Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Tuesday, 21 November 2023

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

Distribution:-

Voting Members

Michelle McGinty (Chair)
Rona Sweeney (Vice Chair)
Martin Rooney
Lesley Rousselet
Clare Steel
Michelle Wailes

Non-Voting Members

Barbara Barnes
Beth Culshaw
Lesley James
John Kerr
Helen Little
Diana McCrone
Anne MacDougall
Kim McNab
Saied Pourghazi
Selina Ross
Julie Slavin
David Smith
Val Tierney

Senior Management Team – Health and Social Care Partnership
Chief Executive – West Dunbartonshire Council

Date of Issue: 14 November 2023

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, 21 NOVEMBER 2023

1 STATEMENT BY CHAIR – AUDIO RECORDING

2 APOLOGIES

3 DECLARATIONS OF INTEREST

Members are invited to declare if they have an interest in any of the items of business on this agenda and the reasons for such declarations.

4 RECORDING OF VOTES

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

5 (a) MINUTES OF PREVIOUS MEETING 7 - 11

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 19 September 2023.

(b) ROLLING ACTION LIST 12

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

6 VERBAL UPDATE FROM CHIEF OFFICER

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

7 DAVID THOMSON MEMORIAL TRUST 13 - 16

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

8 A REFRESH OF THE STRATEGY FOR MENTAL HEALTH SERVICES IN GREATER GLASGOW AND CLYDE 2023 – 2028 **17 - 120**

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

9 SCOTTISH GOVERNMENT FUNDING FOR CHILDREN AND YOUNG PEOPLE'S COMMUNITY MENTAL HEALTH SUPPORTS AND SERVICES **121 - 138**

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

10 WEST DUNBARTONSHIRE HSCP'S APPLICATION: MULTIDISCIPLINARY TEAM DEMONSTRATOR SITE – SCOTTISH GOVERNMENT'S PHASED IMPROVEMENT PROGRAMME FOR PRIMARY CARE IMPROVEMENT **139 - 171**

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

11 2023/24 FINANCIAL PERFORMANCE REPORT AS AT PERIOD 6 (30 SEPTEMBER 2023) **173 - 215**

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

12 AUDITED ANNUAL ACCOUNTS 2022/23 **217 - 354**

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

13 WINTER PLAN 2023/24 **355 - 360**

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

14 WD HSCP SHORT BREAKS PILOT UPDATE 361 - 366

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

15 REVIEW OF STRATEGIC RISK REGISTER 367 - 396

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

16 REVIEW OF INTEGRATION SCHEME 397 - 448

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

17 IMPLEMENTATION OF DIRECTIONS POLICY 449 - 453

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

18 MINUTES OF MEETING FOR NOTING 455 - 471

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

(a) 7 August 2023; and

(b) 31 August 2023.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Hybrid Meeting of the West Dunbartonshire Health and Social Care Partnership Board held in the Civic Space, 16 Church Street, Dumbarton on Tuesday, 19 September 2023 at 3.07 p.m.

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

Non-Voting Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Barbara Barnes, Chair of the Locality Engagement Network – Alexandria and Dumbarton; Selina Ross, Chief Officer – West Dunbartonshire CVS; Helen Little, MSK Physiotherapy Manager; Kim McNab, Service Manager – Carers of West Dunbartonshire, and Val Tierney, Chief Nurse.

Attending: Margaret-Jane Cardno, Head of Strategy and Transformation; Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction; Fiona Taylor, Head of Health and Community Care; Gillian Gall, Head of Human Resources; Lesley James, Head of Children's Health Care and Criminal Justice and Chief Social Work Officer; Jennifer Ogilvie, HSCP Finance Manager; Michael McDougall, Manager of Legal Services; Carolanne Stewart, Business Support Officer; Andrew McCready, Unite Union Representative; Laura Evans, Service Improvement Lead; David Smith, Unpaid Carer Representative; Neil McKechnie, Contracts, Commissioning and Quality Manager and Ashley MacIntyre and Lynn Straker, Committee Officers.

Apologies: Apologies for absence were intimated on behalf of Anne MacDougall, Chair of the Locality Engagement Network – Clydebank and Saied Pourghazi, Associate Clinical Director and General Practitioner.

Michelle McGinty in the Chair

ADJOURNMENT

Michelle McGinty, Chair, adjourned the meeting for a short recess. The meeting reconvened at 3.22 p.m. with all those listed in the sederunt present.

STATEMENT BY CHAIR

Michelle McGinty, Chair, advised that the meeting was being audio streamed and broadcast live to the internet and would be available for playback in the future. Ms McGinty noted Mr Peter O'Neill, Union Representative and Non-Voting Member of the Health and Social Care Partnership Board had recently left West Dunbartonshire Council and Members would actively seek a replacement Union representative Non-Voting Member going forward. Ms McGinty also welcomed a new Member of the Board, Mr David Smith as a representative for Unpaid Carers in West Dunbartonshire.

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 16 May 2023 were submitted and approved as a correct record.

ROLLING ACTION LIST

The Rolling Action list for the Health and Social Care Partnership Board was submitted and an update was provided by Margaret-Jane Cardno, Head of Strategy and Transportation.

VERBAL UPDATE FROM CHIEF OFFICER

Beth Culshaw, Chief Officer, provided a verbal update on the recent business of the Health and Social Care Partnership. She noted planning in particular was underway for Winter processes accross our Health and Social Care system and there was an improvement being seen in our delayed discharges figures in this quarter.

2023-2024 FINANCIAL PERFORMANCE REPORT AS AT PERIOD 4 (31 JULY 2023)

A report was submitted by Julie Slavin, Chief Financial Officer, providing an update on the financial performance as at period 4 to 31 July 2023 and a projected outturn position to 31 March 2024.

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

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

(2) to note the reported revenue position for the period 1 April 2023 to 31 July 2023 is reporting an adverse (overspend) position of £0.747m (1.15%);

(3) to note the projected outturn position of £2.937m overspend (1.48%) for 2023/24 including all planned transfers to/from earmarked reserves;

(4) to note the progress update on the formation of a recovery plan to address the projected overspend;

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

(6) to note the current reserves balances;

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

(8) to note the impact of a number of ongoing and potential burdens on the reported position for 2023/24 and the previously reported budget gaps for 2024/25 and 2025/26.

CARE AT HOME RE-DESIGN PROJECT OUTPUTS

A report was submitted by Fiona Taylor, Head of Health and Community Care, providing an overview of the outputs of the Care at Home re-design project which was approved by the HSCP Board in 2022 to embark on a review of the service following the Scottish approach to re-design methodology.

After discussion and having heard the Chief Officer, the Head of Health and Community Care and the Head of Human Resources in further explanation and in answer to Members' questions, the Board agreed to approve the proposed changed outlined in section 4.29 and detailed in Appendix 4 of the report to allow the proposal(s) to progress to employee and Trade Union consultation.

ADJOURNMENT

The Chair adjourned the meeting for a short recess. The meeting reconvened at 5.02 p.m. with all those listed in the sederunt present.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP COMMISSIONING PROCEDURE

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update on the commissioning process for externally delivered social care services.

After discussion and having heard the Head of Mental Health, Learning Disabilities and Addictions in further explanation and in answer to Members' questions, the Board agreed to note the process as outlined in Appendix 1 of the report and its links to the Quality Assurance Framework which would be brought to a future Board meeting.

NHS GG&C PHARMACY TRANSFORMATION PROJECT

A report was submitted by Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction, providing an update on progress of the NHS GG&C Pharmacy Transformation Project implementation in relation to West Dunbartonshire HSCP.

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

WEST DUNBARTONSHIRE INTEGRATION JOINT BOARD RECORDS MANAGEMENT PLAN REVIEW UPDATE

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update including details of a recent Progress Update Review (PUR) undertaken and submitted to the Public Records (Scotland) Act Assessment Team with regards to submitting a Records Management Plan to the Keeper of the Records of Scotland.

After discussion and having heard the Head of Strategy and Transformation in further explanation of the report, the Board agreed to note the detail given in the Progress Update Review in relation to the Records Management Plan.

MINUTES OF MEETING FOR NOTING

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

(a) 19 January 2023;
(b) 16 February 2023;
(c) 16 March 2023;
(d) 11 May 2023; and
(e) 15 June 2023.

The meeting closed at 5.17 p.m.

ITEM 5 (b)

WEST DUNBARTONSHIRE HSCP BOARD
ROLLING ACTION LIST

Agenda item	Board decision and minuted action	Responsible Officer	Timescale	Progress/Update/ Outcome	Status
Item 4b – Rolling Action List (March 2023)	Margaret-Jane Cardno to provide an update at the next IJB regarding 'Black Start' dates and proposed dates/rehearsals etc.	Margaret-Jane Cardno	Sept 2023	Update 4: Briefing regarding this now sent to Members. Action to be closed.	**To be Closed**
Item 9 – Annual Performance Report (August 2023)	Margaret-Jane Cardno to organise Comms which could be shared with staff and outside bodies etc. to highlight some successes and the work HSCP are doing. Also to organise a workshop with Elected Members in WDC to highlight some of the work taking place.	Margaret-Jane Cardno	November 2023	Update: Briefing note sent to Members and Outside Bodies highlighting work being done and successes achieved. Workshop being organised for early 2024 with Elected Members to highlight further work taking place. Action to be closed.	**To be closed**

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

Report by: MJ Cardno, Head of Strategy and Transformation

21 November 2023

Subject: David Thomson Memorial Trust

1. Purpose

1.1 The purpose of this report is to raise awareness of the ambition to establish the David Thomson Memorial Trust and, subject to the implementation of appropriate governance arrangements, to seek HSCP Board approval to provide financial support to this organisation.

2. Recommendations

It is recommended that the HSCP Board:

2.1 Note the intention of the family of the late David Thomson to establish the David Thomson Memorial Trust; and

2.2 Subject to the implementation of appropriate governance arrangements, agree to match fund any funds raised by the Trust to a sum of up to, but no more than, £5,000 per annum for the three years 2023/24; 2024/25 and 2025/26.

3. Background

3.1 David Thomson was a greatly valued member of HSCP Staff. David passed away suddenly aged just 42 and spent his adult life working in residential care. He helped many young people learn and grown in the way that was best for them, focusing on their development and supporting them throughout their journey to full independence.

3.2 David's family aspire to keep his legacy alive and are currently taking steps to establish the David Thomson Memorial Trust with a view to starting their fund raising activities before David's birthday in February 2024. West Dunbartonshire Council for Voluntary Service have offered to support the family to ensure correct governance arrangements are in place to progress.

3.3 The Trusts ambition is to fund opportunities for residential child care workers and young people in West Dunbartonshire. This will help those with potential to progress a career in residential childcare and grow as practitioners, enabling residential care workers in West Dunbartonshire to fund personal development opportunities.

3.4 The Trust will also reinforce David's support and dedication to young people

by inviting young people who are in residential care in West Dunbartonshire to apply to the Trust, to fund an idea or project that they would otherwise be unable to get off the ground.

4. Main Issues

4.1 David was a highly respected member of the West Dunbartonshire HSCP family. The ambitions of the Trust are a welcome development and the Chief Officer is supportive of this approach. The focus on not only practitioner development but the support for some of the most vulnerable children within our communities to realise their personal goals aligns with the ethos of the HSCP. This supports the delivery of Improving Lives Together 2023 – 2026 as highlighted in section 12 of this report.

4.2 As outlined above some basic ground work is required in order to establish the Trust. Once this is place, and the HSCP Senior Management Team are content with the governance arrangements, it is recommended that the HSCP Board agree to match fund any funds raised by the Trust to a sum of up to, but no more than, £5,000 per annum for the three years 2023/24; 2024/25 and 2025/26. This funding could be sourced by un-earmarking an element of the Participatory Budgeting reserve and earmarking it for this purpose.

5. Options Appraisal

5.1 An options appraisal is not required for the recommendations within this report.

6. People Implications

6.1 There are no direct people implications arising from the recommendations within this report. However, should the HSCP Board be minded to approve these recommendations additional personal development opportunities will be created for staff within children's residential services.

7. Financial and Procurement Implications

7.1 The financial implications are that the HSCP Board would be committing a maximum of £15,000 over a three year period. This funding would be sourced by un-earmarking an element of the Participatory Budgeting reserve for this purpose.

8. Risk Analysis

8.1 The risk in relation to the recommendations within this report are minimal. Steps will be taken to ensure correct governance arrangements are in place for the Trust prior to the transfer of any funds.

9. Equalities Impact Assessment (EIA)

9.1 The recommendations within this report do not require an EIA to be undertaken.

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 Chief Financial Officer and the HSCP Board Monitoring Officer have been consulted in the preparation of this report.

12. Strategic Assessment

12.1 The recommendations within this report support the delivery of the following strategic outcomes within the HSCP Strategic Plan 2023 – 2026 Improving Lives Together:

12.2 Caring Communities: Empower our communities to be involved in planning and leading services locally.

12.3 Safe and Thriving Communities: Work with partners and citizens to protect vulnerable adults and children and reduce exposure to harm.

12.4 Equal Communities: Ensure that children and young people who require permanent care outwith their family home have appropriate and timely care options that meet their needs; and improve the mental health and wellbeing of children and adults.

12.5 Healthy Communities: Recognise the impact of adverse childhood experiences and seek to reduce the incidence and impacts of all types of childhood adversity and trauma.

13. Directions

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

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
Date: 31 October 2023

Person to Contact: Margaret-Jane Cardno
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West Dunbartonshire Health and Social Care Partnership

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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Sylvia Chatfield, Head of Mental Health, Addictions and Learning Disabilities

21 November 2023

Subject: A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 – 2028

1. Purpose

1.1 To update the IJB on the Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 – 2028.

2. Recommendations

2.1 The West Dunbartonshire Health & Social Care Partnership Board is asked to:

(i) note progress made against the Mental Health Strategy 2018 - 2023 outlined in the proposed strategy refresh; and

(ii) approve the Refresh of the Strategy for Mental Health Services in Greater Glasgow and Clyde 2023-2028.

3. Background

3.1 The Health Board's Moving Forward Together: Greater Glasgow and Clyde's vision for health and social care document set the blueprint for the future delivery of Health and Social Care Services in NHSGGC. This remains in line with Scottish Government national and West of Scotland regional strategies and requirements and the projected needs of the GGC population. Strategies for Mental Health Services in Greater Glasgow and Clyde are also aligned to the Scottish Government's Mental Health Strategy and the NHSGGC 'Healthy Minds' report.

3.2 The existing Mental Health Strategy proposes a system of stepped/matched care, allowing for progression through different levels of care, with people entering at the right level of intensity of treatment. The aims of the strategy include:

(i) integration across services to provide a condition-based care approach; and

(ii) shifting the balance of care further into the community.

3.3 A community based model will be more cost effective and deliver services earlier, better meeting the needs of the patients in the community as people access more care through and wholly within those community-based services.

4 Main Issues

4.1 The Strategy Refresh:

4.1.1 Widens the scope of the strategy document and reconfirms a joint approach to and strengthens the links with strategies covering the whole complex of local mental health services in NHSGGC.

4.1.2 Describes progress against the recommendations in the existing strategy and other areas. This includes creation of a regional CAMHS Intensive Psychiatric Care Unit (Adolescent IPCU) adjacent to the existing Adolescent inpatient facilities, Skye House located on the Stobhill site in NHSGGC.

4.1.3 Reflects changes in context and policy drivers, and identifies changed or new recommendations in response. In particular, includes recognition of and response to the impact of the Covid-19 Pandemic both in terms of those needing, and the staff and services delivering, mental health care and support.

4.1.4 Continues the aims in the strategy to shift the balance of mental health care through a model that proposes an enhanced community mental health service provision.

4.2 The vision for the Strategy Refresh includes community focus on:

4.2.1 Delivering Prevention and Early Intervention; including Mental Wellbeing and Suicide Prevention training for all staff, expanding computerised Cognitive Behavioural Therapy (cCBT) services and supporting Wellbeing in primary care.

4.2.2 Expanding the development of Recovery Peer Support Workers in community teams and inpatient settings.

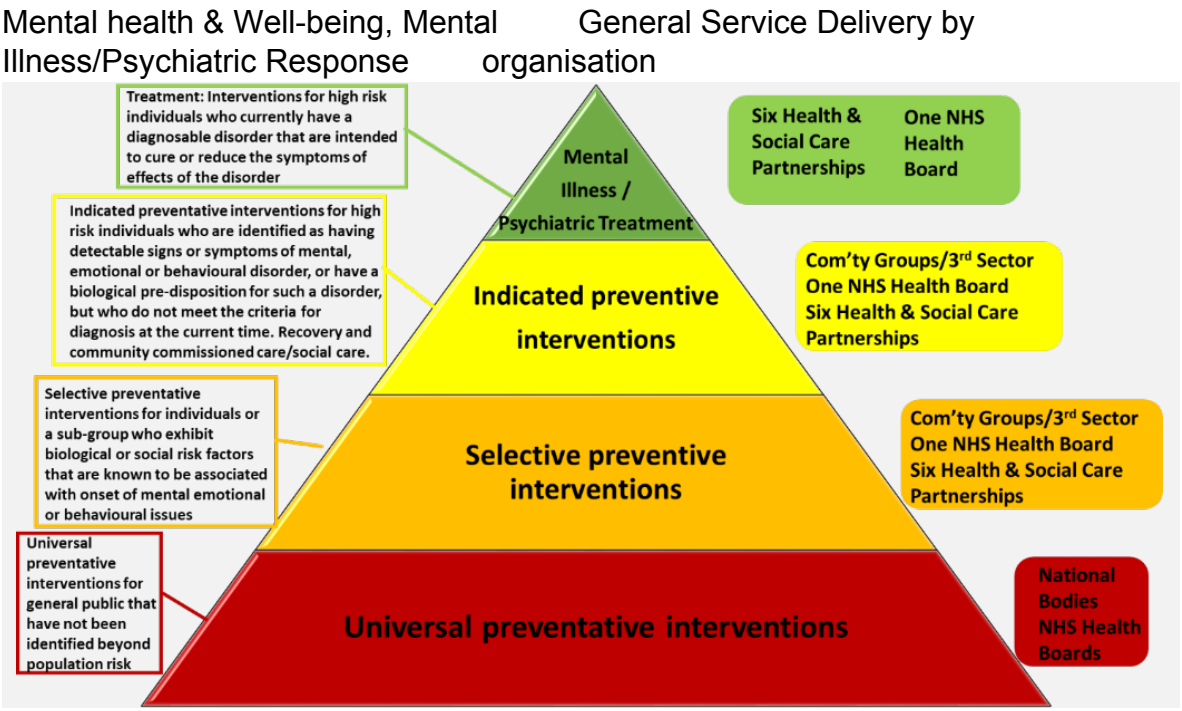
4.2.3 Improving the effectiveness of community services; developing group based Psychological Therapies and Patient Initiated Follow Up (PIFU). PIFU gives patients control over follow up appointments allowing them to be seen quickly

when they need to be, such as when symptoms or circumstances change, and avoiding the inconvenience of appointments of low clinical value.

4.2.4 Developing Unscheduled Care; commissioning non-clinical response services for situational distress; developing community mental health acute care services offering treatment as an alternative to hospital admission; and Mental Health Assessment Units diverting people with Mental Health problems who do not require physical / medical treatment from Emergency Departments.

4.2.5 Supporting faster discharge to the community; integrating health and social care to ensure joint prioritisation of resources; community services that support rehabilitation and recovery from complex mental health problems nearer to the home and in the least restrictive setting.

4.3 The service model (below) increases the level of psychiatric care delivered in the community. The Strategy refresh recognises that transitional finance is a challenge requiring alternative approach to support further community development. Longer term planning for Wellbeing and early intervention will be needed to more effectively create the infrastructure that prevents or reduces the need for downstream psychiatric service responses in secondary mental health care.



5 Options Appraisal

5.1 Not applicable

6. People Implications

6.1 Staff engagement currently includes Area Partnership Forum membership on the Mental Health Strategy Programme Board and sub groups / workstreams. Staff engagement on specific issues will take place as detail emerges. The relevant HR policies and procedures will apply on implementation.

7. Financial and Procurement Implications

7.1 The Strategy refresh recognises the current environment. The associated financial framework proposes a phased approach to delivery.

7.2 Decisions will be taken on a system wide approach. As part of developing future implementation thinking, consideration will include what elements of cross funding between adult and older people's services might support implementation of the Strategy as a whole. This approach will target developments initially to those community services which will derive the greatest benefit with equity of investment by the end point. This is essential to secure the wider ambition of this programme.

8. Risk Analysis

8.1 For implementation, mitigation of risk will initially focus on where there is existing / spare capacity.

9. Equalities Impact Assessment (EIA)

9.1 The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

Better Health

Positive impact – earlier provision of treatment to help people recover sooner, or enable them to manage their symptoms, and to connect with resource in the community and access activities that they consider meaningful (e.g. work, education and recreation)

Better Care

Positive impact – provide; support in the least restrictive setting available, a recovery oriented and multi-agency approach to wraparound care to meet people's mental health, physical health and social needs.

Better Value

Neutral impact

Better Workplace

Positive impact – Reconfigured and more effective / efficient services to improve capacity, supporting staff and system resilience.

Equality & Diversity

Neutral impact

Environment

Neutral impact

10 Environmental Sustainability

10.1 Not Applicable

11. Consultation

11.1 The issues addressed in this paper were subject to the following engagement and communications activity:

(i) Multiple evolving drafts have been shared with the Mental Health Strategy Programme Board and sub groups, which includes service user and carer representation;

(ii) Staff engagement includes Area Partnership Forum membership on the Mental Health Strategy Programme Board and sub groups / workstreams. Staff engagement on specific issues will take place as detail emerges. The relevant HR policies and procedures will apply on implementation.

(iii) NHSGGC Director of Communications and Public Engagement progressing discussions with Healthcare Improvement Scotland to inform proportionate engagement and / or consultation as part of succeeding implementation.

12 Strategic Assessment

12.1 Not Applicable.

13. Directions

13.1 Not Applicable.

Name: Sylvia Chatfield
Designation: Head of Mental Health, Addictions and Learning Disabilities
Date: 17 October 2023

Person to Contact: Sylvia Chatfield
Email: sylvia.chatfield@ggc.scot.nhs.uk

Appendices:

Appendix 1: A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028

Appendix 2: Supplement to A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028

Appendix 3: Glossary to A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028

Background Papers:
None

Appendix 1

A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028

25 05 2023

Document Version Control

Date	Author	Rationale
04/05/23	V McGarry	To CMT 04/05/23
12/05/23	V McGarry	Bed numbers updated - Child Psychiatry / Totals
17/05/23	V McGarry	Perinatal section – progress updated, service description moved to supplement
25/05/2023	D Harley	Narrative site number correction
03/08/2023	V McGarry	Recommendations numbering update

Contents

1. Introduction: context, drivers and principles for change

1.1. Scope of this Strategy refresh

This strategy refresh updates on the NHSGGC five year adult mental health strategy 2018-2023 and expands on its scope to take account of the range of services relevant to the wider complex of mental health services and the continuing impact of COVID-19 as services go about restoring and refreshing the focus on Strategy changes, initially for the next 5 years.

The Strategy refresh approach to implementation will include:

- No wrong door, so any appropriate referral for secondary specialist mental health care will not be sent back to Primary Care with a suggestion of an appropriate response but discussed and progressed between secondary specialist services
- More people with lived and living experience, along with families and carers, will be involved in everything for co-production
- Prevention will be better explained as addressing wellbeing
- A focus on inequalities including people with protected characteristics and those affected by the socio-economic determinants of poor health.
- Improved access for Mental Health and situational crisis
- Commitment to more established points of access & clear referral pathways
- Self-management resources for people with long term mental health issues, that are accessible and do not exclude access to services where appropriate
- Workforce Strategy

COVID-19 Pandemic

The Scottish Government notes in its COVID-19 strategic framework February 2022 update[1] that "The past two years have tested the resilience of everyone in Scotland. There will have been very few of us who did not, at some stage, feel a strain on our mental health. It is crucial to understand that the mental health impacts of such a traumatic time will continue to emerge and evolve. The longer-term mental health effects will continue to be felt by many of us, across various levels of need. This will include mental ill-health in some cases." This sentiment also applies to the staff, who are to be thanked in demonstrating their commitment in the face of pressure and supporting patients. This strategy review and refresh recognises and responds to the significant impact of the COVID-19 Pandemic both in terms of those needing, and the staff and services delivering, mental health care and support at a time when demand for acute inpatient services is so high.

There are both positive and negative legacies of COVID-19 that will persist for a long time. Specific learning from the pandemic in areas such as Mental Health Assessment Units, digital developments, physical estate and infection control, will inform what we do.

The 2018 Adult Mental Health Strategy identified a range of principles on which service Strategies and implementation plans were based. The primary aims of increasing community based responses and increasing access to services remain relevant to and are inclusive of the whole complex of mental health services:

[1] Coronavirus (COVID-19): Scotland's Strategic Framework update - February 2022

1. **Integration and collaboration**
   A whole-system collegiate approach to Mental Health across Health and Social Care Partnerships (HSCPs) and the NHS Greater Glasgow and Clyde (NHSGGC) Board area, recognising the importance of interfaces and joint working with Primary Care, Acute services, Public Health, Health Improvement, Social Care and third sector provision.

2. **Prevention**
   Services should maintain a focus on prevention, early intervention and harm reduction as well as conventional forms of care and treatment.

3. **Choice and voice**
   Providing greater self-determination, participation and choice through meaningful service user, carer and staff engagement and involvement in the design and delivery of services. Staff wellbeing at work is recognised to be an important part of the provision of quality patient care.

4. **High quality, evidence-based care**
   Identification and equitable delivery of condition pathways, based on the provision of evidence-based and cost-effective forms of treatment.

5. **Data Analysis**
   Routine data collection and analysis is used to improve service quality, productivity and strategy implementation.

6. **Matching care to needs**
   - A model of stepped/matched care responding to routine clinical outcome measurement and using lower-intensity interventions whenever appropriate: “all the care they need, but no more”.
   - A focus on minimising duration of service contact consistent with effective care, while ensuring prompt access for all who need it – the principle of “easy in, easy out”.
   - Shifting the balance of care from hospital to community services where appropriate.
   - Equalities sensitive services

7. **Compassionate, recovery-oriented care**
   - Attention to trauma and adversity where that influences the presentation and response to treatment.
   - Recognition of the importance of recovery-based approaches, including peer support and investment in user and carer experience that generates community and social impact.

Existing strategies covering the complex of mental health services continue to be jointly progressed by the six Health and Social Care Partnerships (HSCPs) within Greater Glasgow and Clyde, in partnership with NHS Greater Glasgow & Clyde (NHSGGC). All remain committed to the need to take a whole-system approach to the strategic planning of Mental Health Services, particularly given the interdependence and connectivity across HSCPs in relation to Mental Health services. The refresh should be read in conjunction with the current individual mental health strategies and proposals.

The production of strategies recognised the beginning of the change and improvement process and were open to further modification as necessary as implementation plans to support delivery of the proposed recommendations developed. The implementation plan will be supported by a further revision of workforce, financial and risk management frameworks designed to reflect the dynamic nature of the proposed changes, with careful checks and balances at each major phase of implementation. The impact of COVID-19 on people’s individual and collective needs also continues to evolve and there remains therefore a commitment to engage further with key stakeholders to shape evolving plans.

1.2. Summary of the Proposed Service Changes and Improvements

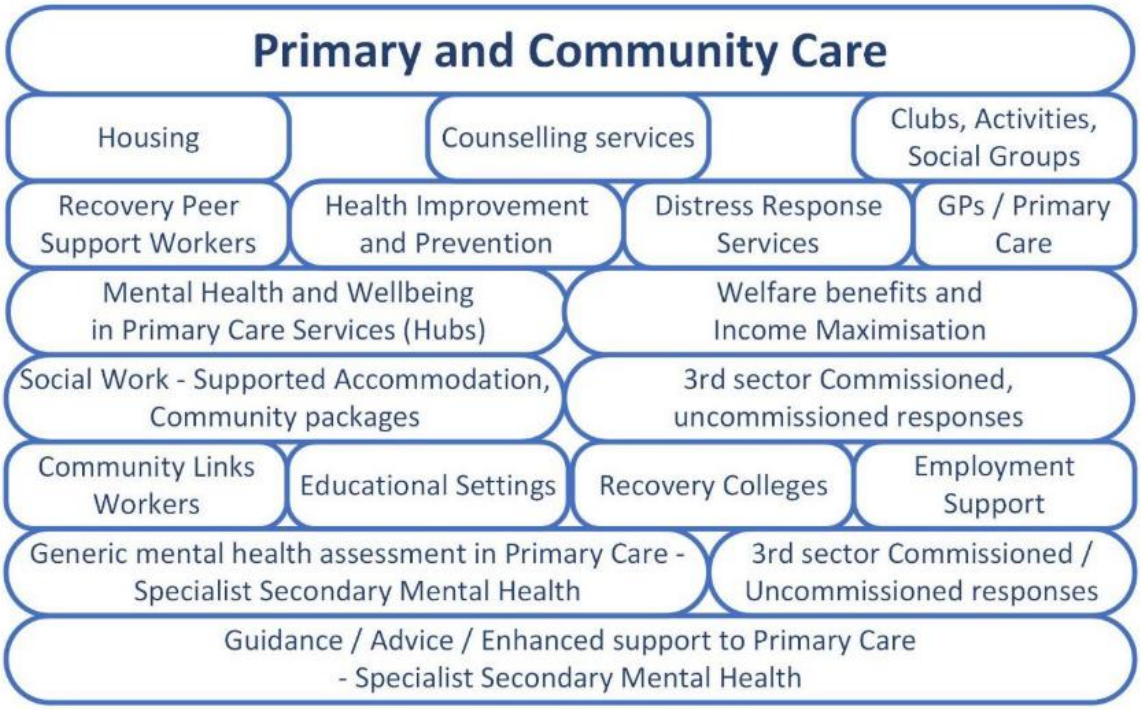
What causes mental health issues is very complex. It is important to understand that just because we may not know exactly what causes someone to experience a mental health issue or distress, this doesn't mean it is any less serious than any other health issue, any less deserving of recognition and treatment or any easier from which to recover. Mental Health issues and distress can have a wide range of causes. It is likely that for many people there is a complicated mix of factors and different people may be more or less deeply affected by certain things than others. Factors that could contribute to a period of poor mental health or distress can include:-

- Childhood abuse, trauma or neglect;
- Social isolation or loneliness;
- Experiencing discrimination and stigma including racism;
- Social disadvantage, poverty or debt;
- Bereavement;
- Severe or long term stress;
- Having a long term physical health problem;
- Unemployment or losing your job;
- Homelessness or poor housing;
- Being a long-term carer for someone
- Drug & alcohol misuse;
- Domestic violence, bullying or other abuse as an adult;
- Significant trauma as an adult;
- Physical causes e.g. head injury and / or neurological condition
- Neurodevelopmental vulnerabilities, especially those previously unrecognised

There are separate and specific strategies for organised health and social care service responses for each of the NHSGGC wide mental health complex of services (Health Promotion & Prevention; Child and Adolescent Psychiatry [CAMHS]; adult mental health; older people's mental health; alcohol and drug recovery; Learning Disability and also Forensic mental health).

The recommendations described later in each section of this refresh will require implementation through multiple delivery work streams or other related strategies as appropriate to how they are interrelated or interdependent, such as those that contribute to the response to, or reduction of, Adverse Childhood Experiences.

The delivery of service responses are many and varied as illustrated by the following:


Primary and Community Care
Housing
Counselling services
Clubs, Activities, Social Groups
Recovery Peer Support Workers
Health Improvement and Prevention
Distress Response Services
GPs / Primary Care
Mental Health and Wellbeing in Primary Care Services (Hubs)
Welfare benefits and Income Maximisation
Social Work - Supported Accommodation, Community packages
3rd sector Commissioned, uncommissioned responses
Community Links Workers
Educational Settings
Recovery Colleges
Employment Support
Generic mental health assessment in Primary Care - Specialist Secondary Mental Health
3rd sector Commissioned / Uncommissioned responses
Guidance / Advice / Enhanced support to Primary Care - Specialist Secondary Mental Health


Secondary Specialist Mental Health Care
Mental Health Assessment
Emergency Departments
Acute Hospital Liaison Services
Group Therapies Service
Community Mental Health Rehabilitation
Child and Adolescent Mental Health Services
Primary Care Mental Health Teams
Adult Community Mental Health Teams
Older People Mental Health Teams
Community Alcohol and Drug Recovery Services
Specialist Community Mental Health Services
Recovery Peer Support Workers
Computerised Cognitive Behavioural Therapy
Community Learning Disability Services
Adult Rehabilitation
Adult / Older People Acute Admission
Intensive Psychiatric Care
Learning Disability
INPATIENT SERVICES
Forensic Mental Health
Child and Adolescent
Specialist Mental Health
Addictions
Social Work Integrated Discharge
Adult and Older People Hospital Based Complex Clinical Care

All services set out the issues and recommended actions necessary to deliver their aims. Particular, but not exclusive, attention was drawn to the following service changes proposed:

1.2.1. Prevention, Early Intervention and Health Improvement.

A range of organised mental health service responses can all contribute to their own versions of prevention, early intervention and health improvement and do this in very different ways.

This refresh makes more of a distinction between services that promote people's mental health and prevent people's mental distress and illness from services that are organised to respond to people's mental illness when they are referred to secondary care mental health services in the community and in inpatient wards. The relevant services will:

- Up-scale Mental Health training and support for all non-mental health and mental health staff in Partnerships and related services including; trauma informed, ACE-aware (Adverse Childhood Experience), one good adult, Mental Health first aid.
- Support community planning partners to develop and implement strategies to address adverse childhood experiences and child poverty within their area.
- Work with multiple partners to build awareness of practical steps to promoting mental wellbeing and challenging stigma and discrimination with a priority focus on groups with higher risk, marginalised groups and people with protected characteristics.

1.2.2. Physical Health

- On-going application of the Physical Healthcare and Mental Health Policy approach for people not in mental distress.
- On-going application of the Physical Healthcare and Mental Health Policy approach for people in mental distress who don't need contact with specialist mental health services.
- On-going application of the Physical Healthcare and Mental Health Policy for people in contact with specialist mental health services.
- Improve assessment and referral pathways to ensure that people with a serious mental illness have their physical health monitored and managed effectively with no barriers to service access.
- Continuing the commitment within Mental Health Services to a programme of training and development for mental health staff to ensure that the delivery of physical healthcare meets current standards.

1.2.3. Recovery Orientated and Trauma-aware services

- Collaboration with people with lived and living experience of mental health distress and / or of mental health illness
- Work with partners to pilot the introduction of Recovery Colleges in the Board area
- Develop and implement models of Peer Support Workers in the community

1.2.4. Community and Specialist Teams

- A focus on maximising efficiency and effectiveness of our Community Mental Health Teams (CMHTs) with standardised initial assessment, Patient Initiated Follow up Pathway (PIFU), Clinical risk reference panel development, peer support in CMHTs to reduce inpatient care, consider new roles, and refresh clinical outcomes measures.
- Implementation of Esteem review outcomes.
- Development proposals for child, adolescent and adult eating disorders.
- Trauma informed clinical practice training.

- The introduction of a matched care approach to the provision of care and treatment for Borderline Personality Disorder.

1.2.5. Primary Care

- To assess post pandemic the implications of the new GP contract, particularly around the potential for additional service and support options for people before needing to be referred to secondary specialist mental health community and inpatient services.
- Work to manage and support those with long term physical conditions should be expanded and prioritised. There should be a focus on effective communication of physical and mental health condition management requirements being shared between clinicians in both Primary Care / GP settings and also specialty secondary care mental health services in the community and in hospital.

1.2.6. Social Care

- An even more integrated management of supported accommodation (or equivalent) and care home placements with 'health' bed management to optimise "flow" in and out of integrated Health and Social Care beds/accommodation/places.
- Consider commissioning 'step-down' intermediate care provision to maximise the opportunity to support people to live as independently as possible in community settings.
- Review specialist and mainstream care home commissioning needs, including to support people over 65 years of age potentially suitable for discharge as part of the re-provision programme
- Additional alcohol and drug recovery rehabilitation and harm reduction

1.2.7. Child and Adolescent Psychiatry

- Fuller implementation of the Child and Adolescent Mental Health Services (CAMHS) community specification, including supporting expansion of community CAMHS from age 18 up to 25 years old for targeted groups and those who wish it
- Additional transition planning to adult services and follow-up
- Implementation of the 2021 National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care
- Community waiting list initiatives

1.2.8. Perinatal Mother and Baby

- Increased investment in staffing for Mother and Baby inpatient services
- Review reimbursement support for families of Mother and Baby Unit (MBU) patients for transport, meals, accommodation
- Ongoing development of the new infant health service – Wee minds matter

1.2.9. Infant Mental Health

- Ongoing development and evaluation of infant mental health service – the wee minds matter team

1.2.10. Learning Disability

- Implement 'coming home', particularly focusing on developing plans to return people from where they are living out of area where this is appropriate for them
- Reduce reliance on bed-based models and support people who are at risk of admission, particularly where clinical need is not the primary reason.

- Provide a forum for multiple partner providers to explore and deliver on a range of alternative and innovative response support models for those individuals with complex needs

1.2.11. Community Services: Non-statutory Services

- Expand contact with non-statutory services for implementation plans and identifying priorities

1.2.12. Unscheduled Care

- Liaison / Out of Hours (OOH): provision of a single Adult Mental Health Liaison service across Greater Glasgow and Clyde, providing one point of access for referrals for each Acute Hospital, with defined response and accessibility criteria for departments.
- Crisis Resolution and Home Treatment / OOH: provide a consistent model of crisis resolution and home treatment across the NHS Board area available for community care and home treatment as an alternative to hospital admission
- OOH: streamline communications for all Unscheduled Care arising OOH including consideration of offering guidance to referrers, directing calls to local Community Mental Health Acute Care Teams (CMHACS) (or CMHTs and other daytime services)

1.2.13. Older People's Mental Health

- Focusing on early intervention to reduce admission to in-patient beds
- Continued investment and focus on Care Home Liaison Services to support Care Homes to maintain residents in their Care home environment
- Expanding access to psychological interventions, including non-pharmacological interventions for the management of ''stress and distress'' in dementia.
- Engaging with commissioning to further develop care settings in the community for care options for Older People with mental health issues as their condition progresses in terms of both individual care packages and residential care.
- A focus on reducing delays in discharge

1.2.14. Forensic Psychiatry Mental Health

- Focusing on maintaining safe and effective management of risk
- Continued investment in rehabilitation, repatriation of out of area placements and maintaining the flow of patients through levels of security and general mental health services

1.2.15. Shifting the Balance of Care / Bed Site Impact

- Collective approach for the complex of mental health services on site impact of end point inpatient investment and bed reductions
- Framework for collective engagement process
- Progress initial phase of bed reductions
- Reinvestment of mental health resources in community expansion

2. Strategic Context - Shifting the Balance of Care

2.1. Moving forward Together Transformational Plan and Clinical Services Review

The NHS GG&C extensive Moving Forward Together Transformational Plan, Clinical Services Review (CSR) and the Scottish Government's national vision of core principles set the main drivers for change.

2.2. Integration of Health and Social Care

The integration of Health and Social Care services under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014[2] has enabled Health and Social Care Partnerships (HSCPs) to re-examine how services are delivered to our services users to strive for improved outcomes through delivering and commissioning care in a more integrated, co-ordinated and efficient way. The specific actions for achieving this, along with achieving the statutory National Health and Wellbeing Outcomes, are set out in the respective Integration Joint Board Strategic Plans of HSCPs. In addition to the Service Improvements set out in the CSR, the 5 year strategy will build current developments and good practice delivered by HSCPs.

2.3. Mental Health Recovery and Renewal

The Mental Health Recovery and Renewal plan (MHRR) for Scotland forms part of the NHS Scotland recovery plan 2021-2026[3] which sets out key ambitions and actions to be developed and delivered now and over the next 5 years in order to address the backlog in care and meet ongoing healthcare needs for people across Scotland. The Plan commits to ensuring that at least 10% of frontline health spending will be dedicated to mental health with at least 1% directed specifically to services for children and young people by the end of this parliamentary session. The Plan contains over 100 actions, which focus on four key levels of need:

- Promoting and supporting the conditions for good mental health and wellbeing at population level.
- Providing accessible signposting to help, advise and support.
- Providing a rapid and easily accessible response to those in distress.
- Ensuring safe, effective treatment and care of people living with mental illness.

2.4. National Care Service

The National Care Service (Scotland) Bill[4] was introduced to the Scottish Parliament on 21.06.22. The bill sets out the principles for the National Care Service (NCS). Its stated aim is to ensure that everyone can consistently access community health, social care, and social work services, regardless of where they live in Scotland. Subject to parliamentary approval, there is provision for a power to transfer accountability for a range of services, including adult social care and social work services, to Scottish ministers from local government.

The development of the National Care Service will remain a key area.

[2] Public Bodies (Joint Working) (Scotland) 2014
[3] NHS Recovery Plan 2021-2026
[4] National Care Service (Scotland) Bill

2.5. Perinatal and Infant Mental health

The Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services (Mar 2019)[5] draws on the findings of the Perinatal Mental Health Network's NHS board visits, professionals' workshops and online survey of women's views, conducted in 2017-18, and the existing evidence base on service provision, to make recommendations on what services Scotland should develop to meet the needs of mothers with mental ill health, their infants, partners and families.

The report makes recommendations across all tiers of service delivery, with the aim of ensuring that Scotland has the best services for women with, or at risk of, mental ill health in pregnancy or the postnatal period, their infants, partners and families.

2.6. Child and Adolescent Mental Health

The Child and Adolescent Mental Health Services: national service specification[6] was launched in 2020 and sets outs a set of standards for CAMHS.

The Sottish Government also published the National Neurodevelopmental Specification[7] which identifies seven standards for services to support children and young people who have neurodevelopmental profiles with support.

2.7. Learning Disability

The Keys to Life: Implementation framework and priorities 2019-2021[8] are guided by four rights-based strategic outcomes which are closely aligned to the strategic ambitions in Scotland's disability delivery plan, A Fairer Scotland for Disabled People.

The 'Designing an Effective Assessment and Treatment Model, NHS Greater Glasgow and Clyde, 2018' report details engagement with people with learning disabilities and those who support them in exploring what was needed to be done next.

"We believe that people with learning disabilities should be given the right support so that they can live fulfilling lives in the community. This support should always be person centred, preventative, flexible and responsive. People should only be admitted to inpatient assessment and treatment services when there is a clear clinical need which will benefit from hospital based therapeutic intervention. Challenging behaviour, with no identified clinical need, is not an appropriate reason to admit people to inpatient assessment and treatment services"

NHSGGC has been heavily involved in the shaping of national policy, in particular;
Coming home: complex care needs and out of area placements 2018[9] highlights that some people with learning disabilities and complex needs are living far from home or within NHS hospitals; there is an urgent need to address this issue. This report is the first time that a collective and comprehensive overview has been made available in Scotland on both the characteristics and

[5] Perinatal Mental Health Network Needs Assessment Report 2019
[6] Child And Adolescent Mental Health Services: national service specification
[7] Children and young people - National neurodevelopmental specification: principles and standards of care
[8] Keys to life: implementation framework and priorities 2019-2021
[9] Coming home: complex care needs out area placements report 2018

circumstances of people with complex needs who are placed into care settings that are distant to their families and communities, or who remain in hospital settings beyond the clinical need of them to be there.

Coming Home Implementation: report from the Working Group on Complex Care and Delayed Discharge Feb 2022[10] builds on the earlier 2018 report. The goal is to provide high-quality, local, community-based services where, regardless of complexity of need or behavioural challenge, people's right to live a full and purposeful life, free of unnecessary restrictions can be realised. The report includes a recommendation (subsequently supported by the Scottish Government) for a Community Living Change Fund[11] to drive the redesign of services for people with learning disabilities and complex care needs.

A number of reviews associated with the mental health act are also likely to have an impact on Learning Disability services.

2.8. Older People's Mental Health

The National dementia strategy: 2017-2020[12] builds on progress over the last decade in transforming services and improving outcomes for people affected by dementia and emphasised the vision of a Scotland where people with dementia and those who care for them have access to timely, skilled and well-coordinated support from diagnosis to end of life which helps achieve the outcomes that matter to them.

2.9. Alcohol and Drugs Recovery Services

Scottish Government strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths is described in the document 'Rights, respect and recovery: alcohol and drug treatment strategy'[13]. This highlights commitments to achieve outcomes in the following four key areas, delivering evidence based interventions through a public health approach:

- Prevention and early intervention
- Developing recovery oriented systems of care
- Getting it right for children, young people and families
- A Public Health approach to justice.

The Alcohol Framework 2018[14] retains three central themes, which are well accepted and understood:

- Reducing consumption
- Positive attitudes, positive choices
- Supporting families and communities

This document sets out the national prevention aims on alcohol: the activities that will reduce consumption and minimise alcohol-related harm arising in the first place.

[10] Coming Home Implementation: report from the Working Group on Complex Care and Delayed Discharge
[11] Community Change Fund - Coming Home Implementation
[12] National dementia strategy: 2017-2020
[13] Rights, respect and recovery: alcohol and drug treatment strategy
[14] Alcohol Framework 2018

The national focus on preventing drug related deaths increased in 2019 with the establishment of the Drugs Deaths Taskforce (DDTF). It aims to improve health by preventing and reducing drug use, harm and related deaths. There are 6 priorities:

- Targeted distribution of naloxone
- Implement an immediate response pathway for non-fatal overdose
- Optimise the use of medication-assisted treatment (MAT)
- Target the people most at risk
- Optimise public health surveillance
- Ensure equivalence of support for people in the criminal justice system.

The national Drugs Mission was then launched by the Scottish Government in January 2021, including additional funding, focusing on:

- Whole family support
- Development of lived experience panels and community networks
- Residential rehabilitation

The national mission places significant responsibilities on ADPs to deliver on the Medication Assisted Treatment Standards and substance use treatment target to increase the numbers of people in treatment for opiate use.

The DDTF published the 'Medication Assisted Treatment (MAT) standards: access, choice, support'[15] in May 2021. The document lists 10 standards with 63 criteria aimed to enable 'the consistent delivery of safe, accessible, high quality drug treatment across Scotland'. The standards aim to put people at the center of their care and how it is delivered. They were developed following extensive consultation with multiagency partners delivering care, with individuals, families and communities with experience of problematic drug use. The 10 standards are:

1. Same Day Access - All people accessing services have the option to start MAT from the same day of presentation
2. Choice - All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.
3. Assertive Outreach an Anticipatory Care - All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT
4. Harm Reduction - All people are offered evidence-based harm reduction at the point of MAT delivery.
5. Retention - All people will receive support to remain in treatment for as long as requested.
6. Psychological Support - The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
7. Primary Care - All people have the option of MAT shared with Primary Care.
8. Independent Advocacy and Social Support - All people have access to independent advocacy and support for housing, welfare and income needs.
9. Mental Health - All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. Trauma Informed Care - All people receive trauma informed care.

The Glasgow City ADRS Senior Management Team commissioned an independent review of Glasgow ADRS in Jan January 2021. This focused on the following key areas:

- Resource and capacity
- Workforce and development

[15] Medication Assisted Treatment (MAT) standards: access, choice, support

- Performance and governance
- MAT standards implementation
- Residential rehab.

2.10. Digital / eHealth

NHSGGC Digital Health and Care Strategy focuses on recovery priorities and transformation opportunities within the theme of "Digital on Demand".

A changing nation: how Scotland will thrive in a digital world[16] goes beyond the adoption of the latest digital technology and focuses on the adoption of digital thinking, the way we lead organisations, and how we embrace the culture and processes of the digital age. It sets out the measures which will ensure that Scotland will fulfil its potential in a constantly evolving digital world.

2.11. Finance

The Scottish Government is committed to improving Mental Health, and as part of its evolving National Mental Health Strategy identified investment in Mental Health services, providing a commitment to ensure funding grows to 2027. The Scottish Government's Resource Spending Review (May 2022) highlights the challenging financial climate and the constraints which exist in delivering investment in public sector services during the rest of this parliament. As a result of this and exceptional inflationary pressures being experienced across the sector it will be challenging to deliver a real term increase in funding. As a result, significant financial challenges remain;

- The balance of resource within Mental Health Services is not presently optimally deployed.
- Transitional monies need to be sourced to enable change.
- While the aims of the strategy are to increase community based services and improve access to services, changes in inpatient bed numbers will also be necessary to enable community and inpatient budgets to keep pace with inflationary pressures whilst keeping Mental Health in balance.

The purpose is to achieve marked improvement in the quality of people's lives and to optimise the utilisation of resources across the GG&C system in support of the strategy.

Cost of living

The current cost of living crisis, inflationary pressures, impact upon people's bills, childcare, housing, travel, energy and fuel costs are some of the social, physical and economic conditions in society that impact upon mental health. Financial restrictions will also impact on services' ability to deliver. The actions arising from the strategy refresh will recognise and aim to ameliorate the impact of these.

[16] Digital Education and Skills - A changing nation: how Scotland will thrive in a digital world

3. Public Mental Health

The term Public Mental Health means taking a systematic approach to working towards the best mental health possible for the whole population. Forming a key element of strategy, public mental health efforts work at multiple levels and across multiple sectors including those out with the health sector to address determinants of poor mental health as people's susceptibility to mental health problems can be influenced by settings and in turn by broader socioeconomic, cultural and political factors. Higher level recommendations are provided below with more specific recommendations indicated in the Prevention, Early Intervention and Health Improvement section as per the extant strategy.

3.1. Recommendations

Frameworks for action - The key elements of a public mental health approach are summarised both for adults and children and young people in separate evidence based strategic frameworks.

1. Review these existing frameworks, in the context of post-pandemic impacts and to ensure alignment with the new Scottish Government Mental Health Strategy (due Summer 2023) to ensure they are still fit for purpose.

Population Health

2. Use the results from the NHSGGC Health & Wellbeing, other surveys, and develop an ongoing programme of data analysis to support monitoring of changes within the population, understanding of needs and effective targeting of interventions.
3. Advocate for support or action to address where identified needs are not being met.
4. Review existing frameworks to ensure alignment with local and national strategies and ensuring they are still fit for purpose.

Inequalities - Mental health is not experienced equally across the population, with higher risk of poor mental health in specific groups. These inequalities are driven by the wider determinants of mental health. Groups who experience stigma and discrimination are also more likely to experience poor mental health. The pandemic has had a disproportionately negative impact on those who already had higher risk of poor mental health.

5. Programmes of work will be developed to address mental well-being within such communities and groups.

Finding the right help at the right time - Finding and accessing the right support at the right time is imperative to supporting good mental health and early or acute intervention when needed.

6. Explore how people seek support for mental health and undertake an options appraisal to determine how to improve navigation of supports
7. Review and refine online resources and supports to ensure they are fit for purpose, easy to use and accessible.

Partnership Working - Many of the opportunities and mechanisms for action and change sit out-with the direct control of the NHS or HSCPs: e.g. in communities, Local Authorities and Third Sector.

8. Work through our partnerships to sustain and develop key interventions that promote connectedness, including volunteering, with community planning partners.

9. Work closely with Third Sector Organisations to support the use of the Communities Mental Health and Wellbeing Fund, supporting training, evaluation and other identified needs, to strengthen evidence of impact and expansion

3.2. Progress:

Scottish Government funding (2020/21 and 2021/22) was used by Partnerships to complement local provision to support those at risk of isolation, mental health recovery, bereavement and loss and suicide prevention activities and to develop innovative interventions and activities to address mental health stigma.

HSCPs have worked closely with Third Sector partners to rapidly use remobilisation funding and to support them in disbursing the Communities Mental Health and Wellbeing Fund from Scottish Government to complement local provision to address a range of impacts during the pandemic: e.g. loneliness and isolation, bereavement and suicide prevention.

We are working with national directory providers and Third Sector to work on joint solutions to support navigation.

'Aye Mind' – a digital resource for those working with young people has been updated and work is being developed to understand and mitigate online harms.

4. Prevention, Early Intervention & Health Improvement

4.1. Recommendations

1. Continue to work to improve the quality of care experienced by looked-after children and young people, for whom HSCPs have Corporate Parenting responsibilities.
2. Continue to improve processes that promote more integrated working across Adult Mental Health Services and Children and Family services.
3. Support community planning partners to develop and implement strategies to address child poverty within their area.
4. Significantly up-scale Mental Health training and support for all staff in Partnerships and related services (including trauma informed, ACE-aware, one good adult, mental health first aid).
5. Work with multiple partners to build awareness of practical steps to promoting Mental Wellbeing and challenging stigma and discrimination (linking to initiatives such as Walk a Mile, See Me and the Scottish Mental Health Arts Festival) – with a priority focus on groups with higher risk, marginalised and protected characteristics.
6. Work with community planning partners to extend the development of community-based initiatives that build social connection, tackle isolation and help build skills, confidence and productive engagement, with particular attention to marginalised groups.
7. Coordinate and extend current Partnership work for the prevention of suicide through joint training, risk management and acute distress responses, including with primary care.
8. Continue to support initiatives to promote physical exercise and active transport amongst Partnership staff as well as the general population
9. Access to 'distress' services delivered as part of the Unscheduled Care Review (see later chapter in this Strategy).
10. "Chronic" (long term, persistent) distress responses in collaboration with Primary Care for adults, relating to the Link worker role out and utilising social prescribing and allied methods. A programme to coordinate reduced exposure to ACEs, and to mitigate the effects of ACEs once they occur, for example by developing a 'Family Nurture' strategy in every Partnership with a community infrastructure of support. This should include relational and parenting support, especially for families with ACEs risks.
11. A new collaboration with Education and Social Care services to conduct and behavioural problems in primary-school age children.
12. A new collaboration with Criminal Justice services to develop and implement a Mental Health strategy for young people involved in the justice system, including early intervention access services.

Additional 2023 recommendation

13. Support community physical activity provision for the general population, given the significant contribution to supporting mental health, mental health recovery and maintenance of positive mental health and wellbeing.

4.2. Progress:

Each HSCP has first phase implementation plans in place for the national Children's and Young Persons Community Mental Health and Wellbeing Framework.

Healthy Minds training modules are accessed by approximately 1,000 people per annum.

Other mental wellbeing training, commissioned early 2020, has been delivered to over 4,000 staff across NHSGGC, HSCP's, Local Authorities and the Third Sector. This includes; looking after your wellbeing, supporting others, building resilience, healthy minds health awareness, Suicide Talk and Safe Talk.

Sessions have been developed & delivered, in addition to a one day skills and awareness course, supporting the network of educational psychologists trained as Trainers to deliver self-harm training to teaching and other staff.

- A Suicide Prevention Concordat was agreed December 2020 and provides for collaboration between NHSGGC, HSCPs, Community Planning Partnerships and other partners such as Police Scotland to enhance local suicide prevention action planning. Initiatives include: delivery of suicide prevention training across the Board area, despite pandemic-related challenges
- progress in developing a cluster response policy in conjunction with Public Health Scotland as a national development
- continued clinical liaison to track progress in suicide prevention and patient safety developments for clinical services
- Developing a focus on Youth and Young Adults
- Improving data and intelligence, including the "more timely data" initiative to ensure the availability of more current information.
- suicide-related bereavement support

Third Sector Interface organisations (TSIs) in each HSCP area were tasked to lead the dispersal of the Scottish Government Community Mental Health and Wellbeing Fund (2021/2022). Each HSCP supported the TSIs in developing their selection processes. Grants covered a wide range of areas including telephone befriending sessions, a community café with 'pay it forward', community growing and events to bring vulnerable and isolated residents together. These benefitted many people facing socio-economic disadvantage, diagnosed with mental illness, affected by psychological trauma, experiencing bereavement or loss and people with protected characteristics. Glasgow City alone awarded grants to 308 organisations and it is hoped the government will continue to provide this fund via the TSIs on an ongoing basis.

A children & young people's mental health subgroup of the Public Health Improvement Group (PHIG) has been established to bring together representatives specific to children and young people which can support prevention in this population. We have been active partners in the development and delivery of the annual Local Child Poverty Action Reports (LCPAR) in each of the 6 Local Authorities within GGC NHS. LCPAR's describe the actions taken to mitigate the impact of poverty in childhood, impacting on life chances and well-being. We have enabled significant programmes of delivery from the Children and Young People's Mental Health and Well-being (CYPMHW) investments within our six partnerships, enhancing earlier intervention services. We have built capacity in all 6 Local Authority education areas by ensuring there are Self harm trainers skilled up to deliver self-harm training within school communities.

5. Physical Health

5.1. Recommendations

1. The continued application of the measures set out within the Physical Healthcare Policy, including:
   - Systematic assessment of Mental and Physical Health and the Health Improvement needs of patients must be embedded in the provision of Inpatient and Community Mental Health Services and address issues appropriate to the individual's quality of life and well-being.
   - Once identified, Physical Health Care needs must be included within the individual's care plan and other health care records. Any action taken must also be recorded within the care plan and included in discharge or care transfer documentation.
2. Mental Health Services must work closely with patients, community based, Primary Care and Acute Care Services to improve assessment and referral pathways to ensure that people with a Severe Mental Illness (SMI) have their physical health monitored and managed effectively with no barriers to healthcare access.
3. Continuing the commitment within Mental Health Services to a programme of training and development for its staff to ensure that the delivery of physical healthcare meets current standards

5.2. Progress:

The Physical Healthcare Policy was updated and launched Sept 2019. A training post has been appointed to deliver a programme of training and development for staff to ensure that the delivery of physical health care meets current standards, that physical Health Care needs are being included within the individual's care plan and other health care records, that action taken is also recorded within the care plan and included in discharge or care transfer documentation.

6. Recovery-Oriented and Trauma-Aware Services

6.1. Recommendations

Strategies proposed increased collaboration with people with lived and living experience, local Mental Health and SRN taking a co-production approach to:

1. Work with partners to pilot the introduction of Recovery Colleges in the Board area.
2. Develop and implement a model of Peer Support Workers, and pilot for one to two years (This proposal will be considered as part of the financial framework for the implementation plan).
3. Provide Training/Awareness on Recovery Oriented Mental Health Services to staff, patients and carers.
4. Develop a Recovery Planning Tool to be piloted in the Peer Support test of change areas to promote realistic medicine approach for clinicians working in partnership with the patient.
5. Deliver a number of Recovery Conversation Café Events to build Recovery activities across our communities.
6. Promote a recovery ethos within all commissioned and directly provided services.

6.2. Progress:

Recovery Conversation Café Events (2019) were delivered and discussions included Peer Support models that promote the benefits of lived and living experience of mental health in service improvement and/or delivery.

Recovery Peer Support Workers were introduced into Adult CMHTs 2020 in six Community Mental Health Teams across three HSCPs. The aim of these workers, who have lived and living experience, was to;

- support staff to further understand the broader perspective of people with mental health issues
- support people being discharged from hospital
- help them reduce their contact with community mental health teams
- reduce hospital admissions and how long people might stay in the event of readmission

East Renfrewshire HSCP tested a commissioned recovery peer support model in Sept 2020, partnering with a 3rd sector organisation with experience of employing people with lived and living experience of mental health and recovery to support others. This model widens support to include those with Alcohol or Drug related issues as well from those recovering from Mental Health issues. Adding to a pre-existing workforce with those who intentionally bring their lived and living experience into their work was experienced as new and different by service users and helped people to feel a sense of trust and from there build towards and explore new recovery opportunities.

Peer support workers are also embedded in the service, where a recent evaluation has detailed the positive contribution this role provides services users.

East Renfrewshire have also trialled a Recovery College on a very small scale through a third sector partner, RAMH. The organisation was able to run another recovery college programme through funding secured from the Community Mental Health and Wellbeing Fund coordinated by the Third Sector Interface. Future work will include developing an NHSGGC-wide definition of, and meeting the key principles for, a Recovery College which reflect;

- being founded on co-production
- is inclusive
- operates on College principles
- is physical (and includes virtual elements where appropriate)

A benchmarking exercise was carried out in 2022, with the help of the Adult CMHTs, with a view to better understanding the range of recovery focused approaches in effect across NHSGGC, highlighting areas of good practice, and helping teams reflect on areas for improvement in recovery focused service provision.

A series of recommendations were also created as a reference for services to consider as part of any service development, ensuring that the recovery ethos is embedded as the golden thread that runs through all aspects of mental health service delivery.

7. Primary and Community Care (non-specialist mental health care)

7.1. Recommendations - Primary Care

The Primary Care environment extends to whole communities and the first port of call when experiencing mental health problems for people living in our communities can often be their GP.

1. To monitor, evaluate and share learning from the PCMH (Primary Care Mental Health) Fund demonstrator projects.
2. To engage and be influential in the process to implement the new GP contract in particular relating to possible additional Mental Health workers and to address use and alignment with this strategy, as part of Primary Care Improvement Plans.
3. To examine current GP arrangements within existing PCMHTs and CMHTs and propose steps to ensure regular and effective decision making.
4. The Mental Health Strategy should be considered as a contributing element of the Primary Care Improvement Plan.
5. The relationship between the Primary Care and Mental Health Interface Group and Primary Care strategic planning should be reinforced and accountabilities strengthened.
6. Work to support addressing long term physical conditions should be expanded and prioritised – such as the PsyCIS / Safe Haven work-to ensure effective communication of physical and Mental Health condition management requirements are shared between clinicians in both Primary Care and Mental Health settings.

7.2. Progress – Primary Care

HSCPs have been looking towards developing 'mental health and wellbeing in primary care' services. Local outcomes have been identified to improve access (journeys into and through) to mental health and wellbeing support. This is to increase primary care and mental health system capacity and to deliver integrated responses to promote good mental health. By improving access to the right support and treatment at the right time, existing demands on the wider system will reduce.

The role of specialist secondary care MH clinicians in the Mental Health and Wellbeing in Primary Care Services will be to provide:

- enhanced primary care support for consultation / advice *,
- support to guide primary care management of MH issues,
- education/learning to primary care,
- generic non secondary care MH assessment and
- medication prescribing support.

** Advice will include referral guidance when required to secondary care specialist services, Child & adolescent mental health teams, CMHTs, OPCMHTs, PCMHTs as well as to more specific service responses for people with BPD, eating disorder, psychosis, Perinatal, Esteem, etc.*

Some tasks currently carried out by GPs will be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. This includes additional professional clinical and non-clinical services including Community Mental Link Worker (CLW).

Community Links Workers (CLWs) have been introduced to support GPs and GP practices to signpost to community, 3rd sector and voluntary services and supports. They can case manage some

individual patients and can support patients with very complex needs as part of the practice team. Community Links Workers provide support to the whole community regardless of health condition and do not exclusively support people with Mental Health difficulties. They will support any patient referred to them by the GP of whom some at least will be experiencing Mental Health issues. CLWs are commissioned through 3rd sector organisations and support patients with non-medical issues associated with loneliness, social isolation, lack of community connectedness and associated 'social' issues (housing, physical inactivity and financial issues). This is sometimes known as social prescribing.

It should be noted (at time of writing, April 2023) that planning and development within NHSGGC has been paused following guidance from the national MHWPCS Group which is yet to be reconvened by the Scottish Government. Currently there is no direction on funding for 2023/24 (or beyond) and any changes to the level of national MHWPCS investment will require refreshed local plans to be developed. Sustainability of Community Links Workers will also be subject to the need for recurring funding.

7.3. Recommendations - Commissioned Social Care

1. Integrate management of supported accommodation (or equivalent) and care home placements with NHS Bed Management to optimise "flow" in and out of integrated Health and Social Care beds/places. Services will need to become more time limited and outcome-focussed.
2. Consider commissioning 'step-down' intermediate care provision to maximise the opportunity to support people to go onto live as independently as possible in other community settings.
3. Review service provision for complex care and challenging behaviour to ensure adequate placements are available.
4. Review specialist and mainstream nursing home commissioning needs, particularly to support people over 65 years of age potentially suitable for discharge as part of the re-provision programme.
5. Self-Directed Support providers are fully engaged in a co-production way to support the discharge programme.

7.4. Progress – Commissioned Social Care

Social work is a complex group of services. Social work departments provide and fund a wide range of specialist services for children, adults and families, and other specific groups. The services aim to improve the quality of people's lives and help people to live more independently. This includes particular service areas such as mental health. People with mental wellbeing and health issues includes people requiring care, support or protection. They can have complex problems and can be vulnerable and need support at different times or sometimes throughout their lives.
Services include:

Support for families Child protection Child and adolescent mental health Adoption services Kinship care	Residential care Care at home Mental health and addiction services Day care Hospital discharge coordination	Offender services Providing social enquiry reports Supervision of community payback and unpaid work Supporting families of prisoners

Support for children with disabilities and their families Fostering Child care agencies Looked-after young people Day care Residential care Supporting child refugees Supporting trafficked children Support for young people involved in offending behaviour	Dementia and Alzheimer's services Adult support and protection Intermediate care Provision of Aids and adaptations Services to support carers Re-ablement services Supported living Supporting refugee families Supporting people with disabilities Supporting victims of people trafficking	Supervision of offenders on licence

With this range of services the current approaches to delivering social work services will not be sustainable in the long term. There are risks that continuing pressure on costs could affect the quality of services. As part of mental health and other care Social Work services need to continue to look at ways to make fundamental decisions about how they provide services in the future. Social Work and mental health are working more closely with service providers, people who use social work services and carers to commission services in a way that makes best use of the resources and expertise available locally. Additional work is to further build communities' capacity to better support vulnerable local people to live independently in their own homes and communities.

There remains a fundamental shift in the balance of care proposed within the complex of mental health strategies from hospital to community services and to both extend and maximise capacity within community based services.
As overall Mental Health Inpatient beds reduce, the system needs to ensure an appropriate level of reinvestment into community care services including the following developments:

- Purchase of additional alcohol and drug recovery rehabilitation services
- Community social and health care treatment to deliver alcohol and drug recovery harm reduction
- Funding of social work discharge teams and increased number of social workers in integrated hospital discharge teams with rehabilitation clinicians, including in decisions on supported accommodation and resource allocation.
- Development of care homes quality assurance team
- Expand MHO capacity
- Increase psychological support for commissioned care homes
- Rapid response MDT frailty
- Hospital at home
- Fixed term support extending additional social workers in MHO to support weekend discharges
- Increase legal Adults with Incapacity capacity
- A digital standardised Care home portal to facilitate family choice
- Enhanced supported living first response
- Care at home
- Purchase enhanced packages of care to support discharge
- Additional 150 home care posts permanent

- New tender for commissioned Learning Disability and Mental Health placements including housing first
- New mental health commissioning team
- New advanced telecare service
- Step down from hospital care complex needs
- SPA personalisation new demand 2022/23 maximising independence
- Employees update of hourly rate of adult social care staff offering direct care in commissioned services in third and independent sectors
- Mental health support for people hospitalised with COVID-19
- Additional community staff and training to support people with eating disorder
- Additional staff to increase clinical capacity in CMHTs, OPMH, Groups service, ADRS, Trauma to reduce people waiting for psychological therapies

7.5. Recommendation - Community Services: Non-statutory Services

1. Continue to work closely with non- statutory services to shape the content of the implementation plan, including identifying priority areas for reinvestment, opportunities to improve pathways, access to services and support.

7.6. Progress – Community Services: Non-statutory Services

Arising from engagement with non-statutory services post recovery further joint consideration will include implementation plans for:

7.6.1. Further embedding recovery focused approaches

- Recognition that experience of trauma and adversity underlies Mental Health difficulties for many people; and that compassion, respect, engagement and a recovery-based approach should be fundamental to therapeutic service responses.
- Recognition that there is more to recovery than symptom reduction and that clinical services should be complemented by an ethos that promotes participation, empowerment and peer support, including the involvement of peer support workers.
- These recovery-based principles should inform all aspects of someone's journey of care
- Better meeting the needs of people with multiple morbidities, with a particular emphasis on physical health.
- Self-Management should be a key feature and goal.
- Responding to the increased demands on carers in the community as a result of the proposed service changes, including the demands placed on young carers.

7.6.2. *Improving Access to Services*

- Make the most of community-based resources to offer early support.
- Consider further development of non-clinical responses to distress and suicidal behaviour, potentially including well-being centres, distress cafes, and short-stay crisis centres for people at risk of suicide.
- Align service user expectations with available help to facilitate straightforward access to the right kind of help and maximise the opportunities for self-management (e.g. through website and social media engagement, self-assessment, open access information and courses).
- Supporting services users and carers to navigate the service options and improve 'signposting'
- Where appropriate, move away from traditional clinical models of referral and discharge from services, towards self-directed care, open access and brief and low-intensity interventions - 'easy in, easy out'.

- A commitment to simplifying access routes (e.g. self-referral to PCMHTs) with the use of link workers and "choice"[17] appointments to build the therapeutic alliance and shared decision making, helping to work out how best to respond to more complex difficulties.
- Introducing a greater degree of flexibility into our commissioning processes to enable people to access a range of supports.
- The use of technological and IT solutions where possible to promote access to information and services.

7.6.3. Making Cultural Change

Addressing the culture change necessary to embark on much more of a collaborative and co-production approach with provider organisations, the independent sector, service users and carers to ensure the overall system of care is designed in the best way it can to meet people's needs;

- To support the shift towards care that is trauma-sensitive and psychologically informed.
- To meet the challenges of prevention, early intervention, recovery and assisted self-management.
- To strengthen the working relationship and knowledge base across statutory and non-statutory services.
- Developing a greater understanding of how risk is managed in the community across the service tiers.

[17] The Choice and Partnership Approach

8. Secondary Care Community Mental Health & Specialist Services

8.1. Recommendations

1. Progress work to ensure all of our CMHTs maximise their effectiveness and efficiency." There will be a focus on reducing non-patient driven variation, review processes for complex cases and clinical outcomes will be utilised for all service users as appropriate."
2. Review of ESTEEM to maximise efficiency, effectiveness and capacity.
3. Review of AEDS with consideration of investment in day service unit (This proposal will be considered as part of the financial framework for the implementation plan).
4. Extend a network of programmed care and treatment for people with Borderline Personality Disorder (BPD) Board-wide.

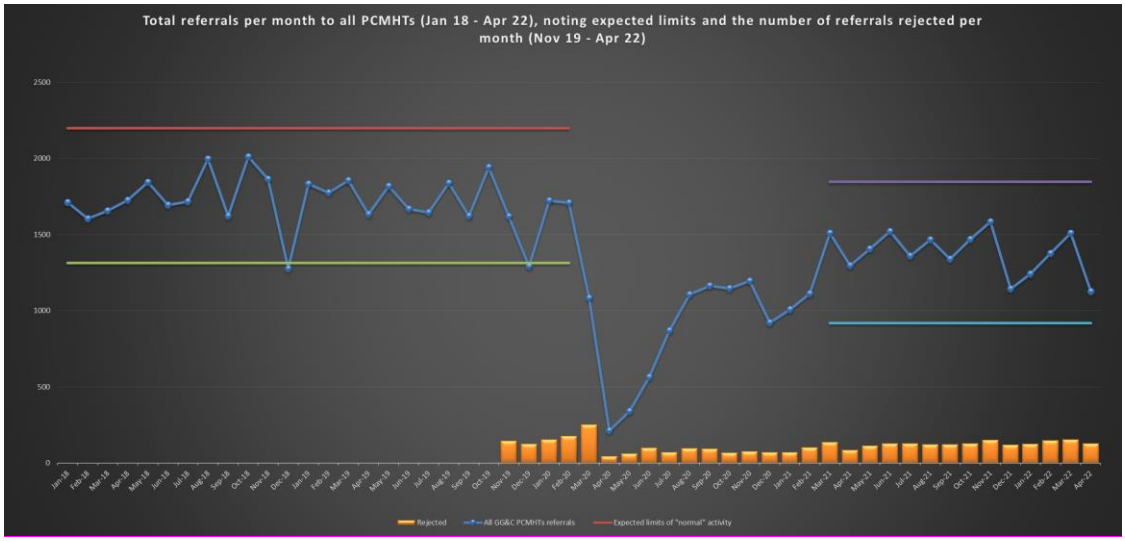
8.2. Progress - Primary Care Mental Health Teams

Primary Care Mental Health Teams were developed with the twofold intent of being able to offer General Practices more options for the high volume of patients who need specialist mental health secondary care when they present in practices with problems that have a psychological component (at least a third of all patients) and to prevent the unnecessary entry of individuals into other secondary specialist care Mental Health System services for common psychological problems.

These services are not about minor or 'mild to moderate' illness - they are designed to provide 'high volume, lower intensity' responses to common Mental Health problems, including depression, anxiety and lesser complex forms of Post-traumatic Stress Disorder (PTSD) and Obsessive Compulsive Disorder (OCD). There is a focus on brief psychological interventions, mainly Cognitive Behavioural Therapy (CBT), Interpersonal Therapy (IPT) and various forms of self-help and psycho-education.

The implementation of an outcome measure (CORE-Net) for all of the teams was to allow clinicians continuous outcome monitoring for all their patients.

The total referrals without full group work is returning to pre-pandemic levels.



The PCMH teams successfully implemented self-referral – which enables easier access and reduces the need for patient to first see their GP. Developments around 'lower-intensity interventions' are on-going and the teams will continue to consider ways of making use of the resource more efficient – for example through use of computerised self-help or clinician supported cognitive behavioural

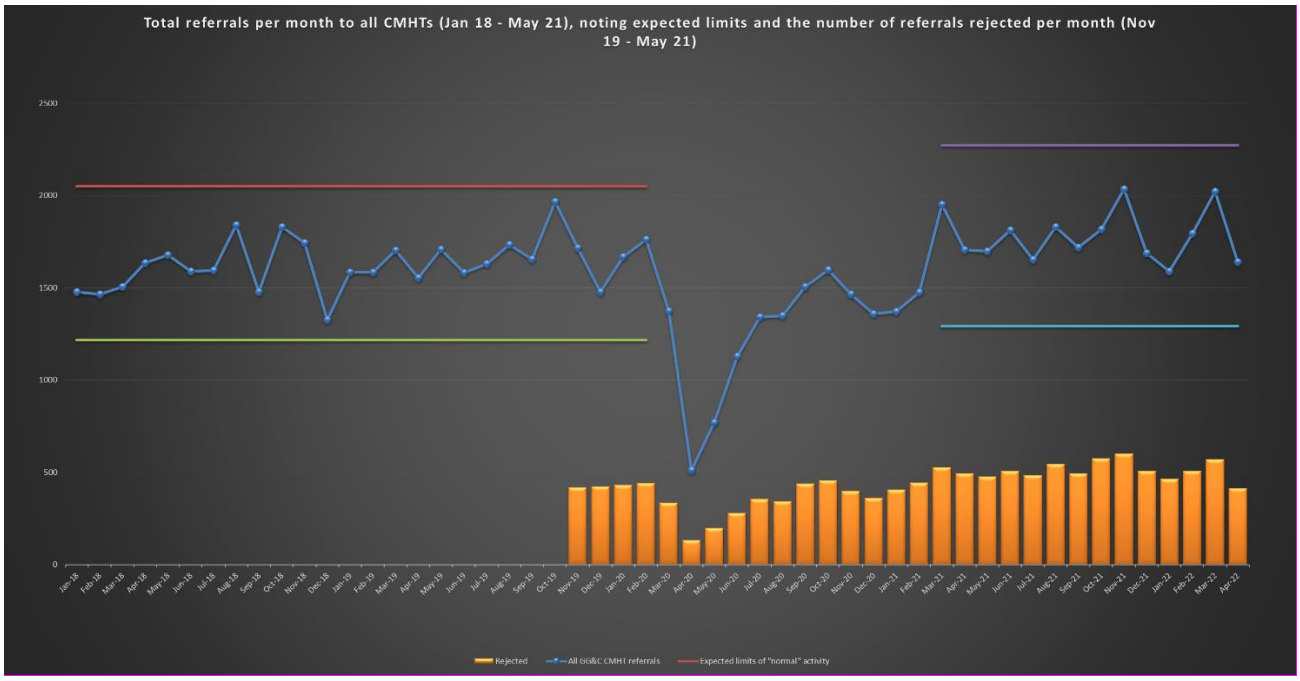
therapy or by directing people to services more suited to their needs and this will include third sector commissioned non-clinical services. Development in this area will be careful to avoid overlap and duplication in respect of primary care, models of recovery, community support and commissioning and prevention and early intervention and the development of the Mental Health and Wellbeing in Primary Care Services.

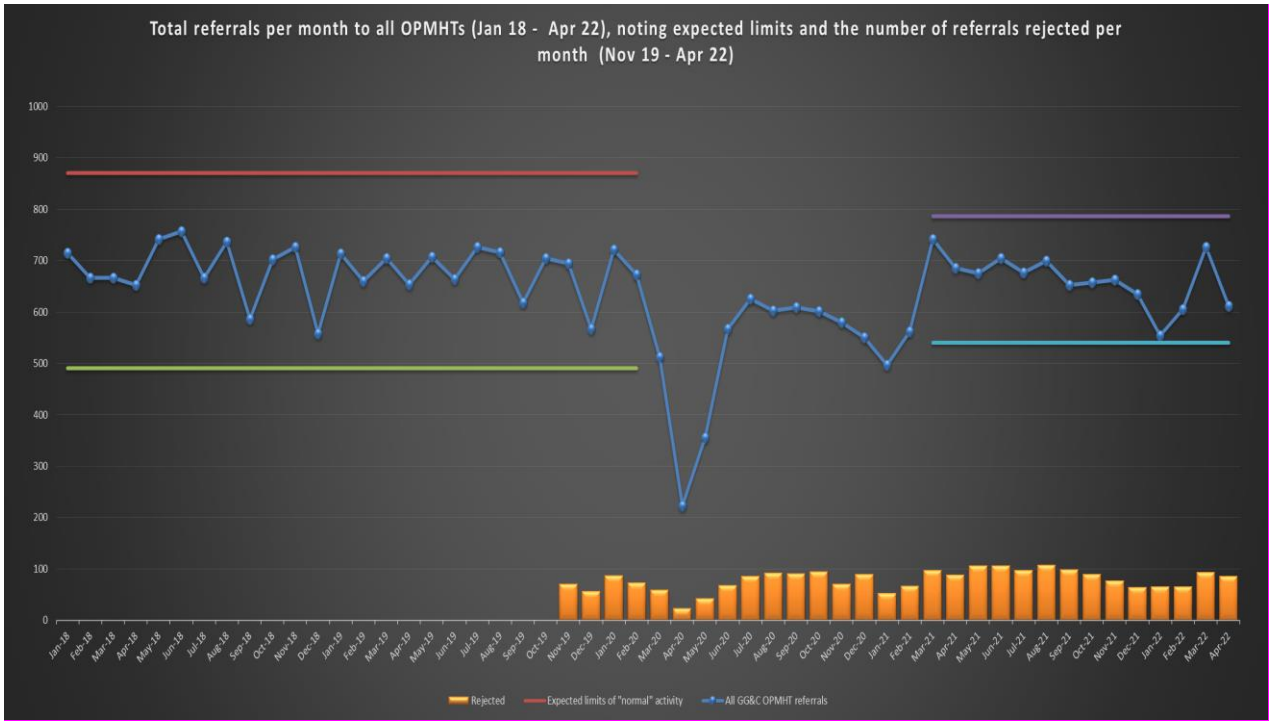
Further work will be progressed on Primary Care Mental Health Teams using the outcome measures more systematically across Community Mental Health and other teams. Additionally the re-instatement of full group work will also be an area for development and progress following the impact of COVID-19.

8.3. Progress - Community Mental Health Teams

The Community Mental Health Teams have continued to work on reducing non-patient driven variation. The COVID-19 pandemic event impacted on referrals to CMHTs.

The tables below highlight activity information across Community Mental Health Teams:





A standardised initial assessment tool across all CMHT's has been delivered with a planned rollout to crisis and inpatient services. This reduces variation in initial assessment and allows for a needs based and person centred approach to assessment and care planning.

The developed Patient Initiated Follow up Pathway (PIFU), as a way to facilitate a graded transition from secondary care services and support a recovery based approach to care planning, has been introduced. This is designed to improve efficiency of services while also supporting patients manage their care more collaboratively.

A Clinical risk reference panel continues to be developed and is designed to support clinicians in reviewing decision making and care planning for complex high risk cases.

A pilot of Peer Support was developed and implemented. Although affected by the ability to access people in inpatient care during COVID-19, the outcome of the pilot is to roll out Peer workers in CMHTs working into Inpatient wards across GGC as part of new financial framework priorities. A Recovery Planning Tool was to be piloted in the Peer Support test of change areas to promote realistic medicine approach for clinicians working in partnership with the patient.

Further work requires revisiting and refreshed for clinical outcomes. Initial progress was delivered in PCMHT psychotherapy and psychological therapies within CMHTs. Consolidation and rollout requires further consideration following COVID-19 in light of new ways of hybrid working and PIFU and will require a review on alternatives to CoreNet and quality standards and outcome data.

Further review current staffing data is being progressed through the establishment of CMHT Workforce Sub group which will also undertake further gathering of comparison data on CMHT activity and baseline patient experience data to inform the next phase of implementation planning.

There has been a significant increase in demand for assessment for attention deficit hyperactivity disorder (ADHD) since 2018. This will require a review of the pathways for neurodevelopmental disorders (including Autism) and tie in with the neurodevelopmental specification for children and young people.

8.3.1. Pharmacy

The Scottish Government allocated specific funding for four years (2021/22 to 2024/25) to be targeted towards Mental Health Pharmacy as part of the Mental Health Recovery and Renewal Fund. A number of transformational change projects have commenced. These will test the contribution pharmacy can make to the delivery of care within community based mental health services and to create a supportive infrastructure that will establish the capability of the service to sustain and develop its own workforce. In addition to Community Mental Health Teams, the pharmacy innovation projects will also span ADRS, CMHTs, CAMHS, Forensic Mental Health, Learning Disability and Older People's Mental Health.

8.4. Progress - Specialist Community Teams

There are a number of Mental Health teams that specialise in the assessment and treatment of specific conditions. These specialist services will also be reviewed to ensure they are equipped to meet future demand and include:

8.4.1. Esteem

This service which provides specialist early intervention for psychosis in young people, including those who have faced significant structural adversity and multiple traumas, works in a psychologically informed way to maximise recovery and promote self-management of complex mental health.

A 2018 service review focussed on: Eligibility and inpatient admission criteria, alternatives to inpatient admission, extended contact for some patients, employability and service development. The Esteem review was completed in 2019 with all recommendations described above adopted. It is noted that the COVID-19 pandemic has led to a 30% increase in demand with more first episode psychosis cases described across all health boards in Scotland.

Esteem has contributed to the development of, and works to, Scottish Government priorities through the Early Intervention in Psychosis in Scotland Action Plan (2019), supporting development of such services within other health boards.

8.4.2. Eating Disorder Services (EDS)

The Adult Eating Disorder Service (AEDs) was established in Glasgow and subsequently extended across the GG&C Board area to provide a coordinated multidisciplinary service for patients with moderate to severe EDs, working in conjunction with the CMHTS.

Prioritising intensive community intervention has enabled NHS GG&C to achieve the lowest inpatient bed use for ED across Scotland and the UK (from available data). In order to maintain and improve this further, consideration was given to measures that could reduce admissions to Adult Mental Health short stay beds. This included consideration of a proposal for the development of an eight place hospital based day unit. Other measures may include a service for people with an ED illness of a severe and enduring nature.

One consequence of the COVID-19 epidemic is a surge in the number and severity of eating disorder presentations. NHSGGC have utilised Recovery and Renewal funding across both the child and adolescent and adult eating disorder services to improve service capacity, physical health

monitoring, training, transitions from CAMHS into adult services, meal management, support in communities and expand access to psychological therapies.

A review of AEDS (2018) made a number of recommendations aimed at improving patient care, reducing clinical variance and taking more cases from the CMHTs;

1. Take psychiatric responsibility for AEDS ED cases
2. Developing a pathway to enable the core psychiatric needs of patient with primarily eating disorder needs to be held by the service rather than shared with the CMHT.
3. Enable direct transfer of patients with ED from CAMHS to AEDS This change was successfully implemented.
4. Increased the number of medical monitoring clinics
5. Improved care of patients with EDs in acute (and MH) settings
6. Work jointly with the Acute sector on the development of GGC guidelines for the management of eating disorder in acute hospitals. This guideline is now fully complete. Further improvement will come from a formalised medical link to support the medical management of eating disorders in MH beds ideally in a new specialist unit.
7. Develop a day unit / inpatient facility
8. The principle of a hospital based day unit was fully supported however COVID-19 made this impractical. Development of a specialist inpatient treatment facility remains a priority.
9. Develop a new pathway including medical monitoring for severe and enduring presentations
10. Develop the psychiatric role within AEDS to include a treatment change promoting greater evidence based therapy alignment, creating improved capacity for those patients actively engaged in treatment. This is alongside a new pathway for patients with a severe and enduring illness course that protects CMHTs from having to hold and monitor these cases if they are unable to engage in active treatment. This pathway will allow patients to be medically and psychiatrically risk assessed for a fixed timeframe instead of discharging to secondary care. This service development is in active consultation and discussion currently (October 2022).

8.4.3. Glasgow Psychological Trauma Service

Glasgow Psychological Trauma service is a multi-disciplinary Mental Health Service which offers assessment, training, consultation and multi-disciplinary psychological interventions to vulnerable service users who present with complex post-traumatic stress disorder (CPTSD) following experiences of significant trauma. The Trauma Service also delivers some National and Regional services across Scotland including a national service for trafficked individuals, Future Pathways Scotland and Major Incident Psychological Responses. External funding is provided for those services.

Training and consultation ensures all services are trauma informed and staff supported and equipped in their contact with trauma survivors in line with NES Transforming Trauma Framework. This leads to early identification of service users and their needs reducing unnecessary service contact time and eliminating failure demand.

Internal pathways between Community Mental Health Teams and Trauma team are established and maturing. Recent innovation has increased pathway flow with CMHTs providing additional support back to Trauma team to meet demand for trauma input.

8.4.4. Borderline Personality Disorder Network

People with a Primary or Secondary diagnosis of Borderline Personality Disorder (BPD) occupied an average of 24 adult acute inpatient admission beds across the system at any given time.

Individuals with BPD account for substantial levels of service utilisation across a range of settings including CMHTs, Primary Care and Acute Services. Due to the risk of self-harm and suicide, BPD accounts for substantial levels of contact with Crisis and unscheduled care services. BPD is the commonest Mental Health diagnosis apart from substance misuse among high-frequency repeat presentations at A&E. As a diagnosis, it accounts for a disproportionately large number of completed suicides that were investigated, underlining the risks associated with the disorder.

The community BPD network has been established offering at least one of the two therapies (MBT, DBT) across the whole board area. The network includes colleagues from Psychology and Psychotherapy Teams. The future model of delivery will be considered as the network develops.

Coordinated Clinical Care (CCC) training is now being delivered to community and crisis mental health services staff to address staff experiencing challenges in working with people with such conditions. Additional training and support is required to improve skills and support an empathic attitude. A key component is a focus on minimisation of harm induced by the words or actions of the clinician through promotion of rational prescribing and considered use of inpatient admissions. Initial limited feedback from service users/BPD Dialogues Group identifies a difference in attitude and response from their mental health / crisis team staff member who had completed the training. A more empathic and curious stance from staff resulted in de-escalation of a developing crisis.

The network works closely with the Psychological Therapy Group service and refers patients experiencing emotional regulation difficulties to the Emotional Coping Skills (ECS) package. STEPPS (Systems Training for Emotional Predictability and Problem Solving) is another evidence-based, structured psycho-educational group approach that was developed as an intervention for people with Borderline Personality Disorder (BPD) as part of its therapeutic toolkit.

8.4.5. Post COVID-19 Mental Health Team

The Scottish Government published a report by Dr Nadine Cossette on the mental health needs of patients hospitalised due to COVID-19 which contained a number of recommendations. One specific outcome for NHSGGC was the establishment of a post COVID-19 mental health team to support the mental health needs of patients hospitalised as a result of COVID-19 through screening and signposting or referral onto mental health or other services where appropriate.

9. Older People's Mental Health

9.1. Recommendation

1. A community framework, which sets out the full range of services and supports that should be accessible to Older People, is being implemented. The purpose of the framework is to ensure equity of services across all individual Health and Social Care Partnerships. The framework acknowledges that services will be developed and delivered in different ways across each HSCP, reflecting of their individual population needs.

9.2. Progress

Existing Strategic priorities for Older People's Mental Health are:

- prevention, early intervention and harm reduction
- providing greater self-determination and choice
- shifting the balance of care
- enabling independent living for longer
- Public Protection
- The third national Dementia Strategy (21 commitments.)

9.2.1. Community Services

A community framework, which sets out the full range of services and supports that should be accessible to Older People, is being implemented. The purpose of the framework is to ensure equity of services across all individual Health and Social Care Partnerships. The framework acknowledges that services will be developed and delivered in different ways across each HSCP, reflecting of their individual population needs.

Each health and Social Care Partnership will undertake post pandemic review of the community supports in their area with the aim of identifying gaps and areas for future implementation.

Community prevention approaches should support wellbeing, enable independent living and the self-purpose needed with this group at risk of isolation, increase in alcohol consumption etc. Local community activity / supports are required to maximise health and wellbeing in the longer term for the ageing population.

9.2.2. Access to, and Interface with, Services

In order to ensure that Older People have access to the right service at the right time in the right place we are aiming to increase clarity about the pathways and access to services both for patients, their families and health and social care services and staff. Services will adopt a 'no wrong door' approach to referral and where required, will facilitate joint working work with partners and stakeholders to ensure a patients assessed needs are met by the most appropriate service.

There are a number of aspects to this work being taken forward to further improve access to services is efficient, effective and equitable

- Transition of patients between Adult to Older People's Mental Health
- Access to and support for Older People from Specialist Mental Health Services and services with no upper age limit, e.g. Alcohol, and Drug Recovery Services
- Interface with General Practice and Community Health and Social Care Services for referral to services and access to support

- Interface and pathways with Acute Care.
- Interface with Acute Care Services at its Front Door and Emergency Care Hubs

9.2.3. Services for People with Dementia

Areas of development for national Dementia Strategy include:

1. Ongoing monitoring and review of Dementia Post Diagnostic Support, the models used within the different HSCP's and the effective utilisation of additional funding to support provision
2. Adoption of the Dementia Care Co-ordination approach and pathway developed by Inverclyde HSCP with support from Healthcare Improvement Scotland, should be implemented by each of the Health and Social Care Partnerships in a way that reflects the services, supports and structures that are currently in place and the needs of their populations.
3. The formal adoption of the referral pathway for the identification, diagnoses and support for Young Onset Dementia.
4. Facilitating clear routes into clinical research, offering patients access to available clinical research including dementia treatment trials.
5. An NHSGG&C wide group established to review the operational process and practice of OPMH Community Teams, with the aim of identifying sharing and adopting good practice;
    - review and revise the existing service specification, identify changes to ensure a consistent service specification is in place
    - contribute to the review of the OPMH Community teams workforce
    - make recommendations for a series of performance indicators which act as a useful barometer for the service and the data for which can be gathered via existing systems

These priorities are guided by a set of principles

- OPMH's future development should primarily be viewed through the prism of older people's services rather than adult mental health.
- The principles underpinning the wider Older People strategy should also apply here; i.e. risk enablement not avoidance; a system that responds to the reality that care needs are not static, but can increase or decrease.
- The overall system design is patient-centred, with professional and organisational supports working into that
- We should think of "care needs" rather than assuming hospital beds are required and there is a presumption that a shift in the existing balance of care is possible,
- We will develop a future service model based on gradations of care up to and including in-patient beds
- In-patient beds should be located in the best estate, with geography a secondary consideration
- Emerging MFT principles around providing community-based care as locally as possible should apply, with a proviso that hospital care won't always be local
- Any shift to non-hospital based care must be resourced from ward reinvestment, both in terms of staff ratios and skill mix
- Maximise the opportunities around integration
- Timescales will be stepped and risk assessed at each stage of beds/ward reduction change programme

- Engagement across the clinical community at all stages of conception and implementation of the strategy
- Engagement and co-production with service users and carers

10. Child and Adolescent Mental Health

10.1. Recommendations

1. Develop and recruit to an MDT workforce plan to increase capacity at Tier 3 to reduce the waiting list backlog and meet the waiting times standards
2. Undertake Tests of change to expand the core MDT in CAMHS to included other professional groups such as Physiotherapy, Pharmacy and Art therapy
3. Engage with Young people and families to co- create a digital resource that will support access to information on available mental health supports. Through this work consider how self-referral to CAMHS and other services can be facilitated.
4. Deliver a programme to refresh the principles and compliance to CAPA for all CAMHS team
5. Complete and extend the condition specific Care Bundles. Implement the application of the Care Bundles through a Board wide launch and L&E plan with robust evaluation.
6. Implement Welcome conversation for all CAMHS staff to listen about what matters to our staff. Ensure there is a review proves for themes in exit interviews continue to showcase and appreciate submissions to our Learning from Excellence system
7. Continue to develop bespoke induction and personal development opportunities for our staff that focus on skills development and wellbeing
8. Work with adult services to agree the Targeted groups of young people who will be supported through strengthened transition care planning.
9. Create pathway development posts and tests of change to develop pathways and consider how and where young people can be best supported
10. Transition care planning be undertaken by all young people who require to transition to Adult Mental Health Service
11. Extend capacity to undertake research to better understand what our Children and Young People want and expect from us and what works to help them manage their mental Health
12. Develop a workforce plan across CAMHS and Community Paediatrics to Increase capacity to undertake specialist Neurodevelopmental assessments
13. HSCP's to work with partner agencies to develop supports for children and young people that helps them thrive.
14. Creation of a regional CAMHS Intensive Psychiatric Care Unit (IPCU) adjacent to the existing Adolescent inpatient facilities, Skye House located on the Stobhill site in GGC.
15. Establishment of delivery of regional CAMHS services for children and young people with learning disabilities, forensic needs and those who are in secure care.
16. Develop services and tests of change involving Allied health professionals and psychology over 22/23 to ensure services develop to meet the needs of the young people and families we work in partnership with.

10.2. Progress

Most young people requiring Child and Adolescent Mental Health Services (CAMHS) will present with mental health problems that are causing significant impairment in their day-to-day lives, and where the other services and approaches have not been effective, or are not appropriate. These presentations can result in both the need for scheduled and/or unscheduled care.

10.2.1. Access

CAMHS services are currently accessed via professional referral (GP, Education etc). CAMHS services are striving to reduce the waiting lists and to meet waiting times standards. The service specification

describes that CAMHS should see children within 4 weeks of referral and treat within 18 weeks. CAMHS are also asked to support self-referral.

The CAMHS service specification asks that CAMHS publish information in a clear, accessible format about what and who CAMHS is for, and how children, young people and their carers can access CAMHS. The format and substance of this will be informed by consultation with young people, and will be provided via the NHSGGC website and social media channels. In addition CAMHS are asked to support self-referrals and support an 'Ask once, get help' principle

10.2.2. Effective / Efficient / Sustainable

CAMHS continue to operate the Choice and Partnership Approach (CAPA)[18]. CAPA is a service transformation model that combines collaborative and participatory practice with service users to enhance effectiveness, leadership, skills modelling and demand and capacity management. CAPA brings together:

- The active involvement of clients
- Demand and capacity ideas/Lean Thinking
- An approach to clinical skills and job planning.

CAMHS offer a range of therapeutic and treatment options, delivered through an MDT. Work is underway to develop standardised and evidence based Care Bundles, which will clearly describe what a child or young person can expect from CAMHS and for clinicians a pathway to the delivery of the treatment in keeping with the psychological therapies matrix.

10.2.3. Transitions

The Mental Health Recovery and Renewal plan requests CAMHS to extend transitions for targeted groups and those who wish it, up to the age of 25yrs. NHSGGC has developed transition guidelines in partnership with adult services and has already strengthened governance and planning across the mental health complex. This will include the relevant elements of the neurodevelopment specification and transition into adult services.

10.2.4. (Adolescent) Intensive Psychiatric Care

There is currently no direct inpatient service provision for adolescent patients who require Intensive Psychiatric input in NHS Scotland. This means patients are often referred to, or remain cared for, in services that do not fully fit their needs.

10.2.5. Regional Pathways

Scottish Government funding has been provided to review the current pathways and establish capacity for extended Learning disability and forensic pathways and support into secure care services.

10.2.6. Eating Disorders

Referrals have been increasing year on year since 2017. The eating disorder response has been expanded and developed in line with evidence-based practice. This includes expansion of Specialist

[18] The Choice and Partnership Approach

Dietetic roles, extension of psychological therapies into family-based therapy and cognitive behavioral therapy.

11. Perinatal Mother and Infant Mental Health Care

Perinatal refers to the period during pregnancy and up to one year after the baby is born. During this period new and expectant parents (mums, dads, partners) can experience issues with their mental health also known as perinatal mental health problems. This includes mental illness existing before pregnancy, as well as illnesses that develop for the first time, or are greatly exacerbated in the perinatal period. These illnesses can be mild, moderate or severe, requiring different kinds of care or treatment.

11.1. Recommendation

1. NHS GGC Perinatal services aims to provide assessment and treatment of woman and infants who are at risk of, or who experience, significant mental disorder whilst pregnant or in the 1st year postnatal.

11.2. Progress

Implementation of recommendations in the Delivering Effective Care report[19] resulted in the introduction of additional staffing across the Mother and Baby Unit and in the Community Team, an increase in Psychology resource with the aim of improving timely access to psychological therapies and interventions, Coordination and delivery of evidence based parent-infant interventions. A national consultation is under way regarding the provision of additional Mother and Baby inpatient Unit (MBU) beds across Scotland.

11.2.1. Mother and Baby Inpatient Unit

The West of Scotland MBU is situated in purpose-designed facilities at Leverndale Hospital. It allows for the joint admission of mothers accompanied by their babies, where the woman requires acute inpatient mental health care. The unit is staffed by a multi-disciplinary team of professionals across many disciplines. The unit offers a wide range of therapies including biological, psychological and psychosocial interventions including interventions to enhance the mother-infant relationship.

Work is ongoing to;

- Promote psychologically informed care within the ward
- Build relationships with wider regional perinatal services
- Establish Psychology Pathways within the MBU (ensuring speedy and equitable access to psychological
- Develop therapeutic options available within ward
- Develop the peer support worker role.
- Develop a Fathers and Partners pathway to provide a systemic pathway to care and ensure they are included in the patient's journey

11.2.2. Community Perinatal Mental Health

The community team is a specialist service providing assessment and treatment for women who have, or are at risk of having, significant mental disorder in pregnancy or the postnatal period, currently up to 12 months postnatal. The service will also see women with pre-existing severe mental disorder for pre- pregnancy advice on risk and medication management. Work is continuing

[19] PMHN-Needs-Assessment-Report.pdf (scot.nhs.uk)

to expand the service to allow assessment for new patients to be seen between 6 and 12 months postnatally. The PMHS will work in partnership with partners and families, maternity services, primary care (including health visiting and Family Nurse Partnership), adult social services, children & families social services and other agencies, to design, implement and oversee comprehensive packages of health and social care to support people with complex mental health needs.

11.2.3. Infant Mental Health

The Infant Mental Health Service is a specialist community multidisciplinary team who can draw on a range of expertise and experience to offer needs-led support for infants and families. A key aim of the service is to ensure that the voice and experience of the infant is held at the centre of work with families across the health board.

11.2.4. Maternity & Neonatal Psychological Interventions (MNPI)

The multi-disciplinary Maternity & Neonatal Psychological Interventions (MNPI) Team will address the common and/or mild to moderate psychological needs of the maternity and neonatal populations by providing in-patient and out-patient assessments and a range of evidence based psychological interventions. The central focus in all of these interventions is to enhance the parent-infant relationship, improve parental and infant mental health and to prevent a range of psychological difficulties (emotional and cognitive) in childhood and later life. The team is working to:

- Improve access to maternity and neonatal psychological interventions
- Improve engagement with maternity services
- Improve support to specialist areas
- Improve support to maternity and neonatal staff and improved awareness of psychosocial issues in this staff group
- Improve data collection, outcome monitoring and quality improvement
- Improve pathways of care and support to community and universal services
- Improve staff confidence and expertise

Work is ongoing to improve and embed access to a range of therapies including clinical psychology, parent-infant therapy and occupational therapy. There has been significant progress made in the interfaces between perinatal mental health, IMH and MNPI. Pathways of care have been strengthened to ensure access to appropriate services and transitions of care between teams. This includes developing and delivering psychological therapy groups within the service i.e. perinatal anxiety management group, perinatal Emotional Coping skills group, Compassion Focussed Therapy group.

12. Learning Disability

12.1. Recommendations

Coming Home 2018 makes 7 recommendations under three themes;

1. Strengthening Community Services
2. Developing Commissioning and Service Planning
3. Workforce Development in Positive Behavioural Support

The 'Designing an Effective Assessment and Treatment Model, NHS Greater Glasgow and Clyde, 2018' report makes a number of recommendations;

4. Create a shared vision with as many stakeholders as possible, including families and people with learning disabilities.
5. Hold yourselves accountable to the vision, and share it widely so that others can hold you accountable too.
6. Ensure the principles and values already identified are clearly embedded in the vision.

Develop a shared strategy. Coming Home 2022 recommends;

7. The current sample Dynamic Support Register should be developed into a tool for national use.
8. "By March 2024 we want and need to see real change with out-of-area residential placements and inappropriate hospital stays greatly reduced, to the point that out-of-area residential placements are only made through individual or family choices and people are only in hospital for as long as they require assessment and treatment."

Specifically, the community living change fund is to be used to:

9. Reduce the delayed discharges of people with complex needs.
10. Repatriate those people inappropriately placed outside of Scotland.
11. Redesign the way services are provided for people with complex needs.

12.2. Progress

Plans in respect of Learning Disability are consistent with wider Mental Health strategy and the complex of mental health services with a strong focus on integrated practice towards stepped matched care, improvements in quality and effectiveness of community services and fewer inpatient beds and out of area care.

East Renfrewshire leads on redesign of Learning Disability inpatient services and an NHSGGC Programme Board has been established to provide support and oversight of developments across HSCPs. Similar to all strategies across mental health, aspirations are to develop community alternatives to hospital admission, discharge people who have been delayed for some time and reconfigure inpatient services to better support community services and third sector partners. A Community and Inpatient redesign Group brings together local leads with responsibility for development of community and inpatient services and ensures parallel progress leading to Inpatient reconfiguration.

HSCPs are developing their own approaches to increasing community support for those at risk of admission with the overarching strategic aim to reduce reliance on the bed base and develop more responsive ways of supporting people earlier, in partnership with people, third sector and the wider system. A Multi-Agency Collaboration Group has been established given the need to enhance third sector alternatives and improved joint working across statutory and third sector partners. This

group is made up of senior reps from third sector organisations, social care, clinical staff and commissioning and aims to influence commissioning and frontline practice and encourage wider joint working within HSCPs and across HSCPs where this would be helpful.

12.2.1. Coming Home

A variety of responses to 'coming home' have been developed across the HSCPs, including;

- Local review all of the people living out of area and plans to support people to return to the area where this is appropriate for the person. Reviewing and refreshing outdated institutional models of respite and residential support, taking a co-production approach.
- Further embedding integrated systems and ways of working. Increasing the range of services providing the right support from the right people at the right time. For this reason, including supported living in either shared or individual settings.
- Flexible working with inpatient services and future plans to increase the range of person centred solutions which can be delivered by joint working with the inpatient team.
- Further embedding the risk register / management process into current review systems, providing detail on crisis responses available in an area.

It is clear from extensive work taking place there are a very broad range of multi-layered issues. Varying solutions are emerging across the partnerships based on local needs, demographics, availability of skilled third sector providers and therefore our challenge is to support the development of these local ways of working and at the same time create and deliver on a Board wide plan which ensures people across NHS GGC receive robust flexible support when they need it most.

Consistency can be achieved by ensuring we have broadly consistent approaches to the variety of issues in terms of management of risk, threshold for hospital admission, adaptability in how we use our inpatient and other community resources; however it is inevitable this will achieved in different ways across NHS GGC.

12.2.2. Bed modelling

There are 27 beds across two facilities and the aim is to reduce reliance on bed-based models and re-invest resources in Community Services designed to support people who are at risk of admission, particularly where clinical need is not the primary reason for admission. Our aspiration is to reduce to around 18 to 20 beds and our modelling supports this ambition. Redesign of the inpatient estate will require capital investment and this will be closely linked with the wider Mental Health strategy to ensure system wide capital and estate planning includes plans for Learning Disability.

Providing more accessible information to patients about the service prior to and within the first few weeks of admission, providing more homely and quieter areas within the units, providing more opportunities for patients to maintain and develop their daily living skills, staff training in the impact and influence of power, and improving communication with all involved from hospital admission to discharge.

Patient hospital attendance as a 'day patient' tailored more specifically to individual patient needs allowing immediate access to full inpatient care if the patient requires this rather than establishing a day hospital. Adults with Learning Disability needs are so heterogenous that a day hospital could not be designed to meet all needs.

12.2.3. Outreach

Increasing the flexibility and range of options provided by the inpatient service and the ability of

community services to support patients in a person centred way and adapting the service during the most difficult periods, smoothing out the interface between inpatient and community services rather than adding to it by introducing additional layers of specialist services or teams (outreach or crisis)

12.2.4. Inpatient referral

All Learning Disability Psychiatrists referring patients at risk of admission and/or placement breakdown i.e. at a much earlier stage than currently to test what inpatient assessment and support can be provided other than admission.

Establishing a register of people at risk of admission or placement breakdown, to help identify people earlier and keep track of actions taken to reduce the risk.

Referrals to be discussed by the bed management group to consider for day patient attendance or part-time admission.

Inpatient teams prompted to explore the options for providing more robust post-discharge support. Shifting the current inpatient admission service to one of inpatient assessment & support as well as admission, and starting to provide more flexible inpatient support for those at risk of admission and/or placement breakdown.

Making accommodation more homely and flexible with more options for individualised and quieter living areas, maintaining independent living skills and links with local communities.

Addressing the mismatch between the understanding of inpatient and community staff about each other and the way they work.

12.2.5. Community Living Change Fund

A Learning Disability programme board has been established to adopt a whole system approach to:

- Agree a programme of work for the community living change fund, over three years, which leads to reduction in demand for beds and creates local and, where required, shared alternatives.
- Agree a financial programme which bridges the programme and leads to the reduction of beds and transfer of resource to fund longer term alternatives.
- Seek to return people from Out of Area, and where there are savings commit to a proportion of these funds being redirected to new local arrangements aligned to strengthening community services.

This will include two key work streams:

Community and Inpatient redesign to support the development of local services to improve the response to people at risk of admission / OOA. The group will also lead on the development and implementation of improved joint working across the system –embedding pathways, standards and support the development of workforce modelling and proficiency utilising effective and efficient ways of working.

Multi-agency collaborative commissioning to provide a forum for teams, commissioning and third and independent sector partner providers to explore and deliver on a range of alternative innovative and responsive support options for those individuals with complex needs. Exploring the availability of alternative short term accommodation opportunities for people who are reaching crisis as an alternative to hospital admissions will be key to this.

13. Alcohol and Drugs Recovery (ADRS)

13.1. Recommendations

1. Implement the recommendations of the Alcohol and Drugs Recovery Services (ADRS) reviews
2. Implement the Medication Assisted Treatment (MAT) standards
3. Move to deliver inpatient services from a single site within NHSGGC (from the NHSGGC Clinical Services Review)
4. Improve digital / eHealth systems, the access to, and use of these to reduce duplication and improve reporting of performance. (*ADRS teams comprise of health and social care staff using different recording systems)*
5. Review post-pandemic accommodations needs
6. Review and revise team structures to ensure board wide co-ordination of locality delivered services and consistent approach to delivery between the six ADPs, minimising the impact of varying priorities in each HSCP.
7. Ensure alignment of ADRS and mental health planning in relation to:
    a. MAT standard 9, where mental health care pathways are required to ensure 'All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery'
    b. In-patient services
    c. Crisis outreach services in relation to mental health crisis pathways and services
    d. The development of Mental Health and Wellbeing in Primary Care Services
    e. The duty on HSCPs to respond to Mental Welfare Commission "Ending the Exclusion" report on joined up mental health and substance use provision to people with co-occurring conditions
8. Ensuring access to residential rehabilitation services across the Board area, participating in regional and national commissioning work to influence this
9. Recognising the impact on families of substance use and ensuring provision of support for family members in their own right, in line with the Whole Family Framework for Alcohol and Drugs

13.2. Progress

There is a work stream established in GADRS to take forward the implementation of recommendations from the review. Inverclyde and Renfrewshire concluded service reviews prior to COVID-19, which still require full implementation.

The Crisis Outreach Service is a recently implemented assertive outreach service based at Eriskay House, Stobhill Hospital. It provides a rapid outreach response to individuals who are in addiction crisis of drugs, alcohol and non-fatal overdose of street drugs. The team provides a period of assessment, engagement and brief interventions, including Naloxone provision, Dry Blood Spot Testing, Injecting Equipment Provision (IEP), safer injecting advice, alcohol brief interventions and supported access to community teams, to people with highly complex needs. The team liaises and interfaces with Mental Health assessment units, GADRS Community Addiction Teams (CATs), A&E, Scottish Ambulance Service, Police Scotland, Third Sector and Voluntary Services.

The Enhance Drug Treatment Service (EDTS) is an innovative and unique service in Scotland, it aims to engage with those patients who traditionally do not engage well with treatment services, offering injectable diamorphine, oral Opiod Replacement Therapy (ORT) and other medication. The service

links to other treatment services including the Complex Needs Team, CATs and the Blood Borne Virus (BBV) team. Patients receive support with social care and housing. The service was launched in November 2019, however due to the impact of COVID-19, including social distancing measures, and a shortage of diamorphine which affected supplies for almost 12 months, the service has been unable to increase patient numbers as planned.

The development of a new drug checking programme for Scotland, funded by the Scottish Government through the Drugs Death Task Force and the Corra Foundation, was launched in January 2021. This initiative will see the creation of infrastructure to support the delivery of three city-based projects in Scotland. These projects will enable members of the public to anonymously submit drug samples for forensic analysis, and subsequently receive individualized feedback of the results together with appropriate harm reduction information. Glasgow will be one of the three cities to participate in this project.

In 2017 NHSGGC and Glasgow City Council submitted proposals to develop a co-located Heroin Assisted Treatment Service and Safer Drug Consumption Facility (SDCF). Whilst the proposal for the heroin assisted treatment service could be progressed without any alteration to current legislation, and the EDTS was opened in November 2019, the Lord Advocate did not feel that the SDCF proposals could, at that time, be progressed. Following recent discussions with Scottish Government, Crown Office and Procurator Fiscal Service and Police colleagues, a new SDCF proposal has been submitted to the Lord Advocate, seeking to work within the current legislative framework. The SDCF will provide an opportunity for staff to engage with service users, who may otherwise have no or little contact with treatment services, and offer harm reduction advice, whilst also highlighting pathways into treatment, including EDTS.

The Renfrewshire Recovery Hub (CIRCLE) is a newly established recovery service within Renfrewshire, offering unique recovery support to people with mental health and substance misuse difficulties. Its primary focus is to provide recovery opportunities enabling individuals' authority over their own lives, recognising the many pathways to recovery, building a service that is person centred, focuses on strengths and resilience of individuals, families and communities. The workforce is recovery orientated and service provision is led by individuals with lived and living experience. A comprehensive activity program, offering opportunities for recovery, will include; volunteering, peer support, education and employability, low level psychological support through anxiety management, and other activities. The service will act as a central recovery hub with recovery activity delivered across local communities throughout Renfrewshire.

14. Unscheduled Care

14.1. Recommendations

14.1.1. Community response

1. Integrate crisis, home treatment and OOH models so that they are provided consistently across the Board area.
2. Develop a framework for the operation of a Community Mental Health Acute Care Service (CMHACS)* model across NHSGGC which includes the following:
    a. Home / Community Treatment capacity - with individuals offered treatment safely in a community setting as an alternative to hospital admission.
    b. Management of access to adult inpatient services - with CMHACS taking lead responsibility in collaboration with Bed managers to facilitate admissions to hospital.
    c. Supporting early discharge from hospital – by working to minimise the length of stay in acute inpatient settings by supporting discharge where the clinical risk can be managed within the community.
3. Community services interface with new "distress" pathways as described in (11) below.

Additional 2023 recommendation

4. Where patient groups are not covered, ensure effective links between CMHACS with other community responses.

14.1.2. Emergency Department (ED) and Acute

5. There is a single Liaison service Board-wide, providing cover to EDs 24/7.
6. Liaison will provide one point of access for referrals for each Acute Hospital, with defined response and accessibility criteria for supporting departments such as AMU, IMU & MAU
7. Liaison services to provide input to the EDs, AMU, IMU etc and inpatient wards from 8am to 8pm on weekdays, and 5pm at weekends. A single OOH Liaison team provides cover at other times, coordinated centrally and pooling staff resources where needed with the CMHACS
8. Implement a face to face response time of <1h for referrals from ED, including some prompt productivity changes to support this new target.
9. Secure recurring investment for liaison services transformational posts received and to enhance and develop CMHACS to cover GGC area (currently funded non-recurringly from Scottish Government funding). (This proposal will be considered as part of the financial framework for the implementation plan)
10. Pathways from primary care, police, NHS 24 and self-referral will be clarified.
11. An alternative care pathway is developed, which diverts all assessment and treatment for people with Mental Health problems who do not require medical treatment (or otherwise to be managed by a clinical unit for behavioural reasons) out of the main ED. Those pathways would work with third sector organisations in collaboration with health services to provide a compassionate, therapeutic and safe response without "leading" with diagnosis and risk assessment. This will include planned "tests of change" around e.g Distress Hubs; Crisis cafe models
12. Review the number of acute assessment sites Board-wide, with consideration of the potential to reduce the current number of acute admission sites. (Note: there is an extant plan to reduce from 6 to 4 with the closure of Parkhead Hospital in Spring 2018 and the transfer of the remaining 15 bed acute admission ward from Dykebar to Leverndale Hospital.)

Additional 2023 recommendation

14.1.3. CAMHS

13. To establish CAMHS Unscheduled Care provision planned regionally and integrated with regional adolescent inpatient pathways. And to establish/extend capacity and provision of CAMHS Liaison Services delivered by paediatric acute inpatient and outpatient services.

* Recommendations have been updated to reflect a revised approach, replacing the proposed Crisis Response and Home Treatment service with a Community Mental Health Acute Care model.

14.2. Progress:

Unscheduled care responds to a lot of activity in the Mental Health system. People seeking this kind of help are usually exposed to immediate and serious risks to their health or safety. Unscheduled care services also carry most of the risk associated with Mental Health care. Demand for "unscheduled" can be predicted and a key goal for the Strategy is to match demand to a prompt and effective response consistently across the Board area. While recognising that some flexibility is required to meet local needs, there is scope for a more standardised approach to maximise efficiency and effectiveness.

14.2.1. Community response

Distress Response Services have been established across the HSCPs, mostly commissioned through local mental health associations alongside the national NHS24 Distress Brief Intervention Service which is also commissioned through the Scottish Association for Mental Health (SAMH). Further work to look at options for reducing variation and increasing consistency of response is proposed.

Plans are being developed for a Community Mental Health Acute Care Service (CMHACS) as an alternative to the previously proposed community response home treatment service (CRHT). The CMHACS will be a comprehensive mental health acute care service whose first goal is to provide mental health care, treatment and support as a credible alternative to hospital admission or prolonged inpatient care, promoting emotional strength and reducing the impact of mental health crisis through intervention, education, prevention and community collaboration. Core functions will be to offer short term intensive community based treatment, manage all requests for access to inpatient care and provide assessment of suitability for home treatment as an alternative to admission. The service will also work in collaboration with acute mental health inpatient services to facilitate and support discharge from hospital for individuals that home treatment is deemed to be appropriate for. Medical recruitment is proving to be a challenge and will need to be addressed to support this development.

Reducing the number of points of contact out of hours within each HSCP and across the Health Board and linked more directly with Social Work responses is also proposed.

14.2.2. Emergency Department (ED) and Acute

The COVID-19 pandemic forced considerable change to the delivery of unscheduled care services and accelerated the implementation of Mental Health Assessment Units (MHAUs). These units are being retained as a long term approach.

MHAUs ensure that people experiencing distress and with a Mental Health presentation get the most appropriate and timely care treatment response, diverting people with Mental Health problems who do not require physical / medical treatment from the main Emergency Departments. MHAUs support the principle of joint working and shared responsibility and are directly accessible by 1st responders (Fire, Police Ambulance) and GPs. Originally only for adults, Older People are supported and Child and Adolescent Mental Health Services (CAMHS) staff are now attached to the units out of hours to support young adults and adolescents. These closely link with the Out of Hours G.P service, NHS 24 and the NHS 24 Mental Health Hub, the Flow and Navigation Hub, the Urgent Resource Care Hub (URCH) and the Glasgow City Compassionate Distress Response Service (CDRS). MHAU staff and the Scottish Ambulance Service provide a first responder service for mental health assessment within a patient's home. The digital Consultant Connect system provides support for GP surgeries across NHSGGC to access same day mental health assessment for patients presenting in mental health crisis.

These units were funded 'at risk' and clarity is required on how they will be funded on a sustainable basis.

A single Acute Hospital Liaison service has been established covering all acute hospitals within NHSGGC ensuring cross-cover on all sites with guaranteed response times, including up to 1 hour to Emergency Departments or longer, appropriate to the support required.

Crisis, Liaison and Out of Hours Teams services have been reconfigured to address historical gaps and ensure mental health support is provided 24/7.

14.2.3. CAMHS

An unscheduled/intensive and liaison review was completed in January 2022 and has moved into implementation. The review aimed to meet the requirements of the CAMHS specification and ensure a 24/7 response across unscheduled and liaison pathways and intensive responses to be developed to meet the needs of young people. Work will be developed to deliver the regional approach with regional inpatient services.

15. Forensic Mental Health

15.1. Recommendation

1. Delivery, alongside mental health rehabilitation services, of low secure inpatient accommodation in a dedicated unit which offers safe and secure accommodation for patients whose presenting behaviours cannot be safely treated within an open ward and who require a higher level of security over a longer period of time, expanding the offer available within forensic and mental health rehabilitation services.

15.2. Progress

Implementation proposals to increase low secure rehabilitation and increase integration with general adult psychiatry Intensive psychiatric care, acute admissions and intensive rehabilitation are in development.

Continuing pathway review with general adult and rehab psychiatry pathways and development of the forensic rehabilitation function in parallel with adults & rehabilitation.

16. Shifting the Balance of Care

16.1. Recommendations

1. Short stay acute assessment beds be reduced, alternative capacity in community services to manage the rebalanced system of care. Consideration of the location of proposed bed closures and the implications for hospital sites will be considered as part of the development of an Implementation Plan. It was not anticipated the potential risks of reducing the number of IPCU beds could be mitigated to a level that would result in a ward closure. Review the number of acute adult assessment sites Board-wide, with consideration of the potential to reduce the number of acute admission sites. (Note: the existing plan reduces sites from 6 to 4 with the closure of Parkhead Hospital completed 2018 and to transfer the 15 bed acute admission ward from Dykebar to Leverndale Hospital.)
2. In order to support the bed reductions (set out below), while managing existing and future demand for inpatient care, the recommendation would be for the development and adoption of acute care pathway across all acute inpatient sites, which would allow for clarity about the role and purpose of an acute inpatient service within a redesigned mental health system. This would also allow for greater operational consistency in the implementation of care pathways and reduce variance across sites.
3. An emphasis on quality improvement processes within inpatient care settings and a rollout of SPSP and AIMS across all acute inpatient sites. This would, in conjunction with greater operational consistency in implementation of care pathways and standards, reduce variation across inpatient sites within NHS GG&C.
4. A greater focus on addressing delays in discharge and ensuring a pro-active approach to discharge planning. This would include closer integration with community and social care services to ensure joint prioritisation of resources and smoother patient flow across inpatient and community settings.
5. Ensuring that individuals are appropriately placed within acute inpatient services based on need rather than availability. This would require further work around developing and clarifying interface arrangements across care groups, in line with the newly developed Acute care pathway.
6. A further recommendation would be around the harmonisation of bed management and data collection to ensure dynamic monitoring of inpatient bed availability as well as ensuring a focus on patient flow.

Mental Health Rehabilitation and Hospital Based Complex Clinical Care (HBCCC) Beds

7. Operational consistency across all rehabilitation services via standardised care pathways that are co-ordinated and reviewed on an integrated system wide basis. In this model there would be system wide access to rehabilitation beds across GG&C when necessary, and a system-wide bi-monthly review of admissions, discharges and bed-utilisation. This system-wide review should include social work professionals and overall, a more integrated approach should be taken to co-ordinating the system of care across rehabilitation services and community provision.
8. Admission to dedicated inpatient rehabilitation services needs to be reserved for a subgroup of people with specific complex Mental Health presentations and a profile of need responsive to rehabilitation. There is wide-variation in how rehabilitation beds are used across the system. The proposed changes to rehabilitation services would include system-wide implementation of agreed standards for assessing suitability for rehabilitation, referral guidelines and what is delivered in the care pathway.
9. Inpatient rehabilitation services designated as either “Intensive” or “High Dependency” Rehabilitation & Recovery Services. Intensive wards would reduce prolonged lengths of stay

to promote patient throughput, with high dependency wards equally reducing prolonged lengths of stay.

10. The recommendation is that a non-hospital based unit(s) for service users requiring longer term, 24/7 complex care is commissioned. The implementation plan will consider whether these should remain NHS beds or whether an alternative model should be commissioned.
11. There should be a move to benchmark bed levels proposed by Royal College of Psychiatrists for adult rehabilitation services, equating to a reduction of approximately 50 beds. The detail of this will be developed as part of the implementation plan, including the timescales, recommended locations for residual hospital beds and reinvestment proposals. This work will include the development of a risk management framework to ensure the system of care is able to cope with each phase of the proposed reduction in beds.

16.2. Progress

Changing bed numbers and where they are located is very complex, even when reinvesting funds back into community mental health services.

The complex of Mental Health Services' includes Child and Adolescent Mental Health (CAMHS, Older People's Mental Health (OPMH), Adult Mental Health Care, Mental Health Social Care, Alcohol and Drugs, Learning Disability and Forensic Services. Existing Strategies identified proposals to shift the balance of care to more community options and to deliver increased specialist in-patient care where identified. The various individual plans for each of the mental health services for beds is as follows:

16.2.1. In Patient Beds and Care Home Provision

Continue with the journey on shifting the balance of care, moving away, where appropriate, from institutional, hospital led services towards to investment in local people, neighbourhoods and communities to enable services to be delivered locally and support people in the community.

Analysis confirms that NHSGGC remains a relatively high user of Older People's Mental Health in-patient beds. In addition, day of care and other audit activity has consistently confirmed high numbers of patients who could more appropriately be supported in other settings, including care homes and within the community. As we move forward it is the aim to reduce the overall number of in-patient beds, whilst utilising the best estate.

The following areas have been identified as key to supporting this.

- reinvest in our community services, as indicated across the strategies
- strengthening the responses to patients in crises situations to prevent admission wherever possible
- review the current provision for those patients who can no longer live independently at home.
- Via case note review and audit (in collaboration with info services and clinicians), we will seek to develop a robust understanding of who is using OPMH inpatient beds and their journeys into these beds. This will help inform what sort of alternative care arrangements would be effective.
- Focusing on early intervention to reduce admission to in-patient beds. Options include providing a short period of intensive input at home, supporting patients and their families through period of crisis.
- Continued investment and focus on Care Home Liaison Services to support Care Homes to maintain residents in their Care home environment, and prevent and reduce admissions to in patient settings

- Expanding access to psychological interventions, including non-pharmacological interventions for the management of 'stress and distress'' in dementia.
- Engaging with commissioning colleagues to further develop care settings in the community that are equipped and supported to deliver care to Older People with mental health issues as their condition progresses
- A focus on reducing delays in discharge back to home or an appropriate care setting in line with the persons care needs.

Reducing the total number of beds and wards generates a huge number of options for which inpatient bed services could be delivered and on which sites. Pragmatically therefore implementation proposals will consider the first phase of bed changes within an overall end point. This is so the first step of changes can be pragmatically tested for safety and quality purposes. It means we stay within broad end point principles and the overall direction of the Strategy. It also means initial phased implementation moves do not pre-empt endpoint solutions but also allow an evolving end point based on what we learn in practice due to our experience of change along the way.

Mental Health Inpatient Service	Current Strategy End point Bed Nos.	Refresh End point Bed numbers		Initial Phase Change endpoint	
Child Psychiatry	6	6		6	No change
Adolescent Psychiatry	24	24		24	No change
Adolescent Eating Disorder / Intensive	0	4		4	Increase in beds for adolescents with greater acuity of need and site linked to Adolescent service and Adult Eating disorder service
Eating Disorder (Adult)	4	10		10	Increase in beds to meet identified need and site linked to adolescent eating disorder beds and adult acute beds
Perinatal (Mother & Baby)	6	8		8	Increase in beds to meet identified need
Alcohol and Drugs Recovery	35	25		25	Reduced beds to meet need and maximise expertise
Learning Disability Assessment & Treatment	28	20		20	Reduced beds and move from isolated site to increase support options
Learning Disability Long Stay	8	0		0	Reduced beds to social care community support
Forensic Learning Disability	9	9		9	No change
Forensic Medium Secure Care	74	74		74	No change
Forensic Low Secure Care	44	59		44	Increase in forensic rehabilitation to meet need, repatriation of out of area placements and patient throughput efficiency
Intensive Psychiatric Care Unit	44	44		44	No change – review of secure acute assessment for people from prisons and Courts
Adult Acute Short Stay Assessment & Treatment	285	232		285	No initial phase 1 change due to full capacity. Consideration of possible future distribution of beds.
Adult Rehabilitation and Hospital based Complex Clinical Care including Enhanced Intensive Rehabilitation	128	87		113	One ward reduction to allow testing change in inpatient focus including Enhanced Intensive Rehabilitation beds to facilitate patient throughput efficiency in IPCU & Adult Acute Assessment & Treatment and repatriation of people and funding contribution to community rehab service
Older People Acute Short Stay Assessment & Treatment	205	119		205	One ward reduction to allow testing and funding of Community service and change in inpatient – transfer of resource to community alternatives and consideration of possible future distribution of beds and functional and dementia split
Older People Hospital based Complex Clinical Care	152	60		132	Two ward reduction to allow testing and funding of Community service and change in inpatient – transfer of resource to community alternatives and further options of distribution of beds and functional and dementia split
Total	1052	781		1003	

16.2.2. Overview

Current Mental health beds in NHS GG&C

- 1,052 mental health beds
- distributed across thirteen sites and
- 65 wards

Changing mental health bed numbers and the number of wards on any site affects services on all sites. When reducing or increasing bed numbers and wards a key question is which wards should be placed where and for what purpose.

Start Point Initial Phase Distribution of Mental Health beds across GG&C

Bed Numbers by Location	Addictions	Adolescent	Adult Long Stay	Adult Rehab	Adult Short Stay	Child Psychiatry	Eating Disorders	Elderly Long Stay	Elderly Short Stay	Forensic LD Low*	Forensic Low Secure	Forensic Medium Secure	IPCU	LD Assessment & Treatment	LD Long Stay	Perinatal	**Bed Total**		**Nos. Wards on Site**
Blysthwood														*16*			***16***		***1***
Dumbarton Joint								*12*									***12***		***1***
Dykebar			*12*	*8*	*15*			*42*									***77***		***4***
Gartnavel Royal	*20*		*18*	*12*	*80*			*20*	*45*				*12*	*12*			***219***		***12***
IRH Orchard View, Langhill, Larkfield			*12*		*20*			*30*	*20*				*8*				***90***		***5***
Leverndale			*35*	*11*	*94*				*38*	*9*	*44*		*12*			*6*	***249***		***16***
Netherton															*8*		***8***		***1***
Darnley - G4								28									**28**		**1**
Rowabank Clinic												*74*					***74***		***8***
RAH									*40*								***40***		***2***
Royal Hosp for Children						*6*											***6***		***1***
Stobhill	*15*	*24*	*20*		*76*		*4*	*20*	*44*				*12*				***215***		***12***
Vale of Leven									*18*								***18***		***1***
Total	**35**	**24**	**97**	**31**	**285**	**6**	**4**	**152**	**205**	**9**	**44**	**74**	**44**	**28**	**8**	**6**	**1052**		**65**

** LD – Learning Disability*

Mental Health Services benefit from a collective approach across HSCPs and NHS GG&C. This will include co-ordinating the delivery of all the mental health family inpatient services.

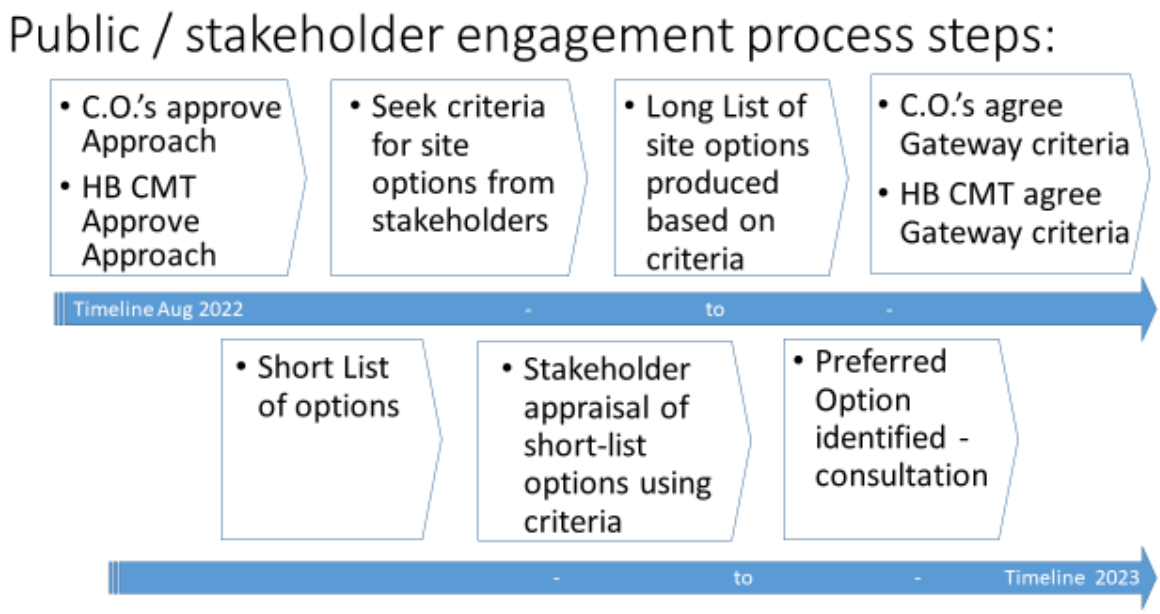
Dependences include that although sites are linked to community services people who need to be admitted can be admitted to any site. Particular wards and sites within NHSGGC/HSCPs do not solely belong to particular localities, but are managed on behalf of the whole system.
Some of the specialist services such as Perinatal Mental Health and the Adult Eating Disorder Service are single wards and also provided to anyone from within the six HSCPs and Health Board-wide area.

- Consultant Psychiatrist on-call cover is for Adult Mental Health, Learning Disability, Alcohol & Drug services, Older People's Mental Health Services is provided out of hours by one rota operating North and one rota operating South of the Clyde. There are single rotas for Forensic and Child and Adolescent Mental Health Services (CAMHS) operating Board-wide.
- Junior doctor out-of-hour rotas are managed system-wide to maintain cover while adhering to the European Working Time Directive.

- In some care groups with smaller critical mass of staff (e.g. clinical psychology in Learning Disability and in Alcohol and Drugs) system wide approach provides cover when required during vacancies, maternity leave and illness.
- During times of challenge ward nursing cross cover is also routine within sites, across sites and across the different mental health complex of specialty inpatient care.

Initial bed rationalisation has been delivered through incremental changes to acute sites (Parkhead), rehabilitation sites (Phoenix House) and also to older peoples hospital based complex clinical care nursing home site accommodation (Rowantree / Rogerpark).

The next step will be agreement to progress site impact engagement as follows:



Engagement on site impact across the range of sites and whole mental health complex of services will be the next main enabler for implementation progression.

17. Service User & Carer Engagement

17.1. Recommendations

1. Ensure staff are aware of their roles and responsibilities in respect of duties and powers of Carers Act for adult (including older adult) carers and young carers.
2. Ensure staff are promoting adult carer support plans and the young carer statement.
3. Supporting delivery and achievement of the Triangle of Care standards
4. Develop performance indicators to evidence impact of the above.
5. Service users' and carers' experience of their care, in line with the national health and wellbeing outcomes, should be regularly monitored and evaluated
6. Ensure that service user and carer networks are a core component of future service planning and implementation

17.2. Progress

Involving service users and their representatives in service planning is a core component of the development of the Service Strategies. Service user involvement and representation has been provided through the Mental Health Network.

Each HSCP commissions Advocacy services to ensure the rights of individuals who are subject to the Adults with incapacity (Scotland) Act (2000); Adult support and ,Protection (Scotland) Act (2007); the Patient Rights (Scotland) Act (2011); Charter of Patient Rights and responsibilities (2012); and the Mental Health (Care and Treatment) (Scotland) Act 2003.

The Advocacy Services are provided via a procurement process and are monitored to ensure they meet the requirements of the agreed specification of service provision.

Service user involvement will remain a core component of the implementation plans that are to be developing.

17.2.1. Carers

Supporting carers is a key priority at a local and national level. To date, we have rolled out 'the Triangle of Care' tool across all mental health services to improve carer engagement and support. The Triangle of Care is a therapeutic alliance between each service user, staff member and carer that promotes safety, supports recovery and sustains wellbeing. HSCPs are working on an on-going basis to support the delivery and achievement of these aims.

Key Messages from Service Users and Carers

- Carers – given the increased emphasis on home treatment particularly when people are ill it is imperative that carers are better supported in order to enable them to continue their vital role in the longer term. Carers should be supported to both be effective in their caring role and enabled to look after their own health.
- Poverty – Scotland's new Mental Health Strategy explicitly recognises the links between poverty and poor Mental Health. Models of support that are to be developed must be able to encompass this work.
- Social isolation – the Scottish Government recognises the damage social isolation causes, future models of "recovery" must encompass the social dimension and help ameliorate the impact of poor mental health.
- Rights –People can sometimes feel disempowered by the mental health system. A rights based approach should mean people enjoy a better relationship with services and a greater say in their care and treatment, leading to greater personalisation of their support.

- Prevention – A large amount of resource is directed at supporting people who have a repeated number of episodes of mental ill-health. A system wide approach that looks at learning from mental health crisis on a personal level and embraces preventative planning could greatly reduce service usage for such individuals.
- Engagement – Early engagement with key stakeholder groups is crucial in order to identify solutions to the issues faced, e.g. people with a lived and living experience and mental health carers as well as 3rd sector groups.

The Mental Health Network (of people and carers, with a lived and living experience of mental health issues) are commissioned within NHSGGC to support service user engagement and also sit on the board-wide Mental Health Strategy Programme Board and support the strategy.

A process to engage with public and staff on what is important to them when considering changes to bed numbers and site impact is in development. Pre-engagement is taking place with heads of services and leads from Third Sector Interface organisations in each HSCP, including leads from groups that represent people with protected characteristics to support co-production of the process itself.

Public and staff engagement on site impact has been delayed by COVID-19 and will continue in more normal times.

The Borderline Personality Development Network have formed a 'BPD Dialogues' group. This is a group of people who have a diagnosis of Borderline Personality Disorder and lived and living experience of using NHS services in Greater Glasgow and Clyde (NHS GG&C). They contribute to the planning and development of better services for people with a diagnosis of personality disorder through:

- Designing information leaflets and resources for people with the diagnosis, and their families and friends
- Contributing to the content and delivery of staff training on BPD
- Providing feedback on any aspect of the BPD implementation plans from the perspective of having lived and living experience

Other work streams are looking to develop similar engagement groups. e.g. CAMHS - An eating disorder reference group has been set up with representation from a member with lived and living experience and a third sector representative.

Performance indicators are to be developed with user and carer input to evidence staff are:

- aware of their roles and responsibilities in respect of duties and powers of Carers Act for adult carers and young carers;
- ensuring staff are promoting adult carer support plans and the young carer statement; and
- supporting delivery and achievement of the Triangle of Care standards

18. Workforce

18.1. Recommendation

1. Future workforce requirements and implications will continue to be assessed as part of the development of the implementation plan. It will be important to ensure on-going professional and staff side representatives have the opportunity to engage fully in this process and for the outputs to dovetail with HSCP Workforce Plans

Additional 2023 recommendation

CAMHS

2. Create dedicated strategic CAMHS pharmacist posts across Tier 3 (specialist multidisciplinary teams) and Tier 4 in line with services across the rest of the UK.

18.2. Progress

Mental Health services face several workforce issues which are relevant to this strategy, and these are summarised below. However, given the nature of the bed reduction changes proposed within this strategy, it should be noted that the following section focus primarily on health staffing issues.

In particular, workforce issues that require to be taken into account include the following:

- An increase in retirements, associated with:
  - An ageing workforce
  - Mental Health Officer Status
  - Changes to NHS pension provision
- Recruitment and retention, an issue for all professions, specialties and localities, but particularly intense in some areas;
- Nursing workforce standards
  - Application of the national workforce and workload planning tool
  - Nursing staffing standards for inpatient care

Specific issues relevant to the main professional groups and services are set out below.

18.2.1. Nursing

Full implementation of the 5 year strategy anticipates a reduction in Mental Health beds across GG&C, which will result in a reduced inpatient nurse staffing compliment. However, given current challenges in filling a number of nurse vacancies and anticipated turnover and retirements, the Programme Board remains confident that a phased approach to the implementation of the strategy will see the successful redeployment of all staff into the future service model. Such change would be managed in partnership with staff-side representatives, and in accordance with organisational change policies.

For those remaining hospital wards, there is a need to ensure that nurse staffing levels continue to meet the needs of the patients. The Royal College of Nursing (RCN) recommends a minimum percentage skill mix of registered to unregistered nurses at a ratio of 65:35. Further local NHSGGC work is equally based on a body of evidence that reports safer and improved outcomes for patients where there are more registered staff working on the wards. Future staffing levels and skill mix will therefore be measured against national workforce planning tools and it is likely this will result in a need to reinvest funding into some wards to improve skill mix.

18.2.2. Medical

Psychiatrists hold an essential role in diagnosing and treating complex and high risk patients and overseeing compulsory treatment under the mental health act. Additionally, medical staff have a clinical leadership role, supporting multidisciplinary mental health teams to work effectively.

NHS GG&C has traditionally been able to recruit to consultant posts, though Speciality And Specialist (SAS) Grade doctor posts were often more challenging. There are likely to be recruitment problems in some specialties in future.

Career-grade doctors typically work to a defined catchment area, and are expected to manage their workload across inpatient, community and specialist teams depending on the needs of the service. Referrals to CMHTs have been increasing by 3% per annum in recent years, and a proportion of this activity has been absorbed by the posts set out above.

As service gaps appear, clinical safety and service viability usually means that locums must be used and this can have disadvantage if it results in changes to clinical leadership and reduced continuity of care, such as occurred during COVID-19. Board-wide locum costs for medical staff across Mental Health, Learning Disability and Addictions services were contained in 2016/17, and were largely generated by vacancies relating to retirement and maternity leave which could not be filled using existing staff. Assertive use of local cover arrangements, GG&C locum bank staff and new arrangements with commercial agencies led to a reduction in costs of about 25%. However, the cost of locum cover is an ongoing challenge to NHSGGC.

Redeploying medical staff in response to the changing requirements of the strategy (for example from inpatient to community work) can often be achieved by negotiation over existing job plans. Any requirement to move consultant posts across localities would require meaningful engagement, time and careful planning and balancing of service need, medic wellbeing and career development to mitigate staff losses to avoid the risk of service gaps needing to be filled by non-NHS locums.

Psychiatrist involvement will always be required for the diagnosis and treatment of complex and high-risk patients, and in relation to mental health act work. With potentially fewer psychiatrists available, there will be an increasing need for medical staff to focus their resources on these groups of patients with role / task sharing with other disciplines in place to manage less complex and lower risk patients.

18.2.3. Psychology

Overall, in recent years, across NHSHHC, there has been a slight increase in clinical psychology staffing however some care groups have seen a reduction.

Some of the main challenges faced in the Clinical Psychology workforce are:

1. The small critical mass of Psychology staff in certain care groups including Learning Disabilities, Alcohol and Drugs and Older Adults.
2. Services have small numbers of clinical psychologists and other psychological therapists meaning they are vulnerable to not being able to provide care as expected when vacancies and forms of leave occur.
3. A significant number of staff have MHO status and can retire within the next five years.

4. Both a national and local analysis of gender and part-time working profile suggests that the Psychology workforce is a largely female profession and that many who join the profession reduce working hours within 3 years post training

The Scottish Government has recognised the importance of evidence based interventions for service users. A key element of this approach has been the development of a strategy to increase access to evidence based psychological therapies for many health conditions.

A major challenge in recent years within NHS GG&C has been achieving and maintaining the HEAT Standard on Access to Psychological Therapies across all Care Groups.

As the Scottish Government's Strategy develops this will continue to be a challenge and it will be a core element of NHS GG&C's Mental Health Strategy. Maintaining and increasing a critical mass of clinical psychology staffing will be an important part of the strategy.

18.2.4. Occupational Therapy

Occupational Therapy continues to have a role to play in the work streams of the GGC 5 year strategy. With its roots in person centred recovery focused practice, occupational therapists play a crucial role in helping people maintain their optimum level of independence within their communities. This is important at all stages of the patient journey from community and hospital to discharge. Shorter admissions will require robust discharge and support packages and planning to begin at the point of admission. Occupational Therapists will continue to make an essential contribution to this part of the pathway in terms of assessment and making recommendations about the level of support required for successful discharge. In addition consideration should be given to the review of such packages over time by an occupational therapist in order that adjustment of resource can be made based on need.

Within mental health services in the board, the majority of the Occupational Therapy workforce remains within secondary care services. There is growing evidence nationally that supports earlier intervention to Occupational Therapy gives better outcomes to patients. By working with people earlier in their journey, it enables occupational therapists to facilitate supported self-management techniques. This has been recognised by some of the HSCPs in GGC and they have included occupational therapy posts as part of their plans for the development of the Mental Well-Being Hubs. A newly developed service in Renfrewshire HSCP has introduced mental health occupational therapists into primary care. This service works alongside GPs and other primary care providing assessment and intervention with the principle of early intervention and supported self-management at the core of service delivery.

Occupational Therapists are experts in vocational rehabilitation. Employment and meaningful occupation/therapeutic activity are important to recovery and maintaining positive mental health. Earlier intervention by Occupational Therapists is likely to impact positively on people sustaining their employment, making reasonable adjustments at an early stage and helping people to find appropriate work which in turn assists with recovery. The recent legislation enabling occupational therapists to sign Fit Notes requires exploration with the development of an agreed governance framework within GGC.

A newer area of development for occupational therapists in mental health relates to neurodevelopmental work. Within Glasgow HSCP occupational therapy staff have been involved in the waiting list initiative, assessing people for ADHD. Specific to the profession has been the development of the occupational therapy SPARKS programme, a bespoke group work programme for people diagnosed via the WLI, with ADHD. This continues to be in the developmental stages and

is being delivered by staffing working additional hours. If a GGC service was to be developed then it will be crucial that occupational therapy is core within its structure.

There is not a standard workforce model in place within the organisation for Occupational Therapy. Within mental health services an occupational therapy data base has been developed which captures detailed and up to date analysis regarding workforce. This system is now being tested across other care groups within Partnerships.

18.2.5. Psychotherapy

Psychotherapy departments across NHSGGC include colleagues with a variety of backgrounds. Psychotherapists and Psychotherapy practitioners offer individual and group psychodynamic psychotherapies. Services include specialist city wide Personality Disorder and Homelessness team (PDHT), working with complex Personality disorder. Psychotherapy is currently exploring the future model of delivery and, similar to other services, have workforce planning issues.

18.2.6. Allied Health Professionals

In addition to Occupational Therapy, other allied health professions can also have a role in supporting a sustainable workforce across Mental Health, whether from within AHP services or from within the mental health team:-

Physiotherapy can deliver improvement in physical health / wellbeing that correlates to a reduction in depression and anxiety and better patient outcomes. Demographic data for Scotland highlights that the prevalence of mental health complaints can directly relate to a reduction in physical health and wellbeing.

Art Therapists can offer equitable access to psychological interventions for those who struggle to engage in talking therapies.

Mental Health Dietitians offer interventions to correct dietary inadequacies, address increased nutritional requirements, address special dietary requirements, to provide health improvement and education and to address where physical or mental health conditions impact on dietary intake or nutritional status.

The efficacy of Podiatry treatment could be enhanced for patients with mental health conditions such as anxiety and depression, which would help improve overall health outcomes for these patients.

Speech and Language Therapy can have a positive impact across several areas. These include: Identifying and ensure appropriate response to speech, language, communication and swallowing needs, providing a differential diagnosis, providing (targeted) training for staff to ensuring the links between speech, language, communication and swallowing needs are addressed, supporting people with Speech , Language & Communication Needs (SLCN) who are neurodiverse during periods of crisis and increasing the understanding of the links between speech, language and literacy and mental ill health and social potential.

18.2.7. CAMHS

Our workforce is key to the delivery of service to Children and Young People. The Pandemic and the MHRR funding has created significant movement in staff, some retiring, some moving to promoted posts and some joining CAMHS at the start of their career. Ensuring our workforce feels welcomed, supported and developed will lead to better sustainability of our services.

Example development: CAMHS Pharmacy trials

A CAMHS pharmacist would bridge a current gap in pharmacy services to the CAMHS teams and bring GGC in line with government strategy in expanding and diversifying the CAMHS workforce to meet service pressures. A trial is beginning where a pharmacist will provide both a clinical service and develop a pharmacy and medication strategy for CAMHS.

18.2.8. OPMH

The workforce supporting patients and families in the community should reflect the wide range of services required to meet their needs. The workforce within Older People Community Mental Health Teams has developed over time with investment in services and staffing resource including Care Home Liaison, Acute Hospital Liaison and intensive / crises support services.

Whilst the framework recognises the need for HSCP's to develop services and teams in a way that best fits their local population and services, it has been agreed that there should be consistency and equity in the roles and skills present. This should also reflect the integrated nature of Health and Social Care Partnerships.

Work is required to revisit and refresh the role, function and skills within the teams, ensuring that as we move forward our teams are fully integrated and include a wide range of health and social care professionals.

In common with many other services there are a number of workforce pressures within the Mental Health System. A number of actions require identifying to alleviate these pressures including considering how we become an "employer of choice", supporting our staff to utilise the full extent of their knowledge, skills and expertise, whilst also develop new roles to address the needs of the population, and offer opportunities for progression for staff. These include:

- Access to a broader range of Allied Health Professionals
- Development of Advanced Practitioner Roles (e.g. Advanced Nurse Practitioners / Allied Health Professionals)
- Addressing vacancies in Consultant Psychiatry Staffing and achieving a sustainable workforce
- Addressing vacancies in the nursing workforce, and considering how we attract newly qualified nurses into the range of mental health services
- Reviewing the current level of Psychology staffing
- Embedding Social Work and Social Care staff in all Community Mental Health Services/Teams

Further engagement is also likely to be required for educational bodies to attract sufficient applicants to fill available training places as well as expand them to meet current and future staffing needs.

18.2.9. ADRS

Similar to the wider workforce, all ADRS teams report increasing levels of staff vacancies. This in turn leads to increased demands on existing staff, with increased caseloads, which in turn is resulting in difficulty to retain staff in post. Issues relating to staff recruitment are experienced at all levels and in all posts within ADRS.

Staff have identified that, due to increasing patient caseloads and during the COVID-19 pandemic, it is increasing difficult / there is a lack of opportunity to undertake development or participate in

existing training programs. The GADRS Review and thematic analysis of SAEs has evidenced that a Training Needs Analysis is required within an implementation of a workforce development plan.

19. Digital and eHealth

Before the pandemic, mental health services were already evolving to make better use of data and digital tools. The importance of these were evidenced through the COVID-19 pandemic which also demanded we move further and faster with our plans. This section, specifically focusing on digital and eHealth, was included in the strategy as a result.

19.1. Recommendations

1. Develop a data Strategy for Mental Health Services
2. Expand and ensure widespread access to Clinical Informatics
3. Continued investment in Mental Health Digital Team to support the progression of digital technologies within mental health services
4. Develop a patient facing application which allows patients to self-refer to services (where appropriate), choose appropriate assessment/treatment appointment slots and be able to complete information relating to equality
5. Continue IT investment in systems that improve delivery and quality such as Hospital Electronic Prescribing Medicines Administration and a full Electronic Paper Record (EPR)
6. Align EPR development with the data strategy to ensure the appropriate clinical and performance measures are captured to support quality improvement
7. Identify clinical 'champions' and develop forums that encourage staff engagement and ownership
8. Continue to engage actively with citizens and patients to inform service improvements
9. Replace paper processes with digital alternatives
10. Modernise and enhance existing systems to be fit for the future
11. Maintain our ability to respond to future challenges such as another pandemic
12. Increase the use of technology to support patient care, including virtual consultations
13. Provide the digital developments that support hybrid / blended working for our staff

19.2. Progress

During the COVID-19 epidemic Strategy recommendations have accelerated the rapid pace of development and the importance of 'digital' in terms of both advances in technology and clinical applications.

19.2.1. Access and Choice for Patients

Virtual Patient Management (VPM) includes telephone consultations and video conferencing. This has become a new way of working within mental health services since the onset of the COVID-19 pandemic. Mental health services implemented these solutions to ensure that where appropriate, consultations could continue while not all being face to face. Supporting guidance was developed for both staff and patients in relation to engaging with remote consultations. Virtual appointments will continue post-pandemic with clinical staff, in partnership with patients, continuing to assess suitability as per clinical guidance, utilising these appropriately.

19.2.2. Virtual Front Door and direct patient access.

Work is currently being undertaken to utilise patient facing applications that support patients within mental health services to receive results and appointments.

19.2.3. Self-Management

Mental Health will be part of a patient-facing Self-Management mega support app being developed in collaboration with four other specialties and the NHS Scotland DHI Right Decision System.

19.2.4. Safe And Secure Clinical Applications And Systems Which Support Patient Care And Information Sharing

The process to migrate from paper to digital records continues. There are four cornerstone applications which form the electronic patient record (EPR) within mental health services, these being; EMIS Web, TrakCare Order Comms, Clinical Portal and HEPMA. Considerable work has been carried out to ensure that each of these applications have had a planned and structured rollout within both inpatient and community services. This work is ongoing with current rollout of HEPMA to all mental health inpatient wards during the summer of 2022 and the further development of inpatient electronic record on EMIS which is due to be completed by summer of 2023.

Digital Champions Forums across community and inpatient services promote the use of digital applications within clinical areas, provide an opportunity to share learning, highlight challenges and input into future developments/functionality within these applications.

19.2.5. Evidence Based Reliable Data Driven Decision Making, Clinical Informatics

The value of high quality accurate clinical data in the ongoing provision of clinical care, operational decisions, future planning and scientific developments needs to be acknowledged and facilitated. Work is required to; improve data quality, improve the consistency of information recorded, support availability of accurate reports on service activity.

19.2.6. Digital Literacy

Digital literacy is defined as, “those capabilities that fit someone for living, learning, working, participating, and thriving in a digital society". These capabilities extend beyond just technical proficiency in using specific clinical systems, but include more conceptual knowledge such as data use, digital safety. It is the broad nature of these capabilities that make digital literacy foundational for all staff working in modern healthcare settings. Knowing which tools to use, and when, can support the delivery of care.

Our vision for digital literacy of the workforce in NHSGGC is to:

- Not assume staff are digitally literate
- Define a framework of recommended core and area specific digital skills for all staff.
- Evaluate the digital literacy of staff to enable a conversation on learning for digital success
- Adopt digital skills in the induction, and the learning and development process for mental health staff
- Provide the tools and technologies required for staff to work at their best digital capacity
- Promote an “I need digital to do…” approach to discovery and curiosity

For service users and carers, there can be both benefits and disadvantages of ‘digital’. These will need to be weighed against each other when deciding on the most appropriate type of appointment. It will be essential to avoid exacerbating or creating inequality among people seeking and accessing health care.

Challenges include the level of digital literacy, access for people experiencing digital barriers and others who may find this type of interaction difficult.

Benefits include where increased use of video consulting could improve access to services for those with barriers related to travel.

The Scottish national strategy, A Changing Nation: How Scotland will Thrive in a Digital World[20], looks to address digital exclusion. Digital mental health services will be developed and delivered with 'no one left behind'.

19.2.7. Telehealth / Telecare and Digital Solutions

In addition to universal/general challenges, the challenges faced by Older People with Mental Health issues and specifically cognitive decline has resulted in limited use and proved to be an additional barrier. As we move forward we need to continue to maximise opportunities for Older People to engage with technology that enables and improves access to a broad range of health, wellbeing and community resources.

19.2.8. CAMHS

Have also embraced a range of digital developments: Near Me, SMS text messaging, Order Comms and winvoice pro. In addition to the digital innovation we are working to extend our relationships with Universities and our Research agenda

[20] A Changing Nation: How Scotland will Thrive in a Digital World

20. Finance

20.1. Recommendation

1. Complete a forward financial framework for GGC to support implementation and delivery of the strategy based on the financial assumptions

20.2. Progress

20.2.1. Financial Context

Mental Health Services currently operates within a budget of £185m across Greater Glasgow and Clyde. This budget is made up of a number of funding streams:-

- Core service budgets
- 'Action 15' funding which was secured from the government's national mental health strategy to increase the workforce, giving greater access to mental health services to A&Es, GPs, the police and prisons.
- The Mental Health Recovery and Renewal Fund (established 2021) focuses on four overarching themes:-
    - Promoting and supporting the conditions for good mental health and wellbeing at a population level.
    - Providing accessible signposting to help, advice and support.
    - Providing a rapid and easily accessible response to those in distress.
    - Ensuring safe, effective treatment and care of people living with mental illness.
- Winter Planning for Health and Social Care (Oct 2021) was initially provided to help protect health and social care services over the winter period and has also been provided on a recurring basis to support longer term improvement in service capacity across our health and social care systems. Within mental health services this has been used to:-
    - Increased capacity OPMH and AMH discharge teams
    - Increased Mental Health Officer capacity
    - Testing an increase in psychological support for commissioned care homes.
    - Complex Care Discharges which require purchasing enhanced packages of care to support discharge from mental health adult and OP wards
    - Commissioned LD and MH purchased placements including Housing First (in Glasgow City)
- Other dedicated funding from Scottish Government which gives guidance in how it is to be utilised. For example, perinatal and infant mental health

The Scottish Government had provided a clear commitment to Mental Health as part of its Programme for Government 2021-22, which commits to "Increase direct mental health investment by at least 25% over this Parliament, ensuring that at least 10% of frontline NHS spend goes towards mental health and 1% goes on child and adolescent services." However, the Scottish Government has also subsequently recognised the challenging fiscal environment which it currently operates within the Resources Spending Review. This document outlines the Scottish Government approach which seeks to hold the total public sector pay bill at the same value as 2022-23, with staffing levels in total terms returning to pre-pandemic levels. It also highlights the need for the delivery of at least 3% savings each year. This context and the impact on funding specifically for Mental Health Services will be required to be considered when developing the financial framework to support delivery of this strategy.

20.2.2. Financial Framework

A new financial framework is being developed to support the implementation of this strategy. As a result of the financial context outlined above, the Mental Health Strategy will require a phased approach to implementation, with implementation being phased as funding becomes available.

The 2018 strategy financial framework identified the potential for a release of funding from disinvestment in services which could be used to further develop community services and deliver on the objectives of the strategy. The COVID-19 Pandemic and currently increased demand for mental health services will impact on the ability to deliver to the level originally planned by the 2018 strategy. A new approach will be required in order to continue supporting the Strategy from 2023 onwards.

In some cases, the change programme required to engineer and deliver a significant shift in the balance of care will need to be enabled by access to transitional funding or bridging finance. It is critical that new alternative services are able to be put in place in advance of any existing services being reduced and before any current mainstream resources can be released.

The financial framework will indicate the priorities, phasing of investment and where funded from existing budgets / funding or requiring new investment. This will help identify from where new investment can be sourced.

Developments will be fully costed as part of future updates to this strategy.

20.2.3. Capital Funding

The extant capital proposals to realign the inpatient estate to the service strategy utilised a mixed approach to sources of funding and was designed as a pragmatic response to enable immediate implementation of the more urgent service imperatives whilst rephrasing implementation of less urgent areas that are to be linked to the projected timing of treasury capital and capital receipts. The phasing of implementation was as follows:

- Phases 1 & 2 – A two stage process to reconfigure mental health services in North Glasgow that saw the withdrawal of the final 2 AMH acute wards from Parkhead Hospital reprovided on the Stobhill site, and 2 wards of Older People Mental Health complex care beds from the Birdston Complex Care facility reprovided on the Stobhill & Gartnavel inpatient sites.
- Phase 3 – The consolidation of Alcohol and Drugs Addiction inpatient services at Gartnavel Royal.
- Phase 4 – The consolidation of acute adult mental health beds for South Glasgow and Renfrewshire on the Leverndale site.

Capital monies are already committed for Phases 1 and 2 outlined above.

More detailed plans for the implementation of phases 3 and 4 above are to be developed through the site impact process as the number of potential location of services in future evolves along with HSCP and NHSGGC capital planning processes. Implementation timescales will depend on the availability of inpatient accommodation, future fixed term revenue costs for some inpatient wards that were not built using one off capital money and existing accommodation that will be retained for future inpatient use. Agreement to engaging on the site impact process now requires HSCP and NHSGGC signoff.

21. Managing Risk

21.1. Recommendation

1. The implementation plan should include the development of a risk management framework to identify, pre-empt and mitigate risks to the system of care to inform each phase of change.

21.1.1. Risk Management Framework

This will aim to provide robust service user and service indicators to inform of how the system of care is responding to the stepped changes in provision as each ward change occurs. The consensus of professional opinion from those involved in developing strategy remains that the scale and timing of the proposed changes to inpatient care, results in a gradation of risk that can be broadly split into three categories;

- delivering the first 1/3 of the inpatient redesign carries a low-to-medium level of risk.
- delivering the second 1/3 of the inpatient redesign carries a medium-to-high risk.
- delivering the last 1/3 represents a stretched target and therefore carries a higher risk.

This gradation of risk is summarised below.

Estimated service risk at different levels of change

Ward Type	**LOW to MEDIUM RISK**		**MEDIUM to HIGH RISK**		**HIGH RISK**
Mental Health Acute Short Stay specialties	Reduction of	1 ward	Reduction of	2 wards	Reduction of 3 wards
Mental Health Rehabilitation & Long Stay specialties	Reduction of 1	to 2 wards	Reduction of	3 wards	Reduction of 4 wards
Other Specialist Mental Health Services	Increase of 1	to 2 wards	Increase of	3 wards	Increase of 4 wards

Therefore, while the strategies demonstrate that it will be possible to make on-going transformational changes with system redesign in the next few years, it also shows the vulnerability of a system that can become destabilised by relatively minor changes in its component parts.

It is proposed that the risk management framework includes a prospective 'dashboard' of potential warning signs to inform each phase of implementation. An example of a suite if indicators to help estimate risk at different stages of change is set out below;

Risk	Early warning signs
Lack of bed availability when needed	• Bed occupancy persistently >95% • Boarding rates persistently >1% • increase in suicide rate • Increased detentions under the Mental Health Act • Increased / unusual rates of readmission
Recruitment and retention problems across the service tiers, both in statutory and non-statutory services	• % shifts covered by agency/locum/bank staff • Number of vacancies unfilled despite advert • Staff turnover • Sickness absence rates
Demand exceeds capacity for community teams and commissioned community services, both statutory and non-statutory services	• Rising waiting lists • Failure Demand • Conditions becoming more chronic and then requiring greater levels of intervention at higher cost • Lack of suitable accommodations or funding to move people through the system of care – people become 'stuck' in the wrong service tier for their needs • Increasing Delayed Discharge rates
Community Care becomes more episodic and fragmented	• A tightening of eligibility criteria • Increases in referrals to crisis services
Adverse impacts for other interdependent services or plans	• 'cost-shunting' or evidence of significant pressure on other parts of the care system • Delays in implementation plan timescales due to lack of co-ordination
Feedback from service users and carers	• Perceived reductions in the quality of care or service experience • Increase in formal complaints

22. Management and Governance

22.1. Recommendations

1. HSCPs and NHSGGC should maintain a whole-system approach to the strategic planning of Mental Health Services.
2. The remit of the Programme Board should be extended to include closer coordination with Older People's Mental Health and other care groups.
3. The implementation of the 5 year Strategy should be aligned with the Moving Forward Together transformational plans set out by NHS GG&C Board.
4. The scope and responsibilities of the whole-system "coordinating" role for adult mental health held by the Chief Officer of Glasgow City HSCP should continue.
5. Consideration is required on the governance and engagement arrangements surrounding the development and progression of an Implementation Plan, following approval of the 5 year strategy.

22.2. Progress

An Adult Mental Health Strategy Programme Board was established to provide overall coordination with membership from HSCP management, professional leadership, staff partners, and representation from the mental health network on behalf of users / carers. Implementation of the mental health strategies continues to be aligned with the Moving Forward Together transformational plans as set out by NHSGGC.

Multiple work streams have been established under the programme board to progress implementation:

- Prevention, Early Intervention and Health Improvement
- Recovery
- Effective and Efficient Community Services
- Commissioning
- Communications and engagement
- Workforce
- Unscheduled Care
- Digital / eHealth
- Rehabilitation
- Inpatients and bed modelling

Strategies have tended to focus on a single system approach to mental health across the board area but less so across services. The remit and membership of the programme board has been expanded to ensure greater connection across the wider mental health complex, including Older People's Mental Health, Adult Mental Health, Learning Disabilities, Child and Adolescent Services and Addictions which will require closer working across the different governance and strategy delivery structures.

Some HSCP Chief Officers hold responsibility for co-ordinating the strategic planning of mental health services on behalf of other HSCPs within NHSGGC (e.g. Adults, OPMH, LD) and this continues to be recognised. NHSGGC-wide professional leaders are in place and have a strong connection with NHSGGC Board responsibilities for governance and public health. These function alongside the collegiate management responsibility across HSCPs and NHSGGC.

A Learning Disability Programme Board, led by the East Renfrewshire Chief Officer, has been established to plan inpatient redesign and increase the resilience of community teams and commissioned services to improve pathways and sustain community placements for services users. This Learning Disability programme board reports into the Mental Health Strategy board and covers two key work streams: Community and Inpatient redesign and multi-agency collaborative commissioning.

Older People's Mental Health services have a board-wide strategy group to ensure a shared approach.

The governance and engagement arrangements surrounding the development and progression of implementation continues to be considered on an on-going basis.

System-wide clinical governance is co-ordinated e.g. by a Mental Health Quality and Care Governance Committee, chaired by the Associate Medical Director for Mental Health, and reported through the Board Quality and Governance Committee to the NHS GG&C Medical Director and ultimately to the NHSGG&C Chief Executive.

Appendix 2

SUPPLEMENT

to

A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028

25 05 2023

Document Version Control

Date	Author	Rationale
25/05/23		

Contents

This supplement adds to the 2017-2023 Adult Mental Health Strategy and the subsequent 2023-2028 Refresh in providing additional or new information on the roles and functions of the wider mental health complex and the additional focus on Digital / eHealth.

1. Introduction

This supplement to the 'Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028' provides, or adds to, information on services not included in the original strategy for adult mental health services 2018-2023, reflecting the expanded scope that now takes account of the wider complex of mental health services.

The following table shows how the chapters in the Supplement map across to the Strategy Refresh.

	Section	
Section	**Supplement**	**Refresh**
Public Mental Health	2	3
Older People's Mental Health	3	9
Child and Adolescent Mental Health Services	4	10
Perinatal Mother and Infant Mental Health	5	11
Learning Disability	6	12
Alcohol and Drug Recovery Services	7	13
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Mental Health Rehabilitation (Service)	9	16
Digital and eHealth	10	19

2. Public Mental Health

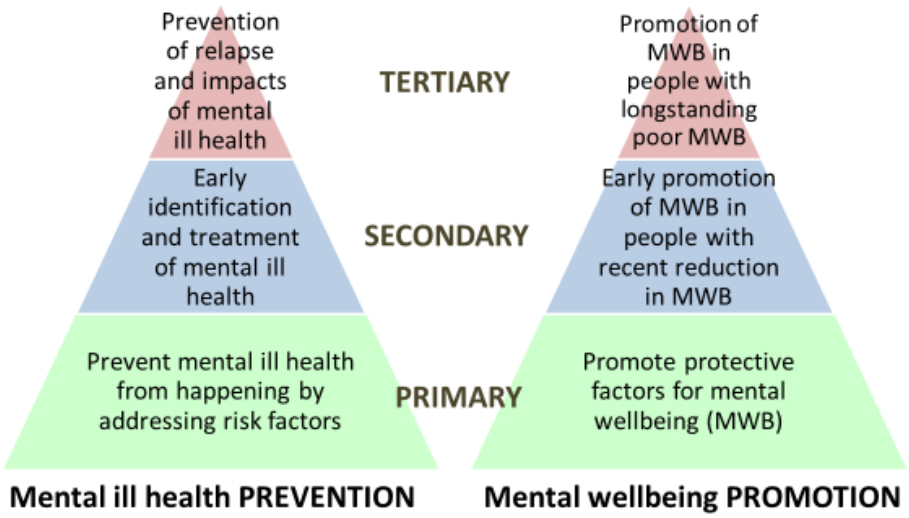
The term 'public mental health' means taking a systematic approach to working towards the best mental health possible for the whole population. This includes addressing both the root causes of poor mental health and strengthening the factors that boost positive mental wellbeing, in active partnership with relevant communities.

It seeks to address the social, environmental and individual determinants of mental health and:

- improves population mental health through the promotion of mental wellbeing, prevention of mental health problems and improving the quality of life of those experiencing mental ill health
- reduces inequalities in mental health
- reduces the health inequalities of those experiencing mental health problems

This should be done using a proportionate universalism approach, which addresses whole population mental wellbeing promotion and provides additional targeted support for high risk groups proportionate to the level of need.

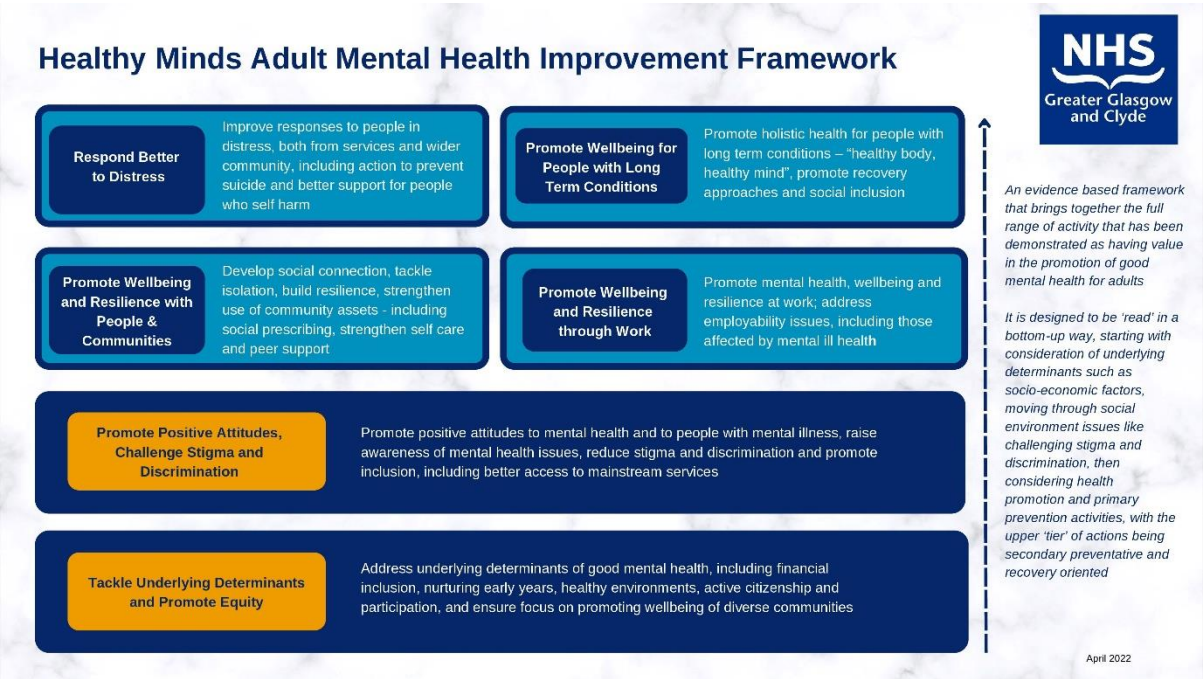
Splitting action into prevention and promotion, including primary, secondary and tertiary, helps to map out existing work and priorities for future focus.

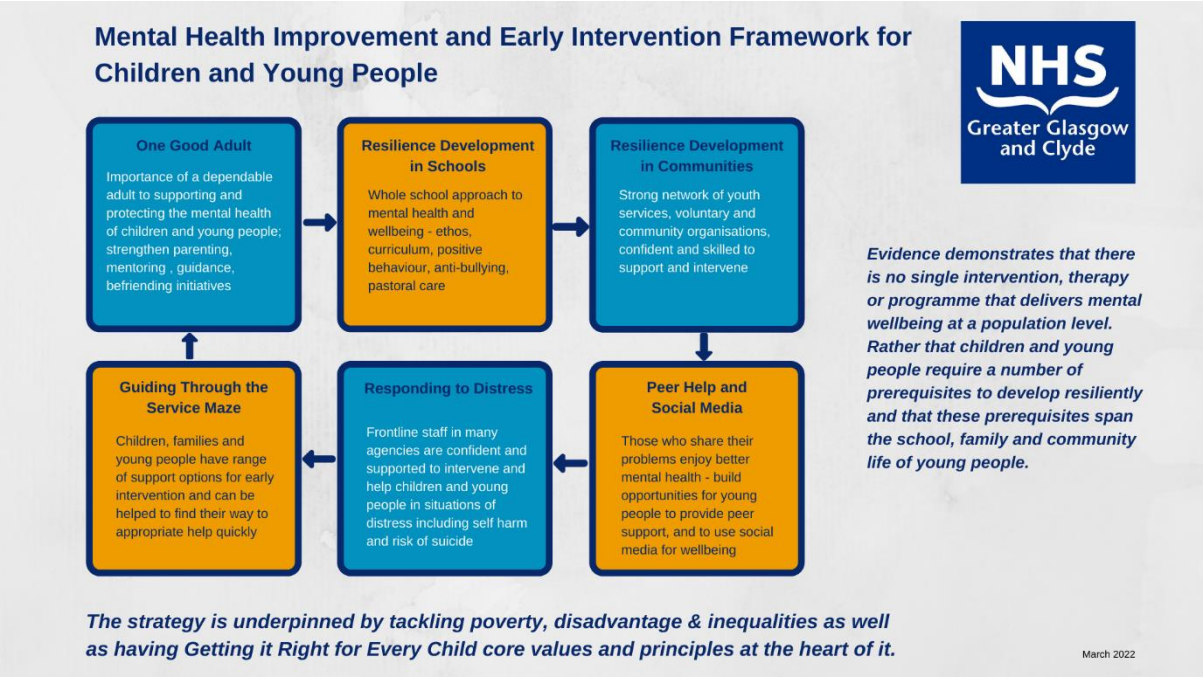


Mental wellbeing promotion and mental ill health prevention are considered and described across the life course, examining the main protective and risk factors at different stages of life and what can bolster or mitigate these factors.

2.1. Frameworks for action

The key elements of a public mental health approach are summarised both for adults and children and young people in separate evidence based strategic frameworks[1,2].





2.2. Children and Young People

The majority of mental health problems will develop before age 24 with 50% of mental health difficulties established by age 14. Mental health and wellbeing is declining in children and young people, with the COVID-19 pandemic having a disproportionately negative impact on this group, especially older young people.

2.3. Inequalities

Mental health is not experienced equally across the population, with higher risk of poor mental health in specific groups. These inequalities are driven by the wider determinants of mental health: poverty, employment, education, housing, social capital etc. Groups who experience stigma and discrimination such as BAME, LGBTQ+ and people with disabilities, are also more likely to experience poor mental health. The pandemic has had a disproportionately negative impact on those who already had higher risk of poor mental health.

2.4. Finding the right help at the right time

There is a wide spectrum of mental health support needed from preventative to acute distress response. Finding and accessing the right support at the right time is imperative to supporting good mental health and early or acute intervention when needed.

2.5. Training

Raising awareness and developing skills within the workforce and wider society around mental health continues to be a priority.

2.6. Partnership Working

Many of the opportunities and mechanisms for action and change sit out-with the NHS's direct control: e.g. in communities, Local Authorities and Third Sector and it is important to influence change through encouraging partners to view and consider issues through a public mental health lens.

3. Older People's Mental Health

Older Peoples Mental Health Services provide services and support to Older People (typically aged over 65), with moderate to severe mental health illness. Support and services are provided in a variety of settings including in the Community, Care Homes, Acute Hospital Liaison Service (Secondary Care) and In Patient Services in specialist Older People's Mental Health Beds.

Service users primarily access services via referral to an Older People's Community Mental Health Team by their General Practitioner. The Older People's Community Mental Health teams are well established multi-disciplinary teams, with a range of health and social professionals within the teams. These include medical, nursing allied health professionals, (for example Psychology/Psychological Therapists and Occupational Therapy), social work and social care colleagues.

Patients may present with a variety of issues including Functional Mental Health which includes support for conditions such as depression, anxiety, psychosis, or Organic Mental Health needs, which would include people with a potential or diagnosed dementia or cognitive impairment.

3.1. In- Patient Beds

In – Patient Beds fall into two categories; Acute Admission and Hospital Based Complex Care Beds and within this to Organic (i.e. for patients with a potential or actual diagnoses of Dementia or Cognitive Impairment) and Functional (i.e. for patients with conditions such as depression, anxiety, psychosis).

3.1.1. Acute Admission

Patients are admitted to an Acute Admission bed when they are in crises and require the full range of support available in a hospital in patient setting. Patients are admitted to these beds when their illness cannot be managed in the community, and where the situation is so severe that specialist care is required in a safe and therapeutic space.

Patients remain in these beds for a short period of time**.** As patients move through their treatment journey, discharge planning will commence and will include an assessment both of their mental health and social care needs.

3.1.2. Hospital Based Complex Clinical Care

The Scottish Government's national guidance for Hospital Based Complex Clinical Care (2015) set out a vision to disinvest from long stay beds by finding alternative strategic commissioning solutions in the community, stating "as far as possible, hospitals should not be places where people live – even for people with on-going clinical needs".

Patients admitted to a Hospital Based Complex Care Bed require care that **cannot be provided in any other setting**, these patients are reviewed every three months and as their care needs change may be discharged from HBCC to another care setting.

3.2. Liaison Services & Support

Our liaison services are aligned with our OPMH Community Teams. There are two different liaison responses; Secondary Care (Acute Hospital Liaison) Care and Care Home Liaison.

3.2.1. Care Home Liaison

The Glasgow City HSCP Care Home Liaison Service offers an effective and time limited response to the challenges associated with increasing demands for complex care beds for residents living with dementia. The service aims to promote a model of person-centred care that takes into account patients' needs, preferences, strengths, drives consistency of service delivery processes; as well as setting out a framework of key performance measures. It also aims to ensure care is delivered in the least restrictive manner. This is achieved through undertaking comprehensive mental health assessments, developing care/interventions plans with the emphasis on preventing and reducing acute admissions to hospitals, and through the reduction of anti-psychotic prescribing. The service also promotes proactive and preventative strategies to managing distressed behaviour through the promotion of non-pharmacological interventions. The service supports care home staff to develop their skills and competencies in mental health and in managing stress & distress behaviour through the delivery of training, which is matched to their skill level of expertise as outlined in the Promoting Excellence Framework. The service is delivered by Community Health Liaison CPNs, Psychiatrists with some resourcing for Clinical Psychology.

3.2.2. People's Mental Health Acute Hospital Liaison Service

The strategic priority of the Older People's Acute Hospital Liaison Service is to improve integration between physical and mental health care in the acute hospital context. A collaborative, multidisciplinary approach is adopted to care and discharge planning with the following aims:

- to improve the overall quality of care;
- reduce barriers to discharge and unnecessary re-admissions;
- to provide smooth transition to appropriate HSCP and third sector services; and
- to increase access to mental health care in underserved groups with high level of need (e.g. older adults with multi-morbidities, long term conditions, cognitive impairment).

Acute Liaison Services have been shown to offer excellent value for money, with improved health outcomes for patients and significant cost-savings for the NHS, namely due to more timely discharges and fewer unnecessary re-admissions, particularly among older patients (see Parsonage and Fossey, 2011).

The Glasgow City HSCP OPMH Acute Hospital Liaison service is a multidisciplinary team comprising of Psychiatry, Clinical Psychology and Nursing staff. Teams are attached to North East, North West Glasgow and Glasgow South localities. Clinical Psychologists within the team provide assessment, formulation & intervention for older people during their admission to acute or rehabilitation hospital wards. They also provide consultation and training to multi-disciplinary colleagues on supporting psychological aspects of patient care (e.g. Psychological interventions in response to Stress and Distress in Dementia and trauma-informed care). The service will assess and treat older people aged 65 years and above who are within an inpatient acute hospital ward; where there is a concern that the individual's mental health needs are impacting their physical health care/treatment or causing a delay to their discharge from hospital.

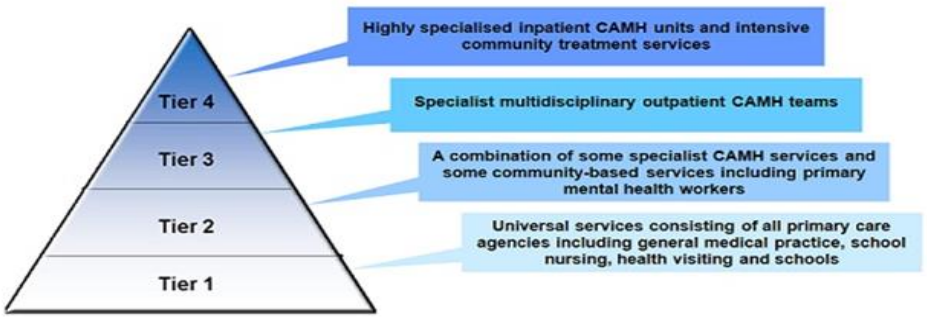
4. Children and Adolescent Mental Health Services

Child and Adolescent Mental Health Services (CAMHS) are multi-disciplinary teams that provide (i) assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems, and (ii) training, consultation, advice and support to professionals working with children, young people and their families. CAMHS supports children up to age 18yrs and for targeted group up to age 25yrs.

All children and families should receive support and services that are appropriate to their needs. For many children and young people, such support is likely to be community based, and should be easily and quickly accessible.

Children, young people and their families should also be able to access additional support which targets emotional distress through Community Mental Health and Wellbeing Supports and Services. Community supports and services should work closely with CAMHS and relevant health and social care partners, children's services and educational establishments to ensure that there are clear and streamlined pathways to support where that is more appropriately delivered by these services.

Mental Health supports for Children and Young People are delivered through a Tiered approached



There are eight Tier 3 Community CAMHS teams within NHSGGC spanning the six Health and Social Care Partnerships. These services are supported by a range of Tier 4 Board wide services: Intensive and Unscheduled CAMHS, Forensic CAMHS, Connect Eating Disorders team, and a range of mental health services delivered in to Women and Children's Directorate. GGC hosts the national Child Psychiatry Inpatient unit and the West of Scotland Adolescent Psychiatric inpatient unit.

5. Perinatal Mother and Infant Mental Health

Perinatal refers to the period during pregnancy and up to one year after the baby is born. During this period new and expectant parents (mums, dads, partners) can experience issues with their mental health also known as perinatal mental health problems. This includes mental illness existing before pregnancy, as well as illnesses that develop for the first time, or are greatly exacerbated in the perinatal period. These illnesses can be mild, moderate or severe, requiring different kinds of care or treatment.

Around 1 in 10 women will experience postnatal depression after having a baby. Depression and anxiety are equally as common during pregnancy. Most women recover with help from their GP, health visitor, midwife and with support from family and friends. However severe depression requires additional help from mental health services.

The symptoms of postnatal depression are similar to those in depression at other times. These include low mood, sleep and appetite problems, poor motivation and pessimistic or negative thinking.

Two in 1000 women will experience postpartum psychosis. The symptoms of this illness can come on quite rapidly, often within the first few days or weeks after delivery, and can include high mood (mania), depression, confusion, hallucinations (odd experiences) and delusions (unusual beliefs). Admission to a MBU is advised for most women, accompanied by their baby. Women usually make a full recovery but treatment is urgently necessary if symptoms of postpartum psychosis develop.

5.1. Perinatal Mental Health Service

Scotland's first specialist perinatal mental health inpatient and community service for mothers, babies and their families provides a comprehensive service which consists of:

The West of Scotland Mother and Baby Unit (MBU) is situated in purpose-designed facilities at Leverndale Hospital and is staffed by a multi-disciplinary team of professionals admits women who are experiencing severe mental illness in the later stages of pregnancy or if their baby is under 12 months old. It allows for the joint admission of mothers accompanied by their babies, where the woman requires acute inpatient mental health care and enables mothers to be supported in caring for their baby whilst having care and treatment for a range of mental illnesses including:

- postnatal depression
- postpartum psychosis
- severe anxiety disorders
- eating disorders

The unit offers a wide range of therapies including biological, psychological and psychosocial interventions including interventions to enhance the mother-infant relationship.

The Community Perinatal Mental Health Team (CPMHT) are a specialist multi-disciplinary team service providing care and treatment to women who are pregnant or postnatal and are at risk of, or are affected by, significant mental illness in pregnancy or the postnatal period. They also offer expert advice to women considering pregnancy if they are at risk of a serious mental illness on risk and medication management, and provide a maternity liaison service to all NHSGGC Maternity hospitals.

The service will work in partnership with partners and families, maternity services, primary care (including health visiting and Family Nurse Partnership), adult social services, children & families social services and other agencies, to design, implement and oversee comprehensive packages of health and social care to support people with complex mental health needs.

The Infant Mental Health Service is a specialist community multidisciplinary team who can draw on a range of expertise and experience to offer needs-led support for infants and families. A key aim of the service is to ensure that the voice and experience of the infant is held at the centre of work with families across the health board.

The multi-disciplinary Maternity & Neonatal Psychological Interventions (MNPI) Team will address the common and/or mild to moderate psychological needs of the maternity and neonatal populations by providing in-patient and out-patient assessments and a range of evidence based psychological interventions. The central focus in all of these interventions is to enhance the parent-infant relationship, improve parental and infant mental health and to prevent a range of psychological difficulties (emotional and cognitive) in childhood and later life.

6. Learning Disability

"We believe that people with learning disabilities should be given the right support so that they can live fulfilling lives in the community. This support should always be person centred, preventative, flexible and responsive. People should only be admitted to inpatient assessment and treatment services when there is a clear clinical need which will benefit from hospital based therapeutic intervention. Challenging behaviour, with no identified clinical need, is not an appropriate reason to admit people to inpatient assessment and treatment services."[1]

A learning disability is a significant, lifelong, condition that starts before adulthood. It affects a person's development and means they need help to:

- Understand information
- Learn skills
- Cope independently

Learning difficulties, such as dyslexia, ADHD, dyspraxia and speech & language difficulties are not defined as a learning disability due to the specific nature of their developmental delay.

Policy and practice guidance commonly distinguishes between two reasons why people with learning disabilities may require or be at risk of admission to inpatient assessment and treatment services:

- people who have mental health problems may need assessment and treatment for an acute episode of ill health or, for example, to manage a change in medication under close supervision
- people who have a history of behaviour that challenges (or an unexplained change in behaviour) may need admission for very detailed investigation; sometimes admission is seen as the only option for people who need time away from their usual home

East Renfrewshire is host HSCP for managing specialist inpatient learning disability services with community services directly managed by each HSCP.

7. Alcohol and Drug Recovery Services

The Alcohol and Drug Recovery Service (ADRS) comprises integrated multi-disciplinary teams of health, social care workers, qualified social workers and administrative staff, providing a Recovery Orientated System of Care to adults and young people with drug or alcohol dependency and significant problem substance use.

Services include: alcohol in-patient and community detoxification and supportive medications, opiate replacement therapy, psychosocial support, harm reduction advice and interventions, needle replacement, blood borne virus testing and treatment, access to alcohol and drug Tier 4 services, psychiatry, psychology, occupational therapy, specialist inpatient and outpatient services. ADRS also provides access to a range of commissioned services delivered by third sector partners such as residential, crisis, rehabilitation and stabilization services and community Recovery Hubs, and recovery communities.

[1] Designing an Effective Assessment and Treatment Model, NHS Greater Glasgow and Clyde 2018

ADRS staffing comprises NHS and local authority comprising: health, qualified social worker, social care and admin.

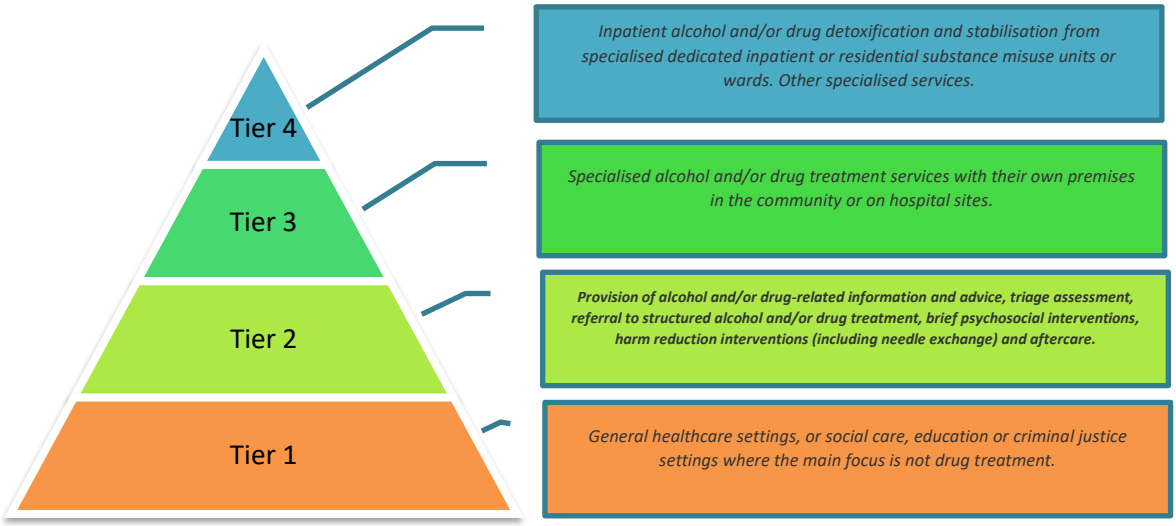


Figure 1 ADRS Tiers

7.1. NHSGGC Service Tiers

7.1.1. Tier 1

Information regarding ADRS services, and pathways into treatment including self-referral, are available from a variety of sources including GP practices and community pharmacies, and in a variety

7.1.2. Tier 2

Injecting Equipment Provision (IEP)

WAND (Wound Care, Assessment of injecting Risk, Naloxone and Dried Blood Spot Testing) Initiative (Glasgow City)

Naloxone Supply - Supply may be made from GP shared care, Police Custody, Acute Addiction Liaison team, Prisons, Scottish Ambulance Service and SFAD in addition to ADRS.

7.1.3. Tier 3

Community alcohol and drug teams are delivered from 16 sites

7.1.4. Tier 4

There are a number of tier 4 services delivered by GGC ADRS: Inpatients, Occupational Therapy, Psychology, Dietetics, Alcohol Related Brain Damage (ARBD) Team, Enhanced Drug Treatment Service (EDTS), Glasgow City Centre Outreach Team, Glasgow Crisis Outreach Service, Acute Addiction Liaison Teams.

Glasgow City hosts board wide ADRS services such as in-patient wards at Stobhill and Gartnavel, however most ADRS services are delivered and managed in each HSCP area. Heads of Service for each locality manage locality multi-disciplinary teams. Board wide systems exist to ensure governance and sharing of best practice and information. Clinical and Care Governance is via the

relevant HSCP and NHS GG&C governance leads and groups. Incidents and complaints are managed through HSCP processes utilising the NHS GG&C Significant Adverse Event Policy.

In addition to the local HSCP specific roles, there are a range of roles with a board wide responsibility e.g. the Associate Medical Director, lead nurse, lead psychologist, and lead pharmacist.

There is a heavy burden of drug harms in GGC. In 2020, there were 444 drug-related deaths in GGC, and the age-standardised rate of drug-related deaths was 30.8 per 100,000 population (95% confidence interval 29.4-32.3), higher than any other large NHS Board area and nearly 50% higher than the rate in Scotland as a whole. Since 2015, there has also been an outbreak of HIV amongst people who inject drugs in GGC, and the estimated prevalence of chronic active hepatitis C infection amongst this population is 19%. Alcohol prevalence data is not readily available, however previous research has demonstrated that the vast majority of dependent drinkers are not engaged in treatment. In recent years alcohol referrals tend to dominate presentations to the ADRS teams**.**

7.2. Alcohol and Drug Partnerships

The ADPs act as the strategic and planning group for alcohol and drugs in their locality. In the six localities, the ADP is hosted by the local authority and involves a range of relevant partners including ADRS.

The ADPs are tasked by the Scottish Government with tackling alcohol and drug issues through partnership working, membership includes health boards, local authorities, police and voluntary agencies. They are responsible for commissioning and developing local strategies for tackling problem alcohol and drug use and promoting recovery, based on an assessment of local needs. The ADPs work to the framework 'Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs (2019)'. ADPs also have action plans in relation to the national Drugs Deaths Task Force (DDTF) priorities. The ADPs deliver annual reports and other reports to government as requested. ADP action plans are approved by local IJBs.

8. Forensic Mental Health & Learning Disabilities

Forensic mental health services specialise in the assessment, treatment and risk management of people with a mental disorder who are currently undergoing, or have previously undergone, legal or court proceedings. Some other people are managed by forensic mental health services because they are deemed to be at a high risk of harming others or, rarely, themselves under civil legislation.

The Directorate of Forensic Mental Health and Learning Disabilities provide services to the NHS Greater Glasgow Clyde area (NHSGGC). There are both national and regional services located within the medium secure service at Rowanbank Clinic, which forms a key component of the Scottish Forensic Estate.

Multi-disciplinary forensic teams include, Forensic Psychiatrists, Clinical Psychologists, Occupational Therapists, a Speech and Language therapist, a Dietician, a Pharmacist, and Nursing Staff.

Central to management of forensic patients is the Care Programme Approach and all our patients are subject to enhanced CPA as set out in national guidance for Forensic Services. Risk management is a key feature of the forensic service, and all patients case-managed by the service will have a risk assessment, formulation and risk management plan to inform the individualised care-plan.

8.1. Medium Security

The service provides medium secure care for male mental illness patients from the West of Scotland region (NHSGGC, NHS Lanarkshire, NHS Ayrshire & Arran, NHS Dumfries & Galloway and the "Argyll part of NHS Highland"). Rowanbank Clinic provides a female medium secure service for NHSGGC patients, occasionally taking female patients from across the regions on a case by case basis. It also hosts the National Medium Secure Intellectual Disability service for Scotland.

8.2. Low Security

Low secure in-patient services for NHSGGC are based at Leverndale Hospital serving male mental illness (MMI), male learning disability beds (LD), male pre-discharge beds (MMI & LD) and Low Secure Women Beds.

8.3. Forensic Community Services

There are 2 Forensic Community Mental Health Teams covering NHSGGC. Both teams have a caseload comprising mainly patients subject to compulsory measures. Within NHSGGC all restricted patients are managed within forensic services (with the exception of pre-trial remand patients who may also be managed in IPCUs, depending on the level of offending and presentation). The service does look after some informal patients, particularly complex cases with significant risk issues, but will aim to move patients back to general psychiatry community teams when appropriate.

8.4. Forensic Intellectual Disability Services

There are both medium and low secure Intellectual Disability beds as noted above. The medium secure beds are provided as a National service on a risk share basis through the National Services Division (NSD) of NHS National Services Scotland. Low secure male LD beds are provided for NHSGGC patients, although out of area referrals are accepted if capacity allows. There is no specialist provision for female LD patients. In terms of community forensic Intellectual Disability services, a small team covers the NHS Greater Glasgow & Clyde area for those patients who require ongoing forensic input (including restricted patients) in the community.

8.5. Forensic Liaison Services

8.5.1. Prison

The Forensic Directorate provides consultant forensic psychiatry support 3 prisons and although not managed by forensic services, each prison has a specialist mental health team which includes RMN input and psychology. Prisoners can be referred by the prison GP and may also self-refer. Referrals are assessed by a nurse and may then be seen by the visiting psychiatrist.

8.5.2. Sheriff Court Diversion Schemes

The Forensic Directorate provides 5 day per week cover to one court diversion scheme covering Glasgow Sheriff Court and Clyde Sheriff Courts (Greenock, Paisley and Dumbarton). A Forensic CPN is on call each morning to receive and assess referrals of individuals who are having their first appearance in court. If a psychiatric assessment is required then there is an on-call psychiatrist (specialist trainee), supervised by an on call forensic consultant. There is no additional funding from the court to provide this service.

8.5.3. Forensic Opinion Work

The Directorate frequently receives requests for forensic opinions and risk assessments and attempts to respond as quickly as possible. Requests may be refused because they do not seem appropriate at the outset. It would only be in exceptional circumstances that formalised risk assessment work would be undertaken, often in liaison with the STAR service.

8.5.4. Psychiatric Reports for Procurator Fiscal

Requests for psychiatric reports may be allocated to a trainee under the supervision of a Consultant Forensic Psychiatrist. Consultant Psychiatrists may also provide psychiatric reports for patients known to them, especially if this is integral to their ongoing care however, there is no agreement to provide court reports routinely.

8.6. STAR Service

The Specialist Treatments Addressing Risk (STAR) service accepts referrals from secondary and higher level services. Individuals can be referred to the service if they have a presentation consistent with a major mental disorder, present a risk of harm to others and there appears to be a functional link between the client's mental disorder the risk of harm. In addition to providing consultations, assessments and interventions regarding risk and mental disorder the STAR service also offers specialist assessments regarding and a prescribing service for anti-libidinal medication and a specialist assessment service for autistic patients.

8.7. Forensic Service Governance Structure - Nationally, Regionally and Locally

The core function of the forensic governance groups are to monitor and provide assurance. Groups monitor all aspects of the service and provide regular reporting under the headings of the six dimensions of healthcare quality (Institute of Medicine) proposed in the Healthcare Quality Strategy for NHS Scotland: Person Centred, Safe, Effective, Efficient, Equitable and Timely.

The other main functions of the Groups are to share good practice and to support each NHS Board area in delivering services to a consistent and high quality level.

8.8. Multi-Agency Public Protection Arrangements (MAPPA)

Multi-Agency Public Protection Arrangements (MAPPA) are the way in which legislation is implemented. The approach to implementing MAPPA, supported by National policy and guidance, has been to develop local Implementation Groups, comprising all relevant agencies. MAPPA are organised within the structures and boundaries of Community Justice Scotland and for NHSGGC this involves three Authorities covering nine local authorities, one police force and three NHS Boards. NHSGGC are represented on all steering groups. The Strategic Groups are supported by MAPPA Operational Groups. The MAPPA Strategic Groups report to the Chief Officer's Group which has been established in each local authority area and on which the Health Board's Chief Executive sits. These Chief Officers' Groups regularly receive reports on operational, strategic and performance issues related to MAPPA and other public protection matters such as Adult Support and Protection and Child Protection.

NHSGGC Nurse Director is NHSGGC board lead for MAPPA. This role is strategically and Operationally supported on a day to day basis by the General Manager and Service Manager from the Forensic Service who provide oversight, approval of protocols and procedures so as to ensure the NHS Board fulfils its duty as Responsible Authority in respect to Restricted Patients and its duty to co-operate role with other agencies where any individual comes within the MAPPA process.

In addition the NHSGGC Board has a designated MAPPA manager who is the single point of contact (SPOC) for all communications relating to MAPPA from and to MAPPA Co-ordinators within the Authorities regarding Registered Sex Offenders and MAPPA extension cases in or who are about to be placed in the community.

9. Mental Health Rehabilitation (Service)

The 2018 iteration of the mental health strategy provided a brief description on mental health rehabilitation. This section provides additional information:

In NHSGGC, rehabilitation services specialise in supporting people who typically have a long-term primary diagnosis of schizophrenia, other psychosis (e.g. delusional disorder), or bipolar disorder. However, on a case-by-case basis, it may be that an inpatient rehabilitation need may be justified on an individualised case conceptualisation for people who do not have the above presentations. Typical difficulties may include:

- Ongoing (e.g. positive and negative syndromes) psychotic features (sometimes referred to as "treatment resistant" from a medication perspective, leading to high dose anti-psychotic medications)
- Difficulties or a high likelihood of difficulties sustaining community residence (recent extended duration of hospital admission, high frequency admissions, recent loss of a supported living environment). Low prospect of successful and safe living in the community without specialist rehabilitation.
- Vulnerabilities due to cognitive impairment, difficulties engaging with services, risk of harm to self/others, self-neglect, difficulties with motivation & daily life skills, risk of exploitation, and/or complex physical health problems.
- Experience of severe 'negative' symptoms that impair motivation, organisational skills and ability to manage everyday activities (self-care, shopping, budgeting, cooking etc.) and placing and individual at risk of serious self-neglect.

Most require an extended admission to inpatient rehabilitation services and ongoing support from specialist community rehabilitation services over many years.

Although some users of rehabilitation services may be subject to Mental Health or Incapacity legislation it is imperative to gain consent and work towards mutual goals wherever possible. Consequently matching the goals of an individual with the service best placed to empower them to achieve this is the most important consideration.

Maintaining a positive and therapeutic environment and culture within inpatient rehabilitation units is very important.

The social and individual functioning and engagement of an individual is a key consideration. Significant deficits in functioning and engagement should not be a barrier to accessing rehabilitation care but may influence decisions about when an individual is most likely to benefit or which type of unit is most suitable.

The physical health and intellectual capacity of the individual again may influence their ability to engage in rehabilitation however intellectual disability or physical health should not by itself preclude the opportunity of rehabilitative care.

Diagnosis alone should not be a barrier to accessing rehabilitation services in those with a primary functional mental disorder.

10. Digital and eHealth

Mental health services have a dedicated structure responsible for delivering and implementing IT / eHealth systems across mental health services. This involves close working with corporate eHealth services to deliver on the digital agenda and to manage practice change required with clinical services.

Before the pandemic, mental health services were already evolving to make better use of data and digital tools. COVID-19 demanded that we move further and faster with our plans, by providing the ability for people to connect face-to-face without being in the same room, or to enable clinicians to monitor a patient's health in their own home. These demands created an increasing requirement to deliver more consultations remotely and to have a more agile work force who can meet the increased demand.

Data and digital technologies impact on every element of our lives and this applies to mental health and mental health services, including:

- Existing and emerging people and patient facing technologies, extending beyond virtual consultations (e.g.cCBT)
- The use of digital to support decision making and provide clinical informatics
- Systems development to support electronic patient records for better patient care and information sharing
- By necessity, the need for digital literacy for people to learn and develop alongside digital

A dedicated work stream, directly reporting to the programme board, has been established to ensure the focus that is warranted in order to support the progression of digital technologies within mental health services.

Appendix 3

Glossary

to

A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028

Document Version Control

Date	Author	Rationale
25/05/23		

Glossary

ACE	Adverse Childhood Experience
acute	Sharp / severe / sudden
Acute sector	The hospital sector where patients receive active, short-term treatment for a physical health condition
ADHD	Attention Deficit and Hyperactivity Disorder
ADP	Alcohol Drug Partnership
ADRS	Alcohol and Drugs Recovery Services
ARBD	Alcohol Related Brain Damage
BPD	Borderline Personality Disorder
CAMHS	Child and Adolescent Mental Health Services
CDRS	Compassionate Distress Response Service
chronic	Persisting for a long time or constantly recurring, contrasting with 'acute'
CLW	Community Links Worker
CMHACS	Community Mental Health Acute Care Service
CMHT	Community Mental Health Team
College	an organized body of persons engaged in a common pursuit or having common interests or duties
Collegiate	of, relating to, or comprising a college
CPMHT	Community Perinatal mental Health Team
DDTF	Drugs Deaths Taskforce
Dyspraxia	Difficulty in performing coordinated movements
EDTS	Enhances Drug Treatment Service
GP	General Practice
HSCP	Health and Social Care Partnership
IEP	Injecting Equipment Provision
IPCU	Intensive Psychiatric Care Unit
LD	Learning Disability
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer (or questioning)
MAT	Medication Assisted Treatment
MBU	Mother and Baby Inpatient Unit
MDT	Multi-Disciplinary Team
MH	Mental Health
MHO	Mental Health Officer
MHWPCS	Mental Health and Wellbeing in Primary Care Services
MNPI	Maternity & Neonatal Psychological Interventions
NHSGGC	NHS Greater Glasgow and Clyde

Non-statutory Services	Not, or only, partially government funded, supported by the public, and generally registered as a charity
NSD	National Services Division
OPCMHT	Older People Community Mental Health Team
OPMH	Older People Mental Health
PCMHT	Primary Care Community Mental Health Team
PIFU	Patient Initiated Follow Up
PsyCIS	Psychosis Clinical Information System
SAS	Specialty and Specialist Grade (Doctor)
SMI	Severe Mental Illness
Statutory Services	Services paid for through taxation, funded by the government and established in law.
Third Sector	Non-governmental and non-profit-making organizations or associations, including charities, voluntary and community groups, cooperatives, etc.
WAND	Wound Care, Assessment of injecting Risk, Naloxone and Dried Blood Spot Testing Initiative

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

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

21 November 2023

Subject: Scottish Government Funding for Children and Young People's Community Mental Health Supports and Services

1.0 Purpose

1.1 To provide members of the West Dunbartonshire HSCP (Health and Social Care Partnership) Board with an update on the current finance aligned to develop and improve community mental health support and services for children and young people within West Dunbartonshire from Programme for Government funding.

2.0 Recommendations

2.1 The Health and Social Care Partnership Board is asked to:

(i) note the content of the report;

(ii) note progress since the previous report to HSCP Board on 15 March 2023.

(iii) agree proposed allocation of current 23/24 grant and carry forward of 22/23 Grant; and

(iv) seek a subsequent full year report in March 2024.

3.0 Background

3.1 Political commitment to mental health remains evident in key policies sitting alongside Programme for Government investment to support a comprehensive package of measures to improve mental health services for children, young people, and adults.

3.2 The Scottish Government and COSLA jointly commissioned work to review the way children's mental health services are organised, commissioned, and provided. This saw the establishment of the Children and Young People's Mental Health Taskforce in 2018.

3.3 The taskforce work now led by the National Children and Young People's Mental Health and Wellbeing Programme Board has culminated in a framework, which sets out the kind of support that children and young people should be able to access for their mental health and emotional wellbeing within their community

based on prevention and early intervention.

3.4 The framework recognises the rights that children, young people, and their families have to accessible, consistent, sustained local support across Scotland. This is part of the commitment to Getting it right for every child (GIRFEC) and reflecting the principles of the UN (United Nations) Convention on the Rights of a Child.

4.0 Main Issues

2021/22 Grant

4.1 The 2021/22 grant (£233,000) has funded a range of services and supports for children and young people. A full overview of service activity was provided in the HSCP Board Paper 15th March 2023. Primarily funding the new Distress Brief Intervention service for young people aged 14-24years (26 years if care experienced) since October 2022 and the new WDwellbeing.info website.

4.2 WDwellbeing.info website launched in August 2023 as a resource to inform local young people and families of services available to support their mental and emotional wellbeing. The working group linked with youth organisations and secondary schools to build content and support the promotion of the resource. The site has had 2,300 new users up to mid-October 2023.

4.3 Underspend from the 2021/22 grant was allocated to the Autism Assessment Team to provide administrative support for the delivery of education support to families awaiting a neurodiversity profile assessment. (£18,656)

A 12-month 0.5 WTE band 3 Admin post. Candidate interviews are due to take place on 1st November 2023 with candidates due in post near the end of the year.

2022/23 Grant

4.4 A second grant (£231,000 notified December 2021) was received for the financial year 2022/23. This funded the following services for young people:

Distress Brief Intervention Service (DBI) between November 2022 and March 2023. (£66,360)

The first year of the 2-year fixed contract Health Care Support Worker posts (1.8 WTE) (£66,000 per year). The year 2 funding has been agreed by the Chief Finance Officer.

4.5 A carry over of £164,640 was granted by the Scottish Government. This is committed to funding the following services:

Year 1 of Health Care Support Worker (1.8 WTE) costs. Posts will provide support and education to parents of children awaiting neurodiversity profile assessment (£66,000) Due to recruitment challenges, the appointment of the posts was delayed. The posts commenced May 2023.

Training costs for the above HCSW posts. The training requirements were

influenced by feedback from parents outlining the type of support they require from the service. (£6,500)

Promotional costs and ongoing maintenance for 3 years of WDwellbeing.info website (£5,000 total)

4.6 Currently £87,000 from the 2022/23 grant is unallocated. The following activity is in development for the remainder of the grant:

Commission a bespoke support service for young people and their and families delivered by Children First. A service to help families navigate and access the appropriate services across the system. Discussions are ongoing to finalise the proposed model and delivery costs. (£65,000)

The HSCP Board Paper March 2023 outlined a partnership project with Y Sort It youth service, Scottish Families Affected by Drugs and Alcohol (SFAD) Routes project and Carers of WD where all young and young adult carers were offered free access to all leisure services. The proposal is to expand this support to all young care experienced people in West Dunbartonshire. (£14,500)

2023/24 Grant (notification January 2023)

4.7 Confirmation of the 2023/24 grant allocation (£231,000) was received 16th January 2023 for the ongoing delivery of children and young people's community mental health supports & services. The following services are being funded:

Ongoing delivery of Distress Brief Intervention Service contract providing support for young people in emotional distress for 14-24 years (26 years if young person is care experienced) provided by SAMH up to March 2024. (£160,000)

4.8 £71,000 remains unallocated from the 2023/24 grant. The following outlines proposed activity to be funded through the remaining funds.

Enhance the provision of diversionary activity for young people identified from the Planet Youth Project.

4.9 The Scottish Government announced a £1.5 million funding for Planet Youth across Scotland via the Drug Death Taskforce response. This has enabled West Dunbartonshire HSCP to offer Planet Youth to all five secondary schools, Kilpatrick School and Choices as well as re survey the original year group to obtain trend data.

4.10 The survey provides insight from pupils on a range of topics including mental health and wellbeing, substance use, and diversionary activities young people feel are missing locally. Learning from year 1 survey indicated difficulty in providing the activities highlighted within the survey due to restrictions placed on school funding sources.

4.11 The year 2 survey was delivered to S3 pupils in three out of the five mainstream secondary schools during September 2023.

4.12 The proposal for the remaining 23/24 grant is to provide each school with a fund

(pro rata on survey participation and school roll numbers) to deliver the interventions ascertained from year 2 survey. (£70,000 total)

4.13 The remaining unallocated funds (£7,500 from 22/23 grant) will be made available to support current projects where costs are still to be finalised.

4.14 The findings from the research undertaken by Glasgow University reported to the HSCP Board 27th September 2022 continues to underpin all activity to increase and enhance current community mental health supports and services for children, young people and their families. The themes outlined in the report closely align with the holistic family-based developments arising from the Whole Family Wellbeing Fund work.

4.15 Scottish Government have indicated a continued commitment to this work stream and have advised they will continue to seek multi-year funding for future delivery. The ongoing funding remains subject to the outcome of the Scottish Government annual budget process expected December 2023.

4.16 The DBI service for young people continues to provide fast support to young people in emotional distress. Since the service commenced, 114 young people have been referred to the service. A total of 83 individuals have been trained as level 1 referrers across 5 service areas (data to end of May 2023).

4.17 As of the end of May 2023, outcome measures for closed cases recorded a median score of 9 for ability to manage immediate distress and 9 for ability to manage future distress on a median rating scale of 0 (not at all) and 10 (completely). DBI Service Infographic Appendix 1

Reporting & Planning

4.18 Scottish Government continues to seek six monthly progress reports on the impact of this funding, in alignment with the timescale for reports on the impact of the investment into school counselling. The fourth combined report was submitted on 31st July 2023.

5.0 People Implications

5.1 Implications to fund second year (2024/25) of 2 HCSW posts delivering parental support. Assurance given by the Chief Finance Officer that the full amount for the second year will be funded from current reserves.

6.0 Financial and Procurement Implications

6.1 Notification of 2023/24 allocation is £231,000 (section 4.7 and 4.8). This will fund:

Ongoing delivery of Distress Brief Intervention Service contract providing support for young people in emotional distress for 14-24years (26 years if young person is care experienced) provided by SAMH up to March 2024. (£160,000)

6.2 It is anticipated that this funding will apply on a continuing basis subject to the outcome of the Scottish Government annual budget process.

6.3 The existing HSCP workforce and our Community Planning Partners will provide additional resources in supporting and developing a 'whole system' approach to meeting children and young people's mental health needs and responding to the impact of the pandemic.

7.0 Risk Analysis

7.1 Section 4.7 and 4.8 outlines the 2023/24 (£231,000) grant spend and commitments aligned to plans submitted to Scottish Government 24th February 2023. Detailed in the HSCP Board Paper March 2023

8.0 Equalities Impact Assessment (EIA)

8.1 An EIA of the website has been undertaken and approved to ensure the website includes information for children, young people and their families, those with disabilities, those living in poverty, the population of LGBT+ young people and young people living in West Dunbartonshire where languages other than English are spoken at home. Appendix 2

9.0 Environmental Sustainability

9.1 A Strategic Environmental Assessment (SEA) is not required as the recommendations contained within this report do not have an impact on environmental sustainability.

10.0 Consultation

10.1 The Consultation plan for this work was outlined in the HSCP Board report 27th September 2022 and the key findings continue to inform the work taken forward by the multi-agency working group.

11.0 Strategic Assessment

11.1 This work is in line with the HSCP's 4 key strategic priorities: Caring Communities; Safe & Thriving Communities; Equal Communities; Healthy Communities.

12.0 Directions

12.1 No Directions required. Full directions provided in HSCP Board report 19th August 2021.

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

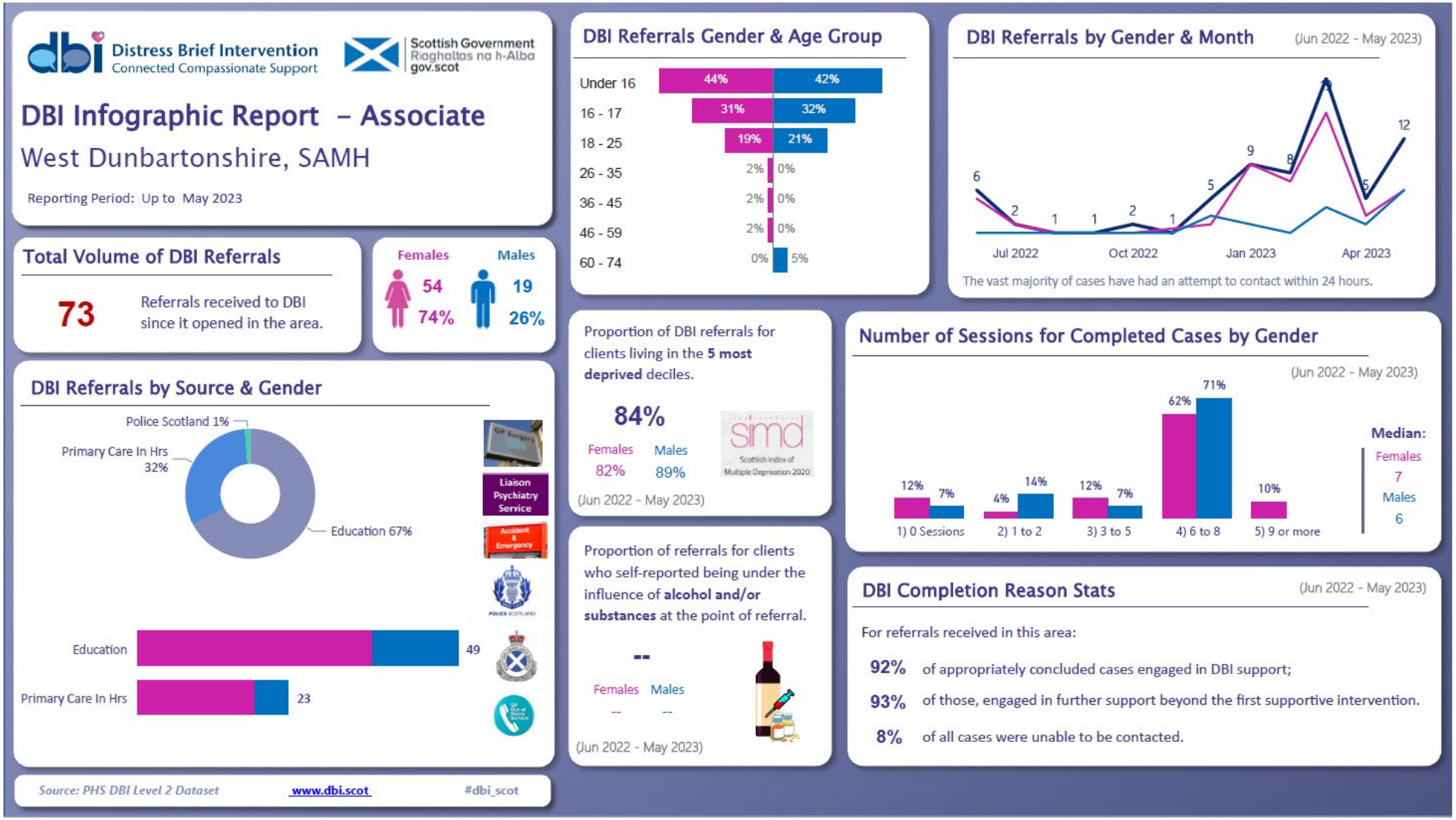
25 October 2023

Person to Contact:
Lauren McLaughlin, Health Improvement Lead
lauren.mclaughlin@ggc.scot.nhs.uk

Appendices:
Appendix 1 – DBI Service Infographic up to May 2023
Appendix 2 – Equality Impact Assessment of WDwellbeing.info website

Background Papers:
A stronger and more resilient Scotland: The Programme for Government 2022 to 2023

Appendix 1 - Distress Brief Intervention Service Infographic up to May 2023



Distress Brief Intervention
Connected Compassionate Support

Scottish Government
Riaghaltas na h-Alba
gov.scot

DBI Infographic Report – Associate

West Dunbartonshire, SAMH

Reporting Period: up to May 2023

Presenting Problems (Jun 2022 - May 2023)

Presenting Problems	% of Referrals
Stress/anxiety	70%
Depressed/low mood	52%
Suicidal thoughts	25%
Self harm	18%
Low self-esteem	13%
Panic attacks	11%
Social problems	8%

Contributory Factors (Jun 2022 - May 2023)

Contributory Factors	% of Referrals
Emotional wellbeing	51%
Life coping issues	46%
Relationships	42%
Education related	24%
Underlying MH issues	17%

Source: PHS DBI Level 2 Dataset www.dbi.scot #dbi_scot

Outcome Measures for Closed Cases (Jun 2022 - May 2023)

Median Distress Rating at L1: 8 → Median Distress Rating End L2: 3

Improvement of 5 rating points

Median rating scale values given between 0 (Not at all) and 10 (Completely):

		Proportion of cases with valid rating recorded
10	L1 compassionate response	86%
7	L1 Perceived ability to manage distress	86%
9	L2 Meet own goals	84%
10	L2 Compassionate response	84%
9	L2 Ability to manage immediate distress	84%
9	Median L2 Ability to manage future distress	84%

Median comparable response rating given by clients who previously presented in distress: 9 (Jun 2022 - May 2023)

Very much worse 0 ← No Change 5 → Very much improved 10

Appendix 2

Equalities Impact Assessment for www.wdwellbeing.info

The aim, objective, purpose and intended outcome of website

Research undertaken by Glasgow University recommended as part of their review of community mental health supports and services for young people that access to information on local supports was an issue for those that engaged with the research In response, the multi-agency working group acting on behalf of community Planning partners, commissioned a digital roadmap of local and national services and supports The website was an accessible, young-person-friendly site providing access to quality assured information and resources, with details of local supports and services.

EIA Members

- Lauren Mclaughlin, Health Improvement Lead, HSCP
- Allison Miller, Health Improvement Senior, HSCP
- Ailsa Dinwoodie, The Promise Keeper
- Jenny Kerr, MSYP
- Kara Heckle, MSYP
- Rhianna, MSYP
- Martin Hamilton, Working 4 U
- Anna Crawford, Primary Care Development

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

- West Dunbartonshire HSCP Community Mental Health Supports and Services Working group
- Social Work Childrens' Services
- WDC Education
- WDC Youth Forum
- Violence against women Partnership

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 (why is there a need for the website?)	**Evidence (what is the evidence for the 'needs' section?)**	**Impact (is there a positive or negative impact?)**
Age	Young people have been adversely affected by COVID restrictions and as the recovery plans are implemented young people continue to report poor mental health and wellbeing and emotional distress. Parents and families	Mental health concerns and not knowing what is available locally demonstrating additionality to the Glasgow University findings and areas for development. Young People WFWF survey Results What services or help and advice do you feel are most needed? The most popular responses included: -34% Support for parent/ carer (371)	Positive impact on children and families who will have access to quality assured information to support their mental health & wellbeing in one place. Under 5 age gap parenting and families page includes information for new parents and under 5's. The future aim

		-25% Support for my mental health (271) -17% Support with money (help with food, clothes, energy, benefits) (190) -11% One support for the whole family (120) -10% Support for my physical health (110) -Other supports highlighted included Bereavement, Bullying, Supporting Parents Mental Health, Support LGBTQI+, Support for Young Parent, Support for Disability, Housing Support. Planet Youth survey of S3 year group in 2021: 38% of young people reporting good or very good mental wellbeing following COVID restrictions (68% pre COVID) Results showed 55% happy with their life. 46% feel strong and healthy mentally and physically. 30% feel ugly & unattractive. 40% are happy with their body. 59% think they are no good at all. YP reported someone told them they were thinking about suicide in 59% WD in 52% Scotland. Friend or someone close attempted suicide in 28% WD 35% Scotland. Glasgow University Report discusses the impact that COVID had on the mental wellbeing of young people during and following COVID.	is to expand these pages in subsequent development phased. This was limited in the original version due to restrictions in relation to the original funding of the project. There is recognition that the website does not provide information specifically for adults or older adults unless they are parents/carers/Kinship carers.
Cross-cutting	The compounding nature of people across several categories who may be more likely to experience mental health issues and in turn struggle to engage with the services and community supports which could help them or have a preventative effect.	Alot of evidence to show that young people with several protected characteristics may be more likely to experience common mental health problems and issues relating to wellbeing.	Positive - The website provides fair, flexible, free and equitable access to information by challenging inequalities, supporting delivery partners and providing guidance that will support young people and their families living in West Dunbartonshire to manage their mental wellness and emotional health as well as factors that influence the above.
Disability	People with disabilities both physical and learning are more likely to experience poorer mental health and wellbeing.	401 pupils recorded as having been assessed and or declared as having a disability in WD from Pupil census 2022 across all stages.	Negative –there is no category for disability and neurodiversity on website, only a search function

	This group may have difficulty accessing online information Consideration required to the high proportion of young people awaiting neurodiversity assessment in West Dunbartonshire	5280 young people (across all stages) are known to have an additional support need in West Dunbartonshire in 2022. Young People WFWF survey Results What services or help and advice do you feel are most needed? The most popular responses included: -34% Support for my parent / carer (371) -25% Support for my mental health (271) -17% Support with money (help with food, clothes, energy, benefits) (190) -11% One support for the whole family (120) -10% Support for my physical health (110) -Other supports highlighted included Bereavement, Bullying, Supporting Parents Mental Health, Support LGBTQI+, Support for Young Parent, Support for Disability, Housing Support. From the Adults (18+) WDHSCP SNA 2022, data indicated 458 individuals in West Dunbartonshire with a learning disability are known to HSCP learning disability services. 2,810 people in West Dunbartonshire are living with sight loss 2,440 have partial sight and 370 are blind. Deaf people are twice as likely to experience mental health difficulties (All Wales Deaf Mental Health and Well-Being evidence to the Commission). 293 out of the families awaiting neurodiversity assessment or who are engaged with the Assessment team attended support sessions launched June 2023. Parents and carers would be directed and supported to use the site to encourage uptake of relevant supports and services while awaiting assessment.	The website conforms to WIA web accessibility guidelines, and is designed and built to cater for those with visual impairment, deafness or hard of hearing, intellectual or cognitive issues, with an emphasis on a site design sympathetic to developmental and learning differences and disabilities. It also incorporates assistive technologies where appropriate. Consideration to adding tools that support individuals to access the information within the site better. E.g UserWay.
Social and Economic Impact	Information on community mental health and wellbeing services and supports for CYP needs to be easy and fast to access. Local Community supports are needed to reduce the need for travel costs, time off work/school and for those with caring responsibilities in an area where levels of deprivation are high.	Poverty is the biggest driver of poor mental health and there is a structural Relationship between wider socio-economic inequality and mental health. Equally poor mental health and emotional distress can increase the risk of living in poverty. (Scottish Government Mental Health Transition and Recovery Plan 2020). The current prevalence and impact of poverty in West Dunbartonshire is well understood with an understanding that there are increasing pressures with the cost-of-living crisis. (WDHSCP Adult Strategic	Digital exclusion: Access to the information on the website can be restricted for those without home access to computer or smart phone – but this impact can be counteracted by free online access in libraries, council offices, and local family hubs with support from Family Support Workers.

		Needs assessment (2022)) Young People WFWF survey Results What services or help and advice do you feel are most needed? The most popular responses included: -34% Support for my parent / carer (371) -25% Support for my mental health (271) -17% Support with money (help with food, clothes, energy, benefits) (190) -11% One support for the whole family (120) -10% Support for my physical health (110) -Other supports highlighted included Bereavement , Bullying, Supporting Parents Mental Health, Support LGBTQI+, Support for Young Parent, Support for Disability, Housing Support.	An information 'Z card' with some service information is available in hard copy.
Sex	There is a need to increase access to information for women and girls to assessment and treatment for common mental health problems. There is a need to intervene earlier for men to have a positive impact on suicide rates.	School counselling update – girls report more mental health issues than boys. 67% of young people accessing school counselling provision between Jan –June 2023 were female, 31% male & 2% unknown or preferred not to say Uptake of DBI service since commenced in March 2022 79% female 21% male Females are more likely than males to experience mild to moderate mental health problems and are particularly vulnerable to this if they experience domestic abuse. West Dunbartonshire has the second highest rate of domestic abuse incidents 168 per 1000 population as reported to the Police (WDHSP SNA 2022 wdhscp.org.uk)	Positive - The website provides fair, flexible, free and equitable access to information by challenging inequalities, supporting delivery partners and providing guidance that will support young people and their families living in West Dunbartonshire to manage their mental wellness and emotional health as well as factors that influence the above. We have included functionality so that a person viewing the website can leave the site quickly should they need to.
Gender Reassign	CYP who identify as transgender are more likely to experience poorer mental health and wellbeing including emotional distress.	NHS GG&C NHS Lothian and Public Health Scotland "Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates that trans men and trans women often have the highest proportion of self-reported poor mental health and also have the higher PHQ2 score (indicating depression) when compared with lesbian/gay women, bisexual people and gay men.	Positive - The website provides fair, flexible, free and equitable access to information by challenging inequalities, supporting delivery partners and providing guidance that will support young people and their families living in West Dunbartonshire to manage their mental wellness and emotional health as well as factors that influence the above.

		Health Report from LGBT Youth Scotland (May 2023), part of the LGBT Youth Scotland Life in Scotland for LGBT Young People research project (2022), a nationwide survey of LGBT young people between the ages of 13 and 25 reported "94% of trans participants reported experiencing mental health conditions or related behaviour and a higher percentage of trans participants than cisgender participants reported experiencing each of the conditions/behaviours listed (anxiety, suicidal thoughts/actions, depression, self harm, eating disorder). In particular, it was noted that the percentage of trans participants reporting suicidal thoughts (66% vs 34%) and/or actions or self-harm (58% vs 28%) was almost double the percentage of cisgender participants reporting these."	
Health	Health inequalities are avoidable differences in people's health across the population and between specific population groups. They are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit good mental and emotional health. Consideration required to the high proportion of young people awaiting neurodiversity assessment in West Dunbartonshire	Data from WD HSCP SNA for Adults and Older people show in 2020/21 23% of WD population prescribed drugs for anxiety/depression/ psychosis. The rate of patients registered with depression is increasing year on year in West Dunbartonshire. Suicide remains a significant issue in West Dunbartonshire. Poverty is the biggest driver of poor mental health and equally poor mental health can increase the risk of living in poverty. (Scottish Government Mental Health Transition and Recovery Plan 2020). The current prevalence and impact of poverty in West Dunbartonshire is well understood with an understanding that there are increasing pressures with the cost-of-living crisis. (Adult Strategic Needs assessment (2022) Child poverty indicators state that: • 4,696 children in West Dunbartonshire are living in poverty (after housing costs); • This represents approximately 27.6% of the children in West Dunbartonshire. The figure of 27.6% for West Dunbartonshire remains higher than the Scottish (24.5%) and NHS Greater Glasgow and Clyde average (23%). In September 2022 there were 2,288 primary school children; 1,711 secondary school pupils;	Positive - The website provides fair, flexible, free and equitable access to information by challenging inequalities, supporting delivery partners and providing guidance that will support young people and their families living in West Dunbartonshire to manage their mental wellness and emotional health as well as factors that influence the above.

		and 130 assisted learning pupils in receipt of a clothing grant. This represents approximately 34% of the school pupil population. 293 out of the families awaiting neurodiversity assessment or who are engaged with the Assessment team attended support sessions launched June 2023. Parents and carers would be directed and supported to use the site to encourage uptake of relevant supports and services while awaiting assessment.	
Human Rights	UN Convention on Rights of the child (CRC) sets out the human rights of every person under the age of 18 and is the most complete statement on children's rights treaty in history. The Convention has 54 articles that cover all aspects of a child's life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to.	The following UNCRC articles relate and are considered in the provision of new services for young people. • Article 3 (best interests of the child) The best interests of the child must be a top priority in all decisions and actions that affect children. • Article 6 (life, survival and development) Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential. • Article 12 (respect for the views of the child) Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. • Article 24 (health and health services) Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy.	Positive - The website provides fair, flexible, free and equitable access to information by challenging inequalities, supporting delivery partners and providing guidance that will support young people and their families living in West Dunbartonshire to manage their mental wellness and emotional health as well as factors that influence the above. The website ensures the user is at the centre of all decision making and while considering the rights of the young people at all times to ensure the impact is positive for all users.
Marriage and Civil Partnership	No needs identified		
Pregnancy and Maternity	Young parents and single parent families are more likely to experience poorer mental health and wellbeing but generally there is an increased risk of mental health difficulties during perinatal period for all groups.	Perinatal Mental Health refers to mental health during pregnancy and up to one year after the baby is born. During this period new and expectant parents (mums, dads, co-parents, partners') can experience issues with their mental health. This includes mental illness existing before pregnancy, as well as illnesses that develop for the first time, or are greatly exacerbated in the perinatal period. These illnesses can be mild, moderate or severe, requiring different	Positive - The website provides fair, flexible, free and equitable access to information by challenging inequalities, supporting delivery partners and providing information that will support children, young people and families living in WD.

		kinds of care or treatment. The stigma and fear associated with perinatal mental health can leave those affected feeling inadequate as a parent, isolated and vulnerable and can impede or delay getting help, treatment and recovery. Information from Family Nurse Partnership (FNP) Scotland 10 year analysis completed in 2018 has shown: almost all FNP clients (98%) had experienced some form of trauma or adverse experience in their lives before enrolling onto FNP. The most prevalent complexities for FNP clients at entry to FNP were; anxiety or other mental health issues (63%), experience of parental separation (63%), low income (60%), not being in work, education or training (57%). Over a fifth (22%) of FNP clients were care experienced or on the child protection register.	We recognise the second phase of website development will look at more resources for parents of children under 5years.
Race	People from ethnic /minority/racial backgrounds are more likely to experience poorer mental health than white people.	561 school-aged pupils in WD recorded from minority ethnic background 2022 Scottish Government Pupil Census. Nationally 6% of children who access CAMHS services have BAME background. Women from Black and ethnic minority backgrounds are at greater risk of developing mental health problems. Research shows their vulnerability is further exacerbated by culture and ethnicity, stigma associated with poor mental health, language barriers and lack of awareness of supports available.	Positive - The website provides fair, flexible, free and equitable access to information by challenging inequalities, supporting delivery partners and providing information that will support children, young people and families living in WD. Negative - Language barrier. Google translate is not always accurate. Explore with NHS GGC Patient and public engagement team about translation of site.
religion and Belief	No needs identified		

sexual Orientation	Poor mental wellbeing is more like to occur in LGBTQ+ communities than when compared with heterosexual/cisgender people	NHS GG&C NHS Lothian and Public Health Scotland "Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates a wealth of evidence indicating that LGBT+ people in Scotland are at much higher risk of mental health problems. Studies have linked mental health problems and emotional distress but have also highlighted that mental health problems are compounded by experiences such as bullying, discrimination, hate crimes and social isolation. This was also apparent from the qualitative research in which the issues around social and mental health were clearly interlinked. The quantitative survey undertaken as part of the needs assessment showed that overall more than half (54%) of respondents said they had mental health problems e.g. depression/ anxiety/ stress, but this was higher for trans masculine (75%), non-binary people (72%) and bisexual women (61%). Health Report from LGBT Youth Scotland (May 2023), part of the Life in Scotland for LGBT Young People research project (2022) from LGBT Youth Scotland, a nationwide survey of LGBT young people between the ages of 13 and 25 reported "a large majority of our participants (88%) reported they experienced at least one mental health condition or related behaviour. Participants also reported very high rates of anxiety and depression: 50% stated that they experienced suicidal thoughts or actions and 43% had self-harmed."	Positive - The website provides fair, flexible, free and equitable access to information by challenging inequalities, supporting delivery partners and providing guidance that will support young people and their families living in West Dunbartonshire to manage their mental wellness and emotional health as well as factors that influence the above.

ACTIONS

issue Description	action Description	Actioner name	Due date
Disability – there is currently no specific page on the website for this group, only a search tag.	To add additional page with information relating to disability support and neurodiversity supports.	Lauren McLaughlin	31/10/23
Race - Language barrier. Google translate is not always accurate.	Ask patient and public engagement team about translation of site	Lauren McLaughlin	31/12/23

	Explore language translator with developer Or alternative		
Age - The limited resources available for parents and carer of children under5 and babies	Explore to enhance the provision of supports and services, resources that can support parental mental wellbeing and that of children and babies	Lauren McLaughlin /Allison Miller	31/12/23

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

The negative impacts that have been identified and set against actions for completion.

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

Yes. The site is registered with Google Analytics so real time and historical usage data is available. This is crosschecked with the ongoing communication plan aligned to the site. The ongoing monitoring of the site will be discussed and monitored through the multi agency working group chaired by Head of Childrens Health, Care & Justice.

What is your recommendation for this website?

Recommendation is that the website is widely promoted to communities, staff groups, and schools. The working group have reached this conclusion in light of the thorough review of current provision, consultation and engagement with key groups who report lack of quality assured information readily available and accessible. Local people reporting a lack of knowledge of what is available to support their mental health and wellbeing in community settings. This website fulfills this local need.

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

The working group were in agreement that the site should be widely promoted. All groups involved in its development have been enthusiastic and feel accessible, quality assured information on how to support children, young people and their families' mental health and emotional wellbeing in community settings is an urgent requirement in West Dunbartonshire.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Val Tierney, Chief Nurse

21 November 2023

Subject: West Dunbartonshire HSCP's Application: Multi-disciplinary Team Demonstrator Site - Scottish Government's Phased Improvement Programme for Primary Care Improvement.

1. Purpose

1.1 The purpose of the this paper is to inform the HSCP Board of West Dunbartonshire HSCP's application to be selected as a multidisciplinary team demonstrator site as part of the Scottish Government's Phased Improvement Programme for Primary Care Improvement.

1.2 Contingent on the success of the application, to seek HSCP Board approval in principal to recruit to permanent posts to enable accelerated delivery of the Primary Care Improvement Plan (PCIP) memorandum of understanding (MOU), recognising the financial risk arising from the Scottish Government's outstanding commitment to provide recurring funding to both the "end-point" and successful demonstrator sites.

2. Recommendations

2.1 Members of the HSCP Board are asked to consider the submitted application.

2.2 If application is successful, approve the proposal to recruit to permanent posts, noting mitigations against financial risk which would be managed through staff turnover of the wider PCIP workforce in the event that bid funding is not baselined. In respect of any permanent staff displacement there is an existing risk sharing agreement across all six HSCPs within NHSGGC.

3. Background

3.1 HSCPs and Health Boards were invited to complete applications for the Scottish Government's Multi-disciplinary Team Demonstrator Site - Phased Improvement Programme for Primary Care Improvement with a deadline for bids of 3 November (Appendix 1). West Dunbartonshire HSCP has completed an application and this submission, attached at Appendix 2. The application was followed by an interview with Scottish Government and members of HSCP SMT to explore the feasibility, leadership and culture, general applicability and affordability of the bid.

3.2 Scottish Government aim to select up to three demonstrator sites to work at pace over an initial period of 18 months up to March 2025 and will inform on the outcome of the bid week commencing 4 December. The total investment available is between £10m - £15m with applications per demonstrator site not to exceed £4 million for one year of investment.

4. Main Issues

4.1 Demonstrator sites will be supported to use improvement methodologies to fully implement Pharmacotherapy and Community Treatment and Care (CTAC) services locally, while maintaining full delivery of the Vaccination Transformation Programme, and to understand the impact for people, the workforce and the healthcare system.

4.2 Reduction in GP and practice workload and improvement in patient outcomes are key aims.

4.3 The work will collect evidence on the impact and the cost-effectiveness of MDT working which will then inform and support future long term investment.

4.4 West Dunbartonshire HSCPs bid incorporated additional components for consideration including local Musculoskeletal (MSK) Physiotherapy Hub development, accelerated development of advanced nurse practitioner (ANP) capacity, and development and testing artificial intelligence and digital pharmacotherapy solutions.

4.5 The HSCP would work closely with Health Improvement Scotland (HIS) to create conditions for change, understand local population needs, design, and test and evaluate models of care. Demonstrator sites will collect data which will be used to model full national implementation of priority areas of the General Medical Services (GMS) contract.

5. Options Appraisal

5.1 No options appraisal was undertaken. The bid was formulated around prescribed criteria of feasibility, leadership culture, general applicability and affordability.

6. People Implications

6.1 Recruiting on a permanent basis to the additional workforce would be required to support successful recruitment and retention.

7. Financial and Procurement Implications

7.1 Individual bids cannot exceed more than £4 million for one year investment. The costs below are estimates and will require further refinement. At this stage the funding is not guaranteed beyond the current allocations, however the 27 September letter states the Scottish Government will fund demonstrator sites with a view to developing a long-term funding proposition for all HSCP areas drawing on the project findings. The intention is that selected HSCP areas recruit on a long-term basis or consider alternatives (e.g. secondments) and that decisions on funding are made at the conclusion of the process. The financial risk associated with this current position is covered in section 8.1 – 8.3 below.

7.2 Staff Costs – Core Priorities

- QI Support 1.0wte Band 5 Annual Gross Cost £49,500
- CTAC Nurse 1.0wte Band 5 Annual Gross Cost £49,500
- CTAC Health Care Support Worker 2.0wte Band 3 Annual Gross Cost £35,800 x 2.0wte = £71,600
- CTAC Business Support 2.0wte Band 2 Annual Gross Cost x 2.0wte = £32,900 x 2.0wte = £65,800
- Pharmacotherapy Support Workers 3.0wte Band 3 Annual Gross Cost = £35,800 x 3.0wte = £107,400
- Pharmacotherapy Trainee Technician 2.0wte Band 4 Annual Gross Cost = £39,200 x 2.0wte = £78,400

Estimated Annual Staff Costs = £422,200

7.3 Other Costs

- Pharmacotherapy Digital Technology Investment Costs – Estimate £300,000 (AI Process Automation and Shared Medication Records)
- Community Pharmacy protected time/backfill for engagement and collaboration work – Estimated Annual Cost = £56,000
- GP, Practice Manager and practice based admin support capacity - protected time/backfill to enable fully collaborative approach and QI Work/Engagement – Estimated Annual Cost = £150,000

Estimated Other Costs = £506,000

7.4 Staff Costs – Non Core/Additional

- MSK Hub Model – 3.0wte Band 7 MSK Practitioner Annual Gross Cost £71,200 x 3.0wte = £213,600
- Lead ANP – 1.0wte Band 8a Annual Gross Cost £81,600
- 2.0wte ANP/Qualified or Trainees Band 7 Annual Gross Cost £71,200 x 2.0wte = £142,400
- Wellbeing Nurse - 2.0wte Band 6 Annual Gross Cost £60,800 x 2.0wte = £121,600

Estimated Annual Staff Costs = £477,600

7.5 Total Indicative Costs/funding required £1,405,800.

8. Risk Analysis

8.1 Given the significant financial challenges in 2023/24 and in future years, the HSCP Board would have to consider the risks of committing to recurring costs given the lack of earmarked reserves for PCIP and no guaranteed funding by Scottish Government beyond the initial 18 months.

8.2 This financial risk would require to be managed through staff turnover of the wider PCIP workforce in the event that bid funding is not baselined.

8.3 In respect of any permanent staff displacement there is an existing risk sharing agreement across all six HSCPs within NHSGGC.

9. Equalities Impact Assessment (EIA)

9.1 Not undertaken as this bid aims to accelerate but not materially change the implementation of previously agreed MOU.

9.2 Digital and artificial intelligence aspects of service development that require patient facing components of service delivery would require future EQIA.

10. Environmental Sustainability

10.1 Not required

11. Consultation

11.1 The bid was developed in conjunction with key stakeholders and members of the multidisciplinary teams. Feedback from service users and learning to date informed the development of the bid.

12. Strategic Assessment

12.1 The Primary Care Phased Improvement Programme provides HSCPs with an opportunity to fully embed the Primary Care Transformation Programme as set out in the GMS Contract and supporting MOUs. The opportunity MDT expansion in the Phased Improvement Programme would enhance Primary Care for patients in West Dunbartonshire. This supports delivery of all four of our key strategic outcomes.

13. Directions

13.1 If the bid is successful a direction will be required to NHSGGC to support recruitment and progress.

Name: Valerie Tierney
Designation: Chief Nurse
Date: 13 November 2023

Person to Contact : Anna Crawford, Primary Care Development Lead
Anna.Crawford@ggc.scot.nhs.uk

Appendices: Appendix 1 - Scottish Government Letter 27 September 2023
Appendix 2 – WD HSCP's Completed Bid

Background Papers: Previous HSCP Board Reports on Progress of MoU

Appendix 1

Primary Care Directorate
General Practice Policy Division
St Andrew's House, Regent Road, Edinburgh EH1 3DG

Scottish Government
Riaghaltas na h-Alba
gov.scot

E: pcimplementation@gov.scot

27 September 2023

PC Leads
NHS Chief Executives
NHS Chief Officers
NHS Directors of Finance
PCIP Leads

CC:
BMA
National GMS Oversight Group

MoU IMPLEMENTATION – UPDATE AND NEXT STEPS

- Our vision of general practice at the heart of the healthcare system where multi-disciplinary teams (MDTs) come together to inform, empower and deliver services in communities for those people in need of care remains steadfast; indeed, it is a key priority for the year ahead in the Programme for Government 2023/24.

- We remain committed to MoU implementation and enhancing and expanding the MDT, supporting people to access the right care, in the right place, at the right time.

- We have made good progress in expanding and embedding the MDT; however, we know that implementation gaps remain. Recent analysis indicates that the scale of change required to close the implementation gaps is significant but uncertain, both in terms of funding and workforce requirement.

- Analysis also shows there is significant variation in how the MDT has been implemented and ongoing challenges with workforce availability. This indicates that we need to explore how we tackle these challenges while we continue to progress towards full implementation.

- We need to understand what a sustainable model of full delivery looks like and what additional outcomes it will achieve. This approach will build the case for additional investment in a sustainable and evidence-based way.

- We will do that by taking a twin-track approach over the next initial 18 month period up to end March 2025:
    - We are increasing the Primary Care Improvement Fund (PCIF) to £190 million in 2023/24 and areas should continue developing and improving MDT delivery within their share of the £190 million available this year and further uplifts for 2024/25.
    - We are committed to driving improvements and supporting learning from best practice in all areas, to support more efficient and effective MDT working. We ask that you draw on learning and best practice from local and national

evaluation and existing national support, which we continue to collaborate with partners to enhance. Further details on planning assumptions to guide Primary Care Improvement Plan (PCIP) delivery in 23/24 and 24/25 are set out in Annex B FAQ
    - Alongside this, we will introduce an additional 'phased investment programme' with a small number of areas, at different stages of implementation, to demonstrate what a model of full implementation can look like in practice.
    - Additional funding will be made available for the phased investment programme (£10-15 million for the total programme) which will also include funding for the quality improvement and monitoring and evaluation support that is required at the national level to underpin the project.
    - All HSCP areas are invited to submit bids to participate, from which we anticipate three HSCP areas will be selected. **Please see Annex A for guidance on the bidding and selection process for this programme.**
    - Learning from this phased investment programme will inform the development of a long term investment proposition for all HSCP areas for 2025 and beyond

- The next steps outlined in this communication provide a route to securing the additional investment needed to realise our vision. **Please see below in Annex B for a more detailed FAQ.**

- Thank you once again for your continued collaboration. The Scottish Government team is meeting with each HSCP individually over 2023 but if you wish to organise a further meeting or bring yours forward, please do not hesitate to get in touch with PCImplementation@gov.scot

Scottish Government

27 September 2023

The proposal has been developed in a GMS Contract National Oversight Sub-Group.

Annex A – Selection Process – Primary Care Phased Investment Programme

Initial Timetable for Delivery

Milestone	Deadline
Communication issued	w/c 25 September
HSCPs to submit bids to PCImplementation@gov.scot	27 October 2023
Bids assessed and shortlisted and Scottish Government Team to follow-up verbally with shortlisted candidates	17 November 2023
Successful bidders informed	24 November 2023
Improvement methodology and reporting to be agreed with successful bidders	January 2024

1. Demonstrator sites will be supported to achieve full delivery of pharmacotherapy and CTAC services, utilising improvement methodologies to support the approach, over an initial 18 months, while maintaining full delivery of VTP. We intend to work with areas at different stages of implementation and diverse delivery locations to ensure a general applicability of the results obtained through this work.

2. Funding will be provided to support the demonstrator sites and the project at national level, including developing the quality improvement and monitoring and evaluation support which will underpin the project. Working with National Boards, we will ensure a more rigorous and standardised approach to monitoring and evaluation of all MDT services as part of the demonstrator sites. We are keen to understand the impacts of individual services as well as the overall impact of the integrated MDT (how full delivery of pharmacotherapy and CTAC interfaces with other MoU services being implemented in line with local arrangements).

3. We aim to select three demonstrator sites and an overall £10-15m will be available to fund this programme annually up to March 2025. Individual bids should not exceed £4m for one year investment. Demonstrator sites will be selected based on the following criteria:

Feasibility – areas should set out their anticipated areas for improvement and to include any data that supports these. Areas should be prepared to commence work promptly with a view to scoping and implementation to take place over an initial 18 month period covering remainder of this financial year and financial year 24/25.

General Applicability – HSCPs will be selected to test ability to deliver full implementation in diverse range of areas (e.g. rural, remote, deprived, urban) and at various stages of implementation and different models of delivery. Individual bids aren't required to cover all settings but should highlight what the focus of their bid is.

Leadership Culture - there should be a demonstrable evidence of commitment to long term vision for primary care with joined up whole system planning (including minimising impacts of demonstrator on other HSCP areas/parts of the system) and person-centred focus.

Affordability – funding will be made available to the HSCP areas involved in the sites; however, costs must nonetheless remain affordable within constrained financial context. We will work with areas to develop detailed costings which will be approved before areas proceed to implementation.

4. Note bids should also set out how much local QI, data and project/admin support is available. We expect HSCP areas bidding to provide rough costings for their programme, and to put in place local project teams consisting of these supporting roles working alongside clinical and senior management leadership. Funding/resourcing support can be made available where gaps exist in local support.

5. Local areas should engage and obtain commitment of local GP representatives as part of their bid development. Bids should be signed off by the HSCP Chief Officer, Health Board Chief Executive, Director of Primary Care and QI lead. Upon selection, HSCP areas will be asked to agree an MOU to set out agreed expectations on the project.

Scope of Demonstrator Sites

6. Demonstrator sites should work towards full implementation for the three priority services whilst maintaining other MoU services. The framework for full implementation is the GP contract offer document, the MoU and MoU2, VTP directions and the amended regulations on pharmacotherapy and CTAC services, taking into account the draft directions annexed to Scottish Government communication of 31 March 2023, given our ultimate intent to issue legal directions on these services. As part of the co-production process, alternative propositions for full implementation can be considered where they may be barriers to implementation under existing models e.g. integration with other existing services, digital solutions.

Monitoring and Evaluation

7. The project would be underpinned by an improvement science approach, working with National Boards and other partners. There is a need to develop an agreed set of indicators to monitor the impact of the full delivery of the MDT against overall policy outcomes for people, workforce and the healthcare system with reduction in GP and practice workload and improvement in patient outcomes a key aim. Our core research aims, linked to the outcomes of the 2018 GP Contract, are:

a) To demonstrate the feasibility and appropriate models for full implementation to meet needs of local populations
b) To understand how we overcome the barriers and develop enablers to full implementation at local and national level
c) To provide key insights on where to focus improvement work to maximise release of GP and practice staff time to enhance their focus as expert generalists
d) To provide insights into best approaches to support staff within MDT and general practice structures to optimise processes, ensure staff development and embed team culture while enhancing the patient journey
e) To collect key data to understand the impact of implementation on

- GP, practice and MDT workload, including how roles and responsibilities change and adapt in light of MDT support
- Leadership and culture
- Patient access and experience

- Staff experience
- Where feasible, patient outcomes
- Costs or other data relevant to system impacts
- Impact on disadvantaged communities

8. Exact indicators and wider monitoring and evaluation arrangements to be discussed with selected demonstrator sites.

Finance

9. The Scottish Government will fund demonstrator sites with a view to developing a long-term funding proposition for all HSCP areas drawing on the project findings. Based on selecting three demonstrator sites, Scottish Government anticipates the cost of full delivery across the demonstrator sites is likely to be between £10-15 million per annum, roughly equating to £4 million per demonstrator site plus improvement and evaluation support costs. While the starting point for most bids will be the cost and workforce estimates submitted through PCIP 6, given financial constraints, larger HSCPs may wish to consider bids on a smaller basis (e.g. locality level).

10. We anticipate that a separate funding allocation will be made to successful bidders in parallel to the PCIF allocation process. The intention is that selected HSCP areas recruit on a long-term basis or consider alternatives (e.g. secondments) and that decisions on funding are made at the conclusion of the process.

Governance

11. Demonstrator sites are asked to continue to apply the governance principles set out in MoU2 of co-design with local GP representatives (e.g Local Medical Committees (LMCs) and GP Subcommittees) through Primary Care Improvement Planning.

12. The Scottish Government team propose to meet with the selected demonstrator sites monthly to monitor progress of delivery supplemented by three monthly trackers, with reporting through GMS Oversight Group at agreed intervals.

Annex B – FAQ – MoU Implementation – Update and Next Steps

1.1 What is the current position?

As of March 2023, 4,731 WTE multi-disciplinary team (MDT) members are working in GP practices and the community, with 3,233 of the total MDT workforce recruited and financed through the PCIF. While we have made good progress in expanding and embedding the MDT, we know that implementation gaps remain.

The Primary Care Improvement Fund (PCIF) supports the implementation of Primary Care Improvement Plans (PCIP). It is confirmed at £190 million recurring and will be uplifted in line with Agenda for Change in future years. It funds the expansion of multi-disciplinary teams (MDTs), alongside the contractual commitment to transfer responsibility for Vaccinations, and to provide Community Treatment and Care (CTAC) and Pharmacotherapy services.

1.2 What planning assumptions should we use for PCIPs going forward?

As underlying planning assumptions, local HSCP areas should:

- Continue to ensure that plans are developed and implemented through local engagement and collaboration with practices and GP Sub-Committees to meet local population needs.
- In further expansion, prioritise Pharmacotherapy and CTAC services to ensure regulatory requirements are met while maintaining and developing other MoU services (i.e. Urgent Care, Community Link Workers, Additional Professional Roles) in line with existing local arrangements.
- Based on PCIP progress as well as progress with separate vaccination regulations and directions, the Vaccination Transformation Programme element of PCIPs is complete and should be maintained. PCA(M)(2022)13 provides the current position on the programme.
- In line with MoU2, recognise the interdependences between all three levels of pharmacotherapy which require focus on the delivery of the pharmacotherapy service as a whole. CTAC services should continue to be designed locally, taking into account local population health needs, existing community services as well as what bring the most benefit to practices and people.
- Where appropriate, continue with local transitionary arrangements with practices from within the existing PCIF envelope on the basis there must be a clear plan for how that MDT support will be delivered on a long-term and sustainable basis, to allow the regulations to be formally adhered to.
- Assume we will not bring forward regulations on Urgent Care services.
- Assume you will continue to receive your NRAC share of PCIF uplifted to apply Agenda for Change and that you will be required to provide extended MDT support to practices with that funding.

1.3 What monitoring and evaluation requirements will there be for HSCP areas not participating in the phased investment programme?

We intend to use the Primary Care Improvement Plan trackers of March 2024 to inform the yearly statistical publication on the MDT Whole-Time Workforce. In parallel, throughout 2023/24, we will explore how that information is collected on an ongoing basis, in collaboration with National Boards, complementing wider annual collection of primary care workforce data.

Alongside the phased investment programme, we will continue to work in parallel with Public Health Scotland and local evaluators to better understand the current evaluation landscape, the work already underway at local level and any gaps that might exist.

1.4 What will happen with PCIF for the remainder of the financial year?

For 2023/24, a further allocation of the remaining £10 million of the overall PCIF will be made available on an NRAC basis to IA's later this year, subject to reporting confirming latest spend and forecast data required by Friday 17th November. We will issue a financial reporting template in advance of this deadline for completion.

Second tranche allocations will follow, subject to assessment of the data provided. Allocations will also be reduced to reflect any increases in your reserve position not reflected in the tables annexed to our communication of 9 August 2023.

1.5 What is the additional funding for the phased investment programme for?

The funding will support 3 areas to develop a sustainable model of full implementation which meets the requirements of the GMS contract while fitting with local circumstances and services.

These areas will demonstrate what it will take and what the outcomes are. Funding will also provide the quality improvement and monitoring and evaluation support that is required at the national level to underpin the project. Working with National Boards, we will ensure a more rigorous and standardised approach to monitoring and evaluation of all six MDT services as part of the demonstrator sites and will develop an extensive programme of support.

1.6 Does this mean there will be no further implementation the other HSCP areas?

No. We need to make sure that the £190 million is being used to best effect, and there is lots more that can be done to improve implementation and make sure it works for patients and practices.

HSCP areas should continue developing and improving MDT delivery within their share of the £190 million, focusing on learning from evaluation and best practice (local and national), addressing unwarranted variation and supporting improved outcomes for people, workforce and the healthcare system.

- There are some areas who are not spending their full share of the Primary Care Improvement Fund allocation, largely due to recruitment challenges or ongoing development of models. These areas should continue to implement plans to spend their full share to meet commitments.
- We know from a wide range of evidence that the real gains in outcomes for patients and practices come not just from additional staff but from how well they work together as a team. The increase in the MDT has required huge change in the way practices work, in how the MDT members work together, and in how patients understand and access the system. Practices, clusters and MDTs are asked to look at where local improvement support could be used, in parallel with resources available from national partners such as HIS and PHS, to improve team working, ensure everyone is clear about each other's roles and how they work best together.

- We know from PCIP 6 data that there is considerable variation nationally. We don't know enough about what the best models are or which are the best use of funding and scarce staffing time. Different models will always be needed because of the very different populations, geographies, need and practice types across Scotland. However, we must look to address unwarranted variation e.g. significant divergence in different staff groups per head of population. Areas will wish to consider analysis of this data, which we will share shortly, alongside wider evidence, to reflect on potential areas for improvement and we will work with all partners to explore what the most effective models are.
- Transitional payments may continue where at a local level it is felt that existing funding is better spent with practices for a period of time.
- In addition, in line with our approach to consider new and innovative ways of bolstering MDT delivery, we are exploring whether there could be an opportunity for community pharmacy to support the delivery of pharmacotherapy services. This proposal is in the development phase and we will work with National Oversight Group partners, Directors of Pharmacy and Community Pharmacy Scotland to consider whether and how we might take this forward to offer additional support across Scotland while we take forward the phased investment programme.

1.7 How long will the demonstrators take?

The programme will be developed and implemented over the next 18 months, with scoping and recruitment taking place for the remainder of financial year 2023/24 to prepare for full implementation throughout 2024-25.

1.8 What will happen at the end?

The Scottish Government will fund demonstrator sites with a view to developing a long-term funding proposition for all areas drawing on the findings from the sites.
The intention is that selected areas recruit on a long-term basis or consider alternatives (e.g. secondments) and that decisions on funding are made as the process concludes.

1.9 Won't this create more inequity?

The current situation is not equitable as not all practices and patients have access to a similar range or level of services. Just putting more money in to all areas will not resolve this, as there are very different approaches in place and the workforce is not available. Different models mean that there may be very different outcomes for patients and practices, and we need to make sure we understand the impact of additional investment so that we know how much is needed and what difference it will make.

At a time of financial challenge, it is even more important that we are clear that we are spending public money wisely and on the things which have the most impact.

Ultimately, the work on this proposal will support us in achieving our vision for a thriving general practice, at the heart of the healthcare system, where MDTs come together to inform, empower and deliver services in communities for those people in need of care.

1.10 How will you minimise impact of destabilisation in areas not chosen as bids?

As part of the selection process, bids must demonstrate evidence of commitment to a long term vision for Primary Care with joined up whole system planning. This include minimising impact of their proposal on other areas/parts of the system.
Given plans to work with areas at different stages of implementation, we also anticipate this will mitigate risks of destabilisation further.

1.11 How do I submit a bid?

HSCP areas should submit short written bids on how your area meets the selection criteria set out in Annex A of the communication.

Bids should be submitted by 27 October. Bids will then be shortlisted and followed up with a meeting and final selection by 24 November. Bids may be submitted on an HSCP-wide basis, or on a smaller basis in larger HSCPs e.g. at locality level.

We expect individual bids not to exceed £4 million for 2024-25 delivery costs. While the starting point for most bids will be the cost and workforce estimates submitted through PCIP 6, given both financial and workforce constraints and feasibility concerns, bids may also consider how the service requirements and outcomes of MOU can be delivered in alternative ways. This might include through alignment and redesign of wider teams and using innovative approaches e.g. digital solutions. We will work with areas to develop detailed costings which will be approved before areas proceed to implementation.

HSCP areas should engage and obtain commitment of local GP representatives (e.g Local Medical Committees (LMCs) and GP Subcommittees)as part of their bid development to ensure bids reflect the needs of local populations and practices and to support ongoing collaboration in process.

Bids should clearly describe the leadership commitment and capability in place to support the proposed programme within the required timescales and show evidence of a collaborative approach and ownership across key stakeholders including practices, GP Subcommittee and local QI team.

Bids should be submitted to PCImplementation@gov.scot.

1.12 What resources are available from national partners?

Support is available from national partners, including Healthcare Improvement Scotland's Primary Care Programmes, and analytical support from Public Health Scotland's LIST teams and the Primary Care Evaluators Network.

If people are interested and want to know more about the PCEN they can contact Jane Ford at jane.ford3@phs.scot and if they would like to join the network mailing list and meetings to contact phs.phsadmin@phs.scot

We are also working with National Boards to understand how they might enhance their existing offer to further support areas to integrate multi-disciplinary teams more effectively into primary care services.

Local HSCPs may also wish to consider the growing body of evidence on multi-disciplinary team working:

- An evidence review on multidisciplinary team support in primary care (shtg.scot), Healthcare Improvement Scotland (HIS), 17 July 2023
- Primary Care Improvement Plans: Summary of Implementation Progress at March 2023 - gov.scot (www.gov.scot), Scottish Government, 27 June 2023
- PHS report on views of GPs/MDT staff on impact of MDT reforms (due for publication October 2023)
- University of Edinburgh research on primary care transformation in Scotland, July 2022.
- Primary care transformation in Scotland: qualitative evaluation of the views of general practitioners and multidisciplinary team staff members, August 2023
- https://bjgp.org/content/early/2023/08/18/BJGP.2023.0086
- Understanding primary care transformation and implications for ageing populations and health inequalities: a systematic scoping review of new models of primary health care in OECD countries and China, August 2023
- BMC Medicine | Full Text (biomedcentral.com)

Primary Care Improvement Phased Investment Programme

Application to become a multidisciplinary team demonstrator site

Open for applications between now and 27 October 2023

Scottish Government
Riaghaltas na h-Alba

Introduction

Health and Social Care Partnerships (HSCPs) and Health Boards are invited and encouraged to apply to participate in the Primary Care Improvement Phased Investment Programme, funded by the Scottish Government and supported by Healthcare Improvement Scotland (HIS).Through this programme, we will demonstrate what a model of full implementation of the multidisciplinary team (MDT) can look like in practice and build evidence to understand the national context for full implementation and long-term Scottish Government investment.

Demonstrator sites will be supported to use improvement methodologies to fully implement Pharmacotherapy and Community Treatment and Care (CTAC) services locally, while maintaining full delivery of the Vaccination Transformation Programme, and to understand the impact for people, the workforce and the healthcare system, with reduction in GP and practice workload and improvement in patient outcomes a key aim. The work will collect evidence on the impact and the cost-effectiveness of MDT working which will then inform and support future long term investment.

Whilst the focus will be on these two services, all MoU Services will be considered in the monitoring and evaluation of the demonstrator sites as part of a whole systems approach to quality improvement.

Demonstrator sites will identify a programme team who will work closely with HIS to create conditions for change, understand local population needs, design, test and evaluate models of care. Consideration will be given to sustainability of models and demonstrator sites will collect data which will be used to model full national implementation of priority areas of the GMS contract.

Participation in the programme

We aim to select up to three demonstrator sites to work at pace over an initial period of 18 months up to March 2025. Sites can be from NHS boards, HSCPs or be an integrated team e.g. 2 or more HSCP areas.

We expect individual bids not to exceed more than £4 million for one year investment. Overall, £10-15 million will be available to fund this programme annually. Demonstrator sites will be selected based on the following criteria:

Feasibility – areas should set out their anticipated areas for improvement and to include any data that supports these. Areas should be prepared to commence work promptly with a view to scoping and implementation to take place over an initial 18 month period covering remainder of this financial year and financial year 24/25.

Leadership Culture - there should be a demonstrable evidence of commitment to long term vision for primary care with joined up whole system planning (including minimising impacts of demonstrator on other HSCP areas/parts of the system) and person-centred focus.

General Applicability – HSCPs will be selected to test ability to deliver full implementation in diverse range of areas (e.g. rural, remote, deprived, urban) and at various stages of implementation and different models of delivery. Individual bids are not required to cover all settings but should highlight what the focus of their bid is.

Affordability – funding will be made available to the HSCP areas involved in the sites; however, costs must nonetheless remain affordable within constrained financial context. We will work with areas to develop detailed costings which will be approved before areas proceed to implementation.

Please do not attach or embed any supporting documents in your application.

Email your completed application form to PCImplementation@gov.scot
by 27 October 2023 **at 17.00**.

Bids will be invited to participate in an interview with a panel convened by Scottish Government who will then assess and make final decisions on applications. Applicants will be notified of the panel decision by email.

We are holding a Webinar on MS Teams for potential interested applicants on:

Thursday 12 October 1-2 pm

Click here to join the meeting

You can join the session using the details above. If you would like to receive the calendar invite or wish to discuss anything else on your application, please contact PCImplementation@gov.scot

Upon selection, a memorandum of understanding will be agreed between Scottish Government, Healthcare Improvement Scotland and each participating NHS Board and HSCP. The agreement will clearly set out the expectations, milestones and processes for managing risks to delivery for all parties.

For further information on the background to the programme and the selection process, please see the Scottish Government communication of 27 September 2023.

Section 1

Assessment Questions

1.1 About Your Team	
Which NHS board/HSCP are you applying from?	NHS Greater Glasgow & Clyde Health Board West Dunbartonshire Health & Social Care Partnership
What is the name of the key contact for participating in this programme?	Dr Saied Pourghazi
What is their job title?	Clinical Director
What is their email address?	Saied.pourghazi@ggc.scot.nhs.uk

1.2 Please provide more information about your team, including what dedicated QI, data and project/admin support is available locally to support the programme. This could be through a local QI lead or team members who have completed QI training such as the Scottish Improvement Leaders Programme (ScIL) or similar.

The HSCP Primary Care Team supporting the bid includes

- Head of Health & Community Care
- Chief Nurse
- Primary Care Development Lead
- Clinical Directors
- Senior Nurse supporting CTAC
- Advanced Nurse Practitioners
- Pharmacy Lead Supporting Pharmacotherapy
- Head of MSK supporting Advanced Practice Physiotherapist
- CLW Programme Lead – The Alliance
- LIST Analyst
- Information Lead.

- The Chief Nurse and Senior Nurse have SLIP Scottish Coaching and Leading for Improvement Programme
- The Head of Musculoskeletal Service has the Scottish Coaching and Leading for Improvement programme (SCLIP)
- The Pharmacy Lead /team have quality improvement throughout their life-long learning and is included in their post graduate qualification framework.

Our Chief Officer led the initial development work in Inverclyde for the New Ways of Working, providing the direction and leadership which informed the transformation of Primary Care.

West Dunbartonshire HSCP are embedding a data informed QI approach across services. This bid includes funding to support the delivery of a QI programme across our GP Practices, building capacity to measure improvements in

- The management of chronic conditions
- Self-management for patients
- Health outcomes, and
- Reduced health inequalities.

The West Dunbartonshire bid will cover the whole HSCP, which includes 16 GP Practices, West Dunbartonshire is urban in nature with 3 main towns, Alexandria, Dumbarton and Clydebank.

- West Dunbartonshire contains the third equal highest share of the most deprived data zones of Scotland's 32 local authority areas

Cluster	Patients in 15% most deprived areas
Alexandria	34%
Dumbarton	16%
Clydebank	36%

- West Dunbartonshire had the 2nd highest death rate from Covid in Scotland and has a high level of co-morbidities.
- Healthy life expectancy has decreased to 58.1 years for men and 58.5 years for women.
- Twenty-six per cent of residents report having a lifelong, time-limiting condition (24% across Scotland).

Maximum 300 words

1.3 General Applicability

Sites will be selected to test ability to deliver full implementation in diverse range of areas (e.g. rural, remote, deprived, urban) although individual bids are not required to cover all settings. Please describe the key characteristics of the population/geography your bid covers.

Please specify whether this is a whole HSCP or Board area, or a specific locality.

Please describe your current position on CTAC and Pharmacotherapy implementation, existing delivery model and the gap you have identified to full delivery. Please also describe your overall position on MOU delivery across all MoU service areas.

Current Position

West Dunbartonshire's bid builds on our learning to date and reflects what is achievable in both increasing the HSCP's workforce through the local model to recruit and grow, and the opportunity to maximise the benefits of both technology and innovation.

Pharmacotherapy

The Pharmacy Service is a hybrid model with a Pharmacy Hub supporting level 1 and Clinical Pharmacists based in GP Practices. The Pharmacy Hub, which is led by Pharmacy Technicians and Support Workers provides a centralised service to manage IDLs, OPLs and general clinical queries from GP practices.

The gap in full delivery on a workforce basis was reviewed after the PCIP Tracker 5.5 was submitted;

Role	Required resource	Current resource
Pharmacist	24wte	11.0wte
Pharmacy Technicians	19.2wte	11wte
Pharmacy Support	6.7wte	5.6wte

The HSCP proposal aims to test digital solutions on behalf of NHS Great Glasgow and Clyde eHealth.

- There is no tool available which links with GP practice systems such as EMIS, Vision or Docman. Initial scoping suggests that investment in full development and utilisation of Artificial Intelligence to streamline work via software such as Automation of medicine reconciliation would support the development of a prototype to trial in 1-2 practices
- Development of a single medication record to reduce errors
- Funding for both digital developments are for small scale testing.

In addition we will

- Work collaboratively to support the better understanding of managing risk with medication on repeats

- Aim to recruit 3 Pharmacy Support Workers and 2 Pre-Registration Pharmacy Technicians to bolster the current pharmacotherapy team.

Community Treatment and Care Services
CTAC is fully delivered using a hybrid delivery model All Treatment room interventions as described in the MOU 1 & 2 are provided.

Gaps identified for full CTAC delivery

- We are reviewing DCAQ data and are encouraging GP practices to fully utilise the services as designed. Once this data and shift of activity is completed additional resource may be indicated
- We will introduce a booking hub and additional Healthcare Support Workers and Nurses
- We aim to extend self-referral processes to our routine Phlebotomy Clinic.

Overall Position on MOU Delivery Across all MoU Service Areas.
The Primary Care Phased Improvement Programme provides HSCPs with an opportunity to fully embed the Primary Care Transformation Programme as set out in the GMS Contract and supporting MOUs. The focus on Pharmacotherapy and Community Care & Treatment Rooms Services supports delivery of the change in regulations.

However, ongoing development and embedding of additional investment in the wider Multidisciplinary Team, would support the transfer of GP workload providing additional capacity to realise the Expert Medical Generalist ambition. The opportunity to include MDT expansion in the Phased Improvement Programme would enhance Primary Care for patients in West Dunbartonshire where deprivation is having a clear impact on people's health and life expectancy.

West Dunbartonshire HSCP therefor proposes as part of the bid the opportunity to;

- Increase Advanced Nurse Practitioners creating a Senior Advance Nurse to provide leadership and reduce the training burden on GP Practices and increase the ANP capacity across the HSCP and to support the Senior Decision making approach required by the local Care Homes.
- Develop a MSK Hub in our Clydebank cluster, to test out a different model by applying a quality improvement approach to delivery of Advance Practice Physiotherapist. West Dunbartonshire is uniquely placed to pilot this work as not only do we host the MSK Physiotherapy service for NHS GG&C, we also have state of the art accommodation in Clydebank.
- Increase the provision of mental health support and create additional capacity within GP practices to address patient unmet needs, by adding 2 additional band 6 Mental Health Practitioners.

Any learning from the Primary Care Phased Improvement Programme will be shared with HSCPs through the ongoing collaborative working in place to support the Primary Care Improvement Programme.

Maximum 500 words

1.4 Feasibility

Provide a brief statement outlining what you hope to achieve by participating in the programme and your readiness to participate.

Please outline how you intend to achieve full delivery in your area through this proposal and whether you propose to expand existing models, or are seeking to develop new models to achieve full delivery within your local context.

Please consider how you will address any barriers to implementation you have encountered to date, for example through thinking innovatively about models of delivery or redesign of wider services.

Please also describe any changes you will make to your full PCIP programme across all MoU service areas as part of this proposal, so that Pharmacotherapy and CTAC are working effectively as part of the wider bundle of services.

The HSCP is aware of the challenges in workforce availability so we will endeavour to extend our teams where needed and workforce is available. The key priority for the project is to measure the impact on patient outcomes through quality improvement in areas such as CTAC and Pharmacotherapy.

We will utilise quality improvement to specifically look at

- The use of technology in pharmacotherapy and roll out of Artificial Intelligence to streamline work such as automation of medicine reconciliation and the development of a single medication record, thus supporting enhanced communication, testing and roll out.
- Multidisciplinary working across the community care and treatment room service to enhance the a multi morbidity approach to Chronic Disease Management by collaboration and adoption of quality improvement to measure impact on patient outcomes, and increase capacity where possible.
- Development of the Expert Medical Generalist Role.

This quality improvement approach will support us

- To ensure that the service is equitable across our patients
- Work with practices to optimise processes to support consistency and efficiency in CTAC and Pharmacotherapy
- Improving the outcomes for patients by ensuring patients see the right professional at the right time, and
- Create capacity for GPs to focus on and develop the role of Expert Medical Generalist.

MDT working is an area for improvement across Primary Care and will be the focus of our development session in January 2024.

As the HSCP has fully invested the 2022/23 recurring PCIP funding we are ready to take on the challenge of further enhancing Primary Care Services for the residents of West Dunbartonshire and improving the working conditions for GP Practices by providing additional capacity through improved MDT working.

Barriers to Implementation

Workforce

- Recruitment, retention and absence of staff
- Potential risk of destabilising staffing in neighbouring partnerships and wider services.

Funding

- Due to the timing of the preparation and submission of this proposal, it has not been presented formally to the IJB for approval.
- The HSCP and IJB recognise that recruiting on a long-term basis to the additional workforce would support recruitment and retention.
- Scottish Government's commitment to support longer-term funding is welcome. The IJB would need assurances that if the QI data did not support scaling up then there would be some underwriting of recurring costs.
- The IJB will consider reducing the risk in recruiting to these roles on a permanent basis through the management of staff turnover of the wider PCIP workforce if funding is not extended.

Premises

- The HSCP has 2 modern state of the art Health & Social Care facilities, in Alexandria and Clydebank, which lend themselves to developing and testing different approaches.
- The HSCP has been successful in a bid (circa £0.900m over financial years 23/24 & 24/25) to the NHS GG&C Capital Planning Group to develop additional clinical and non-clinical space within Dumbarton Health Centre, this work will be progressed over the next 18 – 24 months and will provide additional capacity.
- Premises remain an ongoing challenge in delivering practice based MDT working.

Maximum 500 words

1.5 Leadership and Collaboration

Please provide evidence of commitment to the long term vision for primary care with joined up whole system planning and person-centred focus. Please include details of how you will involve people with lived experience in this programme.

Describe how shared ownership and commitment to collaborative working between the HSCP, NHS Board, LMC/GP Subcommittee will be embedded in the delivery of this work.

Explain how you intend to work with practices to develop effective multi-disciplinary working arrangements through this proposal, across CTAC, Pharmacotherapy and the wider range of services.

Please describe how you will work to avoid any negative impacts from the programme on neighbouring areas and other parts of the healthcare system.

The HSCPs commitment to the long term vision for Primary Care is captured in our Primary Care Improvement Plans. In addition the HSCP is working collaboratively with NHS GG&C Health Board to deliver a shared Primary Care Strategy in 2023/24, this has taken a whole system approach and is closely aligned to our Moving Forward Together Strategy and Mental Health Strategy.

Involving People with lived experience is an area we are keen to develop further within Primary Care, reflecting our approach to lived experience in other services.

The existing arrangements to support the delivery of the Primary Care Improvement Plan for shared ownership and collaborative working will continue. The HSCP has a strong working relationship with our GP Sub representative who is a core member of the HSCP PCIP Steering Group.

We will continue to support effective multi-disciplinary working by developing consistency in approach across practices through ongoing engagement and building on the work already undertaken thus far.

We will endeavour to avoid any negative impacts on neighbouring areas and other parts of the healthcare system by recruiting trainee staff. We will work collaboratively with neighbouring HSCPs to share learning and updates with the Primary Care Phased Improvement Programme, through the well-established mechanisms across the 6 HSCPs in NHS GG&C.

Collaborative Working
Since the introduction of PCIP we have developed a local approach to train and develop our workforce across a number of workstreams. This has been possible through the collaborative working with our local GPs which demonstrates the strong relationships built with practices particularly since our Clinical Directors came into post in 2020. They have provided strong leadership in GP collaboration which has transformed how the HSCP and Primary Care continuously improve services and pathways for patients not just within the services developed as part of the Primary Care Improvement Plan but also the wider services to support Health & Social Care.

The HSCP would support the involvement of community pharmacist to extending the culture and MDT working beyond the MOU MDT, enabling closer working relationships across stakeholders resulting in a smoother patient journey, ensuring a more efficient use of pharmacotherapy resources resulting in maximum impact for delivery and patients.

Maximum 500 words

1.6 Affordability

Funding will be made available to the HSCP areas involved in the sites; however, costs must nonetheless remain affordable within constrained

financial context. We will work with areas to develop detailed costings which will be approved before areas proceed to implementation.

Bids should provide rough costings for your programme and likely spend profile, with any accompanying commentary as required e.g. details of any one-off costs, staff and non-staff costs

Detailed below are the costs associated with the West Dunbartonshire bid, a number of areas require further work to clarify what the actual workforce investment is based on current demand and capacity.
The proposed bid would require funding for the following:

Staff Costs – Core Priorities

- QI Support 1.0wte Band 5 Annual Gross Cost £49,500
- CTAC Nurse 1.0wte Band 5 Annual Gross Cost £49,500
- CTAC Health Care Support Worker 2.0wte Band 3 Annual Gross Cost £35,800 x 2.0wte = £71,600
- CTAC Business Support 2.0wte Band 2 Annual Gross Cost x 2.0wte = £32,900 x 2.0wte = £65,800
- Pharmacotherapy Support Workers 3.0wte Band 3 Annual Gross Cost = £35,800 x 3.0wte = £107,400
- Pharmacotherapy Trainee Technician 2.0wte Band 4 Annual Gross Cost = £39,200 x 2.0wte = £78,400

Estimated Annual Staff Costs = £422,200

Other Costs

- Pharmacotherapy Digital Technology Investment Costs – Estimate £300,000 (AI Process Automation and Shared Medication Records)
- Community Pharmacy protected time/backfill for engagement and collaboration work – Estimated Annual Cost = £56,000
- GP, Practice Manager and practice based admin support capacity - protected time/backfill to enable fully collaborative approach and QI Work/Engagement – Estimated Annual Cost = £150,000

Estimated Other Costs = £506,000

Staff Costs – Non Core/Additional

- MSK Hub Model – 3.0wte Band 7 MSK Practitioner Annual Gross Cost £71,200 x 3.0wte = £213,600

- ANP – 1.0wte Band 8a Annual Gross Cost £81,600
- 2.0wte ANP/Qualified or Trainees Band 7 Annual Gross Cost £71,200 x 2.0wte = £142,400

- Wellbeing Nurse - 2.0wte Band 6 Annual Gross Cost £60,800 x 2.0wte = £121,600

Estimated Annual Staff Costs = £477,600

***Total Indicative Costs/funding required* £1,405,800**

Due to the challenges in recruiting temporary staff, the HSCP's preference/ambition would be to recruit to permanent posts in the MOU Workstreams, however this would require IJB approval. Given the significant financial challenges in 2023/24 and in future years, the IJB would have to consider the risks of committing to recurring costs given the lack of earmarked reserves for PCIP and no guaranteed funding by Scottish Government beyond the initial 18 months. This financial risk would require to be managed through staff turnover of the wider PCIP workforce in the event that bid funding is not baselined.
Maximum 300 words

Section 2

Applicants: At this stage we recognise the composition of the team may not yet be decided, but details of the organisational sponsor, project coordinator and clinical/professional lead should be included with an indication of other participants.

2.1 Organisational sponsor(s)	
The sponsor(s) will provide strategic leadership to the health and social care partnership and/or NHS Board and support their participation in the programme. This should be at Chief Officer/Chief Executive level.	
Name	Beth Culshaw
Job title	Chief Officer
Organisation	West Dunbartonshire Health & Social Care Partnership
Email address	Beth.culshaw@ggc.scot.nhs.uk
Phone number	07946 612554
Signature	

2.2 Project coordinator	
Throughout the programme, including the application process, the coordinator is the first point of contact for the local team. The role includes liaising between the national team and local team, setting up meetings and calls, and coordinating and submitting reports.	
Name	Anna Crawford
Job title	Primary Care Development Lead
Organisation	West Dunbartonshire Health & Social Care Partnership
Email address	Anna.crawford@ggc.scot.nhs.uk
Phone number	07811 247708

2.3 Clinical/Professional Leadership (Medical, NMAHP, Pharmacy etc.)	
The clinical/professional lead will represent and provide strategic direction to the team who is involved in the Programme.	
Name	Saied Pourghazi
Job title	Clinical Director
Organisation	West Dunbartonshire Health & Social Care Partnership
Email address	Saied.pourghazi@ggc.scot.nhs.uk
Phone number	

2.4 Team members

Please include the details of your team members. This can vary in number of team members and composition but should be a multi-disciplinary team including data/analytics. *(add additional lines where required)*	
Name	Fiona Taylor
Job title	Head of Health & Community Care
Organisation	West Dunbartonshire Health & Social Care Partnership
Email address	Fiona.taylor2@ggc.scot.nhs.uk
Phone number	07766 085272
Name	Julieanne Lock
Job title	HSCP Lead Pharmacist
Organisation	West Dunbartonshire Health & Social Care Partnership
Email address	Julieanne.lock@ggc.scot.nhs.uk
Phone number	07929 766697
Name	Morag Lynagh
Job title	Senior Nurse
Organisation	West Dunbartonshire Health & Social Care Partnership
Email address	Morag.lynagh@ggc.scot.nhs.uk
Phone number	07766 085302
Name	Helen Little
Job title	Head of MSK
Organisation	West Dunbartonshire Health & Social Care
Email address	Helen.little@ggc.scot.nhs.uk
Phone number	
Name	Val Tierney
Job title	Chief Nurse
Organisation	West Dunbartonshire Health & Social Care Partnership
Email address	Val.tierney@ggc.scot.nhs.uk
Phone number	07785762201
Name	Julie Slavin
Job title	Chief Finance Officer
Organisation	West Dunbartonshire Health & Social Care Partnership
Email address	Julie.slavin@ggc.scot.nhs.uk

Phone number	07773934377
Name	Lorraine Nocher
Job title	Finance Manager
Organisation	West Dunbartonshire Health & Social Care Partnership
Email address	Lorraine.nocher@ggc.scot.nhs.uk
Phone number	
Name	Lyn Slavin
Job title	Information Lead
Organisation	West Dunbartonshire Health & Social Care Partnership
Email address	lyn.slaven@west-dunbarton.gov.uk
Phone number	
Name	TBC
Job title	LIST Analyst
Organisation	Public Health Scotland
Email address	
Phone number	
Name	Fiona Wilson
Job title	Clinical Director
Organisation	West Dunbartonshire Health & Social Care Partnership
Email address	Fiona.wilson4@nhs.scot
Phone number	

2.5 LMC/GP Subcommittee contacts	
Please list the GP representatives who will be part of the programme.	
GP Practice	Red Wing, Clydebank Health Centre
Name	Scott Queen
Job title	GP Principle (GP Sub Representative)
Email address	Scott.queen@nhs.scot
Phone number	0141 531 6475
GP Practice	
Name	
Job title	
Email address	
Phone number	

GP Practice	
Name	
Job title	
Email address	
Phone number	

End of Application Form

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Financial Officer

21 November 2023

Subject: 2023/24 Financial Performance Report as at Period 6 (30 September 2023)

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 2023 and a projected outturn position to the 31 March 2024.

2. Recommendations

2.1 The HSCP Board is recommended to:

a) **Note** the updated position in relation to budget movements on the 2023/24 allocation by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and **approve** the direction for 2023/24 back to our partners to deliver services to meet the HSCP Board's strategic priorities;
b) **Note** the reported revenue position for the period 1 April 2023 to 30 September 2023 is reporting an adverse (overspend) position of £1.111m (1.12%);
c) **Note** the projected outturn position of £2.320m overspend (1.17%) for 2023/24 including all planned transfers to/from earmarked reserves;
d) **Note** the progress update on the recovery plan to address the projected overspend and **approve** the application of both earmarked and un-earmarked reserves as set-out in Table 7;
e) **Note** the update on the monitoring of savings agreed for 2023/24;
f) **Note** the current reserves balances;
g) **Note** the update on the capital position and projected completion timelines;
h) **Note** the progress to date on the budget planning process for 2024/25 to 2026/27; and
i) **Note** the impact of a number of ongoing and potential burdens on the reported position for 2023/24 and the previously reported budget gaps for 2024/25 and 2025/26

3. Background

3.1 At the meeting of the HSCP Board on 15 March 2023 members agreed the 2023/24 revenue estimates. A total indicative net revenue budget of £191.016m (excluding Set Aside) was approved as the health allocation was subject to NHSGGC Board formal approval.

3.2 Since the March HSCP Board report there have been a number of budget adjustments. A total net budget of £198.252m 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 £1.111m (1.12%) with an annual projected outturn position being a potential overspend of £2.320m (1.17%). The consolidated summary position is presented in greater detail within Appendix 3, with the individual Health Care and Social Care reports detailed in Appendix 4.

4.2 The summary and Heads of Service positions are reported within Tables 1 and 2 below which identifies the projected 2023/24 budget overspend of £2.320m (1.17% of the budget). This will be subject to change as the year progresses and the approved recovery plan is implemented. It should be noted that this projection continues to reflect a 4% budget uplift and comparable cost for the outstanding pay award for local government employees. This is covered in more detail below within sections 4.12 – 4.15 and Tables 7 and 8.

Also as this report was being finalised, confirmation was received that the job evaluation request for Care at Home workers was successful and care staff will be regraded from a grade 3 to a grade 4. This is also covered in Tables 7 and 8 below.

Table 1 – Summary Financial Information as at 30 September 2023

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Forecast Variance	Variance %
	£000	£000	£000	£000	£000	£000	£000	£000	
Health Care	118,137	54,940	55,208	(268)	119,739	(1,602)	(1,066)	(536)	-0.45%
Social Care	117,275	52,266	53,147	(881)	121,126	(3,851)	(1,889)	(1,962)	-1.67%
Expenditure	**235,412**	**107,206**	**108,355**	**(1,149)**	**240,865**	**(5,453)**	**(2,955)**	**(2,498)**	-1.06%
Health Care	(4,728)	(2,372)	(2,372)	0	(4,728)	0	0	0	0.00%
Social Care	(32,432)	(5,243)	(5,281)	38	(30,676)	(1,756)	(1,934)	178	-0.55%
Income	**(37,160)**	**(7,615)**	**(7,653)**	**38**	**(35,404)**	**(1,756)**	**(1,934)**	**178**	-0.48%
Health Care	113,409	52,568	52,836	(268)	115,011	(1,602)	(1,066)	(536)	-0.47%
Social Care	84,843	47,023	47,866	(843)	90,450	(5,607)	(3,823)	(1,784)	-2.10%
Net Expenditure	**198,252**	**99,591**	**100,702**	**(1,111)**	**205,461**	**(7,209)**	**(4,889)**	**(2,320)**	**-1.17%**

Table 2 – Financial Information as at 30 September 2023 by Head of Service

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Forecast Variance	Variance %
	£000	£000	£000	£000	£000	£000	£000	£000	
Children's Health, Care & Justice	29,718	13,741	14,462	(721)	31,463	(1,745)	(402)	(1,343)	-4.55%
Health and Community Care	51,478	27,491	28,067	(576)	52,575	(1,097)	55	(1,152)	-2.24%
Mental Health, Learning Disability & Addictions	30,144	18,053	17,890	163	30,554	(410)	(742)	332	1.10%
Strategy & Transformation	2,077	997	832	165	1,745	332	0	332	15.98%
Family Health Services	31,260	15,124	15,124	0	31,260	0	0	0	0.00%
GP Prescribing	21,017	10,912	11,493	(581)	22,405	(1,388)	(225)	(1,163)	-5.53%
Hosted Services	8,406	4,273	4,248	25	9,058	(652)	(702)	50	0.59%
Other	24,152	9,000	8,586	414	26,401	(2,249)	(2,873)	624	2.58%
Net Expenditure	**198,252**	**99,591**	**100,702**	**(1,111)**	**205,461**	**(7,209)**	**(4,889)**	**(2,320)**	**-1.17%**

4.3 The positive movement in the overall position between the period 4 projections of a £2.937m overspend and the current projection of £2.320m (excluding potential pay award and job evaluation pressure) is covered in Table 3 below. This table highlights the volatile nature of the demand of some health and care services that can significantly impact on projections. The improved position across some social care commissioned services has been significantly offset with increases GP Prescribing costs due to increases in volumes and price.

Table 3 – Movement since Period 4

Movement since Period 4	**Forecast Variance**
	£000
Period 4	(2,937)
Increase in Prescribing Adverse Variance	(1,163)
Reduction in External Care Homes Adverse Variance	250
Reduction in Children & Families Adverse Variance	909
Increase in Social Care HQ Favourable Variance	313
Increase in Health Other Services	206
Other	102
Net Expenditure	**(2,320)**

4.4 Members should note that the projected overspend takes into account the progress on agreed savings programmes and £4.889m of expenditure to be covered from drawdowns in earmarked reserves. Further detail on progress of savings is detailed in Appendix 2 with a summary position shown in Table 4 below.

4.5 The progress of savings is tracked by the SMT and a RAG (Red, Amber, and Green) status applied to inform further actions. In the period to 30 September 2023 approximately 69% of savings have been achieved or are on track to be achieved, with the remainder requiring further action. Summary detail on the anticipated level of reserves, including those approved by the HSCP Board in March to underwrite the savings challenge, is provided within Appendix 6 with further detail contained in sections 4.24 – 4.25 below.

Table 4 – Monitoring of Savings and Efficiencies

Efficiency Detail	Saving to be Monitored	Savings Completed or Anticipated to be Achieved as Planned	Saving Achieved Through Management Action	Savings at Medium Risk of not being achieved as planned and subject to Recovery Planning	Savings at High Risk of not being achieved as planned and subject to Recovery Planning
	£000	£000	£000	£000	£000
Total	7,862	5,192	238	205	2,227
Health Care	1,243	1,243	0	0	0
Social Care	6,619	3,949	238	205	2,227

4.6 Analysis on the projected annual variances in excess of £0.050m are contained within Appendix 5. Continuing from the September Board update some teams continue to experience recruitment and retention challenges, with savings generated from vacant posts exceeding turnover targets applied in the majority of these services. However costs for premium rate overtime and agency cover are being reviewed with enhanced scrutiny afforded by new online pre-approval request forms. Projections continue to reflect the volatility and impact of significant demand for children and families residential and community placements, care at home staffing challenges and external older people's residential placements and increased volumes, with further explanation provided below. The budget gaps for 2024/25 and 2025/26 have been updated accordingly and an illustration of this impact is included within Table 8 and sections 4.29 - 4.31 below.

4.7 Previous financial performance and budget setting reports have provided information on the scale of the financial challenge supporting vulnerable children and families. There has been some turnover within residential accommodation, resulting in the projected overspend reducing by £0.397m,

from that reported to the September HSCP Board. The Head of Service for Children's Health, Care and Justice will bring forward a report to a future meeting, which expands on the members session "What Would It Take" held on 1 September, on the key themes behind the trends and how future support will be designed, including any financial support required by our partners to deliver statutory services.

4.8 On 25 August 2023 COSLA Leaders agreed to the introduction of a Scottish Recommended Allowance (SRA), to be backdated to 1 April 2023, for Foster and Kinship Carers as part of their commitment to The Promise and will mean that every eligible foster and kinship carer will receive at least a standard, national allowance which recognises the valuable support they provide, no matter where they live.

4.9 As reported to the September HSCP Board the introduction of this policy is anticipated to cost the HSCP circa £0.175m based on paying the national minimum allowance where it is higher than current levels and this impact has been incorporated into the position reported within this report. This report assumes that this will be fully funded resulting in no additional financial pressure to the HSCP.

4.10 Staffing challenges continue to present themselves within Care at Home services with the projected overspend increasing by circa £0.070m from that reported to the September HSCP Board. This is mainly due to ongoing increases in premium rate overtime and agency usage in relation to sickness, staff training and holiday cover and a reduction in anticipated income. As stated in section 4.5 above approval processes are being enhanced.

4.11 The External care homes budget continues to report financial pressure as the actual number of current residents funded by the HSCP exceed the budgeted placements by a total of 18 places with an increasing number of nursing placements compared to residential.

Update on 2023/24 Local Authority Pay Award

4.12 The outcome of local government employees pay offer ballots, resulted in 2 out of the 3 main unions accepting the offer made by CoSLA on 21 September 2023. This pay offer, backdated to 1 April 2023, means that employees currently paid the Scottish Local Government Living Wage and those on National Spinal Column Points (SCP) 19 to 23 will receive an increase of £1.04 per hour. Employees on all other spinal column points will receive either an increase of £1.00 on their hourly rate or a 5.5% pay increase, depending on which is worth more.

4.13 Following the rejection by UNISON members, talks continued and on 3 November CoSLA issued a press release that confirmed the Scottish Government had *"identified a mechanism to underwrite limited additional one-off funding to meet the extra demands…..This is the final £17.2m to get a package worth more than half a billion over the line…".* Feedback on the second part of the pay deal is awaited from UNISON and, if agreed,

will provide an additional 45p on SCP 18 and below, a 2.5% increase to SCP 19-43, a 1.5% for SCP 44-64 and a 1% increase for SCP 65 and above.

4.14 Work to implement the pay deal has begun, however given the scale and complexity of the process involved in calculating the individual awards, it will likely take until the end of January 2024 before employees receive their new rates of pay.

4.15 As referred to in sections 4.2 – 4.3 above, forecast outturn figures do not include the impact of any pay award over the 4% budgeted for at present, however the financial impact of the average 6.95% pay offer of circa £1.456m is detailed in Table 8 within section 4.26 – 4.29.

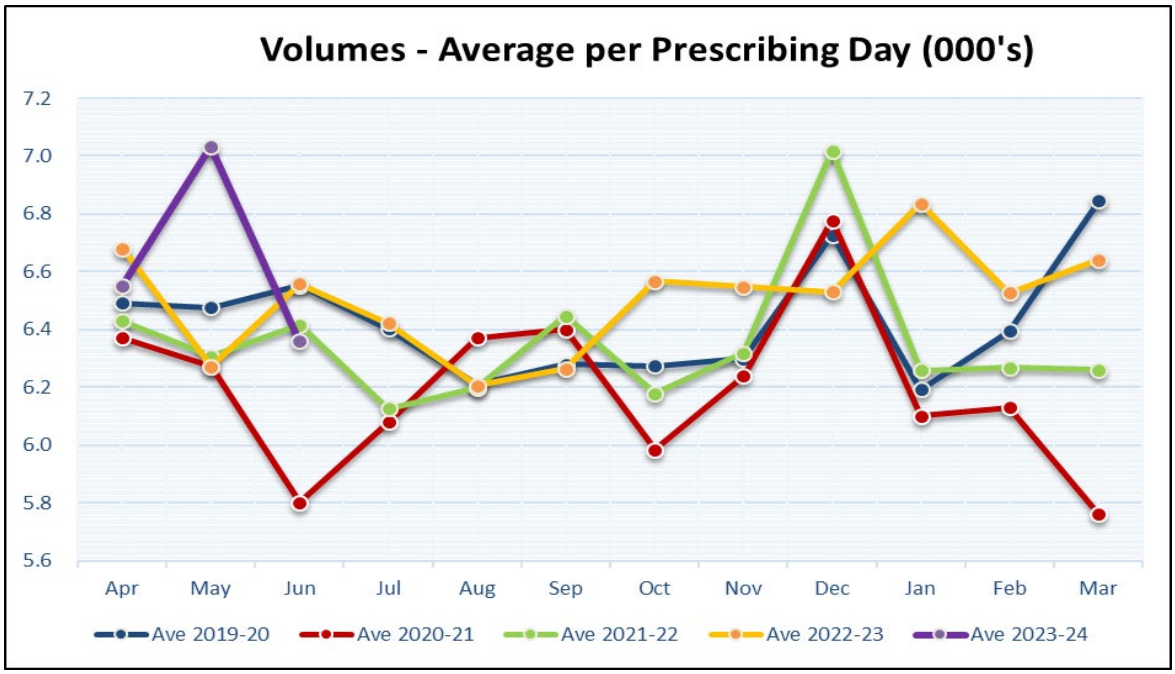
Update on Prescribing 2023/24

4.16 As previously reported, the accuracy of 2023/24 prescribing data remains a risk to the reported projections. National Services Scotland (NSS) are responsible for the production of prescribing data used to calculate payments to community pharmacists and to inform health boards and HSCPs of activity (costs and volumes). However NSS have experienced a variety of challenges implementing a new system across Scotland, which has caused significant delays in the production of robust, reliable and timeous data on prescribing volumes and prices. At the time of writing only April and May data was fully validated with work on-going to interpreting the June figures.

4.17 Graph 1 below shows the average volumes for May 2023 as just over 7,000 items prescribed each day which is significantly higher than any of the last 4 years, pre, during and post-pandemic. While the HSCP Board recognised the 2022/23 trend did show an increase in volumes, exacerbated with increasing prices globally and provided a 5% uplift on the prescribing budget, the latest data indicates that the projected outturn position could be an overspend in the region of £1.4m (after application of £0.200m from ADP funding). As set-out in Table 3 above, this latest projection is the main reason for the negative movement in health between period 4 and period 6.

The September Board report had already anticipated that a proportion (£0.225m) of the earmarked prescribing reserve balance of £0.972m would have to be utilised based on the April figures. However, based on May and June's data the full earmarked reserve may have to be utilised in tandem with savings derived from local and Boardwide prescribing efficiency programmes such has a review of the prescribing of non-formulary versus formulary drugs, waste reduction, serial prescribing and possible spend to save initiatives. This further application of earmarked reserves is part of the recovery plan actions as set-out in Table 7 below. The Scottish Government recognise the impact of global price increases across Health Boards and HSCPs but to date no additional funding has been identified. Therefore this pressure is also captured in future year's budget pressures as set-out in Table 8 below.

Graph 1: Extract of WDHSCP Prescribing Volumes April 2019 – June 2023



Bad Debt Write-Off

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

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

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

4.20 Bad debt write off totalling £0.076m for the period April to September 2023 are included in the tables 5 and 6 below for information only as no individual debt exceeds £5,000. The debt written off for quarters 1 and 2 exceed previous financial year's write-offs and this will have to be monitored closely for potential impact on the current provision which is £0.289m.

Table 5 – Bad Debt Write Off by Classification

Debt Write off Summary for April to September 2023	Value of Debt Write Off	Number of Cases
Prescribed under £5k	37,767	557
Uneconomical under £5k	0	0
Unreasonable under £5k	13	3
Deceased under £5k	38,105	169
Small balance under £5k	0	0
Deceased over £5k	0	0
Prescribed over £5k	0	0
Unreasonable over £5k	0	0
Totals	**75,885**	**729**

Table 6 – Bad Debt Write Off by Service Area

Debt Write off Summary for April to September 2023	Value of Debt Write Off	Number of Cases
Care at Home	16,722	212
Care Contracts	29,773	42
Learning Disability	7,991	115
Mental Health	9,600	36
Addictions	1,850	19
Physical Disability	195	2
Community Alarms	6,398	302
Finance	3,355	1
Totals	**75,885**	**729**

Recovery Plan

4.21 As reported above the annual projected outturn position reported at Period 6 is a potential overspend of £2.320m (1.17%) requiring a recovery plan to be put in place. It should be noted that the financial pressure being projected is not unique to WDHSCP, as IJB's quarter 1 financial returns (to Health and Sport Committee) have highlighted the national scale of the financial challenge due to cumulative impacts of "flat-cash" or below inflation allocations coupled with high levels of volatility of demand and costs across health and social care services.

4.22 The Senior Management Team are focussed on a number of areas to bring spend back in line with approved budgets, where possible. Actions already undertaken include a review of current reserves, in particular those created by Scottish Government funding, any one-off in-year savings in excess of management actions already agreed i.e. further turnover and vacancy management savings and review of high cost agency usage for qualified social worker vacancies.

4.23 A financial template was issued to all Head of Service to aid the submission of options for both 2023/24 recovery planning, and 2024/25 to 2026/27 budget savings/efficiencies. A review of all options received was carried out in mid-October and the progress on the recovery plan to date is detailed in the Table 7 below. The HSCP Board are asked to consider and approve the application of specific earmarked reserves and a contribution from un-earmarked reserves held to underwrite any unexpected financial shocks to the partnership. If approved this will fully cover the projected overspend from £2.320m to a small surplus of £0.372m. This residual £0.372m is likely to be sufficient to cover the re-grading of care at home staff for 2023/24 as covered in section 4.2 above. The remaining gap will be subject to change once the new national "spinal column pay rates" are confirmed. However it is anticipated that the actual cost will be covered, at least in part, by the additional funding the Scottish Government has already earmarked for local authority employed staff. In March the government included £155m within the financial settlement to local authorities and the latest announcement commits a further £17.2m. West Dunbartonshire Council's allocation from this has still to be confirmed and how a share of this could pass-through to the HSCP is unclear at this time.

Table 7 – Progress with 2023/24 Recovery Plan

Reconciliation of Recovery Plan and Application of Reserves	**£000's**
Projected year end overspend per Table 1	(2,320)
Application of unearmarked reserves above 2% target	275
Application of remaining prescribing reserve	747
Application of complex care reserve to fund external care home anticipated overspend	392
Application of winter planning reserves - enhance care at home	1,078
Application of winter planning reserves - interim care	200
Recovery Plan	
Remaining Reported Budget Gap	**372**
Social Care Pay Inflation increased on average 6.95%	(1,456)
Regrading of Care at Home Staff	(321)
Remaining Adjusted Budget Gap	**(1,405)**

Update on Reserves

4.24 As stated above, the recovery plan includes a recommendation in relation to the further application of earmarked reserves with minimal impact on un-earmarked reserves. The unaudited balance brought forward from 2022/23 is £4.301m which is just slightly in excess of the 2% target of net expenditure of £4.026m contained within the Reserves Policy. The Policy is clear that a sufficient level of un-earmarked reserves should be held to "cushion the impact of unexpected events or emergencies" in any given financial year.

4.25 Analysis of reserves is detailed in Appendix 6 and identifies that at this time it is anticipated that £4.889m will be drawn down from earmarked reserves to fund expenditure in 2023/24 which includes £1.812m applied in March 2023 to balance the 2023/24 budget.

Budget Process for 2024/25 to 2026/27

4.26 Significant work has been undertaken to date regarding the draft budget position for 2024/25 and future years and current budget gaps for 2024/25 and 2025/26 are presented below in Table 8. As highlighted above in section 4.23, a review of all savings options received to date from Heads of Service was undertaken mid-October. The HSCP Board members session held on 27 October provided some high-level information on the range and value of the options being considered. Some options recommend a continuation of the actions taken in 2023/24 including further turnover, a cap on care home bed numbers and progress on service redesign models. The current suite of options range from savings of £3.5m to £6.9m.

4.27 Table 8 below sets out the current scale of the challenge with the likely budget gap for 2024/25 being in the region of £11.3m, before adjusting for the reduction in the employer's superannuation contribution from 19.3% to 6.5% for the next two financial years before rising to 17.5% in 2026/27. The Board received a verbal update on this reduction in employer's superannuation costs at the September meeting.

4.28 The Board may consider phasing the 2-year superannuation saving over a longer period e.g. 3 to 5 years, however this decision will be influenced by how the gap changes based on the allocation of outstanding pay award funding and any direction issued by the Scottish Government on funding allocations to Integration Authorities by their partner bodies. Further details will be presented at the next members session scheduled for the new year and confirmed within the February 2024 HSCP Board report.

Budget Gap Analysis 2023/24 – 2025/26

4.29 Officers have undertaken a review of all potential burdens that may impact on the currently reported position for 2023/24 and the previously reported budget gaps for 2024/25 and 2025/26 at the 15 March 2023/24 budget setting meeting. Table 8 details the potential financial impact of a number of burdens

ranging from social care pay uplifts, the continued impact of pressures within children and families and health and community care and prescribing risk.

Table 8 – Budget Gap Analysis

Consolidated Budget Gap Analysis	2023/24	2024/25	2025/26
	£000's	£000's	£000's
Budget Gap Reported March 2023	0	6,438	9,939
Forecast Deficit @ September 2023	2,320		
Recovery Plan One Off Application of Reserves	(2,692)		
Budget Adjustments / Pressures not Reported			
Social Care Pay Inflation increased on average 6.95%	1,456	1,456	1,456
Regrading of Care at Home Staff	321	609	905
Increase to future pay awards due to forecast 23/24 final uplift		294	384
Funding for Scottish Recommended Allowance for Foster and Kinship Carers		(182)	(182)
Demographic Impact of C&F		1,383	1,691
Demographic Impact of HCC		1,246	1,930
Demographic Impact of LD, MH and Addictions		787	757
Removal of pressures/burdens to reflect flat cash allocations		(2,222)	(2,509)
Scottish Living Wage		2,050	2,906
Assumed Funding for Scottish Living Wage		(2,050)	(2,906)
Prescribing Financial Burden		1,457	3,061
Revised Budget Gap @ September 2023	**1,405**	**11,266**	**17,432**
Impact of Reduction in EER's Superann Contributions		(5,194)	(5,194)
Revised Budget Gap @ September 2023 after EER's Impact	**1,405**	**6,072**	**12,238**
Health Care	(211)	1,666	3,291
Social Care	1,616	3,798	8,043
Revised Budget Gap @ September 2023	**1,405**	**6,072**	**12,238**

4.30 Table 8 highlights the widening financial gap if all potential burdens were to be realised in 2023/24 and if any further recovery plan does not deliver recurring actions to mitigate pressure in future years. The current forecast overspend of £2.320m is also subject to risk as the local authority pay award is finalised and funding remains unclear. The care at home staff regrading which has now been agreed is also anticipated to add a further £0.321m of financial burden to 2023/24, but could be covered from earmarked reserves as set-out in Table 7 above. The impact on 2024/25 and 2025/26 taking into account the current trajectory for children and families and health and community care increase the worst case scenario budget gap to £11.3m and £17.4m unadjusted for any employer's superannuation saving.

4.31 The future year budget gaps are mainly driven by the assumption that the HSCP Board will continue to receive flat-cash allocations for delegated social care services. In recognition of this and as part of the budget preparation exercise, action has already been taken to remove a number of pressures and burdens from the draft estimates for 2024/25 and 2025/26 at this time. Delegated health services will have some inflationary uplift, including additional pay award funding. The 2023/24 budget setting paper clearly set-out the scale of the financial challenge flat-cash settlements bring and require

all inflation and demographic pressure to be balanced through savings programmes and management actions.

Housing Aids and Adaptations and Care of Gardens

4.32 The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services delegated to the HSCP Board and should be considered as an addition to the HSCP's 2023/24 budget allocation of £84.843m from the council.

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

4.34 The summary projected position for the period to 30 September 2023 is included in Table 9 below and will be reported as part of WDC's financial update position.

Table 9 - Financial Performance projected 30 September 2023

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

2023/24 Capital Expenditure

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

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

5. Options Appraisal

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

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

8.1 The main financial risks to the 2023/24 projected outturn position relate to anticipated increases in demand for some key social care services, complex care packages and prescribing costs, and the uncertainty around pay award funding for Local Authority staff.

8.2 While inflation has fallen to 6.7% it is unclear at this time what impact this will have on the future of the UK Economy for the remainder of this financial year which may have a detrimental impact on public sector funding. Now that the HSCP is in the recovery phase of the Covid-19 pandemic the wider impact of the Britain's exit from the European Union are beginning to reveal themselves.

8.3 The Minister for Social Care, Mental Wellbeing and Sport, announced in July that the proposed model for a National Care Service would be based a shared accountability with Scottish Ministers, Local Government and NHS Boards. This effectively removes any probability of direct allocations to Integration Authorities and retains the current model of negotiating annual financial allocations with partners, who also face significant financial challenges and risks to financial sustainability.

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

Julie Slavin – Chief Financial Officer
Date: 13 November 2023

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Appendices:

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

Background Papers: 2023/24 Annual Budget Setting Report – 15 March HSCP Board

2023/24 Financial Performance Report as at Period 4 (19 September 2023)

Localities Affected: All

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

Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023

2023/24 Budget Reconciliation	**Health Care £000**	**Social Care £000**	**Total £000**
Budget Approved at Board Meeting on 15 March 2023	**104,536**	**86,480**	**191,016**
Health Rollover Budget Adjustments			
Realignment of Specialist Children Services	1,564		1,564
Realignment of Specialist Children Services	(1,374)		(1,374)
FHS GMS - Recurring Adjustment to Rollover Budget	807		807
Recurring Transfer of Funding to NHSGGC Corporate Facilities re Clydebank Health Centre	(161)		(161)
Budget Adjustments			
COPD Pulmonary Rehabilitation MSK Recurring Funding	23		23
Specialist Child Services Baseline Pay Award Uplift 2022/23 Recurring Transfer	(30)		(30)
Apremilast Acute February 2023 Actual WD Non Recurring Funding	13		13
Apremilast Acute March 2023 Actual WD Non Recurring Funding	11		11
WDHSCP Health Visiting Central Training Non Recurring Funding	40		40
Prescribing Tariff Swap Adustment for 2022/23	(276)		(276)
Budget Adjustment related to Health Pay Award One Off Payment	444		444
PCIP Tranche One Funding	3,065		3,065
Winter Planning 1000 HCSW Funding	622		622
ADP Recurring PFG Funding	301		301
Apremilast Acute 22-23 Accr Diff	(4)		(4)
Apremilast Acute Apr23 Actual	10		10
Apremilast Acute May-mar24 Fyb	145		145
Apremilast Acute Feb23 Reverse	(13)		(13)
Apremilast Acute Mar23 Reverse	(11)		(11)
ADP Tranche One Funding and AFC Uplift	497		497
District Nursing Tranche One Funding	150		150
Camchp36 Ou Students Wdhscp	10		10
Winter Planning MDT Funding	563		563
School Nursing Funding	210		210
Outstanding Health Funding Assumptions			
2023/24 Pay Uplift	1,072		1,072
Scottish Government Ring Fenced Funding			
Tranche Two PCIP Funding	177		177
Winter Planning (1000 HCSW and MDT Funding)	188		188
District Nursing Funding	64		64

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

Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023

2023/24 Budget Reconciliation	**Health Care £000**	**Social Care £000**	**Total £000**
ADP Funding	171		171
Action 15 Funding	638		638
Post Diagnostic Support Dementia Funding	63		63
Outstanding Social Care Funding Assumptions			
Recommended Scottish Allowance		175	175
Revised Budget 2023/24	**113,515**	**86,655**	**200,170**
Drawdown from Reserves	**(106)**	**(1,812)**	**(1,918)**
Budget Funded from Partner Organisations	**113,409**	**84,843**	**198,252**

West Dunbartonshire Health & Social Care Partnership **Appendix 2**
Monitoring of Efficiencies and Management Adjustments 2023/24

Ref	Head of Service	Partner	Efficiency Detail	Comment	Total
					£000
Savings at High Risk of not being achieved as planned and subject to Recovery Planning					
CP01	L James	Social Care	Review of foster carer strategy	The full service redesign has still to commence. External fostering placements are under pressure due to the number of clients and Scotland Excel contract uplifts with the result that this saving is at high risk and is unlikely to be achieved.	215
C&F05	L James	Social Care	Review of external fostering placements as part of redesign*	The full service redesign has still to commence. External fostering placements are under pressure due to the number of clients and Scotland Excel contract uplifts with the result that this saving is at high risk and is unlikely to be achieved.	91
CAH01	F Taylor	Social Care	Reduction in Care at Home overtime and agency spend	The service is experiencing challenges in staffing levels due to absences and vacancies impacting on overtime and agency spend. Monitoring of spend is taking place with authorisation processes now in place, however until the service redesign is implemented this remains a high risk area.	600
CAH01	F Taylor	Social Care	Part Year Reduction in Care at Home budget reflecting work of Service Improvement Leads	The service is experiencing challenges in staffing levels due to absences and vacancies impacting on overtime and agency spend. Monitoring of spend is taking place with authorisation processes now in place, however until the service redesign is implemented this remains a high risk area.	181
CAH03	F Taylor	Social Care	Removal of care at home overnight support as provided by District Nurses	The consultation phase is ongoing with the actions required to make this saving being challenged by joint trade unions with a potential grievance being raised. At this time there is a high risk that this saving will not be achieved as planned.	140
CAH04	F Taylor	Social Care	One year staff turnover increased from 1% to 4%	Staffing costs are projected to be overspent by £1.2m, therefore any staffing related savings are at high risk of not being achieved.	337
CH04	F Taylor	Social Care	Maintain externally purchased care home beds at current 2022/23 budgeted level, in recognition of additional internal capacity	This saving is at high risk of not being achieved based on early reports suggesting projected overspend. The multi disciplinary team ARG is in place to ensure that all community based options are exhausted ahead of decision to allocate care home place. There is a high risk that the population care needs with increasing incidence of dementia requires more funding than is available.	369

West Dunbartonshire Health & Social Care Partnership **Appendix 2**
Monitoring of Efficiencies and Management Adjustments 2023/24

Ref	Head of Service	Partner	Efficiency Detail	Comment	Total
					£000
RSCH01	L James	Social Care	Restrict Continuing Care Spend	There are 3 more young people being supported than budgeted. There are ongoing discussions with WDC Housing and a currently commissioned social care provider on establishing a local provision to reduce rental costs incurred under the current contract.	294
Savings at Medium Risk of not being achieved as planned and subject to Recovery Planning					
S&T04	MJ Cardno	Social Care	New Transport Policy will reduce requirement for taxis and some internal transport across social care services	The process required to achieve this saving is ongoing. Meetings with all relevant Heads of Service have taken place and a meeting has taken place with transport to further understand the charges and the formulae which are applied to determine charges. Interrogation of the actual transport charge versus the actual usage has resulted in stark contrasts and work ongoing to understand, if there is a further reduction in use, howthis will affect the uplift the transport service apply. At this time there is a medium risk that this saving may not be achieved as planned.	100
C&F02	L James	Social Care	Review of Kinship placements as part of redesign*	Service redesign has still to commence. While Kinship placements are under pressure at this time it is anticipated that this saving is likely to be partially achieved due to the current financial projection.	33
CH01	F Taylor	Social Care	Pause in expansion of opening 14 beds across our care homes	While the action required to achieve this efficiency has been completed and in theory would result in this saving being achieved there are offsetting challenges within internal care homes that will result in a medium risk of the saving not being fully achieved as planned.	35
CH01	F Taylor	Social Care	Revision of income targets in QQ based on 22/23 trends of more Self-funders and full charge to LAs outwith area	This saving is at medium risk of not being achieved due to changing profile of self funders versus fully funded clients	37
			Total **Health Care** **Social Care**		**2,432** **0** **2,432**

West Dunbartonshire Health & Social Care Partnership **Appendix 3**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023

Consolidated Expenditure by Service Area	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Older People Residential, Health and Community Care	34,236	17,923	18,039	(116)	34,415	(179)	55	(234)	-0.68%	↓
Care at Home	13,935	7,589	8,127	(538)	15,013	(1,078)	0	(1,078)	-7.74%	↓
Physical Disability	2,492	1,586	1,542	44	2,403	89	0	89	3.57%	↑
Childrens Residential Care and Community Services	29,717	13,439	14,049	(610)	31,250	(1,533)	(408)	(1,125)	-3.79%	↓
Strategy, Planning and Health Improvement	2,076	997	832	165	1,745	331	0	331	15.94%	↑
Mental Health Services - Adult and Elderly, Community and Inpatients	12,214	6,672	6,695	(23)	12,516	(302)	(256)	(46)	-0.38%	↓
Addictions	3,947	2,172	2,167	5	4,190	(243)	(254)	11	0.28%	↑
Learning Disabilities - Residential and Community Services	13,981	9,209	9,027	182	13,847	134	(232)	366	2.62%	↑
Family Health Services (FHS)	31,260	15,124	15,124	0	31,260	0	0	0	0.00%	→
GP Prescribing	21,017	10,912	11,493	(581)	22,405	(1,388)	(225)	(1,163)	-5.53%	↓
Hosted Services	8,406	4,273	4,248	25	9,058	(652)	(702)	50	0.59%	↑
Criminal Justice (Including Transitions)	0	304	414	(110)	213	(213)	6	(219)	0.00%	↓
Resource Transfer	17,626	6,038	6,038	0	17,626	0	0	0	0.00%	→
Covid-19	0	0	(147)	147	(97)	97	0	97	0.00%	↑
HSCP Corporate and Other Services	7,345	3,353	3,054	299	9,617	(2,272)	(2,873)	601	8.18%	↑
Net Expenditure	**198,252**	**99,591**	**100,702**	**(1,111)**	**205,461**	**(7,209)**	**(4,889)**	**(2,320)**	**-1.17%**	↓

Consolidated Expenditure by Subjective Analysis	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Employee	88,436	41,785	41,664	121	89,937	(1,501)	(1,744)	243	0.27%	↓
Property	1,229	453	482	(29)	1,320	(91)	(35)	(56)	-4.56%	↓
Transport and Plant	1,344	429	436	(7)	1,356	(12)	0	(12)	-0.89%	→
Supplies, Services and Admin	7,292	1,888	1,768	120	6,946	346	109	237	3.25%	↑
Payments to Other Bodies	81,440	34,695	35,417	(722)	83,926	(2,486)	(847)	(1,639)	-2.01%	↓
Family Health Services	32,034	15,533	15,534	(1)	32,035	(1)	0	(1)	0.00%	→
GP Prescribing	21,018	10,912	11,493	(581)	22,406	(1,388)	(225)	(1,163)	-5.53%	↓
Other	2,617	1,510	1,562	(52)	2,936	(319)	(213)	(106)	-4.05%	↓
Gross Expenditure	**235,410**	**107,205**	**108,356**	**(1,151)**	**240,862**	**(5,452)**	**(2,955)**	**(2,497)**	**-1.06%**	↓
Income	(37,158)	(7,614)	(7,654)	40	(35,401)	(1,757)	(1,934)	177	-0.48%	↓
Net Expenditure	**198,252**	**99,591**	**100,702**	**(1,111)**	**205,461**	**(7,209)**	**(4,889)**	**(2,320)**	**-1.17%**	↓

West Dunbartonshire Health & Social Care Partnership **Appendix 4**

Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023

Health Care Net Expenditure	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Planning & Health Improvements	813	403	299	104	604	209	0	209	25.71%	↑
Childrens Services - Community	4,193	2,000	1,995	5	4,182	11	0	11	0.26%	↑
Adult Community Services	11,593	5,462	5,410	52	11,251	342	240	102	0.88%	↑
Community Learning Disabilities	730	463	463	0	730	0	0	0	0.00%	→
Addictions	2,992	1,249	1,225	24	2,944	48	0	48	1.60%	↑
Mental Health - Adult Community	4,830	2,096	2,096	0	4,986	(156)	(156)	0	0.00%	→
Mental Health - Elderly Inpatients	3,701	1,969	1,969	0	3,801	(100)	(100)	0	0.00%	→
Family Health Services (FHS)	31,260	15,124	15,124	0	31,260	0	0	0	0.00%	→
GP Prescribing	21,017	10,912	11,493	(581)	22,405	(1,388)	(225)	(1,163)	-5.53%	↓
Other Services	6,248	2,579	2,476	103	6,164	84	(123)	207	3.31%	↑
Resource Transfer	17,626	6,038	6,038	0	17,626	0	0	0	0.00%	→
Hosted Services	8,406	4,273	4,248	25	9,058	(652)	(702)	50	0.59%	↑
Net Expenditure	**113,409**	**52,568**	**52,836**	**(268)**	**115,011**	**(1,602)**	**(1,066)**	**(536)**	**-0.47%**	↓

West Dunbartonshire Health & Social Care Partnership **Appendix 4**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023

Social Care Net Expenditure	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Strategy Planning and Health Improvement	1,264	594	533	61	1,141	123	0	123	9.73%	↑
Residential Accommodation for Young People	3,062	1,423	1,401	22	2,922	140	0	140	4.57%	↑
Children's Community Placements	6,803	3,343	3,526	(183)	7,167	(364)	0	(364)	-5.35%	↓
Children's Residential Schools	6,178	2,773	3,542	(769)	7,714	(1,536)	0	(1,536)	-24.86%	↓
Childcare Operations	5,157	2,235	2,021	214	4,947	210	(217)	427	8.28%	↑
Other Services - Young People	4,325	1,663	1,563	100	4,318	7	(191)	198	4.58%	↑
Residential Accommodation for Older People	7,407	3,694	3,731	(37)	7,607	(200)	(128)	(72)	-0.97%	↓
External Residential Accommodation for Elderly	9,104	6,191	6,387	(196)	9,553	(449)	(57)	(392)	-4.31%	↓
Sheltered Housing	1,508	935	884	51	1,406	102	0	102	6.76%	↑
Day Centres Older People	1,317	378	304	74	1,169	148	0	148	11.24%	↑
Meals on Wheels	31	(2)	(5)	3	26	5	0	5	16.13%	↑
Community Alarms	(11)	(332)	(332)	0	(12)	1	0	1	-9.09%	↑
Community Health Operations	3,287	1,597	1,661	(64)	3,414	(127)	0	(127)	-3.86%	↓
Residential - Learning Disability	11,090	7,784	7,719	65	11,190	(100)	(232)	132	1.19%	↑
Physical Disability	2,227	1,374	1,330	44	2,138	89	0	89	4.00%	↑
Day Centres - Learning Disabilty	2,161	963	846	117	1,927	234	0	234	10.83%	↑
Criminal Justice (Including Transitions)	0	304	414	(110)	213	(213)	6	(219)	0.00%	↓
Mental Health	3,685	2,607	2,630	(23)	3,729	(44)	0	(44)	-1.19%	↓
Care at Home	13,935	7,589	8,127	(538)	15,013	(1,078)	0	(1,078)	-7.74%	↓
Addictions Services	955	922	942	(20)	1,247	(292)	(254)	(38)	-3.98%	↓
Equipu	265	212	212	0	265	0	0	0	0.00%	→
Frailty	80	28	0	28	24	56	0	56	70.00%	↑
Carers	1,564	930	929	1	1,836	(272)	(273)	1	0.06%	↑
Integrated Change Fund	0	0	0	0	0	0	0	0	0.00%	→
Covid-19	0	0	(147)	147	(97)	97	0	97	0.00%	↑
HSCP - Corporate	(551)	(182)	(352)	170	1,593	(2,144)	(2,477)	333	-60.44%	↑
Net Expenditure	**84,843**	**47,023**	**47,866**	**(843)**	**90,450**	**(5,607)**	**(3,823)**	**(1,784)**	**-2.10%**	↓

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Health Care Variances					
Planning & Health Improvements	814	604	210	26%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The projected favourable variance is due to delays in implementation of new staffing structures and vacancies in the Health Improvement Team.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Adult Community Services	11,594	11,492	102	1%	↑
Service Description	This service provides community services for adults				
Main Issues / Reason for Variance	The projected favourable variance is mainly due to staff vacancies and turnover. At this time the forecast assumes full allocation of funding for district nursing and winter planning funding in relation to MDT's and 1000 HCSW and therefore no requirement to draw down from earmarked reserves.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
GP Prescribing	21,017	22,179	(1,163)	-6%	↓
Service Description	GP prescribing costs				
Main Issues / Reason for Variance	GP prescribing costs is showing an anticipated adverse variance at the moment due to increased volumes and an increase in the average cost per item. Due to a number of factors actual prescribing data is further behind than normal at this time and therefore the projection contains significant assumptions. It is anticipated that the remaining earmarked reserve will be applied in this financial year as part of the recovery plan to partially mitigate this overspend, however this will create pressure in 2024/25.				
Mitigating Action	None available at this time				
Anticipated Outcome	An overspend is anticipated				
Other Services	6,249	6,042	207	3%	↑
Service Description	This care group covers administration and management costs in relation to Health				
Main Issues / Reason for Variance	The forecast underspend is due to unallocated financial planning budget.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Hosted Services	8,406	8,356	50	1%	↑
Service Description	Hosted Services				
Main Issues / Reason for Variance	The projected favourable variance is due to underspends within Hosted Integrated Eye Service and Retinal Screening supplies budgets and staff turnover.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Social Care Variances					
Strategy Planning and Health Improvement	1,263	1,140	123	10%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The projected favourable variance is mainly due to staff vacancies				
Mitigating Action	Delay in recruiting to posts				
Anticipated Outcome	An underspend is anticipated at this time.				
Residential Accommodation for Young People	3,062	2,922	140	5%	↑
Service Description	This service provides residential care for young persons				
Main Issues / Reason for Variance	The projected favourable variance is mainly due to staff vacancies				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Children's Community Placements	6,803	7,167	(364)	-5%	↓
Service Description	This service covers fostering, adoption and kinship placements				
Main Issues / Reason for Variance	The projected adverse variance is mainly due to approved savings of £0.306m relating to a review of foster carers and external foster strategy not being achieved, accommodating an additional 11 children more than budgeted for.				
Mitigating Action	The service area will require to progress the review of the external foster strategy with a view to reducing the reliance on external foster care.				
Anticipated Outcome	A significant overspend is anticipated at this time unless the review of external foster care progresses and the reliance on external foster care is addressed.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Children's Residential Schools and External Accomodation	6,178	7,714	(1,536)	-25%	↓
Service Description	This service area provides residential education for children and includes the costs of secure placements				
Main Issues / Reason for Variance	The projected adverse variance is mainly due to the combined impact of overspends within residential schools, 100% placements and housing support of £0.400m, £0.312m and £0.080m respectively and incurring costs for unbudgeted secure placements of £0.997m, partially offset by an increase in anticipated asylum seeker income of £0.252m. The £0.400m overspend projected within residential schools is represented by approved savings of £0.198m related to service redesign not being achieved and paying for four more clients than budgeted at a projected additional cost of £0.202m. While the number of clients within residential schools has remained unchanged from period 4 client movement has resulted in a reduction in anticipated expenditure for the current financial year. The £0.312m overspend in 100% placements are due to paying for 2 clients more than budgeted with one new client placed in October 2023. Housing support, while still overspent, reports an improved position for period 6 with the anticipated overspend reducing from that previously reported. Secure placement costs are unbudgeted, however at present four clients are in situ and due to the nature of the support provided the average cost of these placements can be between 30% and 50% higher than residential care placements depending on the provider.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Mitigating Action	While the anticipated position has improved from that previously reported the service area will require to continue to review all client packages with a view to reducing the reliance on external residential care and exploring alternative ways to support clients.				
Anticipated Outcome	A significant overspend is anticipated at this time unless the service area radically take steps to address both the number and value of client packages across all areas of residential schools				
Childcare Operations	5,157	4,730	427	8%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social				
Main Issues / Reason for Variance	The projected favourable variance is mainly due to a number of vacant posts resulting in an anticipated saving of £0.454m with recruitment challenges ongoing. While it is assumed that agency cover will continue to the end of the year at cost of £0.255m the number of vacant posts far exceed the number of agency social workers being used.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				
Other Services - Young People	4,325	4,127	198	5%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The projected favourable variance is mainly due to a number of vacant posts.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis					
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status	
Residential Accommodation for Older People	7,407	7,479	(72)	-1%	↓	
Service Description	WDC owned residential accommodation for older people					
Main Issues / Reason for Variance	The projected adverse variance is mainly due to an increase in staffing costs arising from a delay in progressing the approved saving to close a house at Crosslet and cap at 70 beds. While this has now been achieved there are high levels of sickness absence and staffing issues requiring the use of agency cover. 2 beds are being utilised as respite beds which does not attract any income, however it is anticipated that the cost of these beds will be funded from the Carers earmarked reserve in 2023/24.					
Mitigating Action	The service area will require to consider the use of beds for non income generating activity and look to address the staffing issues thus reducing the reliance on agency cover.					
Anticipated Outcome	An overspend is anticipated at this time unless the service area reviews the use of beds and takes steps to address staffing issues					

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
External Residential Accommodation for Elderly	9,104	9,496	(392)	-4%	↓
Service Description	External residential and nursing beds for over 65s				
Main Issues / Reason for Variance	The projected adverse variance is mainly due to the number of external residential placements being used being 18 more than budgeted for with a change in the profile of clients from residential to nursing at a cost of £0.322m. In addition the uplift agreed for free personal (and nursing) care at 9.5% is in excess of that budgeted by approximately £0.070m and there has been increased costs for some client packages.				
Mitigating Action	All referrals for residential and nursing care are robustly challenged at weekly MDT meetings. An earmarked reserve was created in 2021 to underwrite any unbudgeted increases in numbers and it is likely that some of this reserve will require to be utilised in the current financial year as part of any recovery plan.				
Anticipated Outcome	It is likely that the current overspend projected will require to be covered by earmarked reserves as part of recovery planning unless other actions are taken to limit occupancy and support people in their own homes for longer with all appropriate support in place.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Sheltered Housing	1,508	1,406	102	7%	↑
Service Description	Warden Service for Housing run sheltered housing service				
Main Issues / Reason for Variance	The projected underspend is mainly due to housing revenue account income anticipated at 2022/23 levels being higher then anticipated. However this is partially offset by forecast overspends in staffing due to sickness and cover required which are being targeted by use of sessional staff to try to reduce reliance and spend on agency staff and premium rate overtime.				
Mitigating Action	While an underspend is anticipated at this time officers will continue to take action to address absence levels with a view to mitigate any overspend in staffing.				
Anticipated Outcome	An underspend is anticipated at this time, however if officers are unable to mitigate staffing challenges then this may be impacted.				
Day Centres Older People	1,317	1,169	148	11%	↑
Service Description	Queens Quay, Crosslet House Daycare, Lunch clubs and daycare SDS/Direct payments.				
Main Issues / Reason for Variance	The projected underspend is due to vacant posts arising from delays in reemploying staff since Covid-19 restrictions have ceased, the current assumption is that these posts will be filled by the end of the calendar year. While the service are having to use agency staff to keep numbers at a safe level for clients due to sickness and holiday absence due to client waiting lists the overall impact remains a project favourable variance at this time.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Mitigating Action	The service area will require to review staffing levels, however once vacancies are approved, advertised and filled both staffing costs and income are likely to increase which may reduce the projected favourable variance.				
Anticipated Outcome	An underspend is anticipated at this time, however if staffing levels increase along with a reduced client waiting list then this may be impacted.				
Community Health Operations	3,287	3,413	(127)	-4%	↓
Service Description	Adult services				
Main Issues / Reason for Variance	The projected overspend is mainly due to premium cost agency use within the Hospital Discharge team to cover a number of vacant posts.				
Mitigating Action	The service will require to seek an alternative to the use of premium cost agency staff to try to mitigate the financial impact of covering vacant posts.				
Anticipated Outcome	An overspend is anticipated unless the service reduces the use of premium cost agency staff.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Residential - Learning Disability	11,090	10,958	132	1%	↑
Service Description	This service provides residential care for persons with learning disabilities				
Main Issues / Reason for Variance	The projected adverse variance is mainly due to an overspend within housing support of £0.026m and taxi services of £0.030m based on 2022/23 outturn levels. In addition void rent costs at St Andrews and Buchanan Street of £0.030m are forecast due to clients not being place in St Andrews and tenancy/occupation agreement to be put in place for in Buchanan Street.				
Mitigating Action	The service area will require to review taxi services and seek to review client packages in general with a view to placing clients in St Andrews and progressing the outstanding tenancy agreement for Buchanan Street.				
Anticipated Outcome	An overspend is anticipated at this time unless taxi spend and outstanding issues with regard to St Andrews and Buchanan Street are addressed.				
Physical Disability	2,227	2,138	89	4%	↑
Service Description	This service provides physical disability services				
Main Issues / Reason for Variance	The projected favourable variance is mainly due to an underspend in residential packages arising from reduction in client numbers.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Day Centres - Learning Disability	2,161	1,927	234	11%	↑
Service Description	This service provides day serviices for learning disability clients				
Main Issues / Reason for Variance	The projected favourable variance is mainly due staffing vacancies at the Dumbarton Centre				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				
Justice Services	0	219	(219)	0%	↓
Service Description	This service provides support and rehabilitation for offenders				
Main Issues / Reason for Variance	The projected adverse variance is mainly due to the cumulative impact of unfunded pay awards since 2021/22 totalling £0.195m and the unfunded element of an intensive support package .				
Mitigating Action	The service will require to manage turnover levels to try to mitigate the financial impact of the unfunded pay awards.				
Anticipated Outcome	An overspend is anticipated at this time. While management of staff turnover may offset some of this overspend this is unlikely to be fully mitigated.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Care at Home	13,935	15,013	(1,078)	-8%	↓
Service Description	This service provides care at home which includes personal care and minor domestic tasks				
Main Issues / Reason for Variance	The projected overspend has increased by circa £0.070m since period 4 and is mainly due to an ongoing increase in premium rate overtime and agency usage in relation to sickness, staff training and holiday cover. At present staff contracts do not reflect the demands of the service creating inefficiencies and lead to additional costs. The ongoing care at home service review should address this issue with revised contracts put in place to better reflect service demand along with improved scheduling of clients on the CM2000 system.				
Mitigating Action	The service area will require to fully embrace the recommendations within the service redesign with a view to reducing inefficiencies within the system and addressing levels of sickness.				
Anticipated Outcome	An overspend is anticipated at this time. While the service review should address the inefficiences within the system it is unclear at this time how quickly this can be progressed.				
Frailty	80	24	56	70%	↑
Service Description	This service is the new Focussed Intervention Team				
Main Issues / Reason for Variance	The projected favourable variance is due to staffing vacancies				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
HSCP - Corporate	(551)	(981)	430	-78%	↑
Service Description	This budget contains Corporate spend and income pending allocation to services				
Main Issues / Reason for Variance	The projected favourable variance is mainly due to a delay in staff recruitment.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				

Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023 **Appendix 6**
Analysis of Reserves 2023/24

Analysis of Reserves	Actual Opening Balance as at 1 April 2023	Forecast Movement in Reserves	Recovery Plan Adjustment	Forecast Closing Balance as at 31 March 2024	Notes
	£000	£000	£000	£000	
Unearmarked Reserves					
Unearmarked Reserves	4,301	(2,320)	2,045	4,026	
Total Unearmarked Reserves	**4,301**	**(2,320)**	**2,045**	**4,026**	
Earmarked Reserves					
Scottish Govt. Policy Initiatives	**9,529**	**(1,575)**	**(1,278)**	**6,676**	
Community Justice	192	6		198	Addition relates to anticipated underspend on transitions funding
Carers Funding	1,363	(401)		962	Drawdown relates to funding for the short breaks pilot and the cost of a social care agency worker within learning disabilities to undertake carers assessments plus 2 care home beds used for respite.
Child and Adult Disability Payments	132	(132)		0	Applied within 2023/24 Annual Budget Setting Report to balance the budget
Informed trauma	100	0		100	
Additional Social worker capacity	364	(148)		216	Agency workers
GIFREC NHS	57	0		57	
Mental Health Action 15	26	0		26	
Mental Health Recovery and Renewal Fund	885	(511)		374	
New Dementia Funding	63	0		63	
Scottish Government Alcohol and Drug Partnership (including various National Drugs Priorities)	984	(233)		751	Drawdown relates to costs for addictions workers, family support grants, lived experience, MAT standards and rehabilitation placements.
Primary Care Boardwide MDT	27	0		27	
Community Living Change Fund	393	0		393	
Children's Mental Health and Wellbeing	240	0		240	
PCIF	65	0		65	
GP Premises (incl. PCIF)	244	0		244	
SG District Nursing Funding	74	0		74	
TEC and Analogue to Digital Project	85	0		85	
PEF Funding – Speech & Language Therapy Projects	26	0		26	
Winter Planning Funding - MDT	548	55		603	Addition relates to anticipated underspend on Social Care MDT funding
Winter Planning Funding - 1000 Healthcare Workers	367	0		367	
Workforce Wellbeing	70	(36)		34	Drawdown relates to GP Practice initial consultancy work
Winter Planning Funding - Interim Care	985	(175)	(200)	610	Applied within 2023/24 Annual Budget Setting Report to balance the budget
Winter Planning Funding - Enhance Care at Home	2,240	0	(1,078)	1,162	

Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023 **Appendix 6**
Analysis of Reserves 2023/24

Analysis of Reserves	Actual Opening Balance as at 1 April 2023	Forecast Movement in Reserves	Recovery Plan Adjustment	Forecast Closing Balance as at 31 March 2024	Notes
	£000	£000	£000	£000	
HSCP Initiatives	**4,593**	**(1,670)**	**0**	**2,923**	
Service Redesign and Transformation	**1,341**	**(744)**	**0**	**597**	
Fixed term development post to progress work on Older People's Mental Health, Adult Mental Health and Learning Disabilities Strategies.	176	(90)		86	Fixed Term Development Post (MH, LD & Addictions AFC Band 8B)
Children at risk of harm inspection action	714	(218)		496	Additional posts agreed by the HSCP Board in 2022.
Fixed term posts with the integrated HSCP Finance team	90	(75)		15	
Additional six social workers in children and families on a non recurring basis. Approved by the Board at 25 March 2021 meeting.	361	(361)		0	Applied within 2023/24 Annual Budget Setting Report to balance the budget
Unscheduled Care Services	692	(295)		397	Applied within 2023/24 Annual Budget Setting Report to balance the budget
COVID-19 Recovery (HSCP Funded)	**438**	**(66)**	**0**	**372**	
Support to women and children in recovery from Domestic abuse and support redevelopment of the service as a trauma responsive service and Violence against Women coordination to support the development of the Violence against Women Partnership.	234	0		234	
Children's Mental Health and Wellbeing and recruitment of a fixed term 2 year Clinical psychologist.	138	0		138	
Fixed term Physio, Admin Support and Social Work Assistant to support clinical staff in addressing backlog of care resulting from pandemic restrictions within Mental Health Services.	66	(66)		0	Fixed Term Business Admin Mgr. and Medical Secretary
Unachievement of Savings	724	(35)		689	Delay in the transition of LD and Addiction Services from 118 Dumbarton Road. This will be complete by October 2023.
Recruitment Campaign for Internal Foster Carers	30	0		30	
Promise Keeper Fixed Term Recruitment	71	(61)		10	Fixed Term post
Public Protection Officers	244	0		244	
Participatory Budgeting	300	(150)		150	Applied within 2023/24 Annual Budget Setting Report to balance the budget
Digital Transformation	282	(55)		227	Applied within 2023/24 Annual Budget Setting Report to balance the budget
Training and Development	327	(120)		207	Applied within 2023/24 Annual Budget Setting Report to balance the budget
Change and Transformation	144	(144)		0	Applied within 2023/24 Annual Budget Setting Report to balance the budget
Covid-19- Scottish Government Funded	**2**	**0**	**0**	**2**	
COVID-19 Pressures	2	0		2	Carers PPE
Health Care	**4,768**	**(1,164)**	**(747)**	**2,857**	

Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023 **Appendix 6**
Analysis of Reserves 2023/24

Analysis of Reserves	Actual Opening Balance as at 1 April 2023	Forecast Movement in Reserves	Recovery Plan Adjustment	Forecast Closing Balance as at 31 March 2024	Notes
	£000	£000	£000	£000	
DWP Conditions Management	153	(107)		47	Applied within 2023/24 Annual Budget Setting Report to balance the budget
Physio Waiting Times Initiative	829	(541)		288	Msk Physiotherapy Additional Staffing and Equipment re Waiting Times and EPR transition
Retinal Screening Waiting List Grading Initiative	234	(162)		72	Retinal Screening Additional Clinics re waiting times and Equipment costs
Prescribing Reserve	972	(225)	(747)	0	Drawdown to partially fund currently anticipated overspend
NHS Board Adult Social Care	88	0		88	
CAMHS	120	0		120	Will transfer to EDHSCP
Planning and Health Improvement	145	0		145	
West Dunbartonshire Mental Health Services Transitional Fund	1,454	(100)		1,354	Fixed Term Medical Post
Children's Community Health Services	302	0		302	
Property Strategy	453	(30)		423	HSCP Property Strategy Group will consider plans
Workforce Wellbeing	18	0		18	
Social Care	**2,982**	**(480)**	**(392)**	**2,110**	
Complex Care Packages/Supporting delay discharges	2,882	(480)	(392)	2,010	Applied within 2023/24 Annual Budget Setting to balance the budget. An element may be drawndown to mitigate the projected overspend within external care home placements for older people.
Asylum Seeker increasing placements	100	0		100	
Total Earmarked Reserves	**21,874**	**(4,889)**	**(2,417)**	**14,568**	
Total Reserves	**26,175**	**(7,209)**	**(372)**	**18,594**	

West Dunbartonshire Health & Social Care Partnership **Appendix 7**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023

Month End Date	**30 September 2023**
Period	**6**

Budget Details	**Project Life Financials**					
	Budget	**Spend to Date**		**Forecast Spend**	**Variance**	
	£000	**£000**	**%**	**£000**	**£000**	**%**
Health Care Capital						
Minor Capital Works						
Project Life Financials	41	0	0%	41	0	0%
Current Year Financials	41	0	0%	41	0	0%
Project Description	Minor Capital Works					
Project Manager	Julie Slavin					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date		31-Mar-24	Forecast End Date		31-Mar-24
Main Issues / Reason for Variance						
Work is ongoing to develop spend plans, however full spend is anticipated at this time.						
Mitigating Action						
None Required at this time						
Anticipated Outcome						
Development of property strategy						

West Dunbartonshire Health & Social Care Partnership **Appendix 7**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023

Month End Date	**30 September 2023**
Period	**6**

Budget Details	**Project Life Financials**					
	Budget	**Spend to Date**		**Forecast Spend**	**Variance**	
	£000	**£000**	**%**	**£000**	**£000**	**%**
Social Care Capital						
Special Needs - Aids & Adaptations for HSCP clients						
Project Life Financials	845	1	0%	845	0	0%
Current Year Financials	845	1	0%	845	0	0%
Project Description	Reactive budget to provide adaptations and equipment for HSCP clients.					
Project Manager	Julie Slavin					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date	31-Mar-24		Forecast End Date	31-Mar-24	
Main Issues / Reason for Variance						
Anticipate the budget to be fully spent in 2023/24						
Mitigating Action						
None required at this time						
Anticipated Outcome						
Aids and Adaptations for HSCP Clients						

West Dunbartonshire Health & Social Care Partnership **Appendix 7**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023

Month End Date	**30 September 2023**
Period	**6**

Budget Details	Project Life Financials					
	Budget	Spend to Date		Forecast Spend	Variance	
	£000	£000	%	£000	£000	%
Community Alarm upgrade						
Project Life Financials	924	0	0%	924	0	0%
Current Year Financials	308	0	0%	154	(154)	-50%
Project Description	To upgrade Community Alarm					
Project Manager	Margaret Jane Cardno					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date		31-Mar-24	Forecast End Date		31-Mar-24

Main Issues / Reason for Variance

Unfortunately there has been very little progress on the project to date, however the phone providers are progressing at speed with the Analogue to Digital transition, the award for the National digital platform should be complete next month and the process to formalise arrangements with East Dunbartonshire Council for the ARC cover for the calls is ongoing. The National Digital office have indicated that West Dunbartonshire should be transitioned to the new digital platform during early 2024. Once details of the successful provider for the National platform have been provided procurement of the most compatible alarm system can commence. The Project Manager's post has also now been filled.

Mitigating Action

None available at this time

Anticipated Outcome

Community Alarm Upgrade

West Dunbartonshire Health & Social Care Partnership **Appendix 7**
Financial Year 2023/24 Period 6 covering 1 April 2023 to 30 September 2023

Month End Date	**30 September 2023**
Period	**6**

Budget Details	Project Life Financials					
	Budget	Spend to Date		Forecast Spend	Variance	
	£000	£000	%	£000	£000	%
ICT Modernisation						
Project Life Financials	564	3	1%	564	0	0%
Current Year Financials	564	3	1%	25	(539)	-96%
Project Description	ICT Modernisation Upgrades					
Project Manager	Margaret Jane Cardno					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date		31-Mar-24	Forecast End Date		31-Mar-24
Main Issues / Reason for Variance						
Work is ongoing to consider spend plans which will be developed as part of the digital strategy., however delays in recruitment of the Digital manager has impacted on this to date.						
Mitigating Action						
None available at this time						
Anticipated Outcome						
ICT Modernisation						

Direction from Health and Social Care Partnership Board. **Appendix 8**

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

From: Chief Office HSCP
To: Chief Executives WDC and NHSGCC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: For Action: Directions from HSCP Board 21 November 2023

Attachment: **2023/24 Financial Performance Report**

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD			
1	Reference number	HSCPB000053JS21112023	
2	Date direction issued by Integration Joint Board	21 November 2023	
3	Report Author	Julie Slavin, Chief Financial Officer	
4	Direction to	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes HSCPB000047JS19092023	
6	Functions covered by direction	All delegated Health and Care Services as set-out within the Integration Scheme	
7	Full text and detail of direction	West Dunbartonshire Council is directed to spend the delegated net budget of £84.843m 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 £113.409m in line with the Strategic Plan and the budget outlined within this report Debt Write Off of £0.076m is included within this report	
8	Specification of those impacted by the change	2022/23 Revenue Budget for the HSCP Board will deliver on the strategic outcomes for all delegated health and social care services and our citizens.	
9	Budget allocated by Integration Joint Board to carry out direction	The total 2023/24 budget aligned to the HSCP Board is £232.544m. Allocated as follows: West Dunbartonshire Council - £84.843m NHS Greater Glasgow and Clyde - £113.409m Set Aside - £34.292m	
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities	
11	Strategic Milestones	Maintaining financial balance in 2023/24	30 June 2024
12	Overall Delivery timescales	30 June 2024	
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report and (where appropriate) the position regarding Debt Write Off's.	
14	Date direction will be reviewed	The next scheduled HSCP Board - 20 February 2024	

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Julie Slavin, Chief Financial Officer

21 November 2023

Subject: Audited Annual Accounts 2022/23

1. Purpose

1.1 To present for consideration to the Health and Social Care Partnership Board the audited Annual Accounts for the year ended 31 March 2023.

2. Recommendations

2.1 Members are asked to consider the audited Annual Accounts for the period 1 April 2022 to 31 March 2023 and recommend their approval for final signature by the Chair, Chief Officer and Chief Financial Officer.

3. Background

3.1 The audit of the 2022/23 Annual Accounts has now been completed by Mazars and the final set of accounts is appended to this report (Appendix 1).

3.2 The Local Authority Accounts (Scotland) Regulations 2014 require that the Board or Committee responsible for overseeing and providing independent assurance on the internal control environment and the financial governance arrangements of the Partnership Board must consider the audited annual accounts and approve them for signature to the HSCP Board no later than 30 September and published no later than 31 October immediately following the financial year to which the accounts relate.

3.3 Neither of the statutory deadlines noted in paragraph 3.2 above have been met due to a number of reasons and challenges faced by Mazars in their first year as the HSCP Board's new auditors. These reasons are laid out within the Annual Audit Report (AAR), appended to this report (Appendix 2). The Chair and Vice Chair of this committee wrote to Mazars in August, expressing their concerns on the progress of the audit and of any reputational damage to the Board if statutory deadlines were missed. Mazars has discussed the implications of this with Audit Scotland who confirmed there are no consequences for the Board.

3.4 The Audit and Performance Committee have the responsibility for:

- The financial governance and accounts of the Partnership Board, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors.

3.5 The Audit and Performance Committee met on the 14 November and considered the 2022/23 Audited Annual Accounts and the proposed AAR, including the management's letter of representation to the external auditors.

4. Main Issues

4.1 The 2022/23 audited Annual Accounts (Appendix 1) present the governance arrangements, management commentary, financial performance and the financial statements of the HSCP Board, including the level of usable funds that are being held in reserve to manage, unanticipated financial pressures from year to year which could otherwise impact on the ability to deliver on the Strategic Plan priorities.

4.2 The full auditor's report by Mazars is set out within Appendix 2 (B) with the main opinion extracted below.

In our opinion the accompanying financial statements:

- *give a true and fair view of the state of affairs of West Dunbartonshire Integration Joint Board (the IJB) as atv31 March 2023 and of its income and expenditure for the year then ended;*
- *have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2022/23 Code; and*
- *have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.*

4.3 During the course of the audit there were a number of minor presentational adjustments identified which have been accepted and incorporated into the final, audited version. There has been a small positive change to reported net overspend reported in the draft accounts of £0.007m, due to a late payroll adjustment posted by West Dunbartonshire Council. This revision resulted in a final deficit of £0.271m funded from un-earmarked reserves. The overall movement in reserves balances for the HSCP Board are shown in Table 1 below.

Table 1: Movement in Reserves

Movement in Reserves During 2022/23	Un-earmarked Reserves £000	Earmarked Reserves £000	Total General Fund Reserves £000
Opening Balance as at 31st March 2022	**(4,579)**	**(29,981)**	**(34,560)**
Total Comprehensive Income and Expenditure (Increase)/Decrease 2022/23	271	8,107	8,378
Closing Balance as at 31st March 2023	**(4,308)**	**(21,874)**	**(26,182)**

4.4 After consideration of the 2022/23 audited accounts, members are asked to recommend their approval for final signature by the Chair, Chief Officer and Chief Financial.

5. Options Appraisal

5.1 None required

6. People Implications

6.1 None associated with this report.

7. Financial and Procurement Implications

7.1 The HSCP Board ended the 2022/23 financial year with an adjusted deficit (after all planned application of earmarked reserves) of £0.271m. This deficit was negated through the application of un-earmarked reserves. The closing reserves balances are set-out in Table 1 above and will be retained in accordance with the Integration Scheme and Reserves Policy.

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

8. Risk Analysis

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

9. Equalities Impact Assessment (EIA)

9.1 None required.

10. Environmental Sustainability

10.1 None required.

11. Consultation

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

12. Strategic Assessment

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

13. Directions

13.1 A direction is required to West Dunbartonshire Council. The Council is directed to carry forward reserves totalling £26.182m on behalf of the HSCP Board.

Julie Slavin – Chief Financial Officer
Date: 8 November 2022

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

Appendices:
Appendix 1: HSCP Board's Annual Accounts for the year ended 31 March 2023
Appendix 2: External Audit's draft 2022/23 Annual Audit Report
Appendix 3: Direction to West Dunbartonshire Council - No: HSCPB000054JS21112023

Background Papers: HSCP Audit and Performance Committee June 2023 – Unaudited Annual Report and Accounts 2022/23

Localities Affected: All

West Dunbartonshire
Health & Social Care Partnership

Appendix 1

West Dunbartonshire Integration Joint Board

Commonly known as
West Dunbartonshire
Health and Social Care Partnership
Board

Annual Report and Accounts 2022/23

www.wdhscp.org.uk

TABLE OF CONTENTS

MANAGEMENT COMMENTARY

Introduction

Welcome to the West Dunbartonshire Integration Joint Board's (IJB), hereafter known as the Health and Social Care Partnership Board (HSCP Board), Annual Report and Accounts for the year ended 31 March 2023.

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

The Management Commentary aims to provide an overview of the key messages in relation to the HSCP Board's financial planning and performance for the 2022/23 financial year and how this has supported the delivery of its strategic priorities as laid out in the Strategic Plan. The commentary also outlines the future challenges and risks which influence the financial plans of the HSCP Board as it delivers high quality health and social care services to the people of West Dunbartonshire.

The Management Commentary discusses our:

- Remit and Vision;
- Strategy and Business Model;
- Strategic Planning for Our Population;
- COVID-19 Pandemic Impact and Response;
- Climate Change;
- Performance Reporting, including our Highlights and Challenges for 2023/24;
- Recovery and Renewal;
- Financial Performance for 2022/23;
- Financial Outlook; and
- Conclusion

West Dunbartonshire HSCP Board Remit and Vision

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

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

Exhibit 1: HSCP Board's Delegated Services

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

The 2014 Act requires that Integration Schemes are reviewed within five years of establishment; the current scheme was revised during 2019/20 in partnership with the other five HSCPs within Greater Glasgow and Clyde. While the revisions were noted and approved for consultation by the HSCP Board and WDC in February 2020, they were delayed being approved by NHSGGC due to the health board entering into emergency measures in response to the outbreak of the COVID-19 pandemic. Throughout 2022/23, a working group made up of representatives from all six Glasgow HSCPs and NHSGGC have concluded this work and will agree a programme for consultation in the coming weeks. Meantime, the current Integration Scheme remains in force.

Over the medium to long-term the HSCP Board has a clear vision for the West Dunbartonshire community. However In order to achieve this vision it is essential that, working together, health and social care services should be firmly integrated around the needs of individuals, their carers and other family members.

The HSCP's agile response in continuing to deliver high quality health and care services throughout the COVID-19 pandemic required resources to be diverted from some planned work, this included the refresh of the Strategic Plan 2019 – 2022. The HSCP Board agreed to extend the plan for a further year to allow for the undertaking of an extensive Strategic

Needs Assessment (covered in more detail below) to inform the work of the Strategic Planning Group in developing a new plan.

The Strategic Planning Group worked throughout 2022/23 on developing the new Strategic Plan, including holding a number of stakeholder engagement sessions and providing progress updates to the HSCP Board.

The HSCP Board approved its new plan on 15 March 2023: Strategic Plan 2023 – 2026 "Improving Lives Together".

The HSCP Vision of "Improving Lives with the People of West Dunbartonshire" remains unchanged as do many of our core values. The five strategic priorities from the 2019 – 2022 plan: Early Intervention, Access, Resilience, Assets and Inequalities, can be viewed here (see Appendix 1, 2) have been replaced with four new strategic outcomes which were designed to better reflect the HSCP Vision.

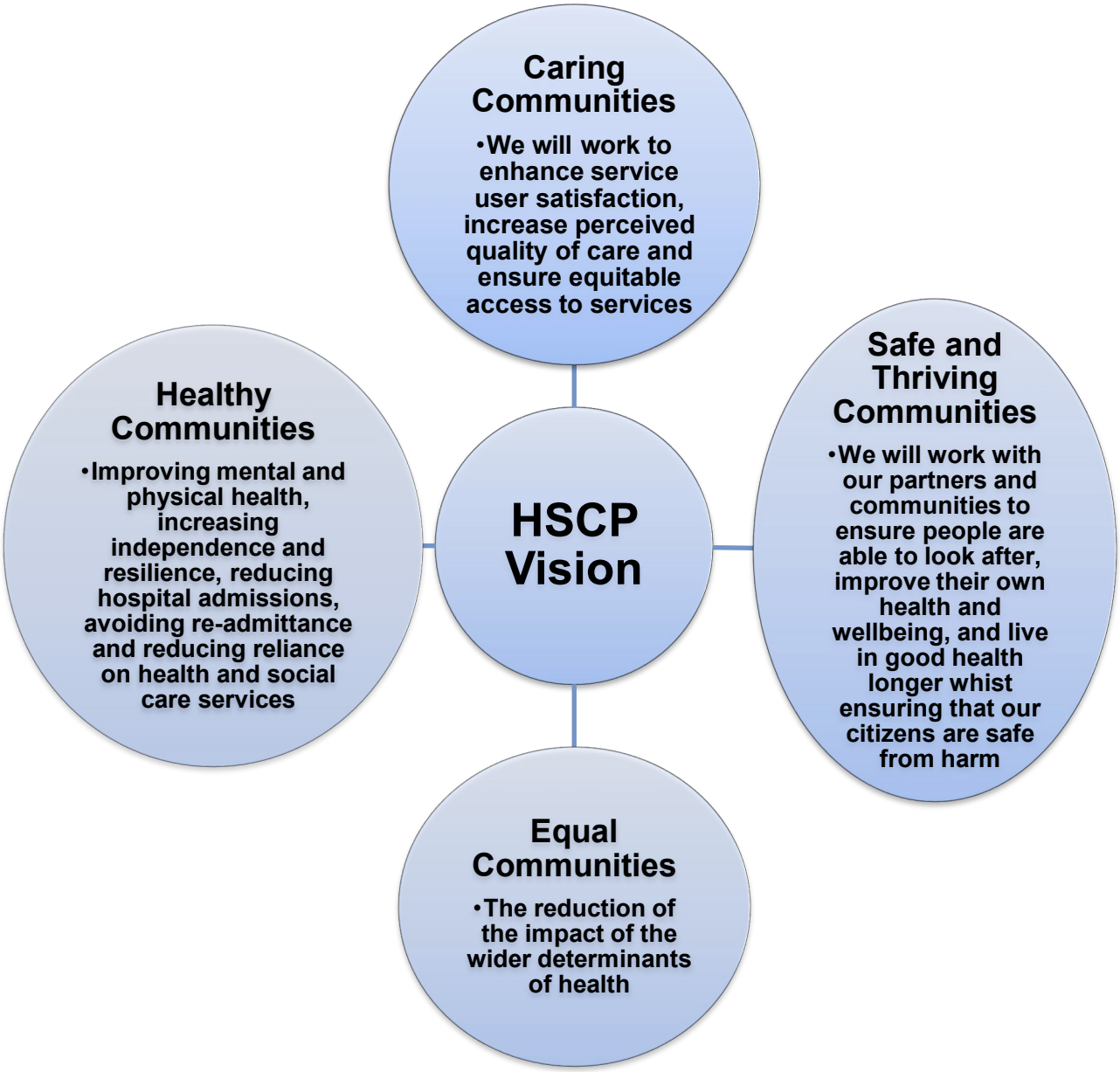
The new strategic outcomes are: **Caring Communities**, **Healthy Communities**, **Safe and Thriving Communities** and **Equal Opportunities.**

Exhibit 2: HSCP Vision, Mission and Values

West Dunbartonshire HSCP Board's Strategy and Business Model

The HSCP Board's over-arching priority is to support sustained and transformational change in the way health and social care services are planned and delivered. The delivery of our vision is structured around four strategic outcomes of: **Caring Communities**, **Healthy Communities**, **Safe and Thriving Communities** and **Equal Opportunities** underneath which sits 25 strategic priorities.

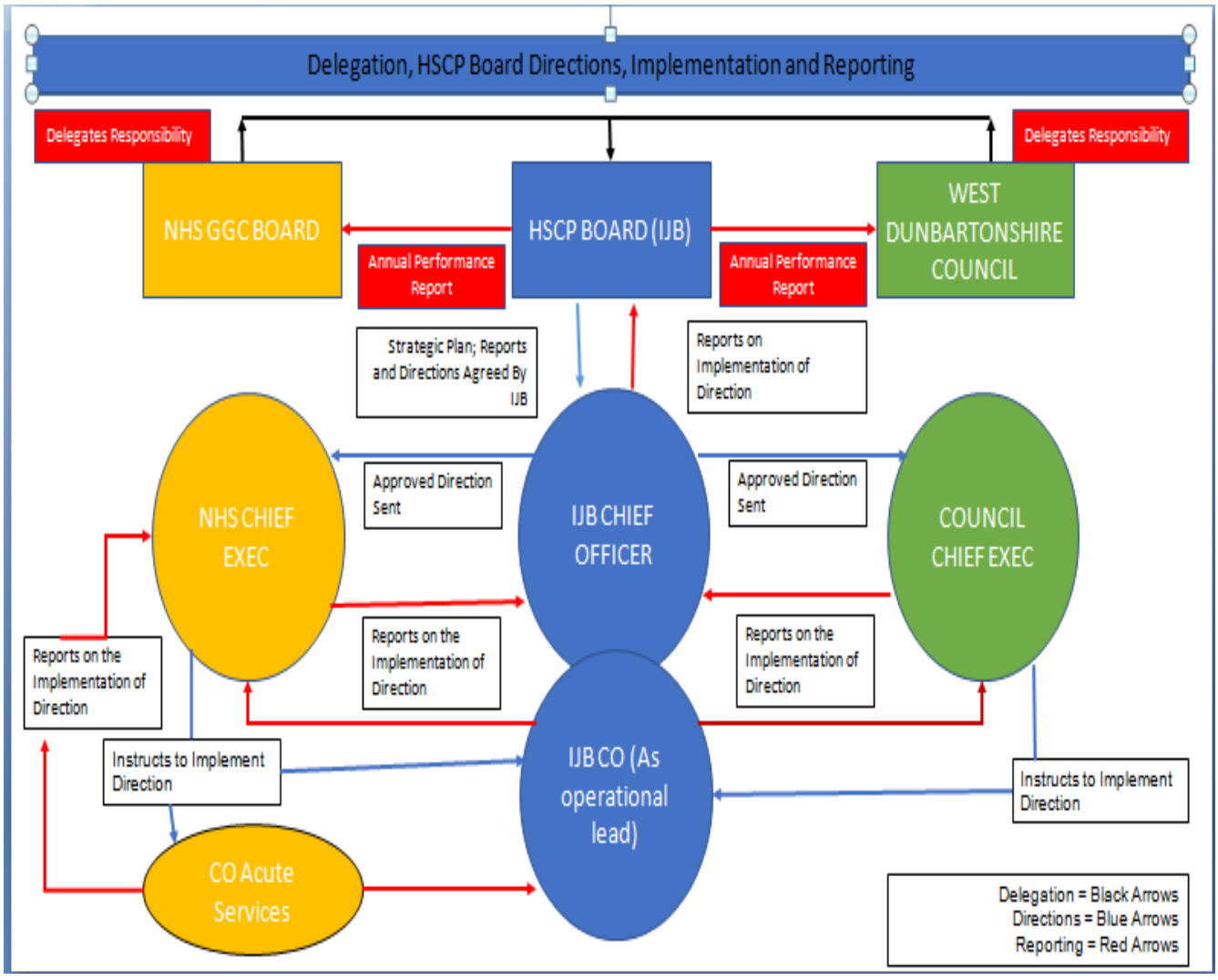
Exhibit 3: Strategic Outcomes



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

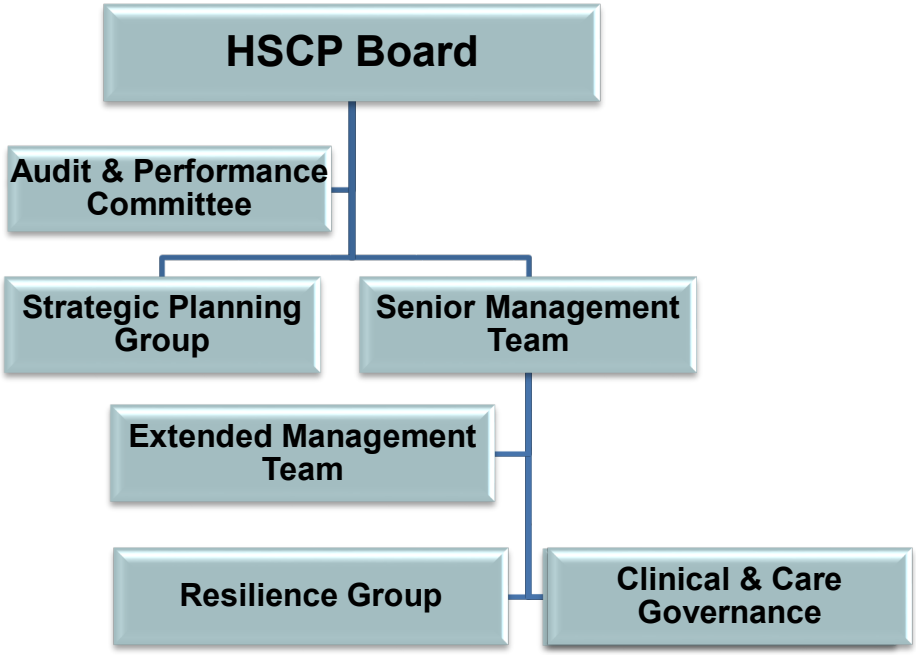
- What the HSCP Board requires both bodies to do;
- The budget allocated to this function(s); and
- The mechanism(s) through which the Council or Health Board's performance in delivering those directions will be monitored.

Exhibit 4: Integration Arrangements via Directions



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

Exhibit 5: High Level Overview of Structure



Strategic Planning for Our Population

West Dunbartonshire lies north of the River Clyde encompassing around 98 square miles of urban and rural communities across the two localities of Clydebank and Dumbarton & Alexandria. The area has a rich past, shaped by its world famous shipyards along the Clyde, and has significant sights of natural beauty and heritage from Loch Lomond to the iconic Titan Crane as well as good transport links to Glasgow. It has a population of just fewer than 88,000 which accounts for approximately 1.6% of the Scottish population.

The HSCP Board's primary purpose is to set the strategic direction for the delegated functions through its Strategic Plan. Our fourth Strategic Plan 'Improving Lives Together' was approved in March 2023, covering the three year period 2023 – 2026 and can be viewed here (see Appendix 1, 3.). During 2022/23 the Strategic Planning Group has reviewed the June 2022 Strategic Needs Assessment. This assessment formed the basis of the creation of the 2023 – 2026 Strategic Plan, the priorities being based upon the evidence provided via that document. The Plan, describes how we will use our resources to continue to integrate services in pursuit of national and local outcomes and is supported by a Strategic Delivery Plan.

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

Exhibit 6: National Health and Wellbeing Outcomes

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

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

Caring Communities

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

Safe and Thriving Communities

- 1. People are able to look after, improve their own health and wellbeing, and live in good health longer.
- 2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5. Health and social care services contribute to reducing health inequalities.
- 7. People who use health and social care services are safe from harm.
- 9. Resources are used effectively and efficiently in the provision of health and social care services

Equal Communities

- 1. People are able to look after, improve their own health and wellbeing, and live in good health longer.
- 2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5. Health and social care services contribute to reducing health inequalities.
- 7. People who use health and social care services are safe from harm.
- 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 9. Resources are used effectively and efficiently in the provision of health and social care services.

Health Communities

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

West Dunbartonshire's demographic profile is well documented within the new strategic plan. The plan clearly sets out the scale of the challenge around effective delivery of health and social care services in West Dunbartonshire in particular tackling multi-morbidity, poverty, addiction, domestic violence and mental health. In 2022 (with the end of the COVID-19 pandemic in sight) a Strategic Needs Assessment was developed to enable the HSCP to continue to respond positively and plan for the future new model of service delivery.

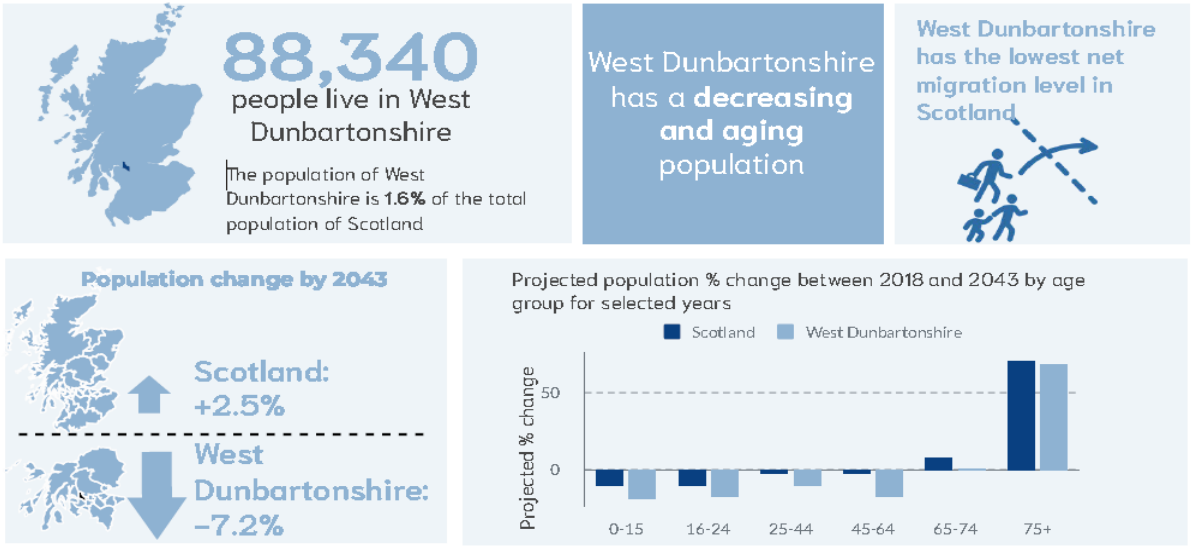
The West Dunbartonshire HSCP Strategic Needs Assessment 2022 (see Appendix 1, 4) has taken a 'population view' by using an epidemiological approach to describe:

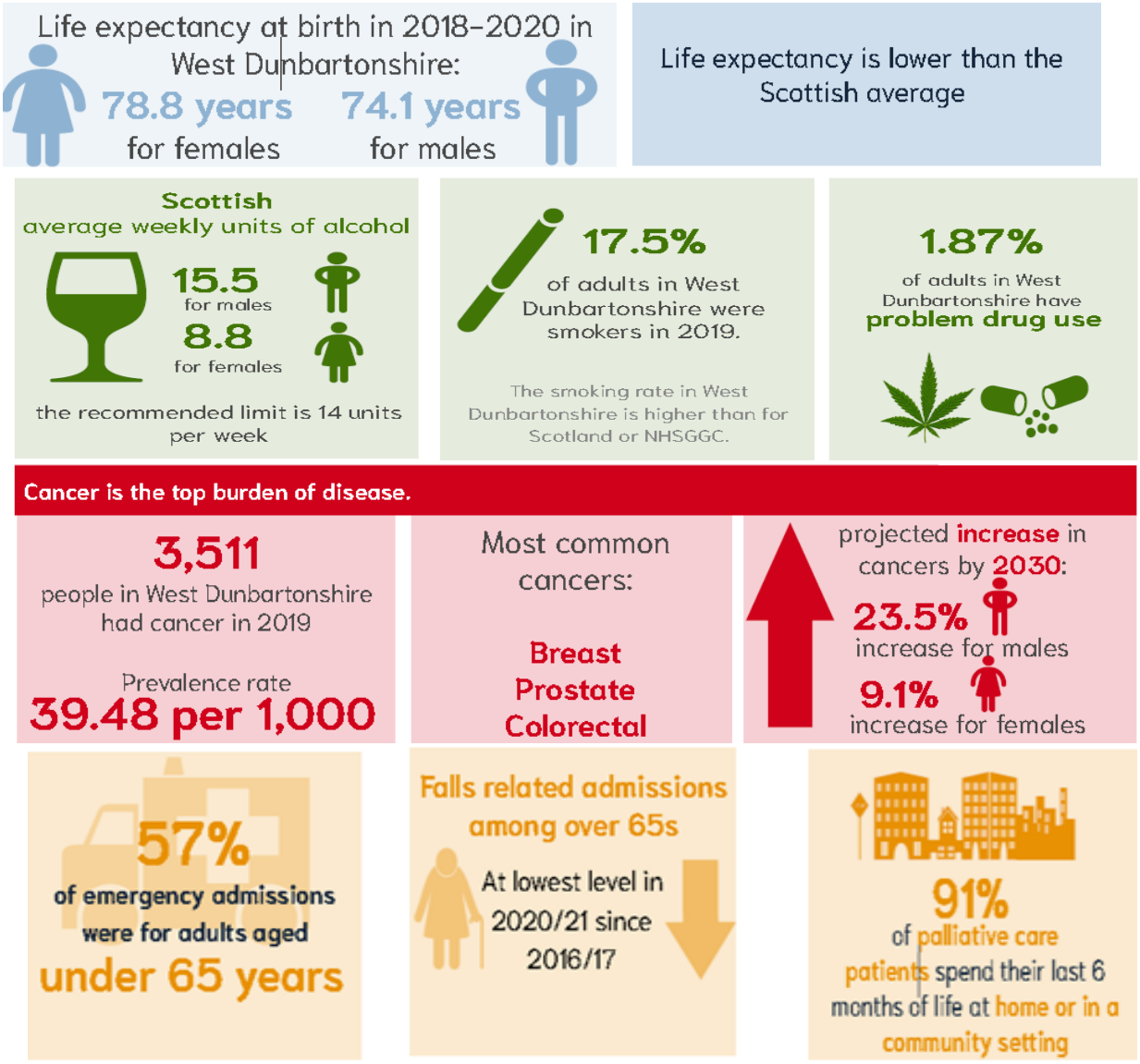
- Health and Social Care provision in the community;
- Why some population groups or individuals are at greater risk of disease e.g., socio-economic factors, health behaviours; and
- Whether the burden of diseases are similar across the population of West Dunbartonshire's localities.

The main sections are structured around:

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

Exhibit 8: Extract from SNA Executive Summary (see Appendix 1, 5)





COVID-19 Impact and Response 2022/23

In 2021/22 the Scottish Government provided funding in advance of need for the ongoing COVID-19 response. This was held in an earmarked reserve and throughout 2022/23 the application of this funding was tracked monthly via the local mobilisation plan financial tracker, with defined spend categories. By the end of 2022/23 the surplus funding held within earmarked reserves in excess of the 2022/23 actual spend was required to be returned to the Scottish Government (other than a small balance of £0.002m held for Carer's PPE).

A number of service improvements and changes in delivery models were introduced in response to the pandemic. Many of these are now embedded into current practice and will continue into business as usual with any additional costs factored into current budget planning.

Climate Change

Climate change is an area of increasing concern and for the 2022/23 audits auditors are required to report on climate change arrangements in their Annual Audit Reports. To facilitate this report a questionnaire was issued to the HSCP on 15 May with a requirement to report by 30 September.

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

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

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

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

Performance Reporting 2022/23

The HSCP Audit and Performance Committee receive a Quarterly Public Performance Report at each meeting, which provides an update on progress in respect of key performance indicators and commitments. These can be viewed here (see Appendix 1, 6).

In addition to the quarterly reports there have been a number of development sessions during the year with both the SMT and the HSCP Board to further refine and enhance local reporting requirements alongside national indicators.

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

The 2022/23 APR was presented to the HSCP Audit and Performance Committee in June 2023 for approval and publication thereafter. The report can be viewed here (see Appendix 1, 7).

The performance report has 45 performance indicators; these include a suite of challenging targets which demonstrates how our performance compares to local and national targets. Ongoing measurement against this suite of indicators provides an indication of how the HSCP Board is making progress towards the key objectives of integration, in particular how health and social care services support people to live well and independently in their communities for as long as possible.

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

It is recognised that the factors influencing changes in performance can be various and complex. Changes in activity and demand, and legacy impacts from COVID-19, in some services from our population continued to be the key influencing factor throughout 2022/23. Performance monitoring arrangements continue to be refined and developed to ensure appropriate scrutiny and ownership of the factors and issues affecting performance.

Some key areas of performance (as defined by the Scottish Government) over the past year are detailed below. The categorisation of the indicators align to the 2019 – 2022 strategic priorities detailed above and align to the nine national health and wellbeing outcomes (refer to Exhibit 6):

1. **Early Intervention - national health and wellbeing outcomes no. 1, 4 and 6;**
2. **Access - national health and wellbeing outcomes no. 2 and 3;**
3. **Resilience - national health and wellbeing outcomes no. 7;**
4. **Assets - national health and wellbeing outcomes no. 8 and 9; and**
5. **Inequalities - national health and wellbeing outcomes no. 5.**

KEY

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

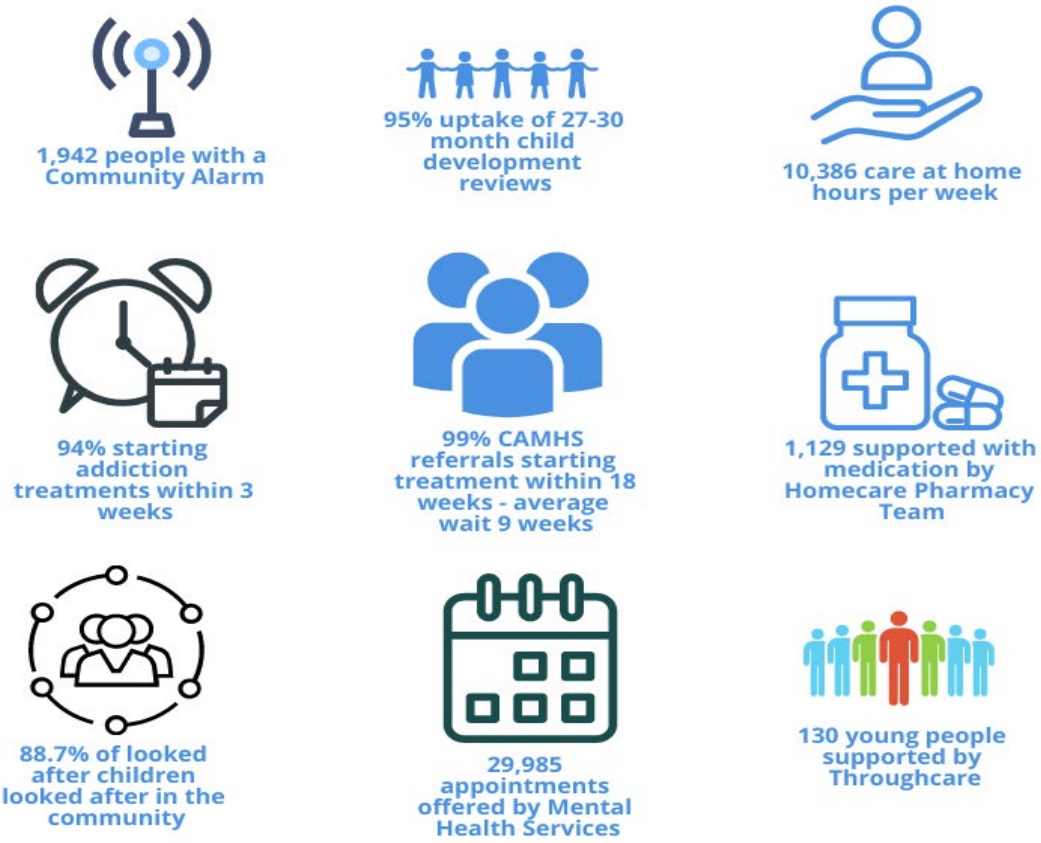
Exhibit 9: Extract from 2022/23 Annual Performance Report

Performance Indicator	2021/22	2022/23			5 Year Trend
	Value	Value	Target	Status	
Priority 1: Early Intervention					
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	✓	
Number of acute bed days lost to delayed discharges (incl. Adults With Incapacity) Age 65 years & over	7,392	11,390	4,417	●	
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	33%	43%	90%	●	
Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	95.2%	93.7%	95%	▲	
Priority 2: Access					
Percentage of people aged 65 & over who receive 20 or more interventions per week	38.1%	40.3%	35%	✓	
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	18.8%	28.6%	30%	✓	
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	80.6%	84.2%	80%	✓	
Priority 3: Resilience					
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	96%	99.1%	90%	✓	
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	68.5%	43.3%	90%	●	
Priority 4: Assets					
Prescribing cost per weighted patient (Annualised)	£168.58	£185.96	£187.73	✓	
Priority 5: Inequalities					
Balance of Care for looked after children: % of children being looked after in the Community	89.6%	88.7%	90%	▲	

Performance Highlights 2022/23

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

Exhibit 10 – Pictorial View of Some Performance Highlights



Addiction Services

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

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

Changes in service delivery were implemented to achieve implementation of MAT 1-5, this was achieved after working in collaboration with Public Health Scotland via a test of change pilot resulting in an 85% reduction in service access delays and a 65% increase in the number of people accessing treatment. Retention in treatment has also improved along with positive feedback on treatment choice and availability. The improvements achieved locally were showcased by a Health Improvement Scotland event in June 2023.

Other key areas of development across the ADP is commissioning of a Non-Fatal Overdose service and a Harm Reduction Mobile Unit.

The Non-Fatal Overdose service provides a 7 day 12hr outreach service provided by 3rd sector partner. This service works in collaboration with tier 3 treatment services to offer out of hours support to the most vulnerable and at risk population within the community. On an average month approx. 40 individuals are supported by the assertive outreach team.

The Harm Reduction Mobile Unit also offers an out of hours provision to the areas where drug related deaths and harms are occurring. The unit became operational in August 2022 and in an average week support approx. 20 individuals who are not in contact with any treatment or support service. This service is provided by specialist trained Harm Reduction Nurses, services include BBV testing & treatment, provision of injecting equipment, safer injecting advice, wound care assessment, provision of antibiotics, naloxone training, assessment for same day access for opiate substitution therapy, sexual health advice and basic food supplies.

Mental Health and Wellbeing in Primary Care (MHWPCS)

Within primary care partners continue to improve capacity for mental health assessment, care and support within Primary and Community Care settings. Scottish Government funding has been committed to the Primary Care Improvement Plan (Community Link Workers) and Action 15 of the Mental Health Strategy (Wellbeing Nurses). The service will include the interface with specialist services to ensure that people receive the right care in the right place supported by clear pathways to mental health services for those who need them.

District Nursing

The District Nursing Service leads a two weekly multi-disciplinary team (MDT) meeting with attendees from a range of HSCP Health and Community Care services. This meeting was set up as an action from a Learning Review and provides a platform for frontline staff to raise concerns about any service users. With representation from DN's, Home Care, Senior Social Workers and a Frailty Practitioner, the meetings have a terms of reference and a standard operating procedure to ensure effective record keeping after each meeting to demonstrate discussion and decision making. Other professionals are invited when required.

Community Treatment and Care Services (CTAC)

As part of the Moving Forward Together agenda, West Dunbartonshire HSCP Community Treatment and Care Services were the first to provide clinics within the HSCP for those requiring phlebotomy relating to acute outpatient care. This service reduces the need for people to attend acute sites as they can have necessary blood tests completed closer to their home A test of change was implemented to develop the service safely, and was then cascaded to two other HSCP's, with HSCP staff supporting CTAC staff in these HSCP's to ensure safe and effective implementation. The provision of this service also fulfils one of the five agreed priorities of the Memorandum of Understanding 2 (MoU2), the contract between the Scottish Government, British Medical Association, Integration Authorities and NHS Health Boards supporting GPs (General Practitioners) and Primary Care Services.

Learning Disability Services

Throughout 2022/23 our Learning Disability services continue to work hard to promote and support the rights of people with a Learning Disability. A more fully staffed health team has seen a reduction in waiting times and a more timely service. There has been substantial work done to review processes creating much safer and more robust pathways in relation to patient care and clinical governance. Successful implementation of anti-psychotic monitoring clinics has identified some unmet health needs and directed carers to other services, which may not have happened otherwise. There is ongoing work with Children and Families to review Transitions to Adult services to ensure we are applying the eligibility criteria and providing a statutory service to those with critical or substantial need.

Justice Services

Similarly, our Justice Services continue to deliver effective and timely services to adults within the justice system. While the service was impacted significantly in 2022/23 in relation to the COVID-19 pandemic (particularly in relation to community disposal of unpaid work) the service has recruited staff to support the delivery of services over 7 days and are incrementally working through a backlog of community disposal accumulated during pandemic.

In 2022 the service has developed a Bail supervision service and is actively considered as a community disposal form local sheriffs and courts. Funding for Justice Services continue to be funded directly from government and reporting on National outcome measures continues to demonstrate strong performance, an example being 100% of Multi Agency Public Protection meetings taken place within prescribed timescales to effectively manage high risk offenders.

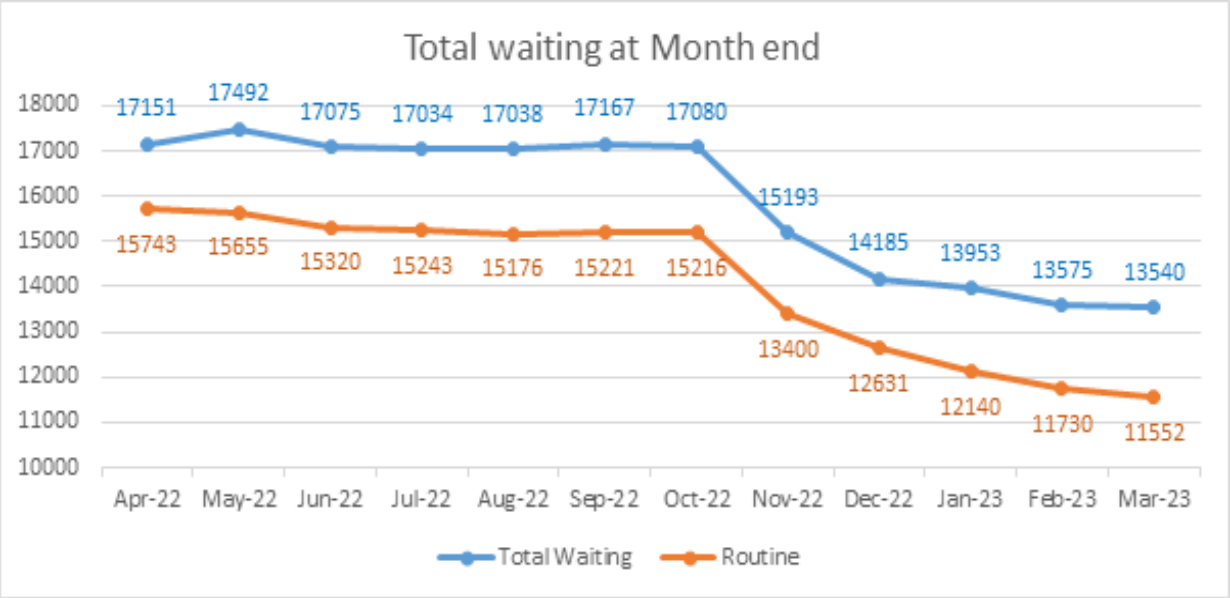
Community Justice

The implementation of a Community Justice partnership in 2022 has brought together key partners to focus on further developing a community justice agenda for adults involved in justice service. The implementation of a National Outcomes Performance Improvement Framework is supporting local action planning aligned to national aims to improve life experiences and outcomes for adults who have experienced custody or have become involved in the wider justice system.

Musculoskeletal (MSK) Physiotherapy

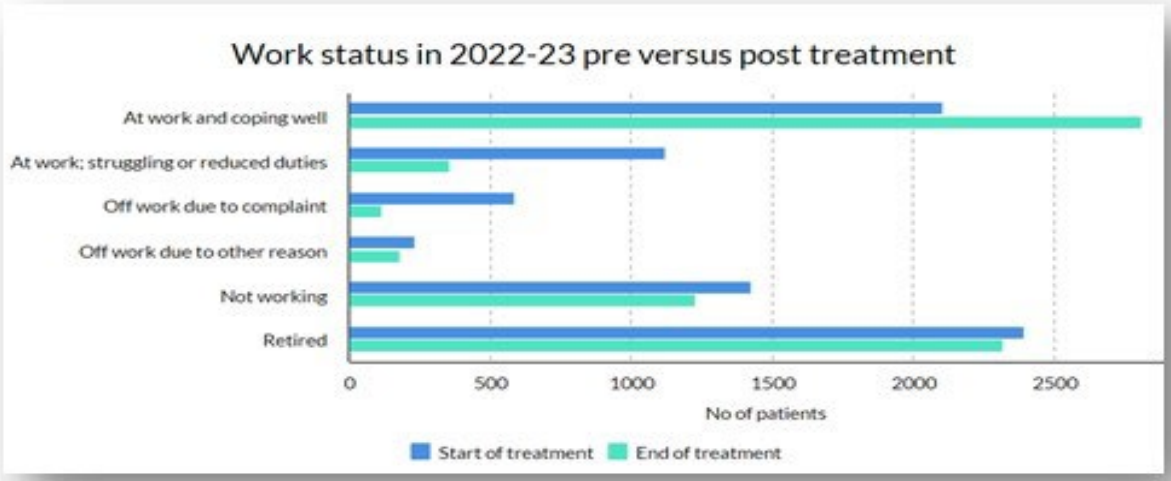
In September 2022 the MSK Physiotherapy service commenced a priority project to address routine waiting times using QI methodology to improve waiting times with the impact being that maximum routine waiting times reduced from 24 weeks to 12 weeks in 2022/23.

Exhibit 11: MSK Waiting Times Impact Assessment



The MSK service demonstrated quality of service provision by ongoing collection of Patient Reported Outcome Measures. The service was effective in reducing patients' pain; increasing patients' function and successfully getting patients back to work.

Exhibit 12: Patient Reported Outcome Measures



The MSK service is the first nationally to have successfully introduced Electronic Patient Records known as Active Clinical Notes (ACN) across the Board area. The rollout of ACN was completed by December 2022 and has allowed a reduction in transfer of clinical records between sites and provides accessibility of MSK Physiotherapy record to all Trak users (including Emergency Department and MSK Physiotherapy staff providing second opinions or support from different sites).

The use of Digital Records is not only in keeping with the NHSGCC digital strategy and meets previous Ombudsman requirements, but has also resulted in record standardisation, improvement in patient reported outcome measures (see exhibit 12 above), financial savings and a reduction in time delay and cost of provision of copy of records for Health Records Legal Department due to previously needing to recall records from storage.

Self-Directed Support Policy and Work with Carers

The March 2022 HSCP Board noted the improvements made in addressing the actions agreed following the 2019 Care Inspectorate Thematic Review of Self Directed Support (SDS) within West Dunbartonshire. The overarching aim is to ensure that supported people are empowered and have choice and control over their social care and support. The Board also approved the refreshed SDS policy which complements the eligibility criteria policy and the requirements of the 'My Life Assessment' process.

In addition to the above the Board agreed to a pilot (working in partnership with the Carers of West Dunbartonshire) designed to streamline the SDS process for unpaid adult carers to access short breaks which will be funded from the earmarked carers reserve.

Prescribing

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

The GP prescribing budget is the largest area of subjective spend other than staffing. Given the level of financial risk it is important that efficiencies are realised wherever possible. While

both the volume of drugs dispensed and average cost per item have increased to above pre pandemic levels WDHSCP has performed well, compared to the overall NHSGCC area, with average increases of 1.8% in volumes and £10.70 average cost per item compared 3.3% and £10.72 respectively.

Table 4 on page 27 compares the £21.001m final outturn for prescribing against a budget of £19.937m for 2022/23 resulting in a net deficit of £1.064m. As highlighted in note 13 on page 63 £0.591m was drawn down from the earmarked prescribing reserve to partially mitigate the financial impact of this overspend.

Health Visiting

The Health Visiting Service achieved UNICEF Gold revalidation in 2022. UNICEF UK Baby Friendly Gold Award promotes safe effective person centred care to support parents with up-to-date evidence based practice regarding infant feeding, relationships and brain development. The impact of work to ensure 'Gold Standard' service delivery is reflected in data depicting breast feeding improvement across a range of measures.

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

The West Dunbartonshire Distress Brief Intervention (DBI) Associate Programme for young people aged 16years to 24years (26 years for care experienced young people) is specifically to support young people who are experiencing 'emotional distress' and not requiring clinical interventions. The service launched on 1 March 2022. This "ask once get help fast" service for young people and families was introduced incrementally with all primary care sites active as of June 2022 and all five secondary education sites active as of November 2022. Thirty-three referrals have been made to the service as of mid-February 2023. A total of eighty – three individuals have been trained as level 1 referrers across five service areas.

In December 2022, West Dunbartonshire was invited to become the fifth national pilot site to offer DBI to 14 and 15 year olds. This pathway commenced on 30 January 2023 in two schools with the remaining schools commencing two weeks later. The DBI delivery group continues to use learning from the national programme and other associate programme areas and to explore additional referral pathways for younger ages e.g. Primary School.

Performance Challenges 2022/23

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

Our Workforce

Recruitment and retention of health and care staff remains an ongoing challenge and a recognised strategic risk. The HSCP has experienced the same issues as most health and care services employers have in the past 12 months. A huge effort has been made to ensure staff have the right skills, knowledge, training and flexibility to be deployed in the right place at

the right time. We continued to review our workforce to ensure that we both recruit and retain staff across all job families to support delivery of the HSCP strategic ambition. Supporting access to opportunity for all through our recruitment and selection processes, modern apprenticeships and internships. We support our workforce to progress in their careers and everyone has access to a wide range of training and development opportunities which are available throughout the HSCP and we try to effectively utilise individual skill sets in the most effective way. NHSGGC and WDC offer a variety of flexible working packages and have earmarked funding for additional training and development. We have strong links with local colleges and have plans to enhance the existing programme to prepare job seekers for work in the care sector and support their development to progress their careers in health and social care.

We recognise that our workforce is our greatest asset, we take great pride in celebrating the achievements of our staff throughout the year, culminating in the annual awards across the HSCP. Our annual HSCP staff award event held on 7 October 2022, recognised the achievements of the Diabetic Retinal Screening Service (Team of the Year) for the remarkable adaptability and resilience, going above and beyond what was expected of them with the introduction of additional weekday and weekend clinics. We recognise that fulfilment is a key part in ensuring that we have a happy and engaged workforce and encourage creativity and innovation in our workforce and Trades Union colleagues.

Child Protection

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

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

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

- Continue to seek external support where this is necessary to achieve change.

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

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

Children's Services

Budgetary pressure continue to exist in relation to care provision for children in West Dunbartonshire. The service is developing a 5 year strategy "*Our Children' Our Communities"* to, in essence, shift the balance of care to increase community support and ensure the principles of The Promise, the output from the National Care Review, and are embedded in practice. The approach is underpinned by a 5 year medium term financial plan and will be fully implemented subject to the approval of the board in 2023.

Delayed Discharges

The HSCP continues to face challenges in demonstrating a sustainable downward trend in delayed discharges. Analysis of these challenges has identified multifactorial issues: staffing and recruitment, complexity of care packages, and improving the pathways of care across the HSCP and the three acute hospitals. Within this analysis, bed days lost due to Adults with Incapacity (AWI) legislation remains at unacceptable levels, and targeted improvement work is ongoing. The 'Discharge without Delay' Programme will facilitate a whole system framework approach and measurable outcomes from which to further scrutinise performance.

Reablement Service

In June 2023 a new Care at Home Reablement Team will start taking referrals to provide a reablement service across the HSCP. Funded from Scottish Government Winter Monies and System Pressures monies, it is anticipated to have a positive outcome of peoples' ability to maintain their own independence for longer at home and reduce the number of onward referrals to mainstream Care at Home.

Care at Home Redesign

The redesign process is reaching its completion and, subject to agreement by the HSCP Board after consultation with the JTU's and WDC as the employing partner, it will provide a framework for service improvement to deliver a high quality and fit for purpose service. This

redesign will also ensure the service demonstrates positive service user outcomes within the budgeted savings and efficiencies and an action plan will be developed to monitor progress.

Recovery and Renewal 2022/23 and Future Years

On the 21 March 2022 the HSCP Board approved a series of operational Service Delivery Plans 2022/23 (Item 12) (see Appendix 1, 8). These plans, developed by each operational service, have supported and promoted effective service management and communicated a clear and obvious road map for both internal and external stakeholders on how the HSCP would deliver on its strategic priorities over the 2022/23 financial year.

These one year plans were developed to support the HSCP Board to monitor progress for the interim year 2022/23 prior to the approval of the new Strategic Plan on 15 March 2023.

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

While the COVID-19 pandemic is considered to be over from a public health perspective, it brought both significant challenges and exciting opportunities to the HSCP. As we move into 2023/24 it is recognised that there will be an increase in demand for, and a backlog of, statutory services all of which will have wide ranging resource implications, primarily staffing and financial.

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

Financial Performance 2022/23

The Statement of Accounts contains the financial statements of the HSCP Board for the year ended 31 March 2023 and has been prepared in accordance with The Code of Practice on Local Authority Accounting in the United Kingdom (the Code).

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

Table 1: Summary Financial Position 2022/23

1 April 2022 to 31 March 2023	West Dunbartonshire Council £000	Greater Glasgow & Clyde Heath Board £000	Total £000
Funds Received from Partners	(83,737)	(143,689)	(227,426)
Funds Spent with Partners	90,538	145,266	235.804
(Surplus)/Deficit in Year 2022/23	6,801	1,577	8,378

The Comprehensive Income and Expenditure Statement (CIES) on page 54 details the cost of providing services for the year to 31 March 2023 for all health and care services delegated or hosted by the HSCP Board.

The total cost of delivering services amounted to £235.804m against funding contributions £227.426m, both amounts including notional spend and funding agreed for Set Aside of £41.323m, (see Note 4 "Critical Judgements and Estimations" page 59). This therefore leaves the HSCP Board with an overall deficit on the provision of services of £8.378m prior to planned transfers to and from reserves, the composition of which is detailed within Note 13 "Usable Reserve: General Fund" page 65.

The HSCP Board's 2022/23 Financial Year

The HSCP Board approved the 2022/23 revenue budget on 21 March 2022. The report considered by members, set out the funding offers from our partners NHSGGC and WDC as well as specific funding streams from the Scottish Government totalling £10.974m for support related to Winter Planning, Additional Social Work Capacity, continuation of the Carer's Act, Scottish Living Wage and Free Personal Care uplifts. A total indicative net revenue budget of £185.117m (excluding Set Aside) was approved. The indicative set aside budget of £33.620m was also approved at this meeting.

While there were budget gaps identified, the HSCP Board accepted recommendations to balance the budget by the application of new funding streams, a number of operational adjustments and the application of reserves.

Throughout the 2022/23 financial year there were a significant number of budget adjustments to account for additional Scottish Government funding on both a recurring and non-recurring basis including clawback of excess COVID-19 funding. See tables below.

Table 2: Budget Reconciliations 2022/23

2022/23 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved on 22 March 2022	**102,991**	**82,126**	**185,117**
Rollover Budget Adjustments	(387)	0	(387)
COVID-19	(6,348)	0	(6,348)
Primary Care	834	0	834
Adult and Older People Services	2,404	71	2,475
Children's Services	1,296	1,337	2,633
Family Health Services	2,122	0	2,122
Other	(546)	(10)	(556)
Reported Budget 2022/23	**102,366**	**83,524**	**185,890**
Funded from Earmarked Reserves	**0**	**(349)**	**(349)**
Funded from Partner Organisations	**102,366**	**83,175**	**185,541**

The regular financial performance reports provide members with a detailed analysis of progress of savings programmes, significant variances and reserves activity. All financial performance reports isolated COVID-19 related costs and all projections were heavily caveated as the response to COVID-19 moved from response, to recovery.

The HSCP continued to detail its response to the COVID-19 pandemic within the Local Mobilisation Plan (LMP) and associated costs through the financial tracker returns to the Scottish Government. The final submission for 2022/23 was submitted in early May and detailed full year costs for the HSCP of £2.863m as detailed in Table 3.

The costs detailed have been fully funded by the opening earmarked COVID-19 reserve with the surplus being clawed back as detailed in Table 3 below.

Table 3: COVID-19 Spend against Funding 2022/23

COVID-19 – Expenditure	2022/23 £000's
Additional Staff Costs	411
Additional Infection and Prevention Control	249
Social Care Provider Sustainability	310
Adult Social Care	439
Children and Families	848
Reduced Delay Discharge	84
Mental Health Services	80
FHS Prescribing and Contractor Costs	87
Loss of Income	110
Other	245

Total Spend	**2,863**
COVID-19 – Income	**2022/23 £000's**
Opening Earmarked Reserve	(9,213)
Covid Clawback based on Month 8 LMP Submission	5,855
Final Clawback based on Month 12 LMP Submission	493
Total Income	**(2,865)**
Closing Earmarked Reserve	**(2)**

Final Outturn Position 2022/23

The 2022/23 Financial Performance Draft Outturn Report (can be found here) (see Appendix 1, 9.) was considered by the HSCP Board on 16 May 2023. The report projected a gross overspend of £8.389m (4.51%) for the financial year ended 31 March 2023 prior to planned transfers to/from earmarked reserves to leave a net overspend of £0.453m to be funded from un-earmarked reserves. This projected overspend of £0.453m consisted of an overspend of £0.872m in social care services, partially offset by an underspend of £0.419m in health care services.

The Outturn Report also contained a suite of detailed appendices providing members with information on all budget transfers, significant variances across HSCP integrated services, progress on the achievement of previously approved savings and a line by line breakdown of all earmarked reserves movements.

In 2022/23 the approved savings and service redesign efficiencies to be delivered totalled £2.597m, with an element of this total being brought forward from previous years. Due to the complexities around some of the savings programmes, in particular the re-design of Care at Home Services coupled with the impact of the COVID-19 pandemic, the final outturn position reports that approximately 51% (£1.322m) of savings were delivered as planned with the balance being funded from earmarked reserves and other HSCP underspends / funding streams.

The financial statements contained within these annual accounts finalise the 2022/23 outturn position as at 31 March 2023. Again prior to planned transfers to/from earmarked reserves and after accounting for all known adjustments, the recorded position is a gross overspend of £8.378m (4.52%). After application of reserves (as shown in Table 4 below) the final position is a net overspend of £0.271m, a small improvement from the May position. Tables 4 and 5 provides a high level summary of the final outturn position by service area and by subjective analysis supplemented by additional explanation of the key variances.

Table 4: Final Outturn against Budget 2022/23 by Service Area

West Dunbartonshire Integrated Joint Board Consolidated Health & Social Care	2022/23 Annual Budget £000	2022/23 Net Expenditure £000	2022/23 Underspend/ (Overspend) £000	2022/23 Reserves Adjustment £000	2022/23 Underspend/ (Overspend) £000
Older People, Health and Community Care	53,857	51,034	2,823	2,044	779
Physical Disability	3,584	3,242	342	0	342
Children and Families	29,553	30,522	(969)	250	(1,219)
Mental Health Services	12,578	12,086	492	445	47
Addictions	3,622	3,525	97	112	(15)
Learning Disabilities	19,784	20,487	(703)	6	(709)
Strategy, Planning and Health Improvement	2,210	1,623	587	121	466
Family Health Services (FHS)	31,226	31,224	2	0	2
GP Prescribing	19,937	21,001	(1,064)	(591)	(473)
Hosted Services - MSK Physio	7,394	7,623	(229)	(246)	18
Hosted Services - Retinal Screening	860	846	14	14	0
Criminal Justice	0	45	(45)	(11)	(34)
HSCP Corporate and Other Services	6,907	7,421	(514)	(1,039)	525
Covid-19	(6,348)	2,863	(9,211)	(9,211)	0
IJB Operational Costs	377	377	0	0	0
Cost of Services Directly Managed by West Dunbartonshire HSCP	**185,541**	**193,919**	**(8,378)**	**(8,107)**	**(271)**
Set aside for delegated services provided in large hospitals	41,323	41,323	0	0	0
Assisted garden maintenance and Aids and Adaptions	562	562	0	0	0
Total Cost of Services to West Dunbartonshire HSCP	**227,426**	**235,804**	**(8,378)**	**(8,107)**	**(271)**

Table 5: Final Outturn against Budget 2022/23 by Subjective Analysis

Consolidated Expenditure by Subjective Analysis	2022/23 Annual Budget £000	2022/23 Net Expenditure £000	2022/23 Underspend/ (Overspend) £000	2022/23 Reserves Adjustment £000	2022/23 Underspend/ (Overspend) £000
Employee	86,793	87,557	(764)	271	(1,035)
Property	1,066	1,430	(364)	(139)	(225)
Transport and Plant	1,402	1,458	(56)	(0)	(56)
Supplies, Services and Admin	4,959	5,272	(313)	(806)	493
Payments to Other Bodies	54,867	62,369	(7,502)	(6,071)	(1,431)
Family Health Services	31,955	32,180	(225)	0	(225)
GP Prescribing	19,938	21,002	(1,064)	(591)	(473)
Other	3,089	2,174	915	(379)	1,294
Gross Expenditure	**204,069**	**213,442**	**(9,373)**	**(7,714)**	**(1,659)**
Income	(18,528)	(19,523)	995	(393)	1,388
Net Expenditure	**185,541**	**193,919**	**(8,378)**	**(8,107)**	**(271)**

The Comprehensive Income and Expenditure Statement (CIES) on page 54 is required to show the surplus or deficit on services and the impact on both general and earmarked reserves. The final position for 2022/23 was an overall deficit of £8.378m with £8.107m and £0.271m drawn down from earmarked and un-earmarked reserves respectively. Earmarked reserves are detailed in Note 13 of these accounts on page 65 coupled with some additional information detailed below in the "Key messages".

While the CIES provides actual expenditure and income values for services in 2022/23 and their comparison to the previous financial year, it does not highlight the reported budget variations as the HSCP Board would consider them. Therefore the tables above are presented to provide additional detail and context to the key financial messages listed below.

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

- **Older People, Health and Community Care** – this service grouping covers older people's residential accommodation, care at home and other community health services with analysis as follows:
    - Older People Residential accommodation realised a net saving of £1.129m mainly due to recruitment challenges along with the legacy impact of COVID-19 admission restrictions, delays in assessing clients for residential packages and supporting people to remain within their own homes with support for longer;
    - The Care at Home Service realised a net overspend of £1.008m due to the cost of the unfunded pay settlement and increased use of agency staff and overtime to cover sickness and scheduling issues; and

- Other community health services realised a net underspend of £0.658m mainly due to staff turnover and recruitment challenges.

- **Physical Disability** – favourable variance of £0.342m primarily due underspend of transitions and the cost of SDS Option 1 (Direct Payment) packages being lower than budgeted.
- **Children and Families** – net overspend of £1.219m mainly due to adoption delays and under recovery of interagency income, increase in Scotland Excel negotiated rates and previously approved savings currently unachieved.
- **Mental Health Services** – gross underspend of £0.492m due to an underspend in core services arising from recruitment challenges offset by increased spend on Action 15 funding in year with a net transfer to earmarked reserves of £0.445m to enhance the West Dunbartonshire Mental Health Services Transitional Fund.
- **Learning Disabilities** – net overspend of £0.709m mainly due to an increase in the cost of complex care packages, reduction in income due to changes in charging ILF clients, increase in property costs and use of agency staff.
- **Strategy Planning and Health Improvement** – net underspend of £0.466m due to ongoing recruitment challenges.
- **GP Prescribing** – gross overspend of £1.064m due to an increase in volume numbers year on year and an increase in the average cost of prescribing per item since the start of the year partially funded by a drawdown from earmarked reserves of £0.591m.
- **Hosted Services** – gross underspend of £0.215m due to ongoing recruitment challenges mainly across MSK Physiotherapy.
- **HSCP Corporate and Other Services** – net underspend of £0.526m mainly due to ongoing recruitment challenges and higher than anticipated staff turnover.
- **Carers** – The full allocation of Scottish Government Carers Act implementation funding was not fully utilised with £0.506m transferred to an earmarked reserve to support carers in future years, supported by the Carers Development Group.
- **COVID-19** – 2022/23 was the final year of COVID-19 funding. Any surplus funding held within earmarked reserves in excess of 2022/23 actual spend was required to be returned to the Scottish Government (other than a small balance of £0.002m held for Carer's PPE) The final position was a drawdown from earmarked reserves of £9.211m to fund actual spend of £2.863m and clawback of excess funding of £6.348m.
- The **Set Aside** outturn position is shown as a nil variance as remains a notional budget to the HSCP Board. While the actual activity or consumption of set aside resources for the West Dunbartonshire population is detailed above, there is no formal cash budget transfer by NHSGGC. The actual expenditure share related to our HSCP for 2022/23 was calculated as £41.323m. This figure includes expenditure related to COVID-19; staff costs, increased bed activity, changes to pathways, cleaning, testing, equipment and PPE, all fully funded by the Scottish Government.

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

- **Employee Costs** – The net overspend is mainly related to unfunded pay pressures within Social Care totalling £1.8m partially offset by higher than budgeted levels of staff turnover and ongoing recruitment challenges.
- **Payment to Other Bodies** – The net overspend is mainly related to financial pressures within Children and Families.
- **Other** – The net underspend has mainly arisen within the External Care Homes and Physical Disabilities Services budgets for SDS Option 1 Direct Payments**.**
- **Income** – The net over-recovery of income has mainly arisen within Internal Care Homes and is due to client contributions and property income being substantially more than budgeted.

Key Risks, Uncertainties and Financial Outlook

The HSCP Board Financial Regulations confirms the responsibility of the Chief Officer to develop a local risk strategy and policy for approval by the Partnership Board. The HSCP Board Financial Regulations can be viewed here (see Appendix 1, 10).

The HSCP Board's Risk Management Strategy and Policy was reviewed and updated during 2022/23 as part of a scheduled update which was initially presented to the 15 November HSCP Audit and Performance Committee (Item 7) for their approval and can be viewed here (see Appendix 1,11). The Audit and Performance Committee provided feedback in respect of the presentation and layout of the report. This challenge from those members charged with monitoring governance arrangements provided an opportunity for reflection and improvement culminating in an informal session on Strategic Risk which was held on the 18 April 2023. The session allowed members to discuss in more depth some concerns over the presentation of risk scoring both pre and post mitigation and the actual presentation of the individual impact of the strategic risks.

As a result a full review of the Strategic Risk Register has been undertaken and a number of improvements have been made with the outcome of the review and the supporting revised Risk Management Strategy and Policy documents being presented to the 16 May 2023 HSCP Board (item 11) for their approval and can be viewed here (see Appendix 1, 12).

The current 9 key strategic risks are summarised below with an extract of the main Financial Sustainability risk and mitigating actions to reduce the likelihood and impact of the risk.

- Financial Sustainability;
- Procurement and Commissioning;
- Performance Management;
- Information and Communication;
- Delayed Discharge and Unscheduled Care;
- Workforce Sustainability;
- Waiting Times;
- Public Protection: Service Risk; and
- Public Protection: Legislation Risk

Table 6: Extract of Strategic Risk Register

Strategic Risks	Extract from Mitigation Actions
Financial Sustainability: The risk of being financially unsustainable, i.e. failure to operate within the approved budget in the short and medium term	• Detailed financial performance reporting to the HSCP Board These reports support the HSCP Board to agree on any corrective actions required to maintain financial sustainability. • Active engagement with all partner bodies in budget planning process and throughout the year. • The MTFP, the annual budget setting report and the regular financial performance reports update on key financial risks and any mitigating actions. • Robust commissioning processes linked to strategic priorities and eligibility and self-directed support

To further support the HSCP Board's assurance processes around the management of risk the Chief Internal Auditor's "Internal Audit Annual Strategy and Plan 2023-24" is presented to the Audit and Performance Committee on 20 June 2023. This sets out the internal audit approach to annual audit planning as risk-based and aligns it to the HSCP Board's strategic planning processes and management's own risk assessment. The full report (Item x) can be viewed here (see Appendix 1, 13)

Reserves

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

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

Reserves are a key component of the HSCP Board's funding strategy. Also, Integration Authorities ability to hold reserves has been recognised by the Scottish Government as a mechanism to provide advance funding to cover known policy commitments and UK Government Barnett consequentials to support the COVID-19 response. It is essential for the medium to longer term financial stability and sustainability of the Board that sufficient useable funds are held for the reasons detailed above and to earmark specific funding to deliver on Scottish Government priorities.

Un-earmarked Reserve

The HSCP Board's Reserves Policy, which can be viewed here (Appendix 1, 14) recommends that its aspiration should be a general reserves level of 2% of its net expenditure (excluding Family Health Services). This would equate to approximately £3.913m, and for 2022/23 the final position is £4.308m (see Note 13: Usable Reserve: General Fund) which equates to a reserves level of 2.2%.

Earmarked Reserves

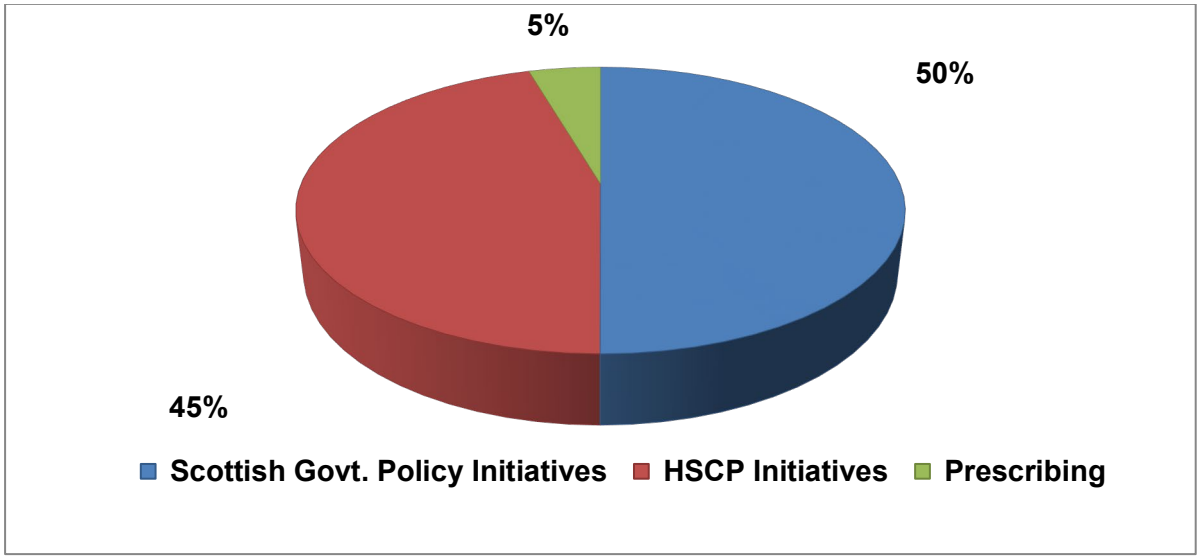
Our overall movement in reserves is covered above in the "2022/23 Final Outturn against Budget" section. Detailed analysis of the movements in earmarked reserves is available at Note 13 Useable Reserves – General Fund.

We started the year with £29.981m earmarked reserves and during the year £16.706m was drawn down to cover COVID-19 costs (including the return of £6.348m excess funding to the Scottish Government) and the delivery of the Primary Care Improvement Programme, Mental Health Action 15 priorities and Winter Pressures. We also added £8.599m to earmarked reserves throughout the year with £7.644m being an increase to existing reserves (mainly for West Dunbartonshire Mental Health Services Transitional Fund, Complex Care Packages and Winter Pressures funding) and £0.955m for the creation of new reserves.

New reserves are mainly for: Additional Social Worker Capacity of £0.364m; Child and Adult Disability Payments of £0.132m; Children's Community Services of £0.302m and £0.100m to support increased Asylum Seekers placements. In line with our governance arrangements the Audit and Performance Committee have considered and monitored the progress of the action plans.

A profile of the 2022/23 earmarked closing balance of £21.874m is detailed in Figure 1 below:

Figure 1: Profile of Earmarked Reserves



The analysis shows that:

- 50% relate to Scottish Government policy commitments including Primary Care Improvement, Mental Health Action 15, Alcohol and Drugs Partnership and Winter Pressures funding for enhancing care at home, multi-disciplinary teams and employing more health care support workers. The flow of funding for some of these policy commitments is linked to regular returns detailing the activity and cost of various programme strands;
- 45% relate to HSCP initiatives to support service redesign and transformation, community engagement and recovery and renewal in services; and
- 5% relates to reserves held for prescribing to mitigate potential volatility in pricing and short supply issues which have been skewed through the last two years of responding to the COVID-19 pandemic.

Financial Outlook – Medium Term Financial Plan

The HSCP Board approved the indicative 2023/24 Revenue Budget on the 15 March 2023. The identified budget gaps and actions taken to close these gaps, to present a balanced budget, took into account current levels of service, however it was recognised that the legacy impact of the COVID-19 pandemic are not fully quantifiable at this time. The full report can be viewed here (Appendix 1, 15).

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

Both WDC and NHSGGC complied with the Scottish Government directives on funding to the HSCP Board for 2023/24. For WDC the direction was at least roll-over of the 2022/23 recurring budget (i.e. flat cash) plus share of allocated funding for social care in relation to Scottish Living Wage and uprating of Free Personal Care. For NHSGGC the direction was a pass through of the same 2% uplift provided to health boards.

For health services the 2% uplift was accepted on the basis that pay and other inflation was set at 2%, excluding Prescribing budgets. Prescribing is hugely complex and during 2022/23 both the volume of drugs dispensed and the average cost per item have increased to above pre pandemic levels. Given these increases and the requirement to drawdown from earmarked reserves to partially fund the 2022/23 prescribing overspend, an uplift of 5% was applied in 2023/24.

The WDC flat cash allocation for social care services, in essence, required the HSCP Board to cover all inflationary pressures (circa £6.7m) for pay awards and commissioned services, national insurance uplifts and demographic pressure, from a combination of service

efficiencies, approved savings options, baseline adjustments and application of earmarked reserves.

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

The indicative budget gaps for 2024/25 and 2025/26 are detailed in Table 7 below and illustrate the scale of the risk.

Table 7: Indicative Budget Gaps

Indicative Budget Gaps	2023/24 (£000)	2024/25 (£m)	2025/26 (£m)
Indicative Draft Budget	191,016	197.015	202,027
Indicative Funding	189,099	190,578	192,087
Annual Budget Gap	**1,918**	**6,437**	**9,940**
Cumulative Budget Gap	**1,918**	**8,354**	**18,294**
Application of Reserves	2,209	185	194
Annual Budget Gap	**(292)**	**6,252**	**9,745**
Cumulative Budget Gap	**(292)**	**5,961**	**15,706**

Through 2023/24 the Financial Performance Reports will continue to reflect all quantifiable variations against the approved budget as well as anticipating and reporting on any material changes or risks

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

- **Better ways of working** – integrating and streamlining teams including the benefits of information technology to deliver services more efficiently will release financial savings and protect front line services;

- **Community Empowerment** - support the vision for resilient communities with active, empowered and informed citizens who feel safe and engaged to be a main contributor to service change across health and social care;

- **Prioritise our services** – local engagement and partnership working are key strengths of the HSCP. We must think and do things differently and find new solutions to providing support to those who need it;

- **Equity and Consistency of approach** – robust application of Eligibility Criteria for new packages of care and review of current packages using the My Life Assessment tool; and

- **Service redesign and transformation** – build on the work already underway redesigning support to people to remain or return to their own homes or a homely setting for as long as possible. This will be across all care groups including older people, learning, physical and mental disabilities and children and families, in partnership with Housing services, third sector and local providers.

As we continue to await the publication of the Scottish Government's refreshed Medium Term Health and Social Care Financial Framework, to provide some realistic working assumptions for 2023/24 and beyond, along with uncertainties surrounding the legacy impact of the Covid-19 pandemic, the impact of global inflation on cost of living and pay uplifts, and timescales around the implementation of National Care Service, the update of the Medium Term Financial Plan has been delayed and the refresh is anticipated to be reported to the Board in March 2024.

Conclusion

Throughout 2022/23 West Dunbartonshire HSCP Board continued to strive to deliver on its strategic priorities as well as responding to and adapting services as the legacy impacts of the COVID-19 pandemic continued to dominate the daily lives of the people of West Dunbartonshire.

We have demonstrated our commitment to strong financial governance through our performance reporting and this annual report. The ability to hold reserves and add to them in 2022/23, supports our short and medium term position as we face the challenges 2023/24 will bring and the implementation of our new 2023 – 2026 Strategic Plan, shaped by our Strategic Needs Assessment.

In 2023/24 we will respond to these challenges by continuing to build on the strong governance frameworks already in place as documented within the Governance Statement and continue to engage and collaborate with our stakeholders, manage and mitigate risk and invest in our workforce and communities.

Michelle McGinty
HSCP Board Chair **Date: 21 November 2023**

Beth Culshaw **Date: 21 November 2023**
Chief Officer

Julie Slavin **Date: 21 November 2023**
Chief Financial Officer

STATEMENT OF RESPONSIBILITIES

Responsibilities of the Health and Social Care Partnership Board

The Health and Social Care Partnership Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this partnership, that officer is the Chief Financial Officer.

- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.

- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).

- Approve the Annual Accounts.

I confirm that these draft Annual Accounts were approved at a meeting of the HSCP Board on 20 June 2023.

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

Michelle McGinty **Date: 21 November 2023**
HSCP Board Chair

Responsibilities of the Chief Financial Officer

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

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

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

The Chief Financial Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of the West Dunbartonshire Health and Social Care Partnership Board as at 31 March 2023 and the transactions for the year then ended.

Julie Slavin CPFA **Date: 21 November 2023**
Chief Financial Officer

REMUNERATION REPORT

Introduction

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

It discloses information relating to the remuneration and pension benefits of specified WDHSCP Board members and staff. The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

The HSCP Board does not directly employ any staff. All staff working within the HSCP are employed through either NHSGGC or WDC; and remuneration for senior staff is reported through those bodies. This report contains information on the HSCP Board Chief Officer and Chief Financial Officer's remuneration together with details of any taxable expenses relating to HSCP Board voting members claimed in the year.

Membership of the HSCP Board is non-remunerated; for 2022/23 no taxable expenses were claimed by members of the partnership board.

Health and Social Care Partnership Board

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

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

The HSCP Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair. For 2022/23 no voting member received any form of remuneration from the HSCP Board as detailed below.

Table 8: Voting Board Members from 1 April 2022 to 31 March 2023

Voting Board Members 2022/23	Organisation
Baillie Denis Agnew (Chair until 26 June 2022)	West Dunbartonshire Council
Michelle McGinty (Chair from 27 June 2022)	West Dunbartonshire Council
Rona Sweeney (Vice Chair)	NHS Greater Glasgow & Clyde Health Board
John Mooney (until 26 June 2022)	West Dunbartonshire Council
Jonathan McColl (until 26 June 2022)	West Dunbartonshire Council
Martin Rooney (from 27 June 2022)	West Dunbartonshire Council
Clare Steel (from 27 June 2022)	West Dunbartonshire Council
Michelle Wailes	NHS Greater Glasgow & Clyde Health Board
Dr Lesley Rousselet	NHS Greater Glasgow & Clyde Health Board

Senior Officers

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

Chief Officer

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

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

Other Officers

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

Table 9: Remuneration

Total Earnings 2021/22 £	Senior Officers	Salary, Fees & Allowance £	Compensation for Loss of Office £	Total Earnings 2022/23 £
118,292	B Culshaw (Chief Officer)	127,564	0	127,564
91,052	J Slavin (Chief Financial Officer)	94,632	0	94,632

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

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

Table 10: Pension Benefits

Senior Officers	In Year Contributions		Accrued Pension Benefits		
	For Year to 31/03/2022 £000	For Year to 31/03/2023 £000		For Year to 31/03/2022 £000	For Year to 31/03/2023 £000
B Culshaw Chief Officer	23	25	Pension Lump Sum	11 0	14 0
J Slavin Chief Financial Officer	19	20	Pension Lump Sum	9 0	11 0

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

Disclosure by Pay Bands

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

Table 11: Pay Bands

Remuneration Band	Number of Employees 31/03/2022	Number of Employees 31/03/2023
£90,000 - £94,999	1	1
£115,000 - £119,999	1	
£125,000 - £129,999		1

Michelle McGinty **Date: 21 November 2023**
HSCP Board Chair

Beth Culshaw **Date: 21 November 2023**
Chief Officer

ANNUAL GOVERNANCE STATEMENT

Introduction

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

Scope of Responsibility

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

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

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

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

In 2017 the HSCP Board adopted governance arrangements that are consistent with the Chartered Institute of Public Finance and Accounting (CIPFA) and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government". Based on the framework's seven core principles a Local Code of Good Governance is in place which is reviewed annually and evidences the HSCP Board's commitment to achieving good governance and demonstrates how it complies with the recommended CIPFA standards. A copy of the code is available here (Appendix 1, 16) on the HSCP website.

Impact of COVID-19 Response on Governance Arrangements

On the 3 May 2023, the head of the United Nations World Health Organisation (UN WHO) declared "with great hope" an end to COVID-19 as a public health emergency. Throughout 2022/23, the partnership continued to respond and recover to the impacts of COVID-19 with staff continuing to work proactively and with agility in light of the various public health restrictions in place. A number of changes made to protect the integrity of governance framework in which the HSCP Board operates, remained in place in 2022/23 and will likely continue in the coming year.

One significant change which is now cemented within the HSCP Board's standing orders is the ability for members to attend meetings either in person or remotely, i.e. hybrid meeting.

Throughout 2022/23 the HSCP Board and Audit and Performance Committee met as planned. As public health restrictions on social distancing eased from June 2022, meetings moved to a hybrid model with some members and officers attending meetings in person while others contribute remotely.

Amendments to the Civil Contingencies Act 2004, effective from 16 March 2021, awarded Integration Joint Boards with Category One Responder status. This status already applied to Local Authorities and NHS Bodies. The HSCP Chief Officer and the Senior Management Team continued to work alongside partners to participate in the both the local and wider response to the pandemic and have established an HSCP Resilience Group.

The response included the implementation and continued support of service areas that had to adapt to the challenges and risks of the pandemic. These were captured on the COVID-19 Risk Register and the Local Mobilisation Plan.

The Scottish Government required that NHSGGC and each of the six HSCPs within Glasgow's boundary prepared a Local Mobilisation Plan (LMP). The LMP and associated Financial Cost Tracker set out the impact of the pandemic on services and their response.

The financial costs aligned to the LMP were submitted monthly to the Scottish Government and formed the basis of all funding received. The final position is set-out in detail within these accounts and confirms that all 2022/23 COVID-19 related costs were covered from the funds held in an earmarked reserve created in 2020/21 and added to in 2021/22.

Purpose of the Governance Framework

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

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

Governance Framework and Internal Control System

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

Following the Local Government elections held in May 2022, the three elected members (one SNP, one Labour and one Independent Councillors) were replaced in June 2022 by three new elected members (three Labour Councillors). Their membership was confirmed at the 27 June 2022 HSCP Board meeting.

The HSCP Board is scheduled to meet six times per year and all agendas, meeting papers and minutes are available on the HSCP Board website. From the meeting of the Board on 16 August 2022 to date, the audio recordings of each meeting are available to download by the public.

The main features of the HSCP Board's governance framework and system of internal control is reflected in its Local Code, with the key features for 2022/23 summarised below:

- The HSCP Board is formally constituted through the Integration Scheme agreed by WDC and NHSGGC and approved by Scottish Ministers as required by the Public Bodies (Joint Working) (Scotland) Act 2014. The scheme (currently at the final stages of review as required by statute every five years) sets out the local governance arrangements, including definition of roles, workforce, finance, risk management, information sharing and complaints;
- The overarching strategic vision, priorities and outcomes of the HSCP Board are set-out within its Strategic Plan 2019 – 2022 which was in effect until 15 March 2023. The

production of this plan was led by the Strategic Planning Group, established as required by the 2014 Act, with a cross-cutting membership of local internal and external partners and stakeholders;

- The Health & Social Care Partnership Board positively promotes the principles of sound corporate governance within all areas of its affairs. It has established the Audit and Performance Committee has an essential component of the governance framework. The committee is scheduled to meet in public four times per year;
- The scope, authority, governance and strategic decision making of the HSCP Board and Audit and Performance Committee is set out in key constitutional documents including the HSCP Strategic Plan 2023 – 2026, terms of reference, code of conduct, standing orders and financial regulations, directions policy, records management and complaints handling;
- The Chief Officer has established an HSCP Resilience Group as IJB's are now category one responders. This group will review the business continuity plan and pandemic flu plan.
- The Performance Management Framework commits to regular performance and financial reporting to the HSCP Board and Audit and Performance Committee. These reports review the effectiveness of the integrated arrangements including delivery of the strategic priorities and the financial management of the integrated budget;
- The Medium Term Financial Plan 2022/23 – 2026/27 and the high level review of future funding gaps presented to the HSCP Board in March 2023, outlines the financial challenges and opportunities the HSCP Board faces over the next five years and provides a framework which will support financial sustainability;
- Programme Management Office (PMO) supports the co-ordination of work across multiple programmes and projects designed to facilitate transformational change;
- The robust application of key policies including Eligibility Criteria, My-Life Assessment, Self-Directed Support, Assisted Transport and Non-Residential Charging policies are managed and monitored through the recently revamped Adults Area Resource Group (AARG). This group supports equity of support across different care groups while delivering best value;
- Weekly Chief Officer reports considered by the SMT and used as the basis for reporting at an executive level to our partners at corporate management teams and formal Organisational Performance Reviews (OPRs);
- Clinical and Care Governance Group – provides oversight and scrutiny of all aspects of clinical and care risk, quality and effectiveness to ensure that it remains safe and person centred. The group produces an annual report on the output of its work which includes an appraisal on the impact of care quality.
- The Risk Management Strategy, including the risk management policy and strategic risk register, are scrutinised bi-annually by the Audit and Performance Committee with level of risk, its anticipated effect and mitigating action endorsed before being referred to the HSCP Board;
- The Reserves Policy is reviewed as part of the annual budget setting process and has identified a reasonable level of both general and earmarked reserves;
- Self-assessment of compliance with the CIPFA Financial Management Code;
- A performance appraisal process is in place for all employees and staff who are also required to undertake statutory and mandatory training to reinforce their obligations to protect our service users, including information security;
- A Policy Register is maintained to support regular reviews e.g. Supervision Policy for Social Work and Care Services approved at the May 2023 HSCP Board; and

- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings, recommendations and associated action plans by Audit Scotland, Ministerial Strategic Group, our external and internal auditors and the Care Inspectorate
- In addition to the HCSP Board Financial Regulations the HSCP complies with the financial regulations of its partner bodies both of which contain details on their approaches to managing the risk of fraud and corruption.

    - West Dunbartonshire Council has adopted a response that is appropriate for its fraud and corruption risks and commits to maintain its vigilance to tackle fraud in accordance with the Code of Practice on Managing the Risk of Fraud and Corruption.
    - NHSGCC has a formal partnership with NHS Counter Fraud Service, which details the action to be taken when fraud, theft, corruption or other financial irregularities are suspected. This requires NHSGCC to adopt the Counter Fraud Standard and have a formal Fraud Policy and a Fraud Response Plan, which sets out the Board's policy and individual responsibilities.

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

Compliance with Best Practice

The HSCP Board's financial management arrangements conform to the CIPFA Financial Management Code, a series of financial management standards designed to support local authority bodies meet their fiduciary duties

The HSCP Board's financial management arrangements conform to the governance requirements of the CIPFA statement *"The Role of the Chief Financial Officer in Local Government (2010)"*. To deliver these responsibilities the Chief Financial Officer (Section 95 Officer) must be professionally qualified and suitably experienced and lead and direct a finance function that is resourced and fit for purpose.

The HSCP Board complies with the requirements of the CIPFA Statement on *"The Role of the Head of Internal Audit in Public Organisations 2010"*. The HSCP Board's appointed Chief Internal Auditor has responsibility for the internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service generally operates in accordance with CIPFA *"Public Sector Internal Audit Standards 2013"*.

The HSCP Board's Audit and Performance Committee operates in accordance with CIPFA's *"Audit Committee Principles in Local Authorities in Scotland"* and *"Audit Committees: Practical Guidance for Local Authorities and Police (2022)"*.

Review of Adequacy and Effectiveness

The HSCP Board is committed to continuous improvement and is responsible for conducting at least annually, a review of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Chief Officer and the Senior Management Team who has the responsibility for the development and maintenance of the governance environment and the work of internal and external audit and other review agencies including the Care Inspectorate.

HSCP Board Development

A one year programme of board development work with an external consultant, with significant experience in the operation of IJBs commenced in November 2022 with a one day "Structural Dynamics Workshop". The other elements of the programme include an assessment of governance arrangements, board skills, one to one mentoring with Chair, Vice Chair and Chief Officer and wider work with the Senior Management Team, culminating in a development plan.

HSCP Board's compliance to CIPFA's Financial Management Code

A self-assessment review of the HSCP Board's compliance was undertaken in June 2023 by the HSCP Senior Management Team led by the Chief Financial Officer. This was presented to the HSCP Board's Audit and Performance Committee on the 20 June for their consideration and to provide assurance that they were broadly compliant. A small number of improvement actions were recommended to strengthen overall compliance and performance. A copy of the report can be found here (See Appendix 1, 17). The improvement actions replicate the new actions identified in the annual review of the Local Code detailed below.

HSCP Board's Local Code Review

As stated above the HSCP Board adopted its own local code in 2017. This is reviewed each year by the Chief Financial Officer and the Senior Management Team as part of the year end assurance processes for both partner organisations and the HSCP Board. For the 2023 review the Audit and Performance Committee which met on 20 June 2023 noted the outcome that there were no areas assessed to be non-compliant and around 80% were considered fully compliant. A copy of the 2023 report is available here (See Appendix 1, 18)

There have been a number of improvement actions identified and an update on these is provided below, including the recommended closure of some actions as complete and the addition of some new actions to strengthen the internal control environment. The priority for 2023/24 will be to progress the remaining ongoing actions to further strengthen the governance framework.

New June 2023 Actions

Improvement Action	Lead Officer(s)	Target Date
Publish Register of Interests – to support Principle A – "Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law"	HSCP Board Standard's Officer	November 2023
Scheme of Delegation – the HSCP Board should consider drafting its own Scheme of Delegation which	Chief Financial Officer and Head	March 2024

draws on our partners (WDC and NHSGGC) own schemes, to support statutory officers and other key post holders and members to fulfil their responsibilities in accordance with legislative and regulatory requirements.	of Strategy and Transformation	
Align more clearly the Strategic Plan to the Integrated Workforce Plan (IWP) to support the delivery of the approved strategic outcomes. The current IWP covers a 3 year period and this work will be undertaken in the Year 2 review.	Head of Strategy & Transformation and Head of Human Resources	August 2024
Refresh the Medium Term Financial Plan – the current plan covers the 5 year period 2022/23 – 2026/27 and was refreshed at a high level as part of the 2023/24 budget setting exercise, but the challenging fiscal outlook requires the sensitivity analysis to be reviewed and the projection of funding gaps.	Chief Financial Officer	March 2024

Update on Previously Agreed Actions

Improvement Action	Lead Officer(s)	Target Date	June 2023 Review
Refresh and update local Self Directed Support arrangements.	Head of Strategy and Transformation	September 2020 Revised March 2023	**Complete**
Review the effectiveness of the new Strategic Planning Group (SPG)	Head of Strategy and Transformation	October 2020 Revised March 2023	**Complete**
Develop a robust Commissioning Plan driven by new Strategic Plan 2019 - 2022	Head of Strategy and Transformation	October 2020 Revised March 2023	**Complete**
Ministerial Strategic Group Review on the Progress of Integration Action Plan – from May 2019 Self Evaluation	Chief Officer	Multiple actions Revised September 2023 request to revise to March 2024	**Part Complete:** The HSCP Board considered progress on the delivery of the MSG Action Plan on 19 August 2021. This report identified a number of areas where the actions/improvements had been implemented and those with work on-going. It was anticipated that a further report would be brought to the February 2022 Board; however with the resurgence of Covid (Omicron) in late 2021 into 2022 this has been delayed. The HSCP Audit and Performance Committee will receive an assurance report on the 14 November 2023.

Review of the HSCP Board's Standing Orders.	Chief Financial Officer and Head of Strategy and Transformation	Initial Due Date: March 2023 Revised Date: August 2023	**Part Complete:** Significant progress has been made in respect of the review of Standing Orders. The HSCP Board considered a paper on the 16 May 2023 at which not all recommended changes were agreed. A further revised version of the Standing Orders will be reconsidered by the Board in August 2023.
Review the Terms of Reference of the Audit & Performance Committee	Chief Financial Officer	Initial Due Date: December 2022	Complete Approved by the HSCP Board 15 March 2023

HSCP Board's 2022/23 Audit Plan Progress

The HSCP Board's Annual Audit Plans are developed to support assurance of the Board's Governance Framework. A total of 40 days are allocated to undertake the plan. This work is additional to the internal audit activity undertaken by internal auditors for NHSGGC and WDC.

The HSCP Board's Chief Internal Auditor presents updates on the progress of the Audit Plan and associated actions at each meeting of the Audit and Performance Committee. These are summarised below:

Internal Audit Undertaken	Overall Opinion of Control Environment	Update of Actions
Complete: Adequacy of Reporting on the Implementation of the Directions Policy	**Satisfactory** Two Green ratings One Amber Rating	**Target Date September 2022:** **Complete** Direction Reference now included within Minutes. Follow-up with officers the requirement to complete a direction where appropriate. Directions Log progress reported to HSCP Board.
Complete: Performance Management Arrangements	**Satisfactory** Two Green ratings	**Target Date March 2023:** **Part Complete** Improvements made to documentation of key processes including collection, collation and reporting. **Revised target date is September 2023**
Complete: Adequacy of Pandemic Response and Recovery Arrangements	**Satisfactory** Two Green ratings	**Target Date September 2023** **Ongoing** IJB to finalise arrangements for civil contingencies support.

		Prepare for members an annual business continuity assurance statement.

West Dunbartonshire Council and NHSGGC Health Board

Also supporting the review of the HSCP Board's governance framework are the processes of internal controls of West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.

Within WDC Chief Officers complete a Local Code of Governance Checklist which is a self-assessment against each aspect of council's local code. These are considered by the Chief Internal Auditor and inform each Chief Officer's Certificate of Assurance as well as the Council's Governance Statement.

Within NHSGGC a similar process is in operation which required the Chief Officer to complete a "Self-Assessment Checklist" covering all the key areas of the internal control framework.

Other reviews to support continuous improvements and the control environment include the work undertaken by WDC & NHSGGC internal audit teams. Any specific control issues emerging from these audits are considered through each organisation's own Audit Committee and recommendations on improvements agreed. The HSCP Board are updated on any control issues that would impact on HSCP service performance through regular performance and financial updates reports.

Progress of actions is reviewed through the partner organisations own corporate management teams of which HSCP senior officers are members of. There is also regular review by the HSCP Chief Internal Auditor, Chief Officer, Chief Financial Officer and the Senior Management Team and the monthly Core Finance Group meeting.

Update on Previous Governance Issues

The 2021/22 Annual Governance Statement did not identify any significant control issues for the HSCP Board. Updates of previous HSCP Board governance issues are mainly covered under the "Review of Adequacy and Effectiveness" section above. The remaining previously reported governance issues are updated below:

- Improve sickness absence rates – this continues to be an area of significant focus as the consequences of sickness absence coupled with recruitment and retention challenges impacts on service delivery. There are targeted interventions for areas with higher absence levels to support line managers and ensure individual absences are being managed in an appropriate manner to support return to work; and
- Progress with service reviews within Learning Disability Services, Children and Families and Care at Home to ensure services are fit for the future - the Care at Home review has continued to make significant progress despite some key management changes, with the final redesign report receiving sign off from the Chief Officer and Senior Management Team. The Children and Families and Learning Disability Services reviews have undergone some initial scoping but securing additional staffing resources to support continues to be

challenging. The HSCP Board will receive progress updates on the reviews as there are significant saving targets aligned to their success.

Governance Issues 2022/23

The 2022/23 Internal Audit Annual Report for the HSCP Board identifies no significant control issues. As stated above the HSCP Board must also place reliance on the Council and Health Board's internal control framework. Both partner bodies Internal Audit Annual Reports have concluded their reviews of control procedures in key areas with the overall opinions being generally satisfactory with some improvement needed.

As stated above under "Review of Adequacy and Effectiveness" the Chief Officer of the HSCP completes a self-assessment of the HSCP's operational performance against the WDC local code. The Council's Chief Internal Auditor has considered this and has identified some areas for improvement which form part of the WDC Annual Governance Statement and progress will be monitored through the Performance Management Review Group (PMRG) and the WDC Audit Committee. These include:

- Strengthening the evaluation processes of some key projects;
- Self-evaluation work on review of complaints and how they are used to inform service improvements across the HSCP;
- Strengthen Community Engagement and Participation;
- Strengthen arrangements for procurement and commissioning; and
- Monitor compliance with "Off-Payroll Working Guidance".

The Health Board's Internal Auditor's Annual Report has now been received, and the opinion is one that reasonable assurance can be placed on the adequacy and effectiveness of the current governance and control systems and processes.

Conclusion and Opinion on Assurance

Overall the Chief Internal Auditor's evaluation of the control environment concluded that; based on the audit work undertaken, the assurances provided by the Chief Officers of the HSCP Board, West Dunbartonshire Council and Greater Glasgow and Clyde Health Board, the review of the local code and knowledge of the HSCP Board's governance, risk management and performance monitoring arrangements:

"It is my opinion, based on the above, that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2023 within the Council and the Health Board from which the Health and Social Care Partnership Board requires to receive assurances and within the Health and Social Care Partnership Board itself."

COVID-19

The longevity of the Covid-19 pandemic and its extension from 2020/21 into 2021/22 meant that the effect on the residents, partners and workforce remained an area of concern in 2022/23.

The COVID-19 pandemic has created additional demands for services whilst dealing with backlogs which have accumulated alongside which there are rising costs and reduced funding available. Continued transformation activity is crucial to ensure the Health & Social Care Partnership Board can continue to deliver services and positive outcomes for the people of West Dunbartonshire.

Assurance and Certification

Whilst recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the HSCP Board's governance arrangements.

We consider the internal control environment provides reasonable and objective assurance that any significant risks impacting on our principal objectives will be identified and actions taken to mitigate their impact and deliver improvement.

Systems are in place to regularly review and improve the internal control environment and the implementation of the action plan will be monitored by the HSCP Senior Management Team throughout the year.

Michelle McGinty **Date: 21 November 2023**
HSCP Board Chair

Beth Culshaw **Date: 21 November 2023**
Chief Officer

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

2021/22 Gross Expenditure £000	2021/22 Gross Income £000	2021/22 Net Expenditure £000	West Dunbartonshire Integrated Joint Board Health and Social Care Partnership	2022/23 Gross Expenditure £000	2022/23 Gross Income £000	2022/23 Net Expenditure £000
Consolidated Health & Social Care						
55,489	(7,153)	48,336	Older People Services	59,091	(8,057)	51,034
3,290	(184)	3,106	Physical Disability	3,420	(178)	3,242
27,514	(1,481)	26,033	Children and Families	32,160	(1,638)	30,522
13,711	(3,136)	10,575	Mental Health Services	15,409	(3,323)	12,086
3,950	(587)	3,363	Addictions	4,222	(697)	3,525
18,679	(746)	17,933	Learning Disabilities Services	21,261	(774)	20,487
29,875	(343)	29,532	Family Health Services (FHS)	32,180	(956)	31,224
19,691	(1)	19,690	GP Prescribing	21,002	(1)	21,001
6,740	(212)	6,528	Hosted Services - MSK Physio	7,859	(236)	7,623
734	(14)	720	Hosted Services - Retinal Screening	851	(5)	846
2,349	(2,349)	0	Criminal Justice	2,848	(2,803)	45
7,863	(586)	7,277	Other Services	9,899	(855)	9,044
4,781	0	4,781	Covid	2,863	0	2,863
358	0	358	IJB Operational Costs	377	0	377
195,024	**(16,792)**	**178,232**	**Cost of Services Directly Managed by West Dunbartonshire HSCP**	**213,442**	**(19,523)**	**193,919**
36,346	0	36,346	Set aside for delegated services provided in large hospitals	41,323	0	41,323
527	0	527	Assisted garden maintenance and Aids and Adaptions	562	0	562
231,897	**(16,792)**	**215,105**	**Total Cost of Services to West Dunbartonshire HSCP**	**255,327**	**(19,523)**	**235,804**
0	(227,858)	(227,858)	Taxation & Non-Specific Grant Income (contribution from partners)	0	(227,426)	(227,426)
231,897	**(244,650)**	**(12,753)**	**Total Comprehensive Income and Expenditure**	**255,327**	**(246,949)**	**8,378**

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the HSCP Board's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movement in Reserves During 2022/23	Un-earmarked Reserves	Earmarked Reserves	Total General Fund Reserves
	£000	£000	£000
Opening Balance as at 31st March 2022	(4,579)	(29,981)	(34,560)
Total Comprehensive Income and Expenditure (Increase)/Decrease 2022/23	271	8,107	8,378
Closing Balance as at 31st March 2023	(4,308)	(21,874)	(26,182)

Movement in Reserves During 2021/22	Un-earmarked Reserves	Earmarked Reserves	Total General Fund Reserves
	£000	£000	£000
Opening Balance as at 31st March 2021	(4,367)	(17,440)	(21,807)
Total Comprehensive Income and Expenditure (Increase)/Decrease 2021/22	(212)	(12,541)	(12,753)
Closing Balance as at 31st March 2022	(4,579)	(29,981)	(34,560)

BALANCE SHEET

The Balance Sheet shows the value of the HSCP Board's assets and liabilities as at the balance sheet date. The net assets are matched by the reserves held by the HSCP Board.

2021/22 £000	BALANCE SHEET	Notes	2022/23 £000
34,728	Short Term Debtors	9	26,471
34,728	**Current Assets**		**26,471**
0	Short Term Creditors	10	0
(168)	Provisions	11	(289)
(168)	**Current Liabilities**		**(289)**
34,560	**Net Assets**		**26,182**
(4,579)	Usable Reserves: General Fund	13	(4,308)
(29,981)	Usable Reserves: Earmarked	13	(21,874)
(34,560)	**Total Reserves**		**(26,182)**

The audited accounts were issued on 21 November 2023.

Julie Slavin CPFA **Date: 21 November 2023**
Chief Financial Officer

NOTES TO THE FINANCIAL STATEMENTS

1. Significant Accounting Policies

1.1 General Principles

The Financial Statements summarises the HSCP Board's transactions for the 2022/23 financial year and its position at the year-end of 31 March 2023.

The HSCP Board was established under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a joint venture between West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.

The HSCP Board is a specified Section 106 body under the Local Government (Scotland) Act 1973 and as such is required to prepare their financial statements in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the HSCP Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the HSCP Board.
- Income is recognised when the HSCP Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

1.3 Funding

The HSCP Board is primarily funded through contributions from the statutory funding partners, WDC and NHSGGC. Expenditure is incurred as the HSCP Board commission's specified health and social care services from the funding partners for the benefit of service recipients in West Dunbartonshire and service recipients in Greater Glasgow and Clyde, for services which are delivered under Hosted arrangements.

1.4 Cash and Cash Equivalents

The HSCP Board does not operate a bank account or hold cash and therefore has not produced a cashflow statement for these annual accounts. Transactions are settled on behalf of the HSCP Board by the funding partners. Consequently the HSCP Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner, as at 31 March 2023, is represented as a debtor or creditor on the HSCP Board's Balance Sheet.

1.5 Employee Benefits

The HSCP Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The HSCP Board therefore does not present a Pensions Liability on its Balance Sheet.

The HSCP Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March 2023 is accrued, for example in relation to annual leave earned but not yet taken.

Charges from funding partners for other staff are treated as administration costs.

1.6 Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March 2023 due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March 2023, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March 2023, whose existence will only be confirmed by later events. A contingent asset is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

Two contingent liability exists as detailed below:

- There is a contingent liability in relation to possible claims by staff within older people care homes arising from the application of terms and conditions payable for shift allowances; and
- There is a contingent liability in relation to possible regrading of basic grade care at home and care home staff, subject to job evaluation.

1.7 Reserves

The HSCP Board's reserves are classified as either Usable or Unusable Reserves.

The HSCP Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2023 shows the extent of resources which the HSCP Board can use in later years to support service provision or for specific projects.

1.8 Indemnity Insurance

The HSCP Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding HSCP Board member and officer responsibilities. Greater Glasgow and Clyde Health Board and West Dunbartonshire Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the HSCP Board does not have any 'shared risk' exposure from participation in CNORIS. The HSCP Board's participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the HSCP Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

1.9 VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

2. Prior Year Re-Statement

No prior year re-statement has taken place.

3. Accounting Standards Issued Not Yet Effective

The Code requires the disclosure of information relating to the expected impact of an accounting change that will be required by a new standard that has been issued but not yet adopted.

The HSCP Board considers that there are no such standards which would have significant impact on its Annual Accounts.

4. Critical Judgements and Estimation Uncertainty

Within Greater Glasgow and Clyde, each IJB has responsibility for services which it hosts on behalf of the other IJB's. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risks and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which West Dunbartonshire IJB accounts have been prepared and is based on the Code of Practice.

In responding to COVID-19 the IJB has been required to act as both principal and agent. An assessment of all COVID-19 expenditure has been undertaken and this assessment has concluded that the IJB acted as agent in relation the PPE supplied by National Services Scotland. In line with the Code, this expenditure has been excluded from the accounts.

The Annual Accounts contain estimated figures that are based on assumptions made by West Dunbartonshire IJB about the future or that which are otherwise uncertain. Estimates are made using historical expenditure, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates made. In applying these estimations, the IJB has no areas where actual results are expected to be materially different from the estimated used.

5. Events After the Reporting Period

The unaudited accounts were authorised for issue by the Chief Financial Officer on 20 June 2023. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2023, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

6. Expenditure and Income Analysis by Nature

Table 12: Expenditure and Income Analysis

2021/22 £000	West Dunbartonshire Integration Joint Board Health & Social Care Partnership Consolidated Health & Social Care Services	2022/23 £000
79,848	Employee Costs	87,559
1,056	Property Costs	1,430
1,294	Transport	1,458
4,388	Supplies and Services	5,251
56,247	Payment to Other Bodies	62,390
19,691	Prescribing	21,002
29,971	Family Health Services	32,180
2,501	Other	2,143
28	Audit Fee	30
527	Assisted Garden Maintenance and Aids and Adaptations	562
36,346	Set Aside for Delegated Services Provided in Large Hospitals	41,323
(16,792)	Income	(19,523)
(227,858)	Taxation and non-specific grant income	(227,426)
(12,753)	**(Surplus)/Deficit on the Provision of Services**	**8,378**

There are no statutory or presentational adjustments which reflect the WDHSCP Board's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these annual accounts.

7. Taxation and Non-Specific Grant Income

The funding contribution from the NHS Greater Glasgow and Clyde Health Board shown below includes £41.323m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the Health Board which retains responsibility for managing the costs of providing the services. The HSCP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

Table 13: Taxation and Non-Specific Grant Income

2021/22 £000	Taxation and Non-Specific Grant Income	2022/23 £000
(116,060)	NHS Greater Glasgow and Clyde Health Board	(102,366)
(74,925)	West Dunbartonshire Council	(83,175)
(36,346)	NHS GGCHB Set Aside	(41,323)
(527)	Assisted garden maintenance and Aids and Adaptions	(562)
(227,858)	**Total**	**(227,426)**

8. Hosted Services

Consideration has been made on the basis of the preparation of the 2022/23 accounts in respect of MSK Physiotherapy and Retinal Screening Services hosted by West Dunbartonshire HSCP Board for other IJBs within the NHSGGC area. The HSCP Board is considered to be acting as a "principal", with the full costs of such services being reflected in the 2022/23 financial statements.

The cost of the hosted services provided to other IJBs for 2022/23 is detailed in the table below.

Also included within the table is cost incurred by West Dunbartonshire HSCP on behalf of other IJB's within the NHSGCC areas in relation to Old Age Psychiatry. These costs arise solely due to cross boundary bed activity and are not regarded as a true hosted service.

Table 14: Services Hosted by West Dunbartonshire HSCP

2021/22 £000 Net Expenditure of Other IJB Activity	Host Integration Joint Board	Service Description	2022/23 £000 Net Expenditure of Other IJB Activity
6,014	West Dunbartonshire	MSK Physiotherapy	6,808
658	West Dunbartonshire	Retinal Screening	774
0	West Dunbartonshire	Old Age Psychiatry	23
6,672		**Cost to GGC IJBs for Services Hosted by WD**	**7,605**

Similarly, other IJBs' within the NHSGGC area act as the lead manager (or host) for a number of delegated services on behalf of the WD HSCP Board. Table 15 details those services and the cost of providing them to residents of West Dunbartonshire, based on activity levels, referrals and bed days occupied.

Table 15: Services Hosted by Other HSCPs

2021/22 £000 Net Expenditure by WD HSCP	Host Integration Joint Board	Service Description	2022/23 £000 Net Expenditure by WD HSCP
768	East Dunbartonshire	Oral Health	1,016
310	East Renfrewshire	Learning Disability	291
4	East Renfrewshire	Augmentative and Alternative Communication	5
309	Glasgow	Continence	371
615	Glasgow	Sexual Health	651
1,660	Glasgow	Mental Health Central and Specialist Services	1,787
1,066	Glasgow	Addictions - Alcohol and Drugs	979
870	Glasgow	Prison Healthcare	964
194	Glasgow	Health Care Police Custody	176
4,572	Glasgow	General/Old Age Psychiatry	5,061
14	Renfrewshire	General/Old Age Psychiatry	12
7	Inverclyde	General/Old Age Psychiatry	8
373	Renfrewshire	Podiatry	982
280	Renfrewshire	Primary Care Support	293
11,042		**Cost to WD for Services Hosted by Other IJBs**	**12,596**

9. Debtors

2021/22 £000	Short Term Debtors	2022/23 £000
0	NHS Greater Glasgow and Clyde Health Board	0
34,728	West Dunbartonshire Council	26,471
34,728	**Total**	**26,471**

10. Creditors

2021/22 £000	Short Term Creditors	2022/23 £000
0	NHS Greater Glasgow and Clyde Health Board	0
0	West Dunbartonshire Council	0
0	**Total**	**0**

11. Provisions

As part of the 2022/23 budget setting exercise the HSCP Board agreed to make provision for un-recovered charges (bad debt) for specific social care delegated services.

2021/22 £000	Provisions	2022/23 £000
168	Bad Debt Provision	289
168	**Total**	**289**

12. Related Party Transactions

The HSCP Board has related party relationships with the Greater Glasgow and Clyde Health Board and West Dunbartonshire Council. In particular the nature of the partnership means that the HSCP Board may influence, and be influenced by, its partners. The following transactions and balances included in the HSCP Board's accounts are presented to provide additional information on the relationships.

Both NHSGGC and WDC provide a range of support services to the HSCP Board which includes legal advice, human resources support, some financial services and technical support. Neither organisation levied any additional charges for these services for the year ended 31 March 2023.

Transactions with Greater Glasgow and Clyde Health Board

2021/22 £000		2022/23 £000
(152,406)	Funding Contributions Received from the NHS Board	(143,689)
139,033	Expenditure on Services Provided by the NHS Board	145,266
(13,373)	**Net Transactions with NHS Board**	**1,577**

Transactions with West Dunbartonshire Council

2021/22 £000		2022/23 £000
(75,452)	Funding Contributions Received from the Council	(83,737)
75,714	Expenditure on Services Provided by the Council	90,161
358	Key Management Personnel: Non Voting Members	377
620	**Net Transactions with West Dunbartonshire Council**	**6,801**

Key Management Personnel: the non-voting Board members employed by the WDC and NHSGGC and recharged to the HSCP Board include the Chief Officer, the Chief Financial Officer and the Chief Social Work Officer. In addition to the non-voting members other key management personnel recharged to the HSCP Board include the Head of Planning & Health

Improvement and two staff representatives. Details of the remuneration for some specific post-holders are provided in the Remuneration Report.

13. Useable Reserve: General Fund

The HSCP Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.

- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the HSCP Board's risk management framework.

Balance as at 31 March 2022 £000	Total Reserves	Transfers Out 2022/23 £000	Transfers In 2022/23 £000	Balance as at 31 March 2023 £000
	Scottish Govt. Policy Initiatives			
(9,213)	Covid	9,211	0	(2)
(2,392)	Primary Care	2,056	0	(336)
(4,595)	Adult and Older People Services	1,800	(3,789)	(6,584)
(568)	Children's Services	493	(780)	(855)
(857)	Carers Funding	0	(506)	(1,363)
(1,780)	Other	685	(496)	(1,591)
	HSCP Initiatives			
(2,009)	Service Redesign & Transformation	259	(17)	(1,767)
(560)	Complex Care	0	(2,322)	(2,882)
(300)	Community Empowerment	0	0	(300)
(5,576)	Recovery / Renewal in Services	1,471	(664)	(4,768)
(568)	Other	140	(25)	(453)
	Prescribing			
(1,563)	Prescribing	591	0	(972)
(29,981)	**Total Earmarked Reserves**	**16,706**	**(8,599)**	**(21,874)**
(4,579)	**Total Unearmarked Reserves**	**271**	**0**	**(4,308)**
(34,560)	**Total General Fund Reserves**	**16,977**	**(8,599)**	**(26,182)**
	Overall Movement			**8,378**

14. External Audit Costs

In 2022/23 the HSCP Board incurred external audit fees in respect of external audit services undertaken in accordance with the Code of Audit Practice:

2021/22 £000		2022/23 £000
28	Fees Payable	30

INDEPENDENT AUDITOR'S REPORT

Independent auditor's report to the members of West Dunbartonshire Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on the financial statements

We certify that we have audited the financial statements in the annual accounts of West Dunbartonshire Integration Joint Board for the year ended 31 March 2023 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, the Movement in Reserves Statement, the Balance Sheet and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of West Dunbartonshire Integration Joint Board (the IJB) as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2022/23 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 18 May 2022. Our period of appointment is five years, covering 2022/23 to 2026/27. We are independent of the IJB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the IJB. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on

the IJB's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the IJB's current or future financial sustainability. However, we report on the IJB's arrangements for financial sustainability in a separate Annual Audit Report available from the Audit Scotland website.

Risks of material misstatement

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

Responsibilities of the Chief Financial Officer and the Audit and Performance Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements, that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing each year the IJB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the IJB's operations.

The Audit and Performance Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using our understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the IJB;
- inquiring of the Chief Financial Officer as to other laws or regulations that may be expected to have a fundamental effect on the IJB;
- inquiring of the Chief Financial Officer concerning the IJB's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and

- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the IJB's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skillfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website http://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

We have audited the parts of the Remuneration Report described as audited. In our opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information. We are required to report that fact.

We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Tom Reid
For and on behalf of Mazars LLP
Mazars LLP
100 Queen Street
Glasgow
G1 3DN

APPENDIX 1: LIST OF WEBSITE LINKS

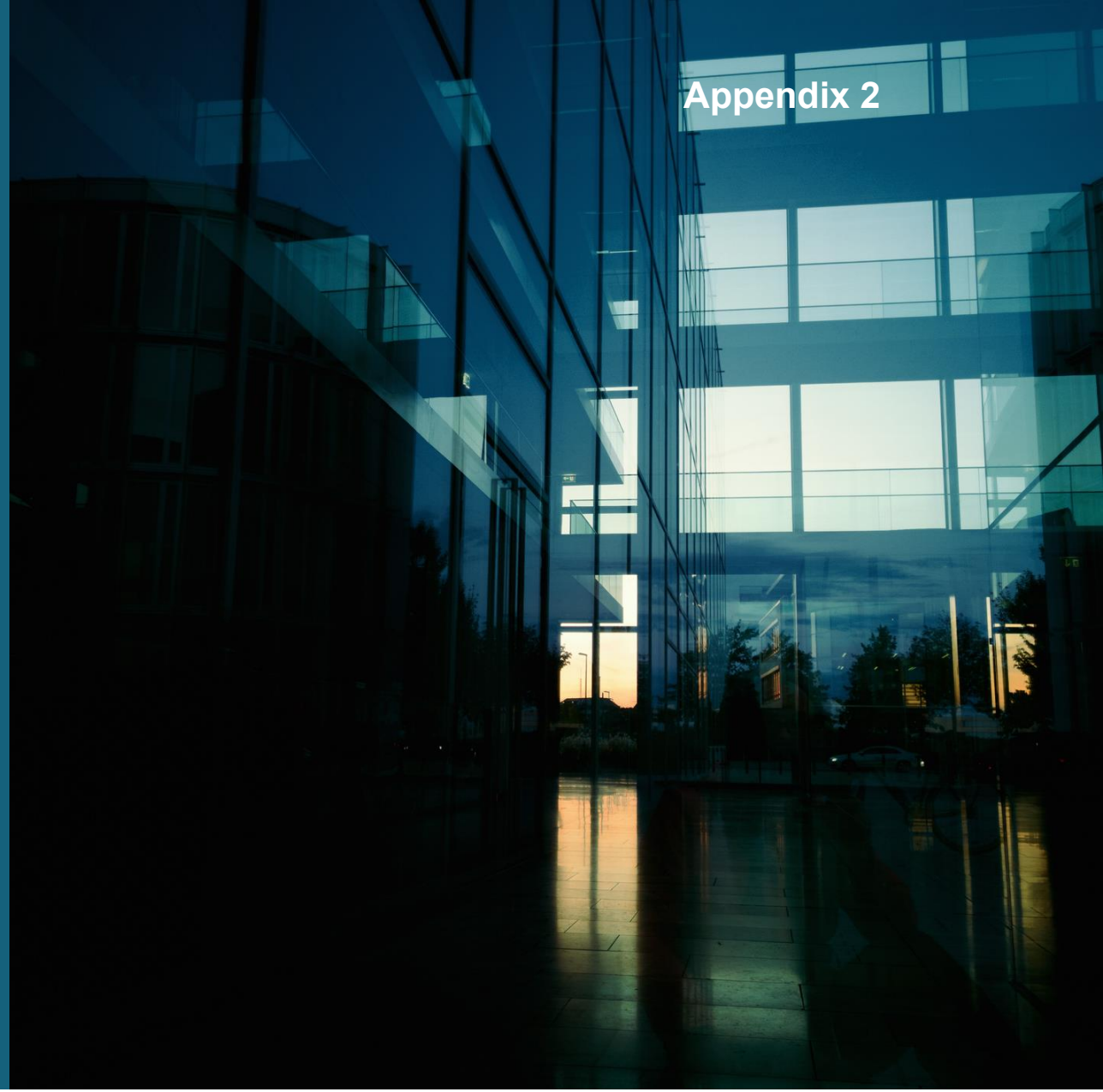
1. http://www.wdhscp.org.uk/media/1215/wdhscp-integration-scheme-may-2015.pdf
2. hscp-strategic-plan-2019-2022.pdf (wdhscp.org.uk)
3. http://www.wdhscp.org.uk/media/2618/document-pack-bookmarked-and-agenda-hscp-board-15-march-2023.pdf
4. http://www.wdhscp.org.uk/media/2521/sna-aop-june-2022.pdf
5. http://www.wdhscp.org.uk/media/2522/west-dunbartonshire-sna-summary.pdf
6. http://www.wdhscp.org.uk/about-us/public-reporting/performance-reports/
7. Audit & Performance Committee section - West Dunbartonshire HSCP (wdhscp.org.uk)
8. http://www.wdhscp.org.uk/media/2492/document-pack-bookmarked-and-agenda-hscp-board-21-march-2022.pdf
9. http://www.wdhscp.org.uk/media/2636/document-pack-bookmarked-and-agenda-hscp-board-16-may-2023.pdf
10. http://www.wdhscp.org.uk/media/2356/wd-hscp-board-financial-regulations.pdf
11. http://www.wdhscp.org.uk/media/2581/hscp-audit-and-performance-15-11-22.pdf
12. http://www.wdhscp.org.uk/media/2636/document-pack-bookmarked-and-agenda-hscp-board-16-may-2023.pdf
13. WEST DUNBARTONSHIRE COUNCIL (wdhscp.org.uk)
14. http://www.wdhscp.org.uk/media/2305/reserves-policy-april-2020.pdf
15. http://www.wdhscp.org.uk/media/2618/document-pack-bookmarked-and-agenda-hscp-board-15-march-2023.pdf
16. http://www.wdhscp.org.uk/media/2432/wdhscp-local-code-of-good-governance.pdf
17. WEST DUNBARTONSHIRE COUNCIL (wdhscp.org.uk)
18. Audit & Performance Committee section - West Dunbartonshire HSCP (wdhscp.org.uk)

Appendix 2

Annual Audit Report

West Dunbartonshire Integration Joint Board – Year ended 31 March 2023

November 2023



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Contents

Our reports are prepared in accordance with Terms of Appointment Letter from Audit Scotland dated 18 May 2022 through which the Accounts Commission has appointed us as external auditor of West Dunbartonshire Integration Joint Board (the IJB) for financial years 2022/23 to 2026/27. We undertake our audit in accordance with Part VII of the Local Government (Scotland) Act 1973, as amended; and our responsibilities as set out within Audit Scotland's Code of Audit Practice 2021.

Reports and letters prepared by appointed auditors and addressed to the IJB are prepared for the sole use of the IJB and made available to Audit Scotland and the Accounts Commission, the Controller of Audit. We take no responsibility to any member or officer in their individual capacity or to any other third party.

Mazars LLP is the UK firm of Mazars, an international advisory and accountancy group. Mazars LLP is registered by the Institute of Chartered Accountants in England and Wales.

mazars

Mazars LLP

100 Queen Street
Glasgow
G1 3DN

14 November 2023

Dear Committee Members and Controller of Audit,

Annual Audit Report – Year ended 31 March 2023

We are pleased to present our Annual Audit Report for the year ended 31 March 2023. The purpose of this document is to summarise our audit conclusions and findings from our considerations of the wider scope audit specified in the Code of Audit Practice 2021 namely, financial management; financial sustainability; vision, leadership and governance; and use of resources to improve outcomes.

The scope of our work, including identified significant audit risks and other areas of management judgement, was outlined in our Audit Strategy Memorandum which we presented on 16 May 2023 to the Audit and Performance Committee. We have reviewed our Audit Strategy Memorandum and concluded that the original significant audit risks and other areas of management judgement remain appropriate.

We would like to express our thanks for the assistance of the IJB's team during our audit.

If you would like to discuss any matters in more detail then please do not hesitate to contact me on 07816354994.

Yours faithfully

T. Reid

Tom Reid (Audit Director)

Mazars LLP

01

Section 01:

Executive summary

1. Executive summary

Audit conclusions and significant findings

The detailed scope of our work as your appointed auditor for 2022/23 is set out in the Audit Scotland's Code of Audit Practice 2021. Our responsibilities and powers are derived from Part VII of the Local Government (Scotland) Act 1973 and, as outlined in our Annual Audit Plan, our audit has been conducted in accordance with International Standards on Auditing (UK) and means we focus on audit risks that we have assessed as resulting in a higher risk of material misstatement.

In section 4 of this report we have set out our conclusions and significant findings from our audit. This section includes our conclusions on the audit risks and areas of management judgement in our Audit Strategy Memorandum, which include:

- Management override of controls.

Misstatements and internal control recommendations

Section 5 sets out internal control recommendations and section 6 sets out audit misstatements. Section 7 outlines our work on the IJB's arrangements to achieve economy, efficiency and effectiveness in its use of resources.

Status and audit opinion

We have substantially completed our audit in respect of the financial statements for the year ended 31 March 2023. At the time of preparing this report, some matters remain outstanding as outlined in section 2.

Conclusions from our audit testing and audit opinion

We have substantially completed our audit in respect of the financial statements for the year ended 31 March 2023. Based on our audit work completed to date we have the following conclusions.

Audit opinion
We expect to issue an unqualified opinion, without modification, on the financial statements. Our proposed audit opinion is included in the draft auditor's report in Appendix B.

Matters on which we report by exception
We are required by to report to you if, during the course of our audit, we have found that adequate accounting records have not been kept; the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or we have not received all the information and explanations we require for our audit.
We have nothing to report in respect of these matters.

Governance Statement
We are required to report on whether the information given in the Annual Governance Statement is materially inconsistent with the financial statements; has not been properly prepared in accordance with the Delivering Good Governance in Local Government Framework 2016; or is materially misstated.
We have no matters to report in respect of the Annual Governance Statement.

1. Executive summary (continued)

Conclusions from our audit testing and audit opinion (continued)

Other information
We are required to report on whether the other information (comprising of Management's Commentary, Statement of Responsibilities and the unaudited parts of the Remuneration Report), is materially inconsistent with the financial statements; has not been properly prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; or is materially misstated.
No inconsistencies have been identified and we have issued an unmodified opinion in this respect.

1. Executive summary (continued)

Best Value and Wider Scope conclusions

As auditors appointed by the Accounts Commission, our wider scope responsibilities are set out in the Audit Scotland's Code of Audit Practice 2021 and sits alongside Best Value requirements detailed the Local Government (Scotland) Act 1973. The Code requirements broaden the scope of the 2022/23 audit and allows us to use a risk-based approach to report on our consideration of the IJB's performance of Best Value and community planning duties and make recommendations for improvement and, where appropriate, conclude on the IJB's performance.

The Code's wider scope framework is categorised into four areas:

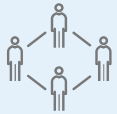
financial management;

financial sustainability;

vision, leadership and governance; and

use of resources to improve outcomes.

It remains the responsibility of the IJB to ensure that it makes proper financial stewardship of public funds, complies with relevant legislation, and establishes effective governance of their activities. The IJB is also responsible for ensuring that it establishes arrangements to secure continuous improvement in performance and, in making those arrangements, ensure resources are being used to improve strategic outcomes and demonstrate the economy, efficiency, and effectiveness throughout the use of its resources. These arrangements should be proportionate to the size and type of the IJB, appropriate to the nature of the IJB and the services and functions that it has been created to deliver.



Wider Scope
We anticipate having no risks in arrangements to report in relation to the financial management; vision, leadership and governance; and use of resources to improve outcomes arrangements that the IJB has in place. We have identified a wider scope risk for the IJB's financial sustainability.
Further detail on our Wider Scope work is provided in section 7 of this report including any significant risks identified.

Best Value
We anticipate having no risks in arrangements to report in relation to the arrangements that the IJB has in place to secure economy, efficiency and effectiveness in its use of resources.
Further detail on our Best Value work is provided in section 8 of this report including any significant risks identified.

02

Section 02:

Status of the audit

2. Status of the audit

Our work is substantially complete and there are currently no matters of which we are aware that would require modification of our audit opinion, subject to the outstanding matters detailed below.

Audit area	Risk of material adjustment or significant change	Description of the outstanding matters
Audit quality control and completion procedures	Low	Our audit work is undergoing final stages of review by the Engagement Lead and further quality and compliance checks. In addition, there are residual procedures to complete, including updating post balance sheet event considerations to the point of issuing the opinion, obtaining final management representations and agreeing adjustments to the final set of accounts.
Financial statements, Annual Governance Statement and letter of representation	Low	We will complete our final review of the financial statements upon receipt of the signed version of the accounts and letter of representation.

High - Likely to result in material adjustment or significant change to disclosures within the financial statements.

Medium - Potential to result in material adjustment or significant change to disclosures within the financial statements.

Low - Not considered likely to result in material adjustment or change to disclosures within the financial statements.

03

Section 03:

Audit approach

3. Audit approach

Changes to our audit approach

We provided details of our intended audit approach in our Audit Strategy Memorandum in May 2023. We have not made any changes to our audit approach since we presented our Annual Audit Plan.

Materiality

Our provisional materiality at the planning stage of the audit was set at £4.638m using a benchmark of 2% of gross expenditure at surplus/deficit level. Our final assessment of materiality, based on the final financial statements and qualitative factors, is £5.107m using the same benchmark.

04

Section 04:

Significant findings

4. Significant findings

In this section we outline the significant findings from our audit. These findings include:

- our audit conclusions regarding other significant risks and key areas of management judgement outlined in the Audit Strategy Memorandum;
- our comments in respect of the accounting policies and disclosures that you have adopted in the financial statements. On page 14 we have concluded whether the financial statements have been prepared in accordance with the financial reporting framework and commented on any significant accounting policy changes that have been made during the year;
- any further significant matters discussed with management;
- any significant difficulties we experienced during the audit.

Significant risks

Management override of controls	Description of the risk
	Management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur there is a risk of material misstatement due to fraud on all audits.
	How we addressed this risk We addressed this risk by: • Reviewing the key areas within the financial statements where management has used judgement and estimation techniques and considering whether there is evidence of unfair bias; • Examining accounting policies; • Testing the appropriateness of journal entries recorded in the general ledger and other adjustments made in preparing the financial statements; and • Considering and testing any significant transactions outside the normal course of business or otherwise unusual.
	Audit conclusion Our work has provided the assurance we sought in each of these areas and has not highlighted any material issues to bring to your attention.

4. Significant findings (continued)

Qualitative aspects of the IJB's accounting practices

We have reviewed the IJB's accounting policies and disclosures and concluded they comply with the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, as amended by the Update to the Code and Specifications for Future Codes for Infrastructure Assets, published in November 2022, appropriately tailored to the IJB's circumstances.

The unaudited annual report and accounts were received from the IJB on 21 June 2023 and were of a good quality.

Significant matters discussed with management

During our audit we communicated the following significant matters to management:

- **First year audit procedures**. Auditing standards require us to carry out additional specific procedures for the first year of an audit. These include: seeking professional clearance confirmations from the predecessor auditor, reviewing the predecessor auditor's working papers and reports and specific procedures over brought forward balances. As part of this work, we discussed controls in place for key information systems with management.

Significant difficulties during the audit

During the course of the audit we did not encounter any significant difficulties and we have had the full co-operation of management.

Due to the following reasons, the audit was not completed in time for the IJB to meet the submission date of 30 September 2023, specified in the Local Authority Accounts (Scotland) Regulations 2014, for approval of its audited annual accounts:

- We were required to undertake additional work in the first year of the audit to gain assurances over the opening balances in the financial statements, understand the landscape within which the IJB operates and the connections between the IJB and West Dunbartonshire Council.
- We needed to address the implementation of International Standard on Auditing (ISA) 315. This required the audit team to spend additional time in the planning phase of the audit.
- We faced difficulties, which have now been resolved, in recruiting auditors with the relevant skills and experience. This put pressure on our team and on delivery of the audit.

Mazars has discussed the implications of this with Audit Scotland who confirmed there are no consequences for the IJB.

4. Significant findings (continued)

Wider responsibilities

We are required to notify the Controller of Audit when circumstances indicate that a statutory report may be required.

- Section 102(1) of the 1973 Act allows us to prepare a report to the Commission about the IJB's accounts; matters that have arisen during the audit that should be brought to the attention of the public; or the performance of the IJB in its duties relating to Best Value and community planning.
- Section 102(3) of the 1973 Act allows us to make a special report to the Commission if an item of account is contrary to law; there has been a failure on someone's part to bring into account a sum which ought to have been brought into account; a loss has been incurred or deficiency caused by the negligence or misconduct of a person, or by the failure of a body to carry out a duty imposed on them by any enactment; or a sum which ought to have been credited or debited to one account of a body has been credited or debited to another account and the body has not taken, or is not taking, steps to remedy the matter.
- Section 97A of the 1973 Act allows us to undertake or promote comparative and other studies to make and publish recommendations for the securing by local government bodies of Best Value, improving economy, efficiency and effectiveness in the provision of services by local government bodies and improving the financial or other management of local government bodies.

We confirm that a statutory report is not required.

05

Section 05:

Internal control recommendations

5. Internal control recommendations

As part of our audit of the financial statements, we obtained an understanding of internal controls sufficient to plan our audit and determine the nature, timing and extent of testing performed. Although our audit was not designed to express an opinion on the effectiveness of internal control, we are required to communicate to the Audit and Performance Committee any significant deficiencies identified during the course of our work.

The purpose of our audit was to express an opinion on the financial statements. As part of our audit we have considered the internal controls in place relevant to the preparation of the financial statements in order to design audit procedures to allow us to express an opinion on the financial statements but not for the purpose of expressing an opinion on the effectiveness of internal control or to identify any significant deficiencies in their design or operation.

The matters reported are limited to those deficiencies and other control recommendations that we have identified during our normal audit procedures and that we consider to be of sufficient importance to merit being reported. If we had performed more extensive procedures on internal control we might have identified more deficiencies to be reported or concluded that some of the reported deficiencies need not in fact have been reported. Our comments should not be regarded as a comprehensive record of all deficiencies that may exist or improvements that could be made.

Our findings and recommendations are set out below. We have assigned priority rankings to each of them to reflect the importance that we consider each poses to your organisation and, hence, our recommendation in terms of the urgency of required action. In summary, the matters arising fall into the following categories:

Priority ranking	Description	Number of issues
1 (high)	In our view, there is potential for financial loss, damage to reputation or loss of information. This may have implications for the achievement of business strategic objectives. The recommendation should be taken into consideration by management immediately.	0
2 (medium)	In our view, there is a need to strengthen internal control or enhance business efficiency. The recommendations should be actioned in the near future.	1
3 (low)	In our view, internal control should be strengthened in these additional areas when practicable.	0

5. Internal control recommendations (continued)

Significant deficiencies in internal control – Level 2

Description of deficiency

Related parties' transactions – Register of interest

Officers could not provide annual declaration of interest forms for the IJB's Board members. All senior officers who attend Board meetings, did however, complete declaration of interest forms.

Potential effects

The IJB may not be fully aware of Board member's interests leading to incorrect or incomplete disclosure of related party transactions in the annual accounts.

Recommendation

The IJB should establish procedures to ensure that all IJB Board members complete and submit annual declarations of interest on a timely basis.

Management response

HSCP Senior Managers who sit on the IJB as non-voting members completed the annual Register of Interest declaration. However the voting members only completed Register of Interest declaration for their partner bodies (WDC and NHSGGC).

The IJB's Chief Finance Officer will work with the Standard's Officer to ensure a robust process is put in place for completeness of returns and publication on the HSCP Website.

06

Section 06:

Summary of misstatements

6. Summary of misstatements

This section outlines the misstatements identified during the course of the audit, above the trivial threshold for adjustment of £153k.

Unadjusted misstatements

None identified

Adjusted misstatements

None identified

6. Summary of misstatements (continued)

Disclosure amendments

We identified the following adjustments during our audit that have been corrected by management:

- **Annual Governance Statement**:- Amendments made to ensure compliance with the Delivering Good Governance in Local Government Framework 2016:
  - Updating details of the main features of the Health and Social Care Partnership Board's governance framework and system of internal control to reflect the arrangements in place in 2022/23.
  - Including reference to counter fraud and anti-corruption arrangements being in accordance with the Code of Practice on Managing the Risk of Fraud and Corruption.

- **Provisions:-** The unaudited accounts included a provision of £289k in the balance sheet for unrecovered charges for specific social care delegated services. We recommended officers amend the short term debtors balance to show it net of the bad debt provison. Officers decided not to make this adjustment on the basis that by presenting the balance as a provision the IJB is recognising the uncertainty associated with it and improving visibility to the reader of the accounts. The IJB is indemnifying the council, as legal owners of the debt, and it has uncertainty about the recoverability of the debt. We have accepted the IJB's accounting treatment because the amount disclosed is below performance materiality and there is no impact on total net assets recorded in the balance sheet. However, we will revisit the accounting treatment with officers as part of the 2023/24 audit.

There were also adjustments to the annual report and accounts for other minor disclosure, consistency or presentational matters.

07

Section 07:

Wider scope

7. Commentary on Wider Scope

Overall summary

7. Commentary on Wider Scope

Wider scope summary

As auditors appointed by the Accounts Commission, our wider scope responsibilities are set out in the Audit Scotland's Code of Audit Practice 2021 and sits alongside Best Value requirements detailed the Local Government (Scotland) Act 1973. The Code requirements broaden the scope of the 2022/23 audit and allows us to use a risk-based approach to report on our consideration of the IJB's performance of Best Value and community planning duties and make recommendations for improvement and, where appropriate, conclude on the IJB's performance.

The Code's wider scope framework is categorised into four areas:

- financial management;
- financial sustainability;
- vision, leadership and governance; and
- use of resources to improve outcomes.

Overall summary by reporting criteria

From the satisfactory conclusion of our audit work, we have the following conclusions:

	Reporting criteria	Commentary page reference	Identified risks?	Actual risks identified?	Other recommendations made?
	**Financial management**	25	No	No	No
	**Financial sustainability**	27	Yes	Yes	Yes – see recommendation 1 on page 31
	**Vision, leadership and governance**	33	No	No	No
	**Use of resources to improve outcomes**	37	No	No	No

7. Commentary on Wider Scope

Financial management

Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

7. Financial management (continued)

Our overall assessment

Area assessed	Our findings	Our judgements	Risks identified
Financial management culture	The IJB does not have any assets and does not directly incur expenditure or employ staff, other than the Chief Officer and Chief Financial Officer. The IJB's funding and expenditure is incurred by its partner bodies, West Dunbartonshire Council and NHS Greater Glasgow and Clyde, and processed in their accounting records. The IJB's finance team use NHS and council financial systems to identify and properly record the IJB's income and expenditure. The IJB places reliance on its partners' systems of internal controls.	The IJB has appropriate and effective financial management in place. The IJB has sufficient financial skills, capacity and capability.	No significant risks identified.
Accountability	Officers presented financial performance reports to the Board during 2022/23 to update members on the IJB's position against budget and the progress of savings programmes. The reports provide sufficient detail for Board members to effectively scrutinise the IJB's finances. The IJB recorded an overall deficit on the provision of services of £8.4m in 2022/23. After planned transfers to and from earmarked reserves, including returning £6.3m of unspent Covid-19 reserves to the Scottish Government, it had a net overspend of £0.271m. The IJB has funded the overspend from unearmarked reserves. This reduced unearmarked balances to £4.3m which is 2.2% of net expenditure and above the 2% level set in its reserves policy.	The IJB has appropriate budget monitoring and reporting arrangements in place. It achieved financial balance in year through use of its reserves. Its unearmarked reserves remain above the 2% level set in its reserves policy.	No significant risks identified.

7. Financial management (continued)

Our overall assessment

Area assessed	Our findings	Our judgements	Risks identified
Arrangements to prevent and detect fraud, error and other irregularities, bribery and corruption	The IJB does not have its own policies for fraud and corruption. It follows the policies of its partner bodies, including their arrangements for managing fraud and corruption. The IJB has a code of conduct for Board members, which is published on its website. This includes guidance on: • general conduct • registration of interests • declaration of interests • lobbying. The IJB also has financial regulations which are published on its website.	The IJB has appropriate arrangements for preventing and detecting breaches of standards, including any instances of corruption.	No significant risks identified.

7. Commentary on Wider Scope

Financial sustainability

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

7. Financial sustainability

Significant risks

We have outlined below the risks of significant risks in arrangements that we have identified as part of our continuous planning procedures, and the work undertaken to respond to each of those risks.

	Significant Risk in Arrangements Identified	Work undertaken and the results of our work
1	**Financial sustainability** The IJB's medium to long-term financial plan projects significant budget gaps in future years. In common with most public sector organisations, the IJB faces significant financial challenges, including inflation and pay awards exceeding funding allocations. In addition, the IJB faces several specific issues, including the requirement to fund current service overspending, the reduction in the formula allocation of NHS funding and on-going challenges in identifying and delivering savings which do not have adverse impacts on service delivery. The impact of these challenges means that the IJB's longer term financial sustainability remains at risk.	**Work undertaken** We reviewed the IJB's financial performance and updates to its financial planning throughout the year, including the implications for general reserves balances. We reviewed the IJB's achievement of planned recurring and non-recurring savings. **Results of our work** The IJB recorded an overall deficit on the provision of services of £8.4m in 2022/23. After planned transfers to and from earmarked reserves, including returning £6.3m of unspent Covid-19 reserves to the Scottish Government, it had a net overspend of £0.271m. The IJB has funded the overspend from unearmarked reserves. This reduced its unearmarked balance to £4.3m, which is 2.2% of its net expenditure and above the 2% level set in its reserves policy. Officers presented regular financial performance reports to the Board to update members on the IJB's position against budget and the progress of savings programmes. The IJB's 2022/23 budget included agreed efficiencies and management adjustments of £2.6m. The IJB achieved savings of £1.3m (50%). It funded covered the savings it did not achieve from other underspends or funding streams. £30k of unachieved savings was funded from its earmarked reserves. The IJB is facing a challenging financial position. It is forecasting budget gaps of: • £3.9m in 2023/24 • £12.3m in 2024/25 • £16.0m in 2025/26. See recommendation 1 on page 31.

7. Financial sustainability (continued)

Our overall assessment

Area assessed	Our findings	Our judgements	Risks identified
Financial planning	The Board approved the IJB's Medium Term Financial Plan (MTFP) in March 2022. The MTFP sets out the IJB's forecast income and expenditure for the five-year period from 2022/23 to 2026/27. The IJB has based future projections, beyond the first year, on historical trends and the outlook of its council and NHS partners. The IJB aims to use the MTFP to ensure it has sufficient resources in place to deliver services and the outcomes it wants to achieve for West Dunbartonshire communities. It includes sensitivity analysis to produce best case, worst case and likely case financial projections. At the time of publication, the MTFP forecast the IJB had a likely case cumulative funding gap of £30.7m for the four years from 2023/24 to 2026/27. The MTFP also includes a high-level forecast of the IJB's financial position for the period up to 2031/32. The financial performance report to the September 2023 Board meeting included updated financial projections with budget gaps of: • £3.9m in 2023/24 • £12.3m in 2024/25 • £16.0m in 2025/26.	The IJB faces a challenging financial position and it has identified significant funding gaps. The IJB should refresh its MTFP to ensure it has a clear plan for how it will use service redesign, transformation and savings to address its financial challenges.	**Financial sustainability** There is a risk to the longer-term financial sustainability of the IJB See page 33 for further information and our recommendations made to the IJB.

7. Financial sustainability (continued)

Identified risks in financial sustainability arrangements and recommendations for improvement

As a result of our work we have identified risks in the IJB's financial sustainability arrangements. These identified risks have been outlined in the table below. We have assigned priority rankings to each of them to reflect the importance that we consider each poses to your organisation and, hence, our recommendation in terms of the urgency of required action; see Appendix E for further details.

	Financial sustainability risks identified	Recommendation for improvement	IJB response and implementation timescale
1	**Financial sustainability** – Level 2 The financial performance report to the September 2023 Board meeting included updated financial projections with budget gaps of: • £3.9m in 2023/24 • £12.3m in 2024/25 • £16.0m in 2025/26. There is a risk to the longer-term financial sustainability of the IJB	The IJB should refresh its MTFP to ensure it has a clear plan for how it will use service redesign, transformation and savings to address its financial challenges.	**Management's response** The IJB and the HSCP Senior Management Team have recognised the risk to financial sustainability (prior to the COVID-19 Pandemic) as demand and cost for services outstrips "flat-cash" or below inflation funding allocations. The IJB has approved investment from reserves and core budget to fund additional support to drive forward service improvement and service re-design to deliver savings and support financial sustainability. Progress on our major re-design programmes are monitored through our Programme Management Office (PMO), Informal Members Sessions and the IJB. **Responsible officer** Chief Finance Officer supported by the Chief Officer and Heads of Service. **Implementation date** The MTFP will be refreshed alongside the 24/25 Budget setting in March 24.

7. Financial sustainability (continued)

Follow up of previously-reported recommendations

In November 2022 Audit Scotland reported one recommendations to the IJB to address risks identified from our Wider Scope audit for financial sustainability. As part of our work in 2022/23, we followed up the progress made by the IJB against the recommendation made and determined whether the risk remained during the year.

	Financial sustainability finding as reported by previous auditor	Management response and implementation timeframe	Work undertaken and judgements made in 2022/23	Conclusions reached
1	**Sustainability of services** The medium to long-term financial plan projects significant budget gaps in future years. While the financial plan contains broad themes setting out how budget gaps will be addressed, transformation and service redesign plans require further development. The joint board's financial plans forecast significant budget gaps in future years. The IJB should further develop financial and service redesign plans to ensure that services are financially sustainable in the future.	Management Response: In 2020/21 the IJB invested (through reserves) in the creation of 3 Service Improvement Leads. They have been supporting Heads of Service, including redesign plans for Care at Home (advanced), Learning Disability (just commenced) and Children & Families (being scoped) For the HSCP to progress redesign effectively improvement capacity needs substantiated. The IJB in approving the new Strategic Plan 2023-2026, will set clear priorities to address the demand for services that can be safely and effectively delivered within the financial resources available. Implementation timescale: None agreed	**Progress against the recommendation** The IJB has one permanent service improvement lead supported by two service improvement officers (one post is vacant) who are developing its service redesign plans. The IJB has used earmarked reserves to fund appointments to two fixed-term senior manager posts to support the Learning Disability re-design and Mental Health Strategy. Officers reported the progress of the Care at Home review to the Board in September 2023. The objectives of the review include identifying efficiencies and actions to manage service pressures caused by the ageing population. The Learning Disability Review has resulted in some 2023/24 savings. Officers expect further progress to be made when they can secure additional resource to support the review. A five-year plan for the Children and Families Review has been developed and presented to a Board development session. An administration support review is also underway. The Board will be updated on an ongoing basis on the progress of the reviews and progress will also be reflected in the IJB's refreshed medium term financial plan.	**Conclusions** Ongoing Service reviews are progressing. The IJB will track progress through regular budgetary control reports and specific informal and formal service updates to the Board. The medium term financial plan will be refreshed in line with the progress demonstrated.

7. Commentary on Wider Scope

Vision, leadership and governance

Vision, Leadership and Governance is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.

7. Vision, leadership and governance (continued)

Our overall assessment

Area assessed	Our findings	Our judgements	Risks identified
Strategy and priorities	The Board approved the IJB's new strategic plan for 2023 to 2026 "Improving Lives Together" in March 2023. The plan retains the overall vision and many of the core values of the previous strategic plan. The IJB agreed four strategic outcomes: • Caring communities • Safe and thriving communities • Equal communities • Healthy communities The strategic plan sets out how the IJB will work with its partners and people to achieve its strategic outcomes. The plan is aligned with West Dunbartonshire Council's strategic plan and shares some of the council's vision and priorities. The IJB's integration scheme sets out the arrangements for how health and social care integration is planned, delivered and monitored within the local partnership area. The IJB presented its new draft integration scheme to the council for comment in October 2023. The next stage is a consultation exercise before final approval by the council and health board.	The IJB has agreed a new strategic plan which sets clear priorities for how it will improve the lives of the communities it serves.	No significant risks identified.

7. Vision, leadership and governance (continued)

Our overall assessment (continued)

Area assessed	Our findings	Our judgements	Risks identified
Clarity of plans to implement the vision	The IJB's strategic plan is supported by a delivery plan which details the actions it will take over the next three years to achieve its strategic outcomes. The delivery plan provides details of the work programme and projects relating to each priority.	The IJB approved a delivery plan, alongside its strategic plan, which sets out how it will achieve its strategic outcomes.	No significant risks identified.
Governance arrangements	The Board comprises six voting members, three non-executive directors of NHS Greater Glasgow and Clyde and three local councillors from West Dunbartonshire Council. The Board is the IJB's key decision-making body. The Board is supported by several committees and management groups including the Audit and Performance Committee (APC), Senior Management Team, Resilience Group, and Clinical and Care Governance. The APC supports the Board with its responsibilities for risk, internal control, performance and governance. Board and APC papers are publicly available on the IJB's website. We have observed a good level of scrutiny and challenge by members at Board and APC meetings.	The IJB's governance arrangements appear appropriate and allow effective scrutiny and challenge.	No significant risks identified.

7. Vision, leadership and governance (continued)

Our overall assessment (continued)

Area assessed	Our findings	Our judgements	Risks identified
Financial and performance information	Officers presented regular financial performance reports to the Board during 2022/23. These reports provide information and explanation on the IJB's projected outturn position, updates on progress of delivery of savings and application of reserves. The reports also update how current projections and financial risks could impact on future budget gaps. Officers present quarterly public performance reports to each meeting of the Audit and Performance Committee. These reports show how the IJB is performing against its strategic priorities. Information is presented in a dashboard format with traffic lights used to indicate whether progress is on track. The reports also include trend information over the previous eight quarters. The IJB also prepares an annual performance report, which is published on its website. This outlines the IJB's performance in relation to national and local priorities. The report also includes a summary of the IJB's budget performance for the year.	The IJB reports financial and performance information regularly. This includes public performance reporting. Reports provide sufficient detail to allow effective scrutiny of the IJB's performance.	No significant risks identified.

7. Commentary on Wider Scope

Use of resources to improve outcomes

Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. This includes demonstrating economy, efficiency, and effectiveness through the use of financial and other resources and reporting performance against outcomes.

7. Use of resources to improve outcomes (continued)

Our overall assessment

Area assessed	Our findings	Our judgements	Risks identified
Resources deployed to improve strategic outcomes	The IJB reports how it is using its resources to improve strategic outcomes through: • quarterly and annual public performance reports • financial performance reports to the Board • the medium-term financial plan. The IJB and its partners face significant workforce pressures and challenges with resourcing and recruitment. The IJB recognises the risk that it unable to develop and deliver sufficient workforce capacity to deliver strategic objectives and meet service demands as high in its strategic risk register. Internal audit reviewed the IJB's workforce planning arrangements and reported its findings in August 2023. It recommended that the IJB reviews the adequacy of arrangements for: • succession planning • risk management in workforce planning • monitoring and reporting arrangements. Officers accepted the recommendations and have set target dates of end March 2024 to complete agreed actions.	The IJB publishes a range of information measuring how it is using its resources to improve strategic outcomes. Officers are progressing internal audit's recommendation on workforce planning arrangements.	No significant risks identified.

7. Use of resources to improve outcomes (continued)

Our overall assessment

Area assessed	Our findings	Our judgements	Risks identified
Needs of service users being met	The IJB uses its annual performance report to measure and report publicly on how it is meeting the needs of service users. This is measured through: • the Scottish Government's core integration indicators which allow comparison nationally and by IJB • performance against its strategic priorities which all have a service user focus • Care Inspectorate gradings of services, children's homes and care homes.	The IJB has a range of indicators to measure how well it is meeting the needs of service users. It reports this information publicly through its annual performance report.	No significant risks identified.
Arrangements to deliver continuous improvements in priority services	We have reviewed the IJB's arrangements to deliver continuous improvements in priority services in the Best Value section of this report (Section 8).	See page 43.	No significant risks identified.

08

Section 08:

Best Value

8. Best Value

Best Value summary

Under the Code of Audit Practice, the audit of Best Value is fully integrated within our annual audit work. We are required to report on how the IJB demonstrates and reports that it has Best Value arrangements in place, to secure continuous improvement.

8. Best Value (continued)

Overall summary by reporting criteria

From the satisfactory conclusion of our audit work, we have the following conclusions:

	Reporting criteria	Commentary page reference	Identified risks?	Actual risks identified?	Other recommendations made?
	**Best Value**	43	No	No	No
	**Climate change**	44	No	No	No

8. Best Value (continued)

Overall commentary on the Best Value arrangements

IJB's have a statutory duty to have arrangements to secure Best Value. To achieve this IJBs should have effective processes for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

The IJB's senior management team carried out a self-assessment of Best Value arrangements in January 2023. The review considered areas including:

- how the IJB assures itself that services are securing Best Value
- how value for money is demonstrated in the IJB's decisions
- whether the IJB has a culture of continuous improvement
- how improvement actions are prioritised
- the quality of performance information
- how the IJB ensures that its management of resources is effective and sustainable.

Officers identified that the IJB could have a stronger focus on continuous improvement. The IJB has concentrated on the operational delivery of services since the start of the Covid-19 pandemic. Management recognised in the self-assessment that the IJB now needs to revisit improvement plans and use data better to inform decisions, service redesign and transformation work.

Despite this, the IJB has focussed on Care at Home redesign and delivered a range of savings and management options. It has used the refreshed Area Resource Group to support the targeting of resources.

Internal audit is undertaking a Best Value assurance review as part of its 2023/24 audit plan. This involves reviewing the IJB's Best Value arrangements and highlighting any areas of improvement to management.

Our wider scope work has not identified any significant weaknesses in the governance and accountability of the IJB or its use of resources. The IJB has assessed its Best Value arrangements and identified areas for improvement. The internal audit review will provide a further assessment of its arrangements. These reviews will help the IJB identify the areas it needs to focus on to demonstrate how it is securing Best Value.

8. Best Value (continued)

Climate change

In October 2021, the Scottish Government issued ‘Public Sector Leadership on the Global Climate Emergency’ guidance. This recommended that public bodies should consider climate risk and adaption; reporting to external frameworks; and climate change performed linked to their objectives to ensure clear accountability on performance.

In September 2022, Audit Scotland issued ‘Scotland's councils' approach to addressing climate change’ guidance which highlighted the critical role that Councils have in meeting Net Zero targets by 2045. Councils should consider their plans to make sure they are adequate, there is transparency in what is included in targets, ensure actions are clear, and that detail is included about how the Council will deal with residual emissions. They should also be more transparent about any gaps between the level of impact their planned actions will have and the scale of the challenge. The guidance also highlights the importance of collaboration across councils, key partners and local communities.

The Auditor General and Accounts Commission are developing a programme of work on climate change. This involves a blend of climate change-specific outputs that focus on key issues and challenges as well as moving towards integrating climate change considerations into all aspects of audit work.

Our commentary of the IJB’s climate change arrangements

The accountability and responsibility for climate change governance relating to delivery of council and health services lies with the IJB’s partner statutory bodies, West Dunbartonshire Council and NHS Greater Glasgow and Clyde. These partners have governance and decision-making structures in place to support sustainability planning and a range of climate change adaptations and improvements. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements. The IJB does not own any assets, however it does have a role to play in respect of compliance with actions taken by its partner bodies in respect to climate change. It will give full consideration to the impact of its services on climate change and work with its NHS and local authority partners to meet their sustainability goals.

The IJB does not have a standalone climate change strategy or action plan due to the relationship with its partners outlined above. However, its Strategic Plan 2023-2026 recognises the strategic context in which the IJB must operate. The plan recognises climate change as a human rights issue and the transition to net zero as an opportunity to tackle inequalities.

The IJB does not have its own emissions targets, however its strategic delivery plan covers its contribution to the delivery of NHS and local authority partners’ sustainability goals. This is to be monitored by the Board on a six-monthly basis.

The IJB is developing a property strategy in partnership with West Dunbartonshire Council and NHS Greater Glasgow and Clyde which will reflect the flexible working policy that will rationalise the use of buildings and reduce staff travel, which would have a positive impact on reducing carbon emissions.

The IJB has not identified any material impact of climate change requiring disclosure in the 2022/23 annual report and accounts.

Appendices

A: Draft management representation letter

B: Draft audit report

C: Independence

D: Other communications

E: Wider scope and Best Value ratings

Appendix A: Draft management representation letter

Tom Reid
Mazars LLP
100 Queen Street
Glasgow
G1 3DN

14 November 2023

Dear Tom

West Dunbartonshire Integration Joint Board - Audit for the Year Ended 31 March 2023

This representation letter is provided in connection with your audit of the financial statements of West Dunbartonshire Integration Joint Board (the IJB) for the year ended 31 March 2023 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the Part VII of the Local Government (Scotland) Act 1973 and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

I confirm that the following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience (and, where appropriate, inspection of supporting documentation) sufficient to satisfy myself that I can properly make each of the following representations to you.

My responsibility for the financial statements and accounting information

I believe that I have fulfilled my responsibilities for the true and fair presentation and preparation of the financial statements in accordance with the Part VII of the Local Government (Scotland) Act 1973 and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

My responsibility to provide and disclose relevant information

I have provided you with:

- access to all information of which I am aware that is relevant to the preparation of the financial statements such as records, documentation and other material;
- additional information that you have requested from us for the purpose of the audit; and
- unrestricted access to individuals within the IJB you determined it was necessary to contact in order to obtain audit evidence.

I confirm as Chief Financial Officer that I have taken all the necessary steps to make me aware of any relevant audit information and to establish that you, as auditors, are aware of this information.

As far as I am aware there is no relevant audit information of which you, as auditors, are unaware.

Accounting records

I confirm that all transactions undertaken by the IJB have been properly recorded in the accounting records and are reflected in the financial statements. All other records and related information, including minutes of all management and Board meetings, have been made available to you.

Accounting policies

I confirm that I have reviewed the accounting policies applied during the year in accordance with International Accounting Standard 8 and consider these policies to faithfully represent the effects of transactions, other events or conditions on the IJB's financial position, financial performance and cash flows.

Appendix A: Draft management representation letter

Accounting estimates, including those measured at fair value

I confirm that the methods, significant assumptions and the data used by the IJB in making the accounting estimates, including those measured at fair value are appropriate to achieve recognition, measurement or disclosure that is in accordance with the applicable financial reporting framework.

Contingencies

There are no material contingent losses including pending or potential litigation that should be accrued where:
- information presently available indicates that it is probable that an asset has been impaired, or a liability had been incurred at the balance sheet date; and
- the amount of the loss can be reasonably estimated.

There are no material contingent losses that should be disclosed where, although either or both the conditions specified above are not met, there is a reasonable possibility that a loss, or a loss greater than that accrued, may have been incurred at the balance sheet date.

There are no contingent gains which should be disclosed.

All material matters, including unasserted claims, that may result in litigation against the IJB have been brought to your attention. All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to you and accounted for and disclosed in accordance with the Part VII of the Local Government (Scotland) Act 1973 and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

Laws and regulations

I confirm that I have disclosed to you all those events of which I are aware which involve known or suspected non-compliance with laws and regulations, together with the actual or contingent consequences which may arise therefrom.

We have complied with all aspects of contractual agreements that would have a material effect on the accounts in the event of non-compliance.

Fraud and error

I acknowledge my responsibility as Chief Financial Officer for the design, implementation and maintenance of internal control to prevent and detect fraud and error. I have disclosed to you:
- all the results of my assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- all knowledge of fraud or suspected fraud affecting the IJB involving:
  - management and those charged with governance;
  - employees who have significant roles in internal control; and
  - others where fraud could have a material effect on the financial statements.

I have disclosed to you all information in relation to any allegations of fraud, or suspected fraud, affecting the IJB's financial statements communicated by employees, former employees, analysts, regulators or others.

Related party transactions

I confirm that all related party relationships, transactions and balances, have been appropriately accounted for and disclosed in accordance with the Part VII of the Local Government (Scotland) Act 1973 and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

I have disclosed to you the identity of the IJB's related parties and all related party relationships and transactions of which I are aware.

Future commitments

I am not aware of any plans, intentions or commitments that may materially affect the carrying value or classification of assets and liabilities or give rise to additional liabilities.

Appendix A: Draft management representation letter

Other Matters

I confirm in relation to the following matters that:

- COVID-19 – I have assessed the continued impact of the COVID-19 Virus pandemic on the IJB and the financial statements, including the impact of mitigation measures and uncertainties, and am satisfied that the financial statements and supporting notes fairly reflect that assessment.
- Ukraine – I confirm that I have carried out an assessment of the potential impact of the continued conflict in Ukraine on the IJB and there is no significant impact on the IJB's operations from restrictions or sanctions in place.
- I confirm that I have assessed the impact on the IJB of the on-going Global Banking challenges, in particular whether there is any impact on the IJB's ability to continue as a going concern, and on the post balance sheet events disclosures.

Going concern

To the best of my knowledge there is nothing to indicate that the IJB will not continue as a going concern in the foreseeable future. The period to which I have paid particular attention in assessing the appropriateness of the going concern basis is not less than twelve months from the date of approval of the accounts.

Performance related allocations

I confirm that I am not aware of any reason why the IJB's funding allocation limits would be changed.

Subsequent events

I confirm all events subsequent to the date of the financial statements and for which the Part VII of the Local Government (Scotland) Act 1973 and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code), require adjustment or disclosure have been adjusted or disclosed.

Should further material events occur after the date of this letter which may necessitate revision of the figures included in the financial statements or inclusion of a note thereto, I will advise you accordingly.

Annual Governance Statement

I am satisfied that the Annual Governance Statement fairly reflects the IJB's risk assurance and governance framework and I confirm that I am not aware of any significant risks that are not disclosed within the Annual Governance Statement.

Annual Report

The disclosures within the Annual Report and the Remuneration Report fairly reflect my understanding of the IJB's financial and operating performance over the period covered by the financial statements.

Unadjusted misstatements

I confirm that there are no uncorrected misstatements.

Yours faithfully
Julie Slavin
Chief Financial Officer

Appendix B: Draft audit report

Independent auditor's report to the members of West Dunbartonshire Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on the financial statements

We certify that we have audited the financial statements in the annual accounts of West Dunbartonshire Integration Joint Board for the year ended 31 March 2023 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, the Movement in Reserves Statement, the Balance Sheet and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of West Dunbartonshire Integration Joint Board (the IJB) as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2022/23 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 18 May 2022. Our period of appointment is five years, covering 2022/23 to 2026/27. We are independent of the IJB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the IJB. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the IJB's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the IJB's current or future financial sustainability. However, we report on the IJB's arrangements for financial sustainability in a separate Annual Audit Report available from the Audit Scotland website.

Risks of material misstatement

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

Responsibilities of the Chief Financial Officer and the Audit and Performance Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements, that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Appendix B: Draft audit report

In preparing the financial statements, the Chief Financial Officer is responsible for assessing each year the IJB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the IJB's operations.

The Audit and Performance Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using our understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the IJB;
- inquiring of the Chief Financial Officer as to other laws or regulations that may be expected to have a fundamental effect on the IJB;
- inquiring of the Chief Financial Officer concerning the IJB's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the IJB's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skillfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website http://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report
We have audited the parts of the Remuneration Report described as audited. In our opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information
The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Appendix B: Draft audit report

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Tom Reid
For and on behalf of Mazars LLP
Mazars LLP
100 Queen Street
Glasgow
G1 3DN

Appendix C: Independence

As part of our ongoing risk assessment we monitor our relationships with you to identify any new actual or perceived threats to our independence within the regulatory or professional requirements governing us as your auditors.

We can confirm that no new threats to independence have been identified since issuing the Audit Strategy Memorandum and therefore we remain independent.

Appendix C: Independence (continued)

Fees for work as the IJB's auditor

We reported our proposed fees for the delivery of our work under the Code of Audit Practice in our Annual Audit Plan presented to the Audit and Performance Committee in June 2023. We were appointed as auditors for the IJB in the 2022/23 financial year therefore no comparatives have been provided in the below table. Having completed our work for the 2022/23 financial year, we can confirm that our fees are as follows:

Area of work	2022/23 fees
Auditor remuneration	£33,630
Pooled costs	£0
Contribution to PABV costs	£6,400
Audit support costs	£1,280
Sectoral cap adjustment	(£9,840)
Total fees	**£31,470**

Fees for other work

We confirm that we have not undertaken any non-audit services for the IJB in the year.

Appendix D: Other communications

	Other communication	Response
	**Compliance with Laws and Regulations**	We have not identified any significant matters involving actual or suspected non-compliance with laws and regulations. We will obtain written representations from management that all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements have been disclosed.
	**External confirmations**	We did not experience any issues with respect to obtaining external confirmations.
	**Related parties**	We did not identify any significant matters relating to the audit of related parties. We will obtain written representations from management confirming that: a. they have disclosed to us the identity of related parties and all the related party relationships and transactions of which they are aware; and b. they have appropriately accounted for and disclosed such relationships and transactions in accordance with the requirements of the applicable financial reporting framework.
	**Going concern**	We have not identified any evidence to cause us to disagree with the Chief Financial Officer that the IJB will be a going concern, and therefore we consider that the use of the going concern assumption is appropriate in the preparation of the financial statements. We will obtain written representations from management, confirming that all relevant information covering a period of at least 12 months from the date of approval of the financial statements has been taken into account in assessing the appropriateness of the going concern basis of preparation of the financial statements.

Appendix D: Other communications (continued)

	Other communication	Response
	**Subsequent events**	We are required to obtain evidence about whether events occurring between the date of the financial statements and the date of the auditor's report that require adjustment of, or disclosure in, the financial statements are appropriately reflected in those financial statements in accordance with the applicable financial reporting framework. We will obtain written representations from management that all events occurring subsequent to the date of the financial statements and for which the applicable financial reporting framework requires adjustment or disclosure have been adjusted or disclosed.
	**Matters related to fraud**	We have designed our audit approach to obtain reasonable assurance whether the financial statements as a whole are free from material misstatement due to fraud. In addition, we have assessed the adequacy of the IJB's arrangements for preventing and detecting fraud or other irregularities as part of the wider scope audit and concluded that they are sufficiently designed and implemented. We will obtain written representations from management, and the Audit and Performance Committee, confirming that: a. they acknowledge their responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud; b. they have disclosed to the auditor the results of management's assessment of the risk that the financial statements may be materially misstated as a result of fraud; c. they have disclosed to the auditor their knowledge of fraud or suspected fraud affecting the entity involving: i. Management; ii. Employees who have significant roles in internal control; or iii. Others where the fraud could have a material effect on the financial statements; and d. they have disclosed to the auditor their knowledge of any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators or others.

Appendix E: Wider scope and Best Value ratings

We need to gather sufficient evidence to support our commentary on the IJB's arrangements and to identify and report on any risks. We will carry out more detailed work where we identify significant risks. Where significant risks are identified we will report these to the IJB and make recommendations for improvement. In addition to local risks, we consider challenges that are impacting the public sector as a whole.

We have assigned priority rankings to each of the risks identified to reflect the importance that we consider each poses to your organisation and, hence, our recommendation in terms of the urgency of required action. The table below describes the meaning behind each rating that we have awarded to each wider scope area based on the work we have performed.

Rating	Description
Level 1	The identified risk and/or significant deficiency is critical to the business processes or the achievement of business strategic objectives. There is potential for financial loss, damage to reputation or loss of information. The recommendation should be taken into consideration by management immediately.
Level 2	The identified risk and/or significant deficiency may impact on individual objectives or business processes. The audited body should implement the recommendation to strengthen internal controls or enhance business efficiency. The recommendations should be actioned in the near future.
Level 3	The identified risk and/or significant deficiency is an area for improvement or less significant. In our view, the audited body should action the recommendation, but management do not need to prioritise.

Tom Reid (Audit Director)

Mazars

100 Queen Street
Glasgow
G1 3DN

Mazars is an internationally integrated partnership, specialising in audit, accountancy, advisory, tax and legal services*. Operating in over 90 countries and territories around the world, we draw on the expertise of 40,400 professionals – 24,400 in Mazars' integrated partnership and 16,000 via the Mazars North America Alliance – to assist clients of all sizes at every stage in their development.

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Appendix 3

Appendix D: Direction from Health and Social Care Partnership Board.

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

From: Chief Office HSCP
To: Chief Executive WDC
CC: HSCP Chief Finance Officer, HSCPB Chair and Vice-Chair
Subject: For Action: Direction HSCPB000054JS21112023 from HSCPB 21 November 2023
Attachment: *attach relevant HSCPB 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	HSCPB000054JS21112023	
2	Date direction issued by Integration Joint Board	21 November 2023	
3	Report Author	Julie Slavin – Chief Financial Officer	
4	Direction to:	West Dunbartonshire Council only	
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes HSCPB000041JS16052023 2022/23 Financial Performance Draft Outturn Report	
6	Functions covered by direction	All functions delegated to the HSCP Board	
7	Full text and detail of direction	West Dunbartonshire Council is directed to carry forward reserves totalling £26.182m on behalf of the Board, as reported in the 2022/23 Audited Annual Accounts.	
8	Specification of those impacted by the change	The closing reserves balances of £26.182m are set-out in Table 1 of the appended report, and will be retained in accordance with the Integration Scheme and Reserves Policy to meet local and national priorities.	
9	Budget allocated by Integration Joint Board to carry out direction	£26.182m in reserves carried forward.	
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Plan – Improving Lives Together 2023 - 2026	
11	Strategic Milestones	Maintaining financial balance in 2023/24	30 June 2024

12	Overall Delivery timescales	30 June 2024.
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored and progress reported twice per year.
14	Date direction will be reviewed	30 June 2024

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

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

21 November 2023

Subject: Winter Plan 2023/24

1. Purpose

1.1 The purpose of this report is to update the West Dunbartonshire HSCP Board on the winter planning arrangements for 2023/24.

2. Recommendations

2.1 It is recommended that the HSCP Board note and comment on the content 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 2023/24. The West Dunbartonshire HSCP has contributed to the development of the plan for Greater Glasgow and Clyde, as have other HSCPs, and work is in hand to implement the actions outlined in the plan.

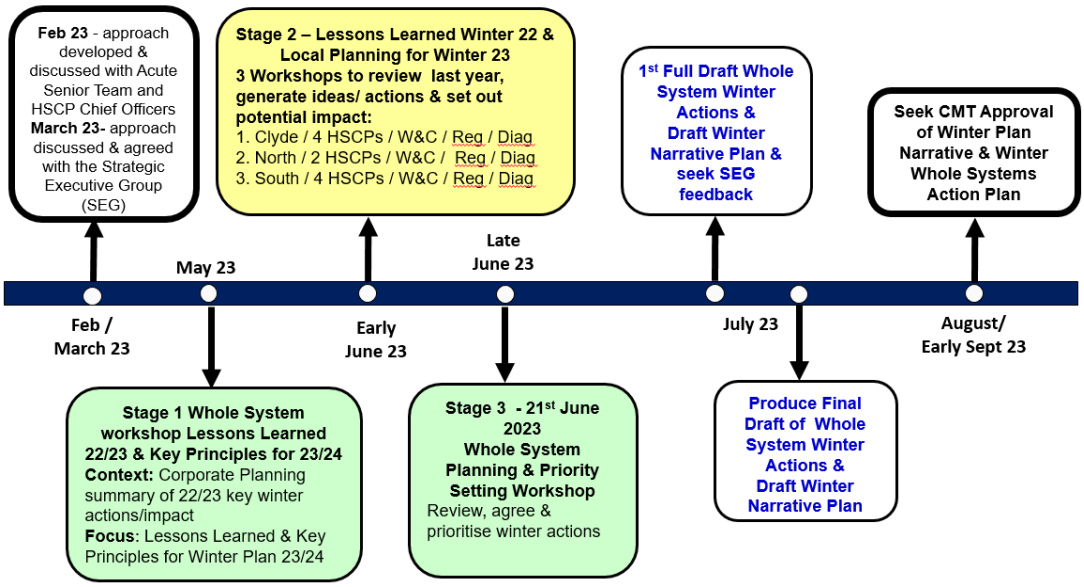
3.2 Winter planning commenced in May 2023 as detailed in Figure One and has brought together numerous stakeholders from the Health Board, HSCPs, Public Health Scotland, Scottish Ambulance Service, NHS24 and Third Sector colleagues to detail how the challenges of winter 23/24 will be met across the Health and Social Care system in Greater Glasgow and Clyde.

3.3 Significant engagement has taken place across the whole system to help review lessons learned from last winter and develop priorities for this winter as follows:

- Over 50 whole systems leads have supported the development of the key winter principles, lessons learned and proposed whole system actions for winter 23/24.
- Over 150 staff from primary care, mental health, community services, HSCPs and acute sectors have participated in three local winter planning workshops.
- Further follow up conversations have taken place with staff unable to attend the workshops.
- Further discussions were also undertaken with primary care clinical advisory group and the primary care sustainability and support group, and community pharmacy colleagues to help

inform our planning.

Figure 1: Approach to Developing the Winter Plan 23/24



4. Main Issues

4.1 There are numerous recurring contextual challenges that are out with the control of the HSCP Board and its partners, however these will be mitigated where possible through prudent preventative measures.

- It is recognised that sustained cost of living and poverty related pressures are having an increasing impact on the overall health and wellbeing of our population. Specifically, this can impact on people staying well and staying well at home as well as ability for an effective discharge to take place.

- Demand for support remains high and many third sector and statutory sector partners within social prescribing networks are experience funding shortfalls.

- Uncertainty around fluctuating levels of Covid-19 and its enduring impact on service delivery, including the requirement to further vaccinate staff and vulnerable citizens.

- Severity of peaks in other respiratory infections including Influenza.

- Enduring recruitment challenges combined with above average seasonal staff absence, on the ability of services to maintain planned service levels.

4.2 The plan was approved by the NHS Greater Glasgow and Clyde Corporate Management Team in September 2023 with assurances

on content submitted to Scottish Government the same month. Work continues to develop and cost the accompanying Action Plan that details specific key performance metrics for the various winter initiatives.

West Dunbartonshire HSCP Arrangements

4.3 Vaccination programme for staff and care home residents. All staff groups in scope for the winter 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.

4.4 Internal and External Bed Capacity: The maximisation of internal and external care home bed provision is delivered via a Multi-Disciplinary Team Area Resource Group (MDT ARG) which meets twice weekly. Funding is agreed based on complex care needs when risk is unable to be mitigated in peoples' homes. This process provides assurance that the available resource is allocated according to need.

4.5 The MDT ARG meeting also provides a platform for discussion to coordinate care packages at home with a prompt response to meet health and social care needs.

4.6 Care Home Respite: An HSCP short life working group is in progress to review the provision of short breaks (respite) and we currently have two Local Authority respite beds available.

4.7 Delayed Discharge: Recent progress has been visible with the reduction in beds days lost and also in delays relating to Adults with Incapacity (AWI). Improvement activity continues with a test of change underway within Gartnavel Hospital to enhance the MDT communication pathway between the HSCP and acute wards. These weekly meetings will provide a platform for discussion for inpatient West Dunbartonshire residents, with staff from hospital discharge, FIT, reablement and also District Nursing and, when appropriate, care at home. At the conclusion of the test of change this process will be rolled out to Older Adult wards in the Queen Elizabeth University Hospital (QEUH).

4.8 Intermediate Care: Intermediate care is a bridge between hospital and home for those who are medically fit but require additional rehabilitation and support prior to being able to be safely discharged home from hospital. The HSCP is considering this model of care which involves providing care home beds with access to Allied Health and Nursing professionals to facilitate intensive, time limited rehabilitation treatment out with an acute setting.

4.9 Use of the Focused Intervention Team (FIT) and Reablement to Address Surge Pressures: The Reablement Service is operational

and is progressing towards a full staffing complement. This Occupational Therapy led service provides goal focused interventions, developing functional independence, and thereby reducing onward referrals to mainstream Care at Home.

4.10 Urgent and Unscheduled Care: There are a number of activities underway to reduce the demand on acute services across the HSCP. The Focused Intervention Team are linked to the Home First Response Service, based in the QEUH and the Royal Alexandra Hospital, and work with the HSCP Frailty Practitioner to reduce the risk of admission when an older person presents at the emergency department. FIT will also respond to facilitate a fast discharge, within 48 hours, and provide nursing and Allied Health Professional care in the community. The team are also the point of contact for the Scottish Ambulance Service (SAS) to reduce the volume of people conveyed to hospital after a non-injurious fall, ensuring a follow up assessment is completed.

4.11 The District Nursing Service are leading on the HSCP work stream to ensure those in scope have an Anticipatory (Future) Care Plan (ACP) completed. The completion and then relevant sharing of an ACP reduces the risk of an admission to hospital when someone reaches a time of crisis.

4.12 Data: Work continues to improve the quality and availability of data in order to effectively anticipate and plan for emerging issues and monitor surge activity.

5. Options Appraisal

5.1 An options appraisal is not required in respect of the recommendation within this report.

6. People Implications

6.1 There are no direct people implications arising from the recommendation within this report. However, it should be noted that service contingency plans include upscaling staff capacity, revising staff rotas and where necessary the management of annual leave.

6.2 The HSCP recognizes that supporting the health and wellbeing of our workforce is critically important at any time, not least of all during periods of surge activity.

6.3 There continues to be a focus on staff wellbeing, within a context of staff vacancies, increased demand and the impact of the global pandemic. The additional operational pressures the HSCP faces during winter 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 These pressures will be funded from within existing HSCP budgets to support the health and social care system over the winter period and to provide longer term improvement in service capacity across our health and social care systems.

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 In preparing the winter plan the equalities implications will be taken into account to ensure adequate access to a range of services to support people over the festive period and the winter as a whole.

10. Environmental Sustainability

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

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.

Name:	Margaret-Jane Cardno
Designation:	Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership
Date:	10 November 2023

Person to Contact:	Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership
Appendices:	None.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

ITEM 14

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

21 November 2023

Subject: West Dunbartonshire Health and Social Care Partnership (HSCP) Short Breaks Pilot Update

1. Purpose

1.1 The purpose of this report is to provide an update for the Health and Social Care Partnership Board regarding the progress of the Short Breaks Pilot.

2. Recommendations

2.1 It is recommended that the HSCP Partnership Board notes the progress of the project, the initial learning from the pilot and the intention to provide an impact report in Winter 2024.

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 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.

3.3 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.

3.4 At its meeting on 21 March 2022 (item 11) the West Dunbartonshire Health and Social Care Partnership Board approved an allocation of resource to support carers via a Short Breaks Pilot.

3.5 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.

3.6 The funding allocation for the proposal totalled £0.266m and was drawn from earmarked, non-recurring reserves of Carers Act funding.

4. Main Issues

4.1 Due to a number of 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.

4.2 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.

4.3 Following the recruitment of the Unpaid Carer Liaison Officer, completed late November 2022, a significant amount of administrative and preparatory work was completed in collaboration with CWD and the HSCP Self-Directed Support (SDS) Team to allow the pilot to run from April-August 2023.

4.4 Applications for the pilot were capped at £4,737.66 which is equal to six weeks of traditional respite for the cared for person in a nursing home (6 x £789.61). This example was set by Highland HSCP in their delivery of a similar initiative and was set as a cap to funding as opposed to a target and was communicated as such. Those carers in receipt of an award have up to 12 months to spend their allocated budget.

4.5 The pilot was promoted by both CWD and the HSCP on their respective digital and physical locations, with applications encouraged from staff of both organisations.

4.6 As per the original proposal, the eligibility criteria applied to applications for carer support from the HSCP was not applied to the pilot. Instead it was necessary for applications to demonstrate alignment to the intended outcomes from applications with the carer's Adult Carer Assessment and Support Plan (ACASP) and for a decision on approval to be undertaken by a multi-agency, multi-disciplinary group known as a Carer Area Resource Group (CARG).

4.7 The CARG, taking place on a fortnightly basis from April-August 2023, was chaired by a briefed and supported Senior Social Worker from the HSCP, supported by the HSCP Unpaid Carer Liaison Officer and SDS Lead Officer alongside CWD Strategy Manager and CWD Operations Manager.

4.8 To reduce the length of time taken from the point of the carer making an application through to the carer receiving payment, a significant

level of coordination and flexibility was required in both the preparation and delivery of the pilot and a recognition that the pilot would require the team to move forward with a commitment to continuous improvement. The success of the pilot is due to the intensive work from all involved including CWD Carer Support Workers, CWD Managers, HSCP Social Work staff, HSCP Strategy and Transformation staff, including the SDS Team, and HSCP Finance staff.

4.9 CARG meetings were held fortnightly and reviewed and approved 83 applications across eight meetings, approving applications to a total value of £211,882. No applications were declined; some required additional information but upon receipt of that information, the CARG was able to approve the application(s).

4.10 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 also responsibility to complete reconciliation (submit proof of purchase at an agreed point in time).

4.11 In order 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.

4.12 A critical aspect of the pilot was expediency from the point of application to the funds being allocated to the carer's bank account. The table below shows the average length of time between key steps in the application process and the application process overall.

Application received to CARG approval	CARG approval and bank account details being received	Bank details received and payment made	CARG approval 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

4.13

Applications to the SB pilot were for a range of items including replacement care, holidays, training courses, improvements to gardens and resources for hobbies. The table below shows the split of the main items requested in applications, total spend on each area and also the average spend per application.

Purpose of Application	**Amount of Apps**	**Total Spend**	**Average Spend**
Holiday	53.00	12,7050.85	4,705.59
Landscaping/Garden	9.00	25,123.69	2,791.52

Driving Lessons	1.00	798.00	798.00
Hobbies	4.00	3,726.50	1,490.60
Training	2.00	1,565.00	1,043.33
Replacement care	14.00	53,618.06	3,829.86
	83.00	211,882.10	

4.14 A concern raised during the pilot was the potential for carers to struggle to identify replacement care due to market constraints. An update provided to the Carer Development Group from CWD confirmed that this has not been an issue and that all carers using SDS pilot monies to source replacement care have been successful in doing so.

4.15 While feedback was solicited on an ongoing basis via, for example, debrief sessions after each CARG, a review session was facilitated at the midway and post pilot stages. A number of success and key learning points were identified which the HSCP will seek to consider and/or embed where appropriate. Examples include:

- Partnership working between HSCP and CWD is reported as stronger than ever.
- Skill development, confidence and competence in SDS has grown across the CWD and HSCP workforce.
- Excellent demonstration of commitment to supporting unpaid carers and to implementing SDS for unpaid carers, often cited as an underserved population regarding SDS.
- Morale across staff involved was reported to have increased with staff seeing the genuine difference it made to carer's lives.
- A shared goal helped contribute to collective problem solving and a quick response.
- It took time for the shared goal to be understood. Perhaps additional preparatory work could have supported this to have happened quicker.
- Focusing resources on the administration on the pilot inevitably involved diverting resources from other pieces of work.
- Multi-agency decision-making in CARG is something the HSCP should consider due to the benefits of shared knowledge and resources.
- Flexibility, while remaining in line with financial regulations, helped expedite the process. Consideration to be given to reflecting on process and systems, including the prospect of using payment cards to facilitate SDS payments. Partner organisation (e.g. WDC and NHSGGC) support may be required to progress.
- The process did not always access carers who had no previous support and many who already had substantial support utilised this additional one off funding.

5. Options Appraisal

5.1 An options appraisal is not required for this report.

6. People Implications

6.1 There are no direct people implications associated with this report.

7. Financial and Procurement Implications

7.1 There are no financial or procurement implications arising from the recommendations within this report.

8. Risk Analysis

8.1 The original proposal for the pilot identified a number of potential risks which it is prudent to reflect upon and comment the extent to which they were realised.

8.2 The first risk identified was the pilot facing demand of the scale which prevented enough time for learning. While the pilot faced significant demand, this risk did not impact on lessons learned.

8.3 A second risk was around governance challenges in managing and responding to demand. As noted above, the stakeholders involved in the preparation, development and delivery of the pilot demonstrated agility and collaborative problem solving, identified in the proposal as requisite to reduce the risks of ineffective governance.

8.4 Other risks identified in the original proposal involved risks of failing to take the pilot forward which included failing to meet the needs of carers and failing to support carers to access SDS. Delivery of the pilot ensured these risks were not realised.

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 in this instance.

11. Consultation

11.1 Consultation on this work is not required and it is more appropriate to consider evaluation and feedback. From this perspective it is intended to more fully evaluate the Pilot in 2024. The monitoring information and early learning outlined above can be considered immediately however carers have up to 12 months to spend their allocated budget so it will take at least six months to begin to see impact.

11.2 An event is planned for January 2024 whereby stakeholders involved and carers who received funding will be invited to share their experiences. Some carers have agreed to share their experience of the process and how they have used their short break allocation.

11.3 With the full extent of impact unlikely to be revealed until Autumn 2024, a report to the HSCP Board will be provided in December 2024.

12. Strategic Assessment

12.1 The pilot was well aligned to the strategic priorities of the previous HSCP Strategic Plan as well as to the strategic outcomes and priorities of the recently published strategic plan, Improving Lives Together 2023-2026, including the strategic priority, "We will provide better support to unpaid carers" within the Caring Communities outcome area.

13. Directions

13.1 Directions are not required for this report.

Margaret –Jane Cardno, Head of Strategy and Transformation
10 October 2023

Person to Contact:	John Burns Strategy and Transformation Manager West Dunbartonshire Health and Social Care Partnership 16 Church Street Dumbarton G82 1QL
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Phone:	07880 472395
Appendices:	None
Background papers:	HSCB Board Papers March 2022, Item 11

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE (HSCP) BOARD

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

21 November 2023

Subject: West Dunbartonshire HSCP Strategic Risk Register

1. Purpose

1.1 The purpose of this report is to present the six monthly update on the HSCP Strategic Risk Register in compliance with the West Dunbartonshire Health and Social Care Partnership Risk Management Policy.

2. Recommendations

It is recommended that the HSCP Board:

2.1 Agree the Strategic Risk Register as outlined in Appendix I; and

2.2 Approve the addition of two new Strategic Risks as outlined in Appendix II.

3. Background

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

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

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

4. Main Issues

4.1 The HSCP Strategic Risk Register is maintained for all services, it identifies strategic risks, risks which stand to do the most damage to the HSCP because they cut right to the heart of our ability to execute our strategy or continue our business operations.

4.2 A lead is identified for each risk and mitigations impacting on those risks are identified. A risk matrix model is used to define impact, likelihood and an overall risk score for pre and post mitigation. This is reported in the

first instance to the HSCP Audit and Performance Committee on a six monthly basis for review. The Audit and Performance Committee then make a recommendation to the HSCP Board in respect of whether or not the Strategic Risk Register can be agreed, or if there are any points the HSCP Board may wish to consider further. The Audit and Performance Committee will consider this report on 14 November 2023 and, due to reporting deadlines, their recommendations will be provided as a verbal update to the Board.

4.3 On the 16 May 2023 the HSCP provided some helpful feedback on the format of the Risk Report. As such color has been added to the current risk level for ease of reference. Work is ongoing with the Datix team to also include the scoring matrix for each risk. It is anticipated that this will be provided in the next round of reports.

4.4 In order to assess likelihood the Risk Lead will consider the following:

Likelihood Score and Descriptor (with examples)	
1 Extremely Unlikely	Unlikely to happen except in very rare circumstances. Less than one chance in 1,000 (< 0.1% probability). No gaps in control. Well managed.
2 Quite Unlikely	Unlikely to happen except in specific circumstances. Between one chance in 1,000 and one in 100 (0.1 - 1% probability). Some gaps in control; no substantial threats identified.
3 Reasonably Likely	Likely to happen in a relatively small number of circumstances. Between one chance in 100 and one in 10 (one - 10% probability). Evidence of potential threats with some gaps in control.
4 Quite Likely	Likely to happen in many but not the majority of circumstances. Between one chance in 10 & one in two (10 - 50% probability). Evidence of substantial threats with some gaps in control.
5 Extremely Likely	More likely to happen than not. Greater than one chance in two (>50% probability). Evidence of substantial threats with significant gaps in control.

1.1 The HSCP Senior Management Team (SMT) have reviewed the Strategic

Risk Register. Although no changes to the existing risks have been identified the SMT have agreed that the HSCP Board should consider the addition of two new strategic risks to the register. These can be found in Appendix II and are Workforce Planning (Children and Families Social Work) and Care Home Viability.

2. Options Appraisal

2.1 An options appraisal is not required in respect of the recommendations within this report.

3. People Implications

3.1 There are no people implications arising from the recommendations within this report.

4. Financial and Procurement Implications

4.1 There are no financial and procurement implications arising from the recommendations within this report.

5. Risk Analysis

5.1 It is the responsibility of the HSCP Board to ensure adherence to the local Risk Management Policy and supporting strategy, through the establishment of adequate and proportionate risk management arrangements. The implementation of such arrangements by the HSCP Board will be subject to scrutiny.

5.2 Failure to comply with this responsibility in respect of effective risk management would place the HSCP Board in breach of its statutory duties.

6. Equalities Impact Assessment (EIA)

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

7. Environmental Sustainability

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

8. Consultation

8.1 The HSCP Senior Management Team reviewed and agreed this report and the supporting risk registers on 27 April 2023. The Monitoring Solicitor, the Chief Finance Officer and the Internal Auditor have all be consulted in the production of this report and their comments incorporated accordingly.

9. Strategic Assessment

9.1 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.

9.2 Good governance, which includes risk management, is essential to ensure the actions within the Strategic Plan are implemented effectively and efficiently in a way which promotes safe and effective care whilst achieving best value.

13. Directions

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

Name:	Margaret-Jane Cardno
Designation:	Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership
Date:	24 October 2023

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Appendix 1:	West Dunbartonshire HSCP Strategic Risk Register
Appendix 2:	New Strategic Risks
Background Papers:	None

Risk Level (Current)
Very Low
Low
Medium
High
Very High

STRATEGIC RISK REGISTER **APPENDIX 1**

Procurement and Commissioning	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to deliver contract monitoring and management of commissioned services; creates a risk to the financial management of the HSCP and there is a risk to delivery of high quality services and the delivery of quality assurance across all areas of service delivery	Head of Strategy & Transformation	1. Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation. 2. Commissioning Reviews linked to medium term financial plan. 3. Development and monitoring of Contract Risk Register. 4. Contracts Risk Register reported to HSCP Board. 5. Commissioning Team represented at an appropriate level across the HSCP. 6. Establish provider networks/forums across all HSCP areas. 7. Develop and implement IRISS Change Makers Project. 8. Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers.	Open	1. Reputational damage. 2. Financial losses. 3. Service disruption. 4. Quality of services. Impact upon decision making and outcomes. 5. Quality data. 6. Commissioned services not fit for purpose. 7. Increased financial costs.	High	Medium	Low

		9. Trend analysis and reporting by exception programmed into HSCP Board reports.					

Procurement and Commissioning	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to manage contracting arrangements; there is a risk that the HSCP has commissioned services which may be out-with contract or contracts are not fit for purpose.	Head of Strategy & Transformation	1. Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation. 2. Commissioning Reviews linked to medium term financial plan. 3. Development and monitoring of Contract Risk Register. 4. Contracts Risk Register reported to HSCP Board. 5. Commissioning Team represented at an appropriate level across the HSCP. 6. Establish provider networks/forums across all HSCP areas. 7. Develop and implement IRISS Change Makers Project. 8. Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers. 9. Trend analysis and reporting by exception programmed into HSCP Board reports.	Open	1. Reputational damage. 2. Financial losses. 3. Service disruption. 4. Quality of services. Impact upon decision making and outcomes. 5. Quality data. 6. Commissioned services not fit for purpose. 7. Increased financial costs.	High	Medium	Low

Procurement and Commissioning	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to manage contracting arrangements; there is a risk that the HSCP is unable to demonstrate Best Value.	Head of Strategy & Transformation	1. Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation. 2. Commissioning Reviews linked to medium term financial plan. 3. Development and monitoring of Contract Risk Register. 4. Contracts Risk Register reported to HSCP Board. 5. Commissioning Team represented at an appropriate level across the HSCP. 6. Establish provider networks/forums across all HSCP areas. 7. Develop and implement IRISS Change Makers Project. 8. Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers. 9. Trend analysis and reporting by exception programmed into HSCP Board reports.	Open	1. Reputational damage. 2. Financial losses. 3. Service disruption. 4. Quality of services. Impact upon decision making and outcomes. 5. Quality data. 6. Commissioned services not fit for purpose. 7. Increased financial costs.	High	Medium	Low
Failure to adhere to Financial Regulations and Standing Financial Instructions when commissioning services from external providers.	Head of Strategy & Transformation	1. Restructure and implementation of a Transactional Team. 2. Training on financial regulation and standing orders.	Open	1. Reputational damage. 2. Financial losses. 3. Increased financial costs.	High	Medium	Very Low

Information and Communication	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to maintain a secure information management network; there is a risk for the HSCP that the confidentiality of information is not protected from unauthorised disclosures or losses.	Head of Strategy & Transformation	1. Data breach management policy in place for both NHS and WDC data. This includes internal e-form reporting procedure for staff. Data breach registers for both partner organisations are kept and analysed for trends and where relevant mitigation put in place. 2. Breaches are reported to ICO and data subjects where required. 3. There remains an ongoing risk that despite procedures a breach may occur. 4. Ongoing monitoring and management required including relevant training. 5. Records management plan in place and lodged with National Records of Scotland.	Tolerated	1. Financial losses. 2. Breach of legislative requirements. 3. Harm and distress to service users. 4. Reputational damage	Medium	Low	Very Low

Information and Communication	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to maintain a secure information management network; there is a risk for the HSCP if this is unmanaged of breaches as a result of a GDPR breach; power/system failure; cyber-attack; lack of shared IT/recording platforms; as such being unable to manage and deliver services. Inability to provide service.	Head of Strategy & Transformation	1. Data breach management policy in place for both NHS and WDC data. This includes internal e-form reporting procedure for staff. Data breach registers for both partner organisations are kept and analysed for trends and where relevant mitigation put in place. 2. Breaches are reported to ICO and data subjects where required. 3. There remains an ongoing risk that despite procedures a breach may occur. 4. Ongoing monitoring and management required including relevant training. 5. Records management plan in place and lodged with National Records of Scotland. 6. Contingency planning underway in respect of planned power outages and black start events.	Tolerated	1. Financial losses. 2. Breach of legislative requirements. 3. Harm and distress to service users. 4. Reputational damage.	Medium	Low	Very Low

Performance Management	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of the organisational responsibilities.	Head of Strategy & Transformation	1. Regular performance reports are presented to the HSCP Chief Officer and Heads of Services. 2. Regular Organisational Performance Review meetings are held with Chief Executives of WDC and NHSGGC. 3. Regular performance reports are presented to the Audit and Performance Committee and HSCP Board. 4. NHSGGC has established a monthly performance board in order to further scrutinise high risk areas in relation to waiting time directives. 5. The Senior Management Team reviews performance data at both SMT meetings and via the Programme Management Office.	Open	1. Reputational damage. 2. Financial losses. 3. Service disruption. 4. Quality of services. Impact upon decision making and outcomes. 5. Quality data. 6. Commissioned services not fit for purpose. 7. Increased financial costs.	Medium	Low	Low

Public Protection – Service Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to monitor commissioned and other partnership services which could impact on an individual's safety or risk to themselves or others.	Head of Strategy & Transformation	1. Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation. 2. Commissioning Reviews linked to medium term financial plan. 3. Development and monitoring of Contract Risk Register. 4. Contracts Risk Register reported to HSCP Board. 5. Commissioning Team represented at an appropriate level across the HSCP. 6. Establish provider networks/forums across all HSCP areas. 7. Develop and implement IRISS Change Makers Project. 8. Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers. 9. Quality Assurance reporting to HSCP Board and relevant sub committees for example Clinical & Care Governance. 10. Trend analysis and reporting by exception programmed into HSCP Board reports.	Open	1. Reputational damage. 2. Financial losses. 3. Service disruption. 4. Quality of services. Impact upon decision making and outcomes. 5. Quality data. 6. Commissioned services not fit for purpose. 7. Increased financial costs. 8. Harm to service users.	High	Medium	Low

Financial Sustainability	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
The risk of being financially unsustainable, i.e. failure to operate within the approved budget in the short and medium term is due to one or more of the following: **1. Unable to deliver on all approved savings from current and previous years.** **2. Insufficient funding allocations from partner bodies that fail to reflect demographic pressures, the impacts of poverty, the impacts of heath inequalities or inflationary cost of**	Chief Officer and Chief Financial Officer	The regular financial reports to the HSCP Board are prepared and informed by the range of actions, controls and mitigations summarised below. These reports support the HSCP Board to agree on any corrective actions required to maintain financial sustainability. All actions are predicated on the adherence to Financial Regulations, Standing Financial Instructions, Procurement Regulations and implementation of Directions issued by the Board. Progress on delivery is supported by Service Redesign Programmes governed by Project Boards. Regular analysis of performance and financial data with updates to SMT. Regular meetings with operational budget holders to monitor progress of savings as well as overall budgetary performance and corrective action taken as required. Incorporated into MTFP and supported by Reserves Policy and specific earmarked reserves. Active engagement with all partner bodies in budget planning process and throughout the year.	Open with some tolerance built into risk impact	1. Unable to deliver on all approved savings from current and previous years. 2. Failure to deliver on strategic priorities. 3. Unable to manage new demand. 4. Unsustainable services. 5. Volatility of decision making due to unexpected shocks. 6. Reputational Risk. 7. Financial losses. 8. Service disruption as potential difficulty securing robust commissioned services if unable to pay required hourly rates. 9. Negative consequences on the quality of services. 10. Commissioned services not fit for purpose. 11. Harm to service users.	Very High	High	Medium

delivering health and social care services. **3. Unable to fully mitigate within budget estimates for the financial impacts of wider economic issues, in particular UK and global inflation. Financial risks to staffing costs, commissioning of care services, GP prescribing costs (inflation, import challenges and short supply), utilities, food and equipment costs.** **4. Unable to manage new demand across services e.g. legacy impacts of COVID-19 on general health, increase in secure placements and impact of cost of living pressures on families.** **5. In-year changes to funding allocations, in particular late allocations from the Scottish Government to deliver on a range of policy**		This includes HSCP senior officers being active members of both council and health board corporate management teams. Working in partnership across the 6 GGC HSCPs. Also working collectively in local and national forums for health and social care e.g. National Chief Officers Group, CIPFA Chief Financial Officers Section, Scottish Government Sustainability and Value Groups. The MTFP, the annual budget setting report and the regular financial performance reports update on key financial risks and any mitigating actions. This includes, the creation, maintenance and application of some key earmarked reserves for GP Prescribing, Redesign and Transformation, Unachievement of Savings and Fair Work Practices. Local and NHSGGC Prescribing Efficiency Programmes. Robust commissioning processes linked to strategic priorities and eligibility and self-directed support. Strengthening of governance processes including a refreshed Area Resource Group. Robust application of Eligibility Criteria in completion of new My Life Assessments and regular reviews of current packages of care. Further supported by Supervision Policy. Active engagement with partners as above. CIPFA CFO Section working with Scottish Government and COSLA officials on the					

commitments and requirement to use earmarked reserves for core delivery.		importance of timely notification of funding, the need to have recurring allocations that attract inflationary uplifts to support full delivery and financial sustainability of policies.					

Workforce Sustainability	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Inability to develop and deliver sufficient workforce capacity to deliver strategic objectives. Insufficient workforce will impact ability to meet service demands, caused by the inability to recruit, retain or deploy the workforce with necessary skills, which could potentially lead to disruption of services.	Head of HR	Workforce Plan. HR/strategic policy mirrors national guidance and policy on terms and conditions. Workforce planning oversight locally. Local recruitment drives ongoing to support delivery of workforce plans and shortage occupational gaps. Recruitment stats monitored through workforce team and assessed through vacancy control group.	Open	If we do not recruit the required staff within the appropriate timelines then the ability to deliver planned capacity within timeline will be compromised. Use of supplementary staff carries financial cost in addition to wider issues associated with ongoing use.	Medium	High	Medium
Staff dissatisfaction due to increased workload pressure; increasing risk of staff absence and turnover, leading to further loss of skills and knowledge.	Head of HR	Data reported through performance reporting frameworks provided and improvement measures identified where data is below the required standard. This presents opportunity for any workforce risks to be highlighted or escalated. A robust, proactive approach to analysis and triangulation of this data could support management teams in monitoring the workforce to identify areas where support can be given.	Open	Improvement in ways of working to ensure sufficient capacity and capability. Support has been put in place to provide spiritual care and mental health and wellbeing support for staff including guidance/self-help information and structured support sessions.	Low	Medium	Low

Delayed Discharge and Unscheduled Care	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to support timely discharge and minimise delayed discharge; creates risk for the HSCP to effectively manage patient, client and carer care	Head of Health and Community Care	Quality improvement activities are ongoing to address a range of issues impacting on the ability to discharge people in a timely manner. Includes: Partnership working with Vale of Leven Hospital for high referral wards; staff awareness in identified areas such as AWI legislation; effective leadership.	Open		High	Medium	Low
Failure to plan and adopt a balanced approach to manage the unscheduled care pressures and related business continuity challenges that are faced in winter; creates risk for the HSCP to effectively manage patient, client and carer care	Head of Health and Community Care	Business Continuity Plans in place for all Health and Community care Services, inclusive of adverse weather events. Annual leave monitored to reduce risk of lack of staff availability at key points. Integrated approach across Health and Community Care services to target shared care opportunities if increased demand is experienced. Communication to relatives/carers if unexpected challenges are faced in safe delivery of care to seek their support in care delivery.	Tolerated	Risk to essential service delivery with subsequent risk of harm to service users	Low	Low apart from Care at Home pending redesign, in this area the risk is medium	Low

Public Protection – Service Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to monitor and ensure the wellbeing of adults in independent or WDC residential care facilities. Failure of staff to recognise, report and manage risk.	Head of Health and Community Care	Care Home review team led by a SSW with robust processes to manage annual reviews. Mandatory ASP training for Local Authority Residential Care staff. 6 monthly HSCP quality assurance visits to Independent Care Homes by Nursing and SW staff. Care Home Collaborative and Clinical care Governance process have oversight of risks Care Homes accountability to the Care Inspectorate.	Tolerated	1. Recruitment and retention of staff. 2. Down time and loss of productivity. 3. Reputational damage. 4. Financial losses. 5. Service disruption. 6. Quality of services. Impact upon decision making and outcomes. 7. Quality data. 8. Increased financial costs. 9. Harm to service users.	Low	Low	Low

Waiting Times	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to meet waiting times targets - Psychological Therapies	Head of Mental Health, Learning Disability and Addictions	Full data cleanse has taken place with ongoing admin support around accurate data recording. Continue to maximise staff capacity and use of peripatetic psychology for additional weekly session. Impact has been substantially due to vacancies and absence however staffing position is improving.	Open	1. Loss of current or potential staff. 2. Down time and loss of productivity. 3. Reputational damage. 4. Financial losses. 5. Service disruption. 6. Quality of services. Impact upon decision making and outcomes. 7. Quality data. 8. Increased financial costs. 9. Harm to service users.	High	Medium	Low
Failure to meet waiting times targets - Drug and Alcohol Treatment.	Head of Mental Health, Learning Disability and Addictions	Target continues to be reached and maintained. Only impact would be due to substantial absences. Staff team stable with minimum vacancies	Close	1. Loss of current or potential staff. 2. Down time and loss of productivity. 3. Reputational damage. 4. Financial losses. 5. Service disruption. 6. Quality of services. Impact upon decision making and outcomes. 7. Quality data.	Low	Low	Low

				8. Increased financial costs. 9. Harm to service users.			

Public Protection – Service Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
There is a risk that failure to ensure compliance with relevant assessments such as My Life Assessments and My Assessment and plan will cause disparity within service user groups and in service access and result in incomplete assessments of risk's and needs.	Head of Children's Health, Care and Justice	The Area Resource Group improvement project is documenting the end to end process for adult assessments along with a new Adult Area Resource Group standard operational guide which defines the roles and responsibilities across the team and ensures there is consistence governance across the adult services. In addition, the project is reviewing any common tasks across the services which could be centralised. The ARG is being reinstated in Children's in addition to the social work Education panel for screening of shared placement provision service. An evaluation is being set up of roll out of My life Assessment and Plan within Children's services	Open	1. Reputation harm to WDC and HSCP if assessments are not updated or a service user has never had one. 2. Declining inspection results as a result of lack of evidence and quality of written assessment and planning 3. Increase in packages of care as packages are not being reviewed regularly 4. Inconsistent approach to assessments cases inequality across the services 5. Service users are not always being offered SDS packages	Very High	High	Low

Public Protection – Service Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to ensure that staff are appropriately trained and adhere to standards for risk assessment and risk management across child, adult and public protection work	Head of Children's Health, Care and Justice	Reporting mechanisms are at early stages to ensure both Training needs analysis of staff and training delivered and attended is both captured and able to be reported on within social work and social care. The appointment of a learning and developments officer and learning and quality manager will ensure this can be effectively progressed. The learning and development officer is currently being recruited to and will align with workforce development	Open	1. Lack of professional competency result in standards of practice not met	High	High	Low

Public Protection – Legislation Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to meet legislative duties in relation to child protection.	Head of Children's Health, Care and Justice	Oversight by the Child Protection Committee is currently in place with an independent chair to ensure objective support and challenge. The national data set for CP is in place and a data analysis groups meets regularly to consider local performance. Time scales aligned to national guidance are routinely reported on as part of children's services data set. Visits to children on the CP register. With required timescales are routinely reported. Self-evaluation activity in relation to areas for improvement are informed by the data. Mechanisms for recording staff core and mandated training is an early stages of developments and this requires to be strengthened to ensure oversight and assurance	Open	1. Loss of current or potential staff. 2. Down time and loss of productivity. 3. Reputational damage. 4. Financial losses. 5. Service disruption. 6. Quality of services. Impact upon decision making and outcomes. 7. Quality data. 8. Increased financial costs. 9. Harm to service users.	Very High	High	Low

Public Protection – Legislation Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to meet legislative duties in relation to adult support & protection.	Head of Children's Health, Care and Justice	A national data set is being implemented by April 2023 and routine reporting to the Adult Protection Committee is in place with an independent chair to ensure objective scrutiny. Performance and conversion rates in relation to case conferencing is regularly reported and identified improvement in timescales is progressing. Further development is required to report on staff core and mandated training to ensure training compliance in ASP is in place for Social Work and Social Care.	Open	1. Loss of current or potential staff. 2. Down time and loss of productivity. 3. Reputational damage. 4. Financial losses. 5. Service disruption. 6. Quality of services. Impact upon decision making and outcomes. 7. Quality data. 8. Increased financial costs. 9. Harm to service users.	Very High	Medium	Low

Public Protection – Legislation Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to meet legislative duties in relation to multi-agency public protection arrangements (MAPPA).	Head of Children's Health, Care and Justice	West Dunbartonshire is part of the North Strathclyde partnership and oversight reporting structures namely the SOG and MOG meet regularly in relation to all MAPPA activity where reporting of MAPPA activity and the associated risk register is in place .MAPPA activity forms part of reporting to PPCOG to ensure effective oversight and scrutiny. Training to all staff in relation to risk management is supported nationally with justice services. strengthening of reporting is required to ensure improved oversight of learning and development including completion mandatory training is met	Open	1. Loss of current or potential staff. 2. Down time and loss of productivity. 3. Reputational damage. 4. Financial losses. 5. Service disruption. 6. Quality of services. Impact upon decision making and outcomes. 7. Quality data. 8. Increased financial costs. 9. Harm to service users.	Very High	Low	Low

Public Protection – Legislation Risk	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
Failure to ensure that Guardianship cases are appropriately monitored, supported and reviewed by social workers.	Head of Children's Health, Care and Justice	Clinical and Care Governance oversight is being strengthened in this area with Guardianship oversight data to be reported form CareFirst with performance being reported quarterly. The data set is in early stages of development to ensure effective assurance is in place as is data to ensure effective reviewing timeline are in place. Data has been collated and reported to the Mental Welfare Commission who have an external scrutiny role.	Open	1. Loss of current or potential staff. 2. Down time and loss of productivity. 3. Reputational damage. 4. Financial losses. 5. Service disruption. 6. Quality of services. Impact upon decision making and outcomes. 7. Quality data. 8. Increased financial costs. 9. Harm to service users.	High	Low	Low

KEY

Risk Level (Current)
Very Low
Low
Medium
High
Very High

NEW RISK: Workforce Planning (Children and Families Social Work)

NEW RISK: Workforce Planning (Children and Families Social Work)	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
High vacancy rates across children and families social work are having a disproportionate impact on the management and throughput of allocated work and the assessment of work entering the service daily for example Child Protection concerns.	Head of Children's, Health, Care and Criminal Justice (Chief Social Work Officer)	○ Scope permanence work in drift and allocate equivalent SW hours to case management. ○ Move posts to permanence team temporarily for a period of one year. ○ Ensure job description (temp) clear re role and expectations ○ Permanence SSW to oversee all work for these children including reviews SCRA and court work. ○ Ensure role of SW currently in perm team are focussed on this work also – outsource adoption assessments. ○ Consider role of through care SSW and staff in taking on all housing support / through care and CC cases.	Open	An increasingly high risk position in respect of the management and throughput of allocated work and assessment of work entering the service. The movement of staff and re prioritisation of cases creates a significant challenge in managing plans consistently and in addressing drift. While the additional reviewing coordinators will free up time for SSWs to focus on caseload and unallocated management along with the Team Leaders, the issue of a lack of QSW to	Medium	Very High	Medium

		○ Possible additional transfer of additional QSW temp for one year from area team or grade 8 youth service officer post which has a different job spec (requires updated if maintaining) into this area. ○ Scope assistance from adult services for generic support. ○ Commission facility support contract for one year to bolster what is currently available. ○ Scope external recruitment via agency or other for SWA role within area teams. ○ Negotiate with agencies preferred provider status. ○ Recruit into mentoring and sessional home support posts to increase internal support capacity. ○ Formal communication to partners regarding lack of capacity and requirement to fulfil GIRFEC criteria for SW / multi agency requirements. ○ Ensure all support staff out with SW service are being utilised to maximum capacity. ○ Develop MASH as part of duty redesign to support triage of RFA / NOC (non CP) to support tier three access.		carry out the work remains high. The implications are for example. The capacity to hold complex or CP work being located in a significantly reduced number of experienced staff. Due to excessive workloads (managing duty cases and allocated work) combined with relative inexperience and an increasingly complex profile of cases, decisions and recommendations in relation to assessments and plans may not be given the time and consideration required. The creation of a culture of professional vulnerability and low morale; staff retention locally has always been good however the cumulative impact of the ongoing uncertainty requires to be acknowledged, given the impact this position is having on workloads, and significantly outcomes for children. There is a significant financial risk in relation to this service with (as at 7/7/23) the annual projected overspend being in			

				the region of £2 million. The lack of internal capacity to undertake reviews and unallocated casework has the impact of children in young people remaining in for example residential placements far longer than is in their best interests, which not only results in poorer outcomes for the child but significantly increases costs for the HSCP.			

NEW RISK: Care Home Viability

NEW RISK: Care Home Viability	Risk Lead	Controls in place / mitigation	Risk status (Open, tolerated, closed)	Risk Impact	Risk Level(Initial) very low, low, medium, high, very high	Risk Level (Current) very low, low, medium, high, very high	Risk Level (Target) very low, low, medium, high, very high
The fragility of the National Care Home Contract (NCHC), funding and workforce issues continue to contribute to the fragility of the care home sector creating an increased risk that providers may exit the market.	Head of Strategy and Transformation	○ Improved oversight of the financial viability of care home providers. ○ Where necessary financial oversight arrangements are augmented by working with other local authorities to annually monitor the financial viability of service providers. ○ Enhanced reporting to IJB in respect of the independent monitoring of the standard of care. ○ The production of timely information and bills to residents. ○ Care Assurance visits demonstrating a supported drive for continued improvements in care standards. ○ Daily huddles to manage the risk associated with the national care home contract. ○ Improved financial modelling. ○ Development of contingency plan. ○ Engagement with Cosla via the national contingency planning arrangements.	Open	The loss of the NCHC would result in the closure of many more care homes across the country this will cause huge damage and distress to hundreds of care home residents. Unaffordably high rates negotiated out with the auspices of the NCHC would result in fewer bed spaces available to the HSCP. Service users may be displaced with significant impacts on the quality of care, poor outcomes for service users and greatly increased delayed discharge figures.	Medium	Very High	Medium

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

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

21 November 2023

Subject: Review of Integration Scheme

1. Purpose

1.1 The purpose of this report is to update the HSCP Board on work ongoing to review the Integration Scheme between West Dunbartonshire Council and NHS Greater Glasgow and Clyde, and, as part of the consultation process, to seek the views of the HSCP Board on the draft revised Integration Scheme.

2. Recommendations

It is recommended that the HSCP Board:

2.1 Consider the content of this report and comment on the draft Integration Scheme.

3. Background

3.1 Integration Schemes (based on a model integration scheme developed by the Scottish Government) were published by all Integration Joint Boards (IJBs) in Greater Glasgow and Clyde as part of the implementation of the Integration Joint Boards (known locally as the HSCP Board). The Schemes set out the key arrangements for how Health and Social Care Integration is to be planned, delivered and monitored within their local area.

3.2 Integration Schemes are required by statute to be reviewed within a "relevant period" of five years from initial publication. The Schemes for IJBs across Greater Glasgow and Clyde Board area received parliamentary approval at different times and are therefore subject to different review schedules. In order to ensure consistency, where possible, across the six IJBs and to reduce duplication of effort, in 2019 it was agreed to carry out simultaneous reviews to enable revised Schemes to be approved at the same time.

3.3 West Dunbartonshire IJB's Integration Scheme was the first to go live and at that time was reaching the end of its relevant period in June 2020.

3.4 On the 26 February 2020, West Dunbartonshire Council considered a report from the Chief Officer, West Dunbartonshire Health and Social Care Partnership on this matter and agreed to note the content of the report and to approve the draft revised Integration Scheme for consultation.

3.5 On the 25 February 2020, Greater Glasgow and Clyde Health Board considered a similar paper. The extract of the minute of that meetings shows that "due to time constraints, Prof Brown proposed that this item also be deferred to the Board Seminar Session, which would take place in March [2020], to ensure sufficient time for consideration and approval. Members were content to accept this approach."

3.6 Given the timing of this initial phase of work Members will be unsurprised to learn that due to the global pandemic the NHS Board Seminar Session referenced in paragraph 3.5 did not go ahead and this work fell into abeyance as dealing with Covid-19 became the focus of collective endeavors.

3.7 This afforded officers a period of further review and reflection and in 2022 the work was reinvigorated with a pan Glasgow HSCP working group re-established to consider the content of the Integration Scheme. This group have considered how all six Integration Schemes can be more effectively aligned in terms of language and format with the aim of developing revised Integration Schemes for approval by all six local authorities, the health board and ultimately the Cabinet Secretary.

3.8 On the 3 October 2023 NHS Greater Glasgow and Clyde Finance, Planning and Performance Committee considered a further paper on this matter and agreed that the six draft revised Integration Schemes (six schemes being one bespoke scheme for each HSCP within the Greater Glasgow and Clyde area) go out for consultation.

3.9 On the 25 October 2023 West Dunbartonshire Council considered a further paper on this matter and instructed Officers to consult prescribed consultees in line with the Public Bodies (Joint Working) (Scotland) Act 2014. In light of the reporting deadlines any further feedback from Council will be provided to the HSCP Board verbally.

3.10 The HSCP Board is invited, as part of the consultation process, to comment on the draft revised Integration Scheme.

4. Main Issues

4.1 An initial review of the Integration Schemes has taken place both locally and by the pan Glasgow working group and has identified where edits were required.

4.2 These reviews have also considered areas that are consistent across all pan Glasgow Integration Schemes and present for consideration updates and standardisation of content to achieve a higher level of consistency across Integration Schemes and to reflect the position within IJBs for each area of the Integration Scheme that may have changed since Integration Schemes were originally published.

4.3 The core content and structure of the draft revised Integration Scheme remains consistent with the current Integration Scheme, and therefore retains its close alignment with the model Integration Scheme approved by

the Scottish Government and the requirements laid out within the Public Bodies Joint Working Integration Scheme Scotland Regulations 2014.

4.4 Key areas of the Scheme that required review and revision to the text included the sections on Finance, Risk Management, Complaints and Information and Data Handling to reflect legislative changes and actual operational delivery.

4.5 The key substantive change proposed is in relation to Section 3 (Local Governance Arrangements) where it is proposed that the term of the Chair/Vice Chair of the IJB is reduced from three years to two years. This brings the term in West Dunbartonshire into line with that of the other IJBs in the Greater Glasgow area.

4.6 Content in relation to Section 12 of the Integration Scheme (Finance) was reviewed by the Chief Finance Officers Group, who developed agreed revised text and presented this to the pan Glasgow working group with the recommendation that this be adopted by all IJBs within the Greater Glasgow area with some minor local variations.

4.7 The section on Local Operational Delivery Arrangements has been revised in how the arrangements for Hosted Services are described. Previous iterations of all Schemes contained an annex that listed the services subject to hosting arrangements and which HSCP area was responsible for those services across the Board territory. This has now been removed not only to futureproof the Schemes from any subsequent changes but to emphasise that the Scottish Government approves the Schemes but not specific hosting arrangements which are agreed locally. The Schemes instead now simply describe how hosting arrangements are to be implemented.

5. Options Appraisal

5.1 An options appraisal is not required for this report.

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

8.1 The recommendation within this report did not necessitate the development of a risk assessment.

8.2 In relation to this work in its broadest sense, should the revised Integration

Scheme be approved by West Dunbartonshire Council, NHS Greater Glasgow and Clyde and ultimately Scottish Ministers the new arrangements will come into force. If conversely the revised Integration Scheme is not approved the 2015 Integration Scheme remains in place. The risk to the HSCP Board in either scenario is low.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

10.1 The recommendation within this report does not require a Strategic Environmental Assessment (SEA) to be undertaken.

11. Consultation

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

12. Strategic Assessment

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

12.2 Good governance 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 No Direction is required in respect of the recommendation within this report.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
Date: 27 September 2023

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

Appendices: Appendix 1: Revised Integration Scheme

INTEGRATION SCHEME

BETWEEN

WEST DUNBARTONSHIRE COUNCIL

AND

NHS GREATER GLASGOW AND CLYDE

Initially subject to statutory review in 2020, this Scheme was subject to technical update and approved by West Dunbartonshire Council in February 2020 for prescribed consultation. During equivalent NHSGGC governance processes, the NHSGG&C Chair requested a period of additional scrutiny and raised a number of queries. Work then stopped during the first year of the pandemic. Some proposed amendments and clarifications have been made in response to some of the points raised by the Health Board Chair. This draft version includes these proposed changes.

September 2023

This integration scheme is to be used in conjunction with the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014). These regulations can be found at www.legislation.gov.uk

1 The Parties

1.1 **WEST DUNBARTONSHIRE COUNCIL**, established under the Local Government etc. (Scotland) Act 1994 and having its principal offices at Church Street Dumbarton G82 1QL, (the Council); and

1.2 **GREATER GLASGOW AND CLYDE HEALTH BOARD**, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as NHS Greater Glasgow and Clyde) and having its principal offices at J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH (referred to as the Health Board) (together referred to as the Parties).

2 Definitions and Interpretation

2.1 "The Act" means the Public Bodies (Joint Working) (Scotland) Act 2014.

2.2 "Acute Services " means the services of the Health Board delivered within the acute hospitals for which the Health Board has operational management responsibility, namely accident and emergency, general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine and palliative care. These are the services in scope for the delegated acute functions and associated Set Aside Budget.

2.3 "Care Inspectorate" means the body established by the Public Services Reform (Scotland) Act 2010 and responsible for regulation of care services.

2.4 "Chief Executive of the Council" means the individual appointed by the Council as its most senior official responsible for discharging the Council's strategy and statutory responsibilities.

2.5 "Chief Executive of the Health Board" means the individual appointed by the Health Board as its most senior official responsible for discharging the Health Board's strategy and statutory responsibilities.

2.6 "Chief Officer" means the individual appointed by the Integration Joint Board under section 10 of the Act.

2.7 "Chief Financial Officer" means the officer responsible for the administration of the Integration Joint Board's financial affairs.

2.8 "Chief Social Work Officer" means the individual appointed by the Council under Section 3 of the Social Work (Scotland) Act 1968.

2.9 "Chief Operating Officer for Acute Services" means the individual appointed by the Health Board with lead responsibility for the operational delivery of Acute Service.

2.10 "Directions" means the mechanism to action the strategic plan as laid out under sections 26 to 28 of The Public Bodies (Joint Working) (Scotland) Act 2014.

2.11 "Hosted Services" means those services of the Parties which, subject to agreement by the Integration Joint Board, the Parties agree will be managed and delivered by a single Integration Joint Board within the Greater Glasgow and Clyde area.

2.12 "Integration Joint Board" means the Integration Joint Board established by Order under section 9 of the Act.

2.13 "Integration Joint Board Order" means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

2.14 "Outcomes" means the outcomes set out in the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014.

2.15 "Scheme" means this Integration Scheme.

2.16 "Set Aside Budget" means the financial amounts to be made available for planning purposes by the Health Board to the Integration Joint Board in respect of Acute Services.

2.17 "Strategic Plan" means the document which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of integrated health and social care services in accordance with section 29 of the Act.

2.18 "Strategic Planning Group" means the group established under section 32 of the Act.

2.19 "The Integration Scheme Regulations" means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

3 Purpose and Principles

3.1 This scheme involves West Dunbartonshire Council and NHS Greater Glasgow and Clyde and sets out the arrangements for the integration of certain health and social care services. An Integration Joint Board (IJB) is established for the purposes of these agreements

3.2 The Integration Joint Board will be established by Order for the area of West Dunbartonshire Council, covering a population of around 88,000 people. The main population centres included are Clydebank, Dumbarton and Alexandria.

4 Integration Model

4.1 In accordance with section 2(3) of the Act, the Parties have agreed that the integration model set out in sections 1(4) (a) of the Act will be put in place for the Integration Joint Board, namely the delegation of functions by the Parties to a body corporate that is to be established by Order under section 9 of the Act.

4.2 This Scheme came into effect on 1st July 2015 when the IJB was established by Parliamentary Order. The Scheme was reviewed and revised in accordance with section 44(2) of the Act and these changes will be applied on the date the revised Scheme receives approval through delegation by the Cabinet Secretary.

5 Local Governance Arrangements

5.1 The Parties understand that the Integration Joint Board has the formal status for strategic planning for West Dunbartonshire within both the Council and the Health Board. The Integration Joint Board and the Parties will have to communicate with each other and interact in order to contribute to the overall delivery of the outcomes for West Dunbartonshire.

5.2 The Parties understand that the Integration Joint Board has a legal personality distinct from the Council and Health Board; and the consequent autonomy to manage itself. There is no role for either Party to independently sanction or veto decisions of the Integration Joint Board.

5.3 In exercising its functions, the Integration Joint Board takes account of 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.

5.4 The remit and constitution of the Integration Joint Board is established through the legislation, with the Parties having agreed that:

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

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

5.4.3 The term of office of the chair and vice chair will be two years. As required by the Integration Joint Board Order, the parties will alternate nominating the chair and vice-chair. The first chair of the Integration Joint Board was nominated by the Council; and the first vice-chair was nominated by the Health Board.

5.5 The Parties acknowledge that the Integration Joint Board will include additional non-voting members as specified by the Integration Joint Board Order, the individuals to be formally determined by the Integration Joint Board's voting members, to include representatives from communities, the Third and the Independent sectors.

5.6 The Integration Joint Board will make, and may subsequently amend, standing orders for the regulation of its procedure and business.

6 Delegation of Functions

6.1 The functions that are to be delegated by the Health Board to the Integration Joint Board are set out in Part 1 of Annex 1, and only to the extent that they relate to the services described in Part 2 of Annex 1.

6.2 The functions that are to be delegated by the Council to the Integration Joint Board are set out in Part 1 of Annex 2, and only to the extent that they relate to the services described in Part 2 of Annex 2.

6.3 Services set out at **Annexes 1 (Part 2) and 2 (Part 2)** may by agreement be hosted by the Integration Joint Board on behalf of one or more Integration Joint Board, or one or both of the Parties, or vice versa, where permitted by statute. These arrangements will be subject to review and may change from time to time.

7 Local Operational Delivery Arrangements

7.1 The local operational arrangements agreed by the Parties are:

7.1.1 The Integration Joint Board has responsibility for the planning of services via the Strategic Plan.

7.1.2 The Integration Joint Board will be responsible for monitoring and reporting on performance on the delivery of those services covered by the strategic plan.

7.1.3 The Integration Joint Board will be responsible for operational oversight of integrated services and, through the Chief Officer, will be responsible for management of integrated services, except Acute services on which the Chief Officer will work closely with the Chief Operating Officer for Acute Services.

7.1.4 The Chief Officer will have day to day operational responsibility to monitor delivery of integrated services with oversight from the Integration Joint Board. These arrangements will apply other than for Acute Hospital Services for which the Chief Officer will work closely with the Chief Operating Officer for Acute Services and for which the Health Board will have oversight of operational management arrangements. These arrangements will operate within a framework established by the Parties for their respective functions, ensuring the Parties can continue to discharge their governance responsibilities.

7.1.5 The Integration Joint Board will issue directions to the Parties taking account of the information on performance to ensure performance is maintained and improved.

7.1.6 The Integration Joint Board along with the other five Integration Joint Boards in the Greater Glasgow and Clyde Health Board area will contribute to the strategic planning of Acute Hospital Services alongside the Health Board and the Health Board will be responsible for the management of Acute Hospital Services. The Health Board will provide information on a regular basis to the Chief Officer and IJB on the operational delivery of, and the set-aside budget for, these Services.

7.1.7 The Health Board and the six Integration Joint Boards will ensure that the overarching Strategic Plan for Acute Services incorporates relevant sections of the six Integration Joint Boards' Strategic Plans.

7.1.8 The Health Board will consult with the six Integration Joint Boards to ensure that the overarching Strategic Plan for Acute Services and any plan setting out the capacity and resource levels required for the Set Aside budget for such acute services is appropriately coordinated with the delivery of services across the Greater Glasgow and Clyde area.

7.1.9 The Parties shall ensure that a group including the Chief Operating Officer for Acute Services and Chief Officers of the six Integration Joint Boards will meet regularly to discuss such respective responsibilities for Acute Services.

7.1.10 Both the Health Board and the Council will undertake to provide the necessary activity and financial data for services, facilities or resources that relate to the planned use of services within other Local Authority areas by people who live within the area of the Integration Joint Board.

7.1.11 The Integration Joint Board will provide assurance that systems, procedures and resources are in place to monitor, manage and deliver the functions and services delegated to it. This assurance will be based on regular performance reporting including the annual performance report which will be provided to the Parties, and through the strategic planning process.

7.1.12 Where the Integration Joint Board is the Host in relation to a Service set out at Annexes 1 (Part 2) and 2 (Part 2) the Parties will recommend that:

a) It is responsible for the operational oversight of such Service(s);
b) Through its Chief Officer will be responsible for the operational management on behalf of all the Integration Joint Boards within Greater Glasgow and Clyde area;
and
c) It is be responsible for the strategic planning and operational budget of the Hosted Service.

7.1.13 Where a Service set out at **Annexes 1 (Part 2) and 2 (Part 2)** is hosted on its behalf by another Integration Joint Board, the West Dunbartonshire

Integration Joint Board shall retain oversight for any services delivered to the people of West Dunbartonshire and shall engage with the host Integration Joint Board and the relevant Chief Officer on any concerns and issues arising in relation to these services.

8 Corporate Support Services

8.1 There is agreement and a commitment to provide Corporate Support Services to the IJB. The Parties have identified the Corporate Support Services that they provide for the purposes of preparing the Strategic Plan and carrying out integration functions and identified the staff resource involved in providing these services.

8.2 The arrangements for providing these services will be subject to review aligned to the requirements of each Strategic Planning cycle, to ensure that undertakings within each Strategic Plan can be achieved, as part of the planning processes for the IJB and the Parties.

8.3 The Parties will provide the IJB with the corporate support services it requires to fully discharge its duties under the Act. The Parties will ensure that the Chief Officer is effectively supported and empowered to act on behalf of the IJB. This will include the Parties providing staff and resources to provide such support. In all circumstances, the direction of these corporate support services will be aligned to the governance and accountability arrangements of the functions being supported, as set out in this Scheme.

9 Support for the Strategic Plan

9.1 The Health Board will share with the IJB necessary activity and financial data for services, facilities and resources that relate to the planned use of services by service users within the Health Board area for its service and for those provided by other Health Boards. Regional Services are explicitly excluded.

9.2 The Council will share with the IJB necessary activity and financial data for services, facilities and resources that relate to the planned use of services by service users within West Dunbartonshire for its services and for those provided by other councils.

9.3 The Parties agree to use all reasonable endeavours to ensure that the other Health Board area IJBs and any other relevant Integration Authority will share the necessary activity and financial data for services, facilities and resources that relate to the planned use by service users within the area of their Integration Authority.

9.4 The parties shall ensure that their Officers acting jointly will consider the Strategic Plans of the other Health Board area IJBs to ensure that they do not prevent the Parties and the IJB from carrying out their functions appropriately and in accordance with the Integration Planning and Delivery Principles, and to ensure they contribute to achieving the National Health and Wellbeing Outcomes.

9.5 The Parties shall consult the IJB where they intend to change service provision of non-integrated services that will have a resultant impact on the Strategic Plan.

10 Performance Targets, Improvement Measures and Reporting Arrangements

10.1 The IJB will develop and maintain a Performance Management Framework in agreement with the Parties, which consists of a range of indicators and targets relating to those functions and services which have been delegated to the IJB. These will be consistent with national and local objectives and targets in order to support measurement of:

a) the achievement of the National Health and Wellbeing Outcomes;
b) the Core Suite of National Integration Indicators;
c) the quality and performance of services delivered by the parties through direction by the IJB;
d) the overall vision of the partnership area and local priorities as set out within the Strategic Plan;
e) the corporate reporting requirements of both parties; and
f) any other performance indicators and measures developed by the Scottish Government relating to delegated functions and services.

10.2 The Parties will provide the IJB with performance and statistical support resources, access to relevant data sources and will share all information required on services to permit analysis and reporting in line with the prescribed content as set out in regulations. The Council, Health Board and IJB will work together to establish a system of corporate accountability where the responsibility for performance targets are shared.

10.3 The Parties will provide support to the IJB, including the effective monitoring of targets and measures, in line with these arrangements and in support of the Performance Management Framework.

10.4 The Strategic Plan will be reviewed and monitored by the IJB in relation to these targets and measures. Where either of the Parties has targets, measures or arrangements for functions which are not delegated to the Integration Joint Board, but which are related to any functions that are delegated to the Integration Joint Board, these targets, measures and arrangements will be taken into account in the development, monitoring and review of the Strategic Plan.

10.5 The Performance Management Framework and associated reporting arrangements for the IJB will continue to be developed and reviewed regularly by the IJB and the Parties, consistent with all national targets and reflective of all relevant statute and guidance.

10.6 The IJB will consider service quality, performance and impact routinely at its meetings and each year through its annual performance report, with associated reports also provided to the Parties

10.7 The Parties and the Integration Joint Board are jointly responsible for the establishment of arrangements to:

a) Create an organisational culture that promotes human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice including learning and development; and is transparent and open to innovation, continuous learning and improvement.
b) Ensure that integrated clinical and care governance policies are developed and regularly monitor their effective implementation.
c) Ensure that the rights, experience, expertise, interests and concerns of service users, carers and communities are central to the planning, governance and decision-making that informs quality of care.
d) Ensure that transparency and candour are demonstrated in policy, procedure and practice.
e) Deliver assurance that effective arrangements are in place to enable relevant health and social care professionals to be accountable for standards of care including services provided by the Third and Independent sector.
f) Ensure that there is effective engagement with all communities and partners to ensure that local needs and expectations for health and care services and improved health and wellbeing outcomes are being met.
g) Ensure that clear robust, accurate and timely information on the quality of service performance is effectively scrutinised and that this informs improvement priorities. This should include consideration of how partnership with the Third and Independent sector supports continuous improvement in the quality of health and social care service planning and delivery.
h) Provide assurance on effective systems that demonstrate clear learning and improvements in care processes and outcomes.
i) Provide assurance that staff are supported when they raise concerns in relation to practice that endangers the safety of service users and other wrong doing in line with local policies for whistleblowing and regulatory requirements.
j) Establish clear lines of communication and professional accountability from point of care to officers accountable for clinical and care governance. It is expected that this will include articulation of the mechanisms for taking account of professional advice, including validation of the quality of training and the training environment for all health and social care professionals' training, in order to be compliant with all professional regulatory requirements.
k) Embed a positive, sharing and open organisational culture that creates an environment where partnership working, openness and communication are valued, staff supported and innovation promoted.

l) Provide a clear link between organisational and operational priorities; objectives and personal learning and development plans, ensuring that staff have access to the necessary support and education.
m) Implement quality monitoring and governance arrangements that include compliance with professional codes, legislation, standards, guidance and that these are regularly open to scrutiny. This must include details of how the needs of the most vulnerable people in communities are being met.
n) Implement systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.
o) Implement effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
p) Develop systems to support the structured, systematic monitoring, assessment and management of risk.
q) Implement a coordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.
r) Lead improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
s) Develop mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services.
t) Promote planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.

11 Clinical and Care Governance

11.1 Clinical and care governance is a system that assures that care, quality and outcomes are of a high standard for users of services and that there is evidence to back this up. It includes formal structures to review clinical and care services on a multidisciplinary basis and defines, drives and provides oversight of the culture, conditions, processes, accountabilities and authority to act, of organisations and individuals delivering care.

11.2 As detailed in this Scheme, all strategic, planning and operational responsibility for Services is delegated from the Parties to the Integration Joint Board and its Chief Officer.

11.3 The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements for services provided in pursuance of integration functions in terms of the Act. The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements for their duties under the Act. The Parties will have regard to the principles of the Scottish Government's Clinical and Care Governance Framework including the focus on localities and service user and carer feedback.

11.4 The Parties will be responsible through commissioning and procurement arrangements for the quality and safety of services procured from the Third

and Independent Sectors and to ensure that such Services are delivered in accordance with the Strategic Plan.

11.5 The quality of service delivery will be measured through performance targets, improvement measures and reporting arrangements designed to address organisational and individual care risks, promote continuous improvement and ensure that all professional and clinical standards, legislation and guidance are met. Performance monitoring arrangements will be included in commissioning or procurement from the Third and Independent Sectors.

11.6 The Parties will ensure that staff working in integrated services have the appropriate skills and knowledge to provide the appropriate standard of care. Managers will manage teams of Health Board staff, Council staff or a combination of both and will promote best practice, cohesive working and provide guidance and development to the team. This will include effective staff supervision and implementation of staff support policies.

11.7 Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer as appropriate.

11.8 The West Dunbartonshire HSCP Learning and Development Plan will identify training requirements that will be put in place to support improvements in services and outcomes.

11.9 The members of the Integration Joint Board will actively promote an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and development; and is transparent and open to innovation, continuous learning and improvement.

11.10 The Chief Social Work Officer reports to the Council on the delivery of safe, effective and innovative social work services and the promotion of values and standards of practice. The Council confirms that its Chief Social Work Officer will provide appropriate professional advice to the Chief Officer and the Integration Joint Board in relation to statutory social work duties and make certain decisions in terms of the Social Work (Scotland) Act 1968. The Chief Social Work Officer will provide an annual report on care governance to the Integration Joint Board, including responding to scrutiny and improvement reports by external bodies such as the Care Inspectorate.

11.11 The Chief Officer has delegated responsibilities, through the Parties' Chief Executives, for the Professional standards of staff working in Integrated Services. The Chief Officer, relevant Health Leads and Chief Social Work Officer will work together to ensure appropriate professional standards and leadership. Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer as appropriate.

11.12 The Parties will put in place structures and processes to support clinical and care governance, thus providing assurance on the quality of health and

social care. The Clinical and Care Governance Group will be chaired by or on behalf of the Chief Officer and will report through the Chief Officer to the Integration Joint Board. It will contain representatives from the Parties and others including:

- the Senior Management Team of the Partnership;
- the Clinical Director;
- the Lead Nurse;
- the Lead from the Allied Health Professions;
- Chief Social Work Officer;

11.13 The Parties note that the Clinical and Care Governance Group may wish to invite appropriately qualified individuals from other sectors to join its membership as it determines, or as is required given the matter under consideration. This may include Health Board professional committees, managed care networks and Adult and Child Protection Committees.

11.14 The role of the Clinical and Care Governance Group will be to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity. When clinical and care governance issues relating to Lead Partnership Services are being considered, the Clinical and Care Governance Group will link with governance structures in other partnership areas.

11.15 The Clinical and Care Governance Group will provide advice to the strategic planning group, and locality groups. The strategic planning and locality groups may seek relevant advice directly from the Clinical and Care Governance Group.

11.16 The Integration Joint Board may seek advice on clinical and care governance directly from the Clinical and Care Governance Group. In addition, the Integration Joint Board may directly take into consideration the professional views of the registered health professionals and the Chief Social Work Officer. The relationship between professional leads and the Strategic Planning Groups, localities, the Chief Officer and the governance arrangements of the Parties is outlined at Annex 4.

11.17 Further assurance is provided through:

a) the responsibility of the Chief Social Work Officer to report directly to the Council, and the responsibility of the Health Leads to relate directly to the Medical Director and Nurse Director who in return report to the Health Board on professional matters; and
b) the role of the Clinical Governance Committee of the Health Board which is to oversee health care governance arrangements and ensure that matters which have implications beyond the Integration Joint Board in relation to health, will be shared across the health care system. The Clinical Governance Forum will also provide professional guidance, as required.

11.18 The Chief Officer will take into consideration any decisions of the Council or Health Board which arise from (a) or (b) above.

11.19 The Health Board Clinical Governance Forum, the Medical Director and Nurse Director may raise issues directly with the Integration Joint Board in writing and the Integration Joint Board will respond in writing to any issues so raised.

11.20 As set out in Section 16 the Parties have information sharing protocols in place.

12 Chief Officer

12.1 The Chief Officer will be accountable directly to the Integration Joint Board for the preparation, implementation and reporting on the Strategic Plan.

12.2 The Chief Officer's formal contract of employment will be with one of the Parties, and then be seconded to the Integration Joint Board by that Party. The Chief Officer will hold an honorary contract with the other Party.

12.3 The Chief Officer will be jointly line managed by the Council's Chief Executive and the Health Board's Chief Executive. Where there is to be a prolonged period where the Chief Officer is absent or otherwise unable to carry out their responsibilities, the Council's Chief Executive and Health Board's Chief Executive will jointly propose – at the request of the Integration Joint Board - an appropriate interim arrangement for approval by the Integration Joint Board's Chair and Vice-Chair.

12.4 The totality of the Chief Officer's objectives will be set annually and performance appraised by the Council's Chief Executive, the Health Board's Chief Executive in consultation with Integration Joint Board's Chair and Vice-Chair.

12.5 The Chief Officer role will be as follows, in accordance with (but not limited to) the Act and associated Regulations:

a) to be accountable for the effective delivery and development of services provided in the exercise of functions delegated to the IJB and improved outcomes for the population of West Dunbartonshire;
b) to develop, deliver and annually review a Strategic Plan and associated policies for delegated functions on behalf of the IJB and for the effective operational implementation of these strategies on behalf of the Council and Health Board, in line with the Strategic Plan;
c) to be responsible for a supporting Financial Plan that allocates budgets to meet the objectives as agreed by the IJB, ensuring that financial targets are achieved within the resources available;
d) to develop and set standards for the joint delivery of services, ensuring a robust performance management framework is in place to measure service delivery and ensure continuous improvement;

e) to ensure that all statutory clinical and non-clinical governance and professional standards are adhered to and that associated systems are in place;
f) to be responsible for preparing an Annual Performance Report and to report strategic and operational performance to the IJB and on behalf of the constituent bodies, as required;
g) to be responsible for ensuring the IJB is highly effective at engaging with its stakeholders and the wider community;
h) to be responsible for ensuring an integrated management team is established and effective across the full scope of delegated functions and services; and
i) to be responsible, as a member of both the Council's Corporate Management Team and Health Board's Corporate Management Team, for contributing to the overall strategic objectives and priorities as set out in the Local Outcome Improvement Plan (LOIP), the Council's Strategic Planning and Performance Framework and the Health Board's Local Delivery Plan.

12.6 The Chief Officer will routinely liaise with their counterparts of the other Integration Authorities within the Health Board area in accordance with sub-section 30(3) of the Act.

12.7 The Parties agree that the Council's Chief Social Work Officer and the Health Board's Medical Director, Director of Nursing, and professional leads will routinely liaise with the Chief Officer with respect to the arrangements and support for clinical and care governance.

13 Workforce

13.1 The employment status of staff does not change as a result of this scheme. Employees of the Parties will remain employed by their respective organisations and will therefore be subject to the normal conditions of service as contained within their contracts of employment.

13.2 Apart from the Chief Officer post, all other appointments/staff will report to a single line manager who will be responsible for all aspects of supervision and management of these post holders.

13.3 Members of the management team may be employed by either the Health Board or the Council, and senior managers may be given honorary contracts from the party who is not their direct employer. These will allow delegated responsibility for both discipline and grievance with the Health Board and the Council employee groups.

13.4 Managers will promote best practice, integrated working and provide guidance and development equitably, regardless of whether they are managing a team of Health Board staff, Council staff or a combination of both.

13.5 Where groups of staff require professional supervision and leadership, this will be provided by the relevant professional lead.

13.6 Staff employed in services whose functions have been delegated to the Integration Joint Board will retain their current employment status with either the Council or the Health Board and continue with the terms and conditions of their current employer. The Partnership will report on HR and wider Workforce Governance matters to the Parties through their appropriate Governance and Management Structures, including in relation to the Equality Act.

13.7 The Parties will develop, put in place and keep under review a joint Workforce and Development Plan by providing a group of Human Resources and Organisational Development professionals who will work with the Chief Officer, staff, trade unions and stakeholders to develop the Plan. Learning and development of staff will be addressed in the Plan.

13.8 The Parties will develop, put in place and keep under review an Organisational Development Strategy by providing a group of Human Resources and Organisational Development professionals who will work with the Chief Officer, managers and teams delivering integrated services, trade unions and stakeholders to develop the Strategy. The Strategy will address staff engagement and governance.

13.9 Staff governance is a system of corporate accountability for the fair and effective management of all staff.

13.10 Staff Governance in the Integration Joint Board will ensure that staff are:

a) Well informed
b) Appropriately training and developed
c) Involved in decisions
d) Treated fairly and consistently with dignity and respect in an environment where diversity is valued
e) Provided with a continually improving and safe working environment promoting the health and wellbeing of staff, patients/clients and the wider community.

13.11 A Joint Staff Forum will act as a formal consultative body for the workforce. The Forum is founded on the principle that staff and staff organisations will be involved at an early stage in decisions affecting them, including in relation to service change and development. Investment in and recognition of staff is a core value of the Parties and is key to supporting the development of integrated working. These Partnership arrangements will meet the required national standards and link to the NHS GGC Area Partnership Forum and West Dunbartonshire Council Joint Consultative Forum.

14 Finance

14.1 This section sets out the arrangements in relation to the determination of the amounts to be paid, or set aside, and their variation, to the Integration Joint Board from the Council and Health Board.

14.2 The Chief Financial Officer will be the Accountable Officer for financial management, governance and administration of the Integration Joint Board. This includes accountability to the Integration Joint Board for the planning, development and delivery of the Integration Joint Board's financial strategy and responsibility for the provision of strategic financial advice and support to the Integration Joint Board and Chief Officer.

Budgets

14.3 Delegated baseline budgets were the subject of due diligence in the first part year of operation of the Integration Joint Board during 2015/16. These were based on a review of recent past performance and existing and future financial forecasts for the Health Board and the Council for the functions which were delegated. Where there are any subsequent additional functions to be delegated to the Integration Joint Board then these services will also be the subject of due diligence, based on a review of recent past performance and existing and future financial forecasts for the Board and the Council for those functions to be delegated. This is required to gain assurance that the associated delegated budgets will be sufficient for the Integration Joint Board to fund these additional delegated functions.

14.4 The Chief Financial Officer will develop a draft proposal for the Integrated Budget based on the Strategic Plan and forecast pressures, and present it to the Parties for consideration as part of their respective annual budget setting process.

The draft proposal will incorporate assumptions on the following:

a) Activity changes
b) Cost inflation
c) Efficiencies
d) Performance against outcomes
e) Legal requirements
f) Transfer to or from the amounts set aside by the Health Board

14.5 This will allow the Parties to determine the final funding contribution for the Integration Joint Board. This should be formally advised in writing by the respective Directors of Finance for the Parties to the Integration Joint Board by 1 March each year.

14.6 The draft budget should be evidence based with full transparency on its assumptions which should include:

a) Pay Awards
b) Contractual uplift
c) Prescribing
d) Resource transfer
e) Ring fenced funds

14.7 In the case of demographic shifts and volume, each Party will have a shared responsibility for funding in respect of the service which each Partner has delegated to the Integration Joint Board. In these circumstances an agreed percentage contribution based on the net budget of each Party, by individual client group, excluding ring fenced funds (for example: Family Health Services, General Medical Services, Alcohol and Drug funding) may apply in that financial year.

14.8 Any material in-year budget changes proposed by either Party must be agreed by the Integration Joint Board. Parties may increase the payment in year to the Integration Joint Board for supplementary allocations in relation to the delegated services agreed for the Integration Joint Board, which could not have been reasonably foreseen at the time the Integration Joint Board budget for the year was agreed.

14.9 The Integration Joint Board will approve a budget and provide direction to the Parties by 31 March each year regarding the functions that are being delivered, how they are to be delivered and the resources to be used in delivery.

14.10 The IJB has strategic planning responsibility along with the Health Board for Set Aside. The method for determining the amount set aside for hospital services will follow guidance issued by the Integrated Resources Advisory Group and be based initially on the notional direct costs for the relevant populations use of in scope hospital services as provided by the Public Health Scotland. The NHS Board Director of Finance and Integration Joint Board Chief Financial Officer will keep under review developments in national data sets or local systems that might allow more timely or more locally responsive information, and if enhancements can be made, propose this to the Integration Joint Board. A joint strategic commissioning plan will be developed and will be used to determine the flow of funds as activity changes:

a) Planned changes in activity and case mix due to interventions in the Joint Strategic Commissioning Plan;
b) Projected activity and case mix changes due to changes in population need;
c) Analysis of the impact on the affected hospital budget, taking into account cost-behaviour i.e. the lag between capacity and resource.

14.11 The process for making adjustments to the set aside resource to reflect variances in performance against plan will be agreed by the Integration Joint Board and the Health Board. Changes will not be made in year and any changes will be made by annual adjustments to the Financial Plan of the Integration Joint Board.

Budget Management

14.12 The Integration Joint Board will direct the resources it receives from the Parties in line with the Strategic Plan, and in so doing will seek to ensure that

the planned activity can reasonably be met from the available resources viewed as a whole, and achieve a year- end break-even position.

Budget Variance

14.13 The Chief Officer will deliver the outcomes within the total delegated resources and where there is a forecast overspend against an element of the operational budget, the Chief Officer should take immediate and appropriate remedial action to endeavour to prevent the overspend and to instruct an action plan. If this does not resolve the overspend position, then the Chief Officer, the Chief Financial Officer of the Integration Joint Board and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the Integration Joint Board. In the event that the recovery plan is unsuccessful and an overspend is realised at the year-end, uncommitted general reserves held by the Integration Joint Board, in line with the Reserves Strategy, would firstly be used to address any overspend. If after application of reserves an overspend remains, the Parties may consider making additional funds available, on a basis to be agreed taking into account the nature and circumstances of the overspend. Having regard to the circumstances it may be appropriate to consider the repayment of any additional funds in future years on the basis of a repayment and revised recovery plan agreed by the Parties and the Integration Joint Board. If the revised plan cannot be agreed by the Parties or is not approved by the Integration Joint Board, mediation will require to take place in line with the dispute resolution arrangements set out in this Scheme.

14.14 Where an underspend is realised against the agreed budget, with the exception of ring fenced budgets this will be retained by the Integration Joint Board to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the Integration Joint Board's Reserves Strategy.

Unplanned Costs

14.15 Neither of the Parties may reduce the payment in-year to the Integration Joint Board to meet exceptional unplanned costs within either Party without the express consent of the Integration Joint Board or the other Party.

Accounting Arrangements and Annual Accounts

14.16 Recording of all financial information in respect of the Integration Joint Board will be in the financial ledger of the Council.

14.17 Any transaction specific to the Integration Joint Board (e.g. expenses); will be processed via the Council ledger, with specific funding being allocated by the Integration Joint Board to the Council for this.

14.18 The transactions relating to operational delivery will continue to be reflected in the financial ledgers of the Parties with the information from both sources

being consolidated for the purposes of reporting financial performance to the Integration Joint Board.

14.19 The Chief Officer and Chief Financial Officer will be responsible for the preparation of the annual accounts and financial statement in line with proper accounting practice, and financial elements of the Strategic Plan and such other reports that the Integration Joint Board might require. The Integration Joint Board Chief Financial Officer will provide reports to the Chief Officer on the financial resources used for operational delivery and strategic planning. In order to agree the in-year transactions and year-end balances between the Parties and Integration Joint Board, the Chief Financial Officer will engage with the Directors of Finance of the Parties to agree an appropriate process.

14.20 Monthly financial monitoring reports will be issued to the Chief Officer by the Chief Financial Officer in line with timescales agreed by the Parties. Financial reports will include subjective and objective analysis of budgets and actual/projected outturn, and other such financial monitoring reports as the Integration Joint Board might require.

14.21 The Integration Joint Board will receive a minimum of four financial reports during each financial year. This will include reporting on the Acute activity and estimated cost against Set Aside budgets.

Payments between Council and Health Board

14.22 The schedule of payments to be made in settlement of the payment due to the Integration Joint Board will be:

a. Resource Transfer, virement between Parties and the net difference between payments made to the Integration Joint Board and resources delegated by the Integration Joint Board will be transferred between agencies initially in line with existing arrangements, with a final adjustment on closure of the Annual Accounts. Future arrangements may be changed by local agreement.

Capital Assets and Capital Planning

14.23 Capital and assets and the associated running costs will continue to sit with the Council and Health Board. The Integration Joint Board will be required to develop a business case for any planned investment or change in use of assets for consideration by the Parties.

Hosted Services

14.24 Some of the functions that are delegated by NHS Greater Glasgow and Clyde to all six Integration Joint Boards may be provided as part of a single Greater Glasgow and Clyde-wide service, referred to as a Hosted Service.

14.25 The Integration Joint Board has operational responsibilities for any services which it Hosts on behalf of other Integration Joint Boards. In delivering a Hosted Service the Integration Joint Board has primary responsibilities for the provision of the services and bears the risk and rewards associated with service delivery in terms of the demand and finance and resource required.

14.26 If the Integration Joint Board plans to make significant changes to a Service which it Hosts which increases or decreases the level of service available in specific localities or service wide, it will consult with the other Integration Joint Boards affected prior to implementing any significant changes.

14.27 Integration Joint Boards are collectively required to account for the activity and associated costs for all hosted services across their population using a methodology agreed by all partner Integration Joint Boards.

14.28 Delegated hosted budgets were the subject of due diligence in the first part year of operation of the Integration Joint Board during 2015/16. This was based on a review of recent past performance and existing and future financial forecasts for the Health Board the functions which were delegated. Where there are any subsequent additional functions to be delegated to the Integration Joint Board then these services will also be the subject of due diligence, based on a review of recent past performance and existing and future financial forecasts for the Health Board for those functions to be delegated. This is required to gain assurance that the associated delegated budgets will be sufficient for the Integration Joint Board to fund these additional delegated functions.

15 Participation and Engagement

15.1 A full consultation exercise will be carried out for the revised Integration Scheme. The consultation will follow the practice and principles set out in West Dunbartonshire's Engagement Strategy.

16 Information Sharing and Data Handling

16.1 The Parties have revised their existing Information Sharing Protocol (ISP) as a tri-partite agreement between the Health Board, Council and Integration Joint Board, updated in compliance with the European Union General Data Protection Regulations and the Data Protection Act 2018. The ISP is also compliant with the Data Sharing Framework set by the Information Commissioner's Office and subsumes data sharing arrangements within Health and Social Care Partnerships.

16.2 The Parties further agree that it will be the responsibility of the Integration Joint Board itself, within a further nine months of signing the revised Information Sharing Protocol, to determine, in consultation with the Data Protection Officers for the parties, whether any more specific protocols, procedures and guidance require to be developed around operational processes of information sharing involving the Integration Joint Board and to

set a timescale for implementation of such protocols, procedures or guidance.

16.3 The Information Sharing Protocol itself will be thereafter be reviewed jointly by the Parties at least annually or in the circumstances set out in section eight of the Information Sharing Protocol.

17 Complaints

17.1 With respect to the functions delegated to the Integration Joint Board, both of the Parties will use an integrated complaints procedure. The Parties will work together continuously with the Chief Officer to ensure the arrangements for complaints are clear and integrated from the perspective of the service user. In the event that complaints are received by the Integration Joint Board or the Chief Officer, the Parties will work together to achieve where possible a joint response.

17.2 The Parties agree that as far as possible complaints will be dealt with by front line staff. Thereafter the Parties will provide a formal process for resolving complaints at Stage Two. The final stage will be the consideration of complaints by the Scottish Public Sector Ombudsman.

17.3 The means through which a complaint should formally be made regarding integrated services and the appropriate member of staff within the Health and Social Care Partnership to whom a complaint should be made will be detailed on the Parties' websites and made available in paper copies within premises.

17.4 Details of the complaints procedures will be provided on-line, in printed literature and on posters. Clear and agreed timescales for responding to complaints will be provided. If a service user is unable, or unwilling to make a complaint directly, complaints will be accepted from a representative who can be a friend, relative or an advocate. The service user will require to complete a mandate to allow their representative to receive information pertaining to them.

17.5 The Parties will ensure that complaints performance will be reported on in accordance with national and corporate reporting arrangements. The Parties will produce a joint report on a six monthly basis for consideration by the Integration Joint Board.

18 Claims Handling, Liability and Indemnity

18.1 The Parties understand that the Integration Joint Board, while having legal personality in its own right, has neither replaced nor assumed the rights or responsibilities of either the Health Board or the Council as the employers of the staff delivering integrated services; or for the operation of buildings or services under the operational remit of those staff.

18.2 The Parties will continue to indemnify, insure and accept responsibility for the staff that they each employ; their particular capital assets that integrated services are delivered from or with; and the respective services themselves that each Party has delegated to the Integration Joint Board.

18.3 Liabilities arising from decisions taken by the Integration Joint Board will be equally shared between the Parties.

19 Risk Management

19.1 The Parties along with the other local authorities in the Health Board area have developed a model risk management policy and strategy to support integrated service delivery (except for NHS acute hospital services). The Integration Joint Board will be consulted in any reviews of the Policy and Strategy.

19.2 The IJB will have in place a risk management policy and strategy that will demonstrate a considered, practical and systemic approach to identifying risks, forecasting the likelihood and impact of these risks to service delivery and taking action to mitigate them. This particularly includes those related to the IJB's delivery of the Strategic Plan.

19.3 The Chief Officer will be responsible for ensuring that suitable and effective arrangements are in place to manage the risks relating to the integrated services within the scope of the Integration Joint Board. The Parties will provide the Chief Officer and the Integration Joint Board with relevant specialist advice and support (including internal audit, clinical and non-clinical risk managers, and health and safety advisers).

19.4 The Chief Officer will work with the Parties to jointly prepare an annual strategic risk register that will identify, assess and prioritise risks related to the preparation and delivery of the Strategic Plan; and identify and describe processes for mitigating those risks. This process will also take due cognisance of the overall corporate risk registers of both Parties.

19.5 Strategic risk registers will be presented to the Integration Joint Board for approval every six months. The Parties agree that the Health Board's Director of Finance and the Council's Section 95 Officer will ensure that the Integration Joint Board is provided with the necessary technical and corporate support to develop, maintain and scrutinise strategic risk registers.

19.6 The Chief Officer is responsible for drawing to the attention of the Integration Joint Board and the Parties any substantive developments in-year that lead to a substantial change to the strategic risk register in-year. The Chief Officer will formally review the risk register on a six monthly basis.

19.7 The Chief Officer will ensure that the approved strategic risk register is provided to both of the Parties to enable them to take account of its content as part of their overall risk management arrangements. Both Parties agree to

share their corporate risk registers with the Integration Joint Board on an annual basis.

20 Dispute Resolution Mechanism

20.1 The Parties aim to continue to adopt a collaborative approach to the integration of health and social care.

20.2 The Parties will use their best endeavours to quickly resolve any areas of disagreement. Where any disputes do arise that require escalation to the Chief Executives of the respective organisations, those officers will attempt to resolve matters in an amicable fashion and in the spirit of mutual cooperation.

20.3 In the unlikely event that the Parties do not reach agreement, then:

a) The Chief Executives of the Parties will meet to resolve the issue;
b) If unresolved, the Parties will each agree to prepare a written note of their position on the issue and exchange it with the others for their consideration within 10 working days of the date of the decision to proceed to written submissions.
c) In the event that the issue remains unresolved following consideration of written submissions, the Chief Executives of the Parties, the Chair of the Health Board and the Leader of the Council will meet to appoint an independent mediator and the matter will proceed to mediation with a view to resolving the issue.

20.4 Where the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached: the Chief Executives of the Parties, and the Chief Officer will jointly make a written application to Scottish ministers stating the issues in dispute and requesting that the Scottish Ministers give directions.

Annex 1 Part 1 Functions that must be delegated by the Health Board to the Integration Joint Board

Set out below is a list of functions that must be delegated by the Health Board to the Integration Joint Board as prescribed in Regulation 3 of the Public Bodes (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Further Health Board functions will be delegated to the extent specified in Annex 3. These functions are delegated only to the extent that they relate to the services described in part 2 and the additional services listed in annex 3.

Column A ***Enactment conferring function***	***Column B Limitation***
The National Health Service (Scotland) Act 1978	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of: section 2(7) (Health Boards);
	section 2CB(Functions of Health Boards outside Scotland);
	section 9 (local consultative committees);
	section 17A (NHS Contracts);
	section 17C (personal medical or dental services);
	section 17I(use of accommodation);
	section 17J (Health Boards' power to enter into general medical services contracts);
	section 28A (remuneration for Part II services);
	section 38(care of mothers and young children); (other than in relation to school nursing and health visiting services)
	section 38A (breastfeeding); (other than in relation to school nursing and health visiting services)
	section 39 (medical and dental inspection, supervision and treatment of pupils and young persons); (other than in relation to school nursing and health visiting services)

Column A ***Enactment conferring function***	***Column B Limitation***
	section 48 (provision of residential and practice accommodation);
	section 55 (hospital accommodation on part payment);
	section 57 (accommodation and services for private patients);
	section 64 (permission for use of facilities in private practice);
	section 75A (remission and repayment of charges and payment of travelling expenses);
	section 75B (reimbursement of the cost of services provided in another EEA state);
	section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);
	section 79 (purchase of land and moveable property);
	section 82 (use and administration of certain endowments and other property held by Health Boards);
	section 83 (power of Health Boards and local health councils to hold property on trust);
	section 84A (power to raise money, etc., by appeals, collections etc.);
	section 86 (accounts of Health Boards and the Agency);
	section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);
	section 98 (charges in respect of non-residents); and paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);
	and functions conferred by - The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989;

Column A ***Enactment conferring function***	***Column B Limitation***
	The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;
	The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;
	The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004/114;
	The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;
	The National Health Service (Discipline Committees) Regulations 2006/330;
	The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135;

Column A *Enactment conferring function*	*Column B Limitation*
	The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183;
	The National Health Service (General Dental Services) (Scotland) Regulations 2010/205;
	The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55.
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 7 (Persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002	
All functions of Health Boards conferred by, or by virtue of, the Community Care and health (Scotland) Act 2002	
Mental Health (Care and Treatment) (Scotland) Act 2003	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by – section 22 (approved medical practitioners);
	section 34 (inquiries under section 33: cooperation);
	section 38 (duties on hospital managers: examination notification etc.);
	section 46 (hospital managers' duties: notification);
	section 124 (transfer to other hospital);

Column A ***Enactment conferring function***	*Column B* *Limitation*
	Section 228 (request for assessment of needs: duty on local authorities and Health Boards);
	Section 230 (appointment of patient's responsible medical officer);
	Section 264 (detention in conditions of excessive security: state hospitals);

	Section 267 (orders under sections 264 to 266: recall);
	Section 281 (correspondence of certain persons detained in hospital);
	And functions conferred by -
	The Mental Health (Safety and Security) (Scotland) Regulations 2005;
	The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;
	The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and
	The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008.
Education (Additional Support for Learning) (Scotland) Act 2004	
Section 23 (other agencies etc. to help in exercise of functions under this Act)	

Column A *Enactment conferring function*	*Column B Limitation*
Public Services Reform (Scotland) Act 2010	
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by – Section 31 (public functions: duties to provide information on certain expenditure etc.); and
	Section 32 (Public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36

Part 2: Services delegated by the Health Board to the Integration Joint Board

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:
  - General medicine.
  - Geriatric medicine.
  - Rehabilitation medicine.
  - Respiratory medicine.
  - Psychiatry of learning disability.
- Palliative care services provided in a hospital.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
- Health Visiting Services.
- School Nursing
- Speech and Language Therapy.
- Specialist Health Improvement.
- Community Children's Services.
- Child and Adolescent Mental Health Services
- District Nursing Services.
- The Public Dental Service.
- Primary care services provided under a general medical services contract.
- General Dental Services.
- Ophthalmic Services.
- Pharmaceutical Services.
- Services providing primary medical services to patients during the out-of-hours period.
- Services provided outwith a hospital in relation to geriatric medicine.
- Palliative Care Services provided outwith a hospital.
- Community Learning Disability Services.
- Rehabilitative Services provided in the community.

- Mental Health Services provided outwith a hospital.
- Continence Services provided outwith a hospital.
- Kidney Dialysis Services provided outwith a hospital.
- Services provided by health professionals that aim to promote public health.

Annex 2 Part 1 Functions delegated by the Council to the Integration Joint Board

Set out below is the list of functions that must be delegated by the Council to the Integration Joint Board as required by the Public Bodies (Joint Working) (Prescribed Council Functions etc) (Scotland) Regulations 2014. Further Council functions will be delegated to the extent specified in Annex 3.

Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) **Act 2014.**

Column A ***Enactment conferring function***	***Column B Limitation***
Schedule 1 – Functions which must be delegated National Assistance Act 1948	
Section 48 (duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958 Section 3 (provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968	
Section 1 (local authorities for the administration of the Act)	So far as it is exercisable in relation to another integration function.
Section 4 (provisions relating to performance of functions by local authorities)	So far as it is exercisable in relation to another integration function.
Section 10 (financial and other assistance to voluntary organisations etc. for social work)	So far as it is exercisable in relation to another integration function.
Section 12 (general social welfare services of local authorities) Section 12A (local authorities to assess needs)	So far as it is exercisable in relation to another integration function.
Section 12AZA (assessments under section 12A – assistance)	Except insofar as it is exercisable in relation to the provision of housing support services So far as it is exercisable in relation to another integration function.

Section 13 (power of local authorities to assist persons in need in disposal of produce of their work)	So far as it is exercisable in relation to another integration function.
Section 13ZA (provision of services to incapable adults) **Section 13A (residential accommodation with nursing) Section 13B (provision of care or aftercare)** **Section 14 (home help and laundry facilities)** **Section 28 (burial or cremation of the dead)**	So far as it is exercisable in relation to another integration function.
Section 29 (power of local authority to defray expenses of parent etc, visiting persons or attending funerals) **Section 59 (provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision)**	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
The Local Government and Planning (Scotland) Act 1982 Section 24(1) (The provision of gardening assistance for the disabled and the elderly) **Disabled Persons (Service, Consultation and Representation) Act 1986** **Section 2 (Rights of authorised representatives of disabled persons)** **Section 3 (Assessment by local authorities of needs of disabled persons)**	So far as it is exercisable in relation to another integration function.
Section 7 (Persons discharged from hospital)	
Section 8 (Duty of local authority to take into account abilities of carer)	In respect of the assessment of need for any services provided under functions contained welfare enactments within the meaning of section 16 and which have been delegated In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions

The Adults with Incapacity (Scotland) Act 2000 Section 10 (Functions of local authorities)

Section 12 (Investigations)	
Section 37 (Residents whose affairs may be managed)	Only in relation to residents of establishments which are managed under integration functions
Section 39 (Matters which may be managed)	Only in relation to residents of establishments which are managed under integration functions
Section 41 (Duties and functions of managers of authorized establishment	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (Statement of resident's affairs)	Only in relation to residents of establishments which are managed under integration functions
Section 44 (Resident ceasing to be resident of authorised establishment)	Only in relation to residents of establishments which are managed under integration functions
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001 Section 92 (Assistance to a registered for housing purposes)	Only insofar as it relates to an aid or adaptation
The Community care and Health (Scotland) Act 2002 Section 5 (Council arrangements for residential accommodation outwith Scotland)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions)	
The Mental Health (Care and Treatment) Scotland Act 2003 Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission)	

Section 25 (Care and support services etc.)	Except insofar as it is exercisable in relation to the provision of housing support services
Section 26 (Services designed to promote wellbeing and social development)	Except insofar as it is exercisable in relation to the provision of housing support services
Section 27 (Assistance with travel)	Except insofar as it is exercisable in relation to the provision of housing support services
Section 33 (Duty to inquire) **Section 34 (Inquiries under section 33: Cooperation)** **Section 228 (Request for assessment of needs: duty on local authorities and Health Boards)** **Section 259 (Advocacy)** The Housing (Scotland) Act 2007 **Section 71(1)(b) (Assistance for housing purposes)**	Only insofar as it relates to an aid or adaptation
The Adult Support and Protection (Scotland) Act 2007	
Section 4 (Council's duty to inquire) **Section 5 (Co-operation)** **Section 6 (Duty to consider importance of providing advocacy and other services)** **Section 11 (Assessment Orders) Section 14 (Removal Orders) Section 18 (Protection of moved persons property)** **Section 22 (Right to apply for banning order)** **Section 40 (Urgent cases) Section 42 (Adult Protection Committees)** **Section 43 (Membership)** **Social Care (Self-directed Support) (Scotland) 2013 Section 5 (Choice of options: adults)** **Section 6 (Choice of options under section 5: assistances)** **Section 7 (Choice of options: adult carers)** **Section 9 (Provision of information about self-directed support) Section 11 (Council functions) Section 12 (Eligibility for direct payment: review)** **Section 13 (Further choice of options on material change of circumstances)** **Section 16 (Misuse of direct payment: recovery)** **Section 19 (Promotion of options for self-directed support)** **Carers (Scotland) Act 2016** **Section 6 (Duty to prepare adult carer support plan)** **Section 21 (Duty to set local eligibility) Section 24 (Duty to provide support)** **Section 25 (provision of support to carers: breaks from caring)** **Section 31 (Duty to prepare local carer strategy)** **Section 34 (Information and advice service for carers)** **Section 35 (Short breaks services statement)**	

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

Column A ***Enactment conferring function***	***Column B*** ***Limitation***
The Community Care and Health (Scotland) Act 2002 Section 4 **The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002**	

Part 2: Services delegated by the Council to the Integration Joint Board

- Social Work Services for adults and older people.
- Services and support for adults with physical disabilities and learning disabilities.
- Mental Health Services.
- Drug and Alcohol Services.
- Adult Protection and Domestic Abuse.
- Carers Support Services.
- Community Care Assessment Teams.
- Support Services.
- Care Home Services.
- Adult Placement Services.
- Health Improvement Services.
- The legislative minimum delegation of housing support, including aids and adaptations.
- Day Services.
- Local area co-ordination.
- Self-Directed Support.
- Occupational Therapy Services.
- Re-ablement Services, equipment and Telecare.
- Respite provision for adults and young people.
- Social Work Services for children and young people:
    - Child Care Assessment and Care Management.
    - Looked After and Accommodated Children.
    - Child Protection.
    - Adoption and Fostering.
    - Child Care.
    - Special Needs/Additional Support.
    - Early Intervention
    - Throughcare Services
- Social Work Criminal Justice Services, including Youth Justice Services

Annex 3 Part 1 - Additional Functions delegated by the Health Board and the Council to the Integration Joint Board

Health Functions

National Health Services (Scotland) Act 1978 Sections 36 (accommodation and services), 38 (Care of mothers and young children) and 39 (medical and dental inspection, supervision and treatment of pupils and young persons), so far as they relate to school nursing and health visiting services.

Mental Health Care and Treatment (Scotland) Act 2003 Section 24 (provision of services and accommodation for certain mothers with post-natal depression) provision to allow a mother whilst receiving treatment to care for her child in hospital.

Council Social Work Functions
Other Council Social Work Functions to be delegated to the Integration Joint Board are listed below:

1. **Functions conferred by the following enactments**

Column A	*Column B* *Limitation*
Enactment conferring function **National Assistance Act 1948** Section 45 (Recovery in cases of misrepresentation or non-disclosure)	Section 5 (Local authorities to perform their functions under this Act under the general guidance of the Secretary of State.) Section 6B (Local authority inquiries into matters affecting children)
Matrimonial Proceedings (Children) Act 1958 Section 11 (Reports as to arrangements for future care and upbringing of children).	Section 27 (Supervision and care of persons put on probation or released from prisons etc) Section 27ZA (Advice, guidance and assistance to persons arrested or on whom sentence deferred)
Social Work (Scotland) Act 1968	
Section 78A (Recovery of contributions in respect of children in care etc)	
Section 80 (Enforcement of duty to make contributions in respect of children in care etc)	
Section 81 (Provisions as to decrees for aliment in respect of children in care etc)	

Section 83 (Variation of trusts where a child is by virtue of a compulsory supervision order removed from the care of a person who is entitled under any trust to receive any sum of money in respect of the maintenance of the child)
Children Act 1975
Section 34 (Access and maintenance)
Section 39 (Reports by local authorities and probation officers)
Section 40 (Notice of application to be given to local authority)
Section 50 (LA payments towards maintenance of children)
Health and Social Services and Social Security Adjudications Act 1983
Section 21 (Recovery of sums due to local authority where persons in residential accommodation have disposed of assets)
Section 22 (Arrears of contributions charged on interest in land in England and Wales)
Section 23 (Arrears of contributions secured over interest in land in Scotland)
Foster Children (Scotland) Act 1984
Section 3 (Local authorities duty to ensure well-being of and to visit foster children)
Section 5 (Notification to local authorities by persons maintaining or proposing to maintain foster children)
Section 6 (Notification to local authorities by persons ceasing to maintain foster children)
Section 8 (Control by local authorities of fostering – LA power to inspect premises)
Section 9 (LA power to impose requirements as to the keeping of foster children)
Section 10 (LA power to prohibit the keeping of foster children)
Housing (Scotland) Act 1987
Section 4 (Power of local authority to provide furniture etc)
Section 5(1) (Power of local authority to provide board and laundry facilities)
Section 5A(1) (Power of local authority to provide welfare services)

Part II (sections 24 to 43) – Duties of local authorities with respect to homelessness and threatened homelessness
Children (Scotland) Act 1995
Section 17 (Duty of local authority to child looked after by them)
Section 19 (Local authority plans for services for children)
Section 20 (Publication of information about services for children)
Section 21 (Co-operation between authorities)
Section 22 (Promotion of welfare of children in need)
Section 23 (Children affected by disability)
Section 24 (Assessment of ability of carers to provide care for disabled children)
Section 24A (Duty of local authority to provide information carer of children)
Section 25 (Provision of accommodation for children etc)
Section 26 (Manner of provision of accommodation to child looked after by local authority)
Section 26A (Provision of continuing care: looked after children)
Section 27 (Day care for pre-school and other children)
Section 29 (After-care)
Section 30 (Financial assistance towards expenses of education or training and removal of power to guarantee indentures etc)
Section 31 (Review of case of child looked after by Local Authority)
Section 32 (Removal of child from residential establishment)
Section 36 (Welfare of certain children in hospitals and nursing homes etc)
Section 38 (Short-term refuges for children at risk of harm)
Section 76 (Exclusion orders)
Criminal Procedure (Scotland) Act 1995
Section 51 (Remand and committal of children and young persons)

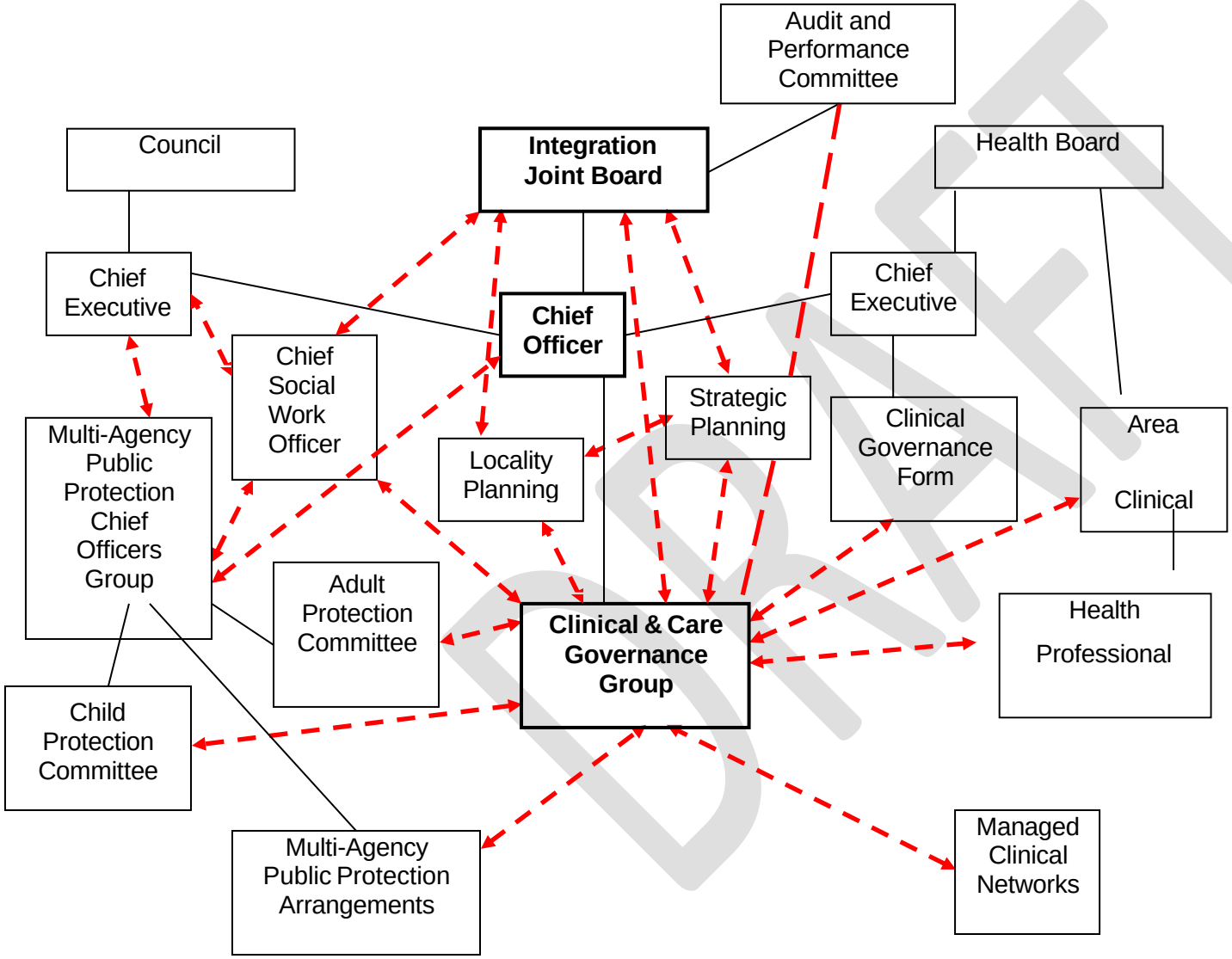
Section 203 (Pre-sentencing reports)
Section 234B (Drug treatment and testing order)
Section 245B (Restriction of liberty orders)
Housing (Scotland) Act 2001
Section 1 (Homelessness strategies)
Section 2 (Advice on homelessness etc)
Section 5 (Duty of registered social landlord to provide accommodation where requested by the LA)
Section 6 (Appointment of arbiter where RSL fails to comply with the s5 duty)
Community Care and Health (Scotland) Act 2002
Section 6 (Deferred payment of accommodation costs)
Management of Offenders etc. (Scotland) Act 2002 Section 10 (Arrangements for assessing and managing risks posed by certain offenders)
Section 11 (Review of s10 arrangements)
Housing (Scotland) Act 2006
Section 71(1)(a) (LA's power to provide or arrange for the provision of assistance in connection with work on land or in premises)
Adoption and Children (Scotland) Act 2007
Section 1 (Duty of local authority to provide adoption service)
Section 4 (Duty of LA to prepare and publish a plan for the provision of the adoption service)
Section 5 (LA must have regard to any guidance given by Scottish Ministers)
Section 6 (Assistance in carrying out functions under s1 and s4)
Section 9 (Assessment of needs for adoption support services)
Section 10 (Provision of services)
Section 11 (Urgent provision)

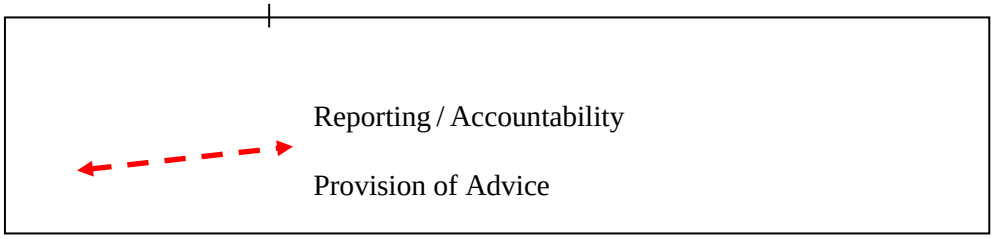
Section 12 (Power to provide payment to person entitled to adoption support service)
Section 19 (Duties of local authority in receipt of a s18 notice)
Section 26 (Looked after children: adoption not proceeding)
Section 45 (Adoption support plan)
Section 47 (Family member's right to require LA to review adoption support plan)
Section 48 (Other cases where authority under duty to review plan)
Section 49 (Reassessment of needs for adoption support services)
Section 51 (LA duty to have regard to guidance issued by the Scottish Ministers)
Section 71 (Adoption allowances schemes)
Section 80 (Permanence Orders)
Section 90 (Precedence of certain other orders)
Section 99 (Duty of local authority to apply for variation or revocation of permanence order)
Section 101 (Local authority to give notice of certain matters in relation to permanence orders)
Section 105 (Notification of proposed application order)
The Adult Support and Protection (Scotland) Act 2007
Section 7 (Council officer's right of entry)
Section 8 (Council officer's right to interview persons found in places entered under s7)
Section 9 (Right of health professional to medically examine adults at risk)
Section 10 (Council officer's right to obtain and examine records)
Section 16 (Removal Orders – Right to move adult at risk)

Children's Hearings (Scotland) Act 2011
Section 27 (Child protection orders)
Section 35 (Child assessment orders)
Section 42 (Parental responsibilities and rights directions)
Section 44 (Obligations of local authority)
Section 48 (Application for variation or termination of Child Protection orders)
Section 49 (Notice of application for variation or termination of Child Protection orders)
Section 60 (Local authority's duty to provide information to Principal Reporter)
Section 131(Duty of implementation authority to require review of compulsory supervision order)
Section 144 (Implementation of compulsory supervision order: general duties of implementation authority)
Section 145 (Duty of implementation authority where order requires child to reside in certain place)
Section 166 (Review of requirement imposed on local authority)
Section 167 (Appeals to sheriff principal regarding which LA is the relevant one for a child)
Section 180 (LA duty to comply with request from the National Convener to information about the implementation of CSOs)
Section 183 (Mutual assistance provisions)
Section 184 (Enforcement of obligations on Health Board under s183)
Social Care (Self-directed Support) (Scotland) Act 2013
Section 8 (Choice of options: children and family members)
Section 10 (Provision of information: children under 16)
Community Care and Health (Scotland) Act 2002
Section 6 (Deferred payment of accommodation costs)
2. Conferred by virtue of the following enactments

Community Care and Health (Scotland) Act 2002
Section 4 (Accommodation more expensive than usually provided – Power of the Scottish Ministers to make regulations)
Children's Hearings (Scotland) Act 2011
Section 153 (Power of Scottish Ministers to make regulations about children placed in secure accommodation)
Person (Scotland) Act 2014
Sections to be confirmed
Carers (Scotland) Act 2016
Section 12 (Duty to prepare young carer statement)
Section 31 (Duty to prepare local carer strategy)

Annex 4: Clinical and Care Governance – Primary Supports and Relationships





WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD

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

21 November 2023

Subject: Implementation of Directions Policy

1. Purpose

1.1 The purpose of this report is to provide the HSCP Board with an update on the implementation of the Directions Policy, which was implemented on the 30 September 2020.

2. Recommendations

2.1 Note the progress made in respect of the implementation of the Directions Policy.

3. Background

3.1 On the 23 September 2020 the HSCP Board approved a new Directions Policy to ensure compliance with the practice set out in statutory guidance, strengthening performance monitoring, accountability, quality and sustainability of services. This Policy was implemented on the 30 September 2020.

3.2 This report is intended to provide a further update in compliance with the agreed reporting framework.

4. Main Issues

4.1 Directions are the legal basis on which the Local Authority and Health Board deliver services that are under the control of the HSCP Board. As a legal requirement, the use of Directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory.

4.2 The HSCP Board makes decisions about service change, service redesign, and investment and disinvestment at many of their meetings. Such decisions necessitate Directions to the Health Board or Local Authority, or both, and may indeed require the delivery partners to carry out a function jointly.

4.3 The Scottish Government noted that many IJBs had a minimalist approach to Directions and had an insufficiently robust audit trail. Furthermore, significant variation had developed over how Directions were being used across Scotland. As such, the Scottish Government issued statutory guidance on

the matter, to clarify its expectations and to aid the development of local policy.

4.4 The revised statutory guidance on Directions underpins the Direction Policy. The Policy complies with the guidance by setting out a clear framework for the issuing and review of Directions and confirming governance arrangements.

4.5 During the period 1 April 2023 to 30 September 2023 eleven Directions were issued by the HSCP Board. Of these eleven, one has been superseded by a subsequent Direction, three are complete and the remaining seven continue to be progressed. Further details can be found in Appendix I of this report.

5. Options Appraisal

5.1 An options appraisal is not required in respect of the recommendation within this report.

6. People Implications

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

7. Financial and Procurement Implications

7.1 There are no financial or procurement implications arising from the recommendation within this report.

8. Risk Analysis

8.1 There are no risks arising from the recommendation within this report.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

10.1 A Strategic Environmental Assessment is not required in respect of the recommendation within this report.

11. Consultation

11.1 The Chief Officer, Chief Finance Officer, Monitoring Solicitor, Internal Auditor and the Senior Management Team have been consulted in the preparation of this report.

12. Strategic Assessment

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

12.2 Good governance in respect of the development, implementation and monitoring of Directions is essential to ensure the actions agreed by the Board are implemented by the delivery partners who will be required to carry out a function either separately or jointly. This provides further assurance to the Board that the Strategic Plan is being delivered in line with their agreed decisions.

13. Directions

13.1 A direction is not required in respect of the recommendation within this report.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
Date: 10 November 2023

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

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Appendices: Appendix 1 – Direction Log 1 April 2023 to 30 September 2023

Background Papers: Board Approval of Directions Policy Item 11 23 September 2020
SG Statutory Guidance on Directions

Appendix 1 - Directions Log 1 April 2023 - 30 September 2023

Directions Identifier	Report Title	Service Lead Officer	Functions Covered	Date Direction issued by	Direction To	Delivery Issues	Total Resource Committed	Status (RAG)
HSCPB000038MJC16052023	Review of HSCP Board Standing Orders	MJ Cardno	Governance - Implementation of revised HSCP Board Standing Orders	16-May-23	WDC	Governance - Implementation of revised HSCP Board Standing Orders	No additional resources required	Green
HSCPB000040MJC16052023	Chief Social Work Officer: Adult Services Funding	Lesley James	The Chief Executive of West Dunbartonshire Council is directed to mobilise the required recruitment process for the recruitment of a Principal Social Work Officer and the creation of a review team with a focus on all community based adult and older people support plans.	16-May-23	WDC	Chief Executive of West Dunbartonshire Council to mobilise the required recruitment process for the recruitment of a Principal Social Work Officer and the creation of a review team with a focus on all community based adult and older people support plans .	£386,041	Yello
HSCPB000041JS16052023	2022/23 Financial Performance Draft Outturn Report	Julie Slavin	West Dunbartonshire Council is directed to spend the delegated net budget of £83.174m 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 £102.859m in line with the Strategic Plan and the budget outlined within this report West Dunbartonshire Council is directed to write off £0.000 of outstanding debt as detailed within this report.	16-May-23	Both	Delivery of Strategic Priorities	The total 2022/23 budget aligned to the HSCP Board is £219.653m. Allocated as follows: West Dunbartonshire Council - £83.174m NHS Greater Glasgow and Clyde - £102.859m Set Aside - £33.620m	Green - Superseded (See Below)
HSCPB000042MJC16052023	Supervision Policy Social Work and Care	Lesley James	The HSCP Board is Directing the Chief Executive of West Dunbartonshire Council to implement the Supervision Policy for all Social Work and Social Care staff as agreed by the Integration Joint Board on 16 May 2023.	16-May-23	WDC	The intended outcome of this policy is to embed supervision as a critical component of social work practice across the HSCP, ensuring it is delivered in a cohesive and consistent manner. The outcomes are intended to be (1) improved staff wellbeing; (2) improved professional practice; (3) the delivery of high quality services and (4) improved outcomes for service users.	No additional resources required	Green
HSCPB000043MJC15082023	HSCP Property and Asset Management Strategy	MJ Cardno	The HSCP Board is directing the Chief Executive of NHS GGC and WDC to implement the HSCP Property and Asset Management Strategy as agreed by the Board on the 15 August 2023	15-Aug-23	Both	The intended outcome of this Direction is to embed the appro	No additional resources required	Green
HSCPB000044JS15082023	2022/23 Financial Performance Report	Julie Slavin	West Dunbartonshire Council is directed to spend the delegated net budget of £84.668m 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 £113.542m in line with the Strategic Plan and the budget outlined within this report West Dunbartonshire is instructed to write off £42,494 of outstanding debt as detailed within this report.	15-Aug-23	Both	Delivery of Strategic Priorities	The total 2023/24 budget aligned to the HSCP Board is £232.502m. Allocated as follows: West Dunbartonshire Council - £84.668m NHS Greater Glasgow and Clyde - £113.542m Set Aside - £34.292m	Yellow
HSCPB000045JS15082023	ADP Update	Sylvia Chatfield	Delivery of Alcohol and Drug Services: 2023/24 Scottish Government Funding Allocation	15-Aug-23	Both	The Scottish Government has provided ring-fenced funding for Alcohol and Drug Partnerships (ADP) to support the delivery of the National Mission to reduce drug related deaths and harms; Rights, Respect and Recovery to improve access to alcohol treatment; and the Alcohol Framework 2018: Preventing Harm. The funding will support the recruitment of a number of new posts across health and social care as well as funding to our 3rd sector partners. Both NHSGGC and WDC will support recruitment, commissioning and procurement of services. Refer to Appendix 2a and 2b of the full report for details of funding and recruitment and commissioning plans	funding will come from the SG Carers Act funding. Specific funding will be agreed and allocated after completion of the detailed carers' strategy implementation action Plan	Yellow
HSCPB000046FT19092023	West Dunbartonshire Care at Home Redesign report	Fiona Taylor	Care at Home services. The functions covered by this direction pertain to the provision of social care.	19-Sep-23	WDC	Services users of Care at Home, employees of Care at Home.	No budget is required	Yellow
HSCPB000047JS19092023	2022/23 Financial Performance Report	Julie Slavin	West Dunbartonshire Council is directed to spend the delegated net budget of £84.668m 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 £113.666m in line with the Strategic Plan and the budget outlined within this report No debt write off included within this report	19-Sep-23	Both	Delivery of Strategic Priorities	Maintaining financial balance in 2023/24	Yellow
HSCPB000048MJC19092023	Commissioning Process for HSCP Services	Margaret-Jane Cardno	All health and social care commissioned services. The Contracts, Commissioning and Quality Assurance team shall continue to improve the way in which the HSCP commission health and social care services by implementing the commissioning process which was considered by the IJB on the 19th of September 2023.	19-Sep-23	Both	This direction is to support the HSCP in delivering the vision detailed in the IJB's Strategic Plan – Improving Lives Together 2023-26. To ensure the HSCP meaningfully engages with internal and external stakeholders such as staff, providers, residents of West Dunbartonshire who receive health and social care services and their carers. To support the HSCP in implementing a commissioning process which takes account of Ethical Commissioning.	N/A	Yellow
HSCPB000049MJC19092023	Governance of Externally Commissioned HSCP Services	Margaret-Jane Cardno	The Contracts, Commissioning and Quality Assurance team shall continue to improve the way in which externally commissioned health and social care services are monitored, by developing a Quality Assurance Framework (QAF) with colleagues from Internal Audit, Finance, Procurement and Legal Services. The QAF, prior to being implemented will be brought to a future Audit and performance Committee for consideration	19-Sep-23	Both	HSCP and NHS GGC staff, service users and providers	N/A	Yellow

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

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

Date: **Monday 7th August 2023, 1p.m.**
(Re-arranged from 27/07/23)

Venue: **Health/Education Room, Clydebank Health Centre/Hybrid**

MINUTE

Present: Beth Culshaw, (Chair); Diana McCrone; Ann Cameron-Burns; Sylvia Chatfield; Gillian Gall; Margaret Wood; David Smith; Lesley James; Julie Slavin; Margaret-Jane Cardno; Leeanne Galasso; Fiona Taylor; Margaret McCarthy; Moira Wilson.

Apologies: Michelle McAloon; David Scott, Gillian Ballantyne; Helen Little; Andrew McCready; Susan Walker; Val Tierney.

In Attendance: Joyce Habo (Minutes), Claire Berry.

Item	Description	Action
1.	**Welcome, Introductions, Apologies** Chair welcomed everyone to the meeting. Beth was keen to re-arrange this meeting quickly given the last planned meeting was not quorate and had to be postponed.	Chair
2.	**Standing Agenda Items** Minutes of meeting held on 15th June 2023 agreed as an accurate record. 2023 06 15 JSF Agreed Minute.docx a) Rolling Action List TOR: Amendments were circulated and agreed - moving to 6 weekly meetings, next meeting is 14th September 23. Recruitment and Attraction Plan: Positive, well attended meetings, good suggestions noted and a plan of action going forward, Gillian, Moira, Michelle attended alongside TU reps – this topic will be a full agenda item for the next meeting. Margaret queried the number of vacancies, Gillian will confirm this following this meeting.	Chair All

David advised staff are feeding back that the creative side of advertising is a challenge, particularly as bordering LA's are heavily advertising in their areas, it feels more emphasis is required to speed this up. Beth agreed, noting we're aware of where the gaps are.

Liz queried whether there's regular reporting via story boards etc. Gillian advised the HR report circulated for this meeting provides a variety of information including vacancies and statutory training. Storyboard information comes via NHS (Craig Rennie) and this is also attached to the papers. There are 2 strands, current and long term as well as the Health Care Staffing Act which will be an agenda item at the next meeting.

Lesley agreed we need to review what makes WDun attractive to work in; potential pathways to training; and this needs to be addressed quickly.

David advised how unpleasant it is being in a room with upset staff if asking 'are you ok/how are you doing', we need to take care of our current staff as some are struggling with the size and remit of their job role, particularly when an acting up manager is not in place. We need to promote our staff and also review the 'grow your own' scheme. This issue covers both current staff wellbeing as well as recruitment, David is aware there are particular challenges within care at home and children and families.

b) Chief Officer Update — BC

IJB papers will be circulated 08/08/23 and include:
ADP Update; Annual Performance Report; MAT Standards; Clinical Care Governance annual report; MSK annual report; Finance report; Property and Assets report; Standing Orders Membership of Board (unpaid carers/People with lived experience)

In terms of communication we currently have JCC meetings for each service as well as JCF and APF – noting that staff need to be encouraged to approach their managers directly in terms of raising any issues, then if not resolved, it should be highlighted to the senior management team.

c) HR Update — GG/LG

Gillian - Report circulated; increase in absence in June to 7.27% this is being supported via HR
KSF and PDP 57.3% which is an increase
Statutory training 92% compliance, the reduction in fire safety is being addressed.
Staff leavers - 5, mainly retirements

Once for Scotland policies, launch link to test site to review

Leanne – absence increased to 6.3%
Working days lost has increased from 1.9 to 2.06 = 9.38%
Absence reasons continue to be: long term absence, personal stress, acute medical conditions and minor illness
Leavers - 5 - turnover is 4.48 % year to date
Circulated a report on Disability Awareness sessions
Soft launch of Supporting Work Life Balance - tbc

d) iMatter Update
Action planning phase ends on 21st August, engagement has been good and on line support sessions were offered, although there was limited attendance, some individual staff contacted Moira directly. 22% of teams have now uploaded their action plans. MW

Beth advised there's a lot of focus on the completion rate and requested that all action plans are finalised – any queries please contact Moira.

e) Service Updates
Mental Health, Addictions and Learning Disability
A few current vacancies and some absence to address. SC
Some nursing vacancies, with acting up staff in place. Biggest staffing issue is in Helensburgh, no issues in addictions as they recently filled the SW post.
Challenges re: Pavilion café and Café Connect
Dumbarton staff moving to Goldenhill, concerns were raised from mental health staff but no other departments, Ross is leading on this providing the plans.

Ann advised she's had a catalogue of concerns from staff which were collated and a risk assessment was completed. Staff had the option to email Michelle McAloon anonymously.

Sylvia advised any staff with additional needs will have a risk assessment completed by their manager.

David felt it would be worthwhile going back to staff to make them aware they can highlight any disabilities or health issues via HR21 e.g. fixed desks.

Sickness absence in LD and MH; Sylvia is meeting with managers to ensure they support and keep in touch with staff, all absent staff have been contacted regarding the move to Goldenhill.

Health and Community Care – FT
JCC meeting on 10/08 re: care at home redesign

Fiona, Gillian and Jacqui currently working re: overnight carers and a senior nurse will be in attendance to clarify responsibilities. FT

Challenges recruiting for care at home and residential care who currently have 50 vacancies, 2 days of interviews took place and 13 candidates were offered a contract. Contact has been made with the College to discuss any innovative work to support this.

New IOM Teresa O'Conner starts 28th August, induction plan is in place and there will be a handover period with the acting up Manager.

Margaret advised the TU are consistently asking questions but not getting any answers and this has been going on for months, they are now going to a consultative ballot with carers due to what's been happening recently.

Beth advised this has been a very lengthy process and information is being shared at different stages, further information will be shared at the meeting on Thursday 10/08.

David advised Berny updated him at JCC meeting, also while in care homes staff have spoken to him advising they're finding it difficult to cope with their workload due to having so many vacancies. If lots of applications are being received, perhaps suitability of candidates is an issue.

Lesley agreed we require further screening of applications to filter out, she is currently looking at this in her service area to assist with the volume coming through.

<u>Children's Health, Care and Justice Services</u>

SCS hosting arrangements now sit with East Dunbartonshire Council and a new HOS is now in post, the last oversight board met last week and quarterly meetings have been agreed going forward. LJ

School nursing staff have depleted and they are currently seeking to appoint 3 staff this year. HV vacancies are in the Clydebank area.

NHS have a clear absence framework, current absence is due to ill health and a recent meeting with health visitors confirmed 5 staff are due to return to work.

Ongoing recruitment issues in children & families and social work services. A long term plan is required re: how to attract people to work in West Dunbartonshire. Recent meeting and consultation on

co-location with the Clydebank children and families team about remaining in the Clydebank area, staff have been asked to consider this and bring a proposal back at the end of August.

Justice vacancies are an issue given we are unable to have any pending allocation of service waiting times, due to timescales to deliver on Court which puts pressure on staff.

Monthly meetings with HR colleagues are in place and we have identified that HR21 is not being well used by managers re: wellbeing meetings, OH referrals and absence.

Duty; paper written re; model proposed from the short life working group and will require further consultation with TU.

David queried if there are any plans re: shop front at Vale, Lesley advised 2 buildings are being considered as contact and interview space to cover service needs. David queried a property in process of being transferred, Lesley to discuss with David following the meeting.

Lesley advised of the current 21 vacancies in children and families, 4 of these vacancies will be allocated to a permanence team for 12 months. Due to significant delays for young people in care who are unable to return to their birth families, permanence is an area of social work practice that causes capacity issues for area team staff, a dedicated permanence team would support this process. There are currently 180 young people requiring a plan, as this is a specific area of work they're optimistic we will attract to these posts, Beth felt this was positive as it will address a number of concerns.

Strategy & Transformation

Current work on the restructure and has had good support from a TU perspective, a business case was drafted for SMT, but was not approved as further work was required. Finance team also had input and the final paper will be with Beth and Julie next week. Meetings with TU will follow to review the draft and pull together an implementation plan. MJC

No emerging issues re: vacancies or staff absence.

MSK

Beth advised there is nothing to escalate at this time.

Finance

Julie is finalising the report today, the current projected position is not positive with a £3m overspend and a number of caveats.

There is continuation of the pressures noted in the last few years; the report tables shows a breakdown of health and social care as well as by head of service and also monitoring of savings which shows savings are on track to deliver only half of the £6m shortfall leaving a projected £3m overspend. Appendices will highlight individual service areas and any variances. BC

We need to move into recovery planning mode and Julie will be discussing how to minimise this until the end of the financial year. The pay award has not been agreed yet, but a 4% assumption was made in the budget, which has been rejected, the average is 6% which means we are also already short of our salary costs too as this will add another £1m overspend. JS

Some additional funding may be passed to HSCP, this is still to be confirmed. We have reserves however when spent they're gone, the Board agreed to use £1.8m of reserves to balance the budget.

Council have indicated flat cash for HSCP and that's the current assumption.

Beth noted this is a difficult picture with a £3m overspend this year and a potential gap of £8.5m next year.

David queried the £3m overspend asking if this is in relation to managers not achieving the projected savings for this year, Julie advised yes it is, however if you look at the projected overspend and the savings programmes being agreed then the bulk of pressure is within teams with savings.

Julie gave an example of the children and families team with more demand for external fostering placements and kinship carers then this impacts on projected overspends and it's difficult to achieve any savings.

David queried with 21 vacancies we are currently not paying costs for across the organisation. Beth advised agency workers are a significant cost, around 3 times the cost of staff members. Lesley also noted unaccompanied asylum seeking children come to us with no funding.

David queried flat cash from the council as he attended a joint TU meeting with Laurence and Peter who advised them that money coming to the council is not formally/legally ring-fenced and it all goes to HSCP otherwise they could be fined, does this mean they cannot give flat cash.

Beth advised HSCP received flat cash last year, however did not receive any funds for the staff increase, she was not aware of any penalties and she will discuss this with Laurence.

Julie noted there are certain stipulations on the local government settlement each year, e.g. teacher numbers; council tax and there are conditions regarding passing funding to integrated authorities, flat cash is the base line and then any new funding for any particular policies e.g. living wage, there is also ring-fenced money for commissioned staff.

Mags noted savings were required at the beginning of this year and queried if we are now not on track to make those savings due to additional pressures, did this involve any cuts to staff or establishments. Julie advised some savings were approved as set out in March, there were a handful of vacant posts not filled and these came out of the establishment, there was a retirement post and there were cuts to NHS. Mags advised she will go back and review that paper.

3. Terms of Reference GG

6 weekly meetings have been agreed and Gillian will re-circulate the final version of the TOR

An annual programme of meetings has been agreed and have to be aligned with the Board schedule.

4. Three Year Workforce Plans GG

Circulated to the group for information.

5. Baseline Cover for Health Visitors VT

Carry forward to next meeting

C/F

6. Trade Union Updates DM

No agenda items were submitted.

7. National Care Service MJC

Letter received from Maree Todd confirming changes re: National Care Service. Local Authority will retain employer status, all assets, facilities and staff.

Reference was made to children's services or justice services, work is ongoing and we are waiting further information.

Cosla are clear that children's services and justice should remain in LA's but it's not clear re: WDun delegated to HSCP, to be confirmed.

The Bill is still to be considered by Parliament with an extension until January 2024 and Ministers will present in October and there is a

national stakeholders groups in 2 weeks.

One reference has caused some ambiguity; Scottish Government/Health/Councils will be accountable for care. This has caused some debate nationally re: does this mean the health board for health etc. as this would mean 3 different reporting streams instead of 2.

8. AOCB BC

a) Three key elements for Area Partnership Forum

Topics agreed:

Recruitment and Retention Group
Finance and the challenges
Wellbeing, absence management and the reporting on this.

9. Papers for Information

N/A

10. Date of Next Meeting

14th September 2023
26th October 2023
7th December 2023

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

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

Date: **Thursday 31st August 2023, 2 p.m.**

Venue: **Seminar Room, Ground Floor, Clydebank Health Centre**

DRAFT MINUTE

Present: Diana McCrone (chair); Beth Culshaw; Ann Cameron-Burns; David Scott; Fiona Taylor; Fraser Downie; Julie Slavin; Leeanne Galasso; Lesley James; Margaret Wood; Margaret-Jane Cardno; Michelle McAloon; Moira Wilson; Morag Weir; Sean Davenport; Ricky Sheriff-Short; Val Tierney.

Apologies: Andrew McCready; Debbie Duffy; Gillian Gall; Helen Little; Lauren MacKenzie; Margaret McCarthy; Shirley Furie.

In Attendance: Hazel Slattery (minutes).

Item	Description	Action
1.	**Welcome, Introductions, Apologies** Chair welcomed everyone to the meeting.	
2.	**Standing Agenda Items** a) Minutes of Last Meeting Minutes of the last meeting agreed as accurate record. b) Rolling Action List D Scott asked if membership could be reviewed as at least half of the members do not attend. Membership list will be updated. A MacPherson has the workforce strategy plan, recruitment and attraction is detailed within the plan. **Action: M McAloon and L Galasso to make sure this ties in with the local group**. M Wood asked if the Pavilion Café was now fully resourced. L Galasso advised that recruitment for weekend staff has went out to advert. M Wood advised that staff are feeling under pressure and stressed. Cover is required for weekend. M Wood added that the offer to tie in with Victoria Rogers to try to engage with catering staff from schools which would help to relive stress has not been acted upon.	

c) Chief Officer Update

B Culshaw advised that an informal IJB is taking place tomorrow focussing on two key areas and allows for in-depth discussion around Home Care and Children and Families service. The formal IJB will take place in September.

B Culshaw highlighted improvements in delayed discharges people are staying in hospital for shorter periods of time, a large number of improvements have taken place across the Hospital Discharge team.

B Culshaw is aware that there are pockets of Covid-19 in some areas. B Culshaw encouraged infection control measures across all areas.

In terms of routes for communication and engagement with staff side colleagues, members were encouraged to use open lines of engagement, in the first instance issues should be raised with line managers, JCC, JSF then to APF. The management team are committed to making progress and working alongside staff side colleagues.

D Scott asked where we stand with Covid-19 as it is no longer covered by sickness absence policy; B Culshaw advised that 2 numbers of staff have Covid-19. If someone is unwell they should not be at work, if there is example of where staff are being told to come in to work, this should be raised with the appropriate manager and raised with Head of Service if not applied appropriately. V Tierney advised that guidance states after 5 days if you are not symptomatic you can attend work. M Weir asked how are staff to prove that they have Covid-19 if tests are not being used. B Culshaw advised that if this is happening it should be raised with Head of Service.

d) HR Update

i) Report

M McAloon advised that for NHS absence for July 2023 decreased to 6.13% compared to 7.27% in June. Unfortunately, this was an increase compared to July 2022. Top reasons for absence were psychological; musculo-skeletal; other and gastro.

In terms of KSF compliance performance is down 1.66% compared to last month, however this could reflect the holiday season. Data shows that there are currently 363 reviews which are out of date. M McAloon offered to support managers to take this forward. D McCrone asked what we can do to encourage completion.

Action: M McAloon to provide month by month figures.

Statutory and Mandatory performance has a 1% decrease from June 2023; however this can be attributed to the holiday season. Managers will be provided will named lists of staff who have out of date training and are requested to ensure staff are encouraged to complete these modules as a priority.

M McAloon advised that the NHS had 7 leavers during July; 3 took new employment with NHS Scotland; 1 retirement age; 1 retirement – other; 2 voluntary resignations.

There is a new NHS helpline available to raise concerns about bullying or harassment. This new service was created following feedback from the staff led equalities groups.

eESS has a new mechanism in place for NHS employees to complete exit interview questionnaires, which will allow an opportunity for employees and managers to have a meaningful discussion and complete an exit interview.

L Galasso advised that absence for the period was 2.11 working days lost which is a decrease of 10.4% from the same period last year. Overall the percentage of working days is 10.05%. From the previous month absence increase from 2.06 days to 2.11 working days lost. Top reasons for absence were personal stress; acute medical conditions and minor illness.

During the period there were 12 leavers, the majority of people left from Community Health and Care. D Scott asked if exit interviews are being completed. M Weir advised that new agency staff are not turning up to shifts; these clients are then being passed onto home care workers which is adding to stress for those on the ground. M Weir highlighted that carers continue to get calls asking them to cover shifts that agency are not supporting.
Action: F Taylor to pick this up with IOM.

ii) iMatter Update
M Wilson advised that 64% of action plans have been uploaded, since then a further 7% have been uploaded. M Wilson added that it is important that staff see action is being taken.

In terms of staff awards, closing date last Friday, number of nominations down slightly however, the quality of nomination is of a high standard, awards event will be 3rd November 2023.

Winners from local awards will automatically go to NHS GG&C Excellence Awards.

e) Service Updates

I. Mental Health, Addictions and Learning Disabilities

F Downie advised that office moves from Dumbarton Road to Clydebank Health Centre for Learning Disabilities has taken place, feedback has been positive. Still issues in terms of Addictions moving into Mental Health building, risk assessments are being carried out. Mental Health staff are struggling with the idea of a joint building. Floor plan has been approved. Anne Kane will be starting as the new IOM. A number of ongoing repairs are taking place in Dumbarton Joint Hospital.

II. Health and Community Care

F Taylor advised that the managerial post will have an overlap of 4 weeks, once the new IOM has an understanding of the service, pathways of care will be reviewed, as well as a review of those clients moving between adult integrated services.

JCC wellbeing grant awarded to Crosslet Care Home, a well-being hub will be put in place for staff, a wooden cabin will be built in the garden for staff. Staff are very much leading on the initiative.

F Taylor advised that at the last JCC she provided a presentation on the Care Home redesign, the JCC will be extended by 30 minutes to ensure that this is discussed.

JTU have noted ballot action, in terms of medication and catheter care. This was discussed at JCC, staff training had been offered, however a consultation ballot has now taken place. F Taylor has sent out a meeting request with JTU to discuss ongoing issues and to ensure that members are given an opportunity to speak through issues.

M Wood advised that her recollection of the meeting is different, it was clear that JTU would go to ballot if actions were not completed. M Wood advised that the issues are not purely relating to training, it is about how carers have been treated and how duties previously carried out by nursing staff have now been passed to carers, this includes medical bags, very little supervision in place, increased number of clients. Staff feel isolated in relation to the redesign. M Wood has voiced concerns about this over the past year, and feels there has been very little input from front line staff. M Wood added that the Care Inspectorate also raised the same issues. Staff are

not being provided with enough staff, care plans are not in place, two job profiles, grading of job roles. The lack of communication with front line has been extremely disappointing.

F Taylor added that a discussion re medication and catheter bags took place at the JCC, F Taylor took on board comments re supervision and 121's recognising that staff were out and about during Covid-19. Historic issues are being addressed, and many of the issues will be picked up in the redesign. F Taylor added that staff and service users will be supported. Staff engagement is reflected in the redesign and how we reached out to staff; different engagement methods were used to engage with a large number of staff. The staff survey had a 13% response rate, 180 staff attended on zoom sessions. As the redesign moves into consultation phase, group session meetings and 121's will provide the opportunity for staff to engage.

M Wood added that for months, she has been asking how have we not been able to recruit and retain staff, and consistently have not had a response. If we have two gradings of job roles, it is essential that you understand the needs of service users. F Taylor added that this was discussed at the JCC meetings and comments are reflected within the report.

III. Children's Health, Care and Justice Services

L James advised that there has been investment in the service, a full time coordinator (Dominique Haggerty) for Community Justice will be starting in September, D Haggerty currently works within the service in another role. Caledonian Project will be implemented, this is a national project addressing issues of offending behaviours which supports woman and girls through a programme of interventions. A programme of training has been scheduled.

In Clydebank area, the balance of staffing across health visiting is below 80% this has now shifted due to staff returning to work on a phased return basis.

In terms of Children and Families; L James continues to meet with staff, and has been presenting the overview of children's strategy 5 year going forward, linking to national drivers, delivering on The Promise and how we keep children safe and reducing the number of children going into care. West Dunbartonshire do have a rising trend of children coming in to care.

L James provided an overview of the vacancies across the children and families service; L James is looking at how we can address the balance of staff across the service, it is proposed that a permanence team is created to help alleviate some of the pressures across the service area.

A meeting with team managers has taken place to look at all the demands and pressures across the service, communication will be made with staff and parents to inform them of where we are at the moment; and how they access services despite not being allocated a social worker. Challenges continue to cause immense pressures across the children and families service.

D Scott asked about pressures on social work assistants; 3 are currently off citing stress at work; 3 risk assessment have taken place, D Scott asked about the communication with the department as the members of staff should have had a response. F Taylor advised that she has had notification from her senior managers and will confirm where are in the process at the JCC meeting scheduled for next week.

M Wood asked about bringing cared for children back in to the area, this is part of the 5 year strategy, L James advised that the plan is to keep children in the local community, we have a declining number of foster carers, and are encouraging grow your own foster carers, we have double the number of children in residential schools compared to 5 years ago. We are looking to reduce residential schooling for children and are keen to keep children at home wherever possible. M Wood advised that a number of her staffing group are kinship carers, the job and hours that they do no longer support their kinship caring responsibilities.

MJ Cardno advised that she is keen to support carers; a new carers strategy is being developed to support carers. MJ Cardno is keen to get the voice of lived experience involved in local groups to develop the strategy. Pilot of short breaks scheme has just came to end, where unpaid carers get a break, we can also link these individuals into Carers of West Dunbartonshire which can provide a whole host of supports.

L James added that 50% of looked after children are with kinship carers, corporate parenting responsibilities are being explored.

IV. Strategy & Transformation

MJ Cardno advised that work is ongoing with the Business Plan, trade union colleagues will be consulted following MJ Cardno's annual leave.

The Strategic Plan 'Improving Lives Together' has been agreed, quarterly performance reports are due to in September and will be reported to the IJB

V. MSK

The situation with accommodation at the Vale is looking more optimistic.

VI. Finance

Period 4 figures are being reviewed, early feedback is that there has been some movement, the £3 million overspend is not going away, the HSCP are in recovery planning mode, looking at savings that have been approved and progress of these savings.

Managers have been asked to provide savings template, these will be reviewed, discussed and a full report provided at the November meeting of the IJB.

J Slavin advised that we are still awaiting the pay award settlement for local government staff, this is a huge unknown and will have a significant impact on budgets.

3. Baseline Cover for Health Visitors

Paper has been circulated at the past two meetings. Members should have had the opportunity to review. V Tierney asked for assurance that members were in agreement. Members agreed.

4. Fire Alarm/ Training

Item not covered due to time constraints of the meeting.

5. Care at Home Review

Presentation provided at JCC, job roles were shared in confidence, consultation pack will be shared. Both group and 121 meeting are being shared. At the end of the consultation period results will be taken to JCC for discussion and JTU will present comments on the consultation phase.

M Wood advised that staff will be on strike by the time the consultation phase started. The catalyst for staff going on strike was the submission of two revised job descriptions being submitted to job evaluation, 1 week prior to the job evaluation panel, which halted the job evaluation.

M Wood advised that JTU have been asking for a meeting for a number of meetings, which has not taken place. Carers will be going on strike. Carers feel that the situation has gotten worse rather than better.

Consultation will run for a minimum of 45 days started on 21st September 2023. Meeting has been set up next with JTU ahead of the JCC, F Taylor was keen to continue dialogue.

Meeting has taken place with Lead Inspector, Lead Inspector advised that the Care Inspectorate would not provide advice in relation to medication and bags. . M Wood advised that it was herself who phoned Care Inspectorate, M Wood will ask for this in writing. Lead Inspector advised that this type of advice would come from SSSC not Care Inspectorate.
Action: M Wood to provide advice in writing from Care Inspectorate.

L James was keen that clarity is provided on Care Inspectorate advice. M Wood was adamant that staff must be trained and signed off as competent to remove drains, empty medical bags and dispense medication. M Wood made a request to meet with the Link Inspector. L James advised that we have a Lead Inspector and Relationship Managers for each adult and child services. A meeting is scheduled in December with the Link Inspector.

6. Vaccination Schedule
Item not discussed due to time constraints of the meeting.

7. Health and Care (Staffing) (Scotland) Act 2019
Item not discussed due to time constraints of the meeting.

8. Trade Union Updates
D Scott raised the issue of Sheltered Housing Supervisors being asked to work in different locations. A fire took place in Gray Street while the Sheltered Housing Supervisor was not on site. F Taylor advised that Fire & Rescue Services have been provided with access to all sheltered housing.

D Scott also advised that the Community Care Alarm Team are also being used to carry out other roles. Both of these issues will be picked up at the JCC.

9. National Care Services
MJ Cardno asked if Joint Trade Unions had any feedback in relation to National Care Service. Joint Trade Unions had nothing to add as they had not managed to attend meetings.

10. Any Other Business
a) Three key elements for Area Partnership Forum
   i) Home Care – commitment to work together

ii) KSF
iii) Kinship Care

11. Papers for Information

- Specialist Children's Service End of Project

12. Date of Next Meeting

26th October 2023
7th December 2023

Meetings start at 2 p.m.