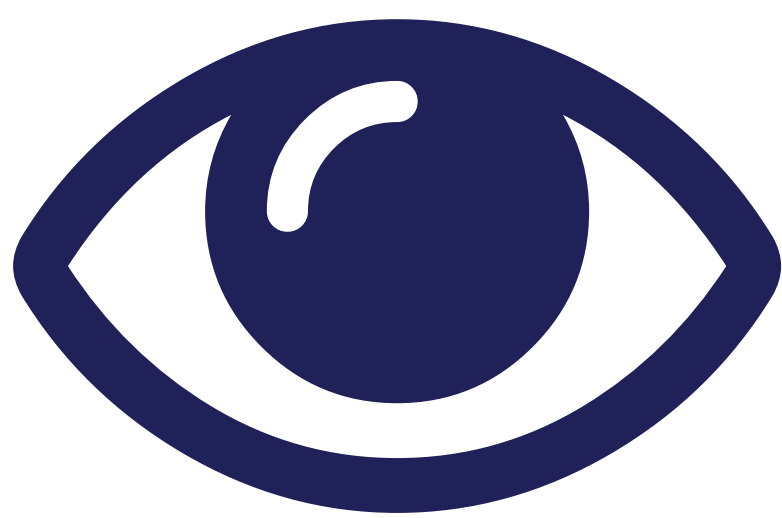
Positive and supportive working relationships also continue with Police Scotland colleagues in the management and supervision of those assessed as posing a high risk of re-offending.

Service users have progressed to employment, further education and volunteering through our close association with employability services and we continue to work closely within established partnerships in the community including CHAS (Children's Hospices Across Scotland), Alternatives and Greenspace.

The 'Moving Forward' Women's Service continues to support females involved in the Justice system and offers one to one holistic supports, looking at increasing independent skills, self-confidence and mindfulness. The Women's Safety and Support Service provides specialist responses and interventions to increase the safety and wellbeing of survivors of Domestic Abuse.

The service supports women offenders (via groupwork and one to one supports) who have additional vulnerabilities and complex needs resulting from multiple experiences of Violence against Women. Service users have worked alongside their allocated workers looking at specific needs relevant to their own personal/offending circumstances. This has been done via structured one to one interventions.

Diabetic Retinopathy Services



Post-pandemic the Diabetic Retinopathy Service has re-established retinal screening in 16 locations and continues to progress accessibility in another 4 locations. For locations not yet re-established, patients are called to the one most convenient to them.

Optical Coherence Tomography (OCT) has now been introduced as part of the retinal screening outcome pathway. This was established to more effectively identify patients who require Ophthalmology intervention, versus those patients who could be safely monitored as part of the Screening Programme. OCT clinics have now been introduced in Greenock, Gartnavel General Hospital and Vale of Leven Hospital. The introduction of these clinics has reduced the travelling for patients who require further examination. Further work is proposed to introduce another OCT clinic in the south side of Glasgow.

Specialised software supports inbuilt quality assurance (IQA). This IQA monitors a set number of grading completed by staff each day and pulls a section to be quality assured by a second screener. In 2023/2024 four patient images were attributed to the wrong case file out of 40,331 screened (0.009%).

The service also participates in an external quality assurance (EQA) process twice per year. Each grader grades 100 sets of images and their results are compared with their peers in NHSGGC and nationally. All GGC graders met the required standards within the acceptable threshold for sensitivity and specificity.

Community Learning Disability Students and Trainees

The Community Learning Disability team continues to support diverse learning opportunities for students and trainees across our variety of disciplines.

Two six-month placements for Trainee Clinical Psychologists have been completed since July 2023 and one additional six-month placement is currently underway until September 2024. Clinical Psychology trainees come from the University of Glasgow Doctoral Training Course and are paid staff members funded through National Education for Scotland (NES). NHS Greater Glasgow and Clyde receives additional funding for accommodating them and there is a requirement for all Trainee Clinical Psychologists to have a Learning Disability placement.

Completed evaluations of these placements were very positive with regards to the learning experiences trainees had, the welcome they received from the team and the passion they witnessed for promoting rights and opportunities for adults with learning disabilities. They also described however that it was difficult to witness and tolerate the lack of resources in social care.

Other placements and learning opportunities within Learning Disability Services include:

- A rolling rota of medical student placements is offered between West Dunbartonshire and North West Glasgow Learning Disability Services, with Psychiatry Consultants jointly hosting students two weeks in every five.
- Speech and Language Therapy have contributed to Learning Disability Speech and Language Therapy placements hosted across NHS Greater Glasgow and Clyde using Peer Assisted Learning practice-based learning placement model, including six 4th year and four 2nd year students.
- Occupational Therapy is currently hosting a second year student for 7 weeks. Physiotherapy hosted a student in October and a rolling program of 2nd and 3rd year nursing students is also accommodated annually.
- The Team has hosted two Paramedic 2nd year students since June 2023.

She said she enjoyed her whole placement, and that everyone in the Team was very friendly and kind. She found it particularly helpful to attend the Multi Agency Forum meeting and find out about accessible referral pathways and said the service manager was very welcoming. She appreciated being included in appointments, particularly Psychiatry. She found it helpful to spend time with individuals with diverse needs and different communication levels. She found Rebound therapy a great way to interact with service users.

Feedback from student

Priority 4: Healthy Communities

Unscheduled Care



Unscheduled care refers to any unplanned contact with health services including urgent care and acute hospital emergency care. It can be in the form of attendance at Accident and Emergency departments (A&E), hospital Assessment Units, unplanned or emergency admission to hospital and delays in discharge from hospital when a person has been deemed medically fit for discharge. Increased demand on acute hospitals and the impact of an ageing population has resulted in a drive to tackle unscheduled care by developing more early intervention initiatives to prevent unnecessary hospital admissions and to provide more health services within the community.

During 2023/24 the HSCP continued to work with NHS Greater Glasgow and Clyde (NHS GGC) and the 5 other HSCPs within the Health Board area to progress the Unscheduled Care Design and Delivery Plan 2022/23 to 2024/25. Ratified by all 6 Integration Joint Boards, this detailed how HSCPs would seek to operate in conjunction with acute sector colleagues to meet the unprecedented levels of unscheduled care across NHSGGC and meet the continuing challenges of a population with increasing complex care needs. This plan will be refreshed and brought back to Integration Joint Boards later in 2024.

National improvement work and reporting on unscheduled care has been organised into High Impact Change (HIC) Areas. Partnerships within Greater Glasgow and Clyde are actively participating in three HICs.

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

Initiatives across Greater Glasgow and Clyde include: Hospital at Home, Home First Response Service, Falls Pathways, Call Before Convey for Care Homes and Anticipatory (Future) Care Plans.

Hospital at Home is currently a Glasgow City HSCP specific service with ongoing negotiations around upscaling across Greater Glasgow and Clyde.

The Home First Response Service has been established for a year within the Queen Elizabeth University Hospital (QEUPH) and Royal Alexandra Hospital (RAH). Delivering an augmented multi-disciplinary team approach, composed of community staff (Frailty Practitioners, Allied Health Professionals, Pharmacy and Frailty Support Workers) embedded and working alongside the acute team to identify, assess and turn around patients at the earliest opportunity, up to 72 hours post-admission. The HSCP's Focused Intervention Team (FIT) work with these two Hubs and are managing referrals to provide a rapid response service to prevent unnecessary hospital admissions.

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

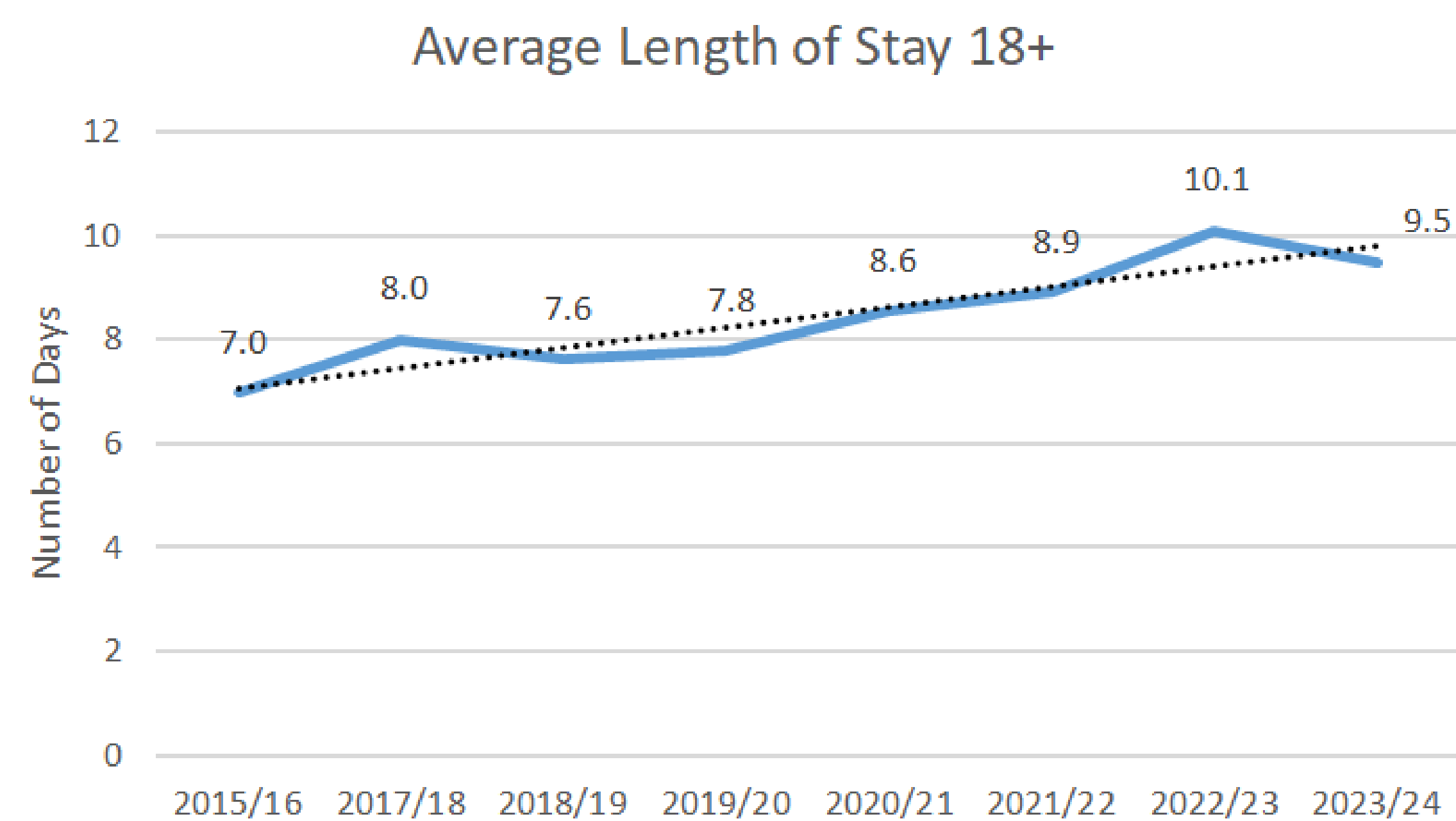
On average 420 care home residents attend Emergency Departments each month across Greater Glasgow and Clyde, many as a result of a fall. Following a successful test of change in Glasgow City, training has been rolled out to the HSCP and independent sector care home managers across West Dunbartonshire, connecting care home staff with clinical decision makers. Using 'Near Me' video technology, a livestream consultation takes place resulting in the formation of an action and treatment plan, which helps avoid an unscheduled and potentially lengthy attendance to the Emergency Department.

While the Care Home Falls Pathway gives homes access to Flow Navigation Centre clinicians, it only covers falls and no other reasons for attendance, which are predominantly respiratory and urinary issues. Building on the experiences of Ayrshire and Arran Health Board and East Dunbartonshire, and the recommendations within the My Health, My Care, My Home framework published in 2022, a test of change for Winter 2023/24 was developed to give care homes access to a senior clinical decision maker who can provide remote clinical assessment. This provides timely contact with the potential to avoid delays experienced at NHS24 and the Flow Navigation Centre, thus reducing the likelihood of a call to 999.

In 2023 the two HSCP Residential Care Homes had the highest number of people conveyed by ambulance to Emergency Departments of all care homes in West Dunbartonshire, with one of the larger independent sector Nursing Care Homes third. The reason the Residential Care Homes may be higher is that they, unlike the other Homes, have no Registered Nurses on site to assess risk and rationale for attendance.

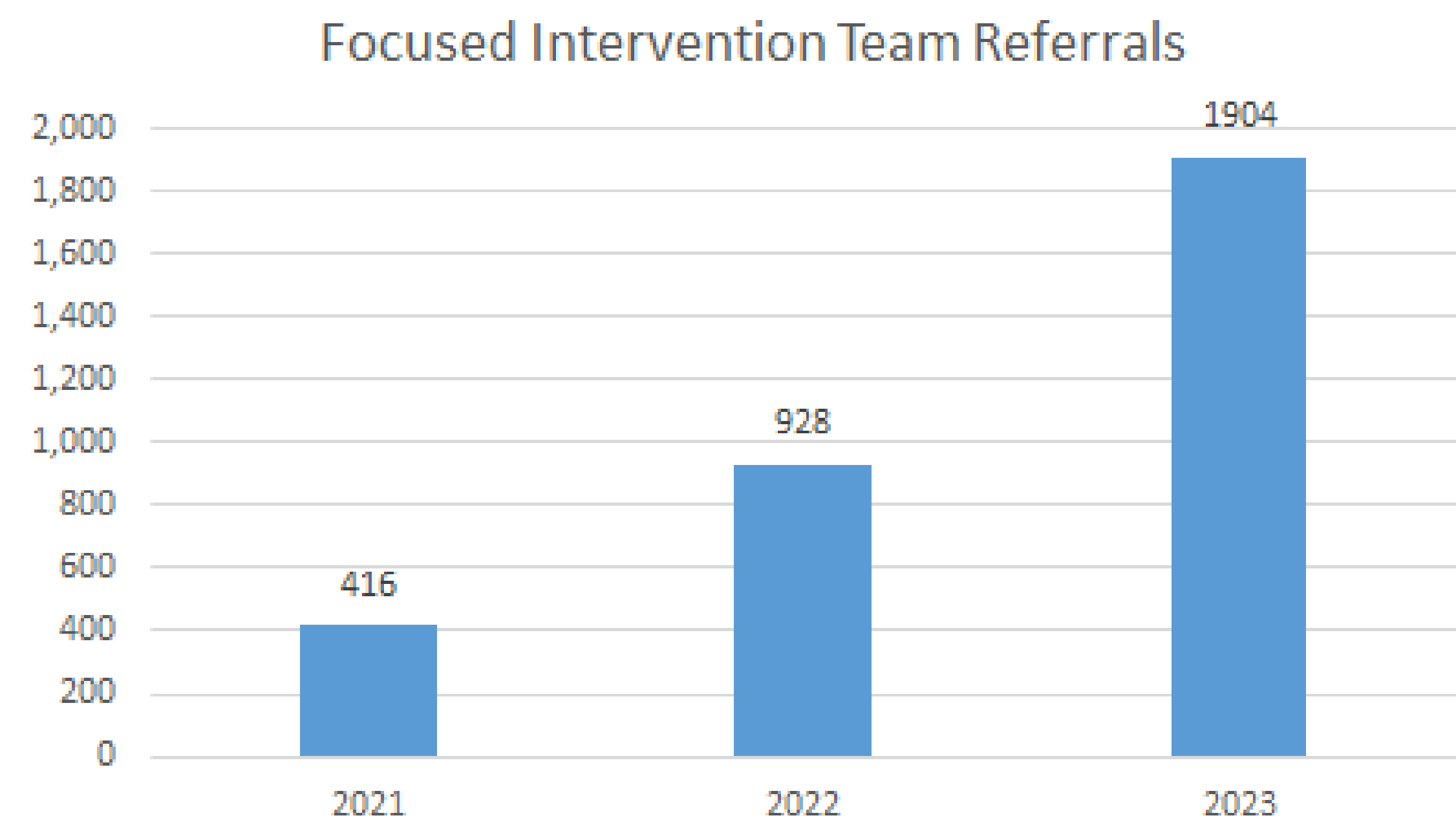
In 2022 combined conveyances for Queens Quay and Crosslet were 129. In 2023 this reduced to 96: a 26% reduction. A test of change introduced in December aims to reduce this figure further and involves a Nurse Team Lead meeting with the two Residential Care Homes every Friday to review those residents at risk of admission. This will be monitored for impact via the HSCP's Urgent and Unscheduled Care Group.

During 2023/24, West Dunbartonshire's volume of unscheduled care has been particularly challenging, with A&E attendances returning to almost pre-pandemic levels and unprecedented levels of delays in hospital discharge. As outlined earlier, emergency admissions of West Dunbartonshire residents were 6% higher in 2023/24 than in 2022/23. However, the number of unscheduled bed days associated with these admissions was 4% lower than in 2022/23. This results in a slightly shorter average length of stay although the trend is still increasing.



West Dunbartonshire HSCP initiatives to tackle unscheduled care include: the Focused Intervention Team, COPD (Chronic Obstructive Pulmonary Disease) Management, End of Life Care, Flu and Covid Vaccination Programmes, a Power of Attorney Campaign and collaborative work with Carers of West Dunbartonshire.

The Focused Intervention Team (FIT) are the primary responders for multi-disciplinary team unscheduled care activity. This team was developed just before the pandemic and therefore had little time to embed but as pandemic restrictions lifted this team targeted a renewed campaign to raise awareness with GP practices and HSCP teams. Activity has grown steadily since 2021.



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

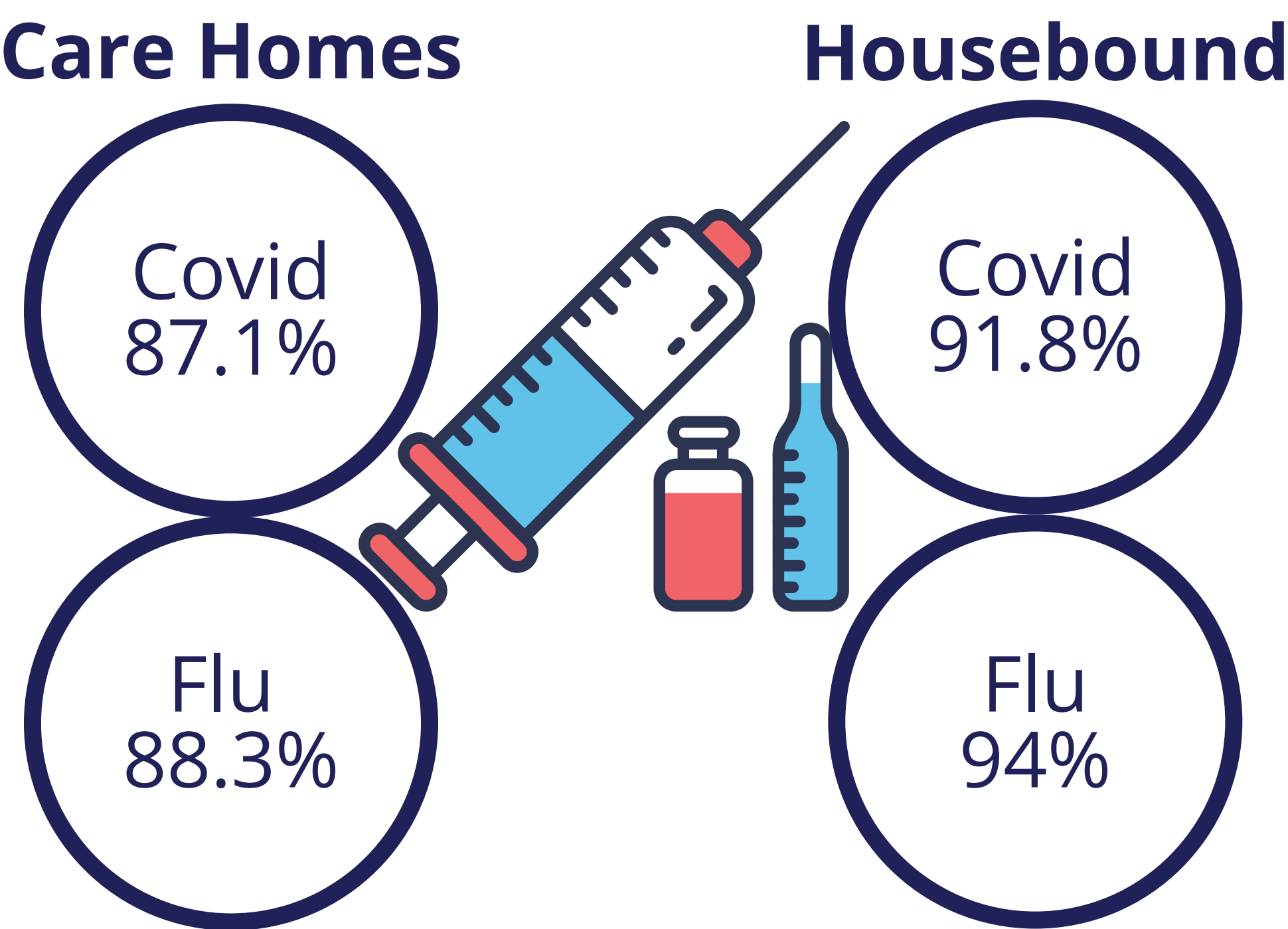
In addition, there has been the development of a pharmacy technician led COPD patient education session service in West Dunbartonshire from early 2024. This service supports patients with COPD who have been admitted to hospital within the last year with the aim to improving patient education, inhaler technique and to reduce potential future hospital admissions.

This project also links with the COPD Nurse who is planning a ‘deep dive’ into named lists of frequent attenders due to COPD, to assess the potential for interventions to reduce the risk of further attendances.

The HSCP has embedded the use of Anticipatory Care Plans (ACP), now rebranded by the Scottish Government as Future Care Plans, and Key Information Summaries over a number of years, along with the use of frailty scoring. The completion of Future Care Plans is seen as ‘business as usual’ for the District Nursing service while a sub-group was established to roll out completion to a wider HSCP staff group, including the HSCP Residential Care Homes. As a result, West Dunbartonshire has exceeded our targets for 2023. Within West Dunbartonshire 135 Future Care Plans were completed in 2022 which has increased significantly in 2023 with 539 completed by early December 2023 meaning we were the second highest performing HSCP across Greater Glasgow and Clyde.

In addition to raw numbers, work is ongoing to improve the quality of ACPs available to support decision making. Lessons learned from the first cycle of improvement activity have been shared with all HSCPs and cycle two is underway.

In 2023, 91% of the patients who had their preferred place of death recorded were supported to die in their place of choice. This is above the recommended 60%.



The Citizen’s Advice Bureau, Carers of West Dunbartonshire and the HSCP have been working together to support vulnerable residents to put in place Power of Attorney for themselves and those that they care for. Power of Attorney ensures that if an individual no longer has the mental capacity to make decisions about their own health or finances, they have the relevant paperwork in place so that someone who knows and cares about them can make these decisions on their behalf. This can prevent people from experiencing lengthy delays in hospital when Power of Attorney is not in place and more complex legal measures are required such as Guardianship.

The three organisations have provided leadership on the promotion of Power of Attorney as a preventative measure in relation to Adults with Incapacity and the negative impact this can have for people in being delayed in hospital. Since October 2023 we have supported 89 people to submit 65 Power of Attorney applications to the Office of the Public Guardian Scotland.

Evidence shows that people who live in more affluent areas are likely to live longer and healthier lives and are more likely to have put a Power of Attorney in place. Therefore, people from more deprived areas are more likely to find themselves in a situation where they experience the negative impacts of not having a Power of Attorney in place. One aim of the project was to address these inequalities and increase the number of Power of Attorneys in place for lower income families in West Dunbartonshire.

On National Power of Attorney Day, 23rd November 2023, the Citizen’s Advice Bureau led on public engagement sessions within Clydebank Shopping Centre and Asda Dumbarton along with Carers of West Dunbartonshire and the HSCP.

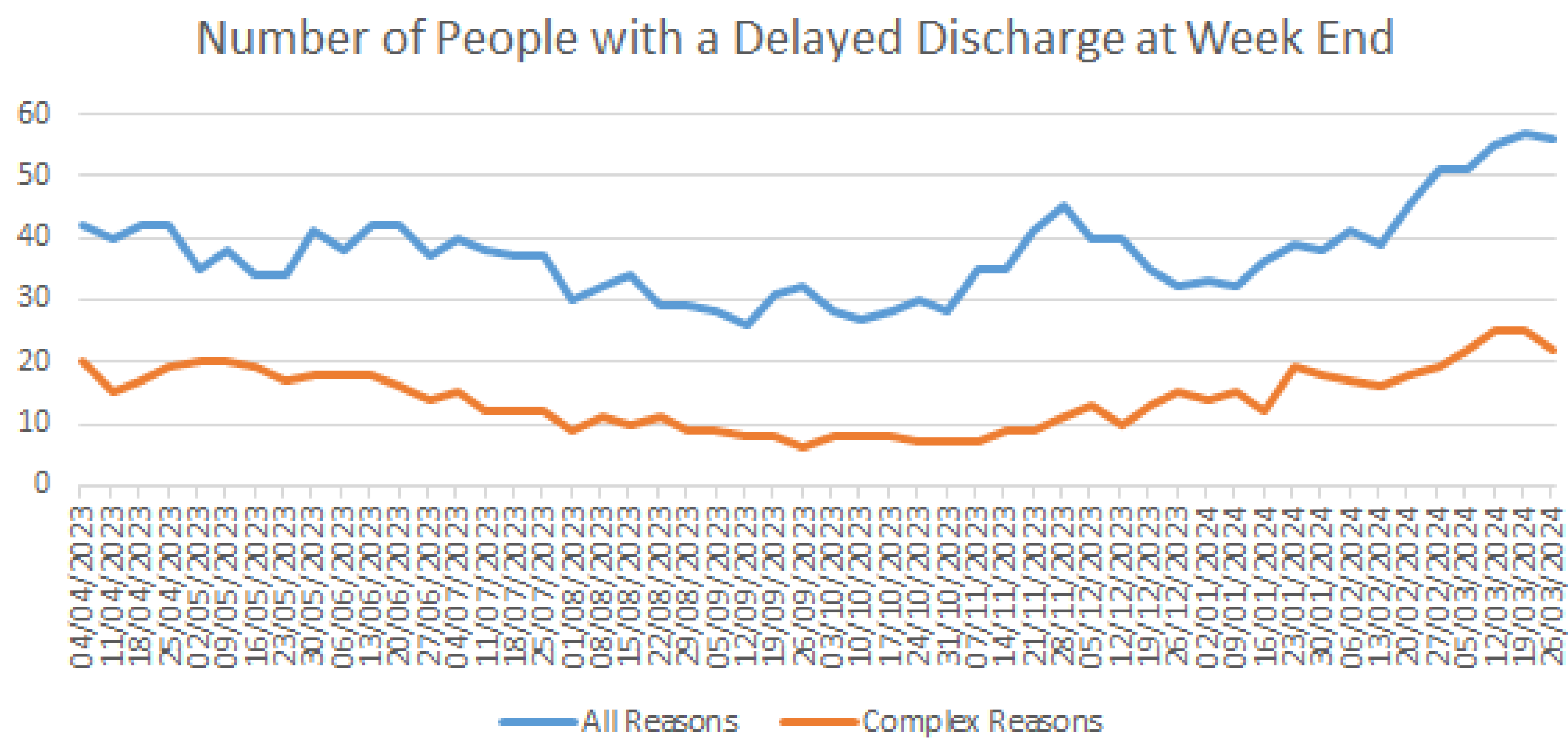
The Scottish Ambulance Service (SAS) is working closely with partners to increase the range of alternative clinical pathways in communities which support the service to deliver care closer to home. The Service’s Pathway Hub connects patients and carers with services and support by using a multi-disciplinary network of clinical staff. The Hub gives SAS the ability to provide a detailed consultation for patients whose initial 999 triage has ruled out time-critical illness. Carers of West Dunbartonshire has recently become involved in this work which will allow ambulance crews to identify and signpost carers in West Dunbartonshire for support via the Pathway Hub.

Carers of West Dunbartonshire also work closely with the Hospital Discharge Team, through its Carer Link Worker initiative, to ensure that carers are being identified and referred for support at the earliest point and are supported through the discharge process.

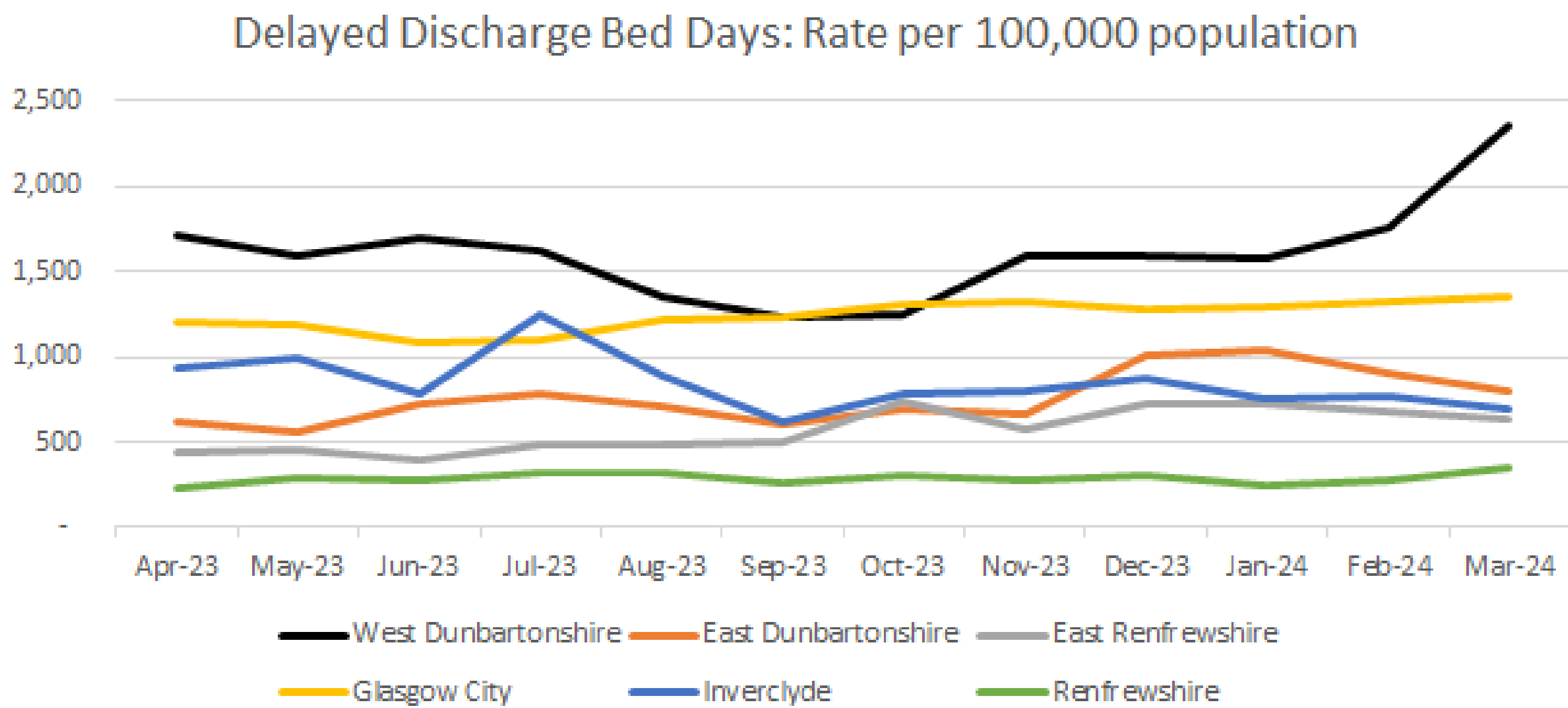
2023/24 also saw the creation of a Reablement Team comprising of a Team Lead, an Occupational Therapist, four Rehabilitation Support Workers, two Care Organisers and when fully staffed 24 Home Carers.

The service has been increasing gradually since August 2023 with its role to provide assessment and support to people recovering from acute illness or injury. This is with a view to helping them regain and maintain independence and reduce their risk of long term reliance on services such as care at home and potentially prevent hospital admissions.

Delayed hospital discharge of West Dunbartonshire patients has reached unprecedented levels during 2023/24.



While delayed discharges have been a challenge nationally, when looked at as a rate per 100,000 population, West Dunbartonshire has had the highest rate across Greater Glasgow and Clyde apart from a slight dip in September/October 2023.

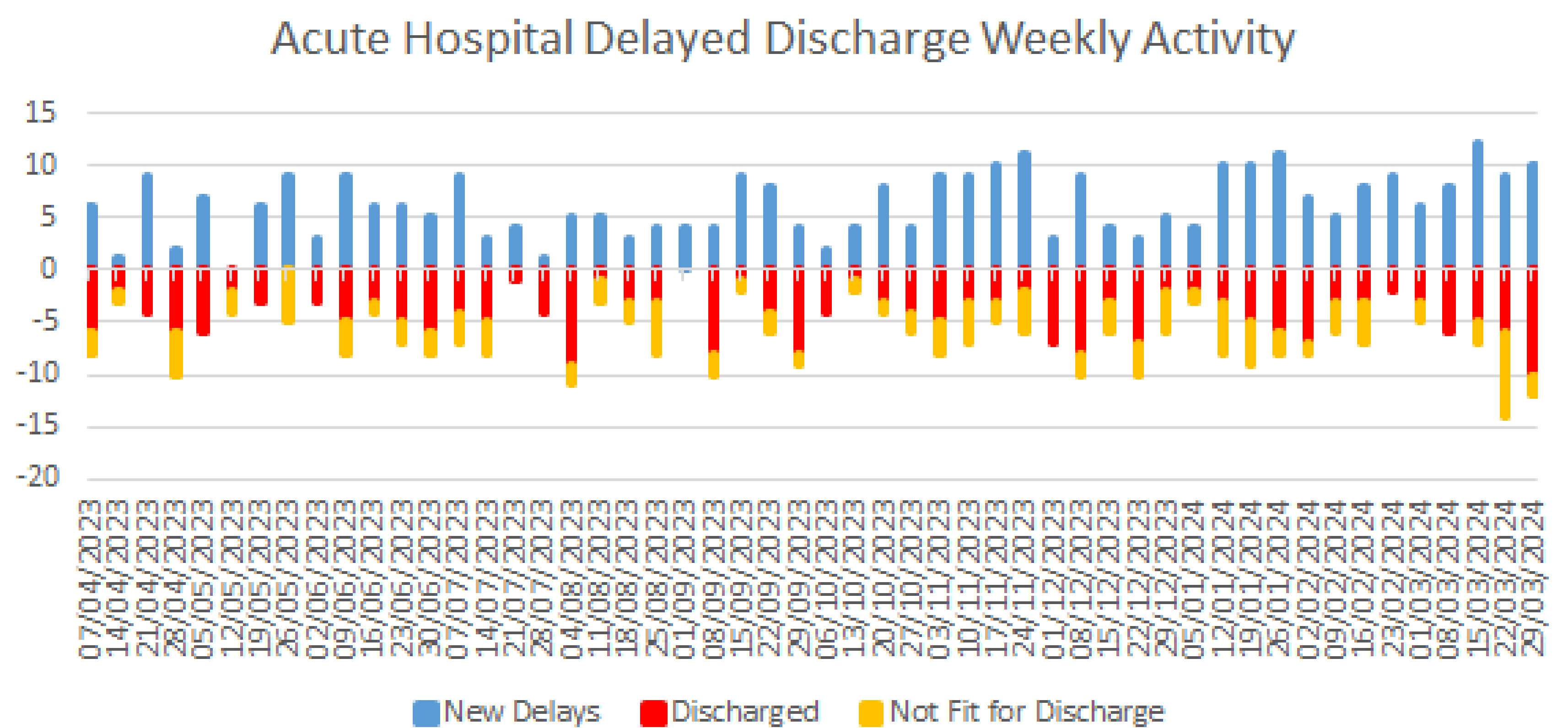


Delayed discharges are closely monitored and scrutinised on a daily basis by the Community Hospital Discharge Team and Heads of Service.

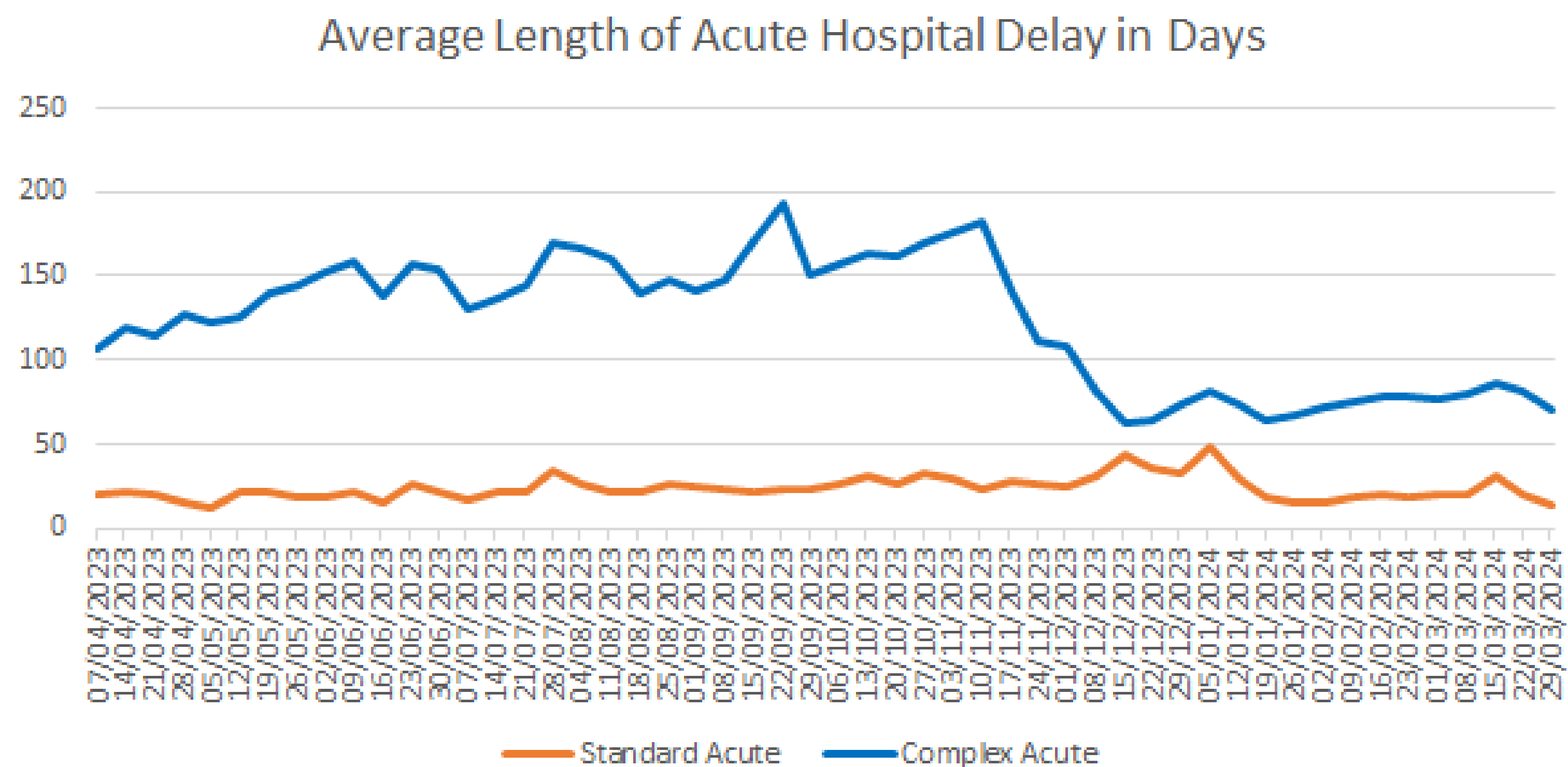
Recent quality improvement activity includes a test of change with older adult wards at Gartnavel General Hospital, with a multi-disciplinary focus on all West Dunbartonshire inpatients to ensure pathways of care were appropriate and early discharges encouraged.

An enhanced delays dashboard has also been developed by NHS Greater Glasgow and Clyde which presents HSCP specific delays information around the reasons for delays based on the Scottish Government codes.

Analysis of our delayed discharges quite clearly shows the volume of throughput. While numbers are rising they remain fairly similar each week however these are not the same individuals waiting each week.

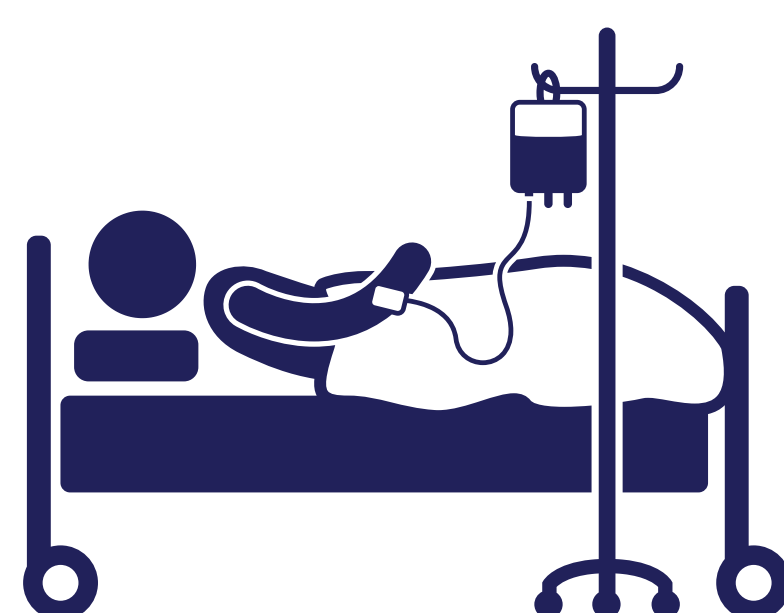


As well as the significant volume of activity around delayed discharge, we can see that our efforts in relation to arranging appropriate discharges for those complex delays (Code 9s) can be evidenced by the reduction in the average length of complex delay during the year while the average standard delay has remained fairly steady.



Tackling delayed discharges will continue to be a priority for the HSCP as we work closely with our colleagues in NHS Greater Glasgow and Clyde and within the 5 HSPCs to reduce the burden of delayed discharge both on the finite hospital resources available and on the outcomes of those people who experience delays.

West Dunbartonshire's rate of readmissions within 28 days was the 6th lowest in Scotland in 2023 which, given the high volume of our emergency admissions could suggest two things. Firstly that there are higher levels of ill health among our population: we have fewer people who are being readmitted therefore there may be more individuals being admitted on one occasion or where readmissions are further apart. Secondly it may suggest that we are providing effective packages of care and appropriate placement, where a care home placement is required, to avoid readmission within 28 days.



Along with our ongoing analysis of unscheduled care, we are beginning to look at new data sources that are available. Public Health Scotland provide us with data which links our service activity, care home placements and care at home services, to hospital activity. NHS Greater Glasgow and Clyde also provide us with data in relation to frequent attenders at A&E and trends in hospital bed days for those people with conditions that result in high volume of bed usage. We will continue to use the data to attempt to identify pressures within our pathways and to highlight opportunities for change and improved outcomes for the people of West Dunbartonshire.

Falls Referral Case Study

Patient A is 78 years old and had experienced several falls at home.

The Scottish Ambulance Service were called by neighbour after a fall and the patient was taken to the Emergency Department where assessment revealed no serious injury or need for admission. Emergency Department staff at the hospital telephoned a referral to West Dunbartonshire HSCP's Focused Intervention Team (FIT) as they were concerned the patient was likely to fall again on return to their home.

The referral was triaged and the patient contacted the same day. The patient had experienced three recent falls and was mobile with the aid of a walking stick. There was no other equipment in the house and no regular help nor Care at Home input.

The initial visit by the FIT team identified a falls risks mobilising out of bed and working on food preparation in the kitchen. Suitable equipment was discussed with Patient A and a walking frame, kitchen trolley and perching stool were provided.

FIT staff carried out short visits daily for 7 days to ensure the suitability of the equipment and to provide a short period of rehabilitation and support. Care at Home support was discussed, but Patient A declined at this time.

Further check visits on day 8 and on day 11 revealed no further falls and Patient A's case was closed to the FIT Team. A systems check four weeks after case closure revealed that Patient A had no hospital admissions, no further presentations at any hospital front door departments, and no referrals to HSCP services.

Musculoskeletal Physiotherapy



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

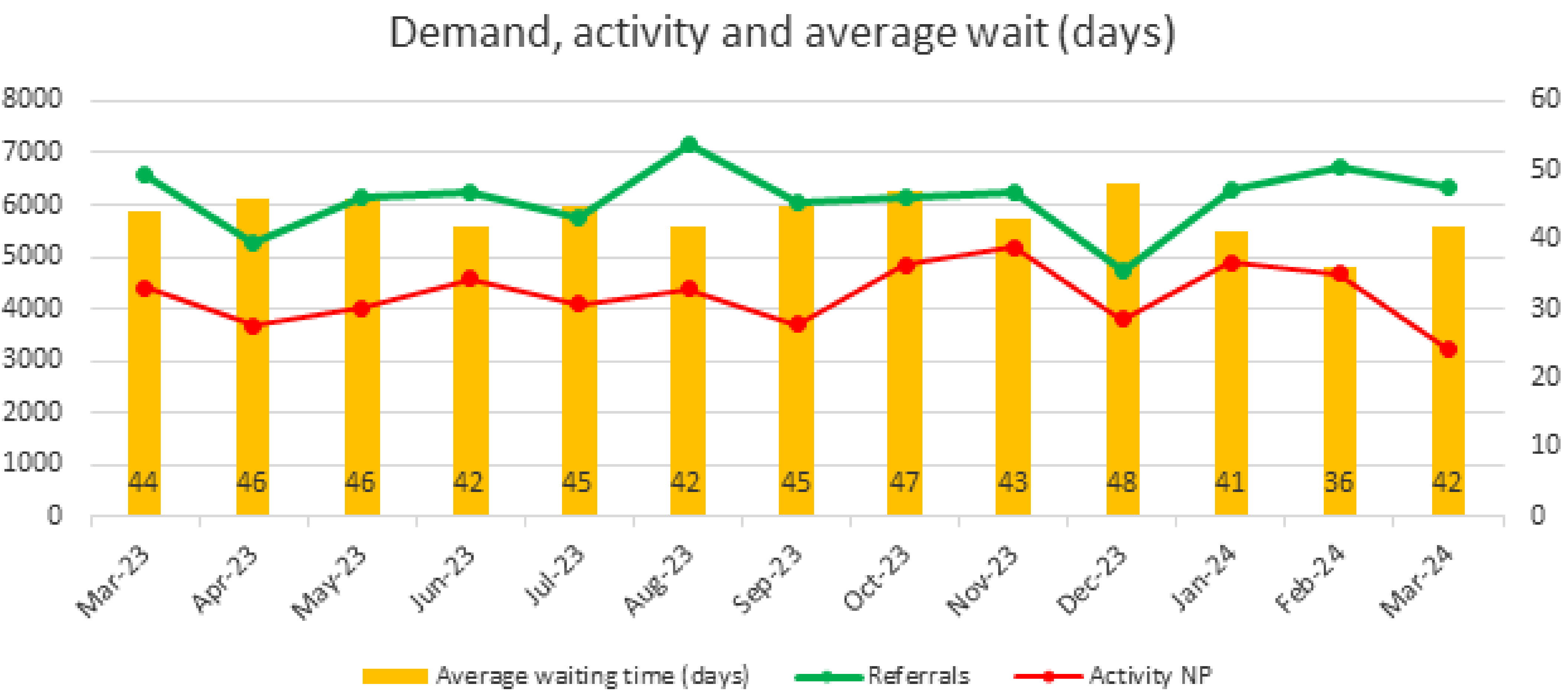
NHS Greater Glasgow and Clyde's MSK Physiotherapy Service is hosted within West Dunbartonshire HSCP who manage activity across the health board area.

There have been 3 priority projects within the MSK service this year. The service priority objectives were:

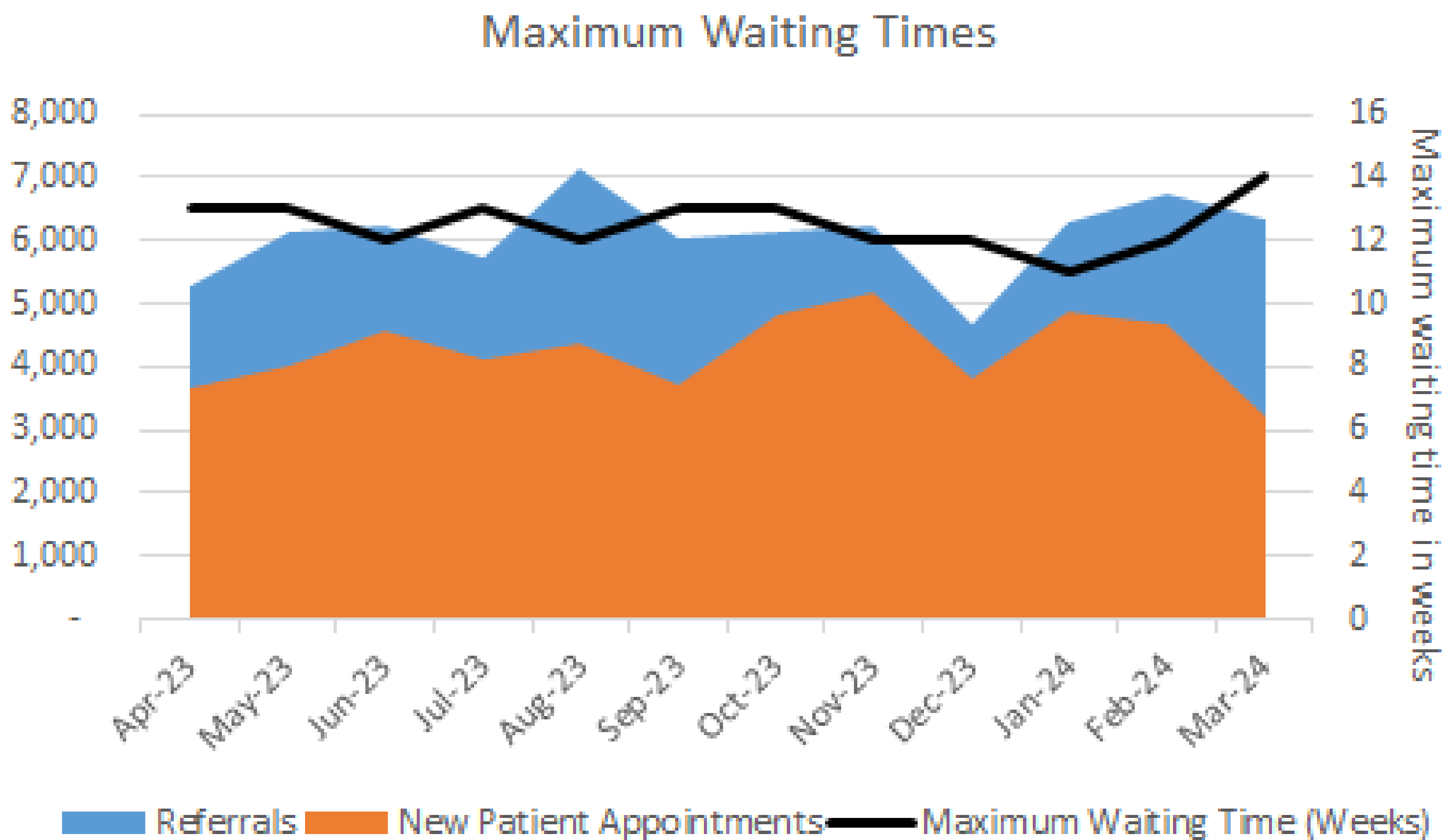
- Waiting times
- Streamlining of vetting
- Development of electronic internal referral across the service.

There was also further project work focussing on staff wellbeing and streamlining of patient pathways to ensure effective and efficient patient care by the right person at the right time. The service continues to ensure that project work is data informed.

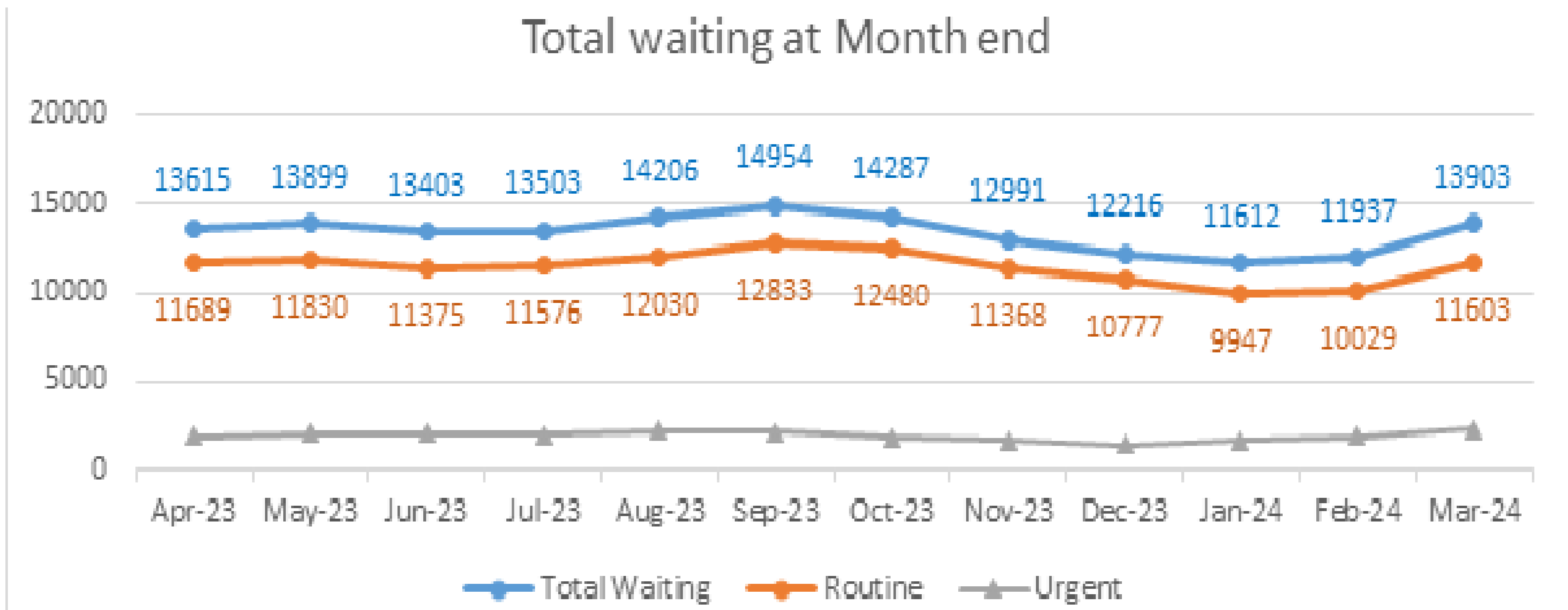
Demand for the MSK service across NHS Greater Glasgow and Clyde has risen in 2023/24 compared to the two previous years. The service received 73,680 referrals in 2023/24 compared with 65,017 referrals in 2022/23 and 61,877 in 2021/22. The referral rate was consistently around 6,000-7,000 referrals per month other than the usual seasonal dip in December and a peak of 7,200 referrals in August 2023.



New patient (NP) activity levels within 2023/24 are illustrated by the red line in the chart overleaf. There were 7,825 more new patient appointments in 2023/24 compared to the previous year: 65,141 NPs in 2023/24 compared with 57, 316 NPs in 2022/23, an almost 14% increase. This is reflective of the ongoing focus on both waiting times as a priority project and recruitment of MSK staff. The success of the priority project work has been to maintain maximum waiting times for a routine appointment at 12-13 weeks throughout the year through increased activity and capacity in the face of increasing demand.



There was also little variance throughout the year in the number of patients waiting on an appointment across NHS Greater Glasgow and Clyde. The chart below illustrates a general reduction in the total number of patients waiting between September 2023 and February 2024 as a result of the priority project work. However the numbers waiting for a routine appointment rose sharply in March 2024 as the service had to discontinue the use of agency staff at the end of February 2024 due to financial restraints. The caseloads of 7 agency staff had to be reabsorbed by the substantive workforce and therefore there were less New Patient appointments available in March and a resultant rise in numbers waiting for an appointment.



As at March 2024, 44% of people were seen within 4 weeks in West Dunbartonshire compared with 42% across Greater Glasgow and Clyde. In January 2024 the service commenced a test of change to try and improve performance against the waiting times target. This involves using GP Advanced Practice Physiotherapy staff, in their MSK sessional commitment, to assess routine self-referred patients at point of referral. This test of change aims to ensure that patients are provided with timely supported self-management information and improved our performance against the target within January to March 2024. The project has still to be fully evaluated and a decision taken around the way forward in 2024/25.

Children's Health

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

The Universal Health Visiting Pathway defines and enhances Health Visitors' responsive way of working with parents and their children. The Health Visiting service focuses on relationship building with the family; ensuring that families' needs are appropriately assessed and responded to in a person-centred and supportive way. The Health Visiting Pathway is key in attempting to tackle health inequalities in the early years and Health Visitors work with families to support uptake of immunisations and encourage breast feeding.

West Dunbartonshire continues to have high levels of childhood immunisations: exceeding both levels across Greater Glasgow and Clyde and nationally for all immunisations offered at 24 months and 5 years of age.

	24 months				5 years		
	WDHSCP	NHS GGC	Scotland		WDHSCP	NHS GGC	Scotland
6-in-1	97.7%	96.7%	96.2%	6-in-1	97.7%	97.0%	96.4%
MMR1	94.8%	92.8%	93.0%	MMR1	96.1%	95.5%	95.2%
Hib/Men C	95.7%	92.9%	93.0%	Hib/Men C	96.4%	94.5%	94.5%
PCVB	95.8%	93.2%	92.9%	4-in-1	90.7%	89.8%	89.6%
Men B Booster	95.0%	91.9%	92.3%	MMR2	90.4%	89.2%	89.1%

West Dunbartonshire has always been proactive in promoting, protecting and supporting breastfeeding and during September 2018 achieved UNICEF Gold status which it has retained to date. The HSCP's Senior Management and the Health Visiting Team are committed to keeping breastfeeding high on the agenda resulting in positive progress over the years.

From September 2020 until December 2022 we were fortunate to have a dedicated Breastfeeding Team in place comprising of a Project Lead, a Health Improvement practitioner, Support Worker and latterly a Midwife, with some dedicated administrative support to champion this cause and provide practical and evidence-based information to breastfeeding mothers and their families. This dedicated team were funded by Programme for Government (PfG) Breastfeeding monies which was available until the end of March 2023. As a result of this reduction in resource there has also been a reduction, for the past 12 months, in the number of families we have been able to reach and in the length of interventions.

Our Children and Families Service has continued to support the breastfeeding agenda by having a dedicated Breast Feeding Support Worker providing additional support to mothers within five days following birth. This service continues to demonstrate positive results indicating women are continuing breastfeeding for longer.

Breastfeeding groups restarted late October 2022 after a long pause due to the pandemic and are proving to be increasingly popular and provide essential peer support. Antenatal women are also encouraged by Health Visiting staff to attend and enjoy the benefits of that early peer support.

The West Dunbartonshire UNICEF Gold group meets regularly to review progress and discuss innovations to improve breastfeeding rates in West Dunbartonshire. On review of the data the number of women who have ever breastfed in West Dunbartonshire has increased since 2017 by 3.6%. This is slightly lower than the entirety of NHS Greater Glasgow and Clyde however the health board area includes affluent areas where women are more likely to breastfeed.

During 2019/20, then again in 2021/22, the numbers initiating breastfeeding dropped slightly. Between April 2020 and end March 2021 the initiation rate rose, and women breastfed for longer as identified at the Health Visitor 2 week contact and at 6 weeks. During the period 2022/23 the rates of breastfeeding rose again, at initiation, at 2 weeks, and more women were continuing to feed breast milk to their baby at 6 weeks.

Feedback from women and professionals is that the service is invaluable. Women with babies up to sixteen weeks of age are regularly audited, using the UNICEF Baby Friendly Initiative audit forms, to ensure that they are receiving good quality, evidenced based care. The women attending groups are promoting breastfeeding in their local communities and have become champions harnessing a community development approach.

Since the introduction of the dedicated breast feeding team and period following, significantly less women required to be referred to the NHSGGC problem solving clinics. This could be attributed to local management of breastfeeding challenges. While we no longer have a dedicated team, Children and Families staff continue to offer early support to breastfeeding women and the Health Visiting team will continue to work together to ensure that West Dunbartonshire HSCP meets the Gold standards of UNICEF and gathers data to support quality improvement.



Family Nurse Partnership (FNP) is a preventive licensed voluntary programme for first time mothers aged 19 years and under. It offers intensive and structured home visiting, delivered by specially trained Family Nurses, from early pregnancy until the child is two years old. It is an intensive, structured intervention for young first time mothers and their children to maximise their potential. The programme aims to modify behavioural risk factors and enhance protective factors through regular home visits, using motivational interviewing techniques and strengths-based approach. Our current workforce capacity continues to offer the programme to all eligible clients and as an addition offers this to care experienced first-time mothers aged up to 20 years old.

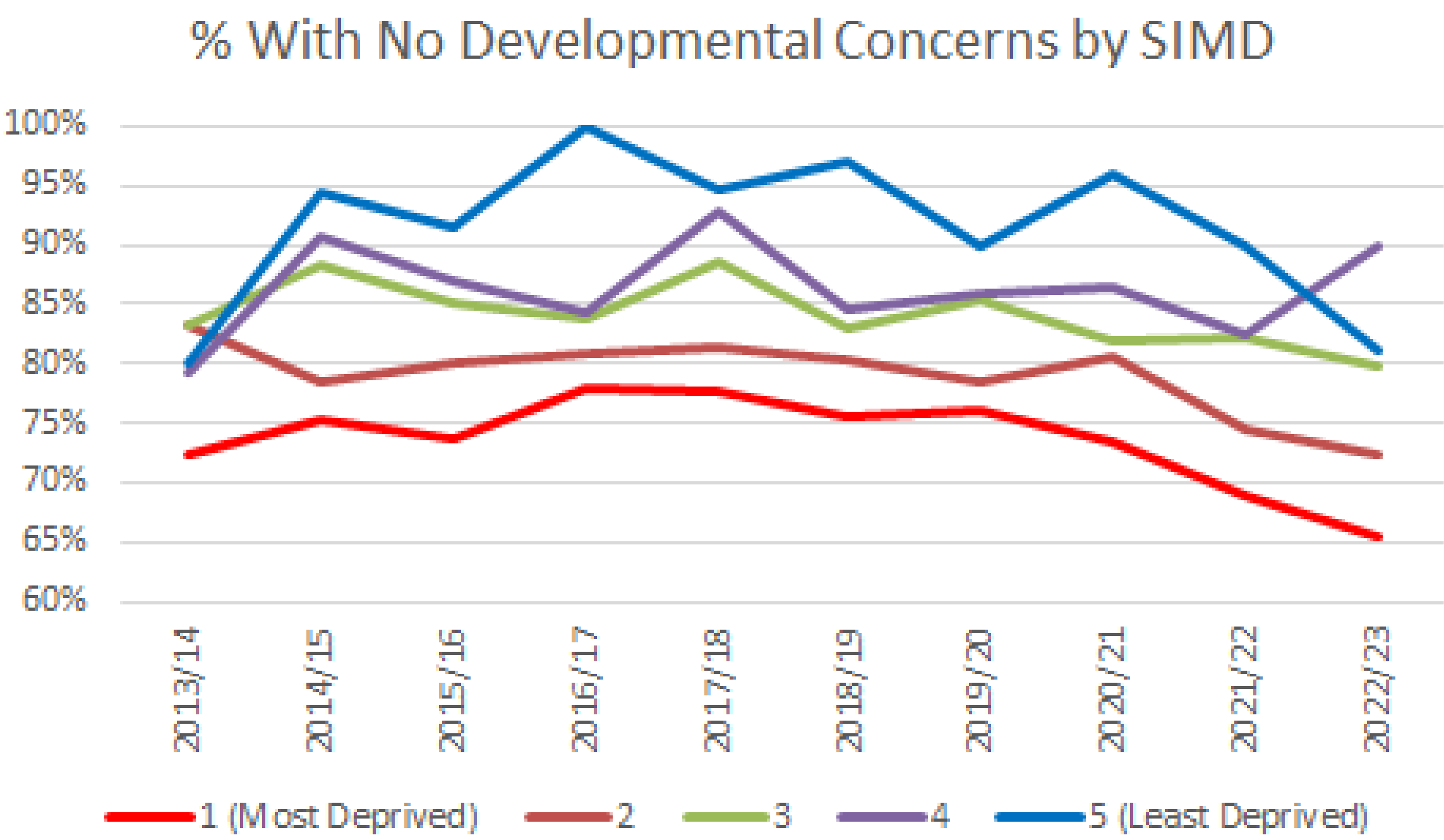
A total of 177 clients have enrolled in the programme in West Dunbartonshire with a high engagement rate of 82%. The programme has reached those mothers most in need as 83% are from the most deprived areas, Scottish Index of Multiple Deprivation (SIMD) quintiles, in West Dunbartonshire.

A key focus on the impact of poverty was supported by training accessed through Queens Nurse Catalyst for Change Project and training was provided by GEMAP, Greater Easterhouse Money Advice Project. FNP staff were also trained in Home Energy training to alleviate fuel poverty implications.

Partnership working with Sandyford Services is underway to progress a test of change in relation to Family Nurses administering contraceptive implants to clients at home. This commenced in February 2024. Partnership working with Sandyford Clinic ensures fast-track to sexual health appointments for FNP clients. Additionally, an ongoing programme of training is in place for Family Nurses in supporting clients' efficacy with self-administration of subcutaneous contraception.

Child development continues to be of great concern in West Dunbartonshire. The proportion of 27-30 month old children reviewed in West Dunbartonshire where there were no developmental concerns identified through the review continued to be the lowest in Scotland in 2022/23 and had fallen again to 72.3% compared with 73.95% in the previous year. The Scotland figure was 82.1%. Looking at West Dunbartonshire's performance and ranking since reporting began in 2013, these have been in decline since 2017/18 where we ranked 14th worst in Scotland at 82%.

Again those children living in the most deprived areas (SIMD1) have significantly more developmental concerns than those in the least deprived (SIMD5). There were a very small number of children in SIMD5 reviewed in 2022/23, so the dip in the chart below will appear more significant. When looked at on a population basis this is likely to look less significant although we will continue to monitor this.



Equalities Activity

This section of the report seeks to outline our approach as overseen by our HSCP Equalities Group. It should be noted that the HSCP continues to contribute to and apply the relevant Equality policies relating to employment dependent on the employer e.g. NHSGGC Workforce Equality Group, NHSGGC Workforce Equality Statements and West Dunbartonshire Employment Equalities Monitoring.

Assessing and Reviewing Policies and Practices

During 2023/24, the HSCP continued to streamline its Equality Impact Assessment process aiming to ensure equality was considered an integral part of policy and strategy development, commissioning and budget savings. An advice clinic for lead reviewers was introduced and sources of population equality information and data highlighted to supplement information from service data and consultations around service change. This supplemented the equality impact assessment training available via the relevant employers.

The HSCP published 25 Equality Impact Assessments over the course of the year broadly covering service development, commissioning and budget savings.

Focus on Sex and Development of New Programmes

West Dunbartonshire continues to have one of the highest levels of reported domestic abuse in Scotland. The prevalence rates of domestic abuse are particularly concerning in regard to the impact on the adult victim and children and young people. Domestic abuse is recognised as a form of Gender Based Violence (GBV) and is tackled in Scotland by adopting a gendered analysis in our understanding of this crime.

In West Dunbartonshire domestic abuse overwhelmingly and disproportionately affects women, children and young people, with the majority of perpetrators male, and the majority of primary victims are women. This is reflective of the national and global picture in the Violence Against Women and Girls (VAWG) landscape. In 2022-2023 the rate of domestic abuse related crimes per 10,000 of the population in West Dunbartonshire was 140, compared to 114 for Scotland.

In 2022/23 the Caledonian System which is an integrated approach to addressing domestic abuse that facilitates a 'whole-systems' approach was introduced in West Dunbartonshire. It aims at reducing the risk of re-offending, while supporting women and children. It combines a court-ordered programme for men and, using an integrated whole family approach, the system addresses the domestic abuse of women by men in Scotland. It works with men who abuse to change their behaviour, whilst ensuring victim safety. The Men's programme encourages men to recognise their abuse and take responsibility for themselves and their relationships. It is aimed at men aged 18 years or over who have been convicted of a domestic abuse related offence towards a female partner or ex-partner. The process lasts at least two years and comprises of a minimum of 14 one-to-one sessions, a group work process and a period of maintenance. The development of the Caledonian System was informed by research and best practice evidence on what works in preventing domestic violence.

Advance Equality of Opportunity: Disability and Partnership Working

"Advancing equality of opportunity" means having due regard, in particular, to the need to:

- remove or minimise disadvantages suffered by people due to their relevant protected characteristics
- take steps to meet the different needs of people who share a relevant protected characteristic
- encourage participation in public life or any other activity by underrepresented groups
- take steps to meet the different needs of disabled persons

The HSCP aligns its Healthy Hearing Checks campaign with the HSCP's Dementia Strategy by targeting the early detection and management of hearing loss, a known risk factor for cognitive decline and dementia as identified by The Lancet 2020 Dementia Prevention, Intervention and Care report. This initiative, in collaboration with the Royal National Institute for Deaf People (RNID), strategically places hearing check sessions in accessible community centres, focusing on older adults and those with disabilities. Such targeted

interventions not only meet immediate healthcare needs but also support long-term dementia prevention efforts, enhancing quality of life and promoting health equity in line with the Equality Act 2010. This approach exemplifies the HSCP's commitment to integrated, preventative healthcare strategies that address both immediate and future health challenges.

Advance Equality of Opportunity and Foster Good Relationships: Race

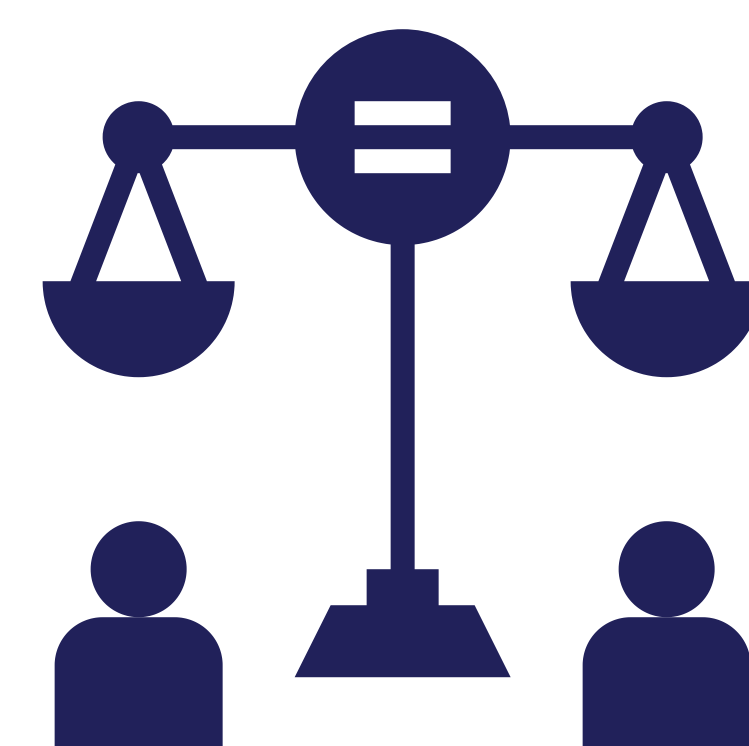
An Equality Impact Assessment including proactive consultation via the Shaping Places for Wellbeing project supported developments around the creation of a website for children, young people and their families and those who work with them, to find information to support and improve wellbeing and emotional health. Local Syrian women who were members of the Moments of Freedom, New Scot women resettled in Clydebank, expressed, through their group translator, frustration at being unable to access health and wellbeing support due to language barriers. Improvements were able to be made to add translation links to the homepage of the website with proactive translations for the five most common languages spoken at home by West Dunbartonshire families. Importantly, this change was promoted to a wide range of community providers with a stronger opportunity to collaborate on supporting and enabling health and wellbeing in the community.

Advance Equality of Opportunity and Development of Strategies: Sex, Sexual Orientation and Race

Unpaid carers play a vital role in our society, providing essential support to loved ones who have a physical disability, mental health issues, frailty, substance use or other conditions, and could not cope without the support of a carer. Scotland's Census 2011 shows there were approximately 10,000 carers in West Dunbartonshire however the true number is unknown.

For those carers identified by the HSCP, 59.5% of unpaid carers in West Dunbartonshire are female. Across Scotland a significant proportion of known carers are aged 55 or over and the gender split demonstrates that women are over-represented in unpaid caring roles

The Local Carers' Strategy: Improving Lives with Carers is underpinned by a rights-based approach, which makes sure that people's rights are at the very centre of the work. The focus on equality is embedded throughout the strategy and the supporting delivery plan, with a specific focus on the HSCP's ambition to increase the number of carers identified from under-represented groups including black and minority ethnic groups, LGBTQ+ and the gypsy traveller community.



Development of Equality Outcomes 2024-2026

The HSCP committed to the development of new equality outcomes as part of the development of our new Strategic Plan 2023-2026. Two new equality outcomes have been confirmed. These were identified via a mixture of desk-based research and consultation and the opportunity for new partnerships, for example, continued financial challenges due to the cost of living and choice of social care for disabled people.

The NHS Greater Glasgow and Clyde Director of Public Health Report 2024 highlighted that in the NHS Greater Glasgow and Clyde 2022/23 Adult Health and Wellbeing Survey report for West Dunbartonshire, over one third of respondents experienced difficulty paying energy and fuel bills. The Equality and Human Rights Monitor 2023: Is Scotland Fairer? also highlighted that disabled people are more likely to experience worse living standards than non-disabled people in Scotland and that disabled people are more likely to have both unmet care and support needs and to be unpaid carers, highlighting the continued cost of living challenges. Equally this report highlighted that fewer people of all ages felt they had a choice in how their social care was arranged and more of them said they were not offered any choice or opportunities to improve that via Self-Directed Support.

Equality Outcome 1

Equality Outcome	Link to General Equality Duty	Protected characteristic	Rationale
Increase the proportion of adult social care clients being referred for benefits maximisation through review process to support independence and improve finances Baseline 2023/24 13%	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not	Age Disability Fairer Scotland Duty Sex	Across the UK pensioners at risk of poverty with 18% in relative poverty which doubles to 36% for those in the rented sector. 26% of single older women live in poverty compared to 21% of single older men.
Link to Human Right		The right to an adequate standard of living. The right to social security.	
Link to Wider Strategic Outcome		Older people, inclusive of those in care homes, should maintain their independence and engagement with their communities.	
Link to HSCP Strategic Plan		Work with people to safely maintain their independence at home and in their local community, building on their strengths and supporting their unmet needs.	
Reporting Arrangements / Monitoring /Data source		Independent Delivery and Improvement subgroup of Community Planning West Dunbartonshire Working group with Community Alarm Team/Advice Services/Strategy and Transformation CareFirst social care case management system and community alarm service records	

Equality Outcome 2

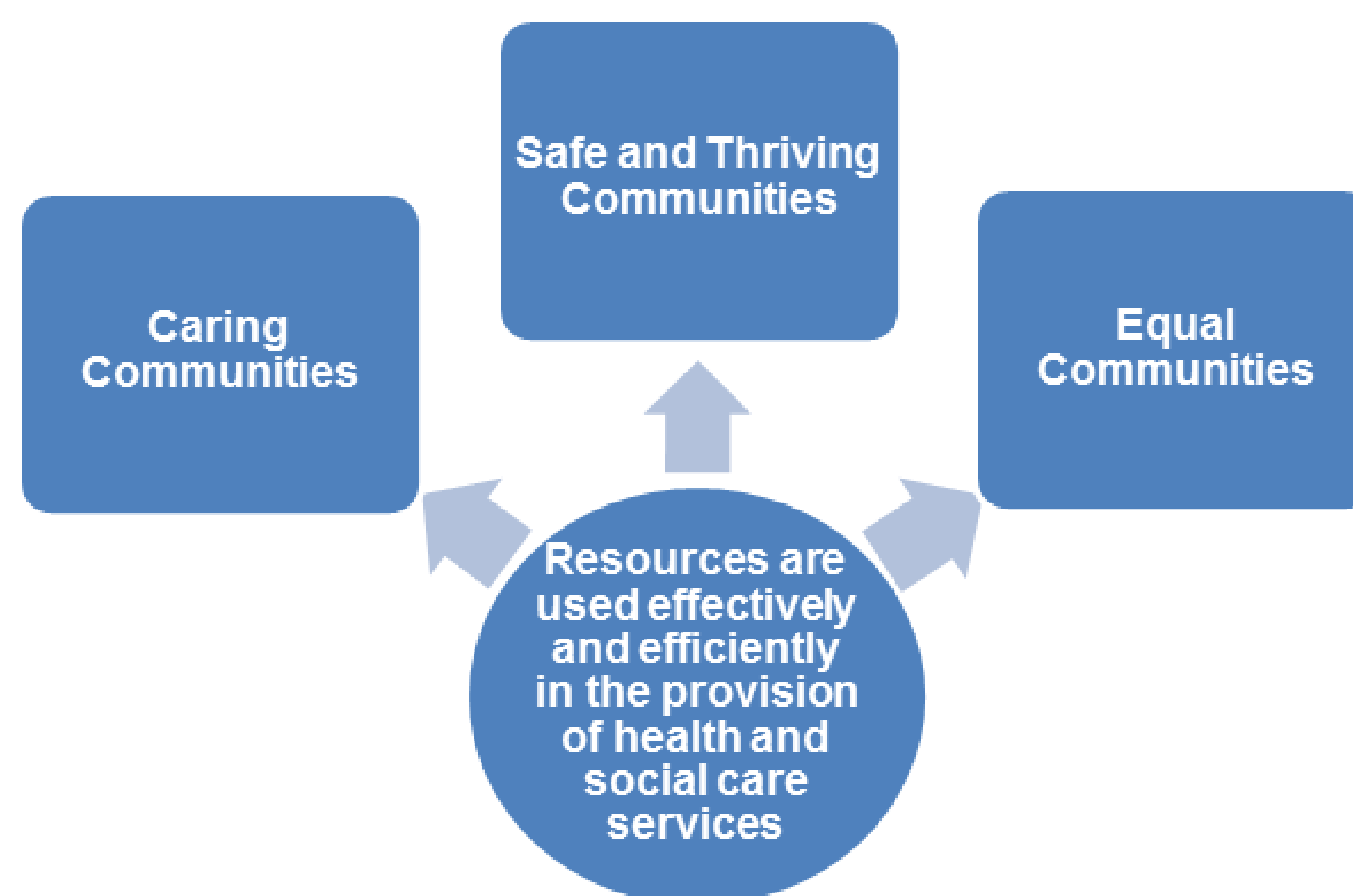
Equality Outcome	Link to General Equality Duty	Protected characteristic	Rationale
Increase the number and rate per 1000 people aged 65 plus choosing an option other than option 3 of self-directed support for those eligible for social care support	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not	Age Disability Fairer Scotland Duty Sex	2,810 people received social care through SDS in West Dunbartonshire in 2021/22. Option 3 is by far the most popular choice of SDS option for West Dunbartonshire residents followed by Option 1. There is an age difference for the percentage of people receiving self-directed support options with 100% of under 17s choosing option 1 and the preference for this decreasing as age bands increase.
Link to Human Right		Article 19 right to live independently in the community and provided with the necessary support'	
Link to Wider Strategic Outcome		Work with people to safely maintain their independence at home and in their local community, building on their strengths and supporting their unmet needs.	
Link to HSCP Strategic Plan		Underpinning of our services with a self-directed partnership approach.	
Reporting Arrangements / Monitoring /Data source		Self-directed Support Programme Board Data already collected by CareFirst with some adaptations and reported on via Public Health Scotland.	

Previous Equality Outcomes

Protected Characteristic	Outcome	Mainstreaming Activity
Religion/Belief	All adults supported by District Nursing teams have religion/belief considered (where appropriate) in relation to ongoing care.	This has now been mainstreamed into everyday care with a focus on using resources such as the NHS NES Spiritual Care Matters, connection with the NHSGGC Spiritual Care Service. Data from Census 2022 on religion used in service development.
Age	All Adult Care and Support Plans (ACSP) or Young Carer Statements (YCS) are prepared for anyone they identify as a carer, or for any carer who requests one.	The HSCP has continued to focus on ensuring that all carers have the support that they require. The HSCP has worked closely with Y Sort it and Carers of West Dunbartonshire to promote access to carer support for all ages via the Carers Development Group and specifically creating the Local Carers Strategy 2024-26 with a focus on all protected characteristics.
Disability	All appropriate learning disabilities clients able to access open and non-open employment opportunities.	Previously information gathered nationally for people with a learning disability related to people who have had contact with the HSCP in the previous 3 years. The source of this information was Learning Disability Statistics Scotland which was transferred to publication by Public Health Scotland with changes and not currently available. Consideration of access to employability will continue to be considered taking into account the challenges with data and emerging national evidence e.g from the Fraser of Allander Adults with Learning Disabilities Project as well as local learning disability redesign to support best practice.
Race	All looked after children are cared for in the most homely setting	The numbers of black and minority ethnic children and young people who are looked after in West Dunbartonshire continues to be very small, however it is increasing and the proportion of black and minority ethnic children and young people who are looked after in a homely setting is being sustained. This action has now been included in the What Would It Take? redesign of Children and Families social work services.
Sex	All older people are supported to live in their community (difference in sex accessing care at home needs and an enablement package).	The implementation of reablement approach within Care at Home Services continues with the intention that more routine reporting and consideration of differing experiences of protected characteristic groups is more mainstream.

Best Value and Financial Performance

The nine National Health and Wellbeing Outcomes are set out earlier within this report. This chapter aims to demonstrate the effective and efficient use of our financial resources as required by National Health and Wellbeing Outcome 9 as it aligns to three of our four key strategic outcomes, as illustrated below.



The HSCP Board has a duty of Best Value, by making arrangements to secure continuous improvements in performance, while maintaining an appropriate balance between the quality and cost of health and social care services. The Audit and Performance Committee approved the Best Value statement on 19 March 2024 which considered West Dunbartonshire HSCP position in relation to 10 Audit Scotland Best Value questions.

The HSCP Board is supported by the Chief Financial Officer (CFO) who has the responsibility for the administration of the partnership's financial affairs (s95 of the Local Government (Scotland) Act 1973). The CFO and the finance team provide advice, guidance and manage the totality of the financial resource across the partnership, promoting financial sustainability as well as working closely with a wide range of stakeholders including the Council, Health Board, neighbouring Health and Social Care Partnerships and the Scottish Government.

The financial reporting responsibilities of the CFO include preparing financial statements and performance reports. Financial performance is an integral element of the HSCP Board's overall performance management framework, with regular reporting and scrutiny of financial performance at meetings of both the HSCP Board and its Audit and Performance Committee.

The Annual Report and Accounts for the period 1 April 2023 to 31 March 2024 provides a detailed financial overview of the year and the levels of funding from all our partners. Some of the key tables and messages are extracted below including the final outturn position and the movement in reserves.

The HSCP Board approved the 2023/24 revenue budget on 15 March 2023 of £189.098m (excluding Set Aside) to deliver on all delegated health and social care services. This opening budget position was subject to many changes through the course of the financial year as further funding streams were received, in the main from the Scottish Government to support a range of policy commitments. As well as the core budget there is a further allocation of a "Set Aside Budget" which is made available by the Health Board to the HSCP Board, in respect of "those functions delegated by the Health Board, which are carried out within a hospital setting". The proposed set aside budget at the 1 April 2023 was £34.292m, however this too was subject to change in line with actual activity and demand for these services by our West Dunbartonshire population.

While there were budget gaps identified, the HSCP Board accepted recommendations to balance the budget by the application of new funding streams, a number of operational adjustments and the application of reserves. All financial performance reports presented throughout the year to the HSCP Board are available on the HSCP website: <http://www.wdhscp.org.uk/>

Budget Performance 2023/24

The final 2023/24 budget available for delivering directly managed services was £200.643m (excluding Set Aside). The total net cost of providing these services was £208.172m, resulting in a reported deficit of £7.529m (subject to audit). This is detailed in the table below along with comparative data for the last four financial years of the West Dunbartonshire HSCP Board.

2019/20	2020/21	2021/22	2022/23	West Dunbartonshire	2022/23	2022/23	2022/23
Net	Net	Net	Net	Integration Joint Board	Annual	Net	Underspend/
Expenditure	Expenditure	Expenditure	Expenditure	Consolidated Health & Social Care	Budget	Expenditure	(Overspend)
£000	£000	£000	£000		£000	£000	£000
45,526	45,717	48,336	51,034	Older People, Health and Community Care	54,612	57,210	-2,598
2,884	3,214	3,106	3,242	Physical Disability	3,485	3,402	83
24,899	25,500	26,033	30,522	Children and Families	30,761	32,238	-1,477
9,431	10,244	10,575	12,086	Mental Health Services	13,893	13,631	262
2,885	2,933	3,363	3,525	Addictions	4,131	4,021	110
17,158	16,868	17,933	20,487	Learning Disabilities	21,276	21,147	129
1,301	1,392	1,501	1,623	Strategy, Planning and Health Improvement	2,341	1,889	452
27,427	29,955	29,532	31,224	Family Health Services (FHS)	33,004	33,075	-71
19,432	19,003	19,690	21,001	GP Prescribing	21,323	22,667	-1,344
6,370	6,247	6,528	7,623	Hosted Services - MSK Physio	7,450	8,262	-812
824	719	720	846	Hosted Services - Retinal Screening	879	879	0
0	-6	0	45	Criminal Justice - 100% Grant funding	0	274	-274
3,604	4,468	5,776	7,421	HSCP Corporate and Other Services	7,116	9,105	-1,989
	5,840	4,781	2,863	Covid-19	0	0	0
281	329	358	377	IJB Operational Costs	372	372	0
162,022	172,423	178,232	193,919	Cost of Services Directly Managed by West Dunbartonshire HSCP	200,643	208,172	-7,529
31,223	36,149	36,346	41,323	Set aside for delegated services provided in large hospitals	43,914	43,914	0
661	505	527	562	Assisted garden maintenance and Aids and Adaptions	302	302	0
11,021	11,467	11,042	12,596	Services hosted by other IJBs within Greater Glasgow and Clyde	16,103	16,103	0
-6,655	-6,390	-6,672	-7,605	Services hosted by West Dunbartonshire IJB for other IJBs	-8,568	-8,568	0
198,272	214,154	219,475	240,795	Total Cost of Services to West Dunbartonshire HSCP	252,394	259,923	-7,529

The total cost of delivering all health and social care services amounted to £259.923 against funding contributions £252.394m, including notional spend and funding agreed for Set Aside of £43.914m, spend and funding managed by West Dunbartonshire Council for Assisted Garden Maintenance and Aids and Adaptations of £0.302m and net spend and funding of Services hosted by other IJB’s with Greater Glasgow and Clyde of £7.535m. This therefore leaves the HSCP Board with an overall deficit on the provision of services of £7.529m.

The main challenges and cost pressures incurred by the HSCP during 2023/24 were related to unfunded pay settlements within social care, employee related issues (such as staff turnover levels, recruitment challenges and subsequent increased use of agency staff), global inflation affecting pay negotiations, prescribing levels and the cost of providing care packages and the cost of living crisis.

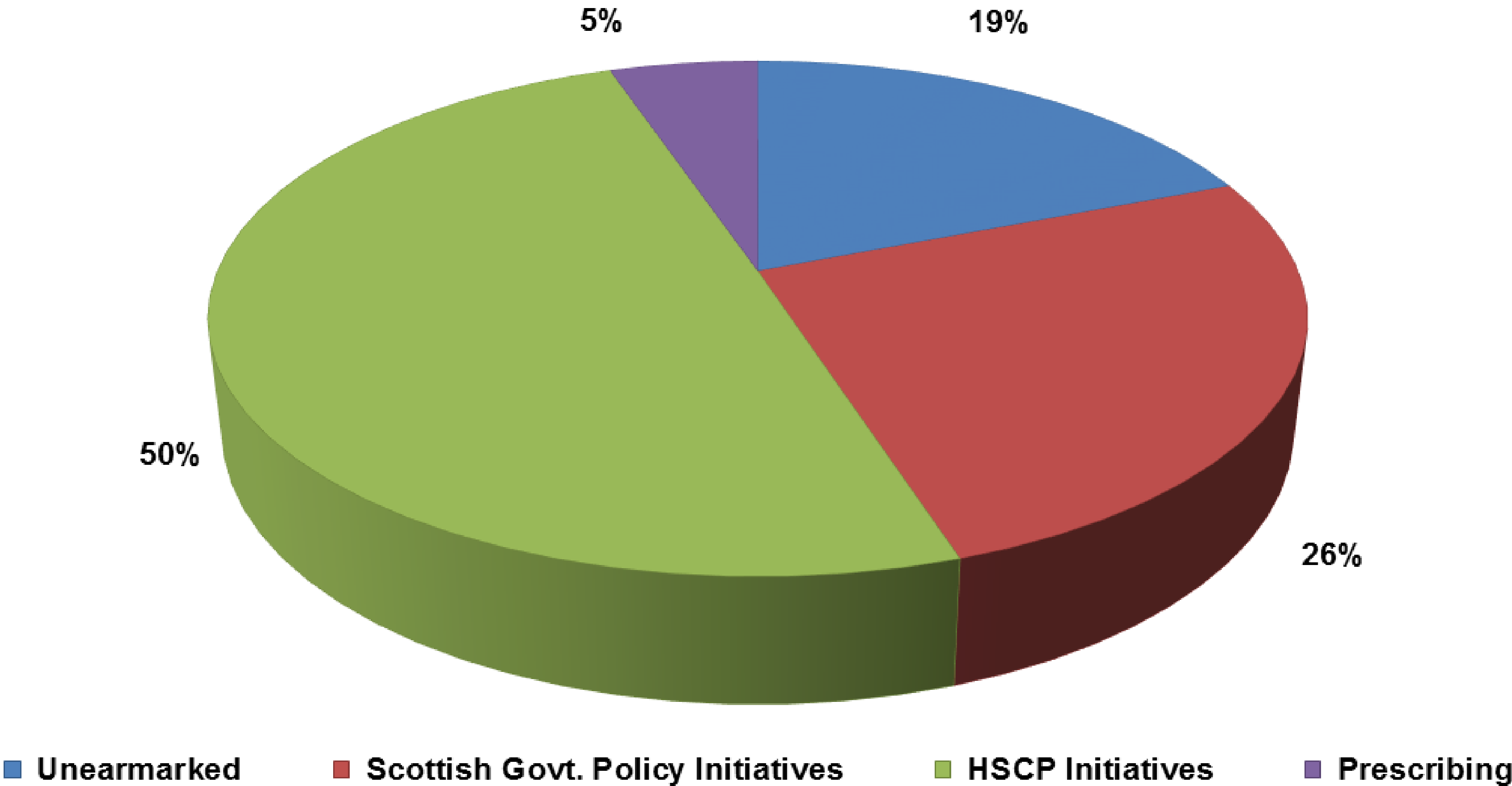
This deficit was partially funded by a planned drawdown of earmarked reserves of £3.866m and recovery planning measures of £1.932m leaving a net deficit of £1.731m. Reserves are classified as either:

- Earmarked Reserves – separately identified for a specific project or ring-fenced funding stream e.g. Mental Health Renewal and Recovery, Alcohol and Drug Partnership and Service Redesign and Transformation; or
- Unearmarked Reserves – this is held as a contingency fund to assist with any unforeseen events or to smooth out the financial position of current year finances if approved savings programmes do not deliver as anticipated.

The HSCP Board have an approved Reserves Policy which sets out the legal basis for holding reserves and the process of applying those reserves. It is recognised reserves are a key element in demonstrating financial stability in the medium to long term. Therefore, the current policy strives to hold 2% of total budget in unearmarked reserves, for 2023/24 this was approximately £4.2m.

The diagram below provides a high level representation on the type of reserves held to be utilised in the delivery of our strategic priorities and national policy commitments.

High Level Analysis of 2023/24 Earmarked and Unearmarked Reserves



The movement in earmarked reserves is an overall decrease of £6.775m (including reallocations), bringing the closing balance to £15.100m. There were a number of drawdowns and additions amounting to £9.906m and £3.131m respectively.

The movement in unearmarked, general reserves is an overall decrease of £0.754m, bringing the closing balance to £3.554m which, at 1.68%, is below the 2% target as set out in the Reserves Policy.

The final outturn position for 2023/24 illustrates the extent of the challenge facing the HSCP. Additional efficiencies in excess of those required to balance future years budgets will be required to replenish un-earmarked reserves in line with the 2% in the short to medium term.

Medium Term Financial Outlook

Achieving financial sustainability in the short, medium and longer-term is one of the HSCP Board’s main strategic risks. The requirement to both remain within budget in any given financial year and identify savings and efficiencies in the medium to long-term places significant risk on the HSCP Board’s ability to set a balanced budget and continue to deliver high quality services. Although underpinned by legislation, this risk may impact on the ability of the HSCP Board to ensure that the Best Value principles of economy, efficiency and effectiveness continue to be a top priority of the Board.

Throughout 2023/24 West Dunbartonshire HSCP Board continued to demonstrate our commitment to strong financial governance through our performance reporting and this annual report. The ability to hold reserves supports our short and medium-term position as we face the challenges for 2024/25 in delivering the strategic outcomes contained within the 2023 - 2026 Strategic Plan – Improving Lives Together, shaped by our Strategic Needs Assessment.

The Medium-Term Financial Plan (MTFP) was refreshed as part of the 2022/23 Revenue Budget exercise and approved by the Board on the 21 March 2022 and covers the period 2022/23 to 2026/27. The plan will be updated again and reported to the HSCP Board in August 2024.

The HSCP Board revenue budget for 2024/25 to deliver our strategic priorities is £238.437m, including £40.596m relating to set aside and £0.329m relating to budget managed by West Dunbartonshire Council for Assisted Garden Maintenance and Aids and Adaptations. The budget identified a potential funding gap of £10.838m which will be addressed through an application of earmarked reserves (£2.150m), a range of savings options (£1.109m) and management actions (£3.879m), and a saving on employer’s superannuation (£3.700m).

In 2024/25 we will closely monitor progress on the delivery of its approved savings programmes, through robust budget monitoring processes, the Senior Management Team, and the Project Management Office (PMO).

We will respond to these challenges by continuing to build on the strong governance frameworks already in place and continue to engage and collaborate with our stakeholders, manage and mitigate risk and invest in our workforce and communities.

The Scottish Government has published its Public Sector Pay Policy in May 2024 which shows an improved position regarding inflationary expectations; however, its Medium-Term Financial Plan has been delayed due to the announcement of the UK general election on 4 July 2024 which adds a further layer of risk to our financial stability going forward.

The indicative budget gaps for 2025/26 and 2026/27 are detailed below and illustrate the scale of the risk. These will be subject to change as the full impact of the 2024/25 pay settlements for local government employed staff is revealed as well as other inflationary and service demand pressures arising from the current cost of living crisis.

Indicative Budget Gaps for 2024/25 to 2026/27

Budget Gap Analysis	2024/25 £000	2025/26 £000	2026/27 £000
Social Care	96,765	104,339	111,967
Health Care	111,586	113,435	115,358
Set Aside	40,596	40,596	40,596
Total Indicative Spend	248,947	258,370	267,921
West Dunbartonshire Council	88,948	93,409	98,333
NHSGCC	108,565	109,236	109,920
Set Aside	40,596	40,596	40,596
Total Resources	238,109	243,241	248,849
Indicative Budget Gap	10,838	15,129	19,072
Cumulative Budget Gap	10,838	25,967	45,039
Management Adjustments	3,879	3,142	3,142
Savings Options	1,109	1,535	1,535
Superannuation Savings	3,700	3,700	3,700
Application of Reserves	2,150	1,809	195
Measures to Balance the Budget	10,838	10,186	8,572
Indicative Budget Gap	0	4,943	10,500
Cumulative Budget Gap	0	4,943	15,443

The current medium-term financial plan sets out the broad key themes on how we will work towards minimising future pressures and remain financially sustainable. These are:

- Better ways of working – integrating and streamlining teams including the benefits of information technology to deliver services more efficiently will release financial savings and protect front line services;
- Community Empowerment - support the vision for resilient communities with active, empowered and informed citizens who feel safe and engaged to be a main contributor to service change across health and social care;
- Prioritise our services – local engagement and partnership working are key strengths of the HSCP. We must think and do things differently and find new solutions to providing support to those who need it;
- Equity and Consistency of approach – robust application of Eligibility Criteria for new packages of care and review of current packages using the My Life Assessment tool; and
- Service redesign and transformation – build on the work already underway redesigning support to people to remain or return to their own homes or a homely setting for as long as possible. This will be across all care groups including older people, learning disability, physical disability, mental health and children and families, in partnership with Housing services, third sector and local providers.

The HSCP Board is clear that it needs to be as financially well placed as possible to plan for and deliver services in a challenging financial climate, whilst maintaining enough flexibility to adapt and invest where needed to redesign and remodel service delivery moving forward depending on the funding available in future years.

Through 2024/25 the Financial Performance Reports will continue to reflect all quantifiable variations against the approved budget as well as anticipating and reporting on any material changes or risks.

Good Governance

As stated above, the HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively, i.e. demonstrate Best Value.

The HSCP Board is the key decision making body, comprising of six voting members, with one from each partner organisation assuming the role of Chair and Vice Chair. West Dunbartonshire Council nominates three elected members and NHSGGC Health Board nominates three non-executive members. There are also a number of non-voting professional and stakeholder members on the HSCP Board. Stakeholder members currently include third sector, Carer and staff-side representatives; professional members include the Chief Officer and Chief Financial Officer.

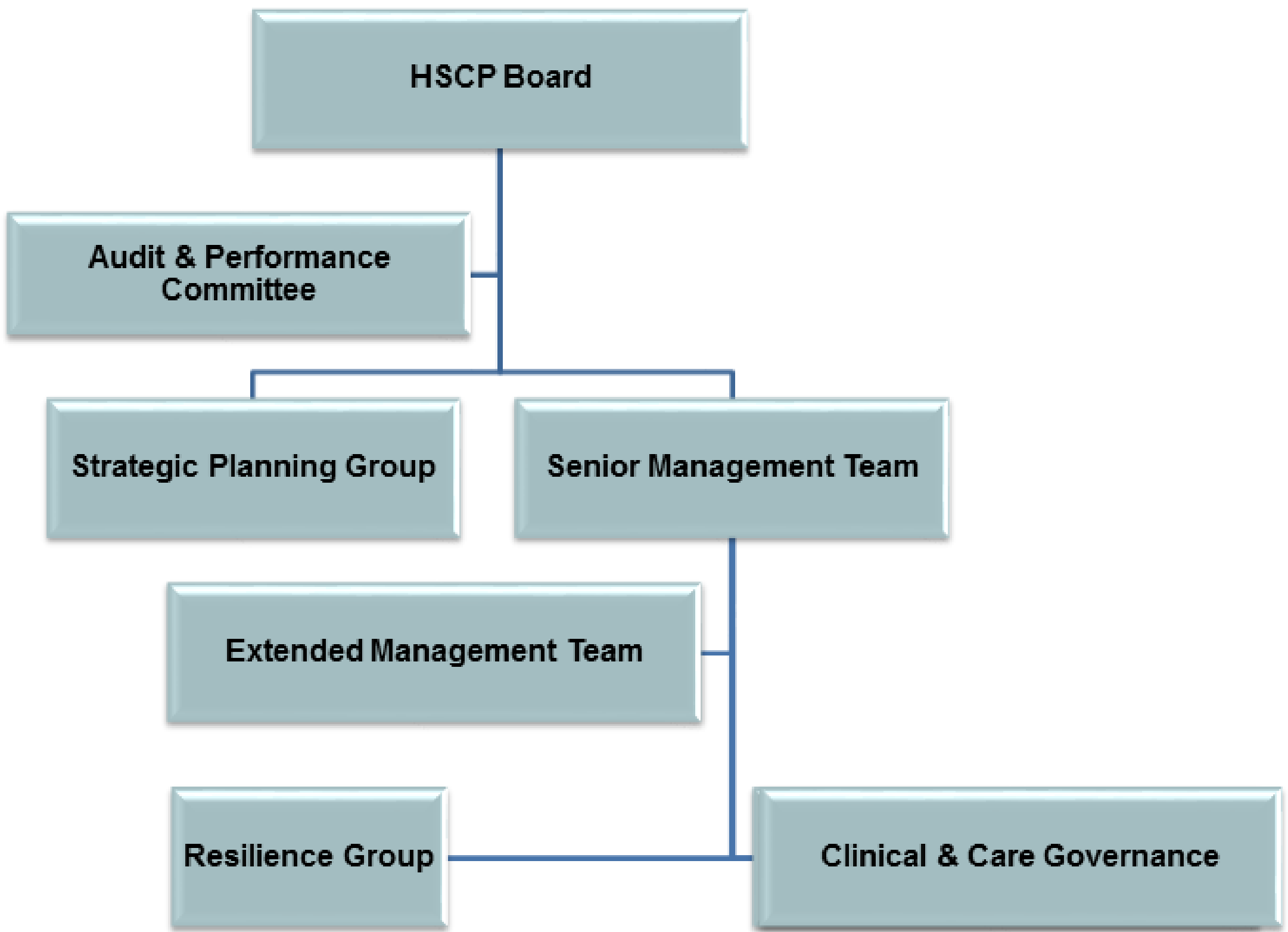
The HSCP Board is scheduled to meet six times per year and all agendas and meeting papers are available on the HSCP Board website.

While regular financial and performance reporting provides evidence of this, to fully meet this responsibility the HSCP Board continues to have in place robust arrangements for the governance of its affairs and the effectiveness of its functions, including the identification, prioritisation and the management of risk. It has an established Audit and Performance Committee to support the Board in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge and promoting a culture of continuous improvement in performance.

In discharging this responsibility the Chief Officer has put in place arrangements for governance which includes a system of internal control. The system is intended to manage risk to a reasonable level and to support the delivery of the HSCP Board’s policies, aims and objectives.

The Chief Internal Auditor reports directly to the HSCP Board’s Audit and Performance Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit and Performance Committee on any matter.

The business of the HSCP Board is managed through a structure of strategic and financial management core leadership groups that ensure strong integrated working. A summary of this is illustrated below.



Governance 2023/24

The 2023/24 Internal Audit Annual Report for the HSCP Board identifies no significant control issues.

Overall, the Chief Internal Auditor’s evaluation of the control environment concluded that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2024 within the Council and the Health Board from which the Health and Social Care Partnership Board requires to receive assurances and within the Health and Social Care Partnership Board itself.

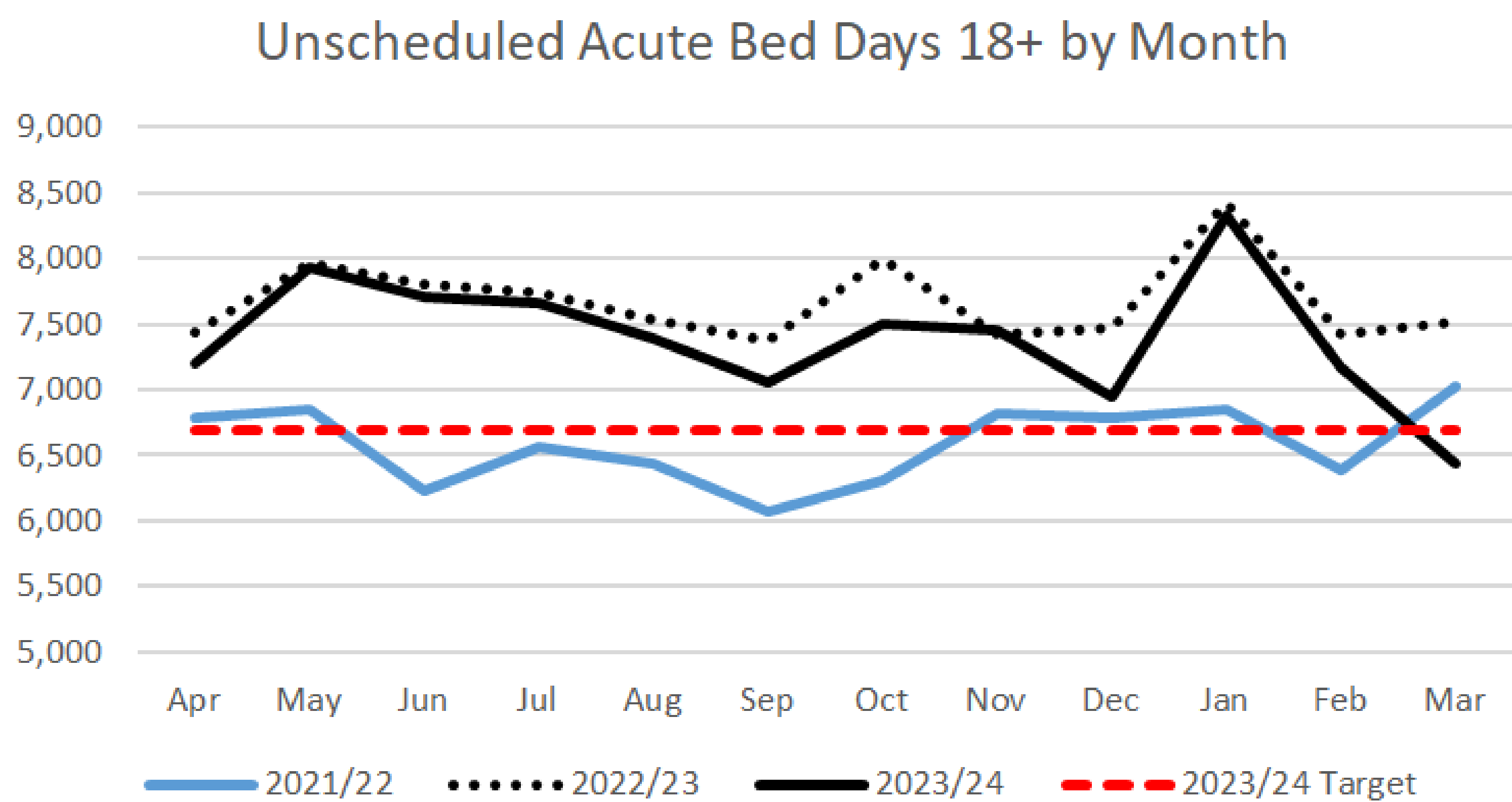
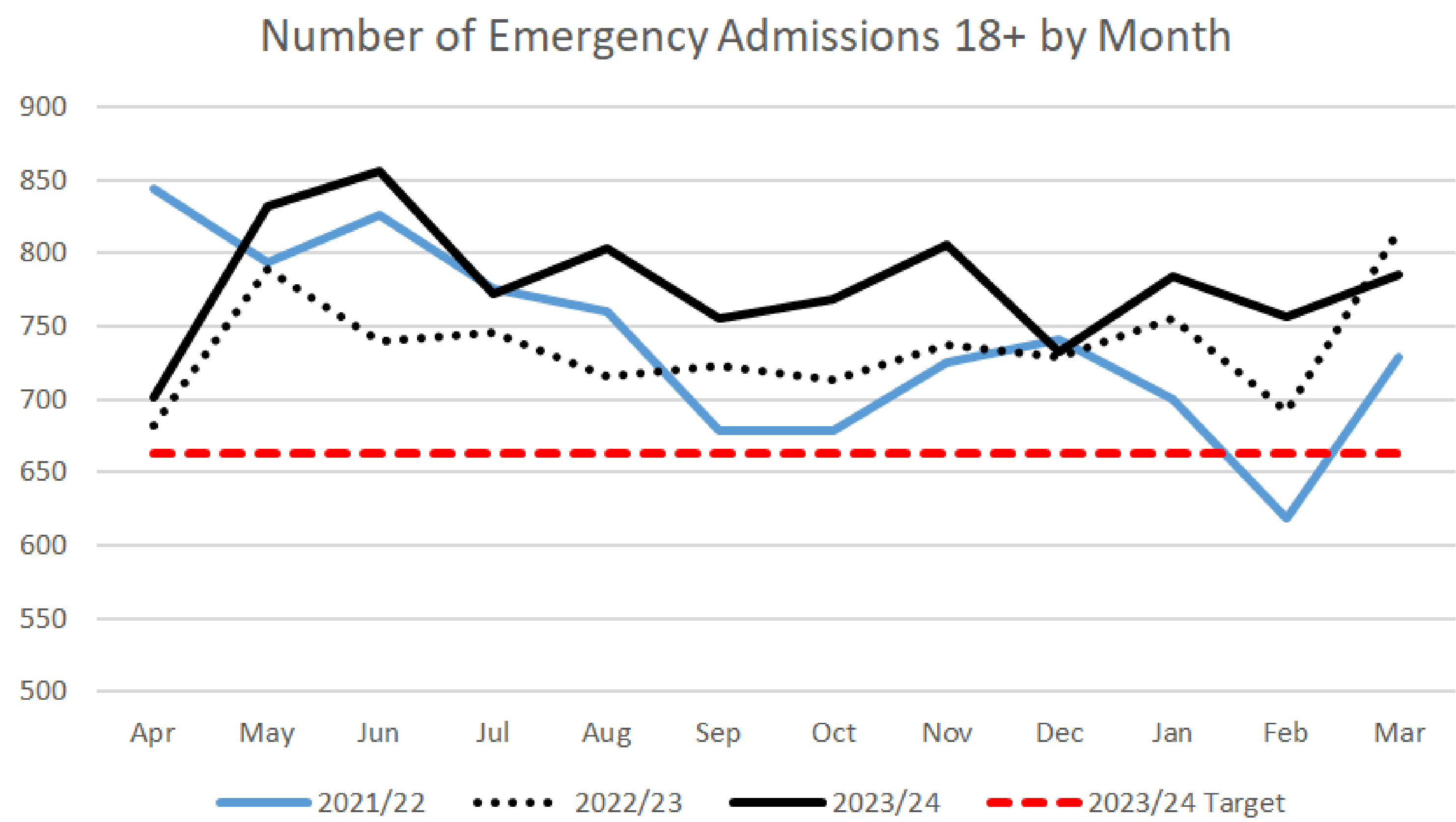
Appendix 1: Core Integration Indicators

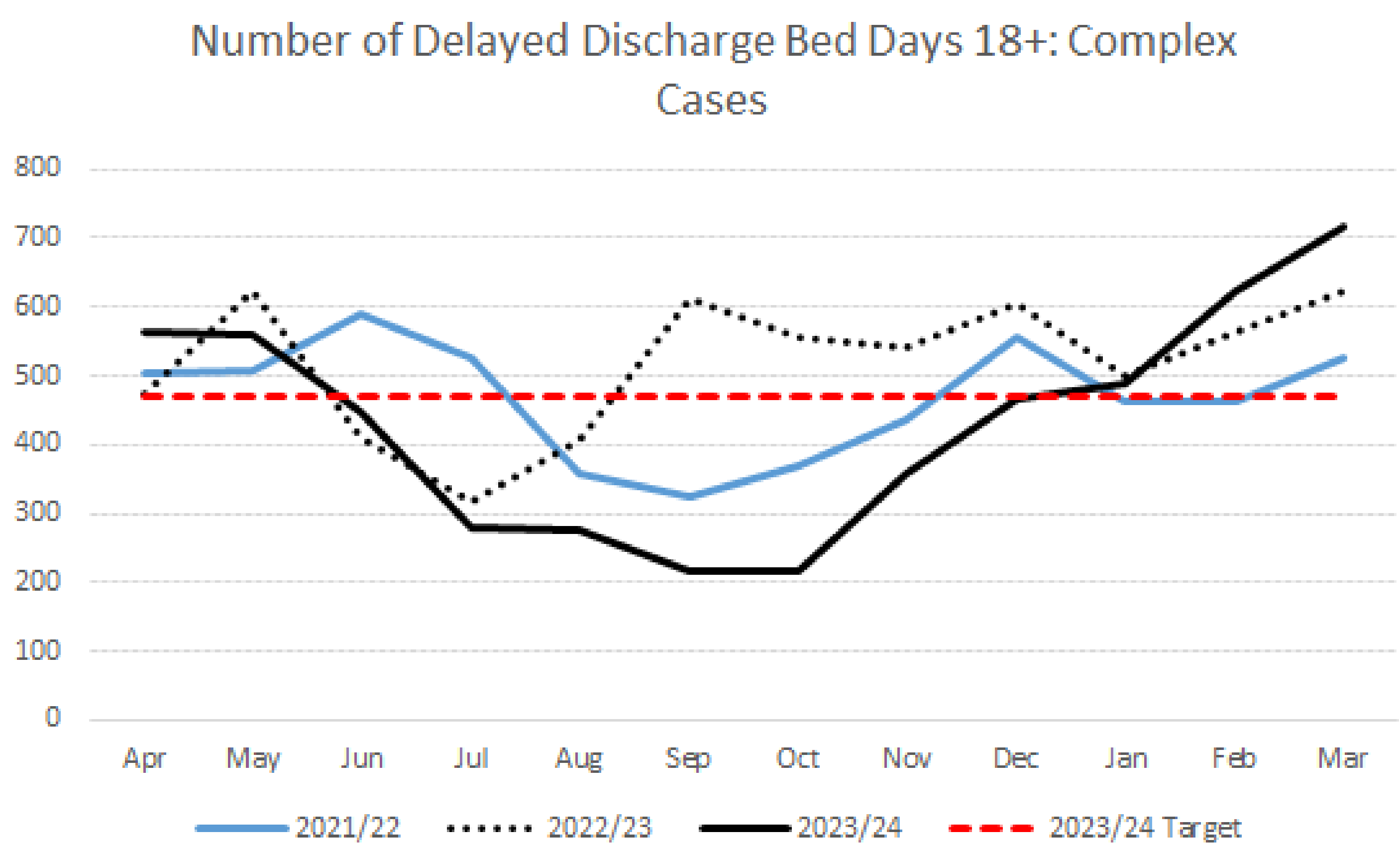
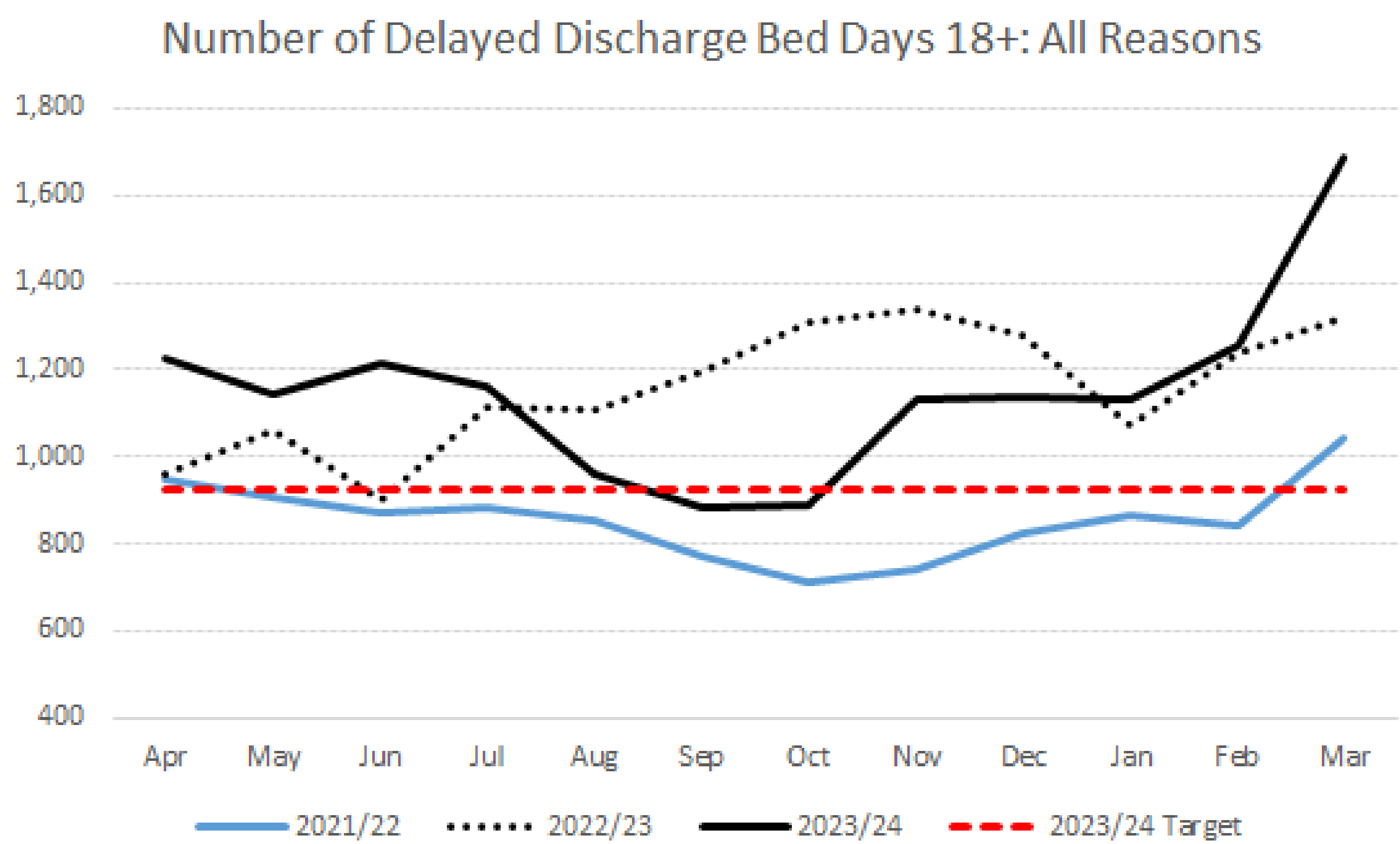
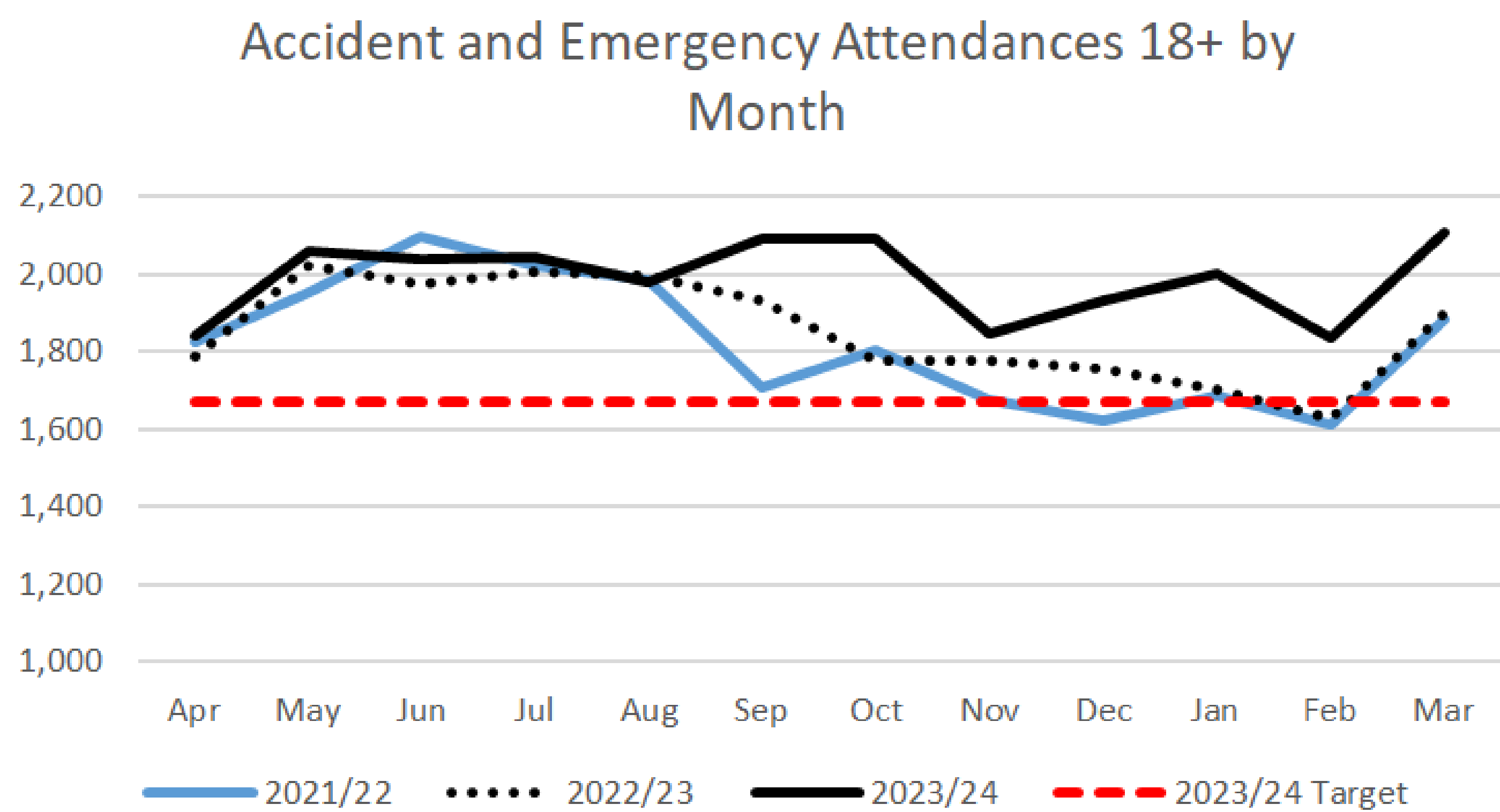
Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
NI-1	Percentage of adults able to look after their health very well or quite well	2021/22	89.9%	90.9%	23	
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible	2021/22	83.2%	78.8%	6	
NI-3	% of adults supported at home who agree that they had a say in how their help, care or support was provided	2021/22	75.1%	70.6%	6	
NI-4	Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated	2021/22	77.2%	66.4%	3	
NI-5	Percentage of adults receiving any care or support who rate it as excellent or good	2021/22	77.5%	75.3%	12	
NI-6	Percentage of people with positive experience of the care provided by their GP practice	2021/22	64.6%	66.5%	20	
NI-7	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	2021/22	85.7%	78.1%	2	
NI-8	% of carers who feel supported to continue in their caring role	2021/22	31.7%	29.7%	9	
NI-9	Percentage of adults supported at home who agree that they felt safe	2021/22	87.9%	79.7%	3	
NI-11	Premature mortality rate per 100,000 persons	2022	551	442	30	
NI-12	Rate of emergency admissions per 100,000 population for adults	2023	13,602	11,614	25	
NI-13	Rate of emergency bed days per 100,000 population for adults	2023	139,029	110,257	29	
NI-14	Rate of readmission to hospital within 28 days per 1,000 discharges	2023	83	104	6	
NI-15	Proportion of last 6 months of life spent at home or in a community setting	2023	88.2%	89.2%	22	
NI-16	Falls rate per 1,000 population aged 65+	2023	23.7	22.7	21	
NI-17	% Proportion of care services graded "good" or better in Care Inspectorate inspections	2022/23	82.1%	75.2%	6	
NI-18	Percentage of adults (18+) with intensive care needs receiving care at home	2023	70.2%	64.8%	6	
NI-19	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	2023/24	1,327	902	27	

Appendix 2: Local Government Benchmarking Framework

Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking in Scotland	WD Ranking in Family Group	5 Year Trend
LGBF1	Balance of Care for looked after children: % of children being looked after in the Community	2022/23	88.5%	89.9%	15	4	
LGBF2	The gross cost of "children looked after" in residential based services per child per week £	2022/23	£4,050	£4,804	17	4	
LGBF3	The gross cost of "children looked after" in a community setting per child per week £	2022/23	£250.59	£422.30	4	3	
LGBF4	Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review	2022/23	72.3%	82.1%	32	32	
LGBF5	% Child Protection Re-Registrations within 18 months	2022/23	0%	5.62%	1	1	
LGBF6	% Looked After Children with more than one placement within the last year	2022/23	14.2%	17.2%	12	5	
LGBF7	Self directed support spend for people aged over 18 as a % of total social work spend on adults	2022/23	1.76%	8.72%	32	8	
LGBF8	Home care costs for people aged 65 or over per hour £	2022/23	£39.01	£30.45	23	5	
LGBF9	% of people aged 65 and over with long-term care needs who receiving personal care at home	2022/23	71.1%	61.54%	3	2	
LGBF10	Net Residential Costs Per Capita per Week for Older Adults (65+)	2022/23	£646	£684	14	4	

Appendix 3: Ministerial Steering Group Performance






Appendix 4: HSCP Strategic Plan Key Performance Indicators

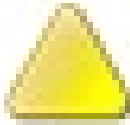
Target Type


L = Local


N = National

















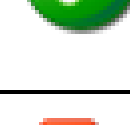

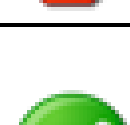

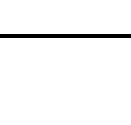
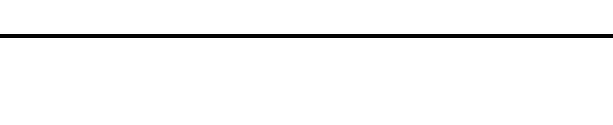




M = Monitoring only - no target set

 Target achieved

 Target narrowly missed





















 Target missed by 15% or more

 Data only - no target set

Caring Communities						
Target Type	Performance Indicator	2022/23	2023/24			5 Year Trend
		Value	Value	Target	Status	
L	Percentage of carers who feel able to continue in their caring role when asked through their Adult Carer Support Plan	93.7%	92.8%	95%		
L	Percentage of carers who feel willing to continue in their caring role when asked through their Adult Carer Support Plan	92.9%	94.2%	95%		
L	Number of Adult Carer Support Plans completed	146	211	N/A		
L	Balance of Care for looked after children: % of children being looked after in the Community	88.5%	88.9%	90%		
M	Number of Looked After Children	466	506	N/A		
M	Number of Looked After children looked after in a residential setting	50	56	N/A		
M	Number of Looked After children looked after at home with parents	59	66	N/A		
M	Number of Looked After children looked after by foster carers	112	128	N/A		
M	Number of Looked After children looked after in other community settings	245	256	N/A		
N	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	99.1%	100%	90%		
L	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	9	6	18		
N	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	43.3%	60.2%	90%		
N	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	95.9%	98.6%	90%		

Safe and Thriving Communities						
Target Type	Performance Indicator	2022/23	2023/24			5 Year Trend
		Value	Value	Target	Status	
N	Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%		
N	Percentage of child protection investigations to case conference within 28 days	New PI	80.6%	95%		New PI
M	Number of Child Protection investigations	253	291	N/A		
M	Number of children on the Child Protection Register at end of reporting period (Excluding temporary and transfers in)	51	58	N/A		
M	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	536	454	N/A		
M	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	91	105	N/A		
N	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	85%	76%	100%		
N	Number of delayed discharges over 3 days (72 hours) non-complex cases	14	23	0		
L	Number of bed days lost to delayed discharge 18+ All reasons	13,905	13,819	11,124		
L	Number of bed days lost to delayed discharge 18+ Complex Codes	6,236	5,212	5,623		
L	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	11,390	10,765	9,112		
L	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	4,912	4,248	3,930		
L	Number of clients receiving Home Care Pharmacy Team support	1,129	1,065	1,248		
L	Number of people receiving Telecare/Community Alarm service - All ages	1,942	1,869	1,942		
L	Number of people receiving homecare - All ages	1,416	1,361	1,200		
L	Number of weekly hours of homecare - All ages	10,386	9,338	9,000		
L	Percentage of people who receive 20 or more interventions per week	39.5%	40%	40%		
L	Percentage of homecare clients receiving personal care	99.2%	99.6%	99%		

Equal Communities						
Target Type	Performance Indicator	2022/23	2023/24			5 Year Trend
		Value	Value	Target	Status	
N	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	72.4%	68.1%	98%		
N	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	84.2%	80.3%	80%		
N	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	27.9%	49.7%	80%		
L	Percentage of children from BME communities who are looked after that are being looked after in the community	86.2%	86.2%	90%		
L	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	66.7%	80%	80%		

Healthy Communities						
Target Type	Performance Indicator	2022/23	2023/24			5 Year Trend
		Value	Value	Target	Status	
L	Number of emergency admissions 18+	8,841	9,354	7,958		
L	Number of emergency admissions aged 65+	4,738	4,914	4,265		
L	Emergency admissions aged 65+ as a rate per 1,000 population	276.4	275.9	240		
L	Number of unscheduled bed days 18+	92,107	88,782	80,375		
L	Unscheduled acute bed days (aged 65+)	67,185	64,447	58,262		
L	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	3,919.3	3,618.4	3,271		
L	Number of Attendances at Accident and Emergency 18+	22,261	23,868	20,020		
N	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	43%	44%	90%		
N	Prescribing cost per weighted patient (Annualised)	£185.96	£193.03	£199.38		
N	Compliance with Formulary Preferred List	77.65%	74.34%	78%		

Appendix 5: HSCP Strategic Plan 2023-26 Delivery Plan Actions

Caring Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Progress the recruitment of a Community Participation Officer.	<div><div>100%</div></div>	✔	30-Apr-23	Recruitment process complete.	S&T
Review and update the HSCP Participation and Engagement Strategy.	<div><div>90%</div></div>	▶	30-Sep-24	This work is well advanced. The draft strategy will be presented to the Senior Management Team (SMT) on 25 September 2024 and then to the Integration Joint Board (IJB) for approval on 19 November 2024.	S&T
Review the role and function of Local Engagement Networks and the role of existing channels, including communities of interest and geography, in the service planning process and the development of locality plans.	<div><div>70%</div></div>	▶	30-Sep-24	Work is ongoing to refresh the local locality groups. This will be complete by the end of the year. In August 2024 the IJB provided approval to seek new non-voting members for the IJB from communities of interest, building on the recently established participation and engagement group.	S&T
Train our staff and embed the use of guidance for public engagement (rolling programme).	<div><div>0%</div></div>	▶	31-Mar-25	The Participation and Engagement Strategy will be presented to the IJB for approval on 19 November 2024. This training is an essential element to embedding the strategy across HSCP teams and will be rolled out in line with the agreed timescale.	S&T
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.	<div><div>75%</div></div>	▶	31-Oct-24	Work is well advanced. The project will formally launch before the end of the financial year.	S&T
Strengthen the voice and include the views of the people who use our services in our individual care planning approach using My Assessment tools.	<div><div>100%</div></div>	✔	31-Mar-24	The implementation of My Assessment and My Plan documentation was initiated on a phased approach across Children and Families Services between April and July 2023. A guidance document for practitioners and training sessions were delivered with the document, strengthening the recorded view of children and young people being at the centre of practice and care planning. Ongoing evaluation of the implementation of the assessment and planning document is in place and supported and reported through the Project Management Office (PMO). Strengthening our commissioning of advocacy services for children is underway with Who Cares? as we anticipate a planned increase in the services delivering advocacy support for children and young people. Commissioning to support the delivery of our Champions' Board is underway and the Strategic Plan for the Champions' Board is being progressed by the Promise Keeper given the clear alignment with our Promise implementation and young people's voices.	CHC&J
Develop and implement a transition plan for people transitioning between children and adult social care services.	<div><div>75%</div></div>	▶	30-Sep-24	Joint working ongoing with draft papers drawn up and further meetings arranged.	MHLD&A
Undertake service design and improvement activity regarding how partners and people who use our services access HSCP services.	<div><div>50%</div></div>	▶	31-Mar-25	This action captures a number of key priority workstreams which includes the redesign of care at home services. Key improvement projects are presented to the IJB as standalone reports in order that Members can be updated on progress and any emerging issues. The PMO also oversees all change projects and meets on a monthly basis in order to ensure progress is in line with agreed deadlines.	S&T
Implement the action plan arising from the inspection of Fostering and Adoption Services.	<div><div>100%</div></div>	✔	31-Mar-24	Delays in permanency planning have been evident for some time. A newly created Permanency Team has just been recruited to, with agreed reconfiguration of social work resource to progress children's plans with a pathway of referral identified following a legal advice meeting recommending permanence. Our development of reportable data from CareFirst in relation to delays within the process is being developed to ensure there is clear oversight of any delays in plans for children by operational and senior managers. An independent reviewing team has been in place since June 2023 to review all looked after children and development of reporting on timescales and performance. Care Inspectorate inspection findings in June 2024 noted significant progress and this was reflected in the grading and findings.	CHC&J

Caring Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Implement the action plan resulting from the inspection of Justice Services	<div><div>100%</div></div>	✔	30-Sep-23	A review of the action plan has taken place in June 2024 with the Care Inspectorate, Head of Service and Justice Service Manager. The service is working to a revised improvement plan with self evaluation a key focus for further development.	CHC&J
Implement the Primary Care Improvement Plan (PCIP)	<div><div>100%</div></div>	✔	30-Apr-24	PCIP Action plan completed in relation to this action. PCIP funded workforce recruited to and PCIP now business as usual. Ongoing meetings to monitor issues but no expansion planned due to limitations in the allocated PCIP budget.	H&CC
Update Getting it Right For Every Child (GIRFEC) guidance. Implement training aligned with new national guidance and appoint a GIRFEC Lead Officer.	<div><div>25%</div></div>	▶	31-Mar-25	A subgroup of integrated children's services planning in now in place. A review of local protocol and assessment tools has taken place and refreshed training will be delivered to align with the revised national guidance in 2024, following the appointment of our Learning and Development Officer which requires to again be readvertised. However agreement has been given by the SMT that two posts will be recruited to for adults and children to support service learning priorities. The job evaluation process is ongoing.	CHC&J
Develop and implement a Children's Services initial response team.	<div><div>90%</div></div>	▶	29-Dec-24	All governance processes and consultation have concluded. Internal recruitment has concluded and external adverts are now being progressed to establish the new Children and Families Help and Support Team: service name arrived at through consultation with families and young people.	CHC&J
Review support workers and alternative to care model to ensure provision of early help and support and the prevention of children entering into care.	<div><div>15%</div></div>	▶	31-Dec-24	This is a defined workstream as part of the new strategy Improving Lives with Children and Young People in West Dunbartonshire - What Would it Take? Early scoping work regarding a reconfigured Family Support Service is underway but there is much more work required. A temporary appointment of an Acting Senior Manager to help support this work is underway due to long-standing absence which has delayed progress in taking this work forward. The 5 year strategy and associated Medium Term Financial Plan will be presented to the IJB.	CHC&J
Train and recruit staff to implement Caledonian System pathways and promote mandated and non-mandated access to the programme, to reduce risk to women and girls.	<div><div>100%</div></div>	✔	31-Jul-23	All staff have now been trained by the National Caledonian Team. This was concluded in December 2023. Mandated community sentences from Sheriffs are now taking place with implementation of the programme now live.	CHC&J
Continue to collaborate with Acute services, other HSCPs and Primary Care services to drive forward service improvements that will progress the strategic priorities of NHS Greater Glasgow and Clyde's Moving Forward Together plan.	<div><div>100%</div></div>	✔	31-Mar-24	Collaboration is ongoing across Greater Glasgow and Clyde as the Moving Forward Together (MFT) agenda progresses. This links with the Board-wide Primary Care Strategy as it develops as MFT is also incorporated within this programme.	H&CC
Develop and implement a five-year strategic approach – What Would it Take? – across Children's Services	<div><div>100%</div></div>	✔	31-Mar-24	The Strategy was presented to the IJB with the associated Medium Term Financial Plan in March 2024 and approved programme board is in place to support implementation.	CHC&J
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.	<div><div>75%</div></div>	⛔	30-Sep-23	There remains uncertainty about the future direction of this work. Work is ongoing to redraft a quality framework however it is unlikely this will be presented to the IJB until the end of the financial year.	S&T
Ensure planned audit and self-evaluation activities are in place across service areas to drive improvement.	<div><div>75%</div></div>	⛔	31-Mar-24	A schedule of audit has been developed across Children's Health and Justice with supervision and recording keeping being core to all service areas. An audit framework is in draft and a schedule of annual planned is updated year on year.	CHC&J
Implement independent reviewing arrangements for all looked after children.	<div><div>100%</div></div>	✔	31-Mar-23	The independent reviewing officers have been in post since June 2023 and all looked after children are being reviewed subject to statutory timescales.	CHC&J
Develop and implement the Local Carers Strategy with unpaid carers and providers of carer support services, taking into account the impact of Covid-19	<div><div>100%</div></div>	✔	28-Mar-24	The Local Carers Strategy was approved by the IJB on 28 March 2024. The implementation of this work is overseen by the Carers Development Group and reported annually to the IJB.	S&T
Monitor and evaluate the impact of the Local Carers Strategy on an ongoing basis, factoring in early preparations for the next revision.	<div><div>100%</div></div>	✔	30-Sep-23	Annual reports are presented to the IJB in respect of the progress of the Carers Strategy.	S&T
Further develop our support to kinship carers and provide access to regular support and learning opportunities to help sustain the care of children and young people.	<div><div>25%</div></div>	⛔	31-Mar-24	The development of this work is still at early stages and the Head of Service is engaging with local kinship group to progress this work. The service is in discussion with Association of Adoption Kinship Fostering to ensure independent scrutiny on all kinship assessment as part of permanence planning.	CHC&J

Caring Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Support and enhance our foster carer provision and ensure training needs are met and support is provided, to ensure high quality care experiences for children and young people.	<div><div></div></div> 35%		31-Mar-24	This is an identified workstream as part of our What Would It Take? strategy and further development is required following approval of the strategy and associated financial plan by the IJB in February 2024.	CHC&J
Develop a parenting strategy to ensure that the needs of parents and carers are met and access to services is in place, aligned to families' assessed needs.	<div><div></div></div> 10%		31-Mar-25	A refresh of West Dunbartonshire exiting strategy is required aligned to Integrated Children's service planning. An updated on timescales is required as this work will not be able to be completed within the timeframe set out.	CHC&J

Safe and Thriving Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Implement learning and development across the workforce and quality assurance with three additional posts aligned to Child and Adult Protection Committees.	<div><div></div></div> 70%		31-Jul-24	The IJB approved recruitment of a Principal Social Work Officer and learning and development posts in 2023 This posts were approved for recruitment by the SRRG who consider all council posts in February 2024. The posts are currently still subject to job evaluation. In the interim learning and development opportunities are being commissioned and our lead officers for children and adults are delivering appropriate protection training in line with National Guidance.	CHC&J
Implement the recommendations from the recent inspection of Adult Support and Protection.	<div><div></div></div> 80%		30-Sep-24	Extensive work has been progressing to meet the learning from the inspection. Tripartite audit took place in February 2024.	MHLD&A
Implement improvement plan based on the joint inspection of services for children and young people at risk of harm.	<div><div></div></div> 70%		31-Mar-24	Significant progress has been achieved in taking forward the action plan following the Inspection of Children at Risk of Harm. Longer term actions have been embedded within the Integrated Children's Services Plan reporting to Community Planning and Child Protection Committee where these actions will be progressed. A review of all actions is being concluded and remaining actions are being aligned to the HSCP Strategic Plan Delivery Plan and relevant service areas.	HSCP
Refresh our violence against women and girls oversight in relation to domestic abuse.	<div><div></div></div> 100%		30-Sep-23	The strategic group has now been established with an identified chair. The West Dunbartonshire Strategy is currently in development and will report through the Public Protection Chief Officers Group and Community Planning. A Co-ordinator has now been appointed to support partners to strengthen and lead this work.	CHC&J
Implement National Child Protection Guidance 2021.	<div><div></div></div> 90%		30-May-25	The North Strathclyde partnership commissioned an update of the West of Scotland Child Protection procedures. This work was completed in March 2023 and local updates have been completed to reflect West Dunbartonshire Guidance. Refreshed Child Protection training dates are in place and being delivered from September 2024.	CHC&J
Adopt national Adult Protection measures and report through the Adult Protection Committee.	<div><div></div></div> 85%		31-Mar-24	The implementation of Adult Protection national dataset has been progressed. Reporting is now aligned to the national minimum dataset.	MHLD&A
Implement phase two of the national measures and report through the Child Protection Committee.	<div><div></div></div> 100%		31-Mar-24	Version 2 of the Child Protection Minimum Dataset was implemented from April 2023. We continue to work with partner organisations to enhance our local datasets for Child Protection.	CHC&J
Implement the Scottish Child Interview Model (SCIM) as part of a revised model of "duty", to ensure initial service responses to concerns are robust and timely.	<div><div></div></div> 100%		31-Mar-24	The model has been implemented in West Dunbartonshire. An oversight group has been developed between West Dunbartonshire and Argyll and Bute. The SCIM model will be aligned to the revised duty model in 2024. Updates to Child Protection Committee and developments of local data is now established. Staff are benefiting from the national training on SCIM which has been implemented.	CHC&J
Work with West Dunbartonshire Council to carry out a review of older people's housing options, including a review of sheltered, amenity and retirement housing.	<div><div></div></div> 5%		30-Sep-24	Some progress has been made and the HSCP now plays an active role in the Housing Emergency Steering Group. However, resource pressures across the HSCP and housing teams mean that this work is unlikely to be fully achieved within the original timescales.	S&T
Work with West Dunbartonshire Council to review its adaptations approach in alignment with anticipated updated policy guidance from the Scottish Government.	<div><div></div></div> 5%		31-Mar-25	Some progress has been made and the HSCP now plays an active role in the Housing Emergency Steering Group. However, resource pressures across the HSCP and housing teams mean that this work is unlikely to be fully achieved within the original timescales.	S&T
Continue to work with colleagues in West Dunbartonshire Council to ascertain demand for specialist accommodation, for example for people with learning disabilities, and develop new suitable properties where appropriate.	<div><div></div></div> 70%		31-Mar-26	Excellent progress has been achieved in some areas, for example within mental health and learning disabilities, with progress achieved in respect of St Andrews Way and Davidson Road projects. However, further work is required in respect of the provision of children's residential houses.	S&T

Safe and Thriving Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Work with colleagues in West Dunbartonshire Council to review our children’s homes to seek an optimum model for replacement linked to the development of supported accommodation for care leavers.	<div><div></div></div> 40%	<div></div>	31-Mar-25	The business case is currently in development and requires to be available to the Council in order for this to be built into the capital spend programme for 2024/2025. A working group has been set up led by the Head of Service for Strategy and Transformation to progress this. Visits to the Children’s Houses have taken place with the Chief Executive and Elected Members who are supportive of a replacement build.	CHC&J
Implement a custody-to-community subgroup of the Community Justice Partnership.	<div><div></div></div> 100%	<div></div>	31-Mar-24	A full time Community Justice Co-ordinator is now in post and the development of our Community Justice Outcomes Improvement Plan include development of a dedicated group to look at this pathway, as a priority area in relation to our Community Justice activity. The group is now well establish with membership and Terms of Reference agreed. All partners are contributing to the delivery of the Community Justice Outcome Improvement Plan which is reported to Community Planning.	CHC&J
Implement the “outcome stars” programme to improve outcome measuring and reporting for people who are the subject of justice interventions.	<div><div></div></div> 25%	<div></div>	31-Mar-24	A revised timeline has been implemented to further progress the outcomes star to full implementation by December 2025. Increased caseloads across all domains of the Justice Service has negatively impacted on this action being deliverable.	CHC&J
Increase the skills and opportunities for learning and employment among adult offenders subject to Community Payback Orders (CPOs).	<div><div></div></div> 75%	<div></div>	31-Mar-25	Local Employment Partnership has been instrumental in supporting access to data for employment, training and vocational opportunities for justice service users. Further work in partnership with local colleges is looking to be progressed in this area.	CHC&J
Work with communities to promote awareness and completion (when appropriate) of anticipatory care planning, including power of attorney, to promote a person-centred approach to future planning.	<div><div></div></div> 100%	<div></div>	31-May-23	Future care Planning now embedded in District Nursing and in Care Homes. Performance is monitored via NHS reporting (Unscheduled Care). Next steps are to roll Future Care planning out across integrated teams, including Older People's Mental Health. In addition, the Power of Attorney campaign delivered by the Citizens' Advice Bureau is funded by the HSCP to enable people access Power of Attorney free of legal fees.	H&CC
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.	<div><div></div></div> 40%	<div></div>	30-Sep-25	A locality focussed approach is in progress to review strategic needs data and agree priority areas of focus. These will be medium and long term priorities that will then be considered via the two locality groups and actions agreed and implemented.	H&CC
Establish a reablement approach within Care at Home Services that will promote independence; enable active engagement in meaningful activities; and support and enable positive risk-taking to maximise independence.	<div><div></div></div> 100%	<div></div>	30-Sep-23	Reablement service now established and fully staffed. Impact is monitored and to date demonstrating positive outcomes for service users and a reduction in transfers of care to mainstream care at home.	H&CC

Equal Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Maximise every contact by identifying any wider determinant issue and ensuring patients, clients and their carers are directed to relevant services for help.	<div><div></div></div> 50%	<div></div>	31-Mar-25	The My Life Assessment has been embedded and this has been supported by Just Enough Support Training. A recent evaluation of this work has identified a number of areas for improvement. An improvement plan will be co-produced with staff and service users and reported to the IJB. The timeline has slipped due to vacancies within the Strategy and Transformation service however will be reported to IJB before the end of this financial year.	S&T
Work with community planning partners to proactively support the development and implementation of the Child Poverty Strategy.	<div><div></div></div> 100%	<div></div>	31-Mar-25	This work is complete. The HSCP is embedded within the family prosperity network and active partners in the compilation of bids for additional resources. The Child Poverty Annual Report will be reported to the IJB in November 2024.	S&T
Building on the Shaping Places for Wellbeing Programme, embed the place principles in policy planning.	<div><div></div></div> 100%	<div></div>	31-Mar-24	This work is now complete. Final reports to be presented to the Community Planning Partnership. A suite of information documents pertaining to a range of place and wellbeing outcomes has been developed and published as part of the project legacy work.	S&T
Proactively contribute to the implementation of West Dunbartonshire Council’s Climate Change Strategy.	<div><div></div></div> 100%	<div></div>	31-Mar-24	The WDC climate change group has been re-established. Staff to approach the HSCP directly in respect of any areas where the Partnership may be able to directly support the delivery of outcomes.	S&T
Implement our Equalities Mainstreaming and Outcomes Framework, report on our progress to the HSCP Board and the Risk, Audit and Performance Committee, and plan to review and revise the outcomes within the framework.	<div><div></div></div> 100%	<div></div>	31-Mar-24	The Mainstreaming Equalities group has been established and outcome indicators developed. This work is now embedded and will be reported annually to the IJB via the HSCP Annual Performance Report.	S&T
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.	<div><div></div></div> 45%	<div></div>	28-Feb-26	Extensive work has been undertaken to evaluate and get feedback from staff and patients/carers. Report has been presented to PMO recommending further work to develop Older Adult Mental Health services, ensuring robust and effective care and support.	MHLD&A

Equal Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Develop and implement a mental health and learning disabilities improvement plan to increase community provision across Secondary and Primary Care.	<div><div>100%</div></div>	✔	31-Mar-24	Work is ongoing with Commissioning and Housing to look at service provision. A number of services are being developed and service users are moving into these, providing choice and differing levels of support.	MHLD&A
Review pathways and access to mental health services for children and young people, and further develop early help models of support.	<div><div>100%</div></div>	✔	31-Mar-25	Research was commissioned from, and completed by, Glasgow University by the Health Improvement Team . Families and young people told us there was no family based services in their community which were mental health specific. The HSCP has supported the funding of Neurodiversity Support for young people within the hubs and in schools from mental health Scottish Government funding and use of reserves. The sustainability of the model is currently being considered.	CHC&J
Review the outcomes of a pilot programme on children’s wellbeing carried out in schools and in partnership with education services as part of the Icelandic Planet Youth Model, to better understand mental health support.	<div><div>75%</div></div>	▶	31-May-25	Work is ongoing in relation to Planet Youth work and subject to annual evaluation.	CHC&J
Implement permanence and care excellence measures and use data to drive improvement in permanence planning timescales for children and young people.	<div><div>40%</div></div>	▶	30-Sep-25	This work stream is being taking forward through the children’s 5 year strategy What Would It Take? Progress is in place through our Programme Management Office and CareFirst reporting for children’s permanence journeys is now is place. This was recognised through the Inspection of Fostering and Adoption services in June 2024 and the grading improved to reflect this position.	CHC&J
Working as part of the Community Planning West Dunbartonshire, take an active role in the development and implementation of a suicide prevention programme.	<div><div>10%</div></div>	⛔	31-Mar-24	The suicide prevention group has been in abeyance due to staff changes and capacity challenges. However, the staffing challenges have now been addressed and it is anticipated the group will be relaunched in October 2025. Discrete pieces of work are ongoing in respect of ASSIST training and locations of concern.	S&T
Implement the West Dunbartonshire Alcohol and Drug Partnership (ADP) Strategy.	<div><div>65%</div></div>	▶	31-Mar-25	The strategy was developed over four years ago and the ADP is currently reviewing this and identifying priorities for the year ahead.	MHLD&A
Implement the Medication Assisted Treatment (MAT) Standards Implementation Plan within West Dunbartonshire.	<div><div>75%</div></div>	▶	31-Mar-26	We currently have been informed that 1-5 is Green and 6-10 is probable green, which is the highest scoring. Work is continuing.	MHLD&A
Review Drug Treatment and Testing Order and integration options of nursing services as part of current delivery within the Justice Service.	<div><div>60%</div></div>	⛔	30-Nov-23	Premises have been identified to house the integrated care team within Drug Treatment and Testing Orders. Further work required to return to full operational provision.	CHC&J

Healthy Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Provide trauma-informed training across our workforce, to underpin our approach to engagement.	<div><div>40%</div></div>	▶	31-Mar-25	Service has delivered a range of trauma-informed practice learning and development sessions across Justice, Children's Residential Services and trauma-informed leadership within Children and Families. A working group has been developed to strengthen and roll out our trauma training across the Council and HSCP. A key priority is to ensure that our foster carers and residential staff who have been trained in dyadic dynamic psychotherapy (DDP) and a refresh of this training for residential staff and foster carers is planned.	CHC&J
Develop evaluation framework for adverse childhood experiences evaluation and trauma-informed practice, and strengthen the representation of care-experienced young people through the Champions Board.	<div><div>100%</div></div>	✔	30-Jun-23	The HSCP Trauma-Informed lead has been appointed and a steering group is now in place in order to develop the evaluation of trauma-informed practice for service users and our workforce informed by the national work taking place in relation to outcomes. Who Cares? have now been commissioned to develop our local Champions' Board and children and young people engagement group.	CHC&J
Reduce the use of and harm from alcohol and other drugs.	<div><div>30%</div></div>	▶	31-Mar-26	The ADP has been working to ensure that MAT 1-5 have been implemented, with 6-10 in progress. ADP has reviewed its strategy and has key priorities identified.	MHLD&A
Through the Health Improvement Team, develop a range of interventions linked to cancer prevention, sexual health, physical activity and substance use	<div><div>50%</div></div>	▶	31-Mar-25	Work is ongoing in these areas as a matter of core business. However, the workplan will be refreshed in response to the health and wellbeing survey and the relevant calls for action as outlined in the recent Director of Public Health report "Turning the Tide".	S&T
Contribute to the development and implementation of the West Dunbartonshire Council Active Travel Plan and Open Space Plan.	<div><div>100%</div></div>	✔	31-Mar-24	An Active Travel data sheet has been developed as an outcome of the shaping places for wellbeing work. An Active Travel Group has been established and includes representatives from the Health Improvement Team.	S&T



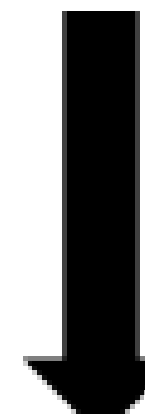

Strategic Enablers					
Workforce					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Develop management to support integration and build leadership capacity at all levels.	<div><div>50%</div></div>	<div></div>	31-Mar-24	We have not met Year One deadline however this is a priority for Year Two within the Workforce Plan Progress Report taken to the IJB in February 2024.	HR
Reflect on the 2023–2026 Strategic Plan and review the workforce plan in line with national and regional policies	<div><div>25%</div></div>	<div></div>	31-Jul-23	A new workforce plan is due to the Scottish Government by October 2025 covering 2025-28 and we are awaiting further guidance. The current workforce plan was developed in light of the pandemic. Our 2025-28 workforce plan will be more closely aligned to the Strategic Plan and Medium and Long Term Financial Plans.	HR
Develop and implement our workforce plan, focusing on staff recruitment, retention, training and health and wellbeing.	<div><div>75%</div></div>	<div></div>	31-Mar-24	Year One progress report was in the Action Plan submitted to IJB in February 2024. The Board approved the 2024–2025 Action Plan, in particular the progress on actions completed in Year One and the planned actions/priorities for Year Two 2024–2025.	HR
Undertake workforce modelling to inform ICT needs, in the context of a blend of office-based, hybrid and home working	<div><div>25%</div></div>	<div></div>	31-Jul-23	HSCP Digital Strategy was approved by the IJB in August 2024. Digital Business Lead in post.	HR
Develop more innovative ways to promote West Dunbartonshire HSCP as an employer of choice.	<div><div>50%</div></div>	<div></div>	31-Mar-24	Recruitment and Retention Group developing pathways and initiatives.	HR
Through the “Just Enough Support” programme, empower staff to empower citizens to take greater responsibility for their own outcomes.	<div><div>100%</div></div>	<div></div>	31-Mar-24	Launched and programme is in place.	HR
Conduct a business support services review	<div><div>40%</div></div>	<div></div>	31-Mar-25	Work is progressing well and a workforce tool has been developed and implemented. It is unlikely that savings will be achieved within the 2024/25 financial year unless a vacancy freeze is implemented in this area. Deep dives are required in respect of a number of key workstreams including minute taking and the blue badge application process. This is the second phase of the work. This project is reported to PMO on a regular basis.	S&T
Finance					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Increase the percentage of the budget spent on ensuring that commissioned social care services are compliant with financial and procurement regulations.	<div><div>50%</div></div>	<div></div>	31-Mar-25	The Commissioning Team is working closely with Procurement colleagues to monitor compliance on a monthly basis. This remains a work in progress although positive steps have been taken to start the development of service specific frameworks which will ensure compliance. The compliance figures alone do not tell the entire commissioning story and work is ongoing to go beyond compliance to ensure ethical commissioning practices are adhered to.	S&T
Strengthen budget-setting arrangements with West Dunbartonshire Council and NHS Greater Glasgow and Clyde, and revise the medium-term financial plan in line with the 2023–2026 Strategic Plan.	<div><div>80%</div></div>	<div></div>	30-Nov-24	The HSCP Board have recognised the complexities of updating the Medium Term Financial Plan when there is significant uncertainty around settlements. They agreed in March to extend the date until November 2024.	Fin
Develop and implement an improved Area Resource Group (ARG) process to ensure that every person who uses our services and their carer, where applicable, is offered the opportunity to have their income maximised annually.	<div><div>100%</div></div>	<div></div>	31-Mar-24	AARG for adult services in progress now.	MHLD&A
Technology					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Develop and implement a project plan for the replacement of the CareFirst Information System.	<div><div>25%</div></div>	<div></div>	31-Mar-26	Work has commenced on the development of a replacement system for CareFirst. The business case will be presented to the PMO before the end of the financial year. The future of this project remains uncertain as it is dependent on its inclusion in the local authority capital plan.	S&T
Increase our focus on the provision of good-quality data, to enable services to monitor and provide effective and efficient health and social care.	<div><div>75%</div></div>	<div></div>	31-Mar-26	Work in this area is well advanced however continues to be a work in progress as Heads of Service refine their data needs. Further training is required on data literacy and systems development (such as the replacement of CareFirst) and this is captured in the recently approved Digital Strategy. The establishment of the CareFirst Board has had a positive impact but volume of requests on a small team with limited resources means that progress in some areas is slow.	S&T

Technology					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Support the implementation of appropriate technology-based improvements, including the federation of NHS and Council systems.	<div><div>100%</div></div>		31-Mar-26	Federation project now complete.	S&T
Expand the use of technology-enabled care (TEC) throughout West Dunbartonshire.	<div><div>50%</div></div>		31-Mar-26	Progress has been positive both in relation to the analogue to digital switchover and the approval of the HSCP Digital Strategy. Once the transition has taken place in respect of analogue to digital further work to expand technology-enabled care will be progressed.	S&T
Address digital exclusion by exploring ways to assist access to digital systems and promote automation.	<div><div>25%</div></div>		31-Mar-24	Progress on automation has been slow due to pressure on internal resources. It is proposed that via the Digital Strategy this work is outsourced going forward. It is anticipated greater progress will be achieved over a 3 year timeframe in line with the Digital Strategy. This will be reported independently to the IJB on an annual basis.	S&T
Develop and implement the Analogue to Digital Implementation Plan.	<div><div>70%</div></div>		31-Mar-25	This work is progressing well and will be achieved in line with the agreed timescale. Reports are presented to PMO on a regular basis.	S&T

Partnerships					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Continue to play a proactive and positive role in Community Planning structures.	<div><div>33%</div></div>		31-Mar-24	We continue to work proactively with our Community Planning partners through the Nurturing, Safe and Independent Delivery and Improvement Groups.	HSCP
Transform our commissioning approach, focusing on social care market stability.	<div><div>50%</div></div>		30-Mar-26	Significant progress has been made in this area. This includes the creation of provider forums, focused work in relation to (for example) block funding, enhanced reporting in respect of regulated services and advances in contract management and quality assurance. Further work is required given the range of services commissioned by the HSCP.	S&T
Co-produce services with the people who use them, around their needs.	<div><div>50%</div></div>		30-Sep-24	Significant progress has been made in this area which can be exemplified by the work undertaken around the Participation and Engagement Strategy. Service users have been engaged in the redesign of care at home services and work is ongoing to embed this approach across all HSCP services.	S&T
Develop and implement clear communication plans to keep communities informed and engaged.	<div><div>10%</div></div>		31-Mar-25	The HSCP can identify key areas of good practice where communication plans have been embedded into service delivery for example redesign work in order to ensure stakeholders (including service users) are kept informed and engaged. However, ensuring strong communications across the wider community remains challenging as communication resources are very limited. This will be partially addressed via the Participation and Engagement Strategy and also via the Digital Strategy.	S&T
Ensure ethical commissioning in relation to financial transparency and fair working conditions for social care staff, and progress the implementation of Unison's Ethical Care Charter.	<div><div>50%</div></div>		31-Mar-25	Significant progress has been made in this area. This includes the creation of provider forums, focused work in relation to (for example) block funding, enhanced reporting in respect of regulated services and advances in contract management and quality assurance. Further work is required given the range of services commissioned by the HSCP.	S&T

Infrastructure					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Develop and implement an HSCP transport policy.	<div><div>100%</div></div>		30-Apr-23	Work complete and the policy rolled out. The project was formally closed at January 2024 PMO.	S&T
Develop and implement a property strategy for West Dunbartonshire that considers improved planning in relation to the location of services, to improve access, influence capital planning processes and develop "20-minute neighbourhoods".	<div><div>50%</div></div>		31-Mar-26	The HSCP Strategic Property group is operational and has identified 14 key strategic projects. Work on each project is at a different stage of development. Projects of scale are unlikely to be fully realised in the lifetime of the strategic plan.	S&T
Implement the improvement plan in relation to social work with a focus on accommodation, service user provision, and workforce wellbeing and worth.	<div><div>90%</div></div>		31-Aug-24	All aspects of the improvement plan have been implemented with one exception, and a solution for family time space within the Clydebank area. Further discussion with Trade Unions and staff are taking place with an option currently under consideration.	CHC&J
Assess the business case for closing Helensburgh Children's House and develop an options appraisal based on future requirements.	<div><div>20%</div></div>		30-Sep-23	The work has been commissioned in order to develop the business case.	CHC&J

Appendix 6: Care Inspectorate Gradings

Service	Previous Inspection	Grade	Quality Theme	Latest Inspection	Grade	Quality Theme
Queens Quay House Care Home Service	29-Sep-23	N/A	Care and Support	09-Jan-24 	N/A	How well is care and support planned?
		N/A	Environment		N/A	How good is our staff team?
		4	Staffing		N/A	How good is our leadership?
		Good	Management and Leadership		4	How well do we support people's wellbeing?
		3 Adequate			Good N/A	How good is our setting?
Requirements: 0						
Crosslet House Care Home Service	14-Dec-22	N/A	Care and Support	18-Dec-23 	N/A	How well is care and support planned?
		N/A	Environment		N/A	How good is our staff team?
		5	Staffing		5	How good is our leadership?
		Very Good	Management and Leadership		5	How well do we support people's wellbeing?
		5 Very Good			Very Good N/A	How good is our setting?
Requirements: 0						
West Dunbartonshire Council Sheltered Housing Housing Support Service	11-Dec-19	5	Care and Support	25-Apr-23 	4	How well is care and support planned?
		Very Good	Environment		Good	How good is our staff team?
		N/A	Staffing		3 Adequate	How good is our leadership?
		N/A	Management and Leadership		3 Adequate	How well do we support people's wellbeing?
		5 Very Good			4 Good N/A	How good is our setting?
Requirements: 1. By 31 August the service must comply with the Care Inspectorate guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. The provider must notify the Care Inspectorate of all relevant incidents under the correct notification heading and within the required timeframe. 2. By 31 August the service must reintroduce supervision for staff to support their learning and development. 3. By 31 August the service must have completed, or have scheduled, training for sheltered housing supervisors. This should include, but not limited to, completion of induction, IPC and dementia training to skilled level (incorporating previous AFI from 2017, 2018 and repeated 2019).						
West Dunbartonshire HSCP Learning Disability Service - Community Connections Housing Support Service	10-Jan-23	5	Care and Support	16-May-23 	N/A	How well is care and support planned?
		Very Good	Environment		N/A	How good is our staff team?
		N/A	Staffing		5	How good is our leadership?
		5	Management and Leadership		5	How well do we support people's wellbeing?
		Very Good			Very Good N/A	How good is our setting?
Requirements: 0						

Annual Complaints Report 2023/2024

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Introduction

West Dunbartonshire Health and Social Care Partnership (HSCP) aims to provide the best services possible for our citizens, however there will be instances where people feel dissatisfied with, or let down by, the service they receive. As an organisation we value any and all feedback we receive. Making a complaint to the HSCP gives us the opportunity to put things right for individuals and to improve our services. By investigating complaints and looking at any trends or patterns in complaints received, we can identify areas for improvement, gaps in service provision, training needs within the organisation or where particular groups may be experiencing similar dissatisfaction with our services. Often complaints can give us a fresh perspective: identifying issues or problems which we, working within the organisation, have not fully considered from a service user's point of view.

How we handle our complaints is essential to restoring positive relationships with people who feel let down by our services. This report will outline how we handled complaints during the period 1st April 2023 to 31st March 2024.

Model Complaints Handling Procedures

All public authorities in Scotland are required to produce, operate and report on a Model Complaints Handling Procedure (MCHP) in line with the Scottish Public Services Ombudsman's MCHP and Performance Framework.

There are two stages to both the Council and NHS MCHPs:

Stage 1 Frontline Resolution

We aim to respond to complaints quickly. This could mean an on-the-spot apology and explanation if something has clearly gone wrong, or immediate action to resolve the problem. We will respond to a stage 1 complaint within five working days or less, unless there are exceptional circumstances. If the person making the complaint is not satisfied with the response they are given at this stage, they can choose to take their complaint to stage 2.

Stage 2 Investigation

Stage 2 deals with two types of complaint: those that have not been resolved at stage 1 and have been escalated to stage 2; and those complaints that clearly require investigation and so are handled from the onset as stage 2.

For a stage 2 we will acknowledge receipt of the complaint within three working days and provide a full response as soon as possible, normally within 20 working days. If our investigation will take longer than 20 working days, we will inform the person making the complaint of our revised time limits and keep them updated on progress.

Complaints about the functions and operation of West Dunbartonshire Health and Social Care Partnership Board are dealt with through the HSCP Board's MCHP which was developed during 2020/21 and was approved by the Board at their meeting on 26th November 2020. The HSCP has a duty to report on any complaints managed under the HSCP Board's MCHP. There were no complaints received about the functions of the HSCP Board during 2023/24.

When a complaint is received by West Dunbartonshire HSCP about our services, and not the functions of the HSCP Board, a decision is taken whether to process the complaint under either West Dunbartonshire Council's MCHP or NHS Greater Glasgow and Clyde's MCHP, depending on which service areas are covered. For example a complaint about service provided by Children's Social Work Services would be managed under the Council's MCHP but a complaint about a Psychiatry service would be managed under the NHS MCHP. West Dunbartonshire Council and NHS Greater Glasgow and Clyde will include these HSCP complaints in their Annual Complaints Reports however in the interests of openness and transparency and to fully reflect on the HSCP's handling of complaints they will also be included in this report.

SPSO Performance Framework

The Scottish Public Services Ombudsman (SPSO) has developed a standardised set of complaints performance indicators which organisations are required to use to understand and report on performance in line with the MCHP. The consistent application and reporting of performance against these indicators will also be used to compare, contrast and benchmark complaints handling with other organisations, and in doing so will drive shared learning and improvements in standards of complaints handling performance.

Indicator 1: Learning From Complaints



Complaints are routinely reported to our Senior Management Team, through the HSCP's Clinical and Care Governance meetings and within the HSCP's Quarterly Performance Reports to our Audit and Performance group. These reports cover volume of complaints, compliance with timescales and outcomes by service area. Further detail at this level is available at Appendix 1. Detail is also provided about the nature of each complaint by theme and any actions taken as a result of the complaint investigation and resolution.

During 2023/24 learning from complaints contributed to the following agreed actions:

- A detailed audit of Blue Badge processes initiated in response to the investigation of complaints received by the HSCP. Continue to target Occupational Therapy resources to allow us to reduce the waiting time for the small number of people who require an Independent Mobility Assessment.
- Delays in the process from referral point to receiving a visit from a social worker to be discussed at Community Older People's team meetings.
- Improvement in our clear communication with service users regarding maintenance costs for equipment.
- Voicemail messages to be reviewed and updated. These should clearly advise when the office will next open and provide alternative contact details for assistance out of hours.
- Increased oversight of all active hospital discharge cases by senior social workers.
- All staff involved in a complaint within residential care required to undertake a lessons learned reflective process, monitored under the supervision policy.
- Care plans within the HSCP's residential care homes are now all electronic.
- All HSCP residential care staff trained on reporting incidents and appropriate completion of documentation.
- The need to follow policies and guidelines (moving and handling, falls, escalation) reinforced with all residential care staff.
- Senior staff were reminded of their role in ensuring they are following the correct procedure when reporting an incident.
- Communication with family members where appropriate that a service will cease, decrease and/or change before a change is implemented and this must be clearly recorded within case management and scheduling system for Care at Home.

Indicator 2: Volume of Complaints Received

This indicator counts all stage 1 complaints, whether they were escalated to stage 2 or not, plus all complaints which were treated on receipt as stage 2. West Dunbartonshire HSCP received a total of 290 complaints during 2023/24 however two stage 2 complaints were transferred to be investigated under different policies and procedures and a further stage 2 could not be responded to due to the failure to provide a mandate in relation to a complaint raised on behalf of a third party. This is a 148% increase on the 117 complaints received in 2022/23.

Stage 1 complaints increased from 79 in 2022/23 to 214 in 2023/24. This may be due to improvements in recording however stage 2 complaints also saw a significant increase, from 38 in 2022/23 to 76 in 2023/24. The greatest increase was in complaints relating to Mental Health, Learning Disability and Addictions Services, closely followed by Health and Community Care.



Indicator 3: Complaints Closed Within Timescale

Stage 1 complaints: 214 Stage 1 complaints received. The accurate recording of Stage 1 complaints, their outcomes and timescales across both West Dunbartonshire Council and NHS Greater Glasgow and Clyde systems is still in development and we are exploring ways to streamline recording and reporting mechanisms and to more accurately and efficiently track timescales.

For those stage 1 complaints that were not referred through the Information Team, who manage complaints, but made directly with frontline services, it would be anticipated that most would be dealt with as they arose however we do not yet have the data to evidence this.

Stage 2 complaints: 48% were closed within 20 working days, 35 of the 73 investigated. Complex complaints that cut across services often take longer to co-ordinate a response. We endeavour to keep people informed of any extension to timescales required to make a full response however this has not been carried out in every case during 2023/24.

Complaints escalated from stage 1 to stage 2: There were no complaints recorded as escalated from stage 1 to stage 2 however it is likely that many of the concerns within stage 2 complaints will have been raised with the service area involved in some form prior to the stage 2 complaints.

Indicator 4: Average Time to Full Response

Stage 1 complaints: Due to the gaps in recording we are unable to report this for stage 1 complaints.

Stage 2 complaints: The average time to full response was 25 working days, one day less than in 2022/23.

Complaints escalated from stage 1 to stage 2: No complaints were recorded as escalated from stage 1 to stage 2.

Indicator 5: Outcomes of Complaints

Stage 1 complaints: Due to the gaps in recording we are unable to report this for stage 1 complaints however those complaints which have not been escalated to stage 2 have been resolved in some way.

Outcome	Stage 2		Escalated to Stage 2	
	Number	%	Number	%
Upheld	5	7%	0	0%
Partially Upheld	14	19%	0	0%
Not Upheld	52	71%	0	0%
Unsubstantiated	0	0%	0	0%
Ongoing	2	3%	0	0%
Total	73		0	

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

The HSCP is committed to making the complaints experience as easy and accessible as possible and to use our complaints as a valuable resource to improve services for the people of West Dunbartonshire. During 2023/24 we developed an HSCP Complaints Overview presentation with two sessions delivered to our extended management team and to be cascaded to service teams. The Overview covered:

- What is and what is not a complaint
- The value of complaints for the organisation
- The Model Complaints Handling Process
- SPSO Feedback
- Tools to assist with investigating and responding to complaints
- Good practice examples

These sessions prompted some valuable discussions about processes, how to improve the quality of our complaint investigations and responses, how to capture stage 1 complaints and shared learning from complaints and individual team processes.

The presentation has been made available to all HSCP staff on our staff intranet along with a Complaints Toolkit which was also developed during 2023/24 and comprises of an Employee Guide on Complaints Handling, an Investigation Plan template and a Stage 2 Response template. This toolkit will be developed as we identify additional resources.

The HSCP Investigation Plan template has been modelled on the SPSO's Investigation Plan and aims to help investigating officers break down complaints into their component strands, ask the relevant questions of the relevant systems and people, and to detail investigation outcomes and any actions arising and lessons learned from the complaint. Similarly the Stage 2 Response Template is closely aligned to the Investigation Plan to assist and improve the structure and quality of our responses to our citizens. It should also ensure a consistency in valuing the views of our citizens, in respecting the efforts they have had to make to raise their concerns with us, and to apologise where we have failed to meet expected standards.

Alongside this work we carried out an SBAR (Situation, Background, Assessment and Recommendation) to analyse the increase in our stage 1 complaints in the first two quarters of 2023/24 compared to the same period in the previous year. The analysis undertaken identified that the majority of the increase was due to changes in recording practice that may mean information being reported is more accurate than before, particularly around Care at Home complaints.

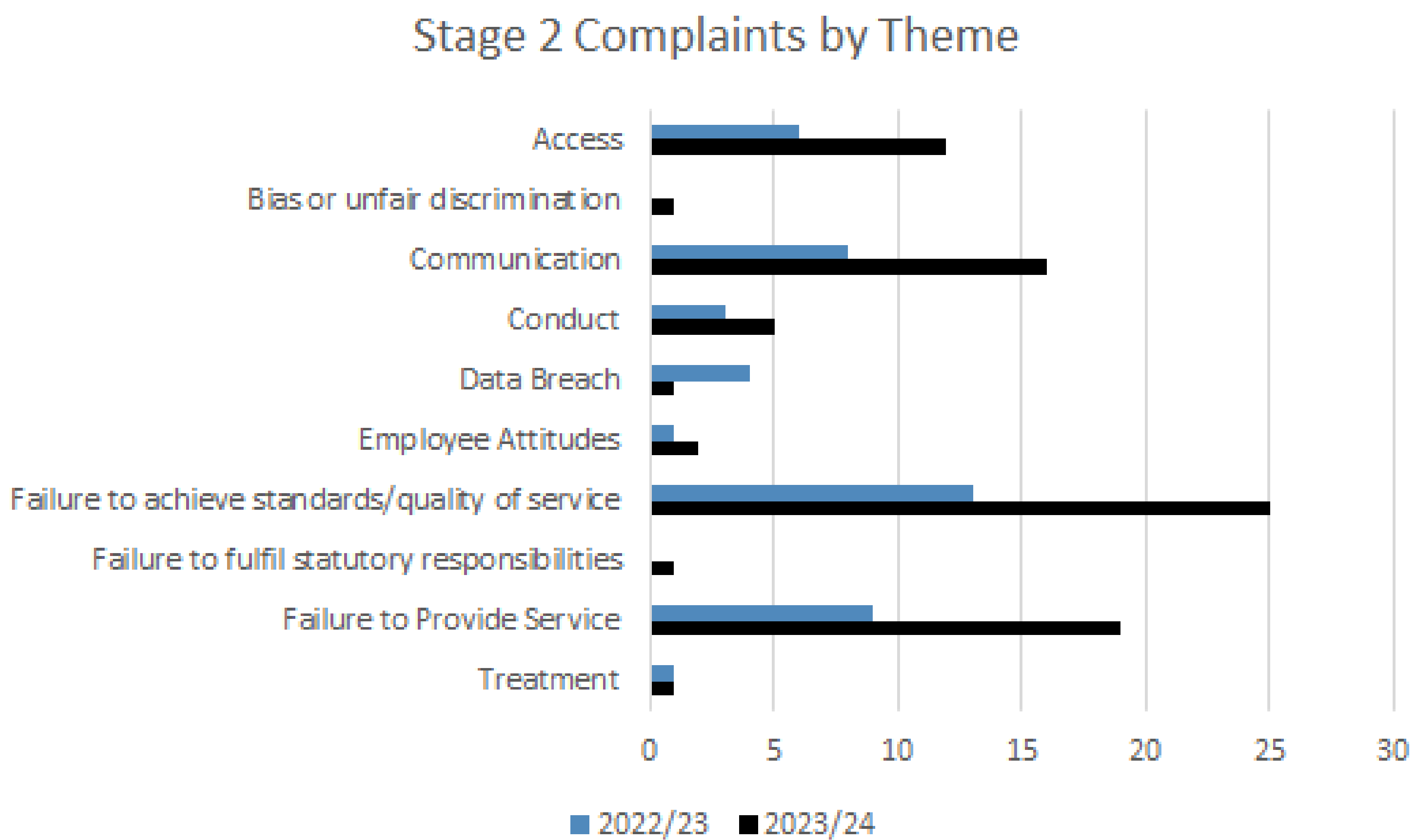
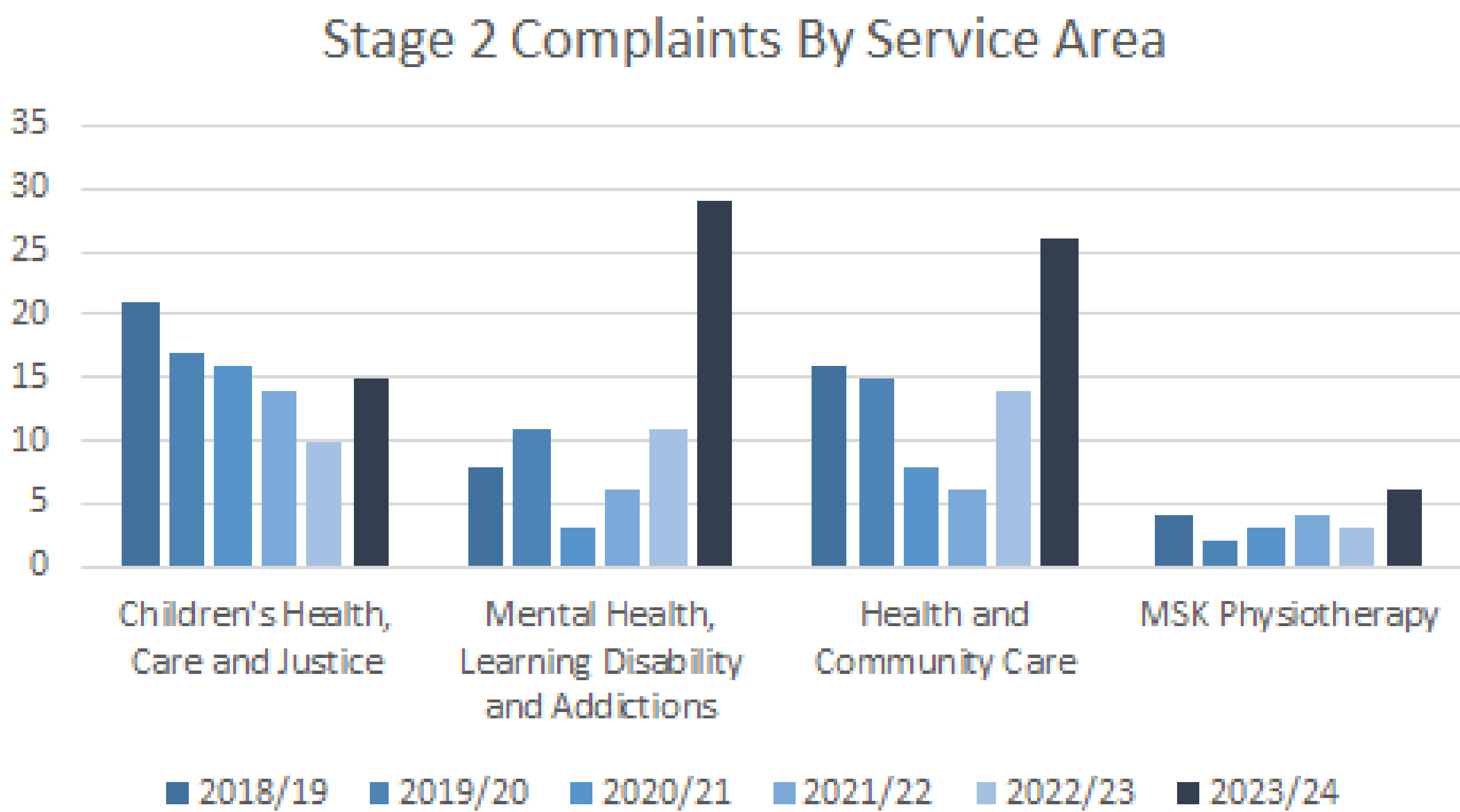
It was recommended that a similar exercise be undertaken for the remaining quarters of 2023/24 to establish whether a pattern becomes apparent or whether the higher level of complaints appears to be a new normal situation given changes in recording procedures. In addition it was recommended that more detailed information and context be provided in our Quarterly Performance Reports to our Audit and Performance Committee including details of which services are receiving complaints.

The analysis demonstrated how challenging reporting stage 1 complaints currently is, given the variation in how complaints can be received by and recorded within the HSCP. The lack of a single central system for managing complaints has led to the use of existing systems as a way of recording complaints which may not be the best fit and has led to a separation in recording between systems.

As a result it was recommended that options around a standardised approach to complaints recording are explored, which would simplify recording processes, complaints management and reporting, potentially including additional information around stage 1 complaints that is not currently reported. This work will begin early 2024/25 in discussions with our partner organisations West Dunbartonshire Council and NHS Greater Glasgow and Clyde.

In addition, it has been agreed that complaints, MP/MSP and Councillor enquiries will be included in the HSCP's Weekly/Monthly Performance Dashboards to allow more timely scrutiny of the volume of stage 1 and 2 complaints being received and the service areas they cover to highlight any patterns or areas of concern.

Appendix 1: Stage 2 Complaints



Please note that complaints may cover more than one theme.

Upheld Complaints

Service Area	Themes	Upheld	Partially Upheld
Children’s Health, Care and Justice	Failure to provide service/Failure to achieve standards/quality of service		1
	Failure to provide service	1	
Health and Community Care	Communication	2	1
	Failure to fulfil statutory responsibilities/Failure to achieve standards/quality of service	1	1
	Failure to provide service/Failure to achieve standards/quality of service/Communication		1
	Failure to achieve standards/quality of service	1	6
Mental Health, Learning Disability and Addictions	Access		
	Communication	1	
	Access/Communication		3
	Failure to provide service/Failure to achieve standards/quality of service		
		6	13

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD**Report by Julie Slavin, Chief Financial Officer****24 September 2024**

Subject: Audited Annual Accounts 2023/24**1. Purpose**

- 1.1** To present for consideration and approval to the Health and Social Care Partnership Board the audited Annual Accounts for the year ended 31 March 2024.

2. Recommendations

- 2.1** Members are asked to consider the audited Annual Accounts for the period 1 April 2023 to 31 March 2024 and recommend their approval for final signature by the Chair, Chief Officer and Chief Financial Officer.

3. Background

- 3.1** The audit of the 2023/24 Annual Accounts has now been substantially completed by Forvis Mazars and the final set of accounts is appended to this report (Appendix 1).
- 3.2** The Local Authority Accounts (Scotland) Regulations 2014 require that the Board or Committee responsible for overseeing and providing independent assurance on the internal control environment and the financial governance arrangements of the Partnership Board must consider the audited annual accounts and approve them for signature to the HSCP Board no later than 30 September and published no later than 31 October immediately following the financial year to which the accounts relate.
- 3.3** The Audit and Performance Committee have the responsibility for the financial governance and accounts of the Partnership Board, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors.
- 3.4** The Audit and Performance Committee met on the 24 September and considered the 2023/24 Audited Annual Accounts and the proposed AAR, including the management's letter of representation to the external auditors. The annual accounts are now presented to the HSCP Board for final consideration and approval.

4. Main Issues

- 4.1 The 2023/24 audited Annual Accounts (Appendix 1) present the governance arrangements, management commentary, financial performance and the financial statements of the HSCP Board, including the level of usable funds that are being held in reserve to manage, unanticipated financial pressures from year to year which could otherwise impact on the ability to deliver on the Strategic Plan priorities.
- 4.2 The final report by Forvis Mazars is expected to issue an unqualified opinion, without modification, on the financial statements.
- 4.3 During the course of the audit there were a few minor presentational adjustments identified which have been accepted and incorporated into the final, audited version. The overall movement in reserves balances for the HSCP Board are shown in Table 1 below.

Table 1: Movement in Reserves

Movement in Reserves During 2023/24	Un-earmarked Reserves £000	Earmarked Reserves £000	Total General Fund Reserves £000
Opening Balance as at 31st March 2022	(4,308)	(21,874)	(26,182)
Total Comprehensive Income and Expenditure (Increase)/Decrease 2022/23	804	6,725	7,529
Closing Balance as at 31st March 2023	(3,504)	(15,150)	(18,654)

- 4.4 After consideration of the 2023/24 audited accounts, members are asked to recommend their approval for final signature by the Chair, Chief Officer and Chief Financial.

5. Options Appraisal

- 5.1 None required

6. People Implications

- 6.1 None associated with this report.

7. Financial and Procurement Implications

- 7.1 The HSCP Board ended the 2023/24 financial year with an adjusted deficit (after all planned application of earmarked reserves) of £1.731m. This deficit was negated through the application of un-earmarked reserves. The closing

reserves balances are set-out in Table 1 above and will be retained in accordance with the Integration Scheme and Reserves Policy.

- 7.2** Integrated Joint Boards are specified in legislation as ‘section 106’ bodies under the terms of the Local Government Scotland Act 1973, and consequently are expected to prepare their financial statements in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom. The audited annual accounts comply with the code.

8. Risk Analysis

- 8.1** The Annual Accounts identify the usable funds held in reserve to help mitigate the risk of unanticipated pressures from year to year.

9. Equalities Impact Assessment (EIA)

- 9.1** None required.

10. Environmental Sustainability

- 10.1** None required.

11. Consultation

- 11.1** This report has been completed in consultation with the HSCP Board’s external auditor’s Audit Scotland.

12. Strategic Assessment

- 12.1** This report is in relation to a statutory function and as such does not directly affect any of the strategic priorities.

13. Directions

- 13.1** A direction is required to West Dunbartonshire Council. The Council is directed to carry forward reserves totalling £18.654m on behalf of the HSCP Board.

Julie Slavin – Chief Financial Officer

Date: 17 September 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: HSCP Board’s Annual Accounts for the year ended 31 March 2024

Appendix 2: Direction to West Dunbartonshire Council -
No: HSCP B000066JS24092024

Background Papers: HSCP Audit and Performance Committee June 2024 –
Unaudited Annual Report and Accounts 2023/24

Localities Affected: All

West Dunbartonshire Integration Joint Board

Commonly known as
West Dunbartonshire
Health and Social Care Partnership
Board

Annual Report and Accounts 2023/24

www.wdhscp.org.uk

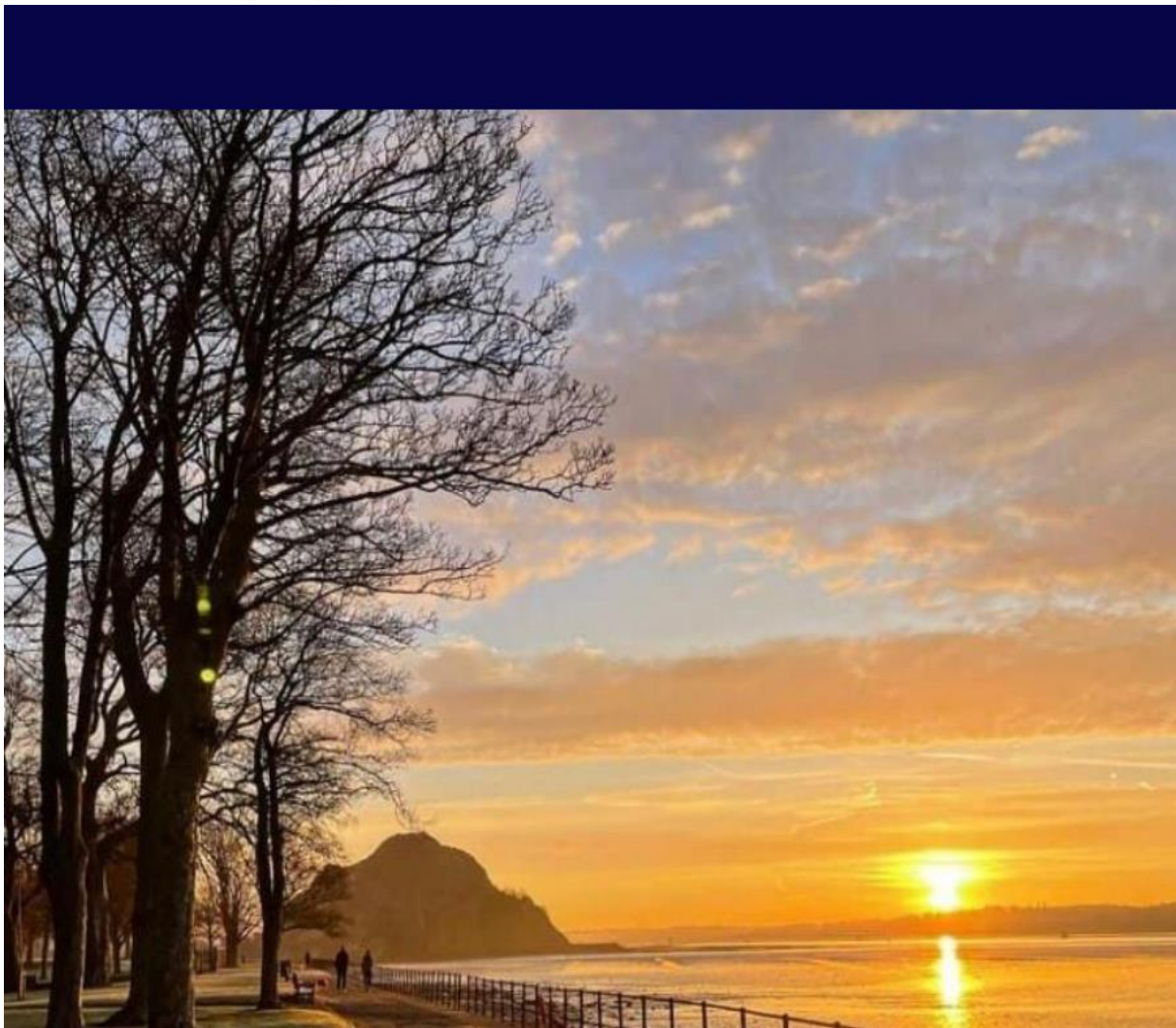


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MANAGEMENT COMMENTARY

Introduction

Welcome to the West Dunbartonshire Integration Joint Board's (IJB), hereafter known as the Health and Social Care Partnership Board (HSCP Board), Annual Report and Accounts for the year ended 31 March 2024.

The purpose of this publication is to report on the financial position of the HSCP Board through a suite of financial statements, supported by information on service performance and to provide assurance that there is appropriate governance in place regarding the use of public funds.



West Dunbartonshire Health and
Social Care Partnership formally
established 1st July 2015



2023/24 budget of
£200.6 million

The Management Commentary aims to provide an overview of the key messages in relation to the HSCP Board's financial planning and performance for the 2023/24 financial year and how this has supported the delivery of its strategic outcomes as laid out in the Strategic Plan. The commentary also outlines future challenges and risks which influence the financial plans of the HSCP Board as it directs the delivery of high-quality health and social care services to the people of West Dunbartonshire.

The Management Commentary discusses our:

- Remit and Vision;
- Strategy and Business Model;
- Strategic Planning for Our Population;
- Climate Change;
- Performance Reporting, including our Highlights and Challenges for 2023/24;
- Recovery and Renewal;
- Financial Performance for 2023/24; and
- Financial Outlook.



West Dunbartonshire HSCP Board Remit and Vision

The Public Bodies (Joint Working) Act (Scotland) 2014 sets out the arrangements for the integration of health and social care across the country. The West Dunbartonshire IJB, commonly known as the HSCP Board was established as a “body corporate” by Scottish Ministers’ Parliamentary Order on 1st July 2015.

The HSCP Board’s Integration Scheme sets out the partnership arrangements by which NHS Greater Glasgow and Clyde Health Board (NHSGGC) and West Dunbartonshire Council (WDC) agreed to formally delegate all community health and social care services provided to children, adults and older people, criminal justice social work services and some housing functions. West Dunbartonshire also hosts the MSK Physiotherapy Service on behalf of all six Glasgow HSCPs and the Diabetic Retinal Screening Service on behalf of NHSGGC. This way of working is referred to as “Health and Social Care Integration”. The full scheme can be viewed [here](#) (see Appendix 1, 1).

The HSCP Board directs Greater Glasgow and Clyde Health Board and West Dunbartonshire Council to work together in partnership to deliver delegated services. Here in West Dunbartonshire, NHSGGC and WDC deliver these services through the West Dunbartonshire Health and Social Care Partnership, often shortened to the HSCP. The HSCP is essentially the staff from both organisations working in partnership to plan and deliver the services under the direction of the HSCP Board.

Exhibit 1: HSCP Board's Delegated Services

Children & Families Social Work	Children's Specialist Health Services	Community Addiction Services	Community Older People's Services
Family Health Services	Children with Disabilities	Adult Care Services	Residential and Day Care Services
Health Visiting Service	Learning Disability Services	Community Hospital Discharge	Care at Home Services
Family Nurse Partnership	Community Mental Health Services	District Nursing	Criminal Justice Social Work
Looked After Children	Community Pharmacy Service	Musculoskeletal (MSK) Physiotherapy	Diabetic Retinal Screening

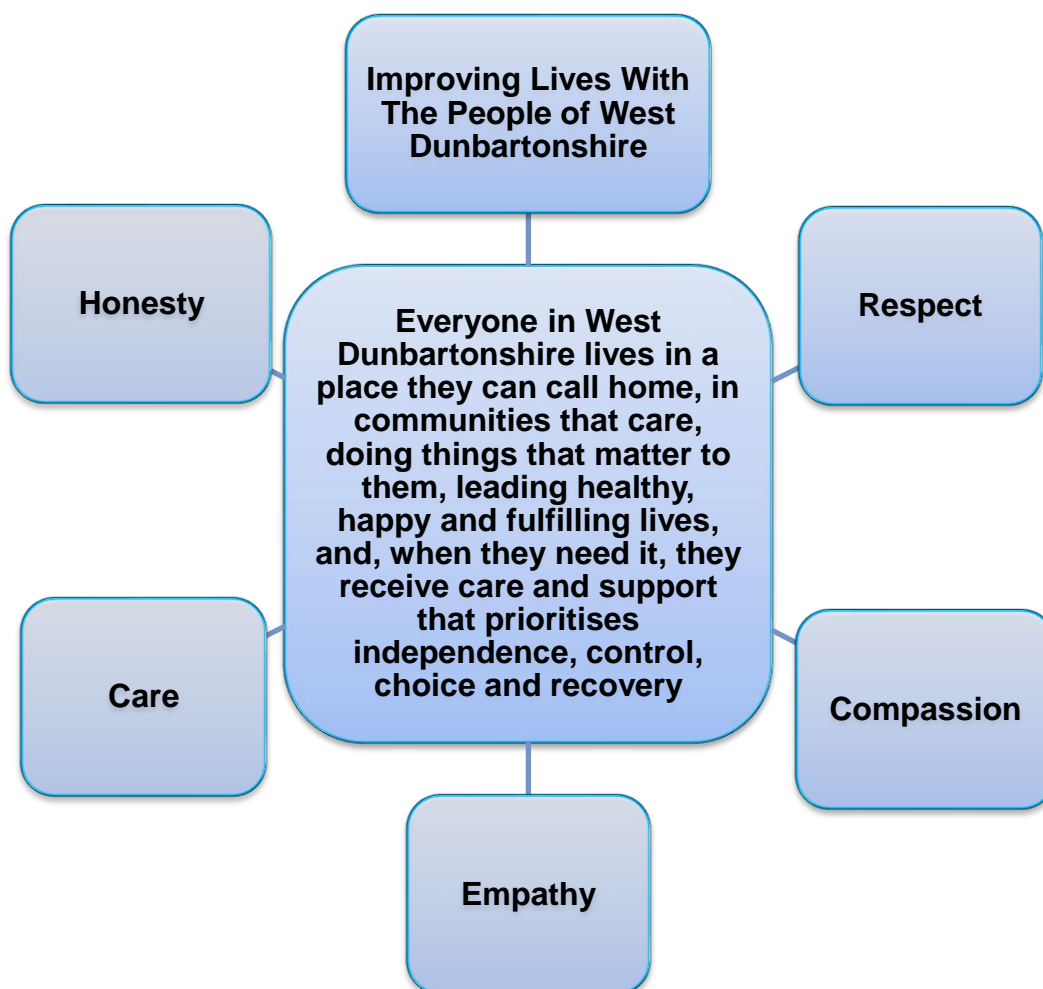
The 2014 Act requires that Integration Schemes undergo review within five years of establishment. The current scheme was revised during 2019/20 in collaboration with the other five HSCPs within Greater Glasgow and Clyde. Although the revisions were approved for consultation by WDC in February 2020, NHSGGC's approval was delayed due to emergency measures in response to the COVID-19 pandemic. Consultation on the integration scheme revisions occurred between December 2023 and January 2024, with all feedback considered. Final drafts are currently with WDC and NHSGGC legal teams for approval through individual partner's governance routes by the end of 2024. In the meantime, the current Integration Scheme remains in force.

West Dunbartonshire HSCP Board's Strategy and Business Model

The HSCP Board approved its **Strategic Plan 2023 – 2026 “Improving Lives Together”** on 15 March 2023. The full plan can be viewed [here](#) (see Appendix 1, 2).

The HSCP Vision of ***“Improving Lives with the People of West Dunbartonshire”*** remains unchanged from the previous Strategic Plan, as do many of our core values. The Strategic Plan contains four strategic outcomes which were designed to reflect the HSCP Vision.

Exhibit 2: HSCP Vision, Mission and Values



The HSCP Board's over-arching priority is to support sustained and transformational change in the way health and social care services are planned and delivered, emphasising the importance of integrating services around the needs of individuals, their carers, and other family members over the medium to long term.

The delivery of our vision is structured around four strategic outcomes of:

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

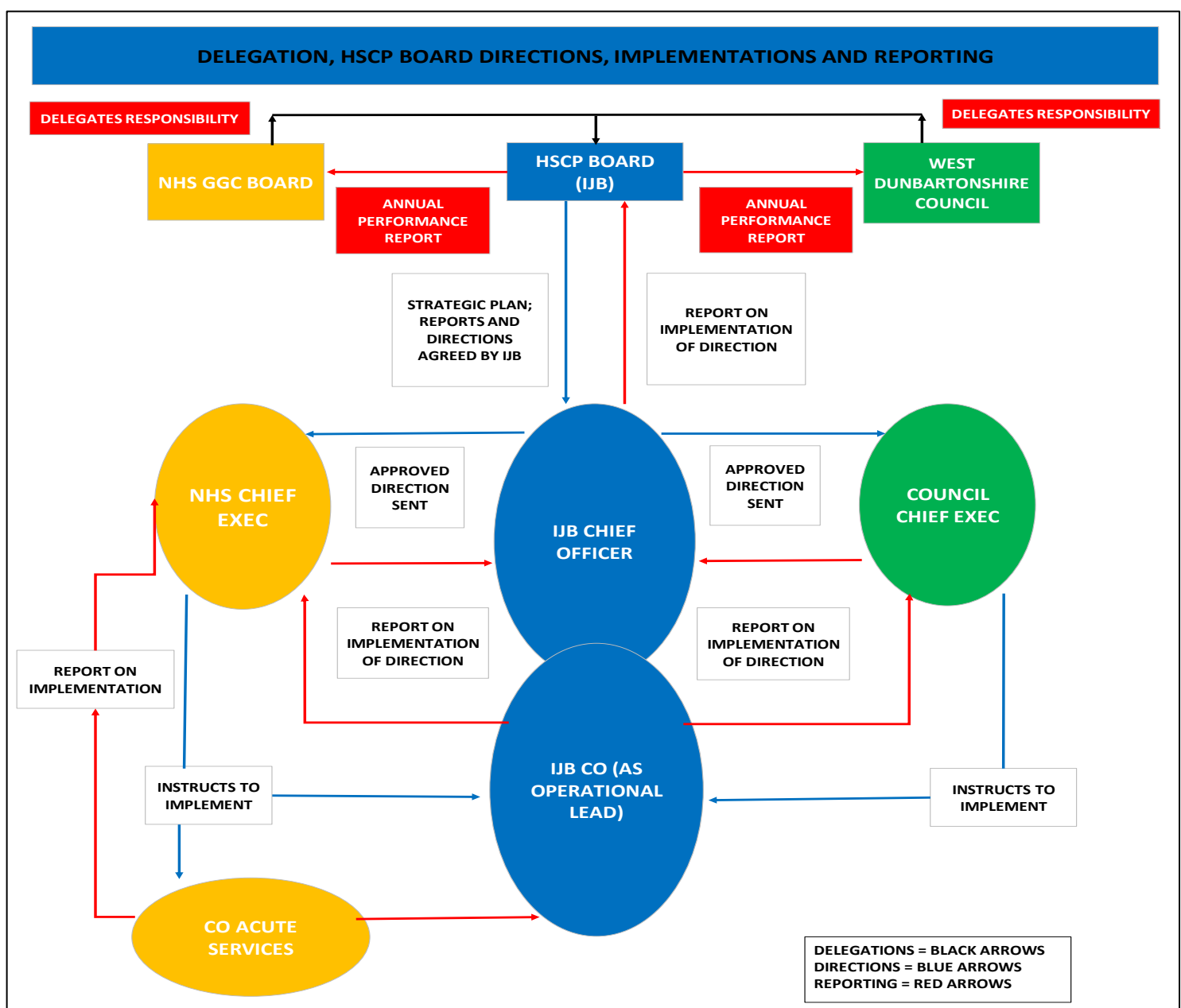
Exhibit 3: Strategic Outcomes



As set-out above, the HSCP Board is responsible for the strategic planning of integrated services as set out within Exhibit 1. The Board is also responsible for the operational oversight of the Health and Social Care Partnership (HSCP), which delivers integrated services; and through the Chief Officer, is responsible for the operational management of the HSCP. Directions from the HSCP Board to the Council and Health Board govern front-line service delivery in as much as they outline:

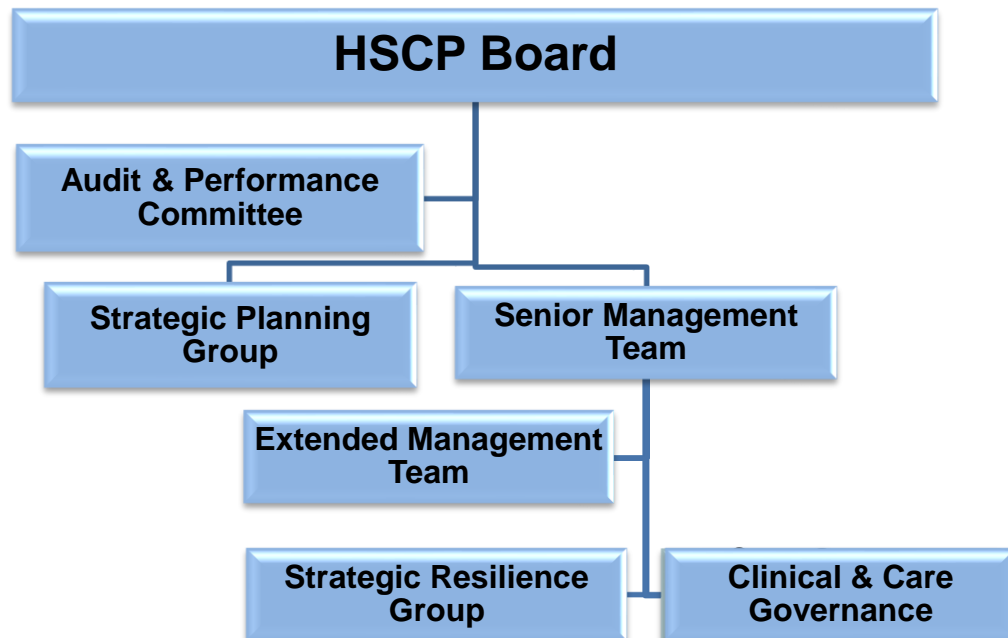
- What the HSCP Board requires both Council and Health Board to do;
- The budget allocated to this function(s); and
- The mechanism(s) through which the Council or Health Board's performance in delivering those directions will be monitored.

Exhibit 4: Integration Arrangements via Directions



The business of the HSCP Board is managed through a structure of strategic and financial management core leadership groups that ensure strong integrated working. A summary of this is illustrated below.

Exhibit 5: High Level Overview of Structure



Strategic Planning for Our Population

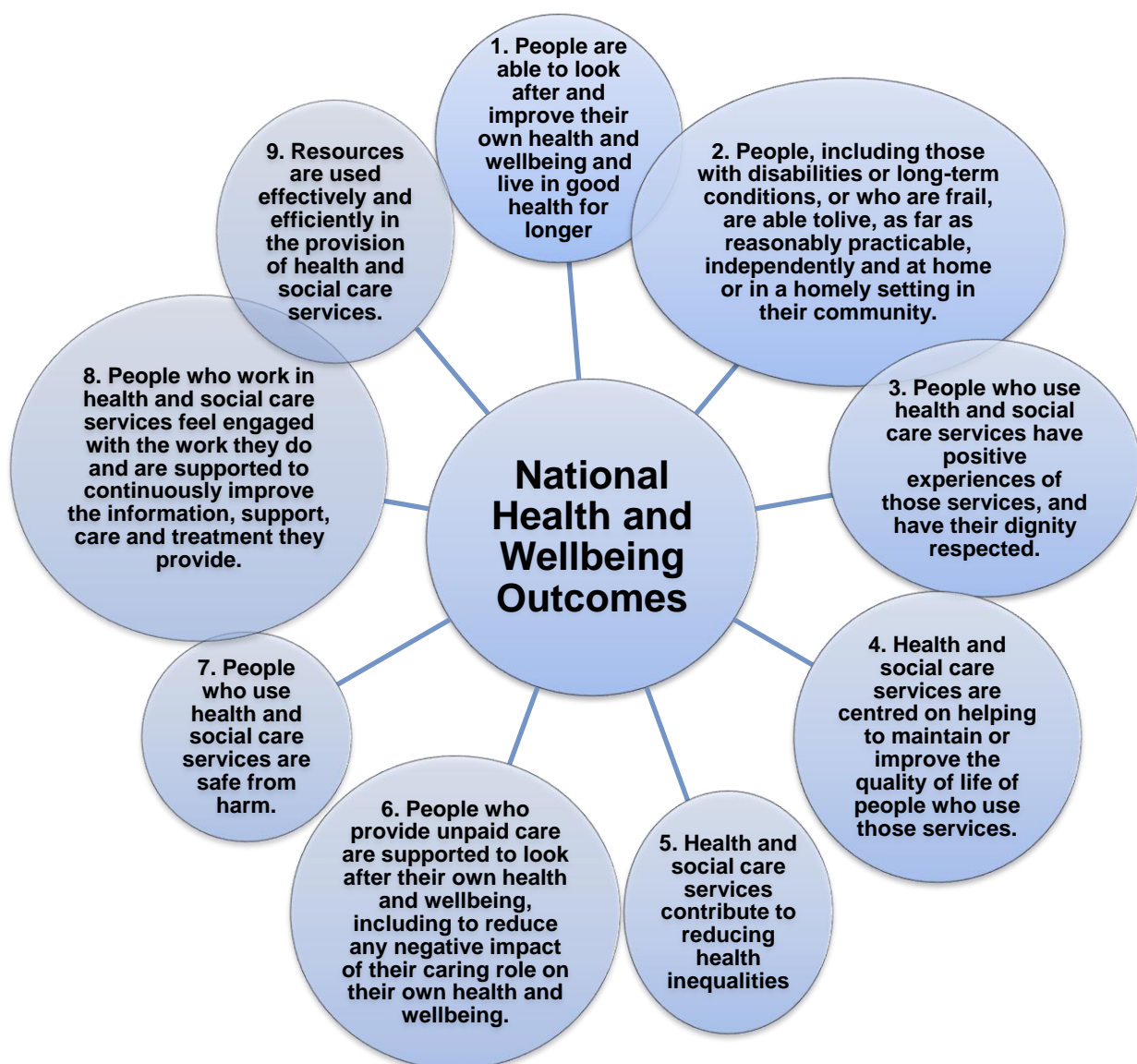
West Dunbartonshire lies north of the River Clyde encompassing around 98 square miles of urban and rural communities across the two localities of Clydebank and Dumbarton & Alexandria. The area has a rich past, shaped by its world-famous shipyards along the Clyde, and has significant sights of natural beauty and heritage from Loch Lomond to the iconic Titan Crane as well as good transport links to Glasgow. It has a population of 88,270 which accounts for approximately 1.6% of the Scottish population.



The HSCP Board's primary purpose is to set the strategic direction for the delegated functions through its Strategic Plan. Our fourth **Strategic Plan 'Improving Lives Together'** was approved on 15 March 2023, covering the three-year period 2023 – 2026. and describes how we will use our resources to continue to integrate services in pursuit of national and local outcomes and is supported by a Strategic Delivery Plan.

There are nine [National Health and Wellbeing Outcomes](#) (see Exhibit 6 below) which provide the strategic framework for the planning and delivery of integrated health and social care services.

Exhibit 6: National Health and Wellbeing Outcomes



Each of the HSCP Strategic Outcomes have been cross matched to the National Health and Wellbeing Outcomes as detailed below.

Exhibit 7: Cross Match of HSCP Strategic Outcomes with the National Health and Wellbeing Outcomes

Caring Communities

- 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5. Health and social care services contribute to reducing health inequalities.
- 6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.
- 7. People who use health and social care services are safe from harm.
- 8. 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.
- 9. Resources are used effectively and efficiently in the provision of health and social care services.

Safe and Thriving Communities

- 1. People are able to look after, improve their own health and wellbeing, and live in good health longer.
- 2. 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.
- 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5. Health and social care services contribute to reducing health inequalities.
- 7. People who use health and social care services are safe from harm.
- 9. Resources are used effectively and efficiently in the provision of health and social care services

Equal Communities

- 1. People are able to look after, improve their own health and wellbeing, and live in good health longer.
- 2. 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.
- 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5. Health and social care services contribute to reducing health inequalities.
- 7. People who use health and social care services are safe from harm.
- 8. 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.
- 9. Resources are used effectively and efficiently in the provision of health and social care services.

Healthy Communities

- 1. People are able to look after, improve their own health and wellbeing, and live in good health longer.
- 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5. Health and social care services contribute to reducing health inequalities.

West Dunbartonshire's demographic profile is well documented within the new strategic plan. The plan clearly sets out the scale of the challenge around effective delivery of health and social care services in West Dunbartonshire in particular tackling multi-morbidity, poverty, addiction, domestic violence, and mental health. A key part in updating the Strategic Plan was the development of a Strategic Needs Assessment to enable the HSCP to continue to respond positively and plan for effective models of service delivery.

The West Dunbartonshire HSCP [Strategic Needs Assessment 2022](#) (see Appendix 1, 3) has taken a 'population view' by using an epidemiological approach to describe:

- Health and Social Care provision in the community;
- Why some population groups or individuals are at greater risk of disease e.g., socio-economic factors, health behaviours; and
- Whether the burden of diseases are similar across the population of West Dunbartonshire's localities.

The main sections are structured around:



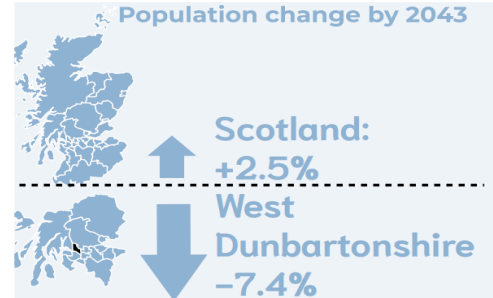
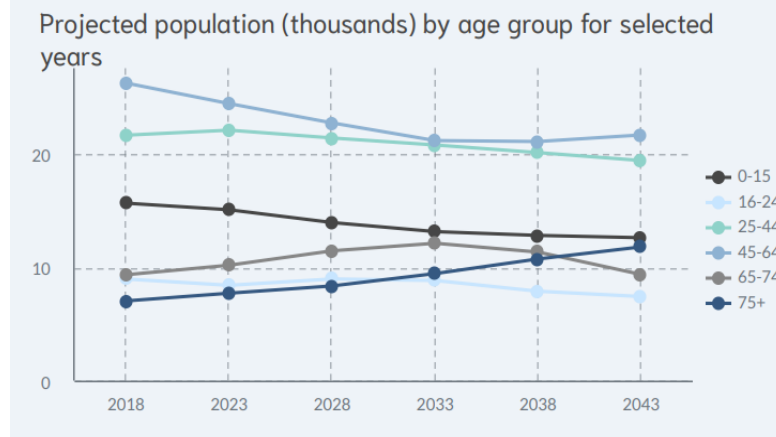
The SNA includes data for the financial year 2020/21 in which Scotland adopted emergency measures due to COVID-19. Therefore, the data should be interpreted in the context of the disruption the pandemic had on health and social care services and the impact on individuals' health. An extract of some of the key statistics is provided below within Exhibit 8.

Exhibit 8: Extract from [SNA Executive Summary](#) (see Appendix 1, 4)





Life expectancy is lower than the Scottish average



Healthy life expectancy 2018–2020 in West Dunbartonshire:

58.5 years for females

58.1 years for males

Inequalities



West Dunbartonshire contains the 3rd= highest share of the most deprived datazones in Scotland.

41% in fuel poverty from April 2022



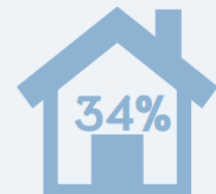
29% of West Dunbartonshire adults had a limiting long-term physical or mental health condition in 2019



Housing Profile



51% of dwellings are flats



34% social rented housing

42% of household heads will be **60+** by 2028



70.1% of dwellings in Council Tax band A–C



62%

of adults in West Dunbartonshire met the guidelines for

moderate or vigorous physical activity (MVPA)



53% of women



72% of men

8.7%

of people in West Dunbartonshire use

active travel

for their journey to work



71%

of adults in West Dunbartonshire are

overweight or obese

Rates in West Dunbartonshire are higher than for Scotland or NHS GGC.

Cancer is the top burden of disease.

3,511
people in West Dunbartonshire
had cancer in 2019

Prevalence rate
39.48 per 1,000

Most common
cancers:

**Breast
Prostate
Colorectal**

projected **increase** in new
cancer registrations by **2030:**

23.5% 
increase for males

9.1% 
increase for females

Cardiovascular Disease is the 2nd highest burden of disease.



Coronary Heart Disease
54.81 per 1,000

Stroke
25.64 per 1,000

Hypertension
150.05 per 1,000

Rates of Coronary Heart Disease, Stroke and Hypertension are higher in West Dunbartonshire than in NHS GGC or Scotland

**Neurological Disorders are the
3rd highest burden of disease.**


688
people in West Dunbartonshire
are living with dementia


projected **increase** in
dementia
by **2030/31:**
16.3%

**Substance Use Disorders are the
4th highest burden of disease.**

**Deaths per 100,000
population**

 Alcohol specific
28.51

 Smoking specific
404

 Drugs specific
35.66

Rates are higher in West Dunbartonshire
than NHS GGC or Scotland

**Mental Health Disorders are the
5th highest burden of disease.**




23.2%
of the population are
prescribed
drugs for anxiety,
depression or psychosis



on average
there are

**11.8 suicides
per year**

Across Scotland,
Young Carers
are more likely to live in
the **most deprived**
areas



Across Scotland,
**Adult Unpaid
Carers**
are much more likely to
be **female** than male.



End of life care

91%
of **palliative care patients** spend their last 6
months of life **at home or in a community
setting**



Climate Change

Climate change is an area of increasing concern and for the 2023/24 audits of public bodies, auditors are required to report on climate change arrangements in their Annual Audit Reports.

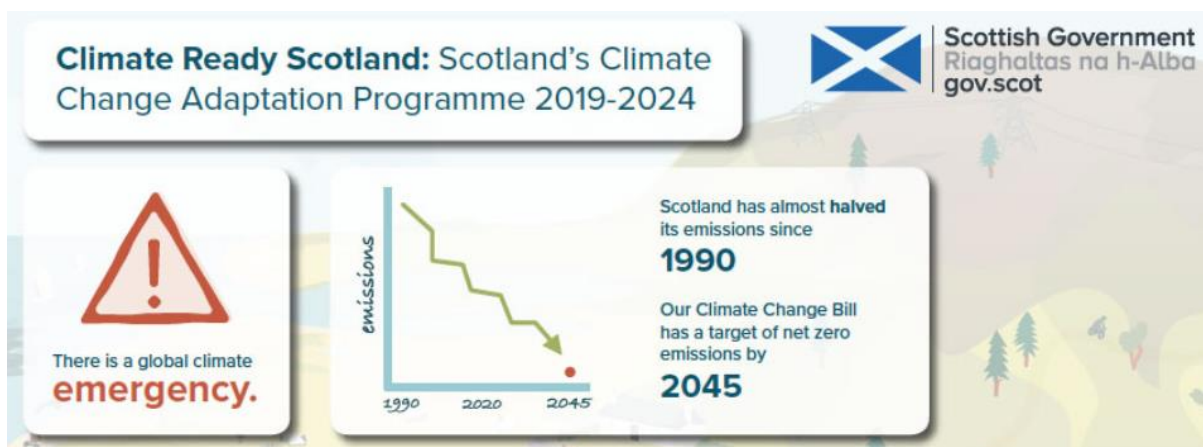
The accountability and responsibility for climate change governance in relation to the delivery of Health and Social Care Services lies with West Dunbartonshire Health & Social Care Partnership Board's partner statutory bodies i.e. West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.

While the HSCP Board does not have a standalone climate change strategy or action plan, in broad terms the three-year Strategic Plan 2023 – 2026 “Improving Lives Together” recognises the strategic context in which the HSCP must operate and there is a clear line in the strategic delivery plan in relation to the HSCPs contribution to the delivery of NHSGGC and WDC’s sustainability goals.

The update to Scotland’s Climate Change Plan 2018–2032 recognises that the global pandemic has had a negative impact on our ability to meet statutory targets for net-zero emissions. This plan recognises climate change as a human rights issue and the transition to net zero as an opportunity to tackle inequalities. West Dunbartonshire HSCP and its partners must do all that they can to support vulnerable people through these challenges and make every effort to reduce their own carbon footprint.

There has been no current or expected material impact to be reported within this year’s financial statements, however demand for services delegated to the HSCP Board are driven by demographics and socio-economic factors of which climate change will impact at some point. The future refresh of the HSCP Board’s Medium Term Financial Plan will highlight any financial risk associated with climate change if required which could include the rising Cost of Living, including food and fuel poverty which is influenced by climate change.

The HSCP is developing a property strategy in partnership with WDC & NHSGGC which will reflect the embedded flexible working policy that will rationalise the use of buildings and reduce staff travel, i.e. positive impact on reducing carbon emissions.



Performance Reporting 2023/24

The HSCP Audit and Performance Committee receives a Quarterly Public Performance Report at each meeting, which provides an update on progress in respect of key performance indicators and commitments. These can be viewed [here](#) (see Appendix 1, 5).

The Joint Bodies Act also requires all IJBs to produce an Annual Performance Report (APR), by the 31 July. The report content is governed by the 2014 Act and must cover the HSCP Board's performance against the 9 national outcomes and 23 national indicators.

The 2023/24 APR was scheduled to be presented to the HSCP Audit and Performance Committee in June 2024 for approval and publication thereafter, however this has been deferred until the 24 September HSCP Board. The report can be viewed [here](#) (see Appendix 1, 6).

The performance report has 46 performance indicators; these include a suite of challenging targets which demonstrates how our performance compares to local and national targets. Ongoing measurement against this suite of indicators provides an indication of how the HSCP Board is making progress towards the key objectives of integration, in particular how health and social care services support people to live well and independently in their communities for as long as possible.

The indicators also help to demonstrate how the HSCP Board is delivering best value in respect of ensuring good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.

It is recognised that the factors influencing changes in performance can be various and complex. Changes in activity and demand in some services from our population continued to be the key influencing factor throughout 2023/24. Performance monitoring arrangements continue to be refined and developed to ensure appropriate scrutiny and ownership of the factors and issues affecting performance.

Some key areas of performance (as defined by the Scottish Government) over the past year are detailed below. The categorisation of the indicators aligns to the 2023 – 2026 strategic priorities detailed above and align to the nine national health and wellbeing outcomes (refer to Exhibit 6 and 7).

KEY

























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

Exhibit 9: Extract from 2023/24 Annual Performance Report

Performance Indicator	2022/23	2023/24			5 Year Trend
	Value	Value	Target	Status	
Priority 1: Caring communities					
Percentage of carers who feel able to continue in their caring role when asked through their Adult Carer Support Plan	93.70%	92.80%	95%		
Balance of Care for looked after children: % of children being looked after in the Community	88.70%	88.90%	90%		
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	99.10%	100%	90%		
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	43.30%	60.20%	90%		
Priority 2: Safe and thriving communities					
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%		
Number of acute bed days lost to delayed discharges (incl. Adults with Incapacity) Age 65 years & over	11,390	10,765	9,112		
Percentage of people who receive 20 or more interventions per week	39.50%	40%	40%		
Priority 3: Equal communities					
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	84.20%	80.30%	80%		
Priority 4: Healthy communities					
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	43%	44%	90%		
Prescribing cost per weighted patient (Annualised)	£185.96	£193.03	£187.73		

Performance Highlights 2023/24

The following graphic present a pictorial view of performance highlights with more extensive detailed narrative following thereafter.

Exhibit 10 – Pictorial View of Performance Highlights



1,869 people with a
Community Alarm



89% uptake of 27-30
month child
development
reviews



9,338 care at home
hours per week



442 My Life
Assessments
completed



99.6% of
homecare
service users
supported with
personal care



1,065 supported with
medication by
Homecare Pharmacy
Team



88.9% of looked
after children
looked after in the
community



100% CAMHS
referrals starting
treatment within 18
weeks - average
wait 6 weeks



133 young people
supported by
Throughcare

Our Workforce

We recognise that our workforce is our greatest asset, we take immense pride in celebrating the achievements of our staff throughout the year, culminating in the annual awards across the HSCP. Our annual HSCP staff excellence award event held on 3 November 2023, and a selection of the achievements celebrated are highlighted in the sections below:

- Team of the Year: HSCP Finance Team – to acknowledge collaborative working, strong values and their positive impact on services, providing a range of professional guidance and support.
- Employee of the Year: Laura Goodwin (Policy Assistant) – to acknowledge Laura's commitment, professionalism and positive attitude in her role.
- Leader of the Year: Morven Cowie (Senior Charge Nurse) – to recognise Morven's outstanding leadership, positive values and behaviours.
- Innovation of the Year: Alcohol and Drug Recovery Service – Harm Reduction Mobile Unit – for developing an amazing service providing support and treatment within the community.
- Volunteer of the Year – Becky Dunphy (Advanced Practice Physiotherapist) – to recognise Beck's commitment and proactive approach to global health.

Addiction Services

























Under the Public Bodies (Scotland) Act 2014 the Scottish Government has undertaken ministerial direction to ensure the implementation of Medicated Assisted Treatment (MAT) Standards. The MAT standards define what is needed for the consistent delivery of safe and accessible drug treatment and support in Scotland. The standards apply to all services and organisations responsible for the delivery of care in a recovery orientated system. The first phase of the MAT implementation standards 1-5 required to be embedded within local treatment systems.

West Dunbartonshire Alcohol and Drug Partnership (ADP) have a MAT Standards Implementation Steering Group, consisting of all adult services operating across the ADP. The group is chaired by the local clinical lead for the standards. Clear progress has been demonstrated across MAT 1-5 with significant work being undertaken by the operational improvement group to achieve this, including a co-production approach with the recovery community.

The MAT Implementation Support Team advised the ADP of the ratings for each standard with West Dunbartonshire achieving green status for Mat standards 1 to 5, and provisional green status for all other standards as highlighted below. It was acknowledged that overall, the results are extremely good and demonstrate year on year improvement and consistency in standards of care reflecting innovation, hard work and sharing of good practice by local teams.

MAT Standards Benchmarking by Reporting Year

MAT Standards Benchmarking by Reporting Year

Reporting Year	West Dunbartonshire										
	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 6 & 10	MAT 7	MAT 8	MAT 9	MAT 10
2022						N/A	N/A	N/A	N/A	N/A	N/A
2023							N/A				
2024						N/A					N/A

RAGB colour legend

-  Red
-  Provisional Amber
-  Amber
-  Provisional Green
-  Green

2022 – MAT 6 to MAT 10 were not assessed
 2023 – MAT 6 and MAT 10 were assessed separately
 2024 – MAT 6 and MAT 10 were assessed jointly

Named as the winner of the Innovation of the Year award at the WDHSCP Local Staff Awards, the Harm Reduction Mobile Unit offers Out of Hours provision to local areas where drug related deaths and harms are more prevalent. This service is provided by specialist trained Harm Reduction Nurses and seeks to provide care, treatment and support to the most vulnerable people in West Dunbartonshire.

The Mobile Unit is staffed by a group of experienced Practitioners from Addiction Services who, in addition to their day jobs, visit a different location every evening. Services offered include Blood Borne Virus (BBV) testing & treatment, provision of injecting equipment, safer injecting advice, wound care assessment, provision of antibiotics, naloxone training, assessment for same day access for opiate substitution therapy, sexual health advice and basic food supplies.

By removing barriers and building up trust, those in need can access treatment and support beyond normal clinic hours. The Harm Reduction Mobile Unit does more than provide a service, it offers a lifeline to people who might otherwise not engage in traditional healthcare pathways and gives them the chance to maintain a level of stability in their lives and the lives of their families.

Adult Community Mental Health

The number of individuals who seeking assessment through their GP for attention deficit hyperactivity disorder (ADHD) and subsequently referred to Adult Mental Health services for assessment confirmation has increased by 700% since 2019 across NHS Greater Glasgow and Clyde.

The three Adult Community Mental Health Teams (CMHTs) in West Dunbartonshire and Helensburgh receive approximately 50 referrals per month. In February 2024, following a review of service delivery, nursing roles were enhanced to create a Specialist Nurse Practitioner role. This role will undertake the assessment of individuals with ADHD symptoms and provide support to both patients and colleagues. As a result of these changes, waiting times for new ADHD referrals has significantly decreased, from six months to between six and eight weeks.

Learning Disability Services

The Community Learning Disability Team (CLDT), comprising health and social work staff, relocated to Clydebank Health & Care Centre (CHCC) on 21 August 2023. This relocation has been incredibly positive as CLDT is now co-located with other HSCP teams and enhances multidisciplinary communication and team working.

The CLDT had been in their previous location for many years and was no longer fit for purpose. It lacked reliable access to the most up to date technology for both NHS and Council staff as well as limited clinical space. The move to CHCC required a huge amount of work, including planning, logistics, archiving and updating of risk assessments, to ensure there was minimum disruption to both employees and service users. The new environment has a range of facilities, and the team can see clients in clinic, treatment and meeting rooms within the same location. Having CHCC as a base is more cost effective and promotes best value, which is in line with WDHSCP Strategic Delivery Plan.

Throughout 2023/24 our Learning Disability services continued to work hard to promote and support the rights of people with a Learning Disability. As our health team continue to see a reduction in waiting times, we have faced staffing challenges within social work. The team have worked hard to embed the Dynamic Support Register (DSR) and its processes and reporting.

The Scottish Government launched the DSR in May 2023, as one of the key recommendations from "The Coming Home Implementation Report". The aims of the DSR are to review the care people with a Learning Disability and complex needs by trying to improve monitoring of those at risk of placement breakdown to prevent inappropriate admission to hospital or out of area placements. It also looks at the regular review of out of area placements and reducing delayed discharges. Public Health Scotland gather and report on the data received from all Health and Social Care Partnerships within Scotland. We also continue to work with Children and Families colleagues to review Transitions to Adult services to ensure we are applying the eligibility criteria and providing a statutory service to those with critical or substantial need.

A review of Learning Disability Services is due to commence in 2024/25. A key driver for this is the need to ensure that strategies and legislation, such as the Self-directed Support (Scotland) Act 2013, are fully implemented within learning disability services to increase choice in support available for individuals and their carers, to live their lives as independently as possible.

The “Just Enough Support” training programme has empowered staff to empower citizens to take greater responsibility for their own outcomes and trauma-informed training across the workforce has further underpinned WDHSCP’s approach to engagement.

Delivery of this action is supported by the Coming Home Implementation Report, published by the Scottish Government in February 2022, which aims to improve care for people with learning disabilities and complex needs. Measures include reducing delayed discharge and providing care closer to home.

District Nursing

Our District Nursing Team’s Pressure Ulcer Prevention improvement activity has yielded positive results, against a background of increasing caseload acquired pressure ulcer rates reflecting the increased frailty in caseloads, West Dunbartonshire rate for avoidable pressure ulcer rates per /1000 caseload West Dunbartonshire has seen sustained improvement with a rate = 0/1000 against NHSGGC 0.34/1000.

Delivering Palliative and End of Life Care in the most appropriate setting for individuals and their families is a key priority for the team. Earlier this year NHSGGC’s Board considered a report on this service which recorded the West Dunbartonshire team as the highest performing across the whole board area over the period February 2024 (100%) to April 2024 (95%).

Reablement Service

The Reablement Service started taking referrals from September 2023. This team led by Occupational Therapists, provides goal focussed interventions to maximise independence and in doing so reduce the need for onward referrals to other HSCP services. The key principle of Reablement is to support people who are at risk of needing social care and can participate in a programme of care to regain functioning, maintain life skills, rebuild their confidence and promote wellbeing. Established initially as a test of change, the service has evolved to deliver a reablement approach across Care at Home.

Since September, the service has received 118 referrals, of whom 20 (17%) were transferred to mainstream Care at Home for ongoing support. Of those, 80% were transferred requiring minimum packages of care. This demonstrates a significant impact in both positive outcomes for citizens and in reducing demand on the Care at Home service.

Focussed Intervention Team

The Focussed Intervention Team (FIT) is a multi-disciplinary team established to provide a rapid and preventative response for those at risk of admission to hospital. This team was established just prior to the Covid 19 pandemic and has been increasing its referral rates since 2022. The team not only prevent admissions to hospital; they also work closely with Acute sites, including the Vale of Leven Hospital, to turn people around at the front door. This reduces the number of people being admitted via Emergency Departments and facilitates rehabilitation programmes of care at home, thereby enhancing health and social care outcomes.

A new falls pathway was introduced across NHSGCC which allows the Scottish Ambulance Service contact or refer directly to the Focused Intervention Team who will visit within two hours and conduct a full assessment, and provide any treatment indicated, aimed at maintaining the patient safely within their own home. In 2023 the team received an average of 160 referrals per month, predominantly for those at risk of admission to hospital with fifty patients maintained at home safely over a twelve-month period.

The FIT Team rapid response means we support patients safely at home where appropriate who previously would have been conveyed to hospital.

Diabetic Retinopathy Services (DRS)

Optical Coherence Tomography (OCT) has been introduced as part of the retinal screening outcome pathway. This was established to more effectively identify patients who require Ophthalmology intervention, versus those patients who could be safely monitored as part of the Screening Programme. OCT clinics have now been introduced in Greenock, Gartnavel General Hospital and Vale of Leven Hospital. The introduction of these clinics has reduced the travelling for patients who require further examination. Further work is proposed to introduce another OCT clinic in south side of the city.

Justice Services

Justice Services are funded directly from government and reporting on National outcome measures continues to demonstrate strong performance, an example being 100% of Multi Agency Public Protection meetings taken place within prescribed timescales to effectively manage high risk offenders.

Since the Scottish Courts have returned to pre pandemic activity, the service has seen notable increases in demand for the service. Additional non-recurring funding has been made available to support this additional demand on resources.

Caledonian Domestic Abuse System

Managers and staff have completed relevant training in all aspects of risk assessment and delivery of the Caledonian system. Recruitment has been successful in securing additional staff to implement this intervention. Provision of reports and assessments to Courts commenced in January 2024.

Community Justice

The recruitment of a full time Community Justice Co-ordinator has enabled the Community Justice partnership to grow and evolve into a strong multi agency partnership. The Community Justice Outcome Improvement Plan has outlined the local priorities for West Dunbartonshire, working with key stakeholders to address local needs.

Self-Directed Support Policy and Work with Carers

Learning from the short breaks pilot (working in partnership with the Carers of West Dunbartonshire) has allowed the SDS team to review and streamline the process of option 1 “direct payments”, we have now reduced the paperwork involved, moving to online contact for almost all service users/carers and ensuring a 28 day maximum turnaround when processing payment requests (on receipt of correctly completed documentation from social work staff). Faster processing of payments allows service users/carers to start working towards their identified outcomes sooner whether this be employing staff, commissioning services, or purchasing agreed items and allows for maximum impact to be seen before package reviews are completed annually.

In Control Scotland have completed an evaluation of the “My Life Assessment” reviewing implementation of the MLA and MLA-S process and exploring if the MLA-S is supporting practitioners to establish needs of service users quickly and signpost to appropriate early intervention and community resources. Several recommendations have been made from the evaluation which are currently being reviewed as we work to create an updated action and improvement plan. The full evaluation report will be presented to HSCP Board in August 2024.

Within the local area, with support from the SDS team, two third sector organisations: Improving Lives and Carers of West Dunbartonshire, have been successful in funding bids for “Support in the Right Direction” funds. This funding (£0.300m over 3 years) will support them to host independent SDS advice and guidance services.

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

The West Dunbartonshire Distress Brief Intervention (DBI) Associate Programme for young people aged 16 years to 24 years (26 years for care experienced young people) is specifically to support young people who are experiencing ‘emotional distress’ and not requiring clinical interventions. The service launched on 1 March 2022 with Scottish Action for Mental Health (SAMH) commissioned by the HSCP on behalf of Community Planning Partners to deliver an associate DBI service for young people in West Dunbartonshire.

Initially patient pathways were established in Primary Care and Education settings for those aged 16 years and over. Consultation with partners highlighted a need for access to the service for those under 16 years and agreement to pilot a referral pathway for 14-15year olds in line with the national pilot was given for West Dunbartonshire to be the 5th pilot site contributing to the national evaluation to understand the effectiveness of DBI in young people under 16 years.

A tri-partite pathway linking School Pupil Support Teams, CAMHS and DBI Level 2 services supported fast and effective communication of a young person's needs, ensuring they receive the right support, from the right people at a time when they need it. The patient pathway for 14- and 15-year-olds launched in January 2023.

Demand for the service continues to increase averaging 18 per month with service outcome measures indicating that between October 2022 and September 2023 young people reported an improvement of 5 points in their distress rating post intervention compared to their rating when referral made. The data suggests that young people accessing the service have an improved ability to manage their distress and feel more able to manage future distress post intervention.

Next steps are underway to expand the patient pathway for 14- and 15-year-olds to primary care settings.

Performance Challenges 2023/24

The following summary is intended to provide a snapshot in relation to the challenges the HSCP has experienced over the last year. While teams across the HSCP have embraced innovative new approaches delivering services and supporting external inspection work, increasing demand for services versus staffing resources has remained a challenge. The Scottish Government have acknowledged recruitment and retention of Health and Social Care staff as a national issue.

Our Workforce

Workforce sustainability across all health and social care sectors remains a key ambition, and across the HSCP this is a recognised strategic risk. This ambition is underpinned by a commitment to achieve the best outcomes for our people, the most efficient use of our resources, and building the capacity and capability to transform our services for the future. We continued to review our workforce to ensure that we both recruit and retain staff across all job families to support delivery of the HSCP strategic ambition.

We want to create the conditions where all our leaders work together towards a common vision, supporting our workforce to progress in their careers, focussing on accessibility to training and development opportunities, and effectively use individual skill sets in the most effective way. The HSCP has developed a 3-year Workforce Plan, aligned with our Annual Delivery and Financial Plans, setting out how we will manage local workforce pressures, this also links to support training and recruitment and aligned to recognising that our workforce is our greatest asset.

Supporting workforce wellbeing, both physically and mentally is paramount. A fit, healthy, and engaged workforce will ensure that productivity remains high, and high-quality services are delivered efficiently. Across both West Dunbartonshire Council and NHS Greater Glasgow & Clyde there have been regular campaigns, projects, activities, and workforce communications issued highlighting a range of dedicated resources.

Prescribing

The pricing of drugs is hugely complex and is not only influenced by UK and global inflation, rising interest rates and sterling exchange rates, but also by the NHS Scotland and Community Pharmacy Scotland (CPS) contract arrangements. The HSCP has a local prescribing group chaired by the Clinical Director with a focus on safe prescribing and applying the principles of realistic medicine.

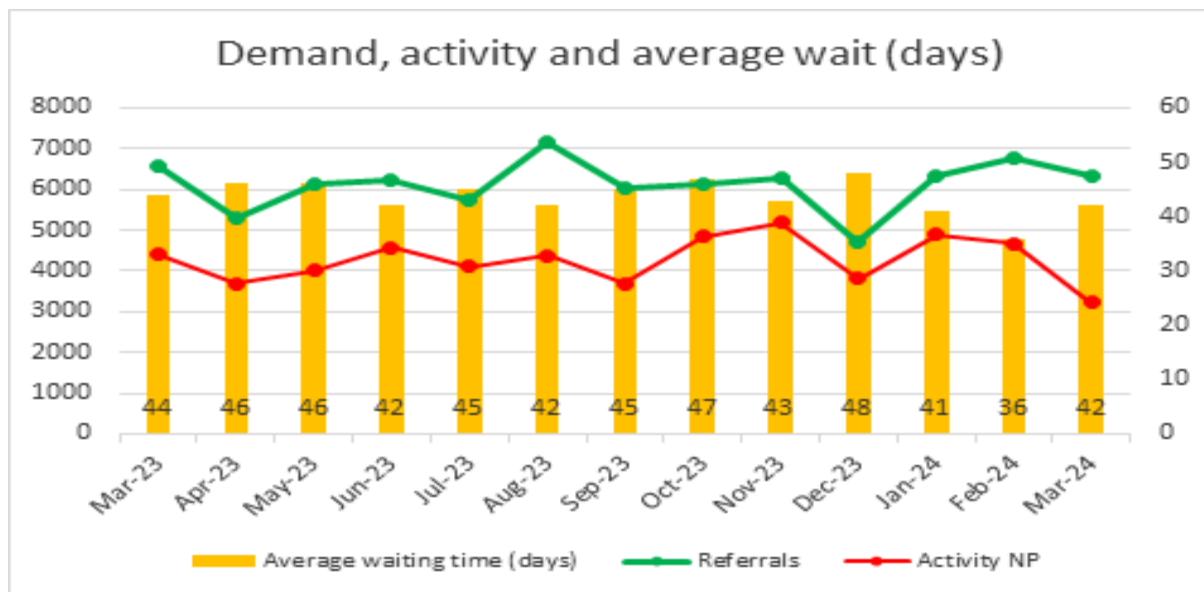
The GP prescribing budget is the largest area of subjective spend other than staffing. Given the level of financial risk it is important that efficiencies are realised wherever possible. While WDHSCP has performed well compared to the overall NHSGCC area, with average increases of 1.8% in volumes and £10.70 average cost per item compared 3.3% and £10.72 respectively both the volume of drugs dispensed and average cost per item have increased to above pre pandemic levels. Table 4 on page 32 compares the £22.667m final outturn for prescribing against a budget of £21.323m for 2023/24 resulting in a net deficit of £1.344m.

A prescribing burden of £2.212m, circa 10.6%, over the 2023/24 recurring budget was added to the 2024/25 prescribing budget and is reflective of anticipated increases in cost and volume. Offset against this burden is a challenging and ambitious efficiency programme totalling £1.332m across a range of measures.

Musculoskeletal (MSK) Physiotherapy

The Scottish Government target for MSK AHP services is that 90% patients are seen within 4 weeks of referral. At present all patients are clinically triaged and all patients categorised as urgent are seen within the 4-week target. This has been a challenge for the MSK service as demand increases and routine waiting times extend beyond the 4-week target.

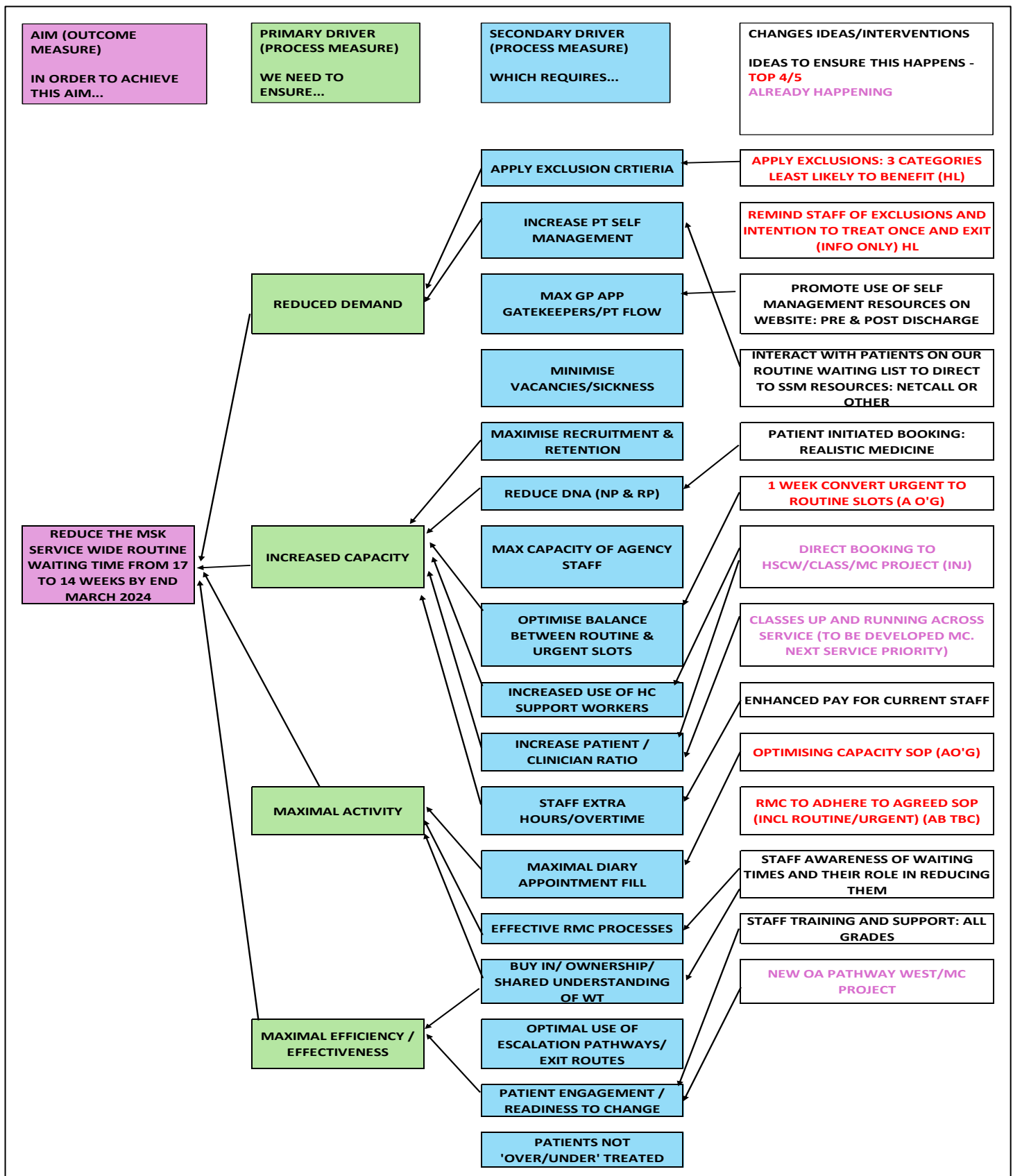
Demand, Activity and Average Waiting Times



The graph above shows demand, capacity and waiting times for the MSK service. The gap between the green and red line demonstrates that demand is consistently higher than service capacity. There was a 13.3% increase in referrals in 2023/24 when compared to the previous year (i.e. the service received 73,680 referrals in 2023/24 c/f 65,017 referrals in 2022/23). Despite this increase in demand maximum routine waiting times remained relatively static throughout 2023/24 at between 12 to 13 weeks. The increased activity (i.e. the additional 7825 NP appointments) from the priority project work was effective in maintaining static maximum routine waiting times despite increased demand.

The MSK service therefore had an ongoing priority project which focussed on reducing routine waiting times. Quality Improvement methodology was used within the project work. The driver diagram for the project work is included below.

Driver diagram demonstrating Quality Improvement Approach to waiting times project.



Waiting times are multifactorial and based on demand vs capacity. The change ideas/interventions were therefore multi-faceted. The combined effect of these tests of change was that the service offered an additional 7825 New Patient (NP) Appointments when compared to the previous year (65,141 NPs in 2023/24 compared to 57,316 NPs in 2022/23).

Children's Services

Budgetary pressures continue in relation to care provision for children in West Dunbartonshire.

The HSCP Board approved the Children's Health and Care Services Strategy, "Improving Lives with Children and Young People in West Dunbartonshire, What Would It Take? 2024 - 2029" on 28 March 2024. It will be delivered by key projects with related key performance measures and milestones. The Strategy presents the road map to deliver sustainable services, aligned to The Promise and Shift the Balance of Care which will ensure that children and young people, where possible, can remain supported at home with the necessary scaffolding of support, with family or in a community setting.

The What Would It Take? Strategy is a five-year plan which recognises the importance of using service design to evaluate Children and Families services. The Scottish Approach to Service Design (SAtdSD) encourages service change to be deliberate and purposeful, as opposed to organic and reactive, informed by data and evidence. It also emphasises that service user's voices, both providers and recipients of a services, should be at the centre of service design and, sustainability and future proofing considered throughout.

Delivery of the plan will take time, resources, and a shared commitment to improve outcomes for children and young people. It recognises our commitment to work with partners and communities to ensure our children grow up loved, safe, and respected so that they can realise their full potential.

Child Protection

Having commenced in October 2021 a Community Planning Inspection of Services for Children and Young Persons at Risk of Harm in West Dunbartonshire concluded in March 2022 with the interim report on phases one and two published on 24 May 2022. This was followed with the Community Planning Partnership (CPP) engaging in supported improvement activity with the Joint Inspection Team during the third phase of inspection of ongoing monitoring and evaluation between May 2022 and February 2023.

On 13 April 2023, the CPP received a letter from detailing the outcome from the further period of monitoring and evaluation. The letter highlighted several areas for continuing focus and improvement, which also reflects the CPPs self-assessment and progress made. The care inspectorate identified that the children's service partnership 'had made considerable effort in addressing the findings of the joint inspection....and we are confident that the partnership has in place a strengthened approach to self-evaluation and improvement'. Recommendations were as follows:

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

In response to the inspection, the Partnership undertook the following actions:

- Developed an Improvement Action Plan to prioritise activity and address the areas identified through self-assessment activity and the conclusions from phase inspection process;
- Establishment of additional short to medium term governance arrangements in March 2022 to provide leadership, guidance and support to deliver the improvement actions arising from the self-assessment and inspection process;
- Work to strengthen the assurance and risk management processes and better align strategic planning priorities to reflect the needs of children and young people at risk of harm;
- A review of the subgroup structure to reflect the development priorities resulting in two additional posts to support the work of the independent chair and the lead officer in relation to learning and development and quality assurance; and
- To strengthen scrutiny, management oversight and collaborative leadership the creation of an earmarked reserve will fund several additional fixed term posts.

While it is too early to determine to what extent their actions had in relation to improved outcomes for children and young people at risk of harm in West Dunbartonshire, the HSCP is confident that the partnership has in place a strengthened approach to self-evaluation and improvement. Change remains at an early stage and continuing focus will be necessary to consolidate progress and drive forward further improvement”.

Recognising the outcome of the recent joint inspection of children at risk of harm, service continues to drive and maintain the pace and energy to implement, embed and sustain the improvements required to achieve Scotland’s ambitions for children and young people. It is vital that the What Would It Take? strategy ensures the findings and actions within the inspection are included in the Plan.

Unscheduled Care and Delayed Discharges

Unscheduled care work across NHSGGC is directed by the Unscheduled Care Design and Delivery Plan 2022/23 to 2024/25 which details how HSCP’s would seek to operate in conjunction with acute sector colleagues to meet the unprecedented levels of unscheduled

care across NHSGGC and meet the continuing challenges of an aging population with increasing complex care needs. The plan will be refreshed in 2024.

West Dunbartonshire HSCP continues to face challenges in demonstrating a sustainable downward trend in delayed discharges. Analysis of these challenges has identified multifactorial issues: staffing and recruitment, complexity of care packages, and improving the pathways of care across the HSCP and the three acute hospitals. Acute sites faced significant pressures in bed availability across November and December 2023. Scrutiny continues to be applied to all those delayed past their planned date of discharge (PDD) with the HSCP Community Hospital Discharge Team (CHDT) and Head of Service. Recent quality improvement activity includes a test of change with older adult wards at Gartnavel General Hospital, with a multi-disciplinary focus on all WDHSCP inpatients to ensure pathways of care were appropriate and early discharges encouraged.

Care at Home Redesign

The Care at Home Service is now in the implementation phase of the redesign process. An Implementation Group was established in April 2024 with representation from employees, the Joint Trade Union, and senior management. As the implementation progresses the efficiencies associated with the redesign, both financial and to ensure the right staff are in the right place at the right time, will be realised.

Recovery and Renewal

On the 15 March 2023, the HSCP Board approved the Strategic Plan 2023 – 2026: Improving Lives Together. The Strategic Planning Group will monitor the progress of the Strategic Plan, supported by the robust Delivery Plan also approved by the Board in March.

While the COVID-19 threat has diminished from a public health perspective, it brought both significant challenges and exciting opportunities to the HSCP. As we move into 2024/25 it is recognised that there will continue to be an increase in demand for statutory services all of which will have wide ranging resource implications, primarily staffing and financial.

While the timescale and implementation plan of the move to a National Care Service is unclear the HSCP Board will continue to work with all its partners, including the Scottish Government, to deliver on its strategic outcomes. Successful and strong integration of health and social care services will address the challenges faced by the people of West Dunbartonshire by ensuring that people have access to the services and support they need, so that their care feels seamless to them, and they experience good outcomes and high standards of support.

Financial Performance 2023/24

The Statement of Accounts contains the financial statements of the HSCP Board for the year ended 31 March 2024 and has been prepared in accordance with The Code of Practice on Local Authority Accounting in the United Kingdom (the Code).

Financial performance is an integral element of the HSCP Board's overall performance management framework, with regular reporting and scrutiny of financial performance at each meeting of the HSCP Board. The full year financial position for the HSCP Board can be summarised as follows:

Table 1: Summary Financial Position 2023/24

1 April 2023 to 31 March 2024	West Dunbartonshire Council £000	Greater Glasgow & Clyde Heath Board £000	Total £000
Funds Received from Partners ¹	(85,298)	(159,561)	(244,859)
Funds Spent with Partners	93,483	158,905	252,388
(Surplus)/Deficit in Year 2023/24	8,185	(656)	7,529

Note: Totals may not add due to rounding

The Comprehensive Income and Expenditure Statement (CIES) on page 58 details the cost of providing services for the year to 31 March 2024 for all health and care services delegated or hosted by the HSCP Board.

The total cost of delivering services amounted to £252.388m against funding contributions £244.859m, both amounts including notional spend and funding agreed for Set Aside of £43.914m, (see Note 4 "Critical Judgements and Estimations" page 64). This therefore leaves the HSCP Board with an overall deficit on the provision of services of £7.529m prior to planned transfers to and from reserves, the composition of which is detailed within Note 13 "Usable Reserve: General Fund" page 69 and 70.

The HSCP Board's 2023/24 Financial Year

The HSCP Board approved the 2023/24 revenue budget on 15 March 2023. The report, set out the funding offers from our partners NHSGGC and WDC as well as specific funding streams from the Scottish Government totalling £1.494m for support related to Scottish Living Wage and Free Personal Care uplifts and removal of non-recurring winter planning funding. The Board approved a total indicative net revenue budget of £189.098m (excluding Set Aside estimated budget of £34.292m). This was supplemented with an allocation from earmarked

¹ Inclusive of Set Aside of £43.914m and Assisted Garden Maintenance and Aids and Adaptations of £0.302m

reserves of £1.918m to close the gap between funding and estimated cost of services, resulting in a total opening budget of £191.016 million.

Throughout 2023/24 there were a significant number of budget adjustments to account for additional Scottish Government funding on both a recurring and non-recurring basis. See tables below.

Table 2: Budget Reconciliations 2023/24

2023/24 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved on 15 March 2023	104,536	86,480	191,016
Rollover Budget Adjustments	836	0	836
Primary Care	3,148	0	3,148
Adult and Older People Services	1,965	0	1,965
Children's Services	220	319	539
Family Health Services	1,179	0	1,179
Other	3,868	9	3,877
Reported Budget 2023/24	115,753	86,808	202,561
Funded from Earmarked Reserves	(106)	(1,812)	(1,918)
Funded from Partner Organisations²	115,647	84,996	200,643

Note: Totals may not add due to rounding

The regular financial performance reports provide members with a detailed analysis of progress of savings programmes, significant variances, and reserves activity.

Final Outturn Position 2023/24

The latest Financial Performance Report can be found [here](#) (see Appendix 1, 7) was issued to the HSCP Board on 28 March 2024, projected a gross overspend of £8.098m (4.04%) for the financial year ended 31 March 2024 prior to planned transfers to/from earmarked reserves (including the drawdown of reserves on a recovery plan basis) to leave a net overspend of £1.607m to be funded from un-earmarked reserves with the main element of this overspend being the cost of social care unfunded pay uplifts at £1.557m.

Every 2023/24 Financial Performance Report contained a suite of detailed appendices providing members with information on all budget transfers, significant variances across HSCP services, progress on the achievement of previously approved savings and a line-by-line breakdown of all earmarked reserves movements.

² Excluding Set Aside of £43.914m and Assisted Garden Maintenance and Aids and Adaptations of £0.302m

The HSCP Board received monitoring information on approved savings and service redesign efficiencies totalling £7.862m. Due to the complexities involved in delivering some programmes, the total savings span the financial years 2020/21 to 2023/24. The final outturn position reports that approximately 71% (£5.590m) of savings have been delivered as planned with the balance being funded from recovery plan application of earmarked reserves.

The financial statements finalise the outturn position for 2023/24 as at 31 March 2024. Again prior to planned transfers to/from earmarked reserves and after accounting for all known adjustments, the position is a gross overspend of £7.529m and a net overspend of £1.731m which are movements of £0.569m and £0.124m respectively from the March position. Table 3 provides highlights of the main movements, while Tables 4 and 5 provides a high-level summary of the final outturn position by service area and by subjective analysis.

Table 3: Movement from March 2024 Projected Outturn

Reconciliation of Movements in Reported Position between Final Outturn and March 2024 HSCP Board Report	Final/Forecast Full Year £000's	Drawdown / (Transfer to) Earmarked Reserves £000's	Drawdown / (Transfer to) Unearmarked Reserves £000's
Final Adverse Variance Reported - Impact on Reserves	(7,529)	(5,798)	(1,731)
Period 10 Adverse Variance Reported - Impact on Reserves	(8,098)	(6,491)	(1,607)
Movement	569	693	(124)
Represented By:			
Childrens Services Community	160	209	(49)
Adult Community Services	339	10	329
Addictions	388	254	134
Mental Health Adult Community	228	(26)	254
GP Prescribing	(484)	0	(484)
Children's Community Placements	(130)	0	(130)
Children's Residential Schools	(104)	0	(104)
Childcare Operations	(133)	(25)	(108)
Residential Accommodation for Older People	397	(102)	499
External Residential Accommodation for Elderly	310	97	213
Community Health Operations	88	(467)	555
Residential - Learning Disability	32	138	(106)
Day Centres - Learning Disability	173	0	173
Care at Home	(911)	0	(911)
HSCP - Corporate	219	432	(213)
Other	(3)	173	(176)
Total	569	693	(124)

Note: Totals may not add due to rounding

Table 4: Final Outturn against Budget 2023/24 by Service Area

West Dunbartonshire Integrated Joint Board Consolidated Health & Social Care	2023/24 Annual Budget £000	2023/24 Net Expenditure £000	2023/24 Underspend/ (Overspend) £000	2023/24 Reserves Adjustment £000	2023/24 Underspend/ (Overspend) £000
Older People, Health, and Community Care	54,612	57,210	(2,598)	(1,626)	(972)
Physical Disability	3,485	3,402	83	0	83
Children and Families	30,761	32,238	(1,477)	(321)	(1,156)
Mental Health Services	13,893	13,631	262	(124)	386
Addictions	4,131	4,021	110	(166)	276
Learning Disabilities	21,276	21,147	129	(120)	249
Strategy, Planning and Health Improvement	2,341	1,889	452	143	309
Family Health Services (FHS)	33,004	33,075	(71)	0	(71)
GP Prescribing	21,323	22,667	(1,344)	0	(1,344)
Hosted Services - MSK Physio	7,450	8,262	(812)	(748)	(64)
Hosted Services - Retinal Screening	879	879	0	(87)	87
Criminal Justice	0	274	(274)	0	(274)
HSCP Corporate and Other Services	7,116	9,105	(1,989)	(2,750)	761
IJB Operational Costs	372	372	0	0	0
Cost of Services Directly Managed by West Dunbartonshire HSCP	200,643	208,172	(7,529)	(5,798)	(1,731)
Set aside for delegated services provided in large hospitals	43,914	43,914	0	0	0
Assisted garden maintenance and Aids and Adaptions	302	302	0	0	0
Total Cost of Services to West Dunbartonshire HSCP	244,859	252,388	(7,529)	(5,798)	(1,731)

Note: Totals may not add due to rounding

Table 5: Final Outturn against Budget 2023/24 by Subjective Analysis

West Dunbartonshire Integrated Joint Board Consolidated Health & Social Care	2023/24 Annual Budget £000	2023/24 Net Expenditure £000	2023/24 Underspend/ (Overspend) £000	2023/24 Reserves Adjustment £000	2023/24 Underspend/ (Overspend) £000
Employee	90,083	93,357	(3,274)	(3,667)	393
Property	1,286	1,568	(282)	(52)	(230)
Transport and Plant	1,355	1,321	34	(7)	41
Supplies, Services and Admin	6,560	5,030	1,530	1,325	205
Payments to Other Bodies	64,141	67,212	(3,071)	(1,453)	(1,618)
Family Health Services	33,971	34,050	(79)	0	(79)
GP Prescribing	21,323	22,667	(1,344)	0	(1,344)
Other	2,633	2,920	(287)	(238)	(49)
Gross Expenditure	221,352	228,125	(6,773)	(4,092)	(2,681)
Income	(20,709)	(19,953)	(756)	(1,706)	950
Net Expenditure	200,643	208,172	(7,529)	(5,798)	(1,731)

Note: Totals may not add due to rounding

The Comprehensive Income and Expenditure Statement (CIES) on page 58 is required to show the surplus or deficit on services and the impact on both general and earmarked reserves. The final position for 2023/24 was an overall deficit of £7.529m with £5.798m and £1.731m drawn down from earmarked and un-earmarked reserves respectively. Earmarked reserves are detailed in Note 13 of these accounts on page 69 and 70 coupled with some additional information detailed below in the “Key messages”.

While the CIES provides actual expenditure and income values for services in 2023/24 and their comparison to the previous financial year, it does not highlight the reported budget variations as the HSCP Board would consider them. Therefore, the tables above are presented to provide additional detail and context to the key financial messages listed below.

The key explanations and analysis of budget performance against actual costs for individual service areas are detailed below:

- **Older People, Health, and Community Care** – this service grouping covers older people’s residential accommodation and day care, care at home, community health operations and other community health services with analysis as follows:
 - Older People Residential accommodation realised a net underspend of £0.286m mainly due to property income being higher than anticipated and a reduction in overall nursing packages;
 - Older People Day Care realised a net underspend of £0.324m due to delays in re-employing staff since Covid-19 restrictions ceased;
 - The Care at Home Service realised a net overspend of £2.408m due to the cost of the unfunded pay settlement, scheduling issues and increased use of agency staff and overtime to cover unprecedented levels of sickness; and

- Community health operations and other community health services realised a net underspend of £0.953m due to staff turnover, recruitment challenges and funding of hospital discharge agency costs from earmarked reserves.
- **Children and Families** – net overspend of £1.156m due to an increase in client numbers within both community placements and residential care settings, increase in Scotland Excel negotiated rates and previously approved savings currently unachieved.
- **Mental Health Services** – net underspend of £0.386m due to high levels of staff turnover, recruitment delays and income higher than anticipated.
- **Addictions** – Net underspend of £0.276m due to recruitment challenges and increased levels of staff turnover.
- **Learning Disabilities** – net underspend of £0.249m due to a number of vacant posts and transport savings due to using less vehicles than budgeted.
- **Strategy Planning and Health Improvement** – net underspend of £0.309m due to ongoing recruitment challenges.
- **GP Prescribing** – Net overspend of £1.344m due to an increase in volume numbers year on year and an increase in the average cost of prescribing per item since the start of the year.
- **Criminal Justice** – Net overspend of £0.274m mainly due to the cumulative impact of unfunded pay awards since 2021/22 and 10% of an intensive support package that is not funded by the Scottish Government.
- **HSCP Corporate and Other Services** – net underspend of £0.761m due to ongoing recruitment challenges, higher than anticipated staff turnover and the release of uncommitted funding related to non-recurring savings.
- The **Set Aside** outturn position is shown as a nil variance as remains a notional budget to the HSCP Board. While the actual activity or consumption of set aside resources for the West Dunbartonshire population is detailed above, there is no formal cash budget transfer by NHS GGC. The actual expenditure share related to our HSCP for 2023/24 was calculated as £43.914m. This figure includes expenditure related to staff costs, increased bed activity, changes to pathways, cleaning, testing, equipment, and PPE, all fully funded by the Scottish Government.

In addition to the above the key explanations and analysis of budget performance against actual costs by subjective analysis are detailed below:

- **Employee Costs** – The net underspend is related to higher than budgeted levels of staff turnover and ongoing recruitment challenges.
- **Payment to Other Bodies** – The net overspend is mainly related to financial pressures within Children and Families.
- **Income** – The net over-recovery of income has mainly arisen within Older People Residential Care and is due to client contributions and property income being substantially more than budgeted.

Key Risks, Uncertainties and Financial Outlook

The HSCP Board Financial Regulations confirms the responsibility of the Chief Officer to develop a local risk strategy and policy for approval by the Partnership Board. The HSCP Board Financial Regulations can be viewed [here](#) (See Appendix 1, 8)

The HSCP Board's Risk Management Strategy and Policy was reviewed and updated during 2021/22 as part of a scheduled update which was initially presented to the 24 June 2021 HSCP Audit and Performance Committee for their approval and can be viewed [here](#) on pages 33 to 57 (see Appendix 1, 9).

On the 16 May 2023 as part of a six-monthly update on the HSCP Strategic Risk Register, the Integration Joint Board (IJB), known locally as the HSCP Board, agreed to supplement the risk policy with a risk appetite statement.

On 27 October 2023, the Board considered this matter at an informal session, this was followed up by formal reports to the Audit and Performance Committee on the 14 November 2023 and 19 March 2024. The risk appetite statement is based on the matrix within the guidance document [Risk Appetite Matrix for Health and Social Care Partnership | Good Governance \(good-governance.org.uk\)](#), can be viewed [here](#) on pages 91 to 107 (See Appendix 1, 10) and will be reviewed annually.

Risk Appetite Levels are defined as follows:

- **Avoid:** Avoidance of risk and uncertainty is a key organisational objective.
- **Minimalist:** Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
- **Cautious:** Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
- **Open:** Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).
- **Seek:** Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk

A full review of the Strategic Risk Register is undertaken every six months with the latest review being presented to the 27 June 2024 Audit and Performance Committee for their approval and can be viewed [here](#) (see Appendix 1, 11).

The current eleven key strategic risks are summarised below with an extract of the main Financial Sustainability risk, the cause of the risk and the controls in place to reduce the likelihood and impact of the risk.

1. Financial Sustainability;
2. Procurement and Commissioning;
3. Performance Management;
4. Information and Communication;

5. Delayed Discharge and Unscheduled Care;
6. Workforce Sustainability;
7. Workforce Planning (Children and Families Social Work);
8. Care Home Viability;
9. Waiting Times;
10. Public Protection: Service Risk; and
11. Public Protection: Legislation Risk;

Table 6: Extract of Strategic Risk Register

Description	Cause	Controls in Place
<p>Risk Owner: Julie Slavin</p> <p>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.</p>	<ol style="list-style-type: none"> 1. Insufficient funding allocations from partner bodies that fail to reflect demographic pressures, the impacts of poverty, the impacts of health 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 	<p>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.</p> <p>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.</p> <p>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.</p> <p>Service Redesign Programmes managed by Project Boards and scrutinised by the Project Management Office (PMO).</p> <p>Regular analysis of performance and financial data with updates to SMT.</p> <p>Regular meetings with operational budget holders to monitor progress of savings as well as overall budgetary performance and corrective action taken as required.</p> <p>Focus on service redesign programmes and regular programmes of review that support the outcomes of service users and patients.</p>

	<p>commitments and requirement to use earmarked reserves for core delivery.</p> <p>6. Increasing resilience on use of non-recurring savings options and use of reserves to close the financial gap.</p>	<p>Weekly Vacancy Management Panel to scrutinise and challenge recruitment requests. Balanced against reduction in use of agency staff.</p> <p>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.</p> <p>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, Un-achievement of Savings and Fair Work Practices.</p> <p>Robust commissioning processes linked to strategic priorities and eligibility and self-directed support. Strengthening of governance processes including a refreshed Area Resource Group.</p> <p>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.</p>																									
Risk level (initial)	5 x 5 Very High = 25	<table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	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
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To further support the HSCP Board's assurance processes around the management of risk the Chief Internal Auditor's prepares an "Internal Audit Annual Strategy and Plan" which sets out the internal audit approach to annual audit planning as risk-based and aligns it to the HSCP Board's strategic planning processes and management's own risk assessment.

Reserves

The HSCP Board has the statutory right to hold Reserves under the same legal status as a local authority, i.e. *"A section 106 body under the Local Government (Scotland) Act 1973 Act and is classified as a local government body for accounts purposes..., it is able to hold reserves which should be accounted for in the financial accounts and records of the Partnership Board"*.

Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies; and
- provide a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

Reserves are a key component of the HSCP Board's funding strategy. Integration Authorities ability to hold reserves used by the Scottish Government as a mechanism to provide advance funding to cover known policy commitments. It is essential for the medium to longer term financial stability and sustainability of the Board that sufficient useable funds are held for the reasons detailed above and to earmark specific funding to deliver on Scottish Government priorities.

The HSCP Board's Reserves Policy, which can be viewed [here](#) (Appendix 1, 12) recommends that its aspiration should be a un-earmarked reserves level of 2% of its net expenditure (excluding Family Health Services) which would equate to approximately £4.231m, and for 2023/24 the final position is £3.504m (see Note 13: Usable Reserve: General Fund) which equates to a reserves level of 1.66%.

Our overall movement in reserves is covered above in the "2023/24 Final Outturn against Budget" section. Detailed analysis of the movements in earmarked reserves is available at Note 13 Useable Reserves – General Fund.

Several commitments made in 2023/24 in relation to local and national priorities will not complete until future years (£9.311m) and is reflective of the scale and timing of funding received and the complexity of ongoing projects. These include national funding for Mental Health Recovery and Renewal and Alcohol and Drug Partnerships, and local funding for mental health transitional programmes, the "What Would It Take" children and families five-year strategy, ongoing work related to unscheduled care, development and implementation of a property strategy, carers funding, and underwriting the cost of complex care packages / supporting delayed discharges.

We started the year with £21.874m earmarked reserves and during the year a total of £8.667m was drawn down as detailed below:

- £1.812m (Social Care only) approved in March 2023 to balance the 2023/24 budget
- £1.670m was approved as a recovery planning measure in November 2023
- £5.185m was drawn down to cover planned expenditure for unpaid carers, mental health, children and family priorities, hosted services, and the cost of complex care packages.

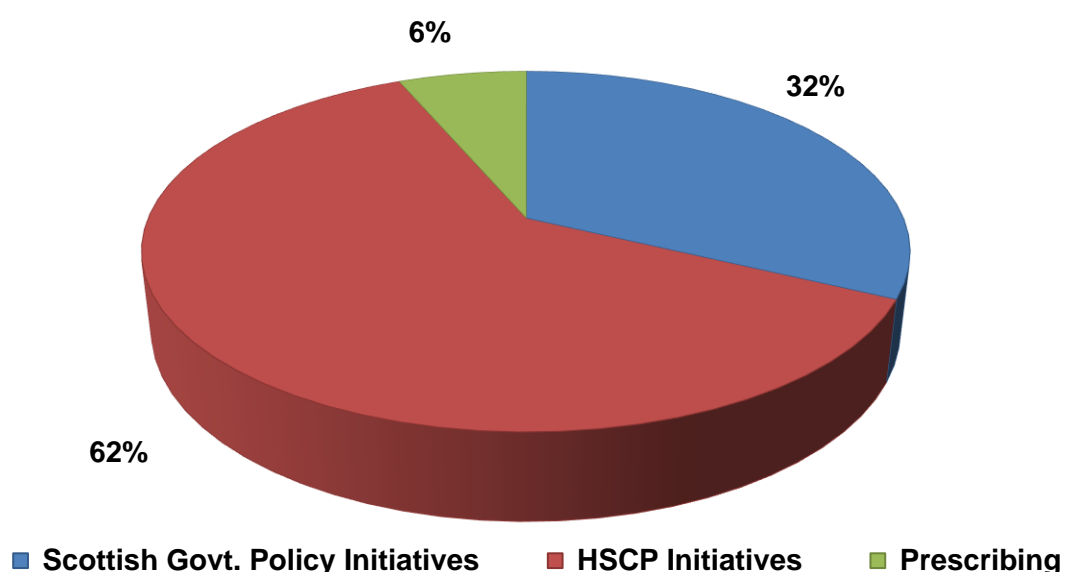
We also added £3.131m to earmarked reserves throughout the year with £1.767m being an increase to existing reserves (mainly for un-achievement of savings and property strategy) and £1.364m for the creation of new reserves (mainly for the “What Would It Take” Strategy).

A robust review of all reserves has been undertaken to ensure that all earmarked reserves are appropriate and fully committed. The outcome of the review was that £1.189m of earmarked reserves were un-earmarked.

After reallocation, the final balance of un-earmarked reserves is £3.504m which equates to approximately 1.66% of net expenditure (excluding Family Health Services). While this is below the 2% target detailed within the HSCP Board’s Reserves Policy work to replenish un-earmarked reserves is considered a priority with a view to increasing them back to, or beyond, 2% in the short to medium term, details of which will be reflected in the refreshed Medium Term Financial Plan.

The final balance on earmarked reserves is £15.100m and a profile of the 2023/24 earmarked closing balance is detailed in Figure 1 below:

Figure 1: Profile of Earmarked Reserves

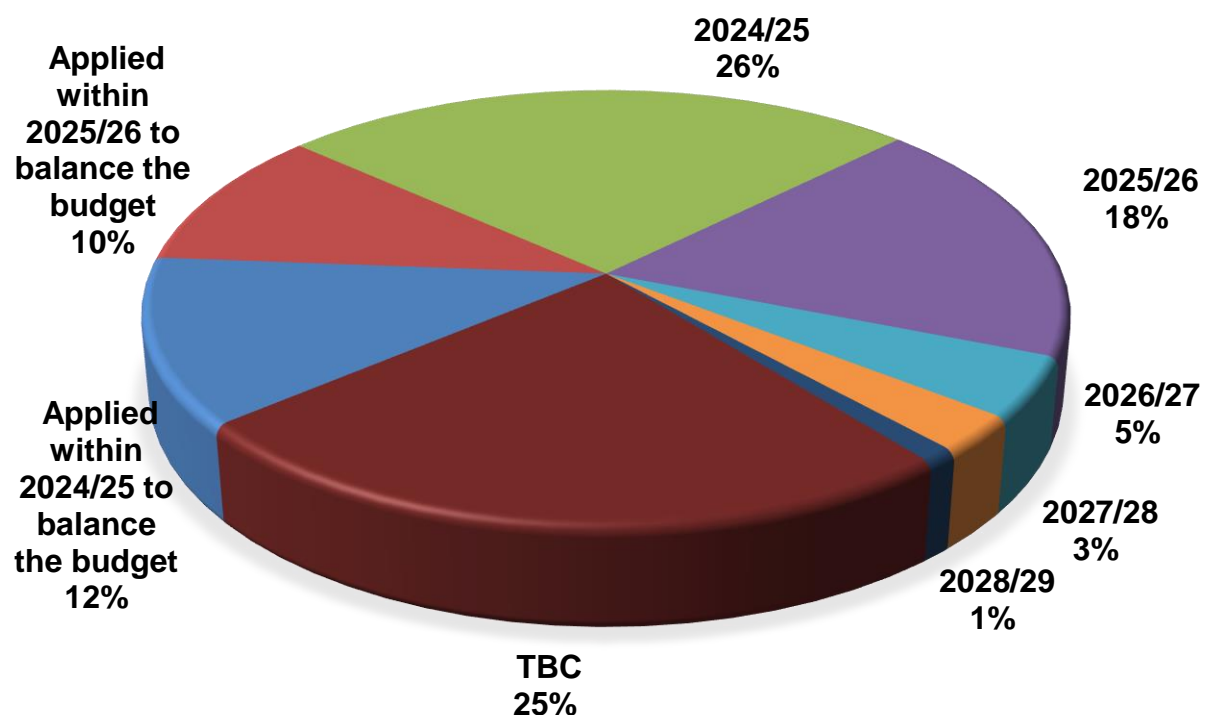


The analysis shows that:

- 32% relate to Scottish Government policy commitments including Unpaid Carers, Mental Health Recovery and Renewal, Alcohol and Drugs Partnership and Winter Pressures funding for enhancing care at home, multi-disciplinary teams and employing more health care support workers. The flow of funding for some of these policy commitments is linked to regular returns detailing the activity and cost of various programme strands;
- 62% relate to HSCP initiatives to support service redesign and transformation, community engagement and recovery and renewal in services; and
- 6% relates to reserves held for prescribing to mitigate potential volatility in pricing and short supply issues.

The review also included an analysis of the anticipated spend profile of earmarked reserves as summarised below. The analysis shows that approximately 38% of all earmarked reserves are anticipated to be drawn down in 2024/25 with 12% applied as part of the annual budget setting report to balance the budget.

Figure 2: Anticipated Spend Profile of Earmarked Reserves



Financial Outlook – Medium Term Financial Plan

The HSCP Board approved the indicative 2024/25 Revenue Budget on the 28 March 2024. The identified budget gaps and actions taken to close these gaps, to present a balanced budget, considered current levels of service. The full report can be viewed [here](#) on pages 57 to 173 (Appendix 1, 13).

The challenging financial landscape for all our funding partners (i.e. the Scottish Government, WDC and NHSGGC) in relation to future service demands, global inflation, and Scottish Government policy commitments (e.g. Mental Health Recovery and the National Drugs Mission), protracted the annual budget setting exercise. This was exacerbated by ongoing discussions regarding the confirmation of funding for pay uplifts within Social Care and the requirement to pass through an appropriate share of funding received by West Dunbartonshire Council to the HSCP.

The Scottish Government has published its Public Sector Pay Policy in May 2024 which shows an improved position regarding inflationary expectations; however, its Medium-Term Financial Plan has been delayed due to the announcement of the UK general election on 4 July 2024 which adds a further layer of risk to our financial stability going forward.

Both WDC and NHSGGC complied with the Scottish Government directives on funding to the HSCP Board for 2024/25. For WDC the direction was at least roll-over of the 2023/24 recurring budget (i.e. flat cash) plus share of allocated funding for social care in relation to Scottish Living Wage and uprating of Free Personal Care. For NHSGGC the direction was a flat cash allocation from health boards with the caveat that funding arrangements for Boards will be revisited by the Scottish Government following the outcomes of the pay negotiations in the new financial year and that it should be assumed that additional funding will be allocated to support a deal.

For health services the flat cash allocation was accepted on the basis that pay and other inflation was set at 0%, pending confirmation of pay arrangements, with Prescribing uplifted by circa 10.6%. Prescribing is hugely complex and during 2023/24 both the volume of drugs dispensed and the average cost per item have increased over 2022/23 levels as reflected in the actual outturn for 2023/24.

The WDC flat cash allocation for social care services, in essence, required the HSCP Board to cover all inflationary pressures (circa £11.5m) for pay awards and commissioned services, national insurance uplifts and demographic pressure, from a combination of service efficiencies, approved savings options, baseline adjustments (adjustments to the base budget to reflect the cost of current level of service such as reduced demand for specific budget lines) and application of earmarked reserves.

The HSCP Board is clear that it needs to be as financially well placed as possible to plan for and deliver services in a difficult financial climate, whilst maintaining enough flexibility to adapt and invest where needed to redesign and remodel service delivery moving forward depending on the funding available in future years.

The indicative budget gaps for 2025/26 and 2026/27 are detailed in Table 7 below and illustrate the scale of the risk.

Table 7: Indicative Budget Gaps

Budget Gap Analysis	2024/25	2025/26	2026/27
	£000	£000	£000
Social Care	96,765	104,339	111,967
Health Care	111,586	113,435	115,358
Set Aside	40,596	40,596	40,596
Total Indicative Spend	248,947	258,370	267,921
West Dunbartonshire Council	88,948	93,409	98,333
NHSGCC	108,565	109,236	109,920
Set Aside	40,596	40,596	40,596
Total Resources	238,109	243,241	248,849
Indicative Budget Gap	10,838	15,129	19,072
Cumulative Budget Gap	10,838	25,967	45,039
Management Adjustments	3,879	3,142	3,142
Savings Options	1,109	1,535	1,535
Superannuation Savings	3,700	3,700	3,700
Application of Reserves	2,150	1,809	195
Measures to Balance the Budget	10,838	10,186	8,572
Indicative Budget Gap	0	4,943	10,500
Cumulative Budget Gap	0	4,943	15,443

Note: Totals may not add due to rounding

Through 2024/25 the Financial Performance Reports will continue to reflect all quantifiable variations against the approved budget as well as anticipating and reporting on any material changes or risks

The current 2022/23 – 2026/27 MTFP (approved in March 2022) set out the broad key themes on how we will work towards minimising future pressures and remain financially sustainable. These are:

- **Better ways of working** – integrating and streamlining teams including the benefits of information technology to deliver services more efficiently will release financial savings and protect front line services;
- **Community Empowerment** - support the vision for resilient communities with active, empowered and informed citizens who feel safe and engaged to be a main contributor to service change across health and social care;

- **Prioritise our services** – local engagement and partnership working are key strengths of the HSCP. We must think and do things differently and find new solutions to providing support to those who need it;
- **Equity and Consistency of approach** – robust application of Eligibility Criteria for new packages of care and review of current packages using the My Life Assessment tool; and
- **Service redesign and transformation** – build on the work already underway redesigning support to people to remain or return to their own homes or a homely setting for as long as possible. This will be across all care groups including older people, learning, physical and mental disabilities and children and families, in partnership with Housing services, third sector and local providers.

As we continue to experience uncertainties surrounding the legacy impact of the Covid-19 pandemic, the impact of global inflation on cost of living and pay uplifts, and timescales around the implementation of National Care Service, the update of the Medium-Term Financial Plan has been delayed and the refresh is anticipated to be reported to the Board in August 2024.

Conclusion

Throughout 2023/24 West Dunbartonshire HSCP Board continued to strive to deliver on its strategic priorities as well as responding to and adapting services.

We have demonstrated our commitment to strong financial governance through our performance reporting and this annual report. The ability to utilise reserves in a planned way supports our short- and medium-term position as we face the challenges 2024/25 will bring and the ongoing implementation of the 2023 – 2026 Strategic Plan, shaped by our Strategic Needs Assessment.

In 2024/25 we will respond to these challenges by continuing to build on the strong governance frameworks already in place as documented within the Governance Statement and continue to engage and collaborate with our stakeholders, manage, and mitigate risk and invest in our workforce and communities.

Michelle Wailes

HSCP Board Chair

Date: 24 September 2024

Beth Culshaw

Chief Officer

Date: 24 September 2024

Julie Slavin

Chief Financial Officer

Date: 24 September 2024

STATEMENT OF RESPONSIBILITIES

Responsibilities of the Health and Social Care Partnership Board

The Health and Social Care Partnership Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this partnership, that officer is the Chief Financial Officer.
- Manage its affairs to secure economic, efficient, and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts.

I confirm that these draft Annual Accounts were approved at a meeting of the HSCP Board on 27 June 2024.

Signed on behalf of the West Dunbartonshire Health & Social Care Partnership Board.

Michelle Wailes
HSCP Board Chair

Date: 24 September 2024

Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the HSCP Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Financial Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Financial Officer has also:

- kept proper accounting records which were up to date; and
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the West Dunbartonshire Health and Social Care Partnership Board as at 31 March 2024 and the transactions for the year then ended.

Julie Slavin CPFA
Chief Financial Officer

Date: 24 September 2024

REMUNERATION REPORT

Introduction

The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) require local authorities and IJB's in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

It discloses information relating to the remuneration and pension benefits of specified HSCP Board members and staff. The information in the tables below is subject to external audit.

The HSCP Board does not directly employ any staff. All staff working within the HSCP are employed through either NHSGGC or WDC; and remuneration for senior staff is reported through those bodies. This report contains information on the HSCP Board Chief Officer and Chief Financial Officer's remuneration. These posts are funded equally by both partner bodies.

Membership of the HSCP Board is non-remunerated; for 2023/24 no taxable expenses were claimed by members of the partnership board.

Health and Social Care Partnership Board

The six voting members of the HSCP Board were appointed, in equal numbers, through nomination by Greater Glasgow and Clyde Health Board and West Dunbartonshire Council. Nomination of the HSCP Board Chair and Vice Chair post holder's alternates, every 3 years, between a Councillor from WDC and a NHSGGC Health Board representative.

The HSCP Board does not pay allowances or remuneration to voting board members; voting board members are remunerated by their relevant nominating organisation.

The HSCP Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair. For 2023/24 no voting member received any form of remuneration from the HSCP Board as detailed below.

Table 8: Voting Board Members from 1 April 2023 to 31 March 2024

Voting Board Members 2023/24	Organisation
Michelle McGinty (Chair)	West Dunbartonshire Council
Rona Sweeney (Vice Chair)	NHS Greater Glasgow & Clyde Health Board
Martin Rooney	West Dunbartonshire Council
Clare Steel	West Dunbartonshire Council
Michelle Wailes	NHS Greater Glasgow & Clyde Health Board
Dr Lesley Rousselet	NHS Greater Glasgow & Clyde Health Board

Senior Officers

The HSCP Board does not directly employ any staff. All staff working within the HSCP are employed through either NHSGGC or WDC; and remuneration for senior staff is reported through those bodies.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the HSCP Board must be appointed and the employing partner must formally second the officer to the HSCP Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the HSCP Board. Ms Culshaw is employed by WDC and holds an honorary contract with NHSGGC.

Chief Officer and Chief Financial Officer Posts funding is included equally in the partner contributions.

Other Officers

No other staff are appointed by the HSCP Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included below.

Table 9: Remuneration

Total Earnings 2022/23 £	Senior Officers	Salary, Fees & Allowance £	Compensation for Loss of Office £	Total Earnings 2023/24 £
127,564	B Culshaw (Chief Officer)	129,755	0	129,755
94,632	J Slavin (Chief Financial Officer)	99,323	0	99,323

Note: Totals may not add due to rounding

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the HSCP Board balance sheet for the Chief Officer or any other officers.

The HSCP Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the HSCP Board. The following table shows the HSCP Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Table 10: Pension Benefits

Senior Officers	In Year Contributions		Accrued Pension Benefits		
	For Year to 31/03/2023 £000	For Year to 31/03/2024 £000		For Year to 31/03/2023 £000	For Year to 31/03/2024 £000
B Culshaw Chief Officer	25	25	Pension Lump Sum	14 0	19 0
J Slavin Chief Financial Officer	20	21	Pension Lump Sum	11 0	15 0

The officers detailed above are all members of the NHS Superannuation Scheme (Scotland) or Local Government Scheme. The pension figures shown relate to the benefits that the person has accrued because of their total public sector service, and not just their current appointment. The contractual liability for employer pension's contributions rests with NHS Greater Glasgow & Clyde and West Dunbartonshire Council. On this basis there is no pension liability reflected on the HSCP Board balance sheet.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Table 11: Pay Bands

Remuneration Band	Number of Employees 31/03/2023	Number of Employees 31/03/2024
£90,000 - £94,999	1	
£95,000 - £99,999		1
£125,000 - £129,999	1	1

Michelle Wailes
HSCP Board Chair

Date: 24 September 2024

Beth Culshaw
Chief Officer

Date: 24 September 2024

ANNUAL GOVERNANCE STATEMENT

Introduction

The Annual Governance Statement explains the HSCP Board's governance arrangements as they meet the requirements of the "Code of Practice for Local Authority Accounting in the UK" (the Code) and reports on the effectiveness of the HSCP Board's system of internal control, including the reliance placed on the governance frameworks of our partners.

Scope of Responsibility

The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. The Board also aims to cultivate a culture of continuous improvement in the performance of its functions and to make arrangements to secure best value.

To meet this responsibility the HSCP Board has in place robust arrangements for the governance of its affairs and the effectiveness of its functions, including the identification, prioritisation, and the management of risk. It has an established Audit and Performance Committee to support the Board in its responsibilities for issues of risk, control, performance and governance and associated assurance through a process of constructive challenge and continuous improvement across the partnership.

The Chief Internal Auditor reports directly to the HSCP Board's Audit and Performance Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit and Performance Committee on any matter.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance which includes a system of internal control. The system is intended to manage risk to a reasonable level and to support the delivery of the HSCP Board's policies, aims and objectives. Reliance is also placed on Greater Glasgow and Clyde Health Board (NHSGGC) and West Dunbartonshire Council's (WDC) systems of internal control that support compliance with both partner organisations' policies and promotes the achievement of each organisation's aims and objectives, as well as those of the HSCP Board.

The HSCP Board has adopted governance arrangements that are consistent with the Chartered Institute of Public Finance and Accounting (CIPFA) and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government". Based on the framework's seven core principles a Local Code of Good Governance is in place which is reviewed annually and evidences the HSCP Board's commitment to achieving good governance. A copy of the code is available [here](#) (Appendix 1, 14) on the HSCP website.

Purpose of the Governance Framework

The governance framework is comprised of systems and processes and cultures and values by which the HSCP is directed and controlled. It is not static and is updated to reflect new legislative requirements and best practice.

The system of internal control is a significant element of the governance framework. Any system of control can only ever provide reasonable and not absolute assurance that control weaknesses or irregularities do not exist or that there is no risk of material errors, losses, fraud, or breaches of laws or regulations. The system is maintained on an ongoing basis to identify, prioritise and manage the risks facing the organisation. It enables the HSCP Board to monitor and evaluate the achievements of the strategic outcomes laid out within its Strategic Plan and consider whether these have been delivered in an appropriate and cost-effective manner.

Governance Framework and Internal Control System

The HSCP Board is the key decision-making body, comprising of six voting members, with one from each partner organisation assuming the role of Chair and Vice Chair. West Dunbartonshire Council nominates three elected members and NHSGGC Health Board nominates three non-executive members. There are also a number of non-voting professional and stakeholder members on the HSCP Board. Stakeholder members currently include third sector, carer and staff-side representatives; professional members include the Chief Officer, Chief Financial Officer, a Nurse Lead, a GP (joint Clinical Director) and the Chief Social Work Officer.

The HSCP Board is scheduled to meet six times per year and all agendas, meeting papers and minutes are available on the HSCP Board website. Audio recordings of each meeting are available to download by the public.

The governance framework, operates within the system of internal financial controls, including management and financial information, financial regulations, administration (including segregation of duties), management supervision and a system of delegation and accountability. Development and maintenance of these systems is undertaken by the Council and the Health Board as part of the operational delivery arrangements of the HSCP.

The main features of the HSCP Board's governance framework are summarised below:

- The HSCP Board is formally constituted through the Integration Scheme agreed by WDC and NHSGGC and approved by Scottish Ministers as required by the Public Bodies (Joint Working) (Scotland) Act 2014. The scheme (currently at the final stages of review as required by statute every five years) sets out the local governance arrangements, including definition of roles, workforce, finance, risk management, information sharing and complaints;
- The overarching strategic vision, priorities and outcomes of the HSCP Board are set-out within its Strategic Plan 2023 – 2026: Improving Lives Together. The production of this

- plan was led by the Strategic Planning Group, established as required by the 2014 Act, with a cross-cutting membership of local internal and external partners and stakeholders;
- The Health & Social Care Partnership Board positively promotes the principles of sound corporate governance within all areas of its affairs. It has established the Audit and Performance Committee as an essential component of the governance framework. The committee is scheduled to meet in public four times per year;
 - The scope, authority, governance and strategic decision making of the HSCP Board and Audit and Performance Committee is set out in key constitutional documents including the Terms of Reference, Code of Conduct, Standing Orders and Financial Regulations, Directions Policy, Records Management and Complaints Handling Policy;
 - The Chief Officer has established an HSCP Resilience Group as IJB's are now Category One responders. This group reviews the business continuity plan and pandemic flu plan.
 - The Performance Management Framework commits to regular performance and financial reporting to the Senior Management Team, HSCP Board and Audit and Performance Committee. These reports review the effectiveness of the integrated arrangements including delivery of the strategic priorities and the financial management of the integrated budget;
 - The Medium-Term Financial Plan 2022/23 – 2026/27 and the high-level review of future funding gaps presented to the HSCP Board in March 2023, outlines the financial challenges and opportunities the HSCP Board faces over the next five years and provides a framework which will support financial sustainability;
 - Programme Management Office (PMO) supports the co-ordination of work across multiple programmes and projects designed to facilitate transformational change that is sustainable and delivers best value;
 - Clinical and Care Governance Group – provides oversight and scrutiny of all aspects of clinical and care risk, quality and effectiveness to ensure that it remains safe, and person centred. The group produces an annual report on the output of its work.
 - The Risk Management Strategy, including the risk management policy and strategic risk register, are scrutinised bi-annually by the Audit and Performance Committee with level of risk, its anticipated effect and mitigating action endorsed before being referred to the HSCP Board;
 - The Reserves Policy is reviewed as part of the annual budget setting process and has identified a reasonable level of both general and earmarked reserves;
 - Self-assessment of compliance with the CIPFA Financial Management Code;
 - A performance appraisal process is in place for all employees and staff who are also required to undertake statutory and mandatory training to reinforce their obligations to protect our service users, including information security;
 - A Policy Register is maintained to support regular reviews;
 - In addition to the HSCP Board Financial Regulations the HSCP complies with the financial regulations of its partner bodies both of which contain details on their approaches to managing the risk of fraud and corruption.
 - West Dunbartonshire Council has adopted a response that is appropriate for its fraud and corruption risks and commits to maintain its vigilance to tackle fraud in accordance with the Code of Practice on Managing the Risk of Fraud and Corruption.

- NHSGCC has a formal partnership with NHS Counter Fraud Service, which details the action to be taken when fraud, theft, corruption or other financial irregularities are suspected. This requires NHSGCC to adopt the Counter Fraud Standard and have a formal Fraud Policy and a Fraud Response Plan, which sets out the Board's policy and individual responsibilities.

Compliance with Best Practice

The HSCP Board's financial management arrangements conform to the CIPFA Financial Management Code, a series of financial management standards designed to support local authority bodies meet their fiduciary duties.

The HSCP Board's financial management arrangements conform to the governance requirements of the CIPFA statement *"The Role of the Chief Financial Officer in Local Government (2016)"*. To deliver these responsibilities the Chief Financial Officer (Section 95 Officer) must be professionally qualified and suitably experienced and lead and direct a finance function that is resourced and fit for purpose.

The HSCP Board complies with the requirements of the CIPFA Statement on *"The Role of the Head of Internal Audit in Public Organisations 2019"*. The HSCP Board's appointed Chief Internal Auditor has responsibility for the internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service generally operates in accordance with CIPFA *"Public Sector Internal Audit Standards 2017"*.

The HSCP Board's Audit and Performance Committee operates in accordance with CIPFA's *"Audit Committee Principles in Local Authorities in Scotland"* and *"Audit Committees: Practical Guidance for Local Authorities and Police (2022)"*.

Review of Adequacy and Effectiveness

The HSCP Board is committed to continuous improvement and is responsible for conducting at least annually, a review of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Chief Officer and the Senior Management Team who has the responsibility for the development and maintenance of the governance environment and the work of internal and external audit and other review agencies including the Care Inspectorate.

The review of the HSCP Board's governance framework is supported by processes within WDC and NHSGGC. Within the Council, a self-assessment governance questionnaire and certificate of assurance is completed by all Senior Officers, on an annual basis. The responses to these are considered as part of the review of West Dunbartonshire Council's own governance framework. A similar process is in operation within the Health Board where Service Managers are provided with a "Self-Assessment Checklist" to complete and return as evidence of review of key areas of the internal control framework. The Senior Management Team then consider the completed evaluations and provide a Certificate of Assurance for their services.

HSCP Board's Local Code of Good Governance Review

This is reviewed annually by the Chief Financial Officer and the Senior Management Team as part of the year end assurance processes for both partner organisations and the HSCP Board. For the 2024 review the Audit and Performance Committee which met on 27 June 2024 noted that the self-evaluation review identified that current practices were mainly compliant, with no areas assessed to be non-compliant. A copy of the 2024 report is available [here](#) (See Appendix 1, 15)

There have been a number of improvement actions identified and an update on these is provided below, including the recommended closure of some actions as complete and the addition of some new actions to strengthen the internal control environment. The priority for 2024/25 will be to progress the remaining ongoing actions to further strengthen the governance framework.

New June 2024 Actions

Improvement Action	Lead Officer(s)	Target Date
Undertake CIPFA Self-Assessment of Good Practice for Audit Committees – recommendation would be to hold a facilitated HSCP Board Member Session to complete this action.	Chief Internal Auditor and Chief Financial Officer	December 2024
Deliver further training in relation to Complaints Handling Procedure.	Head of Strategy and Transformation	December 2024
Comprehensive refresh of Participation and Engagement Strategy, the implementation of which will be complemented by a programme of staff training.	Head of Strategy and Transformation	December 2024
Establishment of Local Provider Forums to support the delivery of robust local commissioning frameworks.	Head of Strategy and Transformation	March 2025

Update on Previously Agreed Actions

Improvement Action	Lead Officer(s)	Target Date	June 2024 Review
Ministerial Strategic Group Review on the Progress of Integration Action Plan	Chief Officer	Revised Date: December 2024	PART COMPLETE The majority of improvement actions under the direct control of the HSCP had been taken forward. Since then, further positive actions have been completed including: the publication of our new Strategic Plan 2023-2026; policies supporting carers and embedding of the Directions Policy.

Review to current Scheme of Officer Delegation in line with the required review of the HSCP Board's Standing Orders	Chief Financial Officer and Head of Strategy and Transformation	Revised Date: August 2023	COMPLETE A refreshed version of the Standing Orders was approved by the HSCP Board on 19 August 2023.
Publish Register of Interests	HSCP Board Standard's Officer	November 2023	COMPLETE Individual HSP Board members Register of Interests returns were made available on the WDHSCP website.
Scheme of Delegation – the HSCP Board should consider drafting its own Scheme of Delegation	Chief Financial Officer and Head of Strategy and Transformation	Revised Date: December 2024	ONGOING Further discussion with both partner bodies is required as there is a mixed picture across Scottish IJBs.
Align more clearly the Strategic Plan to the Integrated Workforce Plan (IWP) to support the delivery of the approved strategic outcomes	Head of Strategy and Transformation and Head of Human Resources	Revised Date: December 2024	ONGOING The Scottish Government is expected to issue workforce planning guidance later in 2024. An update report will be added to the forward planner for December 2024.
Refresh the Medium Term Financial Plan: 2022/23 – 2026/27	Chief Financial Officer	Revised Date: August 2024	PART COMPLETE As part of the 2024/25 Budget Setting Report, the budget gaps for 2025/26 to 2026/27 were refreshed to reflect changes to assumptions around partner funding and pay settlements. However, a full refresh of the MTFP was extended until August 2024 to allow for the CO and CFO to consider the 2023/24 outturn position on reserves balances and how they factor into future years.

HSCP Board's 2023/24 Audit Plan Progress

The HSCP Board's Annual Audit Plans are developed to support assurance of the Board's Governance Framework. A total of 20 days are allocated to undertake the plan. This work is additional to the internal audit activity undertaken by internal auditors for NHSGGC and WDC.

The HSCP Board's Chief Internal Auditor presents updates on the progress of the Audit Plan and associated actions at each meeting of the Audit and Performance Committee. These are summarised below:

Internal Audit Undertaken	Overall Opinion of Control Environment	Update of Actions
IJB Workforce Planning Arrangements	Satisfactory	Three Amber Issues: 1. Adequacy of Succession Planning Arrangements. 2. Adequacy of Risk Management Arrangements. 3. Adequacy of Monitoring and Reporting Arrangements. ONGOING
Review of Audit and Performance Committee Arrangements	Not yet assessed	See Local Code “New June 2024 Actions” above. Preparatory work was undertaken by internal auditor and self-evaluation questionnaires issued to voting members. Low response rate. ONGOING
Best Value Assurance Review	Satisfactory	One Amber Issue: Regular Review and Reporting of Best Value Arrangements. COMPLETE

Update on Previous Governance Issues

The 2022/23 Annual Governance Statement did not identify any significant control issues for the HSCP Board. Updates of previous HSCP Board governance issues are mainly covered under the “Review of Adequacy and Effectiveness” section above. The remaining previously reported governance issues are updated below:

- Improve sickness absence rates – as throughout 2022/23 and into 2023/24, this continues to be an area of significant focus as the consequences of sickness absence coupled with recruitment and retention challenges impacts on service delivery and has a significant financial cost. There are targeted interventions for areas with higher absence levels to support line managers and ensure individual absences are being managed in an appropriate manner to support return to work; and
- Progress with service reviews within Learning Disability Services, Children and Families and Care at Home to ensure services are fit for the future.
 - The Care at Home review has continued to make progress despite some key management changes and periods of industrial action. Sickness absence and alternative cover arrangements are one of the main reasons for overspend, explained in detail within the “Final Outturn against Budget” section above. Moving staff as quickly as practicable onto new rota patterns that meet the needs of the service, should reduce sickness levels and associated costs.

- The Children and Families Five-Year Medium-Term Plan – “What Would it Take” was approved by the HSCP Board in March 2024.
- The Learning Disability Services Review will be presented to the HSCP Board’s June 2024 meeting for approval.

The HSCP Board will receive progress updates on the reviews as there are significant saving targets aligned to their success.

Governance Issues 2023/24

The 2023/24 Internal Audit Annual Report for the HSCP Board identifies no significant control issues. The planned audit on the Review of Audit and Performance Committee Arrangements, using “CIPFA’s Self-Assessment of Good Practice for Audit Committees”, commenced in November 2023 but did not conclude by the end of March 2024. The HSCP Board has agreed that this self-assessment would be more effective if undertaken as a dedicated member’s session, facilitated by the Chief Financial Officer and Chief Internal Auditor. This will be scheduled after the confirmation of the pending voting membership changes as at 1 July 2024. The HSCP Board meeting held on 27 June 2024 confirmed that three of the current six voting members have come to the end of their tenure and will be replaced.

As stated above the HSCP Board must also place reliance on the Council and Health Board’s internal control framework. Both partner bodies Internal Audit Annual Reports have concluded their reviews of control procedures in key areas with the overall opinions being generally satisfactory with some improvement needed.

As stated above under “Review of Adequacy and Effectiveness” the Chief Officer of the HSCP completes a self-assessment of the HSCP’s operational performance against the WDC local code. The Council’s Chief Internal Auditor has considered this and has identified some areas for improvement which form part of the WDC Annual Governance Statement and progress will be monitored through the Performance Management Review Group (PMRG) and the WDC Audit Committee. These include:

- Refresh of Community Engagement and Participation Policy and Procedures; and
- Review of Learning Disability Service (as highlighted above), supported by Internal Audit as required.

The Health Board’s Internal Auditor’s Annual Report was received on 18 June 2024, and the opinion is one that reasonable assurance can be placed on the adequacy and effectiveness of the current governance and control systems and processes.

Conclusion and Opinion on Assurance

Overall, the Chief Internal Auditor’s evaluation of the control environment concluded that; based on the audit work undertaken, the assurances provided by the Chief Officers of the HSCP Board, West Dunbartonshire Council and Greater Glasgow and Clyde Health Board,

the review of the local code and knowledge of the HSCP Board's governance, risk management and performance monitoring arrangements:

"It is my opinion, based on the above, that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2024 within the Council and the Health Board from which the Health and Social Care Partnership Board requires to receive assurances and within the Health and Social Care Partnership Board itself."

Assurance and Certification

Whilst recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the HSCP Board's governance arrangements.

We consider the internal control environment provides reasonable and objective assurance that any significant risks impacting on our principal objectives will be identified and actions taken to mitigate their impact and deliver improvement.

Systems are in place to regularly review and improve the internal control environment and the implementation of the action plan will be monitored by the HSCP Senior Management Team throughout the year.

Michelle Wailes
HSCP Board Chair

Date: 24 September 2024

Beth Culshaw
Chief Officer

Date: 24 September 2024

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

2022/23 Gross Expenditure £000	2022/23 Gross Income £000	2022/23 Net Expenditure £000	West Dunbartonshire Integrated Joint Board Health and Social Care Partnership	2023/24 Gross Expenditure £000	2023/24 Gross Income £000	2023/24 Net Expenditure £000
Consolidated Health & Social Care						
59,091	(8,057)	51,034	Older People Services	65,842	(8,632)	57,210
3,420	(178)	3,242	Physical Disability	3,622	(220)	3,402
32,160	(1,638)	30,522	Children and Families	33,923	(1,685)	32,238
15,409	(3,323)	12,086	Mental Health Services	16,766	(3,135)	13,631
4,222	(697)	3,525	Addictions	4,156	(135)	4,021
21,261	(774)	20,487	Learning Disabilities Services	22,019	(872)	21,147
32,180	(956)	31,224	Family Health Services	34,232	(1,157)	33,075
21,002	(1)	21,001	GP Prescribing	22,667	0	22,667
7,859	(236)	7,623	Hosted Services - MSK Physio	8,512	(250)	8,262
851	(5)	846	Hosted Services - Retinal Screening	883	(4)	879
2,848	(2,803)	45	Criminal Justice	3,261	(2,987)	274
9,899	(855)	9,044	Other Services	11,870	(876)	10,994
2,863	0	2,863	Covid	0	0	0
377	0	377	IJB Operational Costs	372	0	372
213,442	(19,523)	193,919	Cost of Services Directly Managed by West Dunbartonshire HSCP	228,125	(19,953)	208,172
41,323	0	41,323	Set aside for delegated services provided in large hospitals	43,914	0	43,914
562	0	562	Assisted garden maintenance and Aids and Adaptions	302	0	302
255,327	(19,523)	235,804	Total Cost of Services to West Dunbartonshire HSCP	272,340	(19,953)	252,388
0	(227,426)	(227,426)	Taxation & Non-Specific Grant Income (contribution from partners)	0	(244,859)	(244,859)
255,327	(246,949)	8,378	Total Comprehensive Income and Expenditure	272,340	(264,811)	7,529

Note: Totals may not add due to rounding

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the HSCP Board's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movement in Reserves During 2023/24	Un-earmarked Reserves £000	Earmarked Reserves £000	Total General Fund Reserves £000
Opening Balance as at 31st March 2023	(4,308)	(21,874)	(26,182)
Total Comprehensive Income and Expenditure (Increase)/Decrease 2023/24	804	6,725	7,529
Closing Balance as at 31st March 2024	(3,504)	(15,150)	(18,654)

Note: Totals may not add due to rounding

Movement in Reserves During 2022/23	Un-earmarked Reserves £000	Earmarked Reserves £000	Total General Fund Reserves £000
Opening Balance as at 31st March 2022	(4,579)	(29,981)	(34,560)
Total Comprehensive Income and Expenditure (Increase)/Decrease 2022/23	271	8,107	8,378
Closing Balance as at 31st March 2023	(4,308)	(21,874)	(26,182)

Note: Totals may not add due to rounding

BALANCE SHEET

The Balance Sheet shows the value of the HSCP Board's assets and liabilities as at the balance sheet date. The net assets are matched by the reserves held by the HSCP Board.

2022/23 £000	BALANCE SHEET	Notes	2023/24 £000
26,471	Short Term Debtors	9	19,093
26,471	Current Assets		19,093
0	Short Term Creditors	10	0
(289)	Provisions	11	(439)
(289)	Current Liabilities		(439)
26,182	Net Assets		18,654
(4,308)	Usable Reserves: General Fund	13	(3,504)
(21,874)	Usable Reserves: Earmarked	13	(15,150)
(26,182)	Total Reserves		(18,654)

Note: Totals may not add due to rounding

The audited accounts were issued on 24 September 2024.

Julie Slavin CPFA
Chief Financial Officer

Date: 24 September 2024

NOTES TO THE FINANCIAL STATEMENTS

1. Material Accounting Policies

1.1 General Principles

The Financial Statements summarises the HSCP Board's transactions for the 2023/24 financial year and its position at the year-end of 31 March 2024.

The HSCP Board was established under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a joint venture between West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.

The HSCP Board is a specified Section 106 body under the Local Government (Scotland) Act 1973 and as such is required to prepare their financial statements in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the HSCP Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received, and their benefits are used by the HSCP Board.
- Income is recognised when the HSCP Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

1.3 Funding

The HSCP Board is primarily funded through contributions from the statutory funding partners, WDC and NHSGGC. Expenditure is incurred as the HSCP Board commission's specified health and social care services from the funding partners for the

benefit of service recipients in West Dunbartonshire and service recipients in Greater Glasgow and Clyde, for services which are delivered under Hosted arrangements.

1.4 Cash and Cash Equivalents

The HSCP Board does not operate a bank account or hold cash and therefore has not produced a cashflow statement for these annual accounts. Transactions are settled on behalf of the HSCP Board by the funding partners. Consequently, the HSCP Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner, as at 31 March 2024, is represented as a debtor or creditor on the HSCP Board's Balance Sheet.

1.5 Employee Benefits

The HSCP Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The HSCP Board therefore does not present a Pensions Liability on its Balance Sheet.

The HSCP Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March 2024 is accrued, for example in relation to annual leave earned but not yet taken.

Charges from funding partners for other staff are treated as administration costs.

1.6 Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March 2024 due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March 2024, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the HSCP Board's Balance Sheet but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March 2024, whose existence will only be confirmed by later events. A contingent asset is not recognised in the HSCP Board's Balance Sheet but is disclosed in a note only if it is probable to arise and can be reliably measured.

Two contingent liabilities exist as detailed below:

- There is a contingent liability in relation to possible regrading of basic grade residential care home staff, subject to job evaluation.
- Following two periods of industrial action there is a contingent liability in relation to retrospective regrading of care at home staff following a grading review that unions are claiming has failed to reflect their increased responsibilities.

1.7 Reserves

The HSCP Board's reserves are classified as either Usable or Unusable Reserves.

The HSCP Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2024 shows the extent of resources which the HSCP Board can use in later years to support service provision or for specific projects.

1.8 Indemnity Insurance

The HSCP Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding HSCP Board member and officer responsibilities. Greater Glasgow and Clyde Health Board and West Dunbartonshire Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the HSCP Board does not have any 'shared risk' exposure from participation in CNORIS. The HSCP Board's participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the HSCP Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

1.9 VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

2. Prior Year Re-Statement

The analysis of earmarked reserves has been updated to reflect the intended use of the reserve more accurately. This is a disclosure restatement and has no impact on the primary financial statements.

3. Accounting Standards Issued Not Yet Effective

The Code requires the disclosure of information relating to the expected impact of an accounting change that will be required by a new standard that has been issued but not yet adopted.

The HSCP Board considers that there are no such standards which would have significant impact on its Annual Accounts.

4. Critical Judgements and Estimation Uncertainty

Within Greater Glasgow and Clyde, each IJB has responsibility for services which it hosts on behalf of the other IJB's. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risks and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which West Dunbartonshire IJB accounts have been prepared and is based on the Code of Practice.

The Annual Accounts contain estimated figures that are based on assumptions made by West Dunbartonshire IJB about the future or that which are otherwise uncertain. Estimates are made using historical expenditure, current trends, and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates made. In applying these estimations, the IJB has no areas where actual results are expected to be materially different from the estimated used.

5. Events After the Reporting Period

The unaudited accounts were authorised for issue by the Chief Financial Officer on 27 June 2024. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing on 31 March 2024, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

6. Expenditure and Income Analysis by Nature

There are no statutory or presentational adjustments which reflect the WDHSCP Board's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Table 12 below, provides a summary Expenditure and Funding Analysis.

Table 12: Expenditure and Income Analysis

2022/23 £000	West Dunbartonshire Integration Joint Board Health & Social Care Partnership Consolidated Health & Social Care Services	2023/24 £000
87,559	Employee Costs	93,357
1,430	Property Costs	1,568
1,458	Transport	1,321
5,251	Supplies and Services	5,044
62,390	Payment to Other Bodies	67,198
21,002	Prescribing	22,667
32,180	Family Health Services	34,050
2,143	Other	2,887
30	Audit Fee	33
562	Assisted Garden Maintenance and Aids and Adaptations	302
41,323	Set Aside for Delegated Services Provided in Large Hospitals	43,914
(19,523)	Income	(19,953)
(227,426)	Taxation and non-specific grant income	(244,859)
8,378	(Surplus)/Deficit on the Provision of Services	7,529

Note: Totals may not add due to rounding

7. Taxation and Non-Specific Grant Income

The funding contribution from the NHS Greater Glasgow and Clyde Health Board shown below includes £43.914m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the Health Board which retains responsibility for managing the costs of providing the services. The HSCP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

Table 13: Taxation and Non-Specific Grant Income

2022/23 £000	Taxation and Non-Specific Grant Income	2023/24 £000
(102,366)	NHS Greater Glasgow and Clyde Health Board	(115,647)
(83,175)	West Dunbartonshire Council	(84,996)
(41,323)	NHS GGCHB Set Aside	(43,914)
(562)	Assisted garden maintenance and Aids and Adaptions	(302)
(227,426)	Total	(244,859)

Note: Totals may not add due to rounding

8. Hosted Services

Consideration has been made on the basis of the preparation of the 2023/24 accounts in respect of MSK Physiotherapy and Retinal Screening Services hosted by West Dunbartonshire HSCP Board for other IJBs within the NHSGGC area. The HSCP Board is considered to be acting as a “principal”, with the full costs of such services being reflected in the 2023/24 financial statements.

The cost of the hosted services provided by WDHSCP to other IJBs for 2023/24 is detailed in the Table 14 below. Also included within the table is cost incurred by West Dunbartonshire HSCP on behalf of other IJB's within the NHSGCC areas in relation to Old Age Psychiatry. These costs arise solely due to cross boundary bed activity and are not regarded as a true hosted service.

Table 14: Services Hosted by West Dunbartonshire HSCP

2022/23 £000 Net Expenditure by WD HSCP	Host Integration Joint Board	Service Description	2023/24 £000 Net Expenditure by WD HSCP
6,808	West Dunbartonshire	MSK Physiotherapy	7,665
774	West Dunbartonshire	Retinal Screening	801
23	West Dunbartonshire	Old Age Psychiatry	102
7,605		Cost to GGC IJBs for Services Hosted by WD	8,568

Note: Totals may not add due to rounding

Similarly, other IJBs' within the NHSGGC area act as the lead partnership (or host) for a number of delegated services on behalf of the WD HSCP Board. Table 15 below, details those services and the cost of providing them to residents of West Dunbartonshire, based on activity levels, referrals and bed days occupied.

From 1 April 2024 Specialist Children's Services is a hosted service where East Dunbartonshire act as the lead partnership.

Table 15: Services Hosted by Other HSCPs

2022/23 £000 Net Expenditure by WD HSCP	Host Integration Joint Board	Service Description	2023/24 £000 Net Expenditure by WD HSCP
1,016	East Dunbartonshire	Oral Health	880
0	East Dunbartonshire	Specialist Children's Services	3,453
291	East Renfrewshire	Learning Disability	658
5	East Renfrewshire	Augmentative and Alternative Communication	6
371	Glasgow	Continence	512
651	Glasgow	Sexual Health	643
1,787	Glasgow	Mental Health Central and Specialist Services	2,288
979	Glasgow	Addictions - Alcohol and Drugs	1,139
964	Glasgow	Prison Healthcare	1,011
176	Glasgow	Health Care Police Custody	208
5,061	Glasgow	General/Old Age Psychiatry	4,474
12	Renfrewshire	General/Old Age Psychiatry	2
8	Inverclyde	General/Old Age Psychiatry	10
982	Renfrewshire	Podiatry	515
293	Renfrewshire	Primary Care Support	302
12,596		Cost to WD for Services Hosted by Other IJBs	16,103

Note: Totals may not add due to rounding

9. Debtors

2022/23 £000	Short Term Debtors	2023/24 £000
0	NHS Greater Glasgow and Clyde Health Board	0
26,471	West Dunbartonshire Council	19,093
26,471	Total	19,093

Note: Totals may not add due to rounding

10. Provisions

As part of the 2023/24 budget setting exercise the HSCP Board agreed to make provision for un-recovered charges (bad debt) for specific social care delegated services.

2022/23 £000	Provisions	2023/24 £000
289	Bad Debt Provision	439
289	Total	439

Note: Totals may not add due to rounding

11. Related Party Transactions

The HSCP Board has related party relationships with the Greater Glasgow and Clyde Health Board and West Dunbartonshire Council. The nature of the partnership means that the HSCP Board may influence, and be influenced by, its partners. The following transactions and balances included in the HSCP Board's accounts are presented to provide additional information on the relationships.

Both NHSGGC and WDC provide a range of support services to the HSCP Board which includes legal advice, human resources support, some financial services and technical support. Neither organisation levied any additional charges for these services for the year ended 31 March 2024.

Transactions with Greater Glasgow and Clyde Health Board

2022/23 £000		2023/24 £000
(143,689)	Funding Contributions Received from the NHS Board	(159,561)
145,266	Expenditure on Services Provided by the NHS Board	158,905
1,577	Net Transactions with NHS Board	(656)

Note: Totals may not add due to rounding

Transactions with West Dunbartonshire Council

2022/23 £000		2023/24 £000
(83,737)	Funding Contributions Received from the Council	(85,298)
90,161	Expenditure on Services Provided by the Council	93,111
377	Key Management Personnel: Non-Voting Members	372
6,801	Net Transactions with West Dunbartonshire Council	8,185

Note: Totals may not add due to rounding

Key Management Personnel: the non-voting Board members employed by the WDC and NHS GGC and recharged to the HSCP Board include the Chief Officer, the Chief Financial Officer, and the Chief Social Work Officer. In addition to the non-voting members other key management personnel recharged to the HSCP Board include the Head of Planning & Health Improvement and two staff representatives. Details of the remuneration for some specific post-holders are provided in the Remuneration Report.

12. Useable Reserve: General Fund

The HSCP Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the HSCP Board's risk management framework.

Table 16: Summary of Reserves Movements

Table 16 below, summarises the main movements in earmarked reserves across high-level categories of Scottish Government Policy Initiatives and HSCP Services.

Balance as at 31 March 2023 £000	Restatement 2023/24 £000	Restated Balance as at 31 March 2023 £000	Total Reserves	Transfers Out 2023/24 £000	Transfers In 2023/24 £000	Balance as at 31 March 2024 £000
			Scottish Govt. Policy Initiatives			
(2)	0	(2)	Covid	0	0	(2)
(336)	0	(336)	Primary Care	336	0	(0)
(6,584)	194	(6,390)	Adult and Older People Services	2,463	(480)	(4,407)
(855)	400	(455)	Childrens Services	307	0	(148)
(1,363)	0	(1,363)	Carers Funding	1,144	0	(219)
(1,591)	606	(985)	Other	918	0	(67)
			HSCP Initiatives			
(1,767)	0	(1,767)	Service Redesign / Transformation	1,044	(1,130)	(1,853)
(2,882)	0	(2,882)	Complex Care	909	0	(1,973)
(300)	0	(300)	Community Empowerment	250	0	(50)
(4,768)	(539)	(5,308)	Recovery / Renewal in Services	1,639	(555)	(4,223)
(453)	(661)	(1,114)	Other	846	(967)	(1,236)
			Prescribing			
(972)	0	(972)	Prescribing	0	0	(972)
(21,874)	0	(21,874)	Total Earmarked Reserves	9,856	(3,131)	(15,150)
(4,308)	0	(4,308)	Total Unearmarked Reserves	1,993	(1,189)	(3,504)
(26,182)	0	(26,182)	Total General Fund Reserves	11,849	(4,320)	(18,654)
			Overall Movement			7,529

Note: Totals may not add due to rounding

13. External Audit Costs

In 2023/24 the HSCP Board incurred external audit fees in respect of external audit services undertaken in accordance with the Code of Audit Practice:

2022/23 £000		2023/24 £000
30	Fees Payable	33

INDEPENDENT AUDITOR'S REPORT

Independent auditor's report to the members of West Dunbartonshire Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on the financial statements

We certify that we have audited the financial statements in the annual accounts of West Dunbartonshire Integration Joint Board ("the IJB) for the year ended 31 March 2024 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, the Movement in Reserves Statement, the Balance Sheet, and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 (the 2023/24 Code).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the West Dunbartonshire Integration Joint Board as at 31 March 2024 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2023/24 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 18 May 2022. Our period of appointment is five years, covering 2022/23 to 2026/27. We are independent of the IJB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the IJB. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the IJB's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the IJB's current or future financial sustainability. However, we report on the IJB's arrangements for financial sustainability in a separate Annual Audit Report available from the Audit Scotland website.

Risks of material misstatement

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

Responsibilities of the Chief Financial Officer and the Audit and Performance Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements, that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing each year the IJB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the IJB operations.

The Audit and Performance Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using our understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the IJB;
- inquiring of the Chief Financial Officer and Chief Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the IJB;

- inquiring of the Chief Financial Officer and Chief Officer concerning the IJB's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the IJB's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

We have audited the parts of the Remuneration Report described as audited. In our opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Statement of Responsibilities, Annual Governance Statement and the unaudited part of the Remuneration Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary

and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in respect of these matters

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Tom Reid
Audit Director
For and on behalf of Forvis Mazars LLP

APPENDIX 1: LIST OF WEBSITE LINKS

1. [Search - West Dunbartonshire HSCP \(wdhscp.org.uk\)](https://www.wdhscp.org.uk)
2. [West Dunbartonshire Health and Social Care Partnership Strategic Plan 2023–2026: Improving Lives Together \(wdhscp.org.uk\)](https://www.wdhscp.org.uk)
3. <http://www.wdhscp.org.uk/media/2521/sna-aop-june-2022.pdf>
4. <http://www.wdhscp.org.uk/media/2522/west-dunbartonshire-sna-summary.pdf>
5. <http://www.wdhscp.org.uk/about-us/public-reporting/performance-reports/>
6. [HSCP Board Meeting Papers - West Dunbartonshire HSCP \(wdhscp.org.uk\)](https://www.wdhscp.org.uk)
7. [WEST DUNBARTONSHIRE COUNCIL \(wdhscp.org.uk\)](https://www.wdhscp.org.uk)
8. [wd-hscp-board-financial-regulations-revised-february-2024.pdf \(wdhscp.org.uk\)](https://www.wdhscp.org.uk)
9. [WEST DUNBARTONSHIRE COUNCIL \(wdhscp.org.uk\)](https://www.wdhscp.org.uk)
10. [WEST DUNBARTONSHIRE COUNCIL \(wdhscp.org.uk\)](https://www.wdhscp.org.uk)
11. [WEST DUNBARTONSHIRE COUNCIL \(wdhscp.org.uk\)](https://www.wdhscp.org.uk)
12. [West Dunbartonshire Health & Social Care Partnership Joint Board \(wdhscp.org.uk\)](https://www.wdhscp.org.uk)
13. [WEST DUNBARTONSHIRE COUNCIL \(wdhscp.org.uk\)](https://www.wdhscp.org.uk)
14. [local-code-of-good-governance](https://www.wdhscp.org.uk)
15. [WEST DUNBARTONSHIRE COUNCIL \(wdhscp.org.uk\)](https://www.wdhscp.org.uk)

Appendix 2: Direction from Health and Social Care Partnership Board.

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

From: Chief Office HSCP
To: Chief Executive WDC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: For Action: Direction HSCP000066JS24092024 from HSCP Board 24 September 2024
Attachment: Refer to Report and Appendix 1

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP000066JS24092024
2	Date direction issued by Integration Joint Board	24 September 2024
3	Report Author	Julie Slavin – Chief Financial Officer
4	Direction to:	West Dunbartonshire Council only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes HSCP000063JS27062024 2023/24 Financial Performance Draft Outturn Report
6	Functions covered by direction	All functions delegated to the HSCP Board
7	Full text and detail of direction	West Dunbartonshire Council is directed to carry forward reserves totalling £26.182m on behalf of the Board, as reported in the 2022/23 Audited Annual Accounts.
8	Specification of those impacted by the change	The closing reserves balances of £18.654m are set-out in Table 1 of the appended report, and will be retained in accordance with the Integration Scheme and Reserves Policy to meet local and national priorities.
9	Budget allocated by Integration Joint Board to carry out direction	£18.654m in reserves carried forward.
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Plan – Improving Lives Together 2023 - 2026
11	Strategic Milestones	Ensuring financial sustainability in 2024/2530 June 2025

12	Overall Delivery timescales	30 June 2025
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored and progress reported twice per year.
14	Date direction will be reviewed	30 June 2025

Integration Joint Boards

Finance and performance 2024



ACCOUNTS COMMISSION 

Prepared by Audit Scotland
July 2024

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Accessibility

You can find out more and read this report using assistive technology on our website www.audit.scot/accessibility.

Audit team

The core audit team consisted of:
Kathrine Sibbald, Zoe McGuire, Chris Lewis, Chris Dorrian and Philip Keane, under the direction of Carol Calder.

Key messages

- 1** Integration Joint Boards (IJBs) face a complex landscape of unprecedented pressures, challenges and uncertainties. These are not easy to resolve and are worsening, despite a driven and committed workforce. The health inequality gap is widening, there is an increased demand for services and a growing level of unmet and more complex needs. There is also variability in how much choice and control people who use services feel they have, deepening challenges in sustaining the workforce, alongside increasing funding pressures.
- 2** We have not seen significant evidence of the shift in the balance of care from hospitals to the community intended by the creation of IJBs. They operate within complex governance systems that can make planning and decision making difficult. They cannot address the issues across the sector alone. Whole-system collaborative working is needed as part of a clear national strategy for health and social care that will promote improved outcomes across Scotland but reflects the need to respond to local priorities.
- 3** The workforce is under immense pressure reflecting the wider pressures in the health and social care system. Across the community health and social care sector there are difficulties in recruiting and retaining a skilled workforce. The Covid-19 pandemic, the cost-of-living crisis and the impact of the withdrawal from the European Union have deepened existing pressures. Unpaid carers are increasingly relied on as part of the system but are also disproportionately affected by the increased cost-of-living. Without significant changes in how services are

provided and organised, these issues will get worse as demand continues to increase and the workforce pool continues to contract.

- 4 Uncertainty around the direction of the plans for a National Care Service and continued instability of leadership in IJBs have also contributed to the difficult context for planning and delivering effective services. We are seeing examples of IJBs trying to work in new and different ways, but there is a lack of collaboration and systematic shared learning on improvement activities.
- 5 The financial outlook for IJBs continues to weaken with indications of more challenging times ahead.
 - In common with other public sector bodies, financial pressures arising from rising inflation, pay uplifts and Covid-19 legacy costs are making it difficult to sustain services at their current level and, collaborative, preventative and person-centred working is shrinking at a time when it is most needed.
 - The financial outlook makes it more important than ever that the budget process involves clear and open conversations with IJB partners, workforce, people who use services and other stakeholders around the difficult choices required to achieve financial sustainability.
 - Overall funding to IJBs in 2022/23 decreased by nine per cent in real terms or by one per cent in real terms once Covid-19 funding is excluded. The total reserves held by IJBs almost halved in 2022/23, largely due to the use and return of Covid-related reserves. The majority of IJBs reported notable savings, but these were largely arising on a non-recurring basis from unfilled vacancies.

- IJBs have had to achieve savings as part of their partner funding allocations for several years. The projected funding gap for 2023/24 has almost tripled, in comparison to the previous year, with over a third anticipated to be bridged by non-recurring savings, with a quarter of the gap bridged using reserves. This is not a sustainable approach to balancing budgets.
- 6** Data quality and availability is insufficient to fully assess the performance of IJBs and inform how to improve outcomes for people who use services with a lack also of joined up data sharing. However, available national indicators show a general decline in performance and outcomes.
- 7** Current commissioning and procurement practices are driven largely by budgets, competition, and cost rather than outcomes for people. They are not always delivering improved outcomes and are a risk for the sustainability of services. Improvement to commissioning and procurement arrangements has been slow to progress but is developing. There are some positive examples of where more ethical and collaborative commissioning models are being adopted.
-

Recommendations

This report and the recommendations focus on IJBs, however to respond to the significant and complex challenges in primary and community health and social care all the bodies involved need to work collaboratively on addressing the issues – IJBs alone cannot address the crisis in the sector. The next iteration of this annual report will be produced jointly with the Auditor General for Scotland and will take a whole system approach and will make recommendations to the Scottish Government, councils, NHS boards as well as IJBs, as appropriate.

Integration Joint Boards should:

- ensure that their Medium-Term Financial Plans are up to date and reflect all current known and foreseeable costs to reflect short and longer-term financial sustainability challenges
- ensure that the annual budgets and proposed savings are achievable and sustainable. The budget process should involve collaboration and clear conversations with IJB partners, workforce, people who use services and other stakeholders around the difficult choices required to achieve financial sustainability
- work collaboratively with other IJBs and partners to systematically share learning to identify and develop:
 - service redesign focused on early intervention and prevention
 - approaches focused on improving the recruitment and retention of the workforce
- work collaboratively with other IJBs and partners to understand what data is available and how it can be developed and used to fully understand and improve outcomes for those using IJB commissioned services. This should include a consideration of gaps in data. It should also include consideration of measures to understand the impact of preventative approaches
- evaluate whether the local commissioning of care and support services, and the contracting of these services, adheres to the ethical commissioning and procurement principles, improving outcomes for people.

1. Introduction

About this report

1. In [2022](#) and [2023](#) the Accounts Commission published a bulletin setting out the financial position of the 30 Scottish IJBs. This year's report expands on this and provides a high-level independent analysis of IJBs, commenting on:

- the financial performance of IJBs in 2022/23 and the financial outlook for IJBs in 2023/24 and beyond
- performance against national health and wellbeing outcomes and targets alongside other publicly available performance information
- a 'spotlight' focus on commissioning and procurement of social care.

2. This report focuses solely on IJBs. While it comments on how they interact and perform within the wider system, the work does not comment on the work of councils, NHS boards or the Scottish Government or make recommendations to these bodies. In future reports we will expand the scope to include these public bodies. This will allow us to consider community health and social care as a whole system and look at how different parts work together when planning and delivering services.

3. Supporting this report we have also published:

- a supplement collating the performance information considered in the report
- a checklist of questions, based on the issues raised in this report, for IJB board members to consider
- a summary of the discussion at a stakeholders' roundtable session we hosted in February 2024 that has helped inform this report.

What is an IJB?

4. An IJB is responsible for the governance, planning and resourcing of social care, primary and community healthcare and unscheduled hospital care for adults in its area.

5. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires the 32 Scottish councils and 14 territorial NHS boards to work together in partnerships to integrate how social care and community healthcare services are provided. IJBs were created as part of the Act as separate legal bodies. [Exhibit 1 \(page 9\)](#) sets out how these IJBs operate.

6. There are 31 partnerships across Scotland. Stirling and Clackmannanshire councils have formed a single partnership with NHS Forth Valley. The majority of NHS boards have a partnership with more than one IJB and five IJBs cover the same geographical area as their health boards.

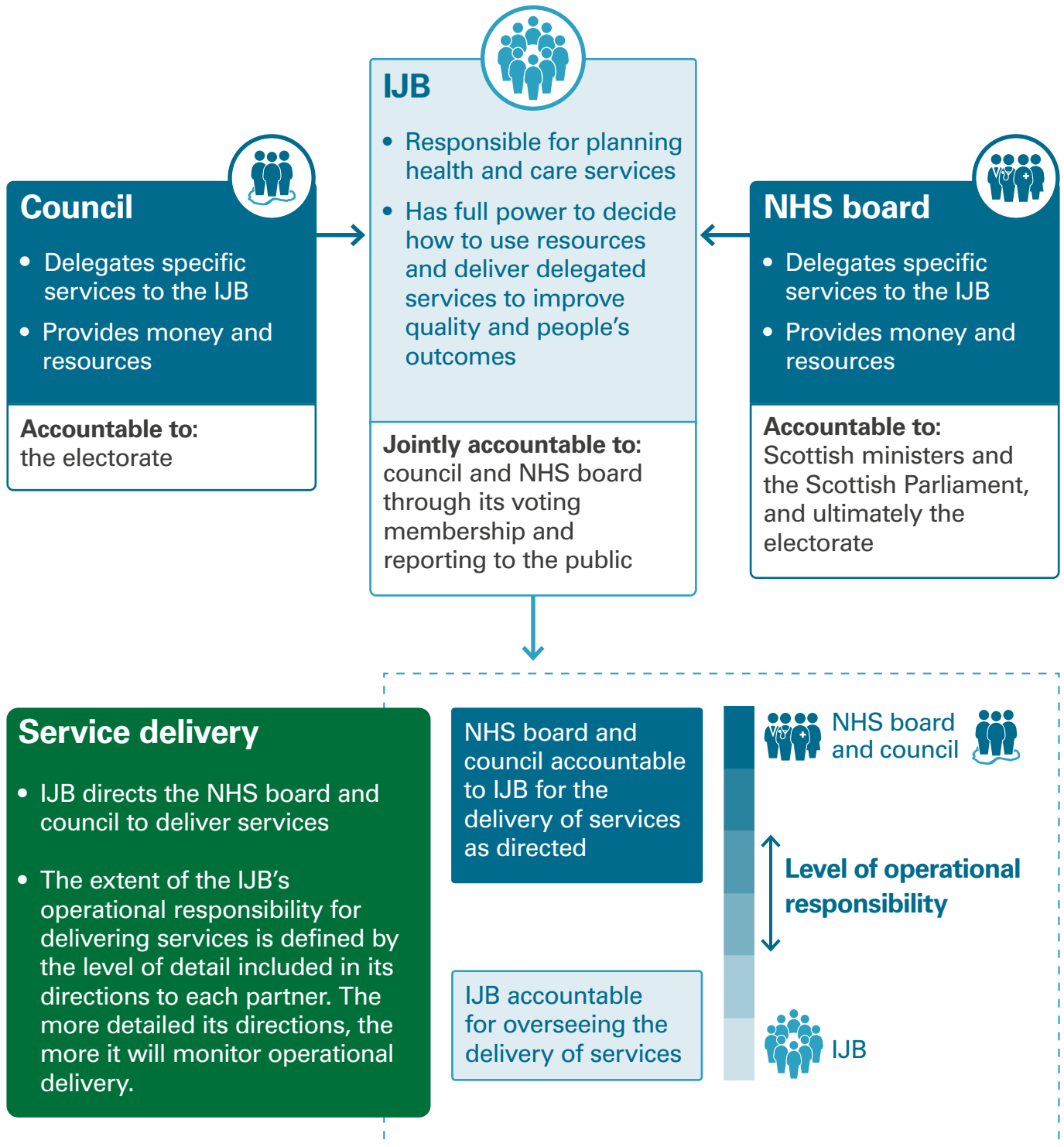
7. Highland follows a different arrangement, a Lead Agency model.¹ This Accounts Commission report focuses on the work of the IJBs and does not comment on the performance of the Highland Health and Social Care Partnership as its scrutiny sits with the Auditor General for Scotland rather than the Accounts Commission.

8. The aim of integration is to ensure that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care; improving the outcomes for patients, people who use services, carers and their families. The services are provided by a mixture of public, private and third sector providers dependent on who is most suitable to deliver those services.

9. The Act sets out which services are required to be delegated by councils and NHS boards to the IJBs as a minimum. This includes social care and primary and community healthcare. Services within this scope include for example, services for adults with physical disabilities, mental health services, drug and alcohol services and unscheduled health care. Some IJBs have also integrated other services. For example, 11 IJBs also have strategic responsibility for children's social care services and 16 IJBs have strategic responsibility for criminal justice social work.

Exhibit 1.

How IJBs work



Source: [What is integration? A short guide to the integration of health and social care services in Scotland](#), April 2018, Audit Scotland

10. Audit Scotland has published reports and is currently undertaking work, on behalf of the Accounts Commission and the Auditor General for Scotland, on some of these service areas.

- [Adult mental health](#) Report published 13 September 2023.
- [Children and young people who need additional support for learning](#) Blog published 17 May 2022.
- [Drug and alcohol services: An update](#) Report published 8 March 2022 and [Drug and alcohol services – audit scope](#) Ongoing work to be published Autumn 2024.
- [Social care briefing](#) Report published 27 January 2022.
- [General Medical Services contract progress](#) Audit scope report to be published spring 2025.

2. The context

IJBs face a complex landscape of considerable challenges and uncertainties

11. Social care and primary and community healthcare services in Scotland currently face complex and unprecedented pressures and challenges. These challenges are not easily resolved and are worsening. There is an increased demand for services, deepening challenges in sustaining the workforce, alongside increasing financial pressures. These longstanding challenges have been exacerbated by the cost-of-living crisis, increasing cost of provision of services and a changing policy landscape. The Covid-19 pandemic has also had a lasting impact on this sector, given the impact on health and social care staff and the need to continue to protect vulnerable people.

12. [The Independent Review of Adult Social Care²](#) (Feeley Review) (published in February 2021), and the scrutiny of the [National Care Service \(Scotland\) Bill](#) has stimulated a lot of public debate and consideration of the need for change in the sector. But, to date there has been limited change for people experiencing or working in social care. It is important to emphasise that this is not a reflection on individuals working in the sector. Our experience, through this work, is that those involved, at all levels, are driven and passionate about improving the lives of people who need support.

13. IJBs cannot address the issues across the sector alone, whole-system collaborative working is needed as part of a clear national strategy. In the Auditor General for Scotland's [NHS in Scotland 2023](#) report, he stated that 'there are a range of strategies, plans and policies in place for the future delivery of healthcare, but no overall vision. To shift from recovery to reform, the Scottish Government needs to lead on the development of a clear national strategy for health and social care. It should include investment in preventative measures and put patients at the centre of future services'.

IJBs are facing significant financial sustainability challenges and cost pressures are only increasing

14. In common with other public sector bodies, financial pressures arising from rising inflation, pay uplifts, the cost-of-living crisis and Covid-19 legacy costs are making it difficult to sustain services at their current level. IJBs are also experiencing an increase in prescribing costs. IJBs have had to achieve savings as part of their partner funding allocations for several years and achieving these savings, while maintaining service levels, has become increasingly difficult. IJBs are now having to consider more significant options as statutory duties have to be prioritised. This

includes ending funding for some care and support services, to ensure financial sustainability in the medium to long term.

The demand and need for services continue to increase and become more complex

15. Demographic changes and the increasing complexity of care needed are driving an increase in the demand for services. For example, an estimated one in 25 people of all ages in Scotland received social care support and services at some point during 2022/23. It is estimated that 76 per cent of these people are aged 65 and over, and 63 per cent are aged 75 and over.³ An estimated 20 per cent of Scotland's population is aged over 65. In many rural and island areas this population group is even higher, for example 27 per cent of the population in Argyll and Bute and the Western Isles are over 65.⁴

16. The proportion of the population over the age of 65 is projected to grow by nearly a third by mid-2045. Since currently around three-quarters of people receiving social care support are aged 65 or over, this means that there will likely be a substantial rise in the number of people requiring social care support. It is likely this pattern reflects the challenges across most other services commissioned by IJBs. A recent study found that 93 per cent of people aged over 65 who received social care had two or more medical conditions simultaneously.⁵ People over 75 are around twice as likely to require outpatient or inpatient care compared to those aged in their mid-20s.⁶

The workforce is under immense pressure

17. Across the primary and community health and social care sector there are difficulties in recruiting and retaining a skilled workforce. Without significant changes in how services are provided and organised, this issue will get worse as demand continues to increase and the workforce pool continues to contract. The number of people aged 25-44 is predicted to fall from 1.4 million to 1.3 million by 2045. Meanwhile the number of people aged over 75 will rise from 469,000 in 2021 to 774,000 in 2045.⁷

18. We have previously highlighted how the [effects of the pandemic](#) worsened existing pressures on the social care workforce causing experienced staff to leave their posts. Our ongoing monitoring and discussions with stakeholders show that these issues remain and the cost-of-living crisis and the ongoing impact of withdrawal from the European Union have added to the pressures.

19. The staff vacancy rates across social care and support services in Scotland is high. At 31 December 2022, 49 per cent of services reported vacancies; 63 per cent of these services with vacancies reported problems filling them. The percentage of care services reporting vacancies had been consistent over time up to and including 2020, before a large increase of 11 percentage points reported in 2021.⁸

20. Almost 90 per cent of social care providers stated recruitment and retention was problematic for them in a survey carried out by Scottish Care.⁹ This survey also found that a quarter of staff leave an organisation within the first three months of joining. Providers find they are competing for staff:

- across other public, independent and third sector providers with differences in pay and terms and conditions
- with the hospitality and retail sectors, who pay more for less demanding roles
- with the health sector with an increasing disparity between health sector and social care sector wages – the current pay gap is 19 per cent between adult social care workers and NHS entry level pay.

The cost-of-living crisis is affecting the demand for services as well as the ability to provide them

21. The increased costs of living have exacerbated the workforce challenges as the low wages are making it a less favourable career choice. This is particularly an issue for those providing care at home services who are experiencing an increase in petrol costs and are not always reimbursed in a timely manner, or, in some cases, at all for all their journeys.

22. Unpaid carers are also disproportionately affected by the increased cost-of-living crisis. People in the most deprived areas are more likely to provide 50 or more hours of unpaid care a week compared to people living in the least deprived areas.¹⁰

23. The cost of provision of services has also increased. Homecare costs per hour have increased by 19 per cent between 2016/17 and 2022/23. Residential care costs per week (for those aged 65 and over) have increased by 23 per cent between 2016/17 and 2022/23. There are also significant cost differences between urban and rural areas.¹¹

24. In particular, for smaller, independent and third sector service providers, increased costs are causing problems for the sustainability of services. For example, in residential care homes, an increase in fuel costs to heat and provide power for residents has made their financial viability increasingly challenging.

IJBs operate within complex governance systems that can make planning and decision making difficult

25. We previously reported in our [Health and social care integration: update of progress](#) report, that the current model of governance is complicated, with decisions made at IJB, council and health board level. We found that cultural differences between partner organisations are a barrier to achieving collaborative working and achieving key priorities. These challenges have not been resolved.



An unpaid carer is anyone who cares for someone who is ill, disabled, older, has mental health concerns or is experiencing addiction and is not paid by a company or council to do this. Primarily, this is a family member or friend.

Instability of leadership continues to be a challenge for IJBs

26. A notable turnover of senior leadership positions since the start of health and social care integration continues to be a concern. Half of all IJBs experienced turnover in either their chief officer and/or chief finance officer posts in the last two years. Across 2021/22 and 2022/23, seven Chief Officers, 11 Chief Financial Officers, one IJB chair and one chief social work officer changed. Instability in leadership teams has the potential to disrupt strategic planning at a time when difficult and significant decisions need to be made. It can affect the culture of an organisation at a time when the workforce is under pressure.

Plans for a National Care Service have brought uncertainty for IJBs

27. In June 2022, the Scottish Government introduced the National Care Service (Scotland) Bill to Scottish Parliament. The Bill was intended to ensure:

- consistent delivery of high-quality social care support to every single person who needs it across Scotland, including better support for unpaid carers
- that care workers are respected and valued.

28. The main elements of the Bill were the proposed creation of a National Care Service, including a national board, making Scottish Ministers accountable for social work and social care support. The original Bill also set out to transfer social care and social work council functions, staff and assets to Scottish Ministers or local care boards. This put in question the role and responsibility of IJBs and caused uncertainty for IJBs on the timescales for implementing the proposed National Care Service and what form it would likely take. This has complicated IJBs ability to undertake medium- and long-term financial planning.

29. After some delays, Stage 1 of the Bill was passed in March 2024. Amendments planned for the NCS Bill now mean IJBs will be reformed rather than replaced by 2029/30. IJBs should therefore ensure they have effective medium- and longer-term planning in place and continue to drive improvements in how they commission and deliver services.

3. Financial performance

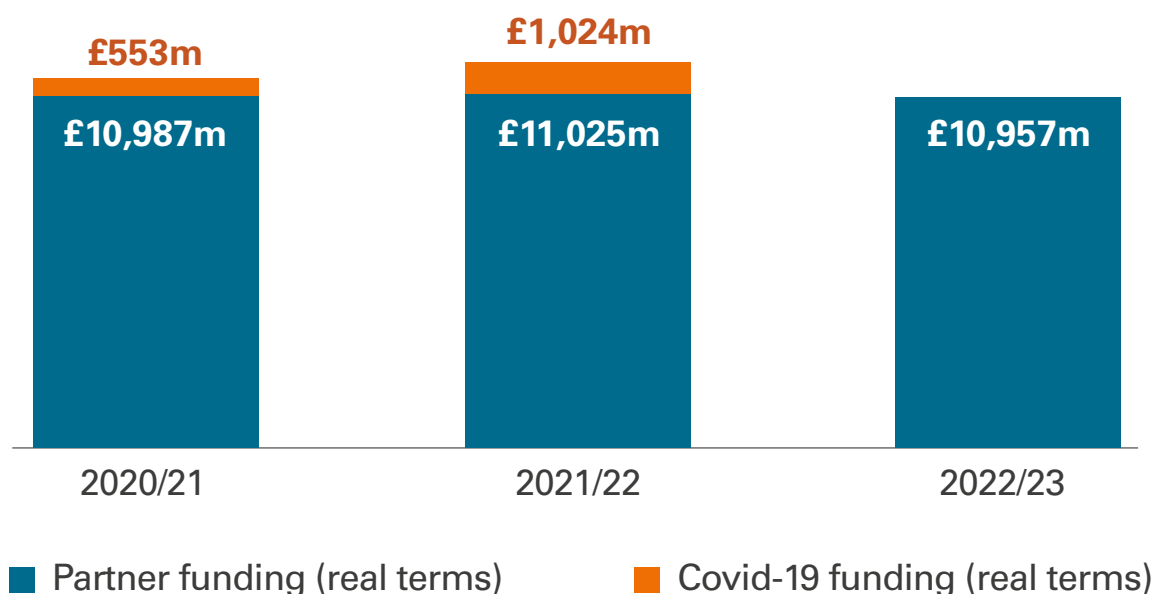
The financial health of IJBs continues to weaken and there are indications of more challenging times ahead

IJB funding has decreased in real terms compared to 2021/22

30. IJBs receive their funding as annually agreed contributions from their council and NHS board partners. Funding is largely received to cover in-year expenditure on providing services but can also be received for specific services and national initiatives to be funded in future years.

31. Funding to IJBs in 2022/23 decreased by £1.1 billion (nine per cent) in real terms to £11.0 billion; a £342 million decrease in cash terms [Exhibit 2](#). IJBs received £1.0 billion of additional funding in 2021/22 to support their response to the Covid-19 pandemic. Excluding the 2021/22 Covid-19 related funding, this shows an underlying decrease of £68 million in real terms, representing a 1.0 per cent decrease.

Exhibit 2. Real terms movement in IJB funding



Source: IJB audited annual accounts 2020/21, 2021/22 and 2022/23 and ONS deflators

Non-recurring savings, largely arising from unfilled vacancies, led to the majority of IJBs reporting a surplus on the cost of providing services

32. Nineteen IJBs reported a surplus on the cost of providing services, but these underspends were driven largely by vacancies and staff turnover ([Exhibit 3, page 17](#)). Three IJBs reported a break-even position and the remaining eight IJBs recorded an overspend of two per cent, or under, of their net cost of services. The three IJBs reporting a break-even position did so after receiving additional funding allocations from their partner bodies. The net underspend position on the costs of providing services across IJBs was £110 million.

33. The IJBs ability to meet the rising demand for their services and maintain service quality, is weakened by unfilled vacancies. The IJBs reporting a surplus would be unlikely to do so if the workforce was at full capacity.

The majority of the total planned savings were achieved, but over a third were achieved only on a one-off basis

34. IJBs achieved 84 per cent of their £77 million planned savings target in 2022/23. Over a third of this was achieved on a non-recurring basis. This means that these savings will be carried forward to be found again in future years. Identifying and achieving savings every year on a recurring basis, and moving away from relying on one-off savings, is essential for IJBs to maintain financial sustainability.

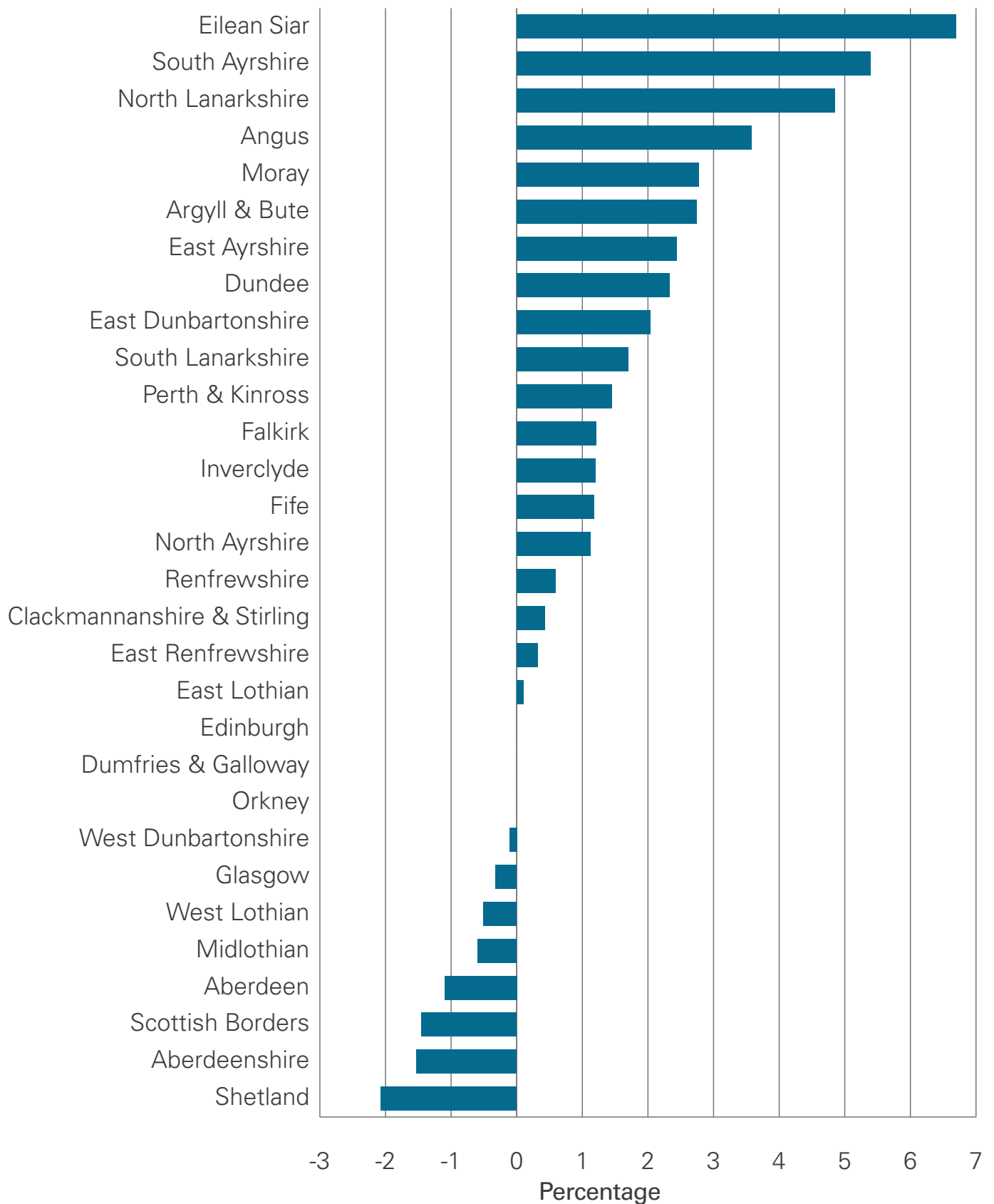
Total reserves held by IJBs have almost halved in 2022/23 due largely to the use or return of Covid-19 related reserves

35. By the end of 2022/23, all IJBs reported a reduction in their total level of reserves, decreasing by £560 million to £702 million, a 44 per cent reduction.

36. The decrease in the overall reserves balance was largely the result of a reduction in the reserves of funding that the Scottish Government specifically provided for the response to the Covid-19 pandemic. The Covid-19 related reserves decreased by 97 per cent, from £502 million to £14 million. Auditors confirmed that over two-thirds (£333 million) of the Covid-19 reserve reduction was a result of unused balances being returned to the Scottish Government.

Exhibit 3.

Operational surplus as a proportion of net cost of service



Source: IJB audited annual accounts 2022/23

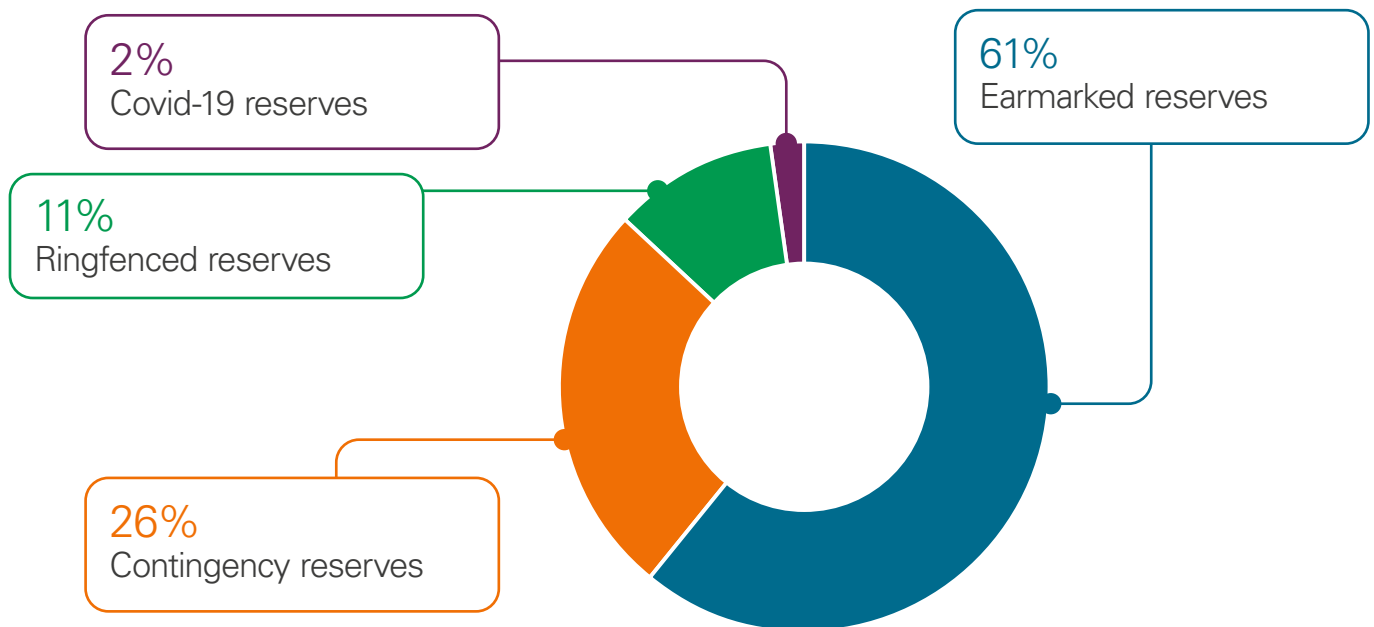
37. The exceptional impact of Covid-19 reserve movements can obscure underlying reserve movements. When Covid-19 reserve movements are excluded, the total value of reserves was reduced by 10 per cent (£72 million) from £760 million to £687 million.

38. IJBs hold reserves for a variety of reasons, including reserves held to address specific local or national policy initiatives or to mitigate the financial impact of unforeseen circumstances. The reserves held by IJBs consisted largely of four main areas [\(Exhibit 4, page 19\)](#), as follows:

- Earmarked reserves of £426 million (£426 million in 2021/22) held by individual IJBs for a range of local planned purposes, such as reserves for multidisciplinary teams, interim care beds, as well as more generic reserves associated with winter planning and local reserves to support newer innovative practices that contribute towards strategic change.
- Ring-fenced reserves of £79 million (£185 million in 2021/22) provided to support Scottish Government national policy objectives. Examples include the Primary Care Improvement Fund, Mental Health Recovery and Renewal, Mental Health Action 15, Community Living Change Fund and Alcohol and Drug Partnership funding.
- Contingency reserves of £183 million (£148 million in 2021/22) that have not been earmarked for a specific purpose. IJBs have more flexibility on the use of this type of reserves which are often used to mitigate the financial impact of unforeseen circumstances.
- Covid-19 related reserves of £14 million (£502 million in 2021/22), representing all unspent funding received to support the impact of the pandemic on IJB services.

Exhibit 4.

2022/23 Reserves



Source: IJB audited annual accounts 2022/23

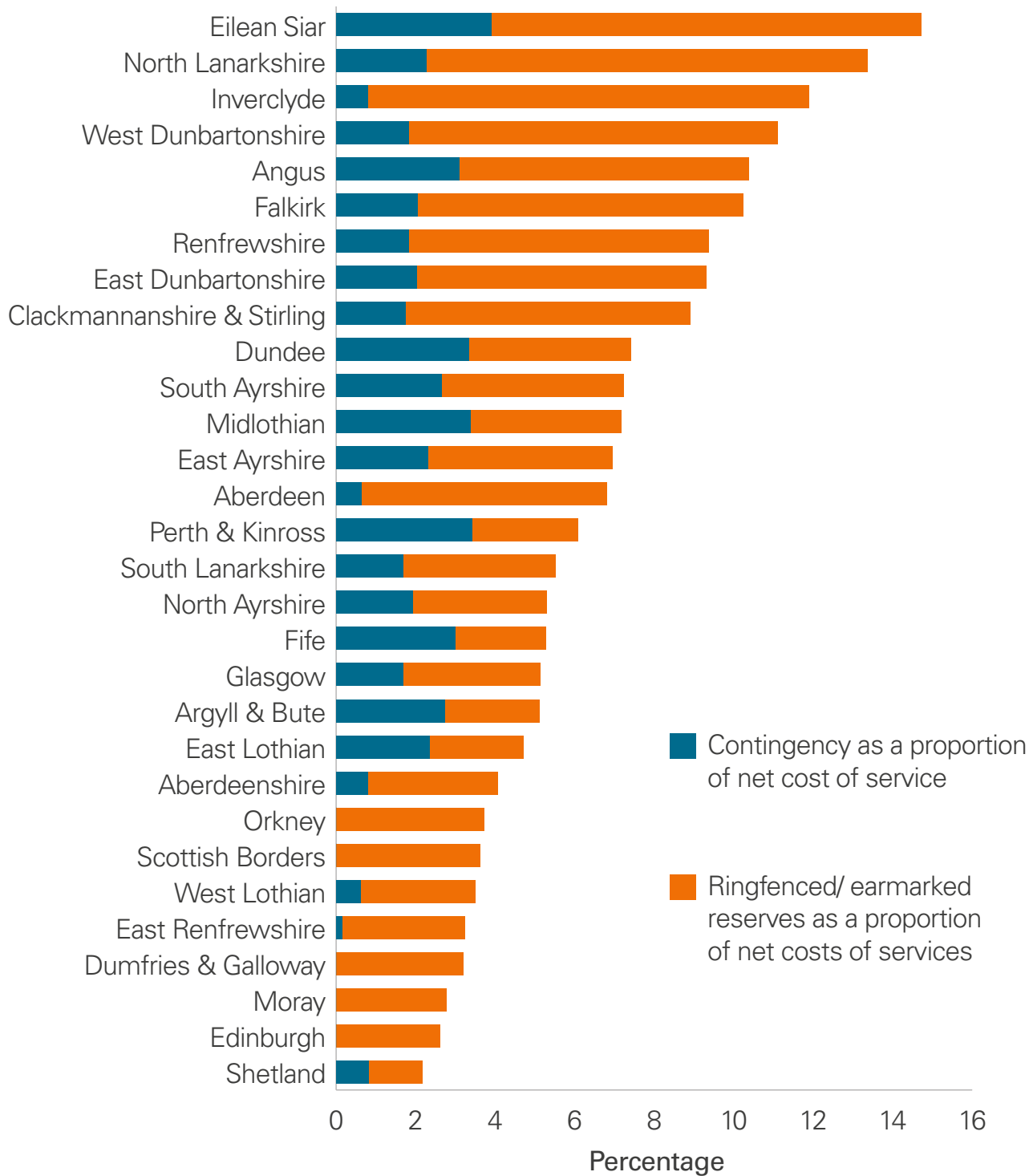
39. Reserves ring-fenced to support Scottish Government national policy objectives saw a 57 per cent reduction of £106 million to £79 million. These national initiatives include programmes for primary care improvement and mental health programmes.

40. These reserve balances largely represent non-recurring amounts of money that can only be used for specific and defined national policy priorities. As these non-recurring reserves are utilised, funding will need to be identified to fund any continuing associated initiatives on a sustainable basis.

41. The reduction in reserves was slightly offset by increases in the contingency reserves and other locally earmarked reserves. Contingency reserves have continued to increase, largely as a result of unplanned vacancy savings, and now represent a quarter of the total year end reserves balance.

Exhibit 5.

Year end IJB reserves as a proportion of net cost of services



Source: IJB audited annual accounts 2022/23

42. Contingency reserves are uncommitted funds held by IJBs to mitigate the financial impact of unforeseen circumstances and the amount held will vary depending on individual IJB reserve policies. A review of a sample of ten IJB reserve policies showed that the majority (eight) had a contingency reserve target of two per cent of annually budgeted expenditure. There is no statutory maximum or minimum level of contingency reserves.

43. Seventeen IJBs reported an increase in their contingency reserves leading to a net increase of 24 per cent (£35 million) to £183 million between 2021/22 and 2022/23. Across the IJBs, contingency reserves, as a proportion of the net cost of services, ranged from zero per cent to four per cent ([Exhibit 5, page 20](#)). Two thirds of IJBs had contingency reserve levels of over two per cent of the net cost of services. Five IJBs had no contingency reserves.

The projected financial position is set to worsen

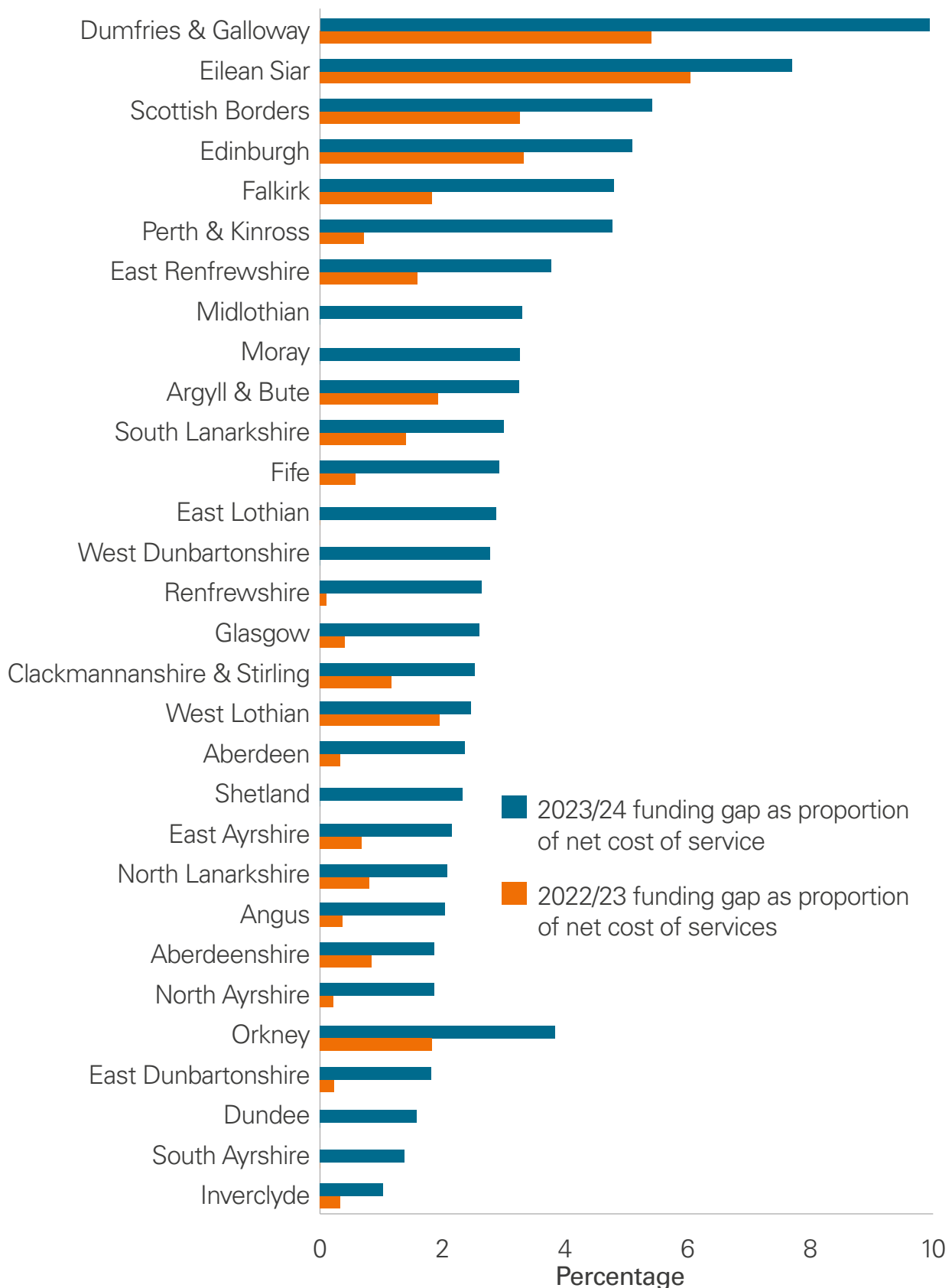
44. Twenty five IJBs agreed their 2023/24 budget before the start of the financial year. Delays in the agreement of savings plans and uncertainty around NHS partner funding were the most common reasons for IJBs not agreeing a balanced budgets before the start of the financial year.

45. IJBs do not always receive notification of funding allocations from NHS boards before the start of the financial year. This adversely affects the IJBs' ability to plan expenditure, can cause delays to decision-making and lead to vacancies being held unfilled due to uncertainty over funding.

46. The projected funding gap for 2023/24 has almost tripled in comparison to the previous year. All IJBs reported an increase in their projected funding gap with the exception of Orkney IJB. The 2023/24 projected funding gap was £357 million representing a 187 per cent increase from the 2022/23 projected funding gap (£124 million). Funding gaps, as a proportion of the 2022/23 net cost of services, ranged from one to ten per cent ([Exhibit 6, page 22](#)).

Exhibit 6.

Funding gap as a proportion of net cost of service

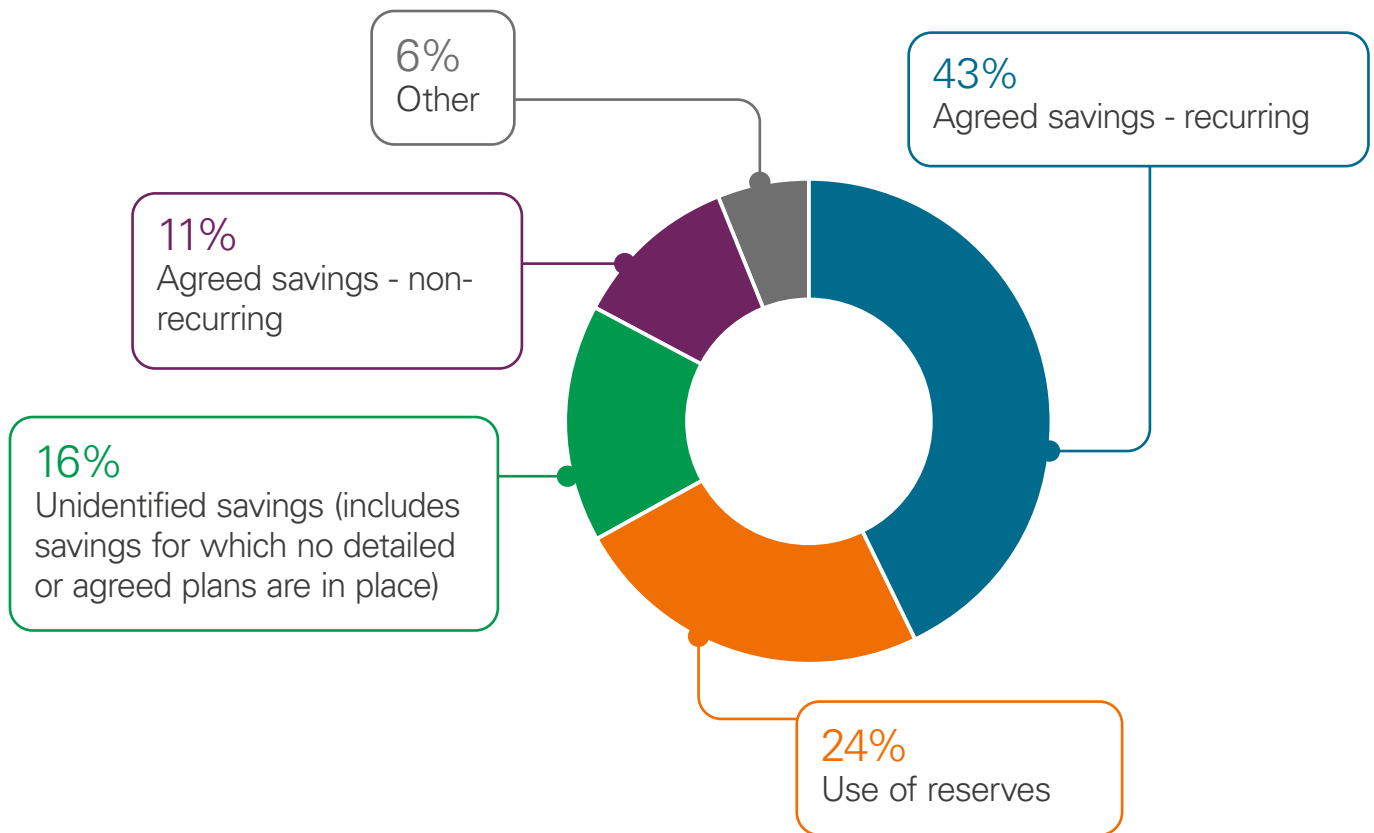


Source: Auditor data return

47. Of the total funding gap, 53 per cent (57 per cent in 2021/22) is anticipated to be met by identified savings, 24 per cent from the use of reserves, with actions yet to be identified to bridge the remaining gap [Exhibit 7](#).

Exhibit 7.

2023/24 IJB funding gap planned action



Source: Auditor data return

The increasing reliance on non-recurring sources of income is not sustainable

48. At the time of the 2023/24 budget setting, over a third of the projected funding gap was anticipated to be bridged by one-off sources of funding, ie on a non-recurring basis. A quarter of the projected funding gap was planned to be bridged by the use of non-recurring reserves and a further fifth of the identified savings were anticipated to be non-recurring.

49. In addition, a significant proportion of the funding gap did not have planned savings action agreed against it at the time of budget setting. These unidentified savings made up 16 per cent of the total projected funding gap and were the result of eight IJBs not starting the 2023/24 financial year with a balanced budget.

50. The increased reliance on non-recurring sources of income to fund recurring budget pressures is unsustainable in the medium to long term. The identification and delivery of recurring savings and a reduced reliance on drawing from reserves to fund revenue expenditure will be key to ensuring long-term financial sustainability.

Financial sustainability risks have been identified by auditors in the vast majority of IJBs

51. Auditors identified financial sustainability risks for 80 per cent of IJBs as part of their 2022/23 audits. Findings suggested that there was a reliance on non-recurring savings and sources of income to achieve financial balance.

52. As recurring savings get more difficult to identify and achieve, the need for a more significant transformation of services, in order to achieve financial sustainability, becomes more important.

53. IJBs are currently facing a range of significant and growing challenges and uncertainties impacting financial sustainability and service provision, including:

- uncertainty around the level and terms of future funding settlements and funding allocations for specific initiatives
- significant recruitment and retention challenges, both with the IJB and partner bodies and with external providers in the sector
- rising demand and increasing complexity of care arising from the demographic challenges of an ageing population
- cost-of-living crisis and inflationary cost pressures, including prescribing costs, making it more expensive to maintain the same level of services

- ongoing legacy cost impacts of Covid-19, including vaccination programmes, testing and Personal Protective Equipment costs.

54. An initial analysis of 2024/25 budget setting reveals that the projected funding gap for IJBs has increased again to £456 million. This increase underlines the importance of IJB board members having clear and frank conversations not only at the board level, but with partners, providers and the wider public, about the decisions that will be required to achieve future savings and the likely implication these decisions will have on the services individuals currently receive.

Medium-Term Financial Plans need to be updated to reflect all cost pressures currently known

55. The majority of IJBs have an up to date Medium-Term Financial Plan in place, but auditors found a third needed to update their plan. It is essential that IJBs ensure Medium-Term Financial Plans are updated, reflecting all known and foreseeable costs, to allow informed decision-making on the delivery of sustainable service provision and reform in the future.

4. Performance

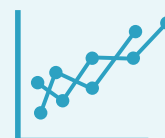
Data quality and availability is insufficient to fully assess the performance of IJBs, but national indicators show a general decline in performance and outcomes

Data quality and availability is insufficient to fully assess the performance of IJBs and inform actions to improve outcomes for service users with a lack of joint data across the system

56. The Public Bodies (Joint Working) (Scotland) Act 2014 sets out nine National Health and Wellbeing Outcomes. These seek to measure the impact that integration is having on people's lives. These national outcomes are underpinned by 23 associated national indicators, although four indicators have not been finalised for reporting. These national indicators have been developed from national data sources to provide consistency in measurement. IJBs are also encouraged to devise their own performance indicators for their area. Each IJB produces an annual performance report which sets out publicly its performance against key performance indicators.

57. Our review of IJB annual performance reports for 2022/23 shows the majority report against the key national performance indicators. All set out performance against their own identified strategic priorities. Some IJBs have developed their own indicators, as suggested in the Act, to help demonstrate how they are working towards their strategic outcomes. This allows for flexibility in reporting on local performance but means that describing a comprehensive national picture of performance is not possible.

58. Published performance information is not always clearly linked to the National Health and Wellbeing Outcomes with some gaps in the completeness of national performance information. Nine of the national integration performance indicators are based on the biennial Health and Care Experience Survey (HACE). Response rates for the HACE are generally quite low, with more deprived areas experiencing the lowest response rates. This increases the risk that there may be underrepresentation of the experience of certain groups of people and areas.



The IJB Performance Supplement to this report sets out the performance of each IJB against the 19 national indicators available under the National Health and Wellbeing Outcomes.

59. In our engagement with stakeholders, we heard a consistent message that data is key to a whole system approach and performance management needs to be redefined to reflect this. They indicated a range of challenges around data that is currently collected:

- The current data does not provide good evidence on how the performance of one part of the system impacts on either other parts of the social care system or the system as a whole. This means the current performance data is of limited use in helping to inform system changes which might improve performance and deliver better long-term outcomes.
- There is too much emphasis on data that is used by individual organisations for their governance and operational purposes rather than the collective partnership focus on its priorities. Current arrangements do not reflect a 'whole-systems' approach to performance management and reporting.
- A lack of good data on primary care as it is voluntary for GP's to report.
- Data is more routinely collected and published on health services than social care services.

Work to improve the data sets is at an early stage but is progressing

60. Work is being carried out by the Scottish Government and Public Health Scotland to improve data and allow the comparison of performance including the development of the Care & Wellbeing dashboard. This was launched in November 2023 and is populated with management information and updated on a weekly basis. IJB chairs and chief officers have access to the system to monitor significant shifts in performance and anomalies in the data. The system is still in its early stages of development and use.

61. There are other resources that can be utilised to assist in the analysis of data. In our [Health and social care integration: update of progress](#) 2018 report we set out the existence of Local Intelligence Support Team (LIST) analysts. Using a LIST analyst to tailor and interpret local data helps IJBs to better understand local need and demand and to plan and target services.

62. There are also examples of individual IJBs starting to manage their data in more innovative ways, for example at Midlothian IJB.
[\(Case study 1, page 28\)](#)

Case study 1.

Midlothian IJB outcome mapping

Midlothian IJB coordinates health and social care support to nearly 97,000 people. To better understand how the IJB contributes to personal outcomes for people, it asked all Midlothian HSCP services to track their contribution to improving outcomes using an outcome mapping approach by January 2024.



Outcome mapping is a way to understand how services contribute to people achieving the outcomes that matter to them and can help services make more targeted, locally informed decisions about how to design, deliver or commission services. This approach allows them to describe what they do, who with, what people learn and gain as a result, how this makes them feel and the difference this makes in their lives. The outcome mapping approach was developed by 'a Scottish software and consultancy company in partnership with the Midlothian HSCP Planning and Performance team.

Each 'stepping-stone' of the outcome map framework includes a set of success criteria aligned to the Care Inspectorate joint inspection framework. The outcome map is colour-coded to show an evaluation of the extent to which the service is making progress towards personal outcomes and confidence in how strong the evidence is to support that progress rating. This results in a two-factor rating system for each 'stepping-stone' in the outcome map.

The IJB also uses outcome mapping and has developed a Strategic Commissioning Map that provides a real-time picture of the whole system progress towards their strategic aims and the nine National Health and Wellbeing Outcomes by linking to service outcome maps.

Outcome mapping is now central to performance measurement in the planning and performance teams. It is part of the triangulation of three types of data: service activity, population experience, and personal outcomes. The information collected from each of these three areas together provides objective, whole system evidence that supports services to develop meaningful action plans for change.

Currently 60 per cent of service areas are using the framework. Some services are using this system to articulate, record, examine, and evaluate service provision and actively using this tool to support service redesign. Resourcing pressures continue to present challenges for some areas to find the time and space to complete a first map and a programme of targeted support is in place to help those areas with the most significant delivery pressures.

The partnership has shared this work with Healthcare Improvement Scotland (HIS), the Scottish Government team developing the National Improvement Framework for Adult Social Care and Community Health and most recently the team developing a new improvement framework for health that will support person centred care.

Available national indicators show a general decline in performance and outcomes for people using social care and primary and community healthcare services

63. As set out in the thematic sections below (and in the performance information supplement) there is a general decline in performance against the national indicators.

64. The following sections draw out performance findings against key themes set out in the bullet points below. Alongside nationally available data, for each theme we also describe the context and challenges. Some case studies of examples are also set out in [Appendix 1 \(page 50\)](#). These illustrate examples of where IJBs are using or developing different working practice to improve performance and outcomes.

- Theme 1 – Prevention and early intervention
- Theme 2 – Shifting the balance of care
- Theme 3 – Person-centred care/choice and control
- Theme 4 – Reducing inequalities
- Theme 5 – Unpaid carers/community resilience.

Theme 1 Indicators – Prevention and early intervention

Collaborative, preventative and person-centred working is shrinking at a time when it is most needed. Instead of a focus on care at the right place at the right time, there is a shift to reactive services with little capacity to invest in early intervention and prevention.

65. Addressing individuals' health and social care needs at an earlier stage through prevention and early intervention promotes better outcomes for individuals, improving their quality of life and independence, and reduces the need for costly support and care later on. The 2021 Independent Review of Adult Social Care in Scotland (Feeley Review) set out the need for an increased focus on preventative, early intervention and anticipatory forms of support and a shift away from a crisis intervention. However, this is difficult to progress when the pressures on services are so acute.

66. As financial pressures have increased, eligibility criteria for individuals accessing social care services have tightened. With this, opportunities to undertake prevention and early intervention focused services have decreased. IJBs and their partner bodies have instead signposted less formalised support in the community, often provided by third and voluntary sector organisations. However, we have found that the financial challenges are leading IJBs and other funding bodies such as NHS boards and councils to reduce grant funding to these service providers reducing the capacity to meet and address these lower level, often more preventative focused needs.

67. Leaving lower-level health and social care needs unaddressed until they become more significant tends to lead to increased complexity of need, the requirement for a more resource intensive intervention and less positive outcomes for individuals in the longer term. It is essential that IJBs and their partner bodies find ways to protect and increase the health and social care interventions at an earlier stage. This will be key to addressing future demand pressures arising from demographic shifts to an older population in a more financially sustainable manner.

68. How well individuals consider themselves able to look after their health is indicative of the IJBs' and partner bodies' effectiveness in addressing and supporting individual needs to sustain healthy lives in the community. Since 2013/14, there has been a deterioration by four percentage points of adults who are able to look after their health either 'very well' or 'quite well' [Exhibit 8](#). All the IJBs recorded a reduction in this measure over the period 2013/14 to 2022/23. Fourteen IJBs saw a reduction greater than average over this period, with three IJBs recording a reduction greater than five percentage points.

Exhibit 8.

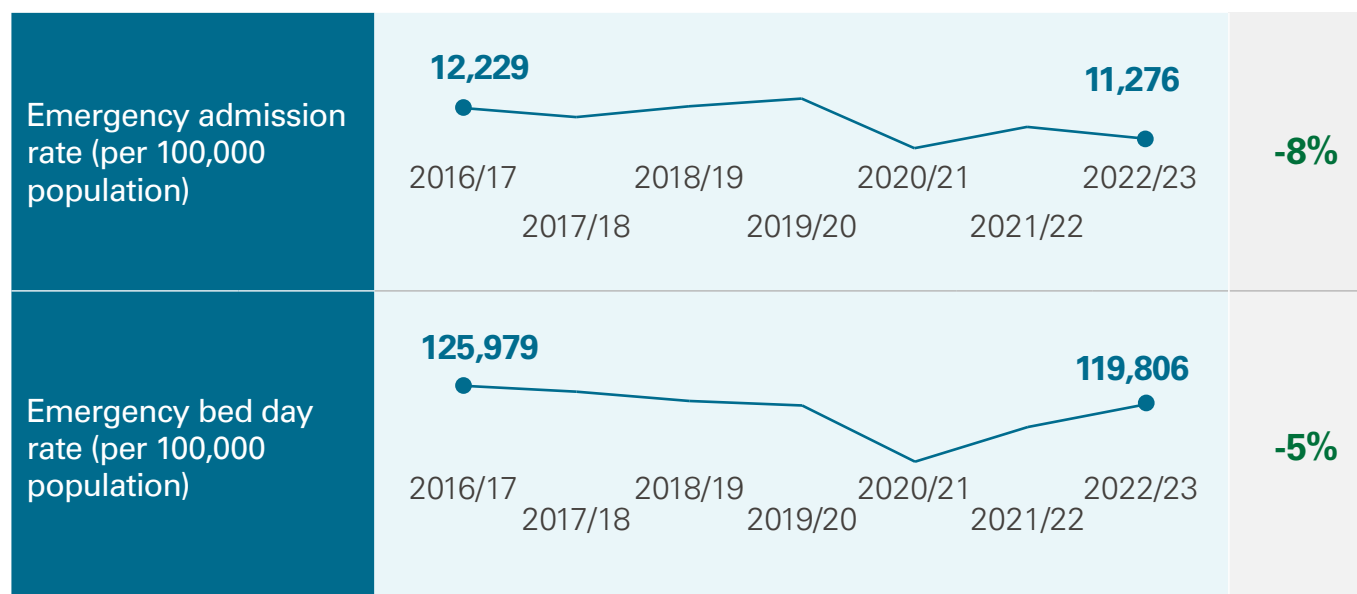
Theme 1 indicators



Source: Core Suite of Integration Indicators, Public Health Scotland

Exhibit 9.

Theme 1 indicators



Source: Core Suite of Integration Indicators, Public Health Scotland

69. Emergency admissions rate and the emergency bed day rate are often used as indicators of how well IJBs are reducing unnecessary hospital stays and situations where individuals remain in hospital while they are deemed to be fit enough to return to a more community-based setting.

70. Positively, there has been an eight per cent reduction in the emergency admissions rate as well as a five per cent reduction in the emergency bed day rate since 2016/17. Compared to 2020/21 there is an 16 per cent increase in the emergency bed day rate, however this reflects the impact of the Covid-19 pandemic [Exhibit 9](#).

71. Eighteen IJBs recorded a reduction in emergency bed day rate over the period 2016/17 to 2022/23 [Exhibit 9](#). Of the twelve that recorded an increase, two IJBs record an increase of over 10 per cent.

72. Some IJBs have put in place schemes and plans and maintain early intervention and prevention services. For example, Aberdeen City have set up a listening service to offer first-level support for people with low-level mental health challenges, addressing issues such as bereavement, redundancy, and life changes that can impact overall wellbeing. In Fife, a text chat service was launched in November 2022 enabling young people aged 12 to 19 to have direct, confidential access to the school nursing service. Further examples are set out in [Appendix 1 \(page 50\)](#).

Theme 2 Indicators – Shifting the balance of care

There is a recognition by the Scottish Government, councils and NHS boards that the balance of care needs to shift out of hospital to the community. Although this was the intention of the creation of IJBs, we have not seen significant evidence of this happening.

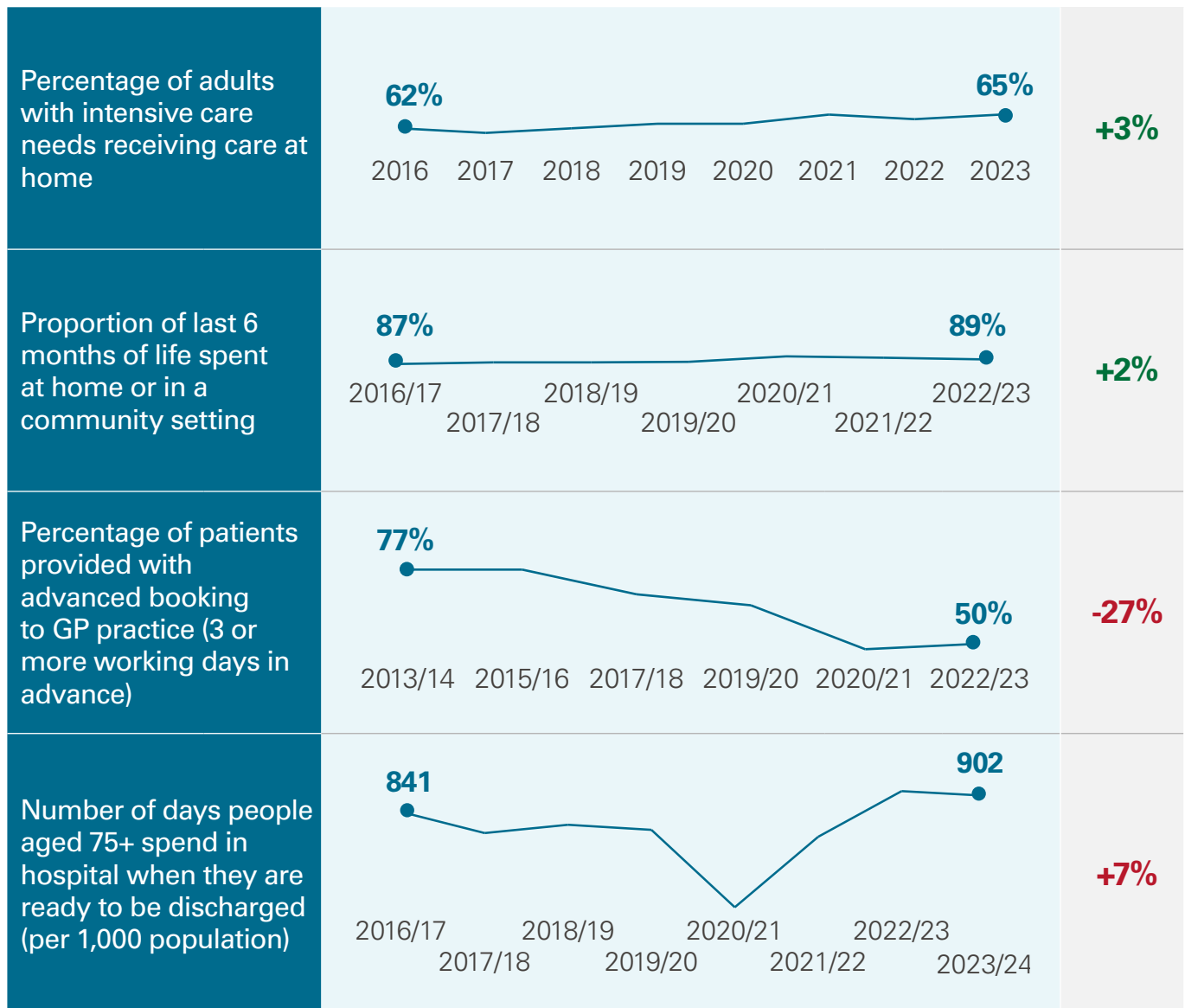
73. Part of the aims of the integration of health and social care was to help shift resources away from the institutional settings, such as hospitals and residential care institutions, and into more community-based services. The rationale for this is that, alongside it often being a more cost-effective way of providing services, it also helps promote greater independence and improved outcomes for the individual.

74. There has been an increase in the provision of services in the community, with an increase in the percentage of adults with intensive care needs receiving care at home and in the proportion of end-of-life care provided at home or in a community setting. At the same time, the percentage of expenditure on institutional and community-based Adult Social Care services has largely remained static with a small increase in the proportion spent on accommodation-based services.

75. Indicators tracking the balance of care and provision of services in the community have largely shown an increase in the number of individuals receiving care at home or in the community. However, these changes are marginal when viewed over the period since the inception of health and social care integration in 2015. There are also indications of pressures impacting the access to community-based services and the capacity of community services ([Exhibit 10, page 33](#)).

Exhibit 10.

Theme 2 indicators

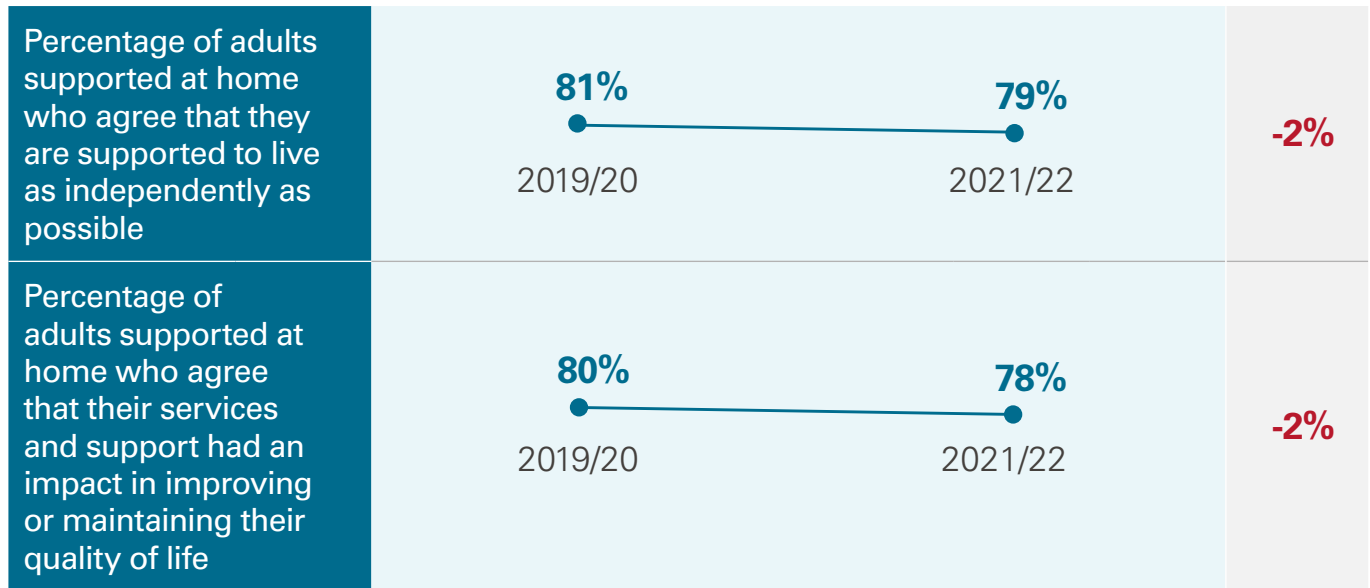


Source: Core Suite of Integration Indicators, Public Health Scotland

76. At the same time there has been a deterioration in the experience of those receiving those services in the community nationally [Exhibit 11](#).

Exhibit 11.

Theme 2 indicators



Source: Core Suite of Integration Indicators, Public Health Scotland

77. The Auditor General for Scotland [NHS in Scotland 2023](#) report states that 'lack of social care capacity remains an obstacle to improving patient flow and reducing the number of delayed discharges from hospital. This is supported by data showing that many patients whose discharge is delayed are awaiting the completion of care arrangements to allow them to live in their own home (awaiting social care support), waiting for a place in a nursing home, or awaiting the completion of a post-hospital social care assessment'.

78. Examples of approaches to shift the balance of care from the hospital to community settings are set out in [Appendix 1 \(page 50\)](#).

Theme 3 Indicators – Person-centred care: choice and control

The amount of choice and control service users feel they have is variable across the country

79. In 2010, the Scottish Government and COSLA set out a ten-year self-directed support (SDS) strategy with the aim of supporting people's right to direct their own social care support. The Social Care (Self-directed Support) (Scotland) Act 2013 was part of the SDS strategy and set out how councils should offer people options for how their social care is managed.¹²

80. The Scottish Government, IJBs, councils, providers and service users and their carers recognise the gap between what the SDS legislation is designed to do and what is happening for people trying to access services in parts of Scotland. While there are examples of people being supported in effective ways through SDS, not everyone is getting the choice and control envisaged through the strategy. Some people who use services feel they have a lack of choice and need to accept what is offered with the type of care they receive being driven by the service provider. This is most recently evidenced in the Scottish Parliament's Health, Social Care and Sport Committee post-legislative scrutiny of the Self-directed Support (Scotland) Act 2013 phase 1 report.¹³ Examples of increased flexibility, choice and control were given for both individuals and unpaid carers but the Committee also reflected that many areas of improvement are required. For example, a need to improve the consistency of implementation between councils and improve clarity and knowledge around SDS by providing more support and guidance to navigate the process.

81. People who use services and their carers highlight issues accessing services. Either the times at which services are available is unsuitable or the process required to access them is overly complicated. Service users also highlighted a lack of coordination and communication between services, often having to repeat their symptoms or issues multiple times as they move from service to service. Poor data sharing was highlighted as a contributing factor.

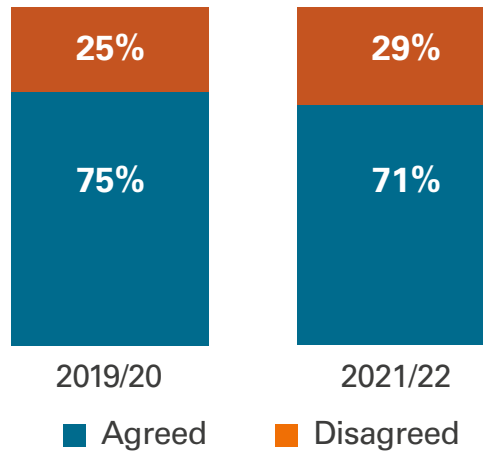
82. People who use services described being put to bed at 2pm or left in bed for hours at a time during the day. This was largely attributed to care services being under-resourced and care workers having to schedule their day to fit in additional people.

83. Research¹⁴ has found that while those who received SDS generally had positive experiences and found it beneficial, more than one-quarter of people who use SDS had their option chosen by someone else.

84. The percentage of people who are receiving social care support through SDS is increasing, estimated at 88.5 per cent in 2021/22, up from 77.1 per cent in 2017/18.

Exhibit 12.

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



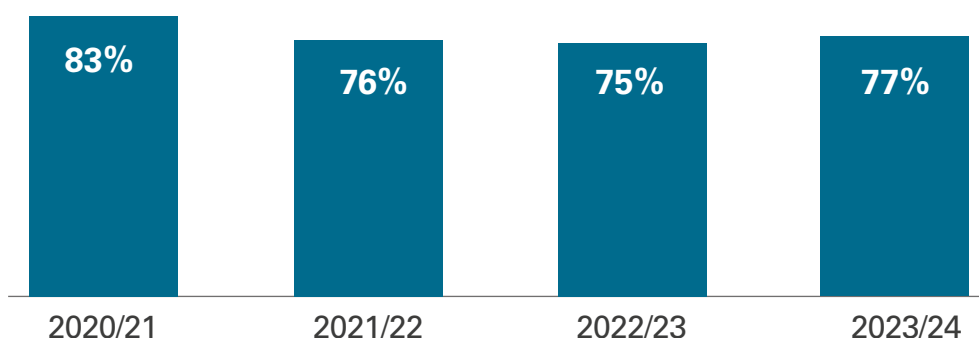
Source: Core Suite of Integration Indicators, Public Health Scotland

85. In general, there has been a deterioration in the proportion of adults who felt that they had a say in how their care is provided [Exhibit 12](#). The latest year of data (for 2023/24) shows that 60 per cent of adults supported at home who disagreed that they had a say in how their help, care or support was provided. Due to how the data is collected this data is not comparable to previous years.

86. The Care Inspectorate amended their approach to inspections of care services in response to the Covid-19 pandemic. Inspection activity was shifted to focus on services where there were concerns or intelligence suggesting that they are a higher risk. The overall trend since 2020/21 has seen a reduction in the number of care services graded as either 'good' or better [Exhibit 13](#).

Exhibit 13.

Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections



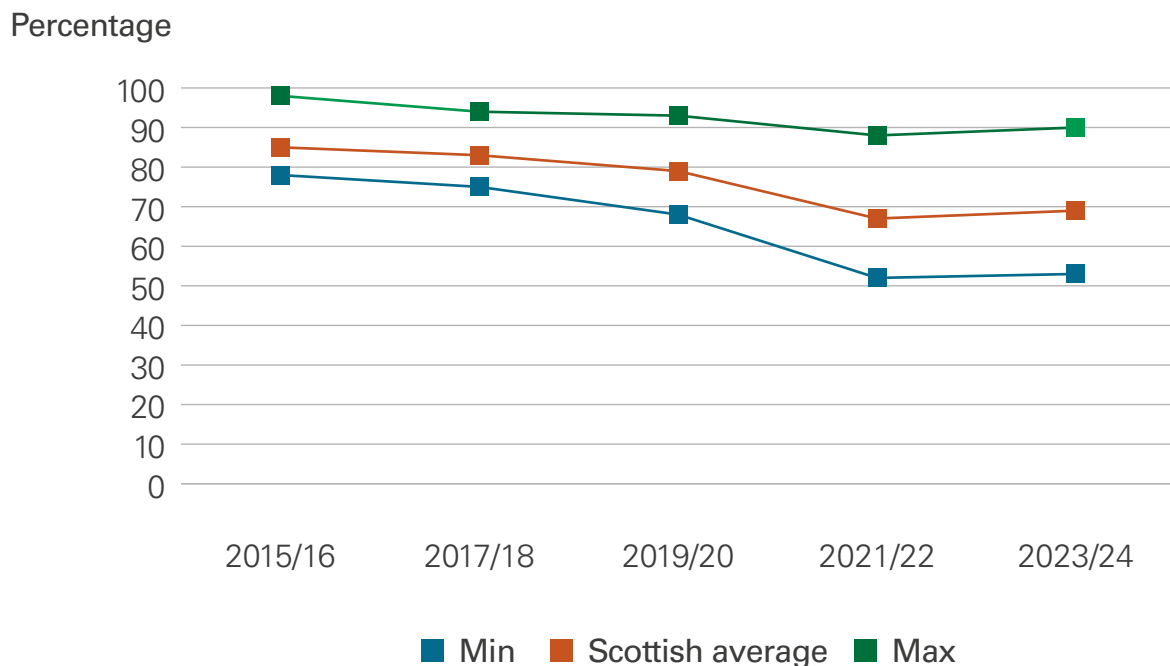
Source: Core Suite of Integration Indicators, Public Health Scotland

87. There is limited national data on access to GPs. (The Auditor General for Scotland's upcoming report on the General Medical Services contract will look further at the availability and quality of data.) However, the percentage of people reporting a positive experience of care at their GP practice between 2015/16 and 2023/24 has declined by 17 points [Exhibit 14](#). There has been a decline across all IJBs and the gap between the best and worst performing areas has widened.

88. Some examples of IJBs working with partners to intervene to give people more choice and control and feedback on the services they receive are set out in [Appendix 1 \(page 50\)](#).

Exhibit 14.

Percentage of people with positive experience of care at their GP practice



Source: Core Suite of Integration Indicators, Public Health Scotland

Theme 4 Indicators – Reducing inequalities

The Covid-19 pandemic has exacerbated existing inequalities

89. A recent review¹⁵ of health inequalities found that the health of people living in Scotland's most deprived areas is not keeping up with the rest of society. The health inequality gap is widening, evident through increased drug deaths, infant mortality and a fall in life expectancy in more deprived areas. People living in deprived areas have a significantly lower healthy life expectancy, 26 years less for males and 25 for females in the most deprived decile compared to the least deprived decile. This gap has been widening over the past decade.¹⁶

90. Research has found people who access social care, unpaid carers and those who work in the social care sector have been disproportionately impacted (both directly and indirectly) by the Covid-19 pandemic and mitigation measures.¹⁷ The review also highlights that some groups could experience multiple and compounding inequalities. There is a risk that equality groups and people most at risk of having their human rights breached are set back by changes to and reductions in service provision, particularly as finances become tighter.

91. Respondents to a survey about their experiences of social care¹⁸ who did not receive support but felt they needed it, were proportionally more likely to be non-white, disabled, living in deprived areas, LGBO (lesbian, gay, bisexual, other) and unpaid carers.

The premature mortality rate is increasing with rates higher in more urban and more deprived areas

92. The premature mortality rate is increasing across Scotland [Exhibit 15](#) with a one per cent increase between 2016 and 2022.

Exhibit 15. Theme 4 indicator



Source: Core Suite of Integration Indicators, Public Health Scotland

93. IJBs were found to have consistently lower rates of premature mortality in areas that were more rural and/or relatively more affluent. Five IJBs, all from more urban and less affluent areas (Dundee, Glasgow City, Inverclyde, North Lanarkshire, West Dunbartonshire), have consistently had relatively high premature mortality rates.

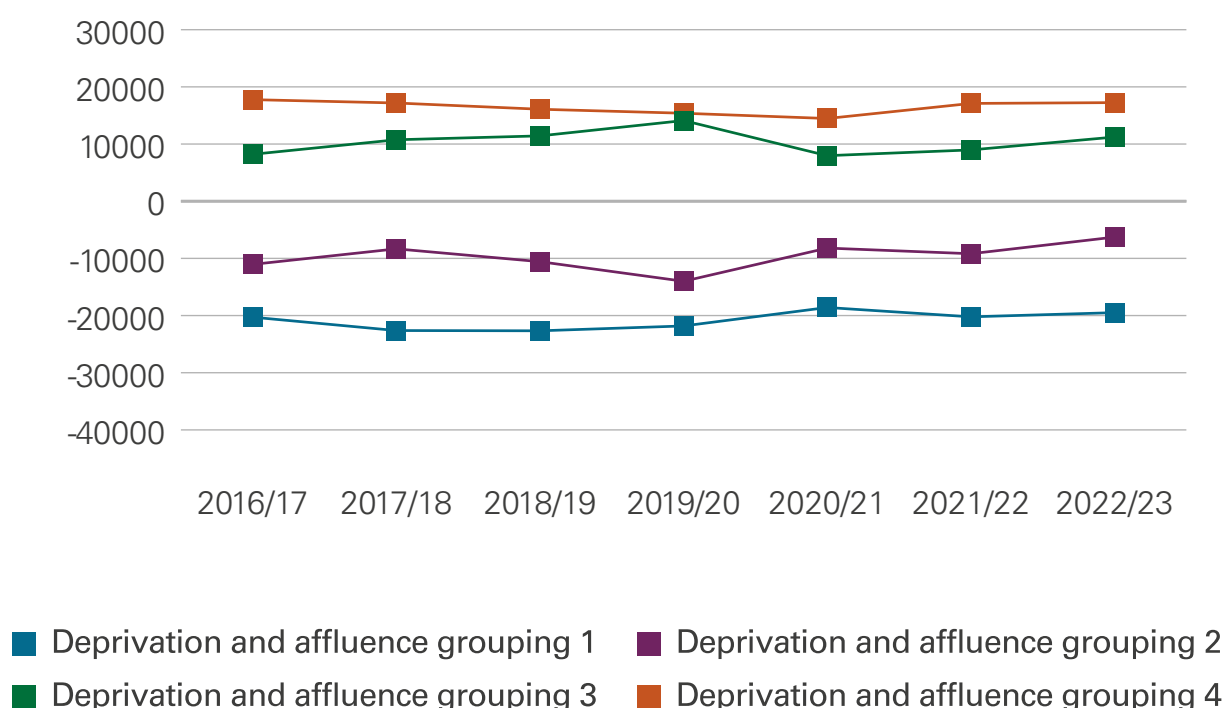
Emergency bed day rates are greater in areas with higher levels of deprivation

94. There is a clear relationship between the emergency bed day rate and the deprivation and affluence of an area. Using the Improvement Service's **family groupings of IJB** areas, shows that areas with higher levels of deprivation have higher levels of emergency day bed rates than areas that are more affluent [Exhibit 16](#).

Family groups are groupings of IJBs that are similar in the type of population they serve (deprivation and affluence levels) as well as the type of area they serve (rural, semi-rural and urban).

Exhibit 16.

Emergency bed day rate (per 100,000 population): Difference to Scottish rate



Note: Grouping 1 represents the least deprived/affluent IJB areas and grouping 4 represents the most deprived/affluent

Source: Core Suite of Integration Indicators, Public Health Scotland, Improvement Service (deprivation and affluence grouping)

95. Example case studies in [Appendix 1 \(page 50\)](#) set out some programmes IJBs have in place to tackle inequalities in their communities and improve outcomes for all.

Theme 5 Indicators – Unpaid carers

The reliance on unpaid carers is increasing as the social care workforce is under added pressure

96. There is an enormous reliance on unpaid carers to support the social care system. These carers provide support to friends or family who need it. Carers can claim an allowance of £81.90 a week if they care for someone at least 35 hours a week. An additional carer support payment of £288.60 twice a year is also available to some carers. Although the exact number of unpaid carers is not known, as many carers don't identify themselves as such, there are an estimated 800,000 unpaid carers in Scotland; this includes 30,000 young carers under the age of 18.¹⁹ The social care system relies on the contribution of the community and unpaid carers with the value of unpaid care estimated at £36 billion a year in Scotland.²⁰ The Feeley Review stated that 'The role communities play in supporting adults to remain active in their community simply cannot be overstated.'²¹

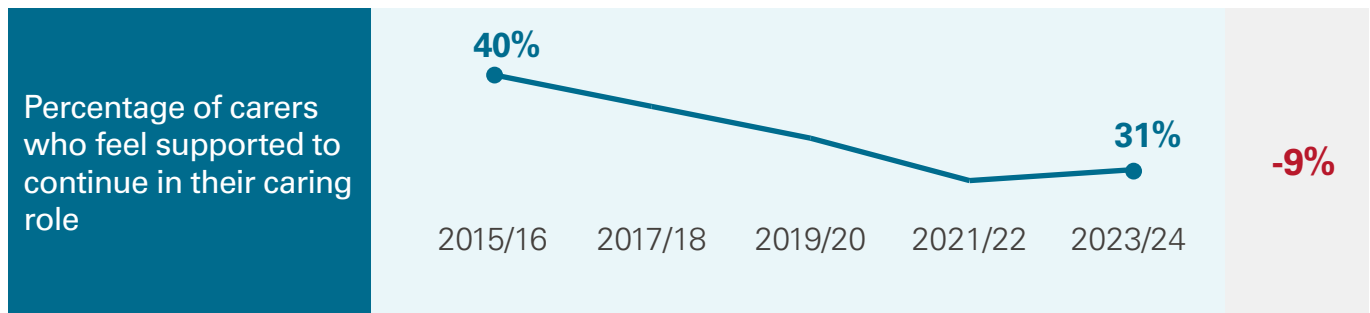
97. This reliance on unpaid carers is increasing as the social care paid workforce is under increased pressure. This is unsustainable.

98. Carers are feeling the mental, physical and financial pressure of a system under strain. Carers Scotland's latest State of Caring survey²² found that over half (54 per cent) of carers said that their physical health had suffered because of their caring role, with one in five (20 per cent) suffering a physical injury from caring. Forty-four per cent of those on Carers Allowance are cutting back on food and heating. Research²³ carried out by the Carers Trust on the experience of older carers found:

- 80 per cent said their physical health had been affected by their caring role
- 87 per cent said their mental health and wellbeing had been affected by their caring role
- 82 per cent felt as though their caring role has financially affected them; 37 per cent have used less gas and electricity in their homes as a way to save money, and 19 per cent have skipped meals in the past 12 months
- 46 per cent of carers had missed some form of health appointment due to their caring role. This will have knock effects for the efficiency of the health service.

Exhibit 17.

Theme 5 indicator



Source: Core Suite of Integration Indicators, Public Health Scotland

99. Caring responsibilities fall disproportionately on women, people living in rural areas and people living in deprived areas. National indicators also illustrate the declining sense of wellbeing for unpaid carers and those needing care [Exhibit 17](#). There are provisions in the NCS Bill to improve support to unpaid carers but this has been subject to ongoing delays.

100. Some IJBs have set up interventions to support unpaid carers such as Falkirk and Clackmannanshire Carers Centre who provide information and signposting to those who are assessed as low or moderate on the unpaid carers eligibility for support.

5. Commissioning and procurement

Commissioning and procurement practices for social care services continue to be largely driven by budgets, competition, and cost rather than outcomes for people. Improvements to commissioning and procurement arrangements have been slow to progress but are developing

101. Our 2022 [Social Care briefing](#) highlighted commissioning arrangements as a key issue stating: 'Commissioning tends to focus on cost rather than quality or outcomes. Current commissioning and procurement procedures have led to competition at the expense of collaboration and quality.' In this section of this report, we focus on this issue and consider what progress is being made.

What are commissioning and procurement?

102. Commissioning identifies what is to be provided. It is the process each IJB uses to set out to its partner councils and NHS boards, what it requires them to provide to meet its strategic plan for social care and primary and community health services, based on population needs and available budgets. Procurement establishes how and who will provide the services. It is the process of contracting or purchasing specific services to meet those requirements. The IJBs do not procure the services. This is done by the relevant councils or the NHS and can be from the public, private and third sector. Scotland Excel assists some councils in procuring services and has developed national adult social care frameworks. Currently, the private sector provide 54 per cent of social care services, 24 per cent by councils, 21 per cent by the third sector and the remaining element (one per cent) by health boards.²⁴

103. All IJBs have integration strategic commissioning plans. The 2014 Act sets out requirements for the plans that are also supported by Scottish Government guidance issued in 2015.²⁵ The plans are required to:

- be reviewed at least every three years
- set out what the arrangements are to carry out the tasks of the IJB over the three years

- divide the area geographically into at least two localities for setting out these arrangements with each locality done separately
- include how the arrangements are intended to contribute to achieving the national health and wellbeing outcomes.

104. The commissioning of social care and primary and community health services is a cyclical process carried out by a Strategic Planning Group for each IJB. This group must consider the outcomes for people and how the needs and availability of services change. Healthcare Improvement Scotland and the Care Inspectorate have produced a quality framework²⁶ to evaluate the effectiveness of strategic planning.

105. The Independent Review of Adult Social Care in Scotland, considered in detail the arrangements for commissioning and procuring social care services in Scotland. The review identified ten changes needed in commissioning and procurement practices.

Improvements to commissioning and procurement arrangements have been slow, with cost rather than outcomes driving decision-making

106. Commissioning and procurement decisions are currently driven largely by achieving the range and volume of services required at the lowest cost. This is understandable given the financial pressures and increased demand faced by IJBs, but the pressure on the service providers to remain competitive can reinforce a focus on driving down prices. This can be at the cost of promoting service quality, equality, innovation and collaboration with others, to improve people's outcomes.

107. Tenders for support packages for people are often constructed around time and task of the service, rather than the outcomes. This lack of flexibility in the system means that NHS and council resources can get tied up in providing services that aren't effective in improving outcomes. More flexibility is needed across the system.

108. The cyclical nature of the commissioning and procurement, mean that time and resource are focused on contracts renewal processes instead of a more strategic long-term approach.

109. As set out at [paragraph 25](#), the current model of governance is complicated. This can cause difficulties when trying to commission services in a collaborative way. All stakeholders, including providers and users need to be part the strategic commissioning process in order to reflect what people need and want. This current approach also does not fully allow for innovation of the sector in finding solutions.

110. The current commissioning and procurement system lacks a process of accountability when people do not receive the services they need. People have described the process of accessing social care as

'notoriously difficult' and 'over-complicated' and needing to 'fight for' and 'justify' their support where they had a negative experience.²⁷

Current commissioning and procurement practices are a risk for the sustainability of service providers and the workforce

111. Current arrangements are heavily reliant on a stable provider market and workforce but there are exacerbating financial and workforce issues facing providers, risking the viability of some.

112. A consequence of the current cyclical commissioning and procurement arrangements is that many risks around the effective delivery of service are largely put onto the providers. For example, where the cost of energy makes a service more expensive to deliver than the contract provides for, the provider is still required to provide the service, bearing the loss.

113. There is uncertainty for all providers, particularly in the third sector around future funding and their role in service provision. Providers are also experiencing challenges with providing services and fulfilling contracts largely due to difficulties with workforce recruitment and retention:

- Private and third sector providers find that council commissioning rates are not enough to deliver social care and support and residential, personal and nursing care, and pay expenses such as staff, training and overheads. These providers say they cannot compete with councils where pay and terms and conditions are better than they can provide due to the flat cash settlement local government receives from the Scottish Government.
- Non-committal framework agreements leading to zero hours or short hour contracts for staff.
- Contracts that do not cover travel costs, especially challenging in rural Scotland which were particularly badly affected by fuel price rises.
- Growth in split shifts and reduction in paid sleepovers for staff.
- Although there has been an uplift in adult social care workers' wages, this has not been universally applied for all social care workers as some roles have been out of scope for the intended policy outcome. This has focused on uprating pay for those on the lowest incomes. There is no equivalent uplift for those with supervisor or manager roles making these positions less desirable.
- High levels of overtime and agency costs.
- High and ongoing recruitment costs, particularly in more rural areas.

114. Local government have been calling for multi-year funding settlements from the Scottish Government to support providers with medium- to long-term planning. This is currently being discussed through the Verity House Agreement and the fiscal framework discussions.

115. As set out in the context section, the workforce feel undervalued in the system and there are unprecedented numbers of vacancies ([paragraph 19](#)). The **Fair Work** Convention Report²⁸ set out that 'Despite some good practice and efforts by individual employers, the wider funding and commissioning system makes it almost impossible for providers to offer fair work.' Without urgent progress on the fair working agenda nationally it is likely that the risks to the sustainability of the sector will deepen.

Fair work is work that offers all individuals an effective voice, opportunity, security, fulfilment and respect. It balances the rights and responsibilities of employers and workers.

Current commissioning and procurement practices are not always delivering improved outcomes for people

116. People who use services are often not involved in commissioning and procurement processes and therefore services are not necessarily reflective of what people need and want. The Independent Review of Adult Social Care in Scotland²⁹ reported that commissioning using generic frameworks based on an hourly rate does not work well for people who have fluctuating needs for support, particularly support for mental health.

117. The Self-directed Support (Scotland) Act 2013 was designed to ensure people had choice and control in how their social care support is provided. As highlighted at [paragraph 80](#), there is a recognised implementation gap in this policy. The Scottish Parliament's Health, Social Care and Sport Committee post-legislative scrutiny of the Act has highlighted concerns around commissioning in relation to SDS including:

- the importance of facilitating collaborative commissioning conversations
- a need to develop a marketplace of providers
- a need to end competitive tendering and restrictive procurement processes
- the disparity in the relative available funding under different SDS options.

There is an increasing desire to move towards more ethical and collaborative commissioning models but it has not yet been universally adopted

118. There are examples of IJBs attempting to adopt collaborative and **ethical commissioning** processes in their strategies but these appear to be at an early stage. Almost a third of IJBs have adopted the Unison Ethical Charter for Social Care Commissioning³⁰ which is based on ethical commissioning principles.

119. IJBs are reaching out for support from IRISS (Institute for Research and Innovation in Social Services) in collaborative commissioning, for example work to improve outcomes-based commissioning with East Dunbartonshire, East Ayrshire and Orkney IJBs with Healthcare Improvement Scotland. IRISS has also been supporting West Dunbartonshire and North Ayrshire IJBs to change commissioning to a more collaborative approach. Both projects are at an early stage but they have highlighted that the relationship between stakeholders are a key aspect of addressing commissioning arrangements. Significant time and resource capacity is needed to work out these relationship issues.

120. There are some strong examples of how IJBs are working to commission in a more collaborative and flexible way including Aberdeen IJB and Fife IJB. Two examples are set out in [Appendix 1 \(page 50\)](#).

National approaches to improve commissioning have been slow to progress but are developing

121. Across stakeholders we have engaged with, there is a recognition that commissioning needs to improve. The Feeley Report recommended that the Scottish Government and COSLA develop and agree ethical commissioning principles and core requirements. This is happening through the development of the NCS Bill, an Adult Social Care Ethical Commissioning Working Group was set up (also including the Institute for Research and Innovation in Social Services (IRISS), Social Work Scotland (SWS) and the Coalition of Care and Support Providers in Scotland (CCPS)). This group is developing a framework for ethical commissioning and has identified nine ethical commissioning principles:

- Person-led care and support
- Outcomes-focused practices
- Human rights approach
- Full involvement of people with lived experience
- Fair working practices
- High-quality care and support
- Climate and circular economy

Ethical commissioning

aims to embed ethical standards into the commissioning and procurement process to ensure the process is around equity and quality for people, not just around efficiency and cost.

- Financial transparency, sustainable pricing and commercial viability
- Shared accountability.

122. Current Scottish Government plans are that the NCS Bill will include a clear and comprehensive definition of ethical commissioning, with a National Care Service Board³¹ providing national oversight, guidance and practical support.³²

Endnotes

- 1 Lead Agency model - In Highland the NHS Board and council have adopted a different model for integration, a lead agency model. NHS Highland leads on adult services and Highland Council leads on children's services. Therefore, there is no Integrated Joint Board but an Integration Joint Monitoring Committee to monitor the planning and delivery of services. Revisions to the National Care Service Bill currently being developed, propose that Highland adopt a reformed IJB model as these are implemented.
- 2 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021
- 3 People supported through Social Care Services: Support provided or funded by health and social care partnerships in Scotland 2022/23, Public Health Scotland, March 2024.
- 4 Mid-2022 Population Estimates, Scotland, National Records of Scotland, March 2024.
- 5 Scotland's Health and Demographic profile, Social Research, Scottish Government, June 2022.
- 6 Scotland's Unsustainable Health Service Modelling NHS demand to 2040, Our Scottish Future Health Commission, December 2023.
- 7 Population projections of Scotland - National Records of Scotland January 2023.
- 8 Staff vacancies in care services 2022, Care Inspectorate and Scottish Social Services Council, September 2023.
- 9 Workforce Recruitment and Retention Survey Findings, Scottish Care, September 2021
- 10 People who access social care and unpaid carers in Scotland, Scottish Government, June 2022
- 11 Local Government Benchmarking Framework, Improvement Service, February 2024
- 12 Self-directed support (SDS) aims to improve the lives of people with social care needs by empowering them to be equal partners in decisions about their care and support. Four fundamental principles of SDS are built into legislation – participation and dignity, involvement, informed choice and collaboration. The Social Care (Self-directed Support) (Scotland) Act 2013 gave councils responsibility, from April 2014 onwards, for offering people four options for how their social care is managed:
 - Option 1: The individual or carer chooses and arranges the support and manages the budget as a direct payment.
 - Option 2: The individual chooses the support and the authority or other organisation arranges the chosen support and manages the budget.
 - Option 3: The authority chooses and arranges the support.
 - Option 4: A mixture of options 1, 2 and 3.
- 13 Post-legislative scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013: Phase 1: SP Paper 577, Health, Social Care and Sport Committee, May 2024.

- 14 My Support My Choice: People's Experiences of Self-directed Support and Social Care in Scotland National Report, ALLIANCE and Self Directed Support Scotland, October 2020.
- 15 Leave No-one Behind The state of health and health inequalities in Scotland, The Health Foundation, An Independent Review, David Finch, Heather Wilson, Jo Bibby, January 2023.
- 16 Health Life Expectancy in Scotland 2019-2021, National Records of Scotland, December 2022.
- 17 Adult Social Care in Scotland – Equality Evidence Review, Scottish Government, June 2022.
- 18 Health and Care Experience Survey, Scottish Government, May 2022.
- 19 Scotland's Carers Update Release, Scottish Government, December 2022.
- 20 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021.
- 21 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021.
- 22 State of Caring Survey 2023, Carers Scotland, November 2023.
- 23 Experiences of Older Adult Unpaid Carers in Scotland, Carers Trust Scotland, March 2023.
- 24 Summary of No. of registered care services at 31 March 2024, Care Inspectorate.
- 25 Strategic commissioning plans: guidance, Scottish Government, December 2015.
- 26 Evaluating the Effectiveness of Strategic Planning: Quality Framework, Care Inspectorate and Healthcare Improvement Scotland.
- 27 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021.
- 28 Fair Work in Scotland's Social Care Sector 2019, Fair Work Convention, February 2021.
- 29 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021.
- 30 UNISON's ethical care charter, UNISON.
- 31 The remit and membership of a National Care Service Board will be determined by at Stage 2 of the National Care Service Bill. The overarching purpose of the Board 'will be to ensure consistent, fair, human rights-based social care support and community health services, underpinned by effective complaints mechanisms and enhanced advocacy services'.
- 32 National Care Service (NCS) (Scotland) Bill: Scottish Government Response to Stage 1 report, Letter from Minister for Social Care, Mental Wellbeing and Sport to Health, Social Care and Sport Committee, March 2024.

Appendix 1

Case studies

These case studies set out some examples of where integrated joint boards are using or developing different working practice to improve performance and outcomes.

Case study 2. Early intervention and prevention services

Preventing Frailty by Improving Nutrition (Shetland)

People providing care and support have an important role in recognising risk and preventing malnutrition. A project in the summer of 2022 led by the dietetics department in collaboration with Shetland residential teams including social care workers, seniors, care home cooks and care at home staff in the community. The project included reviewing dietetic patients care, menu and mealtime observations and advice, training needs analysis and delivery of MUST (Malnutrition Universal Screening Tool) training.

The IJB reported that confidence in ability to screen for malnutrition, provide nutrition advice and care, and actioning nutritional care plans was considerably increased following training, which was provided to more than 100 staff across Shetland.

Whole Family Wellbeing Funding programme (national scheme)

The Whole Family Wellbeing Funding (WFWF) is a £500 million Scottish Government investment in preventative whole family support measures. The aims of the fund are to support the change that is necessary for reducing the need for crisis interventions in families, and to move investment towards early intervention and prevention. The scheme is funded nationally from 2022 to 2026 with any new systems or services funded locally after that period.



The programme is split into three parts:

- to provide direct support to Children's Services Planning Partnerships (CSPPs) to help expand and deliver whole family support services as well as support transformational change
- to support local transformation through National Support for Local Delivery
- support projects that take a cross Scottish Government approach to system change which progress the aims of WFWF.

An evaluation report of year one funding of the first two parts reports that substantial progress has been made so far across most CSPPs. However, they have found it difficult to achieve the pace of progress envisaged by the Scottish Government in year one of the funding.

In South Lanarkshire, the funding has enabled the recruitment of peer support workers with lived experience who are able to reduce the stigma of needing support. The funding also enabled the creation of a team of early years staff, based in NHS Lanarkshire, that will give support to families that have children under the age of five. In addition, the funding enabled the expansion of Pathfinders, a school-based family project that aims to reduce the need for later intervention.

The funding has supported North Ayrshire to add two further locations to their Family Centred Wellbeing Service. The fund has also seen the expansion of North Ayrshire's Health Visiting Team, which aims to support early intervention and prevention for children by working with the whole family.

Source: Scottish Government and Shetland Health and Social Care Partnership

Case study 3.

IJBs shifting the balance of care

Home First Response Service (Glasgow)

Glasgow's Home First Response Service has the aim of ensuring frail people spend less time in hospital. The service is community led and made of multi-disciplinary frailty teams. Each team is led by advanced frailty practitioners based in hospitals with 26 now in post following a successful pilot of the service.

One in three people identified during the pilot were discharged the same day with a care plan having been put in place.

To enable fast access to the community services needed to move frail people out of hospitals and back home, the service uses a hub and spoke service model with each of the six Health Partnerships in Glasgow having their own frailty teams.

The teams liaise with other healthcare colleagues in the community including advanced nurse practitioners, pharmacists and allied health practitioners. This ensures that people receive the same level of care that they would in a hospital setting.

The Home First Response Service has been achieving, on average, a 50 per cent early turnaround rate per month.

Integrated Discharge Hub (West Lothian)

The West Lothian Integrated Discharge Hub (IDH) was set up in 2018 at St John's Hospital to improve delayed discharges and reduce the time it was taking make arrangements for people requiring care and support in the community following discharge from hospital.

To plan the safe and timely discharge of patients, an inter-agency team consisting of discharge coordinators, hospital social workers, Carers of West Lothian as well as inhouse care team staff work with patients and their families to plan their discharge and how their ongoing requirements will be met in the community.

Since the implementation of the discharge hub the IJB reports that improvements have been seen, with reduced lengths of stay, reduced occupied acute bed days, improved performance for days lost to delays in discharge and improved processes for interim placements when a patient is waiting for care home placement.

Between December 2022 and April 2023, the average number of days between a person being admitted to St John's Hospital and being identified as needing the support of the discharge hub has been reduced by 52 per cent. The length of stay for patients getting help from the discharge hub has also been reduced by 28 per cent during the same period.

The success of the discharge hub has drawn interest from other IJBs across Scotland.



The Joint Dementia Initiative (Falkirk)

The Joint Dementia Initiative (JDI) is a registered service in the Falkirk Health and Social Care Partnership. It has two main services: a one-to-one support service, which provides care and support at the user's own home, and a Home from Home service, which provides support to users in a group setting.

The JDI service aims to help people with dementia to continue to live the life they want to live by continuing to live at home in their own communities for as long as possible. This is delivered through meaningful engagement with service users, families, and key stakeholders from across Falkirk HSCP following a person-centred approach to the care provided.

A review of the JDI was carried out in April 2021 that included arranging engagement events with service users, their families, carers, staff, and stakeholders. The aim was to improve outcomes for families and carers and identify specific areas of concern and gaps in service delivery.

Identified as an important issue at the engagement events, the partnership looked at the flexibility of the service and dementia being a 24/7 illness. The partnership is working to provide evening and weekend support for families and carers, due to start in August 2024. These improvements would allow the partnership to achieve outcomes from their strategic plan.

A current project is being carried out to change Adult Placement Carers in the Home from Home service from self-employed to employees of the partnership. This change aims to improve recruitment and retention rates for the service.

The JDI has been successful in achieving funding from multiple funds including the Dementia Innovation Fund and the Carers Challenge Fund. This has allowed the Initiative to renovate their community space as well as create two part time support worker posts to help provide evening and weekend support to service users

Source: NHS Greater Glasgow and Clyde, West Lothian Health and Social Care Partnership, and Falkirk Health and Social Care Partnership

Case study 4.

Choice and control

Community Brokerage Network (North and South Ayrshire)

The Community Brokerage Network is well established in the Ayrshires and provide brokers, who offer free independent information about self-directed support to people and their carers at any stage in their social care journey, whether they are entitled to a formal social care assessment or not. They have successfully connected people with services that have helped them achieve their personal outcomes in a way that works for them. [A Brokerage Framework for Scotland](#) has recently been produced by Self-directed Support Scotland and its partners to help encourage the use of this model further across Scotland.



Care Opinion (Falkirk)

Care Opinion is an online integrated platform where people can safely share their experience of any health service or Care Inspectorate-registered providers of adult social care services. Care Opinion has national scale and visibility and has worked with all Scottish health boards as well as ten HSCPs. Over 29,000 stories have been shared about health and social care services in Scotland on the Care Opinion platform.

Care Opinion enables Falkirk HSCP and the commissioned providers to use online feedback as one method of learning from lived experience. The aim is to drive forward quality service improvements, build a reputation for openness, to potentially avoid formal complaints, and develop a culture of transparency across the Partnership.

Source: Self Directed Support Scotland, Falkirk Health and Social Care Partnership

Case study 5.

Work to reduce inequalities

Welfare Advice & Health Partnerships (WAHPs) programme (Glasgow)

Scottish Government funding is enabling 84 GP Practices across the most deprived parts of Glasgow to host a dedicated welfare and health adviser one day per week. According to the Partnership this has had a positive impact on patient health, poverty and health inequalities, while also freeing up staff time for clinical care. In the last year, there have been 3,997 referrals made by WAHP practice staff across Glasgow, achieving a reported £3.3 million in financial gains and £1.1 million in debt managed for people.



eFRAILTY Power BI dashboard (West Lothian)

The eFRAILTY Power BI Dashboard was created with the aim to provide a snapshot of the make-up of frailty within the West Lothian population with the goal of identifying people who could benefit from help, improving the health inequality gap. The dashboard also has the aim of mapping frailty data by GP postcode to enable the targeting of resources.

The data in the dashboard uses the Rockwood clinical frailty score from patient and carer self-assessment forms. These forms are collected at vaccination centres each year during the patient's annual flu jab. The frailty data is collected by the vaccination nurses and then entered into GP systems before being extracted and used to populate the eFRAILTY dashboard.

The dashboard is still in the scoping and data-gathering phase, however the Partnership is looking at options for how to put the data to use. An example given by the Partnership for the use of the data was to refer patients graded as having mild frailty to their Xcite Exercise referral scheme.

Source: Glasgow City Health and Social Care Partnership, Scottish Government, and West Lothian Health and Social Care Partnership

Case study 6.

Granite Care Consortium

Established in October 2020, Granite Care Consortium (GCC) is composed of a mix of ten independent and third sector care providers delivering over 12,000 hours of care a week to more than 1,200 people.

GCC was set up with the aim of creating market stability, improving outcomes for service users and building a consistent trained and skilled workforce. Competitive methods of commissioning and procurement were identified as presenting a risk of providers reducing their services or exiting the market completely. Providers also often work in silos with little input or communication from other services.

Aberdeen City Health and Social Care Partnership (ACHSCP), commissioned GCC to take a collaborative approach, with a focus on the outcomes for the individual. This saw GCC move away from a 'time and task' model towards one built around the service user. The collaboration between providers allows different types of support to be added to a care plan without the need for time consuming reassessments.

For example, someone receiving mental health support who then required personal care could have this added to their care plan in a matter of hours.

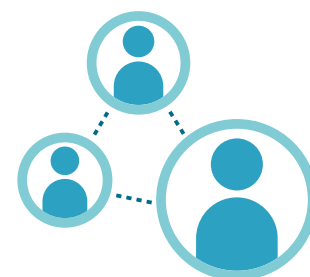
Collaboration has also enabled greater data sharing and visibility. GCC use data at a local level as well as city wide to inform decision-making. A recent test of change has seen the introducing of hotspots allowing GCC to focus on where demand for care is greatest.

Funding is provided in monthly blocks by ACHSCP which allows GCC to flex individual care and support packages without the need for social worker authorisation. This speeds up the process, improving outcomes for individuals. The number of days those aged 75+ in Aberdeen City are waiting to be discharged from hospital (per 1,000 population) stands at 112 as of November 2023. This is down from 579 in 2019/20.

GCC faces the same workforce challenges as the wider sector but is using its outcomes focussed model as a positive tool to aid recruitment and retention. Learning and development is also a large part of the workforce strategy with GCC working in partnership with Robert Gordon University to develop new ways of delivering training.

I have felt partnership working between ACHSCP and GCC has been stronger than my previous experience before GCC – Social Worker

Building trust, both from ACHSCP and the ten partnering service providers, was crucial in delivering this model. Challenging traditional ways of working and thinking was acknowledged by GCC as difficult but it reports that there is now genuine trust between all parties and the culture of collaboration is now embedded within the consortium.



The Scottish Parliament Health, Social Care and Sport Committee have identified this work as a good model to provide the basis to develop best practice in ethical commissioning.

Source: LGBF Indicators, GCC Annual Report 2020-21

Case study 7.

Fife Care Collaborative

Established in 2021 the Care at Home Collaborative was a Collaborative of 16 Independent Care at Home Providers who delivered over 90 per cent of externally commissioned care at home services in the Fife IJB area. The Collaborative in June 2024 are now made up of 41 care at home Providers including Fife Council. The split between service delivery is approximately 30 per cent Council and 70 per cent Collaborative.

The aim of the collaborative is to involve all member organisations in active engagement and participation as well as to share best practice and lessons learned. The collaborative also aims to benefit from the economy of scale of working together, for example securing funding to maintain a higher weekend pay rate has helped the retention of staff.

One of the members of the collaborative, Cera Care, commented:

‘Since joining the Collaborative we have seen a dramatic improvement in the services we deliver as a whole in Fife. It has given us the opportunity to communicate with Scottish Care, Fife Council and External Providers together to input ideas and suggestions across to help each other and the people we care for.’

The collaborative makes use of a GPS tool called ‘Pin-Point’ which is a live dashboard of services used to manage commissioning. The IJB is able to manage capacity across the whole system by using monitoring and escalation systems that are connected to the collaborative.

A recent self-evaluation saw that previous recruitment and retention issues encountered by providers have been continuously improving and attributable to the success of the Collaborative.

Source: Fife Health and Social Care Partnership



Appendix 2

Methodology

Previous work

In [2022](#) and in [2023](#), the Accounts Commission published bulletins setting out the financial performance of IJBs. Together with the Auditor General for Scotland and Audit Scotland, we have reported more widely on the progress of health and social care integration and social care in Scotland. This includes reports in [2015](#) and [2018](#) setting out improvements needed by integration authorities. Our work in [2014](#) and [2017](#) set out the progress of the self-directed support legislation implementation and found while implementation was happening successfully in some areas, not everyone was getting the choice and control in their social care support envisaged in the legislation. In January 2022, a joint [Social Care briefing](#) set out the significant ongoing challenges impacting the delivery of social care services.

We aim to answer the following audit questions in this report:

- How well are IJBs responding to contextual challenges and improving their performance and the outcomes for people?
- How financially sustainable are IJBs and how are they responding to the financial challenges they face?
- How are IJBs using commissioning and procurement to improve performance and deliver improved outcomes in the lives of people who use social care services?

Our findings are based upon:

- the 2022/23 audited accounts and annual audit reports of IJBs and supplementary returns provided by appointed auditors
- the 2022/23 annual performance reports and Chief Social Work Officer reports of IJBs
- national data sets including core integration indicators and the Local Government Benchmarking Framework (LGBF)
- a review national reports and guidance
- a review of relevant published research
- interviews with key stakeholders including IJB chief officers and chief finance officers.

In February 2024, we hosted a roundtable discussion bringing together key stakeholders to consider the critical issues for IJBs and in particular

the provision of social care. The discussion covered immediate challenges as upcoming issues in the medium and long term. The discussion helped to inform this report and also identify future work for the Accounts Commission. The additional output sets out a summary of discussion.

Advisory Group

To support our work, an Advisory Panel was established to provide challenge and insight at key stages of the audit process. Members sat in an advisory capacity only and the content and conclusions of this report are the sole responsibility of Audit Scotland.

Members of the group included representatives from Health and Social Care Scotland, COSLA, Care Inspectorate, The ALLIANCE, Coalition of Care and Support Providers Scotland, Scottish Care and SPICe. We would like to thank them for their support.

Integration Joint Boards

Finance and performance 2024



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Core suite of integration indicators

IJB Finance and performance 2024

ACCOUNTS COMMISSION 

1. The Public Bodies (Joint Working) (Scotland) Act 2014 created a legislative requirement for IJBs to report on their performance against a suite of care integration indicators.

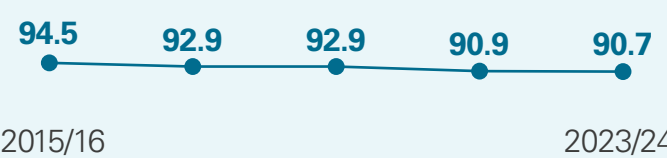

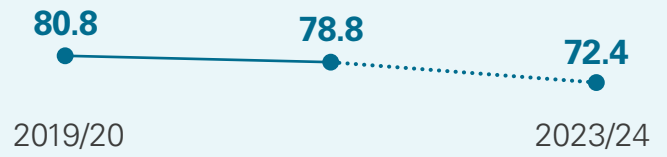
2. Around half of the indicators are based on information coming out of the biennial [Health and Care Experience Survey](#) and the remaining indicators are largely based on health, community and death information and are available on an annual basis.

3. [Public Health Scotland](#) collect and report on this information annually. Background Information on the core integration indicators, including caveats and detailed source information, can be found [here](#).

4. Below, we set out the trend in the available data and an indication of the movement since the indicator was last reported on.

National trend information

Note: Where there is an asterisk * the data for 2023/24 is not comparable to previous years due to changes in survey question wording. Where the data is not directly comparable in the trend data a dotted line depicts the change.

National Indicator	Yearly trend data for all IJBs across Scotland	Latest year change (percentage points)
1. Percentage of adults able to look after their health very well or quite well	 <p>94.5 92.9 92.9 90.9 90.7</p> <p>2015/16 2023/24</p>	-0.2 
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible	 <p>80.8 78.8 72.4</p> <p>2019/20 2023/24</p>	*Data not comparable

Cont.

National Indicator	Yearly trend data for all IJBs across Scotland	Latest year change (percentage points)
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	<p>75.4 70.6 59.6</p> <p>2019/20 2023/24</p>	*Data not comparable
4. Percentage of adults supported at home who agree that their health and social care services seemed to be well coordinated	<p>73.5 66.4 61.4</p> <p>2019/20 2023/24</p>	*Data not comparable
5. Percentage of adults receiving any care or support who rate it as excellent or good	<p>80.2 75.3 70.0</p> <p>2019/20 2023/24</p>	*Data not comparable
6. Percentage of people with positive experience of care at their GP practice	<p>85.3 82.7 78.7 66.5 68.5</p> <p>2015/16 2023/24</p>	2.0
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	<p>80.0 78.1 69.8</p> <p>2019/20 2023/24</p>	*Data not comparable
8. Percentage of carers who feel supported to continue in their caring role	<p>40.0 36.6 34.3 29.7 31.2</p> <p>2015/16 2023/24</p>	1.5
9. Percentage of adults supported at home who agree they felt safe	<p>82.8 79.7 72.7</p> <p>2019/20 2023/24</p>	*Data not comparable
11. Premature mortality rate per 100,000 persons	<p>440 425 432 426 457 466 442</p> <p>2016 2022</p>	-5.1

Cont.

National Indicator	Yearly trend data for all IJBs across Scotland	Latest year change (percentage points)
12. Emergency admission rate (per 100,000 population)	<p>12,229 11,942 12,284 12,529 10,964 11,643 11,276</p> <p>2016/17 2022/23</p>	-3.2 ↓
13. Emergency bed day rate (per 100,000 population)	<p>125,979 124,118 121,174 119,753 102,875 115,308 119,806</p> <p>2016/17 2022/23</p>	3.9 ↑
14. Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	<p>101 103 103 105 120 107 102</p> <p>2016/17 2022/23</p>	-4.3 ↓
15. Proportion of last 6 months of life spent at home or in a community setting	<p>87.4 88.0 88.0 88.2 90.2 89.7 88.9</p> <p>2016/17 2022/23</p>	-0.8 ↓
16. Falls rate per 1,000 population aged 65+	<p>21.4 22.2 22.5 22.8 21.7 22.6 22.6</p> <p>2016/17 2022/23</p>	0 ↔
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	<p>82.5 75.8 75.2 77.0</p> <p>2020/21 2023/24</p>	1.8 ↑
18. Percentage of adults with intensive care needs receiving care at home	<p>61.6 61.1 62.1 63.0 63.0 64.5 64.6 64.8</p> <p>2016 2023</p>	0.2 ↑
19. Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	<p>841 762 793 774 484 748 919 902</p> <p>2016/17 2023/24</p>	-1.9 ↓

Individual current IJB performance, change since previous year reported and comparison to Scottish average in current year

1. Percentage of adults able to look after their health very well or quite well			
IJB	2023/24	Trend from previous year	Compared to Scottish average
Scotland average	90.7		
Aberdeen City	90.4	↓ Down	⊖ Below
Aberdeenshire	93.4	↓ Down	⊕ Above
Angus	91.1	↓ Down	⊕ Above
Argyll and Bute	92.4	↑ Up	⊕ Above
Clackmannanshire and Stirling	90.8	↓ Down	⊕ Above
Dumfries and Galloway	91.2	↓ Down	⊕ Above
Dundee City	88.3	↓ Down	⊖ Below
East Ayrshire	89.1	↓ Down	⊖ Below
East Dunbartonshire	93.8	↑ Up	⊕ Above
East Lothian	92.0	↓ Down	⊕ Above
East Renfrewshire	92.7	↑ Up	⊕ Above
Edinburgh	91.9	↑ Up	⊕ Above
Falkirk	91.0	↑ Up	⊕ Above
Fife	91.4	↑ Up	⊕ Above
Glasgow City	87.6	↓ Down	⊖ Below
Inverclyde	88.9	↓ Down	⊖ Below
Midlothian	92.5	↑ Up	⊕ Above
Moray	92.2	↓ Down	⊕ Above
North Ayrshire	89.1	↑ Up	⊖ Below
North Lanarkshire	87.4	↓ Down	⊖ Below
Orkney Islands	93.7	↑ Up	⊕ Above
Perth and Kinross	93.9	↑ Up	⊕ Above
Renfrewshire	88.7	↓ Down	⊖ Below
Scottish Borders	93.5	↑ Up	⊕ Above
Shetland Islands	94.6	↑ Up	⊕ Above
South Ayrshire	91.9	↑ Up	⊕ Above
South Lanarkshire	89.4	↓ Down	⊖ Below
West Dunbartonshire	88.4	↓ Down	⊖ Below
West Lothian	89.5	↓ Down	⊖ Below
Western Isles	91.7	↓ Down	⊕ Above

2. Percentage of adults supported at home who agree that they are supported to live as independently as possible

IJB	2023/24	Compared to Scottish average
Scotland average	72.4	
Aberdeen City	76.8	 Above
Aberdeenshire	78.4	 Above
Angus	74.1	 Above
Argyll and Bute	79.4	 Above
Clackmannanshire and Stirling	67.2	 Below
Dumfries and Galloway	73.0	 Above
Dundee City	77.1	 Above
East Ayrshire	81.2	 Above
East Dunbartonshire	79.8	 Above
East Lothian	74.7	 Above
East Renfrewshire	80.4	 Above
Edinburgh	75.2	 Above
Falkirk	67.6	 Below
Fife	70.0	 Below
Glasgow City	72.3	 Below
Inverclyde	75.9	 Above
Midlothian	76.5	 Above
Moray	71.9	 Below
North Ayrshire	67.5	 Below
North Lanarkshire	67.7	 Below
Orkney Islands	77.7	 Above
Perth and Kinross	73.9	 Above
Renfrewshire	65.5	 Below
Scottish Borders	77.4	 Above
Shetland Islands	95.4	 Above
South Ayrshire	70.5	 Below
South Lanarkshire	67.2	 Below
West Dunbartonshire	62.7	 Below
West Lothian	69.7	 Below
Western Isles	78.9	 Above

























Note: results for indicators 2, 3, 4, 5, 7 and 9 for 2023/24 are not comparable to previous years due to changes in survey wording.

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

















IJB	2023/24	Compared to Scottish average
Scotland average	59.6	
Aberdeen City	56.5	Below
Aberdeenshire	66.2	Above
Angus	62.4	Above
Argyll and Bute	56.9	Below
Clackmannanshire and Stirling	57.9	Below
Dumfries and Galloway	60.3	Above
Dundee City	65.1	Above
East Ayrshire	69.5	Above
East Dunbartonshire	67.7	Above
East Lothian	63.9	Above
East Renfrewshire	75.0	Above
Edinburgh	57.2	Below
Falkirk	59.7	Above
Fife	51.0	Below
Glasgow City	61.5	Above
Inverclyde	67.8	Above
Midlothian	61.9	Above
Moray	59.5	Below
North Ayrshire	50.6	Below
North Lanarkshire	57.1	Below
Orkney Islands	68.1	Above
Perth and Kinross	67.9	Above
Renfrewshire	54.3	Below
Scottish Borders	63.4	Above
Shetland Islands	66.5	Above
South Ayrshire	59.5	Below
South Lanarkshire	55.4	Below
West Dunbartonshire	59.1	Below
West Lothian	53.5	Below
Western Isles	69.0	Above

Note: results for indicators 2, 3, 4, 5, 7 and 9 for 2023/24 are not comparable to previous years due to changes in survey wording.

4. Percentage of adults supported at home who agree that their health and social care services seemed to be well coordinated

IJB	2023/24	Compared to Scottish average
Scotland average	61.4	
Aberdeen City	63.1	 Above
Aberdeenshire	69.8	 Above
Angus	55.6	 Below
Argyll and Bute	66.2	 Above
Clackmannanshire and Stirling	56.0	 Below
Dumfries and Galloway	61.3	 Below
Dundee City	63.9	 Above
East Ayrshire	70.4	 Above
East Dunbartonshire	66.4	 Above
East Lothian	67.1	 Above
East Renfrewshire	63.6	 Above
Edinburgh	63.1	 Above
Falkirk	53.9	 Below
Fife	53.0	 Below
Glasgow City	65.2	 Above
Inverclyde	68.7	 Above
Midlothian	74.4	 Above
Moray	65.7	 Above
North Ayrshire	55.5	 Below
North Lanarkshire	56.0	 Below
Orkney Islands	68.2	 Above
Perth and Kinross	57.3	 Below
Renfrewshire	55.3	 Below
Scottish Borders	62.1	 Above
Shetland Islands	72.8	 Above
South Ayrshire	62.8	 Above
South Lanarkshire	58.2	 Below
West Dunbartonshire	54.3	 Below
West Lothian	58.2	 Below
Western Isles	63.2	 Above

Note: results for indicators 2, 3, 4, 5, 7 and 9 for 2023/24 are not comparable to previous years due to changes in survey wording.

5. Percentage of adults receiving any care or support who rate it as excellent or good		
IJB	2023/24	Compared to Scottish average
Scotland average	70.0	
Aberdeen City	74.9	 Above
Aberdeenshire	70.0	 Equal
Angus	65.2	 Below
Argyll and Bute	76.8	 Above
Clackmannanshire and Stirling	64.8	 Below
Dumfries and Galloway	68.8	 Below
Dundee City	68.0	 Below
East Ayrshire	78.6	 Above
East Dunbartonshire	77.7	 Above
East Lothian	76.3	 Above
East Renfrewshire	74.0	 Above
Edinburgh	74.1	 Above
Falkirk	73.1	 Above
Fife	63.0	 Below
Glasgow City	71.2	 Above
Inverclyde	70.7	 Above
Midlothian	65.6	 Below
Moray	68.7	 Below
North Ayrshire	68.4	 Below
North Lanarkshire	65.8	 Below
Orkney Islands	82.5	 Above
Perth and Kinross	70.1	 Above
Renfrewshire	66.1	 Below
Scottish Borders	72.6	 Above
Shetland Islands	88.2	 Above
South Ayrshire	75.4	 Above
South Lanarkshire	66.7	 Below
West Dunbartonshire	66.9	 Below
West Lothian	62.1	 Below
Western Isles	76.1	 Above

Note: results for indicators 2, 3, 4, 5, 7 and 9 for 2023/24 are not comparable to previous years due to changes in survey wording.

6. Percentage of people with positive experience of care at their GP practice			
IJB	2023/24	Trend from previous year	Compared to Scottish average
Scotland average	68.5		
Aberdeen City	60.2	↓ Down	⊖ Below
Aberdeenshire	62.3	↑ Up	⊖ Below
Angus	62.1	↓ Down	⊖ Below
Argyll and Bute	83.9	↑ Up	⊕ Above
Clackmannanshire and Stirling	72.3	↑ Up	⊕ Above
Dumfries and Galloway	77.0	↑ Up	⊕ Above
Dundee City	71.2	↑ Up	⊕ Above
East Ayrshire	55.7	↓ Down	⊖ Below
East Dunbartonshire	69.4	↑ Up	⊕ Above
East Lothian	71.1	↑ Up	⊕ Above
East Renfrewshire	74.9	↑ Up	⊕ Above
Edinburgh	75.1	↑ Up	⊕ Above
Falkirk	69.4	↑ Up	⊕ Above
Fife	65.1	↑ Up	⊖ Below
Glasgow City	73.7	↑ Up	⊕ Above
Inverclyde	65.0	↑ Up	⊖ Below
Midlothian	67.9	↑ Up	⊖ Below
Moray	68.6	↑ Up	⊕ Above
North Ayrshire	60.0	↓ Down	⊖ Below
North Lanarkshire	52.8	↑ Up	⊖ Below
Orkney Islands	90.1	↑ Up	⊕ Above
Perth and Kinross	75.7	↑ Up	⊕ Above
Renfrewshire	63.3	↓ Down	⊖ Below
Scottish Borders	73.7	↑ Up	⊕ Above
Shetland Islands	87.4	↑ Up	⊕ Above
South Ayrshire	78.0	↑ Up	⊕ Above
South Lanarkshire	56.5	↑ Up	⊖ Below
West Dunbartonshire	63.8	↓ Down	⊖ Below
West Lothian	65.7	↑ Up	⊖ Below
Western Isles	85.5	↑ Up	⊕ Above

7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life

IJB	2023/24	Compared to Scottish average
Scotland average	69.8	
Aberdeen City	74.4	+ Above
Aberdeenshire	73.6	+ Above
Angus	70.1	+ Above
Argyll and Bute	75.0	+ Above
Clackmannanshire and Stirling	66.1	- Below
Dumfries and Galloway	69.1	- Below
Dundee City	71.3	+ Above
East Ayrshire	74.0	+ Above
East Dunbartonshire	69.8	↔ Equal
East Lothian	76.1	+ Above
East Renfrewshire	89.6	+ Above
Edinburgh	72.0	+ Above
Falkirk	61.4	- Below
Fife	67.0	- Below
Glasgow City	69.7	- Below
Inverclyde	73.6	+ Above
Midlothian	76.0	+ Above
Moray	69.3	- Below
North Ayrshire	67.6	- Below
North Lanarkshire	67.7	- Below
Orkney Islands	79.6	+ Above
Perth and Kinross	75.8	+ Above
Renfrewshire	64.2	- Below
Scottish Borders	76.2	+ Above
Shetland Islands	70.7	+ Above
South Ayrshire	67.4	- Below
South Lanarkshire	63.3	- Below
West Dunbartonshire	64.0	- Below
West Lothian	64.9	- Below
Western Isles	67.0	- Below

Note: results for indicators 2, 3, 4, 5, 7 and 9 for 2023/24 are not comparable to previous years due to changes in survey wording.

8. Percentage of carers who feel supported to continue in their caring role

IJB	2023/24	Trend from previous year	Compared to Scottish average
Scotland average	31.2		
Aberdeen City	37.1	↑ Up	+ Above
Aberdeenshire	29.7	↓ Down	- Below
Angus	33.7	↑ Up	+ Above
Argyll and Bute	37.6	↓ Down	+ Above
Clackmannanshire and Stirling	32.8	↑ Up	+ Above
Dumfries and Galloway	28.8	↓ Down	- Below
Dundee City	34.3	↑ Up	+ Above
East Ayrshire	36.0	↑ Up	+ Above
East Dunbartonshire	25.8	↓ Down	- Below
East Lothian	35.8	↑ Up	+ Above
East Renfrewshire	28.4	↑ Up	- Below
Edinburgh	31.3	↑ Up	+ Above
Falkirk	30.7	↑ Up	- Below
Fife	30.3	↑ Up	- Below
Glasgow City	34.5	↑ Up	+ Above
Inverclyde	31.9	↑ Up	+ Above
Midlothian	34.6	↑ Up	+ Above
Moray	28.2	↓ Down	- Below
North Ayrshire	31.6	↑ Up	+ Above
North Lanarkshire	28.5	↑ Up	- Below
Orkney Islands	34.0	↓ Down	+ Above
Perth and Kinross	31.9	↓ Down	+ Above
Renfrewshire	28.5	↑ Up	- Below
Scottish Borders	28.0	↓ Down	- Below
Shetland Islands	46.3	↑ Up	+ Above
South Ayrshire	30.0	↓ Down	- Below
South Lanarkshire	28.1	↓ Down	- Below
West Dunbartonshire	26.7	↓ Down	- Below
West Lothian	25.8	↑ Up	- Below
Western Isles	32.6	↓ Down	+ Above

9. Percentage of adults supported at home who agree they felt safe		
IJB	2023/24	Compared to Scottish average
Scotland average	72.7	
Aberdeen City	72.4	Below
Aberdeenshire	79.3	Above
Angus	63.7	Below
Argyll and Bute	72.6	Below
Clackmannanshire and Stirling	66.8	Below
Dumfries and Galloway	76.3	Above
Dundee City	76.5	Above
East Ayrshire	75.8	Above
East Dunbartonshire	84.6	Above
East Lothian	79.6	Above
East Renfrewshire	79.5	Above
Edinburgh	78.6	Above
Falkirk	69.5	Below
Fife	69.1	Below
Glasgow City	72.6	Below
Inverclyde	72.7	Equal
Midlothian	79.9	Above
Moray	70.0	Below
North Ayrshire	67.5	Below
North Lanarkshire	68.4	Below
Orkney Islands	84.1	Above
Perth and Kinross	76.8	Above
Renfrewshire	66.9	Below
Scottish Borders	71.9	Below
Shetland Islands	87.5	Above
South Ayrshire	73.6	Above
South Lanarkshire	66.2	Below
West Dunbartonshire	66.7	Below
West Lothian	67.6	Below
Western Isles	75.8	Above

Note: results for indicators 2, 3, 4, 5, 7 and 9 for 2023/24 are not comparable to previous years due to changes in survey wording.

11. Premature mortality rate per 100,000 persons, by calendar year			
IJB	2022	Trend from previous year	Compared to Scottish average
Scotland average	442		
Aberdeen City	441	↓ Down	⊖ Below
Aberdeenshire	338	↓ Down	⊖ Below
Angus	390	↓ Down	⊖ Below
Argyll and Bute	398	↑ Up	⊖ Below
Clackmannanshire and Stirling	407	↓ Down	⊖ Below
Dumfries and Galloway	428	↓ Down	⊖ Below
Dundee City	546	↓ Down	⊕ Above
East Ayrshire	515	↓ Down	⊕ Above
East Dunbartonshire	302	↑ Up	⊖ Below
East Lothian	357	↓ Down	⊖ Below
East Renfrewshire	264	↓ Down	⊖ Below
Edinburgh	411	↑ Up	⊖ Below
Falkirk	473	↓ Down	⊕ Above
Fife	431	↓ Down	⊖ Below
Glasgow City	615	↓ Down	⊕ Above
Inverclyde	542	↑ Up	⊕ Above
Midlothian	428	↑ Up	⊖ Below
Moray	330	↓ Down	⊖ Below
North Ayrshire	527	↓ Down	⊕ Above
North Lanarkshire	510	↓ Down	⊕ Above
Orkney Islands	393	↑ Up	⊖ Below
Perth and Kinross	380	↑ Up	⊖ Below
Renfrewshire	463	↓ Down	⊕ Above
Scottish Borders	358	↑ Up	⊖ Below
Shetland Islands	282	↓ Down	⊖ Below
South Ayrshire	422	↓ Down	⊖ Below
South Lanarkshire	459	↓ Down	⊕ Above
West Dunbartonshire	551	↓ Down	⊕ Above
West Lothian	439	↓ Down	⊖ Below
Western Isles	473	↑ Up	⊕ Above

12. Emergency admission rate (per 100,000 population)			
IJB	2022/23	Trend from previous year	Compared to Scottish average
Scotland average	11,276		
Aberdeen City	9,360	↓ Down	⊖ Below
Aberdeenshire	8,572	↑ Up	⊖ Below
Angus	11,525	↑ Up	⊕ Above
Argyll and Bute	11,968	↓ Down	⊕ Above
Clackmannanshire and Stirling	13,037	↑ Up	⊕ Above
Dumfries and Galloway	12,102	↓ Down	⊕ Above
Dundee City	13,097	↑ Up	⊕ Above
East Ayrshire	13,582	↓ Down	⊕ Above
East Dunbartonshire	11,098	↑ Up	⊖ Below
East Lothian	9,173	↓ Down	⊖ Below
East Renfrewshire	9,216	↓ Down	⊖ Below
Edinburgh	7,340	↓ Down	⊖ Below
Falkirk	14,679	↑ Up	⊕ Above
Fife	12,872	↑ Up	⊕ Above
Glasgow City	11,163	↓ Down	⊖ Below
Inverclyde	12,444	↓ Down	⊕ Above
Midlothian	9,517	↓ Down	⊖ Below
Moray	8,273	↓ Down	⊖ Below
North Ayrshire	13,449	↓ Down	⊕ Above
North Lanarkshire	15,111	↓ Down	⊕ Above
Orkney Islands	9,538	↓ Down	⊖ Below
Perth and Kinross	12,526	↑ Up	⊕ Above
Renfrewshire	10,778	↓ Down	⊖ Below
Scottish Borders	9,840	↓ Down	⊖ Below
Shetland Islands	9,746	↑ Up	⊖ Below
South Ayrshire	14,303	↓ Down	⊕ Above
South Lanarkshire	12,530	↓ Down	⊕ Above
West Dunbartonshire	13,015	↓ Down	⊕ Above
West Lothian	11,153	↓ Down	⊖ Below
Western Isles	14,277	↑ Up	⊕ Above

13. Emergency bed day rate (per 100,000 population)			
IJB	2022/23	Trend from previous year	Compared to Scottish average
Scotland average	119,806		
Aberdeen City	99,923	↑ Up	⊖ Below
Aberdeenshire	87,853	↑ Up	⊖ Below
Angus	96,778	↑ Up	⊖ Below
Argyll and Bute	118,552	↑ Up	⊖ Below
Clackmannanshire and Stirling	115,181	↑ Up	⊖ Below
Dumfries and Galloway	142,256	↑ Up	⊕ Above
Dundee City	114,287	↑ Up	⊖ Below
East Ayrshire	130,667	↑ Up	⊕ Above
East Dunbartonshire	126,381	↑ Up	⊕ Above
East Lothian	115,986	↓ Down	⊖ Below
East Renfrewshire	108,721	↑ Up	⊖ Below
Edinburgh	98,783	↓ Down	⊖ Below
Falkirk	135,305	↑ Up	⊕ Above
Fife	118,148	↑ Up	⊖ Below
Glasgow City	133,843	↑ Up	⊕ Above
Inverclyde	154,188	↑ Up	⊕ Above
Midlothian	118,079	↑ Up	⊖ Below
Moray	98,741	↑ Up	⊖ Below
North Ayrshire	151,553	↓ Down	⊕ Above
North Lanarkshire	126,261	↑ Up	⊕ Above
Orkney Islands	86,572	↓ Down	⊖ Below
Perth and Kinross	121,394	↑ Up	⊕ Above
Renfrewshire	130,472	↓ Down	⊕ Above
Scottish Borders	131,395	↑ Up	⊕ Above
Shetland Islands	72,909	↑ Up	⊖ Below
South Ayrshire	172,992	↑ Up	⊕ Above
South Lanarkshire	122,237	↑ Up	⊕ Above
West Dunbartonshire	152,062	↑ Up	⊕ Above
West Lothian	95,797	↑ Up	⊖ Below
Western Isles	133,554	↑ Up	⊕ Above

14. Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)			
IJB	2022/23	Trend from previous year	Compared to Scottish average
Scotland average	102		
Aberdeen City	119	↓ Down	⊕ Above
Aberdeenshire	92	↓ Down	⊖ Below
Angus	115	↑ Up	⊕ Above
Argyll and Bute	84	↓ Down	⊖ Below
Clackmannanshire and Stirling	126	↓ Down	⊕ Above
Dumfries and Galloway	95	↑ Up	⊖ Below
Dundee City	139	↓ Down	⊕ Above
East Ayrshire	104	↓ Down	⊕ Above
East Dunbartonshire	79	↓ Down	⊖ Below
East Lothian	88	↓ Down	⊖ Below
East Renfrewshire	69	↓ Down	⊖ Below
Edinburgh	92	↓ Down	⊖ Below
Falkirk	141	↓ Down	⊕ Above
Fife	117	↑ Up	⊕ Above
Glasgow City	96	↓ Down	⊖ Below
Inverclyde	76	↓ Down	⊖ Below
Midlothian	96	↓ Down	⊖ Below
Moray	80	↓ Down	⊖ Below
North Ayrshire	100	↓ Down	⊖ Below
North Lanarkshire	117	↑ Up	⊕ Above
Orkney Islands	69	↓ Down	⊖ Below
Perth and Kinross	137	↑ Up	⊕ Above
Renfrewshire	80	↓ Down	⊖ Below
Scottish Borders	121	↑ Up	⊕ Above
Shetland Islands	68	↓ Down	⊖ Below
South Ayrshire	100	↓ Down	⊖ Below
South Lanarkshire	100	↓ Down	⊖ Below
West Dunbartonshire	82	↓ Down	⊖ Below
West Lothian	95	↓ Down	⊖ Below
Western Isles	108	↓ Down	⊕ Above

15. Proportion of last 6 months of life spent at home or in a community setting			
IJB	2022/23	Trend from previous year	Compared to Scottish average
Scotland average	88.9		
Aberdeen City	90.3	↓ Down	+ Above
Aberdeenshire	90.7	↓ Down	+ Above
Angus	92.2	↓ Down	+ Above
Argyll and Bute	89.6	↓ Down	+ Above
Clackmannanshire and Stirling	89.3	↓ Down	+ Above
Dumfries and Galloway	88.5	↓ Down	- Below
Dundee City	90.0	↓ Down	+ Above
East Ayrshire	88.9	↓ Down	↔ Equal
East Dunbartonshire	88.1	↓ Down	- Below
East Lothian	88.0	↑ Up	- Below
East Renfrewshire	87.7	↓ Down	- Below
Edinburgh	88.0	↓ Down	- Below
Falkirk	88.1	↓ Down	- Below
Fife	89.8	↓ Down	+ Above
Glasgow City	88.0	↓ Down	- Below
Inverclyde	87.8	↓ Down	- Below
Midlothian	87.1	↓ Down	- Below
Moray	90.5	↓ Down	+ Above
North Ayrshire	87.9	↓ Down	- Below
North Lanarkshire	89.0	↓ Down	+ Above
Orkney Islands	90.9	↓ Down	+ Above
Perth and Kinross	88.7	↓ Down	- Below
Renfrewshire	88.8	↑ Up	- Below
Scottish Borders	87.7	↓ Down	- Below
Shetland Islands	93.4	↓ Down	+ Above
South Ayrshire	87.6	↓ Down	- Below
South Lanarkshire	88.8	↓ Down	- Below
West Dunbartonshire	87.7	↓ Down	- Below
West Lothian	89.8	↓ Down	+ Above
Western Isles	90.1	↓ Down	+ Above

16. Falls rate per 1,000 population aged 65+			
IJB	2022/23	Trend from previous year	Compared to Scottish average
Scotland average	22.6		
Aberdeen City	20.8	↓ Down	⊖ Below
Aberdeenshire	17.2	↓ Down	⊖ Below
Angus	26.5	↑ Up	⊕ Above
Argyll and Bute	27.6	↓ Down	⊕ Above
Clackmannanshire and Stirling	23.8	↑ Up	⊕ Above
Dumfries and Galloway	20.2	↑ Up	⊖ Below
Dundee City	33.5	↑ Up	⊕ Above
East Ayrshire	18.4	↓ Down	⊖ Below
East Dunbartonshire	22.6	↑ Up	⬆ Equal
East Lothian	21.3	↓ Down	⊖ Below
East Renfrewshire	23.7	↓ Down	⊕ Above
Edinburgh	23.1	↓ Down	⊕ Above
Falkirk	25.3	↑ Up	⊕ Above
Fife	26.8	↓ Down	⊕ Above
Glasgow City	27.3	↓ Down	⊕ Above
Inverclyde	23.7	↑ Up	⊕ Above
Midlothian	20.0	↓ Down	⊖ Below
Moray	17.7	↓ Down	⊖ Below
North Ayrshire	20.4	↑ Up	⊖ Below
North Lanarkshire	20.0	↓ Down	⊖ Below
Orkney Islands	19.9	↑ Up	⊖ Below
Perth and Kinross	27.8	↑ Up	⊕ Above
Renfrewshire	25.1	↑ Up	⊕ Above
Scottish Borders	15.8	↓ Down	⊖ Below
Shetland Islands	24.4	↑ Up	⊕ Above
South Ayrshire	19.4	↓ Down	⊖ Below
South Lanarkshire	22.7	↑ Up	⊕ Above
West Dunbartonshire	23.7	↑ Up	⊕ Above
West Lothian	19.8	↓ Down	⊖ Below
Western Isles	22.8	↓ Down	⊕ Above

17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections			
IJB	2023/24	Trend from previous year	Compared to Scottish average
Scotland average	77.0		
Aberdeen City	70.7	↑ Up	⊖ Below
Aberdeenshire	78.5	↑ Up	⊕ Above
Angus	71.3	↑ Up	⊖ Below
Argyll and Bute	77.3	↓ Down	⊕ Above
Clackmannanshire and Stirling	84.6	↑ Up	⊕ Above
Dumfries and Galloway	74.2	↓ Down	⊖ Below
Dundee City	77.5	↑ Up	⊕ Above
East Ayrshire	78.0	↑ Up	⊕ Above
East Dunbartonshire	85.6	↓ Down	⊕ Above
East Lothian	82.5	↑ Up	⊕ Above
East Renfrewshire	89.3	↑ Up	⊕ Above
Edinburgh	83.5	↑ Up	⊕ Above
Falkirk	86.9	↑ Up	⊕ Above
Fife	68.7	↑ Up	⊖ Below
Glasgow City	82.7	↑ Up	⊕ Above
Inverclyde	80.6	↑ Up	⊕ Above
Midlothian	76.4	↑ Up	⊖ Below
Moray	81.1	↑ Up	⊕ Above
North Ayrshire	82.9	↑ Up	⊕ Above
North Lanarkshire	75.8	↓ Down	⊖ Below
Orkney Islands	70.7	↑ Up	⊖ Below
Perth and Kinross	70.8	↓ Down	⊖ Below
Renfrewshire	75.4	↓ Down	⊖ Below
Scottish Borders	70.6	↓ Down	⊖ Below
Shetland Islands	88.9	↑ Up	⊕ Above
South Ayrshire	73.4	↑ Up	⊖ Below
South Lanarkshire	79.9	↑ Up	⊕ Above
West Dunbartonshire	81.4	↓ Down	⊕ Above
West Lothian	85.1	↑ Up	⊕ Above
Western Isles	89.8	↑ Up	⊕ Above

18. Percentage of adults with intensive care needs receiving care at home			
IJB	2023	Trend from previous year	Compared to Scottish average
Scotland average	64.8		
Aberdeen City	54.6	↔ Equal	⊖ Below
Aberdeenshire	62.9	↓ Down	⊖ Below
Angus	63.1	↑ Up	⊖ Below
Argyll and Bute	68.3	↓ Down	⊕ Above
Clackmannanshire and Stirling	70.4	↑ Up	⊕ Above
Dumfries and Galloway	77.8	↑ Up	⊕ Above
Dundee City	61.8	↑ Up	⊖ Below
East Ayrshire	71.6	↑ Up	⊕ Above
East Dunbartonshire	65.1	↓ Down	⊕ Above
East Lothian	62.0	↑ Up	⊖ Below
East Renfrewshire	64.4	↓ Down	⊖ Below
Edinburgh	68.8	↑ Up	⊕ Above
Falkirk	67.8	↑ Up	⊕ Above
Fife	59.2	↓ Down	⊖ Below
Glasgow City	59.3	↑ Up	⊖ Below
Inverclyde	67.4	↓ Down	⊕ Above
Midlothian	70.3	↑ Up	⊕ Above
Moray	60.6	↓ Down	⊖ Below
North Ayrshire	77.7	↑ Up	⊕ Above
North Lanarkshire	69.9	↓ Down	⊕ Above
Orkney Islands	69.5	↓ Down	⊕ Above
Perth and Kinross	63.8	↓ Down	⊖ Below
Renfrewshire	63.8	↑ Up	⊖ Below
Scottish Borders	59.5	↓ Down	⊖ Below
Shetland Islands	77.7	↓ Down	⊕ Above
South Ayrshire	63.6	↓ Down	⊖ Below
South Lanarkshire	62.9	↓ Down	⊖ Below
West Dunbartonshire	70.2	↓ Down	⊕ Above
West Lothian	63.7	↑ Up	⊖ Below
Western Isles	60.2	↔ Equal	⊖ Below

19. Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)

IJB	2023/24	Trend from previous year	Compared to Scottish average
Scotland average	902		
Aberdeen City	220	↓ Down	⊖ Below
Aberdeenshire	667	↑ Up	⊖ Below
Angus	166	↓ Down	⊖ Below
Argyll and Bute	912	↑ Up	⊕ Above
Clackmannanshire and Stirling	814	↑ Up	⊖ Below
Dumfries and Galloway	1,304	↓ Down	⊕ Above
Dundee City	428	↓ Down	⊖ Below
East Ayrshire	700	↑ Up	⊖ Below
East Dunbartonshire	444	↓ Down	⊖ Below
East Lothian	238	↑ Up	⊖ Below
East Renfrewshire	391	↓ Down	⊖ Below
Edinburgh	1,087	↓ Down	⊕ Above
Falkirk	1,283	↓ Down	⊕ Above
Fife	681	↓ Down	⊖ Below
Glasgow City	962	↓ Down	⊕ Above
Inverclyde	554	↑ Up	⊖ Below
Midlothian	639	↓ Down	⊖ Below
Moray	980	↓ Down	⊕ Above
North Ayrshire	1,087	↑ Up	⊕ Above
North Lanarkshire	973	↑ Up	⊕ Above
Orkney Islands	1,002	↑ Up	⊕ Above
Perth and Kinross	664	↓ Down	⊖ Below
Renfrewshire	150	↓ Down	⊖ Below
Scottish Borders	1,605	↑ Up	⊕ Above
Shetland Islands	452	↓ Down	⊖ Below
South Ayrshire	1,943	↓ Down	⊕ Above
South Lanarkshire	1,008	↓ Down	⊕ Above
West Dunbartonshire	1,327	↓ Down	⊕ Above
West Lothian	871	↑ Up	⊖ Below
Western Isles	1,478	↑ Up	⊕ Above



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Integration Joint Boards

Finance and performance 2024

IJB members questions supplement



IJB members questions

This tool is designed to provide IJB members with examples of questions they may wish to use to consider the IJB's financial and performance position. The questions relate to points raised in our report [Integration Joint Boards: Finance and performance 2024](#).

Please note, this is not an exhaustive list of questions and considerations should be made of your individual IJB's particular circumstances and level of applicability in relation to the findings.

Findings	Questions	Notes
General		
<ul style="list-style-type: none"> IJBs face a complex landscape of considerable challenges and uncertainties. IJBs are facing significant financial sustainability challenges and cost pressures are only increasing. The demand and need for services continue to increase and become more complex. The workforce is under immense pressure. The cost-of-living crisis is affecting the demand for services as well as the ability to provide them. Instability of leadership continues to be a challenge for IJBs. Plans for a National Care Service have brought uncertainty for IJBs. 	<ul style="list-style-type: none"> Do we, the IJB, have a comprehensive understanding of the present and longer-term needs of the population we serve? Do we have a clear plan on how to address the significant challenges facing community health and social care? How are we seeking to address recruitment and retention challenges? Is there sufficient leadership capacity within the IJB to effectively plan service provision and transformation? Are you clear about what your roles and responsibilities are as an IJB Board member? 	

Findings	Questions	Notes
Finance		
<ul style="list-style-type: none"> • The financial health of IJBs continues to weaken and there are indications of more challenging times ahead. • IJB funding has decreased in real terms compared to 2021/22. • Non-recurring savings, arising from unfilled vacancies, led to the majority of IJBs reporting a surplus on the cost of providing services. • The majority of the total planned savings were achieved, but over a third were only achieved on a one-off basis. • Total reserves held by IJBs have almost halved in 2022/23 largely due to the use or return of Covid-19 related reserves. • The projected financial position is set to worsen. • The increasing reliance on non-recurring sources of income is not sustainable. • Financial sustainability risks have been identified by auditors in the vast majority of IJBs. • Medium-term financial plans need to be updated to reflect all costs pressures currently known. 	<ul style="list-style-type: none"> • Has the Medium-term financial plan been updated to reflect all costs pressures currently known? • What proportion of the IJB budget is proposed to be funded from non-recurring sources of income? • Are reserve levels in line with the IJBs reserve policy? How long can current levels of use be maintained? • Are the savings targets achievable on a recurring basis? 	
Cont.		

Findings	Questions	Notes
Data		
<ul style="list-style-type: none"> • Data quality is insufficient to fully assess the performance of IJBs but national indicators show a general decline in performance and outcomes. • Data quality is insufficient to fully assess the performance of IJBs and inform improvement of outcomes for service users with a lack of joined-up data across the system. • Work to improve the data sets is at an early stage but is progressing. • Available national indicators show a general decline in performance and outcomes for people using social care and community health services. 	<ul style="list-style-type: none"> • Is the current available data sufficient to assess how well the IJB is performing? • How well does performance data support decision making? • What actions are the IJB undertaking to improve data collection, quality and sharing? 	
Prevention and early intervention		
<ul style="list-style-type: none"> • Collaborative, preventative and person-centred working is shrinking at a time when it is most needed. Instead of a focus on care at the right place at the right time, there is a shift to reactive services with little capacity to invest in early intervention and prevention. 	<ul style="list-style-type: none"> • How are the IJB prioritising and targeting resources on prevention and early intervention? • How are the IJB working with partner bodies to promote and signpost to preventative services? 	
		Cont.

Findings	Questions	Notes
Shifting the balance of care		
<ul style="list-style-type: none"> The percentage of expenditure on institutional and community-based Adult Social Care services has largely remained static with a small increase in the proportion spent on accommodation-based services. Increase in the number of individuals receiving care at home or in the community. However, these changes are marginal when viewed over the time since the inception of health and social care integration in 2015. Lack of social care capacity remains an obstacle to improving patient flow and reducing the number of delayed discharges from hospital. 	<ul style="list-style-type: none"> Are the IJB successfully shifting service provision from an institutional setting to a community setting? How are the IJB increasing the capacity of services provided in the community? 	
Person centred care – choice and control		
<ul style="list-style-type: none"> The amount of choice and control service users feel they have is variable across the country. 	<ul style="list-style-type: none"> How are the IJB ensuring that the views of service users are considered as part of decision-making? How clearly can you see the impact of this? What actions are the IJB undertaking to increase the choice and control for service users over their support and care? 	
Cont.		

Findings	Questions	Notes
Reducing inequalities		
<ul style="list-style-type: none"> • The Covid-19 pandemic has exacerbated existing inequalities. • The premature mortality rate is increasing with rates higher in more urban and more deprived areas. • Emergency bed day rates are greater in areas with higher levels of deprivation. 	<ul style="list-style-type: none"> • What steps are the IJB taking to identify and address inequality? • Is consideration of inequalities embedded in IJB decision-making? 	
Unpaid carers		
<ul style="list-style-type: none"> • The reliance on unpaid carers is increasing as the social care workforce is under added pressure. 	<ul style="list-style-type: none"> • Does the IJB know the number of unpaid carers in their area? • What proportion of these unpaid carers have carer support plans in place? • How is the IJB improving support for unpaid carers? 	
		Cont.

Findings	Questions	Notes
Commissioning and procurement		
<ul style="list-style-type: none"> Commissioning and procurement practices for social care services continues to be largely driven by budgets, competition, and cost rather than outcomes for people. Improvements to commissioning and procurement arrangements have been slow to progress but are developing. Improvements to commissioning and procurement arrangements have been slow, with cost rather than outcomes driving decision-making. Current commissioning and procurement practices are a risk for the sustainability of service providers and the workforce. Current commissioning and procurement practices are not always delivering improved outcomes for people. There is an increasing desire to move towards more ethical and collaborative commissioning models but it has not yet been universally adopted. National approaches to improve commissioning have been slow to progress but are developing. 	<ul style="list-style-type: none"> What steps have the IJB made to move towards commissioning in a more collaborative way? What steps have the IJB taken to move the focus of commissioning to a basis of quality or outcomes rather than on cost? 	

Roundtable

The critical issues in social care and social work

Introduction

This note is a supplement to the IJB finance and performance report, published in June 2024. It is a summary of issues and messages captured from a roundtable discussion held 15 February 2024, hosted by the Accounts Commission sponsors and the Audit Scotland team leading on the work.

The aim of the roundtable was to hear from a range of people, in strategic roles, from across the sector about the issues currently affecting social services in Scotland. The purpose was to help inform the work for the report and to contribute to deliberations about the potential scope and focus of future pieces of work.

We would like to thank the participants for their time and the valuable contributions made to the very full and informative discussion.

Overarching messages from the discussion

Collaborative thinking is shrinking at a time when it is most needed

- We know what better/good looks like, but it is difficult to take the actions to fix it. More radical change is needed.
- Instead of collaborative thinking, we are seeing more protectionism and a silo-based culture. Funding pressures and accountability processes are intensifying this. This is happening at a time when organisations need to work collaboratively to alleviate pressures in the system.
- We recognise that we need more holistic services based around the needs of users with a focus on prevention and early intervention. While this would reduce dependency on expensive, acute care these kinds of services are most at risk of being cut as public bodies try and balance their budgets. It is difficult to work in a way that is consistent with a whole systems approach when resources are so tight.

We need to demonstrate the value of investing in social care across the whole system

- The case for investment in social care needs to be clearly set out demonstrating how the money spent on social care will achieve better outcomes for people across Scotland and save money spent on more expensive, acute care. Many people in the health sector recognise that they would spend less money and achieve better value for the taxpayer if there was more investment in social care.
- The case for investment should be supported by an evidence-base. Data across the whole system is key to a whole system approach.

We need an honest debate in public and with the public about the challenges and solutions

- We need 'permission' to have an open and honest dialogue in public and with the public about the difficult challenges across the whole system and potential solutions. Need to get all partners 'around the table' and have a national conversation.
- It is difficult to have these conversations as the media frame what they see as things the public will tolerate and politicians can apply pressure if something is seen as unpalatable.

We need a better forum for and culture around sharing and learning from good practice

- Important to bring hope during extremely challenging times and supporting improvement and innovation.
- There are opportunities to draw out good practice and share it.

Themes from the discussions

People

Public bodies need to better understand demand for services and how this is changing across Scotland.

- Demand is changing and varies across different parts of Scotland.
- Scotland has an increasingly older population, and this is leading to an increased demand for services. Needs are also becoming more complex as people often live with co-morbidities. Demographic changes also include young people leaving rural areas and moving to urban areas for work, while older people may move to rural areas to retire.
- Overall, there is a growing level of unmet need.

Instead of care in the right place at the right time we are seeing a shift towards a crisis response.

- Everyone is entitled to support that protects their human rights and is offered in a destigmatised way.
- Services should be seamless around the needs of people. Instead, people often find that they get batted between different professionals in health, social work and social care.
- People often don't get the care they need at the right time in the right place – this can lead to poorer outcomes for people as well as being costly for example:
 - Unable to leave hospital due to a lack of access to appropriate social care packages.
 - Presenting at A&E or primary care with challenges rooted in more social issues for example housing.
 - Escalating mental health issues that involve the police.
- Joined up, early intervention/preventative approaches within community settings can help alleviate pressures on acute care by stopping things reaching crisis point. These approaches are best when we go to the places where people are in the community. However, services aimed at prevention /early intervention are most at risk of being cut. We are seeing this with cuts to community link worker funding; a tightening of health and social care eligibility criteria; and increasingly risk-averse approaches in social work where the risk is removed rather than good support provided.
- Services vary across the country. While this may seem unacceptable, it can also reflect local need.
- While there are pockets of good practice across the country, these are not widely shared or understood.

An open and honest dialogue needs to take place with the public on the future of health and social care.

- We need to create a space for a public discussion on the future of health and social care and sell the importance of good social care so that it becomes a higher priority for the public. Otherwise, people will always be reliant on high-cost treatments in acute settings. This includes conversations on the type of care people want in the future for example, should care be focused on preserving life or improving quality of life?
- Public bodies need to engage with people honestly on how services can be changed to support this.

Workforce

Long-standing issues with pay and job dissatisfaction continue to affect recruitment and retention in social care and social work.

- Issues in social care and social work include:
 - Lack of parity of esteem. NHS pays more than social care for same job level. NHS and social care pay deals are negotiated separately and differently. It is difficult for IJBs to challenge SG on these decisions. Social care workers lack a strong national voice advocating pay as they are not unionised in the same way as health.
 - Poor and uncompetitive pay for social care workers. Across social care, pay is often lower in the third and independent sector than the council. In general, the pay doesn't compete with other jobs in less demanding roles such as hospitality and retail. Paying the living wage isn't enough. It is a skilled job and SG needs to significantly invest in social care workers pay after years of underfunding.
 - Low retention rates. Average time working in social care at home is 24 months.
 - Needs to be a better understanding of the complex/professional role of social workers.
 - Poor public image of the roles, unattractive to join or stay in the roles.
 - Workers are doing the best they possibly can and often doing very well, despite systemic problems.
 - Many staff leave because they can't do the job they set out to do (referred to as moral injury).
 - Workers aren't sufficiently empowered to make the changes they know need to be made.
 - Experience low morale, feelings of frustration and anger.

We don't have a workforce fit for the future.

- The overall size of the workforce is shrinking especially relative to the scale of demand.
- The current workforce is ageing, it is unstable with a high turnover and rural areas can't recruit enough staff.
- We need to plan for a workforce for the future but instead roles are being reconfigured in crisis response for example:
 - 80 per cent of drug and alcohol people are doing community link work because there isn't the funding of link roles.
 - Children's social workers are being moved to adult services in a 'crisis approach'.
- We need to reconfigure the workforce in a long-term, planned way that will improve outcomes for people for example:
 - More nurses in care homes instead of hospitals.
 - Roll out developments in technology. At present, leaders lack the bravery/resource to implement some of the good work on roles in social care such as care technologists.
 - Decide, with the public, if the focus is on preserving life or quality of life.

Shared leadership

The relationship between health and social care needs redefined.

- The debate about social care 'versus' health is contrary to the intention and ethos of the legislation that underpins health and social care integration, which was about collaboration with a focus on the needs of service users. The relationship needs to be rebalanced with health and social care treated as equals.
- The message about what IJBs were set up to do and deliver has not been clear enough. Scotland still has two systems of health and social care defined by historical legacies, gender imbalance, lack of parity of esteem. It was hoped IJBs could bridge this. But there is an inability to give up power and control and trust others.
- The IJB model isn't fixing the fragmented system and maybe it needs to be a different model. The impact of delegating children's services is unclear and there are variations in the interpretation of duty of services.
- Lots of barriers to shifting the balance of care – governance structures, regulatory, union, political, organisational barriers.
- Drivers in the current system contribute to a continued focus on acute services:
 - Politicians intervening in ways that aren't consistent with strategic plans.
 - Downgraded Chief Social Work Officer role – more operational than strategic role.
 - Mental health is not prioritised to the same degree as physical health.
 - Strategic decisions can be driven by clinicians rather than by equity/ most vulnerable.
 - Constant focus on delayed discharges.
 - Key performance measures that are collected and reported on are health driven.

Leaders need to agree a long-term plan that supports a whole system view.

- We all share the same overall vision of wellbeing and good outcomes but need a shared understanding on what the problem is, and a shared plan on how to get there. We need to look at the whole system, not go back into silos. There are challenges in all parts of the system. We need to reach a shared view on transformation for an area and understand early intervention.
- Planning needs to be longer term and strategic with incentives and rewards for partnership working. People with direct operational experience need to be involved in shaping the new system.
- There hasn't been a strategic approach across the whole system since the ministerial group that recommended IJBs. There is no senior, open mechanism where health and social care comes together – bits and pieces happen behind closed doors.

Cont.

Shared leadership

Financial pressures are leading to more focus on protectionism rather than a whole system view.

- Financial pressures lead to:
 - Organisations looking inward rather than shared priorities and resources.
 - Firefighting and pulling back from longer-term strategic thinking.
 - Protectionism gets worse with less resources but it's more important than ever to take a whole system view.
- The health sector can see that it would spend less money and achieve better value for the taxpayer if there was more investment in social care, but it would be a courageous leader to say this money is better spent elsewhere.
- Every part of the system is under pressure. People are pulling back from things they would have done but this has implications for the rest of the system. When people have issues accessing services, it drives demand into acute care.

The debate on the NCS is losing focus on improving outcomes.

- NCS is moving further away from Feeley recommendations. Concern is it won't deliver Christie ambitions.
- We're dealing with the legacies of how organisations were set up and evolved and now bolting things on to this.
- Frustrations about the time, energy and cost being taken up by planning and engagement around the NCS, about the way reform seems to be focused on who has power and control rather than on improving services and outcomes. Focusing on structures instead of tackling need and it has become a proxy battle for accountability and organisational and structural priorities/interests/incentives.
- Perceived lack/loss of trust between government and others.
- Planning inertia created by uncertainty has implications for organisations plans to invest and reshape services.
- Need to consider accountability and assessment of performance in NCS if/as it evolves.

Cont.

Shared leadership

Shared accountability requires good performance data across the whole system.

- Shared accountability is important but isn't happening.
 - Accountability is upwards in an organisation rather than to partners, the communities they are serving and users.
 - There's too much emphasis on data from an organisational viewpoint. This feeds into protectionism.
 - Data is key to a whole system approach – we need to redefine performance management to reflect this.
- We don't have good data across the whole system and this impacts on decisions and priorities.
 - Lack good measures on shared outcomes that reflect the whole system.
 - Need more focus on citizen data and wider population health.
 - Lack good data on population shifts.
 - Lack good data on primary care.
 - We haven't managed to define best outcomes in social care which leads to a lack of transparency on social care performance.
 - Best data is on acute care. But the focus here is on inputs, waiting times, financial returns.
 - Lack the data which shows the issues across the system, for example, people have access issues and aren't seen in the right place.
- We need to get better at sharing data.
 - Sharing data is critical in responding to significant events with people.
 - Who does the data belong to? Should it be the citizens?
 - Public perception that all health data is shared across all of health system.
 - Primary care data sharing is voluntary but it's mandatory elsewhere in the UK.
 - Data duplication issues.
 - Consider sensitivities around personal data.
 - Dashboard now being used across IJBs that shows some early progress, allows some national/regional comparisons.
- Organisations aren't held to account on learning.
 - This links to the lack of a good improvement culture.

Money

Financial pressures mean that critical need is prioritised at the expense of prevention yet the impact of this is not being fully assessed.

- IJBs are struggling to balance their budgets.
 - Inflationary pressures.
 - Vacancies are saving IJBs financially.
 - Reliance on reserves/non-recurring sources of finance.
 - Councils' and NHS boards' financial situations are very visible; IJBs' finances are much less visible.
- IJBs are concentrating on critical need but the impact of this is not being clearly assessed and risks placing more demand on the acute system.
 - Concentrating on critical need only to balance the budget. This comes at the expense of prevention and early intervention.
 - Easier to necessitate the case for retaining money and services in acute services as they have more data. Lack of data makes it harder for some services to argue for additional investment.
 - Decisions to cut services are not always based on equality impact assessments and an understanding of impact on demand on other parts of the system. Community link workers is an example here.
 - The right care isn't happening in the right place. It is expensive treating people in the wrong place for example inappropriate admissions to A&E, delayed discharges, presenting to GP with social issues. Current system creates more demand.
 - Money spent on prevention/early intervention is less expensive than costly, acute care later on.

Cont.

Money

- Funding streams make it harder to do things differently.
 - No budget for transformation.
 - IJB reserves allowed transformation and testing new ways of working. Much more challenging to do that now with current financial pressures.
 - Trying to do everything we used to do pre pandemic with less resource.
 - Political/public pressure not to close hospitals/care homes etc.
- Protected spend, fragmented funding streams.
 - Extra money from SG is earmarked and not available for flexible, innovative spending.
 - Some ringfenced budgets can be too prescriptive.
 - Fragment funding for example small pockets allocated to specific areas such as drugs and alcohol.
 - Risk to sustainability of unprotected services. Can't protect prevention spend but prevention is more important than ever.
 - Those working within services have a better understanding of costs and how to get value for money.
- Lack long-term funding.
 - One-year funding. Having to make decisions in the short term without understanding what's going to happen longer term. Things are only going to get harder.
 - Insecurity over future spending.

Commissioning and procurement

Current commissioning and procurement processes do not promote collaborative, outcome focused care.

- The priority should be delivering the best outcome for supported people, but this part of the conversation is often missing in current processes which are not centred around individual choice and control.
- We need to think more holistically about supporting a person's complex needs and outcomes and social care as part of this.
- Procurement processes tend to be transactional processes and reflect inputs of social care rather than the outcomes they want to achieve.
- The frequency of procurement processes/tendering impacts on the scope to take a longer term, strategic approach.
- In some remote/rural areas, there is no real market for social care as there are so few suppliers.
- The procurement processes don't give enough weight to a professional assessment of eligibility and need but rather reflect a tightening of eligibility criteria.
- Can be a race to the bottom, going for the cheapest provider given pressure on commissioners to make savings.
- Internal audit can focus on controlling the risks associated with self-directed funds, but this can be too punitive and miss the wider picture.

We need better relationships with external providers.

- Third/independent sector need a seat at the table.
- There can be a reluctance to engage and collaborate with the private sector. Despite high usage of external providers there can be a lack of trust with more scrutiny of the private sector. This may be linked to local media scrutiny and coverage of issues.
- Current attitudes and behaviour within care are damaging and have deteriorated in the face of pressures in the sector.

Concerns about progress towards ethical commissioning.

- It's important that developing ethical commissioning arrangements themselves embody ethical commissioning principles in the programme of work.
- There is variation in approaches across the country.
- Some authorities are doing some good work with commissioning approaches for example Fife and Aberdeen City
- In general, we still a long way to go to put ethical commissioning into practice – lots of different components to it.

Improvement culture

We don't have the right culture or processes in place to encourage and nurture innovation. Some innovative practices and approaches are being carried out, but this is in 'despite of' rather than by design and is not always shared.

- We don't have a good culture around innovation and good practice.
 - A focus on criticising IJBs comes at the expense of overlooking the good work happening.
 - There is a reluctance to share and to seek out and learn from good practice elsewhere – inwards focus, arrogance or fear of implying to colleagues and elected members that things are done better elsewhere.
 - Leaders lack the bravery/resource to implement some of the good work on roles in social care for example, care technologists.
 - We need to understand and address what's stopping the spread of good practice and improvement.

We lack the capacity and funding needed for innovation

- It's difficult to have the space to think about transformation when you're firefighting – can't do everything.
- We keep adding more to the existing system and never take things away.
- Lack opportunities to invest and do tests of change for example we've lost investment funds for transformation, and it can be difficult to get funding needed to get ideas off the ground – this may rely on match funding from academic institutions.
- Rolling out successful pilots involves deciding on what to de-fund. Not enough money to do everything.
- Staff aren't sufficiently empowered to make changes.
- Improvement needs to be owned by people who need to make the change.
- There isn't funding available for flexible, innovative spending.
- Ring-fenced money can stifle innovation.
- Too much focus on delayed discharges all the time at expense of other things. Can only do interesting initiatives if delayed discharges are under control.

Lack national strategic drive and oversight of improvement.

- Need to be bolder that things need to change rather than just improve.
- Some good practice at operational level but not at a strategic level.
- Lack an evidence-based understanding of initiatives and what works.
- Improvement work is not being driven by improvement agencies.
- Don't want more frameworks and standards – too cluttered as it is.
- There is an appetite to change, but this can only be done with wider shifts in the system, including leadership, accountability, etc. that need a radical rethink.

Cont.

Improvement culture

Examples of good practice mentioned.

- Improvements in care at home with district nurse/GP input. These approaches prevent readmissions.
- Community care homes decrease hospital admissions.
- Some good work on roles for example care technologists but not implemented.
- Fife and Aberdeen City doing good collaborative work with independent sector around commissioning and procurement.
- Glasgow City Council – has been good work on mental health and commissioning done jointly with services and communities.
- Link worker programme – showed impact.
- Canada reduced commissioning and procurement process from six months to six weeks.

Attendees

Angela Leitch	Accounts Commission
Malcolm Bell	Accounts Commission
Joe Chapman	Policy Manager, Accounts Commission
Iona Colvin	Chief Social Work Advisor, Scottish Government
Angie Wood	Co-Director for Social Care & National Care Service Development Directorate, Scottish Government
Jackie Irvine	Chief Executive, Care Inspectorate
Ralph Roberts	Chief Executive, NHS Borders
Alison White	Chief Officer, West Lothian IJB
Dave Berry	Chief Finance Officer, Dundee IJB
David Robertson	Chief Executive, Scottish Borders Council
Robert Emmot	Director of Finance, Dundee City Council
Ben Farrugia	Director, Social Work Scotland
Maree Alison	Director of Regulation, Scottish Social Services Council
Dee Fraser	Chief Executive, Institute for research and innovation in social services
Karen Hedge	Deputy CEO, Scottish Care
Diana Hekerem	Associate Director of Transformational Redesign, Healthcare Improvement Scotland
Justine Duncan	Director of Communications and Engagement, The Alliance
Dorry McLaughlin	Chief Executive, Scottish Autism
Jill Laspa	Policy Manager, COSLA
Antony Clark	Executive Director PABV, Audit Scotland
Kathrine Sibbald	Senior Manager Social care portfolio, Audit Scotland
Leigh Johnston	Senior Manager Health portfolio, Audit Scotland
Tricia Meldrum	Senior Manager Education and children's services portfolio, Audit Scotland
Jillian Matthew	Senior Manager Equalities and human rights portfolio, Audit Scotland
IJB finance and performance report audit team members	



WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: Joint Staff Forum

Date: Thursday 11th July 2024, at 10.00am

Venue: Ballantyne Meeting Room, Church Street

Present: Beth Culshaw, (Chair); Diana McCrone; Fiona Taylor; Margaret Jane Cardno; Moira Wilson; Michelle McAloon; Sylvia Chatfield; Connor Farmer; David Scott; Paul Carey; Lesley James; Shirley Furie; Andrew McCready; Joyce Habo (Minutes)

Apologies: Leanne Galasso; Gillian Gall; David Smith; Julie Slavin; Helen Little

DRAFT Minute

Item	Description	Action
1.	Welcome, Introduction, Apologies	
2.	Standing Agenda Items	
	a) Minutes of Last Meeting ..\5 May\2024 05 23 - JSF DRAFT Minute.docx	
	Minute Accepted as an accurate record.	
	b) Rolling Action List	
	Engagement & Participation Strategy – waiting for nominees from TU colleagues. Diana and Andrew agreed to cover the NHS side between them. Council TU's to identify a rep and confirm the name to Margaret-Jane.	DMc/ AMc
	c) Chief Officer Update	
	Beth provided an IJB update: Audit of accounts and the LD redesign were discussed at the last IJB and the LD redesign was agreed at the recent IJB. There is a change of IJB membership: Michelle McGinty terms of office has come to an end and Michelle Wailes will be the new Chair, Fiona Hennebry will be Vice Chair. Claire Steel is leaving. Rona and Lesley R are standing down and 2 new Board members are joining. Inductions will be arranged for the new members.	
	The prison release scheme is now live and is being co-ordinated by the Community Justice team.	

Jane Grant, NHS CEO had a positive visit to the Joint Hospital meeting with staff and she also visited wards.

Delayed discharges and performance have been challenging, Beth met with Jane Grant, Peter Hissett and ScotGov who had requested updates. There has been an improvements since March and the social work team have worked together to address this which is having an impact.

The NHS Staff Awards ceremony was held and Morven Cowie was the overall winner for West Dunbartonshire HSCP. Nominations are requested for the 2024 staff awards, attendees to encourage nominations.

Home care meetings are continuing, job evaluation and redesign has reached a challenging stage. Recent Care Inspection Report was shared. Additionally, Inspections are also putting a lot of pressure on teams.

Recent positive care inspection reports for the following services: Sheltered Housing, Fostering & Adoption all of which had improved performance. The Fostering & Adoption report is about to be published.

d) HR & OD Update

- i. Report
- ii. Agenda for Change – non-pay updates
- iii. iMatter

NHS absence was at 7.57% and is now 7.09%
WDC has increased from 9.98% to 10.46%

Long term absence continues to be of concern.
NHS top reasons for absence in May were anxiety, stress & depression, gastro. In WDC the top reasons were minor illness and personal stress

Statutory and Mandatory compliance has increased when compared to the previous month – increased from 92% to 93% - target is 90%. The KSF compliance rate fell.

New Starts
NHS – 5
WDC – 13

Leavers
NHS – 10
WDC - 14

All staff are given the opportunity for an exit interview. MMc

Diana queried grievances and disciplinary and whether any that were resolved via early resolution and why these are not included in the figures on the storyboard. Michelle agreed to follow this up.

Current review of band 5 nursing posts and a working group has been set up, weekly meetings to review the process, have mock panels, and discuss information sessions and the application process. Andrew noted when submitted on the portal staff are unable to add any further information and asked if this could be highlighted at staff awareness sessions. Michelle advised she would pass this on to those arranging and delivering the sessions. Due to volume staff this exercise could take some time. Staff side's preference is to have a steward seconded to this group. MMc

Current sexual harassment campaign – 'Cut it Out' information is available on the intranet. MMc

Lesley queried if statutory mandatory reporting can be provided re: local authority staff, Michelle advised she will query this with Leanne. MMc

Beth referred to the 'Cut it Out' campaign and advised it is an initiative driven by historical issues with medical staff. Michelle to bring this presentation to the next meeting.

Moirra – iMatter

Concluded on 10th June and response rate was lower than last year, we are now in the action planning phase and on-line manager support sessions have been offered before or after staff meetings, however, uptake has been low with more staff seeking out 121 support.

Some feedback from staff indicates they feel 'nothing happens' as a result of iMatter – Moirra is happy to take forward any suggestions for improvements which would support 'you said – we did'. Action planning phase closes on 19th August. All

Nominations for local HSCP staff awards is now open with a closing date of 23rd August, all to encourage nominees. There are 5 categories and the judging panel is on 10th Sept, the ceremony is booked for 1st November. Diana agreed to be a panel member, another TU nominee is required, TU staff to advise another nomination. TU

Implementation of the reduced working week is ongoing with all services except one. There was a delay implementing it in the wards due to rosters being in place but they have now implemented. Diana asked if the mental health in-patient wards had implemented a shift pattern that involves working shifts longer than 12 hours including breaks, as the Health Board is not in favour of this advised that advised that Inverclyde had decided not to trial this.

Fiona noted she will check regarding the Youth Enablement service to ensure it has been reduced.

Andrew suggested the next stage of reducing would be easier if reduced by 1 hour rather than reducing twice - 2 x 30mins.

e) Service Updates

i. Mental Health, Addictions and Learning Disabilities - SC TU LD

LD review paper was agreed at IJB and we require a TU representative for the operational steering group, TU reps to consider.

On the NHS side staffing is solid, on the Council side more staff are coming and registered services are progressing.

Mental Health

Social Work staffing is strong. Community Health is challenging due to absence. Two new Nurse Team Leads started this week. The Vale is staffed and have daily huddles to ensure there is appropriate staffing levels. People have applied for jobs within Glenarn which is unusual. Interviews for a band 5 to take place and a staff member is acting up to a band 7 post.

Addictions

Julie Campbell and Chris Kelly are covering the work while J McGinley is on Mat leave.

Advert for SW review team for adults going out on 14th July on My Job Scotland and this will strengthen review work re: learning reviews. Recruitment is for 3 Social Workers and 2 Social Work Assistants.

ii. Health and Community Care – FT

4 weekly JCC meetings.

The Care Inspectorate have released the care at home report and grades were disappointing, currently focussing

on meeting the 4 requirements. We have accepted an offer of support from the CI.

Training is in place to ensure staff have the skills required which has been helpful. There has been recent recruitment and these staff are in the induction process.

Next steps following this inspection report: engage with staff, redesign meetings, and present the PowerPoint presentation to ensure everyone works together to meet the requirements.

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

Lesley queried in terms of service updates at these meetings, it would be helpful to know what information is of most use.

Children's services 5 year strategy has now been presented at JCC and approved at IJB in April 2024.

The Programme Board has now been set up and meets monthly and reviews the 6 work streams re: the plan of transformation and improvements over 5 years with the aim of reducing young people coming into care via early intervention.

Consultation with TU regarding the replacement duty service and there are adverts for internal expressions of interest for 8 social workers and 2 seniors, this is to ensure internal staff have the opportunity to apply, these are not additional roles but roles from our current resource used in a different way. Consultation has been really quite positive.

Staffing in children's services has been challenging, for 10 months we have used 7 agency staff, 2 then left but are being replaced to mitigate absence. 15% vacancies.

Recent inspection outcomes have been positive, inspections are a huge amount of work for staff and managers, however this offers external validation and recognition and it is important for staff, despite the pressure in advance of an inspection. We are seeing significant changes to our grades, we were previously graded as weak and this has now improved, this is due to the independent reviewing arrangements that are now in place.

The creation of a Permanence team aligned to A&F services to focus on young people's permanence planning who are in long term care.

One dedicated Children's Services management team strengthens communication. The structured changes were shared with staff in May with some interim arrangements in place, circulated to TU colleagues on 11th June - everyone is responsible to cascade this information.

Health Visiting – there are staffing challenges particular in Clydebank due to absence and maternity leave. Currently on amber rating with mitigating cover and a realignment of caseloads re GP linked HV's to ensure parity across the service.

Justice has both short and long term absence, there are 3 agency staff in place to mitigate risks. Waiting lists are not permitted which means senior social workers are also carrying extensive caseloads, due to high risk MAPPA cases.

LG

NQSW requirements and the mandatory guidance is helpful and clear about what we must have in place for newly qualified SW staff, including strengthening supervision, practice learning which needs to be recorded and in place. There is a duty on employers to ensure all component parts are in place and work is ongoing to enable managers.

SSSC annual return including information relating to vacancies and the number of staff employed is due on 12th August, Leanne G will complete an analysis of this information.

Beth noted staff are being supported to complete their SW qualification, Lesley confirmed there are 5 staff, compared to 1 x 3 years ago and 2 last year. There were 24 notes of interest, 12 interviews and 5 successful candidates. The university sets the criteria for this.

GG/LJ

Sylvia added that the unsuccessful candidates can be supported with development opportunities to support them when they re-apply next time. Diana advised Inverclyde have a financial incentive for staff to come and work with them then stay for a set time period once qualified. Lesley advised this is not something we offer at the moment but would not rule it out in the future.

Diana noted the paper circulated re SCS and queried what is being reviewed, Lesley advised this was added to the agenda by Gillian, Lesley will take an action to update attendees.

Connor queried opportunities for staff who want to progress, Lesley advised she is keen for the recruitment and retention group to firm up a plan. Sylvia referred to the Skills Passport and staff need to discuss this with their senior to review what opportunities are available, this will ensure a consistent approach across all services.

Connor suggested interview feedback for people applying. Sylvia advised MH officers contact all practice educators as seniors need to drive this discussion, this is a 2 way process. Lesley advised the Open University contact was part of the interview panel and noted that some of the applications were outstanding and it is important to recognise this.

Paul queried how many vacancies there are in children's services for social work staff. Lesley confirmed there are 12 and 7 are mitigated by agency staff. We have recruited para-professional social work assistants to support some statutory duties e.g. family time etc.

Beth noted a lot of updates are provided at this meeting and it would be good to hear what TU colleagues would like to hear about, Davy Scott advised this would be considered.

Beth updates at JCC and JSF and queried how we get the balance in terms of any challenging issues and work together to address these. Joint messages need to go out to support staff to recognise their hard work e.g. recent positive inspections. David highlighted the obvious topic at the moment would be Home Care, Connor agreed. Diana queried when the last development group was, Beth suggested putting this on the next agenda.

Sylvia also agreed that updates are provided at JSF and also individual JCC's, SMT feed in a lot of information, however not much comes back from TU colleagues. Lesley suggested TU confirm what information they require and noted she has reduced her JCC meetings to 3 monthly with agreement to meet if there were any pressing issues to discuss.

iii. Strategy & Transformation – MJC

Admin review is ongoing – staff have been using a workforce tool to collate information – these responses have been received. A report will be taken to SMT in August then shared with JSF.

There has been a new call for comments on the National Care Service. Margaret-Jane will circulate her thoughts by the end of the month. Beth reminded TU that they can also respond in their own right re NCS.

iv. MSK – no update C/F

v. Finance – no update C/F

3. **Health & Care (Staffing) (Scotland) Act** VT
C/F

4. **Trade Union Updates**
a)

5. **Any Other Business**

NTS (National Transfer Scheme) Pilot Project – David Scott queried who is managing this and why haven't roles been to job evaluation.

Paul queried how many pilot projects are in place, these usually take 3-6 months, however this one is now 2 years and staff were seconded from residential homes. There is no money available but he did query this with Mark, there is no job profile and there is also concern about lone working noting a recent incident. All

Beth advised this level of detail needs to be taken to JCC and Head of Service made aware - David advised it was touched on there.

Paul highlighted lone working as an issue. Fiona confirmed that no HV staff have an alarm, they follow the lone working policy. Diana advised East Renfrew have an alarm system. Lesley advised that the Council's lone working policy was reviewed this week.

Lesley felt this would be more helpful to discuss at JCC. NTS is a Home Office Scheme and we do have a mandatory responsibility to accept young people from Kent as well as any young people who are trafficked. There is an issue regarding age assessments and staff are receiving specific training on age assessment. There is a lot of complexities around this and we currently have 34 unaccompanied young people. LJ

We need to get to a position of the posts going to job evaluation and the support function role is not dissimilar to a through care role, young people also need to be supported when leaving care within supported accommodation too. The team are working to align the seconded posts as this is not a sustained position and this was acknowledged at JCC. Further discussion required at JCC.

David suggested re-establishing the 6 weekly Home Care meetings with IOM's and co-ordinators – Fiona to action.

Three Key Elements for Area Partnership Forum

1. Revisit lone working – look at NHS and WDC policies
2. Recruitment and Retention, staff development. Positive feedback received regarding Social Work qualification applications
3. How we work together/working well together – staff and TU

6. Papers for Information

- NHS Workforce Analytics Storyboard – May
- HR Report
- APF (Workforce) Information Exchange – 17.05.23
- APF secretariat paper SCPT review
- Specialist Community Paediatric (SCP) Framework TOR

7. Date of Next Meeting

29th August 2024, 11.00am to 1.00pm, Clydebank Health Centre