WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Meeting of the West Dunbartonshire Health and Social Care Partnership Board held in Committee Room 3, Council Offices, Garshake Road, Dumbarton, on Wednesday, 19 August 2015 at 2.00 p.m.

Present: Councillors Gail Casey (Chair), Jonathan McColl and Martin Rooney, West Dunbartonshire Council); and Ms Ros Micklem (Vice Chair), Dr Heather Cameron and Mr Allan Macleod, Non-Executive Members, NHS Greater Glasgow & Clyde Health Board.

Non-Voting Members: Keith Redpath, Chief Officer; Jeanne Middleton, Chief Finance Officer; Dr Kevin Fellows, Clinical Director of the Health & Social Care Partnership; Wilma Hepburn, Lead Nurse for the Health & Social Care Partnership; Selina Ross, Chief Officer of West Dunbartonshire Council for Voluntary Services; Anne McDougall, Co-Chair, Public Engagement Forum/Chair of the Local Engagement Network (Clydebank area) and Lindsay Lockhart, Chair of Carers of West Dunbartonshire.

Attending: Chris McNeill, Head of Community Health & Care Services; John Russell, Head of Mental Health, Learning Disability & Addictions; Soumen Sengupta, Head of Strategy, Planning and Health Improvement; Nigel Ettles, Principal Solicitor, Democratic and Regulatory Services and Nuala Borthwick, Committee Officer, West Dunbartonshire Council.

Also Attending: Dr Jennifer Armstrong, Medical Director, NHS Greater Glasgow & Clyde (in attendance for agenda item 'NHS Greater Glasgow & Clyde Clinical Services Strategy' only) and Dorothy McErlean, Staff Side Secretary to Joint Trade Unions.

Councillor Gail Casey in the Chair

DECLARATION OF INTEREST

Councillor Rooney declared a financial interest of his spouse in the item under the heading 'Care Inspectorate Reports for Older People's Care Homes operated by Independent Sector in West Dunbartonshire', his spouse being a member of staff at a care home in West Dunbartonshire, and intimated that he proposed to take part in the decision on this item.

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of West Dunbartonshire Health & Social Care Partnership Board held on 1 July 2015 were submitted and approved as a correct record.

NHS GREATER GLASGOW & CLYDE CLINICAL SERVICES STRATEGY

Dr Jennifer Armstrong, Medical Director, NHS Greater Glasgow & Clyde gave a presentation on the NHS Greater Glasgow & Clyde Clinical Services Strategy.

Thereafter a report was submitted by the Head of Strategy, Planning and Health Improvement providing information on the Health Board's approved clinical strategy to provide the basis for future service planning.

Following discussion and having heard both the Medical Director, NHS Greater Glasgow & Clyde and the Head of Community Health & Care Services in answer to Members' questions, the Partnership agreed to endorse the NHS Greater Glasgow & Clyde Clinical Services Strategy.

The Chair, Councillor Casey thanked Dr Armstrong for her informative presentation and thereafter, Dr Armstrong left the meeting.

MINUTES OF MEETINGS FOR INCLUSION ON PARTNERSHIP BOARD AGENDAS

A report was submitted by the Head of Strategy, Planning and Health Improvement providing information on the formal meetings whose minutes would be routinely presented to the Partnership Board for information.

The Partnership Board agreed to approve the list of formal meetings whose minutes would be routinely included on the agenda of future meetings of the Board.

CLINICAL & CARE GOVERNANCE

A report was submitted by the Clinical Director:-

(a) providing information on the West Dunbartonshire CHCP Clinical Governance Annual Report for 1 January 2014 to 31 March 2015;

(b) providing information on the National Clinical & Care Governance Framework; and

(c) seeking endorsement of the positions expressed within the submission made to the Scottish Parliament's Health & Sports Committee's call for written views on Health (Tobacco, Nicotine etc and Care) (Scotland) Bill.

Having heard the Clinical Director and the Head of Strategy, Planning & Health Improvement in further explanation of the report and in answer to Members' questions, the Partnership Board agreed:-

(1) to approve the West Dunbartonshire CHCP Clinical Governance Annual Report for 1st January 2014 to 31st March 2015;

(2) to endorse the positions expressed within the submission made to the Scottish Parliament's Health & Sport Committee in response to the call for written views on the Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill;

(3) to note the discussion around the proposal to place a duty of candour on health and social care organisations and the importance of getting the correct culture in relation to candour; and

(4) otherwise to note the terms of the National Clinical & Care Governance Framework.

AUDIT ARRANGEMENTS

A report was submitted by the Chief Financial Officer providing information on proposed audit arrangements for the Partnership Board.

Having heard the Chief Officer in further explanation of the report and in answer to Members' questions, the Partnership Board agreed:-

(1) to approve the proposals for the establishment of an Audit Committee for the Partnership Board;

(2) to appoint Ros Micklem as Chair of the Audit Committee for the duration of her term of office as Vice-Chair of the Partnership Board;

(3) to direct the Chief Financial Officer to prepare Terms of Reference for the Audit Committee for consideration at its first meeting;

(4) that, subject to consultation with the Convener of the Council's Audit & Performance Review Committee, internal audit services for the Partnership Board would be provided by West Dunbartonshire Council's Internal Audit Section, with Colin McDougall appointed as Chief Internal Auditor for the Partnership Board;

(5) to note that Audit Scotland had been appointed by the Accounts Commission to act as external auditor for the Partnership Board;

(6) to direct the Chief Financial Officer to make arrangements for the first meeting of the Audit Committee prior to the end of the calendar year;

(7) to direct the Chief Financial Officer to work with the appointed Chief Internal Auditor to prepare an operational agreement with respect to the internal audit service for consideration at the first meeting of the Audit Committee; and

(8) to direct the Chief Internal Auditor to work with the Chief Financial Officer and the Chief Officer to prepare proposals for the development of a risk based internal audit plan for 2016-17, which would include the completion of a post integration report.

RISK MANAGEMENT POLICY & STRATEGY

A report was submitted by the Head of Strategy, Planning and Health seeking approval of the Risk Management Policy & Strategy prepared for the new Health & Social Care Partnership.

The Partnership Board agreed:-

(1) to approve the Risk Management Policy & Strategy for the Health & Social Care Partnership; and

(2) to direct the Chief Officer to prepare a draft strategic risk register for scrutiny at the first meeting of the Partnership's Audit Committee prior to it being finalised and then presented to the subsequent meeting of the Partnership Board.

PROPOSED RELOCATION OF CLYDEBANK OLDER ADULT CONTINUING CARE DEMENTIA BEDS FROM GARTNAVEL ROYAL HOSPITAL TO THE DUMBARTON JOINT HOSPITAL

A report was submitted by the Head of Mental Health, Learning Disability and Addictions providing information on proposals to relocate four Older Adult Continuing Care Beds currently within Gartnavel Royal Hospital to the Glenarn Ward based at the Dumbarton Joint Hospital.

Having heard the Chief Officer and the Head of Mental Health, Addictions and Learning Disability in further explanation of the report and in answer to Members' questions, the Partnership Board agreed to approve the relocation of four Older Continuing Care Beds from Gartnavel Royal Hospital to the Glenarn Ward based at the Dumbarton Joint Hospital.

CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S CARE HOMES OPERATED BY INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE

A report was submitted by the Head of Strategy, Planning and Health Improvement providing information on the most recent Care Inspectorate assessments for three independent sector residential older peoples' Care Homes within West Dunbartonshire.

Having heard the Head of Community Health & Care Services in further explanation of the report and in answer to Members' questions, the Partnership Board agreed to note the contents of the report.

CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S RESIDENTIAL AND DAY CARE SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL

A report was submitted by the Head of Community Health & Care Services providing information on the most recent inspection reports for three of the Council's own Older People's Residential Care Home and Day Care Services.

Following discussion, the Partnership Board agreed:-

(1) to note that the inadvertent error in terms of tallying the movement of grades in the report would be corrected by officers; and

(2) otherwise to note the contents of the report.

CARE INSPECTORATE REPORTS FOR CHILDREN & YOUNG PEOPLE'S SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL (THROUGHCARE & AFTERCARE SERVICES AND CRAIGELLACHIE CHILDREN'S HOUSE)

A report was submitted by the Head of Children's Health, Care and Criminal Justice providing information on the most recent inspection reports for Throughcare/ Aftercare Service and Craigellachie Children's Unit, one of the Council's own Residential Services for Children and Young People.

A revised version of the report was circulated (tabled) at the meeting.

Following discussion and having heard the Head of Children's Health, Care and Criminal Justice in further explanation of the report and in answer to Members' questions, the Partnership Board agreed:-

(1) to note the work undertaken to ensure that the grades awarded reflected the quality levels expected by the Health and Social Care Partnership;

(2) to congratulate staff on their fantastic achievement in receiving very positive reports from the Care Inspectorate for each of the services covered in the report; and

(3) otherwise to note the contents of the report.

HEALTHCARE IMPROVEMENT SCOTLAND CONSULTATION – BUILDING A COMPREHENSIVE APPROACH TO REVIEWING THE QUALITY OF CARE

A report was submitted by the Head of Strategy, Planning and Health:-

(a) providing information on the Healthcare Improvement Scotland consultation 'Building a comprehensive approach to reviewing the quality of care'; and

(b) presenting the proposed response to the consultation for submission by the Health & Social Care Partnership.

The Partnership Board agreed to approve the proposed response to the Health Care Improvement Scotland's consultation on the basis outlined in the appendix to the report.

FINANCIAL REPORT 2015/16 AS AT PERIOD 3 (30 JUNE 2015)

A report was submitted by the Chief Financial Officer providing an update on the financial performance and capital work progress of the Health & Social Care Partnership for the period to 30 June 2015 (Period 3).

Having heard the Chief Officer, the Chief Financial Officer and the Head of Children's Health, Care & Criminal Justice in further explanation of the report and in answer to Members' questions, the Partnership Board agreed:-

(1) to note the contents of the report showing a forecast full year adverse revenue variance of £0.727m (0.54%) and £0.546m for the period from 1st July 2015;

(2) to note the key requirement for the senior management team to develop a recovery plan to address the projected overspend;

(3) to note that elements of corrective actions were already in place as described within the report;

(4) to note the current position regarding capital work progress on projects; and

(5) to approve Social Care budget virements of £0.883 million as described in section 3.4 of the report.

FINANCIAL REGULATIONS

A report was submitted by the Chief Financial Officer seeking approval of the Partnership's Financial Regulations.

Having heard the Chief Financial Officer in further explanation of the report and in answer to Members' questions, the Partnership Board agreed to approve the Financial Regulations appended to the report.

PREPARATION OF THE NEW WEST DUNBARTONSHIRE LOCAL HOUSING STRATEGY 2017 - 2022

A report was submitted by the Head of Strategy, Planning and Health Improvement providing information on the preparation of the next Local Housing Strategy (LHS) which was scheduled to be submitted to the Scottish Government by West Dunbartonshire Council in November 2016.

Having heard the Head of Strategy, Planning & Health Improvement in further explanation of the report and in answer to Members' questions, the Partnership Board agreed:-

(1) to note that preparatory work had begun to meet the requirements for the new Local Housing Strategy; and

(2) to note that the draft Local Housing Strategy would be submitted to the Partnership Board for comment and endorsement prior to its submission to the Scottish Government.

The meeting closed at 3.37 p.m.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 18th November 2015

Subject: Membership of the Partnership Board

1. Purpose

1.1 To nominate individuals to be non-voting members of the Partnership Board.

2. Recommendation

2.1 The voting members of the Partnership Board are recommended to appoint the nominated non-voting members of the Partnership Board, including confirming the designated professional advisors as detailed below.

2.2 The Partnership Board is asked to note that Lindsay Lockhart has stood down from the Partnership Board, and a further report will be brought to a future meeting once a new unpaid carers' representative has been identified for nomination by the Chief Officer.

3. Background

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

3.2 As confirmed within the approved Integration Scheme for West Dunbartonshire, it has been agreed that:

- The Council would formally identify three representatives to be voting members on the Partnership Board, to serve for a period of three years.
- The Health Board would formally identify three representatives to be voting members on the Partnership 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.
- The term of office of the chair and vice chair will be three years. The first chair of the Partnership Board was nominated by the Council; and the first vice-chair was be nominated by the Health Board. As required by the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014, the parties will alternate nominating the chair and vice-chair.

3.3 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 states that when an integration joint board is established it must include the following non-voting members:

- The chief officer of the integration joint board.
- The proper officer of the integration joint board appointed under section 95 of the Local Government (Scotland) Act 1973(1).

- The following professional advisors:
- The chief social work officer of the local authority.
- A registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978(2).
- A registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract.
- A registered medical practitioner employed by the Health Board and not providing primary medical services.

- At least one member in respect of each of the groups:

  - Staff of the constituent authorities engaged in the provision of services provided under integration functions.
  - Third sector bodies carrying out activities related to health or social care in the area of the local authority.
  - Service users residing in the area of the local authority.
  - Persons providing unpaid care in the area of the local authority.

3.4 Integration joint boards are also to incorporate representation from each of their area's agreed localities as detailed within their first year Strategic Plan.

3.5 Given the delegations of the Integration Scheme, an additional two professional advisors were approved by the voting members for inclusion as non-voting members on the Partnership Board:

- A registered Allied Health Professional who is employed by the Health Board.
- The chief housing officer of the local authority.

3.6 As confirmed within the Integration Scheme, the individuals to be appointed as non-voting members with respect to each of the above categories were and are to be formally determined by the Partnership Board's voting members.

3.7 At its inaugural meeting of the 1st July 2015, the Partnership Board approved a report describing its membership and approving those individuals nominated to fulfil specific non-voting member roles.

3.8 At that point it was accepted that there were a number of non-voting roles to which individuals had yet to be identified; and that the Chief Officer would bring a follow-up report to the Partnership Board at the earliest opportunity with nominations for the following:

- A registered medical practitioner employed by the Health Board and not providing primary medical services (professional advisor).
- The Chair of the HSCP's Locality Core Group for the Alexandria & Dumbarton area.

- A registered Allied Health Professional (professional advisor).
- The Council staff side Co-Chair of the HSCP's Joint Staff Forum.

4. Main Issues

4.1 At the 1st July 2015 meeting, the following individuals were appointed to the Partnership Board:

The voting members from the elected members of the Council

- Gail Casey (to be Chair).
- Martin Rooney.
- Jonathan McColl.

The voting members from the non-executive directors of the Health Board

- Ros Micklem (to be Vice-Chair).
- Heather Cameron.
- Allan Macleod.

Non-voting members

- Keith Redpath – as the Chief Officer of the Partnership Board.
- Jeanne Middleton – as Chief Financial Officer of the Partnership Board.
- Professional Advisors to the Partnership Board:
    - Jackie Irvine – as the Chief Social Work Officer of the Council.
    - Kevin Fellows – as Clinical Director for the Health & Social Care
    - Partnership.
    - Wilma Hepburn – as the Professional Nurse Advisor to the Health & Social Care Partnership.
    - Partnership.
    - Helen Turley – as the Chief Housing Officer of the Council.

- Alison Wilding (GP) – as Chair of the HSCP's Locality Core Group for the Clydebank area.
- Selina Ross - as Chief Officer of West Dunbartonshire CVS (Third Sector Interface).
- Ross McCulloch (RCN) – as NHS Staff Side Co-Chair of HSCP's Joint Staff Forum.
- Barbara Barnes – as Co-Chair of the West Dunbartonshire HSCP Public Engagement Forum and as Chair of the HSCP's Locality Engagement Network for the Alexandria & Dumbarton area.
- Anne McDougall– as Co-Chair of the West Dunbartonshire HSCP Public Engagement Forum and as Chair of the HSCP's Locality Engagement Network for the Clydebank area.
- Lindsay Lockhart – as Chair of Carers of West Dunbartonshire.

4.2 It was subsequently confirmed at the August 2015 Partnership Board meeting that Ross McCulloch had stood down from this role as NHS staff side Co-Chair of the HSCP's Joint Staff Forum, and so vacated his previously appointed non-voting position on the Partnership Board.

4.3 Following discussions and necessary processes, the following individuals are recommended to the Partnership Board to appoint as non-voting members:

- Martin Perry (Consultant/Clinical Lead at the Vale of Leven Hospital) – as the registered medical practitioner employed by the Health Board and not providing primary medical services.
- Neil Mackay (GP) – as the Chair of the HSCP's Locality Core Group for the Alexandria & Dumbarton area.
- Janice Miller (MSK Physiotherapy Manager) – as the Lead Allied Health Professional for the Health & Social Care Partnership.
- Diana McCrone (BAOT) – as NHS Staff Side Co-Chair of HSCP's Joint Staff Forum.
- Peter O'Neil (UNISON) – as Council Staff Side Co-Chair of HSCP's Joint Staff Forum.

4.4 In addition, Lindsay Lockhart has now stood down from her non-voting position on the Partnership Board due to the demands of a new job. At the earliest opportunity the Chief Officer will bring a further report to a future meeting of the Partnership Board once a new unpaid carers' representative has been identified for nomination to the Partnership Board.

5. People Implications

5.1 The non-voting members recommended includes staff side representation from the NHS and the Council.

6. Financial Implications

6.1 The non-voting membership already includes the Chief Financial Officer of the Health & Social Care Partnership.

7. Professional Implications

7.1 The non-voting members recommended include professional advisors.

8. Locality Implications

8.1 The non-voting members recommended includes the chair of the locality core groups for the Alexandria and Dumbarton areas.

9. Risk Analysis

9.1 The Council and the Health Board are obliged to ensure that the constitution of the Partnership Board is as prescribed in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

9.2 The voting members of the Partnership Board are obliged to appoint non-voting members as per the approved Integration Scheme for West Dunbartonshire.

10. Impact Assessments

10.1 Not applicable.

11. Consultation

11.1 Not applicable.

12. Strategic Assessment

12.1 Not applicable.

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Date: 18th November 2015

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Appendices: None

Background Papers: The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014

HSCP Board Report (July 2015): Membership of the Partnership Board

HSCP Board Report (July 2015): Integration Scheme

HSCP Board Report (July 2015): Strategic Plan 2015/16

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 18th November 2015

Subject: Kinship Care - Interim Policy

1. Purpose

1.1 To present to the Partnership Board the Kinship Care Policy (Interim), attached at Appendix 1, and provide detail of recent policy changes and implications in this respect.

2. Recommendations

2.1 The Partnership Board is recommended to:

- Note the contents of this cover report in respect of the approach to supporting kinship carers.
- Approve the attached Interim Policy in respect of Kinship Care.
- Approve the movement to new payments, to be back dated to the 1st of October 2015 to meet the Scottish Government's requirement.
- Request further updates once the new duties from the Children and Young People (Scotland) Act 2014 come into effect in April 2016.

3. Background

3.1 Regulation 10 of The Looked After Children (Sc) Regulations 2009 provides a definition of a Kinship Carer as:

- A person related to the child by blood, marriage or civil partnership – with no restrictions on the closeness of that related status; or
- A person known to the child and with whom the child has a pre-existing relationship. This could include close friends, or people who know the child well through regular contact and can be seen as part of the child's network.

3.2 The implementation of the Children and Young People (Sc) Act 2014, as it relates to kinship care, introduced the notion of **formal** and **informal** kinship care.

3.3 All children placed within formal kinship arrangements whereby the local authority (and in the case of West Dunbartonshire, the HSCP) have made the placement, are considered looked after and accommodated and must be subject to the appropriate legislation. Consequently, arrangements must be both assessed and managed in compliance with the Regulations. Permanency should be viewed as a positive outcome within a kinship arrangement, where children are unable to return safely to birth parents, and will be supported within our local arrangements. Carers should therefore be

provided with the means to achieve permanency and will continue to receive support, both financial and in kind, thereafter.

3.4 Informal kinship carer arrangements are where either families or friends have assumed the care of children without the involvement of the local authority and not at the request of the local authority.

3.5 Where we intervene in the lives of families and place children with a kinship carer we are duty bound by the Looked After Children (Sc) Regulations 2009 to make a formal assessment in respect of the child and the kinship carers.

3.6 The assessment must focus on both the kinship carers' capacity to meet the needs of the individual child/children as identified in the child's plan, and the support the carer may need to assist them in meeting these needs fully. This will include provision of an allowance, but may also require assistance in kind such as access to parenting programmes and other support services.

3.7 Previously, these arrangements were referred to as 'Link Carers'; and there had been provision made within the Council GAE (Grant Aided Expenditure) budget for link carers funding. The policy from the then Scottish Executive was that link carers/kinship carers should receive a weekly allowance equitable to the allowance provided to foster carers.

3.8 West Dunbartonshire Council, like a number of other local authorities at that time, chose to pay an element of the equivalent fostering allowance but not 100%. As such a report was presented for Council consideration in 2010 which recommended a lower rate of allowance (33%) and this was accepted by Elected Members. This was principally on the basis that it was not felt that kinship care was the same as foster care and there were fundamental differences. For example; for foster carers there is little option or choice in respect of the children who are placed with them, whereas kinship carers have some pre-existing relationship with the child and therefore can base their agreement to care for the child on this.

3.9 As time has passed Councils have supported kinship carers in varying ways. However there has not been a consistent approach taken to this area of support, and much of the financial support has been based on increasing budget pressures.

3.10 In August 2014 the Equalities and Human Right Commission (EHRC) wrote to a number of Councils via Social Work Scotland to advise that those Councils who were not paying the same amount of allowance as that of foster carers, who where in their view breaking human rights law by not offering 'parity' of support. The 'type' of carer, whether it is a foster carer or kinship carer was immaterial to the concern of the EHRC, with only the amount of money paid to support the child being of relevance.

3.11 COSLA has been working closely with Social Work Scotland and Scottish Government officials to resolve this situation and to avoid the matter being taken to the European Court. As a result of discussion with officers the current model used by Inverclyde Council has been identified as the best and most practical option. This option involves the council paying kinship carers the same allowance as paid locally to foster carers, but subtracting eligible benefits. This is being referred to as the Local Parity Model and was agreed by COSLA Leader's at their meeting of 25th August 2015. Working from this basis, a new and interim Kinship Care Policy has been prepared for West Dunbartonshire (Appendix 1- attached for approval).

3.12 A significant element of this joint work was to identify, for the 11 Council's noted in the EHRC action, the current funding gap given the need to move to parity of allowances. This involved each Council providing COSLA officers and civil servants with the details of current number of children in kinship care, current budget and the estimate of the shortfall. For West Dunbartonshire, the shortfall, based on the number of children at that time, was estimated to be approximately £750,000. Even with the additional in year and full year (2016-2017) funding there remains a significant gap in the budget as reported to the Council at it's meeting on the 28th of October 2015. This is acknowledged as an additional burden to the Council both in year and for future years and this has been accepted into the financial forward planning processes as such.

3.13 In the view of the Scottish Government the national shortfall was £6.6 million; and they agreed to provide 50% (£3.3 million) of this shortfall. The funding allocation was made to all 32 Local Authorities based on a 70/30 weighted formula of information on the distribution of children aged 0-18 years in Job Seekers Allowance/Income Support households and distribution of general population aged 0-18 years.

3.14 In addition to this commitment towards formal kinship carers the Scottish Government have introduced a duty to also provide support, notably financial support, on the same basis to carers who have secured children in their care through a Section 11 Residency Order. The children in these placements are not formally looked and therefore carers are referred to as **informal kinship carers.** The recent correspondence from the Government states that financial assistance on a weekly basis equal to the allowance paid to foster carers should also be paid, i.e.:

"where the child is not a looked after child but is subject to a section 11 Order under the Children (Scotland) Act 1995 (to be known as a Kinship Care Order from April 2016) ***and*** *is or was*

- *Previously looked after; or*
- *Placed with involvement by the local authority; or*
- *At risk of becoming looked after.*[1]

[1] It should be noted that this last statement is being queried with the Scottish Government.

3.15 The EHRC did not represent the situation of children on a Section 11 Residence Orders as they were only interested in a lack of parity between allowances paid to what they believe are a single group of children within the care system.

3.16 In respect of this new policy initiative the Government have agreed to fund this on a full basis; and the amount allocated to this nationally is £6.8 million - bringing the additional funding to £10.1 million in total. Further details can be found in the letter from the Scottish Government dated 5th October 2015 and attached at Appendix 2.

3.17 The Scottish Government and COSLA expectation is to have revised local Kinship Policies in place by the 1st of October or as close to that date as possible. Given the Council's acceptance to fund the gap at it's meeting on the 28th October 2015, and in order to provide this essential support on 'parity' with foster care placements, this policy is being presented to the HSCP Partnership Board for approval as an interim measure in advance of the final Kinship Care Policy in 2016. This will allow revised financial support to be in place as soon as possible and backdated to the 1st of October 2015.

4. Main Issues

4.1 In order for to make these allowances to kinship carers the same as foster carers, the local recommendation is to provide an additional four week allowance per year (two to cover the summer holiday period; one for birthdays; and one for Christmas). This does not appear to be currently included in the Inverclyde Parity Model - however it is the local view of officers is that this element should be provided to kinship carers to ensure parity.

4.2 Some kinship carers will be eligible for child-related benefits, which are intended to cover accommodation and maintenance. If a kinship carer is in receipt of any child-related benefits, then the Scottish Government's expectation is that the local authority may deduct these (actual amounts) from the amount of allowance that it pays to the kinship carer. In this situation, any additional payment to bring the allowance rate up to that of a foster carer is to be considered a wellbeing payment – the kinship carer is already receiving payment from the state for accommodation and maintenance, and the additional money is to ensure that the kinship child is able to benefit from opportunities that many children have but that they would otherwise be unable to access.

4.3 The Scottish Government recognises that there will be pressure on local authorities to calculate allowances for each kinship carer, particularly over the next few months. To help ease this burden the Government has agreed with COSLA that local authorities will be able to signpost kinship carers to the Citizens Advice Scotland (CAS) Kinship Care Service for information and advice on benefit entitlement before local authorities calculate the amount of allowance to be paid to individual carers. In addition they have also agreed

with CAS that they will provide information and advice on welfare benefits to any local authority who requests it. This enhanced service became available from 1st October 2015.

4.4 These kinship care allowances are paid under Section 22 of the Children Scotland Act 1995 on the basis that these allowances will be to meet the child's social, emotional, educational and recreational needs and are reviewed annually. This is to be considered a wellbeing payment. Where the kinship carer is already receiving payment from the state for accommodation and maintenance, in respect of the child, the additional kinship allowance is to ensure that the child is able to benefit from opportunities that many children have but that they would otherwise be unable to access.

4.5 Appropriate social workers are in the process of reviewing all cases so they can account for any eligible benefits that should be deducted from the overall allowance. Where kinship carers are identified who could benefit from some welfare rights support to maximize their access to benefits then this will need to be followed up before a determination can be made on the new allowance to be paid in respect of each child. The Council's Welfare Rights Team has also agreed to assist in this calculation exercise. The HSCP currently supports 125 children in kinship carers and it is anticipated that this review over such a large group of children will take some weeks especially as the benefits deduction calculations are extremely complex. All payments will be backdated to the 1st of October 2015.

4.6 Locally Foster Carers are currently paid the following allowances by age group**:**

0-4 years: £142.86
5-10 year: £162.73
11-15 years: £202.58
15-18 years: £246.44

4.7 It is anticipated that there will be a number of new requests for kinship care support in addition to the 125 children already supported. This will apply particularly to the area of the new policy agreements, for those children already on a Section 11 Residence Orders as referred to in 4.4 above. There is no allowance within the new funding for growth in demand.

4.8 For all historical applications, where there has not to-date been a weekly financial allowance provided, staff will require to assess and review the details of the case to clarify how the child/children became placed with the kinship carer. The Council (through the HSCP) only has a duty to support those placements where it has been involved in placing the child and not in circumstances where families have come to their own arrangements.

4.9 The Scottish Government has helpfully acknowledged that there is also inconsistency across the country in the amount of fostering allowances and rates that are paid by each Local Authority and they have agreed to take this

forward with COSLA and Social Work Scotland. Clearly this may entail further change to our policy as will the introduction of new duties from April 2016 as a result of the Children and Young Person (Sc) Act 2014. Hence this current policy is 'interim' and subject to further change.

4.10 Future changes and adjustments to this Interim Kinship Care Policy will be brought back to the Partnership Board for approval once we have the detail of the new duties to be applied from 1st April 2016 and there is a conclusion to the discussions in respect of the '*at risk of becoming accommodated'* element of the new Section 11 policy as referred to at 3.14.

5. People Implications

5.1 No personnel issues arise as a direct result of this report and interim policy.

6. Financial Implications

6.1 There are significant financial implications in relation to this policy. The annual shortfall as currently calculated is estimated to be approximately £450,000. A clearer picture of this shortfall will be available once the calculations for the current children being supported in kinship placements are completed. Thereafter there is likely to be a resultant impact from growth in demand.

6.2 The Council has agreed to provide the financial shortfall in the budget allocation for children supported in kinship placements in-year, and the full year effect has also been built into the financial estimates for 2016/2017

7. Professional Implications

7.1 There will be some impact on the professional social workers involved in the current review of all cases as this will inevitably increase demand on workers time and caseloads.

8. Locality Implications

8.1 This approach to supporting children placed in kinship will resolve the issue of parity for many children and families locally.

9. Risk Analysis

9.1 West Dunbartonshire Council was one of the 11 local authorities that the EHRC has taken issue with in respect of kinship care allowances and so was at risk of legal challenge prior. In adopting a new and interim policy based on the Local Parity model – and having to make the provisions needed for the additional budget demands that it places - the Council can now be confident at not being subject to legal challenge by the EHRC on this matter.

10. Impact Assessments

10.1 This approach addresses the EHRC's concern in respect of the lack of parity for children in kinship placements where they have been placed by the local authority.

10.2 One issue picked up by both Social Work Scotland and the Local Kinship Care Network group is regarding the position of working families not on benefits, who will in effect receive the whole allowance as other than child benefit there will be no other benefits deducted from the allowance. This has been raised with the Scottish Government throughout the process.

10.3 An Equality Impact Assessment has been completed in respect of the Kinship Care Policy (Interim) and there were no equality concerns highlighted throughout this process.

11. Consultation

11.1 Kinship care organisations have been consulted on a national basis and so have groups of carers who have children secured under Residence orders.

11.2 Locally we have consulted with the chair of the local Kinship Network and the chair of the Scottish Kinship Care Alliance. They have raised three issues;

i) Whether the disability premium paid for some children who are in receipt of Disability Living Allowance (DLA) would be deducted. It would not be the intention of our policy to do so.

ii) The arrangements for handling complaints. Any complaint would be handled under the current existing arrangement; and

iii) The issue of '*at risk if being accommodated'* as mentioned in the attached letter form David Blair (Appendix 2). As noted at 4.10 above this issue is being discussed with the Scottish Government and the conclusion of this will be provided in the next iteration of the policy in 2016.

11.3 Legal advice was sought from the Council's Legal Section who have reviewed and confirmed the policy.

12. Strategic Assessment

12.1 The attached interim policy report and the provision of support to children placed in kinship care services, supports the delivery of the Strategic Plan.

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

Date: 18th November 2015

Person to Contact: Jackie Irvine

Appendices: Appendix 1: Kinship Care Policy (Interim)
Appendix 2: Letter from Scottish Government (5.10.15)

Background Papers: None

Wards Affected: All

West Dunbartonshire COUNCIL

West Dunbartonshire
Health & Social Care Partnership

Kinship Care Policy

(Interim)

Date Completed	9th November 2015
Date of Equality Impact Assessment for Relevance and Screening	5th November 2015
Date Approved by Head of Service	9th November 2015
Date Review Due	31st March 2016

1. Introduction

1.1 This Interim Policy document sets out the processes for assessing, approving, reviewing and supporting Kinship Carers in West Dunbartonshire within the context of legislation and national policy.

1.2 There are separate Practice Guidelines for staff involved in assessing and supporting kinship care placements.

1.3 The principles underpinning this policy reflect the commitment to:

- Provide the highest possible quality of care to children and young people in West Dunbartonshire in ways that help them sustain relationships within family and community networks.
- Provide the necessary supports to safeguard the well being of children and young people within their own families and communities.
- Actively engage the wider community in West Dunbartonshire in protecting and caring for its children and young people.
- Maximise the potential for kinship and friendship networks to provide care for children and young people as an alternative to formally accommodating children.
- Ensure that the requirements of the Equality Act 2010 are fully complied with in relation to Kinship Care placements.

1.4 Regulation 10 of the Looked After Children (Scotland) Regulations 2009 defines a kinship carer as:

- A person related to the child by blood, marriage or civil partnership, with no restrictions on closeness of that related status.
- A person known to the child and with whom the child has a pre-existing relationship. This could include close friends or people who know the child through regular contact and can be seen as part of child's network.

1.5 **Formal** Kinship care arrangements are where the child has a looked after status. This includes those carers of a child looked after under Section 25, The Children

(Scotland) Act 1995, and where the local authority was involved in the placing of the child. Carers are eligible for support from the point of placement and not approval.

1.6 **Informal** Kinship care arrangements are where families and/or friends have assumed the care of children without the prior involvement or request of the Local Authority – in the case of West Dunbartonshire, the latter being professional social workers within the Health & Social Care Partnership. In these cases there is no legal duty on the Local Authority to provide financial support to these children. However, like any other child within West Dunbartonshire they will be able to access the various supports from the Health & Social Care Partnership's Children's Services.

1.7 Part 13 of the Act enhances the support for eligible kinship carers of non-looked after children who obtain an order under section 11(1) of the Children (Scotland) Act 1995 (for parental responsibilities and rights, residence or guardianship). From implementation of the legislation these will be deemed a Kinship Care Order. For the first time there will be specific legal entitlements to support for kinship carers of an eligible child, subject to a Kinship Care Order, and also for the eligible child themselves. Following consideration by the Scottish Government **informal** kinship care will also apply to a child who is *not a looked after child* but is subject to a section 11 Order under the Children (Scotland) Act 1995 (to be known as a Kinship Care Order[1] from 1st of April 2016 within the context of the Children and Young People [Scotland] Act 2014) **and** is or was:

- previously looked after; or
- placed with involvement by the local authority.

1.8 With respect of informal kinship care described in 1.7 above, these children will from the 1st of October 2015, be eligible to receive financial support as well as support in kind should the circumstances of their placement with the carer be as defined above.

[1] Currently this would include Section 11 Residence Orders, as applied for through The Children (Sc) Act 1995.

1.9 Kinship care should not be confused with **Private Fostering,** which is an arrangement whereby a parent arranges to have their child cared for by someone who is not an approved foster carer, legal guardian or informal kinship carer for more than 28 days. Such arrangements are covered by private fostering legislation and the national Private Fostering in Scotland - Practice Guidance for Local Authority Children's Services.

2. POLICY BACKGROUND

2.1 The national strategy Getting it Right for Every Child in Kinship and Foster Care was launched by the Scottish Government in December 2007.

2.2 That national strategy emphasises that the starting point in considering kinship care arrangements should be:

- It is the right of every child or young person to have their family and friends explored as potential carers if they need to leave the care of their parents.
- Any arrangement for care by family or friend must be in the best interest of the child.
- The safety and needs of the child in any assessment of family or friends as carers must be paramount.
- The child's need for good family and friends carers should take precedence over the wishes of a parent to exclude the family from care.
- Support to a family or friend placement should be available when needed.

2.3 The national strategy was reinforced by the Concordat between the Scottish Government and COSLA covering the period 2008-09 to 2010-11. This joint agreement set out agreements about the funding arrangements and priorities between central and local government together with a specific set of commitments which included the provision of financial assistance to kinship carers.

2.4 Following recent representation by national kinship groups and the Equalities and Human Rights Commission (EHRC), the Scottish Government has restated its commitment and intention that children in kinship care placements who meet the criteria (as set out above at 1.5 and 1.8) should receive 100% of the equivalent fostering allowance minus benefits paid in respect of the child.

3. THE LEGISLATIVE BACKGROUND

Legal Basis for Kinship Placements

3.1 Where children and / or young people have been placed with kinship carers by the local authority, there are four primary legal means by which the kinship arrangements can be secured:

- Providing accommodation under section 25 of the Children (Scotland) Act 1995 (with grounds subsequently being placed before the Reporter).
- A child who is subject to section 83 of the Children's Hearing (Scotland) Act 2011 with a condition of residence with the kinship carer(s).
- A Residence Order under section 11 of the Children (Scotland) Act 1995 where the child was previously `looked after` by local authority and placed with the involvement of the local authority.
- A Parental Responsibilities Order in terms of section 86 of the Children (Scotland) Act 1995.
- If any such order, authorisation or warrant has specified the place of residence with a kinship carer in the case of an emergency.

The Children (Scotland) Act 1995

3.2 This Act is one of the key pieces of legislation governing the duties of local authorities, children's hearings and the courts with regarding to safeguarding and promoting the welfare of children and young people, and in particular those deemed to be 'in need'.

3.3 Section 17(3) specifies that before making any decision with respect to a child they are looking after or proposing to look after the professional staff working on behalf of the local authority must, so far as is reasonably practical, ascertain the views of:

- the child;
- their parents;
- any person who is not a parent of their's but who has parental rights in relation to them; and
- any other person whose views the authority consider to be relevant.

3.4 Section 22 (1) sets out the duty of local authorities to safeguard and promote the welfare of children in need in their area and, so far as it is consistent with that duty, promote the upbringing of those children by their families by providing a range or level of services appropriate to the children's needs.

3.5 Section 22(3) goes on to specify that a service may be provided "for any other member of his family" and that services "may include giving assistance in kind or, in exceptional circumstances, in cash".

3.6 It should be noted that the legislative basis for providing financial assistance to Kinship Carers in West Dunbartonshire will be **Section 22** of the Act.

The Looked After Children (Scotland) Regulations 2009

3.7 These regulations came into force with effect from 28 September 2009.

3.8 They provide a legal framework for practice by local authorities in relation to children and young people looked after by them. The regulations cover a wide range of issues, including:

- Care planning.
- General matters affecting looked after children.
- Looked after children cared for by their parents.
- Kinship care and kinship care allowances.
- Fostering panels, fostering and foster care allowances.
- Looked after children placed in residential establishments.
- Emergency measures.
- Case records.
- Review of child's case and the care plan.

3.9 In terms of Care Planning, the professional staff working on behalf of the local authority are required to obtain and record information in respect of a child who is, or is to be, looked after by them and make an assessment leading to the development of a child's plan.

3.10 There is a range of stipulations about the matters to be addressed in that assessment of a child's needs and the resulting plan, including:

- their immediate needs and how these can be met;
- their long term needs and how these can be met;
- proposals for safeguarding and promoting the child's welfare;
- proposals for making sustainable and long term arrangements for their care;
- the nature of services proposed for the child in the immediate and long term;
- proposals for meeting the health and educational needs of the child;
- where a child is or is to be looked after in a setting other than with their parents, contact arrangements between the child and their parents; and
- the requirement to provide a copy of the child's plan to any person who ordinarily has charge or control of the child.

3.11 Regulations 10-16 of the Looked After Children (Scotland) Regulations 2009 deal specifically with Kinship Care and with respect to a number of matters such as:

- The definition of a Kinship Carer – ***"a person who is related to the child"; or "a person who is known to the child and with whom the child has a pre-existing relationship".***
- The placement of the child with Kinship Carers – including the issues with which a local authority must be satisfied before placement and circumstances in which a child should not be placed with Kinship Carers.
- The requirement for the local authority to enter into a written agreement with the Kinship Carer.
- Notifications that a local authority must make; which include the relevant professional staff working on behalf of the NHS Health Board for their

area; each parent and/or any person with parental responsibilities or parental rights; and another local authority if the carer resides in their area. There is in this part provision for circumstances in which it would not be in the child's best interests for a particular person to be notified or where an order of court of supervision requirement specifies that a child's location is not to be disclosed to particular person.

- The use of kinship care for planned short-term placements.
- The establishment of case records for Kinship Carers.
- The retention and confidentiality of case records for Kinship Carers – specifying that they must be retained for 25 years after the termination of the placement or the death of the carer if earlier.

3.12 Regulation 36 specifies that in an emergency a child may be placed with a person approved as a Kinship Carer for them or any person who is known to the child and who has a pre-existing relationship with the child for a period not exceeding three working days.

3.13 Regulation 38 imposes a duty on the local authority - which within West Dunbartonshire would be discharged by professional social workers working within the Health & Social Care Partnership - to review a child's case within three working days of an emergency placement having been made to determine whether the placement continues to be in the child's best interests.

3.14 Regulation 39 concerns the extension of an emergency placement with carers and specifies that:

- Before the expiry of six weeks after the end of the emergency three working day period the local authority must carry out a review of the child's case to determine whether the placement continues to be in the child's best interests.
- After no more than 12 weeks after the end of the emergency three working days period a placement may only continue if the local authority has formally approved the carers as Kinship Carers.

3.15 Regulation 45 deals with reviews of a child's case, and extends the requirement for reviews to include children placed with Kinship Carers. This means that formal Looked After Children's reviews must now take place as follows:

- a first review within six weeks of placement - reinforcing the requirement stated in Regulation 39 outlined at 3.14 above;
- a second review within three months[2] from the date of a first review; and
- thereafter subsequent reviews within six months of the date of the previous review.

Implications and New duties arising from the Children and Young People (Scotland) Act 2014 Part 13 – Support for Kinship Care

3.16 From the 1st of April 2016 there will be new duties placed upon local authority's to further support Kinship Care placements, these have been set out in legislation and require secondary legislation and Scottish Government guidance to be completed in advance of the implementation date.

3.17 As stated within the Children and Young People (Scotland) Act 2014, the assistance which may be specified as kinship case assistance includes:

- The provision of counselling, advice and information about any matter.
- The provision of financial support (or support in kind) of any description.
- The provision of any service provided by the local authority.

3.18 The Scottish Government is currently completing the guidance and regulations that are required to support this section of the Act in time for full implementation on the 1st of April 2016. Therefore it is not possible to state in full the expected duties that will fall on local authorities at the time of preparing this interim policy, but anticipate that these will refer to:

- The provision of start up grants when children are first placed.
- Should it be the conclusion of the child's plan that they are unable to return to the care of their birth parents and that they require a permanent care arrangement, and the kinship carers are deemed the most suitable means of caring for the child and securing permanency – then the local

[2] It remains to be seen whether the minimum reviewing time will be altered within the guidance to be issued in respect of this part of the Children and Young People (Scotland) Act 2014 which comes into effect on 1st April 2016.

authority will provide reasonable costs towards the legal fees that would be necessary to pursue a Section 11 Kinship Order for the child.

- The provision of counselling, advice and information as suggested by the wording of the Act.

3.19 Permanency should be viewed as a positive outcome within a kinship arrangement, and will be supported within our local arrangements. Carers should therefore be provided with the means to achieve permanency and will continue to receive support – both financial and in kind – thereafter.

3.20 Consequently the interim status of this local Policy document reflects that fact that further duties are to be applied as part of the implementation of the Children and Young People (Scotland) Act 2014; and so further revisions will need to be made to incorporate the full implications of the Children and Young People (Scotland) Act 2014 once associated regulations and guidance are made available by the Scottish Government.

3.21 In addition, further revisions may be required in relation to how the the new policy initiative in respect of Section 11 placements (currently Residence Orders under the Children [Scotland] Act 1995 and soon to be Kinship Orders under the same legislation [as from 1st April 2016]) will be fully reflected in national guidance.

4. Assessment Process

4.1 When children are placed with kinship carers this can often be in an emergency with only initial emergency checks undertaken to provide some assurance of the appropriateness of the carers in the short term.

4.2 Following this initial process it is imperative that a full and robust assessment is undertaken.

4.3 The assessment must focus on both the kinship carers' capacity to meet the needs of the individual child/children as identified in the child's plan, and the

support the carer may need to assist them in meeting these needs fully. This will include provision of an allowance, but may also require that assistance in kind or any support service that is generally available to children within West Dunbartonshire where appropriate to meeting either the child's needs or supporting the carer in their ability to care for the child.

4.4 The priority will be given to ensuring a Kinship Assessment in respect of the child's needs and the child's plan are concluded. Of importance is consideration of the child's ability to return safely to birth parents either in the short or medium term.

4.5 The Kinship Assessment will contribute to the overall comprehensive assessment of the child and outcomes will inform actions within the child's plan. There will therefore **not** be a separate or parallel kinship assessment and plan.

4.6 In respect of both the care needs and plans required for the child in the medium to long term and the suitability of the carers in a formal kinship arrangement, the following process and principles will apply:

- The named person (this would be either a Health Visitor for pre-school children or an Education officer for children aged 5 to 18) for the child must be consulted in respect of consideration of a kinship placement.
- All new children who become subject to formal kinship arrangements will require to be assessed and reviewed in line with the guidance going forward.
- All kinship care assessments and on-going case work must be allocated to a qualified social worker or youth services officer.
- The child / children will be subject to a comprehensive, multi-agency assessment and statutory child's plan. Where children are subject to kinship, the kinship arrangements will be included in the overall planning for the child, and will be subject to formal review.
- The assessment must also include consideration and assessment of the needs of the carer(s) and an outcome plan for the carer(s) agreed.

4.7 At the point a child is placed in a formal kinship placement, the following process will ensure:

- A 12 week period of assessment of the kinship placement with a date set for full review and agreement of the arrangements by the relevant Fieldwork Manager and Team Leaders within the Health & Social Care Partnership. This will review the comprehensive assessment of the child / children and the assessed needs of the carer(s) as well as making a recommendation about the suitability of the carers to provide ongoing and potentially permanent care for the child.
- A full financial assessment must be undertaken, and carers on low income must be subject to full welfare benefits check and advice in terms of maximising their benefits entitlement.
- Where financial support is required in the interim, this must be formally requested and agreed by the Fieldwork Manager.
- Once the placement is ratified, a formal review date will be agreed for six months time. This will include a full review of the placement, outcomes to be achieved and assurance that the placement continues to meet the needs of the child / children.
- Where kinship carers wish to seek permanent care of children, this should be notified to the Fieldwork Manager for agreement of reasonable legal costs for the carer to pursue an application for a Kinship Order.

4.8 The carers (kinship) and birth parents of children in kinship placements will be kept fully informed about the progress of the assessment and the decisions thereafter in respect of the care arrangements for the child.

5. Provision of Support

5.1 As detailed in 3.17 above consideration, as part of the assessment, must be given to the need for support in terms of information, advice or counselling and access to any of the services of within the Health & Social Care Partnership which may be necessary to support both the child and the kinship carer.

5.2 In addition if the child meets the criteria set out in the introduction to this Policy, and has been placed by the relevant professional social worker in accordance within this Policy, then it is necessary to provide financial support to this placement, in order to maintain and support the child in kinship.

5.3 This financial support will be known as a Kinship Care Allowance.

5.4 These kinship care allowances are paid under Section 22 of the Children Scotland Act 1995 on the basis that these allowances will be to meet the child's social, emotional, educational and recreational needs. This is to be considered a wellbeing payment.

5.5 Where the kinship carer is already receiving payment from the state for accommodation and maintenance, the additional kinship care allowance is to ensure that the kinship child is able to benefit from opportunities that many children have but that they would otherwise be unable to access.

5.6 The care arrangements of the child will be reviewed on at least a six monthly basis and the allowance at least annually.

5.7 The allowance will be the equivalent of the allowance paid to Foster Carers within West Dunbartonshire minus any benefits received in respect of the child. This is detailed in recent Scottish Government correspondence[3] which states that:

'Some kinship carers will be eligible for child-related benefits, which are intended to cover accommodation and maintenance. If a kinship carer is in receipt of any child-related benefits, then the local authority may deduct these (actual amounts) from the amount of allowance that it pays to the kinship carer. In this situation, any additional payment to bring the allowance rate up to that of a foster carer is to be considered a wellbeing payment – the kinship carer is already receiving payment from the state for accommodation and maintenance and the additional

[3] Letter from David Blair, 5 Oct 2015, Looked After Children Unit, Children and Families Directorate, Scottish Government.

money is to ensure that the kinship child is able to benefit from opportunities that many children have but that they would otherwise be unable to access'.

5.8 Given the variation in the circumstances of each kinship placement there will need to be an individual calculation in respect of each child to ensure that individual payments fully reflect the benefits received in respect of each child.

5.9 The current (20/15/16) fostering allowances paid to foster carers in West Dunbartonshire are detailed as follows:

Age Range	Weekly Allowance
0-4 years	£142.86
5-10 years	£162.73
11-15 years	£202.58
15-18 years	£246.44

5.10 In addition to weekly payments throughout the year (52), the local authority will also, as it does for children in foster care, provide funding for two weeks holiday allowance, a week for birthdays and a week for the Christmas period for each child.

5.11 Given that each child will require an individual calculation to be made on the basis of whether families are in receipt of benefits in respect of the child, this Policy cannot provide the details of individual payments. The range of benefit that will be included for deduction, from the allowances as set out above will include: child benefit; child tax credit; and any element of maintenance and accommodation that is being received in respect of the individual child.

5.12 These deductions will only be made if the benefit is being received by the kinship carer. For working families who are not in receipt of child tax credits the only element likely to be deducted would be the child benefit element.

5.13 Each household will be provided with advice and guidance in respect of their benefit entitlement either by the Welfare Rights Service within the Council or via

the Citizen's Advice Scotland (CAS). The Scottish Government has provided additional funding to CAS specifically to support and advise kinship carers.

5.14 Once individual calculations are clarified kinship carers will be advised in writing of the weekly amount to be received for each child in their care as these will vary dependent on the age of the child and the different levels of child benefit paid.

Children and Families Directorate
Care and Justice Division

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5 October 2015

Dear Chief Executive

Kinship care allowances: update on policy and allocation and distribution of funding

The purpose of this letter is to update you on recent developments on allowances for kinship carers and to confirm the agreed allocation and distribution of an additional £10.1 million of funding payable from 1 October 2015 – pro-rata for the remaining months of the current financial year.

Recent developments on allowances for kinship carers

In her Programme for Government statement, the First Minister announced additional funding to ensure that eligible kinship carers receive improved allowances to bring them up to the same level as those received by foster carers in their local authority. The Minister for Children and Families later confirmed that £10.1 million funding had been agreed with COSLA for this purpose.

Kinship care allowances have been an issue for local authorities and the Scottish Government for a number of years. Most recently, the Equalities and Human Rights Commission have taken an interest in this area and conducted an investigation into the disparity between allowances for looked after children in kinship care and looked after children in foster care. In their view, the disparity that exists is unlawful, raising the possibility of legal action against some local authorities. The Scottish Government and COSLA have worked closely together to ensure that this did not happen, resulting in this additional funding being made available. We are now writing to let you know what this means for you.

Local authority leaders have agreed to ensure local parity (i.e. within their local authority area) of allowances between eligible kinship carers and foster carers. It should be noted that foster care fees are not included in this agreement and are separate from it. The agreement applies to:

- **All formal kinship carers**, where the child has a looked after status. This includes those carers of a child looked after under s25 and where the local authority was involved in the placing of the child. Carers are eligible from the point of placement and not approval.

- **Some informal kinship carers**, where the child is *not a looked after child* but is subject to a section 11 Order under the Children (Scotland) Act 1995 (to be known as a Kinship Care Order from April 2016) **and** is or was

    - Previously looked after; or
    - Placed with involvement by the local authority; or
    - At risk of becoming looked after.

Kinship carers covered by this agreement should receive an allowance at a minimum of the same rate as foster carers in their local authority area.

We recognise that 'placed with involvement from the local authority' and 'at risk of becoming looked after' may not be entirely clear as categories. We will develop additional guidance for local authorities about the interpretation of this shortly, in partnership with COSLA and Social Work Scotland (SWS). In the interim, local authorities should use their own judgement.

Some kinship carers will be eligible for child-related benefits, which are intended to cover accommodation and maintenance. If a kinship carer is in receipt of any child-related benefits, then the local authority may deduct these (actual amounts) from the amount of allowance that it pays to the kinship carer. In this situation, any additional payment to bring the allowance rate up to that of a foster carer is to be considered a wellbeing payment – the kinship carer is already receiving payment from the state for accommodation and maintenance and the additional money is to ensure that the kinship child is able to benefit from opportunities that many children have but that they would otherwise be unable to access.

This is an interim solution to resolve the issues raised by the EHRC and that a longer term review of allowances for foster and kinship care is required. This will be the remit of a National Allowance Review Group, details of which will be announced in due course and which will comprise of key stakeholders including COSLA and Social Work Scotland.

Funding starts from 1 October 2015. We accept that there has been very little time to put this in place and that it may take local authorities a short while to determine how much each kinship carer should now receive. However, where there is a delay in doing this, payments should be backdated to 1 October.

In the interests of transparency, we ask that each local authority publish a revised Kinship and Fostering Allowances Policy which should include key details of entitlement, eligibility criteria, how it will be assessed, where more information can be found, where complaints can be made and any other relevant information. These policies should be published as soon as possible and local authorities will wish to update them to reflect changes as they occur.

In the interim, we ask that local authorities publish their current foster care rates by 1 November at the latest. This is necessary to ensure that parity of allowances is clear and transparent for all parties.

The Scottish Government recognises that there will be pressure on local authorities to recalculate allowances to kinship carers, particularly over the next few months. To help ease this burden, we have agreed with COSLA that local authorities will be able to signpost kinship carers to the Citizens Advice Scotland (CAS) Kinship Care Service for information and advice on benefit entitlement before local authorities calculate the amount of allowance to be paid to individual carers. In addition to this we have also agreed with CAS that they will provide information and advice on welfare benefits to any local authority who requests it. This enhanced service will be available from 1 October.

Allocation and distribution of funding

The total sum that the Scottish Government will transfer to local authorities to pay for this policy is £10.1 million per annum, which includes 50% of the estimated cost for formal care (£3.3 million) and 100% of the estimated cost for holders of a section 11 Order/Kinship Care Order (£6.8 million). This is a permanent resource transfer to achieve parity for kinship carers through the funding of allowances and will be baselined into future local government finance settlements. All resources will be treated as part of the system when we gather evidence and analyse what a long term comprehensive reform might look like.

The offer of funding is made on the basis that allowances will be paid from 1 October 2015. The level of funding for the financial year 2015/16 will be made on a pro-rata basis and paid as a redetermination of General Revenue Grant for 2015/16 in the last two weeks of March 2016.

This funding is in addition to the £2.6 million which has already been allocated to local authorities through the local government finance settlement in 2015/16 to assist with the implementation of Part 13 ("Kinship Care order") of the Children and Young People (Scotland) Act 2014, which is due to commence in April 2016.

The distribution of the funding was agreed by COSLA Leaders Group at their September meeting, following the recommendation of the Settlement and Distribution Group on 16 September. The agreed formula uses numbers of children aged 0-18 in Income Support (IS)/Job Seekers Allowance (JSA) households, and the 0-18 general population distribution as a proxy for actual numbers of children in kinship care.

The totals allocated to each local authority are set out in the table at Annex A, which also shows the pro-rata amount to be allocated for 2015/16.

We will continue to work closely with COSLA, local authorities and other key partners to support implementation of allowances.

Yours sincerely,

DAVID BLAIR
Unit Head, Looked After Children Unit
cc. Chief Executive, COSLA
Director of Finance

Annex A

Allocation of kinship care allowance funds

Local Authority	Allocation per annum		Allocation 2015/16	
Aberdeen City	£	285,970	£	142,985
Aberdeenshire	£	296,564	£	148,282
Angus	£	178,309	£	89,155
Argyll & Bute	£	117,684	£	58,842
Clackmannanshire	£	124,728	£	62,364
Dumfries & Galloway	£	252,214	£	126,107
Dundee City	£	357,502	£	178,751
East Ayrshire	£	287,701	£	143,851
East Dunbartonshire	£	130,731	£	65,366
East Lothian	£	175,809	£	87,904
East Renfrewshire	£	124,458	£	62,229
Edinburgh, City of	£	738,134	£	369,067
Eilean Siar	£	30,132	£	15,066
Falkirk	£	318,057	£	159,029
Fife	£	788,243	£	394,122
Glasgow City	£	1,539,907	£	769,954
Highland	£	352,561	£	176,281
Inverclyde	£	183,376	£	91,688
Midlothian	£	184,634	£	92,317
Moray	£	131,385	£	65,693
North Ayrshire	£	359,492	£	179,746
North Lanarkshire	£	803,469	£	401,735
Orkney Isles	£	19,252	£	9,626
Perth & Kinross	£	198,049	£	99,024
Renfrewshire	£	351,454	£	175,727
Scottish Borders	£	167,052	£	83,526
Shetland	£	26,806	£	13,403
South Ayrshire	£	200,254	£	100,127
South Lanarkshire	£	621,215	£	310,608
Stirling	£	137,659	£	68,829
West Dunbartonshire	£	246,523	£	123,261
West Lothian	£	370,675	£	185,338
Scotland	£	10,100,000	£	5,050,000

*It should be noted that the actual amount paid will be to the nearest £000 within the overall total sums available.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 18th November 2015

Subject: West Dunbartonshire CHCP Year-End Performance Report 2014/15

1. Purpose

1.1 The purpose of this report is to provide the Partnership Board Committee with the final summary of performance by the former West Dunbartonshire Community Health & Care Partnership (CHCP), including a complaints management overview.

2. Recommendations

2.1 The Partnership Board Committee is asked to note this report.

3. Background

3.1 The CHCP's integrated Strategic Plan 2014/15 was approved by the CHCP Committee at its May 2014 meeting. It set out the key performance indicators (KPIs) and actions prioritised for delivery over the course of 2014/15. Its content, focus and form reflect the priorities and requirements (including financial frameworks) of the CHCP's "corporate parents": WDC, as set out within its Strategic Plan; and NHSGGC, as detailed within its Corporate Plan.

3.2 The attached Year End Performance Summary has been produced in a similar manner to previous years; and as in previous years, is accompanied by a complaints management overview for the corresponding period. However, given that the new integration arrangements came into being on the 1st July 2015 (including the approval of a nine-month Strategic Plan), the attached summary reports have been extended to cover the period up to the end of June 2015. Consequently, this is the final report relating to the performance of the former CHCP.

4. Main issues

4.1 As is evident within the attached report, overall commendable progress had been made across portfolios and service areas. While there are evident areas of challenge there are also a variety of examples of best practice, including:

- The Link-Up Scheme which won the Gold Award for the Local Matters category at the COSLA Excellence Awards 2015.
- The local Palliative Care Programme which won the Health and Social Care Integration Award at the Herald Society Awards 2015.

4.2 Audit Scotland recently published a comprehensive review of a range of performance measures across all directorates within West Dunbartonshire Council in respect of the Public Performance Reporting for 2013/2014. This

included the following service areas within the responsibility of the then CHCP:

- Child Protection and Children's Social Work.
- Community Care.
- Criminal Justice Social Work.

The summary judgement was the public performance reporting of all three of these areas provided the comprehensive relevant performance information and fully met requirements.

5. People Implications

5.1 There are no people implications specifically associated with this report.

6. Financial Implications

6.1 There are no financial implications specifically associated with this report.

7. Professional Implications

7.1 No professional implications specifically associated with this attached report.

8. Locality Implications

8.1 No locality implications specifically associated with this attached report.

9. Risk Analysis

9.1 Demonstrating progress and scrutinising performance in relation to agreed priorities and commitments is a key element of managing risk.

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 Appropriate complaints management – including lessons learnt – is an important element of service user feedback**.**

12. Strategic Assessment

12.1 An appreciation of the performance of the CHCP informed the content of the HSCP Strategic Plan, including building on local successes/strengths and reviewing/addressing key areas where further improvement was required.

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Date: 18th November 2015

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Attached: West Dunbartonshire CHCP Performance Overview 1st April 2014 to 30th June 2015
West Dunbartonshire CHCP Complaints Summary 2014/15

Background Papers: WD CHCP Strategic Plan 2014/15

WDC Audit & Performance Review Committee (September 2015): Audit Scotland Evaluation of Public Performance Reporting

Wards Affected: All

West Dunbartonshire CHCP Performance Overview 1st April 2014 to 30th June 2015
Key Performance Indicators: Summary of Progress

15 month values/15 month targets

Performance Indicator	2013/14	April 2014 – June 2015			
	Value	Value	Target	Status	Note
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	92.6%	100%	90%		Target achieved.
Primary Care Mental Health Team average waiting times from referral to first assessment appointment (Days)	28	20	14		Target has not been achieved and performance is being reviewed
Percentage of designated staff groups trained in suicide prevention	100%	100%	50%		Target achieved.
Percentage uptake of bowel screening	51.8%	53.8%	60%		Latest data from Bowel Screening Programme April 2013 - March 2015.
Percentage uptake of cervical screening by 21-60 year olds (excluding women with no cervix)	76.5%	75.6%	80%		Latest data December 2014.
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	44%	52%	69%		Target not achieved. There are a very small number of young people leaving care each quarter meaning that this percentage can fluctuate considerably.
Rate per 1,000 of children/young people aged 8-18 who are referred to the Reporter on offence-related grounds	4.8	4.6	6.5		Target achieved.
Rate per 1,000 of children/young people aged 0-18 who are referred to the Reporter on non-offence grounds	33.15	19.6	38.5		Target achieved.
Percentage of babies breast-feeding at 6-8 weeks	15.3%	13.9%	16%		Target has not been achieved and performance is being reviewed.
Percentage of babies breast-feeding at 6-8 weeks from the 15%	9.9%	10.5%	16%		Target has not been achieved and

Performance Indicator	2013/14	April 2014 – June 2015			
	Value	Value	Target	Status	Note
most deprived areas					performance is being reviewed.
Percentage smoking in pregnancy	19.6%	17.7%	20%		Target achieved.
Percentage smoking in pregnancy - Most deprived quintile	28%	24.9%	20%		Target has not been achieved and performance is being reviewed
Percentage of five-year olds (P1) with no sign of dental disease	58.6%	61.9%	60%		Source is the Annual National Dental Inspection Programme. It alternates between reporting on P1 and P7 children. The most recent programme took place in 2014.
Number of children with mental health issues (looked after away from home) provided with support	50	117	38		Target achieved.
Number of children with or affected by disability participating in sports and leisure activities	175	170	186		Annual target under review due to the loss of a privately-run Soft Play facility within the area and a reduction in the number of days available from Able2Sail.
Number of children completing tailored healthy weight programme	N/A	49	50		Further marketing to take place to recruit families and workshops with Health Visiting Team.
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	97.4%	96.3%	95%		Target achieved.
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.3%	96.4%	97%		Target achieved.
Percentage of child protection investigations to case conference within 21 days	80.2%	88.4%	95%		Reasons for the delay in case conferences include waiting on the conclusion of police investigation and the availability of team leads to chair conferences.

Performance Indicator	2013/14	April 2014 – June 2015			
	Value	Value	Target	Status	Note
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%		Target achieved.
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%		Target achieved.
Number of adult mental health patients waiting more than 28 days to be discharged from hospital into a more appropriate setting, once treatment is complete	1	0	0		Target achieved at March 2015. Timescale reduced to 14 days from April 2015.
Number of adult mental health patients waiting more than 14 days to be discharged from hospital into a more appropriate setting, once treatment is complete	1	0	0		Target achieved.
Balance of Care for looked after children: % of children being looked after in the Community	89%	89%	89%		Target achieved.
Long Term Conditions - bed days per 100,000 population	8,630.4	9,444.4	8,465		Target has not been achieved and performance is being reviewed
Long Term Conditions - bed days per 100,000 population COPD (crude rate)	3,056.5	3,441.7	2,986		Target has not been achieved and performance is being reviewed
Long Term Conditions - bed days per 100,000 population Asthma (crude rate)	266.1	335.2	260		Target has not been achieved and performance is being reviewed
Long Term Conditions - bed days per 100,000 population Diabetes (crude rate)	713.7	711.5	701		Target has not been achieved and performance is being reviewed
Long Term Conditions - bed days per 100,000 population CHD (crude rate)	4,594.1	4,956	4,518		Target has not been achieved and performance is being reviewed
Average waiting times in weeks for musculoskeletal physiotherapy services - WDHSCP	9	15	9		Due to changes in IT system and the introduction of a national target, future reporting will be based on the percentage of patients seen within the 9 week target.

Performance Indicator	2013/14	April 2014 – June 2015			
	Value	Value	Target	Status	Note
Average waiting times in weeks for musculoskeletal physiotherapy services - NHSGGC	6	14	9		Due to changes in IT system and the introduction of a national target, future reporting will be based on the percentage of patients seen within the 9 week target.
Percentage of Care Plans reviewed within agreed timescale	62.9%	73%	72%		Target achieved.
Percentage of identified carers of all ages who express that they feel supported to continue in their caring role	85%	87.6%	88%		Target has not been achieved and performance is being reviewed.
Total number of respite weeks provided to all client groups	6,522	8,471	8,175		Target achieved.
Percentage of community pharmacies participating in medication service	100%	100%	80%		Target achieved.
Number of patients in anticipatory care programmes	1,024	1,601	1,200		Target achieved.
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	27%	30.7%	30%		Target has not been achieved and performance is being reviewed.
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	49.6%	43.9%	35%		Target has not been achieved and performance is being reviewed.
Number of acute bed days lost to delayed discharges (including AWI)	4,925	6,712	4,773		Target has not been achieved and performance is being reviewed.
Number of acute bed days lost to delayed discharges for Adults with Incapacity	1,547	2,455	583		Target has not been achieved and performance is being reviewed.
No people will wait more than 28 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2013	2	0	0		Target achieved at March 2015. Timescale reduced to 14 days from April 2015.
No people will wait more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2015	5	0	0		Target achieved.

Performance Indicator	2013/14	April 2014 – June 2015			
	Value	Value	Target	Status	Note
Unplanned acute bed days (aged 65+)	45,641	59,130	56,026		Target not achieved.
Unplanned acute bed days (aged 65+) as a rate per 1,000 population	3,025	3,802	3,669		Target not achieved.
Unplanned acute bed days (aged 75+)	33,094	43,603	40,625		Target not achieved.
Emergency inpatient bed days rate for people aged 75 and over (per 1,000 population)	4,788	6,341	5,902		Target not achieved.
Number of emergency admissions aged 65+	3,973	5,358	4,876		Target not achieved.
Emergency admissions aged 65+ as a rate per 1,000 population	263	344	319		Target not achieved.
Number of bed days lost to delayed discharge elderly mental illness	710	648	662		Target achieved.
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	41%	29.4%	40%		Target achieved.
Occupancy rate in local authority care homes (65+ only)	93%	93%	95%		When all cross border residents and those aged under 65 who are resident in our care homes for older people are included, occupancy is sitting on target at 95%.
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	22,666	22,688	22,589		Target achieved.
Percentage of adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes	51%	56%	55%		Target achieved.
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	98.2%	98%	97%		Target achieved.
Number of patients on dementia register	613	629	695		Figure taken from QOF report for 1st July 2015. Target has not been

Performance Indicator	2013/14	April 2014 – June 2015			
	Value	Value	Target	Status	Note
					achieved and performance is being reviewed. Estimated prevalence has been recalculated based on May 2015 CHI extract.
Total number of homecare hours provided as a rate per 1,000 population aged 65+	642.3	578.3	600		Transition to new home care scheduling system CM2000 still in progress.
Percentage of homecare clients aged 65+ receiving personal care	82.7%	93.8%	83%		
Percentage of people aged 65 and over who receive 20 or more interventions per week	51.3%	31.6%	45.5%		Transition to new home care scheduling system CM2000 still in progress. The old system recorded interventions by the type of care required and it has been anticipated that this figure will fall as the new system records each visit accurately regardless of the type of service being delivered. The target for this measure will require to be reviewed in light of this.
Percentage of people aged 65 or over with intensive needs receiving care at home	40.71%	38%	40%		Transition to new home care scheduling system CM2000 still in progress. This measure focuses on people with 10 hours or more of homecare service each week. The increased use of additional Telecare sensors as an integral component of care packages to sustain people at home contributes towards a reduction in the number of homecare hours and increased support to carers.

Performance Indicator	2013/14	April 2014 – June 2015			
	Value	Value	Target	Status	Note
Average length of stay adult mental health	28.8	26	33		Target achieved.
Number of carers of people aged 65+ known to HSCP	1,348	1,446	1,764		Data subject to validation.
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	95%	90.3%	91.5%		Target not achieved.
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	98%	93%	98%		Targets have not been achieved and performance is being reviewed.
Number of unplanned admissions for people 65+ from SIMD1 communities	588	633	718		Target achieved.
Number of quality assured Equality Impact Assessments	16	20	10		Target achieved.
Percentage uptake of bowel screening SIMD1	44.3%	46.1%	60%		Latest data April 2013 to March 2015.
Percentage uptake of cervical screening by 21-60 year olds (excluding women with no cervix) SIMD1	74.11%	72.4%	80%		Latest data December 2014.
Number of successful quits, at 12 weeks post quit, in the 40% most deprived areas (SIMD1 and 2)	99	109	233		West Dunbartonshire quit rates are in line with those across NHSGGC. A comprehensive local service evaluation was undertaken with findings considered and recommendations implemented.
Proportionate access to psychological therapies - Percentage waiting no longer than 18 weeks SIMD1	95%	100%	90%		Target achieved.
Proportionate access to psychological therapies - Percentage waiting no longer than 18 weeks SIMD5	93.3%	100%	90%		Target achieved.
Proportionate access to psychological therapies - Percentage waiting no longer than 18 weeks Male	91.9%	100%	90%		Target achieved.

Performance Indicator	2013/14	April 2014 – June 2015			
	Value	Value	Target	Status	Note
Proportionate access to psychological therapies - Percentage waiting no longer than 18 weeks Female	96%	100%	90%		Target achieved.
Percentage of complaints received and responded to within 20 working days (NHS)	100%	87.5%	70%		Target achieved.
Percentage of complaints received which were responded to within 28 days (WDC)	79%	78.8%	70%		Target achieved.
NMC Registration compliance	100%	100%	100%		Target achieved.
Sickness/ absence rate amongst WD HSCP NHS employees (NHSGGC)	5%	4.92%	4%		Figure for rolling year July 2014 to June 2015.
Average number of working days lost per WD HSCP Council Employees through sickness absence	16.15	25.8	11		There has been a significant reduction in absence over a 6 month period - however this is still well in excess of the target of 2 days per quarter. A targeted approach is on-going within the department to improve attendance with a number of strategies outlined in the departmental action plan.
Percentage of WD HSCP Council staff who have an annual PDP in place	67%	88%	95%		Heads of Service receive monthly reports on out of date PDPs.
Percentage of WD HSCP NHS staff who have an annual e-KSF review/PDP in place	68.09%	61.13%	80%		Target has not been achieved and performance is being reviewed.
Percentage of staff with mandatory induction training completed within the deadline (NHS)	67%	100%	100%		Target achieved.

WD CHCP Strategic Plan 2014/15: Key Actions – Summary of Progress

Key Actions	Summary of Progress Made
Complete local implementation of Getting It Right for Every Child (GIRFEC) National Practice Model (NMP).	Responded to the guidance from Scottish Government on named person role, with intention to have all requirements late 2015. This will provide the opportunity of a shadow year in which to finalise local guidance and processes to ensure consistent and appropriate implementation of the named person (NP) role across health and education; clear information sharing processes with NP; and development of single child's plan. The local Work Plan has been shared with Scottish Government, who provided positive feedback and have no objection to the above local approach to early implementation.
Continue roll-out of EMIS Web (electronic record) across children's health services.	Local community child's health visiting teams went live with EMIS and the National Practice Model (NMP – GIRFEC) from November 2014, with the full child health family record up and running – thus enabling Speech and Language Therapy (SLT), Child and Adolescent Mental Health Services (CAMHS), Health Visiting and School Nursing to contribute to the one child's record.
Lead implementation of Child Protection Committee Improvement Action Plan with and across community planning partners.	The Child Protection Committee (CPC) updated their Improvement Action Plan in January 2015, with a further revision in May 2015 covering all improvement areas. In addition a reflective case review was undertaken of a significant child protection case for the purposes of learning – this has greatly informed the CPC Improvement Action plan going forward and has led to the identification of some local training needs. Revised and re-launched the local approach to domestic abuse screening and intervention, with key professionals from the HSCP working into the Police Concern Management Hub for this purpose. The Public Protection Chief Officers Group (PPCOG) hosted a multi-agency development event on 5th December 2014 on domestic abuse. This evaluated very positively. Have continued to refine the overall Public Protection Performance Assurance and Reporting Framework to provide clear assurance and accountability to the PPCOG.

Implement Year Four CPP Older People's Change Fund Plan.	Now providing accessible options to General Practice and operational community services for clients who require rapid response, nursing and care at home provision by providing a single point of contact. This links into the development of an Anticipatory Care Plan (ACP) nursing post linked to the Out of Hours services. Out of Hours Nursing, Home Care, Sheltered Housing, Care Homes, and Mobile Attendants now managed as a coherent network, based around neighbourhood teams to ease access and pathways for those using those local services. Established a bureau model for older people's respite services linked to Primary Care Dementia Service, Community Older People's Team, Out of Hours Services and independent sector providers. It enables direct access, improved coordination and take-up of existing respite and step up/step down opportunities. It is more flexible and responsive to people's needs and provides an out of hours service to support emergency access to respite and step up services where a client's or a carer's needs are urgent. Care at Home services are targeted towards those with high level needs in order to maintain or even improve levels of independence. Established a Home Care Reablement team, which has ensured that the focus is on better outcomes, maximising clients' long term independence and quality of life and appropriately minimises structured supports. A single point of access that allows close links with Supported Discharge Team and Community Older People's Team is in place. In addition to the Care at Home and Occupational Therapy staff, there has been recruitment of pharmacy technicians managed within the local prescribing service to provide compliance support and to liaise with community pharmacy. The West Dunbartonshire Care at Home Pharmacy Service has been recognized as a finalist at the *NHSGGC Chairman's Celebrating Success Awards*. Developed networked services with WD CVS to build on community capacity in particular befriending services, care and repair, support to carers and increasing awareness. This has also been accompanied by investments in developing community directories; and in publicising independent and 3rd sector services and groups, in partnership with Carers of West Dunbartonshire and Alzheimer Scotland.

	West Dunbartonshire Link Up, developed and delivered with West Dunbartonshire CVS and other local organisations, enables older people to access a range of community health, social work and third sector services through a single point of access. Staffed by trained volunteers, the service helps reduce stress for older people and their families by offering easy and prompt access to local services, providing information, support and direct referral opportunities to services such as befriending and assisted shopping. This service won several national awards during the year including: • Working with Local Communities category of the *2014 Care Accolades Awards*. • Self-Management Project of the Year of the *Health and Care Alliance Scotland Awards 2014*. • Gold Award for the Local Matters category of the COSLA *Excellence Awards 2015*. • Commendation at *MJ Local Government Achievement Awards 2015*. Worked in partnership with West Dunbartonshire Leisure Trust to introduce the Vitality physical activity programme – which is specifically tailored for and targeted at older people – within a variety of community facilities, including our own care homes and day care facilities. This initiative has been recognised nationally as a finalist in the *Herald Society Awards 2015*. Worked with Alzheimer Scotland to recruit a local dementia adviser, matching their contribution to provide support to patients, their carers and to health and social care staff across all care settings. The post supports early diagnosis of dementia and diagnosis in primary care and provides education and training to staff. With support from Alzheimer Scotland and WDCVS, continue to develop social supports for patients with dementia and their carers. Embedded the Supportive and Palliative Action Register (SPAR) within local Care Home documentation: the tool is used routinely in Care and Nursing homes to help to identify patients who are deteriorating. A Palliative Care Nurse is in post to support the on-going educational needs of Clinical and Non Clinical staff for people at end of life (which includes refresher sessions on SPAR and support visits to Care and Nursing Homes). Since 2008

	patients on the palliative care register dying in a homely setting has increased from 44% to 56% in 2014/15. During 2014/2015 the percentage of patients dying in hospital for non-cancer deaths reduced from 49.6% to 38% reflecting the change in the service. The local integrated palliative care programme has been recognized nationally: • As a finalist at the *Scottish Health Awards 2015*. • The winner of the best integration award at the *NHSScotland Event 2015*. • The winner of the Health & Social Care Integration category at the *Herald Society Awards 2015*.
Implement requirements of Self-Directed Support Act.	Draft Procedures updated to incorporate new duties. Policy and draft Procedures circulated to all relevant departments. SDS and Support Plan training delivered to staff in the form of formal, informal and ad-hoc sessions as required and/or requested. SDS Website is maintained and updated on a regular basis and is available via main West Dunbartonshire Council site. Carers of West Dunbartonshire offering an independent advice service.
Further improve access to Primary Care Mental Health Team (PCMHT) and reduce incidence of clients failing to attend appointments.	Developed a program of evidence based groups which have been the product of a short life working group led by both Community Mental Health and Primary Mental Health Staff working collaboratively. The Program has formally launched and incorporates a number of accessible groups which are open to all. These include Cognitive Behavioural Therapy in Action hosted by the Primary Care Mental Health Team; Emotional Skills Group hosted by the Community Mental Health Team (CMHT); and a number of Mindfulness Groups delivered by all teams. All of these groups can be accessed by all clients. In addition to this, with the clear increase in the referrals looking to access psychological therapies, resources have been reallocated from CMHT to PCMHT to meet this demand. Worked through locality groups and GPs to promote the option of clients accessing the service using self-referral; and promote third sector options for psychological therapies that GPs can access on behalf of patients.
Work with WDC Housing Section and third sector providers to develop appropriate supported living accommodation for those with long-term mental	Building works were ongoing over this period. Third sector providers agreed to become the tenants. Clients were identified by the clinical team at Gartnavel Royal Hospital, and well developed plans were put in place to discharge clients to their flats with ongoing housing

health needs.	support in the middle of 2015. The Cairnmhor and Hardgate Older Adults Community Team won the Team of the Year at the *WDC Employee Recognition Awards 2015*.
Work with third sector to relocate local clients with a learning disability diagnosis who are currently living in specialist care facilities out of area back within West Dunbartonshire.	Worked with third sector providers to relocate local clients with a learning disability diagnosis who had been living in specialist care facilities out of area (due to a previous lack of local appropriate facilities) back within West Dunbartonshire. Worked in partnership with the charity Cornerstone to develop the new purpose-built Baxter View accommodation within the area that allows a greater degree of independent living than is normally the case for people with high level needs. Baxter View was officially opened in Autumn 2014, and is operated by Cornerstone as a Centre of Excellence - the intention being that the team there will share learning and best practice with other care providers.
Target people with learning disability and sensory impairment to increase their uptake of the national screening programme and continue to target people in SIMD 1 and men.	As part of the local dissemination activity of the Scottish Government's Detecting Cancer Early Campaign, groups experiencing "inequalities" were targeted for key message. There was also ongoing engagement with the NHSGGC/ Cancer Research UK Primary Engagement Programme that encouraged GP Practices to target men and SIMD 1 population.
Embed pathways & processes for supporting patients with health conditions to engage with the employability pathway.	Processes embedded to ensure all services can engage with the local community planning partnership (CPP) employability pathway particularly through the integrated CPP Working 4 U service which delivers on work, learning and money advice support. Increased focus within addictions, mental health and learning disability services, enhanced with Work Connect Initiatives delivered in partnership with WDC HEED; plus range of employability initiatives sponsored through the MCNs (e.g. Get Back Plus programme).
Implement improvement actions to reduce discrimination faced by lesbian, gay and bi-sexual (LGB) people, transgender people, sensory impaired people and people with learning disabilities.	Range of work carried out as part of the West Dunbartonshire Equality Forum, most notably to increase awareness of the third party reporting centres in relation to hate crime. The refurbishment of Dumbarton learning disability resource centre provided an opportunity to for the centre to be a "hub" for more community healthy living activity with

	the aim of reducing stigma. The local Sensory Impairment Forum continues to work on delivering the See Hear Strategy; and the Augmented and Assistive Communication Programme.
Deliver quality assured NHSGGC-wide eye care service through audit and review.	Given the increasing cohort of diabetic patients requiring Diabetic Retinal Screening Service the service is continuing to experience pressures in meeting the target times for 3rd stage examinations. However for the majority of patients results are available within target. It has been agreed with NHSGGC Acute Services Division that Optical Coherence Tomography (OCT) examinations will be delivered to reduce the cost of waiting list initiatives and reduce waiting times to be seen.
MSK Physiotherapy Service: • Ensure equitable waiting times across sites. • Complete roll-out of self-referral across all sites. • Improve supported self-management by working with staff and by developing standardised resources and other methods to support self-management. • Develop and implement physiotherapy pathways to ensure patients get the right treatment at the right time by the right person (including involving key stakeholders) • Outcome measures will be fully implemented and used to address physical activity, stress, anxiety & depression, employability, smoking, obesity and alcohol use. • Implement a single IT system across service.	TrakCare successfully implemented in all 37 MSK Physiotherapy sites across NHSGGC. Moved to Referral Management Centre in May 2015. Completed roll-out of self-referral across all sites. Developed supported management gym rehab programmes that patients attend; and currently reviewing impact of this service. Spinal, Shoulder and Knee pathways have been piloted and feedback obtained. Now being finalised and work starting on elbow, hip and thoracic spine pathways. All staff using outcome measures for every patient. Last audit showed the significant benefit MSK physiotherapy had in reducing pain, increasing function, getting patients back to work or keeping them at work. It also showed a considerable rise in health improvement activity as a result of “raising the issue” training and focusing on specific target areas. Single IT system implemented across service.
Further develop chronic medication service (CMS) with local pharmacies through local community pharmacists group.	Utilising the elements of CMS, local community pharmacies continue to support locally identified priorities – these include both the asthma and the pain local enhanced services (LES). Learning from both of these projects has directly influenced the GGC-wide

	Respiratory LES which commenced in April 2015; and the updated Pain LES, which has been continued in West Dunbartonshire for a further year.
Work with GP practices to monitor their provision of third available appointment, planned appointments and 24 hour access.	Have continued to work with 14 of our 17 practices to record 3rd available appointment and have shown an improvement in those achieving their 3rd available appointment in 24 hours. Continuing to encourage practices to continue to work on improving access using the materials and documentation provided for the GP Contract.
Ensure full compliance with outcome and requirements from the Scottish Government's Redesign of the Community Justice system for the delivery of adult criminal justice services.	Accepted proposal is to maintain a Community Justice Partnership (CJP) across West and East Dunbartonshire and Argyll and Bute until 2017. There are several work streams underway, with the Heads of Service from each partner authority meeting regularly to manage this transition. There has also been engagement with community planning partnership members across the three authority areas and regular reporting to both the CJP Committee and the Community Planning West Dunbartonshire Management Group.
Develop proposed HSCP Integration Scheme.	At its May 2014 meeting, the then Shadow Integration Joint Board for West Dunbartonshire directed the then Interim Chief Officer to develop an integration scheme for West Dunbartonshire on behalf of both the Council and the Health Board in accordance with requirements of the legislation; and for subsequent recommendation for approval by the NHSGGC Health Board and the Council. The completed integration scheme was then presented and approved by the Health Board at its January 2015 meeting; and West Dunbartonshire Council at its February 2015 meeting. The integration scheme was then formally submitted to the Scottish Government for scrutiny and consideration (well in advance of the legislative deadline of 1st April 2015). In May 2015 date the Council and the Health Board received formal confirmation that the Scottish Government had approved the attached Integration Scheme. This enabled the establishment of the new arrangements for West Dunbartonshire on the 1st July 2015, well in advance of the legislative deadline of 1st April 2016 and most other areas of the country.

West Dunbartonshire Council | NHS Greater Glasgow and Clyde | West Dunbartonshire Community Health & Care Partnership

West Dunbartonshire CHCP Complaints Summary
1st April 2014- 30th June 2015

There were 50 formal complaints received within the Partnership during this period.

Responded under NHSGGC Complaints Policy		**Responded under WDC Complaints Policy**	
Fully Upheld	6	Fully Upheld	12
Partially Upheld	4	Partially Upheld	9
Not Upheld	6	Not Upheld	12
Unsubstantiated		Unsubstantiated	1
Withdrawn		Withdrawn	
Ongoing		Ongoing	
Consent not received		Consent not received	
Total	16		34
NHSGGC Complaints Policy		**WDC Complaints Policy**	
Mental Health Services	1	Children's Services	14
MSK Physiotherapy Services*	10	Children's Residential Care	1
Clydebank Health Centre	1	Mental Health Services	2
Diabetic Retinal Screening*	2	Care at Home	5
		Community Care	2
Children's Services	1	Care Contract Team	2
District Nursing	1	Physical Disability Services	1
		Learning Disability Services	1
		Addiction Services	1
		Hospital Discharge	1
		SDS Community Care	1
		Occupational Therapy	2
		Older People's Residential Care	1
Total	16		34

*NHSGGC-wide Hosted services.

Summary of main themes evident from lessons learnt:

- Importance of staff communicating timeously, clearly and respectfully with service users.
- Importance of on-going and clear engagement with client advocates.
- Importance of good documentation and record keeping, supported by routine staff supervision.
- Importance of timeous allocation of care assessment worker.
- Importance of clear and timely communication between staff in dealing with service users.

Action has already been taken with respect to the above within the specific service areas; and messages reinforced more generally.

Service Area	Complaint Subject	Outcome
WDC POLICY		
Addiction Services	Failure to provide service	Partially upheld
Care at Home	Car parking	Upheld
	Communication	Upheld
	Communication	Upheld
	Failure to provide service	Upheld
	Administration	Partially upheld
Care Contract Team	Finance query	Not Upheld
	Communication	Partially upheld
Children's Residential Care	IT Issues	Not Upheld
Children's Services	Quality of service	Unsubstantiated
	Communication	Upheld
	Failure to provide service	Not Upheld
	Failure to provide service	Not upheld
	Failure to provide service	Not upheld
	Car parking	Upheld
	Paperwork	Not upheld
	Child protection	Not Upheld
	Building damage	Upheld
	Staff attitude	Partially upheld
	Failure to achieve services	Partially upheld
	Communication	Upheld
	Communication	Partially upheld
	Quality of service	Partially upheld
Community Care	Quality of service	Partially upheld
	Paperwork	Upheld
Hospital Discharge	Policy	Not upheld
Learning Disability Services	Failure to provide service	Upheld

Service Area	Complaint Subject	Outcome
Mental Health Services	Unfair treatment	Not Upheld
	Administration	Partially upheld
Occupational Therapy	Staff attitude	Upheld
	Failure to provide service	Not upheld
Older People's Residential Care	Failure to provide service	Not upheld
Physical Disability Services	Failure to provide service	Not Upheld
SDS Community Care	Administration	Upheld
NHSGGC Policy		
Children's Services	Administration	Partially upheld
Clydebank Health Centre	Staff attitude	Upheld
District Nursing	Staff attitude	Upheld
Mental Health Services	Staff attitude	Not upheld
MSK Physiotherapy	Failure to provide service	Not upheld
	Failure to provide service	Partially upheld
	Quality of service	Not upheld
	Failure to provide service	Not upheld
	Staff attitude	Upheld
	Quality of service	Not upheld
	Failure to provide service	Upheld
	Quality of service	Partially upheld
	Administration	Upheld
	Failure to provide service	Not upheld
Diabetic Retinal Screening	Administration	Upheld
	Staff attitude	Partially upheld

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 18th November 2015

Subject: Annual Chief Social Work Officers Report 2015

1. Purpose

1.1 The attached report presents the West Dunbartonshire Annual Chief Social Work Officer's Report for the period July 2014 to June 2015.

2. Recommendations

2.1 The Partnership Board is recommended to:

(i) Note the contents of the attached report and associated Appendices and note that the Chief Social Work Officer (CSWO) will make this report widely available within the HSCP, Council and externally as appropriate.

3. Background

3.1 As the Partnership Board will recall from its August 2015 meeting, the Scottish Government's Clinical and Care Governance Framework states that all aspects of the work of Integration Authorities, Health Boards and local authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care. The national framework has been developed on the understanding that Integration Authorities will build on the existing professional and service governance arrangements already in place within Health Boards and Local Authorities.

3.2 With respect to governance of social care, 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 requirement for each Council to have a CSWO was initially set out in Section 3 of the Social Work (Sc) Act 1968 and further supported by Section 45 of the Local Government etc (Scotland) Act 1994. The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of social work and social care services, not only those provided directly by the HSCP but also those commissioned or purchased from the voluntary and private sector. Social work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.

3.3 At the August 2015 Partnership Board meeting it was confirmed that the CSWO would provide a separate annual report on care governance to the Partnership Board. The West Dunbartonshire CSWO Annual Report (attached) for the period July 2014 to June 2015 is attached, having been presented to full meeting of the Council on the 28th of October 2015.

4. Main Issues

4.1 The attached report covers the following areas:

- Local Authority Overview.
- Governance and Delivery.
- Integration of Health and Social Care.
- Public Protection (see also Appendix 1 of the CSWO Report).
- Corporate Parenting.
- Regulation, Inspection and Quality Assurance (see also Appendix 2 of the CSWO Annual Report).
- Service Achievements.
- Performance – Planning for Change and Key Challenges (see Appendices 3 and 4 of the CSWO Annual Report).

4.2 Since 2010 (when the former Community Health & Care Partnership was established) the annual Chief Social Work Officer's report has been reported to Council in the autumn of each year. The report concerns the period from July 2014 to the end of June 2015, in recognition of the 1st July integration commencement date for the new Partnership Board. The next report will cover July 2015 to March 2016 (9 months) in order to bring the reporting in line with other performance and governance reporting periods in line with our financial year thereafter.

5. People Implications

5.1 No personnel issues arise as a direct result of the attached report.

6. Financial Implications

6.1 Financial implications arising from the issues identified in the CSWO report will be included in future reviews of the Partnership Board's and the Council's long term financial strategies. Some aspects of Scottish Government legislation and policy initiatives come with some financial uncertainty due to potential demands associated with new or extended policy initiatives (as covered within the Annual Report).

7. Professional Implications

7.1 The CSWO 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 Integration Scheme for West Dunbartonshire confirms that:

- The CSWO will provide appropriate professional advice to the Chief Officer and the Partnership Board in relation to statutory social work duties and make certain decisions in terms of the Social Work (Scotland) Act 1968.

- In their operational management role the Chief Officer will work with and be supported by the CSWO with respect to quality of integrated services within the Partnership in order to then provide assurance to the Partnership Board.
- The CSWO will provide an annual report on care governance to the Partnership Board.

7.2 There are several areas that concern specific professional issues within the attached Annual Report. These principally include the need for staff and managers to ensure professional registrations are kept up to date and the need to deliver services that comply with national standards.

8. Locality Implications

8.1 There are no locality implications in respect of this report.

9. Risk Analysis

9.1 Effective clinical and care governance arrangements need to be in place to support the delivery of safe, effective and person-centred health and social care services within integrated services.

9.2 There is a risk to both the Council and the Partnership Board if social work functions are not delivered to an appropriate standard. Members need to be satisfied that proper arrangements are in place to ensure sound governance of social work functions. It has previously been agreed that the CSWO Annual Report would give Members the opportunity to satisfy themselves that the delivery of social work functions is being properly conducted within local organisational arrangements.

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 The CSWO Annual Report has been compiled with contributions from and reflects the commitment of the staff across the former CHCP (now Health & Social Care Partnership).

12. Strategic Assessment

12.1 The key messages with and learning from the work detailed within the CSWO Annual Report directly informed the development of the approved Strategic Plan.

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Head of Children's Health, Care and Criminal Justice

Date: 18th November 2015

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Attached: West Dunbartonshire Chief Social Work Officer Annual Report 2014 - 2015

Appendix 1: Performance and Assurance Reporting Framework (PPCOG)
Appendix 2: Regulatory Inspection Outcomes
Appendix 3: HSCP SOLACE Performance Indicators for 2013 to 2014
Appendix 4: Audit Scotland Statutory Indicators 2013 to 2014.

Background Papers: The National Clinical & Care Governance Framework

HSCP Board Report (August 2015): Clinical Governance

HSCP Board Report (July 2015): Integration Scheme

HSCP Board Report (July 2015): Strategic Plan 2015/16

Wards Affected: All

West Dunbartonshire Council

NHS Greater Glasgow and Clyde

West Dunbartonshire Health & Social Care Partnership

Chief Officer: Keith Redpath

WEST DUNBARTONSHIRE

CHIEF SOCIAL WORK OFFICER's ANNUAL REPORT 2014- 2015

Appendices

Foreword

It is my pleasure to provide my third annual Chief Social Work Officer's report in West Dunbartonshire. I would like to acknowledge all the colleagues who have supported me in the provision of relevant material for inclusion in this report.

The requirement for each Council to have a Chief Social Work Officer (CSWO) was initially set out in Section 3 of the Social Work (Sc) Act 1968 and further supported by Section 45 of the Local Government etc (Scotland) Act 1994. The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of social work and social care services, not only those provided directly by the HSCP but also those commissioned or purchased from the voluntary and private sector. Social work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.

The purpose of this annual report is to provide Council with information on the statutory work undertaken on the Council's behalf during the period 1st July 2014 to June 2015. This report will be posted on the Council website, the Health and Social Care Partnership website and will be shared with the Chief Social Work Advisor to the Scottish Government.

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1. Local Authority Overview

1.1 West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. According to the National Records for Scotland, the 2014 population for West Dunbartonshire is 89,730; a decrease of 0.1 per cent from 89,810 in 2013. The population of West Dunbartonshire accounts for 1.7 per cent of the total population of Scotland.

1.2 In West Dunbartonshire, 17.5% of the population are aged 0-15 which is slightly higher than Scotland which sits at 17%. In the next age group 17.6 per cent of the population are aged 16 to 29 years. This is smaller than Scotland where 18.3 per cent are aged 16 to 29 years. Persons aged 60 and over make up 23.6 per cent of West Dunbartonshire. This is smaller than Scotland where 24.0 per cent are aged 60 and over.

1.3 National and local evidence indicates that the population of West Dunbartonshire is ageing due to a combination of factors: that the number of births within the area is dropping; the number of people migrating to other council areas within the 15 – 44 age group is increasing; and the number of deaths registered annually is falling.

2. Governance and Delivery

2.1 It is a statutory requirement that every local authority should appoint a professionally qualified Chief Social Work Officer. This requirement was initially set out in the Section 3 of the Social Work (Sc) Act 1968 and further supported by Section 45 of the Local Government etc (Scotland) Act 1994. The particular qualifications are set down in regulations.

2.2 The responsibility of social work services is to promote people's safety, dignity and independence, and to protect communities by reducing offending and managing the risks posed by known offenders. This is done within a framework of statutory duties and powers imposed on the Council. Services are required to meet national standards and to provide best value. They are delivered in partnership with a range of stakeholders, including, most importantly, people who use them.

2.3 The role of the Chief Social Work Officer relates to all social work services, whether they be provided by the local authority or purchased from the voluntary or private sector, and irrespective of which department of the Council has the lead role in providing or procuring them.

2.4 In addition, there is a small number of duties and decisions, which relate primarily to the curtailment of individual freedom and the protection of both individuals and the public, which must be made either by the Chief Social Officer or by a professionally qualified social worker to whom the responsibility has been delegated by the Chief Social Work Officer and for which the latter remains accountable.

2.5 This annual report provides Members with an overview of how the statutory duties of the Chief Social Work Officer (CSWO) have been fulfilled between July 2014 to June 2015 and it provides a summary of highlights and future challenges and developments.

2.6 In forming the Community Health and Care Partnership (CHCP) in 2010, with a shadow period prior to this, it was agreed that the Annual Chief Social Work Officer report would be the mechanism for affirming if the construct of the CHCP continued to fulfil the governance and statutory responsibilities for social work services. This continues to be the case in respect of the Health and Social Care Partnership (HSCP).

2.7 With the formation of the CHCP in October 2010 reporting has been on an annual basis since then. However given that on the 1st of July this year the Health and Social Care Partnership (HSCP) was ratified and the Integrated Joint Board membership and remit agreed reporting on the delivery elements of Social Care will for this report be based on the year up to 1st of July 2015.

2.8 The next report will then cover the first nine months of the HSCP from 1st of July 2015 to the end of March 2016. Thereafter reporting will be on an annual basis as per the financial year.

2.9 Future reporting from 1st July this year will therefore be included in the overall Health and Social Care Partnership (HSCP) performance report.

3. Integration of Health and Social Care

3.1 The Scottish Government's Public Bodies (Joint Working) Act (Scotland) 2014 sets out the arrangements for the integration of health and social care across the country. In December 2013, the Council and the Health Board formally agreed to transition their Community Health and Care Partnership to a Shadow Health and Social Care Partnership; and for its Community Health & Care Partnership Committee to assume the role of Shadow Integration Joint Board. This decision enabled both the Council and the Health Board to jointly develop, constructively consult with stakeholders and then agree the arrangements for joint working as required by the Act, building on the effective integrated arrangements that had already been successfully developed locally; and reflecting on the considerable learning and insights that accrued in doing so.

3.2 The approved **Integration Scheme for West Dunbartonshire** details the 'body corporate' arrangement by which the Health Board and the Council have agreed to formally delegate health and social care services for adults and children to a third body, which is described in the Act as an Integration Joint Board. The Integration Joint Board for West Dunbartonshire is known as the *West Dunbartonshire Health & Social Care Partnership Board*.

3.3 The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership (WD HSCP), which is the joint delivery vehicle for those integrated services delegated to the Integration Joint Board (except for NHS acute hospital services); and through the Chief Officer, who is responsible for the operational management of the Health & Social Care Partnership. These arrangements for integrated service delivery will be conducted within an operational service delivery framework established by the Health Board and Council for their respective functions, ensuring both organisations can continue to discharge their governance responsibilities.

3.4 West Dunbartonshire HSCP, as was the case with the previous construction of the CHCP, has brought together the full complement of service including Children's Social Work and Criminal Justice Services. This is variable across the rest of Scotland and indeed within the Greater Glasgow and Clyde Health Board Area.

3.5 In conclusion, as Chief Social Work Officer, I fully support and endorse the work that has been undertaken this past year in establishing a clear construct for the HSCP and in the development of a comprehensive integration scheme which was approved by Scottish Minsters.

3.6 In addition it is my professional view that this full complement of services within the HSCP is essential both from a collaborative point of view but also ensures all services are mindful of the contribution they make across the range of public protection requirements which are a statutory function in respect of social work delivery.

4. Public Protection

4.1 Public Protection Chief Officers Group (PPCOG)

The highest priority in social work is to ensure that, in collaboration with partner agencies, people at risk of harm are afforded effective protection. The PPCOG is chaired by Joyce White, Chief Executive of the Council and the PPCOG is responsible for the strategic co-ordination of all public protection services in West Dunbartonshire.

The chairs of both the Child Protection Committee (CPC) and the Adult Protection Committee (APC) report directly to the PPCOG. In the last twelve months we have further embedded our approach to performance and assurance reporting and the scrutiny role of the PPCOG.

The Performance and Assurance Reporting Framework, as attached at **Appendix 1**, was developed in 2013. This report is shared with the CPC and APC however it's main purpose is to allow the PPCOG to review the outcomes and targets on regular basis. Some of the performance indicators such as registration rates do not warrant a target being set, however it is important to note the variations and examine the reasons for this. It is presented to each quarterly meeting of the PPCOG and is accompanied by an analysis report prepared by the Chief Social Work Officer and covers the totality of the public protection agenda.

It is acknowledged that as well as covering the three main areas of public protection; adult protection, child protection and high risk offenders a cross cutting theme for all of these service areas is domestic abuse. With this in mind the PPCOG hosted a staff engagement event in December 2014 on the subject of Domestic Abuse. This covered various aspects of domestic abuse management and intervention and was evaluated very positively by the mixed group of agencies and staff who attended.

With the revision of the Community Planning Partnership (CPP) structures and work streams the role and function of the PPCOG is clearly linked to the CPP strategic map. It is acknowledged that more work is required in raising the general awareness of the role, remit and function of the PPCOG. As such we have developed a specific logo and strap line by way of establishing a clearer 'brand'. We are also undertaking awareness raising exercises to ensure there is an understanding of the role of the PPCOG across each service area in the Council and CPP. And one of these events will be another seminar for elected Members early in 2016 and invitations will be extended to Executive Directors and Heads of Service.

The PPCOG continue to have an annual development event to review their Development Plan and areas for improvement.

4.2 Child Protection

We normally report numbers as at 31 March 2015. This year there were 34 children living in 17 families on the Child Protection Register (CPR) in West Dunbartonshire, compared with 20 children living with 13 families the year before. This represents an increase of 70%. Whilst this appears a significant increase, we monitor the numbers on the CPR over the course of the year in which there is acceptable variation. This variation is evident within Appendix 1 which covers the period of this report (1 June 2014 to 1 July 2015). Over the course of the calendar year 2014 to 2015, a total of 86 children were registered and 71 were de-registered. As compared to June 2014 to July 2015 there were 61 children registered and 90 removed from the CPR.

From analysis over the last two years it is evident that for the vast majority of children who are de-registered they remain at home due to a reduction in the level of risk they are exposed to. We audit a number of cases per year on a multi-agency basis in order to examine both the protective actions taken and the relationship to improved outcomes for children.

The Child Protection Committee (CPC) is chaired by the Chief Social Work Officer. As advised in my previous report, there have been a number of essential changes made to the format and structure of the CPC in recent years. The aim has been to ensure there is membership from across the services that have a role to play in protecting children and ensure that the agenda and content are sufficiently robust that we are able to identify areas for improvement and examine practice implications

The Improvement Action Plan spans three years from 2013 to 2016 with an annual update and review each year. This was first presented to the PPCOG in January 2014. This was reviewed in January 2015 with significant progress noted. We continue to undertake various forms of self evaluation in order to identify areas for further improvement. The CPC annual Improvement Action Plan as revised in January 2015 can be accessed on the CPC website along with various local guidance documents that have been developed or revised within the year.

http://www.wdcpc.org.uk/

Attendance and contribution has been very positive since the review of the structure and format of the CPC.

4.3 Adult Support and Protection (ASP)

The Adult Protection Committee (APC) continues to meet on a quarterly basis and has recently extended its membership to include representation from Trading Standards in light of the recent increase in financial harm and scams that have taken place within West Dunbartonshire. As a result of this, much of the draft action plan has centred on tackling financial harm and will link in with a wide range of agencies; such as banks, DWP and OPG to do this effectively.

The two sub-committees which support the Adult Protection Committee have also been refreshed with a revised membership and new objectives for each. The Self Evaluation and Training Sub-committee will be responsible for all matters involving audit, inspection and training requirements. The Practice and Communication Sub-committee will look at ways in which both practice and communication can be improved at a multi-disciplinary level. Both sub-committees will meet on a quarterly basis and the chairperson will attend each committee meeting to raise any issues and offer updates on any work completed.

The Council Officers Forum, which feeds indirectly into each of the sub-committees, continues to meet on a quarterly basis. The forum allows Council Officers the opportunity to meet with the Adult Support and Protection Co-ordinator and discuss issues relating to practice and professional development.

Training

The ASP training agenda for 14/15 is on-going and there continues to be high demand for both the Basic Awareness (level 1) and Detailed Awareness (level 2) courses. Figures for all training courses within the July 14 – June 15 period are as follows:-

- Basic Awareness – 143 attendees
- Detailed Awareness – 20 attendees
- 3 Acts Training – 9 attendees

The training agenda for 15-16 is already in use and features a number of additional courses such as minute taking and a senior practitioner's workshop to ensure that the workforce is equipped with the relevant skills and knowledge throughout all stages of the ASP process. Plans are also underway to stage a financial harm event for professionals with input from partner agencies.

Referrals

The number of adult at risk referrals for the period July 14 – June 2015 has decreased by 16% (80 referrals) in comparison to the same period for 13 – 14. The reason for this is that the vulnerable adult process is now in practice and provides an alternate pathway for Police to submit referrals for individuals that they have concerns about but do not consider to meet the 3 point test under the Act. This has been reflected in the number of vulnerable adults referrals received within the July 14 – June 2015 period. For 14/15 vulnerable adults referrals increased by 64% (130) in comparison to the same period for 13 – 14. The use of the vulnerable adult process has resulted in Police Scotland submitting more appropriate referrals and is an example of effective partnership working and a shared understanding of the thresholds required in order for an Adult to be considered under ASP legislation.

4.4 Criminal Justice – the Management of High Risk Offenders

Criminal Justice Social Work Services have statutory responsibilities for the assessment and supervision of offenders and a critical role in the assessment and management of offenders who present a high risk of harm to others within the community. Multi-agency Public Protection Arrangements (MAPPA) are the principle means of discharging this responsibility with regard to registered sex offenders and restricted patients (mentally disordered offenders). MAPPA provides a statutory framework for information sharing and joint working with the numerous agencies involved.

The statutory provisions relating to the inclusion of certain categories of serious violent offenders within MAPPA were intended to come into effect in 2015 but following representations regarding the preparation required, implementation this will now take place in 2016. This delay will also permit services to consider and implement recommendations arising from the national joint thematic inspection of MAPPA which took place earlier this year as noted at 8.3 in this report.

The service in West Dunbartonshire has in response to operational need and in conjunction with our partner authorities, developed and implemented local information sharing and planning arrangements with police colleagues in respect of the critical few but most concerning violent offenders. This will enable the service to anticipate the impact of the forthcoming formal changes in terms of organisational priorities and resources.

Delivery of additional responsibilities arising as a result of MAPPA has not been supported by additional funding resources at either a National or local authority level. This presents a challenge in terms of meeting this and other complex operational demands.

4.5 Mental Health Officer Service and Public Protection

Mental Health Officers in West Dunbartonshire undertake legislative duties in relation to the risk assessment and management of people with mental disorders, including mentally disordered offenders. The principle duties are set out in relevant legislation with additional policy and guidance featuring such as the Multi-Agency Public Protection Arrangements (MAPPA); the Memorandum of Procedure on Restricted Patients (2010); and the Enhanced Care Programme Approach. Mental Health Officers also directly contribute to the formulation of multi-agency formal risk assessment and management plans.

An area of particular demand relates to working with mentally disordered offenders. There has been an increase in the number of referrals from the courts in comparison to previous years, and these often complex cases require considerable MHO input. It is anticipated that the extension of Conditions of Excessive Security appeal provisions to include those individuals in medium secure hospital settings from autumn 2015 will result in greater numbers of patients being discharged into community settings. This will serve to further

enhance the role of the MHO in respect of such cases and is likely to have a broader impact on local resources in terms of care planning and support provision.

All mentally disordered offenders from the West Dunbartonshire area who are subject to statutory measures must have a designated Mental Health Officer. The Mental Health Officer (MHO) Service continues to experience a year-on-year increase in terms of demands on the resource. The volume of civil work generated under the terms of the Mental Health (Care & Treatment) (Scotland) Act 2003 remains largely consistent over time.

Whilst it remains the case that people with mental disorders are significantly more likely to be vulnerable to harm on the part of others, as opposed to presenting a risk to the broader community, it is essential to identify and manage all risk factors, and Mental health Officers are central to this process.

5. Corporate Parenting

Corporate Parenting is:

"The formal and local partnerships needed between local departments and services, and associated agencies, who are responsible for working together to meet the needs of looked after children and young people"

Looked After Children and Young People; We Can and Must Do Better (2007).

Corporate Parenting has been introduced into legislation through the Children Young People (Scotland) Act 2014 to place 'corporate parenting' (the duties of local authorities and other public bodies) on a statutory footing. The Act sets out the various responsibilities of corporate parents, how they should plan, report and collaborate. Clarity is also provided regarding a definition of the role, as defined in Part 9 of the act:

Prior to the introduction of this legislation, West Dunbartonshire Community Planning Partners had been focused on embedding a positive Corporate Parenting ethos across all partners. The success of this approach has been due primarily to the commitment of all partners and by utilising the expertise of organisations such as CELCIS (Centre for Excellence for Looked After Children), Kibble and 'Who Cares Scotland'.

Despite the positive, proactive approach to Corporate Parenting national statistics show that looked-after young people are more likely to experience difficulties with their mental health, are over represented in the justice and prison services and are at greater risk of both homelessness and unemployment.

The challenge to all of us is to change these statistics. In West Dunbartonshire we are committed to working in partnership to improve both supports and services and eventual outcomes for all our looked after children and young people. It is a key role for all of our Corporate Parents to assist our young people to achieve their aspirations. This is not only a statutory responsibility but an opportunity to improve the future of our most vulnerable young people in West Dunbartonshire.

In preparation for the new Corporate Parenting Responsibilities contained within the legislation West Dunbartonshire Community Planning Partnership hosted a Corporate Parenting Event on the 23rd of June 2015. The event was called, *"Creating Unconditional Care*" and was attended by representatives from all organisations with a corporate parenting responsibility.

The event was opened by the Council's Chief Executive and jointly delivered by CELCIS and Who Cares Scotland (an independent advocacy service for children and young people with experience of care).

The main focal points of the event were:

- To enable the delegates to hear from our young people regarding their experience of being looked after in West Dunbartonshire.
- To understand the outcomes experienced by looked-after young people.
- To provide all corporate parents with an understanding of their role in improving outcomes for our looked-after young people with particular reference to Housing, Employability and Education.
- To provide an opportunity for reflection on progress to date in relation to corporate parenting with all of our West Dunbartonshire Corporate Parents.

The event was followed by an interactive workshop that both challenged participants to consider their responsibilities to our looked after children and young people; and to refresh West Dunbartonshire's CPP Corporate Parenting Strategy and Action Plan.

The workshop was facilitated by CELCIS on behalf of the Council to provide a "critical friend" role for us, to support reflective and self-evaluation as well as identifying key actions for us moving forward. Delegates were asked to identify creative and robust actions to deliver our future corporate parenting responsibilities and aspirations.

The event enabled us to re-affirm our individual and collective commitment to our looked after young people ensuring that they receive high quality care and are afforded the same opportunities and experiences as children in the general population, in order that they can achieve the same outcomes.

To this end we have worked closely with our third sector partners, and have delivered training on an on-going basis in partnership with Who Cares? Scotland to a range of practitioners within Health, Social Work and Education working with looked after children and young people.

In West Dunbartonshire we recognise that we all have a role to play as Corporate Parents and it is imperative that we continue to raise awareness of this duty, as well as the reasons why this population of children require additional assistance to overcome the difficulties that come with having been looked after.

6. Regulation, Inspection and Quality Assurance

The Care Inspectorate's role is to register care services and to inspect all care and social services with the aim of encouraging and driving improvement in those services where they have detailed either recommendations and or requirements in certain aspects of care. All inspection findings and reports are reported to the HSCP Committee along with details of improvement actions and progress.

We work closely with the Care Inspectorate in discharging our responsibilities to ensure that service provision, both provided and commissioned, are of the highest standard. The Quality Assurance team within the HSCP has a clear role in proactively monitoring the quality of care delivered and ensuring that the response to individual concerns about service delivery are responded to quickly and effectively.

We anticipate that we will be advised of a forthcoming Joint Children's Services inspection and Joint Adult Services Inspection for Older People, both to take place at some point in 2016 and we will receive 12 weeks notification of this. Preparation for these inspections continues and has been reported to the Management Group of the CPP.

6.1 Grades and Outcomes

Our performance in this area across all regulatory services has gone from strength to strength. There has been a strong emphasis and robust approach taken to improving our grades both by the Senior Management Team and the previous CHCP Committee. Clearly the results are due to the diligence and high standards of care offered by our staff and front line managers.

For further details across all inspections and grades, requirements and recommendations please see **Appendix 2** - Regulatory Inspection Outcomes.

6.2 MAPPA Thematic Review

We were subject to a joint thematic inspection of Multi Agency Public Protection Arrangements (MAPPA), undertaken by the Care Inspectorate and Her Majesty's Inspectorate of Constabulary Scotland (HMICS) in June this year. We took part in this through the North Strathclyde Community Justice Authority (NSCJA) which is made up of six local authorities; East Renfrewshire, Renfrewshire, Inverclyde, East Dunbartonshire, Argyll and Bute and West Dunbartonshire. The strategic governance for the MAPPA arrangements across the NSCJA is discharged through the Strategic Oversight Group (SOG) which is currently chaired by the West Dunbartonshire CSWO.

The review team undertook case file reading through examination of key documents, considered the self assessment completed by the SOG, observed a selection of MAPPA review meetings and questioned staff and partners through a series of focus groups. On the final day of the review inspectors attended a meeting of the SOG to cover a

number of areas of work and relevant issues. We are due to receive some verbal feedback in due course and the inspection team are due to publish a national report on this review by November 2015. There were no issues of particular concern raised with us during the review.

7. Service Achievements

7.1 Implementation of Getting It Right For Every Child (GIRFEC) National Practice Model

Significant progress continues to be made in relation to the implementation of GIRFEC. This work is led by a multi-agency group of managers and representation from the third sector and Police Scotland. The legislative requirement for a 'Named Person' for each child is enshrined within the Children and Young People (Sc) Act 2014; however the implementation for this has been put back from August 2015 to August 2016.

Our implementation plan is progressing well and we are starting to write the guidance for staff. The Scottish Government GIRFEC team are also preparing guidance which we both welcome and seek to influence given our operational experience in bringing GIRFEC to West Dunbartonshire.

Further training opportunities are planned around key themes. The benefit in taking this multi-agency approach to developing high quality and effective joint children's services is evident through our daily interaction across agencies and with children and their families.

7.2 Youth Mentoring Project – National Award

The HSCP's Youth Mentoring Project has continued to be recognised following its SSSC Care Accolades award for 'Preventing Offending and Reducing Reoffending' in 2014**.** The Scottish Mentoring Network awarded the project the national award for Social Care & Justice Project of the Year 2014. The scheme gives young people who need extra help support to achieve their goals and make better decisions about their life.

Adults from the local community work together with young people to change their behaviour and achieve agreed goals. A team of 50 dedicated and trained mentors provide long term individual support to over 60 vulnerable young people across West Dunbartonshire who often have a history of offending and antisocial behaviour and have struggled to accept support from services.

7.3 The Link Up Service – National Awards

'Link Up' partnership between West Dunbartonshire's Council for Voluntary Service (CVS) and the HSCP. It gives older people access to a range of community health, social care and third sector services through a single point of access, ensuring that local residents quickly and effectively make contact with and are referred to the services they need. Developed in response to feedback from older people and their carers, Link Up is delivered by a team of extensively trained volunteers who are regarded as trusted members of their communities, all of whom are themselves aged 55 years and over.

This service has continued to receive much acclaim nationally, including winning the COSLA Excellence Gold Award 2014 in the 'Community Matters' category in addition to the Perfect Partnership in Scottish Charity Awards and being commended in the UK wide MJ Awards 2015 for Innovation in Social Care and finalists in the APSE 2015 Awards. Identified as national good practice, Link Up is working with the Scottish Government to promote good practice through social media and online resources.

Link up has continued to support older people, ensuring a wide variety of help and assistance from the HSCP and third sector partners. Link Up gives older people access to a range of community health, social care and third sector services, ensuring that they are supported to maintain their independence by quickly and effectively making contact with and receiving the services they need.

7.4 Integrated Care for Adults and Older People

Central to the delivery of West Dunbartonshire HSCP's comprehensive approach within integration is the provision of genuinely person centred care, enhanced when we nurture close relationships between health and social care staff.

This ethos has facilitated innovative approaches in the development of integrated care pathways, resulting in positive, measurable outcomes for patients and carers within West Dunbartonshire.

Now embedded in practice the annual NHS Scotland Event 2015 saw the HSCP's integrated approach to Community Health and Social Care for our older people recognised as demonstrating *'everything that integration is about; person centred, compassionate care for people. It brings together all sectors and agencies [to] provide the best quality of care'.*

7.5 Vitality

The aim of West Dunbartonshire HSCP's Vitality Plus is to provide high quality and fun interactive classes, specially designed for older people, which would engage and retaining residents and in doing so to increase people's core strength and balance, therefore reducing risk through frailty, improve social networks and opportunities for participation, and encourage people to take responsibility for their own health care and mental well-being by being active and involved.

Highly trained and experienced instructors personalise their sessions and the exercises to suit those older participants and the particular everyday challenges that they experience. Each session aims to help participants carry out daily activities more easily.

Emerging evidence points to increased physical health, including core strength and balance, improved mental wellbeing, individuals to taking more responsibility for their own health care and well-being and participants feeling steadier and more relaxed.

7.6 Palliative Care District Nursing Team- National Awards

Our integrated approach to Palliative Care has received increasing recognition nationally, being awarded a COSLA Excellence Bronze Award 2015 in the 'Tackling Inequalities and Improving Health' category, a commendation in the MJ Awards 2015 for 'Public Health Partnerships' and receiving specific recognition at the NHS Scotland Event 2015.

Our Palliative Care District Nursing team train and support social care staff in the community and staff in all local care homes to care for people with long term conditions and at the end of life. Crucially this gives patients extra choice to be supported in the place most appropriate to them when it comes to the end of their life.

The crux of this initiative is to enable those workers who care for people on a daily basis to continue to provide the best care through changing circumstances. More people approaching end of life are now cared for where they choose to be; and by more skilled and confident staff who understand their palliative care needs.

This has resulted in a 20% reduction in the numbers of patients with palliative care needs being admitted and dying in hospitals, the number of palliative care patients dying in their own residence has risen from 44% in 2008 to 64% in 2013/14 (a 50% improvement).

We see improved palliative care for people in care homes and their own homes, with a more co-ordinated support for care home residents with complex needs, improved post-diagnostic pathways for patients and support for carers.

7.7 Whole Systems Approach (WSA) to Youth Offending

The Whole Systems Approach to address and reduce offending for all Young People under the age of 18, is now established across West Dunbartonshire, incorporating Early and Effective Interventions (EEI) for young people. Scottish Government funding until March 2015 enabled us to ensure that this approach is maintained as part of our core service provision.

Between January 2014 to January 2015, 129 offences (committed by 116 Young People) passed to EEI/WSA to be dealt with, with 32% of all U18 offences in WDC have been dealt with via EEI/WSA.

This early intervention is achieved by aligning this approach with Police Scotland's Concern Management HUB. Supporting those under 18's who enter the adult justice system through providing court support has been the subject of review with WSA protocol now covering this in detail. This protocol has been accepted by management and we are currently involved in the application of this.

7.8 Permanency and Adoption

One of the significant improvement requirements for all Local Authorities across Scotland in the past five years has been the need to make decisions in relation to the long term care needs of children without unnecessary delay. This was evidenced by some research undertaken some years ago by the Scottish Children's Reporters Administration (SCRA) which confirmed what was known anecdotally, that decision making in respect of the future care arrangements for children who could not remain living with their birth families was often delayed and this was impacting poorly on the outcomes for these children.

We have been working with the support of CELCIS (Centre for Excellence for Looked After Children) over the past three years to improve our processes and staff confidence in addressing this requirement and improve our performance.

As a result of concerted efforts in this area we have seen significant progress. In 2014 we placed 15 children in adoptive placements and 5 in permanent fostering. In 2015 we have placed 12 children in adoptive placements and 7 in permanent fostering. This is a total of 39 children over the last two years who have their long term care arrangements and needs met.

7.9 Early and Effective Intervention (EEI) Domestic Abuse

We have for a number of years had an established process in place in relation to reviewing on a multi-agency basis the cases where domestic abuse incidents are reported to the police and children are present in the household. This began with West Dunbartonshire Domestic Abuse Pathway work some ten years ago.

Whilst staff and all partners were committed to this work it was acknowledged following our Child Protection Inspection in 2011 that it was difficult to assess what impact this had on the lives of children and the families involved. Domestic Abuse is a significant issue in relation to public protection within West Dunbartonshire and has accounted for significant referrals to the Reporter for the Children's Hearing system and whilst we are clear that the early sharing of concern has assisted those working with children to provide a safeguard for these children improvements were required. Therefore we undertook a full scale review of this process with a particular focus on being able to collate and account for decision making across all cases with the ability to provide information which is more outcome focused.

This work has been undertaken in a multi-agency basis and has been very timely in respect of the development of the Police Concern Management Hub within the Dumbarton police station approximately eighteen months ago. We now have a system in place which ensures that all involved know what their role is and decisions are recorded to allow for an wider overview of the incidents as well as the decisions and actions taken in each. There is additional development work which is ongoing in respect of accounting for 'outcomes' for individual children.

8. Performance – Planning for Change and Key Challenges

This section covers key aspects of social work performance in key areas. In addition the following performance reports are attached for information as they cover key requirements in respect of social care performance and Appendices 2 and 3 are reported externally. All performance reports as attached illustrate a good range of performance indicators and are in the main very positive reflection of the quality of social care service delivery within West Dunbartonshire's Health and Social Care Partnership.

Appendix 1: Performance and Assurance Reporting Framework as developed for the West Dunbartonshire Public Protection Chief Officer's Meeting as previously referred to in section 4.1 of this report.

Appendix 2: Regulatory Inspection Outcomes

Appendix 3: HSCP SOLACE Performance Indicators for 2013 to 2014

Appendix 4: Audit Scotland Statutory Indicators 2013 to 2014.

8.1 Mental Health Officer (MHO) Service

The Mental Health Officer (MHO) Service has continued to operate against a backdrop of an increasing requirement for statutory intervention under the terms of current mental health and incapacity legislation.

In early 2015, and in response to increasing demand on the service, authorisation was granted to create two additional full-time dedicated MHO posts (or *Specialist MHO* posts). This increases the compliment of whole time equivalent Specialist MHOs from six to eight with the Senior MHO undertaking operational management of the service. Of the two new posts one is generic in nature while the second post is weighted significantly to working with older people. Establishment of the latter post reflects the requirement to target resources in the area of hospital discharge, and more generally within the context of an ageing population. It increases the compliment of MHOs with this specific role designation to two. The service continues to benefit from the contribution of 'dual-role' MHOs who undertake limited MHO duties in addition to those associated with their substantive post.

Further legislative changes will be introduced over the course of the next year in the context of the Mental Health (Scotland) Act 2015 receiving Royal Assent on 4th August 2015. Included in the new legislation are additional functions for MHOs. Developments in the legislative and national policy framework also prompted the review of existing local policies and protocols. Recent undertakings in this area include: the requirement to update current policy in respect of the supervision of guardians (Adult with Incapacity (Scotland) Act 2000);

introducing robust procedures in respect of care plan interventions under the terms of Section 13ZA (Social Work (Scotland) Act 1968); and refining procedures for facilitating early discharge from hospital for Adults who lack capacity.

The Health and Social Care Partnership and MHO Service continue to support and facilitate the training of social workers within the broader service to become qualified MHOs.

8.2 Criminal Justice - Women's Safety and Support Service

This service supports women affected by domestic violence whose partners/ex partners are being assessed/managed by the service and women offenders affected by gender based violence. This service supports the work of Criminal Justice social workers with perpetrators of domestic violence recognising the primacy of the safety of women and children.

Criminal Justice has for many years run a programme for women offenders reflecting the particular needs and vulnerabilities of this small but not insignificant group. A feature of the programme has been staff working alongside women to determine their specific needs and goals across a range of issues from dealing with anger, conflict in relationships, to substance misuse, health and employment.

We were successful in a bid for short term (one year) funding to support women's services over 2014-15 which enabled the development of initiatives which would otherwise be beyond the capacity of the service to undertake. Further funding was made available for 2015-16 which has permitted the continuance of this service. The group work programme has continued to be highly valued by participants, evidenced by sustained attendance levels and has developed relationships with education and learning providers, substance misuse services, health improvement and many others. The service also provides intensive support for small numbers of very vulnerable women with particularly complex needs.

8.3 Community Payback Orders (CPO)

The principles underpinning CPOs emphasise the benefits to the community in terms of paying back directly through unpaid work and/or other rehabilitative measures within a supervisory framework.

In West Dunbartonshire there are supervision requirements in 59% of the total number of cases. Of the offenders with a CPO with supervision requirements 79% also have unpaid work and other activity requirements. Within the total, the number of new orders involving a supervision requirement, either on its own or with an unpaid work requirement has remained similar in West Dunbartonshire over the period since the implementation of CPO in 2011.

Unpaid work is the most visible element of the work undertaken by Criminal Justice Social Work services. This work is highly valued by recipients of the service and has continued to attract a positive public profile. Over the course of 2014-15 this service received positive

coverage in most of the local press in respect of projects across the West Dunbartonshire and the Criminal Justice Partnership are (West and East Dunbartonshire and Argyll and Bute).

8.4 Community Justice Reform

The Scottish Government published its response to its consultation, the "Future Model for Community Justice in Scotland" on 15 December 2014.

Community Planning Partnerships (CPPs) are to be central to the new arrangements: the focus will be on delivering community solutions to the issues of reducing re-offending and offender management.

CPPs will have a duty to prepare and publish a local plan to deliver improved outcomes for community justice in their area and to report annually on their assessment as to what has been achieved. The first plan for the shadow year requires to be made available to Scottish Government by January 2016. The Scottish Government will develop a national framework for outcomes, performance and improvement jointly with key partners and stakeholders. It is against this framework that CPPs will be expected to plan and report.

CPPs will assume responsibility under the new model from 1April 2016 with full responsibility being conferred from 1 April 2017. Community Justice Authorities (CJAs) will be formally disestablished on 31 March 2017. The Community Justice Scotland Bill was published in May 2015 and is presently the subject of consultation to which West Dunbartonshire has contributed.

During the period covered by this report, the Criminal Justice partnership authorities have been working together with their respective CPPs to draw up a transition plan required by the Scottish Government for 2016-17 within the context of a commitment to maintain partnership arrangements, subject to review.

8.5 Criminal Justice Funding

CJSW funding is ring fenced and is allocated annually largely on the basis of activity levels plus indicators of need expressed in terms of court activity and the number of males (16-25 years) unemployed in the area. The main challenge facing criminal justice service provision is that for a number of years the value of the Community Justice Grant has declined in relation to costs, leading to significant financial and consequent operational pressures. It is widely recognised by a range of bodies including Audit Scotland that the funding formula in use at present is in need of reform. The proxies used to determine need are no longer fit for purpose. In addition the application of the formula within a fixed national budget without account of inflation has led to further and increasing inequity. Within the context of a number of work-streams associated with community justice re-organisation the funding formula is being reviewed. The Criminal Justice Partnership Manager is a member of the group tasked with devising a revised funding formula which secures a stable platform for the delivery of statutory services and creates some capacity for innovation. It is intended that

the revised formula will be applied to the 2017-18 grant allocation. It is intended that local authorities will be given the opportunity to consider the impact of the application of the revised formula in early 2016.

A feature of the new arrangements described above are that the ring fenced funding of Community Justice Services will be allocated directly to local authorities from 2017-2018. At present this is done via Community Justice Authorities. It should be noted that WDC shares a single budget with its partners and has done so since 2002.

8.6 User and Carer Involvement

Following the completion of our comprehensive Community Engagement Review, we are now looking to update our Public Partnership Forum arrangements in line with its recommendations. The intent is to maintain a West Dunbartonshire-wide forum, strengthened with the introduction of a stronger locality "voice" and a renewed emphasis on increasing the representation and diversity of those involved. The Local Engagement Network is to be a re-development of the previous Public Partnership Forum structure and aims to positively further develop community engagement across Health and Social Care in West Dunbartonshire. The model is the result of extensive consultation with existing and potential stakeholders and allows for evolutionary change over time as the HSCP and its locality planning arrangements also develop.

As required by the new legislation, the HSCP will seek to co-produce a local participation and engagement strategy, which will be delivered by 31 March 2016. In developing these arrangements, the HSCP will work with partners and local communities to apply the principles and practices endorsed by the Scottish Health Council and those set out in the National Standards for Community Engagement. Through the HSCP's processes for community engagement we will ensure that we engage and consult with services users and the wider community routinely, building feedback into all of our interactions. The feedback we receive will be fed into our continuous quality improvement processes to shape further planning and delivery of services.

8.7 Children and Young People (Sc) Act 2014

The Children and Young People (Scotland) Bill was introduced to Parliament in April 2013. It was passed on 19 February 2014, and is wide-ranging in its effect. It places several of the key policy aspects of Getting It Right For Every Child (GIRFEC) on a statutory footing, as well as updating and expanding the legal obligations of local authorities and other public bodies in areas such as Aftercare, Continuing Care and Kinship Care.

The challenges of the 2014 Act are multi-faceted and represent a significant new duty on all local authorities that will have financial and operational implications in terms of these new and extended responsibilities.

Through COSLA negotiations we have provided a significant amount of detail in respect of the potential financial impact of the themes within

the Act and have raised our concern about the assumptions being made financially.

Aftercare
The aftercare provisions of the Children and Young People (Scotland) Act 2014 (Part 10) came into force in April 2015. The Act extends eligibility to aftercare services to care leavers aged 21 to 25 years old.

The provisions of the 2014 Act introduced to aftercare services constitute one of the most significant reforms of the looked after children's sector seen in many years. This is primarily due to the increase in the population eligible for aftercare support

Continuing Care
Continuing care provision (Part 11) is a new duty introduced by the 2014 Act and came into force in April 2015. It describes the duty on local authorities to provide care leavers whose final placement was 'away from home', specifically in kinship, foster or residential care with a continuation of this placement, or a similar type of placement for an extended period up until their 22nd birthday if they wish to remain. The aim of the provisions is to provide these young people with a more graduated transition of care.

The right to continuing care will be available to new care leavers (those who leave care in or after April 2015) who were born after 1 April 1999 and whose last placement was 'away from home'.

GIRFEC
This policy brings in the statutory duty for every child to have a 'Named Person' (NP) form birth to 18 years of age. This role will be fulfilled by the Health Visiting service within the HSCP for children from 0 to 5 and for school aged children this duty passes to the education service within the Council. Both of these services are known as 'universal' services in respect that they provide a service to all children. GIRFEC also brings in the role of 'Lead Professional' (LP) which would apply if a child requires a specialist service due the nature of their needs and support requirements. In most cases this role will be fulfilled by the statutory social work service within the HSCP and also to other specialist health services such as Child and Adolescent Mental Health Services (CAMHS) among others. The allocated of a LP will be determined on the particular circumstances of the child on a case by case basis.

The duty to provide a Named Person (NP) for every child does not come into effect in the legislation until August 2016. This delay has in the main been due to the preparation and extensive consultation required in order to finalise the guidance and statutory regulations, in advance of full implementation.

Kinship Care
The legislation brings in additional responsibilities in our support of children in kinship placements. There are placements with either friends or extended family members where children are unable to

remain safely in the care of their parents. Where these placements are made by the social work service, usually in an emergency and followed by a robust assessment that satisfies that this is a suitable medium to long term placement, then these are deemed to be 'formal' kinship arrangements. In this respect carers are supported financially on a par with the allowances received by foster cares, minus any child related benefits.

The Act also brings in a requirement to provide legal fees for kinship carers in respect of pursuing a 'kinship order' which secures the child in their care permanently through a court process. There is also a responsibility to provide 'set-up' costs for new placements and obviously like any other child in West Dunbartonshire, to support the child where they have identified additional needs.

8.8 Self Directed Support (Scotland) Act 2013

Following the implementation of the Self Directed Support (Scotland) Act on the 1st of April 2014, West Dunbartonshire HSCP has continued to make significant progress in ensuring that the duties relating to the Act are fulfilled and that staff, services and service users are supported through out this process. Progress to date includes the following:

- Information relating to SDS has been updated and is now available to staff, providers, service users and carers through the creation of a dedicated SDS web-site and Newsletter. A dedicated phone line, and e-mail address, has also been set up to deal with any SDS enquiries.

- SDS Link Workers are in place in every team across the HSCP. They attended training and development workshops to prepare for the implementation of SDS and will be the SDS point of contact within their service offering information and peer support.

- A Self Directed Support policy has been created and approved by the West Dunbartonshire HSCP Committee. A Self Directed Support procedural guidance has also been created.

- A new Single Shareable Assessment has been introduced which incorporates all 4 SDS options.

- An SDS Project Worker has been employed within Children's Services on a seconded basis until March 2015.

- The Children with Disabilities Team have been successfully piloting the Children's Individual Resource Framework (IRF) since October 2014 and Carefirst I.R.F training will be rolled out across the teams in October 2015.

- A Children and Families SDS event took place in August 2015 hosted by Pat Black from the Open University. Pat provided the Children and Families workers with an introduction to SDS, information on outcomes and a time to share stories and

experiences of how SDS is being used in practice in other children and families social work teams.

- Link workers in all four children and families teams have been identified.

- Links have been made with children and families colleagues in other local authorities via In Control Scotland Children's events.

- HSCP staff, continue to have access to a rolling programme of formal and informal training, information and consultation events. Ranging from informal discussions and attendance at staff team meetings, to more, formally organised, workshop training sessions are available to all staff.

- The development of an Individual Resource Framework (IRF) based on an equivalency model is now complete and has been tested throughout the HSCP. Training dates have been organised through-out October, and are initially open to staff, who complete assessment and review paperwork. Further sessions will be available for other staff on request.

- A financial system for the Carefirst IT system has been commissioned from OLM and is live on the HSCP's Carefirst system. This system will allow the IRF to be completed as part of the single agency assessment and provide budgetary information and reports.

- The SDS Team continue to network with other Local Authorities and partnerships via the Social Work Scotland SDS Sub-Group in order to share learning, best practice and progress across the country. This group has regular contact with the Scottish Government SDS Team.

- The HSCP continue to fund an independent SDS support service via the Carer's of West Dunbartonshire to provide independent on-going information and/or support to both service users and carers.

- An SDS Action Plan has been developed and is regularly reviewed and updated with progress made.

- Regular meetings are held by the SDS Steering Group with management representation from each client group within the HSCP

Funding for SDS specific activity is due to end in March 2016. We are currently awaiting further information from Scottish government on any future funding, after this date.

8.9 Carer's (Scotland) Bill 2015

This Bill was introduced to the Scottish Parliament on the 9th of March 2015 after a period of consultation. The purpose of the Bill is to ensure better and more consistent support for both adult carers and young carers so that they can continue to care in better health and to have a life alongside caring. There will be better linkages with the assessment process for cared for people and with the services for cared for people. The objective of the Bill is to further the rights of both adult and young carers and this will be done by empowering carers to exercise their rights and by enabling professionals to make this happen.

The Bill makes provision to replace the current carer's assessment with a new Adult Carer Support Plan (ACSP). A duty is placed on the responsible Local Authority (where the carer resides) to prepare an ACSP. There is also provision for the creation of a young carer statement (YCS) for young carers that will recognise the unique needs of children and young people with caring responsibilities. Again a duty is placed on the responsible authority (may be the LA, NHS Health Board or directing authority of a school depending on the circumstances of the young carer) to prepare a YCS.

Scottish Ministers are given powers through the Bill to regulate how adult carers and young carer's needs for support should be identified and the process by which this should be undertaken including review periods for either the ACSP or the YCS

The Bill places a duty on the Local Authority to set out and publish local eligibility criteria by which it must determine whether it is required to provide support to a carer to meet the carers identified needs. The Local Authority must also consult and involve carers before setting the local eligibility criteria and involve them in the design, development and delivery of services.

In addition to the above, the Bill also sets out a number of associated responsibilities for the Local Authority:

- To prepare A Carers Strategy in conjunction with other key stakeholders and carers themselves;
- Provide and maintain an information advice service for carers in the area;
- Prepare and publish a short breaks services statement, setting out details of the national short breaks services available across Scotland;

The Bill therefore contains provisions placing duties primarily on Local Authorities concerning both strategic planning and operational delivery which West Dunbartonshire will need to comply with. This will require a significant amount of preparation in order to ensure that we are well placed to deliver on all of these duties.

The Bill is expected to be enacted (made law) before the end of the current parliamentary session in March 2016. Once it is enacted it is usual for there to be a period before the proposals are implemented. This allows time for the Scottish Government to consult on guidance and regulations to support the new law. This time will be used to understand the new law fully and to ensure resources are in place to meet any duties required of them. The Bill is expected to be implemented about a year after enactment, April/spring 2017.

8.10 Complaints

In the period 1st July 2014 to 30th June 2015 the HSCP has received 38 complaints. Of these 27 related to social care services. We monitor our compliance with complaints handling procedures through the Senior Management team on a regular basis. In addition we ensure that individual and organisational learning that is evident from the complaints we receive is extracted and summarised from all complaints that have been considered upheld and partly upheld or justified and part justified. This learning is therefore used to inform area for further improvement.

8.11 Workforce Development

As at 31st March 2015, just short of 1800 whole time equivalent staff were employed within the then CHCP by its two employing authorities. This equates to 1533 social care staff (1179.61 WTE) and 573 health staff (475.67 WTE) in addition there are 185 staff employed through the elements of NHS activity that we host on behalf of the Greater Glasgow and Clyde Health Board.

In 2014 the then CHCPs Senior Management Team identified a number of key priorities for the workforce to be addressed across the short and medium term (i.e. the next 1-5 years). These were:

- To assess the implication of workforce structures which arise from the new HSCP structure.
- The development of a robust out of hours/unscheduled care services.
- Talent Management and Succession Planning within the workforce to mitigate the impact of future skills loss associated with an ageing workforce profile.
- The use of agile technologies to assist the workforce, improve productivity and free up additional capacity from existing resources.
- Building on existing capacity within the volunteer and third sector workforce while ensuring the maintenance of quality and standards of service.
- Creating career pathways to encourage retention among key staff groups (e.g. Occupational Therapy, Community Specialist Nurses).
- Increasing levels of Mental Health Officer Qualification among social care staff.
- Assessing workforce training needs in dementia care and engaging educational partners regarding appropriate mechanisms for provision.
- Improve staff well-being and staff absence management.

Significant progress has been made in a range of these areas with further progress still required over the next 4 years. A significant challenge for the HSCP is the ageing profile of our workforce and the need to ensure we have effective succession planning in place.

With the transition to becoming a Health and Social Care Partnership (HSCP) on the 1st of July this year we will develop a joint Workforce Development and Support Plan and Organisational Development strategy in relation to staff delivering integrated services (except for NHS acute hospitals services), taking account of existing workforce development policies and procedures of both NHSGGC and the Council. These will be prepared and put in place by 31st March 2016.

Two particular aspects of improvement have been required in the last year and this has been in respect of ensuring that all social care staff have a Performance and Development Plan (PDP) in place and that we address our high level of sickness absence which has been one of the worst in the country.
For both of these aspects, remedial action has been taken to support managers in their completion of both PDP's and adherence to the absence management policy. As a result as of September 2015 87% of social care staff had a PDP in place, which is a considerable improvement on last year, and we are also beginning to see some improvement in our absence rates.

8.12 Financial Challenges

Social Work Services is very much a demand led service, particularly, but not exclusively in respect of the needs of older people and children. The social care budget within the HSCP remains under pressure, mainly due to increased levels of demand. As we know West Dunbartonshire continues to be one of the most deprived areas in Scotland. As such many of the most vulnerable citizen's require a range of support needs and these can be fairly complex and therefore costly.

The HSCP will continue to plan forward to achieve the required level of in-year savings and deliver a balanced position against budget in the current year. The position is being monitored carefully and all mitigating action is being taken.

In addition to demand as described above, there is also pressure in light of the economic uncertainty in the next few years which has an automatic impact on service delivery and in addition the more vulnerable citizens of West Dunbartonshire are inevitably feeling the effects of austerity measures especially with regards to the reform of the benefits system.

The HSCP as a whole provides significant front line services and support to the communities of West Dunbartonshire. It is important therefore in my role as Chief Social Work Officer, to champion the protection of front line services to vulnerable communities wherever possible above all other back office functions. This applies both within the HSCP but also to the Council as a whole. If we are to improve the life circumstances of some of our most vulnerable children, families and adults in the years to come then we need to prioritise those services that impact directly on the lives of these people.

Jackie Irvine
Chief Social Work Officer
West Dunbartonshire HSCP
October 2015

Performance and Assurance Reporting Framework Public Protection Chief Officers Group July 2014 – June 2015

West Dunbartonshire Council | NHS Greater Glasgow and Clyde | West Dunbartonshire Health & Social Care Partnership

Safe

1. Child Protection

Child Protection

Performance Indicator	2013/14	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	July 2014 – June 2015						2015/16
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
HSCP/CP/001 Number of Child Protection referrals	154	39	26	58	51	174	N/A					N/A
HSCP/CP/002 Number of Child Protection investigations	199	45	59	55	42	201	N/A					N/A
HSCP/CP/003 Number of children investigated	196	42	56	55	39	192	N/A					N/A
HSCP/CP/004 Number of children investigated - Male	102	24	30	29	22	105	N/A					N/A
HSCP/CP/005 Number of children investigated - Female	91	18	26	26	17	87	N/A					N/A
HSCP /CP/006 Number of children involved in pre-birth case discussions but not progressing to pre-birth conference	1	1	0	0	2	3	N/A					N/A
HSCP /CP/007 Number of children involved in pre-birth case conference	17	2	3	4	4	13	N/A					N/A
HSCP /CP/008 Number of children registered pre-birth (as distinct from live child registration)	0	0	0	0	1	1	N/A					N/A
HSCP /CP/009 Number of Child Protection investigations resulting in a case conference	96	25	42	27	25	119	N/A					N/A

Performance Indicator	2013/14	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	July 2014 – June 2015						2015/16
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
HSCP /CP/010 Percentage of child protection investigations to case conference within 21 days	80.2%	96%	95.2%	96.3%	50%	87.7%	95%				100 of 114 case conferences were carried out within the timescale. Reasons for not meeting the timescale included the availability of key attendees and where the decision to move to case conference was not identified until a case discussion had taken place.	95%
HSCP /CP/011 Number of children on the Child Protection Register at quarter or year end.	20	45	44	34	12	12	N/A				Temporary Registrations have been included in this figure to December 2014 but have been excluded from January 2015. This will not tie up with the numbers of registrations and de-registrations as April – May 2014 figures are not included in this report.	N/A
HSCP /CP/012 Number of children on the Child Protection Register - Male (At Quarter End)	9	23	27	17	9	9	N/A				Temporary Registrations have been included in this figure to December 2014 but have been excluded from January 2015.	N/A
HSCP /CP/013 Number of children on the Child Protection Register - Female (At Quarter End)	11	22	17	17	2	2	N/A					N/A
HSCP /CP/014 Number of children with temporary registration (At Quarter End)	1	0	2	1	2	2	N/A					N/A
HSCP /CP/015 Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	100%	100%	100%	100%				Target achieved.	100%
HSCP /CP/016 Average length of time on Child Protection Register (Days) - All	82	109	119	173	121	121	N/A				Temporary Registrations have been included in this figure to December 2014 but have been excluded	N/A

Performance Indicator	2013/14	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	July 2014 – June 2015						2015/16
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
											from January 2015.	
HSCP /CP/017 Average length of time on Child Protection Register (Days) - Male	86	97	114	165	113	113	N/A				Temporary Registrations have been included in this figure to December 2014 but have been excluded from January 2015.	N/A
HSCP /CP/018 Average length of time on Child Protection Register (Days) - Female	79	121	139	180	196	196	N/A					N/A
HSCP /CP/019 Percentage of children remaining on the Child Protection register for more than 18 months	0%	0%	0%	0%	0%	0%	N/A					N/A
HSCP /CP/020 Number of Child Protection registrations	51	16	24	15	6	61	N/A					N/A
HSCP /CP/021 Number of Child Protection de-registrations	65	13	25	24	28	90	N/A					N/A
HSCP /CP/022 Number of de-registrations where child moved into a formal placement	N/A	1	3	3	0	7	N/A				This is a new PI from April 2014.	N/A
HSCP /CP/023 Number of de-registrations where child returned home or at home with parents	N/A	10	22	11	27	70	N/A				This is a new PI from April 2014.	N/A
HSCP /CP/024 Number of de-registrations where child living with kinship carer	N/A	0	0	7	1	8	N/A				This is a new PI from April 2014.	N/A
HSCP /CP/025 Number of current multi-agency staff trained in child protection in financial year	813	148	114	154	N/A	416	449				Provisional - This figure is collected half yearly and April – June 2015 figures still to be included.	449

2. Adult Support and Protection

Adults at Risk - Referrals

Performance Indicator	2013/14	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	July 2014 – June 2015						2015/16
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
HSCP /ASP/001 Number of Adults at Risk Referrals	528	102	109	85	115	411	N/A					N/A
HSCP /ASP/002 Number of Adults at Risk Referrals by Type of Harm Reported	603	119	126	98	130	473	N/A					N/A
HSCP /ASP/017 Number of Adults at Risk Referrals that do not meet the 3 point test known and supported by other services	153	26	27	24	27	104	N/A					N/A
HSCP /ASP/077 Percentage of Adults at Risk enquiries completed within 5 working days from point of referral	N/A	75%	69%	69%	80%	74%	100%					100%

Adults at Risk - Investigations

Performance Indicator	2013/14	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	July 2014 – June 2015						2015/16
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
HSCP /ASP/023 Number of Adults at Risk Investigations	129	17	10	8	13	48	N/A					N/A
HSCP /ASP/048 Number of Adults at Risk Orders applied for	8	0	0	0	0	0	N/A					N/A
HSCP /ASP/049 Number of Adults at Risk Orders granted	7	0	0	0	0	0	N/A					N/A
HSCP /ASP/078 Percentage of Adults at Risk Investigations started within 8 working days from point of referral	60%	82%	30%	75%	85%	71%	70%				This PI has been changed to reflect the changes within the West of Scotland ASP procedures.	70%
HSCP /ASP/079 Percentage of Adults at	66%	67%	50%	100%	100%	77%	75%				This PI has been changed to	75%

Performance Indicator	2013/14	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	July 2014 – June 2015						2015/16
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
Risk Case Conferences held within 28 working days from point of referral											reflect the changes within the West of Scotland ASP procedures.	
HSCP /CS/005 Percentage of Adult Support and Protection clients aged 16 to 18 who have current risk assessment and care plan	100%	100%	100%	100%	100%	100%	100%				Target achieved.	100%

Vulnerable Adults - Referrals

Performance Indicator	2013/14	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	July 2014 – June 2015						2015/16
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
HSCP /ASP/054 Number of Vulnerable Adult Referrals	185	84	76	73	98	331	N/A					N/A

3. Criminal Justice

Registered Sex Offenders and Restricted Patients

Performance Indicator	2013/14	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	July 2014 – June 2015						2015/16
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
HSCP /CJ/001 90% of Level 3 MAPPA cases reviewed no less than once every six weeks	100%	N/A	N/A	N/A	N/A	N/A	90%				There were no level 3 cases from Q2 2014/15 to Q1 2015/16	90%
HSCP /CJ/002 Number of Level 3 MAPPA cases reviewed	2	N/A	N/A	N/A	N/A	N/A	N/A				As above	N/A
HSCP /CJ/003 85% of Level 2 MAPPA cases reviewed no less than once every twelve weeks	85%	100%	100%	100%	55%	82%	85%					85%

Performance Indicator	2013/14	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	July 2014 – June 2015						2015/16
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
HSCP /CJ/004 Number of Level 2 MAPPAs Reviewed	14	4	3	6	5	18	N/A					N/A
HSCP /CJ/005 Total number of Registered Sex Offenders being managed at Level 2 and 3 in the community (Snapshot)	3	4	4	5	4	4	N/A					N/A
HSCP /CJ/006 Total number of Registered Sex Offenders being managed at all levels in the community (Snapshot)	77	76	77	81	82	82	N/A				CJSW are currently lead agency in 36 MAPPA cases.	N/A
HSCP /CJ/007 Total number of Restricted patients being managed in the community (Snapshot)	1	0	0	1	1	1	N/A					N/A
HSCP /CJ/008 Number of wanted/missing registered sex offenders (Snapshot)	0	0	1	0	0	0	N/A					N/A
HSCP /CJ/009 Number of breaches of licence by all levels who were recalled to prison	3	0	1	0	1	2	N/A					N/A
HSCP /CJ/010 Number of Referrals for Level 2 meeting must be held within 20 days of receipt of referral by the MAPPA coordinator or their administrator	5	0	0	0	2	2	N/A					N/A
HSCP /CJ/011 Percentage of Referrals for Level 2 meeting must be held within 20 days of receipt of referral by the MAPPA coordinator or their administrator	100%	100%	100%	100%	100%	100%	100%					100%
HSCP /CJ/012 Number of Offenders, if in the community the Level 3 MAPPA must be held within 5 working days of receipt of referral by the MAPPA co-ordinator or their administrator	1	N/A	N/A	N/A	N/A	N/A	N/A				Ther were no level 3 cases being managed with in the community for Q1 2014/15 to Q2 2015/16	N/A
HSCP /CJ/013 Percentage of Offenders, if in the community the Level 3 MAPPA must be held within 5 working days of receipt of referral by the MAPPA co-ordinator or their administrator	N/A	N/A	N/A	N/A	N/A	N/A	N/A					N/A

Performance Indicator	2013/14	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	July 2014 – June 2015						2015/16
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
HSCP /CJ/014 Number of Male MAPPA cases	77	Reported annually				N/A	N/A				Data will be available in September from the 2014/15 Annual Report.	N/A
HSCP /CJ/015 Number of Female MAPPA Cases	0	Reported annually				N/A	N/A				Data will be available in September from the 2014/15 Annual Report.	N/A
HSCP /CJ/016 Number of MAPPA Cases aged under 18 years	0	Reported annually				N/A	N/A				Data will be available in September from the 2014/15 Annual Report.	N/A
HSCP /CJ/017 Number of MAPPA Cases aged 18 to 31 years	17	Reported annually				N/A	N/A				Data will be available in September from the 2014/15 Annual Report.	N/A
HSCP /CJ/018 Number of MAPPA Cases aged 32 to 61 years	54	Reported annually				N/A	N/A				Data will be available in September from the 2014/15 Annual Report.	N/A
HSCP /CJ/019 Number of MAPPA Cases over 62 years	16	Reported annually				N/A	N/A				Data will be available in September from the 2014/15 Annual Report.	N/A

Serious Violent Offenders

Performance Indicator	2013/14	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	July 2014 – June 2015						2015/16
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
HSCP /CJ/025 Total number of violent offenders assessed as requiring high or very high levels of supervision in the community	N/A	N/A	18	18	15	15	N/A				This relates to cases assessed as falling into these categories through application of LSCMI risk assessment tool.	N/A

Appendix 2

REGULATORY INSPECTIONS, GRADES AND FINDINGS

1. Children's Services

Throughcare and Aftercare service was inspected on 27th March 2015 and the report was published in June 2015. The following grades were awarded:

- *Quality of Care and support* Grade 6/Excellent
- *Quality of staff* Grade 6/Excellent
- *Quality of management and leadership* Grade 6/Excellent

For all three themes the service was awarded the highest grace of 6 for Excellent. The table below shows the grades awarded for the last two inspections:

There were no requirements and no recommendations.

The inspector concluded "The service works well to meet the needs of those who use it. The ethos of the staff team led by its experienced manager has meant that it continues to seek to develop innovative practice in concert with other partner agencies. Efforts should be made to sustain the quality of practice evidenced in this inspection".

Craigellachie Children's House was inspected on March 2015 and the report was published in June 2015. The following grades were awarded:

- *Quality of Care and Support* Grade 5/Very Good
- *Quality of the Environment* Grade 5/Very Good.
- *Quality of Staffing* Grade 5/Very Good.
- *Quality of Management and Leadership* Grade 5/Very Good.

There were no requirements and no recommendations.

The inspector concluded "The service was delivering very good levels of care resulting in very good outcomes for young people who use the service.

All grades remain consistent with previous inspections, and reflect the high standards of care offered to our young people.

Burnside Children's House was inspected on December 2014. The following grades were awarded:

- *Quality of Care and Support* Grade 5/Very Good

- *Quality of the Environment* Grade 5/Very Good.
- *Quality of Staffing* Grade 5/Very Good.
- *Quality of Management and Leadership* Grade 5/Very Good.

There were no requirements and no recommendations.

The inspector concluded "Young people's plans provided detailed insight into the individual needs of each young person.

All grades remain consistent with previous inspections, and reflect the high standards of care offered to our young people.

Blairvadach Children's House was inspected on October 2014. The following grades were awarded:

- *Quality of Care and Support* Grade 5/Very Good
- *Quality of the Environment* Grade 5/Very Good.
- *Quality of Staffing* Grade 5/Very Good.
- *Quality of Management and Leadership* Grade 4/Good.

There were no requirements and 1 recommendation.

The recommendation outlined the need to ensure medical procedures reflected service policy. Since the inspection the medication policy has been reviewed across all children's houses and all staff have been provided with training and support to ensure consistent implementation.

The Fostering Service was inspected on December 2014. The following grades were awarded:

- *Quality of Care and Support* Grade 5/Very Good
- *Quality of Staffing* Grade 4/ Good.
- *Quality of Management and Leadership* Grade 4/Good.

There were no requirements and no recommendations.

The inspector concluded "West Dunbartonshire Fostering Service provides very good support to foster carers with regular supervision and good opportunities for training'.

The Adoption Service was inspected on December 2014. The following grades were awarded:

- *Quality of Care and Support* Grade 5/Very Good
- *Quality of Staffing* Grade 4/ Good.
- *Quality of Management and Leadership* Grade 4/Good.

There were no requirements and no recommendations.

The inspector concluded “West Dunbartonshire Adoption Service provides very good opportunities for children, young people, their families and carers to make suggestions to improve the service’.

2. Adult and Older People’s Services.

Community Alarms Service was inspected on December 2014. The following grades were awarded:

- *Quality of Care and Support* Grade 5/Very Good
- *Quality of Staffing* Grade 5/Very Good
- *Quality of Management and Leadership* Grade 5/Very Good.

There were no requirements and 1 recommendation.

The recommendation outlined the need to provide dementia training for all staff. Since the inspection training has been provided to a number of staff who are delivering the service.

Home Care was inspected on December 2014. The following grades were awarded:

- *Quality of Care and Support* Grade 4/ Good
- *Quality of Staffing* Grade 5/Very Good
- *Quality of Management and Leadership* Grade 4/ Good.

There were no requirements and 2 recommendations.

One recommendation was concerning updating care diaries to show a clear record in the diaries of every visit including the time spent in service users' home. The second recommendation outlined the need to provide dementia training for all staff. Since the inspection both recommendations have been addressed.

Sheltered Housing was inspected on December 2014. The following grades were awarded:

- *Quality of Care and Support* Grade 5/Very Good
- *Quality of Staffing* Grade 5/Very Good
- *Quality of Management and Leadership* Grade 5/Very Good.

There were no requirements and 2 recommendations.

The first recommendation was concerning updating care diaries to show a clear record in the diaries of every visit including the time spent in service users' home. The second recommendation outlined the need to provide dementia training for all staff. Since the inspection both recommendations have been addressed.

Dumbarton Centre was last inspected on August 2012. The following grades were awarded:

- *Quality of Care and Support* Grade 5/Very Good
- *Quality of the Environment* Grade 4/ Good
- *Quality of Staffing* Grade 5/Very Good
- *Quality of Management and Leadership* Grade 5/Very Good.

There were no requirements and 1 recommendation.

The inspector stated that the Council should consider implementing a minimum standard for the time repairs were to be completed. Since this inspection the service was temporally re locate to another building to allow all repairs and refurbishment of the centre to take place. All repairs have been completed and the service returned to their normal location.

Learning Disability Service was inspected on October 2014. The following grades were awarded:

- *Quality of Care and Support* Grade 4/ Good
- *Quality of Staffing* Grade 4/ Good
- *Quality of Management and Leadership* Grade 4/ Good.

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There were no requirements and no recommendations.

The inspector concluded West Dunbartonshire Learning Disability Service provides a very good level of support to a number of individuals with complex needs. Service users and relatives of people in Housing Support Services speak highly of the care provided and the quality of the staff teams.

Lomond and West Dunbartonshire Brain Injury Project was inspected on March 2015. The following grades were awarded:

- *Quality of Care and Support* Grade 6/Excellent
- *Quality of Staffing* Grade 6/Excellent
- *Quality of Management and Leadership* Grade 5/Very Good.

There were no requirements and no recommendations.

The inspector stated that the service continues to be a sector leading service with staff that are well motivated and highly qualified in the field of Acquired Brain Injury. The service is highly valued by service users and carers who are consistently encouraged to influence how it operates and its future direction.

Boquhanran House was inspected on May 2015. The following grades were awarded:

- *Quality of Care and Support* Grade 4/ Good
- *Quality of the Environment* Grade 4/ Good
- *Quality of Staffing* Grade 4/ Good
- *Quality of Management and Leadership* Grade 5/ Very Good.

There were no requirements and 5 recommendations.

Recommendations stated the service should;

i) ensure staff adopt best practice when monitoring residents who may be a risk of developing dehydration and malnourishment;
ii) ensure staff should utilise the information obtained from carrying key assessments such as 'Waterlow' to inform the content of associated support plans;
iii) adopt a system to routinely check that wheelchairs are kept clean and in a good state of repair;
iv) ensure that improvements are made to the enclosed garden in order that it offers a suitable environment for resident's use;
v) ensure that staff undertakes dementia training.

The service has been actively addressing these recommendations.

Dalreoch House was inspected on July 2015. The following grades were awarded:

- *Quality of Care and Support* Grade 4/ Good
- *Quality of the Environment* Grade 4/ Good
- *Quality of Staffing* Grade 5/Very Good
- *Quality of Management and Leadership* Grade 5/Very Good.

There were no requirements and 1 recommendation.

The inspector outlined the need for the service to ensure all care plans and related documentation, including reviews, is fully up-to-date and reflects the current assessed care needs and personal references of each resident. This is currently being addressed by the staff within the care home.

Dalreoch Day Care was inspected on November 2014. The following grades were awarded:

- *Quality of Care and Support* Grade 4/ Good
- *Quality of the Environment* Grade 4/ Good
- *Quality of Staffing* Grade 4/ Good
- *Quality of Management and Leadership* Grade 4/ Good.

There were no requirements and 5 recommendations.

Recommendations stated the service should:

i) explore additional ways to involve service users and relatives in assessing the quality of care and support;
i) ensure that the day care premises are wind and watertight at all times and that all heating is in full working order;
iii) ensure that all vehicles being used for transporting people to and from the day centre are safe and in full working order;
iv) ensure that all staff receive dementia awareness training and have this included in their mandatory training programme with refresher trainer delivered at regular intervals;
v) produce an action plan for the new day support facility, which indicates key steps in the new build and furnishing programme; likely timescales; and document the opportunities which will be available to service users and their relatives to participate in the development of this new service.

The service has addressed all five recommendations since the inspection.

Frank Downie House was inspected on July 2015. The following grades were awarded:

- *Quality of Care and Support* Grade 4/ Good
- *Quality of the Environment* Grade 4/ Good
- *Quality of Staffing* Grade 5/Very Good
- *Quality of Management and Leadership* Grade 5/Very Good.

There were no requirements and 7 recommendations.

Recommendations stated the service should ensure:

i) that care plans reflected and contain key information about the service user and that consent is obtained prior to using equipment which could potentially be regarded as being restraining as per Mental Welfare Commission Scotland, Rights, Risks and Limits to Freedom. That review meetings should cover all relevant information and that recording is accurate (including details of any resident who sustains a fall) with consideration being given to meeting each residents needs. Regular evaluations to each care plan should adhere to the frequency indicated and there should be a system in place to ensure that this is occurring.
ii) that fluid intake charts are used;
iii) that all used continence pads are bagged prior to placing them in designated bins;
iv) that footplates are used when transporting residents who use wheelchairs;
v) that records associated with checks to equipment are fully completed and detail remedial actions taken;
vi) that redecoration and repairs are carried out to the environment;

vii) that staff are offered training or development session to help them acquire the necessary knowledge and skills for the completion of assessments to inform care plans.

Since this inspection took place all recommendations have been addressed and changes implemented by the service.

Frank Downie Day Care was inspected on November 2014. The following grades were awarded:

- *Quality of Care and Support* Grade 4/ Good
- *Quality of the Environment* Grade 5/Very Good
- *Quality of Staffing* Grade 4/ Good
- *Quality of Management and Leadership* Grade 4/ Good.

There were no requirements and no recommendations.

The Inspectors confirmed that the new manager had introduced a number of service improvements in a short period of time. These improvements were delivering a much improved range of activities and outings for service users and the people with whom they met told the inspectors how much they were enjoying the results of the changes which had been introduced.

Langcraigs was inspected on July 2014. The following grades were awarded:

- *Quality of Care and Support* Grade 4/ Good
- *Quality of the Environment* Grade 4/ Good
- *Quality of Staffing* Grade 5/Very Good
- *Quality of Management and Leadership* Grade 5/Very Good.

There were no requirements and 9 recommendations.

Recommendations stated the service should ensure:

i) that a Dietician reviews the menu to meet the nutritional needs of residents and they promote the use of fresh fruit and vegetables into meals offered;

ii) the service check the processes used to monitor the health and wellbeing of residents are accurately completed and used to shape the associated care plan;

iii) residents are encouraged (when appropriate) and any representative/relative, to sign the record of the review minute to reflect that they are in agreement with the content;

iv) review the current practices of staff at lunch time within each unit in order that disruptions are minimised for residents;

v) they record the temperature of the medicine fridge and room where medicines are stored to ensure that this adheres to good medicine handling practices;

vi) that staff should develop clear protocols for residents who have medication on an "as required basis";
vii) they adopt a clear system which reflected when checks are carried out to each wheelchair and detail any remedial actions taken;
viii) that staff maintained accurate records to evidence that cleaning tasks have been completed;
ix) they routinely examine completed care plan audits to ensure that they are accurately completed and fully reflect areas that require further improvement.

All of the recommendations have been addressed since the inspectors reported on their findings.

Langcraigs Day Care was inspected on September 2012. The following grades were awarded:

- *Quality of Care and Support* Grade 4/ Good
- *Quality of the Environment* Grade 4/ Good
- *Quality of Staffing* Grade 4/ Good
- *Quality of Management and Leadership* Grade 4/ Good.

There were 4 requirements and 7 recommendations.

Requirements detailed the need for the service to ensure:
i) that reviews are to be held for everyone on at least every six months;
ii) all staff comply with the provider's medication policy;
iii) that service users are supported to use continence products that they have been individually assessed for;
iv) that a suitable assessment tool was introduced to formally assess the physical, social, psychological and recreational needs and choices of each individual using the service on a four weekly basis to support evidence based staffing levels and deployment.

Recommendations stated the service should:

i) identify suitable training and offer opportunities to staff in meaningful activities;
ii) ensure that staff who work in the kitchen have access to regular refresher training in Food Hygiene;
iii) implement a more robust cleaning schedule and ensure that this is audited for quality assurance purposes;
iv) develop a programme of training on health matters to keep staff up to date with best practice as well as being introduced to new topics;
v) consider how computer access can be increased for care staff as well as offering any training that staff requires in using the computers;

vi) comply with the Council's supervision policy;
vii) audit recording systems to ensure that they are fully completed and that they evidence appropriate action is taken.

Since this inspection took place all four requirements and seven recommendations have been fully addressed by the service and monitored by the external management team.

Mount Pleasant House was inspected on August 2015. The following grades were awarded:

- *Quality of Care and Support* Grade 4/ Good
- *Quality of the Environment* Grade 4/ Good
- *Quality of Staffing* Grade 4/ Good
- *Quality of Management and Leadership* Grade 4/ Good.

There were 3 requirements and 8 recommendations.

Requirements detailed that the service:
i) must ensure that residents are provided with access to suitable transport and opportunities to go on trips out-with the care home;
ii) must ensure that residents on a short break (respite) have a fully complete personal plan detailing their health and welfare needs and how these are to be met;
iii) must ensure that staff undertake suitable and sufficient training that informs and supports their role and this training must be refreshed within the required timescale.

Recommendations stated the service should:
i) plan and deliver a programme of regular meaningful activities to meet residents' health and wellbeing needs and personal preferences;
ii) ensure care plans contain details of resident's current medication;
iii) ensure that facilities are provided for residents and their families to keep in touch by email and Skype if this is their choice;
iv) ensure the management process for residents' personal clothing should be reviewed and improved;
v) ensure all staff have regular supervision sessions;
vi) ensure that Risk assessments are reviewed after each fall and associated records should contain accurate and up to date information;
vii) ensure all staff should have adult support and protection training and this should be of a standard that ensures they are well informed;
viii) maintain the quality assurance system to properly monitor performance and address any areas for improvement.

Since this inspection took place the three requirements and eight recommendations have been addressed and changes implemented by the service.

Queen Mary Day Care was inspected on May 2014. The following grades were awarded:

- *Quality of Care and Support* Grade 4/ Good
- *Quality of the Environment* Grade 4/ Good
- *Quality of Staffing* Grade 4/ Good
- *Quality of Management and Leadership* Grade 4/ Good.

There were no requirements and 3 recommendations.

Recommendations stated the service should:

i) continue to discuss issues around transport;
ii) ensure that the medication care plans have more information about medication service users bring into the centre;
iii) ensure that all staff should have an annual appraisal.

All three recommendations have been fully addressed by the service

Willox Park was inspected on June 2014. The following grades were awarded:

- *Quality of Care and Support* Grade 5/Very Good
- *Quality of the Environment* Grade 4/ Good
- *Quality of Staffing* Grade 5/Very Good
- *Quality of Management and Leadership* Grade 5/Very Good.

There were no requirements and no recommendations.

The inspectors stated in their report that the service is very clean, bright, well-furnished and residents and relatives are very proud of the big improvement in the living conditions. Staff are respectful to residents and care files reviewed were inclusive and included pertinent information about the residents' needs as well as how the service would meet those needs.

HSCP SOLACE indicators 2013-14

Performance Indicator	2010/11	2011/12	2012/13	2013/14					
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
The gross cost of "children looked after" in residential based services per child per week £	£2,764.96	£2,875.21	£1,835.38	£2,946.15	£1,805.00				We continue to provide this service at a lower cost than the Scotland figure which is £3,098.31 for 2013/14 and we are ranked 15th across the 32 local authorities. The 2013/14 target was set in line with current methods of cost allocation in West Dunbartonshire Council's Local Finance Return, not those used prior to 2012/13. Targets moving forward are under review in line with performance trend data.
The gross cost of "children looked after" in a community setting per child per week £	£48.13	£52.31	£142.87	£176.21	£255.00				This continues to be significantly lower than the Scottish figure of £264.83 and we are again among the top performers with a ranking of 5th.
Balance of Care for looked after children: % of children being looked after in the Community	89.03%	88.35%	87%	89%	88%				We have improved our ranking from 24th to 16th for this measure.
Self directed support spend for people aged over 18 as a % of total social work spend on adults	1.1%	1.6%	1.42%	1.39%	1.65%				Although our expenditure on Self-Directed Support (SDS) has increased in 2013/14 on the previous year, there has been a decrease in SDS as a proportion of overall adult social care spend of 0.03% meaning that our ranking has dropped from 23rd to 27th in Scotland. High levels of satisfaction with social care services delivered by the HSCP, as evidenced by SW04 which currently sits at 68%, are a likely factor in the low takeup of SDS. A rolling training programme is in place for workers across the HSCP to ensure the offer of SDS options is embedded in the assessment process. A dedicated SDS support team and SDS website have also been created to raise public awareness and provide help and support. An Integrated Resource Framework

Performance Indicator	2010/11	2011/12	2012/13	2013/14					
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
									has been developed to provide an indicative personal budget to meet the individual's eligible needs. This framework will be applied to all four SDS options ensuring fairness and equality across all individuals eligible for local authority funded support.
Home care costs for people aged 65 or over per hour £	£16.90	£15.67	£17.64	£18.47	£18.05				We delivered home care to people aged 65 and over at the 9th lowest cost per hour in Scotland. The HSCP is continuing to focus on community re-ablement, with services being targeted towards those with high level needs in order to maximise any potential for improvement in levels of independence. Currently 55% of people who received a re-ablement package reached their agreed personal outcomes, re-learning the skills necessary for daily living and improving their levels of independence. Targets have been set in line with current methods of cost allocation in West Dunbartonshire Council's Local Finance Return, not those used prior to 2012/13, as well as current service developments.
Percentage of people aged 65 or over with intensive needs receiving care at home	43.28%	44.27%	42.52%	40.71%	49%				We delivered home care to people aged 65 and over at the 9th lowest cost per hour in Scotland. The provision of this home care allowed 40.71% of people with intensive needs to remain within their own homes and communities, for which we were ranked very favourably at 8th in Scotland. Targets moving forward require to be reviewed in line with local and national performance trends.
% of adults satisfied with social care or social work services	67.7%	67.7%	67%	68%	68%				We have sustained high levels of satisfaction with social care services at 68% in comparison with 55% in Scotland.
Net Residential Costs Per Capita per Week for Older Adults (65+)	£599.92	£554.19	£430.41	£415.97	£416.00				The HSCP has approved the development of two new fit for purpose older people's care homes (incorporating day care provision) to replace all of the Council's existing care homes and day care provision. The first of these

Performance Indicator	2010/11	2011/12	2012/13	2013/14					
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
									homes is due for completion 2016/17. Targets going forward are in development.

Audit Scotland SPI 1 and 2 2013/2014 (West Dunbartonshire)

Performance Indicator	2010/11	2011/12	2012/13	2013/14						2014/15
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	58%	69%	60%	44%	63%				7 of the 16 young people who left care in year entered a positive destination.	66%
Rate per 1,000 of children/young people aged 8-18 who are referred to the Reporter on offence-related grounds	18.19	17.65	7.46	4.8	7				Target achieved.	6.5
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	100%	100%				Target achieved.	100%
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	96.3%	100%	100%	100%	100%				Target achieved.	100%
Percentage of Care Plans reviewed within agreed timescale	63%	72%	65.73%	62.9%	70%				A staff vacancy resulted in a backlog of residential reviews late December 2013. Performance has improved during January - March 2014 to 70%.	72%
Percentage of identified carers of all ages who express that they feel supported to continue in their caring role	84.9%	81.5%	77.6%	85%	85%				Target achieved.	86%
Total number of respite weeks provided to all client groups	7,609.84	6,978	6,887	6,522	7,647				The Scottish Government have issued new guidance on the definition of respite for the carer. Existing targets are based on the old guidance and are currently being reviewed in line with the new definition.	6,540
No people will wait more than 28 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2013	N/A	0	2	2	0				Target has not been achieved and performance is being reviewed.	0
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	45%	37.52%	34.16%	41%	33%				Indicative target has not been achieved and performance is being reviewed.	40%

Performance Indicator	2010/11	2011/12	2012/13	2013/14						2014/15
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
ASW4bii: Total number of homecare hours provided as a rate per 1,000 population aged 65+	655	710.4	652.9	642.3	678				In line with the focus on reablement, service is being targeted towards those with high level needs to maximise any potential for improvement in levels of independence.	695
ASW4ci: Percentage of homecare clients aged 65+ receiving personal care	79.3%	81.4%	81.6%	82.7%	81%				Target achieved.	82%
ASW4cii: Percentage of homecare clients aged 65+ receiving a service during evening/overnight	41.5%	40.5%	44.5%	44.8%	40.5%				Target achieved.	41%
ASW4ciii: Percentage of homecare clients aged 65+ receiving a service at weekends	64.7%	69.4%	73.7%	74.6%	72%				Target achieved.	72.5%
Percentage of people aged 65 and over who receive 20 or more interventions per week	46.96%	47.69%	50.47%	51.3%	44.5%				Target achieved.	45%
Percentage of people aged 65 or over with intensive needs receiving care at home	43.28%	44.27%	42.52%	40.71%	49%				We delivered home care to people aged 65 and over at the 9th lowest cost per hour in Scotland. The provision of this home care allowed 40.71% of people with intensive needs to remain within their own homes and communities, for which we were ranked very favourably at 8th in Scotland. Targets moving forward require to be reviewed in line with local and national performance trends.	51%
Percentage of people receiving free personal or nursing care within 6 weeks of confirmation of 'Critical' or 'Substantial' need	N/A	N/A	98%	100%	100%				Target achieved.	100%
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	N/A	93%	98%	98%	98%				Target achieved.	98%
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	N/A	76%	77%	91%	80%				Target achieved.	80%

Performance Indicator	2010/11	2011/12	2012/13	2013/14						2014/15
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	N/A	83%	87%	92%	90%				Target achieved.	90%

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 18th November 2015

Subject: Criminal Justice Social Work Annual Report 2014-15

1. Purpose

1.1 The purpose of this report is to advise the Partnership Board of the annual report submitted to the North Strathclyde Community Justice Authority (CJA) with regard to the work undertaken by Criminal Justice Social Work in 2014-15.

2. Recommendations

2.1 The Partnership Board is requested to note the contents of this report.

3. Background

3.1 The Local Authority has a statutory duty to provide Criminal Justice Social Work (CJSW) services under the terms of section 27 of the Social Work (Scotland) Act 1968. These duties primarily relate to the provision of assessment reports for courts, Parole Board and prisoner tribunals and the supervision of offenders in the community subject to community sentences (Community Payback Orders) or post custodial supervision of long terms prisoners and certain other categories of prisoner.

3.2 Since 2002 West Dunbartonshire Council has worked within a formal Partnership with Argyll and Bute and East Dunbartonshire Councils. Ths tri-partite CJSW Partnership has a single budget, performance planning and improvement framework and strategic manager and is accountable to a joint committee with delegated powers. At an operational level there a number of cross authority service delivery arrangements. This continues following the advent of the West Dunbartonshire HSCP and Partnership Board, with criminal justice social work services included in the Integration Scheme and Strategic Plan.

3.3 Criminal Justice Social Work services are funded via an annual ring fenced grant. The funding is routed from the Scottish Government to each CJA who then allocate the grant under the terms of Section 3 of the Management of Offenders (Scotland) Act 2005. One of the conditions of funding is that the tripartite CJSW Partnership provides an annual report to the CJA in respect of Criminal Justice Social Work Services. The most recent annual report to the over-arching North Strathclyde CJA reflects the work of the three constituent areas (attached).

4. Main Issues

4.1 Local areas are now able to assess the full impact of the introduction of Community Payback Orders (CPO) in 2011. Whilst the number of new orders have fluctuated there are clearly added complexities, for instance the high number of orders requiring unpaid work and supervision. The public face of CPO is undoubtedly unpaid work which has enjoyed a relatively high and positive profile in this authority, with clear evidence of engagement with community organisations and of positive outcomes in terms of value to the community and to the individuals engaged in the work.

4.2 Supervision under the terms of CPO involves work with offenders on the causes and factors underpinning their offending whilst holding them to account for their behaviour. The level of supervision and focus of work is determined by risk assessments using approved tools in which all Social Workers have been trained. In addition to a generic risk assessment and case management assessment applied to all offenders at the court report stage, Social workers also use specialist assessment tools in relation to sex offenders. The principle of intervention based on an assessment of risk is also applied to individuals subject to post custodial supervision.

4.3 The supervision of offenders in the community involves a range of partnerships; formal and informal, with other agencies and organisations. The principal partners with whom the service has well developed and close working relationships are Police Scotland and Scottish Prison Service. However there are also close operational links with statutory and third sector partners in relation to the needs presented by offenders, notably in the fields of substance misuse, mental health, employment/training and housing. The report particularly notes the through-care addiction service provided by Alternatives and Turnaround Service provided by Turning Point Scotland. The latter is co-located within the HSCP Criminal Justice Social Work team.

4.3 The planning and delivery context within which Criminal Justice Social Work is located will be subject to change over the course of the next eighteen months. Following critiques of current arrangements in the report of the commission on women offenders (2012) and subsequently the Scottish Government consulted on alternative models for the strategic planning and delivery of community justice. Under the terms of the Community Justice Scotland Bill, currently progressing through the legislative process, it is intended that from 2017 responsibility for local strategic planning and delivery of community justice will transfer from Scotland's eight CJAs to Community Planning Partnerships. West Dunbartonshire HSCP and the tripartite CJSW Partnership are working with partners to draw up a transition plan for 2016 - 17.

5. People Implications

5.1 No personnel issues arise as a direct result of the attached report.

6. Financial Implications

6.1 The production of the attached annual report is a requirement of the Criminal Justice Social Work grant allocation. At present the grant is allocated to and managed by the CJSW Partnership - but from 2017 will be allocated directly to local authorities. The implications of this change have yet to be worked out, both in terms of the overall level of grant available for distribution at national level and the formula determining the allocation. It is widely recognised that the current formula is no longer fit for purpose and work is being undertaken to revise it in order to achieve a more equitable distribution. Within the local context, notwithstanding fluctuations in grant level, the overall trend over the past ten years has been of diminishing value when set against operational costs.

7. Professional Implications

7.1 Criminal Justice Social Work involves the risk assessment and supervision of offenders in the community. The professional role of the Criminal Justice Social Worker requires the development and maintenance of skills and knowledge, particularly and increasingly in the area of public protection, involving the risk assessment and management of offenders who present high and very high risk of serious harm to others.

8. Locality Implications

8.1 There are no locality implications in this report

9. Risk Analysis

9.1 Criminal Justice Social Work functions are statutory in nature and have to be delivered within a framework of national outcomes and standards.

10. Impact Assessments

10.1 None required

11. Consultation

11.1 The Criminal Justice Social Work Annual Report is compiled in collaboration and with contributions from the partner services.

12. Strategic Assessment

12.1 The Strategic Plan includes actions in support of the delivery of criminal justice social work services within the legislative and wider partnership context detailed in this report and the attached annual report.

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Attached: Annual Report to North Strathclyde Community Justice Authority (NSCJA): 2014-15

Background Papers: None

Wards Affected: All

Argyll, Bute & Dunbartonshires'
Criminal Justice Social Work Partnership

Local Authority Annual Report to North Strathclyde Community Justice Authority NSCJA

2014-15

This report refers to the Argyll, Bute and Dunbartonshire's Criminal Justice Social Work Partnership; Argyll and Bute, West Dunbartonshire and East Dunbartonshire Councils.

Aggregate Return

The figures relating to the analysis (below) are preliminary and are subject to alteration.

Over the period 2012-13 top date the main issue in relation to demand has been the impact of the introduction of CPOs. In the annual report for 2013-14 it was noted that there were factors other than the implementation of CPO at work; such as changes to patterns and levels of crime, local sentencing practice, particularly evident in Argyll and Bute, and the impact of declining and ageing populations. In 2103-14 the number of Probation, Community Service and Supervised Attendance Orders dwindled to insignificant levels and issues which were tentatively identified in the previous year developed to a point where trends and patterns can begin to be more confidently identified. The figures relating to new workload for 2014-15 strengthen the case for identifying longer term trends.

The overall trend, in respect of reports, suggests declining demand overall, this is despite a modest increase in the total entirely accounted for by West Dunbartonshire. In respect of orders, the figures suggest a slight decline in demand compared to 2013-14 the most significant element of which affected

West Dunbartonshire. These figures conceal quite significant local variations across Argyll and Bute and variations in level of demand over the course of the year; for instance West Dunbartonshire experienced an approximately 30% rise in the level of new CPOs in the last quarter of 2014-15 compared to the same period in 2013-14.

In West Dunbartonshire there are supervision requirements in 59% of the total, in Argyll and Bute in 48% and East Dunbartonshire 55%. Of CPOs with supervision requirements 79% and 83% and 59% respectively also have unpaid work and other activity requirements. Within the total, the number of new orders involving a supervision requirement, either on its own or with an unpaid work requirement has risen in Argyll and Bute, remained similar in West Dunbartonshire and declined in East Dunbartonshire.

Over several years, all partnership authorities have noted an increase in the average age of offenders dealt with by the Criminal Justice Social Work Service. In 2014-15, 45% were over 31years with 18% under 21 years. For some time the average age off offender subject to supervision in the community has been around 30 years. This trend has been noted elsewhere and is not unique to the partnership authorities.

The demand in respect of through-care; that is the supervision of offenders subject to post custodial supervision in the community, has been characterised by a modest but steady year on year rise for the past five years. A particular increase in demand in East and West Dunbartonshire (who share a through-care team) was noted in 2014-15.

Community Payback Orders

The principles underpinning CPO are fundamentally predicated upon evidence of the positive impact on the community in terms of paying back directly through unpaid work and/or other rehabilitative measures. As a matter of public policy, CPO and other measures within the Criminal Justice and Licensing (Scotland) Act 2010, such as a presumption against custodial sentences of three months or less, are a constructive attempt to achieve a more balanced and proportionate approach to sentencing; among other effects reducing the “churn” of repeated short sentence admissions.

Public visibility and feedback

As noted in previous reports since the introduction of CPO, the concept of payback appears to strike a chord with individuals, community organisations and the media, beyond the high levels of satisfaction traditionally elicited from recipients of unpaid work . Throughout the Partnership unpaid work staff have continued to respond to a more receptive public climate to develop, promote and consult regarding unpaid work projects.

The partnership authorities started 2014-15 against a background of significant levels of constructive publicity regarding unpaid work activities . This was helpful in generating interest in and referrals to the unpaid work teams within the Partnership as was the positive experience of organisations and individuals. For instance, work commenced in early 2014 in collaboration with community organisations in Arrochar regarding tidying up around the head of Loch Long, continued with environment al improvements in the vicinity of the community café.

Work has continued to identify new projects and sustain or extend existing ones where appropriate. For instance work undertaken to improve access and general amenity in allotments in Dalmuir has been complimented by recent work to develop a plot in Dumbarton on behalf of a local Alzheimers group.

Feedback from communities and organisations has been very positive regarding unpaid work undertaken by offenders subject to CPO. Some of the activities carried out to communicate the benefits of community payback orders to the wider community have been -

- Publicity in local press on projects being undertaken/completed
- Details on Council /Community organization websites
- Feedback via elected members
- Community/organization newsletters

When considering projects to be undertaken by offenders on unpaid work the benefit to the community is taken into account. These benefits include,

- Improves local area/amenities for residents and visitors
- Discourages anti-social behavior including vandalism and fly tipping, if area looks attractive and consequently is used regularly for legitimate purposes
- More attractive place to live and visit (stop as opposed to driving past)
- Nature trails and paths now being used by more families to enjoy
- Enabled the disadvantaged and those most at need in the community to benefit from and have access to facilities and environmental options on their doorstep

Working on these projects also has a number of benefits to the offender including,

- Increase in self esteem and self worth
- Sense of achievement
- Learning to work together as a team
- Allows them to see how their work has been good for the local community

- Encourages a work ethic
- Improved motivation
- Improved employment prospects
- Opportunities for new skills and training See below re SVQ)
- The provision of role modeling by the work supervisor

One of the positive results for offenders undertaking unpaid work is the experience and skills it gives them to improve their chances of obtaining paid employment. Some have been successful in gaining employment or continuing to undertake voluntary work. An initiative which was planned over 2013-14 but has been implemented this year is access to a SCQF level 2 gardening skills qualification through a gardening project in Dumbarton. The Unpaid work team has access to allotments in Dalmuir and Dumbarton and the food produced is donated to local food share schemes.

Unpaid work projects in East Dunbartonshire have included the creation of a landscape sensory garden at a school and the development of a memorial garden. All unpaid work teams respond where practicable to a demand from community organisations for painting and decorating tasks. Work undertaken within East Dunbartonshire for the Richmond Fellowship and Hillhead United Social Club is illustrative of situations where unpaid work requirements have been utilised to the benefit of others in the community.

The Service in East Dunbartonshire continues to enjoy the opportunity to undertake environmental work in and around Mugdock Park, principally path clearing and maintenance and related work such as erecting signs.

In West Dunbartonshire, the unpaid work team continue to work on environmental projects both new projects and maintaining others, such as a section of the Clyde Coastal Path .In 2013-14 the service was offered and took up the opportunity to help improve what had become a somewhat neglected amenity in the policies around the Strathleven Industrial Estate in Dumbarton. The estate has as its focal point Strathleven House, an early 18th century mansion. The work carried out by the unpaid work team comprised cutting back years of undergrowth and restoring neglected/lost paths creating both an attractive and safe environment for walkers etc. and again there is a continuing commitment to ensure that the gains made are not lost. There is wherever possible an aspiration to work alongside other organisations and volunteers.

In addition to regular unpaid work projects such as beach cleaning and land maintenance in Argyll and Bute the service has engaged with local charitable trusts as a means of finding appropriate tasks for our service users that not only benefit the communities but also the individuals. Examples of these

continuing projects are the Barbluie Project in Lochgilphead and the Glenfinnart walled garden.

The Barbluie project is a woodland trust project, our workers assist in planting and general wood maintenance. It equips services users with employment skills and benefits the community by enhancing the local area.

Similar work is undertaken at the Glenfinnart walled garden in Ardentinny. This project also enables services users to grow vegetables that they can then take home to their families, thus offering work based skills and healthy living. This is the consequence of the services initial involvement in assisting the development of the site noted in previous reports.

CPO (unpaid work) continues to benefit individuals in need across a range of circumstance and age. In addition we seek to identify individual placements typically providing practical assistance to small voluntary organisations, charity shops etc.

In all areas Unpaid work team staff undertake formal liaison/presentations to groups and organisations as well as utilizing the benefits of informal networks and relationships. Typically, this would involve someone involved in a local organization or project finding out about the work undertaken by unpaid work teams informally and approaching us for assistance.

Contracted Services

Alternatives are commissioned to provide the Throughcare Addiction Service (TAS). The level of grant for TAS rendered the in-house service vulnerable in face of demand from competing statutory priorities. In 2014-15 this service dealt with 87 referrals, reflecting a very similar level of demand to that in 2013-14.

APEX (Scotland) continued to be our partner in delivering the Fiscal Work Order (FWO) Pilot in 2014-15. FWO provides an alleged offender the opportunity of performing a period of unpaid work as an alternative to prosecution. APEX provides the assessment and case management functions with a worker co-located with the CPO Unpaid Work Team in Dumbarton who provide day to day managerial support and the supervision of work undertaken. The anticipated roll out of the service intended for 2013-14 did not take place with a new timetable over 2014-15 substituted. This was also delayed until 2015-16. Whilst the impact will be felt in 2015-16, when it became clear that there was a reduction in the non-core grant for the delivery of this service in 2015-16 and no flexibility elsewhere, arrangements were made during the latter part of 2014-15 to terminate the arrangement with APEX Scotland.

All contracting arrangements are subject to review in terms of fitness for purpose and value for money. The Partnership has already responded to these issues in terms of reviewing and revising arrangements with Health and third sector partners regarding DTTO. Efficiency savings identified in 2013-14 were fully realised in 2014-15 and over the course of the year further savings were identified and achieved.

The Turnaround Service (Turning Point Scotland) co-located in the CJSW office in Dumbarton during 2011 and continues to contribute to and support the work of the team, providing "other activities" for the CPO unpaid work team and supporting offenders subject to supervision requirements. This service is well embedded within the team and is highly valued in terms of supporting the case management of offenders subject to CPO. The service extends one day per week to Dunoon and Kirkintilloch. Turning Point Scotland supported our delivery of the women's project (Moving Forward), noted below.

The experience of the service in relation to the co-location of third sector (and health staff) and the delivery of services on site continues to be positive and constructive in terms of establishing very effective front line operational relationships to the benefit of mutually agreed outcomes.

3. Accredited Programmes

Constructs PSSO is available in West Dunbartonshire, Helensburgh and Lomond. Referrals etc. figures in relation to referrals and completions for 20013/14 are,

a) Number of referrals: 31
b) Number of clients completed: 15
c) Number of clients breached/failed to attend: 13

The above has been achieved within the context of a number of operational difficulties re staff turnover which impacted levels of referral.

4. Compliance/Complaints/Client Feedback

The service received no formal complaints in 2012-13.

With regard to customer feedback the most extensive is in respect of unpaid work with 100% of respondents (persons in receipt of unpaid work service) stating that they would use the service again. This figure has been consistent for some time with similar headline outcomes.

- All customers who responded found the work completed was to a satisfactory, and the majority a good, standard

- All customers who responded found the behaviour and conduct of those undertaking the work to be satisfactory with the majority of a good standard
- All customers who responded found contact with the officer undertaking the assessment of the work to be done satisfactory with the majority finding it helpful

Feedback from offenders at the conclusion of Orders is also sought and analysed. We have made some effort to improve the level of feedback returns but of course they tend on the whole to reflect the views of those who have achieved success. The overall position remains one of high levels of satisfaction with the service in terms of having the requirements of Orders explained and being treated fairly (100%). 91% of respondents indicated that they felt that work undertaken with their Supervising Officer was useful in terms of addressing the problems and changing their behaviour.
This is the same as in the previous three years.

With regard to unpaid work, 100% thought they were treated fairly and 96% thought they were unlikely to re-offend. 95% thought that the work was rewarding. Both formal and informal feedback provides evidence of the value placed on the type of environmental project described above. There is evidence of a connection between recognition of the value of the work undertaken (to a recipient) and the commitment of offenders to the task in terms of compliance and positive outcomes.

There have been no issues raised under the terms of Partnership Authorities whistle blowing policies.

There have been a number of tasks/activities undertaken over 2014-15 relevant to compliance and overall service performance.

Unpaid Work

Progress with regard to satisfying the service's obligations regarding immediacy and speed; getting offenders inducted and on unpaid work placements within seven working days remains challenging (see performance indicators below). Where practicable, partnership authorities assist one another, for instance deploying unpaid work supervisors.

Changes which have involved more robust initial reporting and systematic induction arrangements and changes to placement working hours have been associated with improved levels of initial and overall compliance in areas less affected by workforce turnover etc. most obviously in West Dunbartonshire which has the advantage of relative scale and proximity to the source of most of the demand for services (Dumbarton Sheriff Court). These advantages extend to the Helensburgh/Lomond area of Argyll and Bute.

Planning and performance Improvement.

The Partnership is currently working under a performance improvement programme revised for 2014-17.

The programme involves a schedule of audits involving elements of peer group, line manager and senior manager scrutiny. The results of audits are collated and reported to managers and staff with specific performance improvement measures identified. In 2014 the Partnership reviewed prisoners on Through-care and substance misuse.

The Partnerships Planning and Performance Framework which brought together national, CJA and local strategic objectives and outcomes in a clear relationship with strategic and operational improvement plans was reviewed and revised in format and content in 2013-14 leading to the creation of a new framework for 2014-17. The operational impact of the PPIF has been extended to the front line through the creation of team plans which are reviewed on a regular basis by front line managers. Progress with regard to the PPIF is reported regularly to the Partnership Committee via a Balanced Scorecard.

Over the course of 2014-15 approximately 95% of the actions identified within this period in the strategic and operational plans were completed. The PPIF was reviewed and revised in format and content in 2013-14 leading to the creation of a new framework for 2014-17. The operational impact of the PPIF has been extended to the front line through the creation of team plans which are reviewed on a regular basis by front line managers. Progress with regard to the PPIF is reported regularly to the Partnership Committee.

The Partnership's Commissioning Strategy was reviewed, revised and extended to 2014-17. In undertaking this review the Partnership Strategic Management team took account of the forthcoming changes affecting the strategic planning and delivery of community justice. The PPIF and Commissioning Strategy focus on issues supporting the continuing delivery of good quality services.

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5. National Standards

Performance may influenced by factors over which the service has little direct control. This applies to all authorities particularly in relation staff turnover and retention. There is clearly a direct correlation between higher levels of staff

turnover and significant variations in performance which can affect any or all of the partnership Authorities.

As part of the Partnership's Planning and Performance Improvement Framework a Balanced Scorecard has been created to monitor progress of the three year Strategy Map. The Balanced Scorecard was implemented from the 1st April 2014. And is reported to the Partnership Joint Committee.

Percentage of court reports submitted by due date: 2014/15:

Argyll and Bute: 96% West Dunbartonshire: 97% East Dunbartonshire 99%

Percentage of individuals subject to CPO who attend an induction session within five working days (note this includes both supervision and unpaid work requirements)

Argyll and Bute: 78% West Dunbartonshire: 82% East Dunbartonshire: 81%

Percentage of Unpaid work/other activity requirements commenced within seven working days

Argyll and Bute: 46% West Dunbartonshire: 90% East Dunbartonshire 88%

Over time, performance, as reflected in the above indicators, fluctuates. The fluctuations are usually associated with identifiable operational pressures / difficulties and / or issues re data input and retrieval. Recruitment of unpaid work staff in Argyll and Bute continued to be an issue during 2014/15 but has now been resolved.

6. In-house Projects

Note the services below cover West Dunbartonshire and the Helensburgh/Lomond area.

A women's group-work programme continues to be delivered in the West Dunbartonshire, Helensburgh and Lomond areas. This area has over recent years experienced relatively large numbers of women subject to community supervision (31 new CPOs with supervision requirements in 2014-15).The themes or issues addressed include readiness to change, self- esteem, anger and conflict, relationships (partners, children, family and others), substance misuse, parenting skills, health (lifestyle risks, diet, sexual health, fitness) and access to training education and employment. A key element of the programme is establishing a relationship with a range of service providers/agencies through direct input to sessions and where appropriate the establishment of contact and referral independent of the programme.

Agencies/services involved include Community Learning and Development, Clydebank College, Stepping Stones, NHS and addiction services. A feature of the programme is working alongside women to determine their own specific needs and goals. An application for additional funding to support the development of the women's programme was successful and funding made available for 2014-15, with an extension granted for a further year 2015-16. The project funding has permitted the deployment of a dedicated member of staff to develop and support the group-work programme particularly in relation to the engagement of other agencies and services, for instance in relation to health and wellbeing. It has also provided the capacity to work intensively with a small number of very vulnerable women and support them to establish more stable lifestyles including engagement with appropriate services.

The Partnership has hosted a Women's Safety and Support Service funded by the Scottish Government Equalities Unit (Violence Against Women Funding Stream) since 2008. At the time of writing funding is secure until 2016, having successfully acquired a further years funding via the violence against women programme. The project is located within and managed by the CJSW team in Dumbarton and provides a service to female partners / ex-partners of domestic abuse perpetrators subject to statutory supervision and to female offenders experiencing domestic violence and other forms of gender based violence. It is a direct response to the historically, very high incidence of reported domestic violence affecting West Dunbartonshire and empirical evidence of the impact of gender based violence on female offenders. The service covers West Dunbartonshire/ Helensburgh Lomond area.

The service's objectives are to;

1. Increase the safety of women and children experiencing domestic violence within a criminal justice context
2. To achieve better outcomes for women and children experiencing domestic abuse
3. To provide a service to female offenders which recognises the impact of gender based violence in relation to routes into and out of offending
4. To raise the profile of the effects of gender based violence on the women who receive the service

The service received 58 new referrals in 2014-15. The main sources of referral were Criminal Justice Team, Early and Effective Intervention Team (Police Incident) and ASSIST. At the beginning of March 2015, 24 women were engaged with the service and seven pending referrals.

The service has developed an input into the women offender's group-work programme and supports a service users group.

The challenge of dealing with the perpetrators of domestic violence was met by a revision and re-launch of a perpetrators group-work programme, drawing on the experience and skills of staff across the CJSW team and evidence of effective practice/approaches to this issue. Subject to a further revision of the programme further sessions are planned.

The service maintains a high level of commitment to training and practice development to staff across a range of services.

N J Firth
Partnership Manager
Argyll, Bute and Dunbartonshires'
Criminal Justice Social Work Partnership

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 18th November 2015

Subject: Workforce and Organisational Development Strategy 2015-2018 & Support Plan 2015-2016

1. Purpose

1.1 To present the Health & Social Care Partnership Workforce and Organisational Development Strategy 2015-2018 & Support Plan 2015-2016.

2. Recommendation

2.1 The Partnership Board is recommended to endorse the Workforce and Organisational Development Strategy 2015-2018 & Support Plan 2015-2016.

3. Background

3.1 The Everyone Matters: 2020 Workforce Vision recognises the key role the workforce will play in responding to the challenges faced in improving care and overall performance, emphasising the importance of a:

- Capable workforce.
- Sustainable workforce.
- Integrated workforce.
- Healthy organisational culture.
- Effective leadership and management.

3.2 Members will recall that it is a responsibility within the Integration Scheme – and an action endorsed by the Partnership within its first Strategic Plan – that the Chief Officer develops a joint strategy and support plan for workforce and organisational development in relation to staff working within the HSCP (except for NHS acute hospitals services) on behalf of the Council and the Health Board.

3.3 The first integrated Workforce & Organisational Development Strategy - with Support Plan - for the West Dunbartonshire Health & Social Care Partnership is attached for endorsement by the Partnership Board.

4. Main Issues

4.1 West Dunbartonshire has had the benefit of a strong local track record for joined-up workforce planning across health and social care services, coupled to a clear commitment to the principles of staff governance: i.e. that staff should be well informed; appropriately trained; involved in decisions which affect them; treated fairly and consistently; and provided with an improved and safe working environment.

4.2 The support plan has been developed to support the delivery of the overall Strategic Plan 2015/16. Refreshed support plans for 2016/17 - and subsequently 2017/18 - will then be developed and presented to the Partnership Board.

4.4 The delivery of the support plan will be reported to the Partnership Board in tandem with the presentation of the next (2016/17) support plan in 2016.

5. People Implications

5.1 Effective workforce planning ensures that services and organisations have the necessary information, capability, capacity and skills to plan for current and future workforce requirements. This means planning a sustainable workforce of the right size, with the right skills and competences, which is responsive to health and social care demand and ensures effective and efficient service delivery across a broad range of services and locations.

6. Financial Implications

6.1 This Workforce and Organisational Development Strategy has been developed with an understanding of the financial environment that HSCP services are operating – both currently and anticipated in the future. It will be used to inform the wider financial planning activities for the HSCP and shape the next Strategic Plan.

6.2 The actions within the support plan 2015/16 will be delivered within the existing resources available to the HSCP.

7. Professional Implications

7.1 This Workforce and Organisational Development Strategy recognises the legal responsibility on the employing organisations to ensure that all of their respective staff working within the HSCP are appropriately registered.

8. Locality Implications

8.1 The implementation of the Workforce and Organisational Development Strategy and support plan will support the development of locality planning and working (e.g. through the sponsoring of inclusive Protected Learning Events).

9. Risk Analysis

9.1 It is a responsibility within the Integration Scheme – and an action endorsed by the Partnership within its first Strategic Plan – that the Chief Officer develops a joint strategy and support plan for workforce and organisational development in relation to staff working within the HSCP (except for NHS acute hospitals services) on behalf of the Council and the Health Board.

10. Impact Assessments

10.1 An Equality Impact Assessment (EIA) has been carried out on the Strategy and Support Plan – this found no negative impacts; and positive impacts specifically in relation to younger and older age groups. Further work will be undertaken as part of the development of subsequent support plans to identify any specific actions that can be meaningfully incorporated in respect of other protected characteristics groups.

11. Consultation

11.1 Staff across the HSCP were consulted as part of the development of the Workforce and Organisational Development Strategy and support plan.

11.2 The local Joint Staff Partnership Forum has been engaged in, consulted and supported the development of this Workforce and Organisational Development Strategy and support plan.

12. Strategic Assessment

12.1 The preparation of this Workforce and Organisational Development Strategy delivers a key action within the Strategic Plan.

12.2 The implementation of the support plan will support the overall delivery of the Strategic Plan.

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West Dunbartonshire Health & Social Care Partnership.

Date: 18th November 2015

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Appendices: Workforce and Organisational Development Strategy 2015-2018 & Support Plan 2015-2016

Background Papers: Everyone Matters - 2020 Workforce Vision: http://www.gov.scot/Resource/0042/00424225.pdf

Wards Affected: All

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire
Health and Social Care Partnership

Workforce and Organisational Development
Strategy 2015-2018
&
Support Plan 2015-2016

NHS Greater Glasgow and Clyde

West Dunbartonshire COUNCIL

CONTENTS

1. INTRODUCTION

The Scottish Government's *Public Bodies (Joint Working) Act (Scotland) 2014* sets out the arrangements for the integration of health and social care across the country. In December 2013, the Council and the Health Board formally agreed to transition their Community Health and Care Partnership to a Shadow Health and Social Care Partnership; and for its Community Health & Care Partnership Committee to assume the role of Shadow Integration Joint Board. This decision enabled both the Council and the Health Board to jointly develop, constructively consult with stakeholders and then agree the arrangements for joint working as required by the Act, building on the effective integrated arrangements that had already been successfully developed locally; and reflecting on the considerable learning and insights that accrued in doing so. The approved *Integration Scheme for West Dunbartonshire* details the 'body corporate' arrangement by which the Health Board and the Council have agreed to formally delegate health and social care services for adults and children to a third body, which is described in the Act as an Integration Joint Board. The Integration Joint Board for West Dunbartonshire is known as the *West Dunbartonshire Health & Social Care Partnership Board*, which was established on 1st July 2015 (the integration start day on which the new arrangements officially commenced).

The West Dunbartonshire Health & Social Care Partnership Board's:

- Mission is to improve the health and wellbeing of West Dunbartonshire residents.
- Purpose is to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
- Core values are protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.

The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership (WD HSCP), which is the joint delivery vehicle for those integrated services delegated to the Integration Joint Board (except for NHS acute hospital services); and through the Chief Officer, who is responsible for the operational management of the Health & Social Care Partnership. Staff who work within the management of the HSCP continue to be employed by either the Health Board or the Council, retaining their respective terms and conditions. The management of NHS acute hospital services is retained within the Health Board. In addition to local services provided for and with the residents of West Dunbartonshire, WD HSCP has formal responsibilities for a number of wider geographic functions: NHSGGC Eye Care Service; NHSGGC Musculoskeletal Physiotherapy Service; and the management of Argyll, Bute and Dunbartonshire's Criminal Justice Social Work Partnership.

The *Route Map to the 2020 Vision for Health and Social Care*[1] outlines the Scottish Governments vision for improving quality and making measurable progress towards high quality, sustainable health and social care services in Scotland. The *Everyone Matters: 2020 Workforce Vision*[2] recognises the key role the workforce will play in responding to the challenges faced in improving care and overall performance, emphasising the importance of a:

- Capable workforce.
- Sustainable workforce.
- Integrated workforce.
- Healthy organisational culture.
- Effective leadership and management.

It is a responsibility within the Integration Scheme – and endorsed by the HSCP Board within its first *Strategic Plan* (2015/16) – that the HSCP Chief Officer develops a joint strategy and support plan for workforce and organisational development in relation to staff delivering integrated services (except for NHS acute hospitals services) on behalf of the Council and the Health Board.

Effective workforce planning ensures that services and organisations have the necessary information, capability, capacity and skills to plan for current and future workforce requirements. This means planning a sustainable workforce of the right size, with the right skills and competences, which is responsive to health and social care demand and ensures effective and efficient service delivery across a broad range of services and locations. Fortunately West Dunbartonshire has had the benefit of a strong local track record for joined-up workforce planning across health and social care services, coupled to a clear commitment to the principles of staff governance: i.e. that staff should be well informed; appropriately trained; involved in decisions which affect them; treated fairly and consistently; and provided with an improved and safe working environment.

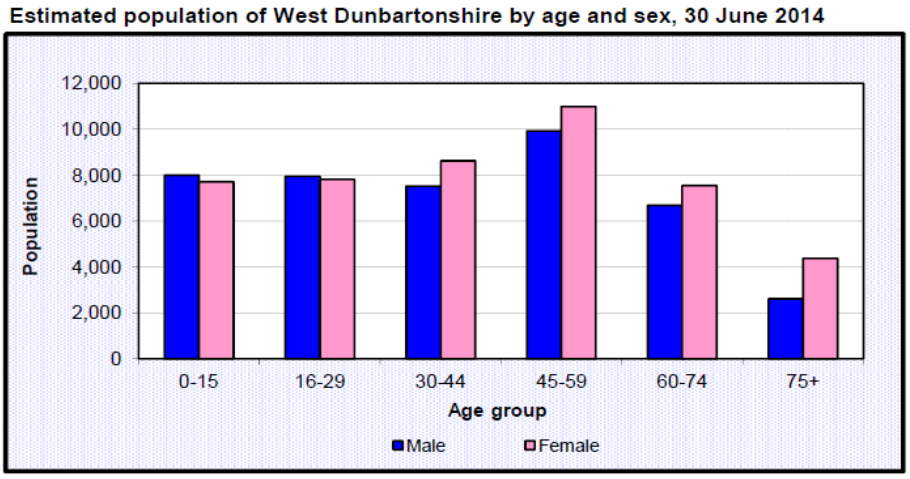
This then is the first integrated Workforce & Organisational Development Strategy - with Support Plan - for the West Dunbartonshire Health & Social Care Partnership.

[1] http://www.scotland.gov.uk/Topics/Health/NHS-Workforce/Policy/2020-Vision
[2] http://www.scotland.gov.uk/Publications/2013/06/5943

2. PLANNING DRIVERS

Population

West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. According to the National Records for Scotland, the 2014 population for West Dunbartonshire is 89,730; a decrease of 0.1 per cent from 89,810 in 2013. The population of West Dunbartonshire accounts for 1.7 per cent of the total population of Scotland. In West Dunbartonshire, 17.6 per cent of the population are aged 16 to 29 years. This is smaller than Scotland where 18.3 per cent are aged 16 to 29 years. Persons aged 60 and over make up 23.6 per cent of West Dunbartonshire. This is smaller than Scotland where 24.0 per cent are aged 60 and over.



National and local evidence indicates that the population of West Dunbartonshire is ageing due to a combination of factors: that the number of births within the area is dropping; the number of people migrating to other council areas within the 15 – 44 year age group is increasing; and the number of deaths registered annually is falling.

Demand analysis has identified the following key issues across all HSCP Adults Services:

- Based on prevalence data and service usage, it is likely that the current level of demand for services is going to increase over the coming years.
- Local analysis of IORN (Indicators of Relative Need) data has confirmed that we can anticipate a significant increase in the number of adults in high needs categories in particular.
- Growing complexity in the nature of the needs within the population (e.g. emphasis on care at home; levels of incapacity, especially amongst frail elderly).
- Growing expectations concerning how best to meet them across all care groups – not least in relation to quality requirements of external regulators (Care Inspectorate) and new legislation, including the forthcoming Carers Bill.

Demand analysis has identified the following key issues across HSCP Children's Services:

- Whilst the overall proportion and number of children in the population has fallen, a greater number of children are living with increasingly complex health and care needs, and requiring care for whilst living in the community.
- Children and young people living with high levels of risk are and will have to be increasingly supported in the community, with increased commitment to reducing the numbers looked after and accommodated, and living out with their communities.
- A small number of children and young people will inevitably require residential care and (high cost) secure accommodation – and the demands for the latter are difficult to predict.
- Growing expectations concerning how best to provide quality care for children and young people – not least in relation to quality requirements of external regulators (Care Inspectorate) and new legislation, including the Children & Young People's Act and the forthcoming Carers Bill.

Policy

The HSCP Strategic Plan sets out the key actions that will be taken forward to deliver the National Health and Wellbeing Outcomes prescribed by the Act, namely that:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- People using health and social care services are safe from harm.
- 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.

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

Given that children and families health and social care services and criminal justice social work services have also been delegated to the Health & Social Care Partnership Board, the specific National Outcomes for Children and Criminal Justice are also addressed within the Strategic Plan, i.e.:

- Our children have the best possible start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.
- Community safety and public protection.
- The reduction of re-offending through implementation of the Whole Systems Approach to youth offending.
- Social inclusion and interventions to support desistance from offending.

Across all of our service areas, the HSCP's delivery model reflects a collective commitment to:

- Optimal outcomes for individual service users
- A client-centred approach appropriate to individual needs through an emphasis on informed self-care, co-production and personalisation of services
- Effective and safe services that draw upon the best available evidence and local feedback from service users
- Equalities-sensitive practice
- Acceptability of service provision informed through constructive engagement with local stakeholders – including staff, community groups and elected representatives
- Affordable and efficient services that continue to be reflective of the relative demands across the West Dunbartonshire population as a whole.

Finance

The total opening budget for WD HSCP was £136.3m: £74,970 from the Health Board; and £61,321 from the Council.

The Health Board's financial plans for 2015/16 and 2016/17 currently suggest a savings challenge in excess of that in recent years, brought about in part by the requirement to fund changes to the NHS Superannuation Scheme in 2015/16 and to employer's National Insurance contributions in

2016/17. For NHSGCC Health & Social Care Partnerships, the current planning assumption is for savings of around £15m for each of the next two financial years. Planning work has focused on the structured approach taken over the previous four financial years: whole-system services review and redesign, integrated with system-wide and local financial and resources planning. Contained within this amount the net savings target for WDHSCP is £0.630m and deductions have been applied to 2015/16 opening budgets. It is recognised that plans for 2015/16 will be a mix of recurring and non- recurring savings, while Chief Officers across the NHSGGC-area will continue to work collectively and locally to develop more detailed plans for full recurring release by the end of March 2017.

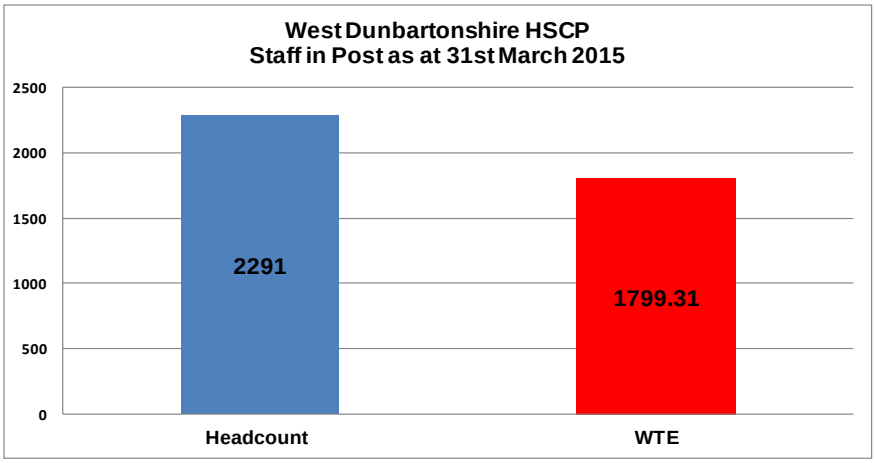
The Council, in setting its budget for 2015/16, also made decisions which aim to generate efficiencies for financial years from 2016/17 onwards. There remained target savings to be identified for 2016/17 and 2017/18 of £4.5m and £6.8m cumulative. The main funding risks going forward for the Council relate to potential loss of Scottish Government funding which could be impacted by the ongoing UK austerity measures and may also be impacted by expected further population loss within the area. Other significant pressures relate to inflation on staff pay and other lines; potential impact of welfare reform; potential impact of ongoing anticipated demographic change where the population is expected to continue to age and require care for longer. For 2015/16 the Council has assumed Social Work Services planned efficiencies of £2.58m for 2015/16. Action plans have been drawn up to deliver the planned savings many of which will be delivered through the strategic service and reform change programme. With these efficiencies and the agreed growth as noted above the Social Work budget has increased by just under £0.6m.

It is the opinion of the HSCP's Chief Financial Officer that the initial budget allocated to the Partnership is sufficient to deliver on the outcomes highlighted within the Strategic Plan, subject to effective risk mitigation and the successful delivery of efficiency initiatives as detailed in the report. Given the needs-led nature of health and social care services, it is possible that there will be deviations from original plans over the course of the financial year. Projected outturn against annual budget will be subject to ongoing monitoring and review and will be reported to the Health & Social Care Partnership Board at regular intervals over the course of the financial year. This is a key component of financial governance as it ensures that the impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and other planned and unplanned activity changes are monitored and reviewed on an ongoing basis.

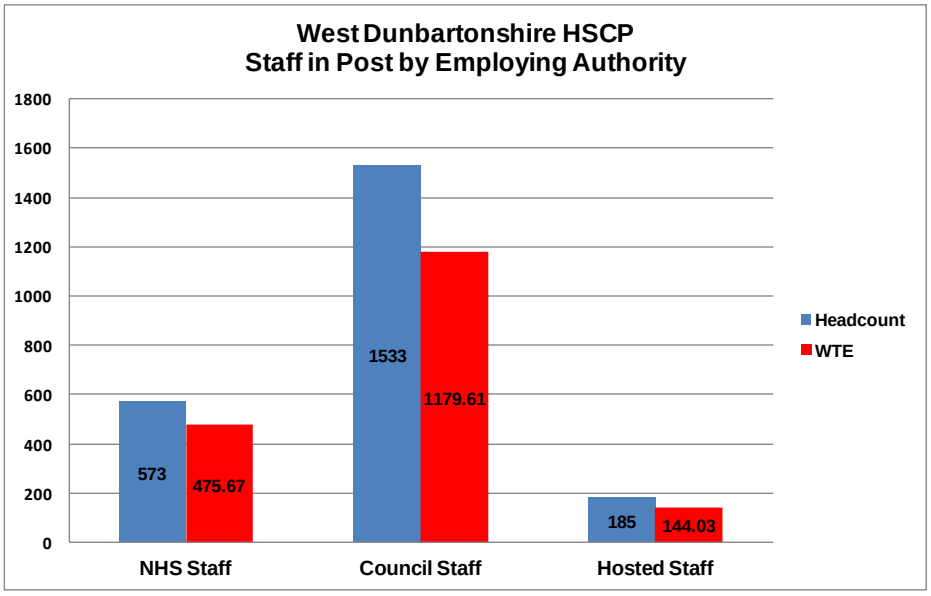
3. WORKFORCE PROFILE

Overview

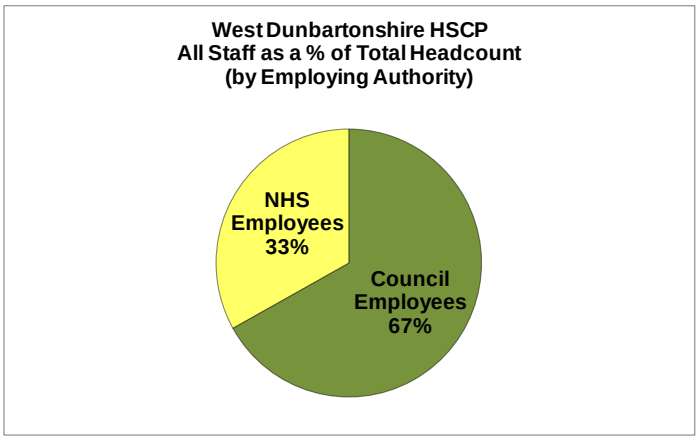
As at March 2015 the workforce comprised of 2,291 headcount staff, equating to 1799.31 whole time equivalents (WTE). This figure includes the staff cohorts for Musculo-Skeletal Physiotherapy and Eye Care (Retinal Screening). Note that these figures do not include any vacant posts in the process of recruitment.



A breakdown of staff into their separate employing authorities is shown overleaf by headcount and WTE. The figures for NHS-employed staff in hosted services are shown overleaf as separate from the other staff working within the management of the HSCP who are employed on NHS contractual conditions.



Council employees make up approximately two-thirds of the HSCP workforce by headcount with NHS-employed staff filling the remaining third.

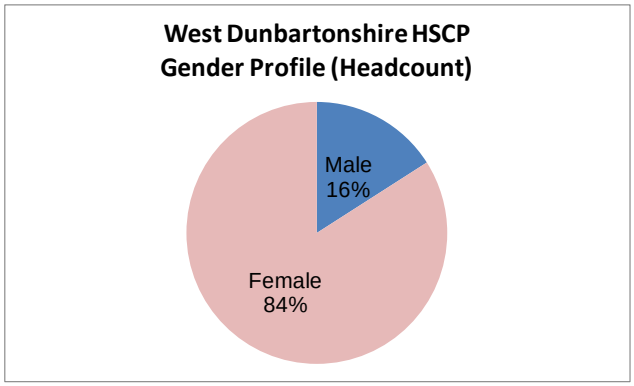


The table below shows the workforce broken down by employing organisation and service area.

West Dunbartonshire HSCP			
WTE Staff in Post by Service & Employing Authority			
Service Description	**NHS**	**Council**	**Grand Total**
Community Health & Care	124.00	761.94	885.95
Child Health Care & Criminal Justice	116.90	243.09	359.99
Mental Health, Addictions & Learning Disabilities	208.85	144.64	353.49
Strategy, Planning & Health Improvement	20.42	28.94	49.36
Senior Management Team	5.50	1.00	6.50
Hosted Services	144.03		144.03
Grand Total	**619.70**	**1179.61**	**1799.31**

Gender Profile

The gender profile for the HSCP workforce is shown below.

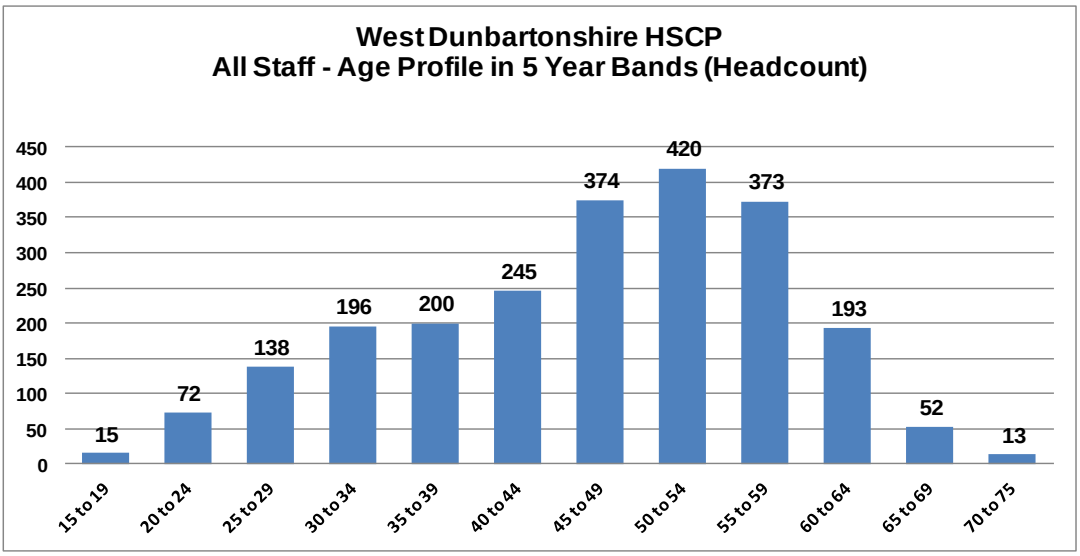


The gender profile by employing organisation is:

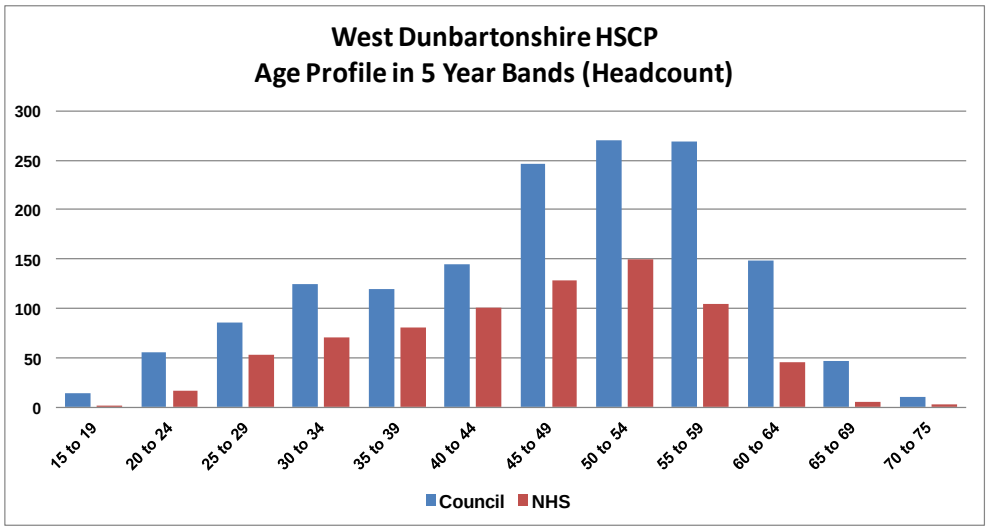
- NHS-employed staff – 87% female and 13% male.
- Council- employed staff – 86% female and 14% male.

Age Profiles

The chart below shows the HSCP headcount workforce age profile in 5 year bandings.



The age profile by the different employing authorities is as follows:



This age profile highlights the HSCP has an ageing workforce, with:

- 46% of the workforce is over 50 years old, with the largest age band falling between 50 and 54 years of age.
- 11% of the workforce are over 60 years old, with some staff working beyond the “historic” retiral age of 65 years; and a small number of mostly council-employed staff working into their seventies.
- Only 1% of the workforce are under 20 years old, with these staff being council-employed.

The table below shows the number of staff aged over 60 years by their service areas.

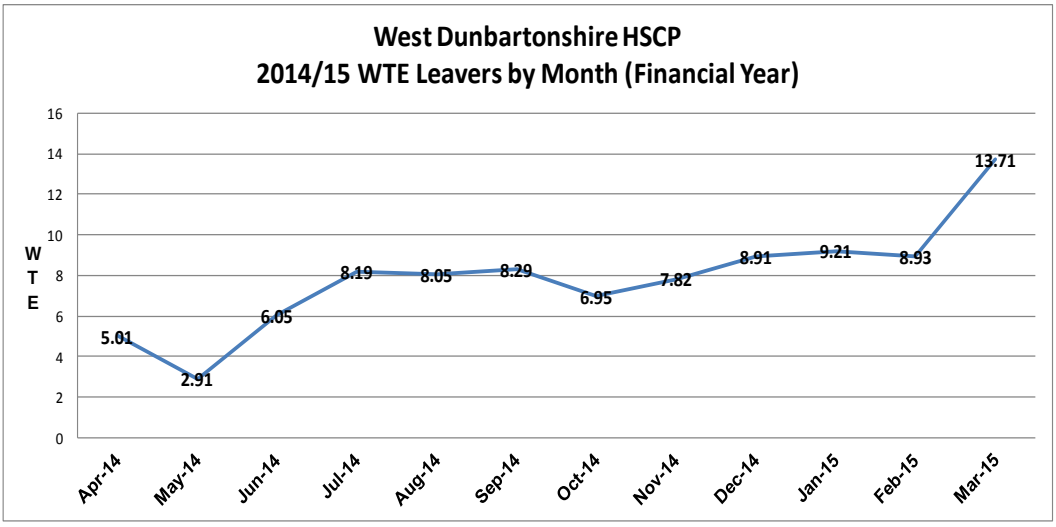
West Dunbartonshire HSCP			
Staff Aged Over 60 Years Old as at 31st March 2015			
Service Areas	2015 WTE Inpost	Over 60 WTE	% of Workforce
Community Health & Care	885.95	132.11	14.91%
Child Health Care & Criminal Justice	359.99	17.24	4.79%
Mental Health, Addictions & LD	353.49	34.79	9.84%
Strategy, Planning & Health Improvement	49.36	4.00	8.10%
Senior Management Team	6.5	0.00	0.00%
Grand Total	1655.29	192.20	11.61%

Leavers

The table below shows the actual leavers noted across 2014/15 against previous projections (excluding staff employed in "Hosted Services").

West Dunbartonshire HSCP			
WTE Leavers - 2014 Projections vs. Full Year Actual			
Service Description	Projection	Actual	Variance
Community Health & Care	43.09	47.68	4.59
Child Health Care & Criminal Justice	19.67	17.29	-2.38
Mental Health, Addictions & Learning Disabilities	23.62	25.06	1.44
Strategy, Planning & Health Improvement	3.31	4.00	0.69
Senior Management Team	0.41	0.00	-0.41
Grand Total	90.10	94.03	3.93

The actual number of leavers noted across the last financial year is broadly in line with the levels projected - given the size of the workforce this variance is within acceptable parameters. Leavers activity on a monthly basis over the last financial year is shown below.



The trend displays are relatively consistent level of wte leavers across most of the year but shows a slight depression at the beginning of the financial year and a distinct “spike” in leavers activity at the end of the financial year. Further analysis shows a slight increase in the number of retirals and voluntary resignations at in March 2015.

The reasons for staff leaving are summarised in the table below.

West Dunbartonshire HSCP			
WTE Leavers 2014/15 by Reason & Emloying Authority			
Reason for Leaving	**NHS**	**Council**	**Total**
Voluntary Resignation	17.45	26.17	43.61
Retiral - Age	9.27	23.89	33.16
Retiral (MHO)	4.00		4.00
Ill Health	2.20	2.00	4.20
Redundancy		1.00	1.00
Dismissal	1.00	4.25	5.25
Other/Not Known	2.80		2.80
Grand Total	**36.72**	**57.31**	**94.03**

Using the average in post staffing figures across 2014/15 benchmarked against numbers of staff leaving identifies an annual leavers rate of 7.83% for NHS-employed staff (excludes staff employed in hosted services); and 4.86% for council-employed across the last 12 month period.

Future Retirals

At this time it is unclear how the workforce will behave in relation to continued employment. Staff may choose to work longer due to the impact of external factors (e.g. changes to pensions). They may also wish to adopt more flexible working patterns to reflect increased “caring” needs. It is also important to note that as the workforce ages there may be a requirement for increased redeployment due to health reasons as staff become unable to perform “heavy” duties. While this document has classed the potential staff retirals as a risk to service delivery it must also be noted that the resources which may be released by increased turnover of staff could also present opportunities for the redesign of existing team structures to create increased capacity under the new integrated health and social care arrangement. Age profiles and retiral trends will continue to be monitored to inform on-going and future work.

For workforce planning purposes, the workforce has been classified into three areas of retiral risk across the 5 year period of 2015-2020 as follows (and summarised in the table overleaf):

- Low Risk – all staff aged under 55 years old.
- Medium Risk – all HSCP staff aged between 55 and 59 years old plus NHS-employed staff with "Special Class" Pension Status aged over 50 years old.
- High Risk – all HSCP Staff over 60 years old plus NHS-employed staff with Mental Health Officer (MHO) Pension Status aged 50 or over.

West Dunbartonshire HSCP							
Risk of Retirals in the next 5 Years as a % of WTE Workforce							
5 Year Retiral Risk	Child Health Care & Criminal Justice	Community Health & Care	Mental Health, Addictions & LD	Strategy, Planning & Health Improvement	Senior Management Team	Hosted Services	Grand Total
Low	77%	65%	76%	83%	62%	86%	71%
Medium	17%	20%	9%	7%	23%	10%	16%
High	6%	15%	16%	10%	15%	4%	12%

There are two service areas where a significant percentage of the workforce falls into the "high risk" classification:

- Community Health & Care Services.

Within the HSCP's Community Health and Care Services workforce the identified risk related to the high numbers of staff within this service area currently aged over 60 years old. As at March 2015, 132.34 wte staff were 60 years old or over - mainly working in Homecare services. This represents almost 15% of the Community Health & Care Service workforce.

The removal of a statutory retiral age means that it is difficult to predict with any certainty how many of this group will choose to retire across the next five years - however, it is likely that a significant proportion of this group will not be in the workforce in five years time.

- Mental Health, Addictions & Learning Disability Services.

Within the NHS-employed workforce in these areas, the issue of the ageing workforce is exacerbated by two additional factors:

- 31.5 wte staff have Mental Health Officer (MHO) status - the majority of these staff work in Adult Community and Elderly Inpatient services.
- Changes to NHS pension provision.

It should be noted that the term “Mental Health Officer” has – confusingly - two separate meanings with respect to local authorities and NHS Health Boards. Local authorities are statutorily obliged to employ a suitable number of Mental Health Officers for their areas – those individuals being specially trained social workers who deal with people with mental disorder and has particular duties under the mental health legislation.

Within the NHS, a Mental Health Officer is a person who worked full-time on the medical or nursing staff of a hospital used for the treatment of patients suffering from mental disorder before 1st April 1995; is a part-time specialist who is employed for the whole or almost the whole of their time in the direct treatment or care of patients suffering from mental disorder; and has not had a break of more than five years in any pensionable NHS employment.

MHO status affords those NHS-employed staff an earlier Normal Pension Age (NPA) of 55 years, rather than the 60 year age NPA for other members; and all completed years service beyond 20 years are doubled for pensionable purposes - meaning such staff can reach 40 years pensionable service after 30 years reckonable NHS employment with MHO status. Under the new 2015 Pension scheme normal retiral age will increase in line with the state pension age for most NHS-employed staff. This means that most of those staff will see an increase in pension age from 66 years old as from October 2020 rising to 68 years old. However, those NHS-employed staff within 10 years of current normal pension age are included in a protection scheme (which covers staff aged 45 years or over who have MHO status). Recent changes to the NHS pension scheme have introduced a protected period of 10 years for staff affected by these changes which will end in 2022. This effectively means that existing MHO staff within 10 years of their normal retiral age of 55 years will continue to accrue pension benefits as normal until 2022. Staff with MHO status remaining in the workforce beyond this will be required to comply with the retirement arrangements under the new scheme (including retiral age); and would potentially suffer detriment in relation to the age they are able to retire (i.e. they would lose the ability to retire at 55 years and require to work until 67 years of age).

4. WORKFORCE & ORGANISATIONAL DEVELOPMENT PRIORITIES

The Strategic Plan identified a number of initial key priorities for the workforce to be addressed through this Workforce & Organisational Development Strategy and its Supporting Plan. At a headline level, these have been cross-referenced against the five *Everyone Matters: 2020 Workforce Vision* themes as follows.

	Capable Workforce	Sustainable Workforce	Integrated Workforce	Healthy Organisational Culture	Effective Leadership & Management
The development of robust out of hours/unscheduled care services.		✓	✓		✓
Increasing levels of MHO Qualification amongst social care staff.	✓	✓			
Assessing workforce training needs in dementia care and engaging educational partners regarding appropriate mechanisms for provision.	✓		✓	✓	
The use of agile technologies to assist the workforce, improve productivity and free up additional capacity from existing resources.	✓	✓	✓	✓	✓
Creating career pathways to encourage retention among key staff groups (e.g. Occupational Therapy, Community Specialist Nurses).		✓		✓	
To assess the implication of workforce structures which arise from the new integrated Health & Social Care Partnership organisational structure.		✓	✓	✓	✓
Building on existing capacity within the volunteer and third sector workforce while ensuring the maintenance of quality and standards of service.		✓		✓	✓
Talent Management and Succession Planning within the workforce to mitigate the impact of future skills loss associated with an ageing workforce profile.		✓	✓	✓	✓

These will be taken forward alongside the following key areas for on-going organisational development – at a headline level these have been cross-referenced against the five *Everyone Matters: 2020 Workforce Vision* themes; and reinforce the following principles:

- Services and roles will meet future needs and respond to workforce changes, particularly in relation to changing demographic demands.
- We will work towards having consistency of qualifications and professional requirements across the workforce.
- Staff will be supported with supervision, personal development plans and revalidation to enable the HSCP to have an appropriately trained and qualified workforce.
- Leadership, management and team development will be supported to encourage staff at all levels to work together to improve services and deliver a high standard of care.

Capable Workforce

Professional Practice and Registration

Employers have a legal responsibility to ensure that all of their staff are appropriately registered. Employers would be committing an offence if they continue to employ an unregistered worker for more than six months after their start date if they are working in a role that requires registration. Evidence of compliance with Scottish Social Services Council (SSSC) registration requirements is monitored and maintained through a performance database which records when a member of staff is required to register or re-register and under which designation. This database provides monthly reminders of staff due to renew their registration, with information provided to managers who check with their staff that they have acted accordingly. When a new registered worker is recruited they are added to the database and when a group of staff is required to register then they are also added. Many groups of social service workers are now required to register with the SSSC if they are not already registered with another regulatory body, e.g. Nursing and Midwifery Council. Workers who start in a position that requires registration will have six months from their start date in which to register with the SSSC.

A priority for training and development activity is the demands placed upon HSCP staff by registration requirements. As more staff become registered then the HSCP must support them to gain the qualifications they require to become registerable and the Post Registration Training (PRTL) and Continuous Professional Development (CPD) they require to undertake to remain so. Appropriate professional frameworks underpinned by NHS Education Scotland (NES) and the SSSC are in place to support national regulatory requirements across HSCP professional staff groups. These frameworks will continue to influence the balance and provision of

education, training and skills development together with the conferment of qualifications required within the HSCP workforce now and in the future. The HSCP has ongoing processes in place for checking the registration of new and existing clinical members of staff.

The HSCP is committed to the requirements of the Data Protection Act 1998 ("the Act"). It is essential that all staff – irrespective of employing organisation - who have access to any personal data held within the HSCP, are fully aware of and abide by their duties and responsibilities under the Act. The HSCP has an ongoing programme of data protection awareness sessions that is tailored to the staff working within the HSCP.

Professional and Personal Development

It is mandatory that all NHS-employed staff covered by Agenda for Change have an annual KSF review and PDP to identify their learning needs and, that it is recorded on the e-KSF tool. Should there be any concerns regarding clinical performance issues, mechanisms are in place ranging from practice support, addressing any educational or professional needs using KSF reviews & PDPs, through to more formal Human Resource or professional regulatory responses dependent on the nature of the concerns. Similarly the Council has a target of 100% for PDPs.

The HSCP seeks to encourage staff who wish to pursue further academic or professional development; and recognises the investment that many staff have and continue to make in pursuing such study (whether it be to further enhance their current practice, improve their prospects for career progression or for intellectual stimulation). Requests for formal support from the HSCP should be considered through the PDP process, on a case-by-case basis in line with the relevant employing organisations policies (e.g. in relation to study leave), and with due consideration of its "fit" with HSCP priorities; the exigencies of the service involved and its capacity/scope to reasonably contribute support; and the circumstances and commitment evidenced by the member of staff in question.

In addition – and as part of the HSCP's overall approach to clinical and care governance – staff will be encouraged to engage in the broader range of learning and development opportunities provided, including internet-based electronic (e) learning modules; multi-disciplinary Protected Learning Events; specific-issue sessions (e.g. parenting; and palliative care) and more generic development activities (e.g. mentoring; and leadership development).

Integrated Workforce

Staff Governance and Practice Governance

The NHS *Staff Governance Standard* is demonstrative of a proactive approach of trade unions and professional bodies, NHS employers and the Scottish Government to modernise employment practices based on the concept of partnership working. It has five key standards which employers are required to deliver entitling staff to be:

- Well informed.
- Appropriately trained.
- Involved in decisions which affect them.
- Treated fairly and consistently.
- Provided with an improved and safe working environment.

In relation to local authorities, the nearest equivalent expression of this is provided by the Scottish Government's *Practice Governance Framework* (2011), with its five key areas of:

- Risk, discretion and decision making.
- Self and self regulation.
- Developing knowledge and skills.
- Guidance consultation and supervision.
- Information sharing and joint working.

The HSCP has had an integrated Staff Governance and Practice Governance Framework which it will update annually in partnership with local trade unions through its joint Staff Partnership Forum. The Chief Officer convenes and co-chairs (with both Council and NHS trade union representatives) the HSCP's local Staff Partnership Forum, which has formal linkages to their respective corporate trade union partnership forums of the Council and the Health Board.

Public Protection

Public Protection provides a range of measures which can be used together to take steps to decide whether someone is an adult at risk of harm, balancing the need to intervene with an adult's right to live as independently as possible; or where a child needs protection from harm. It also encompasses the effective and robust management of High Risk Offenders (including those subject to Multi-Agency Public Protection Arrangements – MAPPA – and Serious Violent Offenders).

All HSCP staff – individually and collectively, irrespective of their employing organisation – have a responsibility to help protect adults and children who may be at risk. As such public protection is an integral part of all delivery of adults and children's services – and the responsibilities of staff - within the HSCP. This includes playing their part in *Equally Safe - Scotland's Strategy on Violence Against Women and Girls*; and the national PREVENT and CONTEST counter-terrorism strategies as committed to at both a Health Board and local Community Planning Partnership level. Training programmes are in place as part of the work of the local Child Protection Committee, Adult Support and Protection Committee and MAPPA.

Sustainable Workforce

Potential Entrants

Nursing and Midwifery Internships have been introduced by the Scottish Government to support transition into employment and to maximise the opportunity to build on the clinical experience gained by nurses and midwives students during their pre-registration programme. Coordinated nationally by NES, internships are available to newly qualified nurses and midwives to help consolidate and develop their clinical experience. Internships are offered on a part-time (22.5hrs), fixed term for one year (or a proportion of that year). Internship requests for the NHSGGC area administrated by the NHSGGC central recruitment service.

The current Modern Apprentice (MA) programme in NHSGGC was developed by creating MA posts from existing vacancies in the establishment. In the current financial climate this is likely to be the most realistic way of funding a MA Programme as ring fenced funds for supernumerary MA posts are very unlikely to be available. However it does mean that local areas are constrained by their availability in establishing and planning a coherent MA Programme. The additional costs of training the MAs are reimbursed by Skills Development Scotland (SDS) as part of the national MA support package. The Council has committed to the creation of additional apprenticeships – at level 3 and level 2 – across it's the authority. The HSCP is supporting this initiative through Care and Admin Apprenticeships, wih a number of Care Apprentices having already undertaken basic training and are now in work placements. Recruitment of Administration Apprentices is underway and the HSCP will continue to support a number of these trainees in a variety of settings.

Volunteering

The HSCP is a signatory to the West Dunbartonshire Community Planning Partnership voluntary policy *Forward Together*. The Joint Voluntary Policy demonstrates how West Dunbartonshire community planning partners recognise and value the importance of volunteering and voluntary group activity in the area. The partnership approach to working with the voluntary sector will help to co-ordinate activity and strengthen good working practices. Two sets of guidance have been developed to support partner organisations to work effectively with volunteers and voluntary groups.

Whilst NHS volunteering has traditionally been concentrated in hospital settings, there has been a significant shift to extend volunteering opportunities within local communities. Having achieved Investors in Volunteering accreditation, the Health Board encourages volunteering opportunities where there is identified need within services to do so. Focusing on enhancing the quality of our patients' experience, volunteering placements should complementary to; and not be a substitution for core services. Volunteering can be delivered directly through NHS Volunteering Services or in partnership with other organisations.

Healthy Organisational Culture

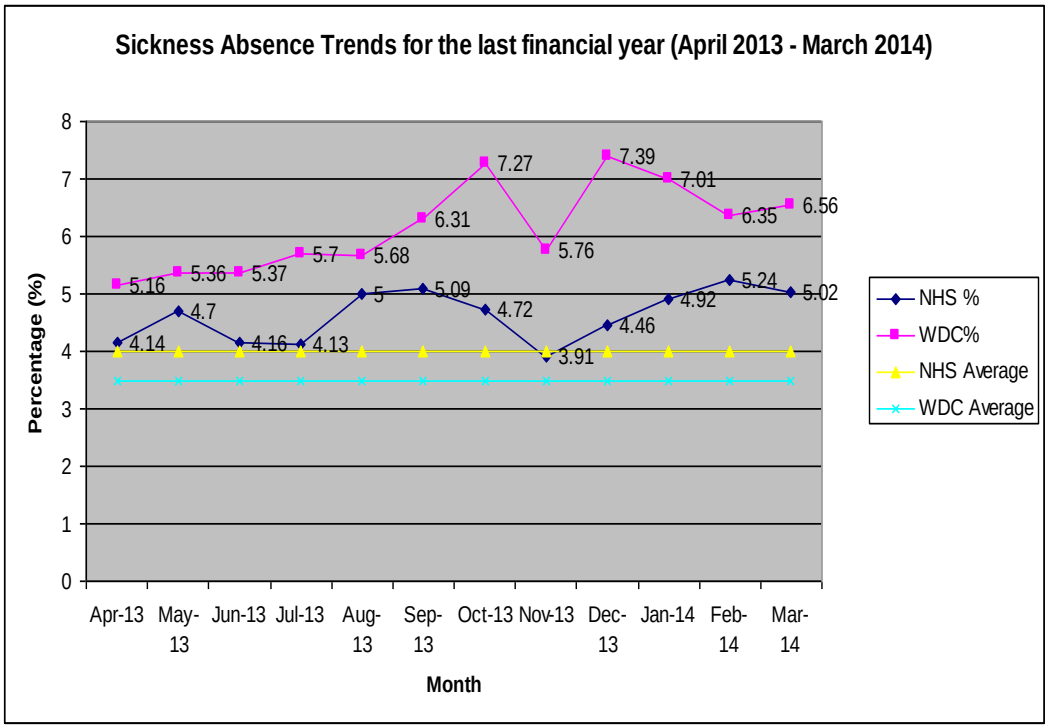
Healthy Working Lives

The HSCP Board, Council and Health Board recognise their responsibility for the health, safety and welfare of staff. This includes providing staff with a safe working environment; encouraging staff to adopt a healthy lifestyle; treating all staff in a responsible, caring, fair and consistent manner; recognising the highest standards of attendance and identify; and reducing and preventing the causes of workplace ill-health. Both the Health Board and the Council offer staff a range of facilities and well being initiatives such as an Occupational Health Service; Health and Safety advice; a Special Leave Scheme; advice on healthy eating; smoking cessation support; access to counselling; physiotherapy; and stress risk assessments.

The national Healthy Working Lives awards programme is designed to support employers and employees in the development of health promotion and safety themes in the workplace in a practical, logical method which is beneficial to all. Gold award winners are required to prepare a three year strategy and a one year rolling action plan which demonstrate that the organisation has a clear long-term commitment and continued development strategy for the promotion of a healthy workplace. The HSCP has successfully been recognised with a *Healthy Working Lives* Gold Award and is committed to maintaining this through an extensive programme of work.

Absence Management

Absence management is a priority within the HSCP, in relation to both its Council-employed and NHS-employed workforce. The chart below shows the sickness absence trends April 2013 to March 2014, across both NHS-employed and Council-employed staff.



The main causes of sickness absence amongst NHS-employed staff were anxiety/stress related reasons; other musculoskeletal problems; and back problems. The main causes of sickness absence amongst Council-employed staff were acute medical conditions; other musculoskeletal problems; and anxiety/stress related reasons.

Training and support are provided to HSCP managers and staff in relation to the relevant employing organisation's HR policies and procedures. These policies emphasise a pro-active approach to absence management, and early supportive intervention wherever possible. For example, the Council has recently launched an employee wellbeing charter, which aims to support all employees including those who are experiencing ill health. The charter document is complemented by the new attendance management policy which sets out the levels of attendance expected of employees together with the supportive interventions that will assist them when absent and facilitate their return to work. Regular reports on sickness absence (both short and long-term) are reviewed at both service and senior management level; and action plans are in place and routinely monitored.

Effective Leadership and Management

Service Change

Health and social care services across Scotland are managing – and will have to continue to manage – rising demands (not least related to demographic change), increasing entitlements, changing public expectations and extremely challenging finances. Audit Scotland have stated that public bodies need to think differently about what they deliver - prioritising activities, redesigning services and re-shaping their workforces. Some changes will be nationally driven (e.g. in relation to criminal justice) and others locally determined. This is certainly the case in West Dunbartonshire, and just as true for the HSCP as it is for other areas of public service.

Work is and will be on-going across the HSCP to review where and how resources are being utilised, indentifying opportunities for improvements in outcomes, productivity and efficiency; and options for delivering necessary financial savings in a responsible manner. Two examples of these are work underway in relation to the Healthy Children's Programme; and the staffing models of new residential older people's care homes operated by the HSCP. Any resultant changes that have a direct impact on the workforce – whether they are Council-employed or NHS-employed – will follow the appropriate HR policies of either or both employing organisations and in accordance with the principles of staff governance.

Health & Social Care Partnership Board Development

While not technically part of the workforce of the HSCP, both the Scottish Government and Audit Scotland have emphasised the importance of all Integration Joint Board members being provided with appropriate induction to ensure that they are able to carry out their duties to the highest standard. The training and information requirements will of course vary from member to member, and so it is a matter for local determination regarding how best to organise and operate their induction training requirements.

West Dunbartonshire HSCP Board members will be provided with an induction, which will include the member's specific post requirements, roles, responsibilities and policies. This will be in accordance with the informed by the Scottish Government's *Roles, Responsibilities and Membership of the Integration Joint Board*; *On Board - A Guide for Board Members of Public Bodies in Scotland*; and *Leading the Journey of Integration: A Guide for Organisational Development Leaders*.

5. SUPPORT PLAN 2015-2016

The following actions have been developed to respond to the previous priorities over the course of 2015/16 (so as to support the delivery of the overall HSCP Strategic Plan 2015/16). This is not an exhaustive list of all of the workforce and organisational development activities that will be undertaken across and within service areas, but rather key actions of particular relevance to the delivery of the Strategic Plan. These actions address issues regarding the workforce where improvements are required or where planning is required to manage particular issues. A number of these issues will require appropriate discussion and consultation with Trades Unions, which will take place through the formal and informal routes available. Most are on-going by nature; and progress will be reported on to the Chief Officer and the HSCP Board. The HSCP will draw upon expertise and support from the Human Resource, Learning and Organisational Development functions of both the Council and the Health Board to deliver as much joint activity as possible. Refreshed support plans for 2016/17 - and subsequently 2017/18 = will then be developed and presented to the HSCP Board.

Primary Theme	**Action**	**Lead**
Capable Workforce	Increase levels of MHO Qualification amongst social care staff.	Head of Mental Health, Addictions & Learning Disabilities
	Assess workforce training needs in dementia care and engage educational partners regarding appropriate mechanisms for provision.	
	Ensure PDPs in place across workforce.	All Heads of Service
	Monitor and support registration status of staff.	
	Introduce new agile technologies to assist the workforce, improve productivity and free up additional capacity from existing resources.	
	Deliver on-going programme of data protection awareness sessions tailored to the staff working within the HSCP.	Head of Strategy, Planning & Health Improvement

Primary Theme	Action	Lead
Integrated Workforce	Convene joint Staff Partnership Forum, ensuring links to appropriate corporate forums/meetings.	Chief Officer
	Update Staff Governance and Practice Governance Framework.	Head of People & Change
	Develop robust out of hours/unscheduled care services.	Head of Community Health & Care
	Increase awareness and knowledge of Child Sexual Exploitation.	Head of Children's Health, Care & Criminal Justice Services
	Increase awareness and knowledge of domestic abuse and MARAC (Multi Agency Risk Assessment Conference) meetings.	
	Rolling out a range of training on the GIRFEC Policy related to the Named Person.	
	Provide training on sexual health and relationships for HSCP and appropriate staff from community planning partners working with looked after and accommodated children and young people.	Head of Strategy, Planning & Health Improvement
	Provide programme of awareness raising and training on Adult Support and Protection (ASP).	Head of Mental Health, Addictions & Learning Disabilities
	Deliver HSCP-wide Protected Learning Event, with invitations including NHS external contractors.	Clinical Director
Sustainable Workforce	Create career pathways to encourage retention among key staff groups (e.g. Occupational Therapy, Community Specialist Nurses).	All Heads of Service
	Encourage opportunities for MAs; nursing internships; and volunteering.	
	Build on existing capacity within the volunteer and third sector workforce while ensuring the maintenance of quality and standards of service.	Head of Community Health & Care

Primary Theme	Action	Lead
Healthy Organisational Culture	Implement Health Working Lives programme of activities.	Head of Strategy, Planning & Health Improvement
	Lead HSCP integrated Healthy & Safety Committee and oversee actions across services.	Head of People & Change
	Implement staff absence action plan.	All Heads of Service
Effective Leadership and Management	Assess the implication of workforce structures which arise from the new integrated Health & Social Care Partnership organisational structure.	Head of People & Change.
	Talent management and succession planning within the workforce to mitigate the impact of future skills loss associated with an ageing workforce profile.	
	Ensure workforce changes associated with service redesigns are undertaken in compliance with HR policies and procedures (e.g. staffing model for new care homes; and Healthy Children's programme).	All Heads of Service
	Induction training for HSCP Board members.	Head of Strategy, Planning & Health Improvement

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 18th November 2015

Subject: Strategic Risk Register

1. Purpose

1.1 To present the first Strategic Risk Register for the new Health & Social Care Partnership.

2. Recommendation

The Partnership Board is recommended to approve the Strategic Risk Register.

3. Background

3.1 Audit Scotland have emphasised that health and social care integration requires effective governance arrangements for the new joint bodies. Such governance arrangements include systems for managing risks.

3.2 The Health & Social Care Partnership Board Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a local risk strategy and policy for approval by the Partnership Board. The Partnership Board approved the West Dunbartonshire Health & Social Care Partnership's Risk Management Strategy & Policy at its August 2015 meeting.

3.3 At its August 2015 meeting, the Partnership Board also agreed that the Chief Officer to prepare a draft strategic risk register for scrutiny at the first meeting of the Audit Committee prior to its being finalised and then presented to the subsequent meeting of the Partnership Board.

3.4 At its inaugural meeting on the 30th September 2015, the Audit Committee was presented with, scrutinised and then endorsed the attached strategic risk register for recommendation to the Partnership Board.

4. Main Issues

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

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

4.3 The attached Strategic Risk Register has been prepared in accordance with the aforementioned local Risk Management Policy & Strategy.

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

4.5 The Chief Officer has responsibility for managing operational risks as those are more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the Partnership Board (as is the case for two areas of risk identified with the strategic risk register.

4.6 At the September 2015 meeting, the Audit Committee also agreed that individual reports should be presented to the November 2015 meeting of Partnership Board for the undernoted risks, to enable more detailed consideration of each issue and the mitigation actions being undertake:

- The risk of failure to monitor and ensure the wellbeing of people in independent or West Dunbartonshire Council residential care facilities;
- The risk of failure of NHS Greater Glasgow & Clyde-wide MSK Physiotherapy Service to meet nationally determined waiting time target by end of March 2016.

Reports on each of those areas of risk have been prepared and are separately including on this agenda.

5. People Implications

5.1 Key people implications associated with the indentified strategic risks identified are addressed within the *mitigating action* column of the draft Strategic Risk Register.

6. Financial Implications

6.1 Key financial implications associated with the indentified strategic risks identified are addressed within the *mitigating action* column of the draft Strategic Risk Register.

7. Professional Implications

7.1 Key professional implications associated with the indentified strategic risks identified are addressed within the *mitigating action* column of the draft Strategic Risk Register.

7.2 The local Risk Management Strategy and Policy supports the regulatory frameworks within which health and social care professionals practice; and the established professional accountabilities that are currently in place within the NHS and local government. All health and social care professionals remain accountable for their individual clinical and care decisions.

8. Locality Implications

8.1 None

9. Risk Analysis

9.1 Audit Scotland have emphasised that health and social care integration requires effective governance arrangements for the new joint bodies. Such governance arrangements include systems for managing risks such as the preparation and maintenance of strategic risk registers.

9.2 It is the responsibility of Partnership Board to approve an appropriate Strategic Risk Register for the Health & Social Care Partnership that is prepared in accordance with the local Risk Management Policy & Strategy,

10. Impact Assessments

10.1 None required

11. Consultation

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

11.2 The Strategic Risk Register has been endorsed by the Audit Committee

12. Strategic Assessment

12.1 The preparation, approval and maintenance of the attached Strategic Risk Register will prevent or mitigate the effects of loss or harm; and will increase success in the delivery of the Strategic Plan.

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Date: 18th November 2015

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Appendices: West Dunbartonshire Health & Social Care Partnership Strategic Risk Register

Background Papers: Audit Scotland (2015) An overview of local government in Scotland 2015
http://www.auditscotland.gov.uk/docs/local/2015/nr_150305_local_government_overview.pdf

HSCP Board Report (August 2015): Health & Social Care Partnership Board Financial Regulations

HSCP Board Report (August 2015): Risk Management Policy & Strategy

Wards Affected: All

West Dunbartonshire Council

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership: STRATEGIC RISK REGISTER
Owner: Chief Officer Status: DRAFT Prepared: 21st September 2015 Approval Date: - Review Date: -

The West Dunbartonshire Health & Social Care Partnership (WD HSCP) Board, the Council and the Health Board purposefully seek to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions – and consequently take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes. The preparation and maintenance of this Strategic Risk Register is an important element of this. It has been prepared in accordance with the WD HSCP Risk Management Policy & Strategy, with pre-mitigation risks assessed as follows:

	Likelihood				
Consequence	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1–3	Low risk
4–6	Moderate risk
8–12	High risk
15–25	Extreme risk

Strategic risks represent the potential for the Partnership Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan: typically these risks require strategic leadership in the development of activities and application of controls to manage the risk. These are distinct from *operational risks*, which represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Health & Social Care Partnership's activities. The Chief Officer is responsible for managing operational risks, as they will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed *for escalation* to 'strategic risk' status for the Partnership Board (identified in the register with an asterix*).

West Dunbartonshire Health & Social Care Partnership: STRATEGIC RISK REGISTER

Risk	Likelihood	Consequence	Risk Grade	Mitigating Action	Risk Lead
1. Failure to moderate and contingency plan for flood risk for site of Dumbarton Health Centre (SEPA flood map identifies a 1:200 risk for this location).	4	5	Extreme Risk	Alternative accommodation identified to relocate staff and services in the event of a flood. Flood protection measures identified and documented to be employed as required. HSCP civil contingency and business continuity arrangements being developed in tandem with over-arching NHSGGC and WDC procedures.	Head of Community Health & Care
2. Failure to monitor and ensure the wellbeing of people in independent or WDC residential care facilities	3	4	High	Systems are in place to ensure that findings of external scrutiny (Care Inspectorate) processes are acted upon timeously. WD HSCP Quality Assurance team provide pro-active and constructive support to care facilities alongside leadership role of relevant WD HSCP operational managers. Regular reports on residential care facilities standards provided to WD HSCP Audit Committee.	Head of Community Health & Care; and Head of Strategy, Planning & Health Improvement
3. Failure to deliver efficiency savings targets and operate within allocated budgets	3	4	High	On-going process of managing and reviewing the budget by the Senior Management Team. A recovery plan will be implemented to address areas of significant in-year overspend. Anticipated savings required in 2016/17 expected to be challenging – horizon scanning being undertaken to consider implications for next Strategic Plan within context of both wider WDC and NHSGGC processes. National uncertainty regarding the treatment of VAT and potential support pay cost implications – Scottish Government addressing with HMRC.	Chief Financial Officer

Risk	Likelihood	Consequence	Risk Grade	Mitigating Action	Risk Lead
4. Failure to plan and adopt a balanced approach to manage the additional unscheduled care pressures and business continuity challenges that are faced in winter.	3	4	High	Develop and implement a WD HSCP winter plan that addresses the 12 critical areas outlined in the national Preparing for Winter Guidance.	Head of Community Health & Care
5. Failure to maintain a secure information management network so that confidentiality of information is protected from unauthorised disclosures or losses.	3	4	High	On-going data protection awareness sessions for staff, supported by continual reminders of the need to safeguard the data and information collected and stored in the course of delivering services and support.	Head of Strategy, Planning & Health Improvement
6. Failure of NHSGGC-wide MSK Physiotherapy Service to meet nationally determined waiting time target by end of March 2016.*	4	3	High	On-going review of referral criteria – national referral guidance due to be circulated to GPs by end of 2015. Continued encouragement of self management and web-based resources where appropriate.	MSK Physiotherapy Manager
7. Failure to deliver a sustainable solution to asbestos-related health & safety risks within fabric of Clydebank Health Centre.	2	5	High	On-going repair and refurbishment expenditure on premises in the immediate to short-term. WD HSCP & Health Board have confirmed that sustainable and optimal solution is to secure funding and approval for a replacement facility. Capital funding for new Clydebank Health & Care Centre has now been earmarked by Scottish Government. Development work now underway to secure funding as per prescribed process.	Head of Community Health & Care; and Head of Strategy, Planning & Health Improvement
8. Failure to meet legislative compliance in relation to child protection.	2	5	High	Child Protection procedures are in place and overseen by the local Child Protection Committee. Work plan developed addressing identified areas for improvement as informed by recent child protection inspection. All child protection cases are audited regularly.	Head of Children's Health, Care & Criminal Justice Services

Risk	Likelihood	Consequence	Risk Grade	Mitigating Action	Risk Lead
9. Failure to meet legislative compliance in relation to adult support and protection.	2	5	High	Vulnerable adult procedures are in place and overseen by the local ASP Committee and MAPPA arrangements. External inspection undertaken and recommendations acted upon. Local adult support arrangements will be subject to a bi-annual review process.	Head of Mental Health, Learning Disabilities & Addictions; and Head of Community Health & Care
10. Failure to ensure that Guardianship cases are appropriately allocated to a supervising social worker for monitoring, support and review.	3	3	High	Additional investment has been made to recruit mental health officers, alongside additional HR activities to retain recruited staff in these roles. Existing national Good Practice Guidelines on Supervising and Supporting Welfare Guardians being updated in light of new guidance on private guardianship timescales.	Head of Mental Health, Learning Disabilities & Addictions
11. Failure to mitigate risks to NHSGGC-wide Diabetic Screening Service of heavy dependence on IT systems and migration to newly procured software in 2016.*	3	3	High	Manual systems documented for use in the event of an IT failure, their application augmented by experienced staff. Support to implement new software being provided by local and national IT specialists with pre-migration testing.	Head of Community Health & Care
12. Failure to ensure that systems are in place to ensure that services are delivered by appropriately qualified and/or professionally registered staff.	2	4	High	Systems are in place to discharge this in line with NHSGGC policy & WDC requirements; and compliance with standards set by external scrutiny and registration bodies.	All Heads of Service
13. Failure to develop and timeously implement all necessary local governance requirements from the Public Bodies (Joint Working) (Scotland) Act 2014.	2	3	Moderate	Work on-going to develop and implement all governance requirements. Necessary reports have been and will be presented to the WD HSCP Board for approval as per required timescales. Work on-going within national Finance Technical Groups to finalise accounting procedures; and within NHSGGC to confirm set aside budget.	Head of Strategy, Planning & Health Improvement; and Chief Financial Officer

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 18th November 2015

Subject: Winter Plan 2015/16

1. Purpose

1.1 To present the Health & Social Care Partnership Winter Plan for 2015/16.

2. Recommendation

2.1 The Partnership Board is recommended to approve the Winter Plan.

3. Background

3.1 The Scottish Government has produced planning guidance for winter 2015/16, recognising the additional pressures and business continuity challenges that are faced in winter.

3.2 NHS Health Boards are required to prepare winter plans with Scottish Government. The Scottish Government has also recognised the integration joint boards and their Chief Officers should be fully involved in the winter planning process, both for their local areas and the wider Health Board system.

3.3 Across the six partnerships within the Health Board's area, the Chief Officers have all agreed that they will produce an unscheduled care plan with a particular focus on the winter period for each of their areas; and that their teams will participate in the planning work across the wider NHS system which enables the delivery of effective unscheduled care.

3.4 Within West Dunbartonshire HSCP, the importance of having plan and adopt a balanced approach to manage the additional unscheduled care pressures and business continuity challenges that are faced in winter has been recognised within the local Strategic Risk Register (which is separately presented to this meeting).

3.5 The Winter Plan for the 20/15/16 period has been prepared and is attached for endorsement by the Partnership Board.

4. Main Issues

4.1 The national Preparing for Winter Guidance identified 12 critical areas for winter planning:

- Safe & effective admission / discharge continue in the lead-up to and over the festive period and also in to January.

- Workforce capacity plans & rotas for winter / festive period agreed by October.
- Whole system activity plans for winter: post-festive surge / respiratory pathway.
- Strategies for additional winter beds and surge capacity.
- The risk of patients being delayed on their pathway is minimised.
- Discharges at weekend & bank holiday.
- Escalation plans tested with partners.
- Business continuity plans tested with partners.
- Preparing effectively for norovirus.
- Communication plans
- Effective analysis to plan for and monitor winter capacity, activity, pressures and performance

4.2 The local Strategic Risk Register identifies the development and implementation of a WD HSCP winter plan that addresses the 12 critical areas outlined in the national Preparing for Winter Guidance as a key mitigation action. The attached Winter Plan consequently has been developed to reflect that.

4.3 A follow-up report confirming the completion of the Winter Plan and the impact on services will be brought to a future meeting of the Partnership Board in 2016.

5. People Implications

5.1 Key people implications are addressed within the Winter Plan.

6. Financial Implications

6.1 The Scottish Government's funding in support of reducing delayed discharges is intended to support local capacity with respect to the additional challenges experienced at winter time. Increased NHS acute service activity over the winter period does contribute to demands on community services (e.g. hospital arranged homecare) – e.g. during 2014-15 there was a 14% increase in winter referrals – which has to be absorbed within the existing budgets for services.

7. Professional Implications

7.1 The Scotland's Chief Medical Officer has encouraged NHS Boards to make sure all staff are vaccinated against seasonal flu, particularly front-line staff and those working in areas where patients might be at greater risk. Lead professionals and managers should ensure staff understand the benefits of the vaccine to staff and to patients.

8. Locality Implications

8.1 The implementation of the Winter Plan will support business continuity challenges that are faced in winter at a locality level.

9. Risk Analysis

9.1 The importance of having plan and adopt a balanced approach to manage the additional unscheduled care pressures and business continuity challenges that are faced in winter has been recognised within the local WD HSCP Strategic Risk Register

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 None required.

12. Strategic Assessment

12.1 The preparation, endorsement and implementation of the attached Winter Plan is critical to the delivery of the Strategic Plan.

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Date: 18th November 2015

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Appendices: West Dunbartonshire Health & Social Care Partnership Winter Plan 2015/16

Background Papers: National Unscheduled Care Programme - Preparing for Winter 2015/16:
http://www.sehd.scot.nhs.uk/dl/DL(2015)20.pdf

Health and Social Care - Winter in Scotland in 2014/15:
http://www.gov.scot/Publications/2015/08/4912

HSCP Board Report (November 2015): Strategic Risk Register

Wards Affected: All

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire
Health & Social Care Partnership

Winter Plan

2015/16

West Dunbartonshire Council

NHS Greater Glasgow and Clyde

Introduction

Health and Social Care Partnerships have a critical role in the wider service system which enables the delivery of effective unscheduled care. It has been agreed through the NHSGGC whole system planning group that each HSCP will produce an operational unscheduled care plan with a particular focus on the winter period. These plans will cover:

- The community service aspects of the 6 essential actions (Appendix 1)
- Delayed discharge
- Measures to reduce admissions and attendances
- Delivery of key service features including single point of access, Care Home support and Anticipatory Care
- Continuity and resilience
- Developing an agreed set of indicators to monitor performance
- Planning with GPs for the two long bank holidays

This Winter Plan identifies and addresses the local issues across the primary care and community services for which West Dunbartonshire Health and Social Care Partnership (HSCP) is responsible, to support the NHSGGC whole system planning as detailed above.

Winter Planning Arrangements

A Winter Planning Group has been established and meetings are taking place regularly and report to the HSCP Senior Management Team. The purpose of the meeting is to discuss the delivery of the Winter Plan and identify any issues that require to be addressed, or escalated, to enable appropriate actions to be put in place and ensure that service users receive safe, person centred, effective care to minimise unscheduled hospital admissions and reduce delays in discharges throughout the winter, and in particular, the festive period. The detailed plan is attached.

CORE TASKS	ACTIONS
1. Safe & effective admission / discharge continue in the lead-up to and over the festive period and also into January.	**1 Admission Avoidance** Teams have systems in place to predict or identify vulnerable patients at risk of admission so that the necessary support can be given to avoid unnecessary admissions and help people remain in their own homes: • The Community Nursing teams have introduced *Patient Status at a Glance* Boards that are updated daily. The board displays details of vulnerable patients as well as patients with changing needs. The nursing teams have daily meetings to identify vulnerable patients and those at risk of admission. The nurses will link with GPs to identify patients who may potentially be vulnerable during the long bank holidays. • Our Integrated Teams maintain a register of vulnerable people known to them living in the community. The Social work out of hours Standby Services have a copy of the information regarding these individuals to ensure appropriate supports can be provided if required outwith office hours, including weekends and Public Holidays. • Our Integrated Rehabilitation and Older Adults teams maintain a list of patients at risk of admission to assist in daily scheduling of visits during adverse weather periods. • Teams can access rapid day care assessment and community bases assessment within the rehabilitation team which offers same day access to service for patients referred by the GP before 4pm who are at risk of admission. • Our early assessor service identifies patients who will be discharged and require Homecare services which we provide rapidly and will continue to provide including until close of play prior to public holidays. • The Older Adults Mental Health Team has an in-hours duty system in place to provide urgent advice and input as appropriate. Out of hours referrals are directed to the Crisis Team

	• Contacts with private providers of Homecare services include monitoring their capacity for delivering services as commissioned. • Locality Groups will continue to work in partnership with GPs, Acute services, Independent Sector including links with Care Homes, and Third Sector organisations including Link Up, Marie Curie, and the Red Cross, to help people remain in their own homes, or homely setting, when it is safe to do so and to return them home safely on discharge. **2 Anticipatory Planning and Care** There are a number of anticipatory actions established across all health and social care teams. In particular, • Local intelligence and SPARRA information is used to identify patients at risk of admission. These patients are offered assessment and support from the Community Nursing service. Complete anticipatory care plans are uploaded by GP practices onto their electronic information system, eKIS. Additional nursing and social care support has been recruited to identify high risk patients, undertake single shared assessment and put in place supports which will maintain people at home. • All patients with palliative and end of life care needs have an anticipatory care plan and electronic palliative care summary completed within EMIS which is shared with acute and the Scottish Ambulance Service and our extended Palliative Care Team (Nursing, Homecare and Pharmacy) provide additional support. • Community teams will ensure that people are reminded to order and collect their repeat prescriptions in advance of the festive period. These include additional homecare, respite, nurse led beds in local care homes and step up/down placements. • Additional equipment and supplies are ordered and available for clinical staff. • Homecare services have access to 4x4 vehicles in the event of severe weather to ensure that

	they can reach vulnerable service users. • The West Dunbartonshire Council Roads Department has agreed that an HSCP service manager can inform them of remote vulnerable service users who cannot be reached by car or foot during severe weather and actions will be taken to clear the road and enable access, thereby preventing a potential avoidable hospital admission. In addition, they will clear and grit access roads and parking areas around health facilities as a priority. • Public information which directs people to appropriate services will be made available to direct them to appropriate services through website links on the HSCP, West Dunbartonshire Council, and relevant Third Sector websites. This will include "Know who to turn to" and NHSGG&C winter website link. **3 Expediting Discharge from Hospital** • Our services are available via a single point of access and provide direct referral for OT, physiotherapy, nursing, social work, home care and care at home, pharmacy team and step up/down beds. • Our hospital discharge team has an early assessor function to allow identification where possible prior to fit for discharge status and speedy assessment. Dedicated MHO staff provide support for adults with incapacity and we provide multi-disciplinary post-discharge support. • Routine daily review of 13Za cases to ensure discharge is fast-tracked where the legal framework allows. • West Dunbartonshire HSCP has commissioned 10 NHS beds for access by Acute for patients delayed whilst awaiting legal powers and these will be active when RMO cover is advised by Acute.

2. Workforce capacity plans & rotas for winter / festive period agreed by October.	• Service managers are responsible for determining that planned leave and duty rotas are effectively managed to ensure an adequate workforce capacity throughout the winter and during the festive period, and immediately following the four day holiday periods.
3. Whole system activity plans for winter: post-festive surge.	• The HSCP will contribute to the whole system activity planning and ensure representation at winter planning groups. • The Chief Officer links with Acute and Partnership Chief Officers to maintain a collective perspective on performance issues and escalation arrangements which require action. • Situation reports (SITREPs) will be shared between the Community and Acute services to inform escalation pressures.
4. Strategies for additional winter beds and surge capacity.	• The HSCP will respond where possible to support Acute services in managing surge capacity. • Our Hospital Discharge Team will provide services between the public holidays to support surge activity. • Additional capacity to respond to particular increases in service demand can be resourced from the wider local teams if required. • Additional care at home respite and nurse-led beds will be available over the period.
5. The risk of patients being delayed on their pathway is minimised.	• Our SPOA will be fully resourced to accept referrals. • All referrals are assessed and allocated daily. • Patients identified by our early assessor team will have care packages in place timeously. • Access to rehabilitation and nursing services will be available throughout the period. • Home care services are managed alongside district nursing services and home based pharmacy support to ensure continuity of care post discharge.

6. Discharges at weekend & bank holiday.	• The Community Nursing service and Homecare service are the only HSCP community teams which provide a service 24 hours, 365 days per year inclusive of bank public holidays. These teams, in partnership with Acute and Out of Hours services, will support safe and effective hospital discharges during weekends and holidays.
7. Escalation plans tested with partners.	• Escalation plans will be prepared and shared across services to ensure a whole system approach to implementing actions that minimise potential issues. • The establishment of an early alert system will be explored to enable GP practices to highlight unexpected increases in demand for appointments as a result of a particular illness or virus, putting a strain GP services. • The Hospital Discharge team will provide staff during the weeks between the public holidays where a minimum of two staff are on duty. Additional capacity to respond to particular increases in service demand can be resourced from other social work teams if required. • Commissioned services have emergency arrangements are in place and the Independent Sector Integration Lead has agreed to act as a link between the HSCP, the commissioning team , and Care Homes to share information and identify any issues that require to be escalated.
8. Business continuity plans tested with partners.	• Business Continuity Plans are in place across HSCP services and shared with locality representatives. • Managers have been asked to review their individual BCP service plans by November 2015. • Links with West Dunbartonshire Council's winter planning arrangements to support the continuity of all partnership services throughout the winter period are well tested with support from the Council's Emergency Planning Team. • GP Practices and Pharmacies have BCPs in place that include a 'buddy system' should there be any failure in their ability to deliver essential services and alternative premises have been identified.
9. Preparing effectively for	• All care homes have participated in action learning sets and have plans and processes in place to

Norovirus	manage these. In emergencies, there will be additional capacity available. Information distributed to Care Homes will be shared by the Independent Sector Integration Lead
10. Delivering Seasonal Flu Vaccination to Public and Staff	• All health and homecare staff have been offered vaccination. • All health and homecare staff will be reminded to encourage elderly and vulnerable groups to attend their GP flu vaccination sessions. Information has been provided to community groups on the benefits of vaccination. • The Community Nursing service will vaccinate those who the GPs identify as being housebound and consent to receiving the flu vaccination • Health staff are actively encouraged to be vaccinated and local peer vaccination sessions will be provided in all Health Centres.

11. Communication to Staff & Primary Care Colleagues	To ensure that staff and Primary Care colleagues and partner agencies are kept informed, the HSCP will: • Ensure information and key messages are available to staff through communication briefs, team meetings and electronic links • Circulate information on available community services and clinics during the festive period, including pharmacy open times, to GP practices • Collate a range of information regarding staff rotas, service operating hours and lead contact details, and make available to staff throughout HSCP, Primary Care colleagues and NHSGG&C Board. • Information regarding GP availability throughout the festive period will be provided through the NHSGG&C Winter Booklet and on the HSCP and Council websites. Posters will also be provided and will be available to the public through public facing websites and by being displayed in GP Practices. The Clinical Director will re-enforce these messages to GP Practices.
12. Effective analysis to plan for and monitor winter capacity, activity, pressures and performance	The actions set out in this Winter Plan will be monitored and analysed to identify and potential improvements to inform future predictive modelling and planning. Particular measures that will be monitored include: • Bed days lost to delayed discharge • Bed days lost to delayed discharge for AWIs • A&E attendances • Emergency admissions all ages • Emergency Admission age 65yrs+

	• Emergency admissions age 75yrs+ • Percentage uptake of flu vaccinations by staff • Percentage uptake of flu vaccinations by GP population • Referrals to Rapid Response and Rapid Assessment Link team • Referrals to Hospital Discharge Team and time to assessment and provided care. • Demand and capacity on community services, including GP practices, and community health services. A detailed rolling action log will be maintained and updated and reviewed monthly by the HSCP Senior Management Team. A report analysing the activity, performance and pressures will be provided at the end of the winter planning period.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 18th November 2015

Subject: Quality Assurance in West Dunbartonshire Care Homes

1. Purpose

1.1 To provide an overview of the measures taken by West Dunbartonshire HSCP to ensure that the care provided to its residents in both Local Authority and Independent Sector care homes is monitored and improved.

2. Recommendations

2.1 The Partnership Board is recommended to note the report.

3. Background

3.1 The decision to move into a care home is rarely an easy one - either for the person making (or accepting) the decision, or for the family member(s) or advocate making that decision for them. There are various triggers that can see someone move into a care home: some relating to the person's condition (e.g. requirement for more intensive levels of support), and other 'external' factors such as family members no longer being able to provide care. Generally, the majority of care home residents enter the home not through choice but necessity; and are there for the final months of their lives.

3.2 The Ministerial and COSLA Task Force report on *Future of Residential Care for Older People in Scotland* (2014) stated that:

- There has been a marked shift in the demographics of care home residents, with the average age of a resident in a care home is increasing due to the fact that people are moving into care homes at a later stage in life than previously.
- Given the age, frailty and multiple morbidities of care home residents they can be defined as one of the most complex and vulnerable group of people in local communities, which has significant implications for the workforce providing their care and support.
- Given that approximately 21% of the population over 65 years have a care home as place of death, increasingly palliative and end of life needs require to be met in a residential care setting.
- Residents in care homes have increasingly complex and high levels of care and support needs. According to the 2012 census, 1 in 2 long stay residents in Scotland (i.e. 16,277 people) had a formal diagnosis of dementia.

3.3 The HSCP directly provides care in six Council owned residential older people's care homes (total of 195 beds):

- Willox Park Care Home.

- Mount Pleasant Care Home.
- Dalreoch House and Day Care Centre.
- Boquhanran House Care Home.
- Frank Downie Care and Day Care Centre.
- Langcraigs Care Home and Day Care Centre.

3.4 The HSCP also purchases care for clients from a further seven independent sector care homes located in West Dunbartonshire, providing 366 beds, of which 68 are residential. As of the 9th November 2015, there were 289 HSCP older and younger adult clients in these beds. In addition the HSCP had purchased 148 places for a mixture of client groups (excluding Learning Disability) outwith the authority area.

3.5 As Members will recall from the Partnership Board's August 2015 meeting, clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured, supporting staff in continuously improving the quality and safety of care and ensuring that wherever possible poor performance is identified and addressed. The Scottish Government's Clinical and Care Governance Framework emphasises that:

- All aspects of the work of Integration Authorities, Health Boards and local authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care.
- Integration Authorities will build on the existing professional and service governance arrangements already in place within Health Boards and Local Authorities.
- Clinical and care governance for integrated health and social care services requires co-ordination across a range of services, (including procured services) so as to place people and communities at the centre of all activity relating to the governance of clinical and care services.

3.6 The HSCP's strategic risk register (separately presented on the agenda) recognises the risk of failure to monitor and ensure the wellbeing of people in independent or WDC residential care facilities. This risk was included in the register by the HSCP Senior Management Team in recognition of the concerns and anxieties raised by high profile failures in the residential care sector in other parts of the UK (e.g. the Old Deanery near Braintree).

3.7 At its inaugural meeting on the 30th September 2015, the Audit Committee agreed that an individual report on the how the HSCP monitors and ensures the wellbeing of people in independent or WDC residential care facilities should be presented to the Partnership Board, to enable more detailed consideration of the issues and the mitigation actions being undertaken.

4. Main Issues

The Regulator

4.1 The Care Inspectorate is the independent scrutiny and improvement body for care and children's services. They regulate and inspect care services and can enforce closure of care facilities. They have a significant part to play in improving services for adults and children across Scotland. They are there to make sure that people receive the highest quality of care and that their rights are promoted and protected.

4.2 During 2008, the Care Commission (now The Care Inspectorate) for Scotland introduced grading systems. This system sought to highlight the overall quality of services provided in each care home. The grading system (which is still applicable today) has a range of grades of 1 (unsatisfactory) to 6 (excellent). Care homes are inspected at least once a year (perhaps more if grades are poor) and the visits are usually unannounced. Care homes are awarded grades in the following specific areas:

- Quality of Care and Support.
- Quality of Environment.
- Quality of Staffing.
- Quality of Management and Leadership.

HSCP Directly Managed Care Homes

4.3 Each of the six aforementioned care homes is subject to routine inspections from the Care Inspectorate, with the most recent gradings summarised as follows.

Care Home	Report Issued	Care & Support	Environment	Staffing	Leadership & Management
Boquhanran House	31.07.15	4	4	4	5
Dalreoch House	09.07.15	4	4	5	5
Frank Downie House	01.09.15	4	4	5	5
Langcraigs Care Home	05.10.15	5	5	5	5
Mount Pleasant House	18.09.15	4	4	4	4
Willox Park Care Home	28.10.15	4	4	4	4

4.4 Care Inspectorate assessment reports for each care home are reviewed by the relevant managers as well as the Head of Community Health & Care, with improvement action plans developed and implemented as required (which are also sent to the Care Inspectorate as part of normal processes). As part of the refreshed clinical and care governance arrangements being developed within the HSCP, an update report on recent Care Inspectorate assessments of all HSCP-managed regulated services is and will be formally reviewed by the HSCP Senior Management Team (which includes the Chief Social Work

Officer) at their dedicated (bi-monthly) clinical and care governance meeting; and also presented to the meetings of the HSCP Audit Committee.

4.5 As part of the operational-level clinical and care governance arrangements, each care home has an internal quality improvement programme in place, the components of which include:

- Compliance against policies and procedures.
- Audit of client and family satisfaction.
- Infection rates.
- Pressure area care.
- Medicines compliance.
- Staff governance – including staffing requirements, qualifications, professional development and learning.
- Adult Support and Protection measures.
- Testing against National Care Standards.

4.6 This is currently being enhanced with a further programme of continuous improvement using the Public Service Improvement Framework (PSIF) that is being facilitated by the HSCP's Strategy & Policy Team across the six care homes. PSIF is an evidenced-based quality framework that has been designed to support self-evaluation and improvement within public sector bodies.

4.7 Given the context of the HSCP (and the former Community Health & Care Partnership before it) a number of improvement initiatives have been developed that build on the opportunities afforded by those integrated arrangements; and which engage as well as enhance the quality of older people's residential care services (e.g. local integrated palliative care programme).

4.8 All of the above has also been informing the planning for the two new replacement older people's residential care homes (and day care facilities) that the Council is investing in and the HSCP is leading on (as committed to within the Strategic Plan 2015/16; and updated on within the separate Finance Report presented to the Partnership Board within the agenda).

<u>Independent Sector Providers</u>

4.9 All of the independent sector provider older people's care homes within the authority area are subject to routine inspections from the Care Inspectorate, with the most recent gradings summarised as follows.

	Report Issued	Care & Support	Environment	Staffing	Leadership & Management	Ownership
Balquhidder House						No CI activity - a new service from 07.07.15, owned by Balquhidder

	Report Issued	Care & Support	Environment	Staffing	Leadership & Management	Ownership
						Care Ltd.
Castle View Care Home	26.03.15	5	4	4	4	Owned and managed by HC-One Ltd.
Clyde Court Care Home	20.05.15	3	3	3	3	Owned and managed by Four Seasons Ltd.
Hillview Care Home	27.10.14	4	4	4	4	Owned and managed by BUPA Care Ltd.
Edinbarnet	04.11.15	5	5	5	5	Owned and managed by Edinbarnet Estates Ltd, a sole trader.
Strathleven Care Home	29.01.15	5	4	5	5	Owned and managed by Pelan Ltd, a sole trader.
Sunningdale	15.10.15	5	5	5	5	Owned and managed by I & S Scotcare Ltd, a sole trader.

4.10 At a national level, COSLA, Scottish Care, the Care Inspectorate, the Scottish Government and other key stakeholders have made significant progress in advancing the quality agenda for the care home sector. The focus has been to enhance the quality and improve the standards of care being provided within care homes and to deliver consistency, efficiency, fairness and stability in the contractual relationship between commissioners and providers of care. This has been advanced through the National Care Home Contract (NCHC) and the associated 'payment for quality' model, whereby financial incentives and penalties are applied relative to a care home's performance. The previously described Care Inspectorate grading system plays a significant part as to whether an independent sector care home will be able to sustain its position in terms of occupancy and fee income levels.

4.11 At a local level, the oversight provided by the Care Inspectorate is augmented by the HSCP's Quality Assurance Section. This small team has a key role in the setting and monitoring of contract compliance within the framework of the National Care Homes Contract. In addition they provide a monitoring process in relation to specific issues or concerns raised by service users or carers, HSCP staff or where a Care Inspectorate report requires remedial action to be taken by the provider. HSCP Learning Disability (LD) Services have a specific quality assurance framework for clients placed in LD facilities, with monthly monitoring in place and undertaken by the HSCP LD Service.

4.12 With respect to our-of-authority placements, care homes in other local authority areas are subject to monitoring by the Care Inspectorate and the host local authority. However oversight of the care to these service users remains the responsibility of the HSCP.

4.13 All residents in a care setting are required to have a six monthly review. This may be done by the provider. Cases are reviewed by the Review Social

Worker who will focus on complex cases. In addition, HSCP staff record and formalise reviews undertaken by providers; and require notification of significant incidents or changes to the service users circumstances. Reports are provided on review activity and outcomes, six monthly and these reports are sampled for more in-depth review.

4.14 Individual providers are solely responsible for their compliance with Care Inspectorate standards and requirements. If there are specific concerns with a particular independent sector provider, the HSCP will seek to work with the staff in the care home so as to support their making necessary improvements. If those concerns are sufficiently serious in relation to the welfare of social care clients that the HSCP has placed within a given care home, then the HSCP can (and has) either place a moratorium of placing new clients at the establishment or move the existing clients resident within the care home to an alternative provider. The HSCP will always liaise with the Care Inspectorate in any such instances given the latter's primary responsibilities as regulator.

4.15 It is important for the HSCP that local care homes provide as good a standard of care as possible and are encouraged to do so. An important element of this is the collaborative engagement that the HSCP has with both West Dunbartonshire CVS and Scottish Care. Scottish Care is the "trade" organisation that represents health and social care sector independent providers across Scotland delivering residential care, day care, care at home and housing support. As part of its local Integrated Care Fund work programme, the HSCP funds an associate member employed by Scottish Care to enhance communication and to deliver a joint work programme. The HSCP also facilitates a quarterly care home providers' network engaging care home managers from the HSCP and local independent sector providers, the purpose of which is to nurture a community of practice and mutual support.

4.16 Building on this, the HSCP Strategic Plan 2015/16 included a commitment (as expected by the Scottish Government of all emerging integration authorities) for the development of a local Market Facilitation Plan. This work has already been progressed with the HSCP working with WD CVS and Scottish Care to establish a local Market Facilitation Consortium, the aim of which is to deliver better outcomes for those with long term conditions and those with multi-morbidities by improving preventative and anticipatory care; and making best use of community resources. An inaugural event was successfully held on the 30th September, beginning the process of developing a commissioning framework to deliver a shared commitment to provide enhanced delivery of service to individuals and communities as well as an opportunity to create diversity within the market place based on local population needs.

5. People Implications

5.1 There are 221 whole-time equivalent posts within the HSCP's Older People's Residential and Day Care Service. Each of the care homes maintains a minimum level of staffing to meet the needs of residents: this is determined by

the staffing schedule which details the numbers and grades of staff required per shift as approved by the Care Inspectorate.

5.2 The staff within the service are registered with the Scottish Social Service Council (SSSC) which is the regulator for the social service workforce in Scotland. Continuing registration for staff is dependent on appropriate qualifications and continuous professional development being maintained through training and reflective practice. The service has an internal training programme in place which aims to provide the workforce with the knowledge required to maintain registration status.

6. Financial Implications

6.1 The full year budget for residential care for older people is £5,742,000.

6.2 The period 6 financial report is reporting a year to date overspend of £111,000, due to staff absence cost pressures and the need to maintain minimum staffing numbers as proscribed by the Care Inspectorate. Robust absence management controls are ongoing in the monitoring of sickness levels. The implementation of improved procedures require management authorisation as part of the assessment process. Staff rotas are also being reviewed to ensure maximum utilisation of staff where absence levels drop further. It is anticipated that it may be possible to bring this overspend back in line with budget. At this stage however the forecast overspend is £222,000 and is subject to ongoing monitoring and review.

7. Professional Implications

7.1 The West Dunbartonshire Chief Social Work Officer's Annual Report 2014-2015 notes that "*performance in this area* (i.e. Care Inspectorate grades and outcomes) *across all regulatory services has gone from strength to strength. There has been a strong emphasis and robust approach taken to improving our grades both by the Senior Management Team and the previous CHCP Committee. Clearly the results are due to the diligence and high standards of care offered by our staff and front line managers*".

8. Locality Implications

8.1 Scottish Care is represented in the membership of both of the refreshed locality groups.

9. Risk Analysis

9.1 The Care Inspectorate is the independent scrutiny and improvement body for care and children's services. Neither the HSCP Board nor the Council has a statutory obligation to measure the quality of care provided by care homes, as this responsibility primarily rests with the Care Inspectorate.

9.2 However, the HSCP's strategic risk register (separately presented on the agenda) recognises the risk of failure to monitor and ensure the wellbeing of people in independent or WDC residential care facilities. This risk was included in the register by the HSCP Senior Management Team in recognition of the concerns and anxieties raised by high profile failures in the residential care sector in other parts of the UK, e.g. the Old Deanery near Braintree. The purpose of this report is to provide an overview of the actions being undertaken to mitigate that risk.

10. Impact Assessments

10.1 None required for this report.

11. Consultation

11.1 None required for this report.

12. Strategic Assessment

12.1 The Strategic Plan 2015/16 emphasises the Partnership Board's commitment to providing high quality and appropriate care for older people; and providing quality assurance across all services.

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Date: 18th November 2015

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Appendices: None

Background Papers: Ministerial & COSLA Taskforce (2014) - The Future of Residential Care for Older People in Scotland
http://www.gov.scot/Publications/2014/02/6217/7

National Clinical & Care Governance Framework (2015):
http://www.gov.scot/Resource/0046/00465077.pdf

WD HSCP Board Report (November 2015): West Dunbartonshire Chief Social Work Officer's Annual Report 2014- 2015

WD HSCP Board Report (November 2015): Financial Report 2015/16 as at Period 6 (30th September 2015)

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 18th November 2015

Subject: NHSGGC Musculoskeletal (MSK) Physiotherapy – Delivery and Development

1. Purpose

1.1 To provide an overview of the MSK Physiotherapy Service and the action being taken in relation to the March 2016 national target of 90% of MSK patients to be seen within four weeks.

2. Recommendation

2.1 The Partnership Board is recommended to note the report.

3. Background

3.1 MSK physiotherapists provide assessment, diagnosis and treatment for patients with musculoskeletal pain and dysfunction. They deal with a variety of musculoskeletal problems, such as pain, stiffness, muscle weakness, instability and reduced mobility of joints and muscles.

3.2 As confirmed within the Strategic Plan, WD HSCP has formal responsibilities for the NHSGGC-wide MSK Physiotherapy service on a hosted basis for all of the HSCPs and their soon to be integration joint boards across the area.

3.3 The current waiting time target to-date is nine weeks for a routine appointment. Looking forward, the Allied Health Professional National (AHP) Delivery Plan sets a target of 90% of patients to be seen within four weeks by March 2016.

3.4 The HSCP's strategic risk register (separately presented on the agenda) recognises the risk of failure of NHS Greater Glasgow & Clyde-wide MSK Physiotherapy Service to meet the nationally determined waiting time target by end of March 2016. This is an ostensibly operational risk that has been escalated to 'strategic risk' status due to it being a hosted service operating across the NHSGGC area and on behalf of all six HSCPs within that area.

3.5 At its inaugural meeting on the 30th September 2015, the Audit Committee agreed that an individual report on the MSK Physiotherapy Service should be presented to the Partnership Board, to enable more detailed consideration of the issues and the mitigation actions being undertaken.

4. Main Issues

4.1 The current waiting time target to-date is nine weeks for a routine appointment. Looking forward, the AHP National Delivery Plan sets a target of four weeks by March 2016.

4.2 In April 2012, waiting times were as high as 29 weeks with 30 sites over the nine week target. This equated to over 3350 patients waiting over the target of nine weeks.

4.3 In 2012 the Health Board provided £615K non recurrent funding to be used in parallel with the redesign of the now single hosted service to improve performance. Considerable work was undertaken to address these variations and improve the service, meet national objectives and reduce waiting times including:

- Rolling out a standardised form of self referral for all patients.
- Developing our Support Workers to lead ongoing rehabilitation sessions.
- Introducing a single IT system (TrakCare) into all 37 sites in 2014 -15.
- Developing condition specific physiotherapy pathways to ensure consistent, evidence based treatment.
- Standardising processes, appointment times and data collection.
- Streamlining management processes and structures.
- Developing the health promotion aspect of physiotherapy.
- Introducing patient reported outcome measures (PROM) and patient reported experience measures (PREM).

4.4 As a result of this investment, the successful redesign process and the hard work of staff, at the start of April 2013 all sites were sitting at nine weeks or less for a routine physiotherapy appointment.

4.5 In April 2013 further work on core capacity showed a shortfall of 13.58wte staff (based on 2012/13 referrals); and £475K recurrent funding was secured to employ additional staff along with £416K non recurrent to reduce the waiting times to four weeks. The permanent staff started in October 2013 followed by temporary staff starting in January 2014.

4.6 Current reporting processes only report on the longest wait and do not reflect the fact that at least 50% of patients are seen within four weeks. All referrals are vetted based on their clinical presentation and those requiring a priority appointment are seen within four weeks.

4.7 There are several factors which continue to impacted on the Service's ability to reduce waiting times across all sites including:

- Ongoing rise in demand.
- Variable staffing levels.
- Rotational staffing vacancies.

- Extended Scope Practitioner (ESP) vacancies.
- High level of maternity leave.
- Increased number of Orthopaedic Surgeons and complexity of surgery.
- Patients unwilling to attend other sites.
- Did not attend and cancellation rates.

4.8 Referrals have risen 27.9% in the past two years with the service receiving 88,302 referrals in 2014/15. The number of referrals to the Service over a five-month period in 2015 is provided below.

Number of Referrals

	May 2015	**June 2015**	**July 2015**	**Aug 2015**	**Sept 2015**
NHSGGC	6652	7454	7045	7093	7077
West Dun	673	763	671	635	660

4.9 The ongoing rise in demand, increasing complexity and issues with staffing have has meant that meeting the target continues to be a challenge, with the monthly position over a five month period of 2015 provided below.

Percentage of patients seen within 9 week waiting time target

	May 2015	**June 2015**	**July 2015**	**Aug 2015**	**Sept 2015**
NHSGGC	65%	59%	59%	56%	59%
West Dun	63%	59%	64%	65%	63%

4.10 Key developments being taken forward to address both the current nine week and then the March 2016 four week target include:

- Referral Management Centre.
- Netcall - appointment reminder system.
- National GP MSK resource.
- Scoping of use of risk stratification.

4.11 As of March 2015, the Service now has the benefit of a single IT system (TrakCare) across the service which enabled the move to a central Referral Management Centre (RMC) during May 2015. It is anticipated that the RMC will ensure the efficient management of all waiting lists. These changes should improve the efficiency and productivity of the service, improve patient choice, reduce the number of unfilled appointments and reduce the length of time patients wait for an appointment. As with any new service though there is a need to evaluate the impact of this process. Referral into the service will continue via SCI (Scottish Care Information) Gateway referrals from GP's, consultant referrals or self referral.

5. People Implications

5.1 The Service has 132.2wte qualified clinical staff working across 37 sites in the NHSGGC area. Of these, 26.75wte (rotational physiotherapists and Extended Scope Practitioners) sit within the NHSGGC Acute Division management structure.

6. Financial Implications

6.1 The total budget for the Service is £6,124,000.

7. Professional Implications

7.1 As demand continues to rise, it is important to maintain a focus on delivering a high quality and effective service. All staff use validated outcomes measures recording pain, function and work status. Analysis of this data shows significant reductions in pain and increase in function following physiotherapy intervention; and 18% of patients were able to get back to work following their treatment.

8. Locality Implications

8.1 The Service has engaged with local practitioners through locality arrangements on developments, particularly in relation to the new referral pathways and tools to support self management. On-going engagement with general practice staff in particular will continue to be important.

9. Risk Analysis

9.1 The HSCP's strategic risk register (separately presented on the agenda) recognises the risk of failure of NHS Greater Glasgow & Clyde-wide MSK Physiotherapy Service to meet the nationally determined waiting time target by end of March 2016. This is an ostensibly operational risk that has been escalated to 'strategic risk' status due to it being a hosted service operating across the NHSGGC area and on behalf of all six HSCPs within that area.

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 Every year the Service actively seeks feedback from our patients by using the CARE measure (Consultation and Relational Empathy). This measures the amount of empathy that a patient feels they have received during a consultation. There are 10 questions scoring between 1 and 5 per question with a maximum score of 50/50. The Service's results are an average of 48/50 which is above the national average for physiotherapists in Scotland.

12. Strategic Assessment

12.1 Implementation of the Referral Management Centre, Netcall (appointment reminder system), the national GP MSK resource and scoping out the use of risk stratification by the MSK Physiotherapy Service are key commitments within the Strategic Plan.

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Appendices: None

Background Papers: **AHP Delivery Plan reference – TO BE CONFIRMED**

HSCP Board Report (July 2015): Strategic Risk Register

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 18th November 2015

Subject: Financial Report 2015/16 as at Period 6 (30th September 2015)

1. Purpose

1.1 The purpose of the report is to provide the Partnership Board with:

- An update on the financial performance and capital work progress of the West Dunbartonshire Health & Social Care Partnership for the period to 30th September 2015 (Period 6).
- An update on the financial planning process for both health care and social care for 2016/17.

2. Recommendations

2.1 The Partnership Board is recommended to note:

- The added complexity of reporting the financial performance of the Community Health & Care Partnership (CHCP) and Health & Social Care Partnership (HSCP) due to the in year establishment of the formal arrangements.
- The contents of the report showing a forecast full year adverse revenue variance of £0.667m (0.49%) and £0.487m for the period from 1st July 2015, highlighting a favourable movement of £59,000 when compared to the previous reporting period forecast overspend of £0.523m.
- The key requirement for the HSCP Senior Management Team to implement a recovery plan to address the projected overspends.
- That elements of corrective actions are already in place as described within the report.
- That requirement to report the financial performance of Health Board Acute Services Set Aside notional budget; and Hosted services covering both Health Board Acute Services and Council Housing services. An update will be provided at the next reporting session.
- The current position regarding capital work progress on projects.

2.2 The Partnership Board is recommended to approve:

- Health Care budget virements of £0.024m as described under section 3.2 of this report.
- Social Care budget virements of £0.101m as described under section 3.4 of this Report.

3. Background

Health Board Budget Allocation

3.1 At the meeting of Health Board on 23rd June 2015, NHS Board Members agreed the revenue estimates for 2015/16, including a total net West Dunbartonshire HSCP budget of £74.970m.

3.2 Since then the following budget adjustments have taken place revising the budget to £76.713m

Budget at Period 3 (net of reported movements)	**£75.529m**
Additional Allocations of:	
SGHD Health Improvement Programmes	£0.433m
Transfer of Advocacy budget (Previously hosted in Renfrewshire CHP)	£0.057m
Transfer of Care Home Liaison Nursing budget (Previously hosted in Glasgow)	£0.082m
Specialist Childrens Service Paediatrics Redesign (Adjustment)	£0.011m
Family Health Services/General Medical Services:	
Recurring Uplift	£0.159m
Discretionary Points funding from Board for Medical Staff	£0.008m
Resource Transfer (Correction to uplift)	£0.004m
Deduction of Allocations:	
Transfer Learning Disability Dietetics budget to Acute per hosting arrangement	(£0.016m)
Transfer Nursing Homes:	
Local Enhanced Services funding to Primary Care	(£0.008m)
Revised Budget	**£76.713m**

Council Budget Allocation

3.3 At the meeting of West Dunbartonshire Council on 4th February 2015, Members agreed the revenue estimates for 2015/2016, including a total net West Dunbartonshire HSCP budget of £61.321m.

3.4 Since then the following budget adjustments have taken place revising the budget to £60.414m.

Budget Agreed by Council 6th February 2014	£61.321m
Hosted budget held within Housing, Economic and Environmental Development: Housing Adaptations and Gardens	(£0.756m)
Additional Allocations of:	
Reduced Savings target for Training	£0.014m
Deduction of Allocations:	
Corporate Savings target – Trade Union review	(£0.012m)
Corporate Savings target – Circuit telephone	(£0.027m)
Deductions due to Virement:	
To Education – Residential Transport	(£0.101m)
Revised Budget	£60.439m

4. Main Issues

Summary Position

4.1 The West Dunbartonshire HSCP revenue position is reporting for the period 1st April to 30th September 2015 an overspend of £319,000 (0.49%). Contained within the overall revenue position an overspend of £138,100 is reported from 1 July to 30th September 2015 to highlight the HSCP revenue position from the 1 July 2015.

4.2 The HSCP's Health Care budget is reporting a net underspend of £7,000 -0.02% (£3,000 HSCP) and the Social Care budget is reporting a net overspend of £326,000 - 1.18% (£141,300 HSCP) for the period 1st April to 30 September 2015.

4.3 The summary position is reported within the following table and the significant variances affecting the overall position reported above are highlighted within section 4.6 and 4.7 of this report. (overleaf)

	Annual Budget £000's	YTD Budget £000's	YTD Actuals £000's	Variance (Per 6) £000's	Variance %	Forecast Full Year	Variance %	HSCP YTD Actuals (July - Sept) £000's
Health Care	76,712.7	37,390.9	37,383.9	7.0	0.02%	15.6	0.02%	3
Social Care	60,439.0	27,649.0	27,975.0	(326.0)	-1.18%	(683.0)	-1.13%	(141.3)
Total Net Expenditure	**£137,151.7**	**£65,039.9**	**£65,358.9**	**£(319.0)**	**-0.49%**	**£(667.4)**	**-0.49%**	**£(138.1)**

Members should note that NHS Health financial convention of reporting overspends as negative variances (-) and underspends as positive variances (+) has been adopted for all financial tables within the report.

4.4 The summary Community Health & Care Partnership (CHCP) revenue position for the period 1st April to 30th June 2105 reported an overspend of £180,900 (0.56%). The revenue position for this period was reported to the Health & Social Care Partnership Board at the last session.

4.5 The full year forecast reports an overspend of £667,400 of which £486,500 is reported from the 1 July 2015 highlighting a favourable movement of £59,000 when compared to the previous forecast overspend position of £545,600. This represents a slight recovery on the previous reported position.

	Variance (Period 3) £000's	Variance (Period 6) £000's	Forecast Full Year	Variance %	HSCP Forecast (Period 3) Part Year	HSCP Forecast (Period 6) Part Year	Current Forecast Period Movement
Health Care	3.9	7.0	15.6	0.02%	11.7	11.7	0
Social Care	(184.8)	(326.0)	(683.0)	-1.13%	(557.3)	(498.3)	59.0
Total Net Expenditure	**£(180.9)**	**£(319.0)**	**£(667.4)**	**-0.49%**	**£(545.6)**	**£(486.5)**	**£59.0**

Additional detailed breakdown of individual costs at care group level are reported in Appendix 1 and 2 of this report.

Significant Variances – Health Care

4.6 The net underspend position is £3,900. The key areas are:

- **Addictions – Community Services** is reporting an underspend of £40,600 mainly due to vacancy slippage and workforce planning as part of a service redesign review.

- **Health & Community Care** reported an underspend of £17,400. The main areas of pressure are Equipu (£79,300) and has been offset by underspend within Nursing Pays.

- **Mental Health – Adult Community Services** is reporting an underspend of £88,600. This is mainly due vacancy slippage and workforce planning as part of a service redesign review.

- **Other Services** is reporting an overspend of £272,300 mainly due to a review of anticipated service pressures within the financial year.

- **Planning Health & Improvement** is reporting underspend of £43,900 due to service plan slippage.

- **GP Prescribing for Partnerships in 2015/16**

  The reported GP Prescribing result is based on the actual result for the month to 31st July 2015 extrapolated to 30th September 2015. To July 2015, Greater

Glasgow & Clyde GP Prescribing is £916k (1.2%) over-spent on a year to date budget of £75.4m.

The £916,000 over-spend extrapolated to 30 September 2015 results in a forecast year to date over-spend of £1.37m.

West Dunbartonshire HSCP is reporting a £0.360m (3.5%) over spend as at 30th September 2015 based on July dispensing costs, however, under the risk sharing arrangement the over spend has been adjusted to report a cost neutral position in period 6.

As the over-spend is primarily due to the phasing of the savings, a break-even position by the end of the financial year is still being forecast, notwithstanding the extreme volatility of GP Prescribing. Therefore, a cost neutral position has been reported within each HSCP in line with the break-even forecast and the continuation of the risk sharing arrangement across HSCPs.

As GP Prescribing is extremely volatile, there continues to be an element of financial risk and this will continue to be carefully monitored throughout 2015/16. Variances specific to West Dunbartonshire HSCP are currently being investigated by Prescribing Advisors.

Significant Variances - Social Care

4.7 The net overspend position is £326,000. The key areas are:

- **Childcare - Community Placements** is reporting a year to date overspend of £27,000. This is due to a higher than budgeted number of children in fostering combined with the need to use higher costing external fostering agencies due to lack of availability in foster parents. In addition adoption arrangement costs are also higher due to fees requiring to be paid to other local authorities in respect of requiring adoptive parents from other areas.

  The ongoing fostering recruitment campaign will increase own foster parents but will not fully alleviate the pressure on this service. Placements are being reviewed regularly to identify where there is scope to move from external to own foster parents.

  If current levels of activity continue then it is unlikely that this budget line can be contained however it is still early in the financial year and demand may vary. At this stage the forecast overspend is £85,000 and is subject to ongoing review.

- **Children's Residential Schools** is reporting a year to date overspend of £22,000 due to residential placements of two children more than anticipated in the budget. The Residential School placements are demand led and as a result the overspend is likely to continue for the remainder of the financial year unless there are unexpected leavers.

At this stage the forecast overspend is £43,000 and is subject to ongoing monitoring and review.

- **Residential Accommodation for Elderly** is reporting a year to date overspend of £111,000 due to staff absence cost pressures.

  Robust absence management controls are ongoing in the monitoring of sickness levels. The implementation of improved procedures require management authorisation as part of the assessment process. Staff rotas are also being reviewed to ensure maximum utilisation of staff where absence levels drop further. It is anticipated that it may be possible to bring this overspend back in line with budget. At this stage however the forecast overspend is £222,000 and is subject to ongoing monitoring and review.

- **Physical Disability** is reporting a year to date overspend of £81,000 due to an increase in the number of clients within residential accommodation and an increase in clients with direct payments. In addition the anticipated savings on respite are unlikely to be achieved**.**

  Clients agreed packages of care are reviewed regularly to ensure that service adapts to clients capabilities. Where possible service provision is geared towards enabling clients to develop their own capacity to be more independent and therefore reduce levels of support over time.

  At this stage the forecast overspend is £163,000 and is subject to ongoing monitoring and review.

- **Homecare** is reporting a year to date overspend of £276,000 partly due to higher than estimated overtime and agency usage to cover for sickness and vacancies. Income is also showing an adverse situation due to number of clients paying a contributions lower than budgeted

  A bank of supply staff were recruited and trained in June and are now being utilised together with a rolling program of recruitment commencing to mitigate staff turnover gaps. This will increase the capacity and flexibility of in house hours and reduce the need for overtime / agency staff. In relation to income; homecare care organisers are reviewing clients who are not currently on a charge in order to ensure maximum income levels are achieved and reduce the current projected under recovery.

  It is anticipated that the use of supply staff, when firmly established, will begin to reduce the cost pressure and achieve spend in line with budget. In relation to income, it is anticipated that the current focus on maximizing charging should bring this income closer to budget but due to the large under recovery it is not likely to fully bridge the income gap in this financial year.

  At this stage the forecast overspend is £551,000 and is subject to ongoing monitoring and review.

- **Addictions Services** is reporting a year to date underspend of £35,000 due to reduced client package costs.

  The underspend is forecast at £69,000 by year end which will offset service pressures within the overall HSCP.

- **Other Services** (including HSCP HQ) is reporting a year to date underspend of £221,000 mainly due to anticipated burden built into budgets for some specific clients with no in year requirement due to change in clients' circumstances.

  The underspend is forecast at £441,000 by year end which will offset service pressures within the overall Health & Social Care Partnership.

  Savings Performance to Date – Health Care

4.8 From within NHSGGC Partnerships overall savings plan, West Dunbartonshire HSCP was allocated a local savings target of £0.630m against its directly managed services.

4.9 At this stage plans are in place to deliver the full savings requirement within 2015/16 in line with the savings targets set.

Savings Performance to Date – Social Care

4.10 From within West Dunbartonshire Council, the savings target allocated to West Dunbartonshire HSCP was £1.47m against its Social Care budget.

4.11 At this stage the total unachieved savings to date is reported at £25,000 within the Respite Placements plan. A review of alternative placements is being undertaken to find alternative local placements at lower cost. The position is under review whilst noting the delivery of the savings will be challenging to deliver within this financial year.

4.12 At this stage plans are in place to deliver all other planned savings in line with the approved savings plan for 2015/16.

2016/17 Savings Plan – Health Care

4.13 The process for producing the Health Board's financial plan has followed a similar course to previous years. At this stage the Health Board's Chief Executive has outlined a draft cash-releasing savings target of between £60m to £64m for 2016/17.

4.14 The HCSP is required to finalise savings adjustments as part of its financial planning process for Health Care. It should therefore be noted that a draft plan based on productivity and efficiency proposals is under development. Significant effort has been applied to ensure proposed budget reductions will

be obtained wherever possible through collective service redesign and efficiency programmes based on scenario planning.

4.15 For 2016/17 an indicative savings target across all NHSGGC Partnerships is under discussion between the HSCP Chief Officers and the Health Board's Corporate Management Team. The final savings target will be dependent on the Health Board's national uplift, however it is expected that the level of savings for the NHSGGC Partnerships will be between £18m-£23m.

4.16 It should be noted that given there are relatively few collective service redesign programmes in place it is likely local savings targets will be higher than in previous years.

4.17 The outcome of this work will be included within the final 2016/17 revenue budget subject to approval of final plans.

2016/17 Savings Plan – Social Care

4.18 As part of the process of updating its Finance Strategy, the Council has identified a the draft expenditure position for 2016/17 of £216.918m, which results in a projected budget gap of £0.474m, after adjusting for the impact of the management adjustments of £2.246m.

4.19 As part of that Council budgeting process, the HSCP Senior Management Team were required to identify both management adjustments and savings options for onward submission to the Council. These are detailed in Appendix 3 (ref. 11 – 26), alongside all of the management adjustments and savings options presented to Council at its meeting of 28th October 2015. The HSCP's management adjustment contribution for 2016/17 is £864, 920.

4.20 At the Council meeting of 28th October 2015, Councillors agreed that rather than publicly consult on and consider the budget savings options included in the report presented to Council, that the projected £0.474m gap for 2016/17 would be closed through the use of Council reserves. It was confirmed at that Council meeting that all management adjustments detailed in Appendix 3 would be implemented as soon as possible in 2015/16 to ensure full year impact is achieved as indicated in 2016/17. The Council's 2016/17 budget will be formally agreed by Councillors at a meeting on 24 February 2016, once the Scottish Government funding allocations have been shared with local authorities.

4.21 With respect to both Health Care and Social Care financial planning processes, significant effort has been applied to ensure budget reductions will be obtained wherever possible through service redesign and efficiency programmes.

Financial Challenges and Assumptions

4.22 The main challenges to be faced in 2015/16 are as follows:

- The Social Care budget remains under pressure, mainly due to the increased level of demands for services. It is anticipated that the actions outlined within section 4.7 will help mitigate an element of the budget pressures outlined in this report.

- There continues to be an inherent risk surrounding GP Prescribing and this will continue to be carefully monitored throughout this financial year. Further details on the HSCP's financial performance will be provided routinely.

- The HSCP is reporting a forecast overspend £486,500 from the 1 July to the 30th September 2015. The HSCP is planning forward to achieve the required level of in-year savings and deliver a balanced position against budget for the current financial year. The position will be monitored carefully over the remaining months of this financial year, and in particular the actual performance of the in year challenges reported under section 4 of this report.

- The Chief Officer continues to manage and review the budget across all service areas in conjunction with the senior management team and will put a recovery plan in place to address areas of significant overspend reported under section 4.6 of this report.

2015/16 Capital Expenditure

4.23 The progress to date of the individual "live" schemes funded within the HSCP is as follows.

4.24 On 23rd June 2015 the Scottish Government announced that a new £19 million **Clydebank Health & Care Centre** will be funded through using the HUB model of Design Build, Finance and Maintain (DBFM). The Health Board - with input from the HSCP's Senior Management Team - has now appointed architects for the project and developed a draft programme for key stages, with an initial agreement currently being completed as per the Scottish Government approval process.

Following a resolution of the ESA (European System of Accounts) 10 asset classification issues, the initial agreements for Clydebank and Greenock will be presented to the Health Board for approval at the same time, and thereafter formally submitted to the Scottish Government Capital Investment Group as a single "bundle" for consideration.

The initial agreement will be presented to HSCP Board for endorsement at the next meeting.

4.25 The design and construction of replacement elderly care homes and day care centres in Dumbarton and Clydebank areas continue to progress.

Dumbarton - Enabling works were completed on the 16th September to allow the main construction work to begin on the 17th following the completion of Financial Close (FC). The build programme is scheduled to last for 72 weeks and will see the handover of the building to the Council in February 2017. The final price for the Project at FC was £13.170m and as has been previously reported the increase in costs has been due to a number of unanticipated issues associated with the site, requirements associated with planning conditions and significant building cost inflation in the period since the Project was first proposed in 2012. The delays in finalising this Project and achieving FC were primarily associated with the affordability of the Project which has twice been the subject of increased funding bids to the capital programme and has also seen reductions in the number of bedrooms from 90 to 84 as well as the overall floor area of the building (GIFA) and has achieved reductions of costs of over £1.3m in a Value Engineering (VE) Review. The Project also had to adsorb the (time) impact of the original contractor pulling out and the replacement contractor having to come in and recover some of the work that had already been done, primarily the market testing.

Clydebank - Following the performance of Hub Co on the Dumbarton Care Home it was agreed by the Project Board and the Strategic Asset Management Group (SAMG) that a further options appraisal should take place of the other procurement options available for developing the Clydebank Care Home. Following interviews and a scored assessment with two other Frameworks and the WDC Consultancy Services Team (CS), the Project Board agreed to appoint CS to lead in the development and procurement of the Clydebank Care Home on an open tender D&B basis. The design team is currently being established alongside a cost plan and programme. Planning consent will be contingent upon planning approval for the overall Queens Quay Masterplan and the installation of infrastructure works. Indicative dates for the completion and handover of the care home is currently April 2018. The remaining budget available for Clydebank of £9.5m is unlikely to be sufficient for an 84 bedded care home and although different planning requirements and construction methodologies will be brought to bear the completion date of 2018 means that the Project will also be subject to the same inflationary pressures as Dumbarton. Consequently it is estimated that an additional budget of approximately £2.3m will be required to complete the Clydebank care home. This increased requirement will be included for consideration within the capital plan refresh to be reported to Council in early 2016.

4.26 Service Redesign Bruce Street - Work is ongoing to establish a new disability learning facility as a replacement for Auchentoshan. The final overspend anticipated is £55,000 due to works instructed to tackle unforeseen onsite issues primarily during the last few weeks on site. The Council was unable to mitigate the potential overspend by value engineering / savings, as all materials were ordered, and the majority of works undertaken prior to the additional works being instructed. Final account is now concluded.

Practical Completion for the Centre was issued on 10 October 2014. The Client has taken possession and the Centre is now open to the various users.

4.27 The summary capital expenditure position is reported within the following table and the significant variances affecting the overall position reported above are monitored routinely as part of the Councils capital planning process.

Budget Details	Project Life Financials as at 30 September 2015					
	Budget	Spend to Date		Forecast Spend	Forecast Variance	
	£000	£000	%	£000	£000	%
TOTAL PROJECTS AT RED STATUS						
Project Life Financials						
HSCP	23,364	2,558	11%	25,719	2,355	10%
Current Year Financials						
HSCP	7,385	1,136	15%	4,637	(2,748)	-37%

5. People Implications

5.1 None.

6. Financial Implications

6.1 Other than the financial position noted above, there are no financial implications of the budgetary control report.

7. Professional Implications

7.1 None

8. Locality Implications

8.1 None

9. Risk Analysis

9.1 The main financial risks to the ongoing financial position relate to currently unforeseen costs and issues arising between now and the financial year-end. Any significant issues will be reported to future Partnership Board meetings.

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 This report was agreed with the Health Board Director of Finance and Council's Section 95 Officer.

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 strategic priorities of the Strategic Plan.

12.2 This report links to the strategic financial governance arrangements of both parent organisations.

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Date: 18th November 2015

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Appendices:
Appendix 1 – Health Care Financial Statement (P6 Budget report)
Appendix 2 - Social Care Financial Statement (P6 BCR)
Appendix 3 – 2016/17 WDC Management Adjustments and Savings Options

Background Papers: West Dunbartonshire Council (28 October 2015): General Services Revenue Estimates 2016/17 to 2018/19 - Update

Audit Scotland (October 2015) - ESA 10: Classification of privately funded capital projects (briefing paper)
http://www.audit-scotland.gov.uk/docs/central/2015/s22_151001_scottish_gov_esa10briefing.pdf

Wards Affected: All

Appendix 1

Health Care Financial Statement – Period 6 (as at 30 September 2015)

Care Group	Annual Budget £'000	Cumulative Budget £'000	Cumulative Actuals £'000	Cumulative Variance £'000
Addictions - Community	1,966.4	930.1	889.5	40.6
Adult Community Services	11,294.4	5,422.2	5,404.8	17.4
Integrated Care Fund	1,584.3	511.3	511.3	0.0
Child Services - Specialist	1,914.8	968.9	948.4	20.5
Child Services - Community	2,540.3	1,306.0	1,274.3	31.7
Fhs - Prescribing	17,776.3	9,095.7	9,095.7	0.0
Fhs - Gms	12,138.8	5,989.8	5,989.8	0.0
Fhs - Other	11,185.6	5,448.7	5,448.7	0.0
Hosted Services	858.0	400.2	382.9	17.3
Learn Dis - Community	585.2	289.9	273.5	16.4
Men Health - Adult Inpatient	0.0	0.0	(0.2)	0.2
Men Health - Adult Community	4,631.8	2,358.4	2,269.8	88.6
Men Health - Elderly Services	3,260.6	1,627.9	1,625.2	2.7
Other Services	3,365.4	1,149.4	1,421.6	(272.3)
Planning & Health Improvement	1,152.5	491.7	447.8	43.9
Resource Transfer - Local Auth	7,774.8	3,887.3	3,887.4	0.0
Expenditure	82,029.2	39,877.5	39,870.5	7.0
Addictions - Community	(95.3)	0.0	0.0	0.0
Adult Community Services	(489.1)	(288.4)	(288.4)	0.0
Child Services - Specialist	(784.5)	(341.3)	(341.3)	0.0
Child Services - Community	(325.3)	(123.7)	(123.7)	0.0
Fhs - Other	(974.4)	(510.7)	(510.7)	0.0
Learn Dis - Community	(320.0)	(160.0)	(160.0)	0.0
Men Health - Adult Community	(1,072.3)	(433.9)	(433.9)	0.0
Men Health - Elderly Services	(182.6)	(91.3)	(91.3)	0.0
Other Services	(873.8)	(427.2)	(427.2)	0.0
Planning & Health Improvement	(20.0)	(20.5)	(20.5)	0.0
Resource Transfer - Local Auth	(179.2)	(89.6)	(89.6)	0.0
Income	(5,316.5)	(2,486.6)	(2,486.6)	0.0
West Dunbartonshire Hscp	**76,712.7**	**37,390.9**	**37,383.9**	**7.0**

WEST DUNBARTONSHIRE COUNCIL **APPENDIX 2**
REVENUE BUDGETARY CONTROL 2015/2016
HSCP SUMMARY

MONTH END DATE 30 September 2015

PERIOD 6

Actual Outturn 2014/15	Departmental / Subjective Summary	Full Year Budget 2015/16	Year to Date Budget 2015/16	Spend to Date 2015/16	Variance	Forecast Spend 2015/16	Forecast Variance 2015/16		RAG Status
£000		£000	£000	£000	£000	£000	£000	%	
1,002	Strategy, Planning & Health Improvement	1,193	533	516	17	1,159	34	6%	↑
3,580	Residential Accommodation for Young People	3,071	1,607	1,614	(8)	3,086	(15)	-1%	↓
2,876	Community Placements	2,857	1,572	1,599	(27)	2,942	(85)	-5%	↓
1,880	Residential Schools	846	453	474	(22)	889	(43)	-10%	↓
3,945	Childcare Operations	4,037	1,955	1,957	(2)	4,041	(4)	0%	↓
3,951	Other Services - Young People	3,952	1,818	1,824	(6)	3,964	(12)	-1%	↓
6,076	WDC Residential Accom for Older People	5,742	2,968	3,079	(111)	5,964	(222)	-7%	↓
6,531	External Residental for Older People	6,922	3,988	4,041	(54)	7,027	(105)	-3%	↓
1,390	Sheltered Housing	1,448	795	799	(5)	1,457	(9)	-1%	↓
1,107	Day Centres Older People	1,039	521	542	(22)	1,082	(43)	-8%	↓
90	Meals on Wheels	81	40	41	(2)	84	(3)	-8%	↓
278	Community Alarms	146	124	115	9	129	17	14%	↑
3,046	Community Health Operations	2,722	1,480	1,487	(8)	2,737	(15)	-1%	↓
9,476	Residential Learning Disability	9,634	2,793	2,790	3	9,628	6	0%	↑
2,065	Physical Disability	1,968	1,039	1,119	(81)	2,131	(163)	-16%	↓
1,478	Day Centres Learning Disability	1,573	735	716	19	1,536	37	5%	↑
245	CHCP HQ	458	326	105	221	17	441	135%	↑
1,603	Mental Health	2,066	404	412	(9)	2,083	(17)	-4%	↓
9,878	Homecare	9,453	4,372	4,647	(276)	10,004	(551)	-13%	↓
1,049	Addiction Services	1,231	491	456	35	1,162	69	14%	↑
(100)	Integrated change Fund	0	(358)	(358)	0	0	0	0%	→
61,446	**Total Net Expenditure**	**60,439**	**27,649**	**27,975**	**(326)**	**61,122**	**(683)**	**-2%**	↓

£000	Subjective Summary	£000	£000	£000	£000	£000	£000	%	
36,934	Employee	36,424	17,606	17,813	**(207)**	36,838	(414)	-1%	↓
977	Property	965	477	497	**(21)**	984	(19)	-2%	↓
1,431	Transport and Plant	1,183	474	490	**(17)**	1,216	(33)	-3%	↓
1,228	Supplies, Services and Admin	1,126	642	637	**5**	1,117	9	1%	↑
36,674	Payments to Other Bodies	36,843	15,632	15,764	**(132)**	37,107	(264)	-1%	↓
1,345	Other	1,450	795	833	**(39)**	1,527	(77)	-5%	↓
78,589	**Gross Expenditure**	**77,991**	**35,624**	**36,034**	**(410)**	**78,789**	**(798)**	**-2%**	↓
(17,143)	**Income**	**(17,552)**	**(7,975)**	**(8,059)**	**84**	**(17,667)**	**115**	**-1%**	↑
61,446	**Net Expenditure**	**60,439**	**27,649**	**27,975**	**(326)**	**61,122**	**(683)**	**-2%**	↓

WEST DUNBARTONSHIRE COUNCIL
MANAGEMENT ADJUSTMENTS 2016/17 ONWARDS

Ref	Option	Description	Savings achieved in 2015/16 (£)	Savings achieved in 2016/17 (£)	Savings achieved in 2017/18 (£)	Savings achieved in 2018/19 (£)	Staffing implications	Spend required to implement (£)
1	Further service delivery rationalisation in CL&D, Working4U, Community Engagement	The Council's net budget for Corporate & Community Planning and Working4U (which includes Employment Support, Advice Services and Community Learning & Development) is just over £3.2m. We are confident that we can reduce costs for supplies and services, postage and travel.	0	50,000	50,000	50,000	0.00	0
2	Reduction in Council-wide advertising budget	The Corporate project to reduce Council advertising has been more successful than expected. As a result it is possible to take a further £2,214 from the existing budget.	0	2,214	2,214	2,214	0.00	0
3	Review of staffing structures within Corporate Services	The Council's Corporate Services department employs 521 full-time equivalent (FTE) employees. We are confident that there would be no or minimal impact to service delivery by removing a number of vacant posts and undertaking restructures that ensure the service meets the future demands of our residents and internal customers. This would affect around 13 posts. This option requires an investment of £10,000 to update computer equipment. This would be included in the revised Capital Plan.	0	343,357	398,609	398,609	12.90	10,000
4	Introduce Marriage Officers	By recruiting and training several Marriage Officers we will be able to offer an improved service to meet the demand for civil ceremonies from local residents. This will include ceremonies on a Sunday. Authorisation will be required from the Registrar General but given that other Councils have Marriage Officers we do not anticipate any issues.	0	2,500	2,500	2,500	0.00	0
5	Stop provision of bottled water at committee meetings (consent required)	Stop the use of bottled water at all meetings, and use tap water instead.	541	3,000	3,000	3,000	0.00	0
6	Increase target for Corporate review of Administration Services	The Council is currently undertaking a major project to bring various administration teams together under one central structure. This work has highlighted additional savings by removing further vacant posts or restructuring the team.	0	50,000	50,000	50,000	3.00	0
7	Reduction of stationery budgets	The Council currently spends approximately £60,000 on stationery and office supplies every year. A project to centralise supplies within Corporate Services has proved successful. This proposal would see that rolled out across the Council. Under the measure there would be a freeze on the purchase of new stationery and office supplies in 2016/17. During this period teams would make use of several stationery hubs at Garshake, Aurora and Bridge Street from existing supplies. These would be used up before any new stationery could be purchased. Any new stationery would only be purchased by the new central Admin team. This would have the added benefit of reducing surplus stocks ahead of the move to new locations in the coming years.	0	20,000	20,000	20,000	0.00	0
8	Advertising changes for Elected Member Surgeries	Since April 2015 the Council has successfully moved from advertising in the local newspapers to almost exclusively using its other channels such as Facebook (nearly 10,000 likes) and Twitter (5,000 followers) and the Council website (80,000+ visits a month). The only exceptions to this are statutory notices which the Council has a legal duty to place in the local newspapers, and changes to Elected Member Surgeries. We propose to adopt the Council-wide approach for Elected Member Surgeries to deliver further savings. This change would be advertised for three weeks in the local papers to alert residents.	0	3,000	3,000	3,000	0.00	0

Ref	Option	Description	Savings achieved in 2015/16 (£)	Savings achieved in 2016/17 (£)	Savings achieved in 2017/18 (£)	Savings achieved in 2018/19 (£)	Staffing implications	Spend required to implement (£)
9	CS travel/mileage reductions - introduction of pool cars	This project would build on the success of the pool car pilot to reduce mileage costs by staff based at Council offices. This would require an investment of £60,000 and it is anticipated to generate annual savings of £20,000 per year over a seven year period. This would be included in the revised Capital Plan.	0	20,000	20,000	20,000	0.00	60,000
10	Employability Service vacates Poplar Road	This would see around 10 Corporate Services employees relocated alongside colleagues at an alternative and under-occupied location. Services delivered from the catering kitchen will also need to be relocated. There would be limited impact on service delivery.	0	21,000	21,000	21,000	0.00	0
11	Review of staffing structures within HSCP	The HSCP currently employs 1141 full-time equivalent (FTE) employees and this would see that number reduce by five. We are confident that we can remove vacant posts and restructure with no or minimal impact on service delivery.	0	187,000	187,000	187,000	5.00	0
12	Learning Disability - Provider Contract Management Efficiencies	The Council currently invests around £9m in its Learning Disability Service. We believe it is possible to identify efficiencies from our existing external suppliers that would allow us to reduce this spend by 1.75%. We will work with the providers to ensure that resources and services are prioritised to those individuals with the most need.	0	157,620	157,620	157,620	0.00	0
13	Addictions - Reduction in Supplementation Budget	The Council currently provides a standard level of care to those local people who suffer from addiction problems. To generate this saving we would review our current clients and prioritise the significant remaining budget based on need. This would see the overall budget of £330,000 reduce by approximately 11%.	0	35,300	35,300	35,300	0.00	0
14	Mental Health - Reduction in Supplementation Budget	The mental health supplementation budget of more than £700,000 allows the Council to provide increased support hours to certain clients. To generate this saving we would review our current clients and prioritise the significant remaining budget based on need. This would be a reduction in budget of approximately 8.5%.	0	60,000	60,000	60,000	0.00	0
15	Child Protection Budget - reduction by £15k	The Child Protection Committee currently has a budget of £30,000. This is made up of payments from Police Scotland of £5,000, the Health Board of £5,000 and the Council of £20,000. This saving would see the Council contribute an equal share with its partners and the Committee retaining an overall budget of £15,000. The budget typically covers training but in previous years there has been surplus budget for this purpose.	0	15,000	15,000	15,000	0.00	0
16	Reduction in Family Mediation Funding	We currently fund Family Mediation Scotland with £40,000 per year. This option would see us end financial support - however to date this has been significantly underutilised. In mitigation we are working with the group to support their Big Lottery bid for a more intensive family mediation service.	0	40,000	40,000	40,000	0.00	0
17	Reduce payment to Victim Support. Currently pay £16k potential to reduce by 50%	The Council currently makes an annual payment to Victim Support of £16,000. However, at the same time the Council itself makes no referrals to the service. Referrals come from the police and the court system. In light of this we believe there is scope to reduce the annual payments to £8,000.	0	8,000	8,000	8,000	0.00	0
18	Reduce funding to Barnardo's for post adoption support currently £23,034.	Whilst post-adoption support is an essential service for young adults and all ages, we consider this funding to be under used at present. Therefore we propose reducing this budget in line with usage. In the unlikely event that demand increases then we would look to train our own staff to provide this service.	0	12,000	12,000	12,000	0.00	0

Ref	Option	Description	Savings achieved in 2015/16 (£)	Savings achieved in 2016/17 (£)	Savings achieved in 2017/18 (£)	Savings achieved in 2018/19 (£)	Staffing implications	Spend required to implement (£)
19	Reduction in homecare support costs for children and leisure activities.	The Council currently puts aside £150,000 a year for its home care support. The service currently has several vacant posts and the budget is in surplus. We will reduce this by £40,000 in line with spending. In addition we will save £10,000 from the social work leisure budget. The bulk of this money has previously been spent on high cost individual leisure activities for a small number of children. We plan to retain £10,000 and use it to reach more children and engage them in mainstream leisure. This will be an improved and more inclusive approach to support.	0	50,000	50,000	50,000	0.00	0
20	Reduce Social Worker post in Childcare Social Work Team	The Council currently employs more than 45 social workers within children's services. We will reduce this by one by not replacing the next employee to leave through natural turnover. The remaining social workers will pick up additional cases to cover the departure.	0	44,000	44,000	44,000	1.00	0
21	Reduce Social Worker post in Community Older People's Team	The Council currently has a budget of nearly £900,000 for this service. The proposal is to reduce this by 5% by reducing the number of social workers by one. This will be achieved by not replacing the next employee to leave through natural turnover. The remaining social workers will pick up additional cases to cover the departure.	0	44,000	44,000	44,000	1.00	0
22	Reduce Occupational Therapist post in Community Care	The Council currently spends approximately £440,000 a year on this service. The proposal is to reduce this by £44,000 by reducing the number of therapists by one. This will be achieved by not replacing the next employee to leave through natural turnover. The remaining Occupational Therapists will pick up additional cases to cover the departure.	0	44,000	44,000	44,000	1.00	0
23	Restructure nightshift cover in one sheltered housing complex	This move will see the Council adopt a similar model used successfully at other local authorities in Scotland. Effectively on a rotational basis two of the Council's three sheltered housing complexes would have an onsite sheltered housing supervisor during the nightshift. These two supervisors would also cover the third sheltered housing complex with check visits carried out over the period of the shift. At any time any client in any of the three complexes will use the community alarm system to alert staff to difficulty and receive urgent support.	0	53,000	53,000	53,000	Yes	0
24	Childrens - Alternatives budgets	The Council currently funds Alternatives with £58,000 a year to provide group work to parents who have an addiction problem. Unfortunately there has been little benefit of this part of the service to date and work was being undertaken with the provider to improve these results. Rather than cease the work entirely, we are happy to continue to provide Alternatives with funding of £33,000 as they seek to change the delivery method and improve outcomes.	0	25,000	25,000	25,000	0.00	0
25	Childrens - Includem Community Based Support	The Council currently contracts £450,000 a year for this service which aims to prevent family breakdown and the unnecessary use of residential care. Previous reductions to this contract have been managed successfully and we believe that improved monitoring offers further opportunity to free up the service to meet demand. There may be some lower priority families who receive a reduced service but the Council will still continue to provide significant resources in this area.	0	50,000	50,000	50,000	0.00	0
26	Older Adults - Dementia provision	The Council currently funds Alzheimers Scotland with £400,000 a year. A review has shown that the unit cost for this service is high compared to the specialist services the HSCP provides. We believe that a reduction of 10% will enable the organisation to deliver their services in the area and provide encouragement to continuously improve the efficiency of their delivery.	0	40,000	40,000	40,000	0.00	0
27	Catering Service Review	The Council is confident that the required service can be delivered using fewer hours than currently budgeted for, and by reducing the overall food purchases. There will be no impact on service delivery.	0	120,000	120,000	120,000	0.00	0
28	Facilities Assistants service review	This review will lead to savings by reducing overtime requirement for over 100 posts. There will be no impact on service delivery.	0	50,000	50,000	50,000	0.00	0

Ref	Option	Description	Savings achieved in 2015/16 (£)	Savings achieved in 2016/17 (£)	Savings achieved in 2017/18 (£)	Savings achieved in 2018/19 (£)	Staffing implications	Spend required to implement (£)
29	Reduce bus shelter cleaning	SPT currently carry out this function on behalf of the Council. We will request they reduce the number of visits per year they make.	4,000	20,000	20,000	20,000	0.00	0
30	Ashton View Supported Accommodation extension	The Ashton View homelessness project has proved successful. As a result we are able to increase the number of clients and maintain existing staffing numbers. This will be an improved provision for homeless clients and is fully in line with the Council's Homeless and Temporary Accommodation Strategies.	0	125,000	200,000	200,000	0.00	0
31	Review of staffing structures within HEED	The Housing, Environmental and Economic Development Department currently employs 1272 full-time equivalent (FTE) employees. This would see that figure come down by 4.1 posts. We are confident that we can undertake further restructures and remove vacant posts with no or minimal impact on service delivery.	0	118,585	118,928	119,273	4.10	0
32	Redesign of Service	The Educational Services Department currently has 1491 full-time equivalent (FTE) employees. This proposal would see that come down by six posts. We are confident that we can undertake further restructures and remove vacant posts with no or minimal impact on service delivery.	0	432,119	432,119	432,119	6.00	0
	TOTAL VALUE		**4,541**	**2,245,695**	**2,376,290**	**2,376,635**	**34.00**	**70,000**

WEST DUNBARTONSHIRE COUNCIL
SAVINGS OPTIONS 2016/17 ONWARDS

Ref	Option	Description	Savings achieved in 2015/16 (£)	Savings achieved in 2016/17 (£)	Savings achieved in 2017/18 (£)	Savings achieved in 2018/19 (£)	Staffing implications	Spend required to implement (£)
1	Reduce Affiliation Fees	The Council has historic membership or affiliation to a number of organisations that are not related to service delivery for residents. This proposal would see the Council cancel its affiliation to the following groups: Commonwealth Local Government Forum, £980 annually; National Association of Councillors, £423 annually; Scottish Steering Committee of Nuclear Free Local Authorities, £1265 annually; and Scottish Accident Prevention Council, £215 annually.	0	2,881	2,881	2,881	0.00	0
2	Increase Food Export Certificate Charges by £10 per certificate (currently £45 including VAT)	The Council provides export certificates to companies exporting food/drink to certain countries. In West Dunbartonshire these are primarily alcohol exports. Local Councils are not obliged to provide this service but West Dunbartonshire Council is keen to assist businesses wherever possible. To allow it to continue to offer this service the Council is proposing to increase Food Export Certificate charges by £10 per certificate to £55 including VAT.	1,700	4,000	4,000	4,000	0.00	0
3	Crisis support money	This funding has supported 6 vulnerable adolescents aged 15 to 18 throughout the course of the last year. The funding is used when emergency intervention is required to provide inpatient treatment for young people with mental health issues. The proposal is to reduce this funding by 15%, resulting in an annual crisis support budget of £170,000. Saving 2016/17 £30,000 (£90,000 by year 3)	0	30,000	30,000	30,000	0.00	0
4	Adult Care - Apply national eligibility criteria and meet needs assessed at Critical and Substantial levels	The Council currently provides a range of services for 1,800 elderly residents based on the care needs of individuals. This proposal would see a new policy introduced to assist our professional staff in classifying people into four categories – critical, substantial, moderate and low risk. Care would then be provided to those most in need. By providing care in this way, a reduction of staffing by two through natural turnover would create a substantial saving. It is anticipated that by introducing this change 140 people would be categorised as low risk, receiving more limited or no assistance.	0	60,000	60,000	60,000	2.00	0
5	Withdraw WDC residential older people respite	The Council currently provides 8 residential care home beds to offer respite care for older adults. We propose to remove these respite beds and make savings through redeploying staff to vacancies. This would result in around 50 people who are currently supported by this service no longer having access to this assistance.	0	260,000	260,000	260,000	0.00	0
6	Implement an additional charge for telecare equipment	Fall sensors, epilepsy sensors, bed sensors and smoke sensors are currently installed in around 1,000 homes across West Dunbartonshire to help residents live safely and independently in their own home. The average cost to the Council of purchasing a sensor package for one household is around £100 each year and we are proposing to introduce a nominal charge of 50p per week (£26 a year) to assist in the costs of providing this service. This change will bring the Council in line with a number of other local authorities in Scotland.	0	25,000	25,000	25,000	0.00	0
7	Bring charging from Community Alarms into line with alarm users who do not live within Sheltered Housing complexes	The community alarm service provided by the Council is staffed 24 hours per day, 365 days per year. The 201 residents who live in private sheltered housing complexes are currently charged £2.33 per week for this service, while 254 people living in Council-run sheltered housing receive the service free of charge. It is proposed that we would introduce a charge for all West Dunbartonshire residents to ensure fairness in the delivery of this important service.	0	30,000	30,000	30,000	0.00	0
8	Catering: Either milk or diluted fruit based juice is presently served with school lunch. There is no mandatory requirement within the Nutritional guidelines to do this. Proposal is to replace Milk and Juice at Primary school lunch with water.	The Council currently serves either milk or diluted fruit based juice with school lunches. NHS guidance states that water is a healthy choice for quenching the body's thirst at any time. It has no calories and contains no sugars that can damage teeth. The Council is proposing to supply water at primary school lunches instead of the current options of milk or diluted fruit juice. This meets the nutritional guidance issued to Local Councils. All primary school pupils in West Dunbartonshire will continue to receive free milk daily.	0	50,000	50,000	50,000	0.00	0
9	Care of Gardens review of eligibility criteria	The current Care of Gardens scheme has generous eligibility criteria and is used by 2,200 people. This means that the Council presently provides free garden maintenance services to residents under the age of 65 who suffer from minor health issues. We believe that the service should remain free to all over-65s but only be open to those under 65 if they are registered disabled. This change would leave 75% of existing clients completely unaffected.	0	125,000	125,000	125,000	0.00	0

10	Align school crossing patroller service to current guidelines over time through non filling of vacancies	Although there is no statutory duty for the Council to provide school crossing patrollers, it has continued to do so and provision currently goes well beyond national best-practice guidance. Despite this the number of operational school crossing sites in West Dunbartonshire has been reducing as a result of staff retiring and difficulties recruiting for the positions. The Council is proposing to bring its school crossing patroller service into line with current guidelines. This would be achieved through not filling vacant posts, and only providing crossing patrollers at those crossings where there are no alternative safety measures in place.	0	25,000	25,000	25,000	0.00	0
11	Increase the current charge for special uplifts from £16.87 per uplift to £30.00 per uplift. HRA contribution (£50k) to enable discounted charge for WDC tenants.	The Council currently charges £16.87 to uplift bulky household items which is well below the local authority average. It is proposed to increase the charge for special uplifts to £30 from 1 April 2016 which is reflective of fees charged by other Councils. All householders will still be able to dispose of any bulky household waste free of charge by taking the item to the Council's household waste recycling centres at Dalmoak and Old Kilpatrick.	0	15,000	15,000	15,000	0.00	0
12	Reduce manned gritting of footpaths in Winter and provide increased number of grit bins in community	Councils have no statutory obligation to grit footpaths and a number of local authorities have chosen to concentrate their efforts on clearing roads instead. The Council is proposing to reduce manual gritting of footpaths and as an alternative provide an increased number of grit bins in communities across West Dunbartonshire. This will enable residents to help themselves and direct salt at areas which need it most as soon as it is needed. This option would require an investment of £20,000 which would be included in the revised Capital Plan.	0	50,000	50,000	50,000	0.00	20,000
13	Reduction in Local Learning Communities Planning and Improvement	In addition to the budget which each school and early learning and childcare centre receives, the Council also provides additional funding to West Dunbartonshire's five learning communities. The learning communities comprise of early learning centres, primary schools and high schools and are aligned to the area's five secondary schools. As the new learning community model is now well established, the funding requirements are reduced. The Council is proposing to review and streamline the funding to each community.	0	50,000	50,000	50,000	0.00	0
14	Review School Funding	Each school in West Dunbartonshire receives an annual budget which they can use to pay for services, supplies and ancillary items such as photocopying. This funding equates to £1.2million which is distributed across 41 schools. The Council is proposing to reduce the budget by 5% meaning the schools will continue to receive an allocation from the £1.14million and will work with head teachers to ensure their priorities are met.	0	60,000	60,000	60,000	0.00	0
15	Review Library timetables	The Council has a network of eight libraries across West Dunbartonshire and recognises their importance in the communities they serve. The proposal is to review library opening hours to offer greater flexibility across the branch network and improve services to residents. The changes, which could mean earlier or later opening times at some libraries, would deliver a more cost effective service with no branch closures.	0	60,000	60,000	60,000	TBC	0
16	Review of school meal cost	The Council's school meal service provides school children with a freshly-prepared, healthy two-course meal option daily including salad, fresh fruit, bread and a drink. At £1.95, charges for schools meals in West Dunbartonshire are below that of many neighbouring authorities. The Council is proposing to increase the cost of school meals by 5p. There would be no impact on children who receive free school meals.	0	25,000	25,000	25,000	0	0.00
17	Review cost of breakfast clubs	The Council introduced breakfast clubs to provide the poorest pupils in West Dunbartonshire with a meal at the start of the school day and also recognised their value to working parents. The current charge of 35p per child covers less than 50% of the cost of providing the service. Current usage of the service shows that only 40% of the pupils in Breakfast Clubs are in receipt of free school meals. The Council is proposing to introduce a new lower cost of 10p for the poorest residents of West Dunbartonshire, and increase the threshold for those on this lower rate to include those in receipt of a school clothing grant. For those not in receipt of the school clothing grant the cost would increase to £1 from 1 April, 2016.	0	80,000	80,000	80,000	0.00	0.00
18	Review Curriculum for Excellence Budget	The Curriculum for Excellence was launched in 2009 and is now fully embedded within all schools in West Dunbartonshire and as a result there is now a reduced need for dedicated funding in this area. The Council is committed to ensuring all of its children and young people achieve their potential and has dedicated significant resources to raising attainment. Saving 2016/17 £30,000 (£90,000) The CMT has identified a further two savings options. Given the low value of these options it is proposed they do not require to be consulted upon	0	30,000	30,000	30,000	0.00	0.00
	TOTAL VALUE		**1,700**	**981,881**	**981,881**	**981,881**	**2.00**	**20,000**

WEST DUNBARTONSHIRE HEALTH &SOCIAL CARE PARTNERSHIP BOARD AUDIT COMMITTEE

At a Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit Committee held in Committee Room 3, Council Offices, Garshake Road, Dumbarton, on Wednesday, 30 September 2015 at 2.00 p.m.

Present: Councillors Gail Casey, Jonathan McColl and Martin Rooney, West Dunbartonshire Council; Ms Ros Micklem (Chair), and Mr Allan Macleod, Non-Executive Members, NHS Greater Glasgow & Clyde Health Board.

Attending: Keith Redpath, Chief Officer; Jean Middleton, Chief Financial Officer; Chris McNeill, Head of Community Health & Care Services; Soumen Sengupta, Head of Strategy, Planning and Health Improvement; Jackie Irvine, Head of Children's Health, Care and Community Justice; Colin McDougall, Audit & Risk Manager and Nuala Borthwick, Committee Officer, West Dunbartonshire Council.

Also Attending: Elaine Boyd, Senior Audit Manager and Laurence Slavin, Senior Audit Manager, Audit Scotland; and Non-Voting Members -Wilma Hepburn, Professional Nurse Advisor for the Health & Social Care Partnership and Barbara Barnes, Co-Chair of the West Dunbartonshire HSCP Public Engagement Forum and Chair of the HSCP's Locality Engagement Network for the Alexandria & Dumbarton area.

Apology: An apology for absence was intimated on behalf of Dr Heather Cameron.

Ros Micklem in the Chair

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone present to the inaugural meeting of the West Dunbartonshire Health & Social Care Partnership Board Audit Committee and thereafter introductions were made around the table.

DECLARATION OF INTEREST

Councillor Casey declared an interest in the report entitled, "Care Inspectorate Reports for Support Services operated by Independent Sector Providers in West Dunbartonshire', given that she is a Board Member of Dalmuir Park Housing Association. Thereafter, Councillor Casey intimated that she would take part in the discussions thereon.

AUDIT COMMITTEE TERMS OF REFERENCE

A report was submitted by the Chief Financial Officer on the proposed Terms of Reference for the Audit Committee.

Having heard the Chief Officer, the Chief Financial Officer and the Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to Members' questions, it was agreed:-

(1) to approve the proposed Terms of Reference for the Audit Committee subject to the addition of the undernoted wording at paragraph 5.2, and subject to agreement with the Chair :-

"That the Chief Officer and the Chief Financial Officer will bring detailed reports to the Audit Committee on performance and delivery of services for scrutiny by Members as and when requested to do so by the Committee";

(2) that a review of the Terms of Reference would be submitted to a meeting of the Audit Committee in 6 months to enable Members to consider any additional cost implications associated with the system of internal financial control to the Audit Committee; and

(3) that the financial costs associated with the external audit service provided by Audit Scotland to the Partnership Board be confirmed and provided to the Audit Committee at a future meeting.

INTERNAL AUDIT OPERATIONAL AGREEMENT

A report was submitted by the Chief Financial Officer presenting the proposed Operational Agreement for the West Dunbartonshire Health & Social Care Partnership Board's Internal Audit Service.

Having heard the Chief Financial Officer and Audit & Risk Manager in further explanation of the report and in answer to Members' questions, the Committee agreed to approve the proposed Internal Audit Operational Agreement.

DRAFT STRATEGIC RISK REGISTER

A report was submitted by the Head of Strategy, Planning and Health Improvement presenting the first Strategic Risk Register in draft for the new Partnership.

Following discussion and having heard the Chief Officer and relevant officers in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) to endorse the draft Strategic Risk Register for recommendation to the West Dunbartonshire Health and Social Care Partnership at its meeting on 18 November 2015; and

(2) that Members were required to identify the risks in place and the consequence of these risks; and

(3) that, having reviewed the content of the Risk Register, that individual risk assessment reports be submitted to the meeting of the Partnership Board on 18 November 2015, for the undernoted risks:-

(a) Risk 2 – Failure to monitor and ensure the wellbeing of people in independent or West Dunbartonshire Council residential care facilities;

(b) Risk 6 – Failure of NHS Greater Glasgow & Clyde-wide MSK Physiotherapy Service to meet nationally determined waiting time target by end of March 2016; and

(4) it was noted that individual risk assessment reports would be submitted to future meetings of the Board, with particular reference having been made to Risk 3 – Failure to deliver efficiency savings and targets and operate within allocated budgets and Risk 4 – Failure to plan and adopt a balanced approach to manage additional unscheduled care pressures and business continuity challenges that are faced in winter.

CARE INSPECTORATE REPORT FOR OLDER PEOPLE'S RESIDENTIAL CARE SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL

A report was submitted by the Head of Community Health and Care providing information on the most recent inspection reports for two of the Council's Older People's Residential Care Home Services.

Following discussion and having heard the Chief Officer and the Head of Community Health and Care in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) to note the work undertaken to ensure the grades awarded reflect the quality levels expected;

(2) that all action plans submitted to the Care Inspectorate in response to inspection report will be submitted to the Audit Committee for information following publication of Care Inspectorate reports are published; and

(3) otherwise to note the contents of the report.

CARE INSPECTORATE REPORTS FOR SUPPORT SERVICES OPERATED BY THE INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE

A report was submitted by the Head of Strategy, Planning and Health Improvement on the most recent inspection reports for two of the Council's Older People's Residential Care Home Services.

Having heard the Head of Community Health & Care and the Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to Members' questions, it was agreed:-

(1) to note the work undertaken to ensure the grades awarded reflect the quality levels expected;

(2) that all action plans submitted to the Care Inspectorate in response to inspection report will be submitted to the Audit Committee for information following publication of Care Inspectorate reports are published; and

(3) otherwise to note the contents of the report.

FORTHCOMING AUDIT SCOTLAND REPORTS

A report was submitted by the Head of Strategy, Planning and Health Improvement providing information on two national audits that have been initiated by Audit Scotland that are of direct relevance to the work of the Health & Social Care Partnership.

Having heard the Head of Strategy, Planning and Health Improvement and the in further explanation of the report and in answer to Members' questions, the Audit Committee agreed to:-

(1) note the Audit Scotland work being undertaken with respect to health and social care integration; and changing models of health and social care; and

(2) direct the Chief Officer to bring a report to the Audit Committee on each of the above once the final reports are published.

FUTURE MEETINGS

The Board agreed the undernoted dates, times and venues for future meetings:-

Wednesday, 13 January 2016 at 2.00 p.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU

Wednesday, 23 March 2016 at 10.00 a.m.in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU

Wednesday, 15 June 2016 at 2.00 p.m.in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU

The meeting closed at 3.40 p.m.