Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Tuesday, 19 November 2024

Time: 14:00

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: 12 November 2024

Audio Streaming

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

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

AGENDA

TUESDAY, 19 NOVEMBER 2024

1 STATEMENT BY CHAIR – AUDIO STREAMING

2 APOLOGIES

3 DECLARATIONS OF INTEREST

4 RECORDING OF VOTES

The Committee is asked to agree that all votes taken during the meeting be carried out by a Roll Call vote to ensure an accurate record.

5 (a) MINUTES OF PREVIOUS MEETING **7 - 10**

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 24 September 2024.

(b) ROLLING ACTION LIST **11**

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

6 VERBAL UPDATE FROM CHIEF OFFICER

The Chief Officer will provide a verbal update on the recent business of the Health and Social Care Partnership.

7 2024/25 FINANCIAL PERFORMANCE REPORT: PERIOD 6 (30 SEPTEMBER 2024) **13 - 77**

Submit report by Julie Slavin, Chief Financial Officer, providing an update on the financial performance as at Period 6 to 30 September 2024 and a projected outturn position to 31 March 2025.

8/

8 REFRESH OF THE MEDIUM TERM FINANCIAL OUTLOOK To Follow

Submit report by Julie Slavin, Chief Financial Officer, outlining the Medium Term Financial Outlook for the HSCP Board which has been prepared to support financial planning and delivery of the HSCP Board's Strategic Plan.

9 WEST DUNBARTONSHIRE HSCP WINTER PLAN 2024-2025 79 - 93

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, presenting the Winter Plan 2024-2025 to Members for noting.

10 SHORT BREAK PILOTS OUTCOMES 95 - 106

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update on the outcomes and impact of the Short Breaks Pilot carried out between April and August 2023.

11 ENGAGEMENT AND PARTICIPATION STRATEGY 107 - 176

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, rseeking approval of the Engagement and Participation Strategy and also seeking comments from Members on supporting the operational delivery plan.

12 DUTY OF CANDOUR 177 - 198

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, presenting to Members the HSCP Duty of Candour Procedure for noting.

13 MEMBERSHIP OF THE HSCP BOARD 199 - 216

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update on progress towards the recruitment of a minimum of four service user representatives to act as non-voting Members of the HSCP Board, and to seek two nominations from the HSCP Board to engage in the recruitment and selection process.

14 MINUTES OF MEETING FOR NOTING 217 - 223

Submit for noting the Approved Minutes of Joint Staff Forum (JSF) Meeting held on 29 August 2024.

15/

15 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, 28 January 2025 at 2.00 p.m. as a Hybrid Meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL.

For information on the above agenda please contact: Lynn Straker, Committee Officer, Regulatory, Municipal Buildings, College Street, Dumbarton G82 1NR.
Tel: 07814553595. Email: lynn.straker@west-dunbarton.gov.uk.

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, 24 September 2024 at 4.36 p.m.

Present: Michelle Wailes, Libby Cairns and Lesley McDonald, NHS Greater Glasgow and Clyde and Fiona Hennebry 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; 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; Selina Ross, Chief Officer – West Dunbartonshire CVS; Diana McCrone, Staff Representative (NHS Greater Glasgow and Clyde); and Val Tierney, Chief Nurse.

Also Attending: Michael McDougall, Manager of Legal Services; Margaret-Jane Cardno, Head of Strategy and Transformation; Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction; Fiona Taylor, Head of Health and Community Care; Jennifer Ogilvie, Finance Manager and Lynn Straker and Nicola Moorcroft, Committee Officers.

Apologies: Apologies for absence were intimated on behalf of Michelle McGinty, Helen Little, MSK Physiotherapy Manager, and Dr Saied Pourghazi, Associate Clinical Director and General Practitioner.

Michelle Wailes in the Chair

ADJOURNMENT

The Chair adjourned the meeting for a short recess. The meeting reconvened at 4.46 p.m. with all Members listed in the sederunt present.

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.

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 20 August 2024 were submitted and approved as a correct record.

ROLLING ACTION LIST

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

VERBAL UPDATE FROM CHIEF OFFICER

Beth Culshaw, Chief Officer, provided a verbal update on the recent business of the Health and Social Care Partnership. Ms Culshaw highlighted that key business for the year will be covered by agenda items - Financial Performance Report and HSCP Annual Performance Report 2023/24. Given the time of year attention has turned to Winter Planning with a continued focus on delayed discharge. With regards to the National Care Service, due to timings and changes to Board membership, a recent consultation has been responded to; the response will be circulated to Board members. Ms Culshaw advised that Shirley Furie (Workforce member) had stood down from the Board, the Board will be looking to fill that position as soon as possible. Finally she highlighted Staff Awards event, taking place in November.

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

A report was submitted 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.

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

(1) to note the updated position in relation to budget movements on the 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 31 July 2024 is reporting an adverse (overspend) position of £1.198m (1.78%);

(3) to note the projected outturn position of £3.588m overspend (1.76%) 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 current reserves balances and the impact the projected overspend has on unearmarked balances;

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

(8) 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 for2025/26 and 2026/27.

WEST DUNBARTONSHIRE HSCP ANNUAL PERFORMANCE REPORT 2023/24

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

After discussion and having heard the Head of Strategy and Transformation the Head of Strategy and Transformation, the Head of Mental Health, Addictions and Learning Disabilities and the Head of Children's Health, Care and Justice and Chief Social Work Officer, in further explanation and in answer to Members' questions, the Board agreed to approve the West Dunbartonshire HSCP Annual Performance Report 2023/24 and the Annual Complaints Report 2023/24

AUDITED ANNUAL ACCOUNTS

A report was submitted by Julie Slavin, Chief Financial Officer, providing information on the above.

After discussion and having heard the Chief Financial Officer in further explanation the Board agreed 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.

INTEGRATION JOINT BOARDS (IJB) FINANCE AND 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.

MINUTES OF MEETING FOR NOTING

The Minutes of Meeting for Joint Staff Forum (JSF) held on 11 July 2024 were submitted and noted.

DATE OF NEXT MEETING

Members noted that the next meeting of West Dunbartonshire Health and Social Care Partnership Board would 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.

The meeting closed at 5.29 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	Query regarding delegated services within the Integration Scheme document. The Chief Officer is to provide revised definitions of delegated services.	Beth Culshaw	Information to be provided to Members as soon as possible	Update: There is ongoing work to agree the revised definitions and once approved a Briefing Note will be distributed to Members.	**Open**

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Julie Slavin, Chief Financial Officer

19 November 2024

Subject: 2024/25 Financial Performance Report: Period 6 (30 September 2024)

1. Purpose

1.1 To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 6 to 30 September 2024 and a projected outturn position to 31 March 2025.

2. Recommendations

2.1 The HSCP Board is recommended to:

a) **Note** the updated position in relation to budget movements on the 2024/25 allocation by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and **approve** the direction for 2024/25 back to our partners to deliver services to meet the HSCP Board's strategic priorities;
b) **Note** the reported revenue position for the period to 30 September 2024 is reporting an adverse (overspend) position of £2.155m (2.26%);
c) **Note** the projected outturn position of £4.286m overspend (2.10%) for 2024/25 including all planned transfers to/from earmarked reserves;
d) **Note** that the impact of recovery planning actions taken to date 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) **Approve** the proposed funding arrangements to deliver programmes funded through the Enhanced Mental Health Outcomes Framework;
h) **Note** the update on the capital position and projected completion timelines; and
i) **Note** the impact of a number of ongoing and potential burdens on the reported position for 2024/25 and the previously reported budget gaps for 2025/26 and 2026/27.

3. Background

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

3.2 Since the March HSCP Board report there have been several budget adjustments. A total net budget of £204.360m is now being monitored as detailed within Appendix 1.

4. Main Issues

Summary Position

4.1 The current year to date position as at 30 September is an overspend of £2.155m (2.26%) with an annual projected outturn position being a potential overspend of £4.286m (2.10%). 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	
Health Care	120,110	59,592	59,546	46	121,383	(1,273)	(1,365)	92	0.08%
Social Care	122,689	52,096	54,917	(2,821)	128,041	(5,352)	235	(5,587)	-4.55%
Expenditure	**242,799**	**111,688**	**114,463**	**(2,775)**	**249,424**	**(6,625)**	**(1,130)**	**(5,495)**	-2.26%
Health Care	(5,041)	(1,007)	(1,007)	0	(5,041)	0	0	0	0.00%
Social Care	(33,398)	(15,426)	(16,046)	620	(32,919)	(479)	(1,688)	1,209	-3.62%
Income	**(38,439)**	**(16,433)**	**(17,053)**	**620**	**(37,960)**	**(479)**	**(1,688)**	**1,209**	-3.15%
Health Care	115,069	58,585	58,539	46	116,342	(1,273)	(1,365)	92	0.08%
Social Care	89,291	36,670	38,871	(2,201)	95,122	(5,831)	(1,453)	(4,378)	-4.90%
Net Expenditure	**204,360**	**95,255**	**97,410**	**(2,155)**	**211,464**	**(7,104)**	**(2,818)**	**(4,286)**	**-2.10%**

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

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Forecast Variance
	£000	£000	£000	£000	£000	£000	£000	£000	
Children's Health, Care & Justice	30,635	13,270	13,247	23	31,356	(721)	(766)	45	0.15%
Health and Community Care	52,434	22,388	24,889	(2,501)	57,451	(5,017)	(35)	(4,982)	-9.50%
Mental Health, Learning Disability & Addictions	30,565	14,381	13,592	789	29,805	760	(820)	1,580	5.17%
Strategy & Transformation	1,987	735	668	67	2,088	(101)	(234)	133	6.69%
Family Health Services	32,719	17,178	17,178	0	32,719	0	0	0	0.00%
GP Prescribing	21,760	10,512	11,287	(775)	23,799	(2,039)	(487)	(1,552)	-7.13%
Hosted Services	8,457	4,184	4,184	0	8,671	(214)	(215)	1	0.01%
Other	25,803	12,607	12,365	242	25,575	228	(261)	489	1.90%
Net Expenditure	**204,360**	**95,255**	**97,410**	**(2,155)**	**211,464**	**(7,104)**	**(2,818)**	**(4,286)**	**-2.10%**

4.3 The adverse movement in the overall position between the period 4 projections of a £3.588m overspend and the current projection of £4.286m is covered in Table 3 below. This table highlights the financial impact of pressures out with the direct control of the HSCP senior managers along with the volatile nature of the demand of some health and care services that can significantly impact on projections.

Table 3 – Movement since Period 4

Movement since period 4	**£000**
Period 6 adverse variance	(4,286)
Period 4 adverse variance as reported to HSCP Board 24 September 2024	(3,588)
Movement since period 4	**(698)**
Represented By:	
Significant Pressures	
Cost of Care Home regrading	(438)
Cost of Social Care pay uplift over budgeted %	(547)
Prescribing pressures	(1,302)
Mitigating Actions and Remaining Pressures	
Overachievement of savings with LD and Mental Health	150
Continued pressures within Care at Home	(209)
Revision to assumptions regarding staff recruitment	821
Review in permanency arrangements for some looked after children and increased NTS/UASC income within C&F	447
Other favourable variances individually less than £0.100m	380
Movement since period 4	**(698)**

4.4 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 4 below.

Table 4 – 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	3,550	595	883	2,104
Health Care	2,343	900	514	589	340
Social Care	4,789	2,650	81	294	1,764

4.5 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 the first six months of this financial year approximately 58% 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.

4.6 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 £4.286m would not only wipe out the opening unearmarked reserves balance of £3.504m but require the release of earmarked reserves to the value of £0.782m, 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 £4.340m 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 £1.447m (based on budgeted rates).

4.7 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 £4.286m is mainly due to prescribing pressures, successful job evaluation claim for residential care home workers, the reliance on the use of agency and premium rate overtime delivering care at home services and social care pay uplifts in excess of budgeted levels, while children's residential and community care pressures are offset to an extent by ongoing recruitment challenges and increased income.

Update on Prescribing 2024/25

4.8 At the time of writing, July spend data has been provided and savings are being tracked by local and central NHSGCC prescribing colleagues. The forecast at this time shows, after the drawdown of £0.487m earmarked prescribing reserves used to balance the 2024/25 budget, is a £1.552m overspend of which £0.323m relates to the cost of prescribing Buvidal. This is a recurring pressure, which at present can be funded from the core Health addictions budget, however this pressure will be factored into the 2025/26 budget estimates. The remaining £1.229m relates to an increase in both volume and average cost per item along with the potential risk of partial un-achievement of approved efficiencies as detailed within Appendix 2.

4.9 The March 2024 budget setting report, identified the financial risk of prescribing price and volume increases could be in the region of 10.5% or £2.223m versus a 0% inflationary uplift from the Scottish Government. The application of 50% or £0.487m of the available prescribing earmarked reserve to mitigate some of this pressure was agreed by the HSCP Board, however if

the savings trajectory does not reach expected levels, the remaining reserve balance of £0.485m may have to be utilised.

Update on Older People Services

4.10 The current projection includes the financial impact arising from the successful job evaluation claim for residential care home workers which has now been paid to staff and in the current financial year is anticipated to cost circa £0.438m. The increase in the starting salary of a grade 3 at £13.12/hr to £15.52/hr at the top of a grade 4, may attract more interest in people seeking a career in social care. Filling vacancies on a permanent basis will reduce the requirement for agency workers, which in turn may reduce the projected salary costs. This will be monitored closely, and projections updated accordingly.

4.11 While the Care at Home re-design progresses staffing challenges continue to present themselves, with the projected overspend increasing by circa £0.209m from that reported to the September HSCP Board, excluding the impact of increase pay uplifts. This is due to ongoing increases in premium rate overtime and agency usage in relation to sickness, staff training and holiday cover and a reduction in anticipated income.

Update on Pay Awards

4.12 The August 2024 pay offer, as set out within the 20 August HSCP Board report, made to Local Authority staff has been ratified by CoSLA with salary increases applied in October and November 2024. The pay offer of 5.5% for Health staff, made in late August, has been accepted with salary increases also applied in October and November. Current forecast projections include the additional cost of £0.547m arising for the local authority pay uplift, however the projected cost of the health pay uplift remains outstanding. While the health uplift is assumed to be fully funded, communication from the Scottish Government on the overall funding allocation to NHSGGC (for an appropriate share to be passed through to HSCPs) was only received on 6 November. Analysis on how this allocation compares to actual pay costs is underway. The Scottish Government has yet to confirm if any additional funding to support the increased local authority cost will be forthcoming.

Updates on Children's Residential and Community Care

Children's Social Care Pay Uplift

4.13 As reported to the June HSCP Board, Members will recall that the Programme for Government 2023 - 2024 included a commitment to pay eligible children's social care workers in private, voluntary, and independent sectors a minimum rate of £12 per hour. The Scottish Government funding aligned to West Dunbartonshire Council for this policy commitment was £0.415m, to be allocated across the HSCP and Education Services. The financial projections for eligible commissioned services across the social care children and families portfolio, estimates this to cost circa £0.708m. This calculation has been

shared with council officers for them to compare to their own increased costs. At the time of writing, an indicative share of this funding has been added to the HSCP budget allocation of £0.343m. This remains subject to agreement with the council's s95 officer.

Community Placements and Universal Credit

4.14 As reported to the August HSCP Board there are likely to be potential additional costs to the HSCP for looked after children due to the migration to Universal Credit from Child Tax Credit. A case-by-case analysis has been undertaken to quantify the impact to date and at the time of writing £0.115m of additional costs have been incurred.

Update of other Scottish Government Policy Commitments

4.15 On 30 September 2024, Scottish Government issued a funding letter for the 2024/25 Enhanced Mental Health Outcomes Framework which bundles several existing funding allocations into a single funding stream (attached at Appendix 9). Details of the funding streams are provided in the table 5 below:

Table 5 – Enhanced Mental Health Outcomes Framework

Mental Health Outcome Framework	Board wide funding allocated to East Dunbartonshire and Glasgow City to deliver: - • Psychological Therapies • Adult and Children's Eating Disorder • Child and Adolescent Mental Health Services
Perinatal and Infant Mental Health Programme	Board wide funding allocated to East Dunbartonshire and Glasgow City to deliver specialist community perinatal mental health, infant mental health and maternity/neonatal psychological interventions.
School Nursing Service	Board wide funding allocated to all HSCPs to support additional recruitment of 50 School Nurses since 2018/19.
Health Checks for People with Learning Disability	Board wide funding allocated to all HSCPs to support annual health checks for those individuals with a learning disability. Programme coordinated and delivered by East Renfrewshire.
Action 15	HSCP funding which supports local and board wide programmes to secure delivery of Action 15 of the Governments Mental Health Strategy 2017-2027.

4.16 The total funding being made available across these funding streams for Scotland is £120m. Scottish Government have confirmed that this funding has been bundled to increase flexibility of how it can be used locally to deliver the designated outcomes as highlighted within the allocation letter. The funding offered represents a 5.48% reduction compared to anticipated funding levels for 2024-25. This reduction has been applied nationally to all Integration Authorities.

4.17 If funding levels had been maintained at 2023-24 levels adjusting for the use of earmarked reserves in 2023-24 plus full year funding for part year projects, the Greater Glasgow and Clyde Programme should have received a total of £29.134m prior to any reduction for efficiencies. The application of a 5.48% reduction has resulted in an allocation of £27.547m, which is a reduction of £1.587m.

Monies Received Per Programme

	East Dun	East Ren	Glasgow	Inverclyde	Renfrewshire	West Dun	Total Received
MH Outcomes Framework	8,986,452		4,694,676				13,681,128
Perinatal & Infant MH	1,067,308		1,067,308				2,134,615
School Nursing Service	208,147	177,522	1,344,240	180,510	380,440	198,935	2,489,794
LD Health Checks	35,065	29,905	226,453	30,409	64,089	33,513	419,434
Action 15	639,508	544,405	4,633,172	689,218	1,705,337	610,080	8,821,720
	10,936,480	**751,832**	**11,965,848**	**900,137**	**2,149,867**	**842,528**	**27,546,692**

Reduction Per Programme

	East Dun	East Ren	Glasgow	Inverclyde	Renfrewshire	West Dun	Total Due
MH Outcomes Framework	- 517,649	-	- 270,428	-	-	-	- 788,077
Perinatal & Infant MH	- 61,480	-	- 61,480	-	-	-	- 122,961
School Nursing Service	- 11,990	- 10,226	- 77,432	- 10,398	- 21,915	- 11,459	- 143,420
LD Health Checks	- 2,020	- 1,723	- 13,044	- 1,752	- 3,692	- 1,930	- 24,161
Action 15	- 36,838	- 31,359	- 266,885	- 39,701	- 98,233	- 35,143	- 508,159
	- 629,977	**- 43,308**	**- 689,270**	**- 51,851**	**- 123,839**	**- 48,532**	**- 1,586,777**

4.18 Chief Officers have commenced working strategically across Greater Glasgow and Clyde to develop a revised programme of investment which can be delivered within the new financial envelope. This work will include a prioritisation of investment to support delivery of outcomes and inevitably will require some disinvestment to deliver on the reduction in spend required. Proposals brought forward will include an assessment of the impact that revised spending plans will have on the delivery of outcomes. This will be the subject of a report to the January HSCP Board.

4.19 Earmarked reserves of £3.185m are currently held collectively by IJBs in Greater Glasgow and Clyde in relation to these programmes. It is

recommended that these funds are used to provide bridging funding to provide the time for a revised programme to be developed which can be delivered within the funding available. This will support delivery of existing programmes during this financial year.

4.20 This proposal will require all IJBs to pool the reserves they are carrying forward in line with the new bundle framework. This pooling arrangement will be for funds within an IJB and NOT across IJBs.

4.21 On 21 October 2024, Scottish Government issued a funding letter for funding for Multi-Disciplinary Teams (attached at Appendix 10). The letter confirmed that, ***"in the context of a challenging financial year and ongoing work to balance finances for Scottish Government"*** total Scottish funding levels for 2024/25 would be reduced by £5.7m back to 2021/22 levels of £40m.

4.22 West Dunbartonshire HSCP Board's 2024/25 share of this reduced funding envelope is to be £0.645m, a reduction of £0.106m from our 2023/24 allocation of £0.751m. This funding currently supports integrated teams across the partnership, supporting discharge from hospital, from health care support workers to senior social workers to commissioned services. An analysis is underway to consider how the funding reduction can be applied with the least impact to teams.

Recovery Plan

4.23 As reported above the annual projected outturn position reported at Period 6 is a potential overspend of £4.286m (2.10%). 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.

4.24 While the projected overspend has increased, Table 3 above, and associated appendices detail the positive impact a range of recovery actions have made to date. The Senior Management Team has focussed on minimising the projected overspend where possible, through actions including reviews of individual care packages across a range of services, ongoing vacancy management and increasing levels of income which have mitigated the significant pressures by £1.798m. While the anticipated financial benefit arising from these recovery measures is encouraging, work will continue with the aim of addressing the remaining pressures to minimise the impact on overall reserves.

Budget Gap Analysis

4.25 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.

4.26 Table 6 details the potential current and future 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 recurring pressures within children and families and health and community care. While the ongoing service re-design within Care at Home should start to realise financial benefits in 2025/26 and beyond, the current financial pressure is included within Table 6 to show a worst-case scenario.

Table 6 – Budget Gap Analysis (Table subject to change)

Consolidated Budget Gap Analysis	2024/25	2025/26	2026/27
	£000's	£000's	£000's
Budget Gap Reported March 202	0	4,943	10,500
Forecast Deficit @ September 2024	4,286		
Budget Adjustments / Pressures not Reported			
Social Care Pay Inflation increased on average 1.27%		564	581
Community Placements and Universal Credit (£0.115m impact to P6)	115	687	687
Pressures within Community Placements and Childrens Residential C		1,392	1,462
Pressures within Care Homes and Care at Home		4,190	4,316
Prescribing Pressures @ 10% (NHS budget assumptions)		3,484	3,833
Revised Budget Gap @ September 2024	**4,401**	**15,260**	**21,378**
Health Care	(92)	5,518	7,590
Social Care	4,493	9,742	13,788
Revised Budget Gap @ September 2024	**4,401**	**15,260**	**21,378**

4.27 Table 6 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 savings to mitigate pressure in future years. The current forecast overspend of £4.286m is also subject to risk as there may be further financial impact of the move to universal credit. 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 £15.3m and £21.4m.

4.28 The future year budget gaps are 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.

4.29 An update to the Medium-Term Financial Outlook is contained within a separate agenda paper to the November HSCP Board Meeting.

Housing Aids and Adaptations and Care of Gardens

4.30 The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services delegated to the HSCP Board and should be considered as an addition to the HSCP's 2024/25 budget allocation of £89.291m from the council.

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

4.32 The draft outturn position for the period to 31 March 2025 is included in Table 7 below and will be reported as part of WDC's financial update position.

Table 7 – 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

4.33 The capital updates for Social Care are summarised in Table 8 below and contained within Appendix 7 and details the forecast position on the undernoted capital projects.

Table 8 – 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**

4.34 A request for additional capital funding will be 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 and beyond relate to:

- ongoing increases in demand for some key social care services;
- movement to universal credit;
- cost of complex care packages;
- uncertainty around funding local authority and health pay uplifts;
- uncertainty around the increase to employers' national insurance contributions announced as part of the October budget statement in relation to both direct staffing costs incurred by the HSCP and indirect costs potentially passed on from commissioned service providers;
- prescribing costs and volumes; and
- the depletion of both earmarked and unearmarked reserves to maintain current levels of service activity and cover unfunded pay award costs for Local Authority staff.

8.2 The impact of inflationary pressures and costs of imports has added to the volatility of GP Prescribing costs. The complicated contractual arrangements and gathering of monthly data from community pharmacies causes a two-month lag in confirming actual costs. Any differences between actual costs and those accrued will impact on 2024/25.

8.3 As of October 2024 the current rate of inflation was reported at 1.7% compared to the target level of 2% with the Bank of England reducing interest rates by 0.25% to 4.75% on 7 November 2024. It is unclear at this time what impact this will have on the future of the UK Economy going forward which may have a detrimental impact on public sector funding.

8.4 The progress of the National Care Service Bill remains subject to change.

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 September 2024 (as detailed within Appendix 1) will require the issuing of a direction, see Appendix 8.

Julie Slavin – Chief Financial Officer
Date: 08 November 2024

Person to Contact: Julie Slavin – Chief Financial Officer
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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
Appendix 9 - SG Letter 30 September 2024: Enhanced Mental Health Outcomes Framework
Appendix 10 - SG Letter 21 October 2024: Multi-Disciplinary Teams

Background Papers:	2024/25 Annual Budget Setting Report – 28 March HSCP Board 2024/25 Financial Performance Report as at Period 4 (31 July 2024)
Localities Affected:	All

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

Financial Year 2024/25 Period 6 covering 1 April 2024 to 30 September 2024

2024/25 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved at Board Meeting on 28 March 2024	**109,242**	**90,420**	**199,662**
Health Rollover Budget Adjustments	426		426
Budget Adjustments			
Board Allocated			
Pfg Afc Rec Wdhscp	34		34
Wdhscp App Levy Scs Tfer	(10)		(10)
Wdhscp O365 Scs Tfer	(14)		(14)
Wdhscp Pension Scs Tfer	(1)		(1)
Adp Tr 1 Wdhscp	455		455
Adp Tr 1 Wdhscp Afc	65		65
Wd Pcip	3,214		3,214
District Nursing	214		214
Camchp42 Vale Live Active	(25)		(25)
Camchp28 Care Home Funding	35		35
Camchp35 Wd Ch Lead Nurse	57		57
Camchp64 Smoking Prevention Wd	66		66
Eers Superannuation	387		387
Childrens £12p/hr funding		343	343
Outstanding			
MDT	462		462
School Nursing	203		203
ADP	114		114
Action 15	538		538
PDS Dementia	61		61
Revised Budget 2024/25	**115,747**	**90,763**	**206,510**
Drawdown from Reserves	**(678)**	**(1,472)**	**(2,150)**
Budget Funded from Partner Organisations	**115,069**	**89,291**	**204,360**

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

Head of Service	Partner	Efficiency Detail	Comment	Saving Target	Saving at Risk
				£000	£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. Redesign pathways to address these areas are ongoing with the SOP overtime authorisation process now in place and further "deep dive" analysis to identify reasons for high use. Phase 1 staff moving to new contracts in Decenber 2024 (approximately 40 staff) with phase two (majority of staff) moving in March 2025 and phase 3 (now at around 27%) anticipated to move in March 2026. Compliance data (visit and time) is being monitored per organiser to reduce the gap between planned and actual hours.	1,206	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. Elements of these savings remain unachieved and require to be monitored and addressed as part of the What Would It Take medium term financial plan.	Progress has been made in relation to the ambition to save, however there remains significant pressure within community placements and children residential placements of circa £1.326m due to continued demand. The 2025/26 budget will be constructed on a zero based approach to reset and accurately account for demographic pressures. While the overall children and families social work portfolio shows a small adverse variance at period 6 this is mainly due to ongoing recruitment challenges and additional income not all of which are recurring.	558	558
Head of Community Health and Care Services	Health Care	Prescribing Board Wide and Stretch Efficiency Programmes	While significant progress has been made around switching patients to other suitable medications in line with our prescribing initiative targets, fluctuating prices of some of these drugs are reducing the financial benefit.	1,332	340

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

Head of Service	Partner	Efficiency Detail	Comment	Saving Target	Saving at Risk
				£000	£000
Savings at low/medium risk of not being achieved					
Head of Strategy and Transformation	Social Care	Admin Saving	Progress on the admin review continues with a full analysis of current team requirements being undertaken. The saving is being managed through turnover and scrutiny of all vacancies as they arise.	185	185
Head of Community Health and Care Services	Social Care	Review of Physical Disability Social Care Packages	Current projected overspend of £0.043m at present with new client packages offsetting savings achieved and an adverse impact related to time taken to move some complaxe care packages to alternative providers.	253	43
Musculoskeletal Physiotherapy Manager	Health Care	Temporary Increase in MSK Service Turnover from 3.7% to 8.3%	Negotiations on the SLA Lanarkshire are ongoing. Increased turnover target is challenging and approximately £0.103m at risk continue to monitor on a monthly basis. If full turnover target cannot be realised the plan would be to cover from unachieved savings reserve at year end.	375	103
Head of Community Health and Care Services	Health Care	Prescribing Board Wide and Stretch Efficiency Programmes	While significant progress has been made around switching patients to other suitable medications in line with our prescribing initiative targets, fluctuating prices of some of these drugs are reducing the financial benefit.	1,332	486
Various Head of Service	Social Care	Various	There is some slippage in the delivery of a small number of low value savings linked to commissioning and staff turnover within community health and care.	318	66
		Total **Health Care** **Social Care**		**5,559** **3,039** **2,520**	**2,987** **929** **2,058**

West Dunbartonshire Health & Social Care Partnership **Appendix 3**
Financial Year 2024/25 Period 6 covering 1 April 2024 to 30 September 2024

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	34,282	15,866	16,188	(322)	34,937	(655)	(35)	(620)	-1.81%	↓
Care at Home	14,520	4,895	7,054	(2,159)	18,839	(4,319)	0	(4,319)	-29.75%	↓
Physical Disability	2,947	1,299	1,322	(23)	2,990	(43)	0	(43)	-1.46%	↓
Childrens Residential Care and Community Services	30,554	13,366	13,338	28	31,161	(607)	(662)	55	0.18%	↑
Strategy, Planning and Health Improvement	1,987	735	668	67	2,088	(101)	(234)	133	6.69%	↑
Mental Health Services - Adult and Elderly, Community and Inpatients	11,660	6,902	6,555	347	11,249	411	(284)	695	5.96%	↑
Addictions	4,052	1,853	1,579	274	3,878	174	(375)	549	13.55%	↑
Learning Disabilities - Residential and Community Services	14,853	5,625	5,456	169	14,677	176	(161)	337	2.27%	↑
Family Health Services (FHS)	32,719	17,178	17,178	0	32,719	0	0	0	0.00%	→
GP Prescribing	21,760	10,512	11,287	(775)	23,799	(2,039)	(487)	(1,552)	-7.13%	↓
Hosted Services	8,457	4,184	4,184	0	8,671	(214)	(215)	1	0.01%	↑
Criminal Justice (Including Transitions)	81	(95)	(91)	(4)	195	(114)	(104)	(10)	-12.35%	↓
Resource Transfer	17,814	8,907	8,907	0	17,814	0	0	0	0.00%	→
Contingency	1,964	981	723	258	0	1,964	1,447	517	26.32%	↑
HSCP Corporate and Other Services	6,710	3,047	3,062	(15)	8,447	(1,737)	(1,708)	(29)	-0.43%	↓
Net Expenditure	**204,360**	**95,255**	**97,410**	**(2,155)**	**211,464**	**(7,104)**	**(2,818)**	**(4,286)**	**-2.10%**	↓

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	89,164	40,643	42,263	(1,620)	92,278	(3,114)	121	(3,235)	-3.63%	↑
Property	1,134	316	462	(146)	1,424	(290)	0	(290)	-25.57%	→
Transport and Plant	1,455	408	427	(19)	1,492	(37)	0	(37)	-2.54%	→
Supplies, Services and Admin	6,366	2,056	1,549	507	5,591	775	(237)	1,012	15.90%	↓
Payments to Other Bodies	86,318	38,315	39,191	(876)	88,599	(2,281)	(527)	(1,754)	-2.03%	↓
Family Health Services	33,644	17,830	17,832	(2)	33,645	(1)	0	(1)	0.00%	→
GP Prescribing	21,761	10,512	11,287	(775)	23,800	(2,039)	(487)	(1,552)	-7.13%	↓
Other	2,957	1,613	1,456	157	2,647	310	0	310	10.48%	→
Gross Expenditure	**242,799**	**111,693**	**114,467**	**(2,774)**	**249,476**	**(6,677)**	**(1,130)**	**(5,547)**	**-2.28%**	↓
Income	(38,439)	(16,438)	(17,057)	619	(38,012)	(427)	(1,688)	1,261	-3.28%	↓
Net Expenditure	**204,360**	**95,255**	**97,410**	**(2,155)**	**211,464**	**(7,104)**	**(2,818)**	**(4,286)**	**-2.10%**	↓

West Dunbartonshire Health & Social Care Partnership **Appendix 4**
Financial Year 2024/25 Period 6 covering 1 April 2024 to 30 September 2024

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	854	357	275	82	803	51	(113)	164	19.20%	↑
Childrens Services - Community	3,991	2,055	2,019	36	3,959	32	(40)	72	1.80%	↑
Adult Community Services	11,133	5,415	5,374	41	11,083	50	(35)	85	0.76%	↑
Community Learning Disabilities	811	402	402	0	902	(91)	(91)	0	0.00%	→
Addictions	2,992	1,430	1,252	178	2,635	357	0	357	11.93%	↑
Mental Health - Adult Community	4,673	2,915	2,608	307	4,119	554	(60)	614	13.14%	↑
Mental Health - Elderly Inpatients	3,690	2,437	2,430	7	3,876	(186)	(200)	14	0.38%	↑
Family Health Services (FHS)	32,719	17,178	17,178	0	32,719	0	0	0	0.00%	→
GP Prescribing	21,760	10,512	11,287	(775)	23,799	(2,039)	(487)	(1,552)	-7.13%	↓
Other Services	6,175	2,793	2,623	170	5,962	213	(124)	337	5.46%	↑
Resource Transfer	17,814	8,907	8,907	0	17,814	0	0	0	0.00%	→
Hosted Services	8,457	4,184	4,184	0	8,671	(214)	(215)	1	0.01%	↑
Net Expenditure	**115,069**	**58,585**	**58,539**	**46**	**116,342**	**(1,273)**	**(1,365)**	**92**	**0.08%**	↑

West Dunbartonshire Health & Social Care Partnership **Appendix 4**
Financial Year 2024/25 Period 6 covering 1 April 2024 to 30 September 2024

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	378	393	(15)	1,285	(152)	(121)	(31)	-2.74%	↓
Residential Accommodation for Young People	2,943	1,296	1,257	39	2,864	79	0	79	2.68%	↑
Children's Community Placements	7,559	3,532	3,960	(428)	8,415	(856)	0	(856)	-11.32%	↓
Children's Residential Schools	5,836	2,243	2,479	(236)	6,306	(470)	0	(470)	-8.05%	↓
Children's Supported Accommodation	1,191	934	631	303	585	606	0	606	50.88%	↑
Childcare Operations	6,154	2,606	2,387	219	6,104	50	(387)	437	7.10%	↑
Other Services - Young People	2,880	699	605	94	2,928	(48)	(235)	187	6.49%	↑
Residential Accommodation for Older People	6,975	3,151	3,645	(494)	7,963	(988)	0	(988)	-14.16%	↓
External Residential Accommodation for Elderly	10,266	5,786	5,660	126	10,015	251	0	251	2.44%	↑
Sheltered Housing	1,384	129	160	(31)	1,425	(41)	0	(41)	-2.96%	↓
Day Centres Older People	1,268	335	283	52	1,164	104	0	104	8.20%	↑
Meals on Wheels	0	0	0	0	0	0	0	0	0.00%	→
Community Alarms	(65)	(387)	(332)	(55)	45	(110)	0	(110)	169.23%	↓
Community Health Operations	3,267	1,433	1,392	41	3,186	81	0	81	2.48%	↑
Residential - Learning Disability	12,229	4,455	4,362	93	12,114	115	(70)	185	1.51%	↑
Physical Disability	2,616	1,192	1,214	(22)	2,660	(44)	0	(44)	-1.68%	↓
Day Centres - Learning Disabilty	1,813	768	692	76	1,661	152	0	152	8.38%	↑
Criminal Justice (Including Transitions)	81	(95)	(91)	(4)	195	(114)	(104)	(10)	-12.35%	↓
Mental Health	3,297	1,551	1,518	33	3,255	42	(24)	66	2.00%	↑
Care at Home	14,520	4,895	7,054	(2,159)	18,839	(4,319)	0	(4,319)	-29.75%	↓
Addictions Services	1,060	423	328	95	1,243	(183)	(375)	192	18.11%	↑
Equipu	330	108	108	0	330	0	0	0	0.00%	→
Frailty	54	6	6	0	55	(1)	0	(1)	-1.85%	↓
Carers	1,511	732	731	1	1,632	(121)	(122)	1	0.07%	↑
Contingency	1,964	981	723	258	0	1,964	1,447	517	26.32%	↑
HSCP - Corporate	(975)	(481)	(294)	(187)	853	(1,828)	(1,462)	(366)	37.54%	↓
Net Expenditure	**89,291**	**36,670**	**38,871**	**(2,201)**	**95,122**	**(5,831)**	**(1,453)**	**(4,378)**	**-4.90%**	↓

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2024/25 Period 6 covering 1 April 2024 to 30 September 2024
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Health Care Variances					
Planning & Health Improvements	854	690	164	19%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to a number of vacances across Planning, Health and Management				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Childrens Services - Community	3,991	3,919	72	2%	↑
Service Description	This care group provides community services for children				
Main Issues / Reason for Variance	The forecast favourable variance is mainly 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.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2024/25 Period 6 covering 1 April 2024 to 30 September 2024
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Adult Community Services	11,133	11,048	85	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	2,992	2,635	357	12%	↑
Service Description	This care group provides addictions services				
Main Issues / Reason for Variance	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	4,673	4,059	614	13%	↑
Service Description	This care group provides mental health services for adults				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to high levels of staff furnover and recruitment delays.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2024/25 Period 6 covering 1 April 2024 to 30 September 2024
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
GP Prescribing	21,760	23,312	(1,552)	-7%	↓
Service Description	GP prescribing costs				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to increased volume and price projections, partial unachievement of savings as detailed within the savings tracker and buvidal costs of £0.323m, which are offset by addictions core underspend. Savings Targets and achievement of savings are currently under review board-wide with the position subject to change.				
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	A significant overspend is forecast at this time				
Other Services	6,175	5,838	337	5%	↑
Service Description	This care group covers administration and management costs in relation to Health				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to vacancy management and non recurring savings in financial planning.				
Mitigating Action	Vacancy management process is in place and a review of workforce profile and				
Anticipated Outcome	An underspend is forecast at this time				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2024/25 Period 6 covering 1 April 2024 to 30 September 2024
Analysis for Variances Over £0.050m

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	2,864	79	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	8,415	(856)	-11%	↓
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 £0.203m and £0.628m 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 of £0.115m to date, 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 **Appendix 5**
Financial Year 2024/25 Period 6 covering 1 April 2024 to 30 September 2024
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Children's Residential Schools	5,836	6,306	(470)	-8%	↓
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 overall client activity and number of clients funded 100% by the HSCP along with an increase in the average negotiated Scotland Excel rates in excess of budget.				
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	1,191	585	606	51%	↑
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 and additional income.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2024/25 Period 6 covering 1 April 2024 to 30 September 2024
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Childcare Operations	6,154	5,717	437	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.				
Other Services - Young People	2,880	2,693	187	6%	↑
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 reduced direct payments and supported lodging payments				
Mitigating Action	The service will require to closely monitor the number of clients with respite packages				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2024/25 Period 6 covering 1 April 2024 to 30 September 2024
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Residential Accommodation for Older People	6,975	7,963	(988)	-14%	↓
Service Description	WDC owned residential accommodation for older people				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to the cost of the care home regrading (£0.438m), the social care pay uplift being in excess of budgeted levels (£0.104m) and 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	A significant overspend is forecast at this time.				
External Residential Accommodation for Elderly	10,266	10,015	251	2%	↑
Service Description	External residential and nursing beds for over 65s				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due additional self funder income.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2024/25 Period 6 covering 1 April 2024 to 30 September 2024
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Sheltered Housing	1,384	1,425	(41)	-3%	↓
Service Description	Warden Service for Housing run sheltered housing service				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to a reduction in income from the HRA for the warden service charge of £0.117m in line with 2023/24 income received and related to unoccupied flats scheduled for demolition, partially offset by an underspend in employee costs of £0.041m arising from better use of sessional staff to cover vacancies and sickness with agency only being used when no other option.				
Mitigating Action	The service will require to understand the drivers in relation to the warden service				
Anticipated Outcome	An overspend is forecast at this time.				
Day Centres Older People	1,268	1,164	104	8%	↑
Service Description	Queens Quay, Crosslet House Daycare, Lunch clubs and daycare SDS/Direct payments.				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to recruitment and vacancy management.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2024/25 Period 6 covering 1 April 2024 to 30 September 2024
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Community Alarms	(65)	45	(110)	169%	↓
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 staffng 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	3,186	81	2%	↑
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.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2024/25 Period 6 covering 1 April 2024 to 30 September 2024
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Residential - Learning Disability	12,229	12,045	185	2%	↑
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 due to client service reviews 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 underspend is forecast at this time.				
Day Centres - Learning Disability	1,813	1,661	152	8%	↑
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 **Appendix 5**
Financial Year 2024/25 Period 6 covering 1 April 2024 to 30 September 2024
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Mental Health	3,297	3,231	66	2%	↑
Service Description	This service provides mental health services				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to over achievement of previously approved savings options of £0.300m due to client service reviews and vacant posts				
Mitigating Action	The service will continue to review care packages with a view to fully achieving				
Anticipated Outcome	An underspend is forecast at this time.				
Care at Home	14,520	18,838	(4,319)	-30%	↓
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 £3.962m of which £0.155m is due to staff regrading costs in excess of budget and £0.230m is due to the social care pay uplift being in excess of budgeted levels. 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.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2024/25 Period 6 covering 1 April 2024 to 30 September 2024
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Addictions Services	1,060	868	192	18%	↑
Service Description	This budget contains the cost of working with Clients dealing with Drug and Alcohol Addictions				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to moving clients into more affordable placements and clients moving to older peoples services. There are also turnover and sickness absence savings in staffing				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Contingency	1,964	1,447	517	26%	↑
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)	(609)	(367)	38%	↓
Service Description	This budget contains Corporate spend and budgeted reserve drawdown				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to unachieved admin savings target and additional HSCP Social Care turnover target applied.				
Mitigating Action	The admin review will require to accelerate in pace to achieve required savings.				
Anticipated Outcome	An overspend is forecast at this time.				

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

Analysis of Reserves 2024/25

Analysis of Reserves	Actual Opening Balance as at 1 April 2024	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2025
	£000	£000	£000
Unearmarked Reserves			
Unearmarked Reserves	3,504	(4,286)	(782)
Total Unearmarked Reserves	**3,504**	**(4,286)**	**(782)**
Earmarked Reserves			
Scottish Govt. Policy Initiatives	**4,841**	**(1,786)**	**3,055**
Community Justice	192	(61)	131
Carers Funding	219	(153)	66
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	(375)	466
Community Living Change Fund	336	(161)	175
Children's Mental Health and Wellbeing	65	(65)	0
SG District Nursing Funding	74	0	74
TEC and Analogue to Digital Project	30	0	30
PEF Funding – Speech & Language Therapy Projects	26	0	26
Workforce Wellbeing	67	0	67
Winter Planning Funding - Interim Care	610	(211)	399
Winter Planning Funding - Enhance Care at Home	1,162	(586)	576
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

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

Analysis of Reserves 2024/25

Analysis of Reserves	Actual Opening Balance as at 1 April 2024	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2025
	£000	£000	£000
HSCP Initiatives	**2,924**	**(722)**	**2,202**
Service Redesign and Transformation	**496**	**(347)**	**149**
Children at risk of harm inspection action	481	(332)	149
Fixed term posts with the integrated HSCP Finance team	15	(15)	(0)
Unscheduled Care Services	397	0	397
COVID-19 Recovery (HSCP Funded)	**218**	**(159)**	**59**
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	(159)	59
Unachievement of Savings	1,085	(159)	926
Public Protection Officers	244	0	244
Participatory Budgeting	50	0	50
Digital Transformation	227	(57)	170
Training and Development	207	0	207
Covid-19- Scottish Government Funded	**2**	**0**	**2**
COVID-19 Pressures	2	0	2
Health Care	**5,410**	**(1,087)**	**4,323**
DWP Conditions Management	46	(10)	36
Physio Waiting Times Initiative	103	0	103
Retinal Screening Waiting List Grading Initiative	147	(112)	35
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

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

Analysis of Reserves 2024/25

Analysis of Reserves	Actual Opening Balance as at 1 April 2024	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2025
	£000	£000	£000
Health Visiting	120	(40)	80
Workforce Wellbeing	18	0	18
Social Care	**1,973**	**777**	**2,750**
Complex Care Packages/Supporting delay discharges	1,973	(670)	1,303
Local Authority Superannuation	0	1,447	1,447
Total Earmarked Reserves	**15,150**	**(2,818)**	**12,331**
Total Reserves	**18,654**	**(7,104)**	**11,549**

West Dunbartonshire Health & Social Care Partnership **Appendix 7**
Financial Year 2024/25 Period 6 covering 1 April 2024 to 30 September 2024

Month End Date	**30 September 2024**
Period	**6**

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	125000	625,000	**1,668,457**
ICT Modernisation HSCP - Revised			**62,500**	**459,229**	**396,729**	**125000**	**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.							

West Dunbartonshire Health & Social Care Partnership **Appendix 7**
Financial Year 2024/25 Period 6 covering 1 April 2024 to 30 September 2024

Month End Date	**30 September 2024**
Period	**6**

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 19 November 2024

Attachment: **2024/25 Financial Performance Report**

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD			
1	Reference number	HSCPB000067JS19112024	
2	Date direction issued by Integration Joint Board	19 November 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)	HSCPB000065JS24092024	
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 £89.291m 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 £115.069m 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 £244.956m. Allocated as follows: West Dunbartonshire Council - £89.291m NHS Greater Glasgow and Clyde - £115.069m Set Aside - £40.596m	
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities	
11	Strategic Milestones	Maintaining financial balance in 2024/25	30 June 2025
12	Overall Delivery timescales	30 June 2025	
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report and (where appropriate) the position regarding Debt Write Off's.	
14	Date direction will be reviewed	The next scheduled HSCP Board - 28 January 2025	

Appendix 9

Directorate for Mental Health
Director for Mental Health

Scottish Government
Riaghaltas na h-Alba

T: 0300 244 4000
E: directorofmentalhealth@gov.scot

Directors of Finance, NHS Boards
Chief Finance Officers, Integration Joint Boards

Copy to:
Chief Executives, NHS Boards
Chief Officers, Integration Joint Boards
Mental Health Leads
Directors of Psychology
Executive Nurse Directors

30 September 2024

Dear Colleague

Enhanced Mental Health Outcomes Framework: 2024-25 Allocations

Further to my letter of 4 July 2024, I am writing to provide updated detail about the funding, planning and reporting arrangements for an Enhanced Mental Health Outcomes Framework for 2024-25. This updated letter has come about from feedback and refinement of the calculations to ensure greater stability in funding as we move from multiple, historic allocations to a consolidated funding envelope to be baselined from April 2025.

To deliver this Enhanced Mental Health Outcomes Framework we have combined five funding streams - set out below - which we anticipate will allow Boards and IJB's greater flexibility to meet the ongoing and changing needs of their local populations. The total amount of funding available in 2024-25 across all funding streams is £120 million.

The funding streams which make up this Enhanced Framework are as follows:

- Mental Health Outcomes Framework;
- Perinatal and Infant Mental Health Programme;
- School Nursing Service;
- Health Checks for people with Learning Disabilities;
- Action 15.

A summary of the purpose of this allocation and the expected outcomes are at **Annex A**.

Allocations for 2024-25 and this Enhanced Framework assume a level of efficiency and reflect the extremely challenging financial context set out by the Cabinet Secretary for Finance earlier this month. To enable local leadership to act within this challenging context, this allocation provides a consolidated source of funding that can be used flexibly against local Mental Health priorities to deliver the designated outcomes set out in this letter and annexes.

The Enhanced Mental Health Outcomes Framework is a limited fiscal resource, and in calculating allocations an efficiency assumption has been included compared with 2023-24 funding levels therefore reducing the overall envelope of funding. This reflects the significant funding pressures across the Scottish Government and is consistent with treatment of a wide range of funding requests, both within Mental Health and beyond.

A Single Tranche

The full £120 million will issue in one tranche in October 2024. **Annex B** sets out allocations by NHS Board and **Annex C** gives an indicative IJB Breakdown. Boards and IJBs should agree relevant allocations based on local delegation arrangements and prioritisation.

Of the £120 million, £42.3 million relates to the previously agreed Action 15 commitment and ongoing mental health posts. For 2024-25, Boards and IJBs should agree relevant allocations to meet the Action 15 staffing commitment and aim for no detriment to staff already in post (indicative allocations are included in **Annex D**). Where vacancies arise, decisions should be based on local risk assessment, against population needs based on the priorities set out in this allocation letter. This provides local areas with flexibility to support ongoing reform and prioritisation across mental health.

Pay uplifts

Within the allocation for 2024-25 there is additional funding to cover the Agenda for Change uplift from 2023-24 for Action 15 and School Nurses programmes in line with prior year funding levels. The allocations within this letter do not account for any pay uplifts for 2024-25. The Health & Social Care portfolio will consider the impact of the pay deal once negotiations have settled.

Future Funding

It is our intention that the funding within this Enhanced Mental Health Outcomes Framework will be baselined in 2025-26, further discussion will follow on this.

Previous letters

On the back of various conversations with IJBs around the allocations set out in my previous letter of 4 July 2024, the updated allocations set out at Annex B & C will be the funding provided in 2024-25.

The process for changing the allocation is to ensure the prior year reserves are appropriately reflected in the allocations and the distribution method reflects prior years. This now allows certainty to deliver within the funding provided.

Next Steps

It is our expectation that this funding is utilised flexibly to meet the objectives and outcomes outlined within Annex A. In doing so, Boards and IJB's should make every effort to prioritise and support the full range of services and disciplines required to achieve the outcomes in Annex A, and where possible to create no detriment to existing service establishment and staff in post. Where unavoidable, any significant movement of resource should be discussed in full with senior leaders, service managers and lead clinical staff.

The Enhanced Mental Health Outcomes Framework is in line with the expectation that progress will be made locally towards 10% of frontline Health Board spend being utilised for mental health services, with 1% of frontline Health Board funding also being spent on CAMHS. We will continue to monitor this through our programme of routine engagement with Boards. Officials are working to provide additional guidance and advice to Boards and IJB's on this expectation.

I attach in **Annex E** an end-year reporting template, which we require you to submit by 30 April 2025. This, alongside our programme of routine engagement, enhanced and tailored support packages and publications such as the PHS waiting times publication and NES workforce publication, will form the monitoring and assurance landscape around this funding and inform our future funding approaches.

If you have any questions, please contact the Investment and Transformation Team - InvestmentandTransformationMH@gov.scot.

Yours sincerely

Stephen Gallagher
Director of Mental Health

Annex A

Enhanced Mental Health Outcomes Framework 2024-25 – Key Outcomes and Performance Management

Outcomes Framework

- The Mental Health Outcomes Framework aims to enable continued improvements to mental health and psychological services, in line with the aims of the June 2023 Mental Health and Wellbeing Strategy and associated delivery plans, specifications and standards. In particular it focuses on embedding increased capacity around CAMHS (Child and Adolescent Mental Health Services), the delivery of psychological therapies, eating disorder care, primary care and neurodevelopmental services, as well as ongoing innovation and service reform.
- The Mental Health Outcomes Framework also incorporates the historic £20m Outcomes Framework and additional multi-million pound funding to support the improvement and progression of a number of outcomes – in particular meeting waiting times standards for CAMHS and psychological therapies.

Programme/Strategic Priority	Outcomes	Notes	Links to Existing Frameworks	Performance Management
Building capacity within services to deliver the 18-week referral to treatment standard for psychological therapies**,** with a focus on improving quality and access in response to local need, reducing backlogs of long waits, and implement the national specification for psychological therapies and interventions.	Development and submission of PT service trajectories by the second quarter of 2024, showing the expected soonest possible point that the referral to treatment Standard will be met. To clear long waits for PT as soon as possible based on agreed improvement plans and trajectories. To meet the waiting times standards for PT as soon as possible	Provision of trajectories for PT was part of the commission in Annual Delivery Plans and we understand that you may need to review your improvement plans and trajectories in the context of this allocation. Separate allocations will be issued for delivery of digital psychologcial therapies posts. Psychological therapies and treatments are delivered across the age space in a variety of settings. As there is not a	Mental Health – Scotland's Transition and Recovery (www.gov.scot) National Specification for Psychological Therapies and Interventions	Engagement with Directors/Lead for Psychology who should have oversight of funding allocations and spending. Performance will be considered against official statistics publications for waiting times and workforce and ongoing work to deliver services in line with the outcomes set out in the National Specification for Psychological Therapies and Interventions. Annual Delivery Plan updates. Routine engagement calls with Mental Health Leads.

	based on agreed improvement plans and trajectories. To implement the national specification.	single service, funding for psychological therapies delivery should include oversight from the lead/Director of Psychology.		Monitoring of the implementation of the National Specification for Psychological Therapies and Interventions.
Building capacity within services to deliver the 18-week referral to treatment standard for CAMHS and improving quality and access to mental health services for children and young people; reducing backlogs of long waits and implementing the national CAMHS specification and the national neurodevelopmental specification.	Development and submission of CAMHS trajectories by the second quarter of 2024, showing the expected soonest possible point that the Standard will be met. To clear long waits for CAMHS as soon as possible based on agreed improvement plans and trajectories. To meet the waiting times standards for CAMHS as soon as possible based on agreed improvement plans and trajectories. To implement and deliver local elements of the national CAMHS service specification, including improvement in provision for those	Provision of trajectories for CAMHS was part of the commission in Annual Delivery Plans and we understand that you may need to review your improvement plans and trajectories in the context of this allocation. The regional and national elements excluded from this outcome are: • CAMHS Intensive Psychiatric Units (IPCU) • Intensive Home Treatment Teams • Learning Disabilities, Forensic and Secure Care CAMHS • CAMHS Out of Hours/Unscheduled Care • CAMHS Liaison Teams	Child And Adolescent Mental Health Services: national service specification - gov.scot (www.gov.scot) Children and young people - national neurodevelopmental specification: principles and standards of care - gov.scot (www.gov.scot)	As above for 2024-25, with a view to more closely monitoring implementation of the specifications in future years in line with our commitment to fully implement them by the end of this Parliament. We will work closely with the local accountable CAMHS and ND senior managers and professional advisory teams, specific to local delegation arrangements. Regular engagement with National CAMHS and ND managers group, and use of routinely available data and information from NES, PHS and NHS Benchmarking among other sources. CAMHS and ND enhanced support arrangements/routine mental health board engagement meet monitoring

	with eating disorders, by March 2026. To implement and deliver the national neurodevelopmental service specification for children and young people by March 2026.	Work has commenced with Regional Planning Groups via Directors of Regional Planning on the CAMHS regional and national elements of the National CAMHS Service Specification and we will write to you separately when this has concluded.		and reporting arrangements for the National CAMHS and Neurodevelopmental Specifications.
Improving mental health services for children and adults with eating disorders.	To continue making improvements to the support and treatment available for those with an eating disorder in CAMHS and adult mental health services, in line with recommendations made in the National Review of Eating Disorder Services in Scotland. To prepare for and support implementation of the National Specification for the Care and Treatment of Eating Disorders in Scotland with the support of the National Eating Disorder Network.	The National Eating Disorder Network will support the implementation of the National Specification, collation of national data on children and adults with eating disorders.	National Review of Eating Disorder Services: report and recommendations - gov.scot (www.gov.scot) National Review of Eating Disorder Services Implementation Group: final report - gov.scot (www.gov.scot)	For eating disorders, this will be with a view to more closely monitoring implementation of improvements to eating disorder services in future years in line with the recommendations in the National Review of Eating Disorder Services in Scotland and the National Specification for the Care and Treatment of Eating Disorders in Scotland . As above – but Annual Delivery Plan updates and routine engagement calls with Mental Health Leads.

Delivering improved and innovative approaches to mental health and psychological services, underpinned by nationally agreed standards and specifications for service delivery.	As above, to support programme of work to implement the National Specification for Psychological Therapies and Interventions. Support innovation and improve early support, with a focus on general practice and digital delivery. Improve support, assessment and treatment within general practice, ensuring the general practice mental health workforce is more integrated with wider primary care multi-disciplinary teams, community and secondary care. Submit complete data for the CAMHS and PT National Dataset (CAPTND) to Public Health Scotland. Where required, work with Directors of eHealth to upgrade data systems.	Integrated Authorities and Health Boards should consider this in the context of the introduction of the National Care Service to ensure that they maximize the opportunities to create integrated service provision across health boards, social work and social care for adults and children, adult and child protection, and justice social work.		As above – but Annual Delivery Plan updates and routine engagement calls with Mental Health Leads. PT clinical posts supporting digital delivery will be monitored through the Digital Programme Board and have oversight from the Lead/Director of Psychology. Annual Delivery Plans Regular Mental Health Lead/SG enagement calls PT policy and clinical advisor engagement calls with each health boards to monitor each boards work towards implementing and measuring how they deliver against the National Specification. Mental Health Unscheduled Care improvements are also reported through the Mental Health Unscheduled Care Network.

	Support improvements to the mental health unscheduled care pathway. Ensure those who need unplanned and emergency care are navigated to the right care, first time – ensuring there is no wrong door.	As set out in the Delivery Plan, a progress report on improving access to support, assessment and treatment in primary care mental health and wellbeing services will be completed by November 2024. The Framework allocation can then be considered to support any actions outlined in the report. In addition to improvements already being progressed, we are likely to begin local data collection in 2024-25. This will require local leads to consider what data can be reported and drive the necessary changes required to report on the national MHUC data set. This may include the continuation of expansion of local pathways to deliver the Distress Brief Intervention programme.		

Action 15 Board/IA Allocations

- Action 15 of the Mental Health Strategy 2017-27 committed the Scottish Government to *'Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings.'*
- At the end of the commitment in April 2022, an additional 958.9 whole time equivalent (WTE) mental health roles were filled using Action 15 funding. These resources will maintain and embed those increases.

Programme/Strategic Priority	Outcomes	Notes	Links to Existing Frameworks	Performance Management
A diverse, skilled, supported and sustainable workforce across all sectors.	Maintain the successful achievement of the Action 15 commitment through the ongoing employment of mental health posts recruited to increase access to dedicated mental health professionals in A&Es, GP practices, police station custody suites, prisons, community settings.	These posts were recruited under Action 15 of the previous Mental Health Strategy 2017-27. Although this strategy has been superseded by the new Mental Health & Wellbeing Strategy, we are committed to maintaining the recruitment undertaken in that exercise. There continues to be flexibility to determine what posts can be funded from the agreed allocation and therefore if posts become vacant or restructuring takes place funding can be reprioritised to other eligible MH roles to meet changing priorities.	Mental health and wellbeing strategy - gov.scot (www.gov.scot) Mental health and wellbeing : workforce action plan 2023-2025 - gov.scot (www.gov.scot)	Data is no longer gathered on the Action 15 commitment, allocations are required to maintain the permanent posts recruited under the commitment.

Perinatal and Infant Mental Health Programme - Specialist Services

- This funds specialist Community Perinatal Mental Health Teams, Maternity & Neonatal Psychological Interventions services and Infant Mental Health services across all Boards in Scotland. These services are key commitments in mental health service delivery and have been funded for a number of years, following a commitment made by the First Minister in 2019.

Programme/Strategic Priority	Outcomes	Notes	Links to Existing Frameworks	Performance Management
This funds specialist Community Perinatal Mental Health Teams, Maternity & Neonatal Psychological Interventions services and Infant Mental Health services across all Boards in Scotland.	Outcomes across the three services are that women/ primary caregivers: • who use the service experience improved mental wellbeing and that children are supported to meet their developmental milestones in relation to emotional wellbeing and social relationships. • to experience improved confidence and satisfaction with parenting and the parent/infant relationship.	These services are key commitments in mental health service delivery and have been funded for a number of years, following a commitment made by the First Minister in 2019. We are aware that in many instances, this funding represents either the majority, or the whole of, key clinical service for perinatal and infant mental health; which will be a factor in considering any resource movement.	https://www.pmhn.scot.nhs.uk/delivering-effective-services/delivering-effective-services-report/ https://www.gov.scot/publications/perinatal-infant-mental-health-services-update/ Perinatal mental health curricular framework : a framework for maternal and infant mental health | Turas | Learn (nhs.scot)	Board enagement – visits and services updates Service Development Advisor in post to work with Boards

C&YP - School Nursing Service

- In the 2018 Programme for Government the Scottish Government committed to investing in "recruiting an additional 250 school nurses by 2022". The school nurse role in Scotland was transformed to ensure a focus on areas which are most likely to impact on a children's health and wellbeing in later life. This includes a focus on emotional health and wellbeing.
- This has supported the recruitment of an additional 216.16 whole time equivalent school nurses which has meant that all Heath Boards in Scotland have been able to recruit additional school nurses. The funding is intended to support Boards to maintain existing numbers of additional School Nurses.

Programme/Strategic Priority	Outcomes	Notes	Links to Existing Frameworks	Performance Management
Retaining additional school nurses across Scotland to support the delivery of the transformed School Nurse role as set out in Paper 4 of the Transforming Roles series.	The consistent delivery of the transformed school nurse role across Scotland including the focus on supporting children and young people with emotional health and wellbeing concerns.	Whilst the funding for School Nurse recruitment and retention is drawn from Scottish Government Mental Health budgets, School Nurses are expected to cover the totality of their transformed role including the 9 other priority areas beyond emotional health and wellbeing. This may mean that, within boards, additional communication will be needed to direct school nurse service leads to the allocated funding for their services.	The delivery of the school nursing role should be delivered in line with the following guidance: Paper 4 of the transforming roles series - Transforming nursing, midwifery and health professions roles: the school nursing role in integrated community nursing teams - gov.scot (www.gov.scot) Specialist school nursing: priority areas and pathways - Specialist school	Rentention of the additional school nursing workforce and continued delivery of the School Nurse role will be monitored in the following ways: • Annual Scottish Government requests to Health Boards on numbers of additional School Nurses currently in place. • Scottish Government convening the quarterly School Nurse Implementation Group with attendance from all territorial Health Boards. • Health Boards attending twice yearly SG convened meetings to discuss the ongoing delivery of the school nursing service (these discussions will also

			nursing: priority areas and pathways - gov.scot (www.gov.scot)	include a focus on Health Visiting). • Health Board commitment to progress recommendations from the School Nurse Implementation Group Data and Referral Subgroup. That subgroup was convened in April 2024 and aims to consider how the efficiency and efficacy of school nurse referral and data collection processes can be improved to better demonstrate the impact of the school nursing service on the health and wellbeing of children.

PFG Health Checks for people with Learning Disabilities

- In 2022, the Scottish Government committed to annual funding of £2m for Boards to deliver Annual Health Checks. Each Board has flexibility in their choice of delivery mechanism, including hybrid models.
- This funding is provided to Boards for them to offer annual health checks to all adults with learning disabilities known to them each year in order to address health inequalities and ensure that people in this group are able to have any health issues identified and treated as quickly as possible. Evidence suggests that people in this group are twice as likely to die from preventable illness.

Programme/Strategic Priority	Outcomes	Notes	Links to Existing Frameworks	Performance Management
Annual Health Checks for People with Learning Disabilities	All adults with learning disabilities known to the local area are offered an annual health check. Steps are made to identify people with learning disabilities not already known to the local area.	In conjunction with Boards, Scottish Government are considering medium/ longer term reporting and monitoring at a national level, to establish measurable levels of uptake and outcomes from the health checks. Wider discussions with Public Health Scotland are ongoing around health check monitoring and several options being explored. Publication of this data, at Board level, is also being explored. We are aware that this funding represents either the majority, or the whole of health check funding which will be a factor in considering any resource movement.	Towards Transformation: Learning Disability and Autism Plan	Annual Monitoring returns providede detailing health checks offered, health checks completed, reasons for non-attendance and owards referrals to other related services. Ongoing delivery review via the Health Checks for Adults with Learning Disabilities National Implementation Group, and wider/ regular SG/ Board engagment meetings.

Annex B

Indicative Allocations for the 2024-25 Mental Health Outcomes Framework by Health Board

Health Board	Final Allocation
NHS Ayrshire and Arran	**£9,787,761**
NHS Borders	**£3,554,030**
NHS Dumfries and Galloway	**£4,090,887**
NHS Fife	**£7,797,604**
NHS Forth Valley	**£6,166,877**
NHS Grampian	**£11,168,941**
NHS Greater Glasgow and Clyde	**£27,546,692**
NHS Highland	**£7,100,048**
NHS Lanarkshire	**£11,829,389**
NHS Lothian	**£18,155,284**
NHS Orkney	**£1,235,442**
NHS Shetland	**£844,406**
NHS Tayside	**£9,855,688**
NHS Western Isles	**£866,951**
Total	**£120,000,000**

Notes: We have not included individual lines for each outcome, recognising that the total allocation is a single source of funding, with reporting against delivery of the stated outcomes set out in **Annex A**, not individual lines. This is to further enhance the option for greater flexibility to manage your allocation in a way that best reflects local needs against the designated outcomes.

To determine funding for NHS Board areas and the indicative IA/IJB breakdown, we have based this on previous years' allocations (2023-24 allocations).

The critical floor for the three Island Boards has been included again to ensure a minimum of 6 WTE staff for delivering the CAMHS elements (waiting times and implementation of the specification) of the Outcomes Framework. This provides a critical mass of CAMHS service to support sustainability and provide contingency.

This breakdown also includes funding of previously agreed additional posts for Action 15 covering Ayrshire and Arran, Dumfries and Galloway, Greater Glasgow and Clyde and Lothian.

Annex C

Indicative IJB Allocations

NHS Board Name	NHS Board Allocation	IA Name	IA Allocation
NHS Ayrshire and Arran	£9,787,761	East Ayrshire HSCP	£2,569,549
		North Ayrshire HSCP	£4,789,694
		South Ayrshire HSCP	£2,428,519
NHS Borders	£3,554,030	Scottish Borders HSCP	£3,554,030
NHS Dumfries and Galloway	£4,090,887	Dumfries and Galloway HSCP	£4,090,887
NHS Fife	£7,797,604	Fife HSCP	£7,797,604
NHS Forth Valley	£6,166,877	Clackmannanshire and Stirling HSCP	£2,904,702
		Falkirk HSCP	£3,262,175
NHS Grampian	£11,168,941	Aberdeen City HSCP	£4,330,050
		Aberdeenshire HSCP	£4,857,553
		Moray HSCP	£1,981,338
NHS Greater Glasgow and Clyde	£27,546,692	East Dunbartonshire HSCP	£2,205,334
		East Renfrewshire HSCP	£1,878,917
		Glasgow City HSCP	£14,749,293
		Inverclyde HSCP	£2,045,775
		Renfrewshire HSCP	£4,568,491
		West Dunbartonshire HSCP	£2,098,881
NHS Highland	£7,100,048	Argyll and Bute HSCP	£2,022,082
		Highland HSCP	£5,077,966
NHS Lanarkshire	£11,829,389	North Lanarkshire HSCP	£6,125,846
		South Lanarkshire HSCP	£5,703,543
NHS Lothian	£18,155,284	East Lothian HSCP	£2,219,637
		Edinburgh HSCP	£10,044,945
		Midlothian HSCP	£2,145,788
		West Lothian HSCP	£3,744,913
NHS Orkney	£1,235,442	Orkney Islands HSCP	£1,235,442
NHS Shetland	£844,406	Shetland Islands HSCP	£844,406
NHS Tayside	£9,855,688	Angus HSCP	£3,093,193
		Dundee City HSCP	£3,145,996
		Perth and Kinross HSCP	£3,616,498
NHS Western Isles	£866,951	Western Isles HSCP	£866,951
Total	£120,000,000		£120,000,000

Annex D

ACTION 15 ALLOCATIONS

Board	Integrated Authority	Annual Budget (£32m split by NRAC)	Plus additional posts	Plus 23-24 AfC Pay Uplift	Total A15 Budget (Per IA)	Total A15 Budget (Per Board)
Ayrshire & Arran	East Ayrshire	759,001	0	200,390	959,391	4,830,100
	North Ayrshire	857,917	1,880,886	226,991	2,965,794	
	South Ayrshire	715,296	0	189,619	904,915	
Borders	Scottish Borders	690,417	0	86,000	776,417	776,417
Dumfries & Galloway	Dumfries and Galloway	948,488	586,249	225,000	1,759,737	1,759,737
Fife	Fife	2,200,226	0	281,000	2,481,226	2,481,226
Forth Valley	Clackmannanshire and Stirling	827,938	0	121,920	949,858	2,000,542
	Falkirk	918,604	0	132,080	1,050,684	
Grampian	Aberdeen City	1,205,416	0	180,091	1,385,507	3,582,388
	Aberdeenshire	1,357,036	0	201,755	1,558,791	
	Moray	555,936	0	82,154	638,090	
Greater Glasgow & Clyde	East Dunbartonshire	593,727	0	87,111	680,838	9,338,858
	East Renfrewshire	506,841	0	74,295	581,136	
	Glasgow City	3,818,014	539,150	562,575	4,919,739	
	Inverclyde	507,012	143,360	75,545	725,917	
	Renfrewshire	1,083,056	544,416	159,218	1,786,690	
	West Dunbartonshire	561,282	0	83,256	644,538	
Highland	Argyll and Bute	599,422	0	79,560	678,982	2,390,082
	Highland	1,511,659	0	199,440	1,711,099	
Lanarkshire	North Lanarkshire	2,040,194	0	279,760	2,319,954	4,478,348
	South Lanarkshire	1,900,155	0	258,240	2,158,395	
Lothian	East Lothian	610,703	0	82,137	692,840	5,992,817
	Edinburgh	2,689,044	234,833	343,641	3,267,518	
	Midlothian	529,031	212,386	77,642	819,059	

	West Lothian	1,006,251	58,569	148,580	1,213,400	
Orkney	Orkney Islands	162,423	0	23,000	185,423	185,423
Shetland	Shetland Islands	153,482	0	22,000	175,482	175,482
Tayside	Angus	692,004	595,388	186,000	1,473,392	4,025,829
	Dundee City	895,817	0	131,000	1,026,817	
	Perth and Kinross	893,619	438,000	194,000	1,525,619	
Western Isles	Western Isles	209,989	0	30,000	239,989	239,989
Total		**32,000,000**	**5,233,237**	**5,024,000**	**42,257,237**	**42,257,237**

Annex E

End-year Reporting Template

End-year Reporting Template – to be submitted to InvestmentandTransformationMH@gov.scot by 30 April 2025

Funding

Name of Board	
Reserves balance for Enhance Mental Health Outcomes Framework delivery as at 31 March 2025	£
End of year spend on revised Enhance Mental Health Outcomes Framework delivery (01 April 2024 to 31 March 2025)	£

Delivery against the Strategic Priorities in the 2024-25 Outcomes Framework

Outcomes Framework

Please describe progress and next steps against the three strategic priority areas below (Note that the School Nursing comitment has a wider health focus and reporting under the below 3 priority areas is not necsasery).This should set out at a high level how you are delivering against the Outcomes Framework. Please quantify deliverables and milestones where possible e.g. number of staff recruited/trained/increase in patients seen/reduction in waiting times/improvement in patient outcomes by [amount].

Programme/Strategic Priority 1	**Associated Outcomes**
Building capacity in services to deliver the 18-week referral to treatment standard for Psychological Therapies**,** with a focus on improving quality and access in response to local need and reducing backlogs of long waits.	To clear long waits for PT and improve access to psychological services. To meet the waiting times standards for PT. To implement and deliver the national Psychological Therapies and Interventions Specification.
Progress achieved in 2024-25:	
Key priorities for 2025-26:	
Critical risks associated with 2025-26 priorities and plans to mitigate these:	

Programme/Strategic Priority 2	Associated Outcomes
Building capacity in services to deliver the 18-week referral to treatment standard for CAMHS and improving quality and access to mental health services for children and young people; reducing backlogs of long waits and implementing the national CAMHS specification and the national neurodevelopmental specification.	To clear long waits for CAMHS. To meet the waiting times standards for CAMHS. To implement and deliver local elements of the national CAMHS service specification, including improvement in provision for those with eating disorders, by March 2026. To implement and deliver the national neurodevelopmental service specification for children and young people by March 2026.
Progress achieved in 2024-25:	
Key priorities for 2025-26:	
Critical risks associated with 2025-26 priorities and plans to mitigate these:	

Programme/Strategic Priority 3	Associated Outcomes
Delivering improved and innovative approaches to mental health services, underpinned by nationally agreed standards and specifications for service delivery.	To continue making improvements to Eating Disorder services in CAMHS and Adult Mental Health Services, in line with recommendations made in the National Review of Eating Disorder Services in Scotland. To prepare for and support implementation of the National Specification for Psychological Therapies and Interventions.

	Support innovation in services, with a focus on PT clinical posts for those delivered digitally, and at primary care level, to ensure improved access to early support. Ensure the primary care mental health workforce is more integrated with wider primary care multi-disciplinary teams, community and secondary care. Support improvements to the mental health unscheduled care pathway. Ensure those who need unplanned and emergency care are navigated to right care, first time – ensuring there is no wrong door.
Progress achieved in 2024-25:	
Key priorities for 2025-26:	
Critical risks associated with 2025-26 priorities and plans to mitigate these:	

ACTION 15 BOARD/IA ALLOCATIONS

Programme/Strategic Priority	Associated Outcomes
A diverse, skilled, supported and sustainable workforce across all sectors.	Maintain the successful achievement of the Action 15 commitment through the ongoing employment of mental health posts recruited to increase access to dedicated mental health professionals in A&Es, GP practices, police station custody suites, prisons, community settings.
Progress achieved in 2024-25:	
Key priorities for 2025-26:	
Critical risks associated with 2025-26 priorities and plans to mitigate these:	

PERINATAL AND INFANT MENTAL HEALTH PROGRAMME - SPECIALIST SERVICES

Programme/Strategic Priority	Associated Outcomes
This funds specialist Community Perinatal Mental Health Teams, Maternity & Neonatal Psychological Interventions services and Infant Mental Health services across all Boards in Scotland.	Outcomes across the three services are that: • women/primary caregivers who use the service experience improved mental wellbeing and that children are supported to meet their developmental milestones in relation to emotional wellbeing and social relationships. • women/primary caregivers to experience improved confidence and satisfaction with parenting and the parent/infant relationship.
Progress achieved in 2024-25:	
Key priorities for 2025-26:	
Critical risks associated with 2025-26 priorities and plans to mitigate these:	

C&YP - SCHOOL NURSING SERVICE

Programme/Strategic Priority	Associated Outcomes
Retaining additional school nurses across Scotland to support the delivery of the transformed School Nurse role as set out in Paper 4 of the Transforming Roles series.	The consistent delivery of the transformed school nurse role across Scotland including the focus on supporting children and young people with emotional health and wellbeing concerns.
Progress achieved in 2024-25:	
Key priorities for 2025-26:	
Critical risks associated with 2025-26 priorities and plans to mitigate these:	

PFG HEALTH CHECKS FOR PEOPLE WITH LEARNING DISABILITIES

Programme/Strategic Priority	Associated Outcomes
Annual Health Checks for People with Learning Disabilities	All adults with learning disabilities known to the local area are offered an annual health check. Steps are made to identify people with learning disabilities not known to the local area.
Progress achieved in 2024-25:	
Key priorities for 2025-26:	
Critical risks associated with 2025-26 priorities and plans to mitigate these:	

Social Care and National Care Service Development Directorate
Angie Wood, Co-Director
E: angie.wood@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

HSCP Chief Officers
HSCP Chief Finance Officers
NHS Directors of Finance
Local Government Directors of Finance

Via email
21 October, 2024

Funding for Multi-Disciplinary Teams

Colleagues,

I am writing to provide detail on the Agenda for Change uplift arrangements for Multi-Disciplinary Teams (MDT).

MDT funding, of £40m, was announced as part of the Adult Social Care - Winter Preparedness Plan: 2021-22. A further uplift was then provided in 2022-23 to reflect pay rises under the Agenda for Change, delivering a total fund of £45.2m in 2022-23 and £45.7m in 2023-24.

Unfortunately, in the context of a challenging financial year and ongoing work to balance finances for Scottish Government 2024-25 budget, we have taken the difficult decision to reduce the overall funding level to protect the wider MDT allocations.

I can therefore confirm that the MDT funding for 2024-25 will be £40m, which we will baseline for each board, depending on the evidenced spend on recruitment and staffing in line with MDT policy.

We ask that you continue to monitor your earmarked reserve position closely and ensure that investment continues to deliver on the outlined outcomes, as evidenced by progress against the key performance indicators mentioned in **Annex A**.

We are now in the process of finalising the funding allocations and will be aiming to process the allocation of funds in November.

Yours Sincerely,

Angie Wood.

Angie Wood.

Purpose of Funding

The below has been extracted from the original funding letter from Richard McCallum, sent on 4 November 2021:

Multi-Disciplinary Working

Overview: The development of Multi-Disciplinary Team has been a key factor of integration, bringing together members of different professional groups to improve person centred planning and increase efficiency in assessment, review and resource allocation. Members generally include Social Workers, Healthcare Professionals, Occupational Therapists, as well as voluntary sector organisations who bring an additional level of local expertise, particularly in the art of the possible. Good MDTs will also have effective links with other relevant teams such as housing and telecare colleagues.

Territorial health boards are being asked to recruit 1,000 staff at AfC bands 3 - 4 over the next 3-4 months, to provide additional capacity across a variety of health and care services.
Boards are being asked to recruit staff, to assist with the national programme of significantly reducing the number of delayed discharges. New recruits, principally at bands 3 and 4, can be allocated to roles across acute and community services, working as part of multi-disciplinary teams providing hospital-to-home, support with care assessment and bridging care services. Where required, Boards can take forward some Band 2 roles to support acute health care services.

Recurrent funding is being provided to support and strengthen multi-disciplinary working across the health and social care system, to support timely discharge from hospital and prevent avoidable admissions to hospital, ensuring people can be cared for at home or as close to home as possible.

Outcome: Expanding a fully integrated MDT approach to reduce delayed discharges from hospital and to meet the current high levels of demand in the community and alleviate the pressure on unpaid carers.

In achieving this outcome:

- MDTs should support social care assessments and augment hospital-to-home, transition and rapid response teams in the community.
- Integrated Discharge Teams and Hubs should be established to support hospital discharge.
- Dedicated hospital-to-home teams, involving third sector organisations where appropriate, to support older people home to be assessed in familiar surroundings, avoiding assessing people's long-term needs in an acute hospital.
- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers
- Enable additional resources for social work to support complex care assessments and reviews.
- Additional support to speed up the process associated adults with incapacity legislation.
- Creating or expanding a rapid community response to prevent avoidable presentation to hospital.
- Provide support to care homes and care at home services so that they are responsive to changing needs.

Key Performance Indicators:

- Significant reductions in delayed discharge and occupied bed days.
- Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute.
- Increase in assessments carried out at home rather than hospital.
- Evidence of a reduction in the number of people waiting for an assessment.
- Evidence of a reduction in the length of time people are waiting for an assessment.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

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

19 November 2024

Subject: West Dunbartonshire HSCP Winter Plan 2024/25

1. Purpose

1.1 The purpose of this report is to present for member's information and assurance the HSCP Draft Winter Plan for 2024/25 and associated financial framework.

2. Recommendations

2.1 It is recommended that the HSCP Board note and comment on the contents of this report.

3. Background

3.1 Guidance has been issued by the Scottish Government to all NHS, Integration Joint Board Chairs and Local Authorities setting out the expectations for Winter Preparedness 2024/25 The West Dunbartonshire HSCP has contributed to the development of the plan for NHS Greater Glasgow and Clyde, as have other HSCPs, and work is ongoing to implement the actions outlined in the plan.

4. Main Issues

4.1 The HSCP Winter Plan 2024/25 articulates winter contingency arrangements that ensure the continued safe delivery of local services to vulnerable service users and the maintenance of a safe environment for staff. The Plan is informed by wider NHS and Council planning processes.

4.2 The HSCP Winter Plan 2024/25 identifies and addresses local issues across primary care and community services for which the HSCP Board is responsible, while also supporting the ongoing whole system delivery of effective unscheduled care.

4.3 The current financial position of the HSCP necessitates that, in so far as possible, responses to any increase in demand related to surge planning are contained within existing financial resources. It should be noted, as has been highlighted regularly to the HSCP Board, that the HSCP is operating all year round at an increased level of demand, therefore any additional surge pressure is significant for the Partnership.

4.4 Action for winter 2024/25 largely falls in to two categories; Business As Usual (core business) such as local service continuity and contingency planning (e.g. in the event of severe weather) and Additionality; West Dunbartonshire HSCPs contribution to whole system winter pressures (e.g. in relation to ensuring the continuation of efficient whole system flow between community and secondary care). The associated actions are outlined in the Winter Plan 2024/25 which can be found in Appendix I of this report.

4.5 Effective winter planning in health and social care is crucial for ensuring the well-being of individuals and the smooth operation of services during the challenging winter months. The anticipated impact of the Winter Plan 2024/25 includes:

- **Enhanced Patient Care and Safety**: Winter planning helps to manage the increased demand for health services due to seasonal illnesses like flu and respiratory infections. It ensures that our services are prepared to handle surges in patient numbers, reducing wait times and improving patient outcomes.
- **Resource Optimisation**: By anticipating the needs of the winter season, health and social care services can allocate resources more efficiently. This includes staffing, ensuring that there are no shortages during peak times.
- **Community Engagement**: Effective planning involves the community in preparedness efforts, such as vaccination campaigns and public health education. This helps to reduce the spread of illnesses and ensures that vulnerable populations are aware of and can access the services they need.
- **Prevention of Hospital Admissions**: This not only improves individual health outcomes but also reduces the strain on hospital resources.
- **Support for Health and Social Care Workers**: Winter planning includes measures to support the workforce, such as ensuring adequate staffing levels and providing mental health support. This helps to maintain a resilient and effective workforce during the high-pressure winter months.
- **Timely and Appropriate Care**: Ensuring that people receive the right care at the right time, whether in hospitals, care homes, or their own homes, is a key aspect of winter planning. This includes efficient discharge processes and the use of community-based care to prevent unnecessary hospital stays.

4.6 By implementing comprehensive winter planning, health and social care systems can better manage the increased pressures of the season, ensuring that both patients and staff are well-supported.

5. Options Appraisal

5.1 The recommendation within this report does not require an options appraisal.

6. People Implications

6.1 Recruitment, diminished staff resilience and increased absence are central pillars within the plan and are areas of risk during period of surge activity.

6.2 Contingency plans include upscaling staff capacity, revising staff rotas and where necessary the management of annual leave.

6.3 The HSCP recognises that supporting the health and wellbeing of our workforce is critically important at any time, not least of all during periods of surge activity. As such, there continues to be a focus on staff wellbeing, within a context of financial pressures, staff vacancies and increased demand.

6.4 The additional operational pressures the HSCP faces during periods of surge activity is acknowledged and a number of important wellbeing supports and interventions are available, for example the provision of mental health first aiders; one to ones and supervision where staff are encouraged to access support from their line manager, trade union representative or professional body; access to corporate and national wellbeing resources; access to occupational health services; access to appropriate PPE; and emphasising the importance of vaccination in protecting our staff, those we care for and the resilience of the HSCP over winter.

7. Financial and Procurement Implications

7.1 There are no direct financial or procurement implications arising from the recommendation within this report. As outlined in paragraph 4.3 the current financial position of the HSCP necessitates that, in so far as possible, responses to any increase in demand related to surge planning are contained within existing financial resources.

7.2 This generates an element of risk as the lack of financial resources will constrain the HSCPs ability to pay for overtime, recruit agency staff and purchase additional care home beds.

8. Risk Analysis

8.1 The risk of increased demand during the winter period may result in the HSCPs performance, in certain areas (for example hospital discharge), being adversely affected. All efforts will need to be made to minimise the potential risks.

9. Equalities Impact Assessment (EIA)

9.1 The recommendation within this report does not require the completion of an EIA.

10. Environmental Sustainability

10.1 The recommendation within this report does not require the completion of

a Strategic Environmental Assessment (SEA).

11. Consultation

11.1 The HSCP Senior Management Team, the HSCP Monitoring Solicitor and the Chief Finance Officer have been consulted in the compilation of this report and their comments incorporated as required.

12. Strategic Assessment

12.1 The Scottish Government's Urgent and Unscheduled Care Collaborative is a key strategic driver and forms a significant part of the HSCP Boards Strategic Plan 2023 - 2026, Improving Lives Together. This ensures that the HSCP provides the right care in the right place at the right time for every person, developing new models of care and services to meet the needs of the population.

13. Directions

13.1 The recommendation within this report does not require a Direction to be issued.

Margaret-Jane Cardno
Head of Strategy and Transformation
24 October 2024

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Appendices: Appendix I: Winter Plan 2024/25

Background Papers: Health and social care: winter preparedness plan 2024 to 2025 - gov.scot (www.gov.scot)

DRAFT
WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP)
WINTER PLAN 2024/2025

Executive Summary

Introduction

This plan sets out the core and additional activity to be undertaken by the HSCP in preparation for Winter 2024/25. NHS Greater Glasgow and Clyde have an overarching Winter Plan for 2024/25, which includes all six HSCPs across the Greater Glasgow and Clyde area, this has been reflected in the local West Dunbartonshire HSCP Winter Plan. This plan supplements the Greater Glasgow and Clyde plan with specific, localised planning arrangements to ensure the partnership is prepared for winter pressures. Winter planning focuses on the period from December through to March with specific arrangements made around the festive public holidays.

In line with the HSCP Strategic Plan Improving Lives Together, this plan seeks to underpin the four strategic outcomes:

- **Caring Communities**

  Outcome: Enhanced satisfaction among people who use our services, an increase in perceived quality of care and equitable access to services ensured.

- **Safe And Thriving Communities**

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

- **Equal Communities**

  Outcome: A reduction in the impact of the wider determinants of health.

- **Healthy Communities**

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

Key Risks

The winter plan has been developed in the context of the following key risks:

Risk	Impact Description
Recruitment	Inability to recruit or recruit in a timely manner will impact on the ability to deliver core services.
Reduced Resilience of Workforce	Due to the financial pressures within the HSCP the use of overtime and agency staff to fill vacant hours is greatly constrained. This may have an impact on core services, for example staff burnout and unwillingness to undertake additional hours.
Adverse Weather	Adverse weather events may disrupt the ability of staff to attend work or deliver services.
Staff Absence	The HSCP is experiencing high levels of staff absence. Should this continue or worsen over the winter period this may impact on the ability to deliver core services.
Ability Of Unpaid Carers To Continue In Their Caring Role	Since 2017 the percentage of carers within West Dunbartonshire who felt they were supported to continue in their caring role has been in steady decline. Carers across West Dunbartonshire are struggling with poverty, anxiety, depression, physical health ailments, social isolation, and workplace difficulties. This may lead to an increase in demand for formal care leading to an increase in pressure the HSCP need to step in to provide care that was previously managed by unpaid carers.
Financial Pressures	The HSCP is experiencing significant financial pressure. This will impact on the partnerships ability to pay for overtime, recruit agency staff and purchase additional care home beds.

Risks will be monitored through the weekly Senior Management Team Core meeting with appropriate escalation into West Dunbartonshire Council and Greater Glasgow and Clyde Health Board as required.

Summary of Actions

Our preparations for winter are built around:

Resilience	Ensure services are prepared for any emerging risks.
Capacity Building	Create capacity in the system from effective use of existing resources, including staffing (including the option to be more flexible in the deployment of resources).

Whole System Flow	Prevent avoidable hospital admission, reduce length of stay, and avoid delays to discharge to support whole system flow.
Infection Control	Ensure services are delivered safely, with precautions taken and communications issued, to reduce the spread of winter pathogens.
Communication and Information	Ensure effective and informative communication is in place for the workforce, partners and service users/the public. Maximise the use of intelligence to assist us in addressing winter pressures.
Staff Support and Wellbeing	Support the mental health and wellbeing of our staff through practical support and resources, and by ensuing appropriate support is in place to underpin staff ability to deliver their core roles (eg use of digital solutions).
Unpaid Carers	Support unpaid carers with information, advice and practical support if necessary to support them to sustain their caring role.
Monitoring and Escalation	Ensure appropriate monitoring and escalation routes are in place and understood by all relevant stakeholders.

Resilience	Ensure services are prepared for any emerging risks

Grouping	Action	Timescale	Impact	Measure	Cost	Responsible Officer
Business as Usual	Review business continuity plans for all services	Nov 24	Plans in place to manage continuity of service	N/A	N/A	All Heads of Service
Business as Usual	Liaise with GP practices to ensure resilience planning is in place	Nov 24	Resilience measures in place for GPs	N/A	N/A	Clinical Directors
Business as Usual	Liaise with commissioned services to ensure resilience planning is in place	Nov 24	Resilience measures in place for commissioned services	N/A	N/A	Contracts, Commissioning and Quality Assurance Manager
Business as Usual	Ensure all services have sufficient capacity in place over the festive period, with management cover arrangements in place	Nov 24	Services have sufficient capacity over the festive period	N/A	N/A	All Service Managers and Integrated Operations Managers
Business as Usual	Review and regularly update customer RAG ratings and the Critical Persons List across all relevant services	Nov 24	Up to date service user RAG ratings in place	N/A	N/A	All Service Managers and Integrated Operations Managers
Business as Usual	Identify staff able to work across services and ensure appropriate training	Nov 24	Service agility, supporting the HSCP to dynamically respond to workforce shortages	N/A	N/A	All Service Managers and Integrated Operations Managers

Capacity Building	Create capacity in the system from effective use of existing resources, including staffing (including the option to be more flexible in the deployment of resources)

Grouping	Action	Timescale	Impact	Measure	Cost	Responsible Officer
Business as usual	Ensure District Nursing and Care at Home service users have a RAG rating	Nov 2024	Fast identification of those with greatest need for effective use of resources	Care at Home RAG reported on weekly management reports	NA	Head of Health and Community Care
Business as usual	Business Continuity Plans include daily huddles with Head of Service / IOM's / Service managers to co-ordinate effective deployment of resources across Health and Community Care	Nov 24	Fast identification of those with greatest need for effective use of resources based on knowledge and skills	NA	NA	All Service Managers and Integrated Operations Managers

Whole System Flow	Prevent avoidable hospital admission, reduce length of stay, and avoid delays to discharge to support whole system flow.

Grouping	Action	Timescale	Impact	Measure	Cost	Responsible Officer
Business as Usual	Continue and expand the embedding of Future Care Plans (FCP) within core services inclusive of	March 2025	Reduced unplanned admissions	Comparison of unplanned admissions Winter 23/24 and Winter 24/25	NA	Head of Health and Community Care, Head of Mental Health, Learning Disability, Addictions

	external care home providers					
Business as usual	Continue the Discharge to Assess model of care	Ongoing	Reduced length of stay	Length of stay data	NA	Head of Health and Community Care
Business as usual	Maximise activities undertaken by Focussed Intervention Team and Frailty Practitioner: early rehabilitation, prompt falls response, Home First Service	Ongoing	Reduced avoidable hospital admissions	Comparison of unplanned admissions Winter 23/24 and Winter 24/25	NA	Head of Health and Community Care
Test of change	Develop and test a tool for ward staff to target appropriate early referrals to social work and therefore reduce bed days lost	Dec 24	Effective use of HSCP SW resources. Reduced length of stay	Qualitative data defining referral appropriateness from CHDT SW leads Length of stay in ward piloting the tool	NA	Head of Health and Community Care

Infection Control	**Ensure services are delivered safely, with precautions taken and communications issued, to reduce the spread of winter pathogens.**

Grouping	**Action**	**Timescale**	**Impact**	**Measure**	**Cost**	**Responsible Officer**
Business as Usual	Vaccination programme for staff and care home residents. All staff groups in scope for the winter	Sept 24 (Ongoing)	Increased update of seasonal vaccination	Vaccination Uptake Rates	£0	Nurse Team Lead

	programme have been encouraged to book vaccinations. The Adult Community Nursing Service ensured that all care home residents were vaccinated by end of September, meanwhile the District Nursing service is currently progressing the domiciliary vaccination programme					
Business as Usual	Implement standard infection control measures to address the requirements of the most common infections, such as norovirus; Clostridium difficile; influenza; and MRSA	Ongoing	Reduced spread of infectious diseases	Infection Rates	£0	Chief Nurse
Business as Usual	Implement contingency plans to minimise the impact of outbreaks of infection by complying with infection control audits and completing associated infection control action plans	Ongoing	Reduced spread of infectious diseases	Infection Rates	£0	Chief Nurse

Business as Usual	Follow Public Health Scotland (PHS) guidance on any other winter pathogens or outbreaks when available	Ongoing	Reduced spread of infectious diseases	Infection Rates	£0	Chief Nurse

Communication and Information	**Ensure effective and informative communication is in place for the workforce, partners and service users/the public. Maximise the use of intelligence to assist us in addressing winter pressures.**

Grouping	Action	Timescale	Impact	Measure	Cost	Responsible Officer
Business as Usual	Reinforce public messaging through all available West Dunbartonshire HSCP channels	Ongoing	Public Are Well Informed and Understand Messages	X (formerly Twitter) and Web Site Metrics	£0	Head of Strategy and Transformation
Business as Usual	All staff communication mechanisms for the HSCP are in place. Process for any emergency/urgent communications in place and scheduled communications re public holiday closures in place	Ongoing	Staff Are Well Informed and Understand Messages		£0	Head of Strategy and Transformation

Staff Support and Wellbeing	**Support the mental health and wellbeing of our staff through practical support and resources, and by ensuing appropriate support is in place to underpin staff ability to deliver their core roles (eg use of digital solutions).**

Grouping	Action	Timescale	Impact	Measure	Cost	Responsible Officer
Business as Usual	Ensure clear provision and routes of access for confidential support and access to counselling services, etc	Ongoing	Adequate workforce availability	Signpost all health and wellbeing support available to staff including online supports, employee assistance programmes, links to advice, support and tools provided by NHSGGC, West Dunbartonshire Council and nationally	N/A	Head of HR
Business as Usual	To ensure Flexible Working Policies are widely promoted and accessible across our workforce	Ongoing	Allows our workforce to undertake roles through challenging periods	Workforce flexibility across services to delivery operating model	N/A	Head of HR
Business as Usual	Flu Vaccination Programme	September 2024 (ongoing)	Encouraging our workforce to have vaccinations	Reduced absence level and positive update of vaccinations	N/A	All Service Managers
Business as Usual	Remote Working – Ensure that appropriate arrangements are in place for remote working	Ongoing	Maintain safe staffing in the event of adverse weather	Greater flexibility of access to networks and workplace locations	N/A	All Service Managers
Business as Usual	Ensure clear provision and routes of access for confidential support				N/A	All Service Managers

	and access to counselling services, etc					

Unpaid Carers	**Support unpaid carers with information, advice and practical support if necessary to support them to sustain their caring role.**

Grouping	Action	Timescale	Impact	Measure	Cost	Responsible Officer
Business as Usual	Expedite the processing of Adult Carers Support Plans to ensure intervention is timely in order to sustain the role of the unpaid carer	Ongoing	Increase in the number of carers who feel supported to sustain their role	Quarterly report using ACSP Data Set	£0	All Service Managers and Integrated Operations Managers

Monitoring and Escalation	**Ensure appropriate monitoring and escalation routes are in place and understood by all relevant stakeholders.**

Grouping	Action	Timescale	Impact	Measure	Cost	Responsible Officer
Additionality	Clarify and publicise for staff/managers agreed escalation routes through operational teams to Senior Management team	Nov 24	Clear Escalation Routes for Managers	Corporate Risk Register	£0	All Heads of Service
Additionality	Winter planning performance dashboard to be provided to senior management team on a weekly basis	Dec 24	Clear Escalation Route Effective Monitoring	Winter Planning Performance Dashboard	£0	Head of Strategy and Transformation

Financial Impact

There is no additional funding available in the financial year 2024/25 to deliver additional activities as part of the winter planning process.

The Scottish Government have provided funding for Winter Preparedness since late November 2021, both on a recurring and non-recurring basis. For funding directed originally through local authorities, this has already been baselined into the HSCP budget (with no allowance for pay uplifts). The £2m received to increase capacity for Care at Home is fully utilised to support both care at home and the reablement services.

There is no available funding to support the purchase of Interim care beds.

Delays in confirmation from the government of levels of recurring funding continues to place plans at risk. On 21 October 2024 the government confirmed that the overall funding to support Multi-Disciplinary Teams will be cut by £5.7m from the 2023/24 level, back to £40m. It is estimated that WDHSCP's share will be in the region of £0.664m. This reduction will require the HSCP to review all current posts, which include funding for care home oversight, health care support works within our inpatient mental health wards, frailty practitioners, social work reviews and support to the commissioning independent and third sector support.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

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

19 November 2024

Subject: WD HSCP Short Breaks Pilot Outcomes

1. Purpose

1.1 The purpose of this report is to provide an update to the Health and Social Care Partnership Board regarding the outcomes and impact of the Short Breaks Pilot carried out between April and August 2023.

2. Recommendations

It is recommended that the HSCP Board:

2.1 Note the impact and outcomes from the Short Breaks Pilot and considers the key learning points from the project for future planning, resource allocation and process review.

2.2 Note the commencement of a review of the current Adult Carer Assessment and Support Plan (ACASP) process and the short breaks service based on key feedback and learnings gathered from this pilot. Failure to address these concerns may see Carers dissatisfaction further increase and an increasing need of carers requiring higher packages of support for needs that may have been otherwise prevented or benefitted from early intervention.

3. Background

3.1 It is recognised that unpaid carers (defined in the Carers Act [Scotland] 2016 Statutory Guidance here and hereafter referred to as 'carers') in Scotland are the single largest group of care providers.

3.2 Under the Carers Act [Scotland] 2016 Statutory Guidance, "a carer is an individual who provides or intends to provide care for another individual. A carer can be caring for one or more cared-for persons".

3.3 Short breaks are defined by Shared Care Scotland and cited in the Act Guidance "…as any form of service or assistance which enables the carer(s) to have periods away from their caring routines or responsibilities (with the purpose of) support(ing) the caring relationship and promote the health and well-being of the carer, the supported person, and other family members affected by the caring situation".

3.4 West Dunbartonshire Health and Social Care Partnership (HSCP) in both its

previous and current strategic plan have committed to supporting carers in their caring role, ensuring the Short Breaks Pilot and any associated learning is strategically aligned.

3.5 At its meeting on 21 March 2022, the West Dunbartonshire Health and Social Care Partnership Board approved an allocation of resource of £0.266m which was drawn from earmarked, non-recurring reserves of Carers Act funding to support carers via a Short Breaks Pilot.

3.6 Recognising the negative, disproportionate impact of the COVID-19 pandemic upon carers, the proposal outlined the intention of supporting carers to access Self-Directed Support (SDS) Option One of a direct payment to finance a short break from caring.

3.7 The Short Breaks Pilot was initiated by West Dunbartonshire HSCP to support unpaid carers (hereafter referred to as "carers") in accessing short breaks. The pilot was modeled on a similar approach taken by Highland HSCP and was approved during the West Dunbartonshire HSCP Board meeting in March 2022. The project was implemented between April 2023 and August 2023.

3.8 Due to a few issues, including delays in recruiting to the role of Unpaid Carer Liaison Officer (project lead) combined with unanticipated logistical issues involved in providing SDS Option One direct payments to carers, the project suffered a significant delay.

3.9 Recognising the need for carers to be able to access short break support at that time, and with Carers of West Dunbartonshire (CWD), a key partner in the Short Breaks Pilot, having in place a smaller scale project established to facilitate short breaks called "Out of the Blue", £50,000 was allocated to meet the demand faced in that project. This saw approximately £216,000 remaining to be allocated via the Short Breaks Pilot.

3.10 The pilot aimed to support carers by offering financial support, with funds capped at £4,737.66 per application, equivalent to six weeks of traditional respite care for the person being cared for. Applications were encouraged from both the Carers of West Dunbartonshire and HSCP, with initial eligibility linked to an Adult Carer Assessment and Support Plan (ACASP). The eligibility criteria were relaxed over time to maximise participation, and the Carers Allocation Resource Group (CARG) was established to review applications fortnightly.

3.11 The Short Breaks Pilot significantly eased caring and financial pressure on carers by providing them with direct payments to address their needs, such as holidays, respite care, training, home improvements, etc.

3.12 Over eight CARG meetings, 83 applications were approved, with a total expenditure of £211,882.10. Most approved applications were processed through SDS Option One, giving carers autonomy to manage funds for specific purchases but also leaving them with the responsibility to reconcile

the spend. A breakdown of the application approval dates and associated spend is provided in Appendix 1.

3.13 Of the approved applications, 80 were processed using SDS Option One, and the remaining three used SDS Option Two, with a lower cap of £300. The average time between different stages of application processing was as follows:

Time between application received and CARG approval	Time between CARG approval and bank account details being received	Time between bank details received and payment made	Time between approval at CARG and Payment	Total time from application submission to payment in account
8.1 days	5.19 days	22.73 days	27.91 days	36 days

4. Main Issues

Key Insights, Impact and Learnings

4.1 The pilot demonstrated good collaboration between third sector and statutory services. It highlighted how joint efforts could achieve shared outcomes for carers promptly, with the Carers Allocation Resource Group (CARG) providing a platform that utilised expertise and advice to ensure decisions were in line with legislation, national guidance and local strategy.

4.2 The project kept carers' outcomes at the heart of the process, allowing them flexibility to choose creative and meaningful short breaks tailored to their needs. It also showcased the impact of offering carers more creative short break options, such as holidays, garden improvements and training opportunities, giving carers more control over how the funds were used.

4.3 The flexibility around the support planning encouraged people to consider what would have the greatest impact on their life. This saw a move away from traditional building-based respite. Building based respite with West Dunbartonshire is under significant pressure due to limited capacity, restricted booking periods and high levels of demand. The pilot gave carers the chance to try out alternative options including breaks away that included the cared for person giving opportunity for memories to be made.

4.4 This pilot also saw how being creative around short breaks can have long term impact even with little resources. Funds were used for items such as landscaping, garden furniture and summer houses that would have an ongoing positive impact for years to come and would not just benefit the carer applying to the fund but to wider family members. See some creative items requested in applications in appendix 2.

4.5 The application process for the pilot was a very simple document and focused on the finance being requested for the inputs required to achieve an identified outcome. Much of the information was duplicated from the ACASP which staff

have fed back was time consuming and placed them under time pressure to complete.

4.6 The SDS team focused on ensuring a fast turnaround time for carers funding, 1.5 FTE SDS officers were reassigned to focus on inputting ACASPs, supporting applications, prepping for CARG and processing of financial paperwork which resulted in average time from application to payment being 35 days. Learning from the pilot has allowed the SDS team to revisit their direct payment process, streamlining this to ensure that anyone requesting an Option One payment will receive funds in account within 28 days of budget authorisation.

Challenges and areas for improvement

4.7 A key learning highlighted in this process is the need for early identification and assessment of support for carers needs, alongside increased carer awareness within HSCP teams; this highlights the need for better outreach and engagement within the HSCP to identify unsupported carers. This can be evidenced by low level of referrals direct from social work teams. This pilot process helped improve carer awareness within the teams, however, this work would need to be consistently reinforced to ensure carer awareness is embedded into practice.

4.8 There was an issue of language, as regards jargons used by HSCP staff during CARG meetings leading to some confusions between carers, CWD staff, and the HSCP staff. Moving forward, it would be important to ensure everyone is clear on process and simple language is used.

4.9 The quick funding turnaround for carers during the short breaks pilot was achieved by reallocating 1.5 FTE SDS officers to prioritise the input of ACASPs, assist with applications, and handle financial paperwork. Out with the short breaks' initiative, there is currently a far longer processing wait time for unpaid carers.

4.10 This delay is partly attributed to staffing shortages, resulting in longer wait times for carers to receive support and, consequently, increased risks for some individuals.

4.11 The absence of clear eligibility criteria saw applications being received from carers already known by the HSCP and in receipt of alternative respite resources. Feedback gathered from third sector showed that having some kind of eligibility criteria would have been helpful and would have seen funds reach carers who were unknown to the HSCP and had no access to any short break funding.

4.12 Due to the pilot being limited to Option One for spend over £300, there was a requirement for carers to provide a standalone bank account which some carers reported to be burdensome. The requirement for a standalone account comes from CIPFA guidance to help support services users with self-management of funds and reconciliation.

Reflections for the future

4.13 Choice and control: Carers were mainly given the SDS Option One, which offers the greatest choice and control but comes with the greatest level of responsibility. Offering all four SDS options could enhance their sense of empowerment allowing carers to select the right route for their personal circumstances.

4.14 Double Funding: Not having an eligibility criteria nor checking existing access to respite funds via cared for person budget or the carer themselves, there was an issue of double funding as some carers who accessed the pilot funds were carers who were already being supported by the HSCP and CWD. If there had been a focus on those not currently accessing any support this may have allowed for a wider reach of carers to become involved in the pilot.

4.15 Balancing outcomes with equity: Staff emphasised the need for future pilots to adopt a more balanced approach, perhaps by setting lower grant caps, thus ensuring more carers can benefit from the funds available. Additionally, integrating a clear eligibility criterion based on existing support could help allocate funds more equitably.

4.16 Broader engagement with social work and HSCP teams: More targeted work is needed to identify carers not currently supported by CWD, as this could help find carers previously unknown to the system.

4.17 Long-term impact: Some carers have highlighted the project has motivated them to think differently about future short breaks and the opportunities provided by the pilot has given them opportunities to make memories.

4.18 **Expectation Management**: Some carers have reached out to the HSCP and Carers of West Dunbartonshire enquiring when the funding will reopen for this year and have been advised the pilot was a one-off funding. It is crucial to manage expectations, particularly for recipients of larger funding amounts and to ensure this information is well understood.

4.19 Quick turnaround time: The pilot saw a quick turnaround time for carers to receive the funding as 1.5 FTE SDS officers were reassigned to focus on inputting ACASPs, supporting applications and processing of financial paperwork.

4.20 Process streamlining: The ACASP process needs to be redesigned to streamline and ensure quicker turnaround times. Current delays, coupled with the complexity of completing assessments, discouraged carers from applying. Staff noted that while the Short Breaks Pilot had a relatively quick turnaround (36 days), the general ACASP backlog has created months-long delays.

4.21 As noted in recommendation 2.2 the reflection points outlined in paragraphs 4.13 to 4.20 will form the basis for a review of the current Adult Carer Assessment and Support Plan (ACASP) process and the short breaks

service.

4.22 Easily accessible short break services can have a profound impact on unpaid carers. The review aims to seek improvement in the following key areas:

- Improved Mental and Physical Health: Regular breaks can alleviate the physical and emotional demands of caring, reducing stress and preventing burnout.
- Enhanced Wellbeing: Carers often report improved mental wellbeing and a better quality of life when they have access to short breaks. This can also positively affect their social lives and family relationships.
- Sustained Caring Relationships: Short breaks help maintain the caring relationship by preventing the carer from becoming overwhelmed. This can delay or even prevent the need for residential care for the person being cared for.
- Increased Satisfaction: Carers who can take regular breaks are generally more satisfied with their caring role. They feel more supported and valued, which can enhance their overall experience.
- Better Planning and Flexibility: Accessible short break services often come with better planning and more flexible options, allowing carers to choose breaks that best fit their needs and schedules.

4.23 The ultimate ambition is to remove the need for unpaid carers to navigate complex systems to access short breaks and to broaden the range of appropriate and personalised provision available to carers.

5. Options Appraisal

5.1 An options appraisal is not required for this report

6. People Implications

6.1 The pilot exposed gaps in staffing, particularly with the backlog of ACASP assessments. The current waiting times highlight the need to review the current process for dealing with short break requests promptly. There is a need to redesign process ensuring that carers, third sector partners and HSCP are involved in the process to ensure it meets the needs of all.

7. Financial and Procurement Implications

7.1 The total pilot expenditure across all 83 applications was £211,882. This amount was just under the allocated budget of £216,000.

7.2 From the 83 approved applications, 80 were paid using the SDS Option One process for a direct payment which gives the carer complete autonomy to purchase the items requested and responsibility to complete reconciliation (submit proof of purchase at an agreed point in time).

7.3 For applications to be processed using the SDS Option One, it was essential that the carer had a standalone bank account that would be used for reconciliation purposes. Keen to ensure this did not pose a barrier to carers, particularly for relatively lower amounts of funding, it was agreed that applications for less than £300 could be supported by SDS Option Two. This involved CWD organising the spend and reconciliation rather than the carer themselves. Three people received funding through this route.

8. Risk Analysis

8.1 This report identified a major risk which is necessary to reflect on and address to ensure quality service delivery, especially the delivery of the WDHSCP local strategy as it affects the strategic priority around unpaid carers.

8.2 There is an urgent need to address the concerns regarding the short breaks process, as highlighted in the main issues section, as failure to address this may lead to an increased risk of carers' dissatisfaction.

8.3 Despite increased investment in this area West Dunbartonshire's National Core Integration Indicator 8 – "Percentage of carers who either strongly agreed or agreed that they felt supported to continue in their caring role" has been in steady decline since before the global pandemic:

- 2017/18 – 40.4%
- 2019/20 – 36.8%
- 2021/22 – 31.7%
- 2022/23 – 26.7% (now below the Scottish average 31.2%)

8.4 Failing to address this issue could lead to an increasing number of carers and those they care for entering critical conditions, ultimately necessitating higher packages of support for needs that could have been prevented, alleviated or improved through early intervention.

9. Equalities Impact Assessment (EIA)

9.1 An EIA is not required for this report.

10. Environmental Sustainability

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

11. Consultation

11.1 An event was held in January 2024 whereby stakeholders involved in the pilot process and carers who received funding were be invited to share their experiences. The feedback from stakeholders and carers is reflected in this report.

12. Strategic Assessment

12.1 The pilot was well aligned to the strategic outcomes and priorities of the WDHSCP strategic plan, Improving Lives Together 2023-2026, including the strategic priority, "We will provide better support to unpaid carers" within the 'Caring Communities' strategic priorities area.

12.2 The funding from the short breaks pilot helped support carers to thrive in their caring responsibilities and improved the quality of life of carers and their families.

13. Directions

13.1 Directions are not required for this report.

Margaret –Jane Cardno
Head of Strategy and Transformation
19 November 2024

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Appendices: Appendix 1: Breakdown of applications received and funding amounts
Appendix 2: Split of main items requested in applications, total spend on each area and average spend per application

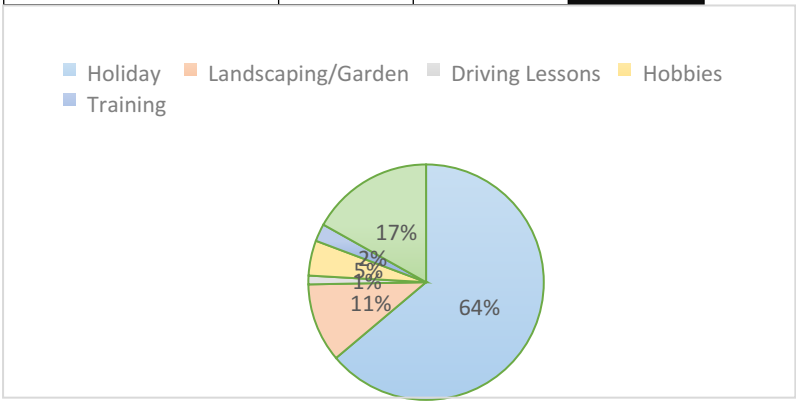
Background Papers: HSCB Board Papers March 2023, Item 14

Appendix 1: Breakdown of applications received and funding amounts

Date	Applications approved	Funding Spend
3.5.23	2	£4,555.70
17.5.23	3	£5,340.24
31.5.23	5	£15,802.65
14.6.23	14	£39,361.17
28.6.23	13	£37,024.96
12.7.23	16	£31,494.27
26.7.23	14	£39,124.58
9.8.23	16	£39,178.53
Total	**83**	**£211,882.10**

Appendix 2: Split of main items requested in applications, total spend on each area and average spend per application

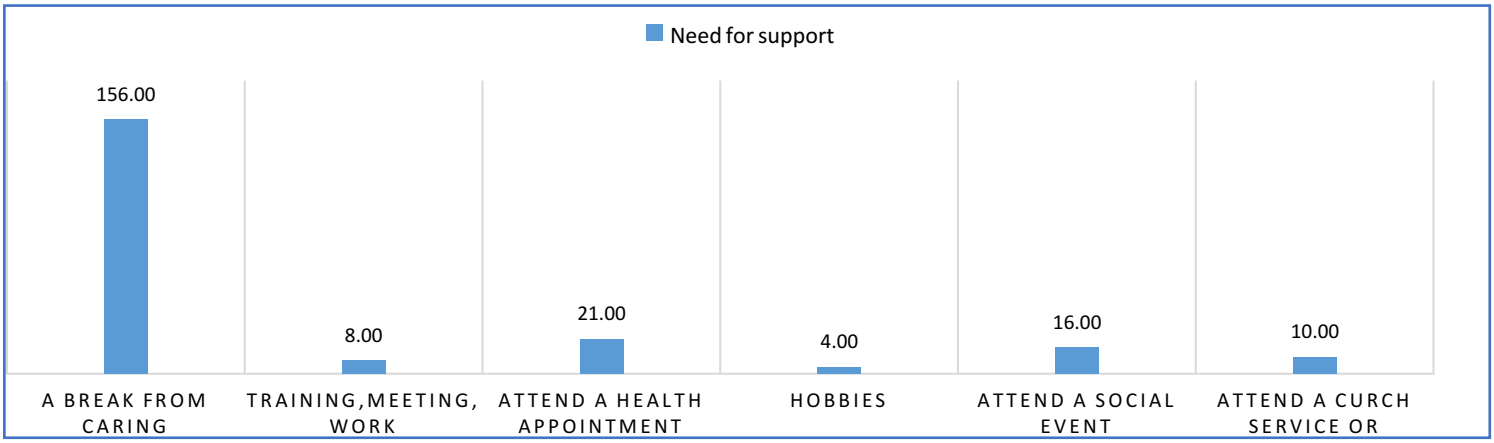
Purpose of App	Amount of Apps	Total Spend	Average Spend
Holiday	53.00	127050.85	4705.59
Landscaping/Garden	9.00	25123.69	5024.74
Driving Lessons	1.00	798.00	798.00
Hobbies	4.00	3726.50	1490.60
Training	2.00	1565.00	1043.33
Replacement care	14.00	53618.06	7149.07
	83.00	211882.10	



Breakdown of funds spend for the Out of the Blue Project (OOTB) carried out by Carers of West Dunbartonshire

- ✓ Number of hours of replacement care provide = 1,865
- ✓ Number of individual carers accessed the support = 83
- ✓ Cost of replacement care ranged from = £21p/h - £30p/h
- ✓ 10 were Parent Carers
- ✓ 73 were carers of an older person– where cared for had a dementia or a physical disability
- ✓ Each carer used an average of 22.5 hours during the period

Chart illustrating the support needs of carers in the CWD Out Of the Blue project



Case Studies:

1. £4,683.00 was requested by an unpaid carer who was Mum to three sons, two of whom were impacted by significant additional support needs. The funds were requested to pay for a wooden cabin to be fitted within the back garden of their home. The cabin would be used in multiple ways:

    - A relaxing space for Mum to take time out from a chaotic home where she could have a coffee break and reset for short periods of time knowing she was just a few steps away should she been needed for her sons.
    - A space for her older son to go to study for college, the home is chaotic and at present the older son was having to go to local library for peace to study, he would be able to use the cabin for this and would not be restricted to working around library opening times. The cabin was also a space the older son could have friends over and get time to relax without younger siblings interrupting.
    - A space for the two sons to go with support workers to get some one on one time where they could play games, complete educational activities or when they were feeling emotional have a space to reset away from the home.

The application was granted and feedback from the family is that this space is now used everyday and been life changing to them as the additional space is meeting

many different purposes for them.

2. £840.95 for garden equipment and toys (including a trampoline, swing set and climbing frame) was requested by a Mum with four young children, one of whom suffers from ADHD and has no risk awareness so will run off making outdoor trips to places like parks or leisure centres very challenging. The garden at home is completely enclosed and the equipment gives the ability to have an outdoor environment which is a safe place for the siblings to build relationships and bond whilst playing.

   This equipment will last for several years and when the children are playing safely it reduces stress on Mum as she can also enjoy some time outdoors with her kids which will be beneficial to her mental and physical health but also allow her to enjoy quality time as a family year on year.

3. £1,139.50 for an Ipad, Apple pencil, canvas's and paints for a lady who is the main carer for her 88 year old Mum. She has recently been attending art classes once a week to help her manage her stress levels but needed some help getting the equipment to allow her to take part in creative activities at home. The items purchased were outwith her income as she receives carers allowance at present so funds at home are limited. The items purchased will allow her to take time to paint at home which helps her manage her mental health.

4. £259 for a WDC leisure pass and air pods to listen to music at the gym, this will allow a carer who has been attending the gym for previous year through a free pass from the carers centre to continue, in this time she has lost weight and feels both her mental and physical health are improved which is allowed her to maintain her caring role. She is a full time carer for her brother and sister who both have significant mental health challenges and rely on her for ongoing care and support to prevent hospital admissions.

5. £2,600 for replacement care for a carer to allow her to have her husband admitted to a care home for two weeks to allow her to get her bathroom converted to a wet floor shower room and to redecorate a downstairs bedroom. Her husband who has Parkinsons disease can no longer manage the stairs safely and this solution would allow her husband to regain some independence and this would then reduce stress on her but also future proof their home for years to come.

6. £915 for wellbeing courses for a parent caring for a son who has multiple health issues, the courses would allow for the parent to take forward the opportunity of becoming a mindfulness teacher and eventually moving into this line of work which would be self-employed and allow her to work when it was convenient to her caring role. She enjoys learning and feels this course would both improve her own mental health but give her hope for her future.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

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

19 November 2024

Subject: Engagement and Participation Strategy

1. Purpose

1.1 The purpose of this report is to secure the approval of the HSCP Board for the West Dunbartonshire HSCP Engagement and Participation Strategy and to seek their comments on the supporting operational delivery plan.

2. Recommendations

It is recommended that the HSCP Board:

2.1 Approve the West Dunbartonshire HSCP Engagement and Participation Strategy (Appendix I);

2.2 Note and comment on the supporting operational delivery plan (Appendix II); and

2.3 Note and comment on the supporting Equalities Impact Assessment (Appendix III).

3. Background

3.1 Section 12.5 of the West Dunbartonshire Integration Scheme (June 2015) outlines the arrangements for the Parties, namely Greater Glasgow and Clyde Health Board and West Dunbartonshire Council, to work together to support the Integration Joint Board in the production of its participation and engagement strategy. Through the Integration Scheme, the Parties agree to provide communication and public engagement support to the Integration Joint Board to facilitate engagement with key stakeholders, including patients and service users, carers and Third Sector representatives and Councils within the Greater Glasgow and Clyde Health Board area.

3.2 On the 19 February 2020, “A report was submitted by the Interim Head of Strategy, Planning and Health Improvement presenting the draft Health and Social Care Partnership Participation and Engagement Strategy 2020 – 2023. After discussion and having heard the Chief Nurse in further explanation of the report, the Board agreed to endorse the Participation and Engagement Strategy 2020 – 2023.”

3.3 This strategy and subsequently been reviewed and updated in line with good

practice.

4. Main Issues

4.1 The Participation and Engagement Strategy 2024-2027 aims to build active, inclusive, and strong community relationships between the Health and Social Care Partnership (HSCP) and the residents of West Dunbartonshire. This ensures our local communities can help shape and influence decision making to create services and policies that put the community at the heart of the HSCPs work. This strategy outlines how all HSCP staff will engage with our residents and cements our goals for what we want to achieve over the next three years.

4.2 This work is underpinned by the Improving Lives Together: Strategic Plan 2023-26 which prioritised creating environments for communities to become self-advocates on issues that matter to them and using their voices to make decisions together. In the successful delivery of this strategy, West Dunbartonshire HSCP aims to create consistency in our engagement methods and challenge existing issues head on.

4.3 The COVID-19 pandemic impacted our ability to engage with the local community, and ultimately affected the ways in which we communicated. Along with the lessons learned from the pandemic; we set our goals to maintain strong engagement with the community going forward. We recognise certain challenges faced by residents across West Dunbartonshire may affect participation, including accessibility issues; an aging population; and areas of high social deprivation. This strategy will outline how we plan to overcome these barriers together to make positive change in the West Dunbartonshire area.

4.4 Throughout the summer of 2024, the Community Engagement and Development Officer (CEDO) held several focus group sessions with the communities of West Dunbartonshire to hear their feedback on what meaningful engagement looks to them. This feedback combined with the leadership of the engagement and participation steering group has shaped the proposed draft. Further details of this work can be found in section 11 of this report.

5. Options Appraisal

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

6. People Implications

6.1 The recommendations within this report do not have any direct people implications. Indirectly good participation and engagement practices can have several staffing implications, both positive and challenging. For example:

6.2 Increased Staffing Demands: Implementing community engagement initiatives often require reallocating existing staff to manage these programs.

6.3 Training and Development: Staff may need training to effectively engage with the community. This includes developing skills in communication, equalities, and project management.

6.4 Time Management: Community engagement activities can take up significant time. It's essential to plan and create schedules to ensure that these activities do not have an unintended negative impact on staff.

6.5 Employee Morale and Retention: Community engagement can boost employee morale and job satisfaction. Employees often feel more connected and motivated when they see their work making a positive impact on the community.

6.6 Resource Allocation: There can be costs associated with community engagement, such as increased time and other resource needs. However, these are generally outweighed by the positive impacts and can be managed through careful planning and training.

6.7 Building a Positive Culture: A strong community engagement program can help build a positive organisational culture. It can foster a sense of purpose and belonging among employees, which can enhance overall productivity and engagement.

7. Financial and Procurement Implications

7.1 There are no direct financial and procurement implications arising from the recommendations within this report. Indirect costs, as referred to in paragraph 6.6 will be managed within existing resources.

8. Risk Analysis

8.1 There are no direct risks associated with the recommendations within this report. Failure to implement the participation and engagement strategy would however have significant reputational risk for the HSCP, areas of risk include:

8.2 Lack of Trust: When communities feel excluded or ignored, it can erode trust in public bodies. This distrust can make future engagement efforts even more challenging.

8.3 Increased Conflict: Without proper engagement, misunderstandings and conflicts can arise, leading to public criticism and opposition to projects.

8.4 Unrealistic Expectations: If the community is not involved from the start, there may be unrealistic expectations about what can be achieved, leading to disappointment and frustration.

8.5 Social Division: Excluding certain groups can deepen existing social divides, making it harder to achieve cohesive community development.

8.6 Project Delays and Failures: Poor engagement can result in a lack of community support, causing delays or even the failure of projects due to opposition or lack of participation.

8.7 Missed Opportunities: Engaging the community can bring valuable insights and innovative ideas. Without it, opportunities for improvement and innovation may be missed.

8.8 Failure to adhere to legislation and statutory guidelines.

9. Equalities Impact Assessment (EIA)

9.1 An equalities impact assessment has been undertaken and can be found in Appendix III of this report. The recommendation is that this strategy be implemented.

10. Environmental Sustainability

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

11. Consultation

11.1 An Engagement and Participation Steering Group was established to support the creation of this strategy. The group is chaired by the Head of Service for Strategy and Transformation and members include: HSCP Service representatives; Third sector organisations; Trade Union colleagues; West Dunbartonshire Council colleagues.

11.2 Throughout the summer of 2024, the Community Engagement and Development Officer (CEDO) held several focus group sessions with the communities of West Dunbartonshire to hear their feedback on what meaningful engagement looks to them. There were two public sessions held on the 7 and 14 August and four targeted sessions with partner organisations and their members, including new Scots' women's group, Moments of Freedom (supported by Outside the Box), Alternatives, Improving Lives and Carers of West Dunbartonshire. Other partner organisations were contacted to participate but were unable to due to recesses that take place over the summer holidays. Opportunities were also given for people to feedback electronically via email, which there was one response given.

11.3 The HSCP Senior Management Team considered this report at their meeting of 25 September 2024.

11.4 The HSCP Senior Management Team, the HSCP Board Section 95 Officer, the Head of HR and the monitoring solicitor have all been consulted in the

preparation of this report and their comments incorporated as required.

12. Strategic Assessment

12.1 This strategy aligns with the ambitions of the Strategic Plan Improving Lives Together 2023 – 2026, and specifically supports the delivery of the Caring Communities strategic outcome.

12.2 The strategy also enables compliance with the Health and social care - Planning with People: community engagement and participation guidance (2024). This guidance sets out the responsibilities NHS boards, local authorities and Integration Joint Boards have to community engagement when health and social care services are being planned, or when changes to services are being considered and supports them to involve people meaningfully.

13. Directions

13.1 The recommendations within this report require a direction to be issued to West Dunbartonshire Council and NHS Greater Glasgow and Clyde. This direction reference HSCPB000068MJC19112024 can be found in Appendix IV of this report.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
Date: 17 October 2024

Person to Contact:	Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire HSCP Email – margaret-jane.cardno@west-dunbarton.gov.uk
Appendices:	Appendix 1 – Participation and Engagement Strategy Appendix 2 – Delivery Plan Appendix 3 – EIA Appendix 4 – Direction HSCPB000068MJC19112024

NHS Greater Glasgow and Clyde

West Dunbartonshire Health and Social Care Partnership

Engagement and Participation Strategy

Glossary

Community Engagement and Development Officer (CEDO) – The person whose job is responsible for undertaking engagement work on behalf of the Health and Social Care Partnership (HSCP). It is their role to represent community voices during decision-making processes.

Community Representative– A volunteer role taken by a person in a local community who is interested in becoming more involved in local decision-making processes. They would sit on HSCP steering groups and go out into their communities to give information and updates on policies. They would also collate a shared response from their community and feed it back to the decision-making board.

Co-production/co-produced – This means everyone (HSCP, third sector, external partners, and communities) working together on an issue to reach a collective outcome.

Discrimination – This means treating someone poorly because they belong to or look like they belong to an identity group i.e. disabled, LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer), race, religion.

Health and Social Care Partnership – The West Dunbartonshire Council and the NHS Greater Glasgow and Clyde Health Board work together to plan all the health and social care services in the area.

HSCP Board – The Board responsible for the strategic planning of the HSCP. Other areas refer to this board as the 'Integration Joint Board.'

Intersectionality – This is an acknowledgement that everyone has multiple layers to their identity and may face added discrimination because they belong to more than one identity group i.e. identifying as Black, disabled and a woman. These groups can experience specific types of discrimination, and this is why it is important to examine the person as a whole, rather than one identity type.

Legal duty or 'duty' – The legal responsibility on an organisation to get something done.

Stakeholder – Individuals or groups that have an interest in the decisions or activities of the Health and Social Care Partnership i.e. charities, health services, service users, etc.

Seldom Heard Voices – These are groups of people who use health and social care services, but their voices are underrepresented during the decision-making process.

Self-advocacy/self-advocate – Describes speaking up for yourself or your community about issues that matter to you.

Tokenistic – Refers to a symbolic effort that is only surface level to appease people.

Trauma Informed – Trauma-informed care uses the knowledge about the impacts of trauma to understand how this can negatively affect someone and inform the most successful choice of recovery.

Third Sector Partner/Organisation - A not-for-profit organisation.

Contents

Foreword

When planning health and social care services the voices of those with lived experience are crucial. People who have directly experienced a situation bring unique insights, their perspectives providing a depth and authenticity which cannot be replicated.

West Dunbartonshire Health and Social Care Partnership (HSCP) are committed to including those with lived experience ensuring that policies, programmes and decision are relevant and effective, helping to address real world challenges faced by individuals and communities.

Our strategy Improving Lives Together 20234 - 2026 focuses on our commitment to listening to these voices, so we can create solutions that prioritise our values of respect, compassion, empathy, care and honesty.

The Participation and Engagement Strategy is designed to help us all challenge assumptions and biases and amplify the voices of those with lived experience empowering individuals to advocate for change. This more inclusive approach, fosters a sense of ownership and helps us all to develop more effective outcomes with our service users, delivering our shared mission of improving lives with the people of West Dunbartonshire.

Beth Culshaw

Chief Officer

Health and Social Care Partnership

Introduction

The Participation and Engagement Strategy 2024-2027 aims to build active, inclusive, and strong community relationships between the Health and Social Care Partnership (HSCP) and the residents of West Dunbartonshire. We want our local communities to help us shape and influence our decision making to create services and policies that put the community at the heart of our work. This strategy outlines how all HSCP staff engage with our residents and cements our goals for what we want to achieve over the next three years.

Our work is underpinned by the Improving Lives Together: Strategic Plan 2023-26 that prioritised creating environments for communities to become self-advocates on issues that matter to them and using their voices to make decisions together. There are some examples of where we have done this well like our newest Carers Strategy 2024-26 and the Champion's Board who have shown how engaging with communities can be used to create positive change. In the successful delivery of this strategy, West Dunbartonshire HSCP aims to create consistency in our engagement methods and challenge existing issues head on.

The COVID-19 pandemic impacted our ability to engage with the local community, and ultimately affected the ways we communicated. Along with the lessons learned from the pandemic; we set our goals to maintain strong engagement with the community going forward. We recognise certain challenges faced by residents across West Dunbartonshire may affect participation, including accessibility issues; an aging population; and areas of high social deprivation. This strategy will outline how we plan to overcome these barriers together to make positive change in the West Dunbartonshire area.

What is Community Engagement?

In its simplest form, community engagement is the involvement of people in decision-making processes about issues that matter to them[1]. This means the HSCP and the local communities working together to tackle challenges and coming to a compromise on solutions. Community engagement is a valuable tool for creating tangible change and helps the HSCP identify what services or policy changes are needed in an area based on feedback. It is the responsibility of the Community Engagement and Development Officer (CEDO) to represent the community voices that they have gathered and use their opinions to help the HSCP come to a co-produced decision.

There are lots of ways communities can be engaged with, and each approach comes with its own merits and challenges. There are four frequently used methods that you might have been involved with in the past, which are:

[1] Attree, P et al. (2010) 'The experience of community engagement for individuals: a rapid review of evidence.' *Health and Social Care in the Community.* 19 (3), pp. 250-260.

We use the engagement topic to decide what method we are going to use to engage with the local community. For example, if we were looking to get direct experiences of cancer patients using services, it would be best to choose a method that allows for in-depth discussion, such as a consultation session in an environment which best suits the needs of the participants at that time. However, if we were looking to get a large public view on satisfaction of the HSCP, we would use a survey to reach as many people as possible. After we collect feedback, it is then analysed and put into a report which is presented to the appropriate team to use for constant evaluation or to the HSCP Board who oversee the governance of the HSCP. The Board can use the report based on its evidence to make decisions or compromises about service design and policy implementation.

Community Engagement offers many benefits to both communities and organisations that go beyond sharing feedback, like:

We are already building on the good engagement practices we see within the HSCP which include:

Care At Home redesign

Children and families redesign

Carer's Strategy 2024-2026

Champion's Board

These projects are a good structure for the participation and engagement strategy to be built upon as they have demonstrated how to involve communities to create positive change. We want to evolve from our last strategy and use our learning from the last three years to focus on things like:

Defining Our Communities

The definition of a community refers to a group of people that share common characteristics with each other[2]. When the term 'community' is used in this strategy, it is acknowledging three specific sub-groups which are:

Groups of people who all live in the same geographical area (i.e. West Dunbartonshire covers Clydebank, Dumbarton, and Alexandria)

Groups of people who share a common identity characteristic (i.e. identify as disabled, LGBTQ+, etc.)

Groups of people who are brought together by a shared passion (i.e. climate activists, unions, etc.)

[2] Hogg, C.N.L (2007) 'Patient and public involvement: what next for the NHS?' *Health Expectations*. 10, pp.129-139

Intersectionality

Some people might find they belong to multiple community groups and would struggle to identify with a singular experience, for example, someone could be a person of colour, disabled and bisexual. Intersectionality recognises that people have multiple labels that they can identify with and acknowledges that each identity can add to the possibility of being discriminated against[3]. We feel it is important for our participation and engagement strategy to use an intersectional lens to hear the multiple impacts people can face, so we can better our services to suit our community's needs. In a practical context, this means we listen and analyse feedback looking at someone's whole experiences and past, rather than focusing on one specific characteristic.

All the communities in West Dunbartonshire are important to help the HSCP make change and sometimes someone can belong to multiple communities at once. We know from the community feedback that we received during the summer engagement sessions that people appreciate their circumstances being looked at as a whole, rather than focusing on one issue at a time. They want their needs to be at the centre of planning, developing and monitoring decisions and examining their circumstances from an empathetic perspective to recognise how issues in their life affect them. This is referred to as a 'person-centred' approach and to do this well, the HSCP needs to work with all its stakeholders to continue its movement towards person-centred working.

[3] Hankivsky, O (2014) 'Intersectionality 101'. *Institute for Intersectionality Research and Policy*. 7, pp. 1-36.

Stakeholder definition

Our communities are at the heart of this strategy; however, it is also fitting to recognise our stakeholders who are crucial to making this strategy a success. These stakeholders include and is not limited to:

It's important that the HSCP uses all the voices of its stakeholders to help create positive change. We have a wealth of knowledge from our staff, communities, and valued partners who can, by working together, support the HSCP to make informed decisions that create change. We want to move away from silo working and work towards a collaboration with our partners, ensuring that all interests are represented at the decision table. We know that this is important to our communities from their feedback, and we have used this to help shape what goals we want to achieve throughout the next three years.

What Matters to Our Communities?

Throughout the summer of 2024, the Community Engagement and Development Officer (CEDO) held several focus group sessions with the communities of West Dunbartonshire to hear their feedback on what meaningful engagement looks to them. There were two public sessions held on the 7th and 14th of August and four targeted sessions with partner organisations and their members, including new Scots' women's group Moments of Freedom (supported by Outside the Box), Alternatives, Improving Lives and Carers of West Dunbartonshire. Other partner organisations were contacted to participate but were unable to due to recesses that take place over the summer holidays. Opportunities were also given for people to feedback electronically via email, which there was one response given.

Each session included a presentation given by the CEDO on the current state of the strategy and offered detail into the suggested goals for the timeline. People could then offer critique through the pre-set open-ended questions that the CEDO had designed in advance. The three main questions were:

1. What do you like about the strategy?
2. How can the strategy be improved?
3. Is there anything missed in the strategy?

What did the communities like about the strategy?

- People were excited for a change of pace from the HSCP
- The strategy helped create transparency
- Engagement was being built into projects

Communication with the HSCP

Throughout the sessions, our communities told us that communication with the HSCP can be difficult:

- ‘There is never any update given when a service changes because of staffing issues’
- ‘When I was seeking an ADHD diagnosis... I was told that there was no medical evidence for me to receive a diagnosis despite compiling a 4-page report by a private specialist who recommended a full assessment.’
- ‘When I was looking for respite, my key worker went off on sick leave and when I finally got someone on the phone, they told me they couldn’t do anything because they were the only person who did respite in the office.’

Transparency

The community members shared that they felt it was hard to understand how the HSCP works or who is responsible for decisions:

- ‘The biggest issue for me is understanding and separating West Dunbartonshire Council staff from the HSCP... you’re passed from person to person.’
- ‘I’ve done previous engagement work on the Autism Strategy before... it ended up collapsing and we were never told directly that it wasn’t going ahead
- ‘The HSCP sometimes isn’t honest. It’s okay to not have the resources but just be honest and tell us that.’

Involvement

All the communities we spoke to made it clear they wanted to be involved in decisions that influence their lives:

- ‘I like the idea of our voices being heard and how everyone can share their opinion to build stronger policies’
- ‘The HSCP should spend a day in my shoes and then tell me they won’t change anything’
- ‘There is still a lot of stigma in the recovery community and people will not engage until they feel ready to. Services are built for when you are sober, and many can’t get sober until they access the services’

Using the feedback we received from our communities, our staff members and our key partners, the goals for this strategy were created and shaped to serve the people who live and work in West Dunbartonshire.

Goals

Using the feedback gathered during the engagement sessions and considering the best practice examples already mentioned, there are areas of improvement that the HSCP use as a structure to outline the strategy goals. We want to support our communities to be more involved in decision-making, including everyone to 'have a seat' at the discussion table and become more transparent in our processes and the way we work. The goals we set for the next three years were chosen with our communities to suit their needs and help create a strong foundation for all future engagement work within West Dunbartonshire. Although ambitious, these goals outline a strong relationship between the HSCP and its communities and cements the importance of participation in everyday HSCP working.

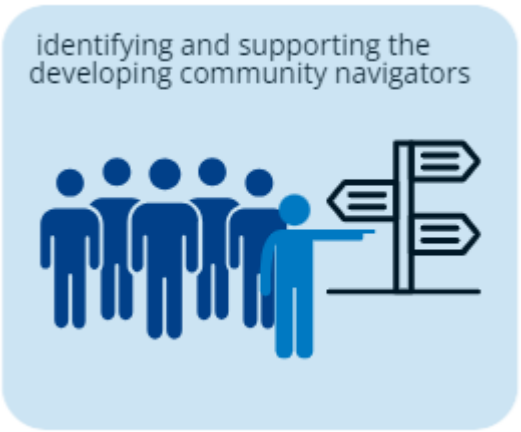
Intertwining our goals to link into each success ensures we can use their collective outcomes to drive positive change. Working together with our communities, the goals demonstrate what matters to the people of West Dunbartonshire and outlines how the HSCP aims to achieve these outcomes. They indicate an exciting movement into recognising the everyday good work our staff undertake whilst also constantly developing

and evolving our approaches to continue to adapt to our community's needs.

Including Seldom Heard Voices

Our communities told us it was important that we hear the experiences of everyone who lives in West Dunbartonshire, and we know that people from seldom heard communities can have barriers that impact their participation. It is our duty as the HSCP to support these groups to engage and ensure we tackle the barriers that can stop people from participating. We want to continue to use the direct experiences of our communities to help us shape decisions that support community wants and needs. Some of the ways we are going to do this are:

- Supporting our staff to feel confident when engaging with communities and how to tackle accessibility barriers
- Use community experience to help the HSCP find solutions



- We want to find people who are already known and trusted in their communities and help their development with training
- Increase the number community representatives on decision-making panels

Supporting the Development of Our Communities

Our communities have told us that they are eager to get involved and participate but they want their contributions to be meaningful and not tokenistic. It is therefore important that the HSCP helps strengthen the communities of West Dunbartonshire and offer tools and knowledge to successfully advocate for their own wants and needs. Some of the ways we want to achieve this is by:

- Listening to our communities needs and using targeted engagement to support their growth
- Utilising best practice guidance and using these materials to help create staff training

- Return to the communities who engaged with us and detail how decisions were made
- Examining how the HSCP shares information and designing a more efficient and straightforward method

By using the person-centred approach, the HSCP recognises that the best people to help us make decisions are the people who live and work in West Dunbartonshire. We want to use collaborative learning and working

with the experts who understand the needs of our communities and use their feedback to inform how decisions are made. Our communities don't necessarily lack a voice, rather the structures that create HSCPs are complicated and can be difficult to navigate. Recognising and tackling these barriers to participation means the HSCP can become easier to engage with, and communities can have their voices represented in issues that matter to them.

Strengthening Our Community Relationships

The ongoing COVID-19 pandemic has impacted how people in their local communities trust the HSCP and we recognise this can hinder coming together to talk about issues that matter to you. We know that the relationships with our stakeholders, particularly our communities, staff and partners, creates the skeleton for HSCP services to thrive. Our communities told us it was important to them that the HSCP used all its resources to help make decisions and this means nurturing relationships. Some of the ways we want to achieve this is by:

- Supporting outreach work within our communities
- Nurturing strong relationships with our third sector and partner organisations
- Increase our partner organisation representation on decision-making panels

Building relationships with our communities and partners helps keep us accountable to the people who live and work in West Dunbartonshire. The more we can involve our partners who are instrumental for creating change, like communities, staff and third sector organisations, the better chance we have of a successful transition to new ways of working. Although it may take time to achieve, nurturing important relationships will support the HSCP to make the best choices for our communities by using the direct feedback of the experts to motivate change.

Trauma Informed Practice

During the summer engagement sessions, our communities told us very personal stories about finding services difficult to access. One issue that arose consistently was people feeling they had to repeat their stories over and over to professionals and this was traumatic for several reasons:

- When people are looking to access support, they are being referred to a door that is closed to them.
- Having to explain their life story and experiences multiple times risks re-traumatisation, feeling unsafe and can harm relationships before they begin.
- There's a missing gap in the bridge for support between services and referrals.

These experiences can impact staff too, particularly as staff want to the best at their job and complicated systems can hinder that. Some of the ways staff can be impacted is:

- Frustration at having to decipher referrals that can use service specific language and acronyms as there isn't one centralised system.
- Staff may have to ask the same questions multiple times due to missing information in someone's history, case notes or repetition in forms leading to feelings of disempowerment.
- Staff can feel this hinders their success at their job and can create job dissatisfaction.

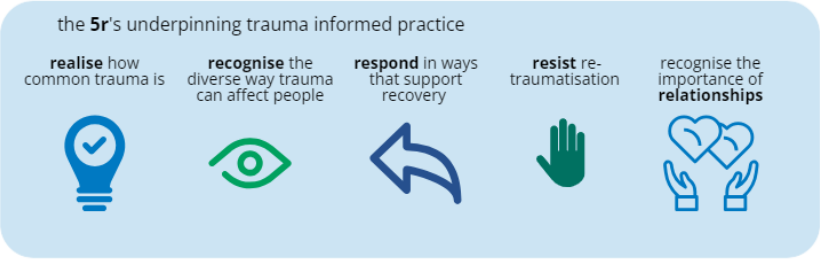
Using this knowledge, the HSCP is actively working towards introducing trauma informed practice into its services. The Programme Lead for Trauma Informed Practice is undertaking work to create a Trauma Informed Strategy that will create the framework for the HSCP to follow.

It's important that in the meantime the participation and engagement strategy follows the national roadmap to ensure we support everyone who lives and works in West Dunbartonshire to feel safe and supported.

What is Trauma Informed Practice?

Trauma can affect us all at any time. Our approach to services includes working in Trauma Informed ways. The HSCP is committed to embedding Trauma Informed Practice by implementing key trauma informed practices into everyday work.

The 5 R's underpin Trauma Informed Practice are:



Trauma Informed Organisation also apply Trauma Informed Practice principles:

What to Expect from our Consultation Sessions?

Whether we are over a screen or face to face, we want to help make everyone comfortable when we run engagement sessions. There will be, at times, topics we are looking to get public views on that are deeply personal for individuals or their communities to share. It is therefore crucial that we create a safe environment where everyone can be involved in having their voice heard.

Our face to face consultations will usually be run by splitting the session into two halves; an information session and focus groups. The information section is where we explain to the communities about the topic of the day and offer participants the chance to ask questions. After a comfort break, we then would split into manageable groups with a facilitator who will ask pre-made questions and a scribe would write down answers verbatim. Some people don't feel comfortable speaking publicly, so we provide them with writing tools to share their comments or ask questions.

We have created a set of ground rules that are used for each session to ensure the wellbeing of our communities and staff, which include:

- We speak and treat everyone with respect and dignity
- Be curious and ask questions
- Everyone can participate
- Personal experiences that are shared stay inside the room
- Help us find a path for change

We believe it is important that everyone has their say and that can mean people disagree with each other's opinion. We want to highlight that although we want to create a space where everyone is heard, there are exceptions that cannot be allowed during sessions. We will not accept hate speech in any format against individuals, their communities, or staff when sessions are being run. Constructive criticism is welcomed and sought, but this needs to be done in a polite manner. There will be a three-

strike policy where an individual will be given the opportunity to adjust their behaviour before being asked to leave.

Accessibility Measures

We recognise that there are accessibility barriers that can stop seldom heard voices from joining in discussions and we want to tackle these issues head on. Some common* barriers people can face are:

- Economic hardships (for example, a session being held face to face and a person cannot afford transport to get there)
- Inaccessible venues (for example, not wheelchair friendly)
- Materials only being made in English
- Being blind, Deaf or Hard of Hearing and not having access to interpreters or accessible documents (for example, documents in braille or image descriptors on pictures)
- Not having access to the internet or technology and engagement sessions only being held online
- Attitudes and stereotypes about different protected characteristics and how this affects an individual or groups of people

***Please note this list is not exhaustive**

All our sessions shall be planned with advance notice to acknowledge any accessibility barriers participants may face by asking people when they sign up if they have any accessibility needs that we can accommodate. Staff will be required to recognise accessibility needs when creating any materials for sessions, including removing jargonistic language or acronyms. Any speakers who join sessions as guests will also be asked to consider accessibility barriers and content will be screened in advance to avoid any issues during sessions.

Principles of Engagement

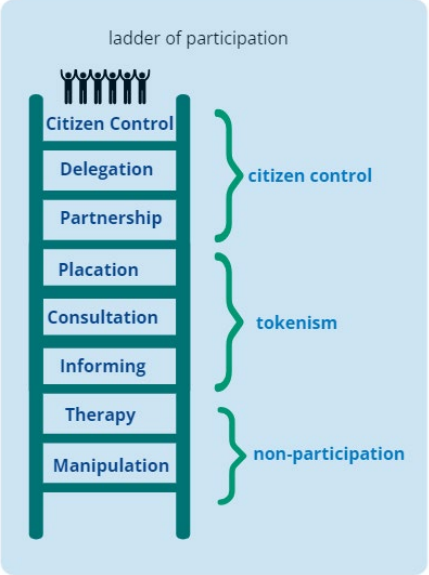
The Scottish Community Development Centre who created the National Standards for Good Community Engagement outlined 7 best-practice principles that can be used to demonstrate what good community engagement looks like. The Standards are used by all the HSCP Boards across Scotland and help ensure engagement is completed to a high-quality that results in the greatest impact for change. It acts as a challenge to compare our approaches to, and ensures we acknowledge and overcome barriers to participation, like making sure our engagement sessions are accessible to anyone that joins.

(Scottish Community Development Centre, 2024)

These standards will be embedded in our work by continuously monitoring our engagement approaches and adapting our practice when we identify barriers that can be solved. We acknowledge that the transition period of engagement will take time to become standard practice, both amongst our communities and for our staff. However, we believe that taking our time to get our approach right from the start is best option to create a long-term sustainable relationship between our communities and the HSCP.

Ladder of Participation

We want to use the principles of engagement to empower our communities and create a strong partnership between the HSCP and its residents. We recognise that engagement had been difficult in West Dunbartonshire due to the lack of a Community Engagement and Development Officer's role not being fulfilled and the impacts of COVID. We want to work on creating more consistent engagement and we are using this strategy as an opportunity to improve how we work.



Using Arnstein's[4] ladder of participation, our goal is to achieve the 'degrees of citizens' power' section at the top of the ladder. There are projects within the HSCP that are already achieving this, and we want to use the example they have set to make a consistent effort across the HSCP. Crucially, the HSCP wants to move into a partnership with the people who live and work in West Dunbartonshire who can help us

[4] Arnstein, S. (1969) 'A Ladder of Citizen Participation.' Journal of the American Planning Association, Vol 34 (4) pp. 216-224

collaboratively make decisions and help us share power amongst the people.

We want to involve our residents in sharing the decision-making power to help the HSCP become more accountable to the people it is serving. One way we wish to achieve this is by recognising residents who could become community representatives in their own area and be a spokesperson for their community on issues that matter to them. In a practical example, this means having more community representation on decision-making boards like internal steering groups and the HSCP Board. Our delivery plan details what actions we will take to continue working collaboratively with our communities, staff and partners.

Knowing Your Rights

All residents of West Dunbartonshire are given rights by law that protect their involvement in local democracy and enshrine their participation in issues that matter to them. Below are the relevant laws that underpin this strategy. All further information on the legislation mentioned in this strategy can be found via their titled hyperlink.

Carers (Scotland) Act (2016)

This act was created to improve support for unpaid carers across Scotland by recognising the crucial work they undertake and offering them more support. It places a legal duty on local authorities, health boards and HSCPs to involve carers in decisions that affect them and seek out their views on all services that support them. In West Dunbartonshire, the Carer's Strategy 2024-2026 underpins all engagement work and will continue to be used to outline how best to engage with unpaid carers in the community.

Children and Young People (Scotland) Act (2014)

This act sets out the legal framework for child welfare across Scotland, specifically that children and young people's views should be taken into account during decision making processes on issues that matter to them. It works in tandem with the United Nations Conventions of Rights of a Child Incorporation Act (2024) that enshrines young people's rights whilst this act outlines the legal framework for support.

Community Empowerment (Scotland) Act (2015)

This act places a duty on public bodies like the NHS Health Board, the Council and the HSCP to improve the quality of lives for people who live in disadvantages areas. This refers to anyone who lives in an area where their life aspirations are less because of poverty, health, housing, inequality or working prospects. The act aims to make the balance of power between communities and the public sector more equal and introduces more rights for communities by strengthening their voices in decision-making processes.

Community Justice (Scotland) Act (2016)

This act established an independent national body, Community Justice Scotland, to oversee community justice in local authorities whilst also outlining requirements for local and national outcomes.

Data Protection Act (2018)

Also known as the General Data Protection Regulation (GDPR), this act outlines how your personal information is used by any organisation. The rules surrounding GDPR are strict, and all data collected needs to be used fairly and the person needs to understand why it is being recorded. Any data collected for engagement purposes will be held according to GDPR guidance and you can request to see what data we hold on you via a Freedom of Information (FOI) request or ask for your data to be permanently deleted at any time.

Equality Act (2010)

This act sets out legal protections for people who fall under protected characteristics from being discriminated against in society. It is a compilation of several other anti-discrimination laws that were in existence which were brought together to create more protections for people. The protected characteristics include age, disability, gender, marriage and civil partnership, pregnancy and maternity, race, religion/belief, sex, and sexual orientation. We use the Equality Act legislation when conducting Equality Impact Assessments which can be viewed here.

Human Rights Act (1998)

The act outlines a set of fundamental human rights that everyone who lives in the UK is entitled to by law. It uses the European Convention on Human Rights (ECHR) as the basis for the law and sets out 13 main articles that define a person's rights, including right to life, right to a fair trial and the right to an education. In Scotland, there is also legislation going through Parliament for a new Human Rights Bill to be introduced by May 2026. This will also be incorporated, and the strategy will be updated upon its publication.

Patient Rights (Scotland) 2011

This act outlines the Scottish Government's plans to create a high-quality NHS that enshrines the rights of its patients. The act created the Patient Advice and Support Service (PASS) which provides free and confidential support for patients.

Planning with People Guidance 2024

The Planning with People Guidance is a national guideline outlined by the Scottish Government for all Health and Social Care Partnerships to follow for consistency in engagement. It applies to all services and highlights examples of best practice from across Scotland. Most notably, a major change from this guidance is the introduction of Health Improvement Scotland's (HIS) involvement in local engagement for major redesigns of health services. HSCPs must inform HIS of any proposed redesign for health services and demonstrate the appropriate measures have been undertaken to engage the local community in its development.

Public Bodies (Joint Working) Act (2014)

This act places the duty on the Integrated Joint Board and the local authority to create a Strategic Plan for the services and budgets under their control. The West Dunbartonshire 'Improving Lives Together' Strategic Plan 2023-2026 is a key document that works in tandem with the participation and engagement strategy and is used as another layer of monitoring.

United Nations Conventions on the Rights of A Child (Incorporation) (Scotland) Act (2024)

This act incorporates the UNCRC into Scottish Law which outlines the civil, political, economic, social, and cultural rights of all children and young people in Scotland. Similarly to the Human Rights Bill, the Act includes 54 articles that enshrine how all adults, from parents to local authorities, must work together to ensure all children and young people receive these rights. Some of the articles include freedom of expression, a right to be safe from violence and the right to be heard. Alongside the Human Rights Act (1998), we will be using this bill to enshrine the rights of all children and young people of West Dunbartonshire and ensuring their voices are heard on issues that matter to them.

NHS Reform (Scotland) Act 2005

Under this act, NHS Health Boards have a legal duty to ensure public involvement and equal opportunities within healthcare settings. The Scottish Health Council (SHS) was established in 2005 to involve NHS patient participation as a result of this act.

Governance and Monitoring

The Engagement and Participation Steering Group was established by the HSCP Board to support the creation of this strategy and now with its successful publication, it will evolve into monitoring the success of the strategy by:

- Reporting and reviewing progress
- Identifying any engagement barriers and working together to find solutions
- Collaboratively working with partners to engage communities across West Dunbartonshire

The group is chaired by the Head of Service for Strategy and Transformation and is answerable to the HSCP Board via evaluation reporting. Our members include:

- HSCP Service representatives
- Third sector organisations
- Our Trade Union colleagues
- West Dunbartonshire Council colleagues

As the participation and engagement strategy and delivery plan outlines, there is planned increase of community representation on decision-making panels by finding representatives and support their development to join the group. The Board will be kept informed with a report every 6 months to detail what engagement work has been undertaken and demonstrate the growth and development from the strategy.

Thank You

The HSCP would like to thank key organisations and staff members for their contribution to this document and dedication of their time. It is with their feedback, guidance and input that this strategy was made and reflects the wants and needs of West Dunbartonshire successfully. Specifically, thanks must go to:

- Our communities who gave their time to give feedback on the strategy
- Carers of West Dunbartonshire members who gave their time to give feedback
- Improving Lives members who gave their time to give feedback
- Alternatives members who gave their time to give feedback
- Moments of Freedom members who gave their time to give feedback
- The Participation and Engagement Strategy Steering Group, including our internal staff and external partners, who gave their time, guidance and input on the strategy
- The Short Life Working Group who dedicated their time and expertise to support the development of the strategy
- The Health Improvement Team, who created all the graphics

This strategy could not have been successful without this input and heartfelt thanks is offered to everyone who shaped the contents of this document through their expertise and knowledge.

West Dunbartonshire Health & Social Care Partnership

Introduction

The West Dunbartonshire Health and Social Care Partnership (HSCP) outlined its dedication to community engagement and participation in the Strategic Plan 2023-2026. Work has been undertaken to recognise best practice amongst our staff, identify how our engagement can improve and pull together the rich knowledge resources that exist in West Dunbartonshire to create change.

Using the feedback from our community members and key stakeholders, three areas were identified as a priority to achieve meaningful engagement and will be under review and evaluation:

1. **Including Seldom Heard Voices**
    - We want to acknowledge the barriers that staff and communities face when engaging with each other and ensure necessary steps are taken to tackle these issues.
    - We want to use a variety of experiences to make our services accessible for everyone who lives in West Dunbartonshire.

2. **Supporting the Development of Our Communities**
    - Communities want their contribution to be meaningful and impactful.
    - The HSCP wants to become more transparent.

3. **Strengthening Our Community Relationships**
    - The pandemic has affected the trust between the HSCP and its communities.
    - The HSCP wants to nurture its relationships for all its stakeholders.

The goals enshrine staff expertise, community lived experience and vital partner work to ensure that community engagement and participation within West Dunbartonshire is collaborative and successful. The Delivery Plan cements co-production and peer learning at the heart of its actions and demonstrates what success will look like in a local context. This work supports the delivery of the Strategic Delivery Plan by using the national health and wellbeing outcomes and indicators as a structure for what success will look like and as the priorities for the HSCP and communities evolve, responding when appropriate to reflect the ever-changing landscape of West Dunbartonshire.

Task Description	Actions	Responsible Officer	Year 1 2025	Year 2 2026	Year 3 2027	Responsible for Updates	What will success look like?
Including Seldom Heard Voices							
Embed National Standards for Community Engagement throughout HSCP to ensure best practice	Establish HSCP engagement baseline including approaches and active partnerships	Community Engagement and Development Officer (CEDO), Operational Development Officer (ODO), HSCP Heads of Service, HSCP Staff, Empowered DIG	By Mar 2025			CEDO	Increased staff awareness around community engagement practice and its benefits
	Establish staff skills baseline and confidence levels throughout staff teams via workshop engagement sessions		By June 2025	June 2026 [Review]	June 2027 [Review]	CEDO, HSCP Staff	Staff feel supported and have the tools to improve their knowledge and practice
Compile appropriate support materials and roll-out	Co-produce/curate a comprehensive	CEDO, Third sector organisations,	By Aug 2025			CEDO	Knowledge of Participation Handbook is increased

awareness/training in maximising contribution of lived experience in HSCP service delivery	suite of engagement materials supporting engagement sessions with seldom heard voices	External Support Agencies, HSCP staff, HSCP Heads of Service, Empowered DIG					
	Identify best practice activity and create positive case studies around the use of lived experience			March 2026			Positive case study materials published widely across HSCP and WD Evidence of outgoing engagement routinely collected and shared
	Engage with staff teams to provide an ongoing programme of upskilling including individual team inputs, cross-			June 2026	June 2027 [Review]	CEDO, HSCP Staff	Staff report increased confidence Level of community engagement activity increases

	function training sessions and contributions to staff intranet					CEDO, HSCP Staff, ODO, Policy Assistant	
Increase community representation on decision-making panels, maximising lived experience as a tool for change	Identify existing engagement mechanisms and engage with service leads to identify potential additions	CEDO, HSCP service leads, Third Sector Organisations, WDCVS, HSCP Managers, HSCP Staff, WD communities, HSCP Quality Assurance Team	By Jan 2025			CEDO	Lived experience better understood and valued within HSCP Training materials created/procured, and pilot tested
	Develop or procure training for community representatives		By August 2025			CEDO, SMT, Procurement Team	Representatives feel confident in their roles
	Recruit and train community representatives and embed						Representatives feel their voices are heard and

	within appropriate HSCP decision-making structures			Mar 2026		CEDO, SMT, IJB	contributions are considered HSCP Board places are appropriately filled
	Develop a representation network to increase breadth of community representation as non-voting HSCP Board members				Mar 2027	CEDO	Network is created and continues to offer peer support for community representatives
Supporting the Development of Our Communities							
Create transparency between the HSCP and its communities	Demonstrate use of community feedback during decision-making	CEDO, Heads of Service, HSCP Board, HSCP Staff	–	Mar 2026	Mar 2027	CEDO, HSCP staff, SMT	Evidence of consistent consideration of community feedback, including 'You Said, We Did' mechanisms

	Develop and embed effective feedback processes across all HSCP services				Mar 2027	CEDO, HSPC staff, SMT	
Using information to support self-advocating communities	Review and co-design improvements to the HSCP website to ensure clarity and accessibility of information	CEDO, HSCP staff, Third Sector Orgs, WD communities	–	Mar 2026	Mar 2027	CEDO, ODO, Policy Assistant	Users feel websites are easier to traverse and information is simpler to find Using built-in website feedback to monitor suggestions and change
Strengthen Community Relationships							
Support community-led solutions	Design and deliver a programme of community outreach activity,	CEDO, WD communities, Third sector orgs, HSCP services, WDCVS	Mar 2025			CEDO, CVS, HSCP services	HSCP is more visible within the local authority area

	gathering and using feedback to stimulate change						
Use partner expertise to support positive growth	Engage with third sector organisations to share information and best practice and co-produce effective community engagement arrangements	CEDO, Heads of Service, HSCP managers, WDCVS, Third Sector Orgs, Empowerment DIG		Mar 2026	Mar 2027	CEDO	Relationships between third sector organisations are nurtured and strengthened
	Increase partner representatives that sit on HSCP decision-making panels			Mar 2026	Mar 2027	CEDO, SMT, IJB	HSCP Board places are appropriately filled

Equality Impact Assessment record layout for information

Owner:	Cols Young

Resource:	WDHSCP	**Service/Establishment:**	Joint

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

	Include job titles/organisation
Members:	**Emily Aitken** (Trauma Informed Practice Lead) WDHSCP, **Ailsa Dinwoodie** (The Promise Lead) WDHSCP, **Ilse Sanchez Posso** (Violence Against Women and Girls Lead) WDHSCP, **Lauren McLaughlin** (Health Improvement Lead) WDHSCP. **Jenni McNab** (Communication and Engagement Manager) Carers of West Dunbartonshire, **Cols Young** (Community Engagement and Development Officer) WDHSCP.

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Engagement and Participation Strategy

The aim, objective, purpose and intended outcome of policy
The strategy aims to build active, inclusive, and strong community relationships between the Health and Social Care Partnership (HSCP) and the residents of West Dunbartonshire. The HSCP wants the local communities to help shape and influence how decisions are made and put the community needs at the heart of service design. The engagement strategy outlines the goals to be achieved in its three-year timeline, including tackling accessibility barriers that hinder seldom heard communities from participating in local democracy matters.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy
West Dunbartonshire HSCP Health Improvement Team West Dunbartonshire HSCP Strategy and Transformation Team West Dunbartonshire HSCP Children's Health, Care and Justice Team West Dunbartonshire HSCP Mental Health, Addictions and Learning Disabilities Team West Dunbartonshire Council for Voluntary Service (CVS) Service users

West Dunbartonshire Residents West Dunbartonshire Council colleagues Carers of West Dunbartonshire Scottish Recovery Consortium Improving Lives Outside the Box Mental Health Network for Greater Glasgow and Clyde (MHNGGC) Y Sort It Citizens Right Project Clydebank Asbestos Project NHS Trade Union Representatives (BAOT and Unite the Union)

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

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

Who will be affected by this policy?
All residents of the West Dunbartonshire area.

Who will be/has been involved in the consultation process?
As part of a three-week consultation process, the policy was brought to key stakeholders and their members to discuss their views on its effectiveness. Targeted focus groups were held with member groups from Carers of West Dunbartonshire,

Alternatives, Moments of Freedom (Outside the Box) and Improving Lives who all host meetings in the West Dunbartonshire area. Two public consultations were also undertaken and publicised through social media offering opportunity for wider public feedback in both the Clydebank and Dumbarton area. All participants were given information and the opportunity to ask questions about the strategy and then asked their opinions of what they liked about the strategy, what could be improved and any areas the strategy missed. Furthermore, roundtable discussions were held monthly beginning in April of 2024 with HSCP staff and key stakeholders (CVS, Third Sector Organisations, Trade Union Reps etc.) who offered feedback and guidance for the strategy's development and progression.

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

	Needs	**Evidence**	**Impact**
Age	The Strategic Needs Assessment (2022) and National Records Scotland (2022) have reported a 6.9% population decrease in West Dunbartonshire (WD), and an increase in its older generation. According to the predicted estimates, the WD population is due to continue its decline in population by 7.4% by 2028 and only saw 852 births in 2022. WD life expectancies for both men and women fall below the national average for Scotland, with WD experiencing a significant impact by the COVID -19 pandemic. Nationally, 29% of people over the age of 75 experience feelings of loneliness on a weekly basis. Within WD, 57% of emergency admissions to hospital were for people over	WDHSCP Strategic Needs Assessment for Adults and Older People (2022) WDHSCP Strategic Needs Assessment (2022) Census Data 2022 (keep an eye) National Records Scotland Population Estimates (2022)	The strategy aims to create an inclusive approach to engagement by removing accessibility barriers that may hinder marginalised voices from participation in local democracy matters. Regarding young and older people, this includes ensuring multiple formats of advertisement and hosting sessions in locations that are accessible to communities. The strategy has a goal set for its three -year timeline to involve more community voices within decision making processes by identifying and upskilling community navigators of marginalised communities. This will have a positive impact on the young and older population of WD as they will have direct

	the age of 65 and this age bracket is the highest resource consumption group of acute in-patient non elective services. WD also sees higher delays for discharge for over 75s with incapacity than any local authority area in Scotland. Although the Scottish Government implemented the Fairer Scotland for Older People framework in 2019 that intends to tackle age discrimination, nationally older people are reporting difficulty engaging with their local services. With the shift to digital platforming post-lockdown, older people are experiencing exclusion from the services that are relevant to them as they can lack digital literacy skills and confident to use online services. This makes engagement difficult for older people to share their experiences of how services suit their needs as West Dunbartonshire has moved many of its services to solely online. West Dunbartonshire has not currently published health outcomes of its younger population, but this can be garnered from national data. One in four children live in poverty in Scotland, and these young people are less likely to	NHS Greater Glasgow and Clyde (NHSGGC) Health and Wellbeing Survey (2022-023) Scottish Government (2019) A Fairer Scotland for Older People: A framework for action Age UK (2023) Applying for a Blue Badge and other council services if people are not online Scottish Sports Futures (2022) Trauma and Poverty: Post COVID-19 challenges affecting vulnerable	representation of their wants and needs on decision-making panels.

	be physically fit, higher rates of depression and anxiety and experience social stigmatisation. The COVID-19 pandemic worsened this issue and widened the attainment gap during the lockdown, with a higher percentage of younger people now reporting PTSD and trauma from the lockdown itself. Despite Scotland being the first country to enshrine the United Nations Conventions on Rights of a Child in 2024, the COVID-19 pandemic highlighted that young people were unable to be involved in decision-making processes that mattered to them. This issue, coupled with the traumatic experiences faced over lockdown, may result in young people being hesitant to engage due to their needs being unable to be listened to during the COVID-19 pandemic.	young people in Scotland. Scottish Government (2024) UNCRC (Incorporation)(Scotland) Act	

	Needs	**Evidence**	**Impact**
Disability	The Scottish Census (2011) statistics show that West Dunbartonshire has a higher population of disabled people within the area at 26% compared to the national average of 24%. According to the Scottish Learning Disability Observatory, West	Scotland Census (2011) West Dunbartonshire in Numbers (2020) NHSGGC Health and Wellbeing Survey (2022-2023)	The strategy aims to create an inclusive approach to engagement by removing accessibility barriers and enshrining marginalised voices in its practice. Regarding

	Dunbartonshire also has a higher average of learning-disabled people within its population than the Scottish average at 6.2%. Learning disabled people experience some of the poorest health outcomes of any equalities group. It should also be noted, as it was by the Equality and Human Rights Commission (EHRC) and the Glasgow Disability Alliance, that disabled women are more likely to experience poverty, violence, and unstable employment in comparison to disabled men and non-disabled counterparts. Adding in the COVID-19 pandemic to these pre-existing issues, disabled women experienced more negative impacts of the COVID-19 pandemic including poor access to healthcare, social isolation and overwhelmingly shouldering the responsibility of unpaid care demands in the home. Following the Social Model of Disability's definition, disabled people face physiological and psychological barriers in their daily lives. This is due to society being built for the needs of abled-bodied	Scottish Health Survey (2022) Scottish Household Survey (2019) Scottish Learning Disability Observatory (2020) 'The Double Whammy of being a disabled woman within the UK' Equality and Human Rights Commission (2018) 'Triple Whammy' Disabled Womens Lived Experiences of COVID-19. Voices, Priorities and Actions for Change. Glasgow Disability Alliance (2022) Mike Oliver (2013) The Social Model of Disability: 30 Years On	disabled people, the strategy outlines accessibility measures that all HSCP staff should follow when looking to engage with disabled communities, including recognising accessibility barriers and removing them prior to engagement sessions i.e. offering a step free access into a venue, including multiple format documents for materials etc. It aims to enshrine these practices in the Engagement Standards policy that will subsequently be worked on upon this strategy's release.

	people and it is the barriers that disabled people in society rather than impairments. Barriers can be found in every aspect of a disabled person's life – for example, as stated in the GDA Triple Whammy Report, disabled people are more likely to live and experience extreme negative impacts of poverty. It is due to these societal barriers that disabled people can struggle to engage and have their voices heard.		
	Needs	**Evidence**	**Impact**
Gender Reassign	There is no local data that records the trans community of West Dunbartonshire. The Scottish 2022 Census found that approximately 20,000 people who live in Scotland identify as trans, which is 0.44% of the total population of Scotland. The Census does not provide a definitive number of trans people who live in West Dunbartonshire but have identified that it is approximately 0.33% of the total WD population. Using the most recent population count of 87,790 provided by the National Records for Scotland, WD has approximately 272 trans people living in its boundaries. Almost half of respondents of the Scottish census who answered as identifying as trans selected 'non-binary',	Scottish Census (2022) Sexual Orientation and Trans Status or History National Records for Scotland (2022) Mid -2021 Population Estimates by Council Area in Scotland. Crown Office and Procurator Fiscal Service (2024) Hate Crime in Scotland 2023-24 Stonewall (2023) LGBT in Scotland (Health) 2018	The strategy aims to create an inclusive approach to engagement by removing accessibility barriers that may hinder marginalised voices from participating in local democracy matters therefore having a positive impact. Regarding the trans community, the strategy seeks to enshrine lived experience to shape positive change by identifying third sector organisations who are running

	with one in six respondents identified as a trans-man or trans-woman or did not provide further detail. Half of the trans respondents were aged between 16-24. Transgender hate crime has continued to rise since 2012 throughout Scotland, but it should be noted that hate crime is significantly underreported. Stonewall has also reported that two in five trans people in Scotland have reported avoiding healthcare due to fears of discrimination and three in five have experiences of healthcare staff lacking understanding of trans healthcare needs. These barriers could potentially withhold trans people from engaging with institutions like HSCPs due to fear and stigmatisation.		support services for communities. These partners will bring invaluable evidence and guidance on the landscape of WD and how best to build and grow a relationship with the trans community.
Marriage & Civil Partnership	There were 203 marriages, and 3 civil partnerships registered in West Dunbartonshire in 2023.	National Records of Scotland (2024) Marriage and Civil Partnership – Time Series Data	The strategy applies to any resident who lives in the West Dunbartonshire area regardless of their marital or civil partnership status. There is no national or local data to suggest an equalities impact based on engagement and therefore the impact of this strategy on this equalities group will be neutral.

Pregnancy & Maternity	In 2022, there were 852 births in West Dunbartonshire, according to the National Records of Scotland. West Dunbartonshire had the second highest rate of teenage pregnancy in Scotland. WD had the second highest percentage in Scotland of pregnant people who continued to smoke throughout their pregnancy. National data shows that Black pregnant people are 3 times more likely to die during their labour. The maternal death rate has continued to grow. Women who lived in deprived areas continue to have the highest rate of maternity mortality. Mental health related issues accounted for 40% of the maternity deaths between six weeks to a year postpartum. Scotland is also seeing the average age of pregnant people increase as 59% of live births were of a person over the age of 30 in 2021. There is also a strong association with pregnancy terminations and areas of high deprivation within Scotland, with the average rate of terminations approximately 13.1 per every 1,000 in 2021.	National Records of Scotland (2023) West Dunbartonshire Council Profile Public Health Scotland (2024) Teenage Pregnancies NHSGGC (2012) Healthy Mum, Healthy Babies Scottish Public Health Observatory (2023) Pregnancy, births and deaths: Stillbirth, neonatal, infant and maternal deaths MBRRACE-UK (2023) Perinatal Morality Surveillance: Report for Births in 2022	The strategy is aiming to support the positive change of health and social care services by including voices of lived experience people to shape policy design. Pregnant people have been considered in the strategy by acknowledging accessibility barriers that may stop communities from getting involved in local democracy. This includes hosting sessions in multiple formats (i.e. not solely face to face engagement) and building in community outreach work to link pregnant people to support services. Pregnant people will continue to be considered, involved and instrumental to further change by informing the Engagement Standards project and representing pregnant people's voices in decision-making panels.

	Engagement barriers that can be faced by this group can be issues like face-to-face sessions taking place during key childcare hours (school pick up and drop off times). Pregnant people living in deprivation may not be able to afford transport or have to choose between heating their home or eating that day.		
	Needs	**Evidence**	**Impact**
Race	Using the 2022 Census Data, 3.3% of the West Dunbartonshire population identifies as Black and Minority Ethnic. Nationally, Scotland is becoming more ethnically diverse, with its largest ethnic minority group being from Pakistan. Minority ethnic groups recorded better health than the overall Scottish population, but it should be noted that their population age was younger. Out of the ethnicity categories, according to Allik et al (2023), South Asian men within Scotland are more likely to experience poor health and morality from specific diseases than other ethnicity groups. The Romani/Traveller communities of Scotland experience the worst overall health outcomes by any ethnicity group. The	Scottish Census (2022) Scottish Government (2015) Gypsy/Travellers in Scotland: A Comprehensive Analysis of the 2011 Census National Records of Scotland (2019) Analysis of Equality Results from the 2011 Census, including Ethnicity, Religion and Disability Self-Directed Support Scotland (2020) My Support, My Choice: Black and Minority Ethnic	Based on the highlighted health inequalities presented by the evidence, the strategy needs to involve multiple ethnic communities in its work to be successful. It aims to do this by identifying community representatives and supporting their development to join decision-making panels within the HSCP, therefore creating a positive impact. It will create an Engagement Standard that will use the voices of lived experience people to shape its work by using their expertise to create the policy. It will also be linking in with key third sector organisations who are supporting ethnic communities daily to

	Romani/Traveller communities were more likely to have lower literacy and comprehension skills of English compared to the general Scottish population. A report from SDS Scotland in 2019 highlighted that Black and Minority Ethnic people experienced more issues accessing SDS. Engagement barriers can be as simple as materials not being made available in multiple languages or more complex as cultural differences towards health that may not translate for practices in Scotland. An example of this can be Asian cultures requiring strict rules during a postpartum period that Scottish culture does not practice.	experiences of Self-Directed Support (SDS) and Social Care Scottish Government (2016) Race Equality Framework for Scotland 2016-2030	use their expertise and guidance to support more inclusive decision making.
Religion & Belief	Overall, Scotland's religious identities reduced between the 2001, 2011 and 2022 Census. In the West Dunbartonshire area according to the 2022 Census, 24,906 people identified as Catholic, 17,269 people identified as Church of Scotland, 2,401 people identified as 'Other Christian, 685 people identified as Muslim, 148 people identified as Buddhist, 100 people identified as Hindi, 31 people	Scottish Census (2011) Scottish Census (2022) West Dunbartonshire Council (2020) West Dunbartonshire in Numbers Scottish Health Survey (2012)	Based on the health inequalities highlighted in the evidence, the strategy needs to involve multi-cultural experiences that include different faith-based and agnostic groups. As there is a lack of national or local data to discuss the specific experiences of people

	identified as Jewish, 101 people identified as Sikh, 268 people identified as Pagen and 37,012 people identified as not religious. National data suggests that Hindi communities are the most likely to report good health in comparison to other religious identities. Roman Catholics reported having lower mental wellbeing and score significantly lower on the GHQ12 scale than any other religious identity. Buddhists and Hindis had the lowest rates for obesity than other religious identities. Muslims had a higher prevalence of having diabetes than the Scottish national average. Those who identified with Christian faiths were more likely to drink harmful level in comparison to Muslims, Hindis and Buddhists. Roman Catholics and those who did not identify with a faith were more likely to be smokers than any other religious identity and were significantly higher than the Scottish National Average. Different religious groups may have opposing views to the HSCP on healthcare, and this could hinder their want or ability to be engaged. For example, some religions do not allow blood transfusions and people could feel concerns about judgement for following that religious	Topic Report: Equality Groups Scottish Government (2013) Scottish Government Equality Outcomes: Religion and Belief Evidence Review	who identify with a faith in healthcare settings, there is an opportunity to recognise this gap when approaching inclusive engagement. The strategy aims to involve all residents of the West Dunbartonshire community regardless of faith and would therefore have a neutral impact on the local faith-based groups. It will, however, be able to widen the inclusivity of faith-based groups and their needs when accessing health and social care services, therefore creating a positive impact. This will be achieved by identifying community navigators and support their training to sit on decision-making panels. This will help bring lived experienced voices into policy creation and tackle accessibility barriers that may hinder a person who identifies as religious from being involved in local

	practice. English may not be a person's first language when approaching engagement and that barrier can stop them from participating.		democracy matters. For example, some devout religious people may object to an opposite gender healthcare worker conducting their care due to the teachings of their religion.

	Needs	**Evidence**	**Impact**
Sex	In 2021, there were more women (52.2%) than men (47.8%) living in the West Dunbartonshire (WD) area. Life expectancy remains higher for women in WD however both are significantly under the national Scottish life expectancy age. West Dunbartonshire has experienced the joint lowest percentage increase of life expectancy for both men and women out of any local authority area in Scotland. 21.1% of jobs held in West Dunbartonshire are within the Healthcare sector, and according to NHS data, 78% of all healthcare jobs within Scotland are held by women. Carers UK found in 2024 that women are statistically more likely to shoulder the responsibility of unpaid care	National Records of Scotland (2022) West Dunbartonshire Council Area Profile NHS Scotland National Data (2022) Scotland Workforce Data Carers UK (2024) Women and Unpaid Care in Scotland. Glasgow Disability Alliance (2022) 'Triple Whammy' Disabled Women's Lived Experience of COVID-19. Voices, Priorities and Actions for Change. Scottish Government	The strategy aims to create a standard that ensures there is choices of engagement therefore creating a positive impact. This means that there is multiple formats of feeding back experiences and all feedback can be anonymous to protect identities. The need for strong community navigators, particularly in men and boy's mental health circles and for domestic violence support for women and girls, will be crucial in beginning to tackle some of the structural inequalities that Scotland sees within its population. The strategy could potentially have a positive effect on men and women within West Dunbartonshire

	with 59% of carers being women. More than the majority (71%) of these unpaid carers were also working over 35 hours a week. 55% of respondents from the same report advised they were struggling with their own physical health due to the pressures of being unpaid carer. Disabled women are more likely to experience domestic violence and the burden of unpaid care within the household. Women are also statistically more likely to experience domestic and sexual violence and more likely to live in poverty. Nationally, two thirds of alcoholic related deaths were men and alcohol-related hospital admissions were 2.3 times higher for men. The morality rate for suicide is 2.9 times higher for men in Scotland compared to women which has been a consistent recorded gap since the 1990s. Men are also more reported to experience addiction issues within Scotland in comparison to women. West Dunbartonshire experiences significantly higher drug related hospital stays than the Scottish average and has also seen a 333% in drug	(2023) Minister for Men's Health FOI Request Scottish Health Survey (2021) Scottish Government (2023) National Mission on Drugs: annual monitoring report 2022-23 National Records for Scotland (2024) Drug-related deaths in 2023 Kwon et al (2023) Understanding Men's Engagement and Disengagement when Seeking Support in Mental Health	as it looks to enshrine lived experience in its practice to help support positive change.

	related deaths in 2023 since 2019. There is concern that traditional masculinity ideals hinder men from engaging with healthcare services, particularly mental health support networks. Women, although more likely to engage, may experience barriers such as domestic violence situations that stop them from leaving the house or speaking to perceived authority figures.		
Sexual Orientation	Using the 2022 Census data, 1.5% of the West Dunbartonshire population identifies themselves as 'Lesbian, Gay, Bisexual, Transgender, Queer' or other (LGBTQ+). Using national data provided by LGBT Youth Scotland and Stonewall Scotland, there is a high rate of anxiety, depression and suicidal thoughts amongst the LGBT community. Stonewall Scotland found that LGBT people felt healthcare had irrelevant information or experienced gaps in care due to their sexual orientation. There was also reporting of LGBT people feeling like they had been outed by healthcare staff without their consent. These issues contribute to feelings of stigmatisation and stress when an LGBT person	Scottish Census (2022) Council Area by Sex and Sexual Orientation LGBT Youth Scotland (2022) Life in Scotland for LGBT Young People Stonewall Scotland (2019) It's Time to Talk about LGBT Mental Health in Scotland	The engagement strategy looks to enshrine lived experience into its practice by co-producing work with communities and partners therefore creating a positive impact. It aims to identify key community navigators who can be trusted figures in a community to highlight issues that can be faced by LGBT people. It will therefore have a positive impact by offering direct representation to support positive change for health and social care services.

	is looking to traverse healthcare settings. It may cause barriers to engagement due to feelings that their identity may be discriminated against or outed without their consent.		

	Needs	**Evidence**	**Impact**
Human Rights	The United Nations Article 21 codifies the right for participation in governance, public affairs and access to services. The West Dunbartonshire Health and Social Care Partnership (WDHSCP) also has a legal duty to ensure participation and engagement with its communities which WDHSCP dedicated itself to in its Strategic Plan.	United Nations (1948) Universal Declaration of Human Rights Scottish Government (2024) Planning with People Guidance West Dunbartonshire Health and Social Care Partnership (2022) Strategic Plan 2023-2026	The strategy aims to uphold Article 21 and commits to the legal duty of engagement and by its implementation, it will be contributing to upholding Human Rights within West Dunbartonshire and therefore will have a positive impact.
Health	Barriers to engagement can have an impact on health outcomes, specifically when issues cannot be identified and rectified. West Dunbartonshire has a lower life expectancy than the national average and experiences poorer health outcomes. Healthcare services available within the area may not be extensive	West Dunbartonshire in Numbers (2020) West Dunbartonshire Health and Social Care Partnership (2022) Strategic Plan 2023-2026	The strategy supporting engagement within West Dunbartonshire will help identify areas of improvement and feedback lived experience of using and accessing services. It aims to tackle health inequalities by widening participation

	enough to tackle the health inequalities experienced by West Dunbartonshire communities.	NHSGGC Health and Wellbeing Survey (2022-2023)	to create positive change and therefore would have a positive impact for West Dunbartonshire communities.

	Needs	**Evidence**	**Impact**
Social & Economic Impact	West Dunbartonshire has some of the most socially deprived areas of Scotland which has a direct outcome on health equalities – including alcohol and drug addiction rates, life expectancy and aspirations.	The Scottish Index of Multiple Deprivation (SIMD) West Dunbartonshire Health and Social Care Partnership (2022) Strategic Plan 2023-2026	Improving health outcomes via community involvement and engagement will support a positive social and economic impact. When undertaken successfully, community engagement leads to services that are proactive and planned for the needs of the community. Communities feel more trusting to governing bodies and as a result, can participate wider in their communities through social and economic means. Health inequalities act as a root cause of socio -economic issues; therefore, the strategy will have a positive impact as it aims to use engagement to tackle these issues.

Cross Cutting	To improve equalities, uphold human rights and tackle barriers to engagement, community planning partners must work collaboratively to avoid policy siloes, maximising resources, skills and capacity.	West Dunbartonshire Health and Social Care Partnership (2022) Strategic Plan 2023-2026 West Dunbartonshire Health and Social Care Partnership (2022) Carers Strategy 2024-2026 Scottish Government (2024) Planning with People Guidance	The strategy implements a multi-agency approach. as it has an impact across all levels of society and all public, private and third sector have a role to play in widening engagement and tackling barriers to participation. By taking this multi-agency approach, it is recognised that we cannot work in isolation, and therefore, the impact on this area is positive.

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this
N/A
Will the impact of the policy be monitored and reported on an ongoing basis?
The strategy will be reviewed every three years. Using this strategy, the Community Engagement and Development Officer will devise an action plan which will be monitored and reported back to the IJB every 6 months.
What is your recommendation for this policy?
Introduce

Please provide a meaningful summary of how you have reached the recommendation
By examining the impact evidence given in this document, the strategy will consistently have positive impacts on equalities groups and support positive change in working practices for the HSCP. There are no negative impacts to consider at this time and therefore the recommendation to implement is justified based on the content of this document.

Appendix 4: Direction from Health and Social Care Partnership Board

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

From: Chief Officer, HSCP
To: Chief Executives WDC and NHSGGC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: Direction from HSCP Board 19 November 2024 FOR ACTION
Attachment: *West Dunbartonshire HSCP Participation and Engagement Strategy*
Following the recent HSCP Board meeting, the direction below has been issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014. Attached is a copy of the original HSCP Board report for reference.

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCPB000068MJC19112024
2	Date direction issued by Integration Joint Board	19 November 2024
3	Report Author	Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership
4	Direction to:	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	• NHS Boards are bound by duties of public involvement set out in the NHS (Scotland) Act 1978, Section 2B. • Integration Joint Boards engagement and participation duties are specified by the Public Bodies (Joint Working) (Scotland) Act 2014. Integration Joint Boards are expected to apply this guidance and work with colleagues in NHS Boards and Local Authorities to share learning and develop best practice. • The duty to involve people in the design and delivery of care services was strengthened with the introduction of the Community Empowerment (Scotland) Act 2015. • Participation is also a key element of a Human Rights based approach, which requires that people are supported to be active citizens and that they are involved in decisions that affect their lives.
7	Full text and detail of direction	The HSCP Board is directing the health board and the local authority to implement the

		HSCP Engagement and Participation Strategy, as outlined in the supporting delivery plan. Specifically: Training and Development: Ensuring that all relevant staff are supported to engage in appropriate training to effectively engage with the community. This includes developing skills in communication, equalities, and project management. Time Management: Ensure staff are engages in the planning and creation of schedules to ensure that engagement activities do not have an unintended negative impact on staff. Resource Allocation: There can be costs associated with community engagement, such as increased time and other resource needs. Ensure that resource pressures are effectively managed through careful planning and training to ensure the effective delivery of the strategy. Communications: In compliance with section 12.5 of the West Dunbartonshire Integration Scheme (June 2015) provide communication and public engagement support to the Integration Joint Board to facilitate engagement with key stakeholders, including patients and service users, carers and Third Sector representatives and Councils within the Greater Glasgow and Clyde Health Board area.	
8	Specification of those impacted by the change	This strategy potentially impacts all citizens of West Dunbartonshire, however there is a strong focus on communities of interest, communities of geography, service users and their carers and staff.	
9	Budget allocated by Integration Joint Board to carry out direction	The direction can be carried out within existing resources. This includes the HSCP Community Engagement and Development Officer and core HR and communication teams within the local authority and the health board.	
10	Desired outcomes detail of what the direction is intended to achieve	This direction is intended to ensure the delivery of the operational delivery plan associated with the Participation and Engagement Strategy. This strategy aligns with the ambitions of the Strategic Plan Improving Lives Together 2023 – 2026, and specifically supports the delivery of the Caring Communities strategic outcome.	
11	Strategic Milestones	*See supporting delivery plan*	*31 March 2027*

12	Overall Delivery timescales	31 March 2027
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 September 2025

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

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

19 November 2024

Subject: HSCP Duty of Candour Procedure

1. Purpose

1.1 The purpose of this report is to present the HSCP Duty of Candour Procedure to the West Dunbartonshire Health and Social Care Partnership Board.

2. Recommendations

It is recommended that the HSCP Board:

2.1 Note the HSCP Duty of Candour Procedure (Appendix A).

3. Background

3.1 Duty of Candour is a legal duty which sets out how organisations should tell those affected that an unintended or unexpected incident appears to have caused death or harm, or where additional treatment was required to prevent injury that would result in death or harm.

3.2 The organisational duty of candour provisions of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 and the Duty of Candour Procedure (Scotland) Regulations 2018 set out the procedure that organisations providing health services, care services and social work services in Scotland are required to follow where there has been an incident that meets the criteria to trigger the procedure.

3.3 The organisational duty of candour underpins the Scottish Governments commitment to openness and learning, which is vital to the provision of safe, effective and person-centred health and social care.

3.4 Within NHS Greater Glasgow and Clyde, the duty of candour policy and procedure is well established and would be followed for any health-related incidents which trigger the duty. These arrangements are not currently mirrored within West Dunbartonshire Council.

3.5 The Scheme of Integration is clear in that in exercising its functions, the Integration Joint Board must take into account the Parties' requirement to meet their respective statutory obligations. Apart from those functions delegated by virtue of this Scheme, the Parties retain their distinct statutory responsibilities; and

therefore also retain their formal decision-making roles for those functions not delegated. The absence of a defined process in relation to social work and social care services is a matter of concern and risk which has been identified by the HSCP Clinical and Care Governance Group. It is clearly not for the HSCP Board to develop Council policies and procedures. However, in order to mitigate against this identified risk, an Officer led short life working group has taken steps to consider (strictly within the parameters of those services delegated to the HSCP Board) the duty and required processes with a view to developing a procedure on HSCP Duty of Candour Compliance.

3.6 The HSCP Board, known in legislation is the Integration Joint Board, is an entity with a distinct legal personality. The HSCP Board acts as a commissioning body, with the Health and Social Care Partnership acting as the delivery vehicle. The legislation is clear that this duty relates to the Health Board and the Local Authority. Should an incident occur within the Health and Social Care Partnership, depending on where and when the incident that resulted in death or harm took place it is for the services within the Health and Social Care Partnership to decide whether the NHS Board or Local Authority is the responsible person and will activate the Duty of Candour procedure.

3.7 The Duty of Candour procedure will apply where an incident occurs in a social care or social work setting and will allow services delegated to the HSCP Board to fulfil responsibilities for the duty, including adhering to best practice and Scottish Government guidance. For those incidents which happen in a health care setting, the NHS Greater Glasgow and Clyde procedure will apply.

4. Main Issues

4.1 Openness and honesty should be central to the actions of those providing care to others. It should be at the heart of every relationship between those providing, receiving and/or experiencing treatment and care. Trust and effective communication can be difficult to maintain and easy to lose when things have gone wrong.

4.2 Duty of candour is well established within health settings, however from a social care and social work point of view an appropriate procedure is required to ensure that all HSCP Services apply the duty where necessary.

4.3 The procedure must be triggered as soon as reasonably practicable after becoming aware that an unintended or unexpected incident occurred in the provision of the health, care or social work service provided by the HSCP.

4.4 A registered health professional who was not involved in the incident must give their view on whether the incident appears to have resulted in or could result in harm as a direct result of the incident rather than the natural course of any illness or underlying condition.

4.5 The registered health professional view must evaluate where the incident has resulted in the death of a person, severe harm from a permanent change to

the person, increased treatment, bodily changes, impact on life expectancy, impairment, pain or psychological harm for a continuous period of 28 days or if treatment was required to prevent any of these occurring.

4.6 Where a view on an incident is required from a registered health professional, the Clinical Director or Senior Nurse would be provided with details of the incident to allow them to form a view on the incident and either act as the registered health professional or identify another speciality to take on the role.

5. Options Appraisal

5.1 Not required for this report.

6. People Implications

6.1 The HSCP must ensure that all staff who may carry out the duty of candour are aware of the procedure, so once approved an exercise will be undertaken to launch the procedure and raise awareness across all services.

6.2 As the duty of candour is well established for health services, the Clinical Director or Senior Nurse would be familiar with the definitions of harm which would trigger the procedure.

6.3 An e-learning resource is available for all health and social care employees, and as part of establishing the Duty of Candour Procedure this will be shared will HSCP staff.

6.4 Employees who are involved in duty of candour incidents and procedures should be provided with support, taking into account the circumstances relating to the incident. This could take the form of debriefing opportunities or direct support.

7. Financial and Procurement Implications

7.1 No financial or procurement implications for this report.

8. Risk Analysis

8.1 Organisational Duty of Candour is a legal duty to support consistent responses across health and social care where an incident has taken place which has resulted in, or could result in, death or harm.

8.2 Risk management is a central part of delivering high quality services. The duty of candour will promote the development of safer systems, improve engagement in improving services and increasing trust for those using our services.

8.3 The Local Authority and the Health Board must produce an annual report detailing how duty of candour procedures have been followed for any

incidents triggering the procedure. In order to assist with Local Authority compliance, the HSCP requires the implementation of a Duty of Candour procedure. Upon implementation of this procedure the HSCP Board will report Duty of Candour incidents as part of its Annual Performance Report and its Annual Clinical and Care Governance Report.

9. Equalities Impact Assessment (EIA)

9.1 An Equalities Impact Assessment (EIA) was completed within the West Dunbartonshire Council Corporate EIC system on 6th August 2024 and approved on 13th August 2024. The EIA can be found in Appendix 2.

9.2 The recommendation was to introduce the Duty of Candour Procedure to ensure the HSCP has a robust procedure in place and is able to produce annual reports detailing the implementation of the duty of candour as required.

10. Environmental Sustainability

10.1 Not required for this report.

11. Consultation

11.1 Consultation has taken place with HSCP Senior Managers, with detailed discussion with the Senior Nurse on the role of the Registered Health Professional.

11.2 The HSCP Duty of Candour Procedure has been reviewed and confirmed by the Health and Social Care Partnership Senior Management Team.

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

12. Strategic Assessment

12.1 The Duty of Candour procedure will support the Local Authority to meet the legislative organisational duty of candour provisions and the national guidance issued by the Scottish Government.

12.2 Implementation of the procedure will embed openness and honesty in our provision of care to others by ensuring that any incident having a negative impact on a service user will be properly investigated with details and outcomes from the procedure shared with the person affected or their representatives.

12.3 Monitoring and reporting on the effective implementation of the procedure will allow the HSCP to identify incidents and recognise where lessons can be learned to improve services and ensure issues do not recur.

12.4 Annual reporting on duty of candour will enable to HSCP Board to monitor and assess how the procedure is implemented, the nature of any incidents leading to the procedure being triggered, and the learning opportunities and changes made following those incidents.

13 Directions

Not required for this report.

Name:	Margaret-Jane Cardno
Designation:	Head of Strategy and Transformation
Date:	24 September 2024

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Appendices: HSCP Duty of Candour Procedure (Appendix 1)
Equalities Impact Assessment (Appendix 2)

West Dunbartonshire
Health & Social Care Partnership
Improving Lives with the People of West Dunbartonshire

West Dunbartonshire Health and Social Care Partnership

Duty of Candour Procedure

Introduction

Duty of Candour is a legal duty which sets out how organisations should tell those affected that an unintended or unexpected incident appears to have caused death or harm, or where additional treatment was required to prevent injury that would result in death or harm.

The duty of candour applies to the health and social care services provided by West Dunbartonshire Health and Social Care Partnership (HSCP). The focus of the duty of candour is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended incident resulting in harm or death to an individual.

Within health services provided by NHS Greater Glasgow and Clyde, the duty of candour policy and procedure is well established and should be followed for any health-related incidents which trigger the duty. This procedure would be used when a social care service is involved in an incident triggering the duty.

This procedure will set out how West Dunbartonshire HSCP will fulfil responsibilities for the duty of candour, including adhering to best practice, defining how the procedure should be started, details of each stage of the process including where open and honest communication should be made with the person affected or their family member and what lessons will be learned. The duty of candour promotes responsibilities for developing safer systems, improving services, and creating greater trust in people using services.

The Scottish Government published guidance on the Organisational Duty of Candour which is followed in this procedure. Additional guidance and online training in the Duty of Candor for health and social care providers is available on Turas. Please note this online resource is available to West Dunbartonshire Council employees who may need to register.

A CareFirst form has been developed to support the recording and successful operation of the Duty of Candour process and to ensure reporting requirements can be met. Further information and guidance on the form will be made available on the HSCP Intranet.

Responsible Person

The Act introducing the statutory Organisational Duty of Candour defines the responsible person as an organisation. Services within the HSCP will decide whether the NHS Board or Local Authority is the responsible person and will activate the procedure. This procedure is specially for instances where West Dunbartonshire Council is the responsible person as procedures for NHS Greater Glasgow and Clyde are already established.

Within this procedure, the responsible person has responsibility for:

- Carrying out the procedure
- Undertaking any training required
- Providing training, supervision and support to any person carrying out any part of the procedure.

- Reporting annually on the procedure

Relevant Person

The Relevant Person is the person who has been harmed during the incident, or where that person has died, or is lacking capacity or unable to make decisions about the service provided, a person acting on behalf of that person.

Duty of Candour Procedure Activation

The duty of candour procedure must be triggered as soon as reasonably practicable after becoming aware that:

- An unintended or unexpected incident occurred in the provision of the health, care or social work service provided by the organisation as the responsible person. An unintended or unexpected incident could involve an adult or a child.
- In the reasonable opinion of a registered health professional not involved in the incident
    - That incident appears to have resulted in or could result in any of the outcomes listed below; and
    - That outcome relates directly to the incident rather than to the natural course of the person's illness or underlying condition.

The relevant outcomes are as follows:

A. The death of the person.

B. Permanent lessening of bodily, sensory, motor, physiologic or intellectual functions (including removal of the wrong limb or organ or brain damage) ("severe harm").

C. Harm which is not severe harm but which results in one or more of the following criterion:

- an increase in the person's treatment;
- changes to the structure of the person's body;
- the shortening of the life expectancy of the person;
- an impairment of the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days;
- the person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days.

D. The person requires treatment by a registered health professional in order to prevent:

- the death of the person;
- any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned in paragraph B or C.

The Head of Service/Senior Manager should be made aware as soon as possible of any incident occurring that might trigger the Duty. The Head of Service will liaise with

the HSCP Chief Nurse on the best course of action in relation to a Registered Health Professional becoming involved.

Registered Health Professional

A registered health professional must give their view on the incident and its relationship to the occurrence of death or harm and pre-existing illnesses or underlying conditions. The registered health professional must not be someone involved in the incident.

The views of the health professional will then inform the final decision by the HSCP on whether to activate the duty of candour procedure for a particular incident. This does not require a full, detailed analysis of an incident as the main objective is to provide a view to inform decision making around activating the duty of candour procedure. This will include information detailing:

- What was the incident?
- What was the outcome?
- What illnesses and underlying condition did/does the person have?

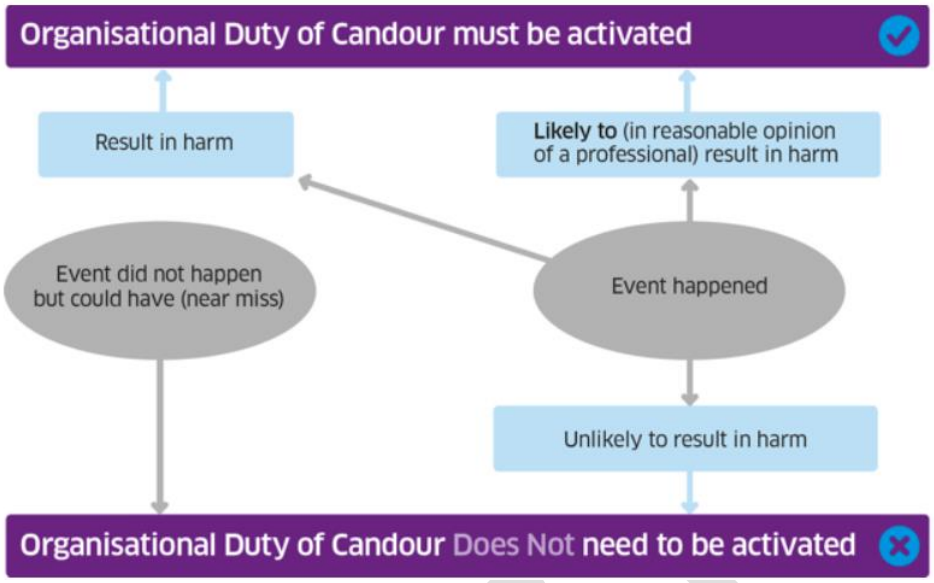
The registered health professional will provide a view which would cover the following:

- Based on the background information provided, does it appear that this incident resulted in or could result in the death or harm described?
- Does the natural course of the person's illness or underlying condition directly relate to the death or harm described?

For the purposes of this procedure, when a view on an incident is required from a registered health professional, contact should be made with the Clinical Director or Senior Nurse providing details of the incident. The Clinical Director or Senior Nurse will then establish whether they can act as the registered health professional for in relation to the incident, or if another speciality was needed to provide a view. A suitably qualified person would then be identified and asked to take on the role.

Duty of Candour Procedure Trigger

Where the registered health professional finds that, in their reasonable opinion, an unintended or unexpected incident appears to have resulted in, or could result in an outcome listed above and that relates directly to the incident rather than to the natural course of the relevant person's illness or underlying condition the full Duty of Candour procedure should be initiated. If the registered health professional finds that it is unlikely that harm will occur, then the procedure does not need to be initiated for that incident. The diagram below shows the decision-making process.



If the decision is taken to activate the duty of candour procedure, the procedure start date is the date confirmation is received from the registered health professional that harm has or is likely to occur. Details of a decision to NOT activate the procedure should also be captured to ensure a clear audit trail is available.

When the procedure is activated, a Senior Manager should be nominated to take on a lead role, including acting as the single point of contact for the relevant person, and following steps to organise a meeting, conduct a review and produce a written report. It is likely that a Senior Manager from the service involved in the incident would be best placed to take on the lead role as the service would already be in contact with the relevant persons, be aware of what initial response and discussions have taken place and what the relevant persons understanding of the incident is.

The relevant person should be notified as soon as reasonably practicable, but within 10 working days of the procedure start date. The notification can be made by various methods including telephone, face to face or by letter. Reasonable steps must be taken to establish the preferred method of communication. If the relevant person cannot be contacted or does not want to speak with contact, attempts to make contact should be recorded.

The service can best decide on the method of communication required, what should be part of and lead any communication, offer support to the relevant person and provide a single point of contact.

Any notification given must include:

- An account of the incident to the extent that the organisation is aware of the facts at the date the notification is provided;
- An explanation of the actions that the organisation will take as part of the procedure;
- In the case where the procedure start date is later than one month after the date on which the incident occurred, an explanation of the reason for the delay in starting the procedure.

Potential claim for compensation

Whilst it would not be appropriate for an organisation to try to prevent the relevant person from making a claim, suggestions can be made to the relevant person that they may wish to wait until the duty of candours procedure has concluded, when their case will have been investigated, facts established, apologies issues and any improvement actions identified. The procedure should continue if there is consideration being made to making a claim.

Apology

In addition to any apologies provided at the time of an incident, as part of the duty of candour procedure the relevant person must be offered a written apology expressing sorrow or regret in respect of the incident. This must be provided if the relevant person wishes it. The apology should be created as a word document using a standard template, which can then be sent electronically as an attachment if that is the relevant persons preferred means of communication or printed and delivered.

The apology should be personal and be provided at an appropriate time during the procedure. It should consider facts and circumstances in relation to the incident, and relating to the relevant person including, where possible the known personal meaning or impact of the unexpected or unintended incident.

The Four Rs model can be used as a way to remember how to approach an apology.

Reflect – stop and think about the situation.

Regret – give a sincere and meaningful apology.

Reason – if you know, explain why something has happened or not happened and if you don't know, say that you will find out.

Remedy – what actions you are going to take to ensure that this won't happen again and that the organisation learns from the incident.

It is important that an open and honest apology is provided from the outset as this can reassure an individual and/or their family and will also set the tone for moving things forward.

By making an apology following an unintended or unexpected incident, you are acknowledging that harm has been caused, a mistake has been made and you may be acknowledging emotions that are felt by the individual and/or their family. A meaningful apology can help to calm a person who has become angry or upset. An apology is not an admission of liability.

Meeting with the Relevant Person

The relevant person must be offered the opportunity to attend a meeting, which would include giving them the opportunity to ask/submit questions in advance. The meeting should be accessible to the relevant person taking into account their needs including any requirement for an interpreter, advocate, or someone they choose to support them to be present.

The meeting must include:

- a verbal account of the incident.
- clear explanation of any further steps that will be taken to investigate circumstances which led or contributed to the incident.
- an opportunity for the relevant person to ask questions about the incident.
- an opportunity for the relevant person to express their views about the incident and
- the provision of information to the relevant person about any legal, regulatory or review procedures being followed.

Following the meeting

Following the meeting the relevant person must be provided with:

- a note of the meeting
- contact details for the individual member of staff who will act as the single point of contact.

Agreement should be made with the relevant person on what the note will include. The note should be shared in good time with the relevant person, with a subsequent follow up summary of the issues covered issued where required.

If the relevant person does not wish to, or is unable to attend the meeting, the HSCP should still offer a meeting and provide them with the information detailed above other than the meeting note.

Incident Review

The HSCP must undertake a review of the circumstances which appear to have led or contributed to the unintended or unexpected incident. This review can include the views of other organisations involved in the episode of treatment or care where the unexpected or unintended incident occurred or may involve providing support to the persons coping with the impact of the harm arising from the incident and may coincide with other investigatory processes.

Where more than one organisation needs to be involved in the duty of candour review, all parties are expected to co-operate fully throughout the procedure and share lessons learned and necessary actions identified by the procedure. Where this is the case, the relevant person must be informed that the organisation where the incident occurred is the responsible person who will carry out the procedure as part of the notification process.

The review must focus on the circumstances which they consider led or contributed to the unintended or unexpected incident. Although the legislation does not specify the manner of undertaking the review, the guidance suggests it should follow review procedures similar to an adverse event review or a significant case review.

Best practice requires that reviews involve clinical and care professionals with the relevant subject matter expertise as appropriate.

The review should be completed within three months of the procedure start date. Where the review is not completed within this timescale the organisation must provide the relevant person with an explanation of the delay in completing the review.

The review must seek and take into account the views of the relevant person, and be able to demonstrate how these views have been taken into account.

Producing a Written Report

A written report of the review must be prepared, which must include

- a description of the manner in which the review was carried out.
- a statement of any actions to be taken by the HSCP for the purpose of improving the quality of service it provides and sharing learning with other persons or organisations in order to support continuous improvement in the quality of health, care or social work services and
- a list of the actions taken for the purpose of the procedure in respect of the incident and the date each action took place.
- a written apology unless the relevant person has signalled that they do not wish one.

The written report should demonstrate that the views of relevant persons have been considered and that a review has been conducted following best practice review and investigation guidance. The report should be clear and understandable, avoiding jargon or acronyms which are difficult to understand.

Information on actions that are to be taken to make improvements in systems and processes influencing the quality of care delivery should be included alongside details of any actions taken to share learning with other organisations.

It is also a legal requirement to include details of the dates when each element of the duty of candour procedure took place is included to provide a clear timeline of the process from the activation of the duty of candour to the conclusion of the review.

Written reports on reviews should be written in a manner that minimises the need for extensive redaction.

Sharing the Written Report

The relevant person should be offered:

- a copy of the written report of the review.
- details of any further information about actions taken for the purpose of improving the quality of service provided by the organisation or other health, care or social work services and
- details of any services or support which may be able to provide assistance or support the relevant person, taking into account their needs.

Records

Organisations must keep a written record for each incident to which the duty of candour procedure is applied, including a copy of every document or piece of correspondence relating to the application of the duty of candour procedure to the incident. The written record should be retained by the organisation in accordance with relevant local policies and procedures.

Monitoring and Reporting

The HSCP requires to prepare an annual report, as soon as reasonably practicable after the end of that financial year. The report must include

- information about the number and nature of incidents to which the duty of candour procedure has applied in relation to a health service, care service or social work service provided.
- an assessment of the extend to which the duty of candour has been carried out.
- information about policies and procedures in relation to the duty of candour, including information about for identifying and reporting incidents, and support available to staff and to persons affected by incidents.
- details of any changes to policies and procedures as a result or incidents to which the duty of candour has applied.
- other information the organisation thinks fit.

Personal identifiable information should not be included in the report.

For monitoring purposes, information will be gathered based on any instances of the duty of candour procedure being initiated as part of the regular SMT dashboard reporting. Where the procedure has not been initiated a nil return will be shown.

In addition, HSCP will submit the annual report to the HSCP Audit & Performance Committee for approval and, upon approval, will publish the report on the HSCP website. The Care Inspectorate should be notified when an annual report is published through their returns process.

Appendix 1 – Duty of Candour Procedure Checklist

Step 1 – Identifying and Contacting the Relevant Person

☐ Do you know who the relevant person is in respect of this incident?

☐ Is their preferred method of communication already known? If not this needs to be determined and noted.

☐ Has it been possible to make contact with them? If not, a note should be made of the attempts that have been made to make contact.

Step 2 - Notify Relevant Person

☐ Provide the relevant person with an account of the incident and what actions are going to be taken. (Note that if it is more than a month since the incident need to explain why).

Step 3 – Arrange a Meeting

☐ Arrange a meeting – and provide the person with the opportunity to ask questions in advance of the meeting

At the meeting (or through communication if not desired):

☐ Apologise, if not already happened.

☐ Tell the person what happened.

☐ Tell them what further steps are being taken.

☐ Give the relevant person the opportunity to ask further questions and express their views.

☐ Tell them about any other processes that may be on-going.

☐ Provide them with a note of the meeting and details on how to contact a person within the organisation.

Step 4 – Carry out a review

☐ Start a review – remember to seek the views of the relevant person.

☐ Prepare the report – to include the manner it has been carried out.

☐ Ensure report focus is on improving quality and sharing learning.

☐ Report to include the actions taken in respect of the duty of candour procedure.

☐ Offer to send the relevant person a copy of the review report – remember to let them know of any further actions subsequently.

☐ Make sure that a written apology is offered.

Throughout – Support and Assistance for Relevant Person & Staff

☐ Consider and give relevant person support or assistance available to them.

☐ Staff to receive training and guidance on all requirements of the procedure.

☐ Employees to be provided with details of services or support relating to their needs arising from the incident.

Assessment No	1043	**Owner**	Alastair.Handley
Resource	HSCP	**Service**	Joint
	FirstName	**Surname**	**Job Title**
Head Officer	Alastair	Handley	Systems, Digital & Information Governance Manager

Members	Alastair Handley (Systems, Digital & Information Governance Manager) Fiona Taylor (Head of Health & Community Care) Gillian Gall (Head of HR, HSCP) Julie Slavin (Chief Financial Officer) Lesley James (Head of Children's Health and Care / Chief Social Work Officer) Margaret-Jane Cardno (Head of Strategy & Planning, HSCP) Sharon Laing (Children and Families Senior Manager) Susan McGrory (Information Systems Lead) Sylvia Chatfield (Head of Mental Health, Learning Disability and Addictions) Val Tierney (Chief Nurse)
	(***Please note**: the word 'policy' is used as shorthand for strategy policy function or financial decision*)
Policy Title	HSCP Duty of Candour Procedure
	The aim, objective, purpose and intended out come of policy
	Duty of candour is a legal duty which sets out how organisations should tell those affected that an unintended or unexpected incident appears to have caused death or harm, or where additional treatment was required to prevent injury that would result in death or harm. The duty applies to health, social care and social work services and supports an open, honest and supportive approach to an incident triggering the procedure. Duty of candour is well established for health services, so this procedure will focus on social care and social work. The procedure defines how an incident would be identified, including specific roles that are part of the procedure, and also sets out the investigation/review/meeting requirements to fully implement the procedure which would include contact with service users or their representatives.
	Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy.
	West Dunbartonshire HSCP, NHS Greater Glasgow & Clyde

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

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

Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Yes
Relevance to Human Rights (HR)	Yes
Relevance to Health Impacts (H)	Yes
Relevance to Social Economic Impacts (SE)	No

Who will be affected by this policy?

HSCP employees - specifically those who deliver social work and social care services where an incident takes place, or those who have become involved once the procedure is activated.

Service users who have experienced an unintended or unexpected incident which has caused death or harm, or required treatment to prevent injury that would result in death or harm and/or family members / advocates of service users who may represent or accompany the service user through any meetings and the review process.

Within duty of candour there is a role of Relevant Person which can be the person harmed during the incident, or where that person has died, is lacking capacity or unable to make decisions about the service provided, can be a person acting on behalf of that harmed person.

The relevant person will receive a notification when the duty of candour procedure is activated, which can be done through various methods preferably using a preferred method of communication. The relevant person will also be contacted at stages of the process to offer an apology, be invited to a meeting to discuss the incident and enable the relevant person to ask questions and express their views, receive a note of the meeting and be notified of the result of the review created as part of the procedure and provided with a copy of the report alongside detail of actions taken and supports available.

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

Consultation though an internal HSCP Governance Group which includes HSCP Senior Management as attendees. Fiona Taylor, Gillian Gall, Julie Slavin, Lesley James, Margaret-Jane Cardno, Sylvia Chatfield all had the opportunity to feedback on the procedure itself and how the HSCP is proposing to capture information to meet local and annual reporting requirements.

Margaret-Jane Cardno, Val Tierney, Susan McGrory, Alastair Handley have all been involved in consultation around development of the procedure, how information will be captured to allow annual reports to be produced, and how a registered health professional will be engaged/identified to assess whether the duty of candour needs to be triggered.

The procedure will be submitted for approval at the HSCP Senior Management Team meeting in October, and will then go to the HSCP Board for approval.

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

Specific group to consider	Needs	Evidence	Impact
Age	Duty of candour can apply to both children and adults, so age could be a factor in identifying whether the person harmed would act as the Relevent Person or if someone would need to act on their behalf.	Were the duty of candour to be triggered following an incident affecting a child/young person, the procedure would allow for someone to act on their behalf which could be a parent or other relative. For any age group, where the harmed person was acting as the relevant person this doesn't prevent them being supported by someone which again could be a family member. That is available regardless of age but would support younger and older people affected by an incident.	Duty of candour procedure should ensure that the triggering of procedure and the following steps doesn't have a negative impact through ability for a representative to either support the person or act as relevant person where appropriate. Positive impact in ensuring that anyone impacted by an incident which triggers the duty is treated equally with the same steps taken to investigate, report on and learn from any incident with full involvement of the person affected or their agreed representative.
Disability	Barrier - the duty of candour procedure requires communications with the Relevant Person which would include initial contact, meetings, sharing information and written reports. Depending on the nature of a persons disability, adjustments may be required to facilitate communications, support the person to attend meetings or ensure the harmed person is properly represented.	Procedure and national guidance is clear on when contact should be made with the relevant person, and how they should be kept informed and involved throughout the process. Both procedure and guidance is clear that communication can be made through various methods and reasonable steps should be taken to establish the preferred method of communication and who should lead this. Information should be provided in accessible formats. Procedure is also clear that where a meeting is arranged the meeting should be accessible to the relevant person with reasonable adjustments made which could include e.g BSL interpreter, advocate or other support. In addition where the person affected does not have	Duty of candour procedure should ensure that the triggering of procedure and the following steps don't have a negative impact through establishing communication needs, reasonable adjustments and ability for a representative to either support the person or act as relevant person. Positive impact in ensuring that anyone impacted by an incident is which triggers the duty is treated equally with the same steps taken investigate, report on and learn from any incident with full involvement of the person affected or their agreed representative.

		capacity a family member or other person can take on the role of Relevant Person to represent them	
Gender Reassign			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Race			
Religion and Belief			
Sex			
Sexual Orientation			
Human Rights			
Health	The duty of candour procedure would be triggered following an unintended or unexpected incident which, in the opinion of a registered health professional, has resulted in death, harm or treatment by a registered health professional in order to prevent death or harm, so any trigger would imply a health impact. This could be alongside existing health conditions that would be considered as part of the decision to trigger.	The duty of candour procedure would take into account any health requirements (which may overlap with disabilities) when communicating with the person harmed which would include reasonable steps take to accommodate meetings. In addition where a person was unable to act as the Relevant Person because of health conditions (either pre existing or following an incident) someone else can act on their behalf.	Duty of candour procedure should ensure that the triggering of procedure and the following steps don't have a negative impact through establishing communication needs, reasonable adjustments and ability for a representative to either support the person or act as relevant person. Positive impact in ensuring that anyone impacted by an incident is which triggers the duty is treated equally with the same steps taken investigate, report on and learn from any incident with full involvement of the person affected or their agreed representative..
Social & Economic Impact			
Cross Cutting	Duty of candour procedure could be triggered for a person who would require additional support through an interpreter.	Procedure and national guidance is clear on when contact should be made with the relevant person, and how they should be kept informed and involved throughout the process. Both procedure and guidance is clear that communication can be made through various methods and reasonable steps should be taken to establish the preferred method of communication which would include preferred language.	Duty of candour procedure should ensure that the triggering of procedure and the following steps don't have a negative impact through establishing communication needs, which would include any need for an interpreter, reasonable adjustments and ability for a representative to either support the person or act as relevant person.

		Procedure is also clear that where a meeting is arranged the meeting should be accessible to the relevant person with reasonable adjustments made which could include e.g interpreter, advocate or other support which may include a family member acting as translator but this should be clarified through those initial discussions. In addition where the person affected does not have capacity a family member or other person can take on the role of Relevant Person to represent them	Positive impact in ensuring that anyone impacted by an incident is which triggers the duty is treated equally with the same steps taken investigate, report on and learn from any incident with full involvement of the person affected or their agreed representative..

Actions

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

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

The HSCP requires to prepare an annual report, as soon as reasonably practicable after the end of that financial year. The report must include

• information about the number and nature of incidents to which the duty of candour procedure has applied in relation to a health service, care service or social work service provided.
• an assessment of the extend to which the duty of candour has been carried out.
• information about policies and procedures in relation to the duty of candour, including information about for identifying and reporting incidents, and support available to staff and to persons affected by incidents.
• details of any changes to policies and procedures as a result or incidents to which the duty of candour has applied.
• other information the organisation thinks fit.

Personal identifiable information should not be included in the report.

For monitoring purposes, information will be gathered based on any instances of the duty of candour procedure being initiated as part of the regular SMT dashboard reporting. Where the procedure has not been initiated a nil return will be shown.

In addition, HSCP will submit the annual report to the HSCP Audit & Performance Committee for approval and, upon approval, will publish the report on the HSCP website. The Care Inspectorate should be notified when an annual report is published through their returns process.

Q7 What is you recommendation for this policy?

Introduce

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

Organisational duty of candour underpins the Scottish Government's commitment to openness and learning to support the provision of safe, effective, person-centered health and social care. The HSCP has a legislative duty to follow a duty of candour procedure where there has been an unintended or unexpected incident resulting in death, harm or additional treatment to prevent those outcomes. National guidance and the HSCP procedure are designed to ensure that any person suffering harm , or their representatives, are involved in the stages of the procedure from the initial trigger through investigation, meetings, and written reports. In addition the EIA highlights that particular efforts will be made to ensure that any person suffering harm or their representative with disabilities will be supported and enabled to be involved in any relevant processes.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

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

19 November 2024

Subject: Membership of the HSCP Board

1. Purpose

1.1 The purpose of this report is to update the HSCP Board on progress towards the recruitment of a minimum of four service user representatives to act as non-voting Members on the HSCP Board, and to seek two nominations from the HSCP Board to engage in the recruitment and selection process.

2. Recommendations

It is recommended that the HSCP Board:

2.1 Note progress towards the recruitment of a minimum of four service user representatives to act as non-voting Members on the HSCP Board; and

2.2 Nominate two Members of the Board to take part in the recruitment and selection process.

3. Background

3.1 On the 20 August 2024, the HSCP Board agreed 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"."

4. Main Issues

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

4.2 It is generally accepted that there are more innovative means of effectively engaging with service users and this is reflected in the HSCPs forthcoming Engagement and Participation Strategy, which will be presented to the Board for its approval on the 19 November 2024.

4.3 As part of this work an Engagement and Participation Group has been established and it is proposed that once the Strategy has been approved that

this group develop to support the HSCP to engage in the effective implementation of the work. This will negate the need for the Local Engagement Networks.

4.4 As such it is proposed that in line with the instruction of the Board that applications for non-voting stakeholder members be sought from communities across West Dunbartonshire, using the Engagement and Participation Group as a springboard to undertake this work.

4.5 The following documents have been developed in draft and will be further developed and finalised by the Engagement and Participation Group prior to issue:

Appendix I:	Draft Role Profile
Appendix II:	Draft Expenses Policy
Appendix III:	Draft Misconduct of Volunteers Guidance Note
Appendix IV:	Draft Advertisement

4.6 It is suggested that these vacancies by advertised via MyJob Scotland with all stakeholders proactively encouraged to seek applications from communities of interest. Interviews will take place in February 2025.

5. Options Appraisal

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

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

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

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

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

11. Consultation

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

12. Strategic Assessment

12.1 On the 15 March 2023 the HSCP Board approved its Strategic Plan 2023 – 2026 “Improving Lives Together”. The Plan outlines sustained challenge and change within health and social care, these changes bring with them a host of governance implications: cultural, operational, structural, ethical and clinical.

12.2 Good governance is essential to ensure the actions within the Strategic Plan are implemented effectively and efficiently in a way which promotes safe and effective care whilst achieving best value.strategic priorities will help guide the Committee as to the priority to be placed on the report.

13. Directions

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

Margaret-Jane Cardno
Head of Strategy and Transformation
24 October 2024

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Person to Contact: Margaret-Jane Cardno
Head of Strategy and Transformation
West Dunbartonshire HSCP

Email: margaret-jane.cardno@west-dunbarton.gov.uk

Appendices:	Appendix 1:	Draft Role Profile
	Appendix 2:	Draft Expenses Policy
	Appendix 3: Guidance Note	Draft Misconduct of Volunteers
	Appendix 4:	Draft Advertisement

Background Papers: HSCP Board 20 August 2024 Item 11

Your Introduction To Involvement

Legal Responsibility to Involve People

The West Dunbartonshire Health and Social Care Partnership (West Dunbartonshire HSCP) values the contribution that groups and people who live in our communities can bring to decision making. Health and Social Care Partnerships have a legal responsibility to involve people and include key stakeholders within decision making processes to utilise their advice and experience.

In response to this we welcome representation on our Integration Joint Board (IJB) known locally as the HSCP Board and its committees, and Strategic Planning Group (SPG) in the form of Stakeholder Members. Stakeholder Members are invited to represent the Public, Carers and the Third Sector.

Stakeholder Members

No formal qualifications are needed to become a Stakeholder Member. We are looking for people who:

Have an interest in the AHSCP and matters relating to health and / or social care

Are connected to other people in the stakeholder group they represent

Can work in a team and with project groups or individuals

Can listen to, and consider, other people's points of view or experiences

Your role will be to:

Use your experience to ensure decisions consider the stakeholder group you represent

Be willing to suggest and influence changes to services or plans

Take an active role in groups or projects, with our support

The Role of a Stakeholder Member

Represent Views

A stakeholder member is someone able to comment on and influence decision making. In terms of the HSCP Board and its committees, Stakeholder Members do

not have voting rights. Stakeholder Members should use their own knowledge and experience to consider the impact of decisions on the individuals or groups that they represent.

It is important that they are connected to other people in their stakeholder group in order to give others the opportunity to express what is important to them. Naturally the individuals that comprise these stakeholder groups will be diverse, as such, the appointed person must be able to demonstrate the appropriate experience and skill to reflect the breadth and diversity of views and situations of the individuals or groups that they represent.

Stakeholder Members will:

- Promote volunteer representatives' involvement on the board, contributing to the conversations and ensuring the views of those you represent are part of the discussion.
- Use local contacts, networks, groups and forums to encourage and maintain links with the work of the HSCP Board or Strategic Planning Group (SPG).
- Ensure your representation is reflective of the views of a wider range of people by engaging as fully as possible with others.
- Review issues and topics for discussion objectively and aim to understand patterns of experience rather than giving priority to individual or personal experience.
- Have the opportunity to raise suggestions, concerns or issues, and have these debated and minuted.
- Provide feedback to others as appropriate, including sharing the outcome of any issues they raised.
- Share information without breaching operational or individual confidentialities.
- Recognise that there may be people will have different views from your own and their voices still need to be heard.

Contribute to Good Governance

Stakeholder Members will:

- Abide by the standards of the Members of devolved public bodies: Model code of conduct.
- Contribute to discussions and provide advice and scrutiny from the perspective of the stakeholders you represent.
- Contribute to ensuring that the Integration Authority implements their statutory obligations.
- Be prepared to raise relevant points and question meeting papers and accompanying evidence appropriately, for example about the extent to which the recommendations are inclusive of or impact on the stakeholders you represent.
- Use ongoing continuous and development opportunities to support you in your role.
- Remain politically neutral.
- Develop good working relationships with other members of the HSCP Board and associated groups.
- Have an awareness of developments in Health and Social Care.

What Skills And Qualities Do I Need?

No formal qualifications are required for this post. The following skills and knowledge that may be helpful include:

Qualities:

- Objective and independent, and able to advocate on behalf of others/other points of view.
- Compassionate, patient, persevering and committed.
- Excellent communication and interpersonal skills.
- Confidence in participating in board meetings and other forums as appropriate.

Skills, Knowledge and Experience Essential:

- Confident and prepared to ask when something is unclear.
- Able to develop relationships of mutual respect, inspiring trust and confidence with fellow colleagues.
- Diplomatic, e.g. able to present information and/or opinions in a respectful way that can be heard and understood by colleagues.
- Ability to facilitate and encourage active engagement.
- Ability to listen to and represent the views of others (even if they are different from your own).

Desirable:

- Awareness and understanding of West Dunbartonshire Health and Social Care Partnership Strategic Plan 2023–2026: Improving Lives Together (wdhscp.org.uk).
- Awareness about the local and national context in which Health and Social Care Partnerships, Local Authorities and Health Boards operate.
- Previous experience of representing a stakeholder group and/or experience of working with local communities or community-based groups.
- It is essential that the Stakeholder Members live in the West Dunbartonshire community and can prepare for and attend meetings on a regular basis. You should have the ability to communicate via email and engage in hybrid meetings via MS Teams.

Managing Expectations

What You Can Expect From Us

A Stakeholder Member can expect:

- To be treated as an equal partner.
- Meetings to take place in a professional, approachable and accessible atmosphere where all contributions are welcomed.

- To be able to step down at any time, knowing that it will not affect any future care, treatment or services.
- To be given support or training and any information that you need, in a format that is suitable for you.
- To have easy access to information required for your role.
- That your involvement will not impact on your care, treatment or services.
- To be given a clear remit of your responsibilities, which will include the length of time you are expected to be involved.
- To be able to opt out of anything you don't feel comfortable with or find stressful.
- To be introduced to colleagues, and have their jobs and roles explained to you.
- To be sent papers of meetings in your preferred format, at least one week before the meeting.
- To be provided with a point of contact to request the support and guidance you need.
- To have the ability to ask questions of officers in advance of meetings where this is preferable.
- To be able to claim your travel, replacement care and other agreed expenses.

Our Expectations

As a Stakeholder Member we expect you to:

- Follow relevant policies and procedures (e.g. no smoking policy, equal opportunities, health and safety). We will ensure you have access to appropriate documents.
- Follow rules of confidentiality and not discuss personal or sensitive information outside of meetings.
- Take part in an initial induction session and any other briefings or training sessions as required.
- Read papers for meetings before you attend and if unable to attend, give your apologies in good time if possible.
- Follow the expenses policy for Stakeholder Members.
- Remember that any contact with the media (newspapers, television, radio) or through social networking will be handled by either NHS Greater Glasgow and Clyde or West Dunbartonshire Councils communications teams.
- Provide references upon request.
- Complete Scottish Disclosure/PVG Scheme Membership documents if required to do so. We will guide you through this process.
- Declare any interests, employment or otherwise, which may conflict with your involvement with the Partnership. This will not necessarily stop you joining.
- Raise any concerns or difficulties you experience with your point of contact.
- Have access to internet to enable you to join online meetings. Where support is needed to be set up, this will be provided.
- Inform your point of contact if you will not be available due to illness, holidays or for any other reason. It is helpful if you can give as much notice as possible so that cover may be arranged.
- Inform us, with as much notice as possible, if you no longer wish to be a representative.

For HSCP Board Stakeholder representatives, please be aware that your name will appear on minutes of meetings which can then go on to the West Dunbartonshire HSCP website. Please inform us should this be of any concern for you.

Resolving Disagreements

Volunteers can discuss any concerns they have with their point of contact at any time and will be supported to resolve any concerns where necessary. Where the matter concerns their point of contact, the problem should be referred to the next level of management. Every effort should be made to resolve the matter through informal discussion.

Points of action and agreements made may be noted. The complaints procedure can be followed if informal discussions do not resolve the concern.

Misconduct of Volunteers

The attached factsheet provides further information on managing Misconduct of Volunteers

What Training Will be Given?

All Stakeholder Members will be provided with induction training to ensure that they are able to carry out their duties to the highest standard. This training will include:

- The structure, governing legislation and work of the West Dunbartonshire HSCP, details of your point of contact and information on where you can find further support.
- The Code of Conduct for Board Members and Ethical Standards Framework.
- Information on policies and procedures that you must follow Stakeholder Members can access training online through TURAS at any time.

PVG and Code of Conduct

Disclosure and the Protecting Vulnerable Groups (PVG) Scheme

We will carry out a Basic Disclosure check before appointment of new stakeholder members. Stakeholder Members aren't currently required to join the PVG scheme, however this will change from April 2025 due to new legislation.

When this is required we will help you with your application process and pay any fees. We will also pay for a Scheme Record Update, if required, if you are already a member of the PVG Scheme. The Partnership can request your membership of the PVG Scheme or a Scheme Record Update at any time, but we will always do this in consultation with you.

A Brief Guide to Standards of Conduct

Staff within the West Dunbartonshire HSCP are required to follow standards of business conduct. We ask that Stakeholder Members should observe these

standards too. From time to time, you may be involved in activities or projects which will bring you into contact with commercially sensitive information, for example when examining bids or business proposals. Please do:

- Be impartial and honest in any official business you carry out on behalf of the Partnership.
- Ensure the interests of people who use services are paramount.
- Disclose any of your other interests – employment, business or voluntary, which might conflict with your involvement.
- Ask for advice when required.

Please do not:

- Accept any gifts or inducements or inappropriate hospitality.
- Abuse your involvement with the West Dunbartonshire HSCP for personal gain or to benefit family or friends or another organisation (voluntary or private).
- Claim over and above the expenses you are entitled to.
- Unfairly advantage one competitor over another or show favouritism.
- Misuse or make available “commercial in confidence” information.

Extending or Ending your Commitment

Length of Office

A review of non-voting stakeholder membership shall be three years from the date of your appointment or last review, whichever is sooner. At this point a review will take place to ensure suitability both to the organisation and to the individual.

What If Being A Representative Is Not Quite What You Expected?

Involving people in the work of the West Dunbartonshire HSCP should be a positive experience. However, occasionally, it may not work out for you, or it may not be what you expected. This may only become apparent after induction and once you have started to attend meetings or meet with other people. In most cases, such problems can be sorted out satisfactorily and quickly through an informal discussion.

West Dunbartonshire Integration Joint Board (IJB) Stakeholder Member Expenses Policy

Why Does This Expenses Policy Exist?

This policy ensures that any unpaid carer or other representatives who are members of the IJB, known locally as the HSCP Board, and associated groups or committees are not out of pocket because of carrying out their duties (as defined in the Public Bodies (Joint Working) (Scotland) Act 2014).

Who Is The Expenses Policy For?

This policy is for stakeholder members who are appointed as a member of the West Dunbartonshire Health and Social Care Partnership (HSCP) Integration Joint Board (IJB) as per the Standing Orders 3.2 (g) to (k) and any associated groups or committees.

When Does This Expenses Policy Apply?

This expenses policy applies to enable stakeholder members to undertake the work required in their capacity as HSCP Board members. This includes preparatory work for, and attendance at:

- HSCP Board meetings (including development sessions and seminars)
- Strategic Planning Groups
- Locality Groups
- Other associated groups or committees
- HSCP Board related duties and events (eg meeting a community group to explain the Strategic Plan)

What Are The Principles Of The Policy?

- Recognising diversity and minimising barriers to full participation

We recognise there is a diversity of needs and will work with each stakeholder member individually to provide any reasonable adjustments/extra support they may require to fully participate in the HSCP Board.

- Good stewardship and management of public funds

We promote consideration of cost effectiveness, value for money, and respect for the environment. It may be more cost effective for travel and accommodation to be booked through the HSCP Board as opposed to booking this personally and being reimbursed. The cost of the use of eBikes would fall within the scope of this policy.

We encourage HSCP Board members to be paper free as far as possible but will support the cost of printing when required.

Where possible, dated, official receipts will be required for any reimbursement in line with West Dunbartonshire Council Travel and Subsistence Scheme Travel and Subsistence Scheme

Collaboration And Continuous Improvement

Our HSCP Board stakeholder members will have a nominated point of contact within West Dunbartonshire HSCP who is the main link in relation to this policy. Regular meetings will take place and a standing agenda item at these will be a review of expenses claims, how the process is working, and what improvements could be fed into the annual review of the policy.

It is a shared responsibility between the representatives and the nominated point of contact to enable the smooth implementation of this policy allowing the representatives to fulfil their role whilst not being out of pocket.

What Expenses Are Included In This Policy?

The following are examples of costs which can be reimbursed under this policy. The list is not exhaustive and the overarching aim of the policy ie that representatives should not be out of pocket, has primacy.

- Travel costs - public transport (excludes first class travel) - mileage (45p/mile) - parking - taxi costs - where public transport arrangements are not suitable
- Subsistence (where no meals or refreshments are provided) - Reimbursement of reasonable lunch expenses as per current Local Authority guidelines - Reimbursement of reasonable dinner expenses as per current Local Authority guidelines - Overnight accommodation and reimbursement of reasonable expenses for overnight stays, if and when required, as per current Local Authority guidelines
- Preparatory work and administration to carry out duties - Printing and paper costs. - IT / communication costs
- Replacement care / care cover - for attendance at HSCP Board meetings - for attendance at other meetings/events relating to role - for travel times to meetings - for preparation time
- Loss of income to attend meetings - Where appropriate, loss of earnings income to attend HSCP Board meetings will be considered (to be discussed and agreed in advance National Institute for Health and Care Research NIHR public contributor payment policy | NIHR could help inform these discussions). - Any potential impact on social security benefits to be considered and discussed.

What Is The Process For Claiming Expenses?

- Smaller items of expenditure (e.g. mileage within West Dunbartonshire, parking and administrative expenses for local meetings) will be reimbursed on receipt of a correctly completed claim form and appropriate, dated receipts. Replacement care, reimbursement of lost income, and travel and subsistence for meetings out with West Dunbartonshire, must be agreed in advance with the HSCP Board's Chief Finance Officer.

- The nominated point of contact is the Head of Strategy and Transformation, who will support communication with the representatives and will assist with completion and submission of expenses claims.
- A copy of the Travel and subsistence claim form will be provided
- In line with West Dunbartonshire Council policy, claims should be made within three months of the date the expense was incurred however claims received out with this timescale will still be processed but must be accompanied by a note of explanation from the Chief Finance Officer.
- Claim Forms should be completed and submitted via the nominated point of contact along with relevant receipts and/or confirmation of approval by Chief Finance Officer if appropriate.
- All expenses will be paid within 30 days of the receipt of a properly completed, valid, expenses claim form, however, to ensure equity of involvement and engagement, if required, immediate payments may be made.
- Payments will be made via BACS transfer where possible. Bank details will require to be provided to enable payment. Representative will be set up on the BACS system in advance of claims being made.

Reviewing This Policy

This policy will be reviewed annually with relevant stakeholders and by the Integration joint Board as part of its Scheme of Governance review. Supporting documentation will be updated appropriately in line with any changes made by West Dunbartonshire Council. Any proposed changes to this policy will be discussed with those covered by the policy before implementation.

Misconduct of Volunteers

West Dunbartonshire Health and Social Care Partnership (HSCP) appreciate the hard work and dedication provided by the volunteers supporting our services. There may, however, be occasions where an allegation is made that a volunteer is guilty of misconduct.

Examples of misconduct include, but are not limited to:

- Theft, fraud, deliberate falsification of documents
- Violent behaviour, fighting, assault on another person
- Deliberate damage to Council or Health Board property
- Harassment
- Being unfit for work through alcohol or illegal drugs
- Gross carelessness
- Gross disobedience
- Placing a service user or employee at risk or danger

If an allegation is made the volunteer should be informed of the allegation that has been made against them and they should refrain from volunteering until further notice. The Head of Strategy and Transformation should discuss the allegation with the volunteer and those involved, however if there is any reasonable doubt or concern then the volunteering agreement shall cease, and the volunteer will be released from their duties with immediate effect.

Advice and guidance will be obtained from Human Resources regarding matters of misconduct. Health and Social Care Partnership Board Members should be aware of the need to initiate the referral process when an allegation of misconduct arises surrounding a volunteer working in a PVG role.

DRAFT - Advertisement

The West Dunbartonshire Health and Social Care Partnership (HSCP) values the contribution that groups and people who live in our communities can bring to decision making.

We are recruiting for Stakeholder Members who live in the West Dunbartonshire community who can attend meetings on a regular basis to represent the views of a wide range of people in the community as part of our Integration Joint Board (IJB), known locally as the HSCP Board.

Meetings generally take place approximately six times a year, on a Tuesday and are scheduled for two hours, however, may on occasion last longer. In addition, the HSCP Board hold several development sessions throughout the year.

A stakeholder member is someone who can comment on and influence decision making. In terms of the HSCP Board and its committees, Stakeholder Members do not have voting rights.

Stakeholder Members should use their own knowledge and experience to consider the impact of decisions on the individuals or groups that they represent. It is important that they are connected to other people in their stakeholder group to give others the opportunity to express what is important to them. We are specifically looking for a stakeholder representative for the third sector i.e. not for profit and non-governmental agencies such as charities, social enterprises and community groups.

Naturally the individuals that comprise these stakeholder groups will be diverse, as such, the appointed person must be able to demonstrate the appropriate experience and skill to reflect the breadth and diversity of views and situations of the individuals or groups that they represent.

Successful applicants will inspire trust and confidence in fellow colleagues, be able to diplomatically represent information and opinions in a respectful way, listen to and represent the views of others and be able to be objective and advocate for the views of others.

For full details of the role and requirements please see the attached information insert link to documents

Should you wish to discuss the role further or for informal enquiries please email margaret-jane.cardno@west-dunbarton.gov.uk with your contact details.

Interviews are likely to be held in February 2025.

We will seek the details of two referees from the preferred candidate only. One of these referees should be from a group you currently are a member of or represent.

Requirements

This post requires a Disclosure Scotland Check. A confirmed offer and commencement in the post will be subject to the outcome of this check being deemed satisfactory.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: **Joint Staff Forum**

Date: Thursday 29th August 2024, 11.00am to 1.00pm

Venue: Brock Training Room, 1st Floor, Church Street

Present: Beth Culshaw; Diana McCrone, (Chair); Shirley Furie; Gillian Gall; Margaret Jane Cardno; Moira Wilson; Michelle McAloon; Sylvia Chatfield; Lesley James; Shirley Furie; Val Tierney; Gillian Bannatyne; Andrew McCready; Joyce Habo (Minutes)

Apologies: Leanne Galasso; David Smith; Julie Slavin; Helen Little; Fiona Taylor; Margaret McCarthy; Ann Cameron Burns; David Scott

Item	Description	Action
1.	**Welcome, Introduction, Apologies**	Chair
2.	**Standing Agenda Items**	
	a) Minutes of Last Meeting	Chair
	Minute agreed as an accurate record.	
	b) Rolling Action List Updated	Chair
	c) Chief Officer Update	BC
	Recent formal and informal IJB's which focussed on induction for IJB members and health and wellbeing indicators. Two new NHS members have joined the Board as non-executive members and we also have a new vice chair Fiona Hennebry. At the Council meeting on 28/08 the Labour administration resigned – it is currently unknown what this means for IJB as we have 3 Labour members in place. The IJB meeting focussed on finance and the digital strategy and a paper about new membership. We are looking at members from groups of interest to best engage with the local population. The management team are working on savings proposals for next year as we are currently £3.5m overspent, pressures relating to home care and other pressures across services.	

SMT are focussing on the financial position to contain this and there will be additional pressures depending on the outcome of job evaluation as well as any staff pay awards.

Delayed discharges have been a priority for the First Minister recognising the impact of delays on people's health. There has been a lot of work locally and with Scottish Government officials, some delays are as a result of a shortage of care home beds.

d) HR & OD Update

i. Report

Michelle covered both NHS and WDC
WDC and NHS absence has increased with anxiety stress and depression equating to 40% of this, but includes minor illness, mental health and injuries.

KSF performance on the NHS side has increased.
Stat/Mand training is currently sitting at 93% overall but fire safety is under the target completion rate of 90%.

A report on the WDC i-learn modules has been included but needs further review as not all of these courses are relevant for all staff.

NHS: new starts – 2. Council – 1
Leavers: NHS 8 and Council 12

Active bystander training is available, and Moira advised this training focusses on challenging people to challenge poor behaviour i.e. if you witness something that could have a negative impact on you or others, this training makes you think about your own behaviour – dates to be circulated. MW

ii. Agenda for Change – non-pay updates
Gillian advised there are 3 strands to the non-pay updates: reduced working week, band 5 nurse review and also protected learning time.

The reduced working week is 100% implemented in West Dunbartonshire, with further reductions on 1st April 25, and 1st April 26. Two areas highlighted, one was around the pattern of work for staff working on wards and a short life working group are discussing this and also discussing the 12hr 45 minute shift queries which is not in breach of any working time regulations.

Andrew noted some concerns regarding health and safety of staff adding travelling to and from work after a 12.45 hour day. Gillian advised a TU colleague is on the SLWG and that this was put in

place following consultation with the workforce who asked about this option. Andrew advised he is not happy with this and stated it is not within staff's gift to ask for things.

GG

Gillian is raising this through Lorraine Cribben.

Diana attended the meeting where this was raised, noting that in Gartnavel they have been operating on 14 hour shifts for many years but is not sure what the health board stance is on this. They also discussed reducing the working week and agreed to review this after a few months. Concerns have been raised from the crisis team who have to start 30 minutes earlier on a Friday.

Gillian advised this information has been shared with RCN via line management and there has been helpful dialogue with both the rep and manager, when highlighted that some of the information was misinformed. Staff are not working 30 minutes earlier, the staff collectively requested this reduction to be implemented on a certain day, and Ricky has advised that he is happy with recent dialogue, Diana advised she will discuss this further with Ricky.

Andrew shared that the Scottish Government have clarified that the Band 5 review is starting with nursing then will move on to other Band 5 roles. Gillian advised no formal information has been circulated about this, Andrew agreed to chase this up. AMc

Michelle clarified the Band 5 nurse work is ongoing and we have received 3 applications so far. Panels will not be set up until we have at least 20. Some feedback has been received that employees thought that their line manager completed the application for them. There is a lot to work through including organising panels; payroll; impact of backdating pensions; process for nursing staff; weekly meetings and comms.

Andrew advised as a job evaluator he is aware there are 7 on each panel as well as consistency checkers and queried if this would be full time release for staff, Michelle advised there is more training planned and this is part of the project plan – different options are being discussed.

Protected Learning
Moira attends fortnightly protected learning time group meetings and advised that it is a huge piece of work gathering the information which is being collated on a spreadsheet and circulated for feedback, plans to have conversations about recording and the use of eESS around how this is formally recorded. Further information is to follow at the end of September

via Core Brief and Staffnet.

iii. Cut it Out

Michelle shared a presentation re Sexual Harassment, noting that a Close the Gap survey revealed that 75% of local government employees have witnessed or experienced sexual harassment in the last 12 months and of those employees 70% did not report it to their employers. Two thirds of female surgeons report having been sexually assaulted by a colleague and two thirds report being the target of sexual harassment.

Training is planned for staff that highlights this type of behaviour as it creates a hostile environment for staff which can impact on service users. NHS GGC are committed to diversity and inclusion and want to ensure that staff can speak up if they feel they are being harassed. MMc

Contacts/Links are on the presentation and this will be circulated and include on-line modules, active bystander training, anonymous surveys are also available as are links to the governance and workforce strategy. MMc

Moira added that she had attended an event focussed on neuro diversity and included thought provoking key speakers, there were break-out groups on 'cut it out' with case studies and reference to active bystander training. Dates to be circulated re Active Bystander Training, Moira will also circulate a Ted Talk link from Katie Forbes who was the keynote speaker at the event.

iv. iMatter

Action planning has concluded and response was 64% which is the same as last year. There have been good conversations around action planning with organisational wide challenges highlighted. Moira is meeting with SMT in October to reflect on what actions to look at. Diana queried the themes and Moira confirmed 1. The facility to be heard 2. Have their ideas heard 3. Be included in decisions, if not why not. 4. Having the opportunity and time for learning and development.

v. Staff Awards

The timescale for nominations concluded today and the standards are strong but there have not been as many entries as in previous years. The judging panel will meet on 10th September to shortlist and the awards ceremony will be 1st November 2024.

e) Service Updates

i. Mental Health, Addictions and Learning Disabilities

Sylvia advised the mental health strategy board wide engagement

has had 1 session so far at Dalmuir CE Centres and there is another one today in the Concord Centre with further dates to follow. There has not been great engagement so far.

Admin challenges in in the mental health team and working with TU colleagues to review staff and absence. New Nurse Team Leaders are now in post – pleased to have these posts filled.

LD review; there has been a lot of engagement with staff and services via Lesley Kinloch to review what we need for service users, Scottish Government strategy re LD and Sylvia is seeking volunteers for this steering group.

New social work staff in the LD team, and vacancies for a SW Assistant and a Social Worker. In the Health team here has been some movement so there is a gap in nursing which is proving challenging.

ii. Health and Community Care – C/F

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

Lesley advised that she gave a full update at the last meeting and there has not been a huge shift on this position. Absence is at 15% and agency workers are being used but are costly so this is not a preferred option but is required to ensure staff staffing levels are maintained.

One agency worker in Justice Budget – looking at justice budget.

There are service pressures in the Clydebank Health visiting team as staffing levels are at amber due to maternity leave and absence. Review of caseloads has been completed to ensure parity across the staff group. Elaine Smith is looking at applications for leave as there is 47% staffing levels – Elaine is looking at how to manage planned leave and requiring more advance notice.

CSWO Update
Concluded work re: SSSC codes of practice and there have been significant changes. Five year lead in – conditions – reduced to 3 years – this needs to be mapped out. This will come to EMT and there are further briefing sessions planned re: trauma informed practice, how we record and evidence this as this is required as part of staff registration.

Work with newly qualified SW staff and requirement to have a formalised induction programme for the first year. Managers have been briefed on these expectations with a focus on supervision, L&D - there is a requirement to sign off after 12 months. From 24

applications 2 have been recruitment.

Lesley has been clear about what the offer is in West Dunbartonshire, we require every SW coming in to have a mentoring/ shadowing system to get an understanding of broader roles and transferability of skills. We also need to be an area where people want to come and work in as it's a very competitive market. Beth also highlighted sponsoring staff to progress to complete qualifications in social work.

iv. Strategy & Transformation
Nothing of significance to report. The team is currently stable with no emerging issues. There are a couple of key vacancies and we are working through the process. Current priority is the annual performance report which is going to IJB in September.

NCS Update
Consultation is underway and closed at the end of September. A response will be required – there is still work to be done on this. Unfortunately the timing of the consultations means there will be no time to consult with IJB members, but there will be an officer response.

v. MSK C/F
vi. Finance C/F

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

Gillian advised membership is across all services and they meet monthly. Discussions are currently focusing on: commissioning; bigger professional groups mapping and reporting and what is expected. There are very different expectation of the Health Board and the Council.

Care Inspectorate are asking specific questions during inspections. The act went live on 1st April, currently working up what reporting will look like. We will feed into the Boards reporting – there will be local questions particularly around commissioning partners and third sector.

4. Trade Union Updates

a) Mental Health Admin
Gillian advised they have now reached a point of consensus and an email will be circulated to all staff from Sylvia, Bob Gibson and Diana McCrone have been involved.

Diana advised from NHS the Scottish Government have offered 5.5% increase and TU are currently consulting members, Unison, Unite, RCN are all recommending the offer (no information re GMB). Andrew advised if accepted this will be paid in October salary.

Craigellachie
Shirley advised there have been a number of serious assaults at this premises and queried the use of secure units. Lesley advised there is a national criteria in terms of detention of someone's liberty and secure care is used in very extreme circumstances. In West Dunbartonshire we have 1 young person in secure care.

Lesley advised young people can be in a state of distress due to significant adverse childhood experiences and their behaviour can be challenging and requires skilled staff to manage this via de-escalation, DDT training. More training will be provided for staff. We have also stopped any further admissions. There are currently 5 young people currently living there. all instances risk assessments are in place to supporting staff back to work. Part of the issue is changing staff. Alexis Mulvenna has started in her role as Interim Team Leader for Residential and Lesley advised she will meeting with her to discuss.

Shirley advised these are serious assaults and the impact is concerning from a TU point of view. Lesley advised she is addressing the needs of individual young people and staff are being supported.

5. Any Other Business

Shirley queried the secondment process and whether it was the same process for internal and external candidates and if the notice period was the same. Gillian to confirm. GG

a) Three key elements for Area Partnership Forum

1. Cut It Out campaign
2. Newly qualified SW – recruitment and retention
3. Absence – has to remain a priority.

6. Papers for Information

- NHS Workforce Analytics Storyboard – June
- NHS Workforce Analytics Storyboard – July
- HR Report
- APF (Strategy) Agenda – 19.06.24
- APF (Strategy) Information Exchange – 19.06.24
- APF (Strategy) Minutes – 20.03.24

7. Date of Next Meeting

Thursday 10th October 2024, 10.00am to 12.00 noon Ballantine, Church Street (Chair: Shirley Furie)