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, 17 February 2016 at 2.00 p.m.

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

Non-Voting Members: Keith Redpath, Chief Officer; Jeanne Middleton, Chief Finance Officer; Kevin Fellows, Clinical Director; Wilma Hepburn, Professional Nurse Advisor; Selina Ross, Chief Officer of West Dunbartonshire Council for Voluntary Services; Barbara Barnes, Chair of the Local Engagement Network - Dumbarton and Alexandria; Anne McDougall, Chair of Local Engagement Network - Clydebank; Neil Mackay, Chair of Locality Core Group - Alexandria and Dumbarton; Kim McNabb, Service Manager, Carers of West Dunbartonshire; Janice Miller, Professional Advisor, Allied Health Professional; Diana McCrone, NHS Staff Side Co-Chair of the Joint Staff Forum and Martin Perry, Acute Consultant, NHS Greater Glasgow & Clyde.

Attending: John Russell, Head of Mental Health, Learning Disability & Addictions; Soumen Sengupta, Head of Strategy, Planning and Health Improvement; Raymond Lynch, Senior Solicitor, Legal, Democratic and Regulatory Services and Nuala Borthwick, Committee Officer, West Dunbartonshire Council.

Apologies: Apologies for absence were intimated on behalf of Jackie Irvine, Chief Social Work Officer, West Dunbartonshire Council; Peter O'Neill, WDC Staff Side Co-Chair of the Joint Staff Forum; Alison Wilding, Chair of Locality Group - Clydebank; and John Kerr, Professional Advisor – Housing.

Councillor Gail Casey in the Chair

DECLARATIONS OF INTEREST

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of West Dunbartonshire Health & Social Care Partnership Board held on 18 November 2015 was submitted and approved as a correct record subject to:-

(1) the inclusion of Helen Turley, Head of Housing in the sederunt for the meeting; and

(2) in relation to the report entitled, 'West Dunbartonshire CHCP Year-End Performance Report 2014/15', any targets on performance which are not met would be highlighted at meetings of the Health & Social Care Partnership Audit Committee.

MEMBERSHIP OF THE PARTNERSHIP BOARD

A report was submitted by the Head of Strategy, Planning and Health Improvement nominating individuals to be non-voting members of the Partnership Board.

After discussion and having heard the Chief Officer in further explanation of the report, the Partnership agreed:-

(1) to appoint the nominated non-voting members of the Partnership Board as detailed in the report;

(2) to note that Dr Kevin Fellows had recently resigned from his role as Clinical Director of the West Dunbartonshire Health & Social Care Partnership and would be standing down from the Partnership Board;

(3) to wish Dr Fellows well for the future in returning to his general medical practice and to thank him for his contribution to his role in both the Partnership Board and the previous Community Health & Care Partnership; and

(4) that a successor for the post of Clinical Director would be sought and thereafter a further report would be brought to a future meeting once a representative had been identified for nomination by the Chief Officer.

INTEGRATED CARE FUND MID-YEAR REPORT

A report was submitted by the Head of Community Health and Care Services providing an update on the use of the Integrated Care Fund for the first half of the 2015-16 financial year.

After discussion and having heard the Chief Officer and the Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to members' questions, the Partnership Board agreed to note the report.

NHS GREATER GLASGOW & CLYDE – DEVELOPING GP SERVICES: ENGAGING AND LISTENING CONSULTATION

A report was submitted by the Head of Strategy, Planning and Health Improvement providing information on NHS Greater Glasgow & Clyde Health Board's 'Developing GP Services: Engaging and Listening' consultation process.

After discussion and having heard the Chief Officer, 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 note the Developing GP Services: Engaging and Listening consultation process; and

(2) to note the West Dunbartonshire Health & Social Care Partnership's facilitated submission to the consultation process.

PULLING TOGETHER – THE REPORT OF THE INDEPENDENT REVIEW OF PRIMARY CARE OUT OF HOURS SERVICES

A report was submitted by the Head of Strategy, Planning and Health Improvement providing information on the report of the Independent Review of Primary Care Out of Hours Services entitled 'Pulling Together: transforming urgent care for the people of Scotland'.

After discussion and having heard the Chief Officer, the Clinical Director and the Head of Strategy, Planning & Health Improvement in further explanation of the report and in answer to members' questions, the Committee agreed:-

(1) to note the terms of the Report of the Independent Review of Primary Care Out of Hours Services;

(2) that the Chief Officer would provide the Scottish Government with feedback on the recommendations of the report; and

(3) that a report seeking views from the Partnership on Greater Glasgow & Clyde's proposal to move the Out of Hours Service from Drumchapel Hospital to Gartnavel Hospital would be submitted to the next meeting of the Partnership Board.

FINANCIAL REPORT 2015/16 AS AT PERIOD 9 (31 DECEMBER 2015)

A report was submitted by the Chief Financial Officer:-

(1) providing an update on the financial performance and capital work progress of West Dunbartonshire Health & Social Care Partnership covering the period to 31 December 2015 (Period 9);

(2) providing an update on the financial planning process for both health care and social care for 2016/2017; and

(3) seeking approval of the Health Care budget virements of £0.017m as detailed at section 3.2 of the report.

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

(1) 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;

(2) to note the contents of the report showing a forecast full year adverse revenue variance of £0.326m and £0.146m for the period from 1 July 2015, highlighting a favourable movement of £341,000 when compared to the previous reporting period forecast overspend of £0.487m;

(3) to note the key requirement for the HSCP Senior Management Team to continue to implement the recovery plan to address the projected overspends;

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

(5) to note the ongoing 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;

(6) that an update on point (5) above would be provided at the next reporting session for year-end purposes;

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

(8) to note the agreed position on the allocation of the new social care monies as set out at paragraph 4.23 of the report; and

(9) that through engagement processes, officers would deliver a campaign on recovering and recycling items of disability equipment to EquipU.

MINUTES OF MEETINGS FOR NOTING

(a) The draft Minutes of Meeting of the Health & Social Care Partnership Board Audit Committee held on 13 January 2016 were submitted and noted.

(b) The draft Minutes of Meeting of the Argyll, Bute and Dunbartonshires' Criminal Justice Social Work Partnership Joint Committee held on Thursday, 10 December 2015 were submitted and noted.

(c) The draft Minutes of Meeting of the Clinical & Care Governance Group held on 29 January 2016 were submitted and noted. Members requested that the Clinical and Care Governance Action Plan be submitted to the next meeting of the Partnership once signed off by the next meeting of the Clinical and Care Governance Group.

(d) the draft Minutes of Meeting of the Health & Social Care Partnership Locality Group for Clydebank held on 22 October 2015 were submitted and noted.

(e) the draft Minutes of the Health & Social Care Partnership Locality Group for Alexandria & Dumbarton held on 6 November 2015 were submitted and noted.

(f) the draft Minutes of the Joint Staff Forum held on 27 January 2016 were submitted and noted.

PROPOSED DATES FOR FUTURE MEETINGS OF PARTNERSHIP BOARD

The next meeting of the Partnership Board will be held on 25 May 2016 at 10.00 a.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU.

Members agreed the following suggested dates, times and venues for future meetings:-

Wednesday, 17 August 2016 at 2.00 p.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU

Wednesday, 16 November 2016 at 2.00 p.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU

Wednesday, 15 February 2017 at 2.00 p.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU

EXCLUSION OF PRESS AND PUBLIC

The Committee approved the undernoted Resolution:-

"In terms of Section 50 (A) of the Local Government (Scotland) Act, 1973 that the press and public be excluded from the remainder of the meeting as the following item of business involves the likely disclosure of exempt information as defined in Paragraphs 1 and 3 of Part 1 of Schedule 7A to the Act."

SOCIAL WORK COMPLAINTS REVIEW SUB-COMMITTEE - 13 AUGUST AND 19 NOVEMBER 2015

A report was submitted by the Head of Legal, Democratic and Regulatory Services advising of a complaint heard by the Social Work Complaints Review Sub-Committee.

Having heard the Chief Officer and the Senior Solicitor in further explanation of the report and in answer to members' questions, the Committee agreed:-

(1) to approve the recommendation contained in the Minutes of Meeting of the Social Work Complaints Review Sub-Committee held on 19 November 2015; and

(2) to note the findings of the Sub-Committee.

The meeting closed at 3.39 p.m.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 25th May 2016

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 member of the Partnership Board.

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 Council.

3.6 In clarifying the latter, this would be a senior and appropriately qualified housing professional employed by the Council in its role as strategic housing authority.

3.7 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.

3.8 At its meeting of the 17th February 2016, the Partnership Board was informed that one of the non-voting member was stepping down from the Partnership Board; and so a follow-up report would be brought to the Partnership Board at the earliest opportunity with nomination for the following:

- 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).

4. Main Issues

4.1 The following individuals are currently appointed to the Partnership Board:

<u>The voting members from the elected members of the Council</u>

- Gail Casey (Chair).

- Martin Rooney.
- Jonathan McColl.

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

- Ros Micklem (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.
    - Wilma Hepburn – as the Professional Nurse Advisor to the Health & Social Care Partnership.
    - Partnership.
    - 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.
    - Janice Miller (MSK Physiotherapy Manager) – as the Lead Allied Health Professional for the Health & Social Care Partnership.
    - John Kerr – as the senior and appropriately qualified housing professional employed by the Council in its role as strategic housing authority.

- Alison Wilding (GP) – as Chair of the HSCP's Locality Group for the Clydebank area.
- Neil Mackay (GP) – as the Chair of the HSCP's Locality Group for the Alexandria & Dumbarton area.
- Selina Ross - as Chief Officer of West Dunbartonshire CVS (Third Sector Interface).
- Diana McCrone – as NHS Staff Side Co-Chair of HSCP's Joint Staff Forum.
- Peter O'Neil – as Council Staff Side Co-Chair of HSCP's Joint Staff Forum.
- Kim McNab – as Service Manager for Carers of West Dunbartonshire.
- Barbara Barnes – as Chair of the HSCP's Local Engagement Network for the Alexandria & Dumbarton area.
- Anne McDougall– as Chair of the HSCP's Local Engagement Network for the Clydebank area.

4.2 Following necessary processes, the following individual is recommended to the Partnership Board to appoint as a non-voting member:

- Kenneth Ferguson – Clinical Director of the Health & Social Care Partnership.

4.3 In addition, this will be Ros Micklem's last meeting as a both the Vice-Chair and a member of the Partnership Board as she is completing her tenure as a Non-Executive Director of the Health Board. The Chief Officer will bring a further report to the Partnership Board once the Health Board has formally confirmed both her successor and which of the Non-Executive Directors is to be the Vice-Chair.

5. People Implications

5.1 The non-voting membership already includes staff side/trade union 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 a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board.

8. Locality Implications

8.1 The non-voting membership already includes the chairs of the locality groups.

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.

Author: Mr Soumen Sengupta – Head of Strategy, Planning & Health Improvement
West Dunbartonshire Health & Social Care Partnership.

Date: 5th May 2016

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Appendices:	None
Background Papers:	The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 HSCP Board Report (February 2016): Membership of the Partnership Board HSCP Board Report (July 2015): Membership of the Partnership Board HSCP Board Report (July 2015): Integration Scheme
Wards Affected:	All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Report by the Strategic Lead - Regulatory

Health & Social Care Partnership Board: 25 May 2016

Subject: Code of Conduct

1.0 Purpose

1.1 To advise the Partnership Board of the template for a Code of Conduct for Integration Joint Boards which has been produced by the Scottish Government and to seek agreement that the template Code of Conduct be adopted by the Partnership Board.

2.0 Recommendations

2.1 The Partnership Board is recommended to adopt the template Code of Conduct as its own draft Code of Conduct.

3. Background

3.1 At its meeting on 1 July 2015 the Partnership Board noted that the terms of the Model Code of Conduct for Members of Devolved Public Bodies were applicable to Integration Joint Boards.

4. Main Issues

4.1 Each Integration Joint Board is now to produce its own Code of Conduct based on the Model Code of Conduct for Members of Devolved Public Bodies. Each Integration Joint Board is to submit its Code of Conduct in draft to the Scottish Government for approval by 21 June 2016.

4.2 The Scottish Government, in conjunction with the Commissioner for Ethical Standards and the Standards Commission, has produced a template Code of Conduct which can be adopted by all Integration Joint Boards.

4.3 Integration Joint Boards can seek to make changes to the template Code of Conduct before adopting it. However, the Scottish Government expects this to occur only in exceptional circumstances and expects reasons to be provided for any proposed changes.

4.4 There is probably no reason for this Partnership Board to depart from the template and so the recommendation is that the template Code of Conduct be adopted as the Partnership Board's own draft Code of Conduct.

4.5 The draft Code of Conduct will be submitted to the Scottish Government for approval.

5. People Implications

5.1 All Members of the Partnership Board and all Officers involved with the Partnership Board will require to familiarise themselves with the draft Code of Conduct.

6. Financial Implications

6.1 Not applicable.

7. Professional Implications

7.1 Legal advice to Members of the Partnership Board can be provided to assist with interpretation of the draft Code of Conduct.

8. Locality Implications

8.1 Not applicable.

9. Risk Analysis

9.1 If the Partnership Board does not adopt a draft Code of Conduct, it will have failed to comply with a statutory requirement.

10. Equalities Impact Assessment (EIA)

10.1 Not applicable.

11. Strategic Environmental Assessment

11.1 Not applicable.

12. Consultation

12.1 Not applicable.

13. Strategic Assessment

13.1 Not applicable.

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Date: **9 May 2016**

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Appendix: Template Code of Conduct for Members of Integration Joint Boards.

Background Papers:

1. Model Code of Conduct for Members of Devolved Public Bodies.
2. Guidance on the Model Code of Conduct for Members of Devolved Public Bodies.

Wards Affected: All

CODE of CONDUCT

for

MEMBERS

of

Name of the Integration Joint Board

CODE OF CONDUCT for MEMBERS of *Name of the Integration Joint Board*

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SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.

1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000, "the 2000 Act", provides for Codes of Conduct for local authority Councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant Code; and establishes a Standards Commission for Scotland, "The Standards Commission" to oversee the new framework and deal with alleged breaches of the Codes.

1.3 The 2000 Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for members was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.

The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Amendments & Savings) Order 2015 has determined that Integration Joint Boards are "devolved public bodies" for the purposes of the 2000 Act.

1.4 This Code for Integration Joint Boards has been specifically developed using the Model Code and the statutory requirements of the 2000 Act. As a member of *Name of Integration Joint Board*, "the IJB", it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct which has now been made by the IJB.

This Code applies when you are acting as a member of *Name of the IJB* and you may also be subject to another Code of Conduct.

Appointments to the Boards of Public Bodies

1.5 Whilst your appointment as a member of an Integration Joint Board sits outside the Ministerial appointment process, you should have an awareness of the system surrounding public appointments in Scotland. Further information can be found in the public appointment section of the Scottish Government website at http://www.appointed-for-scotland.org/.

Details of IJB membership requirements are set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 and further helpful information is contained in the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance, which also includes information on Equality Duties and Diversity.

Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government's equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present**.** In order to meet both of these aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board's appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the IJB on which you serve and of wider diversity and equality issues.

1.6 You should also familiarise yourself with how the *Name of the IJB* policy operates in relation to succession planning, which should ensure that the IJB has a strategy to make sure they have the members in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

Guidance on the Code of Conduct

1.7 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.

1.8 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should in the first instance seek advice from the Chair of the IJB. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.

1.9 You should familiarise yourself with the Scottish Government publication "On Board – a guide for board members of public bodies in Scotland" and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance. These publications will provide you with information to help you in your role as a member of an Integration Joint Board, and can be viewed on the Scottish Government website.

Enforcement

1.10 Part 2 of the 2000 Act sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex A**.

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

2.1 The general principles upon which this Code is based should be used for guidance and interpretation only. These general principles are:

Duty
You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of *Name of the IJB* and in accordance with the core functions and duties of the IJB.

Selflessness
You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

Integrity
You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

Objectivity
You must make decisions solely on merit and in a way that is consistent with the functions of *Name of the IJB* when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship
You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that *Name of the IJB* uses its resources prudently and in accordance with the law.

Openness
You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

Honesty
You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of *Name of the IJB* and its members in conducting public business.

Respect
You must respect fellow members of *Name of the IJB* and employees of related organisations supporting the operation of the IJB and the role they play, treating

them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of *Name of IJB.*

2.2 You should apply the principles of this Code to your dealings with fellow members of *Name of IJB,* employees of related organisations supporting the operation of the IJB and other stakeholders. Similarly you should also observe the principles of this Code in dealings with the public when performing duties as a member of *Name of the IJB.*

SECTION 3: GENERAL CONDUCT

3.1 The rules of good conduct in this section must be observed in all situations where you act as a member of the IJB.

Conduct at Meetings

3.2 You must respect the chair, your colleagues and employees of related organisations supporting the operation of the IJB in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings. You should familiarise yourself with the Standing Orders for *Name of IJB,* which govern the Board's proceedings and business. The "Roles, Responsibilities and Membership of the Integration Joint Board" guidance, will also provide you with further helpful information.

Relationship with IJB Members and Employees of Related Organisations

3.3 You will treat your fellow IJB members and employees of related organisations supporting the operation of the IJB with courtesy and respect. It is expected that fellow IJB members and employees of related organisations supporting the operation of the IJB will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation and the Health Board or local authority of the IJB should be able to provide this information to any IJB member on request.

Public bodies should promote a safe, healthy and fair working environment for all. As a member of *Name of the IJB* you should be familiar with any policies of the Health Board and local authority of the IJB as a minimum in relation to bullying and harassment in the workplace, and also lead by exemplar behaviour.

Remuneration, Allowances and Expenses

3.4 You must comply with any rules applying to the IJB regarding remuneration, allowances and expenses.

Gifts and Hospitality

3.5 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift

received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term “gift” includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.

3.6 You must never ask for gifts or hospitality.

3.7 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in your IJB. As a general guide, it is usually appropriate to refuse offers except:

(a) isolated gifts of a trivial character, the value of which must not exceed £50;

(b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or

(c) gifts received on behalf of the IJB.

3.8 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision that *Name of IJB* may be involved in determining, or who is seeking to do business with your *IJB*, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of *Name of the IJB* then, as a general rule, you should ensure that your IJB pays for the cost of the visit.

3.9 You must not accept repeated hospitality or repeated gifts from the same source.

3.10 As a member of a devolved public body, you should familiarise yourself with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality Requirements

3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of *Name of the IJB* in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.

3.12 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of

personal or financial gain or for political purposes or used in such a way as to bring *Name of IJB* into disrepute.

Use of Health Board or Local Authority Facilities by Members of the IJB

3.13 Members of *Name of IJB* must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the Health Board or local authority policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of *Name of IJB.*

Appointment to Partner Organisations

3.14 In the unlikely circumstances that you may be appointed, or nominated by *Name of the IJB*, as a member of another body or organisation, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.

3.15 Members who become directors of companies as nominees of their IJB will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the IJB. It is your responsibility to take advice on your responsibilities to the IJB and to the company. This will include questions of declarations of interest.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called “Registerable Interests”. You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the IJB’s Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.

4.2 The Regulations[1] as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. Annex B contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

Category One: Remuneration

4.3 You have a Registerable Interest where you receive remuneration by virtue of being:

[1] SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.

- employed;
- self-employed;
- the holder of an office;
- a director of an undertaking;
- a partner in a firm; or
- undertaking a trade, profession or vocation or any other work.

This requirement also applies where, by virtue of your employment in a particular post, you are required to be a member of the IJB.

4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.

4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, “Related Undertakings”.

4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.

4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.

4.8 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.

4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.

4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.

4.11 Registration of a pension is not required as this falls outside the scope of the category.

Category Two: Related Undertakings

4.12 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.

4.13 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or

other undertaking in which you are a director and from which you receive remuneration.

4.14 The situations to which the above paragraphs apply are as follows:

- you are a director of a board of an undertaking and receive remuneration declared under category one – and
- you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

Category Three: Contracts

4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with the IJB of which you are a member:

(i) under which goods or services are to be provided, or works are to be executed; and

(ii) which has not been fully discharged.

4.16 You must register a description of the contract, including its duration, but excluding the consideration.

Category Four: Houses, Land and Buildings

4.17 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed.

4.18 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.

Category Five: Interest in Shares and Securities

4.19 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the body to which you are appointed and (b) the **nominal value** of the shares is:

(i) greater than 1% of the issued share capital of the company or other body; or

(ii) greater than £25,000.

Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

Category Six: Gifts and Hospitality

4.20 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Code.

Category Seven: Non–Financial Interests

4.21 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the IJB to which you are appointed. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. This requirement also applies where, by virtue of your membership of a particular group, you have been appointed to the IJB.

4.22 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

SECTION 5: DECLARATION OF INTERESTS

General

5.1 The key principles of the Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of the IJB. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions. For further detail on the declaration requirements of *Name of IJB*, you can refer to the IJB's Standing Orders.

5.2 IJBs inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in *Name of the IJB* and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.

5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the **objective test** ("the objective test") which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in

your role as a member of *Name of the IJB*. You will wish to familiarise yourself with your IJB's standing orders and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance.

5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If a board member is unsure as to whether a conflict of interest exits, they should seek advice from the board chair in the first instance.

5.5 As a member of *Name of the IJB* you might *also* serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your IJB and another body. Keep particularly in mind the advice in paragraph 3.15 of this Code about your legal responsibilities to any limited company of which you are a director.

Interests which Require Declaration

5.6 Interests which require to be declared if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.

5.7 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of an IJB. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of an IJB as opposed to the interest of an ordinary member of the public.

Your Financial Interests

5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code). If, under category one (or category seven in respect of non-financial interests) of section 4 of this Code, you have registered an interest as a

- Councillor or a Member of another Devolved Public Body where the Council or other Devolved Public Body, as the case may be, has nominated or appointed you as a Member of the IJB, or you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

you do not, for that reason alone, have to declare that interest.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

Your Non-Financial Interests

5.9 You must declare, if it is known to you, any non-financial interest if:

(i) that interest has been registered under category seven (Non-Financial Interests) of Section 4 of the Code; or

(ii) that interest would fall within the terms of the objective test.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You do not have to declare an interest solely because you are a Councillor or Member of another Devolved Public Body or you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

The Financial Interests of Other Persons

5.10 The Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

(i) a spouse, a civil partner or a co-habitee;
(ii) a close relative, close friend or close associate;
(iii) an employer or a partner in a firm;
(iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
(v) a person from whom you have received a registerable gift or registerable hospitality;
(vi) a person from whom you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

5.11 This Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of the IJB and, as such, would be covered by the objective test.

The Non-Financial Interests of Other Persons

5.12 You must declare if it is known to you any non-financial interest of:-

(i) a spouse, a civil partner or a co-habitee;
(ii) a close relative, close friend or close associate;
(iii) an employer or a partner in a firm;
(iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
(v) a person from whom you have received a registerable gift or registerable hospitality;
(vi) a person from whom you have received registerable election expenses.

There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

There is only a need to withdraw from the meeting if the interest is clear and substantial.

Making a Declaration

5.13 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.

5.14 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words “I declare an interest”. The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

Frequent Declarations of Interest

5.15 Public confidence in an IJB is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss this at the earliest opportunity with their chair.

Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

Dispensations

5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial

interests which would otherwise prohibit you from taking part and voting on matters coming before your IJB and its committees.

5.17 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.

SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES

Introduction

6.1 In order for *Name of the IJB* to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which *Name of the IJB* conducts its business.

6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups. You should also familiarise yourself with the “Roles, Responsibilities and Membership” guidance for members of an Integration Joint Board.

Rules and Guidance

6.3 You must not, in relation to contact with any person or organisation that lobbies do anything which contravenes this Code or any other relevant rule of *Name of the IJB* or any statutory provision.

6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon *Name of IJB*.

6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of *Name of IJB.*

6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.

6.7 You should not accept any paid work relating to health and social care:-

(a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation.

(b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the IJB and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the IJB, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

Members of Integration Joint Boards are appointed because of the skills, knowledge and experience they possess. The onus will be on the individual member to consider their position under paragraph 6.7.

6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the chair of *Name of the IJB* in the first instance.

ANNEX A

SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE

(a) Censure – the Commission may reprimand the member but otherwise take no action against them;

(b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:

i) all meetings of the public body;

ii) all meetings of one or more committees or sub-committees of the public body;

(iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.

(c) Suspension – for a period not exceeding one year, of the member's entitlement to attend all of the meetings referred to in (b) above;

(d) Disqualification – removing the member from membership of that public body for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of that public body be reduced, or not paid.

Where the Standards Commission disqualifies a member of a public body, it may go on to impose the following further sanctions:

(a) Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.

(b) Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members' code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

Full details of the sanctions are set out in Section 19 of the Act.

ANNEX B

DEFINITIONS AND EXPLANATORY NOTES

"Chair" includes Board Convener or any person discharging similar functions under alternative decision making structures.

"Code" code of conduct for members of devolved public bodies

"Cohabitee" includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

"Group of companies" has the same meaning as "group" in section 262(1) of the Companies Act 1985. A "group", within s262 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

"Parent Undertaking" is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking's memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking**.**

"A person" means a single individual or legal person and includes a group of companies.

"Any person" includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

"**Public body"** means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

"Related Undertaking" is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

"Remuneration" includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

"Spouse" does not include a former spouse or a spouse who is living separately and apart from you.

"Undertaking" means:
a) a body corporate or partnership; or
b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 25th May 2016

Subject: Consultation on Proposed Changes to GP Out of Hours Drumchapel Service

1. Purpose

1.1 To bring to the Partnership Board's attention the proposal by NHS Greater Glasgow and Clyde to move the GP Out of Hours Service from Drumchapel Hospital to Gartnavel Hospital.

2. Recommendation

2.1 The Partnership Board is recommended to:

- Note the engagement exercise and activities being undertaken by NHSGGC corporate services and Glasgow City Health & Social Care Partnership.
- Comment on the proposals to move the GP Out of Hours Service from Drumchapel Hospital to Gartnavel Hospital.

3. Background

3.1 The Partnership Board will recall a substantial report on Out of Hours primary care services that was presented to its February 2016 meeting. That report detailed the findings of the national Independent Review of Primary Care Out of Hours Services; and brought to the Partnership Board's attention that a review of the existing GP Out of Hours Service across the NHSGGC-area had just been initiated.

3.2 At its February 2016 meeting, the Health Board approved a report (appended here) in which it:

- Agreed a process be developed with Health & Social Care Partnerships to deliver appropriate engagement on the relocation of the Primary Care Emergency Centre (PCEC) at Drumchapel Hospital to Gartnavel General Hospital.
- Noted the review which is underway of the wider GP Out of Hours service.

3.3 An engagement exercise has now begun by NHSGGC corporate services and Glasgow City Health & Social Care Partnership on the above proposal to move the GP Out of Hours PCEC from Drumchapel Hospital to Gartnavel General Hospital.

4. Main Issues

4.1 As specified in the Public Bodies (Joint Working) Act, General Medical Services - including out of hours - are part of the delegated functions for all integration authorities. This is why the engagement process is being undertaken by the NHSGGC corporate services together with Glasgow City Health & Social Care Partnership.

4.2 The appended Health Board report details the proposals and the rationale for them in full.

5. People Implications

5.1 Appended report states that the proposed merged service would be staffed by both GPs and Nurse Practitioners and would be supported by the Home Visiting GP.

6. Financial Implications

6.1 Appended report states that reducing the number of GP Out of Hours sites as proposed would enable better use of staff and reduce facility and security costs.

7. Professional Implications

7.1 Appended report states that the proposed merged service would have the opportunity to:

- Re-profile staffing to develop a workforce that works together to ensure a responsive and flexible service with a range of staff with the right skills available to meet all expected urgent clinical conditions.
- Have access to on-site support for patients who become unwell, including an on site crash team

8. Locality Implications

8.1 The table below and overleaf shows where patients using the Gartnavel PEC came from in 2014-2015.

PCEC WEST GLASGOW - BASED AT GGH		**Proportion of Overall Activity**	**Proportion of Current area flow**	
Postcode	**Area**		**GGH**	**Drumchapel**
G11	Partick	5.0%	13.0%	0.4%
G12	Hyndland/Kelvindale	5.0%	12.0%	0.5%
G13	Jordanhill/Knighstwood/ Yoker	13.0%	6.0%	18.0%
G14	Scoutston/ Yoker	6.0%	8.0%	5.0%
G15	Drumchapel	13.0%	1.0%	20.0%

PCEC WEST GLASGOW - BASED AT GGH		Proportion of Overall Activity	Proportion of Current area flow	
Postcode	Area		GGH	Drumchapel
G20	Maryhill/Woodside/ Kelvihill/ Ruchill	8.0%	17.0%	1.0%
G23	Summerston	2.0%	3.0%	0.6%
G3 6/7/8	Woodlands/ Kelvingrove/ Yorkhill	4.0%	11.0%	0.1%
G40	Bridgeton/Calton/ Dalmarnock	1.0%	2.0%	0.0%
G49	Port Dundas	1.0%	2.0%	0.0%
G60	Old Kilpatrick/ Bowling	2.0%	0.2%	3.0%
G61	Bearsden	8.0%	1.0%	12.0%
G62	Milngavie	3.0%	0.6%	5.0%
G81	Dalmuir/Faifley/ Duntocher	17.0%	2.0%	27.0%

9. Risk Analysis

9.1 Appended report states that services are under considerable pressure to continue to maintain two centres.

10. Impact Assessments

10.1 NHSGGC corporate services will carry out an equality impact assessment on the proposals alongside the engagement exercise.

11. Consultation

11.1 The engagement exercise being undertaken by NHSGGC corporate services and Glasgow City Health & Social Care Partnership will run until Monday 13 June 2016. Any questions or comments on the proposals are invited either:

- By telephone (free) on 0300 123 9987.
- By email at PatientExperience@ggc.scot.nhs.uk.
- In writing to Patient Experience, Public Involvement & Quality - West Glasgow ACH, 4th Floor, Dalnair Street, Glasgow, G3 8SJ

11.2 NHSGGC corporate services and Glasgow City Health & Social Care Partnership will also be holding two open information sessions in West Glasgow on 31 May 2016:

- 12.30pm to 2.30pm in Drumchapel Hospital Staff Canteen, 129 Drumchapel Road, Glasgow, G15 6PX.
- 5pm to 6.30pm in Aroma Cafe, 1st Floor, Gartnavel General Hospital, 1053 Great Western Road, Glasgow, G12 0YN.

11.3 NHSGGC corporate services will also be sending letters and information leaflets directly to Community Councils, Community Groups and councillors.

12. Strategic Assessment

12.1 The Health & Social Care Partnership's Strategic Plan 2015-16 recognises that access to and the development of primary medical services is a key consideration in improving the delivery of services.

Author: Mr Keith Redpath
Chief Officer

Date: 5th May 2016

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Appendices: NHSGGC Health Board Report (February 2016): Gp Out Of Hours Services - Changes to Drumchapel service and wider review

Background Papers: HSCP Board Report (February 2016): Pulling Together - The Report of the Independent Review of Primary Care Out of Hours Services

Wards Affected: All

NHS GREATER GLASGOW & CLYDE NHS BOARD

Board Meeting
Tuesday 16th February 2016 **Board Paper No :16/04**

Director of Planning and Policy

GP OUT OF HOURS SERVICES: Changes to Drumchapel service and wider review

Recommendation: The Board is asked to:-

- Agree a process is developed with our Partnerships to deliver appropriate engagement on the relocation of the Primary Care Emergency Centre (PCEC) at Drumchapel Hospital to Gartnavel General Hospital;
- Note the review which is underway of the wider GP Out of Hours service;

1. Introduction and Purpose

1.1 The primary purpose of this paper is to set out our proposals to relocate the current PCEC from Drumchapel Hospital. We are also carrying out a wider review of PCEC services in the context of the recently published national review and the Board's service planning for 2016/17.

2. Drumchapel PCEC

2.1 The transfer of Older People's services from Drumchapel Hospital means we need to relocate the PCEC from the hospital. Our proposal is the service would relocate to Gartnavel Hospital.

2.2 The current GPOOH services are open from 6pm to midnight Monday to Friday and 8am to midnight Saturday, Sunday and Public Holidays. Access to the Primary Care Out of Hours service is via telephone triage with NHS24. The GP Out of Hours service offers patient transport to pick up and return patients from their home to the centre.

2.3 28% of referrals to Drumchapel PCEC are patients who arrive without having phoned NHS 24 and 72% come via NHS24. Of these referrals 4% required to be seen within 1 hour, 9% within 2 hours and 65% within a 4 hour period. 84% of the patients were treated by a Doctor and 16% by a Nurse. Children (0-15 years) accounted for 32% of attendances.

2.4 The West GPOOH services are under considerable pressure to continue to maintain two centres. On a number of occasions patients have had to be transported from one site to another to be seen dependent upon GP availability.

2.5 A postcode review of attendances to both Centres in the West has been undertaken only 20% of the attendances at Drumchapel PCEC come from the Drumchapel postcode area.

PCEC WEST GLASGOW - BASED AT GGH			*Proportion of Current area flow*	
Postcode	**Area**	**Proportion of overall activity**	**GGH**	**DRUM CHAPEL**
G11	Partick	5%	13.0%	0.4%
G12	Hyndland/Kelvindale	5%	12.0%	0.5%
G13	Jordanhill/Knightswood/Yoker	13%	6.0%	18.0%
G14	Scoutston/Yoker	6%	8.0%	5.0%
G15	Drumchapel	13%	1.0%	20.0%
G20	Maryhill/Woodside/ Kelvinhill/Ruchill	8%	17.0%	1.0%
G23	Summerston	2%	3.0%	0.6%
G3 6/7/8	Woodlands/Kelvingrove/ Yorkhill	4%	11.0%	0.1%
G40	Bridgeton/Calton/ Dalmarnock	1%	2.0%	0.0%
G4 9	Port Dundas	1%	2.0%	0.0%
G60	Old Kilpatrick/Bowling	2%	0.2%	3.0%
G61	Bearsden	8%	1.0%	12.0%
G62	Milngavie	3%	0.6%	5.0%
G81	Dalmuir/Faifley/ Duntocher	17%	2.0%	27.0%

2.6 As part of the consultation process for the transfer of services from Drumchapel Hospital, representatives from the Stakeholder Reference Group and Patient and Public Involvement Team undertook a public travel and accessibility assessment. This compared transport and accessibility issues, relating to journeys to Gartnavel Hospital and Drumchapel Hospital, from various points in the catchment areas served by both. The report found that Gartnavel General Hospital was easier to reach by bus and train than Drumchapel Hospital.

2.7 Merging the two West services at Gartnavel General Hospital would create a service which is similar in size to that of the service provided at Stobhill Hospital. The service would be staffed by both GPs and Nurse Practitioners and would be supported by the Home Visiting GP.

2.8 The transfer would affect on average 23 patients a night, 64 patients on a Saturday and 63 patients on a Sunday who currently attend the Drumchapel service.

2.9 Currently any patient who is asked to visit the PCEC and does not have their own transport will be collected from and returned to their home.

2.10 This relocation gives the service the opportunity to:-

- Reprofile staffing to develop a workforce that works together to ensure a responsive and flexible service with a range of staff with the right skills available to meet all expected urgent clinical conditions.
- Have access to on-site support for patients who become unwell including an on site crash team
- Provides an opportunity to contribute towards the savings plan through a reduction in the number of sites from which the service is operational

2.11 The Acute Division manages this service but the legislation which established Integration Joint Boards gave the new Partnerships responsibility for planning the service. We have been working with the lead Chief Officer for primary care to develop the planning for OOH and we need to agree the engagement process with Partnerships. In addition to an appropriate engagement process we will also conduct an Equality Impact assessment of the

proposed transfer. Engagement will also take place with staff and their representatives.

3. Wider Service Review

3.1 In 2004, the General Medical Services (GMS) contract came into force. This gave General Practitioners (GPs) the opportunity to opt out of providing out of hours care for their patients. The GMS contract means that NHS Greater Glasgow & Clyde is responsible for ensuring all patients can access out of hours care.

3.2 A national review of GP Out of Hours services has just been completed. The key recommendations focus on the need to review both in and out of hour's provision of urgent care across a spectrum of care providers. The recommendations from this report are being considered jointly by the Acute Division and Integrated Joint Boards.

The current GP Out of Hours Service provides the following :

- A Home Visiting Service – this extends into Lanarkshire to cover Camglen and to Highland to cover Helensburgh and the Lochside.
- A telephone advice service – this is provided from the Hub at Cardonald by the GP advisor who has a wide role in co-ordinating the service.
- A pre-prioritised call service to support NHS24 – this is provided from the Hub at Cardonald
- 10 Primary Care Centres which see patients who are directed by NHS24, Emergency Departments or self present. The service offers a patient transport service to and from these centres for patients who do not have their own transport.
- The service is currently adjacent to Emergency Departments at Queen Elizabeth University Hospital, and Royal Alexandra Hospital and overnight at Inverclyde Royal Hospital
- The service is co-located with Minor Injury Units at Stobhill ACH; Victoria ACH and Vale of Leven.
- There are two services in the West of the city, one at Drumchapel Hospital and one at Gartnavel General Hospital

4. Activity Profile

Primary Care Emergency Centres	2014/15	2015/16	%age diff
Drumchapel	12168	12354	2%
Easterhouse	12297	12905	5%
Gartnavel	8067	7220	-10%
Greenock	5366	5369	0%
Inverclyde	619	599	-3%
Lomond	12387	12612	2%
Queen Elizabeth University Hospital	9042	9600	6%
Renfrewshire	14024	13985	0%
Stobhill	18447	19708	7%
Victoria	28496	29729	4%
Total PCEC by Final Outcome	**120913**	**124081**	**3%**

4.1 We are undertaking a review of the current GP service model to ensure that we can continue to provide an efficient, responsive service that is sustainable going forward. A key aim within GGC is to achieve, as far as possible, the co-location of GP Out of Hours services at sites with an Emergency Department/Minor Injury Service. Ensuring safe, accessible services to patients and staff during the Out of Hours period is a key factor in ensuring high quality services to the population of NHS Greater Glasgow & Clyde. This review is looking at

- The service model with reference to best practice from elsewhere
- The workforce model of that service
- The number of Primary Care Emergency Centres

4.2 The current service is under consistent pressure due to the increasing lack of availability of GPs willing to participate in the GP Out of Hours service. This is further exacerbated at holiday periods where we experience higher levels of demand. Following guidance from Her Majesties Revenue and Customs in July 2015 a change in the employment arrangements for GPs was introduced whereby they became employees of the Board. This has increased the cost of the service by circa £1m – the final total is yet to be confirmed. Delivering an Out of Hours service in 10 Primary Care Centres and a central HUB spreads a limited workforce over multiple locations. In some centres the OOH service is the only service in operation at certain times of the day / night and this creates risk for staff working there and means that no other services are able to assist in the event of a clinical emergency.

5. Conclusion

The proposed transfer of this service is an opportunity to improve the support to the PCEC and to manage the current pressures on the services. The outcome of the wider review will be reported to the Board.

Catriona Renfrew
Director
Planning and Policy

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 25th May 2016

Subject: Health & Social Care Partnership Annual Performance Report 2015/16

1. Purpose

1.1 The present the Partnership Board with the first Annual Performance Report for the Health & Social Care Partnership, including a complaints management overview.

2. Recommendations

2.1 The Partnership Board Committee is recommended to approve the Annual Performance Report for publication.

3. Background

3.1 The Health & Social Care Partnerships first Strategic Plan was approved by the Partnership Board at its July 2015 meeting.

3.2 As required by legislation, the appended Annual Performance Report has been produced to enable scrutiny of the delivery of the Strategic Plan. As has been the custom in previous years, it is accompanied by a complaints management overview for the corresponding period.

4. Main issues

4.1 The preparation and presentation of the Annual Performance Report has been informed by the recently published Guidance for Health and Social Care Integration Partnership Performance Reports. It has been informed by local experience of integrated performance reporting, including feedback from the Partnership Board at its November 2015 meeting.

4.2 As Members will recall, the Strategic Plan was predominantly and logically built on previously approved actions and targets for 2015/16, including incorporating the local Integrated Care Fund Plan and local Integrated Children's Services Plan. Reports on both of those Plans are being separately presented to this meeting of the Partnership Board, noting that the content of both overlap and augment the substance of the Annual Performance Report presented here.

4.3 Once considered by the Partnership Board, the Annual Performance Report will be published on the Health & Social Care Partnership's website; submitted to the Health Board, the Council, the local Community Planning Partnership Management Group and Scottish Government.

5. People Implications

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

6. Financial Implications

6.1 The Annual Performance Report includes a summary of the Health & Social Care Partnership's year end financial position, as per the corresponding report being presented by the Chief Financial Officer at this meeting of the Partnership Board.

7. Professional Implications

7.1 The content of the Annual Performance Report overlaps with the substance of both the Chief Social Work Officer's Annual Report and the Clinical Governance Annual Report for 2015/16 (both of which are separately being presented to this meeting of the Partnership Board).

8. Locality Implications

8.1 The Annual Report confirms the establishment and continuing development of the arrangements for the two locality areas confirmed within the Strategic Plan.

9. Risk Analysis

9.1 Section 42 of the Public Bodies (Joint Working) Act obliges integration authorities to prepare and publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.

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 The Annual Performance Report has been produced to enable scrutiny of the delivery of the Strategic Plan in an open and accountable manner.

Author: Soumen Sengupta - Head of Strategy, Planning & Health Improvement
West Dunbartonshire Health & Care Partnership

Date: 5th May 2016

Person to Contact:	Soumen Sengupta - Head of Strategy, Planning & Health Improvement, Garshake Road, Dumbarton. E-mail: soumen.sengupta@ggc.scot.nhs.uk Telephone: 01389 737321
Attached:	West Dunbartonshire Health & Social Care Partnership Annual Performance Report 2015/16 West Dunbartonshire Health & Social Care Partnership Complaints Summary 2015/16
Background Papers:	HSCP Board Report (July 2015): Strategic Plan 2015/16 HSCP Board Report (November 2015): West Dunbartonshire CHCP Year-End Performance Report 2014/15 Guidance for Health and Social Care Integration Partnership Performance Reports: http://www.gov.scot/Publications/2016/03/4544
Wards Affected:	All

West Dunbartonshire
Health & Social Care Partnership

Annual Performance Report
2015/2016

CONTENTS

West Dunbartonshire Health & Social Care Partnership Board is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (described in full within its approved Integration Scheme). West Dunbartonshire Council and Greater Glasgow & Clyde Health Board discharge the operational delivery of those delegated services except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway through the partnership arrangement referred to as West Dunbartonshire Health & Social Care Partnership (WDHSCP). The Health & Social Care Partnership Board is responsible for the operational oversight of WDHSCP.

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

- Mission is to improve the health and wellbeing of West Dunbartonshire.
- 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.

Electronic copies of this Annual Performance Report are available at www.wdhscp.org.uk

1. INTRODUCTION

"My mother's very strong wish to remain in her own home was only achieved due to the magnificent service and support my mother received. Your carers are cheery, efficient, and respectful and certainly know the meaning of 'care'. What a wonderful team."

Letter to HSCP from family member

Welcome to the first Annual Performance Report of the West Dunbartonshire Health and Social Care Partnership Board.

The Health & Social Care Partnership Board (as the Integration Authority for West Dunbartonshire) approved its first Strategic Plan at its first meeting on the 1st July 2015. That Strategic Plan confirmed that the integration start date for the new arrangements – as per the Public Bodies (Joint Working) Act 2014 – was the 1st July 2015. This first Annual Performance Report has then been prepared as required by the Act and concerns the period 1st July 2015 to 31st March 2016.

The Health & Social Care Partnership Board's first Strategic Plan recognised that "integration" was not new to West Dunbartonshire. It was informed by the strategic commissioning process advocated by Audit Scotland; and benefitted from ongoing engagement with a full range of local stakeholders (including the third sectors and community groups). Its commitments logically built upon medium-term programmes of work that had already been co-produced with local community planning partners, most notably those articulated within the associated local Integrated Care Fund Plan and local Integrated Children's Services Plan.

In a similar vein then, this first Annual Performance Report has also been shaped by the local experience of integrated performance reporting; and incorporates the progress made with respect to those key programmes of work. The preparation and presentation of this Annual Performance Report reflects the recently published Guidance for Health and Social Care Integration Partnership Performance Reports.

It has also been structured to demonstrate the commitment of the Partnership Board to demonstrating “community planning in practice”; and the three Community Planning Single Outcome Agreement priorities that WDHSCP has a lead role in delivering, namely:

- Supporting Children and Families.
- Supporting Older People.
- Supporting Safe, Strong and Involved Communities.

The fourth Community Planning Single Outcome Agreement priority is Supporting Employability & Economic Growth – which directly links to the broader leadership role that the Health & Social Care Partnership Board has adopted with respect to the “wicked” issue that is health inequalities. The primary determinants of health are well recognised as being economic, social and environmental. One common definition of health inequalities is that they are those systematic and avoidable differences in health between population groups which result from the unequal distribution of resources within populations; and the associated accumulation and interaction of multiple risk factors. Health inequalities then are an example of a wicked issue: i.e. one that by definition involves complex, messy and often intractable challenges; where the causes are complicated, ambiguous and often interconnected; and where there are no clear solutions. Within West Dunbartonshire we are formally committed to a determinants-based approach to health inequalities, with our local-term goal being to have tackled population-level health inequalities as a result of our having collectively addressed its root causes through the local Community Planning Partnership – by stimulating sustainable economic growth and employment; promoting educational attainment and aspiration; and supporting community cohesion and self-confidence. WDHSCP has and will continue to provide clear leadership in championing this progressive and evidence-based approach to addressing health inequalities in a streamlined and integrated manner.

The first Strategic Plan identified two localities for West Dunbartonshire: Alexandria and Dumbarton; and Clydebank. Having established the necessary arrangements in 2015/16, the Health & Social Care Partnership is committed to working with and through its locality arrangements to foster improvements to the interface and relationships between community and acute hospital services. This will be enhanced by and contribute to the strengthening of locality professional engagement, particularly with the seventeen local GP practices and other NHS external contractors.

This will include scoping opportunities for the primary care quality cluster model of service delivery in accordance with the 2016/17 General Medical Services Contract; and implementing appropriate elements of both the NHSGGC Clinical Services Strategy and the National Clinical Strategy. Moreover, following the completion of a comprehensive Community Engagement Review in 2015, the Health & Social Care Partnership also continues to work with West Dunbartonshire Community and Voluntary Service (WDCVS) to develop Local Engagement Networks (LENs) for each locality area - with a particular emphasis on increasing the representation and diversity of those involved.

The model is the result of extensive consultation with existing and potential stakeholders and has been designed to evolve in tandem with the broader locality planning engagement arrangements; as well as the requirements of the Carers Act 2016, Community Empowerment Act 2015 and the Equalities Act 2010. With respect to the latter, the Health & Social Care Partnership Board has a number of specific duties, the approach to compliance being detailed within the Equalities Mainstreaming Report prepared over the course of 2015/16 and published in April 2016.

The activity and outcomes delivered within this Annual Performance Report also underscore the Health & Social Care Partnership Board's commitment to clinical and care governance. The National Framework for Clinical & Care Governance – as affirmed within the Integration Scheme for West Dunbartonshire - 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. This Annual Performance Report then reflects two key principles articulated within that quality framework, namely:

- Values of openness and accountability are promoted and demonstrated through actions.
- All actions are focused on the provision of high quality, safe, effective and person-centred services.

The Chief Officer and the Senior Management Team would like to thank everyone who contributed to the development of this Annual Performance Report; and all those staff and colleagues who continue to work so hard to deliver high quality services to the communities of West Dunbartonshire.

Mr Soumen Sengupta
Head of Strategy, Planning & Health Improvement
West Dunbartonshire Health and Social Care Partnership

2. SUPPORTING CHILDREN AND YOUNG PEOPLE

The key strategic aims for the Health & Social Care Partnership Board with respect to this priority are:

- Ensuring our children have the best possible start in life and are ready to succeed.
- Ensuring our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- Improving the life chances for children, young people and families at risk.

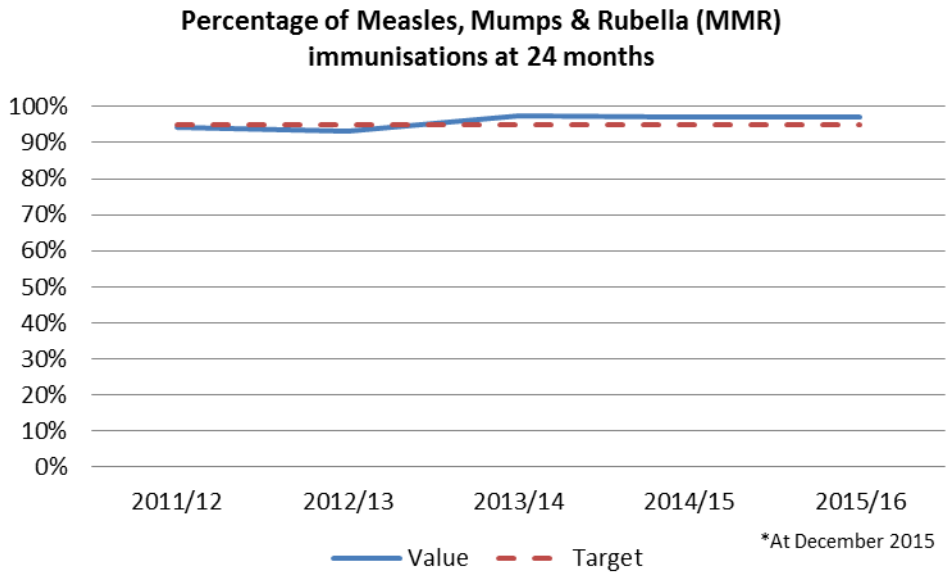
WDHSCP leads on the strategic priority of Supporting Children and Young People across Community Planning Partners, primarily through the vehicle of the local Integrated Children's Services Plan (ICSP). The ICSP describes the key strategic priorities and outcomes for children and young people in West Dunbartonshire. At the heart of this joined up approach is the shared commitment of partners to Getting It Right for Every Child (GIRFEC); to the delivery of corporate parenting responsibilities; and to improving outcomes for looked after children and young people. This includes young people who have had to take on a caring role, with WDHSCP and our partners recognising them as children and young people first; and as such assessing and supporting their needs within their caring context.

Within an environment of integrated health and social care services, the WDHSCP health visiting team has taken a lead role in the delivery of the Early Years Collaborative approach alongside colleagues from Council Educational Services, by supporting pre-natal care and by

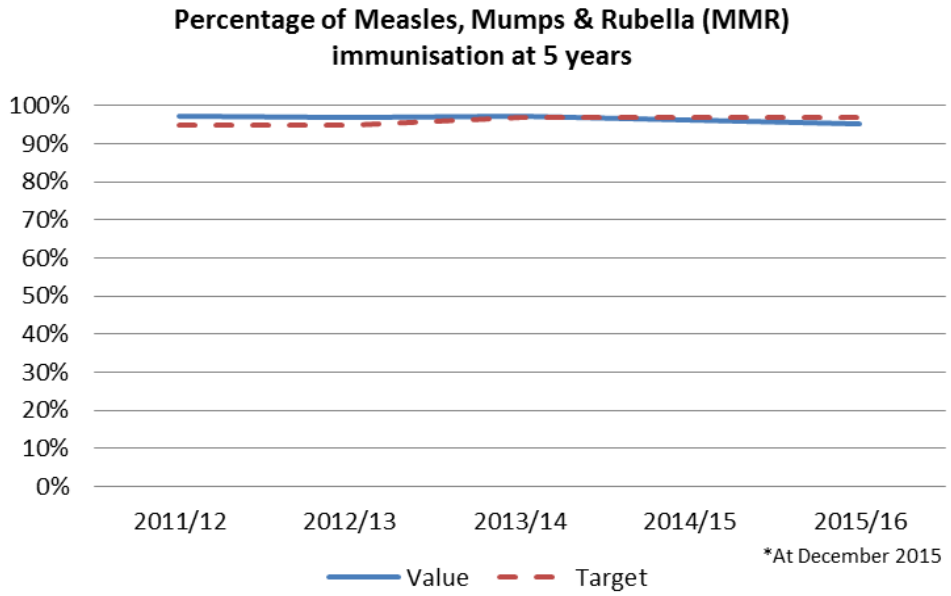
providing intensive support to children and parents within the home and nursery settings. A key milestone was to ensure that 85% of all children have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review by end of 2016. Our results demonstrate progress towards this target with 76.3% of children in 2013/14 and 77.4% of children in 2014/15 reaching all of the expected developmental milestones at this review point.

The health visiting team also continues to work with local general practices to promote and deliver childhood vaccinations.

The graph below shows a favourable (above target) result for uptake of the first MMR vaccination by 24 months; with 692 first vaccinations between April and December 2015.



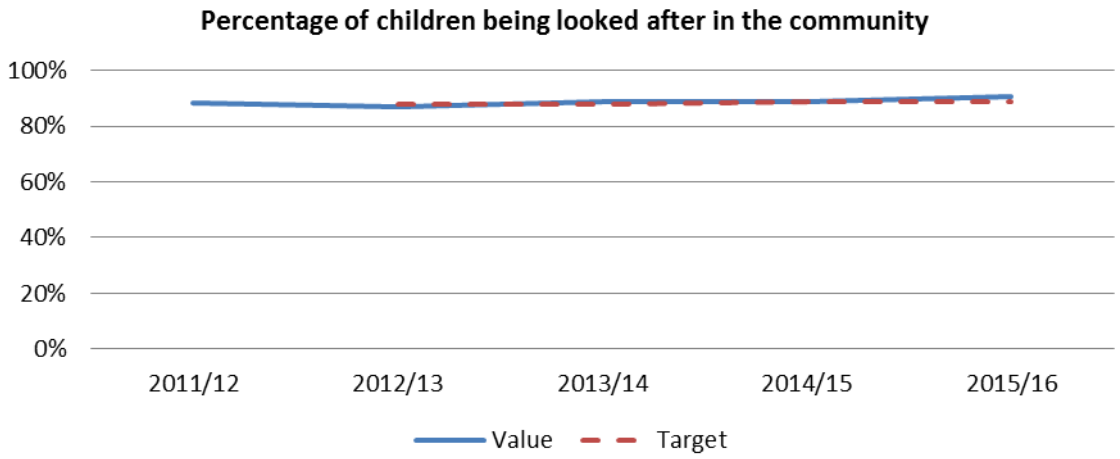
The results below demonstrate that West Dunbartonshire uptake rates of the second MMR by the age of 5 years is slightly below target, although this still equated to 715 vaccinations being delivered between April and December 2015. Whilst uptake rates for the second MMR "jab" are less than the Scottish average, by the age of six years completion of this immunisation is above the Scottish average.



For children and young people to do well now and in the future they have to be safe, healthy, active, nurtured, achieving, responsible, respected and included – which are expressed in the SHANARRI wellbeing indicators. These wellbeing indicators are central to the GIRFEC approach that is currently threaded through all existing legislation, policy, practice and systems for children and young people in Scotland. The Children & Young People (Scotland) Act 2014 was passed in the Scottish Parliament in early 2014; and a number of duties and provisions within this Act will commence in August 2016. Part 4 of the Act requires that relevant authorities, Health Boards for pre-school children and usually Local Authorities for school age children, provide a Named Person service that will integrate the Named Person functions described in the Act into existing roles of practitioners (e.g. health visitors and promoted teachers). The Act will introduce a legal duty to share information about a child's wellbeing that meets specific criteria with their Named Person when there is a concern for the child's wellbeing. The Act also introduces a single planning framework for many children receiving targeted support. This approach relies on strong working relationships within individual agencies and across agencies. In 2015 a number of practices within Clydebank Health Centre nominated themselves to take part in a national Information Sharing between GPs and the Education Named Person Service pilot. This was led by a GP Child Protection Specialist in conjunction with WDHSCP and Council Educational Services. This pilot has proven to be very effective, considerably improving GP understanding of the roles of different professionals; the amount of involvement education professionals have in the lives of families; and the information already held by schools. It has established trusting relationships and improved information sharing - which has in turn positively impacted on the lives of children, young people and their families. The findings from this pilot have been shared locally; and also reported at a recent and well-received two day Masterclass held by the Scottish Government GIRFEC team and attended by all 32 Local Authorities.

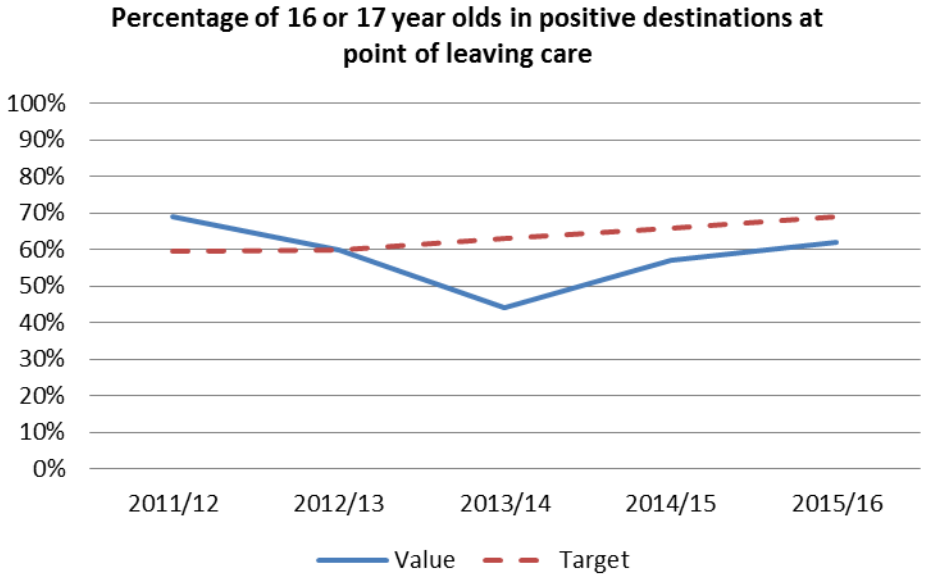
Our shared community planning objective to focus on early intervention in the lives of children, young people and their parents and/or carers continues our shift to preventing crisis, and reducing risk, through assessment and appropriate intervention. We recognise that some of our children may need to be cared for away from home. As per our Community Planning West Dunbartonshire Corporate Parenting Strategy; we have strived to increase the proportion of children and young people who are looked after in the community.

As the graph below shows, this has increased from 88.4% in 2011/12 to 90.6% in 2015/16.

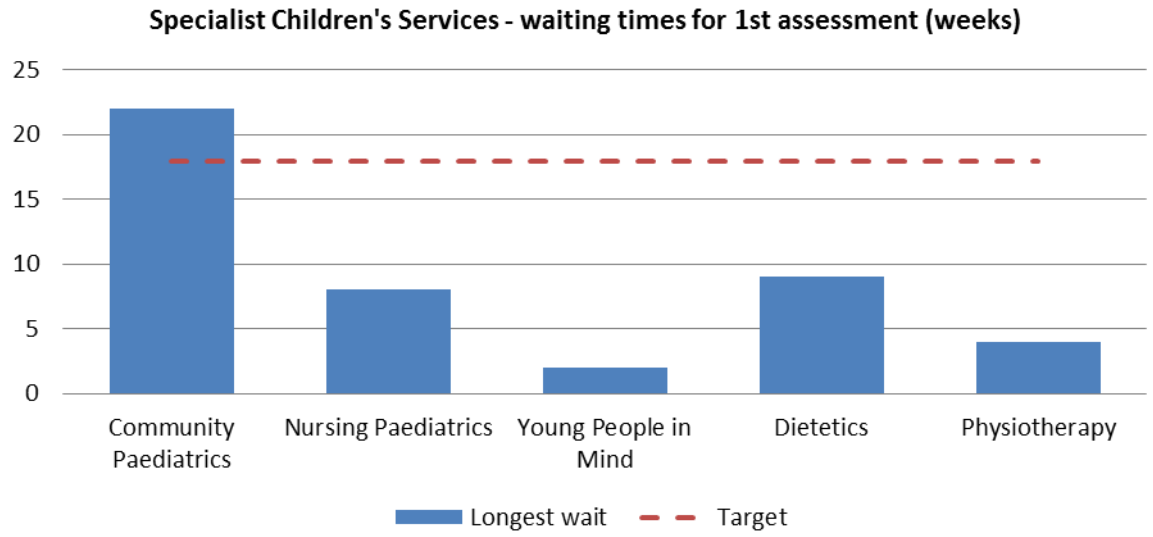


As part of our continued corporate commitments to looked after young people, WDHSCP led a dynamic re-design programme within our provision of children's homes. Throughout this we have engaged constructively with the Care Inspectorate. Throughout 2015 all our residential homes for children and young people achieved either a grading of 4 (good) or 5 (very good).

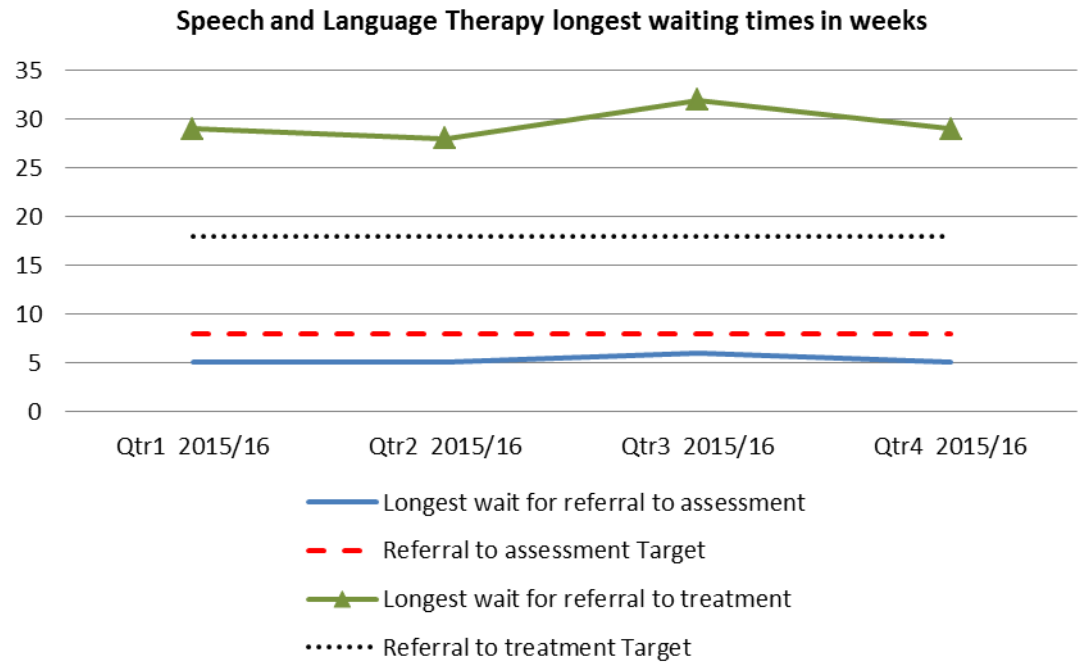
Thirteen young people left care during 2015/16; and of these 62% entered further/higher education, training or employment at the point of leaving care. This is an improvement on the 2013/14 position but less then that in 2011/12 – however, the relatively small numbers of young people involved mean that the percentage performance can easily fluctuate from one year to the next.



Across specialist children's health services and social care services – and in conjunction with Council Educational Services and NHSGGC Acute Division Children's Services - it is vital that care and clinical assessments are managed jointly and effectively for the best outcomes of the child.

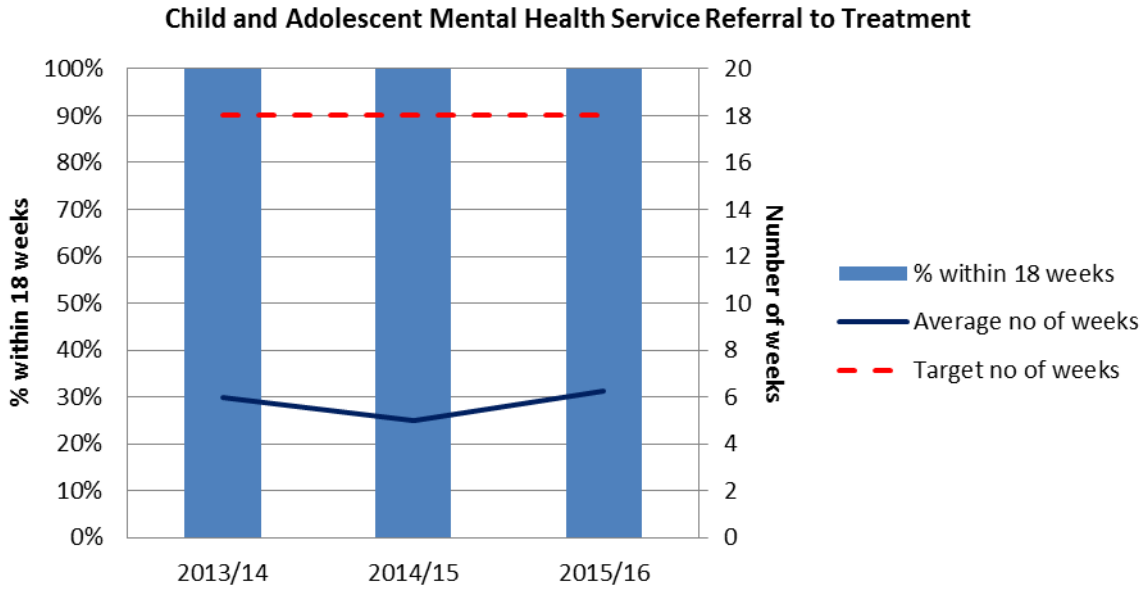


The WDHSCP Speech and Language Therapy Service for children and young people continues to successfully complete triage processes within target timescales. As the chart below shows, the Speech and Language Therapy Team is ensuring that children and young people are having their needs assessed timeously; and within the target waiting time, with 63% waiting no longer than 18 weeks for treatment.



All of our most vulnerable and at risk young people have the opportunity to receive the right support when they need it. The need for strong co-ordination and co-operation is particularly true with respect to services for children with disabilities. Robust and early planning systems have been agreed to support transitions from children's services to specialist adult services. In January 2016 a standardised Integrated Pathway for Autistic Spectrum Disorder (ASD) Services was introduced, which applies the principles of GIRFEC and delivers in line with Scottish Intercollegiate Guidelines Network (SIGN) guidelines.

WDHSCP continues to develop a strong multi-agency approach to supporting children with mental health and emotional wellbeing issues. The graph below shows that timescales from referral to treatment for Child and Adolescent Mental Health Services (CAMHS) have consistently been well below the target time of 18 weeks.



Our early identification of children and young people with mental health issues and the timeous provision of community based support has helped to maintain positive mental health for these affected young people. WDHSCP's Young People in Mind Team achieved success at the 2015 NHSGGC Celebrating Success Awards when they were recognised and congratulated for their contribution to children and young people affected by mental health.

We continue to provide a range of interventions to support vulnerable young people who may be experiencing difficulties. This includes offering and delivering mainstream parenting opportunities to all parents within our communities; and offering support from the multi-award winning Youth Mentoring Scheme which has provided individual, long term mentoring for many young people in West Dunbartonshire. In 2015 the Youth Mentoring Team were winners at the Scottish Mentoring Network Awards, receiving the Justice Project of the Year Award as well as the Exceptional Contribution Award for Ronnie Reardon, one of our local mentors. In addition, Ronnie Reardon was recognised as the West Dunbartonshire Council Employee of the Year Award for 2016.

Case Study: The Youth Mentoring Scheme

Chris was heavily immersed in gang fighting within his local community and struggling to change his behaviour. He agreed to work with a volunteer youth mentor and this helped him to start thinking about how he could make different choices and decisions. With long term consistent support from his mentor over a number of years, he has turned his life around and now attends college on an electrical engineering course with a view to joining the Navy. He applied for the Navy this year, although he failed to get first time of applying he took this disappointment in his stride, and with the support of his mentor has accepted the advice given and working hard to prepare to apply again. This is a testament to his improved maturity and ability to rationalise and talk this over with his mentor, and find ways of working together towards long term ambitions. Chris compares his change of direction in life to many of his friends who have not had such positive outcomes, and now speaks regularly about the positive impact that the mentoring scheme has had on his life.*

*(*not real name)*

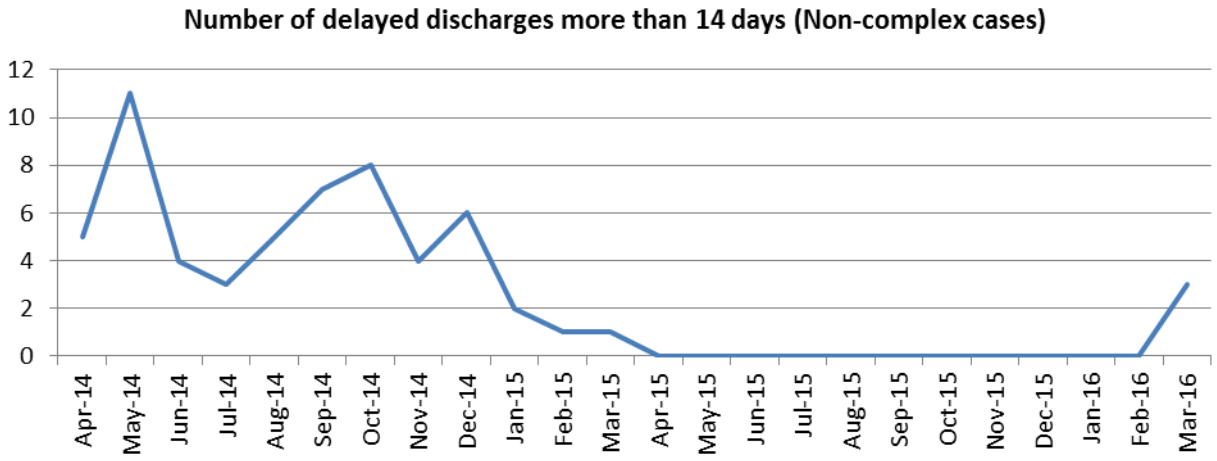
3. SUPPORTING OLDER PEOPLE

The key strategic aims for the Health & Social Care Partnership Board with respect to this priority are:

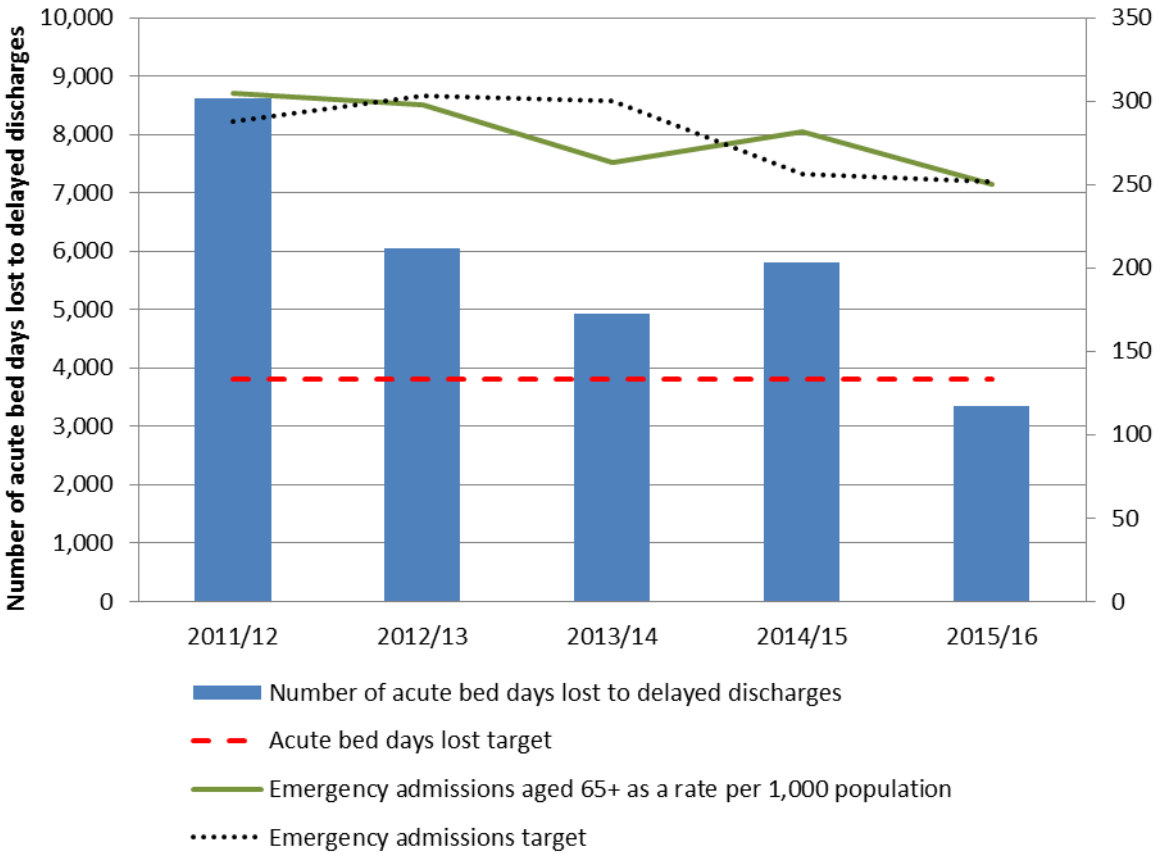
- Avoid unnecessary delays in hospital discharge.
- Reduce emergency admissions to hospital across the population.
- Reduce unnecessary admission to hospital in people over 65 years.
- Support more people at the end of life to die where they choose.

WDHSCP leads on the strategic priority of Supporting Older People across Community Planning Partners, primarily through the vehicle of the local Integrated Care Fund Plan (ICF). The ICF describes the key strategic priorities and outcomes to support all adults to live as independently as possible and safely within a homely setting for as long as possible. In addition, WDHSCP produced and delivered upon an operational unscheduled care plan with a particular focus on the winter period as per the National Preparing for Winter Guidance.

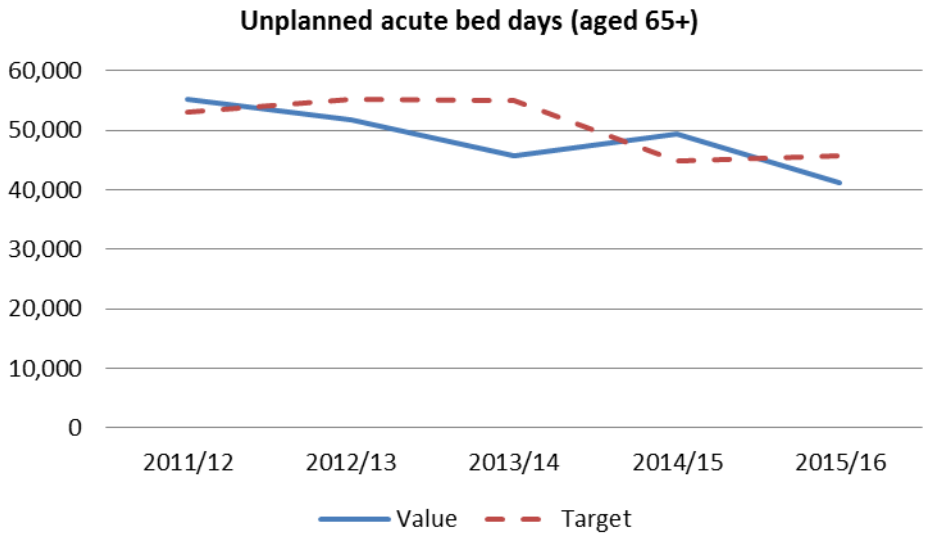
WDHSCP community health and social care services for adults and older people are organised around multi-disciplinary health and social care teams that use shared systems for recording and reporting on an individual's outcomes. There are a range of overlapping and interconnected workstreams which impact on and support those with long term conditions, including anticipatory care, preventative support/care and the promotion of self-management. Services are available via a single point of access; and provide direct referral (e.g. for occupational therapy; home care and care at home; and step up/down beds). By organising our integrated services effectively, we have been able to deliver a significant improvement in avoiding delays within the hospital discharge planning process; and an overall reduction in unnecessary emergency admissions to hospital. By focusing on timely and appropriate hospital discharge WDHSCP achieved the Scottish Government's target of 0 patients delayed for more than 14 days in all but one (the last) month during 2015/16.



We continue to see a significant decline in the number of bed days lost as a result of the redesign of services and the focus on community support. The bed days lost to delayed discharge significantly declined by 61% since 2011/12. There has also been a 12% reduction in emergency admissions for people aged 65 and over during the same period.

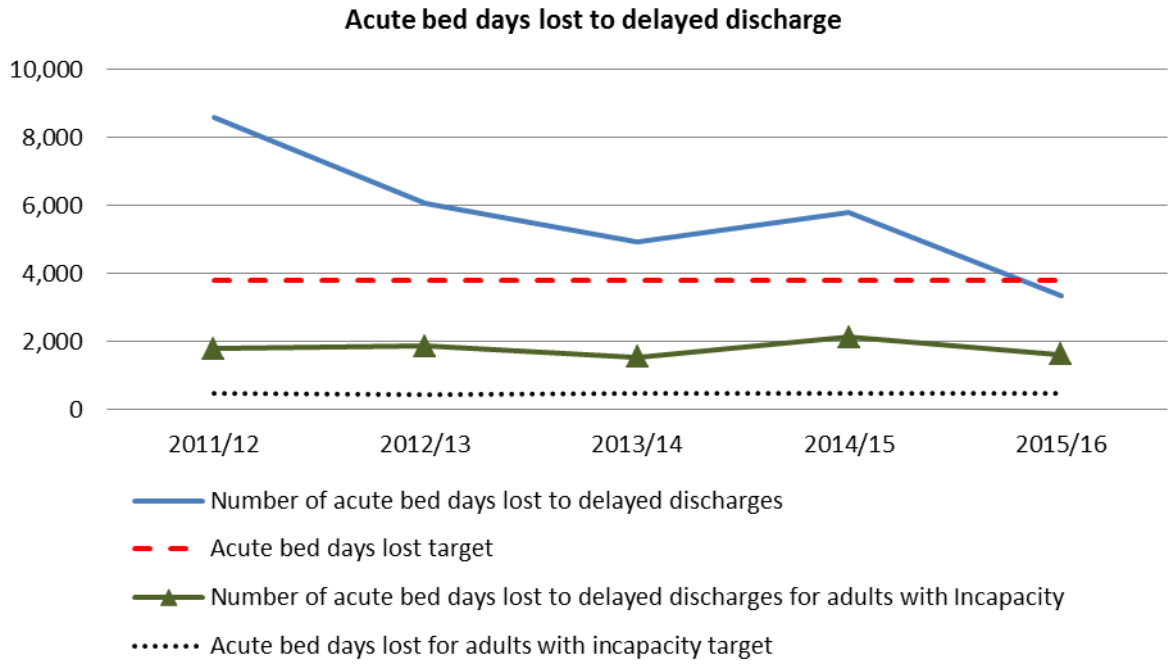


As the graph below illustrates, the number of unplanned acute bed days for people aged 65+ has reduced by 26% between 2011/12 and 2015/16.

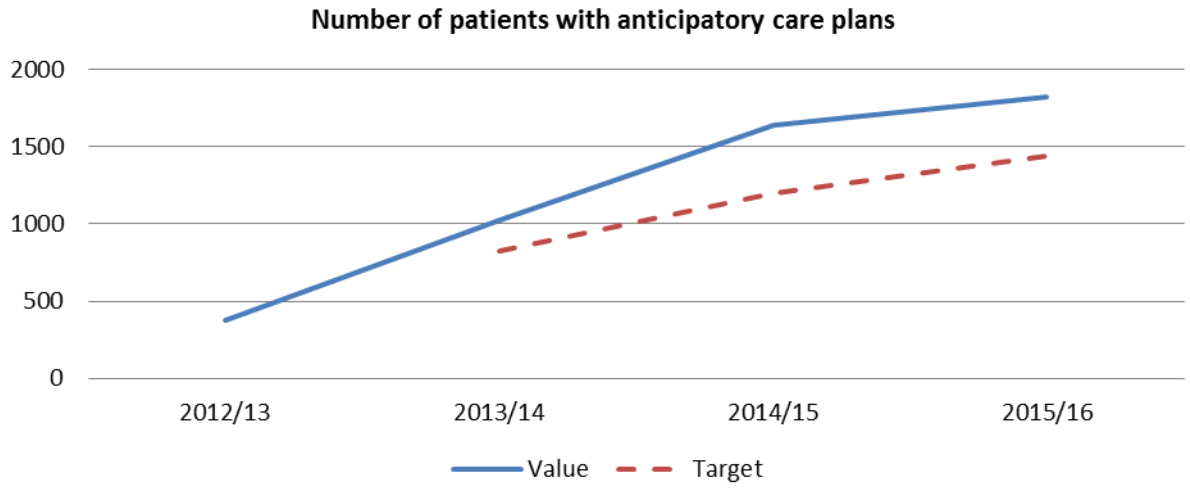


Preparation within hospital setting is crucial in planning successful discharge. This was enhanced in 2015 with the development of Hospital Discharge Liaison Workers to provide early assessment and practical support in the ward setting. They promote early referrals and discharge planning; promote awareness with Consultants and ward staff; work in parallel with medical treatment; assess need at the earliest opportunity, with referral/information shared from the point of admission; and identify people who cannot return home/lacking capacity. The wider Hospital Discharge Team can then involve patients and carers sooner; develop and deliver integrated care and support packages; ensure the most appropriate care and opportunities at the point of discharge; and monitor and review care package for four weeks. Home care services are managed alongside district nursing services and home based pharmacy support to ensure such continuity of care post-discharge.

The chart below demonstrates that while the number of acute bed days lost to delayed discharge has reduced significantly, almost half of the bed days lost in 2015/16 relate to Adults With Incapacity (AWI). Hospital discharge for patients who lack capacity can be lengthy and complicated, and can sometimes lead to extended delays.

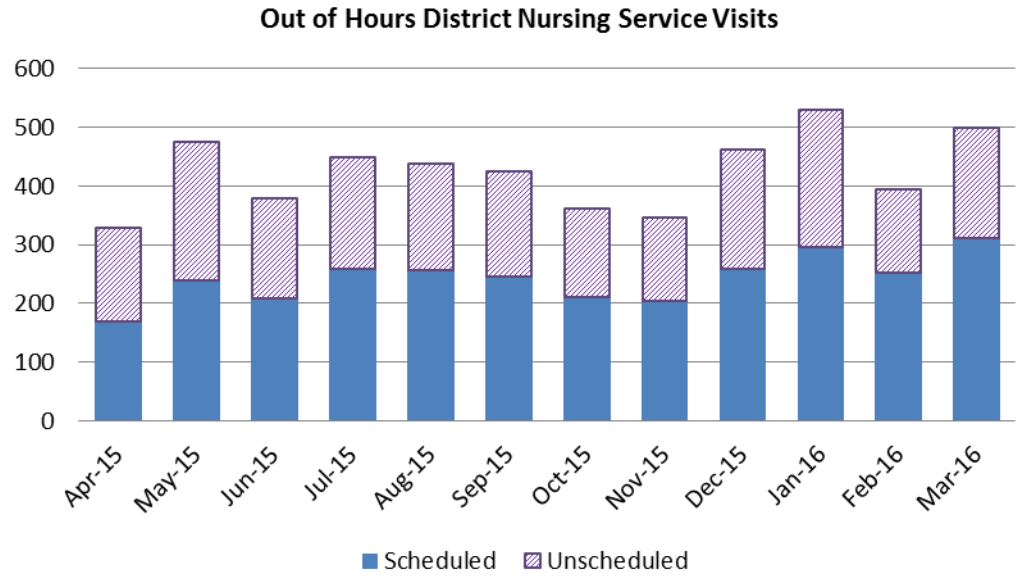


Good care planning and communication across teams and with carers improves co-ordination of care, enables early intervention and better access to safe and effective alternatives to avoidable hospital care. Some of these shared decisions will be based on thinking ahead about preferences for future care. A key element of the Integrated Care Fund programme of work has been the ongoing development of anticipatory care planning with GPs and primary care services. Anticipatory care encourages people to make positive choices for what they should do themselves, and from whom they should seek support, in the event of a flare up or deterioration in their condition, or in the event of a carer crisis. The Anticipatory Care Plan (ACP) is a dynamic record that should be developed over time through an evolving conversation, collaborative interactions and shared decision making. The ACP will also include information about the person's concerns and goals; their understanding about their illness and prognosis; and their wishes for end of life care, including preferred place of care, as well as their views about the degree of interventions, treatments and cardiopulmonary resuscitation welcomed. Key information should be recorded in the key information summary on the Electronic Key Information System (e-KIS). The ACP is a summary of "thinking ahead" discussions between the person, those close to them and the practitioner. We have developed and reviewed anticipatory care plans for over 1,800 patients in West Dunbartonshire; by introducing additional community based nursing to support General Practice we have been able to support the avoidance of unnecessary hospital admissions. As shown below, there has been a 78% increase in the numbers of patients with anticipatory care plans between 2013/14 and 2015/16.



WDHSCP has put 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 WDHSCP Community Nursing team has introduced Patient Status at a Glance Boards that are updated following the team's daily meetings to identify vulnerable patients and those at risk of admission. The Team also links with GPs to identify patients who may potentially be vulnerable over the bank holiday period. 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.

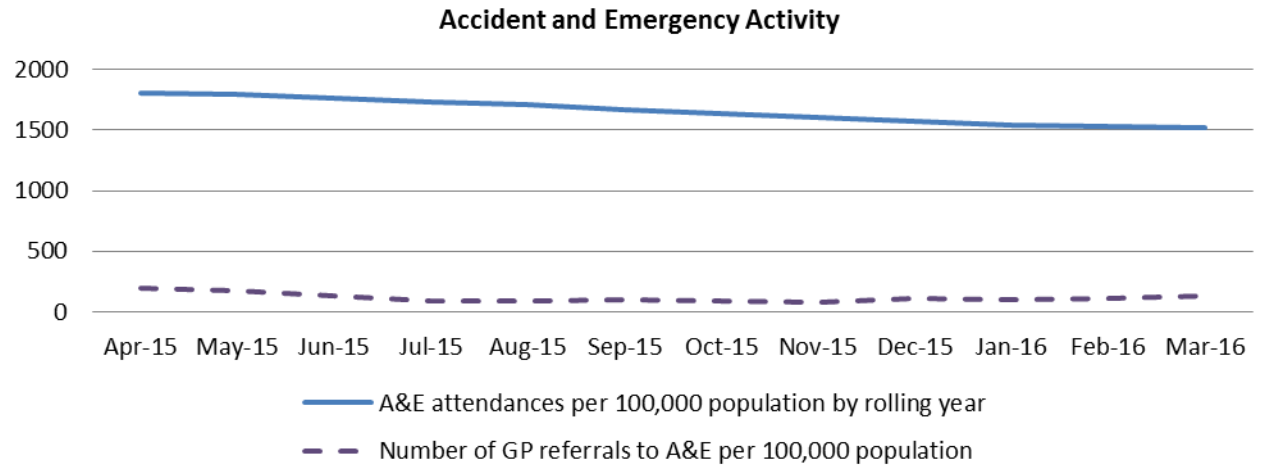
We have increased our out of hours provision to help prevent inappropriate hospital admissions and used anticipatory care plans to provide people with their preferred supports where appropriate. The chart below illustrates Out of Hours District Nursing Service activity during 2015/16. In total there were 5,089 visits and 43% of these were unscheduled, highlighting the responsive nature of the service.



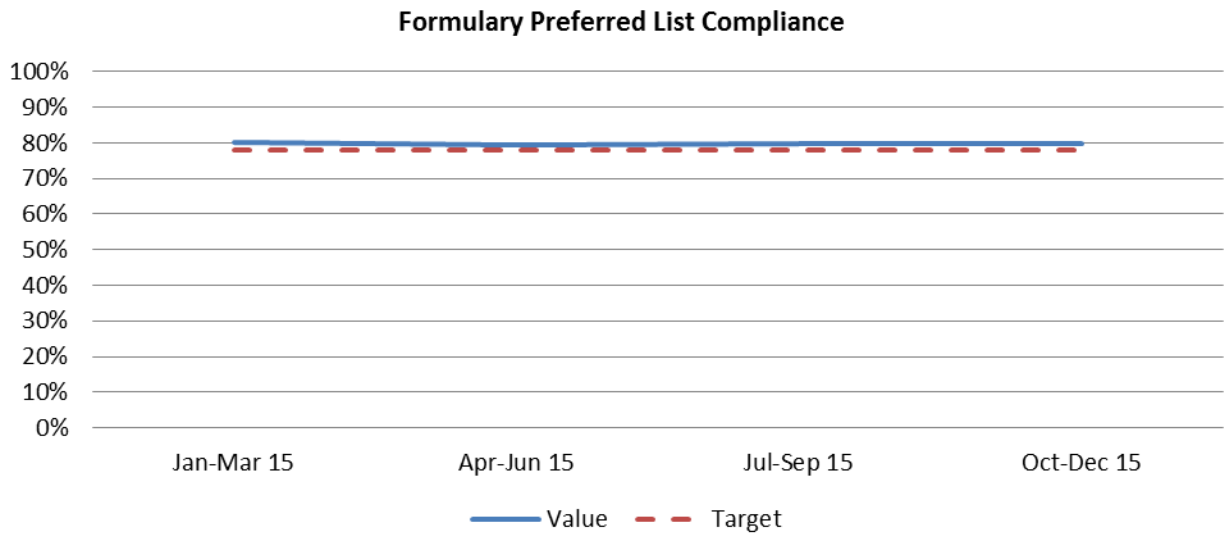
WDHSCP has successfully created an integrated out of hours provision of District Nursing and Care at Home services, so as to be able to more timeously and effectively identify and respond to risk and avoid unnecessary admissions to hospital. This community service links directly to out of hours GP services and all our local authority and private sector care homes.

Of those aged 65 years and over who had been admitted to hospital as an emergency twice or more in the year, 64.2% had been assessed for services and support by WDHSCP. Work is underway to identify the underlying reasons for why 35.8% had not received a formal assessment of their needs - to establish, for example, whether this was due to patients declining assessment; the (in)appropriateness of an assessment given individual circumstances; or a gap in recording.

As illustrated by the chart below, the number of attendances at Accident and Emergency Departments has seen a steady fall during 2015/16, reducing by 16% between April 2015 and March 2016. During the same period referrals by GPs to Accident and Emergency Departments have reduced by 24%.



Delivering a truly integrated community health and care service we have been able to demonstrate success working with all of West Dunbartonshire's GP practices within our two locality areas of Alexandria and Dumbarton; and Clydebank. Within West Dunbartonshire, 85% of people have a positive experience of the care provided by their GP practice; and 93% of adults feel able to look after their health very well or quite well. All of the GP practices participated in the Medicines Management Local Enhanced Service (Repeat Prescribing); and WDHSCP's Prescribing Team continued to work with local GPs to support compliance with the Formulary Preferred List - with 79.8% compliance as at December 2015 (as shown in the chart below).



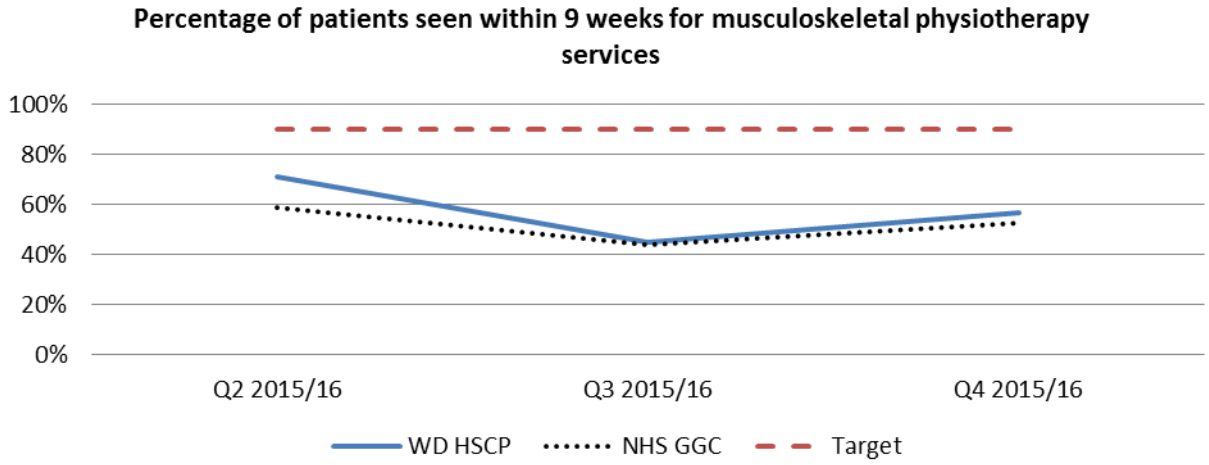
There has been a drive to improve the quality of the prescribing - which is in part demonstrated by the continued excellent formulary compliance. West Dunbartonshire's average improved over last year (as it has for the last 3 years), with most GP practices achieving on or around the target of 78%.

Reflective of our preventative approach to maintaining positive health, we have sought to improve uptake of annual asthma reviews for hard to reach patients in the community, recognising that for those more vulnerable adults who struggle to engage with their GP practice, offering the community pharmacy as a setting can be more effective. The community pharmacy approach to proactive clinical review of people with asthma provides people with flexible access to review, increasing the numbers now attending their crucial annual reviews. A Locally Enhanced Service (LES) was developed that included community pharmacies undertaking asthma reviews for patients who had not attended their GP practice. Crucially, WDHSCP worked in partnership with local GPs and local community pharmacies to identify and support attendance at review - and thus support individuals to better self-manage their conditions. There has been significant success in promoting review through this approach: with 900 "hard to reach" patients receiving a review; and with a significant proportion (33%) of patients with clinically significant care issues re-engaged with traditional primary care services after advice from their Community Pharmacist. This approach has now been adopted by neighbouring partnerships and been extended to community pharmacies across the NHSGGC area.

More broadly, WDHSCP's Prescribing Team has been identified as sector leading in its work with the local Care at Home services to support "medicines prompting" and improved medicines management. Our Pharmacy Lead, Pamela McIntyre, received the prestigious Scottish Health Leadership Award in 2015 for her drive and commitment. The Care at Home Pharmacy Initiative also won the overall Improving Health category at the 2015 NHSGGC Celebrating Success Awards.

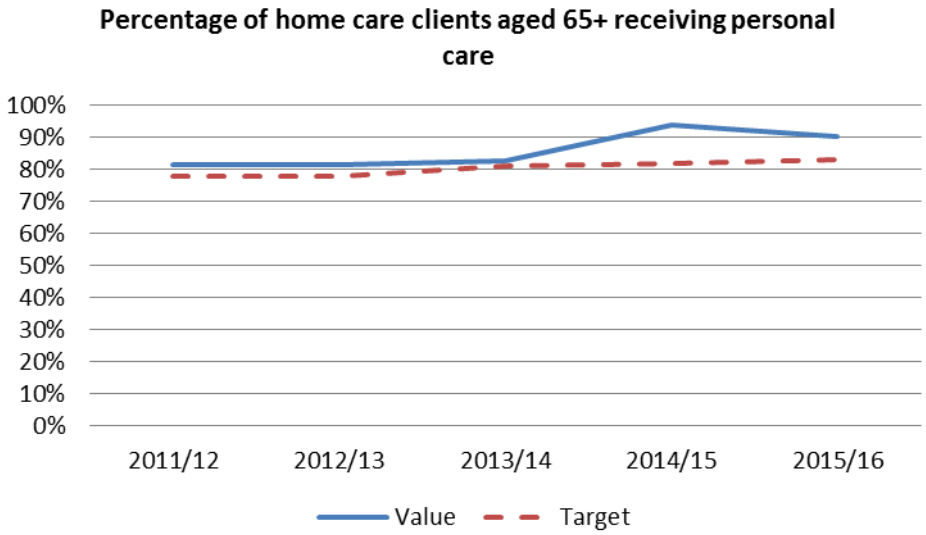
WDHSCP hosts the Musculoskeletal (MSK) Physiotherapy Service for the Greater Glasgow and Clyde area. WDHSCP has led a NHSGGC-wide change process to support the delivery of improved waiting times for MSK Physiotherapy – and this remains challenging given rising demands.

In 2015/16 there were 7,717 referrals to the MSK Physiotherapy services provided within West Dunbartonshire service, with 5225 new patient appointments; and 13,881 return appointments.



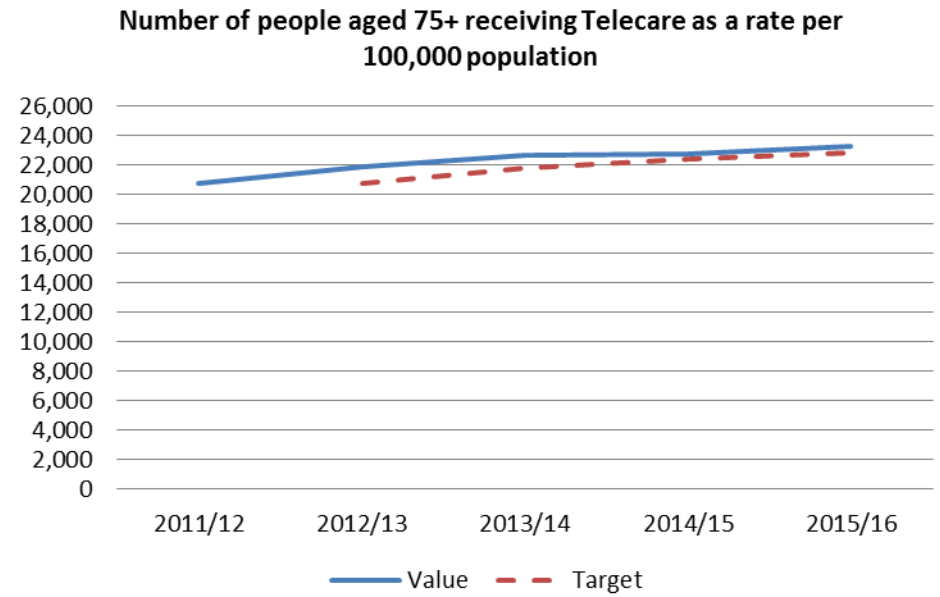
WDHSCP has the third highest level of satisfaction with social care services in Scotland; and our levels of satisfaction have increased year on year, from 67% in 2012/13 to 74% for 2014.15. Conversely, the Scottish national figure has followed the reverse trend decreasing from 57% in 2012/13 to 51% in 2014/15.

WDHSCP provided care at home services to 36.1% of people aged 65 and over with intensive needs, allowing them to live at home within their community. In 2015/16, 97.8% of people aged 65 years and over who had been assessed with complex care needs were supported to live in a homely setting. During 2015/16**,** 8,637 hours of home care (548.7 hours as a rate per 1,000 population) were provided per week to people aged 65 and over; with 90.3% receiving personal care as part of their service.



We are continuing to target services towards those with high level needs, in order to maintain or improve their independence. People with high level needs often require visits where two or more carers provide support; and during 2015/16 WDHSCP provided 8,924 of carer hours to people aged 65 and over (566.9 hours as a rate per 1,000 population). Importantly, 80% of all adults living in a homely setting and receiving ongoing support or care from WDHSCP had their care plans reviewed annually to ensure their needs were being met.

Our provision of Telecare has become an integral part of our care packages to allow people to remain at home and to provide support to carers. The number of people receiving a Telecare service has increased by 8% since 2012 to 2,058.



WDHSCP's Home Care Re-ablement Service has supported better outcomes for clients by maximising clients' long term independence and quality of life; and appropriately minimising structured supports. During 2015/16:

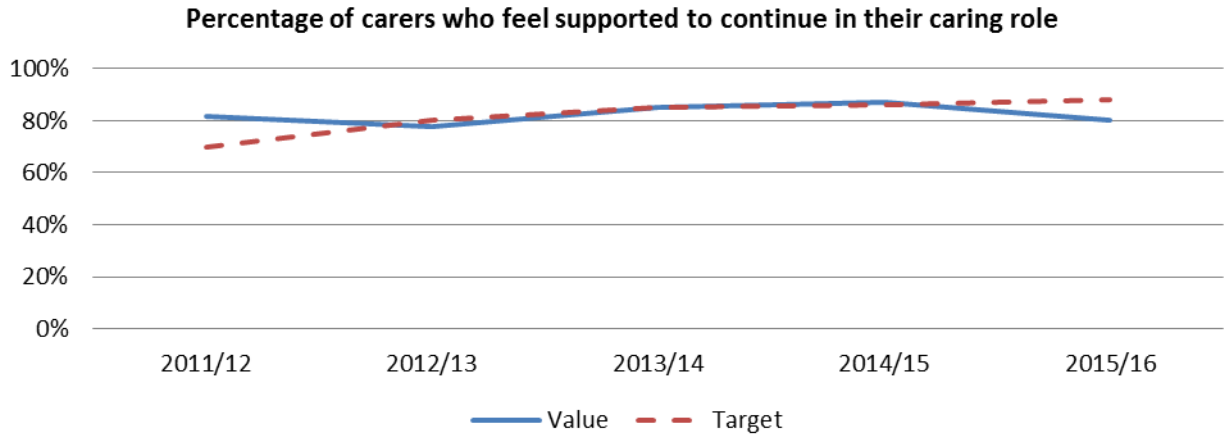
- 61.5% of people who received a reablement package reached their agreed personal outcomes and re-learned the skills necessary for daily living and improved their levels of independence.
- 98% of clients agreed or strongly agreed that the Care at Home service made them feel safer in their home.
- 99% of clients stated that their contact with Home Carers has improved their quality of life.

We recognise and are committed to supporting those who wish to take advantage of the opportunities that Self-Directed Support (SDS) provides. Whilst the numbers of clients that have opted to take a Direct Payment option are small, the expenditure on SDS has increased by 30% since 2013/14 and has also increased as a proportion of overall adult social care spend from 1.39% to 1.77%. Importantly, high satisfaction with social care services may mean that clients are less motivated to actually request SDS direct payments with which they could purchase their own care from external providers.

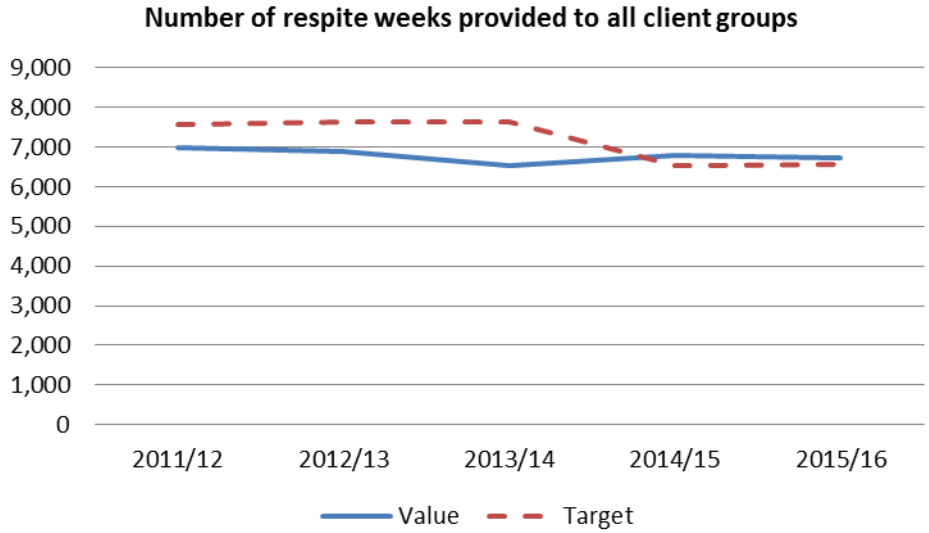
As part of our commitment to communication and public awareness, a dedicated SDS website was created in 2015, and is constantly updated and monitored. An Integrated Resource Framework has been developed to provide an indicative personal budget to meet the individual's eligible needs. This framework will be applied to all four SDS options, ensuring fairness and equality across all individuals eligible for local authority funded support.

Where people live has an enormous impact on their health and wellbeing - and their ability to manage their condition(s); and feel safe and confident within a homely setting. We have been working closely with colleagues within the Care Inspectorate to deliver high quality standards within all of our older people's residential care homes, achieving mainly 4 and 5s within inspections throughout 2015/16. The establishment of a robust integrated Providers Forum in 2015 – developed in partnership with Scottish Care - has supported the delivery of a quality assurance approach across public sector and private sector care homes; with managers from all sectors completing the My Home Life programme together. A range of appropriate housing options is vital to ensure individuals are able to live independently within their community. WDHSCP has worked with the Council's Housing Section (in its role as strategic housing authority) and the wider Housing Sector to co-produce a local Housing Contribution Statement. This sets out the role and contribution of the local housing sector to supporting the health and social care integration agenda. The Housing Contribution Statement acts as the 'bridge' between the Council's Local Housing Strategy and the WDHSCP Strategic Plan.

As with all community based services, the third sector continues to be a key delivery partner across the communities of West Dunbartonshire. The award winning West Dunbartonshire LinkUp Service, developed and delivered with West Dunbartonshire CVS, continues to enable older people to both volunteer and access a range of community health, social work and third sector services through a single point of access. WDHSCP works in partnership with Carers of West Dunbartonshire to identify carers and focus resources to ensure carers feel like equal partners in the planning and delivery of care and support. In 2015/16 the number of carers of people aged over 65 years known to WDHSCP increased from 1,348 to 1366 at December 2015. As shown below, 80.2% of all carers felt supported in 2015/16 against a deliberately challenging, locally set target of 88%.

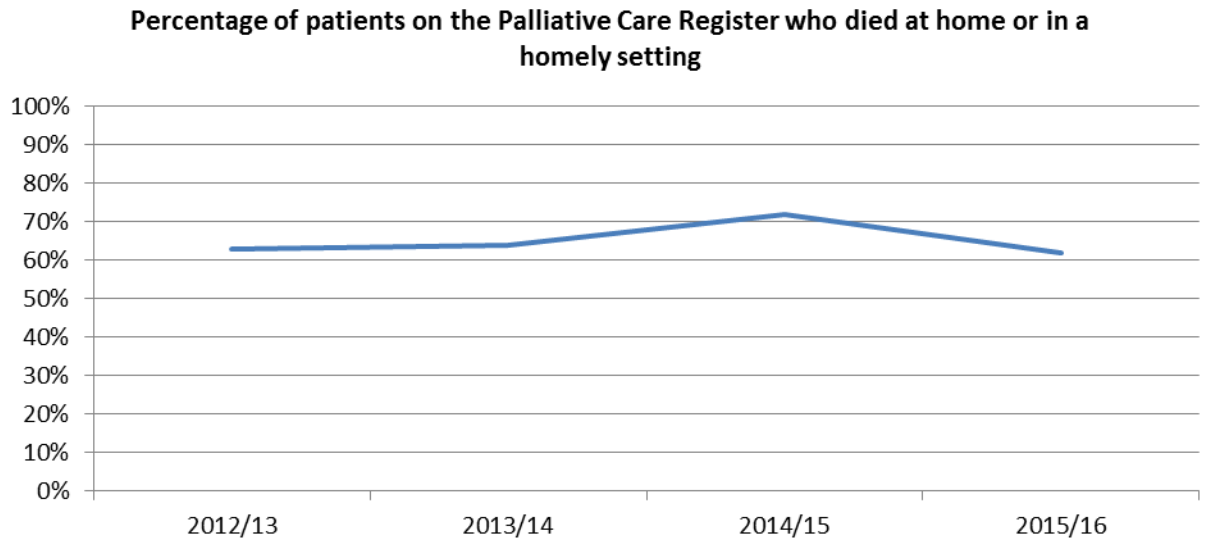


WDHSCP created a Respite Booking Bureau to provide choice and to help co-ordinate respite for carers to find suitable and appropriate respite provision. In addition, the successful delivery of the Out of the Blue Project continues to provide replacement care opportunities for carers. Between April and December 2015, 196 replacement care hours were provided through the services of Carers of West Dunbartonshire on behalf of WDHSCP.



We have also prioritised the identification and engagement of Black and Minority Ethnic carers and hard to reach groups: through our partnership with Carers of West Dunbartonshire there has been increased engagement with local Black and Minority Ethnic groups.

WDHSCP's integrated palliative care services have been able to care for the increasing number of people with complex long term conditions and those at the end of their life, giving individual's extra choice to be supported in the place most appropriate to them when it comes to the end of their life. During 2015/16, 35% of cancer deaths and 42% of non-cancer deaths occurred in hospital; and 62% of people on the Palliative Care Register were supported to die 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 then shared with relevant NHSGGC Acute services and the Scottish Ambulance Service to ensure a joined up approach within and outwith the WDHSCP.



This integrated end-of-life service was recognised at both the Scottish Health Awards 2015 and the Herald Society Awards 2015; and received a special award for Integration at the NHS Scotland National awards 2015. In awarding the latter, the judges commented that:

"This initiative demonstrates everything that (health and social care) integration is about – person centred, compassionate care for people. It brings together all sectors and agencies, and through training ensures that staff can confidently provide the best quality of care to people at the end of their lives."

Case Study: Palliative Care

"My mother had, for a considerable time, the benefit of support from the Community Care team and the Community Alert team. My mother's very strong wish to remain in her own house was only achieved due to the magnificent service and support my mother received. Your carers are cheery, efficient, and respectful and certainly know the meaning of 'care'. What a wonderful team. My mother viewed them as friends.

My mother died in her own home as she wished at the age of 93 years. The co-ordination between your care team and the district nurses during my mother's last days was excellent. All too often we take for granted the services provided. I wish, as do my brothers and wider family, to express my grateful appreciation, praise and thanks to your carers for the assistance given to my late mother. The council should be justifiably proud of this service. Please convey our profound thanks to all concerned".

Extract from a letter sent to WDHSCP

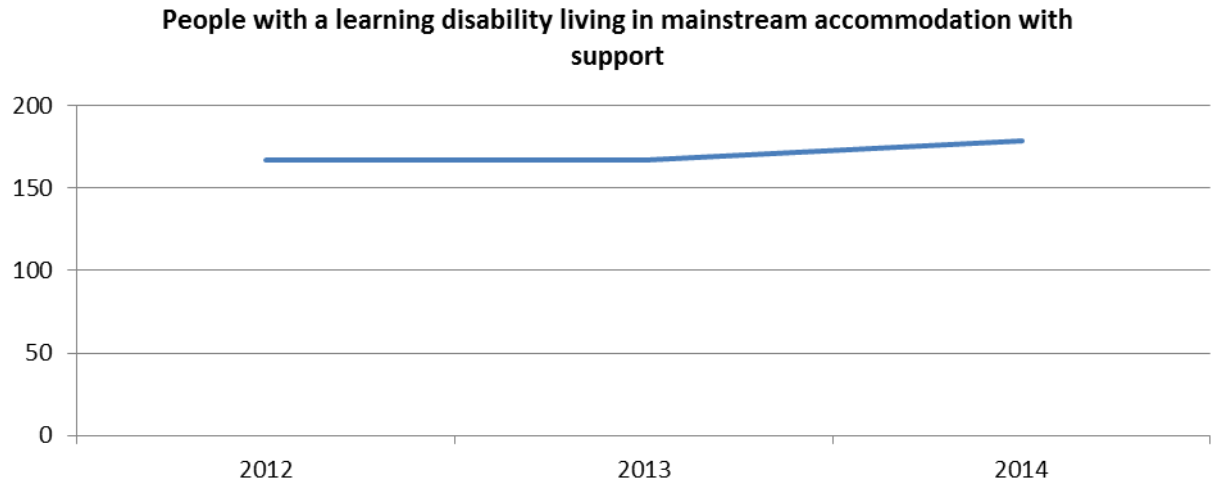
4. SUPPORTING SAFE, STRONG AND INVOLVED COMMUNITIES

The key strategic aims for the Health & Social Care Partnership Board with respect to this priority are:

- The creation of opportunities for people with learning disabilities to be supported to live independently in the community wherever possible.
- To deliver effective care and treatment for people with a mental illness, their carers and families.
- Through efficient and effective partnership working with key stakeholders, to reduce the harmful effects of alcohol and drugs and promote recovery in local communities.

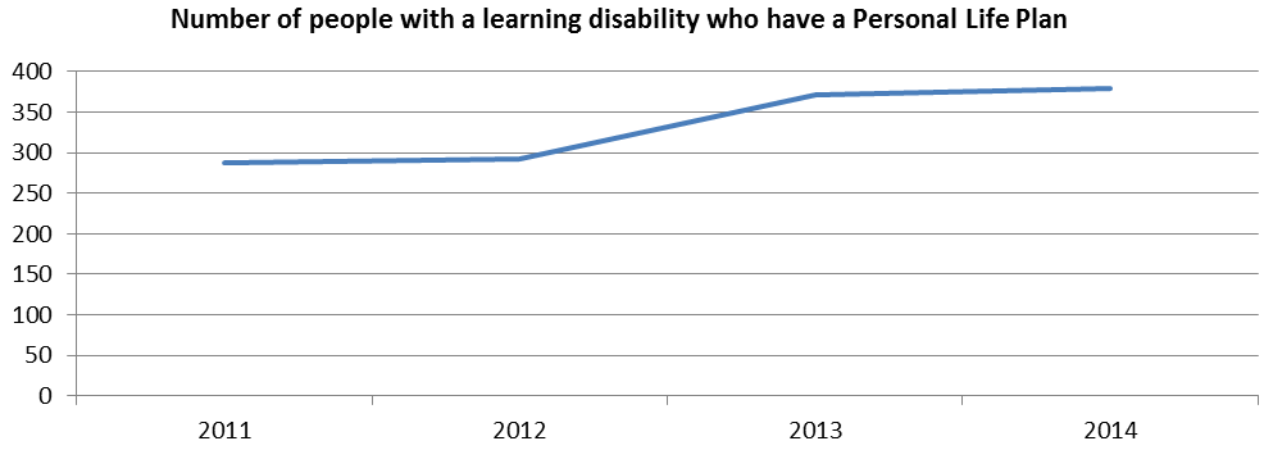
WDHSCP's commitment to continuously improving the quality of life for people with learning disabilities reflects the national Keys to Life Strategy. Our integrated approach to service delivery across community health and care - as well as third sector providers - supports the delivery of effective and targeted specialist services.

As shown below, the most recent data show that the number of people with a learning disability living in mainstream accommodation with support has increased by 12% between 2012 and 2014.



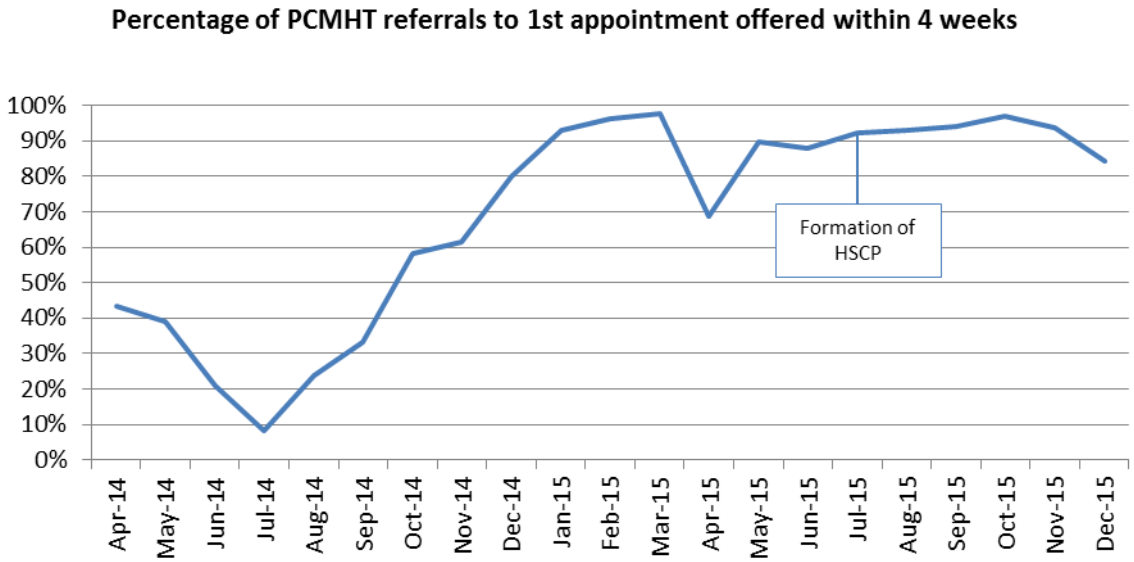
Baxter View is a purpose built home for ten people with learning disability that takes into account a range of requirements, e.g. style and decoration linked to visual impairment; and delivering on the RNIB's environmental assessment with reference to access and mobility supports throughout the property. It is operated by the charity Cornerstone as a Centre of Excellence – with the team there sharing learning and best practice with other care providers. This facility has enabled clients to be closer to their families; be better supported to be part of their local community; and build up formal and informal networks of support.

As illustrated below, WDHSCP Learning Disability services have increased the number of clients with personal life plans (an increase of 32% between 2011 and 2014), and continue to support as many such clients to live as independently as possible.

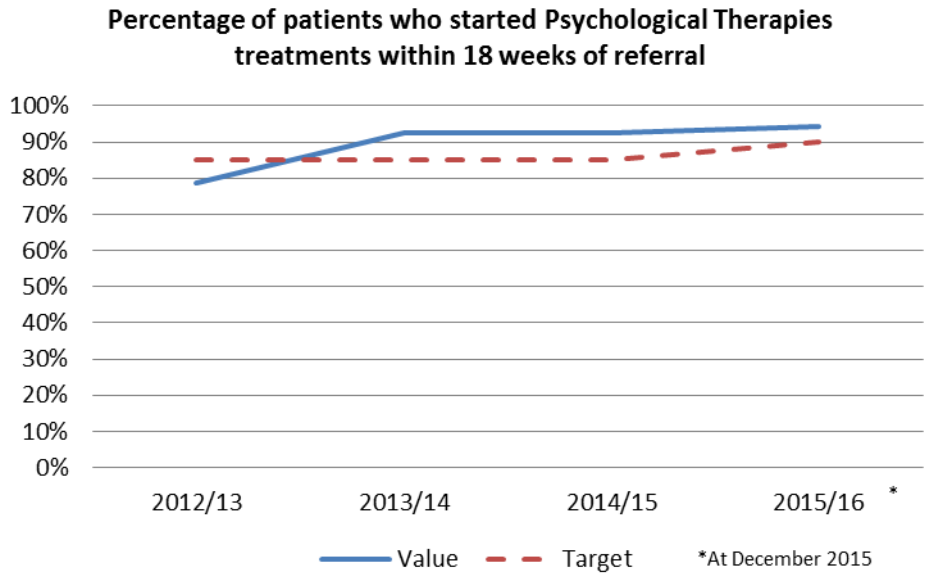


People with a learning disability and their carers have throughout 2015 consistently provided feedback of high levels of satisfaction with our integrated learning disability service delivery; and this is further reinforced in the positive Care Inspectorate gradings achieved.

WDHSCP Mental Health Services have made a positive impact on outcomes and waiting times for individuals. The graph below demonstrates that we have been able to offer the majority of first appointments to our Primary Care Mental Health Team (PCMHT) within four weeks; and have been able to maintain this trend over a number of months.



Almost 500 people within West Dunbartonshire were referred for psychological therapies in 2015/16. As depicted in the chart below, WDHSCP has exceeded the national target for waiting times for treatment since 2013/14.

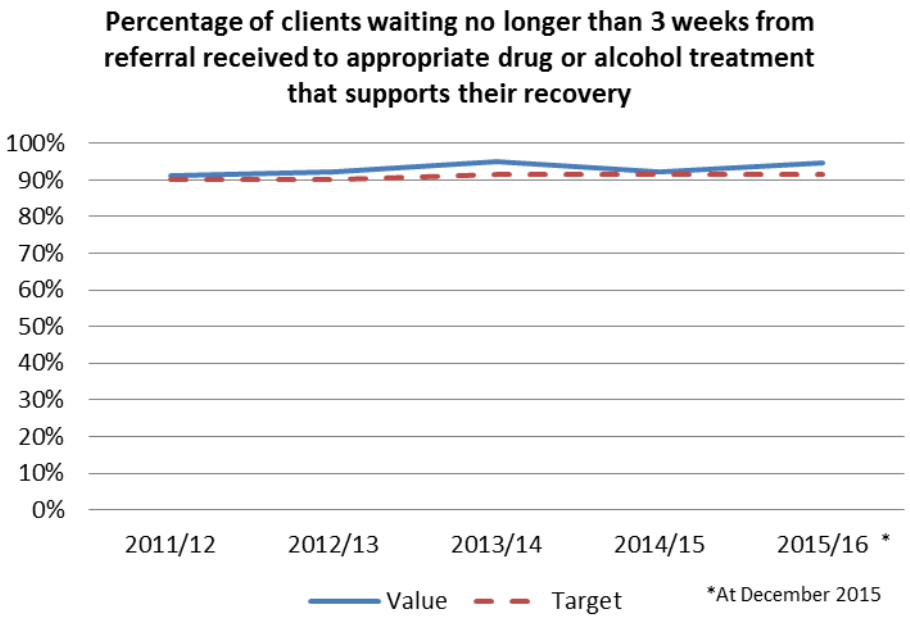


Enhanced access to Psychological Therapy programmes across WDHSCP Mental Health community based services has led to clinically significant improved symptoms for local patients. By implementing a strategic approach to integrating resources across teams and supporting staff skills development through peer mentoring, service users with anxiety, stress and depression have been supported to improve their mental health. An annual integrated groupwork programme was developed and implemented, with programmes provided including Cognitive Behavioural Therapy in Action; Mindfulness; Emotional Skills; and STEPPS (Systems Training for Emotional Predictability and Problem Solving). Service user access to evidence based interventions has tripled, with 180 people receiving groupwork between July 2015 and February 2016.

The Road to Recovery Drugs Strategy, Changing Scotland's Relationship with Alcohol: A Framework for Action on Alcohol the National Delivery Framework for Alcohol and Drug Delivery and the Quality Alcohol Treatment and Support (QATS) report continue to provide the national framework for delivering alcohol and drug prevention, treatment and support in Scotland. The recently refreshed Getting Our Priorities Right (GOPR) guidance (updated within the context of the national Getting It Right for Every Child (GIRFEC)) provides an updated good practice framework for all child and adult service practitioners working with vulnerable children and families affected by problematic parental alcohol and/or drug use. WDHSCP leads on the Community Planning Partnership's Alcohol and Drug Partnership (ADP) which is responsible for developing and leading local strategies to deliver improved outcomes for people affected by issues of alcohol and drug abuse. As required by Scottish Government, WDHSCP led an ADP self-assessment of its local performance, reviewing 75 separate areas of activity. That detailed and lengthy assessment – which has been presented to the West Dunbartonshire Community Planning Partnership Management Group and then submitted to the Scottish Government - indicated that there were no areas of activity where no action had commenced. It identified 15 areas where work had commenced and was ongoing – noting that many of these were areas where continuous improvement activity would be expected. Within that self-evaluation, a key area for ongoing development was to promote greater consistency in monitoring and reporting across programmes and partners. A total of 60 (80%) areas were deemed to be above standard – noting that they will be subject to continual review and self-evaluation.

WDHSCP Addiction Services support people to regain and sustain a stable lifestyle; access education, training and employment services enabling individuals to participate in meaningful activities as members of their community; improve family and other relationships; access counselling services; and provide parental support for families and children. The national Quality Principles: Standard Expectations of Care and Support in Drug & Alcohol Services underpin the development of WDHSCP Addiction Services .

The chart below shows that WDHSCP has consistently reached the target for waiting times to appropriate drug or alcohol treatment.



Shared care for substance misuse refers to the joint participation of specialists and GPs (and other agencies as appropriate) in the planned delivery of care for patients with a drug misuse problem. Almost all GP practices within the area provide some form of Shared Care Clinic which is aimed at more stable patients, without significant psychiatric/social co-morbidities. This arrangement is seen as part of the recovery process, with each clinic receiving support from either an Addiction Worker or an Addiction Nurse. At our Future of Addiction Services (FAST) recovery café we support service users who would like to move on in their recovery to training, education or mutual aid. Our service user involvement group enables service users to voice their opinions on services; and to volunteer at our café, which runs on a six weekly programme.

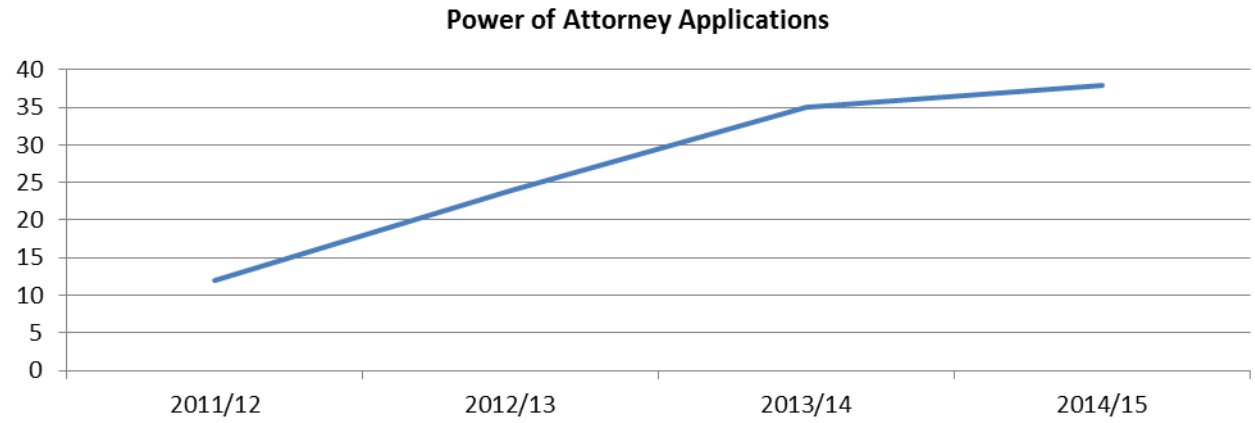
The national Sexual Health & Blood Borne Virus Framework 2015-2020 sets out an ambition that Scotland should aim to deliver Hepatitis C therapy for most infected people in community settings. WDHSCP's Blood Borne Virus (BBV) service is the only community outreach service of its type within the NHSGGC area actively treating chronic Hepatitis C positive patients outwith the hospital setting. During 2015-16, it was providing six weekly nurse-led clinics across West Dunbartonshire, with an attendance rate of over 70%; and offered 700 return patient appointments. Over 100 previously hard to reach/non-attending patients have been supported to complete treatment, leading to healthier outcomes.

WDHSCP and our partners understand that people living with dementia and their carers are experts in experiencing dementia and are often the best people to talk about it. Dementia Friendly West Dunbartonshire (DFWD) is a community-led and multi-agency (statutory, independent and third sector) initiative that has improved dementia awareness and support to people living with dementia in local communities. With the anticipated increase in numbers living with dementia in the community, this sustainable approach to supporting people in their homes, neighbourhoods and social networks is crucial. DFWD is increasing community knowledge, identifying signs, challenging stigma and enhancing communication. DFWD aims to Engage, Educate, Enthuse and Enable the community – so as to:

- Build dementia awareness in the community.
- Develop Dementia Friendly shopping areas involving local retailers.
- Establish a Dementia Awareness trainers network throughout statutory, private and third sector partners.
- Support individuals/organisations to pledge enhancements, improving the quality of life for those living in the area.
- Promote community support to people living with dementia for everyday activities (e.g. hobbies, shopping and banking).

Evaluation through the ISM model (individual, societal, material) saw 143 pledges by stakeholders, identifying three key outcome areas: greater understanding; increased personal confidence of dealing with dementia; and a thirst for knowledge.

As part of our promotion of effective communication and approach to self-management and early intervention to support people within our communities, we delivered two successful public awareness campaigns to raise awareness of the benefits of Power of Attorney. The chart below illustrates the 217% increase in Power of Attorney applications between 2011/12 and 2014/15.



Case Study: Dementia Care

Stewart and his partner knew that something was not quite right, but when he was diagnosed with dementia it was a bolt from the blue.*

"We cannot praise West Dunbartonshire enough - we are so lucky, there is nothing they won't do to help. They try to think about what people with dementia need in their life, not just about being sick. They want the community to understand about dementia, and to support those of us with it."

The couple are supported by WDHSCP Community Mental Health Team and the Carers' Centre.

"Our Dementia Link Worker also helped us to make amazing contacts and supports in the community that we still use today".

They receive practical help, e.g. getting their grass cut; adaptations to the house; care and repair; and welfare rights support. Their Dementia Link Worker has helped them access support from other services, including Alzheimer Scotland and the "invaluable" support from the Vision Support Service of the Royal National Institute for Blind People (RNIB).

The couple feel strongly that "it's the simple little things that make the difference, making things easier and giving me the confidence to go out of the house and to maintain my independence. We are determined that we keep as independent as possible."

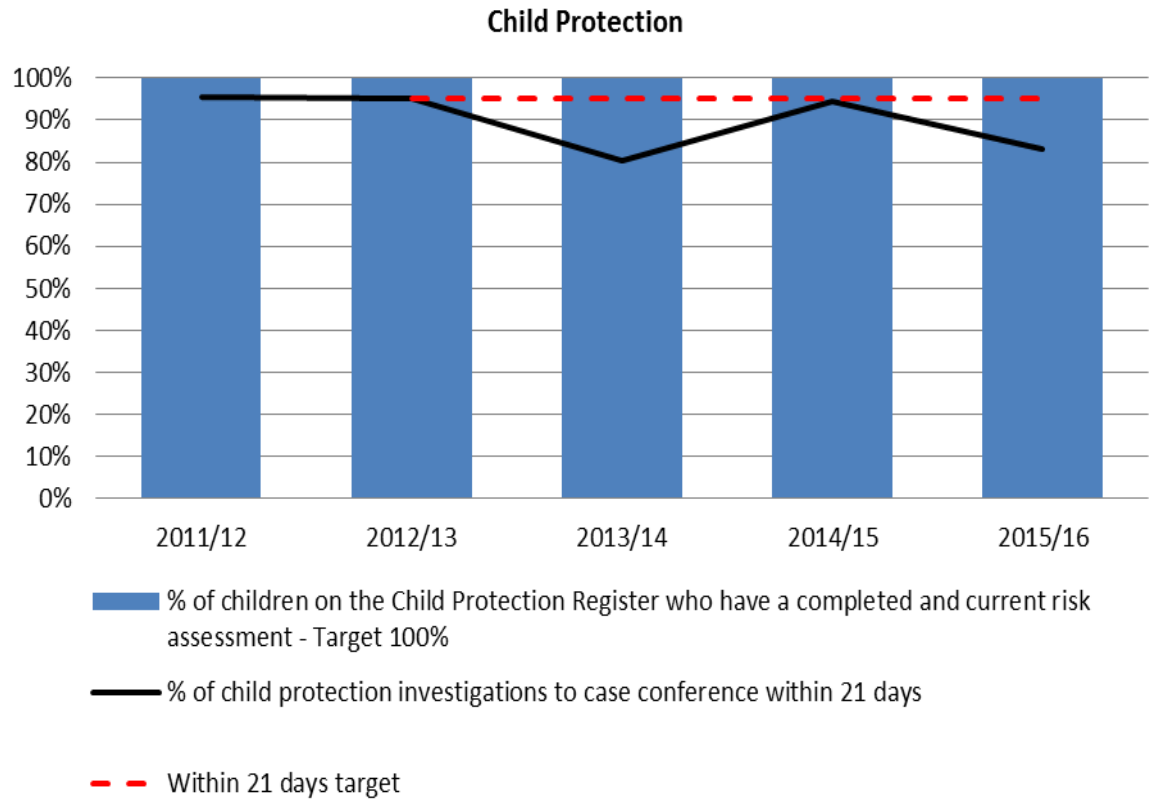
*(*not real name)*

5. PUBLIC PROTECTION

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

WDHSCP has a significant role within the Public Protection Chief Officers Group (PPCOG), with both the Chief Officer and Chief Social Work Officer providing the necessary leadership, scrutiny and accountability for public protection matters affecting West Dunbartonshire. This includes the management of high risk offenders; and in assuring that each of the services in place for child and adult protection are performing well and keeping the citizens of West Dunbartonshire safe.

As at the 31st of March 2016 there were 28 children on the Child Protection Register (CPR) in West Dunbartonshire, compared with 34 children the year before. This represents a reduction of 17% from 2014/5. As the chart below illustrates, all children on the CPR have a completed and current risk assessment. Performance against the target for case conferences being held within 21 days has fluctuated, although the length of delay beyond the timescale was no more than seven days from October 2015.



The local WDHSCP-led and multi-agency Child Protection Committee (CPC) monitors the numbers of children on the CPR and the variance over the course of the year. It regularly reviews the prevalence and variation in order to ensure that practice is robust; and to then inform the PPCOG of the likely reasons for the variance.

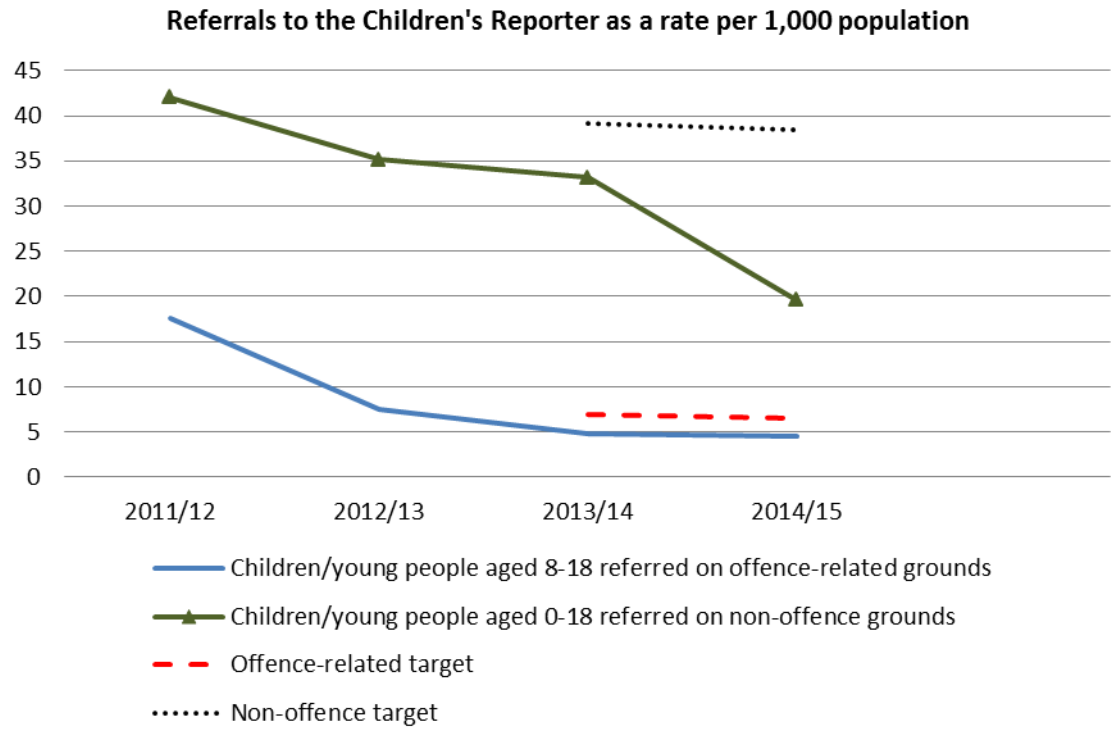
A workshop was held in February 2016 with Clydebank Locality Group which looked at child wellbeing and child protection. It included examining levels of vulnerability as associated with the Scottish Index of Multiple Deprivation (SIMD); and the prevalence of domestic abuse and child protection referrals across all practices. In addition there was an analysis of the contributing factors that led to children in West Dunbartonshire being placed on the Child Protection Register (CPR). The overwhelming contributory factor was 'neglect'. It is welcomed therefore that 'neglect' features as one of the main work streams within the recent announcement of the national Child Protection Improvement Framework.

The WDHSCP worked with the Oakview GP practice - based in the Vale Centre for Health and Care – to extend their multi-agency vulnerable children's management and overview process to include school aged children; and a representative from Council Educational Services. This is currently being evaluated alongside an information sharing pilot connecting the new EMIS child health record with the GP-held EMIS record. This development work continues to be supported by the existing multi-agency screening and support for vulnerable families.

WDHSCP has successfully delivered an Early and Effective Intervention procedure (linked to a Whole Systems Approach) to provide robust alternatives to young people who offend becoming involved in statutory and criminal justice processes. Our data shows that in 2015 there was an 11% increase in the number of under 18 year olds who had committed an offence who were subsequently referred to Early and Effective Interventions, with 207 in total dealt with through this process. Therefore, we can demonstrate that young people accessed supports faster – who, by avoiding entry to youth and criminal justice processes, are less likely to repeat offend. Our data shows a success rate of 76% (out of 37 Procurator Fiscal Diversion referrals received by the HSCP) where young people were provided with community support and therefore avoided prosecution.

An Early and Effective Intervention approach to domestic abuse has also been introduced, which involves WDHSCP, Police Scotland and our statutory and third sector partners working together in response to incidents of domestic abuse where children and young people are affected, providing streamlined and timely support to those involved.

This multi-agency focus on early intervention to tackle domestic abuse and violence against women, along with our Whole Systems Approach to tackling youth offending, has contributed to a significant fall in referrals to the Scottish Children's Reporter on both offence and non-offence grounds (as shown in the chart below). In 2011/12, 942 children in total were referred - and this has fallen by 58% to 392 in 2014/15. The number of children referred on offence grounds over the same period has reduced by 75% from 196 to 49.



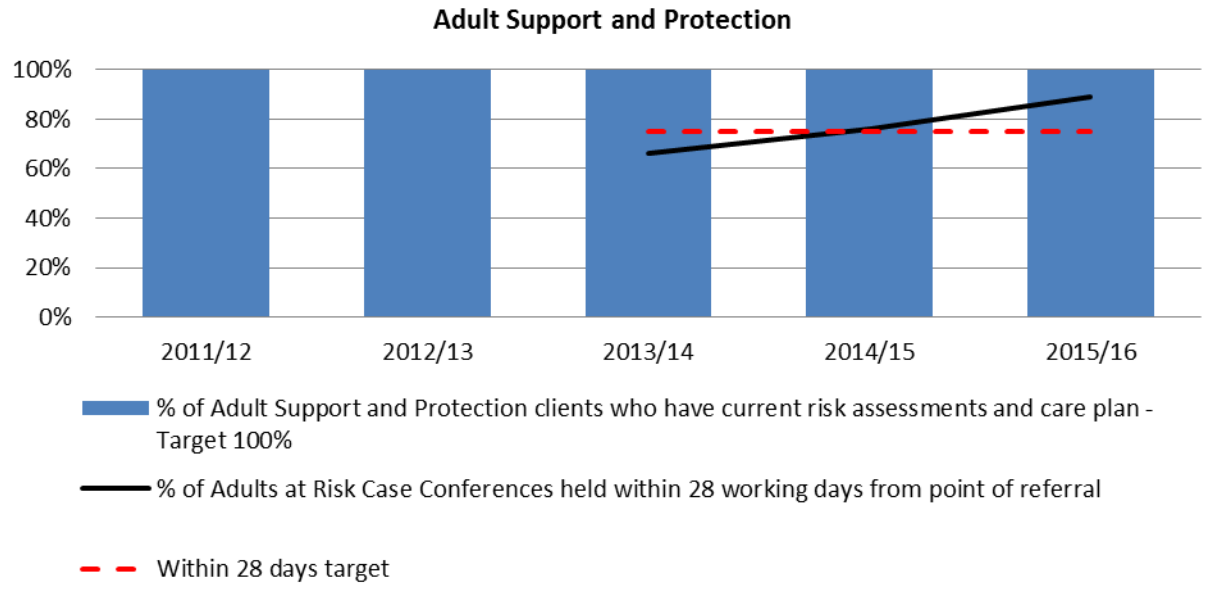
Another area of particular importance - both nationally and locally - is the management of Child Sexual Exploitation (CSE). A recent national awareness-raising campaign has highlighted the concerns and the risks posed to children and young people. In West Dunbartonshire a multi-agency CSE Strategy Group has been established. Initially its main focus has been on providing training for staff and sustaining this training through the development of local trainers. Importantly, work has been undertaken to engage with young people directly to involve them in the development of local approaches.

Within our communities there are adults who are at more risk of harm than others - because of illness, disability or some other factor. Adult support and protection arrangements apply on the basis of what has come to be known as the 3-point test, i.e. the person is an adult (aged 16 or over) and:

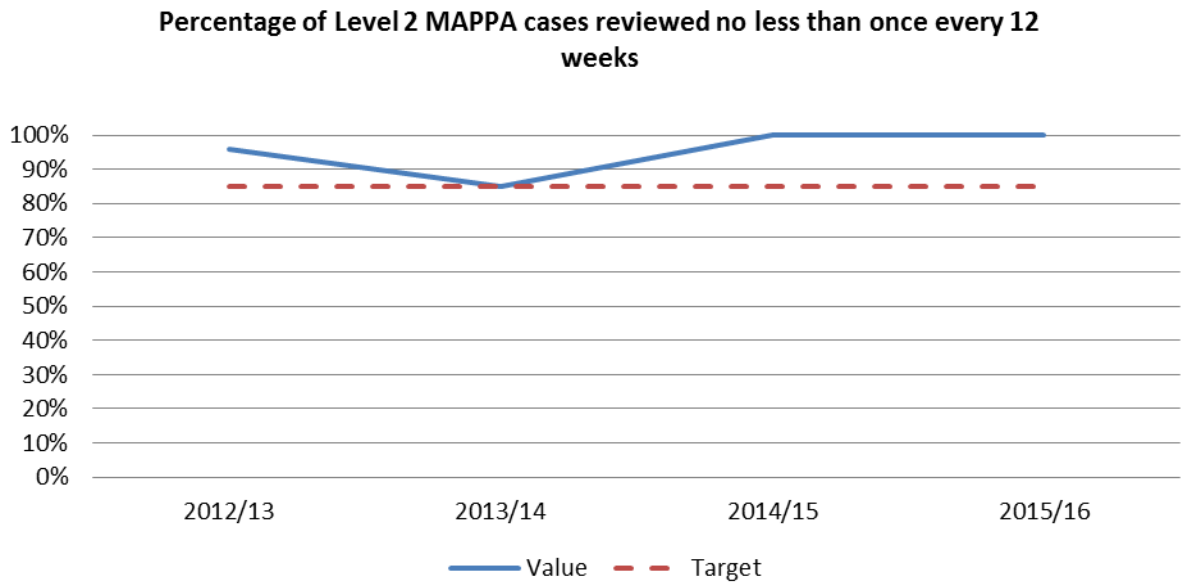
1) unable to safeguard their own well-being, property, rights or other interests, and
2) is at risk of harm, and
3) because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

The Adult Protection Committee (APC) continues to meet on a quarterly basis and attendees include a representative from WDHSCP, Police Scotland, Council Trading Standards, the Care Inspectorate, the Office of Public Guardian, the Mental Welfare Commission, Scottish Care and advocacy services. We have also recently extended membership to include the Scottish Fire and Rescue Service.

As can be seen in the chart below, all Adult Support and Protection clients have a current risk assessment and care plan; and we have significantly improved on meeting timescales for case conferences - from 66% in 2013/14 to 89% in 2015/16.

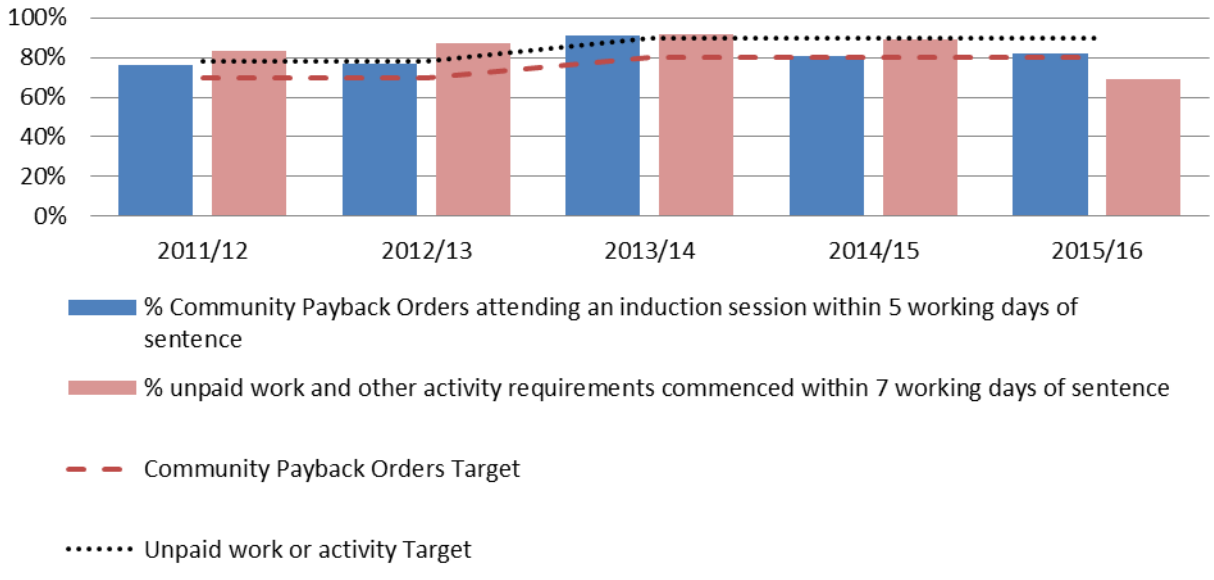


Multi Agency Public Protection Arrangements (MAPPA) bring together Police Scotland, local authorities, the Scottish Prison Service and territorial NHS health boards (as the Responsible Authorities) to jointly establish arrangements to assess and manage the risk posed by sex offenders and mentally disordered restricted patients. A joint thematic review of MAPPA in West Dunbartonshire 2015/16 found MAPPA to be well established and working effectively on a day-to-day basis to protect communities from harm through shared responsibility and good information exchange. As evidenced by the chart below, WDHSCP has consistently achieved the target of 85% of Level 2 MAPPA cases being reviewed at least once every 12 weeks.



With effect from April 2016 Multi Agency Public Protection Arrangements (MAPPA) will apply to offenders subject to statutory supervision in the community who are assessed by Criminal Justice Social Workers as meeting certain Risk of Serious Harm (RoSH) criteria. The critical issue will be to determine through a RoSH assessment, the factors which indicate imminence of further offending and hence of serious harm. This is a new category of high risk offender and will be in addition to the management of Registered Sex Offenders in the community.

The WDHSCP Criminal Justice Social Work team has experienced a significant increase in demand across a range of statutory activities, including Community Payback Orders over the course of 2015/16. The graph below shows sustained performance against target within the context of increasing demand.



As of April 2016, the Community Justice (Scotland) Act 2016 has transferred the responsibility for the local strategic planning and delivery of community justice will transfer from Community Justice Authorities to Community Planning Partnerships. Community Planning Partnerships assumed responsibility under the new model from 1st April 2016; with full responsibility being conferred from 1st April 2017 following the disestablishment of Community Justice Authorities on 31st March 2017. The new arrangements rely on Community Planning Partnerships being the vehicle to bring partner organisations together to plan and deliver community justice outcomes. Within this context, Criminal Justice Social Work remains accountable to and subject to the governance arrangements within the Health & Social Care Partnership Board; and WDHSCP will continue to play a pro-active role with partners in ensuring robust arrangements are in place across agencies.

Case Study: Child Protection

Peter is a 5 year old boy who lives with his mum in West Dunbartonshire. A risk to Peter was first identified after mum presented at her GP with domestic abuse related injuries that led the GP to contact WDHSCP for support. Peter had been doing well in school, but a Child Protection investigation and ongoing assessment identified issues of physical and emotional risk related to his mother's mental health issues; the risk of violence to him and others in the home; and a history of moves in times of crisis. Intensive multi-agency and multi-disciplinary work – including WDHSCP, Police Scotland, Peter's school and the family's GP - has now reduced both the physical and emotional risk for Peter. This been based on a shared commitment and agreed goals to keeping Peter safe; to supporting his mother to ensure he is not at risk; and to supporting his mother to build on their strong attachment so as to enable her to safely and positively parent her son. The latter has included engaging Peter's wider family who have become crucial to keeping him safe. Peter continues to be strictly monitored on the Child Protection register by WDHSCP whilst being supported to live at home by the wider team.*

*(*not real name)*

6. BEST VALUE

Health & Social Care Partnership Board has made arrangements for the proper administration of its financial affairs and appointed an officer with the responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is Chief Financial Officer.

WDHSCP has achieved the required level of in-year savings and deliver a balanced position against budget for 2015/16 as per the table overleaf. WDHSCP is reporting a planned underspend £492,000 from the 1 July 2015 to the 31 March 2016 that is being managed in line with the approved Reserves Policy. It should be noted that at the time of writing this Annual Performance Report the year-end position is subject to final audit approval. The Health & Social Care Partnership Board Annual Accounts are being prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014) and so far as is compatible with legislation, in accordance with proper accounting practices (Section 12 of the Local Government in Scotland Act 2003). The Health & Social Care Partnership Board Audit Committee will be presented with the both unaudited (June) and audited accounts (September) for approval.

In line with best value duties the Health & Social Care Partnership Board's financial arrangements have secured continuous improvement in performance, while maintaining an appropriate balance between quality and cost. In achieving a balanced budget in financial year 2015/16, WDHSCP has managed its affairs to secure economic, efficient and effective use of resources; equal opportunities requirements; and contributed to the achievement of sustainable development.

Nonetheless, the health and social care budget remains under pressure, mainly due to the increased level of demands for and expectations on services within an increasingly challenging financial environment.

West Dunbartonshire Health & Social Care Partnership
Financial Year 2015/16 period covering 1 April to 31 March 2016

Health Care Expenditure	Annual Budget £000's	Actual £000's	Variance £000's	Variance %	Apr - Jun Variance £000's	July - Mar Variance £000's
Addictions	1,980.1	1,924.3	55.8	2.8%	26.2	29.6
Mental Health - Adult Community	4,641.7	4,520.1	121.6	2.6%	27.8	93.8
Mental Health - Elderly Inpatients	3,314.8	3,314.7	0.1	0.0%	4.3	(4.2)
Community Learning Disabilities	425.2	413.9	11.3	2.7%	34.0	(22.7)
Adult Community Services	11,300.6	11,191.3	109.3	1.0%	1.9	107.4
Children Services - community	2,684.8	2,588.0	96.8	3.6%	-11.9	108.7
Children Services - specialist	1,898.7	1,874.4	24.3	1.3%	-5.3	29.6
Planning & Health Improvements	1,125.0	910.9	214.1	19.0%	6.4	207.7
Family Health Services (FHS)	23,848.7	23,848.7	0.0	0.0%	0	0.0
GP Prescribing	18,541.2	18,541.2	0.0	0.0%	0	0.0
Other Services	3,679.2	4,406.9	(727.7)	-19.8%	-85	(642.7)
Resource Transfer	7,774.8	7,774.8	0.0	0.0%	0	0.0
Hosted Services	878.6	780.3	98.3	11.2%	5.5	92.8
Integrated Care Fund	1,584.3	1,584.3	0.0	0.0%	0	0.0
Expenditure	£83,677.7	£83,673.8	3.9	0.0%	3.9	0.0
Income	(5,364.3)	(5,364.3)	0.0	0.0%	0.0	0.0
Net Expenditure	**£78,313.4**	**£78,309.5**	**£3.9**	**£0.0**	**£3.9**	**0.0**

Social Care Expenditure	Annual Budget £000's	YTD Budget £000's	Variance £000's	% Variance %	Apr - Jun Variance £000's	July - Mar Variance £000's
Strategy Planning and Health Improvement	1,231.0	1,139.0	92.0	7.5%	37	55.4
Residential Accommodation for Young People	3,439.0	3,463.0	(24.0)	-0.7%	(16.6)	(7.4)
Children's Community Placements	2,856.0	3,229.0	(373.0)	-13.1%	(76.0)	(297.0)
Children's Residential Schools	846.0	1,038.0	(192.0)	-22.7%	(42.0)	(150.0)
Childcare Operations	3,854.0	3,880.0	(26.0)	-0.7%	(0.1)	(25.9)
Other Services - Young People	4,124.0	3,976.0	148.0	3.6%	(7.4)	155.4
Residential Accommodation for Older People	7,882.0	8,174.0	(292.0)	-3.7%	(138.9)	(153.1)
External Residential Accommodation for Elderly	11,030.0	11,055.0	(25.0)	-0.2%	137	(162.4)
Sheltered Housing	1,896.0	1,882.0	14.0	0.7%	15	(0.7)
Day Centres Older People	1,145.0	1,220.0	(75.0)	-6.6%	(30.5)	(44.5)
Meals on Wheels	81.0	74.0	7.0	8.6%	(0.0)	7.0
Community Alarms	330.0	347.0	(17.0)	-5.2%	(4.0)	(13.0)
Community Health Operations	2,927.0	2,978.0	(51.0)	-1.7%	(13.0)	(38.0)
Residential - Learning Disability	13,479.0	13,321.0	158.0	1.2%	51	106.8
Physical Disability	2,401.0	2,520.0	(119.0)	-5.0%	(7.0)	(112.0)
Day Centres - Learning Disabilty	1,629.0	1,607.0	22.0	1.4%	13	8.9
Criminal Justice	24.0	47.0	(23.0)	-95.8%	0	(23.0)
Mental Health	3,344.0	3,391.0	(47.0)	-1.4%	58	(105.0)
Homecare	12,793.0	13,400.0	(607.0)	-4.7%	(163.7)	(443.3)
Addictions Services	1,831.0	1,822.0	9.0	0.5%	36	(26.7)
HSCP - Corporate	1,864.0	1,308.0	556.0	29.8%	17	539.0
Net Expenditure	**£79,006.0**	**£79,871.0**	**(865.0)**	**-1.1%**	(135.6)	(729.4)
Income	(18,568.0)	(19,656.0)	1,088.0	0.0%	(132.7)	1,220.7
Net Expenditure	**£60,438.0**	**£60,215.0**	**£223.0**	**0.4%**	**£(268.2)**	**£491.2**

Consolidated Expenditure	Annual Budget £000's	Actual £000's	Variance £000's	Variance %	Apr - Jun Variance £000's	July - Mar Variance £000's
Older People Residential, Health and Community Care	36,591.6	36,921.3	(329.7)	-0.9%	(32.4)	(297.3)
Homecare	12,793.0	13,400.0	(607.0)	-4.7%	(163.7)	(443.3)
Physical Disability	2,401.0	2,520.0	(119.0)	-5.0%	(7.0)	(112.0)
Children's Residential Care and Community Services (incl specialist)	19,702.5	20,048.4	(345.9)	-1.8%	(159.3)	(186.6)
Strategy Planning and Health Improvement	2,356.0	2,049.9	306.1	13.0%	43.0	263.1
Mental Health Services - Adult & Elderly Community and Inpatients	11,300.5	11,225.8	74.7	0.7%	90.1	(15.4)
Addictions	3,811.1	3,746.3	64.8	1.7%	61.9	2.9
Learning Disabilities - Residential and Community Services	15,533.2	15,341.9	191.3	1.2%	98.2	93.1
Family Health Services (FHS)	23,848.7	23,848.7	0.0	0.0%	0.0	0.0
GP Prescribing	18,541.2	18,541.2	0.0	0.0%	0.0	0.0
Hosted Services	878.6	780.3	98.3	11.2%	5.5	92.8
Integrated Care Fund	1,584.3	1,584.3	0.0	0.0%	0.0	0.0
Criminal Justice	24.0	47.0	(23.0)	-95.8%	0.0	(23.0)
Resource Transfer	7,774.8	7,774.8	0.0	0.0%	0.0	0.0
HSCP Corporate and Other Services	5,543.2	5,714.9	(171.7)	-3.1%	(68.0)	(103.7)
Gross Expenditure	162,684	163,545	(861.1)	-0.5%	(131.7)	(729.4)
Income	(23,932)	(25,020)	1,088.0	-4.5%	(132.7)	1,220.7
Total Net Expenditure	**£138,751.4**	**£138,524.5**	**£226.9**	**0.2%**	**£(264.3)**	**£491.2**

The set aside, or notional budget, for large hospital services is included in the Health & Social Care Partnership Board total resources for 2015/16. The latest (March 2016) notional budget calculation reflects an average of £17.3m per annum based on current service consumption costs.

The main financial variances during 2015/16 were in relation to:

- Children's Residential Schools - reported a year to date overspend of £192,000 due to residential placements of two clients placed in July and October 2015; with a further four additional clients placed in December 2015 and January 2016.
- Residential Accommodation for the Elderly - reported a year to date overspend of £442,000 related to staff absence and cost pressures.
- External Residential Accommodation for Elderly – reported an underspend of £267,000 primarily due to lower placement cost; new improvement money; and income from house sales.
- Residential Learning Disability – reported an underspend of £219,000 due to reduced package costs as a result of a number of clients moving from residential to new housing support accommodation; and a reduction in the number of packages.
- Homecare – reported a year to date overspend of £724,000 related to staff absence; and the increased number of homecare hours being delivered based on current client assessed needs, with an increase in clients being provided with short term focussed reablement homecare rather than longer term chargeable hours.

The reported GP Prescribing result is based on the actual result for the month to 31 November 2015 extrapolated to 31 January 2016. To November 2015, Greater Glasgow & Clyde GP Prescribing was £2.7m (1.4%) over-spent on an annual budget of £199.1m. The £2.7m over-spend extrapolated to 31 March 2016 results in a forecast year to date over-spend of £3.3m. However, as there was no extra funding for the additional prescribing day in 2015/16 (29 February), it was hoped that additional savings could be generated to help offset the potential impact of this. Having now received the February volumes, the out-turn is likely to be circa. £4 million. The Health Board has identified prescribing related non-recurring funding to cover this and, as part of the risk sharing arrangement, will absorb the over-spend in this financial year. In light of the Health Board's anticipated financial position beyond 2015/16, the risk sharing arrangement may require to be reviewed to agree how risk should be apportioned between the Health Board and the six Integrated Joint Boards within its area (of which the Health & Social Care Partnership Board is one).

We have, therefore, reported a break-even position for 15/16 and a cost neutral position has been reported in each HSCP in March. HSCP variances to January are currently being investigated by the relevant HSCP Prescribing Advisors. WDHSCP is reporting a £0.485m (3.3%) over spend as at 31 January 2015 based on November dispensing costs. However, under the risk sharing arrangement, the overspend has been adjusted to report a cost neutral position at year end. Variances specific to WDHSCP are currently being investigated by Prescribing Advisors.

The Housing Aids and Adaptations and Care of Gardens for social care needs is also included in the Health & Social Care Partnership Board total resource for 2015/16. The budgets are currently held within West Dunbartonshire Council's Housing Section and will be managed by them on behalf of the Health & Social Care Partnership Board. The 2015/16 budget based on existing resources for Care of Gardens is £0.500m; and for Aids and Adaptations is £0.256m - providing a total resource of £756.3m. The summary position for the year ended 31 March 2016 is reported in the following table and reports overall a small minor underspend. The demands within the care of garden scheme are reporting an overspend of £37,990 and underspend of £38,280 aids and adaptations service plan slippage. The position is under review in the new financial year 2016/17.

	Budget (£)	Actual (£)	Variance (£)
Care of Gardens	500,000	537,991	(37,991)
Aids and Adaptions	256,250	217,967	38,283
Total	756,250	755,958	292

Looking forward, a key area for development will be the production of locality budget information with the proportion of spend of WDHSCP funds across care group services for Alexandria and Dumbarton; and for Clydebank.

7. GOOD GOVERNANCE

The timeline below shows the key milestones successfully met up to the end of March 2016 in establishing the governance requirements for the West Dunbartonshire Health & Care Partnership Board and WDHSCP.

Timeline	
2010 – 2014	Community Health & Care Partnership in place.
2014/2015	Shadow Health and Social Care Partnership established by West Dunbartonshire Council and NHSGGC Health Board (transition year). West Dunbartonshire Integration Scheme 2015 agreed by West Dunbartonshire Council and NHSGGC Health Board.
April 2015	Public Bodies (Joint Working) (Scotland) Act enacted.
May 2015	West Dunbartonshire Integration Scheme agreed by Scottish Ministers – including all community adult and children's health and care services plus criminal justice social work.
July 2015	West Dunbartonshire Health & Social Care Partnership Board established as Integrated Joint Board (Body Corporate – Integration Authority) for West Dunbartonshire. West Dunbartonshire Health & Social Care Partnership Board approves Standing Orders, including Code of Conduct. West Dunbartonshire Health & Social Care Partnership Board appoints Chief Officer and Chief Financial Officer. West Dunbartonshire Health & Social Care Partnership Board approves first Strategic Plan. Strategic Plan 2015/16 confirms integration commencement (start) date of 1st July 2015. Strategic Plan 2015/16 identifies locality areas of Alexandria and Dumbarton; and Clydebank.

Timeline	
August 2015	West Dunbartonshire Health & Social Care Partnership Board agrees Financial Regulations. West Dunbartonshire Health & Social Care Partnership Board agrees audit arrangements, including creation of Audit (Sub) Committee. West Dunbartonshire Health & Social Care Partnership Board agrees Risk Management Policy and Strategy. WDHSCP integrated clinical and care governance arrangements confirmed.
September 2015	West Dunbartonshire Health & Social Care Partnership Board Audit Committee established. Internal Audit Operational Agreement confirmed; and Audit Scotland confirmed by the Accounts Commission as the external auditors of the West Dunbartonshire Health & Social Care Partnership Board.
November 2015	West Dunbartonshire Health & Social Care Partnership Board endorses WDHSCP Workforce and Organisational Development Strategy. West Dunbartonshire Health & Social Care Partnership Board approves first Strategic Risk Register.
January 2016	West Dunbartonshire Health and Social Care Partnership Board agrees Financial Reserves Policy. West Dunbartonshire Health & Social Care Partnership Board Audit Committee approves the Scheme of Delegation arising from the Financial Regulations. West Dunbartonshire Health & Social Care Partnership Board Audit Committee agrees Financial Reserves Policy. West Dunbartonshire Health & Social Care Partnership Board Audit Committee agrees to the Partnership Board joining the Clinical Negligence & Other Risks Indemnity Scheme (CNORIS). West Dunbartonshire Health & Social Care Partnership Board Audit Committee endorses the integrated approach to business continuity developed by WDHSCP, the Health Board and Council. WDHSCP Joint Staff Forum Constitution confirmed.
March 2016	West Dunbartonshire Health & Social Care Partnership Board Audit Committee endorses WDHSCP Equalities Mainstreaming Report for public publication.

APPENDIX 1: OUTCOMES

National Health and Wellbeing Outcomes (for adults)

- 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 reducing 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.

National Outcomes for Children

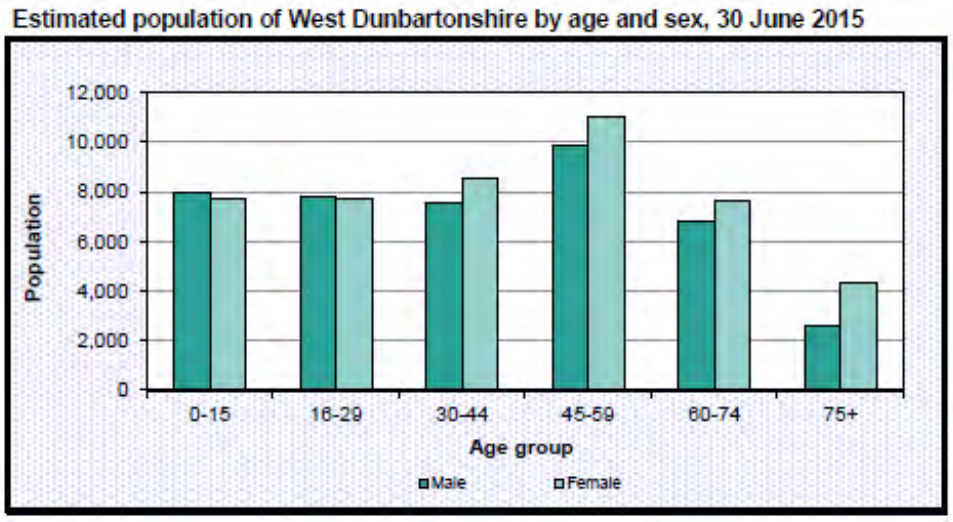
- Our children have the best possible start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.

National Outcomes for Criminal Justice

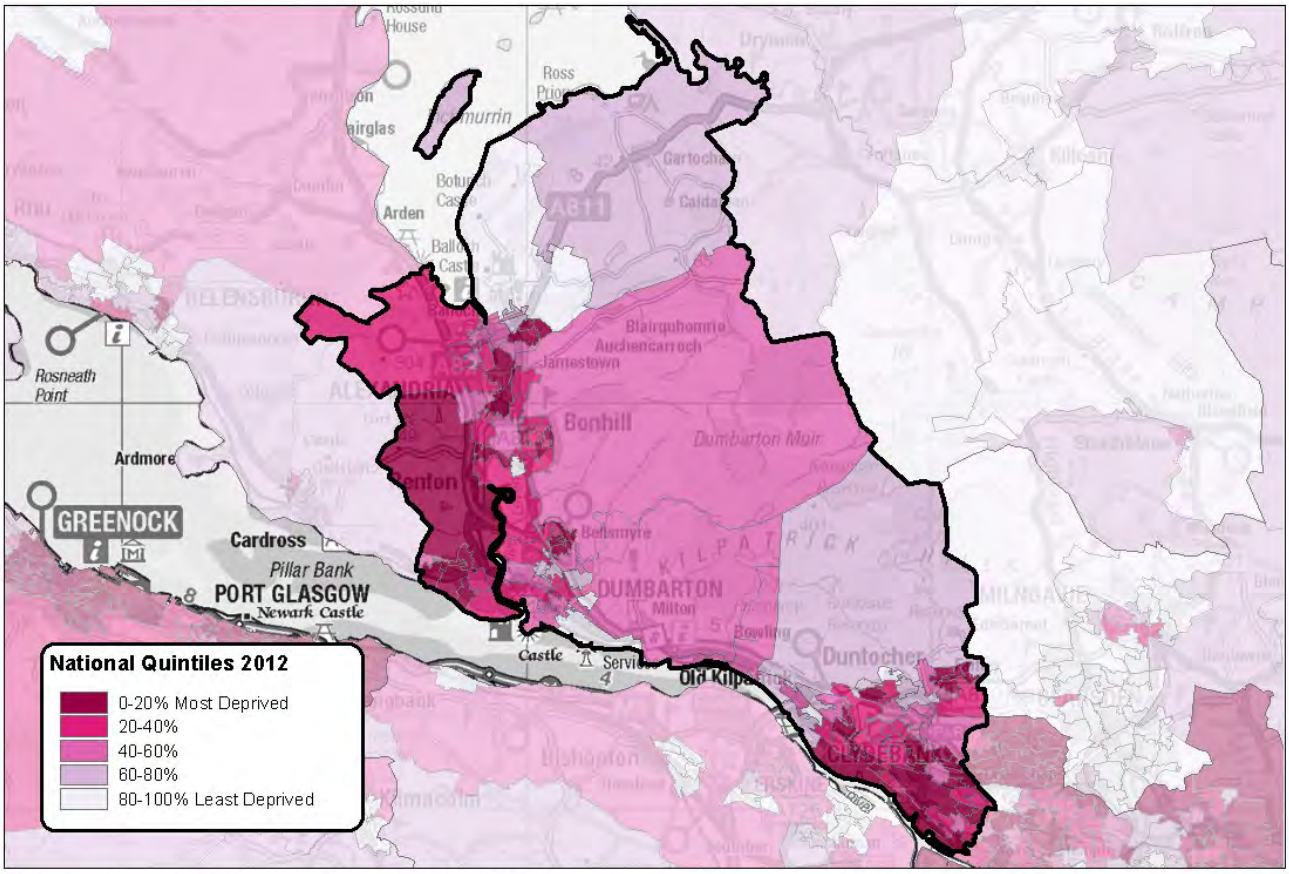
- Community safety and public protection.
- The reduction of re-offending through implementation of the Whole Systems Approach to youth offending.
- Social inclusion and interventions to support desistance from offending.

APPENDIX 2: STRATEGIC NEEDS ASSESSMENT - SNAPSHOT

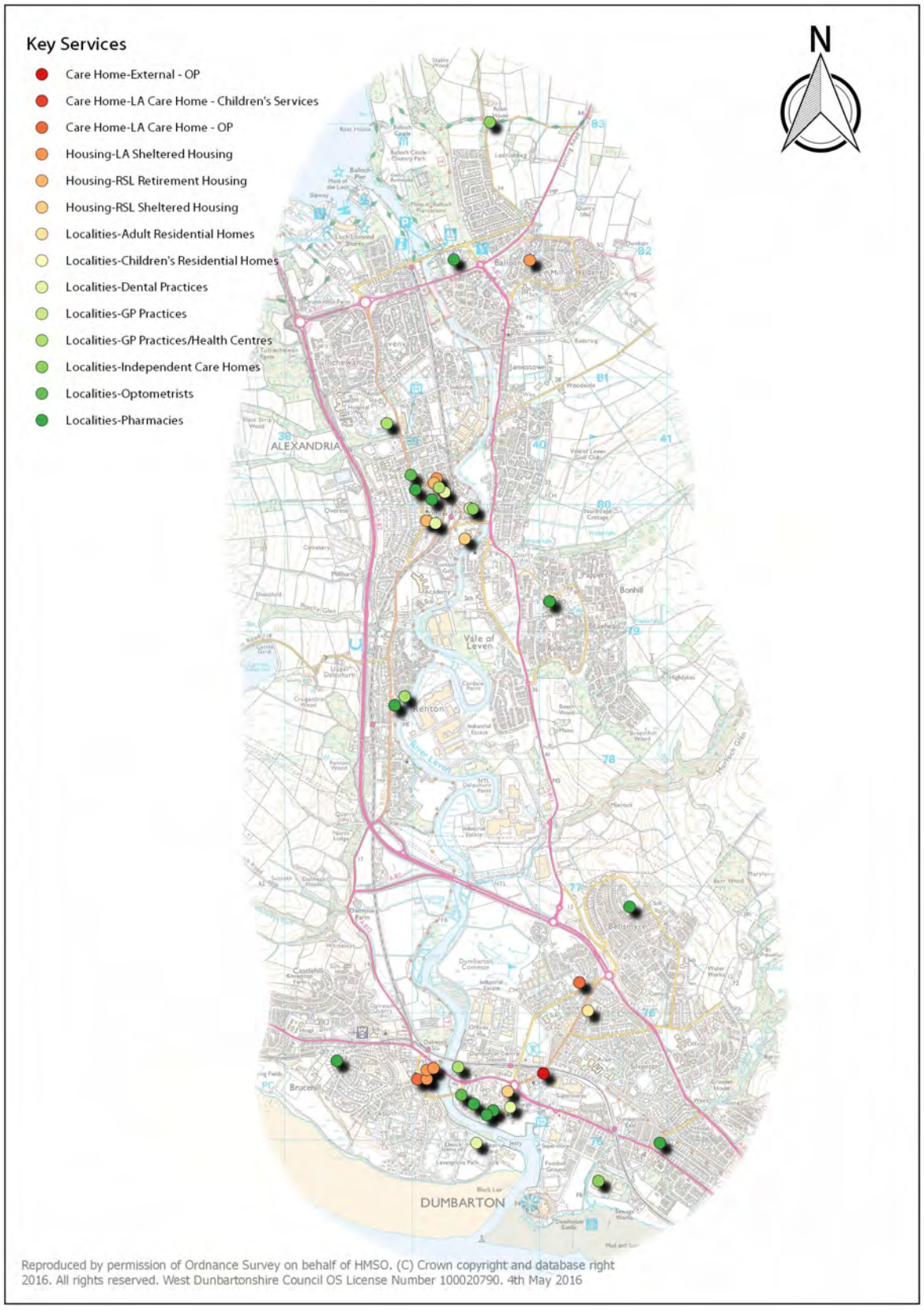
West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. According to the National Records for Scotland, the 2015 population for West Dunbartonshire is 89,590; a decrease of 0.1 per cent from 89,710 in 2014.

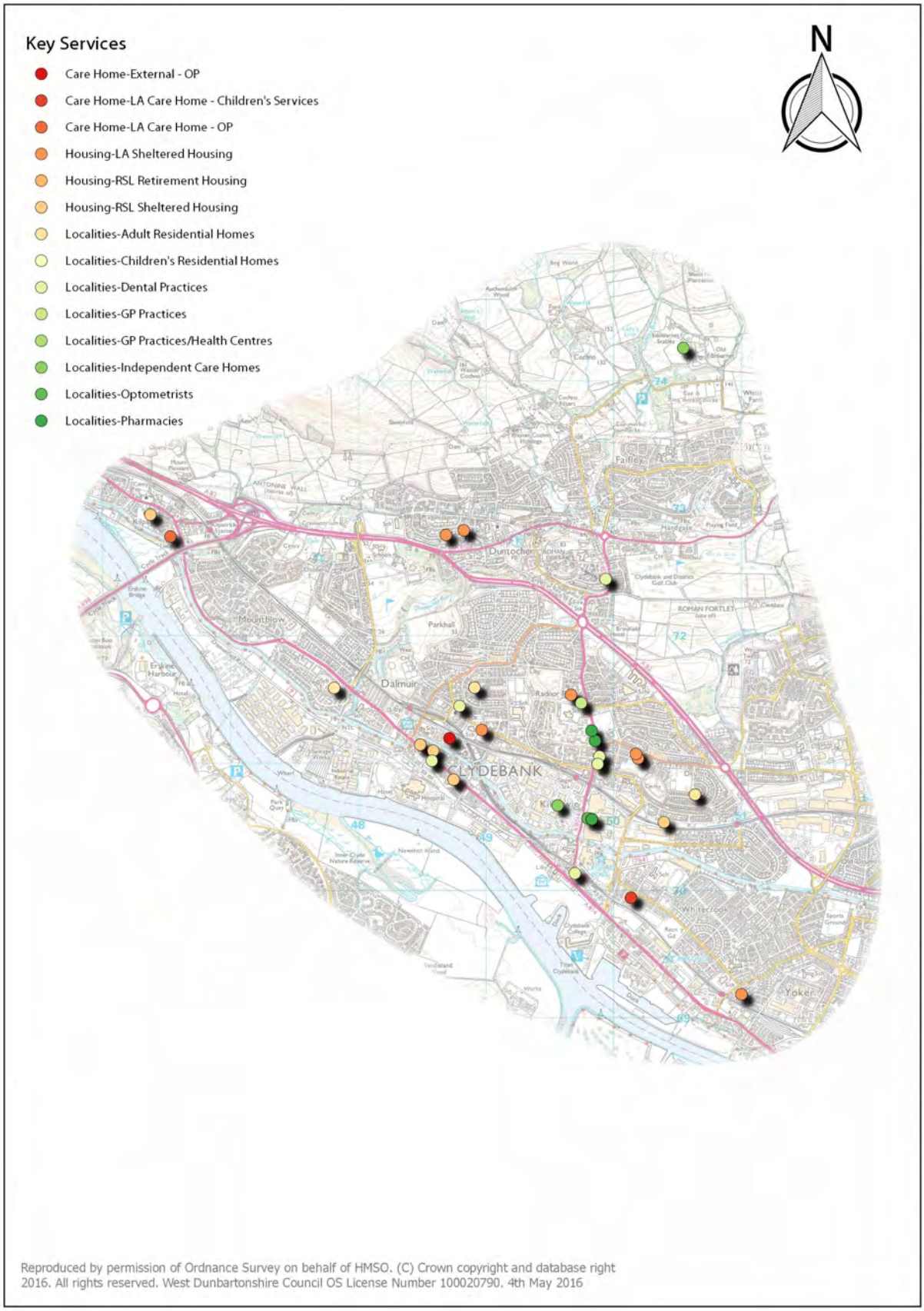


The map below shows the levels of deprivation in West Dunbartonshire based on the most recent Scottish Index of Multiple Deprivation (SIMD 2012).



In 2015, the Health and Social Care Partnership Board identified its two localities for West Dunbartonshire: Alexandria and Dumbarton; and Clydebank. The following two maps show each of those areas, and key community health and social care facilities located within each.




Key Services
Care Home-External - OP
Care Home-LA Care Home - Children's Services
Care Home-LA Care Home - OP
Housing-LA Sheltered Housing
Housing-RSL Retirement Housing
Housing-RSL Sheltered Housing
Localities-Adult Residential Homes
Localities-Children's Residential Homes
Localities-Dental Practices
Localities-GP Practices
Localities-GP Practices/Health Centres
Localities-Independent Care Homes
Localities-Optometrists
Localities-Pharmacies
N
Duntocher
Mountblow
Dalmuir
CLYDEBANK
Parkhall
Radnor
Faifley
Whitecrook
Yoker
ROMAN FORTLET
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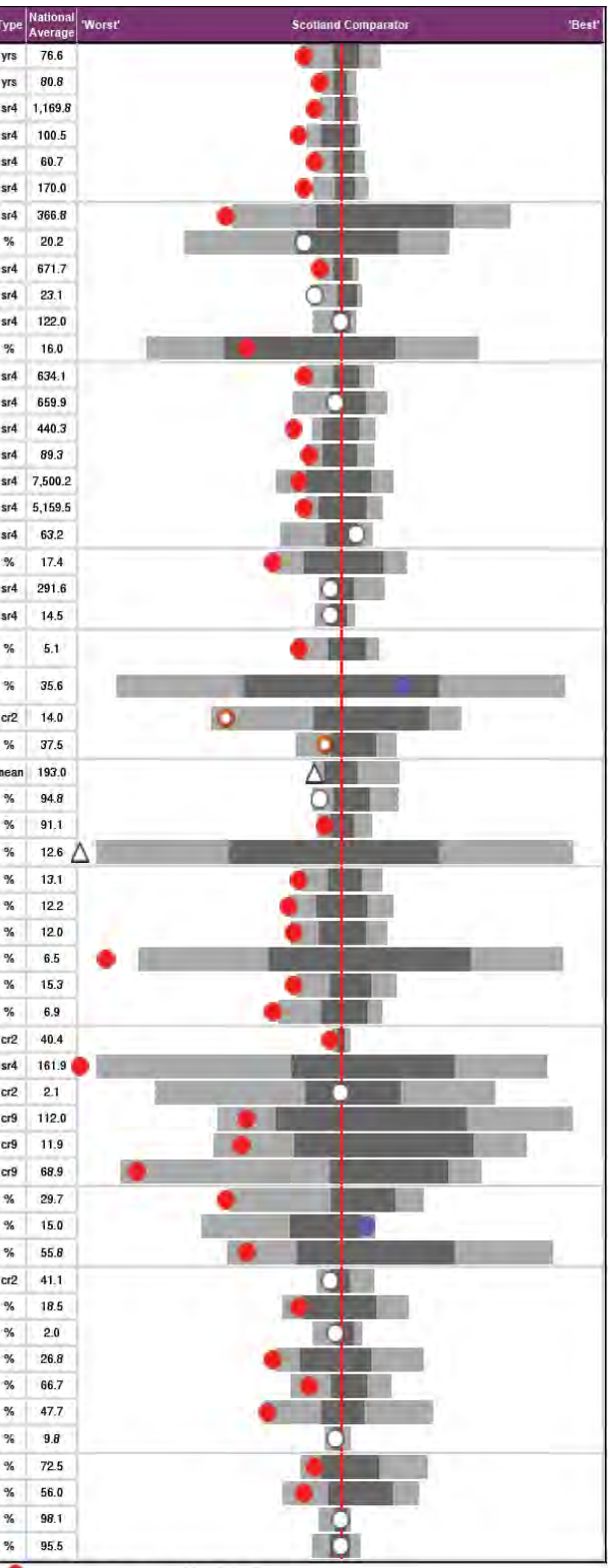
The 2014 ScotPHO Health & Wellbeing Profile for West Dunbartonshire is as follows below.

Domain		Indicator	Period	Number	Measure	Type	National Average
Life Expectancy & Mortality	1	Male life expectancy [18]	2011	n/a	74.1	yrs	76.6
	2	Female life expectancy [18]	2011	n/a	78.7	yrs	80.8
	3	Deaths all ages [12]	2013	1,061	1,380.7	sr4	1,169.8
	4	All-cause mortality among the 15-44 year olds. [12]	2013	44	139.1	sr4	100.5
	5	Early deaths from CHD (<75) [12]	2012	62	81.9	sr4	60.7
	6	Early deaths from cancer (<75) [12]	2013	162	210.2	sr4	170.0
Behaviours	7	Estimated smoking attributable deaths [3,13,16]	2014	201	441.7	sr4	366.8
	8	Smoking prevalence (adults 16+) [3,14]	2014	61	21.9	%	20.2
	9	Alcohol-related hospital stays [15]	2014	805	946.2	sr4	671.7
	10	Deaths from alcohol conditions [17]	2012	29	33.3	sr4	23.1
	11	Drug-related hospital stays [12,15]	2013	112	130.1	sr4	122.0
	12	Active travel to work [3,14]	2013	23	11.0	%	16.0
Ill Health & Injury	13	Patients registered with cancer [12]	2012	575	714.7	sr4	634.1
	14	Patients hospitalised with chronic obstructive pulmonary disease (COPD) [12,15]	2012	572	705.8	sr4	659.9
	15	Patients hospitalised with coronary heart disease [12]	2012	445	553.8	sr4	440.3
	16	Patients hospitalised with asthma [12]	2013	107	115.8	sr4	89.3
	17	Patients with emergency hospitalisations [12]	2012	7,438	8,653.4	sr4	7,500.2
	18	Patients (65+) with multiple emergency hospitalisations [12]	2012	904	6,142.6	sr4	5,159.5
	19	Road traffic accident casualties [12]	2012	47	53.3	sr4	63.2
Mental Health	20	Population prescribed drugs for anxiety/depression/psychosis	2014	18,291	20.4	%	17.4
	21	Patients with a psychiatric hospitalisation [12]	2012	278	322.0	sr4	291.6
	22	Deaths from suicide [17]	2011	15	16.4	sr4	14.5
Social Care & Housing	23	Adults claiming incapacity benefit/severe disability allowance/ employment and support allowance	2014	6,365	7.1	%	5.1
	24	People aged 65 and over with high levels of care needs who are cared for at home [3]	2014	359	39.3	%	35.6
	25	Children looked after by local authority [3]	2014	385	20.5	cr2	14.0
	26	Single adult dwellings	2014	17,632	39.4	%	37.5
Education	27	Average tariff score of all pupils on the S4 roll [13]	2012	n/a	182.0	mean	193.0
	28	Primary school attendance	2010	6,227	94.4	%	94.8
	29	Secondary school attendance	2010	5,075	90.1	%	91.1
	30	Working age adults with low or no educational qualifications [3]	2013	10,500	18.6	%	12.6
Economy	31	Population income deprived	2014	17,310	19.3	%	13.1
	32	Working age population employment deprived	2014	10,165	17.4	%	12.2
	33	Working age population claiming Out of Work benefits	2014	10,135	17.4	%	12.0
	34	Young people not in employment, education or training (NEET). [3]	2014	400	9.5	%	6.5
	35	Children Living in Poverty	2012	4,645	22.8	%	15.3
	36	People claiming pension credits (aged 60+)	2014	2,270	10.7	%	6.9
Crime	37	Crime rate	2014	5,208	58.0	cr2	40.4
	38	Prisoner population [3]	2014	204	292.3	sr4	161.9
	39	Referrals to Children's Reporter for violence-related offences [3]	2013	16	2.1	cr2	2.1
	40	Domestic Abuse [3]	2014	1,220	136.0	cr9	112.0
	41	Violent crimes recorded [3]	2014	143	15.9	cr9	11.9
	42	Drug crimes recorded [3]	2014	1,203	134.1	cr9	68.9
Environment	43	Population within 500 metres of a derelict site	2013	54,800	60.7	%	29.7
	44	People living in 15% most 'access deprived' areas	2014	5,042	5.6	%	15.0
	45	Adults rating neighbourhood as 'a very good place to live' [3,14]	2014	n/a	46.4	%	55.8
Women's & Children's Health	46	Teenage pregnancies [12]	2012	125	46.6	cr2	41.1
	47	Mothers smoking during pregnancy [12]	2013	208	22.7	%	18.5
	48	Low birth weight [12]	2013	18	2.1	%	2.0
	49	Babies exclusively breastfed at 6-8 weeks [12]	2013	133	14.8	%	26.8
	50	Child dental health in primary 1	2013	597	61.1	%	66.7
	51	Child dental health in primary 7	2013	269	32.9	%	47.7
	52	Child obesity in primary 1	2014	98	10.3	%	9.8
Immunisations and Screening	53	Breast screening uptake [12]	2011	2,799	69.3	%	72.5
	54	Bowel screening uptake [12]	2012	7,833	52.5	%	56.0
	55	Immunisation uptake at 24 months - 5 in 1 [12]	2014	1,012	98.0	%	98.1
	56	Immunisation uptake at 24 months - MMR [12]	2014	984	95.3	%	95.5



Notes:

3. Data available down to council (local authority) area only.
12. Three-year average number, and 3-year average annual measure.
13. Indicator based on HB boundaries prior to April 2014.
14. Two-year combined number, and 2-year average annual measure.
15. All 6 diagnosis codes used in the analysis; please see the technical report for more information.
16. Two-year average number, and 2-year average annual measure
17. Five-year average number, and 5-year average annual measure
18. Three year average for health boards, local authorities and Scotland. Five year average intermediate geographies

Spine Chart Key:

% =percent
cr2 =crude rate per 1,000 population
cr9 =crude rate per 10,000 population
mean=average

Spine Chart Key:

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average
- Statistically significant difference compared to National average
- No significance can be calculated

APPENDIX 3: CARE INSPECTORATE GRADINGS
FOR WDHSCP REGISTERED SERVICES

This Appendix details the grades achieved for WDHSCP services which were inspected and had reports published by the Care Inspectorate between July 2015 and the end of March 2016.

Gradings:
1 – Unsatisfactory; 2 – Weak; 3 – Adequate; 4 – Good; 5 – Very Good; 6 - Excellent

Service	Date published	Grade	Quality Theme
Craigellachie Children's House	21 September 2015	**5** **5** **5** **5**	Care and Support Environment Staffing Management and Leadership
Blairvadach Residential Home	11 January 2016	**4** **3** **4** **4**	Care and Support Environment Staffing Management and Leadership
Burnside Children's House	22 December 2015	**5** **5** **5** **4**	Care and Support Environment Staffing Management and Leadership
Dumbarton Centre	30 October 2015	**5** **5** **4** **4**	Care and Support Environment Staffing Management and Leadership
Learning Disability Service	18 November 2015	**4** **4** **4**	Care and Support Staffing Management and Leadership
Boquhanran House	13 January 2016	**4** **4** **4** **5**	Care and Support Environment Staffing Management and Leadership
Dalreoch House	9 July 2015	**4** **4** **5** **5**	Care and Support Environment Staffing Management and Leadership

Service	Date Published	Grade	Quality Theme
Frank Downie House	01 July 2015	**4** **4** **5** **5**	Care and Support Environment Staffing Management and Leadership
Langcraigs	23 September 2015	**5** **5** **5** **5**	Care and Support Environment Staffing Management and Leadership
Langcraigs Day Care	25 January 2016	**4** **4** **4** **3**	Care and Support Environment Staffing Management and Leadership
Mount Pleasant House	14 January 2016	**4** **4** **4** **4**	Care and Support Environment Staffing Management and Leadership
Willox Park	13 August 2015	**4** **4** **4** **4**	Care and Support Environment Staffing Management and Leadership

One of the Scottish Government's new suite of core integration indicators is the proportion of care services graded 'good' (4) or better in Care Inspectorate inspections. This relates to all registered adult and children's social care services within West Dunbartonshire including those delivered by the third and independent sector: which comprises 53 services. At March 2016, 89% of these services were graded good or better.

APPENDIX 4: WDHSCP KEY PERFORMANCE INDICATOR – SUMMARY

Target achieved or exceeded Target narrowly missed Target missed by 15% or more

*Provisional figure pending full year data

Performance Indicator	2014/15	2015/16		
	Value	Value	Target	Status
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	97%	97.1% *	95%	
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	96.4%	95.3% *	97%	
Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review	77.4%	77.4% *	80%	
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	100%	100%	
Balance of Care for looked after children: % of children being looked after in the Community	89%	90.6%	89%	
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	56.5%	62%	69%	
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	1	3	0	
Number of acute bed days lost to delayed discharges (including AWI)	5,802	3,345	3,819	
Number of acute bed days lost to delayed discharges for Adults with Incapacity	2,127	1,617	466	
Unplanned acute bed days (aged 65+)	49,327	41,082	45,640	
Number of emergency admissions aged 65+	4,372	3,930	3,973	
Emergency admissions aged 65+ as a rate per 1,000 population	282	250	252	
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	39.2%	35.8%	40%	
Percentage of adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes	55%	61.5%	60%	
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	97.9%	97.8% *	97%	
Percentage of Care Plans reviewed within agreed timescale	78%	80%	74%	
Total number of homecare hours provided as a rate per 1,000 population aged 65+	578.3	548.7	600	

Performance Indicator	2014/15	2015/16		
	Value	Value	Target	Status
Percentage of homecare clients aged 65+ receiving personal care	93.8%	90.3%	83%	
Percentage of people aged 65 or over with intensive needs receiving care at home	39.32%	36.1% *	40%	
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	22,745	23,304	22,816	
Number of patients in anticipatory care programmes	1,645	1,821	1,442	
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	29%	35%	30%	
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	38%	42%	35%	
Percentage of patients seen within 9 weeks for musculoskeletal physiotherapy services - WD	N/A	57%	90%	
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	92.4%	94.2% *	90%	
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	92.1%	94.7% *	91.5%	
Percentage of carers who feel supported to continue in their caring role	87%	80.2%	88%	
Total number of respite weeks provided to all client groups	6,777	6,729	6,558	
Percentage of child protection investigations to case conference within 21 days	94.5%	83%	95%	
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	
Rate per 1,000 of children/young people aged 8-18 who are referred to the Reporter on offence-related grounds	4.6	4.6	6.4	
Rate per 1,000 of children/young people aged 0-18 who are referred to the Reporter on non-offence grounds	19.6	19.6	28	
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%	
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	97%	97%	98%	
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	81%	82%	80%	
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	89%	69%	90%	

The Scottish Government have developed a core suite of integration indicators, which include measures that look at people's experience of integrated health and social care and its impact on their wellbeing. Unfortunately, nationally collated data on those measures is not as yet available. So, WDHSCP has collected data relating to these national indicators locally through West Dunbartonshire's Community Planning Partnership Citizens' Panel Survey (December 2015). The data has been mapped against the relevant national indicators, with a summary of the survey findings itself provided below.

Performance Indicator	2015/16
Percentage of adults able to look after their health very well or quite well	93%
Percentage of adults supported at home who agree that they are supported to live as independently as possible	96%
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	68%
Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated	58%
Percentage of adults receiving any care or support who rate it as excellent or good	86%
Percentage of people with positive experience of the care provided by their GP practice	85%
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	93%
Percentage of adults supported at home who agree that they felt safe	91%

Excluding 'Don't know'/'Not sure'

Summary of Key Findings from Citizens' Panel:

- More than half of all respondents (58%) had previously heard of the West Dunbartonshire Health and Social Care Partnership (WDHSCP), while just over a third (34%) use, or know someone who uses, services provided by WDHSCP. Of this latter group, the majority said the service used related to WDHSCP's older people's health and social care services, while 27% quoted adult health and social care services and 10% health and social care services for children, young people and families.
- A very high proportion of service users (85%) rated their experience as either 'very good' or 'quite good'. Only 11% rated it as 'quite poor' or 'very poor'.
- More than half of regular service users (59%) said they had noticed an improvement in the way services are delivered, while 39% said they had not noticed any change.
- Virtually all respondents (99%) agreed that developing the West Dunbartonshire Health and Social Care Partnership is a better use of resources.

West Dunbartonshire Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Complaints Summary
1st April 2015 – 31st March 2016

During the period 1st April 2015 – 31st March 2016 there were a total of 58 complaints received within the Partnership. This has been split to reflect the change from the former Community Health & Care Partnership (CHCP) to the new Health & Social Care Partnership (HSCP) arrangements on the 1st July 2015.

April 2015 – June 2015 (CHCP)

During this period there were 15 formal complaints received.

Responded under NHSGGC Complaints Policy		**Responded under WDC Complaints Policy**	
Fully Upheld	1	Fully Upheld	5
Partially Upheld	2	Partially Upheld	2
Not Upheld	1	Not Upheld	3
Unsubstantiated		Partially upheld/Unsubstantiated	1
Withdrawn		Withdrawn	
Ongoing		Ongoing	
Consent not received		Consent not received	
Total	**4**		**11**
NHSGGC Complaints Policy		**WDC Complaints Policy**	
Children's Services	1	SDS Community Care	1
District Nursing	1	Occupational Therapy	1
MSK Physiotherapy*	1	Children's Services	4
Retinal Screening	1	Residential Care Home	1
		Community Care	1
		Hospital Discharge	1
		Care at Home	2
Total	**4**	**Total**	**11**

*NHSGGC-Wide Hosted services

1 July 2015 – 31 March 2016 (HSCP)

During this period there were 43 formal complaints received.

Responded under NHSGGC Complaints Policy		**Responded under WDC Complaints Policy**	
Fully Upheld	2	Fully Upheld	9
Partially Upheld	3	Partially Upheld	8
Not Upheld	6	Not Upheld	12
Unsubstantiated	1	Unsubstantiated	2
Withdrawn		Withdrawn	
Ongoing		Ongoing	
Consent not received		Consent not received	
Total	**12**		**31**
NHSGGC Complaints Policy		**WDC Complaints Policy**	
Children's Services	1	Mental Health	1
Mental Health	3	Occupational Therapy	1
MSK Physiotherapy*	8	Children's Services	13
		Residential Care Home	2
		Care Contract Team	1
		Care at Home	6
		Care at Home (Sheltered Housing	1
		Children's Services Fostering and Adoption	1
		Children's Services Child Protection	1
		Criminal Justice	3
		SDS Children with Disabilities	1
Total	**12**		**31**

*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 record keeping and proper use of systems.
- Importance of clear and timely communication between staff in dealing with service users.
- Training needs of staff within their service area.

1 April 2015 – 30 June 2015 (CHCP)

Service Area	Complaint Subject	Outcome
WDC Policy		
Children's Services	Employee Attitudes	Partially Upheld
	Failure to achieve standards/quality of service	Partially Upheld/Unsubstantiated
	Building	Upheld
	Communication	Partially Upheld
Care at Home	Communication	Upheld
Care at Home	Communication	Upheld
Hospital Discharge	Policy	Not Upheld
SDS Community Care	Administrative Delays	Upheld
Community Care	Paperwork	Upheld
Occupational Therapy	Failure to provide service	Not Upheld
Residential Care	Failure to provide service	Not Upheld
NHSGGC Policy		
Retinal Screening	Employee Attitudes	Partially Upheld
MSK Physiotherapy	Failure to provide service	Not Upheld
Children's Services	Administration	Partially Upheld
District Nursing	Employee Attitudes	Upheld

1 July 2015 – 31 March 2016 (HSCP)

Service Area	Complaint Subject	Outcome
WDC Policy		
Mental Health	Employee behavior/attitude	Upheld
Occupational Therapy	Communications	Partially Upheld
Children's Services	Employee attitudes	Partially Upheld
	Misuse of Information	Not Upheld
	Employee Attitudes	Partially Upheld
	Failure to achieve standards/quality of service	Not Upheld
	Failure to achieve standards/quality of service	Partially Upheld
	Communication	Not Upheld
	Failure to provide service	Not Upheld
	Request for 3rd Party information	Not Upheld
	Failure to provide service	Not Upheld
	Failure to provide service	Not Upheld
	Failure to provide service	Not Upheld
	Failure to achieve standards/quality of service	Not Upheld
	Failure to provide service	Partially Upheld
Residential Care Home	Communication	Partially Upheld
	Employee Attitudes	Upheld
Care Contract Team	Administration	Upheld
Care at Home	Parking	Upheld
	Employee Attitudes	Upheld
	Failure to provide service	Upheld
	Failure to provide service	Partially Upheld
	Failure to provide service	Upheld
	Employee Attitudes	Unsubstantiated

Service Area	Complaint Subject	Outcome
Criminal Justice	Failure to achieve standard/quality of service	Not Upheld
	Failure to provide service	Upheld
	Employee Attitudes	Not Upheld
Children's Services Fostering and Adoption	Bias or unfair discrimination	Not Upheld
Care at Home Sheltered Housing	Failure to achieve standards/quality of service	unsubstantiated
Children's Services Child Protection	Failure to achieve standards/quality of service	Partially Upheld
SDS Children with Disabilities Team	Failure to provide service	Upheld
NHSGGC Policy		
Children's Services	Communication	Upheld
Mental Health	Employee Attitudes	Not upheld
	Failure to provide service	Unsubstantiated
	Employee Attitudes	Partially Upheld
MSK Physiotherapy	Administration	Upheld
	Failure to provide service	Not Upheld
	Communication	Partially Upheld
	Communication	Not Upheld
	Employee Attitudes	Partially upheld
	Failure to provide service	Not Upheld
	Failure to achieve service/quality of service	Not Upheld
	Failure to achieve service/quality of service	Not Upheld

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 25th May 2016

Subject: Integrated Care Fund – End Year Report 2015/16

1 Purpose

1.1 To present the Partnership Board with the West Dunbartonshire Integrated Care Fund – End Year Report 2015/16.

2. Recommendations

2.1 The Partnership Board is recommended to endorse the West Dunbartonshire Integrated Care Fund – End Year Report 2015/16 for submission to the Scottish Government.

3. Background

3.1 As the Partnership Board will recall from its February 2016 meeting, in April 2015 Partnerships were advised of the requirements for the new Integrated Care Fund. The fund builds on the work of the Change Fund for Older People and seeks the development of further work for people of all ages with long term conditions and multi-morbidity.

3.2 An End of Year Report for the local Integrated Care Plan has been prepared (Appendix 1) for consideration by the Partnership Board prior to submission to the Scottish Government by the end of May 2015.

4. Main Issues

4.1 As the Partnership Board will recall, the local Integrated Care Fund Plan adopted those key work streams undertaken as part of Older People Change Fund programme which had been identified as being directly transferable to a broader age group that (like older people) demonstrate high levels of health and social care need as a result of multi morbidity and inequalities. The actions reflect 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.

4.2 The appended report describes the investment, work streams and indicators of progress.

5. People Implications

5.1 Investment in additional staff has been necessary to build on the work of our core teams, and core staff have adapted their work roles to address these priorities.

6. Financial Implications

6.1 Appendix 1 includes a End-Year Financial Summary for the local Integrated Care Fund Plan (noting that expenditure has been explicitly incorporated into the routine financial budget report presented by the Chief Financial Officer to the Partnership Board).

7. Professional Implications

7.1 Investment in additional staff has been necessary to build on the work of our core teams, and core staff have adapted their work roles to address these priorities

8. Locality Implications

8.1 Although the work streams are delivered across the West Dunbartonshire area, locality groups review and prioritise the activities associated with the Integrated Care Fund Plan.

9. Risk Analysis

9.1 Whilst there has been significant restructuring of local working methods, sustained investment will be required to continue with these changes.

10. Impact Assessments

10.1 Monitoring of expected outcomes against actual is undertaken monthly.

11. Consultation

11.1 The multi-stakeholder Integrated Care Fund Reference Group (which includes community and carer representation) shapes and considers the Integrated Care Fund and its workstreams, which have also benefited from engagement across local community planning partners.

12. Strategic Assessment

12.1 The delivery of the Integrated Care Plan and the on-going development of its workstreams are critical to the delivery of the Strategic Plan.

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Date: 5th May 2016

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Appendices: West Dunbartonshire Integrated Care Fund – End Year Report 2015/16

Background Papers: HSCP Board Report (February 2016): Integrated Care Fund Mid-Year Report

Wards Affected: All

West Dunbartonshire
Health & Social Care Partnership

INTEGRATED CARE FUND – END YEAR REPORT 2015/16

Integrated Care Fund (ICF) 2015/16: End-Year Financial Summary

	ALLOCATION FOR 2015/16	TOTAL YEAR SPEND	OVER/UNDERSPENDS
Preventative and Anticipatory Care	521	521	0
Proactive Care and Support at Home	570	570	0
Care at Times of Transition	340	340	0
Unscheduled Care	474	474	0
Performance Management	85	85	0
TOTAL ICF SPEND - 2015/16	**£1,990,000**	**£1,990,000**	**0**

Integrated Care Fund (ICF) 2015/16: Achievement of ICF Outcomes

ICF Themes: Service Re-design; Prevention; Early Intervention; Care & Support

WORK STREAM ACTIVITY OR PROJECT	ACHIEVEMENT OF OUTCOMES FOR 2015/16	SOURCE OF DATA USED TO MONITOR PROGRESS	ACTION TAKEN IN RELATION TO UNDER PERFORMANCE	THEME(S)	FUNDING BREAKDOWN (£000)
Preventative & Anticipatory Care	We have developed and reviewed anticipatory care plans for over 1,800 patients in West Dunbartonshire. By introducing additional community based nursing to support General Practice we have been able to support the avoidance of unnecessary hospital admissions. As shown below, there has been a 78% increase in the numbers of patients with anticipatory care plans between 2013/14 and 2015/16. We continued to target services towards those with high level needs, in order to maintain or improve their independence; and prevent their circumstances deteriorating. People with high level needs often require visits where two or more carers provide support: during 2015/16 we provided 8,924 of carer hours to people aged 65 and over (566.9 hours as a rate per 1,000 population). Key self care programmes with enhanced interventions (including targeted health improvement activities) are in place. Work is ongoing with independent sector organisations (e.g. Link Up scheme with WDCVS). Work has commenced on developing model of care for COPD patients and Frailty.	Internal monitoring in place, including: • Numbers of patients identified. • Numbers of ACPs undertaken. • Numbers of interventions delivered. • Number of A& E attendances. • Unscheduled care activity.	N/A	Service Re-design. Prevention. Early Intervention. Care & Support	521

WORK STREAM ACTIVITY OR PROJECT	ACHIEVEMENT OF OUTCOMES FOR 2015/16	SOURCE OF DATA USED TO MONITOR PROGRESS	ACTION TAKEN IN RELATION TO UNDER PERFORMANCE	THEME(S)	FUNDING BREAKDOWN (£000)
Proactive Care & Support at Home	We have successfully created an integrated out of hours provision of District Nursing and Care at Home services and have been able to more timeously and effectively identify and respond to risk and avoid unnecessary admissions to hospital. This community service links directly to out of hours GP services and all our local authority and private sector care homes. During 2015/16., here were 5,089 visits; and 43% of these were unscheduled, highlighting the responsive nature of the service. Our Community Nursing team has introduced Patient Status at a Glance Boards that are updated following the team's daily meetings to identify vulnerable patients and those at risk of admission. Our Home Care Re-ablement service has ensured that the focus of Care at Home service is to achieve better outcomes for clients by maximising clients' long term independence and quality of life and appropriately minimising structured supports. During 2015/16, 61.5% of people who received a reablement package reached their agreed personal outcomes and re-learned the skills necessary for daily living and improved their levels of independence. We continue to work in partnership with Carers of West Dunbartonshire, and in 2015/16 the number of carers of people aged	Internal monitoring in place, including: • Number of patients in programmes. • Number of out of hours visits • Number of clients re-abled. • Number of carers identified and to whom support offered.	N/A	Service Re-design. Prevention. Early Intervention. Care & Support	570

WORK STREAM ACTIVITY OR PROJECT	ACHIEVEMENT OF OUTCOMES FOR 2015/16	SOURCE OF DATA USED TO MONITOR PROGRESS	ACTION TAKEN IN RELATION TO UNDER PERFORMANCE	THEME(S)	FUNDING BREAKDOWN (£000)
	over 65 years identified and offered support increased from 1,348 to 1366 at December 2015.				
Care at Times of Transition	We provided Care at Home to 36% of people aged 65 and over with intensive needs allowing them to live at home within their community. During 2015/16, 8,637 hours of home care (548.7 hours as a rate per 1,000 population) were provided per week to people aged 65 and over, with 90.3% receiving personal care as part of their service. Our Prescribing Team has been identified as sector leading in its work with the local Care at Home services to support "medicines prompting" and improved medicines management. We have developed Hospital Discharge Liaison Workers to provide early assessment and practical support in the ward setting. The wider Hospital Discharge Team can then involve patients and carers sooner; develop and deliver integrated care and support packages; ensure the most appropriate care and opportunities at the point of discharge; and monitor and review care package for four weeks. Home care services are managed alongside district nursing services and home based pharmacy support to ensure such continuity of care post-discharge.	Internal monitoring in place, including: • Number of patients receiving support. • Number of hours of home care provided.	N/A	Service Re-design. Prevention. Early Intervention. Care & Support	340

WORK STREAM ACTIVITY OR PROJECT	ACHIEVEMENT OF OUTCOMES FOR 2015/16	SOURCE OF DATA USED TO MONITOR PROGRESS	ACTION TAKEN IN RELATION TO UNDER PERFORMANCE	THEME(S)	FUNDING BREAKDOWN (£000)
Unscheduled Care	By focusing on timely and appropriate hospital discharge, including the creation and embedding of our community/acute service early assessor processes, we have achieved the Scottish Government's target of 0 patients delayed for more than 14 days in all but one month (March 2016) during 2015/16. We continue to see a significant decline in the number of bed days lost as a result of the redesign of services and the focus on community support. The bed days lost to delayed discharge significantly declined by 61% since 2011/12. There has also been a 12% reduction in emergency admissions for people aged 65 and over for same period. We have created a Respite Booking Bureau to provide choice and to help co-ordinate respite for carers to find suitable and appropriate respite provision. Our award winning integrated Palliative Care service has trained and supported health and social care staff from the HSCP and wider partners in the community as well as public and private sector care homes, with 62% of patients being supported to die at home or in a homely setting.	Internal monitoring in place, including: • Numbers of delayed discharges. • Number of bed days lost. • Number of emergency admissions. • Number of people being supported to die at home or in a homely setting.	Work continuing to maintain performance in relation to delayed discharge in with approach articulated within the ICF.	Service Re-design. Prevention. Early Intervention. Care & Support	474
Performance Management	ICF performance management aligned with systems for HSCP Strategic Plan, with ICF year end performance integrated within HSCP Annual Performance Report 2015/16.	N/A	N/A	N/A	85

Integrated Care Fund (ICF) 2015/16: Indicators of progress

QUESTION	COMMENT
How has ICF funding allowed links to be established with wider Community Planning activity?	The outcomes of the ICF support the delivery of key Single Outcome Agreement priorities for the local Community Planning Partnership. Our Integrated Care Fund Reference Group is one of the local Community Planning Partnership's Delivery and Implementation Group (DIG). The HSCP convenes and chairs this group on behalf of the local Community Planning Partnership Management Group, with the group having representation from the third and independent sectors, carers' representatives and service user representatives. Progress on delivering the ICF is reported to the local Community Planning Partnership Management Group.
What progress has been made linking ICF activity to work being taken forward through Strategic Commissioning more broadly?	The outcomes of the ICF support the delivery of key commitments within the HSCP Strategic Plan. ICF year end performance is integrated within the HSCP Annual Performance Report 2015/16; and reported to the West Dunbartonshire Health & Social Care Partnership Board (the local Integration Joint Board). The work of the ICF Reference Group has been supported by engagement with stakeholders within with the two localities confirmed within the HSCP Strategic Plan: Alexandria & Dumbarton; and Clydebank – most notably in relation to developing workstreams on COPD and Frailty. The has been developed further to create a Market Facilitation Consortium model of commissioning across all of our health and social care services from across the statutory, independent and third sector to make the best use of the significant resources invested across our communities. The approach provides third and independent sector partners (alongside procurement specialists) access to the same information and data used within statutory services. This thus provides opportunities for collaborative service delivery where there is an agreed and identifiable need for services based on demographic and neighbourhood analysis. Partners across sectors are thus working in an innovative and collaborative approach; and one that is responsive, flexible and accountable locally. This approach ensures that the HSCP and the Community Planning Partnership more broadly effectively has been able to effectively deploy the ICF alongside other funding streams available.
How has ICF funding strengthened localities including input from Third Sector, Carers and Service Users?	The work of the ICF Reference Group has been supported by engagement with stakeholders within with the two localities confirmed within the HSCP Strategic Plan: Alexandria & Dumbarton; and Clydebank – most notably in relation to developing workstreams on COPD and Frailty. The has been developed further to create a Market Facilitation Consortium model of commissioning across all of our health and social care services from across the statutory, independent and third sector to make the best use of the significant resources invested across our communities. The approach provides third and independent sector partners

	(alongside procurement specialists) access to the same information and data used within statutory services. This thus provides opportunities for collaborative service delivery where there is an agreed and identifiable need for services based on demographic and neighbourhood analysis. Partners across sectors are thus working in an innovative and collaborative approach; and one that is responsive, flexible and accountable locally. This approach ensures that the HSCP and the Community Planning Partnership more broadly effectively has been able to effectively deploy the ICF alongside other funding streams available.
What evidence (if any) is available to the partnership that ICF investments are sustainable?	As with the predecessor Older People's Change Fund and in keeping with the strategic approach of the HSCP as a whole, our partnership to deliver upon the outcomes of the ICF is based on investment for change within services rather than project based workstreams, so as to ensure that practice changes are sustainable and future proof as far as possible. However with an increasingly challenging financial envelope across the public sector there we are committed to a continual process of reviewing the best value achieved by and relative merits of investments across all partners - mapped to an analysis of spend and linked to outcomes for patients and clients - as part of our overall strategic commissioning process.
Where applicable - what progress has been made in implementing the National Action Plan for Multi-Morbidity?	We have a well-established Long Term Conditions Working Group, which includes local GPs, pharmacists, nurses and social care professionals. The work of this group is informed by analysis of health and social care demographic data as well as prevalence data, alongside more innovative models of delivery – e.g. as social prescribing with the third sector; medicines prompting with care at home; and volunteer foot care services with podiatry services. As community health and social care teams have been integrated within West Dunbartonshire since 2010, shared assessment practice and the delivery of integrated care are already embedded across community health and care adult and older people's teams. This includes our integrated out of hours provision of District Nursing and Care at Home services, which links directly to out of hours GP services and all our local authority and private sector care homes.
Please provide a brief narrative around how the ICF has been used in year one towards achieving the overall outcomes set out in the strategic plan.	The outcomes of the ICF support the delivery of key commitments within the HSCP Strategic Plan that the Health & Social Care Partnership Board approved at its first meeting in July 2015. The ICF year end performance is integrated within the Health & Social Care Partnership Board's first Annual Performance Report (2015/16). These documents are available at http://www.wdhscp.org.uk/about-us/health-and-social-partnership-board/

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 25th May 2016

Subject: Equality Act 2010 Mainstreaming Report

1. Purpose

1.1 To present the Partnership Board with the Mainstreaming Report prepared with respect to the obligations placed on Integration Joint Boards by the Equality Act 2010.

2. Recommendation

2.1 The Partnership Board is asked to confirm the Mainstreaming Report.

3. Background

3.1 The Equality Act 2010 strengthens, harmonises and streamlines 40 years of equalities law in relation to the nine "protected characteristics" of age; disability; gender; race; religion and belief; sexual orientation; gender reassignment; pregnancy and maternity; and marriage and civil partnership (noting that the latter refers only to the need to eliminate discrimination in the area of employment). The Equalities and Human Rights Commission (EHRC) in its role as regulator, scrutinises and enforces the implementation of Equalities Duties.

3.2 Given its legal status, the Partnership Board is obliged to play its part in addressing the general public sector duties outlined in the Equality Act 2010, i.e. to have due regard to:

- Eliminate discrimination, harassment and victimisation.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

3.3 As recognized within the HSCP Strategic Plan 2015/16, Integration Joint Boards (IJB) have been added to the listed bodies under the Equality Act 2010 (Specification of Public Authorities) (Scotland) Order 2015 and became subject to the general duties on 1 April 2015; and Amendment Regulations making them subject to three specific duties came into force on 11 June 2015. For the breadth of responsibilities which each IJB is accountable for, the specific duties are to:

- Report on mainstreaming the equality duty every two years.
- Assess and review policies and practices.

- Publish equality outcomes every four years and report progress every two years.

3.4 Consequently, by 30th April 2016 (and within every subsequent four years) each IJB must publish a set of outcomes (minimum of two) that address one or more of the three public sector duties (and are not outcomes of the Health Board or Local Authority). Similarly, by 30th April 2016 (and within every subsequent two years) each IJB must publish a report on the progress it has made to make the three general public sector duties integral to its functions and the progress it has made to achieve with regards to its specific outcomes.

4. Main Issues

4.1 The HSCP Strategic Plan 2015-16 already affirms the Partnership Board's commitment to integrate – i.e. mainstream – its obligations in respect of the equality duties into its approach to strategic planning and performance management; and into the day-to-day operational activities of WDHSCP. The intent of the Equality Act to protect groups from discrimination, harassment or victimisation readily fits with the over-arching priorities and commitments set out within the Strategic Plan to the delivery of quality person centred supports and services. This reflects local recognition of the fact that the requirements of the Equality Act dovetail with – and so should sensibly be addressed through - the national Integration Planning Principles, and the need to take account of the particular needs, characteristics and circumstances of different service-users. The appended mainstreaming report – prepared in response to the specific equality duty - builds and elaborates on that approach (Appendix 1).

4.2 That mainstreaming report confirms that as part of establishing the Partnership Board, streamlined equality impact assessment processes are a routine element of all reports considered by and any decisions recommended to the Partnership Board and its Audit Committee.

4.3 That mainstreaming report also confirms a two-stage process for establishing equality outcomes:

- Firstly identifying an initial set of two equality outcomes (the minimum statutory requirement) for two protected characteristic groups that can reliably measured and reported from 1st April 2017.
- Secondly continuing work to identify further equality outcomes for the other relevant protected characteristics groups, including improving the necessary data collection systems where that is within the direction of the HSCP.

4.4 To meet the legislative obligation to have the attached report published in the public domain by 30th April (i.e. before this Partnership Board meeting), the Mainstreaming Report was formally presented to the Partnership Board's Audit Committee at its March 2016 meeting for endorsement. Having then been endorsed by the Audit Committee, the Mainstreaming Report has been made publicly available on the HSCP's website; and also explicitly

incorporated into the first annual performance report for the HSCP (that is separately presented to this meeting of the Partnership Board).

5. People Implications

5.1 In relation to specific equalities duties concerning the employment of staff, these remain the responsibility of the Health Board and the Council; and so this requirement does not apply to the Partnership Board. The HSCP will continue to meet its obligations around these areas by implementing the relevant organisational policies and procedures as appropriate as confirmed within its approved Workforce & Organisational Development Strategy.

6. Financial Implications

6.1 There are no financial implications associated with this report.

7. Professional Implications

7.1 The HSCP's local arrangements for clinical and care governance have been developed with an appreciation of the requirements of the Equalities Act in assuring and improving the care and support provided to all service users – but particularly those who are particularly vulnerable or "at risk".

8. Locality Implications

8.1 There are no relevant locality implications associated with this report.

9. Risk Analysis

9.1 The attached Mainstreaming Report has been prepared and is presented to this Partnership Board in order that the Partnership Board is able to appropriately meet specified milestones in relation to the Equalities Act.

10. Impact Assessments

10.1 The attached Mainstreaming Report confirms that as part of establishing the Partnership Board, streamlined equality impact assessment processes are a routine element of all reports considered by and any decisions recommended to the Partnership Board and its Audit Committee.

11. Consultation

11.1 This approach to equalities mainstreaming has benefitted from engagement with local protected characteristics groups independently undertaken through the local West Dunbartonshire Community and Volunteer Service (WD CVS). The approach articulated here - and the initial equality outcomes specified within the mainstreaming report – reflects the feedback and strong support provided; and has also informed the Participation & Engagement Strategy that is separately presented to this meeting of the Partnership Board.

12. Strategic Assessment

12.1 The Strategic Plan 2015-16 already affirms the Partnership Board's commitment to integrate – i.e. mainstream – its obligations in respect of the equality duties into its approach to strategic planning and performance management; and into the day-to-day operational activities of WDHSCP.

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Date: **5**th May 2016

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Appendices: WDHSCP Board: Equality Act 2010 Mainstreaming Report – March 2016

Background Papers: HSCP Audit Committee Report (March 2016): Equality Act 2010 Mainstreaming Report

EHRC - Integration Joint Board FAQs: http://www.equalityhumanrights.com/about-us/devolved-authorities/commission-scotland/public-sector-equality-duty-scotland/integration-joint-boards-faqs

Wards Affected: All

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board

The Equality Act 2010

Mainstreaming Report

March 2016

1. BACKGROUND

1.1 West Dunbartonshire Health & Social Care Partnership Board is responsible for the strategic planning and reporting of a range of health and social care services delegated it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (described in full within its approved Integration Scheme). The Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as West Dunbartonshire Health & Social Care Partnership. The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership (WDHSCP).

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

- Mission is to improve the health and wellbeing of West Dunbartonshire.
- 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.

1.3 The Partnership Board is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities.

1.4 The Equality Act 2010 strengthens, harmonises and streamlines 40 years of equalities law in relation to the nine "protected characteristics" of age; disability; gender; race; religion and belief; sexual orientation; gender reassignment; pregnancy and maternity; and marriage and civil partnership (noting that the latter refers only to the need to eliminate discrimination in the area of employment). The Equalities and Human Rights Commission (EHRC) in its role as regulator, scrutinises and enforces the implementation of equalities duties.

1.5 Given its legal status, the Partnership Board – in the same way as the Council and the Health Board – is obliged to play its part in addressing the general public sector duties outlined in the Equality Act 2010, i.e. to have due regard to:

- Eliminate discrimination, harassment and victimisation.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

1.6 As recognized within the WDHSCP Strategic Plan 2015/16, Integration Joint Boards (IJBs) have been added to the listed bodies under the Equality Act 2010 (Specification of Public Authorities) (Scotland) Order 2015 and became subject to the general duties on 1 April 2015; and Amendment Regulations making them subject to three specific duties came into force on 11 June 2015. For the breadth of responsibilities which each IJB is accountable for, the specific duties are to:

- Report on mainstreaming the equality duty every two years.
- Assess and review policies and practices.
- Publish equality outcomes every four years and report progress every two years.

1.7 In relation to specific equalities duties concerning the employment of staff, these remain the responsibility of the Health Board and the Council; and so this requirement does not apply to the Partnership Board. WDHSCP will continue to meet its obligations around these areas by implementing the relevant organisational policies and procedures as appropriate as confirmed within its approved Workforce & Organisational Development Strategy.

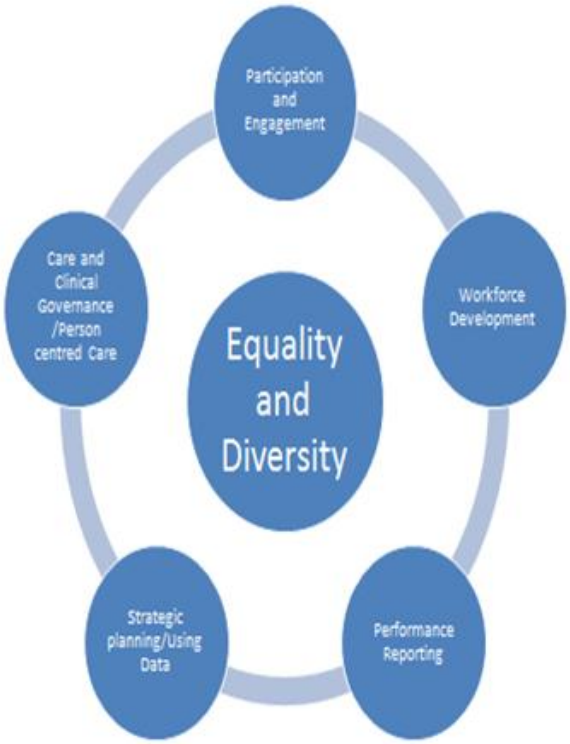
1.8 In relation to specific equalities duties concerning procurement, WDHSCP will continue to meet its obligations around these areas by implementing the organisational relevant policies and procedures of the Council and Health Board as per the Financial Regulations agreed for the Partnership Board.

1.9 Consequently, by 30th April 2016 (and within every subsequent four years) each IJB must publish a set of outcomes (minimum of two) that address one or more of the three public sector duties (and are not outcomes of the Health Board or Local Authority). Similarly, by 30th April 2016 (and within every subsequent two years) each IJB must publish a report on the progress it has made to make the three general public sector duties integral to its functions and the progress it has made to achieve with regards to its specific outcomes.

2. MAINSTREAMING: PROGRESS TO DATE

2.1 The Partnership Board is committed to continuing to integrate – i.e. mainstream – its obligations in respect of the equality duties into its approach to strategic planning and performance management; and into the day-to-day operational activities of WDHSCP. The intent of the Equality Act to protect groups from discrimination, harassment or victimisation readily fits with the over-arching priorities and commitments set out within the WDHSCP Strategic Plan to the delivery of quality person centred supports and services. This reflects local recognition of the fact that the requirements of the Equality Act dovetail with – and so should sensibly be addressed through - the national Integration Planning Principles, and the need to take account of the particular needs, characteristics and circumstances of different service-users.

2.2 Since its formation in July 2015 and adoption of the mission, purpose and values (which themselves fit well with the inclusive nature of equalities responsibilities), the Partnership Board has sought to further integrate its approach to the equalities duties – and promoting diversity - into its core business in line with the intentions and expectations of the EHRC. The WDHSCP Strategic Plan committed to an on-going approach to mainstreaming across five core inter-related and inter-overlapping dimensions of organisational activity - illustrated as follows.



2.3 Progress during 2015/16 has included:

2.3.1 Strategic Planning

The WDHSCP's inaugural Strategic Plan was developed with regards to the strategic commissioning process advocated by Audit Scotland; and benefitted from on-going engagement with a full range of local stakeholders (including the third sectors and community groups). It was subject to an equality impact assessment prior to its being approved by the Partnership Board at its first meeting on the 1st July 2015. That Strategic Plan included a dedicated Equalities Section, in expectation of this first equalities mainstreaming report.

As part of establishing the Partnership Board, streamlined *equality impact assessment processes* are a routine element of all reports considered by and any decisions recommended to the Partnership Board and its Audit Committee. This enables the Partnership Board to evidence compliance with the specific equality duty to "assess and review policies and practices" as appropriate.

The Strategic Plan also addresses a range of policies and legislation which have sought to improve person centred care and the specific impact on protected characteristic groups, including Getting It Right for Every Child; the Children and Young People (Scotland) Act 2014; and the Self-Directed Support Act.

2.3.2 Participation and Engagement

This approach to equalities mainstreaming has benefitted from engagement with local protected characteristics groups independently undertaken through the local West Dunbartonshire Community and Volunteer Service (WD CVS). The approach articulated here - and the initial equality outcomes specified later on in this report – reflects the feedback and strong support provided.

The on-going development of revised public engagement structures for the HSCP within its two defined localities (Alexandria & Dumbarton; and Clydebank) has worked with West Dunbartonshire Community and Volunteer Service (the local Third Sector Interface) to adopt a networked approach based on extensive consultation locally and a renewed emphasis on increasing representation and diversity. Work has been on-going to (co)produce a local Participation and Engagement Strategy for the HSCP that applies the National Standards for Community Engagement and which will reflect the requirements of the Equalities Act. Prior to its being finalised in Spring 2016, that Participation and Engagement Strategy will be subject to an equality impact assessment.

2.3.3 Workforce Development

Although the employer-related public sector duties for equalities are retained by the Health Board and Council, the Partnership Board is committed to a comprehensive and integrated approach to workforce development. The Partnership Board endorsed the HSCP's first Workforce and Organisational Development Strategy having been assured that it had been subject to an equality impact assessment. A key element of that Strategy is a commitment to integrated staff and practice governance – and an explicit component of which is that all staff are treated fairly and consistently. The Strategy commits to the use of an integrated Staff Governance and Practice Governance Framework that the HSCP updates annually in partnership with local trade unions (NHS and Council) through its local Staff Partnership Forum.

2.3.4 Clinical and Care Governance

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 HSCP's local arrangements for clinical and care governance have been developed with an appreciation of the requirements of the Equalities Act in assuring and improving the care and support provided to all service users – but particularly those who are particularly vulnerable or "at risk". 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). Public protection is an integral part of all delivery of adults and children's services within the HSCP. This includes contributing to the implementation of Equally Safe - Scotland's Strategy on Violence Against Women and Girls; appropriately utilising the disclosure scheme for domestic abuse; and raising awareness of third party reporting of hate crime. Training programmes are in place as part of the work of the local Child Protection Committee, Adult Support and Protection Committee and MAPPA.

2.3.5 Performance Reporting

Work has been on-going to identify an initial set of equality outcomes as per the requirements of the specific duties. The EHRC defines an equality outcome as a result which a public body aims to achieve in order to further one or more of the three needs of the general equality duty: to eliminate discrimination, advance equality of opportunity and foster good relations. By focusing on outcomes rather than objectives, this specific duty aims to achieve practical improvements for those who experience discrimination and disadvantage. In practice therefore, it is helpful to think of equality outcomes as results intended to achieve specific and identifiable improvements in people's life chances.

The EHRC's *Measuring Up?* series of reports has emphasised the importance of identifying and utilising robust equality outcomes that are clear and measurable. The most recent Measuring Up Report was highly critical of the high proportion (majority) of equality outcomes, which - while laudable in their intent - where not robust, clear or measurable. In addition, the nature of mainstreaming equalities suggests that equality outcomes for IJBs should at least be aligned with the national outcome measures for integration as well as the corresponding national outcomes for children and young people as well as criminal justice as defined by the Scottish Government.

Consequently a two-stage process for establishing equality outcomes will be taken forward: firstly identifying an initial set of two equality outcomes (the minimum statutory requirement) for two protected characteristic groups that can reliably measured and reported from 1st April 2017; and secondly, then continuing work to identify further equality outcomes for the other relevant protected characteristics groups, including improving the necessary data collection systems where that is within the direction of the HSCP.

The EHRC self-assessment toolkit has proven helpful in informing the first of these stages, underpinned by recognition that equality outcomes are results intended to achieve specific and identifiable improvements in people's life chances – so the emphasis has been on identifying measures that are meaningful in practice.

The key steps in undertaking stage one - following those set out within the EHRC self-assessment toolkit - are summarised as follows:

- Identifying equality issues – involvement

  The HSCP has already consulted with a variety of stakeholders - including equality groups - about the key performance indicators included within its strategic planning process. These have been adopted by the Partnership Board and have been well received as priority areas for the HSCP in its first year of operation. This approach to equalities mainstreaming has benefitted from further specific engagement with local protected characteristics groups independently undertaken through the local West Dunbartonshire Community and Volunteer Service (WD CVS). That engagement supported to the decision to initially focus on two robust equality outcome measures; and the choice of what those initial equality outcome measures should be. That engagement has also identified local protected characteristic groups who are willing to engage with the HSCP in the development of further equality outcomes.

- Identifying equality issues – gathering evidence

  A range of evidence was reviewed, including: Census data (2011); National Records of Scotland data; West Dunbartonshire Social and Economic Profile; Social Care Services Scotland (2015) resource; NHSGGC Equalities in Health resources; WDHSCP service monitoring and performance management data; West Dunbartonshire Community Planning Partnership resources, including Citizen's Panel reports; Scottish Government's Equality Evidence resources; and EHRC resources.

- Using evidence and involvement information

  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. A key local priority then - in line with the national Reshaping Care for Older People programme - is to appropriately develop services and supports that respond to the changing needs of the increasing number and proportion of older people within the West Dunbartonshire population – and this is strongly supported by engagement with local community groups. A key element of this - as recognised by Audit Scotland and the Local Government Benchmarking Framework – is the need to continue to provide a range of supports and services to enable individual needs to be met by care at home services to enable independently life at home or in a homely setting in their community is highlighted. The review of evidence and involvement information identified that it would be helpful – and possible – to monitor provision of reablement packages with regard to the protected characteristic of sex.

  There are protected characteristic groups who make up a small proportion of the West Dunbartonshire population – but who are just as entitled to the same commitment for quality services and support. The West Dunbartonshire census data from 2011 illustrates this, with 97.4% of the West Dunbartonshire population being white Scottish, white other British or white Irish. While Black and Minority Ethnic (BME) communities constitute a relatively small proportion of the West Dunbartonshire population that does not mean that they should be invisible when monitoring outcomes, especially in relation to specific risks and vulnerabilities – for example in relation to looked after children as recognised within the Getting It Right For Looked After Children And Young People Strategy (2015). The review of evidence and involvement information identified that it would be helpful – and possible – to monitor the proportion of looked after children being supported in the local community with regard to the protected characteristic of race.

- Setting clearly defined outcomes

Equality Outcome	Question To Be Answered	Performance Measure	Information Source	Protected Characteristic	Link to HSCP and National Outcomes	Link to Wider Theme	Link to General Equality Duty
All older people are supported to live as independently as is possible in their community as far as is practical given their individual needs.	Is there a difference between the percentage of men and women who have assessed care at home needs and a reablement package who have reached their agreed personal outcomes	Percentage of adults with assessed care at home needs and a reablement package who have reached their agreed personal outcomes	CareFirst (local system)	Sex	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	Getting Right for Every Child	Advance equality of opportunity
All Looked After Children are cared for and supported in the most appropriate setting to their individual needs.	Is there a difference between the percentage of BME Looked after children who are looked after in the community and the wider looked after children population?	Percentage of children being looked after in the community	CareFirst (local system)	Race	We have improved the life chances for children, young people and families at risk.	Reshaping Care for Older People	Advance equality of opportunity

The findings of the EHRC's most recent *Measuring Up?* report has informed the decision to start this process with the discipline of focusing on a limited number of equality outcome measures which are robust, clear, measurable and directly derived from national outcome measures that the HSCP will be scrutinised on by the HSCP Board as part of its core (mainstream) performance reporting. The rationales for not specifying equality outcomes for the other protected characteristics at this stage are summarised as follows:

- Age

  Many HSCP services specifically concern specific age groups; and in a number of cases, tailor services to specific age groups (e.g. adult learning disability service and children with disability services). Both of the initial equality outcomes identified also have an "age" dimension. The intention is that a specific "age" related outcome measure will be identified for equality monitoring prior to the 2018 update to this mainstreaming report.

- Disability

  The HSCP provides a variety of co-ordinated health and care services for individuals with disabilities (adults and children); and provides supports to enable people with a range of disabilities to live as independently as possible. Pending the publication of the Scottish Government's Delivery Plan 2016-2020 of the United Nations Convention on the Rights of Persons with Disabilities, the intention is that a specific "disability" related outcome measure will be identified for equality monitoring prior to the 2018 update to this mainstreaming report.

- Religion and belief

  A specific equality outcome concerning religion and belief has not been included at this stage due to sparseness of the data collected in relation to this protected characteristic. The intention is that a specific "religion and belief" related outcome measure will be identified for equality monitoring prior to the 2020 update of these equality outcomes, alongside strengthening the necessary local data collection.

- Sexual orientation

  A specific equality outcome concerning sexual orientation has not been included at this stage due to sparseness of the data collected in relation to this protected characteristic. The intention is that a specific "sexual orientation" related outcome measure will be identified for equality monitoring prior to the 2020 update of these equality outcomes, alongside strengthening the necessary local data collection.

- Gender reassignment

  Currently, there is no robust and recommended question with which to collect information on gender identity in surveys or other data sources. As part of mainstreaming activity the HSCP will continue to promote and implement the NHSGGC Transgender Policy; and raise awareness of third party reporting for hate crime.

- Maternity and pregnancy

  Supporting pregnant employees working within the HSCP remain the responsibility of the Health Board and the Council. WDHSCP will continue to support local staff by implementing the relevant organisational policies and procedures as appropriate. As part of mainstreaming activity the HSCP has a leading role in implementation the national Pregnancy and Parenthood in Young People Strategy.

- Presenting equality outcomes

  The most recent data related to each of the identified equality outcomes at the time of finalising this report is as set out below.

Protected Characteristic - Sex	Q4 2015/16	
	Value	Note
Percentage of adults with assessed Care at Home needs and a reablement package who have reached their agreed personal outcomes	58.2%	Provisional - figures relate to 1st January to mid-February 2016.
Number of men with assessed Care at Home needs and a reablement package who have reached their agreed personal outcomes	23	
Number of women with assessed Care at Home needs and a reablement package who have reached their agreed personal outcomes	32	
Percentage of men with assessed Care at Home needs and a reablement package who have reached their agreed personal outcomes	78%	
Percentage of women with assessed Care at Home needs and a reablement package who have reached their agreed personal outcomes	44%	

Protected Characteristic - Race	Q3 2015/16	Note
	Value	
Number of looked after children	376	The small numbers involved mean that any changes will have a more significant impact on the percentage.
Number of looked after children who are from BME communities	5	
Balance of Care for looked after children: % of children being looked after in the Community	90.4%	
Percentage of children being looked after in the community who are from BME communities	80%	

The initial equality outcome measures identified here will be included in the core HSCP performance reporting internally and to the HSCP Board as part of its mainstream governance processes. This will begin by their being included in the HSCP's first annual performance report for 2015/16 (thus providing baseline data for that year as required by the EHRC); and subsequent annual performance reports thereafter.

The equality outcome measure will also be included in the public performance reporting section of the HSCP website (www.wdhscp.org.uk) to provide transparency and ease of accessibility.

An ongoing process has also been established where additional equality outcomes will be identified and included in the suite of measures over the coming reporting cycles. This approach will thus further reinforce the commitment to mainstreaming equalities by the West Dunbartonshire HSCP Board and within the HSCP.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 25th May 2016

Subject: Chief Social Work Officer's Annual Report 2015-2016

1. Purpose

1.1 The attached report presents the West Dunbartonshire Chief Social Work Officer's Annual Report for the period 1st July 2015 to end of March 2016. This covers the first 9 months of the Health and Social Care Partnership.

2. Recommendations

2.1 The Partnership Board is recommended to:

- Receive for its interests the Chief Social Work Officer's Annual Report with its associated appendices.
- Note that Chief Social Work Officer's Annual Report with its associated appendices will be presented to Council on the 29th June 2016.

3. Background

3.1 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. 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.

3.2 The Integration Scheme for West Dunbartonshire emphasises the importance of effective clinical and care governance across Health & Social Care Partnership services.

3.3 At its August 2015 meeting, it was confirmed that the CSWO would provide a separate annual report on care governance to the Partnership Board. The West Dunbartonshire Chief Social Work Officer's Annual Report for the period 1st July 2015 to 31st March 2016 is attached. The report is still to be presented to the full meeting of the Council – this will be done at the Council meeting on the 29th June 2016.

4. Main Issues

4.1 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.

4.2 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 directly informed the development of the Clinical & Care Governance sections of the approved Integration Scheme for West Dunbartonshire; and of the first Strategic Plan for the Health & Social Care Partnership approved by the Partnership Board at its inaugural meeting (July 2015).

4.3 The national framework was 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. As such, this Chief Social Work Officer Annual Report is presented to the Partnership Board in tandem with the overall Health & Social Care Partnership Annual Report and the Clinical Governance Annual Report for the equivalent periods so as to allow consideration within the broader performance and quality reporting context for the Health and Social Care Partnership as a whole.

5. People Implications

5.1 The National Clinical & Care Governance Framework reaffirms 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; and that all health and social care professionals remain accountable for their individual clinical and care decisions. The Health & Social Care Partnerships local arrangements place a clear emphasis on clinical and care governance being led at and within operational service areas.

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 consideration of the Chief Social Work Officer's 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 Chief Social Work Officer's Annual Report has been compiled with contributions from and reflects the commitment of the staff across the Health & Social Care Partnership.

12. Strategic Assessment

12.1 The key messages and learning from the work detailed within the Chief Social Work Officer's Annual Report reflect a consideration of the progress and impacts of delivering the Strategic Plan 2015/16; and will directly informed the on-going development of the next Strategic Plan.

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Date: 5th May 2016

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Appendix: West Dunbartonshire Chief Social Work Officer's Annual Report 2015 - 2016

Background Papers: None

Wards Affected: All

West Dunbartonshire Council

West Dunbartonshire
Health & Social Care Partnership

WEST DUNBARTONSHIRE
CHIEF SOCIAL WORK OFFICER's
ANNUAL REPORT 2015/2016

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Appendices

1. Performance and Assurance Reporting Framework (PPCOG)
2. Regulatory Inspection Outcomes
3. WDHSCP related Local Government Benchmarking Framework Indicators 2014—2015
4. WDHSCP Key Performance Indicators 2015-2016

The Chief Officer and the Senior Management Team would like to thank everyone who contributed to the development of this Chief Social Work Officer Annual Report; and all those staff and colleagues who continue to work so hard to deliver high quality services to the communities of West Dunbartonshire.

Electronic copies of this Chief Social Work Officer's Annual Report are available at www.wdhscp.org.uk

Foreword

It is my pleasure to provide my fourth 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 Scottish Government's Clinical and Care Governance Framework states that all aspects of the work of the new 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 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 Chief Social Work Officer 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 West Dunbartonshire Health & Social Care Partnership 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 report is to provide Council and other key stakeholders – most notably the new West Dunbartonshire Health and Social Care Partnership Board (WD HSCP) with information on the statutory work undertaken on the Council's behalf during the period 1st July 2015 to 31st March 2016. This report will be posted on the Council website and the West Dunbartonshire Health & Social Care Partnership website; and will also be shared with the Chief Social Work Advisor to the Scottish Government.

Demands for and expectations on social and also health care is growing. The economic uncertainty of the times also presents challenges for service planning delivery and more importantly, our more vulnerable citizens of West Dunbartonshire who are inevitably feeling the effects of austerity measures especially with regards to the reform of the benefits system.

West Dunbartonshire Health & Social Care Partnership 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 West Dunbartonshire Health & Social Care Partnership 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 Council
April 2016

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% from 89,810 in 2013. The population of West Dunbartonshire accounts for 1.7% 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% of the population are aged 16 to 29 years. This is smaller than Scotland where 18.3% are aged 16 to 29 years. Persons aged 60 and over make up 23.6% of West Dunbartonshire. This is smaller than Scotland where 24.0% 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 Section 3 of the Social Work (Scotland) Act 1968 and further supported by Section 45 of the Local Government etc (Scotland) Act 1994. The particular qualifications are set down in regulations. A recent review has taken place in respect of the National Guidance for Chief Social Work Officers and will be published shortly.

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 are 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 Work 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 an overview of how the statutory duties of the Chief Social Work Officer (CSWO) have been fulfilled between 1st July 2015 to 31st March 2016 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 2015 the Integration Joint Board for West Dunbartonshire (WD HSCP Board) was established and then agreed its first Strategic Plan, the agreed reporting on the delivery elements of Social Care will for this report be based on the first 9 months of the HSCP (i.e. from 1st of July 2015 to 31st March 2016); and so corresponds with the period covered by the first HSCP Annual Performance Report.

2.8 Future reporting will be on a financial calendar year basis from April to March.

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. West Dunbartonshire was well placed in making this transition given the significant integration already realised under the Community Health and Care Partnership (CHCP), established in October 2010.

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.

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 WD 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 The WD HSCP Strategic Plan describes the priorities for the WD HSCP Board; and sets out clearly the agreed outcomes and priorities for action, resource allocation and spend against the national health and well-being indicators.

3.6 As Chief Social Work Officer, I fully support and endorse the work that has been undertaken in establishing the governance arrangements for the WD HSCP Board; a clear integrated management construct for the HSCP; and in developing and then delivering upon the WD HSCP Strategic Plan.

3.7 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 and because it ensures that 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. It is responsible for the strategic co-ordination of all public protection services in West Dunbartonshire.

The Performance and Assurance Reporting Framework (Appendix 1) was developed in 2013. This report is shared with the Child Protection Committee (CPC) and Adult Protection Committee (APC). Its main purpose is to allow the PPCOG to review the outcomes and targets on a regular basis. It continues to be presented to each quarterly meeting of the PPCOG and is accompanied by an analysis report prepared by the Chief Social Work Officer. The targets set within this report were reviewed by the PPCOG in April 2016; and in acknowledgement of progress made, some of the targets are being adjusted to ensure there is continued improvement.

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. Between 1st April 2015 and the 2nd February 2016 Police Scotland investigated 877 incidents of domestic abuse where there were children in the household. There were 1747 children associated with these incidents. For some families there was more than one incident reported throughout this period.

Police Scotland statistics on domestic abuse reveal that whilst the prevalence of incidents has reduced slightly over the past three years from 2012/13 to 2014/15, West Dunbartonshire experiences higher incidents than some of our near comparator Local Authority areas.

In respect of domestic abuse, where children are part of the household the prevalence of this significant social issue is stark in West Dunbartonshire. Between April 2014 and March 2015 there were 768 incidents of which involved 1578 children. This equates to approximately 64 incidents a month. It should be said however that among these incidents some families are represented more than once.

The PPCOG have a Development Plan in place and one issue which has been addressed in a number of different ways has been the need to raise awareness of the role and function of the PPCOG.

Several awareness raising sessions have been held for elected members, Strategic Officers, Heads of Service from across the Council and members of the WD HSCP Board. In addition an article on the role and function featured in the Council's TALK magazine.

4.2 Child Protection

We continue to have a continued focus in domestic abuse and the CPC are arranging a further development session for staff and mangers across the public protection partnership, to take place in August 2016.

As at the 31st of March 2016 there were 28 children on the Child Protection Register (CPR) in West Dunbartonshire, compared with 34 children the year before. This represents a reduction of 17% from last year. We monitor the numbers of children on the CPR and the variance over the course of the year. This variation is evident within the Performance, Assurance and Reporting Framework (PARF) attached at Appendix 1 which covers the period of this report (1 July 2015 to 31 March 2016). We regularly review the prevalence and variation in order to ensure that our practice is robust and to inform the PPCOG of the likely reasons for the variance.

In addition we review the period of time children remain on the CPR, as this provides a good indication of whether decision making is appropriate.

From analysis over the year it is starkly evident that the reason for registration is predominantly due to 'neglect' and this reflects the national picture. It is welcomed therefore that 'neglect' features as one of the main work streams within the recent announcement of the Scottish Government's Child Protection Improvement Framework.

We continue to audit a number of child protection 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. In 2015 we initiated an audit of the cases that are referred to the multi-agency Domestic Abuse screening and decision making forum. Again the aim of this is to ensure we are taking appropriate decisions and that our intervention results in improved outcomes for children.

One area of particular importance both nationally and locally is the management of Child Sexual Exploitation (CSE). A recent national awareness raising campaign has highlighted the concerns and the risks posed to children and young people.

In West Dunbartonshire we have a CSE Strategy group with good representation from our colleagues across education services, Police Scotland and the third sector. The objective of this group is to ensure we develop opportunities to raise awareness and understanding of this risk, both amongst professionals, children and young people and parents and carers. The main focus has been on providing training for staff and sustaining this training through the development of local trainers.

In addition we have engaged with young people directly to involve them in the development of our local approaches. Colleagues in Council Education Services and the HSCP Health Improvement Team are developing inputs for the school curriculum; and we have been successful through Police Scotland in being part of a national pilot within two of the secondary schools. The aim of the latter (which is at a very early stage) is to develop older pupils in providing mentoring and support to the younger pupils entering the school.

The CPC 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 and will be reviewed again in June 2016. We continue to undertake various forms of self evaluation in order to identify areas for further improvement. The CPC Annual Improvement Action Plan was revised in January 2015 and can be accessed on the CPC website along with various local guidance documents; www.wdcpc.org.uk

4.3 Adult Support and Protection (ASP)

The APC continues to meet on a quarterly basis; and attendees include a representative from Police Scotland, Council Trading Standards, Care Inspectorate, Office of the Public Guardian (OPG), Mental Welfare Commission, Advocacy Services and Scottish Care, as well as health and social care professionals from the HSCP. We have also recently extended membership to include the Scottish Fire and Rescue Service.

Since July 2015 there have been two internal case file audits completed and a multi-agency audit scheduled for week commencing 23rd May 2016. As a result of the two internal audits that have taken place there have been a number of changes to the way adult protection referrals are recorded on the CareFirst system.

This is to allow further analysis of the intervention that has taken place and to evidence the 3 point test.

The ASP training plan for 15/16 is on-going and there have been new courses added to the programme, including lunchtime seminars arranged for GPs. A new training course which focuses on legislation is scheduled to take place late summer 2016 and will be delivered in partnership with Council Legal Services and a representative from the HSCP Mental Health Services. Figures for training courses for period 01/07/2015 – 31/03/2016 are as follows:-

- Level 1 – 148 attendees
- Level 1 refresher – 43 attendees
- Level 2 – 74 attendees
- ASP Minute Taking – 23 attendees
- Briefing Session – 12 attendees
- Seniors' Training – 7 attendees
- Council Officer Refresher – 38 attendees

The national and local adult protection campaign took place in late February 2016. New posters and leaflets were distributed to agencies across West Dunbartonshire and local newspapers featured an article based on the "See Something, Say Something campaign". The Corporate Communications team supported a Twitter and Facebook campaign; and screensavers across the Council incorporated the imagery used on the posters.

A Management Forum has been established to discuss various practice issues and to promote continuity in the practice of ASP. A work plan will be developed as part of the wider action plan.

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 ASP Co-ordinator and discuss issues relating to practice and professional development.

The number of adult at risk referrals for period July 15 – March 2016 is 344. Police Scotland submitted 49% (167) of referrals within this period and continues to be the highest referrer on both a local and national basis since the Act came into force in 2008. In comparison to the same period for 14-15 there has been a 16% (48) increase in the number of referrals that have been received. A possible reason may be the introduction of a new adult protection referral co-ordinator having joined the Concern Management Hub with Police Scotland, however further research would be needed to confirm this.

There were a total of 405 vulnerable adult referrals submitted for July 2015 – March 2016. Vulnerable Adult referrals are all submitted by Police Scotland. Such referrals provide an alternative pathway for the Police to submit referrals for individuals that they have concerns about but have screened as not meeting the ASP three point test. In comparison to the same period this is a significant increase of 73% (171) referrals. It is believed that recent advertising campaigns and greater police awareness may be the reason for the increase.

4.4 Criminal Justice – the Management of High Risk Offenders

As of April 2016, Multi Agency Public Protection Arrangements (MAPPA) applies to offenders subject to statutory supervision in the community who are assessed by Criminal Justice Social Workers as meeting certain Risk of Serious Harm (RoSH) criteria. The critical issue is to determine through a RoSH assessment the factors which indicate imminence of further offending and hence of serious harm. This is a new category of high risk offender, and will be in addition to the management of Registered Sex Offenders in the community.

The number of offenders meeting the RoSH criteria is anticipated to be small. However, there are significant implications in terms of the training of professional social workers, front line managers and MAPPA Chairs in the application, analysis and interpretation of assessments. There are also new demands on HSCP Criminal Justice Social Work in relation to the use of and input into ViSOR, a national Home Office database used by Police Scotland in the preparation of more complex risk management and contingency plans. There have been challenges in respect of the availability of the national training for ViSOR usage and this has been raised several times with the Justice Division. These changes and increased demand to use ViSOR has and will continue to place a pressure on our professional social workers within a context in which there is no national additional resource to support what are in principle welcome and constructive developments.

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 so as 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, including how they should plan, report and collaborate. Clarity is also provided regarding a definitive 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.

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.

Following the successful Community Planning Partnership (CPP) event of the 23rd of June 2015 - *Creating Unconditional Care* - the local West Dunbartonshire CPP Corporate Parenting Strategy and Action Plan was refreshed and presented to the Community Planning Management Group (CPMG) for approval on the 2nd of September 2015.

We await the guidance to accompany the Corporate Parenting section within the Children & Young Person's (Scotland) Act 2014, which was due for release some months ago. In any event a further iteration and progress report will be presented to the CPMG in June of this year.

Recent developments have included establishing a Corporate Parenting Board, with the involvement of young people, which would act as a sounding board for children and young people to convey the issues that most affect them in their journey through life as a looked after child or young person.

The aim of this is to improve communication with corporate parents, represented in the main on the CPMG; and develop a true understanding of how various corporate parents can intervene in a helpful and constructive way.

In West Dunbartonshire we recognise that we all have a role to play as Corporate Parents. 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 WD HSCP Board's Audit Committee along with details of improvement actions and progress (the reports of which are publicly available on the WD HSCP website).

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. Staff within the HSCP have 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.

Audit Scotland's Local Scrutiny Plan has confirmed that the Joint Inspection of Services for Children and Young People will take place some point between July and December this year, 2016. At the time of writing this Annual Report we had been still to receive our 12 week notification. However work is well under way on preparing for this, under the direction of a multi-agency preparation group, chaired by myself, that has been in place for the past two years. The main role of this group has been to develop our ongoing programme of self-evaluation. Now that the window for the Joint Inspection has been confirmed as relatively imminent, the group will now focus on the practical arrangements and submissions required by the Inspection Team.

We anticipate that the Joint Inspection of Services for Older People in West Dunbartonshire will take place at some point in 2017/18.

Outcome Grades

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 by the Senior Management Team of the HSCP and through the scrutiny of the HSCP Board's Audit Committee. Whilst performance overall is reassuring, there can be no place for complacency; and there are a few areas where further improvement is still required.

For further details across all inspections, grades, requirements and recommendations carried out between 1st July 2015 and March 2016 please see Appendix 2 - Regulatory Inspection Outcomes. There are some inspections that have taken place in this period that at the time of writing this report their outcomes had not been finalised nor published (so these have not been included to avoid confusion).

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 of 2015. 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 at that time was chaired by myself. The chair of this group rotates on an annual base and is now held by an officer from Renfrewshire.

The outcome of the thematic review within the NSCJA was provided in November 2015 by the review team. The feedback was extremely positive and some key areas of good practice within NSCJA were highlighted within the national report which covered the whole of Scotland.

The national report contained ten recommendations related to issues to be taken forward principally by the Scottish Government in association with partners. There are 17 areas for development to be progressed by each MAPPA Strategic Oversight Group (SOG). Within the NSCJA this is being taken forward by the SOG and the MAPPA Operational Group (noting that some of these areas for development have already been addressed).

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, with representation from the Third Sector and Police Scotland. The legislative requirement for a 'Named Person' for each child is enshrined within the Children & Young People (Scotland) Act 2014; implementation for this aspect of the Act comes into place on the 31st of August 2016.

Pilots and early implementation are underway in the following areas of change:

i) Transition of Named Person from Health Visitor to Primary School.

Standard Operating Procedures (SOP) are in draft for this key transition, taking the learning from the early pilot and information exchange discussions. The draft process has been streamlined to ensure that children who have a Health Plan Indicator (HPI) of 'core' have basic information shared; and those who have an HPI of additional (high or low) have the Well Being Assessment and chronology shared, with a transition discussion between outgoing and incoming Named Persons considered for the more complex cases.

ii) Information sharing between GPs and Education Named Persons around 'well being' and the role of the GP.

This national pilot is proving successful in the authority; and the learning from our local context was covered in the recent national masterclass event for Council Lead Officers from across Scotland.

This pilot has highlighted the value of building supporting relationships between GPs and education professionals, as the Named Person Service can lead to better information sharing between two services that already identify and support vulnerable families. The learning from this pilot will inform our local guidance and practice.

iii) Request for Assistance Early Implementation

The scope of this early implementation has been agreed between agencies and is now underway. Requests for Assistance (RfA) from Named Persons (NP) are currently being received by HSCP Social Work Children and Family Duty staff from secondary schools. The evaluation of this change will take place prior to the summer break.

The newly established process sees RfA being submitted to targeted services e.g. HSCP Child and Adolescent Mental Health Services (CAMHS) and Functional Family Therapy (FFT). There is also a requirement for the 'receiving service' to provide a more formal response to the NP to advise if they accept the RfA; and if not, provide an explanation for why not. This approach further supports the need for agencies to work as part of the Team around the Child; considering the need for a Lead Professional; and supporting the Named Person and family in achieving the best outcomes for the child.

iv) Measuring Outcomes

Staff in the HSCP Looked After Children Team are trialling a tool utilised to measure whether outcomes for children are improving in relation to the child's plan and the child's view. Early indications are that this is proving to be a useful and easy tool to use and we are now considering the roll out of this approach. A key aspect of the positive feedback has been the impact this 'tool' has had on developing even more constructive conversations with children about their circumstances and whether outcomes have improved in line with their care plan.

v) Training

One hundred and eight staff from a range of adult services and other services undertook awareness training about GIRFEC and the Children & Young People (Scotland) Act 2014 during March 2016. The feedback reflected an improvement in their knowledge and understanding of both subjects.

In addition a number of sessions have been undertaken with the HSCP's two multi-stakeholder Locality Groups (Alexandria/Dumbarton and Clydebank). This has included: workshops, direct training and the use of case study examples to explore roles and responsibilities as they relate to wellbeing and GIRFEC.

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 Implementation of Children and Young People (Scotland) Act 2014

The Children & Young People (Scotland) Act 2014 contains several work streams and key policy changes that concern the provision of Children's Services. In addition to the implementation of GIRFEC, as outlined above, the Act updates and expands the legal obligations of local authorities and other public bodies in areas such as: Corporate Parenting; Complaints; Children's Rights; Aftercare; Continuing Care; and Kinship Care.

The HSCP and key partners through the Community Planning Children and Families Delivery and Improvement Group (DIG) have effectively managed the new requirements from the Act.

7.3 Kinship Care

Following a series of negotiations across Local Authority areas with the support of COSLA and the Scottish Government, additional funding was made available by the Government and the Council to provide Kinship Care placements with the appropriate level of financial support. This was a protracted process but has been resolved successfully and we are now in a position to provide Kinship care placements with the equivalency of Fostering allowances.

The West Dunbartonshire Kinship Policy is available via the Council and HSCP websites.

7.4 Youth Mentoring Project – National Award

The HSCP's Youth Mentoring Project has continued to be recognised following the various national awards outlined in the previous CSWO Annual Report of 2014 to 2015. The Project was awarded the Justice Project of the Year at the Scottish Mentoring Awards in November 2015. At the same awards ceremony one of our mentors, Ronnie Reardon, was awarded the Exceptional Contribution Award for 2015. The scheme gives young people who need extra help support to achieve their goals and make better decisions about their life.

In addition to the HSCP's Youth Mentoring Project, Y Sort It were successful in an application to the Life Changes Trust to develop further opportunities for mentoring by training and supporting local young people to develop mentoring skills.

This development is being taken forward with the support of staff and managers from the Youth Mentoring Service.

7.5 Integrated Care for Adults and Older People

Within adults and older people services, we are committed to supporting people to live as independently as possible and safely at home for longer. With an ageing population with increasing life expectancy, some of our oldest residents are more likely to experience ill health and disability; as a result we need to ensure our health and social care services meet their needs.

Through our integrated Health and Social Care teams, person centred approach and shared information systems; we have achieved key aims, including:

- A reduction in emergency admissions to hospital across the population
- avoided delay in hospital discharge
- supported more people at the end of life to die where they choose
- reduced unnecessary admission to hospital in people over 65 years

Some developments and improvements of particular note are as follows:

Integrated Care Fund Plan

In April 2015 the Scottish Government confirmed requirements for a new Integrated Care Fund. The fund builds on the work of the Change Fund for Older People and seeks the development of further work for people of all ages with long term conditions and multi-morbidity. The local HSCP led CPP Integrated Care Fund Plan has adopted those key work streams undertaken as part of the preceding Older People Change Fund programme which had been identified as being directly transferable to a broader age group that (like older people) demonstrate high levels of health and social care need as a result of multi-morbidity and inequalities. The actions reflect 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.

This has included the development of a market facilitation consortium model of commissioning across all of our health and social care services from across the statutory, independent and third sector to make the best use of the significant resources invested across our communities. The approach provides third and independent sector partners, alongside procurement specialists, access to the same information and data used within statutory services; providing opportunities for service delivery where there is an agreed and identifiable need for services based on demographic and neighbourhood analysis. Partners across sectors are then working in an innovative and collaborative approach which as a result is responsive, flexible and accountable to local people within their own localities. This approach ensures that the partnership, as a whole, effectively uses the Integrated Care Fund alongside other funding streams available to the HSCP and wider partners; and that the HSCP has strong relationships in place to collectively respond to changing circumstances. For example, Red Cross House in Irvine closed in March 2016. This had a significant impact on the opportunities for respite and long term placements for adults under 65 across Scotland. Within West Dunbartonshire, we have been working to identify more local opportunities by further engaging with third sector partners in this endeavour.

Bobath

The HSCP's Adult Care Team and Bobath Scotland worked jointly to deliver a short-term pilot project. The project was funded by the Scottish Government and ran between January and the end of March 2016. It aimed to facilitate specialist input to the care pathway of adults in West Dunbartonshire who have Cerebral Palsy. Multi-disciplinary staff from both the HSCP and Bobath engaged in the assessments of 18 individuals within West Dunbartonshire, utilising the Bobath Concept - a way of assessing how a person moves as a basis for deciding what strategies/ physical handling could make daily activities easier.

The pilot was successful, with many individuals being further assessed for aids and adaptations; and some receiving ongoing rehabilitation within the Bobath Centre.

Bobath are currently in the process of submitting an application to the Scottish Government, in the hope of extending their partnership with the HSCP's Adult Care Team. The lessons from this are anticipated to inform national approaches to the support of adults with cerebral palsy.

iii) Specialist Rehabilitation Team

The HSCP's Adult Care Team continue to engage with partners across the NHSGGC area to establish and embed rehabilitation models which serve to promote individual's skills and independence in activities of daily living. This involves recognising the specialisms of third sector agencies and working in partnership to ensure that service user's needs are supported in a timely manner, whilst also enhancing the knowledge of HSCP staff in numerous presenting conditions.

iv) Transitions into Adult Care

Work is ongoing to enhance transitions from HSCP Children's Services into the HSCP Adult Care Team, and other Adult Services. Discussions related to transition will begin at aged 14 years – with care managers from Adult Care partnering Child Care workers in the assessment for Adult Care supports, thereby promoting a smoother transition between services for residents of West Dunbartonshire.

v) Palliative Care

Our integrated approach to Palliative Care has received increasing recognition nationally over the last two years. In addition to previously recognised success, the programme has recently been awarded the Scottish Health and Social Care award at the Herald Society Awards.

In recognition of this progress our Palliative Care team are developing a workshop at the forthcoming Social Work Scotland Conference in June this year.

We continue to improve 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.

The HSCP's Prescribing Team are an essential part of this palliative care programme. Pamela McIntyre, the HSCP's lead Pharmacist was recently awarded the Leading and Managing for Quality Award at the Scottish Health Awards.

7.6 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 years, is now well established across West Dunbartonshire, incorporating Early and Effective interventions (EEI) for young people.

Scottish Government funding finished on the 31st March 2016. Going forward we have retained particular aspects of the co-ordinator's duties within a youth services officer's remit. This will allow us to continue to build on the positive working relationships with Scottish Children's Reporters Administration (SCRA), the Procurator Fiscal's Office and local Police Scotland colleagues. The wider whole systems work (direct interventions with young people) has been absorbed into the youth services team.

Between January 2015 to January 2016, of the 470 offences committed, 207 were passed to EEI/WSA to be dealt with. Of these 43% of all offences committed by those under the age of 18 were dealt with via EEI/WSA. This in an increase of 11% from last year.

Between March 2014 and March 2016, 37 of the offences being dealt with directly by the Procurator Fiscal were diverted to the Early and Effective Intervention of the Whole Systems Approach (EEI/WSA). These cases were then provided with direct support and intervention from a range of options: All 4 Youth, Includem, SACRO, HSCP or managed through a police warning.

Of the 37 referrals received, 76% successfully completed this intervention; and there was a 24% rate of non-engagement or cases identified as being unsuitable for the support available. The types of offence ranged from: possession of a Class B drug namely cannabis (35%); and breach of the peace (23%). The gender split was 81% male and 19% female.

This early intervention is achieved by aligning this approach with Police Scotland's Concern Management HUB. We have a protocol in place that allows us to support those under 18s who enter the adult justice system through providing court support. The HSCP Youth Services Team liaise with criminal justice colleagues to complete Social Enquiry Reports (SERs) for 16 and 17 year old where appropriate and in line with good practice.

7.7 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 research undertaken by SCRA which confirmed 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 that 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 our continued 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 placed 12 children in adoptive placements and 7 in permanent fostering.

This resulted in a total of 39 children over a two year period who have had their long term care arrangements and needs met.

We have continued to build on the already improved permanence planning for children. Between January 2016 to March 2016 we have matched one child with an adoptive family; one child with a permanent fostering family; and ratified 10 permanence plans for children who are currently with temporary foster families.

The figures clearly indicate that permanence planning for children remains a priority within the HSCP, with evidence of clarity of planning and determination to minimise drift for our looked after children.

7.8 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.

We have continued to further develop and refine our processes around the management of domestic abuse on a multi-agency basis. This process is led by the multi-agency Early and Effective Intervention Strategy Group.

We are in the process of developing a Multi-Agency Domestic Abuse Coordinator from within our existing social work resource. This post will link directly and coordinate the processes and information sharing within the Multi Agency Risk Assessment Conferences (MARAC) and the Multi Agency Tasking and Coordinating group (MATAC), led by Police Scotland.

We have established a clearer performance reporting and management process and undertake routine auditing of the cases already progressed to ensure that this approach is effective in improving outcomes for children and families.

A key aspect of this work is the close multi-agency working and communication on a local level. As evidenced within Section 4.1 of this report, unfortunately domestic abuse continues to be a significant factor for the communities of West Dunbartonshire. As such the Child Protection Committee is holding a further multi-agency event in August 2016 to appraise staff of developments and inform practice.

7.9 Transition from Children to Adult Services

The multi-agency Transitions Advisory Group (TAG) is developing guidance to manage the smooth transition arrangements for children with additional support needs from children's services to adult services, where this is required.

The aim is to ensure this transition is made on a 'needs led' basis and that the appropriate adult service is identified with the care plan being adjusted accordingly. For some children who do not require the support of the HSCP's Children with Disabilities team as they are supported appropriately within education, this transition process is essential as their needs change when they transition into adulthood.

7.10 Organisational Recognition

At the March 2016 WDC Employee Recognition Awards, the following HSCP initiatives, teams and staff were recognised in five out of the seven categories as follows:

- Employee of the Year; Ronnie Reardon, Youth Mentoring Service.
- Team of the Year; Alternatives to Care.
- Team Leader of the Year; Mary Angela McKenna, Community Adult Team.
- Outstanding Achievement; Hospital Discharge Team.
- Young Ambassador of the Year – Sean Macadam, Dumbarton Day Centre.

At the November 2015 *NHSGGC Celebrating Success Staff Awards*, the HSCP's local and integrated Care at Home Pharmacy initiative represented by; Pamela McIntyre, Lynne Meldrum and Richard Heard, won the Health Board-wide Improving Health category. At that event, the HSCP also commended the following local initiatives, teams and staff:

- The Young People in Mind Team, represented by Brendan Kelly, Louise Grant, Emma Marshall, Karen Ferguson and Janice Murphy.
- Angela Sprott for her leadership of our Acquired Brain Injury Team.
- The Work Connect Initiative, represented by Ingram Wilson and Lorraine Davin.
- Heather Irving for her work enabling local quality improvement.
- Our Community Older People's Team, represented by Mary-Angela McKenna, Caroline Thomson, Linda Young, Helen Faye and Hazel Kelly.

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 3 and 4 are reported externally. All performance reports are attached and illustrate a good range of performance indicators. These provide in the main a 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-Related Local Government Benchmarking Framework Indicators for 2014 to 2015.

Appendix 4: WD HSCP Key Performance Indicators 2015 - 2016

8.1 Clinical and Care Governance

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. 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.

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 directly informed the development of the Clinical and Care Governance sections of the approved Integration Scheme for West Dunbartonshire. In the last year we have reviewed our Clinical and Care Governance arrangements and enhanced the involvement and understanding of a wider range of staff and managers through the creation of a Clinical and Care Governance Forum which will meet quarterly to share practice around improving practice and service delivery as well as mitigating against potential risks.

In committing to improving quality, efficiency and effectiveness of our services, the Clinical and Care Governance Framework for the HSCP focuses on ensuring that the care we provide is person-centred, safe, and clinically and cost effective. We will continue, through self-assessment and self-evaluation, and performance and service review, to analyse our long term outcomes and define our success by showing a clear direction of travel and progress across our improvement agenda, as highlighted in recent Audit Scotland reports.

This includes responding to the review of the National Care Standards led by the Care Inspectorate and Health care Improvement Scotland, which aims to develop more integrated standards and provide a more effective and relevant model of scrutiny fit for the future.

8.2 Mental Health Officer (MHO) Service

The HSCP's Mental Health Officer (MHO) Service has been significantly augmented with the addition of two full-time, dedicated MHO posts which were successfully filled, with two experienced MHOs joining the service in July 2015.

One of the posts created has a specific remit for statutory service provision in respect of Older People, in recognition of the developing demography in West Dunbartonshire (as throughout the country); and in response to increasing resource demands in this area of service provision. There are now two MHOs specialising in this service area, and, in addition to enhancing the overall MHO resource, they are also deployed with a view to providing direct support to relevant service partners such as the hospital discharge team. One qualified social worker is undertaking the MHO training programme, while a further two members of staff have been supported in applying to join the 2016/2017 programme.

As a result of the additional posts and ongoing resource alignment, it has also been possible to effectively eliminate the requirement for a waiting list in respect of Adults with Incapacity (Scotland) Act 2000 referrals. Protocols and practices have been developed to support more efficient and effective supervision arrangements under the terms of the 2000 Act, and in response to changes such as the introduction of new regulations surrounding the supervision of private guardians.

An area of practice that continues to place significant demands on the resource is the provision of services for mentally disordered offenders. The extension of regulations in respect of appeals against excessive security to include those people in medium secure hospital environments (introduced in November 2015) will have the consequence of increasing the number of people moving towards community discharge. As such, there will be a requirement to develop robust care plans for people who often have complex needs, whilst assessing and managing risk effectively. This is a significant undertaking for the MHO service working in collaboration with key partners.

8.3 Information Governance

The Council, the Health Board and the other local authorities within the Health Board area have a well established Joint Information & Health Systems Group to develop, review and maintain an Information Sharing Protocol. The Protocol describes how the parties will exchange information with each other particularly information relating to identifiable living people, known legally as personal data. The purpose of the Protocol is to explain why the partner organisations want to exchange information with each other; and to put in place a framework which will allow this information to be exchanged in ways which respect the rights of the people the information is about, while recognising the circumstances in which staff must share personal data to protect others without the consent of the individual. The Protocol complies with the laws regulating this, most notably the Data Protection Act 1998.

As part of addressing a data breach in 2014, the HSCP has continued, along with the Council, to deliver training and briefing sessions to all staff in order to prevent any further breaches of data and ensure that all staff at all levels are fully aware of their duties in respect of keeping sensitive information secure; appropriate sharing of information with other professionals to improve the care of individuals/families; and complying with the robust policies that in place.

8.4 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.

There has been an increase of 48% in the number of new CPOs received by the HSCP's Criminal Justice Social Work Team across the last year, principally from Dumbarton Sheriff Court. It should be noted that this occurs within the context of increases in demand in other areas of criminal justice activity and a very challenging financial landscape (see below).

8.5 Criminal Justice Funding

The Funding for the Criminal Justice Service is ring fenced and transferred via the North Strathclyde Community Justice Authority (NSCJA) to the six respective Local Authorities. For a number of years the value of the Criminal 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 funding of Criminal Justice services in relation to West Dunbartonshire and its partners has declined in value over a number of years resulting in increasing pressure on capacity particularly over the present period of significant growth in demand. Legislative and policy change has placed additional duties and added complexity to the role of Criminal Justice particularly in relation to the risk assessment and supervision of high risk offenders.

A revised formula has been devised in consultation with local authorities. It continues to take account of activity levels but also addresses the social and economic costs of crime in an authority area. It is intended that the revised formula will be applied to the 2017-18 grant allocation. Local authorities will be provided with an indication of how this will affect their allocation at some point in 2016.

The ring fenced funding of Criminal 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 West Dunbartonshire has shared a single budget with its partners, Argyll and Bute and East Dunbartonshire, since 2002. Work is being undertaken in anticipation of the new arrangements.

8.6 Community Justice Reform

With effect from April 2016 responsibility for local strategic planning and delivery of community justice will transfer from the eight Community Justice Authorities (CJA) to Community Planning Partnerships (CPP). CPPs will assume responsibility under the new model from 1 April 2016 with full responsibility being conferred from 1 April 2017. Community Justice Authorities (CJAs) will be formally disestablished on 31 March 2017. The new arrangements rely on CPPs being the vehicle to bring partner organisations together to plan and deliver community justice outcomes. Criminal Justice Social Work remains accountable to and subject to the governance arrangements within the WD HSCP Board. The legislation underpinning this change is the Community Justice (Scotland) Act 2016.

During the period covered by this report, the Criminal Justice Social Work Partnership authorities have pooled the resource made available to support transition and appointed a Transitions Officer. A joint transition plan was submitted to the Scottish Government in January 2016. Work is being undertaken, co-ordinated and supported by the Transitions Officer, with statutory partners in consultation with relevant third sector organisations to develop the strategic relationships necessary to plan and deliver community justice performance improvement and outcome plans. In parallel we are reviewing the long standing criminal justice social work partnership arrangements.

8.7 Stakeholder Engagement and Locality Developments

As committed to within the West Dunbartonshire Integration Scheme, the HSCP consulted upon and co-produced a local participation and engagement strategy that sets out the principles that do and will underpin its ways-of-working with key stakeholder groups (including service users, carers and local communities). The strategy reflects and reinforces good practice endorsed by the Scottish Health Council and articulated within the National Standards for Community Engagement; and seeks to increase diversity of participation in line with the expectations of Equalities Act 2010 and extend the representativeness of engagement in line with the Community Empowerment Act 2015.

We continue to develop locality planning within our Partnership, supporting professionals and communities within our two confirmed localities; Clydebank and Alexandria/Dumbarton in order to shape service delivery and planning. This includes working with General Practices with regards to the new GP contract and their development of clinical quality clusters. The on-going development of local engagement networks dovetails locality work streams with opportunities for the wider community to feed directly into the strategic planning process across the whole of West Dunbartonshire.

8.8 Carer's (Scotland) Act 2016

This Act Received Royal Assent on 9 March 2016. Its intent s to ensure better and more consistent support for both adult carers (745,000 approx identified in Scotland) and young carers (44,000 approx identified in Scotland) so that they can continue to care in better health and to have a life alongside caring.

In implementing the Act we are working with carers, young carers and their third sector representatives to ensure they are and feel supported to continue in their caring role.

8.9 Complaints

In the period 1st July 2015 to 31st March 2016 the HSCP has received 43 complaints. Of these 31 related to social care services. We monitor our compliance with complaints handling procedures through the HSCP 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.

8.10 Financial Challenges

Health and social care services are very much demand-led, particularly, but not exclusively in respect of the needs of older people and children. 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.

As required by legislation, the WD HSCP Board has made arrangements for the proper administration of its financial affairs and appointed an officer with the responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is Chief Financial Officer.

The HSCP social care budget remains under pressure, mainly due to the increased level of demands for services. 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 financial year. The Chief Officer continues to manage and review the budget across all service areas in conjunction with the senior management team.

8.11 Conclusion

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
April 2016

Performance and Assurance Reporting Framework Public Protection Chief Officers Group July 2015 – March 2016

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

Safe

1. Child Protection

Child Protection

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016					
	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
HSCP/CP/001 Percentage of child protection investigations to case conference within 21 days	87.7%	100%	88.6%	86.4%	91.3%	95%				73 of 80 case conferences were carried out within the timescale. Of the 7 conferences out with the timescale, 3 were delayed by 1 day only and the maximum delay was 7 days.
HSCP/CP/002 Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	100%	100%	100%				
HSCP/CP/003 Number of Child Protection referrals	174	41	63	46	150	N/A				
HSCP/CP/004 Number of Child Protection investigations	201	41	55	52	148	N/A				
HSCP/CP/005 Number of children investigated	192	41	53	51	145	N/A				
HSCP/CP/006 Number of children investigated - Male	105	22	24	21	67	N/A				There were 2 unborn children investigated during Quarter 4.
HSCP/CP/007 Number of children investigated - Female	87	19	29	28	76	N/A				There were 2 unborn children investigated during Quarter 4.
HSCP/CP/008 Number of children	3	1	0	0	1	N/A				

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016					
	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
involved in pre-birth case discussions but not progressing to pre-birth conference										
HSCP/CP/009 Number of children involved in pre-birth case conference	13	2	7	1	10	N/A				
HSCP/CP/010 Number of children registered pre-birth (as distinct from live child registration)	1	0	2	0	2	N/A				
HSCP/CP/011 Number of Child Protection investigations resulting in a case conference	119	17	43	23	83	N/A				
HSCP/CP/012 Number of children on the Child Protection Register at year end	12	20	30	28	28	N/A				
HSCP/CP/013 Number of children on the Child Protection Register - Male (At Quarter End)	9	13	14	16	16	N/A				
HSCP/CP/014 Number of children on the Child Protection Register - Female (At Quarter End)	2	7	15	12	12	N/A				
HSCP/CP/015 Number of children with temporary registration (At Quarter End)	2	0	1	2	2	N/A				
HSCP/CP/016 Average length of time on Child Protection Register (Days) - All	121	123	69	107	107	N/A				
HSCP/CP/017 Average length of time on Child Protection Register (Days) - Male	113	139	91	114	114	N/A				
HSCP/CP/018 Average length of time on Child Protection Register (Days) - Female	196	94	52	97	97	N/A				
HSCP/CP/019 Percentage of children remaining on the Child Protection register for more than 18 months	0%	0%	0%	0%	0%	N/A				

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016					
	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
HSCP/CP/020 Number of Child Protection registrations	61	12	25	14	51	N/A				
HSCP/CP/021 Number of Child Protection de-registrations	90	4	15	16	35	N/A				
HSCP/CP/022 Number of de-registrations where child moved into a formal placement	7	1	1	2	4	N/A				
HSCP/CP/023 Number of de-registrations where child returned home or at home with parents	70	3	14	13	30	N/A				
HSCP/CP/024 Number of de-registrations where child living with kinship carer	8	0	0	1	1	N/A				
HSCP/CP/025 Number of current multi-agency staff trained in child protection in financial year	416	335	525	525	525	580				Provisional awaiting figures from LearnPro.

2. Adult Support and Protection

1. Adults at Risk - Referrals

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016					
	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
HSCP/ASP/002 Number of Adults at Risk Referrals	411	132	92	120	344	N/A				
HSCP/ASP/003 Number of Adults at Risk Referrals by Type of Harm Reported	473	160	108	134	402	N/A				
HSCP/ASP/004 Number of Adults at Risk Referrals that do not meet the 3 point test known and supported by	104	34	15	22	71	N/A				

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016					
	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
other services										
HSCP/ASP/005 Percentage of Adults at Risk enquiries completed within 5 working days from point of referral	74%	83%	82%	89%	85%	100%				291 out of 344 referrals were completed within the 5 day timescale.

2. Adults at Risk - Investigations

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016					
	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
HSCP/ASP/006 Number of Adults at Risk Investigations	48	12	10	15	37	N/A				
HSCP/ASP/007 Number of Adults at Risk Orders applied for	0	0	0	0	0	N/A				
HSCP/ASP/008 Number of Adults at Risk Orders granted	0	0	0	0	0	N/A				
HSCP/ASP/009 Percentage of Adults at Risk Investigations started within 8 working days from point of referral	71%	83%	80%	93%	86%	70%				32 out of 37 investigations were started within the 8 working day timescale.
HSCP/ASP/010 Percentage of Adults at Risk Case Conferences held within 28 working days from point of referral	77%	100%	50%	100%	86%	75%				6 out of 7 case conferences were held within the timescale.
HSCP/ASP/011 Percentage of Adult Support and Protection clients aged 16 to 18 who have current risk assessment and care plan	100%	100%	66%	100%	100%	100%				

3. Vulnerable Adults - Referrals

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016					
	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
HSCP/ASP/012 Number of Vulnerable Adult Referrals	301	132	122	151	405	N/A				

3. Criminal Justice

1. Registered Sex Offenders and Restricted Patients

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016					
	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
HSCP/CJ/004 90% of Level 3 MAPPA cases reviewed no less than once every six weeks	N/A	N/A	N/A	N/A	N/A	90%				
HSCP/CJ/005 Number of Level 3 MAPPA cases reviewed	N/A	0	0	0	0	N/A				No level 3 cases in 2015/16.
HSCP/CJ/006 85% of Level 2 MAPPA cases reviewed no less than once every twelve weeks	82%	100%	100%	100%	100%	85%				
HSCP/CJ/007 Number of Level 2 MAPPAs Reviewed	18	4	4	3	11	N/A				
HSCP/CJ/008 Total number of Registered Sex Offenders being managed at Level 2 and 3 in the community (Snapshot)	4	2	4	4	4	N/A				
HSCP/CJ/009 Total number of Registered Sex Offenders being managed at all levels in the community (Snapshot)	82	85	85	86	86	N/A				
HSCP/CJ/010 Total number of	1	1	1	1	1	N/A				

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016					
	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
Restricted patients being managed in the community (Snapshot)										
HSCP/CJ/011 Number of wanted/missing registered sex offenders (Snapshot)	0	0	0	0	0	N/A				
HSCP/CJ/012 Number of breaches of licence by all levels who were recalled to prison	2	2	0	0	2	N/A				
HSCP/CJ/013 Number of Referrals for Level 2 meeting must be held within 20 days of receipt of referral by the MAPPA coordinator or their administrator	2	0	1	0	1	N/A				
HSCP/CJ/014 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%	N/A	100%	N/A	100%	100%				
HSCP/CJ/015 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	N/A	N/A	N/A	N/A	N/A	N/A				
HSCP/CJ/016 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				
HSCP/CJ/017 Number of Male MAPPA cases	85	Not reported quarterly			86	N/A				
HSCP/CJ/018 Number of Female MAPPA Cases	0	Not reported quarterly			0	N/A				
HSCP/CJ/019 Number of MAPPA Cases aged under 18 years	2	Not reported quarterly			1	N/A				

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016					
	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
HSCP/CJ/020 Number of MAPPA Cases aged 18 to 30 years	19	Not reported quarterly			19	N/A				
HSCP/CJ/021 Number of MAPPA Cases aged 31 to 60 years	46	Not reported quarterly			47	N/A				
HSCP/CJ/022 Number of MAPPA Cases over 61 years	18	Not reported quarterly			19	N/A				

2. Serious Violent Offenders

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016					
	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
HSCP/CJ/023 Total number of violent offenders assessed as requiring high or very high levels of supervision in the community	15	13	12	13	13	N/A				

Appendix 2

REGULATORY INSPECTIONS, GRADES AND FINDINGS

The Care Inspectorate regulates and inspects care services in Scotland, which are subject to routine inspections at least once per year.

From 1st April 2015, the Care Inspectorate amended their inspection process. If any building based Adult service (i.e. Care Homes or Day Centres) is performing poorly, had been awarded the Grade 2/weak or had requirements in their previous inspection then their next inspection will be a 'follow up' inspection.

This 'follow up' inspection will focus on the requirements made in the previous inspection instead of covering the four quality themes (Quality of Care and Support, Quality of Environment, Quality of Staffing and Quality of Management and Leadership). The grades awarded at the previous inspection may change if the Inspector has evidence to support any adjustment. 'Follow up' inspections will allow the Care Inspectorate to track improvement and gain assurance that services are making the right changes.

The Care Inspectorate do not intend to make further requirements or revise grades on these follow up visits, although Inspectors have some discretion to do so if they consider that sufficient evidence is evident.

1. Children's Services

Craigellachie Children's House was inspected on 21 September 2015 and 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.

Their Inspection report contained no requirements and 1 recommendation;

i) To actively seek a solution to the limited ability of staff to meet as a team to promote a more cohesive process for shared decision-making and consistency of approach for young people.

This recommendation has been addressed by the Manager of the home. All grades remain consistent with previous inspection and reflect the high standards of care offered to our young people.

Blairvadach Residential Home was inspected on 11 January 2016 and the following grades were awarded:

- *Quality of Care and Support* Grade 4/Good.
- *Quality of the Environment* Grade 3/Adequate.
- *Quality of Staffing* Grade 4/Good.
- *Quality of Management and Leadership* Grade 4/Good.

Their Inspection report contained 1 requirement and 2 recommendations;

Requirement:

i) To ensure that the living environment was safe, secure and nurturing for the young people.

Recommendations:

i) The service to ensure bank staff were suitably supervised and appraised.
ii) Review its admission procedures to ensure all young people have appropriate environment which meets individual needs.

Since the inspection report was issued the home has been addressing these issues. All grades were a reduction from the previous inspection but still reflect the high standards of care offered to our young people.

Burnside Children's House was inspected on 22 December 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 4/Good.

Their Inspection report contained no requirements and 1 recommendation;

i) To ensure that all relevant matters are notified to the Care Inspectorate timeously.

The service is ensuring that this happens within the time frame dictated by the Care Inspectorate. The grade of 4/Good awarded for the Quality theme of Management and Leadership is a slight reduction from that of 5/Very Good in the previous inspection. However, the other grades remain consistent with previous inspections and reflect the high standards of care offered to our young people.

2. Adult and Older People's Services.

Dumbarton Centre was inspected on 30 October 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 4/Good.
- *Quality of Management and Leadership* Grade 4/Good.

Their Inspection report contained no requirements and 9 recommendations;

i) To arrange for staff developing outcome focused care plans to undergo training using best practice guidance such as "Talking Points" to assist them in this process.
ii) Ensure staff are aware of and adhere to the instructions within the document; 'Records all Services (excluding Child Minders) Must Keep

and Notification Reporting Guidance,' which can be found on the Care Inspectorate's Website.

iii) Staff supporting someone who uses a PEG feeding system are initially trained by someone qualified to carry out this training.
iv) Install Wi-Fi within the Dumbarton Centre to allow service users to access more technology to enhance their experience of using the centre.
v) Establish how long service users spend on the bus each week.
vi) Evidence that service user views are sought as part of a staff appraisal system for new and established support staff.
vii) Carry out a review of both the frequency and the quality of supervision staff receive within the day centre.
viii) Involve staff in reviewing how effect team meetings are within the service.
ix) Management to monitor the induction period of new staff and ensure that they have the opportunity to complete all induction training within the six month induction period.

Since this inspection the service has been working to address these issues. The grade of 4/Good awarded for the Quality theme of Management and Leadership is a slight reduction from that of 5/Very Good in the previous inspection. While the grade of 5/Very Good for the Quality theme of the Environment is an improvement and reflects the refurbishment programme undertaken and recently completed for this service.

Learning Disability Service was inspected on 18 November 2015. 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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Their Inspection report contained no requirements and 8 recommendations;

i) Have a relative, guardian or other representative, with the authority to do so, to read and sign personal plans where it is identified that a service user has been assessed as being incapable to demonstrate that the plan has been read, understood and agreed by the service user's representative.
ii) Review current risk assessment and protocols related to safe bathing arrangements for individual service users.
iii) Make sure there is always a clear protocol, in each personal plan that details how each service user is to be supported to manage their money.
iv) Have a standing item in six monthly reviews to discuss and record service users, or their representatives, comments about the quality of staff that support them.
v) Review the scope of influence and choice service users and/or their representatives have regarding the staff teams that support them.
vi) Improve the quality of staff supervision meetings and supervision recording in Neighbourhood Network.

vii) Ensure time between accidents and incidents occurring and a notification being made to the Care Inspectorate is in line with reporting timescales guidance.
viii) Take appropriate action to improve information, communication and technology systems to allow all staff to be supported better in their role.

The grades awarded from this inspection are consistent with previous inspections and reflect the high standards of care offered by the Learning Disability Service to our service users.

Boquhanran House was inspected on 13 January 2016. This inspection was a 'Follow up' inspection, only looking at progress in addressing the five recommendations from the previous inspection.

The grades from the previous inspection, of May 2015, remained the same as follows:

- *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.

The Inspector detailed no additional requirements or recommendations and reviewed the 5 recommendations from the previous inspection which were;

i) Staff to adopt best practice when monitoring residents who may be a risk of developing dehydration and malnourishment.
ii) Staff to utilise the information obtained from carrying out key assessments such as 'Waterlow' to inform the content of associated support plans.
iii) Have 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) Staff to undertake dementia training.

The service has been actively addressing these recommendations and successfully completed two of them. The other three have been partially completed and were viewed by the inspector as 'works in progress. The grades continue to reflect the high standards of care offered to our older people.

Dalreoch House was inspected on 9 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.

Their Inspection report contained no requirements and 1 recommendation;

i) To ensure all care plans and related documentation, including reviews, are fully up-to-date and reflect the current assessed care needs and personal references of each resident.

Since this inspection took place the care plans have been worked on and changes implemented by the service. The grade of 5/Very Good awarded for the two quality themes of Staffing and Management & Leadership is an improvement from the previous inspection when the service received the grade of 4/Good for the same two quality themes and reflects the high standards of care offered to our older people.

Frank Downie House was inspected on 01 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.

Their Inspection report contained no requirements and 7 recommendations;

i) To ensure care plans reflect the following:
   - Consent is obtained prior to using equipment which could be regarded as being potentially restraining.
   - Accurate and full records are maintained after any resident sustains a fall, including any advice or recommendations obtained from the 'Fall's Team' and provide clear evidence that associated risk assessments and care plans have been updated.
   - Review meetings to contain meaningful information which supports that the current care plans and measures adopted by the service to meet each resident's needs are discussed and detail if outcomes have been achieved.
   - 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) Fluid intake charts to be used.

iii) All continence pads are bagged prior to being placed in designated bins.

iv) Footplates are used when transporting residents who use wheelchairs.

v) Records associated with checks to equipment are fully completed and detail remedial actions taken.

vi) Redecoration and repairs are carried out to the environment.

vii) 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. The grade of 5/Very Good awarded for the Quality theme of Management and Leadership is an improvement from their previous inspection and reflects the high standards of care offered to the older people who use or services.

Langcraigs Centre was inspected on 23 September 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.

Their Inspection report contained no requirements or recommendations.

The grade of 5/Very Good awarded for the two quality themes of Staffing and Management & Leadership is an improvement from the previous inspection when the service received the grade of 4/Good for the same two quality themes and reflects the high standards of care offered to our older people.

Langcraigs Day Care was inspected on 25 January 2016. 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 3/Adequate.

Their Inspection report contained no requirements and 5 recommendations;

i) Identify suitable training and offer opportunities to staff in meaningful activities and support them to attend.
ii) Devise a mechanism to link assessed service user dependency levels to required staffing levels.
iii) Review their current induction training programme for care staff to have included training in: dementia awareness; infection control; food hygiene; managing behaviour which may be challenging; and basic first aid.
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) To comply with the provider's supervision policy.

All of the recommendations are currently being addressed by the service. The grade of 3/Adequate awarded for the Quality theme of Management and Leadership is a slight reduction from that of 4/ Good in the previous inspection. Despite this the grades are an indication of the high standards of care offered to the older people who use or services.

Mount Pleasant House was inspected on 14 January 2016. This inspection was a ‘Follow up’ inspection, only looking at progress in addressing the 3 requirements and 8 recommendations from the previous inspection.

The grades from the previous inspection of August 2015 remained the same as follows:

- *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.

The Inspector detailed no additional requirements or recommendations and reviewed the 3 requirements and 8 recommendations from the previous inspection which were;

Requirements:

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

Recommendations:

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) Facilities are provided for residents and their families to keep in touch by email and Skype if this is their choice.
iv) The management process for residents' personal clothing be reviewed and improved.
v) Staff to have regular supervision sessions.
vi) Risk assessments are reviewed after each fall and associated records should contain accurate and up to date information.
vii) Staff to 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. The inspectors viewed many of them as complete and the others as progressing. The grades in place continue to reflect the high standards of care offered to our older people.

Willox Park was inspected on 13 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.

Their Inspection report contained 1 requirement and 2 recommendations;

Requirement:

i) That regular assessment is carried out in relation to individual resident's needs and dependencies and that this information is used to establish the numbers of staff and the skill mix of staff on each shift.

Recommendations

i) The mealtime experience to be reviewed and improved. To also make sure that residents have the right care and support in relation to eating and drinking and accurate, up to date and accountable records be kept to show the outcomes for individual residents.
ii) Ensure that residents are provided with more frequent access to meaningful and stimulating activities which reflect their individual wishes and interests throughout the day.

Since their inspection the service has been working to address the requirement and 2 recommendations. The grade of 4/Good awarded for the three Quality themes of Care and Support, Staffing and Management & Leadership are a slight reduction from that of 5/Very Good in the previous inspection. Despite this the grades still reflect the high quality being delivered to the older people who use our service.

HSCP Local Government Benchmarking Framework indicators 2014-15

West Dunbartonshire Health & Social Care Partnership

PI Short Name	2010/11	2011/12	2012/13	2013/14	2014/15	2014/15
	Value	Value	Value	Value	Value	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	£2,493.27	We continue to provide residential based services for looked after children at a significantly lower cost than the Scotland figure which has risen to £3,133.15 per week for 2014/15. Our costs have decreased by 15% over the same period and our ranking has improved from 15th to 7th in Scotland.
The gross cost of "children looked after" in a community setting per child per week £	£48.13	£52.31	£142.87	£155.17	£161.26	At £161 per week, the cost of children being looked after in a community setting is also significantly lower than the Scotland cost of £278 and we are again among the top performers with a ranking of 4th in Scotland.
Balance of Care for looked after children: % of children being looked after in the Community	89.03%	88.35%	87%	89%	89%	We have maintained our ranking of 16th for this measure and are just slightly below the Scottish figure of 90%.
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%	1.77%	Expenditure on Self-Directed Support (SDS) has increased by 30% since 2013/14 and has also increased as a proportion of overall adult social care spend from 1.39% to 1.77%. However, high satisfaction with social care services may also mean that clients are less motivated to actually take up SDS direct payments or individual service funds relative to other areas. This may go some way to explaining why our increased SDS expenditure has not been reflected in our ranking of 28th.
Home care costs for people aged 65 or	£16.90	£15.67	£17.64	£18.47	£20.91	While our ranking has moved from 9th to

PI Short Name	2010/11	2011/12	2012/13	2013/14	2014/15	2014/15
	Value	Value	Value	Value	Value	Note
over per hour £						16th, the HSCP is continuing to target services towards those with high level needs - and therefore whose packages of care are generally more costly - in order to maintain or even improve levels of independence. During 2014/15, the HSCP established a Home Care Reablement team, which has ensured that the focus of Care at Home services is on better outcomes, maximising clients' long term independence and quality of life and appropriately minimises structured supports.
Percentage of people aged 65 or over with intensive needs receiving care at home	43.28%	44.27%	42.52%	40.71%	39.32%	The HSCP has increased use of additional Telecare sensors as an integral component of care packages to sustain people at home, contributing towards a reduction in the number of homecare hours and increasing support to carers. While this figure is slightly lower than 2013/14 (which was 40.7%) it is higher than the Scotland figure of 35.56% and we are ranked 15th in Scotland.
% of adults satisfied with social care or social work services	67.7%	67.7%	67%	68%	74%	The HSCP has the 3rd highest level of satisfaction with social care services in Scotland at 74% and our levels of satisfaction have increased year on year from 67% in 2012/13. The Scotland figure has followed the reverse trend decreasing from 57% in 2012/13 to 51% in 2014/15.
Net Residential Costs Per Capita per Week for Older Adults (65+)	£599.92	£554.19	£430.41	£415.97	£460.43	The HSCP is significantly higher than the Scotland figure of £372.28 and this is reflected in our ranking which has fallen from 27th to 29th. The LGBF Overview Report 2014/15 recognises that 'variation in net costs between councils will be largely influenced by the balance of LA funded/self-funded residents within each area, and the scale of LA care home provision and associated running costs'.

PI Short Name	2010/11	2011/12	2012/13	2013/14	2014/15	2014/15
	Value	Value	Value	Value	Value	Note
						The latter would include the degree to which staff employed within care homes are at paid at least the National Living Wage. East Dunbartonshire and Dumfries and Galloway have no local authority care home provision and are ranked 1st and 2nd for this measure. In contrast, within West Dunbartonshire local authority care homes are a significant provider of residential care placements (with all of our staff paid at least the National Living Wage) which goes some way to explaining our being ranked 29th.

APPENDIX 4: WD HSCP KEY PERFORMANCE INDICATORS 2015/16 – SOCIAL CARE

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

 Target achieved or exceeded  Target narrowly missed  Target missed by 15% or more

*Provisional figure pending full year data

Performance Indicator	2014/15	2015/16		
	Value	Value	Target	Status
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	39.2%	35.8%	40%	
Percentage of adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes	55%	61.5%	60%	
Percentage of Care Plans reviewed within agreed timescale	78%	80%	74%	
Total number of homecare hours provided as a rate per 1,000 population aged 65+	578.3	548.7	600	
Percentage of homecare clients aged 65+ receiving personal care	93.8%	90.3%	83%	
Percentage of people aged 65 or over with intensive needs receiving care at home	39.32%	36.1% *	40%	
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	1	3	0	
Number of acute bed days lost to delayed discharges (including AWI)	5,802	3,345	3,819	
Number of acute bed days lost to delayed discharges for Adults with Incapacity	2,127	1,617	466	
Unplanned acute bed days (aged 65+)	49,327	41,082	45,640	
Number of emergency admissions aged 65+	4,372	3,930	3,973	
Emergency admissions aged 65+ as a rate per 1,000 population	282	250	252	
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	97.9%	97.8% *	97%	
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	22,745	23,304	22,816	
Percentage of carers who feel supported to continue in their caring role	87%	80.2%	88%	

APPENDIX 4: WD HSCP KEY PERFORMANCE INDICATORS 2015/16 – SOCIAL CARE

Target achieved or exceeded Target narrowly missed Target missed by 15% or more

*Provisional figure pending full year data

Performance Indicator	2014/15	2015/16		
	Value	Value	Target	Status
Total number of respite weeks provided to all client groups	6,777	6,729	6,558	
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	92.1%	94.7% *	91.5%	
Balance of Care for looked after children: % of children being looked after in the Community	89%	90.6%	89%	
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	56.5%	62%	69%	
Percentage of child protection investigations to case conference within 21 days	94.5%	83%	95%	
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	
Rate per 1,000 of children/young people aged 8-18 who are referred to the Reporter on offence-related grounds	4.6	4.6	6.4	
Rate per 1,000 of children/young people aged 0-18 who are referred to the Reporter on non-offence grounds	19.6	19.6	28	
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%	
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	97%	97%	98%	
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	81%	82%	80%	
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	89%	69%	90%	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 25th May 2016

Subject: WD HSCP Clinical Care Governance Report 2015/16

1. Purpose

1.1 To present the West Dunbartonshire Health & Social Care Partnership Clinical Governance Annual Report 2015/16; and bring to the Partnership Board's attention the National Clinical Strategy.

2. Recommendation

2.1 The Partnership Board is recommended to:

- Receive for its interests the West Dunbartonshire Health & Social Care Partnership Clinical Governance Annual Report 2015/16.
- Note the National Clinical Strategy.

3. Background

3.1 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. 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.

3.2 The Integration Scheme for West Dunbartonshire emphasises the importance of effective clinical and care governance across Health & Social Care Partnership services.

3.3 The Clinical Governance Annual Report (Appendix 1) provides a summary of clinical governance activity and key achievements during 2015/16. It is primarily prepared to contribute to the Health Board's overall Clinical Governance Annual Report; and follows a similar structure to the previous Annual Report presented to the Partnership Board at its August 2015 meeting.

3.4 The Annual Report has also been produced against the backdrop of the recent publication of the National Clinical Strategy for Scotland in February 2016 (executive summary appended here).

4. Main Issues

4.1 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 directly informed the development of the Clinical & Care Governance sections of the approved Integration Scheme for West Dunbartonshire; and of the first Strategic Plan for the Health & Social Care Partnership approved by the Partnership Board at its inaugural meeting (July 2015).

4.2 The national framework was 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. As such, this Clinical Governance Report is presented to the Partnership Board in tandem with the overall Health & Social Care Partnership Annual Report and the Chief Social Work Officer's Annual Report for the same periods so as to allow consideration within the broader performance and quality reporting context for the Health and Social Care Partnership as a whole.

4.3 The National Clinical Strategy sets out a framework for the development of health services across Scotland for the next 15 years. It reinforces key themes within the NHSGGC Clinical Services Strategy (which was endorsed by the Partnership Board at its August 2015 meeting), especially its promotion for revised multi-disciplinary arrangements; and its emphasis on all those professionals involved delivering at the top of their registration and grade.

4.4 The National Clinical Strategy also reaffirms many of the local developments that the HSCP – and its predecessor Community Health and Care Partnership – have progressed over recent years and that Members will recognise from previous performance reports, e.g. integrated services being co-located with GPs within the Vale Centre for Health & Care; the West Dunbartonshire Care at Home Pharmacy Service; the local integrated Palliative Care Programme; the Hospital Discharge Team; the Anticipatory Care Planning (ACP) arrangements; the Link-Up initiative with WDCVS; and TrakCare being implemented in all 37 MSK Physiotherapy sites across NHSGGC.

5. People Implications

5.1 The National Clinical & Care Governance Framework reaffirms 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; and that all health and social care professionals remain accountable for their individual clinical and care decisions.

5.2 The Health & Social Care Partnerships local arrangements place a clear emphasis on clinical and care governance being led at and within operational service areas. This fits with two key themes of the recently published National Clinical Strategy for

Scotland as well as the Scottish Government's Chief Medical Officer's Annual Report (2014-2015): the importance of strengthening multi-disciplinary team working; and the importance of all care professionals delivering at the top of their registration and grade.

5.3 The National Clinical Strategy recognises that as demand for health services increases, there is a need to ensure future models of service delivery and workforce configuration are optimal. Ensuring a sustainable workforce means maximising the contribution of all healthcare professions, so that staff work at the top of their professional capability, but without adding to a loss of continuity of care or increasing the complexity of care. It means further investment in a mixed economy workforce, and crucially, it means transforming roles so they are of more direct benefit to Scotland's NHS patients in different healthcare settings. For example, further training allows experienced nurses to deliver advanced practice; pharmacists with extended roles can provide care, especially for patients with long-term conditions; allied health professionals can develop increased skills to deliver professional care autonomously; and physician associates are a recent and welcome addition to multidisciplinary clinical teams.

5.4 The National Clinical Strategy identifies that the primary care workforce is the one which most needs to develop and grow in order to achieve the capacity and workforce transformation that is required. The Strategy acknowledges that there will be challenges in managing the successful transition of care from provision by an individual GP or a small team, to care that is delivered by a much broader team. The aim will be to provide people with appropriate clinicians to support their needs, but to ensure that complexity is minimised, duplication avoided, and professional boundaries blurred. This will require considerable leadership – which may not always come from the GP – but must aim to provide continuity and holistic care to all patients without providing an episodic, impersonalised task-focused service.

6. Financial Implications

6.1 The National Clinical Strategy acknowledges that as a result of the financial challenges by Scotland's public sector - as in other parts of the world - there will be constraints on what can be achieved with anticipated future resources. It expresses a commitment to a model of *value-based healthcare*, the central conceit of which is that is that higher value healthcare is not necessarily provided by higher inputs. What matters more is that care is provided early in disease to prevent progression (avoiding the added patient burden of more intensive interventions); it is provided safely to avoid harm; it is proportionate to the patient's needs (avoiding the waste of providing outcomes that are not relevant to the patient); and that it is provided consistently and reliably (avoiding unwarranted variation). As such the Strategy proposes that a continuous drive to deliver services of the highest quality and value is a more important and appropriate way of managing resources than an isolated focus on finance.

7. Professional Implications

7.1 The Health Board Chief Executive, as the accountable officer, is responsible for clinical governance, quality, patient safety and engagement, supported by the Health Board's professional advisers. The Health Board's Medical Director is responsible for the systems which support the delivery of clinical governance and medicines governance. The professional leads nominated by the Health Board to the Partnership Board will relate to and be supported by the Health Board's Medical Director and Director of Nursing.

7.2 The Chief Officer has delegated responsibilities, through the Chief Executives of the Council and the Health Board, for the professional standards of staff working in integrated services. The Chief Officer, relevant lead health professionals and the Council Chief Social Work Officer work together to ensure appropriate professional standards and leadership.

7.3 The National Clinical Strategy emphasises need to improve the basis of clinical decision making to ensure that there is a clearer focus on the provision of healthcare of greatest value to the individual in a way that has the least potential to harm, and is most in line with the patient's wishes. The Strategy promotes the need for the medical professions to develop a culture of responsible medicine that seeks to use the least invasive or the least interventional approach as a first step. This may reduce the potential for harm to patients, and may also bring significant other benefits, including mental health benefits.

8. Locality Implications

8.1 The Annual Report highlights activity that has been taken forward at locality level. The development of primary care quality clusters within the new General Medical Services contract should further enhance the opportunities for clinical and care governance to be strengthened at a locality level.

8.2 The National Clinical Strategy states that while the basis of primary care will continue to be universal registration with general medical practices, there is a need for very significant change in order to ensure that there is effective integrated working across health, social care, third sector organisations and communities to improve health, healthcare and wellbeing. The challenge for primary care will be to integrate the wider health and social workforce into small, relatively autonomous, multidisciplinary teams that are able to flexibly deliver a broad range of personalised services. For that reason, the Strategy advocates that wherever possible it should be an objective to increasingly arrange for co-location of primary and community care services, in a way that enables them to work as manageably sized, close-knit teams with excellent inter-professional communication, and "one-stop" access for people. The Partnership Board will recognise that this was delivered by the Health & Social Care Partnership with respect to the Vale Centre for Health & Care; and is evident within the Initial Agreement for a new Clydebank Health & care Centre that the Health & Social Care Partnership has developed and now

secured agreement to proceed to Outline Business Case by the Scottish Government.

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.

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 The Clinical Governance Annual Report has been compiled with contributions from and reflects the commitment of the staff across the Health & Social Care Partnership.

11.2 The National Clinical Strategy makes proposals for how clinical services need to change in order to provide sustainable health and social care services fit for the future. It aims to set out a vision that is both ambitious and challenging as a basis for further engagement with clinicians and the public.

12. Strategic Assessment

12.1 The preparation of this Annual Report is committed to within the Integration Scheme for West Dunbartonshire; and reflects the commitment to clinical and care governance within the Health & Social Care Partnership's Strategic Plan 2015/16.

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Date: 5th May 2016

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Appendices: WD HSCP Clinical Care Governance Report 2015/16

The National Clinical Strategy for Scotland – Executive Summary

Background Papers:	HSCP Board Report (August 2015): The West Dunbartonshire CHCP Clinical Governance Annual Report for 1st January 2014 to 31st March 2015. HSCP Board Report (August 2015): NHSGGC Clinical Services Strategy 2015 National Clinical Strategy for Scotland: http://www.gov.scot/Resource/0049/00494144.pdf Chief Medical Officer's Annual Report 2014-2015: http://www.gov.scot/Resource/0049/00492520.pdf
Wards Affected:	All

NHS
Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

WEST DUNBARTONSHIRE CLINICAL GOVERNANCE ANNUAL REPORT 2015/2016

CONTENTS

The Chief Officer and the Senior Management Team would like to thank everyone who contributed to the development of this Clinical Governance Annual Report; and all those staff and colleagues who continue to work so hard to deliver high quality services to the communities of West Dunbartonshire.

Electronic copies of this Clinical Governance Annual Report are available at www.wdhscp.org.uk

INTRODUCTION

This report is a summary of West Dunbartonshire Health & Social Care Partnership's clinical governance and clinical effectiveness activity during what was another important transition year. July 2015 saw the establishment of our new Health & Social Care Partnership arrangements – which saw West Dunbartonshire being one of the first areas in Scotland to implement the requirements of the *Public Bodies (Joint Working) Act*. This included the new Health & Social Care Partnership Board confirming its two localities within West Dunbartonshire: Clydebank and Dumbarton/Alexandria.

2015/16 also saw the Scottish Government publish its first unified *Clinical and Care Governance Framework*. The 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. Through the course of 2015/16, a considerable amount of thought and work has been invested in refreshing the HSCP's approach to clinical and care governance across its services. This was shaped by and benefitted from engagement and constructive feedback from management and lead/senior professionals across all disciplines and service areas. Importantly though, the refreshed arrangements place a clear emphasis on clinical and care governance being led at and within operational service areas. This fits with two key themes of both the recently published *National Clinical Strategy for Scotland* and the Scottish Government's *Chief Medical Officer's Annual Report (2014-2015)*: i.e. the importance of strengthening multi-disciplinary team working; and the importance of all care professionals delivering at the top of their registration and grade.

This is my final annual report before completing my tenure with the HSCP and returning to general practice full-time. With that in mind, I do hope that it provides a reassuring sense of the continuing investment that I have seen from colleagues across services (and at all levels) in providing good quality care for local people.

Kevin P Fellows - Clinical Director (April 2016)

EXAMPLES OF QUALITY IMPROVEMENT INITIATIVES

Anticipatory Care Planning

The Scottish Government's Integrated Care Fund intends to build on the work of the preceding Change Fund for Older People, seeking the development of further work for people of all ages with long term conditions and multi-morbidity. The work being driven by the local HSCP led Community Planning Partnership Integrated Care Fund Plan 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.

Good care planning and communication across teams and with carers improves co-ordination of care, enables early intervention and provides better access to safe and effective alternatives to avoidable hospital care. Some of these shared decisions will be based on thinking ahead about preferences for future care. A key element of the Integrated Care Fund programme of work has been the ongoing development of anticipatory care planning. Anticipatory care encourages people to make positive choices about what they should do themselves, and from whom they should seek support in the event of a flare up or deterioration in their condition, or in the event of a carer crisis. The Anticipatory Care Plan (ACP) is a dynamic record that should be developed over time through an evolving conversation, collaborative interactions and shared decision making. The ACP will also include information about the person's concerns and goals; their understanding about their illness and prognosis; and their wishes for end of life care, including preferred place of care, as well as their views about the degree of interventions, treatments and cardiopulmonary resuscitation welcomed. Key information should be recorded on the electronic key information system on the Electronic Key Information System (e-KIS). The ACP is a summary of "thinking ahead" discussions between the person, those close to them and the practitioner.

During 2015/16, the HSCP recruited three Integrated Care Fund (ICF) Nurses to build on anticipatory care planning within General Practice. In addition to the 1821 ACPs created or reviewed within General Practice during 2015/16, the ICF Nurses have undertaken a further 241 reviews of patients identified by GP practices. The review has included a full nursing assessment, referral to services as required and key anticipatory care information has been captured within and shared with unscheduled care services.

Hospital Discharge and Early Assessor Service

The HSCP's Hospital Discharge Team – with its Early Assessment process - provides early assessment/support to facilitate people's safe and timely discharge from hospital through an integrated approach to care, maximising independence and opportunities for recovery at home. The service has adapted and developed to increasingly ensure timely discharge and access to services. The Team is comprised of health and social care professionals working in both the hospital and community, within one integrated service and management structure. They aim to:

- Maximise the potential for timely discharge by anticipating needs for appropriate care, support or accommodation.
- Dedicate time and knowledge to plan a person's discharge.
- Ensure that the individual has the opportunity to be involved and heard in person-centred planning.
- Reduce delayed discharge and readmission to hospital
- Undertake early identification and support people unable to return home.

Preparation within the hospital setting is crucial in planning successful discharge. This was enhanced in 2015 with the development of Hospital Discharge Liaison Workers to provide early assessment and practical support in the ward setting. They promote early referrals and discharge planning; promote awareness with Consultants and ward staff; work in parallel with medical treatment; assess need at the earliest opportunity, with referral/information shared from the point of admission; and identify people who cannot return home or who lack capacity. The wider Hospital Discharge Team can then involve patients and carers sooner; develop and deliver integrated care and support packages; ensure the most appropriate care and opportunities at the point of discharge; and monitor and review care packages for four weeks.

The Team has seen increasing success in supporting discharge home when people are medically fit. As the graph shows, delayed discharge figures for the HSCP have continued to fall overall, with noticeable and sustained improvement since the Early Assessor commenced (February 2015) showing a pattern of no delayed discharge.

Community Access To Review For Asthma Patients

Three people die every day in the UK from asthma, and thousands are hospitalised annually. A review of patients in West Dunbartonshire (2013) found that 15-20% of adult asthmatic patients were failing to attend their GP practice for an annual review. Patients failing to attend review are at greater risk of their asthma being poorly controlled, a risk factor for exacerbations which may result in an admission to hospital. This preventative initiative aimed to improve uptake of annual asthma reviews for hard to reach patients in the community, recognising that for those more vulnerable adults who struggle to engage with their GP practice, offering the community pharmacy as a setting can be more effective.

The HSCP's local community pharmacy approach to proactive clinical review of people with asthma (known to improve clinical outcomes) provides people with flexible access to review, increasing the numbers now attending their crucial annual reviews. A Locally Enhanced Service (LES) was developed that included community pharmacies undertaking asthma reviews for up to 20 patients who had not attended their GP practice. Crucially, the HSCP worked in partnership with local GPs and local community pharmacies to identify and support attendance at review - and thus support individuals to better self-manage their conditions.

There has been significant success in promoting review through this approach, with:

- 900 "hard to reach" patients receiving a review.
- Two thirds of the patients seen had at least one care issue - 40% of which were clinically significant.
- A significant proportion (33%) of patients with clinically significant care issues re-engaged with traditional Primary Care Services after advice from their Community Pharmacist.

This approach process has been extended to Community Pharmacies across the NHSGGC area.

Community Management of Indwelling Catheters

People living with an indwelling urethral catheter often experience catheter related issues, which can be debilitating and affect their quality of life. Research was undertaken across West Dunbartonshire to explore the experience of patients, carers, community nurses and other health and social care staff in relation to urethral catheter issues resulting in callouts. It was a collaboration between the HSCP's District Nursing Service and the School of Health Nursing and Midwifery at University of the West of Scotland.

District nurses recorded data relating to catheterised patients and the incidence of blocked urethral catheters. These data were collected in two localities, Clydebank and Vale of Leven/ Dumbarton, over the same two months. One to one interviews, either face to face or by telephone, were carried out with health and social care staff with a role in managing urethral catheter care in the community, catheterised community living patients and relatives/carers supporting a person with a catheter.

The study found:

- That the most common reasons for callouts related to urethral catheters were bypassing or blockage.
- A wide variety of patient experiences, ranging from those who lived well in terms of catheter management to those whose quality of life was severely reduced.
- That staff reported feeling confident about their roles regarding urethral catheter care, with a strong team ethic evident.
- That patients and their carers reported a lack of available information about how the catheter worked, how best to manage it and what to do if something went wrong.

Based on the findings, an evidenced-based educational resource has been developed focusing on urethral catheters that can be used in the future to inform patients and their carers and potentially empower them to use self-care strategies.

Chronic Pain Primary Care Pilot

Around 18% of the population have chronic pain, potentially reducing quality of life. West Dunbartonshire HSCP and NHSGGC Primary Care Chronic Pain Project piloted a whole system approach to supporting people in the community to manage chronic pain and assess potential patient pathway improvements. This has led to significant developments in how community provision supports people to understand and manage chronic pain.

West Dunbartonshire's testing (October 2014- June 2015) included:

- Pharmacist led pain clinics in GP practices (including a template of core interventions for GP software systems).
- Enhancing MSK physiotherapists' chronic pain management skills.
- A locally available integrated educational programme for patients.
- A core universal education and training programme for health care professionals.
- A community pharmacy chronic pain pilot which provided access to local quality information and review with signposting to appropriate services.
- Chronic Pain training delivered to MSK physiotherapists, GPs and community pharmacies.
- Patient education classes developed and delivered in partnership with Pain Concern.
- Pharmacist-led pain clinics being delivered.

The Community Pharmacist Pain pilot evaluation demonstrated the feasibility of holistic chronic pain reviews in community pharmacy settings, signposting to MSK Physiotherapy, GP practices and education classes. It was shown that pharmacists were satisfactorily resolving issues and supporting patients without re-referral to GPs. Importantly, patients involved have reported that they now manage and understand their pain better. The pilot has now been rolled about across West Dunbartonshire and other areas within NHSGGC.

Identifying and Responding to Frailty

Managing frailty is a key issue for health and social care services. Older people living with frailty are at risk of adverse outcomes following a relatively minor event. This often leads to repeated unscheduled hospital admissions, a need for health and social care services and often leads to a loss of independence.

Building on their good understanding of how frailty is defined and the models for identifying frailty, the HSCP's Community Older People's Team has been undertaking work to identify evidence-based interventions to support individuals with frailty, so as to minimise their risks and improve their outcomes. This work has been taken forward at a *locality* level. It is exploring a system for identifying patients by looking at specific data; and comparing with Anticipatory Care Plans and Case Management cases to identify potential gaps in service for those deemed most frail within our communities.

Four potential groups of patients/clients have been identified:

- Patients 65+ admitted twice or more as an emergency who have not had an assessment (rolling year).
- Patients identified with Intensive Care Needs.
- Patients referred to Day Hospital.

Data was sourced from GP records to identify those with intensive care needs - the data related to patients with more than two admissions; and patients with intensive care needs (10 hours or more per week of home support). These patients were cross referenced with those with Anticipatory Care Plans and who were being case managed. To provide a baseline, a list of patients with no assessment following admission to hospital is being reviewed to look at impact and outcomes for the patient. At the time of writing this report, that analysis was still being undertaken; and the findings are anticipated later in 2016.

<u>Dementia Friendly West Dunbartonshire</u>

Dementia Friendly West Dunbartonshire (DFWD) is a community-led and multi-agency (statutory, independent and third sector) initiative that has improved dementia awareness and support to people living with dementia in local communities. With the anticipated increase in numbers living with dementia in the community, this sustainable approach to supporting people in their homes, neighbourhoods and social networks is crucial. DFWD is increasing community knowledge, identifying signs, challenging stigma and enhancing communication.

DFWD aims to Engage, Educate, Enthuse and Enable the community – so as to:

- Build dementia awareness in the community.
- Develop Dementia Friendly shopping areas involving local retailers.
- Establish a Dementia Awareness trainers network throughout statutory, private and third sector partners

- Support individuals/organisations to pledge enhancements, improving the quality of life for those living in the area.
- Promote community support to people living with dementia for everyday activities (e.g. hobbies, shopping and banking).

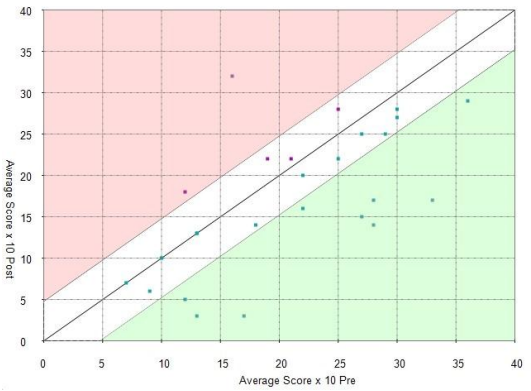
Evaluation through the ISM model (individual, societal, material) saw 143 pledges by stakeholders, identifying three key outcome areas: greater understanding; increased personal confidence of dealing with dementia; and a thirst for knowledge.

Integrated Psychological Therapies Groupwork

Enhanced access to Psychological Therapy programmes across West Dunbartonshire HSCP Mental Health community based services has led to clinically significant improved symptoms for local patients. By implementing a strategic approach to integrating resources across teams and supporting staff skills development through peer mentoring, service users with anxiety, stress and depression have been supported to improve their mental health.

A mapping exercise found that provision was still *ad hoc* – thus some service users did not always receive the best programme for them. Evidence indicates that where people engage in structured programmes, they respond well clinically. Consequently, an annual integrated group programme co-facilitated by multi-disciplinary staff - including Nurses, Occupational Therapists, Social Workers and Psychologists – was developed and implemented. Programmes provided include:

- Cognitive Behavioural Therapy in Action.
- Mindfulness.
- Emotional Skills.
- STEPPS (Systems Training for Emotional Predictability and Problem Solving).



Service user access to evidence based interventions has tripled, with 180 people receiving groupwork between July 2015 and February 2016.

Improved outcomes for participants are monitored and recorded (see example CORE record on left).

The streamlining of processes has led to clients having faster and more direct access and signposting to the right groupwork.

Providing a Community-Based Blood Borne Virus Service

The Scottish Government's Sexual Health & Blood Borne Virus Framework 2015-2020 emphasises that people affected by blood borne viruses – i.e. Hepatitis B, Hepatitis C and HIV - should be able to access the best treatment and care and can lead a healthy life in all senses of the word; and that many people affected by blood borne virus are vulnerable and will have multiple needs.

The West Dunbartonshire HSCP's Blood Borne Virus (BBV) service ensures that, as far as is clinically appropriate, every aspect of the assessment/treatment process is fully facilitated within the community. The team of nurses complete all investigations - which include a Full Health Assessment; Liver Ultrasound; and an innovative approach to determining liver stiffness by performing a Fibroscan.

The assessment and treatment process in itself can be a very stressful time for patients. Anti-viral treatment duration can vary from 8 – 48 weeks. Often the nurses are required to work with patients for several months prior to them commencing anti-viral therapy. It is an essential part of the nurse's role to build a therapeutic relationship throughout the assessment/treatment process to ensure a successful treatment outcome. The team's commitment to supporting patients to successfully complete their treatment includes:

- Regular nurse-led clinic appointments within their local health centre or addiction service.
- A local consultant-led clinic.
- Home visits.
- Easy direct access to nursing staff via telephone (within working hours).
- Liaising with community and hospital-based pharmacies.
- A final assessment undertaken by a consultant in infectious diseases, with access to support from the Community Mental Health Team if required.

The national Sexual Health & Blood Borne Virus Framework 2015-2020 sets out an ambition that "*Scotland should aim to deliver hepatitis C therapy for most infected people in community settings*." The HSCP's Blood Borne Virus (BBV) service is the only community outreach service of its type within the NHSGGC area actively treating chronic Hepatitis C positive patients outwith the hospital setting. During 2015-16, it was providing six weekly nurse-led clinics across West

Dunbartonshire, with an attendance rate of over 70%; and offered 700 return patient appointments. Over 100 previously hard to reach/non-attending patients have been supported to complete treatment, leading to healthier outcomes.

Introducing an Integrated Pathway For Autistic Spectrum Disorder

Autism - or Autism Spectrum Disorder - is a term used to describe a group of lifelong, neuro-developmental disorders marked by impairments in social interaction, impairments in communication and patterns of restricted, stereotyped or repetitive behaviour. Autism Spectrum Disorder covers a broad range of intellectual ability, and some individuals have special areas of exceptional talent whilst others are severely disabled by the disorder and require a high level of support throughout their lives. A significant number of people have learning disabilities and many have mental health problems.

In January 2016 a standardised Integrated Pathway for Autistic Spectrum Disorder (ASD) Service was introduced. This service works within the principles of Getting it Right for Every Child (GIRFEC) and to the relevant SIGN Guidelines. All staff working within the ASD Service work to the standards and quality measurements agreed across NHSGGC; and meet the agreed level of training and competencies required.

Referrals for an ASD assessment can be made by any health professional and educational psychologist. The named person will also have the ability to refer for an assessment. For pre-school children any health professional can refer. Nursery staff for the pre-school child should discuss concerns with the child's Health Visitor or Educational Psychologist who can then refer if appropriate. School-aged children referred for ASD diagnosis by Council Educational Services should have been discussed at the staged intervention meeting with representation from appropriate individuals prior to referral by the Head Teacher (as the Named Person). The Head Teacher should send the single agency assessment information with the referral paperwork. This would reflect all professional opinions and incorporate the views of the parent/carer and child/young person as appropriate. Referrals are received through Specialist Community Paediatric teams and discussed at the weekly Care Co-ordination Meeting. The Care Co-ordination meeting allocates a Pathway Co-ordinator and progress to the ASD Pathway to trigger the ASD Administration process. All pre-school children referred for consideration of an ASD diagnosis enter the Disability Pathway; and any who are subsequently identified as requiring an ASD assessment are allocated by a paediatrician to the ASD Pathway (triggering the ASD Administration Process).

The Child and Adolescent Mental Health Service (CAMHS) referral process is through the existing Choice and Partnership Approach. Importantly diagnosis continues within CAMHS, as these tend to be complex cases where there are co-morbidities; or where the possibility of ASD is raised as part of a complex assessment/formulation of a child's difficulties. The ASD assessment follows the same process as within the Specialist Children's Services ASD Diagnostic Service.

Getting It Right For Every Child

For children and young people to do well now and in the future they have to be safe, healthy, active, nurtured, achieving, responsible, respected and included (SHANARRI wellbeing indicators). These wellbeing indicators are central to the Getting It Right for Every Child (GIRFEC) approach that is currently threaded through all existing legislation, policy, practice and systems for children and young people in Scotland. The Children and Young People (Scotland) Act 2014 was passed in the Scottish Parliament in early 2014 and a number of duties and provisions within this Act will commence in August 2016. Part 4 of the Act requires that relevant authorities, Health Boards for pre-school children and usually Local Authorities for school age children, provide a Named Person service that will integrate the Named Person functions described in the Act into existing roles of practitioners e.g. health visitors and promoted teachers. Amongst other things, the Act will introduce a legal duty to share information about a child's wellbeing that meets specific criteria with their Named Person. This would be when there is a concern for the child's wellbeing. Also the Act introduces a single planning framework for many children receiving targeted support. This approach relies on strong working relationships within individual agencies and across agencies.

In 2015 a number of practices in Clydebank Health Centre nominated themselves to take part in a national pilot in 'Information Sharing between GPs and the Education Named Person Service'. This was led by a GP Child Protection Specialist in conjunction with the HSCP's Head of Children's Health Care and Criminal Justice Services as well as colleagues in Education Services. This pilot has proved to be very effective and has considerably improved the understanding of the roles of different professionals; the amount of involvement education professionals have in the lives of families; and the information already held by schools. It has established trusting relationships and improved information sharing - which has in turn positively impacted on the lives of children, young people and their families (as evidenced by a number of case studies).

This pilot has highlighted that the building and supporting of relationships between GPs and education professionals can lead to better information sharing between two universal services that already identify and support vulnerable families. The findings from this pilot have been shared locally; and also reported at a recent and well-received two day Masterclass held by the Scottish Government GIRFEC team and attended by all 32 Local Authorities.

Child Protection

As at 31st March 2016 there were 28 children on the Child Protection Register (CPR) in West Dunbartonshire, compared with 34 children the year before. This represents a reduction of 17% from last year. The local HSCP-led and multi-agency Child Protection Committee (CPC) monitors the numbers of children on the CPR and the variance over the course of the year. It regularly reviews the prevalence and variation in order to ensure that practice is robust; and to inform the multi-agency Public Protection Chief Officers Group (PPCOG) of the likely reasons for the variance.

A workshop was held in February 2016 with Clydebank Locality Group which looked at child wellbeing and child protection. It included examining levels of vulnerability as associated with the Scottish Index of Multiple Deprivation (SIMD); and the prevalence of domestic abuse and child protection referrals across all practices. In addition there was an analysis of the contributing factors that led to children in West Dunbartonshire being placed on the Child Protection Register (CPR). The overwhelming contributory factor was 'neglect'. It is welcomed therefore that 'neglect' features as one of the main work streams within the recent announcement of the national *Child Protection Improvement Framework*.

One area of particular importance both nationally and locally is the management of Child Sexual Exploitation (CSE). A recent national awareness-raising campaign has highlighted the concerns and the risks posed to children and young people. In West Dunbartonshire a multi-agency CSE Strategy Group has been established. Initially its main focus has been on providing training for staff and sustaining this training through the development of local trainers. Importantly, work has been undertaken to engage with young people directly to involve them in the development of local approaches. Colleagues in Education Services and the HSCP Health Improvement Team are developing inputs for the school curriculum; and through Police Scotland are part of a national pilot within two of the secondary schools. The aim of this pilot – which is at a very early stage - is to develop older pupils in providing mentoring and support to the younger pupils entering the school.

Corporate Parenting

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. Prior to the introduction of this legislation, West Dunbartonshire Community Planning Partners had already been focused on embedding a positive Corporate Parenting ethos across all partners. 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 HSCP is committed to working in partnership to improve both supports and services and eventual outcomes for all local looked-after children and young people.

Following a successful Community Planning event in the summer of 2015, the West Dunbartonshire Community Planning Corporate Parenting Strategy and Action Plan was refreshed. A Corporate Parenting Board has been established - with the involvement of young people - to act as a sounding board for children and young people to convey the issues that most affect them in their journey through life as a looked-after child or young person. The HSCP recognises that all agencies have a role to play as Corporate Parents and the importance of continuing to raise awareness of this duty, as well as the reasons why this group of children require additional assistance to overcome the difficulties that come with having been looked after.

SHARED LEARNING & COLLECTIVE REFLECTION

As part of implementing its refreshed clinical and care governance arrangements, the HSCP established its local Clinical and Care Governance Forum during the year, bringing together all HSCP senior managers and lead professionals on a quarterly basis, for the purpose of discussing key quality issues; reflecting on learning; and highlighting good practice. These have proven to be vibrant and well-evaluated sessions, as well as providing a valuable opportunity for multi-disciplinary networking and peer support within the HSCP.

The HSCP's refreshed clinical and care governance arrangements also seek to work with general practice and other key stakeholders to promote critical review, learning and development. This is undertaken at a predominantly locality level.

The HSCP supported a series of lunchtime education sessions for GPs and other clinical staff on key educational topics which were aligned to national and locality priorities including antibiotic guidance; asthma; COPD; diabetes; pre-school growth and nutrition; atrial fibrillation and heart failure (in conjunction with the British Heart Foundation).

At a West Dunbartonshire-wide level, the HSCP held its main Protected Learning Event (PLE) on 26th November 2015 at Clydebank Town Hall. Its focus was on physical activity, with the interconnected themes of preventing, improving and restoring. As has also been highlighted, the HSCP continued to work with GP practices and staff to improve child protection arrangements. In February 2016 a workshop was held that brought together the extended multi-disciplinary health and social care team to further develop their collective knowledge and understanding of child protection within the context of Getting it Right For Every Child (GIRFEC) and the Children and Young People Act. The HSCP has committed to build on this and provide Level 3 Child Protection Training annually. The feedback from these sessions proved to be very constructive and will help shape the planning for the local Clinical and Care Governance Symposium that will be arranged for later in 2016-17 (as the successor to the previous West Dunbartonshire-wide PLE).

EXAMPLES OF SECTOR LEADING PRACTICE

- The HSCP's 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*.

- The HSCP's Youth Mentoring Team won two categories at the *Scottish Mentoring Network Awards*:
  - Justice Project of the Year.
  - Exceptional Contribution Award for Ronnie Rearden, one of our local mentors.

- Pamela McIntyre, the HSCP's lead pharmacist, was recognised with the Leading and Managing for Quality Award at the *Scottish Health Awards*.

- The HSCP's Vitality physical activity programme – a partnership with West Dunbartonshire Leisure Trust - as a finalist in the *Herald Society Awards 2015*.

- The Link Up initiative - a partnership with WD CVS – added to its previous recognitions with a Commendation at the *MJ Local Government Achievement Awards 2015*.

- At the November 2015 *NHSGGC Celebrating Success Staff Awards*, The HSCP's local Care at Home Pharmacy initiative – represented by Pamela McIntyre, Lynne Meldrum and Richard Heard - won the Health Board-wide Improving Health category.

- At the 2015 *NHSGGC Celebrating Success Staff Awards*, the HSCP also commended the following local initiatives, teams and staff:
  - The Young People in Mind Team, represented by Brendan Kelly, Louise Grant, Emma Marshall, Karen Ferguson and Janice Murphy.
  - Angela Sprott for her leadership of our Acquired Brain Injury Team.
  - The Work Connect Initiative, represented by Ingram Wilson and Lorraine Davin.
  - Heather Irving for her work enabling local quality improvement.
  - Our Community Older People's Team, represented by Mary-Angela McKenna, Caroline Thomson, Linda Young, Helen Faye and Hazel Kelly.

- At the March 2016 *WDC Employee Recognition Awards*, the following HSCP initiatives, teams and staff were recognised:
  - Ronnie Reardon (Youth Mentoring Team) - Employee of the Year
  - Sean McAdam (Dumbarton Day Centre) - Young Ambassador Award
  - Mary Angela McKenna (Community Adult Team) - Team Leader of the Year
  - Alternative to Care Team - Team of the Year
  - Hospital Discharge Team - Outstanding Achievement Award

We are conscious that - as always - local progress and improvement is a product of the diligence and energy of a wider team of staff - well done to all involved.

A NATIONAL CLINICAL STRATEGY FOR SCOTLAND – SUMMARY





The Scottish Government
February 2016

healthier scotland
SCOTTISH GOVERNMENT

> We will continue to discuss with professionals and the public to ensure that the National Clinical Strategy genuinely supports us in planning change for an even better future.

A NATIONAL CLINICAL STRATEGY FOR SCOTLAND –
SUMMARY

Scotland's National Clinical Strategy sets out ideas on how NHSScotland needs to change to ensure health and social care services are fit for the future.

We are looking at an approach that will guide the way services across Scotland develop over the next 10–15 years. We're not setting out exactly what needs to be done – that is for NHS Boards and the new Integration Joint Boards to plan and deliver. Instead, we're offering a high-level vision, based on the best research evidence available, of what change is needed.

The National Clinical Strategy sets out the case for:

- planning and delivering integrated primary care services, like GP practices and community hospitals, around the needs of local communities
- restructuring how our hospitals can best serve the people of Scotland
- making sure the care provided in NHSScotland is the right care for an individual, that it works, and that it is sustainable
- changing the way the NHS works through new technology.

WHY DO WE NEED A NATIONAL CLINICAL STRATEGY?

NHSScotland is a success story. It provides healthcare to all, free at the point of need, and has made steady progress in challenging the big health problems our country faces, like cancer, heart disease, stroke and mental illness. It has one of the most skilled workforces in the world and a proud tradition of education, training and ground-breaking research.

But there are challenges that need to be faced if we are to meet our aim of having a world-class health service for the future.

Our population is growing older, and some older people will need increasing amounts of health and social care. More people are living with long-term conditions such as diabetes, high blood pressure, cancer and dementia, each of which requires ongoing treatment and care. And we still have a high level of health inequality – a person living in the most socially deprived community in Scotland can expect to live at least 10 years less than someone living in a well-off area.

All of this means that demand for health and care services will increase over the next 15–20 years. That demand will have to be met within the resources – financial and human – NHSScotland has at its disposal.

So the Strategy has been developed to set out how we can change our services to meet the demand and ensure we get the best possible value from the resources invested in the NHS.

WHAT IS GOING TO CHANGE?

We're going to change the main focus of the NHS from hospitals to primary/community care

Primary care teams, which include doctors, nurses and a whole array of other professionals like physiotherapists, occupational therapists, dieticians and others, will be strengthened.

These teams will work even closer together, often alongside colleagues in social care services and voluntary organisations. Their main aim is to support people with health and social care problems to stay in their own communities, help them to learn to manage their conditions and, whenever possible, reduce the chances of them having to be admitted to hospital. This will mean that some services traditionally supplied in hospitals will be provided in community settings.

The shift to primary and community care is already happening. The integration of health and social care is gathering pace, with health and social care staff working together in teams to meet people's needs. GPs are dealing with more complex cases and professionals like nurses and pharmacists are learning new skills and taking on new responsibilities. And better IT systems are being introduced to primary care to improve the quality of care and give patients greater access to services and information.

The aim is that most of the care people need will be provided in their local communities, and that they will be admitted to hospital only when it is absolutely necessary. Much of the effort in achieving this will come from giving people the confidence and knowledge to manage their own conditions and retain their independence. Voluntary bodies have great experience in this area, and we will be seeking to make closer links with them as we progress.

We're going to change the way our hospitals work

We're looking at two big areas of change in hospitals – the processes that we have in place to care for patients – seeking to make them more efficient and of greater value to patients – and the structure of specialist services, recognising that we have to change to get the best outcomes and to make best use of our skilled staff and our financial resources.

Much has been achieved in recent years in streamlining patients' journeys within hospitals, but more needs to be done. That's why we're focusing on ensuring that once patients have had the treatment they require and their condition is stable, they are discharged as soon as possible, supported where necessary by the strengthened primary and community care teams.

Returning people to their communities quickly after a hospital stay promotes their independence and means they can get back to their normal lives more quickly. It requires the integration of health and social services, working together in common purpose.

We are also looking to change the way people are recalled to reviews in outpatient departments. We believe we can provide better alternative arrangements that give people faster access to test results, enable them to be seen more rapidly when unwell and cause less disruption to their lives.

We need to look seriously at the range of specialties our hospitals provide. There is now overwhelming evidence to suggest that some complex (and many less complex) operations should be performed in specialist hospitals. Patients do better when they are treated by teams who frequently perform the complex operations they need. Evidence shows that they tend to have fewer side-effects and spend less time in hospital.

So we are proposing that some specialist hospital services should be planned on a population basis, rather than on a geographical basis. Some cancer surgery in Scotland is currently arranged in this way.

This would mean that some patients may have to travel further to receive some types of surgery and other complex care, but they would be getting a first-class service from highly specialist clinical teams. Any diagnostic and follow-up services they needed would still be delivered locally. And most of the services they require – those that are not highly specialist – will continue to be provided by local hospitals.

Developing networks of hospital services in this way, with expertise concentrated in specialist centres, will produce better results for patients. Making these changes will be complex and will require close collaboration among existing services. But it will ensure that we make better use of our skilled workforce and promote safe, effective and person-centred care for every patient, every time.

We're going to tackle over-diagnosis, over-treatment and waste

Modern medicine provides enormous benefits to individuals and communities, but on occasion, people can be treated for conditions that don't really require active medical intervention. This situation leads to waste of NHS resources by providing care that doesn't add value for the patient.

We are proposing a new approach to ensure that people only ever receive treatment that is proportionate to their problems and relevant to their needs. When patients have full information about their conditions, they are in a strong position to learn how to manage them. Well-informed patients also tend to choose simpler treatment options that are less likely to cause them harm and create fewer disruptions to their daily life. So we are committed to continuing to work with patients to support them to be confident partners in decision making around their health.

Medical investigation and treatment rates vary across Scotland. We need to understand why this happens to see if we can create greater consistency by challenging variations in clinical practice.

We all want to reduce risk, and the tendency to provide treatment to reduce the chances of a condition occurring has been growing for some time. This can be hugely beneficial – giving people with lung conditions vaccinations to reduce the risk of 'flu, for instance. But it can also mean individuals being put on treatments that may not benefit them personally, and in fact may cause harm.

We need to be certain that treatments always bring added value to all people, and that harm is minimised. Medical care should be neither wasteful nor harmful and, above all, should match the wishes of well-informed patients who fully understand the risks of treating and not treating.

We're going to change the way the NHS works through introducing more new technology

Technology has enormous potential in the NHS. It can improve treatment success and safety, support patients to self-manage their conditions better, enable professionals to communicate with each other more effectively, and allow people (including those in rural areas) to access specialist support and advice remotely.

Technology also enables the service to generate lots of information and data to support improvement in clinical care and performance management. We now want to expand how we make use of data to, for instance, focus treatments more effectively and help us identify the outcomes that matter most to patients.

We've already seen the great advances science and technology have ushered into medical practice. A recent example is the science of genomics, which is enabling treatments to be tailored very precisely to match individuals' genetic make-up to help them gain maximum benefits. We can anticipate more of such advances in the future, and we must be ready to use them wisely and with greater certainty of benefit.

MAKING IT WORK

The National Clinical Strategy sets out ideas on how services need to change to provide a sustainable health and social care service fit for the future. Its vision is both ambitious and challenging.

Scotland has a long tradition of providing high-quality health and social care services. We believe that making the changes set out in the strategy will ensure that it continues to be seen as a country rich in innovation, with a clear focus on effectiveness, efficiency and the provision of world-leading person-centred services.

We recognise, however, that the Strategy is not the finished article. It has been developed though wide-ranging engagement and this will continue.

We will continue to discuss with professionals and the public to ensure that the National Clinical Strategy genuinely supports us in planning change for an even better future.

The Scottish Government
Riaghaltas na h-Alba

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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 25 May 2016

Subject: Year End Financial Report 2015/16 (1 April to 31 March 2016)

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 West Dunbartonshire Health & Social Care Partnership for financial year 1 April to 31 March 2016.

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 year end underspend of £226.9m and £491.2m for the period from 1 July 2015, highlighting a favourable movement of £402.5m when compared to the previous reporting period forecast overspend of 145.5m.
- The key requirement for the HSCP Senior Management Team to continue to implement the recovery plan to address the projected overspends.
- That elements of corrective actions already in place as described within the report.
- The reported budget position of NHS GG&C Health Boards Acute Services Set Aside notional budget; and Hosted services covering both Health Board Acute Services and Council Housing services.
- The current position regarding capital work progress on projects.

2.2 The Partnership Board is recommended to approve:

- Health Care budget virements of £0.025m as described under section 3.2 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 the previous reported budget the following budget adjustments have taken place from period 6 to period 9 revising the budget to £78.313m

Budget at Period 9	£76.918
Additional Allocations of:	
FHS - Recurring Adjustment (GMS)	0.914
FHS - Recurring Adjustment (Other)	0.158
Depreciation Adjustment 2015/16 (Recurring)	0.165
Non Recurring	
Scottish Govt - MSK Physio Ortho Quality Drive	0.046
Scottish Govt - Tobacco Core Team Funding	0.017
Scottish Govt – Advocacy	0.008
FHS - General Medical Services	0.017
FHS -GP Prescribing	0.647
GIRFEC hosted funding	0.205
Addictions HEPC Nurse from BBV funding	0.014
Deductions of:	
Corporate Health Improvement re Live Active Post	0.025
Revised budget at year end	£78.313m

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 the previous reported budget the following budget adjustments have taken place from period 9 to period 12 revising the budget to £60.439m.

Budget at Period 9	£60.569m
Corporate Council contingency fund transfer: Additional costs Kinship link carers	-0.130m
Revised Budget	£60.438m

4. Main Issues

Summary Position

4.1 For the year ended 31 March 2016, West Dunbartonshire HSCP revenue position is reporting for a net underspend of £226,900 (0.16%). Contained within the overall revenue position an underspend of £491,200 is reported from 1 July to 31 March 2016 and highlights the HSCP revenue position from the 1 July 2015.

4.2 The HSCP's Health Care budget is reporting a net underspend of £3,900 (HSCP breakeven) and the Social Care budget is reporting a net underspend of £223,000 (0.37% (£491,200 HSCP) for the year ending at 31 March 2016.

4.3 It should be noted that the year end position reported is subject to final audit approval.

4.4 The summary position is reported within the following table and the significant variances affecting the overall position reported above are highlighted within section 5.1 and 5.2 of this report.

	Variance (Period 3)	Annual Budget	Annual Actuals	Variance	Variance	HSCP Actuals (1 July to 31 March '16)
	YTD	£000's	£000's	£000's	%	£000's
	£000's	£000's	£000s	£000s		
Health Care	3.9	78,313.4	78,309.5	3.9	0.00%	0.0
Social Care	(268.2)	60,438.0	60,215.0	223.0	0.37%	491.2
Total Net Expenditure	**£(264.3)**	**£138,751.4**	**£138,524.5**	**£226.9**	**0.16%**	**£491.2**

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.

4.5 The summary Community Health & Care Partnership (CHCP) revenue position for the period 1st April to 30th June 2105 reported an overspend of £264,300. The reported position represents an adverse movement of £83,400 against the previously reported position of £180,900 overspend. It should be noted that the budget positon reported for the period April to June 2015 is subject to final Audit approval.

4.6 For the year ended 31 March 2016, West Dunbartonshire HSCP revenue position is reporting for a net underspend of £226,900 (0.16%) as reported under section 4.1. This includes the HSCP underspend of £491,200 reported from the 1 July 2015 and highlights a favourable movement of £636,800 when compared to the previous forecast overspend position of £145,500. This represents a significant recovery on the previous reported budget position.

	Variance (Period 3)	HSCP Forecast (Period 9)	HSCP Year End Position	Movement
	£000's	£000's	£000's	£000's
Health Care	3.9	11.7	-	(11.7)
Social Care	(268.2)	(157.3)	491.2	648.5
Total Net Expenditure	**£(264.3)**	**£(145.5)**	**£491.2**	**£636.8**

Additional detailed breakdown of individual costs at care group level are reported in Appendix 1 and 2 of this report.

General Fund Revenue Position

4.7 In relation to the General Fund, as at 31 March 2016, the accounts showed a General Fund balance of £1.612m. Of this balance, £1.120m is earmarked for specified purposes, leaving an unearmarked balance of £0.491m.

4.8 The in-year surplus against original budget of £0.491m is the favourable variance against the overall budget in year. Further details of variances are noted within section 5.1 and 5.2 of this report.

4.9 The earmarked balance position as at 31 March 2016 has earmarked a number of service commitments for carry forward spend in financial year 2016 /17.

5.0 The HSCP General Fund is summarised in the following table:

		£'000
Unearmarked Balance		491.2
Earmarked Balance		
Integrated Care Fund	300.9	
Delayed Discharge	275.3	
GIRFEC NHS	205.0	
GIRFEC Council	24.5	
MSK Physio Ortho Quality Drive Project	46.5	
Opthalmology Quality intiatives Project	20.6	
Transitional Funding for Criminal Justice	47.5	
DWP Conditions Management	200.0	1,120.3
		£1,611.6

Significant Variances – Health Care

5.1. The net underspend position is £3,900. The key areas are:

- **Addictions – Community Services** is reporting an underspend of £55,800 mainly due to vacancy slippage and workforce planning as part of a service redesign review.

- **Health & Community Care** is reporting an underspend of £109,400. However contained within the overall position pressure within Equipu (£124,300) have been offset by underspends within Nursing Pays.

- **Child services – Community** is reporting underspend of £96,800 mainly due to nursing pays slippage.

- **Hosted Services** is reporting underspend of £98,300 due to vacancy slippage.

- **Mental Health – Adult Community Services** is reporting an underspend of £121,600. This is mainly due vacancy slippage and workforce planning as part of a service redesign review.

- **Other Services** is reporting an overspend of £728,100 mainly due to a review of anticipated service pressures within the financial year.

- **Planning Health & Improvement** is reporting underspend of £214,100 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 31 November 2015 extrapolated to 31 January 2016. To November 2015, Greater Glasgow & Clyde GP Prescribing is £2.7m (1.4%) over-spent on an annual budget of £199.1m.

  The £2.7m over-spend extrapolated to 31 March 2016 results in a forecast year to date over-spend of £3.3m.

  However, as there was no extra funding for the additional prescribing day in 2015/16 (29 February), it was hoped that additional savings could be generated to help offset the potential impact of this. Having now received the February volumes, the out-turn is likely to be c. **£4m**.

  The Board has identified prescribing related non-recurring funding to cover this and, as part of the risk sharing arrangement, will absorb the over-spend in this financial year. In light of the Board's anticipated financial position beyond 2015/16, the risk sharing arrangement may require to be reviewed to agree how risk should be apportioned between the Board and HSCPs.

  We have, therefore, reported a **break-even position for 15/16** and a cost neutral position has been reported in each HSCP in March. HSCP variances to January are currently being investigated by the relevant HSCP Prescribing Advisors.

  West Dunbartonshire HSCP is reporting a £0.485m (3.3%) over spend as at 31 January 2015 based on November dispensing costs, however, under the risk sharing arrangement the over spend has been adjusted to report a cost neutral position at year end. Variances specific to West Dunbartonshire HSCP are currently being investigated by Prescribing Advisors.

Significant Variances - Social Care Services

5.2 The net underspend position is £223,000. The key areas are:

- **Strategy, Planning & Health Improvement is** reporting underspend of £130,000 mainly due to staffing costs due to vacancies and underspend in training.

- **Childcare - Community Placements** is reporting a year to date overspend of £150,000. This is due to continuing 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.

- **Residential Accommodation for Young People with Disabilities** is reporting a year to date overspend of £99,000 due to a client cost increase and increased employee costs due to the use of sessional staff and overtime to cover sickness absence.

- **Children's Residential Schools** is reporting a year to date overspend of £192,000 more than anticipated within the budget due to residential placements of two clients placed in July and October with a further four additional clients placed in December and January of this year. The Residential school placements are demand led and as a result the overspend is likely to continue as we move forward into the new FY.

- **Other Services – Young People** is reporting underspend of £86,000 mainly due to vacancy slippage and payment to other bodies for support services.

- **Residential Accommodation for Older People** is reporting a year to date overspend of £442,000 mainly due to cover for staff absence and vacancies.

  Robust absence management controls are ongoing in the monitoring of sickness levels and have resulted in parital recovery, which in turn has helped to reduce staff costs. 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.

An element of the overspend is caused as a result of lower than budget income due to reduced bed numbers.

- **External residential for Older People** is reporting underspend of £267,000 mainly due to reduced payments to care homes as more client care is provided thorugh self directed support packages. An element of the underspend relates to additional income.

- **Day Centres for Older People** is reporting overspend of £74,000 mainly due to staff pay pressure due to long term sickness cover. In addition transport recharges from Housing, Environmental and Economic Development Services also substantially more than budgeted as a result of driver pay pressures. The posiiton is under discussion with the HEEDs designated leads to agree the formal service level agreement to be put in place for 2016/17.

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- **Sheltered Housing** is reporting underspend of £93, 000 mainly due to a change in the internal recharge from HEEDs and staff turnover. The position is under review for financial year 2016/17 budget setting process.

- **Residential Learning Disability** is reporting underspend of £219,000 due to reduced package costs as a result of a number of clients moving from residential to new housing support accommodation. In addition there has also has been a reduction in number of packages.

- **Physical Disability** is reporting a year to date overspend of £82,000 mainly due to an increase in the number of clients within residential services. In addition the anticipated savings on respite are unachieved**.**

  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.

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- **Homecare** is reporting a year to date overspend of £724,000 due to increased number of homecare hours being delivered based on current client assessed needs. Also higher than estimated overtime and agency usage to cover for sickness and vacancies. Income is also showing an adverse position mainly due to the increase in clients being provided with short term focussed reablement homecare rather than longer term chargeable hours.

  At this stage managers are reviewing best options to achieve maximum staff utilisation and the use of a bank of supply staff has been set up. This will increase the capacity and flexibility of in house hours and reduce the need for overtime / agency staff. This and more efficient work scheduling have already

resulted in the reduction of overtime costs within the service. The homecare care organisers are targeting clients who are not currently on a charge in order to increase income levels and reduce the current projected under recovery.

If absence rates improve and supply staff are utilised it is anticipated that the overspend may reduce further, which will be closely monitored in the new financial year.

- **Addictions Services** is reporting a year to date underspend of £90,000 mainly due to reduced client package costs following a review of all support packages and vacancy slippage.

- **Other Services** (including HSCP HQ) is reporting a year to date underspend of £1.19m is twofold; to offset service pressures and release of burden funds incorporated into budgets for some specific clients with no in year requirement due to change in clients' circumstances.

5.3 The Housing Aids and Adaptations and Care of Gardens for social care needs is also included in the HSCP Board total resource for 2015/16.

The budgets are currently held within West Dunbartonshire Councils - Housing, Environmental and Economic Development Services and will be managed on behalf of the HSCP Board. The 2015/16 budget based on existing resources for Care of Gardens is £0.500m and Aids and Adaptations is £0.256m and provides a total resource of £756.3m.

The summary position for the year ended 31 March is reported in the following table and reports overall a minor underspend. The demands within the care of garden scheme are reporting an overspend of £37,990 and underspend of £38,280 aids and adaptations service plan slippage. The position is under review in the new financial year 2016/17.

	Budget	**Actual**	**Variance**
	£	**£**	**£**
Care of Gardens	500,000	537,991	(37,991)
Aids and Adaptions	256,250	217,967	38,283
Total	**756,250**	**755,958**	**292**

5.4 The set aside, or notional budget, for large hospital services is included in the IJB total resources for 2015/16. The latest notional budget is included at Appendix 3 and reflects an average of £17.3m per annum based on current service consumption costs.

Savings Performance to Date – Health Care

5.5 From within NHSGGC Partnerships overall savings plan, West Dunbartonshire HSCP was allocated a local savings target of £0.630m against its directly managed services.

5.6 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

5.7 From within West Dunbartonshire Council, the savings target allocated to West Dunbartonshire HSCP was £1.47m against its Social Care budget.

5.8 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.

5.9 At this stage plans are in place to deliver all other planned savings in line with the approved savings plan for 2015/16.

Financial Challenges and Assumptions

5.10 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. The actions outlined within sections 5.1 and 5.2 have helped to 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 going forward to financial year 2016/17.

- The HSCP is reporting a forecast underspend £491,200 from the 1 July to the 31 March 2016. The HSCP has achieved the required level of in-year savings and deliver a balanced position against budget for the current financial year.

- 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 5.1 and 5.2 of this report to ensure a balanced budget is achieved in FY 2016/17.

- It should noted that the year end position is subject to final audit approval.

2016/17 Savings Plan – Health & Social Care

5.11 At this stage the Health Board's Chief Executive has outlined a draft cash-releasing savings target of £69m for 2016/17 based on the latest funding gap.

5.12 For 2016/17 an indicative savings target across all NHSGG&C Partnerships remain under discussion between the HSCP Chief Officers and the Health Board's Corporate Management Team following the Boards confirmed national uplift. It remains an expectation that the level of savings for the NHSGG&C Partnerships remains currently set at £20m.

5.13 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.

5.14 The outcome of this work will be included within the final 2016/17 revenue budget subject to approval of NHS GG&C Health Boards financial plan.

5.15 The Council's 2016/17 budget was formally agreed by Councillors at a meeting on 24 February 2016.

5.16 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.

5.17 Further details on the 2016/17 HSCP Board revenue budget are reported separately within the 2016/17 HSCP Board Budget Report and are included in the HSCP Boards papers for discussion.

2015/16 Capital Expenditure

5.17 The progress to date of the individual "live" schemes funded within the HSCP is as follows.

5.18 On 23rd June 2015 the Scottish Government announced that a new £19 million Clydebank Health & Care Centre would be funded through using the HUB model of Design Build, Finance and Maintain (DBFM). As required by the Scottish Government's prescribed process, HSCP Officers prepared an Initial Agreement for the proposed facility with support from Health Board Capital Planning colleagues. As previously reported to the Partnership Board that Initial Agreement was endorsed by the HSCP Audit Committee and the HubCo West Steering Group; and then approved by the NHS Health Board prior to submitting the Scottish Government for consideration.

The Initial Agreement was considered by the Scottish Government's Health Directorate's Capital Investment Group (CIG) at its meeting of 15 March 2016. The Capital Investment Group(CIG) recommended approval, which has now been accepted by Paul Gray (Chief Executive of NHS Scotland). Consequently HSCP Officers have now been authorised to proceed with the next stage in the process. i.e. to prepare and submit an Outline Business Case (OBC). CIG also formally feedback that they considered the Initial Agreement to be well written, clear, concise and effectively communicated the vision for the project; and that they intend to use it an an example of best practice, should other NHS Boards be looking for advice on how to write an Initial Agreement. The SGHD letter of approval is attached to this report, under background papers, for information.

HSCP Officers will now embark on the process of preparing the OBC, and once completed that will be presented to HSCP Audit Committee for endorsement later this year prior to submission to the NHS Health Board and then Scottish Government.

5.19 The design and construction of replacement elderly care homes and day care centres in Dumbarton and Clydebank areas continue to progress.

General - Financial Close for Dumbarton was reached on 16 September 2015 with a final cost anticipated to be £13.170m which left £9.5m available for Clydebank. Following the Council meeting on 24 February 2016, additional funding of £2.4m was agreed increasing the total care home budget to £25.052m. The budget for Clydebank is now £11.882m with Dumbarton remaining at 13.170m

Dumbarton - Enabling works were completed on the 16 September 2015 to allow the main construction work to begin on the 17 September 2015 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 absorb 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. Construction work is currently tracking 4 weeks behind programme due to adverse weather conditions however there is no change to the completion date and remains on budget overall. Whilst the completed care home will be handed over to WDC on 7 February 2017 it is not anticipated to be fully operational until 13 March 2017 to allow a 4 week migration period for clients from existing homes.

Daily dialogue with HubWest Scotland and main contractors takes place to ensure that costs are maintained within the final price at Financial Close and that dates are adhered to. Fortnightly technical and client meeting and monthly progress meetings are ongoing.

Development will proceed in accordance with agreed timescale and budget.

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 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 design and build (D&B) basis. The design team has now been appointed and preliminary orders of cost and programme have been shared with the project board. Planning consent will be contingent upon planning approval for the overall Queens Quay Masterplan and the installation of infrastructure works. Planning permission in

principle application for the Masterplan was submitted on 30 October 2015 and the long stop date for this being determined is March 2016 with indicative dates for the completion and handover of the care home currently April 2018. The remaining initial budget available for Clydebank of £9.5m was deemed 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 would result in the Project also being subject to the same inflationary pressures as Dumbarton. Consequently it was estimated that an additional budget of approximately £2.4m would be required to complete the Clydebank Care Home which was included for consideration within the capital plan refresh reported to and agreed by Council on 24 February 2016. The completed care home is anticipated to be handed over to WDC in April 2018 and become fully operational by May 2018 to allow a 4 week migration period. Project team currently investigating implications of retaining the site wall that bounds Centenary Court. This is identified as a site abnormal that may attract significant costs including a structural and environmental survey in the short term. Once complete, a more detailed picture of potential costs will be known however it would be prudent to allocate approx £150k of the project budget to works on the perimeter wall.

WDC will continue to liaise with CRL to ensure that site preparation works continue to proceed in line with project timescale and Masterplan development and within available budget. Regular meetings will be held with stakeholders and the project team. In relation to additional budgetary requirements officers are undertaking a business case review to assess affordability issues.

Development will proceed in synergy with development of new health centre and in the context of the Queens Quay masterplan and infrastructure projects.

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.

5.21 The summary capital expenditure position is reported below 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					
	Budget	Spend to Date		Forecast Spend	Forecast Variance	
	£000	£000	%	£000	£000	%
Replace Elderly Care Homes / Daycare Centres						
Project Life Financials	22,652	4,589	20%	25,052	2,400	11%
Current Year Financials	7,371	3,865	52%	3,865	(3,506)	-48%

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 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: 25 May 2016

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Appendices: Appendix 1 - Health Financial Statement (Year End Budget report)
Appendix 2 - Social Care Financial Statement (Year End BCR)
Appendix 3 – 15/16 Notional Set Aside budget

Background Papers: 2016/17 Budget Report– HSCP Board meeting – 25 May '16
SGHD IA approval letter

Letter 1 .pdf

Wards Affected: All

Appendix 1

Health Care Budget Report – Year End as at 31 March 2016

Care Group	Annual Budget £'000	Annual Actuals £'000	Variance £'000
Addictions - Community	1,980.1	1,924.3	55.8
Adult Community Services	11,300.6	11,191.3	109.4
Integrated Care Fund	1,584.3	1,584.3	0.0
Child Services - Specialist	1,898.7	1,874.4	24.3
Child Services - Community	2,684.8	2,588.0	96.8
Fhs - Prescribing	18,541.2	18,541.2	0.0
Fhs - Gms	12,447.5	12,447.5	0.0
Fhs - Other	11,401.2	11,401.2	0.0
Hosted Services	878.6	780.3	98.3
Learn Dis - Community	425.2	413.9	11.3
Men Health - Adult Inpatient	0.0	(0.2)	0.2
Men Health - Adult Community	4,641.7	4,520.1	121.6
Men Health - Elderly Services	3,314.8	3,314.7	0.1
Other Services	3,679.2	4,407.3	(728.1)
Planning & Health Improvement	1,125.0	910.9	214.1
Resource Transfer - Local Auth	7,774.8	7,774.8	0.1
Expenditure	83,677.7	83,674.1	3.9
Addictions - Community	(95.0)	(95.0)	0.0
Adult Community Services	(465.4)	(465.4)	0.0
Child Services - Specialist	(768.4)	(768.4)	0.0
Child Services - Community	(435.6)	(435.6)	0.0
Fhs - Other	(1,031.9)	(1,031.9)	0.0
Learn Dis - Community	(160.0)	(160.0)	0.0
Men Health - Adult Community	(1,112.4)	(1,112.4)	0.0
Men Health - Elderly Services	(195.8)	(195.8)	0.0
Other Services	(920.1)	(920.1)	0.0
Planning & Health Improvement	(0.5)	(0.5)	0.0
Resource Transfer - Local Auth	(179.2)	(179.2)	0.0
Income	(5,364.3)	(5,364.3)	0.0
West Dunbartonshire Hscp	**78,313.4**	**78,309.8**	**3.9**

Social Care Budget Report – Year End as at 31 March 2016

Departmental / Subjective Summary	Full Year Budget 2015/16	Actual 2015/16	Variance
	£000	£000	£000
Strategy, Planning & Health Improvement	1,156	1,026	130
Residential Accommodation for Young People	3,074	3,173	(99)
Community Placements	2,856	3,006	(150)
Residential Schools	846	1,038	(192)
Childcare Operations	3,775	3,807	(32)
Other Services - Young People	3,952	3,866	86
WDC Residential Accom for Older People	5,742	6,184	(442)
External Residental for Older People	6,922	6,655	267
Sheltered Housing	1,448	1,355	93
Day Centres Older People	1,039	1,113	(74)
Meals on Wheels	81	74	7
Community Alarms	146	140	6
Community Health Operations	2,722	2,739	(17)
Residential Learning Disability	9,594	9,375	219
Physical Disability	2,008	2,090	(82)
Day Centres Learning Disability	1,573	1,565	8
CHCP HQ	373	(816)	1,189
Criminal Justice	24	47	(23)
Mental Health	2,066	2,103	(37)
Homecare	9,853	10,577	(724)
Addiction Services	1,188	1,098	90
Integrated change Fund	0	0	0
Total Net Expenditure	**60,438**	**60,215**	**223**

Appendix 3 – Set Aside Notional Budget – Acute Hospital Services (excluding Adult MH Inpatients)

Comparison of 2015/16 Notional Set Aside Budgets with NRAC Share

	2013/14				2014/15				Average				2015/16	NRAC		NRAC Variance
West Dunbartonshire	**Activity SMR Discharges**	**Activity OBD**	**A&E Attendances**	**£000**	**Activity SMR Discharges**	**Activity OBD**	**A&E Attendances**	**£000**	**Activity SMR Discharges**	**Activity OBD**	**A&E Attendances**	**£000**	**£000**	**%**	**£000**	**£000**
Accident & Emergency	106	117		44	74	89		28	90	103		36	36		79	(43)
General Medicine	9,201	32,162		8,893	11,267	34,448		9,709	10,233	33,305		9,299	9,392		7,802	1,590
GP other than Obstetrics	0	0		0	4	6		4	2	3		2	2		4	(2)
Rehabilitation Medicine	12	476		110	19	1,351		433	16	914		272	275		250	25
Respiratory Medicine	362	2,374		858	333	2,449		889	348	2,412		874	883		730	152
Sub-total	9,681	35,129		9,905	11,697	38,343		11,063	10,689	36,737		10,483	10,588		8,864	1,723
Geriatric Medicine	1,193	33,180		4,392	1,160	26,126		4,722	1,177	29,653		4,557	4,603		5,773	(1,171)
Inpatients Total	10,874	68,309		14,297	12,857	64,469		15,785	11,866	66,390		15,040	15,190		14,638	553
A&E Outpatients			23,556	2,151			23,987	2,190			23,772	2,171	2,193		2,292	(99)
West Dunbartonshire Total	**10,874**	**68,309**	**23,556**	**16,448**	**12,857**	**64,469**	**23,987**	**17,975**	**11,866**	**66,390**	**23,772**	**17,211**	**17,383**	**8.06559**	16,930	454

Notes

1 2014/15 Notional Budget is based on the average of 2013/14 and 2014/15 activity

2 Average Costs uplifted by 1% to 2015/16

3 NRAC shares for 2016/17 used as a comparison

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board

Subject: 2016/17 Annual Revenue Budget

1. Purpose

1.1 To outline the budget proposal to the Health & Social Care Partnership (HSCP) Board for 2016/17 from NHSGG&C and West Dunbartonshire Council.

2. Recommendations

2.1 The HSCP Board is requested to:

- Agree the 2016/17 West Dunbartonshire Council payment contribution to the budget of £61.538m;
- Note the proposed savings reduction of £0.994m;
- Note the interim NHS GG&C Health Care indicative net revenue budget contribution of £75.839m;
- Note the proposed NHS GG&C current set aside budget for 2016/17;
- Note the earmarked reserves position;
- Note the Integration Fund compliance statement reported within section 4.7
- Note West Dunbartonshire Council financial gaps identified for 2017/18 and 2018/19 and the impact to the HSCP Boards financial plan;
- Note NHS Greater Glasgow & Clyde Health Boards financial plan position for 2016/17.
- Agree to receive further updates in the development of the financial strategy in August 2016;

3. Introduction

3.1 This report outlines the approved budget available to the HSCP Board for 2016/17 from West Dunbartonshire Council and the interim budget from NHS Greater Glasgow & Clyde. The Council's 2016/17 budget was approved on 24 February 2016, and the Health Boards financial plan will be presented to the NHS GG&C for approval in June 2016.

4. Background

4.1 This report follows from and builds upon the Financial Report presented to the HSCP Board in February 2106, which set out an update position for each Partner's budget setting progress and the details of the Governments settlement offer to Councils, which mainly included the conditions associated with the £250 million 2016/17 Integration Fund.

4.2 The Scottish Government Health Social Care Directorate has provided £250m million, to be directed to HSCPs, to ensure improved outcomes in social care.

4.3 As noted above, the settlement provided £250m to assist with the implementation of the aims of the IJB, this funding being split into two elements, as follows:

- £125m to support the aims of integration boards including costs arising from increased demand; also to fund any changes made to social work charging regime; and

- £125m to help local authorities meet a range of existing costs in the delivery of effective and high quality health and social care services. Councils can access up to their share of this £125m though it is expected that this will include the funding of the increase in the living wage to £8.25 per hour.

4.4 In relation to the first £125m funding stream discussions between the S95 officer's of the Council and the HSCP Board concentrated on the demographics around older people and additional costs of £300k already built into the Council's draft budgeted contribution to the HSCP Board for 16/17. It was agreed to allocate funding of £0.300m to cover the additional costs.

4.5 In relation to the second £125m funding stream the SG has estimated living wage to cost £76m in a full year. This is made up of £20m for Care Homes and previously agreed and implemented, leaving a balance of £56m (full year) for all other care sectors to cover the cost of the new National Living Wage increasing to £8.25 per hour from 1st October 2016. The WDC share of the remaining £49m is estimated at £960k.

4.6 The total allocation share to West Dunbartonshire Council is £4.925m. The £0.300m and the £0.960m will be retained by WDC leaving £3.660m allocated to the HSCP, of which £1.5m (share of £76m) would be for living wage and potentially up to £1m would be required re charging changes (worst case if charges were abolished), leaving £1.160m ongoing to fund the strategic priorities to be set out within the HSCP Strategic Plan.

4.7 As noted above, the total allocation share (1.97%) of the £250m to West Dunbartonshire is £4.92m, discussions between the Council and IJB have resulted in £1.260m (£0.300m and £0.960m) being removed from the Council's current contribution to the IJB for 2016/17. Further analysis provides a compliance calculation, which is included in Appendix 5 and reports that £1.260m will be reduced from the 2016/17 budget in addition to budgeted savings and efficiencies applied.

5. Further details on the current budget update position with each of our partners are reported below:

6. NHS Greater Glasgow & Clyde - Health Revenue Budget

6.1 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 £69m for 2016/17 based on the latest funding gap.

6.2 The interim HSCP Board 2016/17 recurring Health Care budget reported aligns with the overall draft NHS Greater Glasgow & Clyde Health Board financial plan.

6.3 Following approval of the NHS GG&C Boards Financial Plan in June 2016 final adjustments will be actioned in early July in respect of approved 16/17 uplifts. The HSCP Indicative budget amounts to net expenditure of £75.839m and is summarised in Appendix 1.

6.4 For 2016/17 an indicative savings target across all NHSGG&C Partnerships remain under discussion between the HSCP Chief Officers and the Health Board's Corporate Management Team following the Boards confirmed national uplift. It remains an expectation that the level of savings for the NHSGG&C Partnerships remains at £20m across all Partnerships.

6.5 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, with the HSCPs indicative share being currently set at £1.5m. The final local savings target will be determined by remaining gap following the finalisation of the collective service programme.

6.6 The 2016/17 proposed Health budget will include a number of changes from the 2015/16 budget, the most significant of these being as follows:

- SGHSCD has provided £250.0 million to ensure improved outcomes in social care with details reported within section 4 above. Greater Glasgow & Clyde's share is £59.4m, to be directed to Health and Social Care Partnerships, to ensure improved outcomes in social care. As reported in sections 4 West Dunbartonshire HSCPs share of this funding is £4.925m.

- In March 2015, the Cabinet Secretary for Health, Wellbeing and Sport announced that an additional £100 million would be made available to Health and Social Care Partnerships through the Integrated Care Fund (ICF) in each of the financial years 2016/17 and 2017/18. The same methodology will be used to allocate ICF resources to partnerships over the next two years. However, SGHSCD have stated that the use of the ICF can be more directly aligned to the delegated services in each partnership area. So, where partnerships have been delegated functions beyond the

minimum required by the legislation, ICF resources may now be used to support those activities, based on local needs**.**

The Integrated Care Fund funds allocated to West Dunbartonshire HSCP is £1.99m, and should not be confused with the Integration Fund noted under section 4.1 of this report.

- SGHSCD has provided NHS Boards with additional funding to address delayed discharges. The funding has been distributed on the same basis as the Integrated Care Fund noted above. The Health Board is currently awaiting confirmation from SGHSCD on the terms of this funding. NHSGGC's share of this funding is £7.1m of which West Dunbartonshire will be allocated £0.597m.
- SGHSCD has confirmed that funding outwith Boards' recurring allocations will be reduced. The total reduction is likely to be £7.0m, comprising Alcohol (£2.1m), Drugs (£2.2m) & other bundled funding (£2.7m).

6.7 The final budget adjustments above are under review as part of the overall financial planning for Partnerships funding.

6.8 The set aside, or notional budget, for large hospital services will be included in the IJB total resources for 2016/17. The latest notional budget is included at Appendix 2 and reflects an average of £17.3m per annum based on current service consumption costs.

6.9 The Housing Aids and Adaptations and Care of Gardens for social care needs will also be included in the HSCP board total resource for 2016/17.

The budgets are currently held within West Dunbartonshire Councils - Housing, Environmental and Economic Development Services and will be managed on behalf of the HSCP Board. The indicative budget based on existing resources for Care of Gardens is £0.500m and Aids and Adaptations is £0.156m and will provide a total resource of £0.656m.

6.10 Throughout GG&C there are a number of community health care services hosted and managed on behalf of West Dunbartonshire HSCP. The budgets are managed across other Partnerships and the indicative budget based on existing resources is £92.9m with services and budget details reported in Appendix 3 of this report. Those services managed by West Dunbartonshire HSCP on behalf of other GG& C Partnerships are also included within the total hosted service budgets and provide budget resource of £7.03m for MSK Physiotherapy Services and Retinal Screening services.

6.11 It is anticipated that WD HSCP share of the Boards indicative uplifts for 2016/17 will be allocated in July 2016 following approval of the Boards financial plan in June 2016:

- Pay provision: Current indications are that a provision of 1.0% for pay uplift in 2016/17 is reasonable. On top of the 1.0%, provision has been made for a minimum payment of £400 for staff earning up to £22,000.
- Superannuation: A provision of £25.0m has been made for the abolition of the employers' 3.4% "contracted out" rebate for staff members of the NHS Superannuation scheme.
- Auto-enrolment to Superannuation: A provision of £5.0m has been made for the estimated cost of employees remaining in the superannuation scheme after auto-enrolment.
- GP Prescribing**:** The prescribing cost growth projection for 2016/17 is based on information from the Board's Prescribing Advisers. It includes provision for likely cost increases related to growth in new and existing drug treatments within Acute Sector, including new drugs approved by SMC, and makes a realistic level of provision for likely growth in volume / prices, based on current trends, related to drug treatments prescribed within Primary Care. The results of this work are summarised below.
- Other costs inflation: 1.0% general provision has been set aside for inflation on non-pay costs excluding prescribing costs, energy costs, and capital charges costs. 1.7% has been set aside for uplifts to Resource Transfer, inflation on legal / contractual cost commitments and inflation on amounts payable to other NHS Boards, Local Authorities and Voluntary Organisations, related to SLAs.

7.0 The outcome of the above work will be included within the final 2016/17 revenue budget contribution subject to approval of final plans, and will be presented to HSCP Board at the next session in August 2016.

8. West Dunbartonshire Council – Social Care Revenue Budget Contribution

8.1 The Council's budget was approved at the full Council meeting of 24 February 2015. The Social Work element of that budget, amounts to a net expenditure of £61.538m and is summarised within Appendix 1.

8.2 The 2016/17 Social Work budget incorporates a number of changes from the 2015/16 budget, with various items within the HSCP financial plan reporting increased net expenditure by £1.1m. The detail of these items is reported in the table below;

	£'000
Closing 2015/16 HSCP Budget	**60,439**
Additions	
External Residential Accomodation for Elderly	221
Learning Disability	217
Physical Disability	240
Mental Health	147
Children's Community Placements	312
Other Services - Young People	22
Service placement burdens	**1,159**
Internal Homecare mainly additional hours	509
Physical Disability - Residential clients	216
National Insurance uplift	609
Pay award inflation 1%	361
External care home uplift 2.5%	271
Residential Care - increase mainly due to Free Personal Care impact	202
Additional Funding:	
Residential Accommodation for Young People - Link Carers	247
Learning Disability - Self Directed Support	84
Young Persons Act - Residential Accommodation for young people	314
Support Services - Finance Team	152
Income - mainly Resource Transfer uplift from NHSGG&C	-136
	3,988
Reductions	
2016/17 HSCP Integration Fund contribtion to Council	1,260
2015/16 Full year effect of management adjustment savings	467
2016/17 management adjustment savings	994
Other 16/17 Corporate Savings:	
Admin review efficiency	141
Pool Care and fuel efficiency	25
	2,888
2016/17 Net budget increase	**1,100**
2016/17 HSCP Opening Budget	**£61,539**

8.3 The HSCP finalised 2016/17 savings adjustments as part of its financial planning process for Social Care services as part of the budget process, the HSCP identified a number of management adjustments to reduce the funding

gaps. These adjustments have cumulative value of £0.994m and are highlighted in the above table.

8.4 It should be noted that 2016/17 Integrated Funding allocation of £4.92m as reported under section 4 of this report is not included in the above budget information as a result of funds being held within the Health Board. It is important to note that funds will be allocated to the HSCP following the approval of NHS GG&C Boards financial plan in June 2016.

9. 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.

10. 2016/17 HSCP Reserves

10.1 In relation to the General Fund, as at 31 March 2016, the accounts showed a General Fund balance of £1.612m. Of this balance, £1.120m is earmarked for specified purposes, leaving an unearmarked balance of £0.491m.

10.2 The in-year surplus against original budget of £0.491m is the favourable variance against the overall budget in year.

10.3 The earmarked balance position as at 31 March 2016 has earmarked a number of service commitments for carry forward spend in financial year 2016 /17.

10.4 The HSCP General Fund Reserve is summarised in the following table:

		£'000
Unearmarked Balance		491.2
Earmarked Balance		
Integrated Care Fund	300.9	
Delayed Discharge	275.3	
GIRFEC NHS	205.0	
GIRFEC Council	24.5	
MSK Physio Ortho Quality Drive Project	46.5	
Opthalmology Quality initiatives Project	20.6	
Transitional Funding for Criminal Justice	47.5	
DWP Conditions Management	200.0	1,120.3
		£1,611.6

11.0 2016/17 to 2018/19 HSCP Financial Strategy Considerations

11.1 The 2016/17 budget will form the basis of year one of the three year HSCP financial strategy, which will be developed and incorporated to the HSCP strategic plan. The budget detail is summarised in appendix 1 of this report.

11.2 Within West Dunbartonshire Council there will be significant challenges for 2017/18. In taking into account this forecast position and assuming appropriate action is taken to balance the 2016/17 budget, through a combination of efficiencies, balances and council tax, the indicative budget forecasts a funding gap of £2.500m is estimated in financial years 2017/18 and £7.321m in 2018/19 budget. The HSCP's share of the forecast funding gap is under review.

11.3 The NHSGG&C funding contribution and savings target will be equally as challenging, particularly given that West Dunbartonshire HSCP has long established joint integration arrangements for Health & Social Care and therefore has already achieved many of the joint savings opportunities potentially available to newly established Health & Social Care Partnerships.

11.4 Whilst this budget proposal to the HSCP Board includes some themes for investment to reshape services, build community capacity, fund existing pressures, and recognises that further work will be required upon the finalisation of the NHS Health Care element of the budget. The financial strategy must ensure sustainability for future years, whilst recognising the significant and unprecedented challenges ahead and the recognition that service delivery models cannot continue in the current format.

12. People Implications

12.1 Any workforce implications arising from this budget will be dealt with in conjunction with the NHS and Council HR services as appropriate

13. Financial Implications

13.1 Other than the financial budget update position noted above, there are no financial implications of the budget update report.

14. Professional Implications

14.1 None

15. Locality Implications

15.1 None

16. Risk Analysis

16.1 The main financial risks to the ongoing financial position relate to currently unforeseen issues arising between now and the June 2016 NHS GG&C Board Meeting. Any significant issues will be reported to future Board meetings.

During 2016/17 the NHS GG&C Board will also work with all Partnerships to develop an agreed methodology to calculate the appropriate budget to represent consumption of unscheduled care services by Integrated Joint Boards. Set aside budgets have been agreed and made available to Partnerships for financial year 2016/17 and are included in this report within Appendix 2.

17. Impact Assessments

17.1 None

18. Consultation

18.1 This report was prepared in conjunction with Health and Council Colleagues and was agreed with the (NHS GG&C) Director of Finance and Section 95 Officer of West Dunbartonshire Council

19. Strategic Assessment

19.1 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.

19.2 This report links to the strategic financial governance arrangements of both parent organisations.

Jeanne Middleton – Chief Finance Officer

Date: 25 May 2016

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Appendices:
Appendix 1 – 2016/17 Interim Revenue Budget
Appendix 2 – 2016/17 Notional Set Aside Budget
Appendix 3 – 2016/17 Hosted Services
Appendix 4- 2016/17 Management Adjustments
Appendix 5 – 2016/17 Integration Fund Compliance

Background Papers:

Health & Social Care Partnership Board: 17 February 2106
Financial Report 2015/16 as at Period 9 (31 December 2015)

Wards Affected: All

Appendix 1 – 2016/17 Revenue Budget

West Dunbartonshhire Health & Social Care Partnership
2016/17 Revenue Budget Contribution from NHS GG&C and West Dunbartonshire Council

Care Group Services	Health Care £'000	Social Care £'000	Total £'000
Older People Residential, Health and Community Care	10,951	26,027	36,978
Homecare	-	13,417	13,417
Physical Disability	-	2,857	2,857
Children's Residential Care and Community Services (incl specialist)	3,957	15,891	19,848
Strategy Planning and Health Improvement	914	1,155	2,069
Mental Health Services - Community and Inpatients	7,867	3,519	11,386
Addictions	1,966	1,754	3,720
Learning Disabilities - Residential and Community Services	260	14,981	15,241
Family Health Services (FHS)	23,189	-	23,189
GP Prescribing	17,894	-	17,894
Hosted Services	858	-	858
Integrated Care Fund	1,608	-	1,608
Criminal Justice	-	46	46
Resource Transfer	7,775	-	7,775
HSCP Corporate and Other Services	2,851	1,097	3,948
Gross Expenditure	80,091	80,744	160,835
Income	(4,252)	(19,206)	(23,458)
Total Net Expenditure	**£75,839**	**£61,538**	**£137,377**

Subjective Summary	Health Care £'000	Social Care £'000	Total £'000
Employee pays	24,440	37,060	61,499.8
Non Pays	5,651	935	6,586.3
Property and Capital Charges	773	1,193	1,965.8
Supplies, Services and Admin	-	1,107	1,107.0
Payments to other Bodies - including Resource Transfer and Family Health Services	49,227	38,927	88,153.9
Other	-	1,522	1,522.0
Gross Expenditure	80,091	80,744	160,835
Income	(4,252)	(19,206)	(23,458)
Net Exenditure	**£75,839**	**£61,538**	**£137,377**

Appendix 2 – Set Aside Notional Budget – Acute Hospital Services (excluding Adult MH Inpatients)

Comparison of 2015/16 Notional Set Aside Budgets with NRAC Share

	2013/14				2014/15				Average				2015/16	NRAC		NRAC Variance
West Dunbartonshire	**Activity SMR Discharges**	**Activity OBD**	**A&E Attendances**	**£000**	**Activity SMR Discharges**	**Activity OBD**	**A&E Attendances**	**£000**	**Activity SMR Discharges**	**Activity OBD**	**A&E Attendances**	**£000**	**£000**	**%**	**£000**	**£000**
Accident & Emergency	106	117		44	74	89		28	90	103		36	36		79	(43)
General Medicine	9,201	32,162		8,893	11,267	34,448		9,709	10,233	33,305		9,299	9,392		7,802	1,590
GP other than Obstetrics	0	0		0	4	6		4	2	3		2	2		4	(2)
Rehabilitation Medicine	12	476		110	19	1,351		433	16	914		272	275		250	25
Respiratory Medicine	362	2,374		858	333	2,449		889	348	2,412		874	883		730	152
Sub-total	9,681	35,129		9,905	11,697	38,343		11,063	10,689	36,737		10,483	10,588		8,864	1,723
Geriatric Medicine	1,193	33,180		4,392	1,160	26,126		4,722	1,177	29,653		4,557	4,603		5,773	(1,171)
Inpatients Total	10,874	68,309		14,297	12,857	64,469		15,785	11,866	66,390		15,040	15,190		14,638	553
A&E Outpatients			23,556	2,151			23,987	2,190			23,772	2,171	2,193		2,292	(99)
West Dunbartonshire Total	**10,874**	**68,309**	**23,556**	**16,448**	**12,857**	**64,469**	**23,987**	**17,975**	**11,866**	**66,390**	**23,772**	**17,211**	**17,383**	**8.06559**	16,930	454

Notes

1 2014/15 Notional Budget is based on the average of 2013/14 and 2014/15 activity

2 Average Costs uplifted by 1% to 2015/16

3 NRAC shares for 2016/17 used as a comparison

Appendix 3 –

Health & Social Care Partnership's Hosted services

Recurring Full Year Budgets as at 31 March 2016

Community Services	Net
	£'000
MSK Physio	6,171
Retinal Screening	858
West Dunbartonshire HSCP	7,029
Podiatry	6,859
Primary Care Support	3,471
Renfrewshire HSCP	10,331
Learning disabilities Community	5,150
East Renfrewshire HSCP	5,150
PC & Community Oral Health	10,512
East Dunbartonshire HSCP	10,512
Continence product	4,038
Sexual Health	10,334
Homelessness	2,590
Addictions	18,294
Police Custody Healthcare	2,586
Prison Health Care	6,635
MH specialist Teams / Services	15,359
Glasgow HSCP	59,836
Partnership Hosted Budgets	**£ 92,857**

Social Care Community Hosted Services	Net
Aids & Adaptations	156
Care of Gardens	500
HSCP Health Care Hosted Budgets	**656**

Appendix 4 2016/17 Social Care Savings Contribution

WEST DUNBARTONSHIRE COUNCIL - HEALTH & SOCIAL CARE PARTNERSHIP
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 (£)
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
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
	TOTAL VALUE		**0**	**864,920**	**864,920**	**864,920**	**8.00**	**0**

Management Adjustments of £864,920 + £129,000 other local cash releasing efficency savings = £994k budget adjustment

Appendix 5 – Integration Fund Compliance Reconciliation

Compliance checking of £250m deduction from IJB

		£	£
(1)	**Council contribution to IJB - 2015/16**		**60,438,000**
(2)	less % share of £125m		-2,462,500
(3)	cost of living wage to £8.25 per hour		1,497,200
(4)	**Qualifying Value**		**59,472,700**
(5)	**Council contribution to IJB - 2016/17**		**62,716,000**
(6)	less: Savings/efficiencies applied		-990,000
(7)	less: reduction from IJB contribution as funded as pressures from 1st £125m:		
	older people social care		-300,000
(8)	less: share of 2nd £125m		-965,300
(9)	Check Value - New Council Contribution to IJB 2016/17		**60,460,700**
(10)	Meets the rule that (9) cannot be less than (4)		compliant

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

The Local Authority Accounts (Scotland) Regulations 2014

Health & Social Care Partnership Board: 25 May 2016

Subject: The Local Authority Accounts (Scotland) Regulations 2014

1. Purpose

1.1 The purpose of the report is to provide the HSCP Board with an update on the Local Authority Accounts (Scotland) Regulations 2014. IJBs are specified in legislation as 'section 106' bodies under the terms of the Local Government Scotland Act 1973, and consequently are expected to prepare their financial statements in compliance with the Code of Practice on Accounting For Local Authorities in the United Kingdom.

The Scottish Government have introduced the above regulations to update the governance arrangements relating to the authorisation and approval of a section 106's annual accounts The regulations apply from 2014-15 annual accounts and this report outlines the HSCP Boards proposed approach to comply with these updated regulations.

The report also provides an overview of the preparation of the annual accounts for the Integration Joint Board (IJB) identifying legislative requirements and key stages. The report also recommends that the approval of the annual accounts is remitted to the Audit Committee for both unaudited (June) and audited accounts (September).

2. Recommendations

2.1 The Board is asked to approve:

i) the proposed approach to complying with these regulations and,

ii) to remit the Audit Committee with the authority to approve the annual accounts and to revise the terms of reference accordingly.

iii) that this report will be referred to Audit Committee for noting.

2.2 The Board is asked to note :

(i) the Audit Committee dates arranged under section 4.2 of the report for approval of both unaudited (15 June) and audited accounts (14 September).

3. Introduction

3.1 On 10 October 2014 the Local Authority Accounts (Scotland) Regulations 2014 came into force, a copy of the regulations can be found at:
The Local Authority Accounts (Scotland) Regulations 2014

3.2 The Scottish Government also provided additional guidance on the application of these regulations a copy of which can be found at:
The Local Authority Accounts (Scotland) Regulations 2014 - a narrative

3.3 These regulations superseded the 1985 regulations and provide clearer definitions of the roles and responsibilities of Board Members and Officers in respect of the authorisation and approval of a section 106's annual accounts.

3.4 These regulations apply to any annual accounts with a financial year that begins from 1 April 2014 and therefore will govern the preparation of the IJB's 2015/16 annual accounts.

4. Financial Governance and Internal Control

4.1 The regulations require the Annual Governance Statement to be approved by the IJB or a committee of the IJB whose remit includes audit and governance following an assessment of both the effectiveness of the internal audit function and the internal control procedures of the IJB. The Audit Committee meet this requirement.

4.2 In order to comply with these regulations it is proposed the Annual Accounts, including the Governance Statement and associated reports be considered by the HSCP Board Audit Committee for approval at the sessions to be held on the:

- 15 June 2016 for approval of unaudited annual accounts;
  and the
- 14 September 2016 for approval of final audited annual accounts.

5. Unaudited Accounts

5.1 The regulations require that the unaudited accounts are submitted to the auditor no later than the 30 June immediately following the financial year to which they relate.

5.2 The IJB or committee whose remit includes audit and governance must meet to consider the unaudited annual accounts as submitted to the external auditor no later than 31 August immediately following the financial year to which the annual accounts relate.

5.3 Scottish Government guidance states that best practice would reflect that the IJB or committee whose remit includes audit and governance should consider the unaudited accounts prior to submission to the external auditor.

5.4 In line with best practice it is proposed the unaudited accounts be considered by the Audit Committee prior to submission to the external auditor by 30 June each year.

5.5 Therefore, to ensure best practice the unaudited accounts would be considered by the HSCP Board Audit Committee at the 15 June 2016 meeting.

6. Right to Inspect and Object to Accounts

6.1 The right to inspect and object to the accounts remain unchanged through these regulations. The timetable for the public notice and period of inspection has been standardised with the inspection period starting no later than 1 July in the year the notice is published.

7. Approval of Audited Accounts

7.1 The regulations require that the audited annual accounts should be considered and approved by the IJB or a committee of the IJB whose remit includes audit and governance having regard to any report made on the audited annual accounts by the proper officer[1] or external auditor by the 30 September immediately following the financial year to which the accounts relate. In addition any further report by the external auditor on the audited annual accounts should also be considered by the IJB or committee of the IJB whose remit includes audit and governance.

7.2 The Audit Committee will consider the external auditors report and proposed audit certificate (ISA 260 report) prior to inclusion in the audited annual accounts. Subsequently, the external auditor's Board Members Report and the audited annual accounts will be presented to the Audit Committee for approval and referred to the HSCP Board for monitoring of the action plan.

7.3 In order to comply with the regulations it is proposed that the ISA260 and Board Members Report, together with a copy of the audited annual accounts, is approved by the Audit Committee and thereafter referred to the HSCP Board for noting prior to the 30 September in the year immediately following the financial year to which they relate.

7.4 In order to comply with the regulations the final audited accounts would be considered by the HSCP Board Audit Committee at the 14 September 2016 meeting as highlighted under section 4.2 of this report.

7.5 The governance arrangements for approval of 2016/17 Annual Accounts will be subject to ongoing review.

8. Publication of Audited Accounts

8.1 The regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years together with any further reports provided by the external auditor that relate to the audited accounts.

8.2 The annual accounts of the IJB must be published by 31 October and any further reports by the external auditor by 31 December immediately following the year to which they relate.

9. Key Documents

9.1 The regulations require a number of key documents to be signed by the Chair of the IJB, Chief Officer and Proper Officer. These are detailed in Appendix 1.

10. People Implications

10.1 There are no people implications.

11. Financial Implications

11.1 None

12 Risk Analysis

12.1 None

13. Impact Assessments

13.1 The report is for noting and therefore, no Equalities Impact Assessment was completed for this report.

14. Consultation

14.1 The Section 95 Officer and Assistant Director of Finance from respective partners are fully consulted with on the preparation of the annual accounts for the IJB.

15. Strategic Assessment

15.1 Proper budgetary control and sound financial practice are cornerstones of good governance and support HSCP and officers to pursue the strategic priorities of the HSCP Boards Strategic Plan.

[1] The Proper Officer is set out in Section 95 of the Local Government (Scotland) Act 1973. In West Dunbartonshire HSCP Board this role is fulfilled by the Chief Financial Officer.

Jeanne Middleton – Chief Financial Officer

Date: 25 May 2015

Person to Contact: Jeanne Middleton – Chief Financial Officer, Garshake Road, Dumbarton, G82 3PU, Telephone: 01389 737311
e-mail jeanne.middleton@ggc.scot.nhs.uk

Appendices: **Appendix 1 – Documents within Annual Accounts**

Background Papers: None, however relevant legislation is The Public Bodies (Joint Working) (Scotland) Act 2014, Local Government Scotland Act 1973

Wards Affected: **All**

Appendix 1

Documents within Annual Accounts

Management Commentary / Foreword	Chair of the HSCP Board Chief Officer
Statement of Responsibilities	Chair of the HSCP Board Proper Officer
Annual Governance Statement	Chair of the HSCP Board Chief Officer
Remuneration Report	Chair of the HSCP Board Chief Officer
Balance Sheet	Proper Officer

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 25th May 2016

Subject: Preparation of Strategic Plan 2016 and Onwards - Update

1. Purpose

1.1 To present the Partnership Board with an update on the preparations for its second Strategic Plan.

2. Recommendation

2.1 The Partnership Board is recommended to approve the roll-forward of the current Strategic Plan for the first six months of 2016/17, in anticipation of a new Strategic Plan being presented by officers as soon as the Health Board has confirmed its funding contribution as part of its normal budget setting process.

3. Background

3.1 Public Bodies (Joint Working) (Scotland) Act 2014 states that in order for responsibilities and resources to be formally delegated in practice to an integration joint board, a local Strategic Plan must first be prepared and approved by it.

3.2 At its July 2015 meeting, the Partnership Board approved its first Strategic Plan for 2015/16, which confirmed that the integration start day for the new arrangements was 1st July 2015.

4. Main Issues

4.1 As Members will recall the core of the Strategic Plan was predominantly and logically based on the local Integrated Care Fund Plan and local Integrated Children's Services Plan. The first Annual Performance Report relating to that Strategic Plan has been prepared and separately presented at this meeting of the Partnership Board.

4.2 Work has been on-going with respect to the development of a second Strategic Plan, in a similar vein to the process undertaken previously. That development of the next Strategic Plan reflects the on-going, participative and community planning approach endorsed by the Partnership Board at its July 2015 meeting. This has included the considerable engagement that underpins the local Integrated Care Fund Plan and the local Integrated Children's Services Plan. The membership of the delivery and improvement groups in place to take forward both of those key local plans incorporates all of the statutory stakeholder consultees specified for the Strategic Plan; and so – as confirmed by the Partnership Board at its July 2015 meeting - formed the

basis for the virtual strategic planning group with whom the HSCP engages on an on-going basis.

4.3 The Scottish Government's guidance for strategic plans highlights that there is a need within strategic plans to specify the total resources available across health and social care to deliver the outcomes and objectives articulated within said strategic plans.

4.4 The Council's budget was approved at the full Council meeting of 24 February 2015. The Social Work element of that budget amounts to a net expenditure of £61.538m.

4.5 However, as the Partnership will be aware from previous reports, the Health Board's funding contribution will only be confirmed following approval of its Financial Plan in June 2016 (as part of its normal budget setting cycle). As was detailed within the Chief Financial Officer's earlier report on the 2016/17 Annual Revenue Budget , the HSCP indicative budget from the Health Board amounts to a net expenditure of £75.839m. However, for 2016/17 an indicative savings target across all NHSGGC Partnerships remains under discussion between the HSCP Chief Officers and the Health Board's Corporate Management Team following the Board's confirmed national uplift. It remains an expectation that the level of savings for the NHSGGC Partnerships remains at £20m across all Partnerships.

4.6 Given the degree of uncertainty regarding the proportion of that £20m that would be identified for the West Dunbartonshire HSCP and given that a Strategic Plan is already in place, officers are recommending that the current Strategic Plan is rolled-forward for the first six months of 2016/17, in anticipation of a new Strategic Plan being presented by officers to the next meeting of the Partnership Board. The refinement of that new Strategic Plan would continue through this period, including additional stakeholder consultation; and the scoping out of the Strategic Planning spanning a potentially longer period.

5. People Implications

5.1 No specific implications associated with this report.

6. Financial Implications

6.1 In addition to paragraphs 4.3 to 4.6 above, a report on the 2016/17 Annual Revenue Budget has been separately presented to this meeting of the Partnership Board.

7. Professional Implications

7.1 No specific implications associated with this report.

8. Locality Implications

8.1 No specific implications associated with this report.

9. Risk Analysis

9.1 Under the terms of the Local Government in Scotland Act 2003 (or, where applicable, the Public Finance and Accountability (Scotland) Act 2000), the implementation of the duty of Best Value11 will apply to the Partnership Board. That duty is to make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost. In making those arrangements and securing that balance the Partnership Board will have regard to economy, efficiency, effectiveness, the equal opportunities requirements, and contribute to the achievement of sustainable development.

10. Impact Assessments

10.1 No specific implications associated with this report.

11. Consultation

11. Both on-going engagement and formal consultation has been undertaken in support of the development of the next Strategic Plan. A further formal consultation would be undertaken as part of the recommendation above.

12. Strategic Assessment

12.1 The Strategic Plan sets out how the Partnership Board does and will plan and deliver services for the West Dunbartonshire area using the integrated budgets under its control.

Author: Mr Soumen Sengupta – Head of Strategy, Planning & Health Improvement West Dunbartonshire Health & Social Care Partnership.

Date: 5th May 2016

Person to Contact: Soumen Sengupta
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Appendices: None

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

Scottish Government - Strategic Commissioning Plans Guidance:
http://www.gov.scot/Resource/0049/00491248.pdf

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 25th May 2016

Subject: Participation and Engagement Strategy 2016 – 2019

1. Purpose

1.1 To present the Partnership Board with the Health & Social Care Partnership Participation and Engagement Strategy 2016 – 2019.

2. Recommendation

2.1 The Partnership Board is recommended to endorse the Participation and Engagement Strategy 2016 – 2019.

3. Background

3.1 Members will recall that the Integration Scheme for West Dunbartonshire commits to an integrated approach to participation and engagement across stakeholders is based on routine and constructive collaboration as part of routine service planning and delivery; and that is supported by and contributes to local Community Planning Partnership arrangements.

3.2 Members will also recall that it is a responsibility within the Integration Scheme – and an action endorsed by the Partnership Board within its first Strategic Plan –a high-level participation and engagement strategy be prepared that sets out the key principles and ways-of-working with the Health & Social Care Partnership's diverse range of stakeholders.

3.3 The attached Participation & Engagement Strategy has consequently been prepared for consideration by the Partnership Board.

4. Main Issues

4.1 As committed to within the Integration Scheme and based on local engagement and feedback, this Participation and Engagement Strategy then sets out the key principles and high level ways-of-working that the Health & Social Care Partnership will apply in its relationships with its numerous stakeholders as an integral element of its mainstream planning and operational service delivery activities.

4.2 The key principles and high level ways-of-working will be familiar to the Partnership Board as they are based on and bring together a range of commitments that have already been endorsed in previous Partnership Board reports.

4.3 As the Partnership Board will recognise, these key principles and high level ways-of-working reflect approaches to service planning and delivery that have been the subject of considerable dialogue and engagement with different stakeholders both before and since the establishment of the Health & Social Care Partnership last year.

4.4 The Strategy reflects a range of flexible opportunities to support pragmatic participation and engagement – and with an understanding that they are not set-in-stone but rather are dynamic processes that should and will evolve based on feedback, learning and changing circumstances.

4.5 The effectiveness of this multi-dimensional Strategy will be evidence by how the Health & Social Care Partnership delivers on the commitments within its Strategic Plan. Examples of this are evident within the Health & Social Care Partnership Annual Performance Report, the Integrated Care Fund Plan Performance Report and the Integrated Children's Services Plan Review Report that are separately presented to this meeting of the Partnership Board.

5. People Implications

5.1 None associated with this report.

6. Financial Implications

6.1 None associated with this report.

7. Professional Implications

7.1 None associated with this report.

8. Locality Implications

8.1 The Strategy explicitly reaffirms the Health & Social Care Partnership's commitment to fostering constructive participation and engagement as part of routine service planning and delivery at a locality level.

9. Risk Analysis

9.1 In addition to the requirements set out within the Public Bodies (Joint Working) Act, this Strategy takes due cognisance of other pertinent legislation, including:

- The Community Empowerment (Scotland) Act (2015).
- The Children and Young People's (Scotland) Act (2014).
- The Equality Act 2010.

10. Impact Assessments

10.1 An Equality Impact Assessment (EIA) has been carried out on the Strategy – this found no negative impacts; and a range of positive impacts.

10.2 The latter was particularly evident in relation to the commitment to a network and topic-based approach to engaging with communities so as to increase representativeness and diversity as per the Equality Act 2010; and as reinforced within the Equalities Mainstreaming Report that is being separately presented to this meeting of the Partnership Board.

10.3 That approach to equalities mainstreaming has benefitted from engagement with local protected characteristics groups independently undertaken through the WD CVS. The approach articulated within the Participation & Engagement Strategy reflects the feedback and strong support provided.

11. Consultation

11.1 As the Partnership Board will recognise, the key principles and high level ways-of-working within the Strategy reflect approaches to service planning and delivery that have been the subject of considerable dialogue and engagement with different stakeholders both before and since the establishment of the Health & Social Care Partnership last year.

11.2 The Strategy itself has been subject to and benefitted from a process of formal consultation, with constructive comments invited and received from across stakeholder groups. This included views being sought from the 422 local voluntary organisations and community groups with a stated interest in health and wellbeing issues from the WDCVS network database and the Health & Social Care Partnership's Local Engagement Network database (who WDCVS contacted on the Health & Social Care Partnership's behalf).

11.3 No negative comments or concerns were received, with all the feedback being welcoming and supportive.

12. Strategic Assessment

12.1 The preparation of this Participation & Engagement Strategy delivers on a key action within the Strategic Plan.

12.2 The effectiveness of this Participation & Engagement Strategy will be evidenced by how the Health & Social Care Partnership delivers on the commitments within its Strategic Plan.

Author: Mr Soumen Sengupta – Head of Strategy, Planning & Health Improvement
West Dunbartonshire Health & Social Care Partnership.

Date: 5th May 2016

Person to Contact:	Soumen Sengupta Head of Strategy, Planning & Health Improvement West Dunbartonshire Health & Social Care Partnership, West Dunbartonshire HSCP HQ, West Dunbartonshire Council, Garshake Road, Dumbarton, G82 3PU. E-mail: soumen.sengupta@ggc.scot.nhs.uk
Appendices:	West Dunbartonshire Health & Social Care Partnership Participation and Engagement Strategy 2016 – 2019
Background Papers:	None
Wards Affected:	All

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire
Health and Social Care Partnership

Participation and Engagement Strategy
2016 – 2019

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 taking forward the implementation of the Act in West Dunbartonshire, the Health Board and Council jointly consulted and worked constructively with all of the stakeholder groups prescribed in *Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014* to build on the effective integrated service arrangements that had already been fostered over the preceding years. The approved *Integration Scheme for West Dunbartonshire* details the 'body corporate' arrangement by which the Health Board and the Council 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 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 Partnership 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.

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.

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. This is certainly the case in West Dunbartonshire, and just as true for the Health & Social Care Partnership as it is for other areas of public service. As committed to within the Integration Scheme and based on local engagement and feedback, this Participation and Engagement Strategy then sets out the key principles and high level ways-of-working that the Health & Social Care Partnership will apply in its relationships with stakeholders as an integral element of its mainstream planning and operational service delivery activities.

2. KEY PRINCIPLES

In addition to the requirements set out within the Public Bodies (Joint Working) Act 2014, this Strategy takes due cognisance of other pertinent legislation, including:

- The Carer's (Scotland) Act 2016 which aims to ensure better and more consistent support for both adult and young carers so that they can continue to care in better health and to have a life alongside of caring.
- The Community Empowerment (Scotland) Act 2015 provides a legal framework that promotes and encourages community empowerment and participation; and outlines how public bodies will work together and with the local community to plan for, resource and provide services which improve local outcomes in the local authority area.
- The Children and Young People's (Scotland) Act 2014 which reinforces the United Nations Convention on the Rights of the Child; and the principles of Getting It Right for Every Child.
- The Community Justice (Scotland) Act 2016 which identifies Community Planning Partnerships as being the vehicle to bring partner organisations together to plan and deliver community justice outcomes.
- The Equality Act 2010, with its general duties to eliminate discrimination, harassment and victimisation; advance equality of opportunity between people who share a protected characteristic and those who do not; and foster good relations between people who share a protected characteristic and those who do not.

The National Standards for Community Engagement - as advocated by the Scottish Health Council - sets out best practice guidance for engagement between communities and public agencies, i.e.:

- Involvement: we will identify and involve the people and organisations who have an interest in the focus of the engagement.
- Support: we will identify and overcome any barriers to involvement.
- Planning: we will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken.
- Methods: we will agree and use methods of engagement that are fit for purpose.
- Working Together: We will agree and use clear procedures that enable the participants to work with one another effectively and efficiently.
- Sharing Information: we will ensure that necessary information is communicated between the participants.
- Working with Others: we will work effectively with others with an interest in the engagement.

- Improvement: we will develop actively the skills, knowledge and confidence of all the participants.
- Feedback: we will feed back the results of the engagement to the wider community and agencies affected.
- Monitoring and Evaluation: we will monitor and evaluate whether the engagement achieves its purposes and meets the national standards for community engagement.

Similarly, the 7 Golden Rules for Participation - created by Scotland's Commissioner for Children and Young People - are a set of corresponding principles that can help anyone working with, and for, children and young people. Both are further reinforced by the Scottish Government's Principles for National Care Standards – as developed by the Care Inspectorate and Healthcare Improvement Scotland.

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. This should include involving adults, children and young people both collectively and as individuals who may have traditionally not been involved in public participation; and promoting effective participation and engagement in all settings across the statutory, voluntary and independent sector.

The National Clinical Strategy recognises that the integration of health and social care offers significant opportunities for improvement, but that the health and social care system is embedded in a network that extends beyond traditional boundaries; and that there is a real imperative to co-produce health and wellbeing in partnership with individuals, families, and communities.

All of the above chime with the stated core values of the Partnership Board and the Health & Social Care Partnership - i.e. protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion. As expressed in this Strategy, these then underpin how the Health & Social Care Partnership develops and delivers the local Strategic Plan and local services; and informs our relationships with all of our stakeholders, including service users, carers and communities; staff working within the Health & Social Care Partnership, and Trade Unions; GPs, other NHS external contractors and acute clinicians; the Third and Independent Sector; and Community Planning Partners. More broadly, the spirit of this approach will underpin our approach to working constructively and robustly with our neighbouring integration authorities, other public agencies, national organisations and the Scottish Government.

3. KEY WAYS OF WORKING

West Dunbartonshire Health and Social Care Partnership has worked with stakeholders to create a tapestry of flexible opportunities to support pragmatic participation and engagement – and with the understanding that they are not set-in-stone but rather are dynamic processes that should and will evolve based on feedback, learning and changing circumstances.

Participation through Localities

The Public Bodies (Joint Working) Act details the requirement to establish effective locality planning arrangements, with the stated expectations that:

- Local clinicians and care professionals will play a greater role in locality planning, which will inform the partnership's strategic plans
- Carers, patients, service users and their families will also inform locality planning arrangements.

The 2015/2016 Strategic Plan identified two localities for West Dunbartonshire: Alexandria/Dumbarton and Clydebank. These areas were agreed on the basis of:

- The existing good partnership working across each locality that had been developed over a number of years.
- The fact that the populations are of similar size.
- The natural geographical boundaries of the two parts of the local authority area.
- The different patient flows and referral pathway links into NHSGGC acute hospital services.

Having established the necessary arrangements in 2015/16 (as committed to within that year's Strategic Plan) the Health & Social Care Partnership will continue to work with locality stakeholders to identify two or three issues to prioritise that are of particular concern within their "patch" from a long list of issues highlighted by profile and performance data; and to develop and then implement a work plan to effect improvements. The Health & Social Care Partnership is committed to work with and through its locality arrangements to foster improvements to the interface and relationships between community and acute hospital services; and support the implementation of overall NHSGGC Clinical Services Strategy. This will be enhanced by and contribute to the strengthening of locality professional engagement, particularly with the seventeen GP practices and other NHS external contractors. This will include scoping opportunities for primary care quality cluster model of service delivery in accordance with the 2016/17 General Medical Services (GMS) Contract; and developing a common structure for the engagement of secondary care and improving the interface between community and secondary

care, implementing appropriate elements of the NHSGGC Clinical Services Strategy and the National Clinical Strategy. This accompanied by fostering networks for diverse locality community engagement, most notably to promote more supported self-care; and provide feedback to services and providers (including NHS external contractors).

Engagement with Service Users, Carers and Communities

The National Clinical and Care Governance Framework asserts that the people who use services or support and communities (both of need and locality):

- Are recognised as having experience and expertise and are both encouraged and enabled to contribute to the design, monitoring and improvement of the safety and quality of care.
- Will be an essential and integral part of the service's quality monitoring and improvement systems, with a central role in designing and shaping of services – contributing to assurance of the quality of integrated health and social care services and identifying areas where improvements are required.
- Will have a single point of access to provide feedback or make a complaint about integrated health and social care services.

The Health & Social Care Partnership 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. Using a combination of its own processes and those of other Community Planning Partners, the Health & Social Care Partnership will both seek input and take on-board feedback to shape the on-going planning and delivery of services. Following the completion of a comprehensive Community Engagement Review in 2015, the Health & Social Care Partnership has worked with West Dunbartonshire Community and Voluntary Service (WDCVS) to develop Local Engagement Networks (LENs) for each locality area with a renewed emphasis on increasing the representation and diversity of those involved. The model is the result of extensive consultation with existing and potential stakeholders and has been designed to evolve in tandem with the broader locality planning engagement arrangements.

The Equality Act 2010 strengthens, harmonises and streamlines 40 years of equalities law in relation to the nine "protected characteristics" of age, disability, gender, race, religion and belief, pregnancy and maternity, marriage and civil partnership, sexual orientation and gender reassignment. The intent of the Equality Act is to protect groups from discrimination, harassment or victimisation readily fits with the over-arching priorities and commitments to the delivery of quality person centred supports and services by the Health & Social Care

Partnership Board and the Health & Social Care Partnership. The Health & Social Care Partnership's approach to ensure compliance with the Equality Act is detailed within its published Equalities Mainstreaming Report.

The Health & Social Care Partnership will appropriately apply the separate complaints policies of the Health Board and Council in respect of the relevant statutory requirements, making sure that the arrangements for complaints are clear and integrated from the perspective of the service user. As far as is possible complaints will be dealt with by front line staff. Thereafter the Health & Social Care Partnership has a complaints protocol that provides the formal process for resolving complaints: the details of which are and will be provided on-line, in printed literature and on posters. Clear and agreed timescales for responding to complaints will be provided. If a service user is unable, or unwilling to make a complaint directly, complaints will be accepted from a representative who can be a friend, relative or an advocate.

Annual sector mapping undertaken by WDCVS, identifies a considerable provision of low-level, non-commissioned engagement and support activity (145 active organisations) spanning social and physical activity, domestic support and community activity. The award winning Link-Up Scheme for older people and carers illustrates how the Health & Social Care Partnership can and will co-produce clear pathways and sponsor the development of community capacity that both connects and harnesses the enthusiasm of local people. The Care at Home Service's Readers Panel, the Care Homes Residents' Forums, and the Learning Disability Annual Consultation event are similarly positive examples of how Health & Social Care Partnership Services can and will ensure service users, and carers have the opportunity to have their views aired and heard. Additionally the Health & Social Care Partnership raises awareness through our local networks of specific campaigns such as helping to make decisions about Power of Attorney and the opportunities available for Fostering and Adoption. In terms of examples of positive work to engage young people (and in accordance with its responsibilities for the corporate parenting) the Health & Social Care Partnership is in the process of establishing a Link Worker in Throughcare to liaise with children's homes, foster carers, supported carers and housing services to ensure that trusting relationships are built with young people and services. With the support of local young people, carers, Who Cares Scotland and Y-Sort- it, the Health & Social Care Partnership is developing a West Dunbartonshire Champions Board: its purpose being to provide looked after children and young people opportunities to meet with the Community Planning Partnership members - including senior staff across all agencies and elected members - in order for them to share their experiences and influence service design and improvement.

Carers have a vital role in the way in which we develop social and health care services in West Dunbartonshire. In accordance with the expectations of the Cares Act, the Health & Social Care Partnership has and will work constructively with Carers of West Dunbartonshire to ensure a regular dialogue with and about carers. For young carers in particular, the Health & Social Care Partnership is committed to raising awareness of and improving the help and support to them. For example, the Y-Sort-It-led Young Carers' project has involved close working with the Health & Social Care Partnership - and also schools - to raise awareness about children and young people who would be seen as young carers; and develop a wide range of support opportunities.

Engagement with Staff and Trade Unions

The Health & Social Care Partnership is committed to actively promoting an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and development; and is transparent and open to innovation, continuous learning and improvement. Through its Clinical and Care Governance Framework the Health & Social Care Partnership will work to deliver an organisation in which staff will:

- Practice in accordance with their professional standards, codes of conduct and organisational values.
- Be responsible for upholding professional and ethical standards in their practice and for continuous development and learning that should be applied to the benefit of the public.
- Ensure the best possible care and treatment experience for service users and families.
- Provide accurate information on quality of care and highlight areas of concern and risk as required.
- Work in partnership with management, service users and carers and other key stakeholders in the designing, monitoring and improvement of the quality of care and services.
- Speak up when they see practice that endangers the safety of patients or service users in line with local policies for public interest disclosure and regulatory requirements.
- Engage with colleagues, patients, service users, communities and partners to ensure that local needs and expectations for safe and high quality health and care services, improved wellbeing and wider outcomes are being met.

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 and which entitle staff to be well-informed; appropriately trained; involved in decisions which affect them; treated fairly and consistently; and 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; and information sharing and joint working. With specific respect to the information sharing, the Health & Social Care Partnership has put in place and will continue to refine its arrangements are in place in respect of information governance; and all staff within the Health & Social Care Partnership will continue to be obliged to operate in accordance with the local Data Sharing Protocol and the data confidentiality policies of their employing organisations.

As committed to within the local Workforce & Organisational Development Strategy, the Health & Social Care Partnership has an integrated Staff Governance and Practice Governance Framework in place which it will update annually in partnership with local trade unions through its joint Staff Partnership Forum. The Health & Social Care Partnership Chief Officer convenes and co-chairs (with both Council and NHS trade union representatives) the local Staff Partnership Forum, which has formal linkages to the respective corporate trade union partnership forums of the Council and the Health Board. Support for staff working within the Health & Social Care Partnership is expanded upon within the local Workforce & Organisational Development Strategy.

Engagement with the Third and Independent Sector

The Integration Scheme affirms that clinical and care governance for integrated health and social care services requires co-ordination across a range of services - including contracted services - so as to place people and communities at the centre of all activity relating to the governance of clinical and care services. The health and social care marketplace in West Dunbartonshire represents a mixed economy approach to service delivery, bringing together differing elements of service delivery and agreed shared client outcomes. Within this landscape, the Health & Social Care Partnership provides leadership both in service planning and mapping; and in ensuring service quality compliance within an agreed standard of quality assurance of services. This requirement serves to protect people who use health and social care services as well as promoting quality across all statutory services and within the third and independent sectors.

The Health & Social Care Partnership has worked with external providers of care to develop and adopt a Commissioning Consortium approach within West Dunbartonshire, the aim being 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 local community

resources. This approach embeds third and independent sector partners at the centre of the participation process: providing access to the same information and data used within statutory services; and providing opportunities for service delivery where there is an agreed and identifiable need for services based on demographic and neighbourhood analysis. The core principle of the approach is to work with and support partners to deliver services in an innovative and collaborative way which is responsive, flexible and accountable to local people within their own localities. The intention is to develop this approach across all service areas and age groups, reflecting the approach to the strategic commissioning advocated by Audit Scotland. Recognising that not all services are regulated, the Health & Social Care Partnership's approach to quality assurance relies on robust contract compliance across all providers. Current provision by the independent and third sectors is currently clustered around a number of regional/national provider agencies, serviced by a range of smaller more locally based, specialism focussed organisations. However, changing client need and the desire to move to a clearer co-production focus will require on-going market assessments to underpin potential Consortium service arrangements.

The Health & Social Care Partnership has co-produced and will confirm Partnership Agreements with Carers of West Dunbartonshire, WDCVS (as the local Third Sector Interface) and Scottish Care that make clear the collective commitment to deliver structured sector engagement and participation as part of strategic commissioning; and embraces the concept of developing a "public service ethos" (rather than a solely "public sector ethos") for the ultimate benefit of all citizens.

Engagement with Community Planning Partners

The aim of Community Planning West Dunbartonshire is to work in partnership to improve the economic, social, cultural and environmental well-being of West Dunbartonshire for all who live, work, visit and do business here. The 2014-17 Single Outcome Agreement (SOA) for West Dunbartonshire expresses the local Community Planning Partnership's interconnected priorities:

- Supporting Children and Families.
- Supporting Older People.
- Supporting Safe, Strong and Involved Communities.
- Supporting Employability & Economic Growth.

The HSCP has a lead role to work with our partners on the delivery of community planning functions on behalf of the partnership: including Supporting Children and Young People; Supporting Older People; and the planning and delivery functions of Community Planning West

Dunbartonshire Alcohol and Drug Partnership as well as Criminal Justice Social Work (as important elements of Supporting Safe, Strong and Involved Communities). Across the Community Planning Partnership there is a commitment to gathering the views of those who have experiences of using services; and to support the participation of all partners in the delivery, development and review of services. All the feedback gathered from the various processes applied informs Community Planning priorities; and dovetails directly into the Community Planning portfolios that are led on by the Health & Social Care Partnership, notably the Integrated Care Fund Programme; the Integrated Children's Services Plan; and the Alcohol and Drugs Partnership Plan.

The Health & Social Care Partnership also has an important role to play in working with local partners to implement the requirements of the Children & Young People's Act 2014. As part of its lead responsibility for corporate parenting across Community Planning Partners, the Health & Social Care Partnership is acting to ensure all partners monitor and report where children and young people have been supported to engage in their local community to form positive relationships and friendships with peers and trusted adults. The Health & Social Care Partnership's award winning Youth Mentoring Scheme is a notable example of sector-leading practice in this respect. Third sector partners and local support groups also play a key role in the design and planning of carer services – this collaborative working ensures that opportunities continue to be offered to carers to develop their skills and knowledge. The Health & Social Care Partnership is also 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.

Community Planning West Dunbartonshire is formally committed to a determinants-based approach to health inequalities, with the long-term goal being to have tackled population-level health inequalities as a result of partners having collectively addressed its root causes: by stimulating sustainable economic growth and employment; promoting educational attainment and aspiration; and supporting community cohesion and self-confidence. The Health & Social Care Partnership will continue to provide clear leadership in championing this progressive and evidence-based approach to addressing health inequalities in a streamlined and integrated manner. An effective and coherent suite of early years interventions is a key element of any serious attempt to tackle (health) inequalities – whilst avoiding placing unrealistic expectations on any given programme to address health inequalities in of itself (particularly in the short-to-medium term). The Integrated Children's Services Plan expresses the collective commitment of partners to the principles of early intervention and prevention as part of Getting It Right For

Every Child (GIRFEC), i.e. that children and young people are safe, healthy, active, nurtured, achieving, respected, responsible and included. Similarly, neighbourhood-level asset-based initiatives that promote community cohesion are (hopefully) part of a solution – but only if they are energised within a strategic, long-term and determinants-based effort across partners. A good example of this is the award winning West Dunbartonshire Link Up Scheme, which was developed in response to feedback from older people and their carers; and where older people, carers and local services are working jointly to help older people maintain their independence.

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). It is everyone's business to help protect adults and children who may be at risk: so public protection is an integral part of all delivery of adults and children's services within the Health & Social Care Partnership; and of the Health & Social Care Partnerships engagement with its Community Planning Partners.

As of April 2016, the Community Justice (Scotland) Act 2016 has transferred the responsibility for the local strategic planning and delivery of community justice will transfer from Community Justice Authorities to Community Planning Partnerships. Community Planning Partnerships assumed responsibility under the new model from 1st April 2016; with full responsibility being conferred from 1st April 2017 following the disestablishment of Community Justice Authorities on 31st March 2017. The new arrangements rely on Community Planning Partnerships being the vehicle to bring partner organisations together to plan and deliver community justice outcomes. Within this context, Criminal Justice Social Work remains accountable to and subject to the governance arrangements within the WD HSCP Board; and the Health & Social Care Partnership will continue to play a pro-active role with partners in ensuring robust arrangements are in place across agencies.

More broadly, the Health & Social Care Partnership's reciprocal engagement and positive working relationship with the Council's Housing Section (with regards to the Local Housing Strategy and the Housing Contribution Statement), the Council's Educational Services (in relation to supporting the development of Relationships, Sexual Health and Parenthood Education in schools as part of the Curriculum for Excellence) West Dunbartonshire Leisure Trust (with respect to the local Vitality physical activity programme) and Police Scotland (in relation to Public Protection and the local Concern Hub) illustrate sets how it can and will effectively deliver through multi-agency working across services.

4. KEY STRATEGIC COMMITMENTS

There are key processes which reflects the ethos and values of the HSCP Board and the delivery of services by the HSCP which will be in place through the lifetime of the Strategy. These activities will be reported through the HSCP Board as part of the ongoing accountabilities described within this Strategy and reflect the core values of the HSCP of protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.

Key Ways of Working	Strategic Commitments	Mapping approach against National Standards for Community Engagement								
		Involvement	Support	Planning Methods	Working together	Sharing Information	Working with others	Improvement	Feedback and Monitoring	Evaluation
Participation through Localities	Continue to develop both HSCP Locality arrangements: Clydebank and Alexandria/Dumbarton.	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Support the quality cluster model of primary care service delivery in line with the new General Medical Service arrangements.	✓	✓	✓	✓	✓	✓	✓	✓	✓
Participation with service users, carers and communities	Continue to work with partners to implement requirements of Community Empowerment Act 2015.	✓	✓	✓	✓	✓	✓	✓	✓	✓

Key Ways of Working	Strategic Commitments	Mapping approach against National Standards for Community Engagement								
		Involvement	Support	Planning Methods	Working together	Sharing Information	Working with others	Improvement	Feedback and Monitoring	Evaluation
Participation with service users, carers and communities	Continue to work with partners to implement requirements of the Carers Act 2016	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Continue to develop HSCP Local Engagement Networks: Clydebank and Alexandria/Dumbarton.	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Confirm and continue to refine commitments within Equalities Mainstreaming Report.	✓	✓	✓	✓	✓	✓	✓	✓	✓
Engagement with Staff and Trade Unions	Continue to develop Integrated Staff Governance and Practice Governance Framework - as per Workforce & Organisational Development Strategy.	✓	✓	✓	✓	✓	✓	✓	✓	✓

Key Ways of Working	Strategic Commitments	Mapping approach against National Standards for Community Engagement								
		Involvement	Support	Planning Methods	Working together	Sharing Information	Working with others	Improvement	Feedback and Monitoring	Evaluation
Engagement with Third and Independent Sector	Continue to develop commissioning consortium arrangements across care groups.	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Confirm and continue to refine Partnership Agreement with WDCVS.	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Confirm and continue to refine Partnership Agreement with Scottish Care.	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Confirm and continue to refine Partnership Agreement with Carers of West Dunbartonshire.	✓	✓	✓	✓	✓	✓	✓	✓	✓
Engagement with CP Partners	Continue to contribute to delivery of Single Outcome Agreement.	✓	✓	✓	✓	✓	✓	✓	✓	✓

Key Ways of Working	Strategic Commitments	Mapping approach against National Standards for Community Engagement								
		Involvement	Support	Planning Methods	Working together	Sharing Information	Working with others	Improvement	Feedback and Monitoring	Evaluation
Engagement with CP Partners	Continue to contribute to delivery of Single Outcome Agreement.	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Continue to implement requirements of Children & Young People's Act 2014.	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Continue to contribute to implementation of the Community Justice (Scotland) Act 2016.	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Confirm and continue to refine Housing Contribution Statement.	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Continue to provide leadership on health inequalities.	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Continue to provide leadership for robust public protection arrangements.	✓	✓	✓	✓	✓	✓	✓	✓	✓

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 25th May 2016

Subject: Integrated Children's Service Plan - Annual Review 2016

1 Purpose

1.1 To present the Partnership Board with the West Dunbartonshire CPP Integrated Children's Service Plan - Annual Review 2016.

2 Recommendations

2.1 The Partnership Board is recommended to endorse the West Dunbartonshire CPP Integrated Children's Service Plan - Annual Review 2016.

3. Background

3.1 West Dunbartonshire has a strong history of positive integration and partnership working in relation to the development of children's services. This has been increasingly embedded through such developments as the commitment by the Council and NHSGGC Health Board to an integrated approach to the management and development of children's health and social care services as part of the establishment of the Partnership Board; and the establishment of a Community Planning Partnership (CPP) Youth Alliance as a vehicle for public agencies and voluntary sector organisations to better work together to engage directly with children and young people in local communities.

3.2 The CPP Integrated Children's Services Plan (ICSP) 2014 – 17 was endorsed by the former Community Health & Care Partnership Committee at its meeting of 19th November 2014.

3.3 The attached Integrated Children's Service Plan - Annual Review 2016 takes stock of the progress to-date; and updates and confirms key priorities for the next two years.

4. Main Issues

4.1 The CPP ISCP is the vehicle for co-ordinating action to deliver the local Single Outcome Agreement (SOA) commitments for children, young people and their families. The priorities of the attached ICSP reflects the requirements and expectations of the Scottish Government, the Partnership Board, the Council, the NHSGGC Health Board and other local community planning partners, i.e.:

- Early intervention and prevention.

- Embedding Getting It Right For Every Child (GIRFEC) across all services and all providers.
- Child protection, as led and overseen by the Public Protection Chief Officers' Group on behalf of community planning partners.
- Self-evaluation within and across services and providers.

4.2 The CPP ISCP also builds on the significant work led by West Dunbartonshire Council Educational Services to embrace the principles of Curriculum for Excellence and Raising Attainment for All, and the on-going work to ensure successful implementation.

4.3 As the Partnership Board will recall from its July 2015 meeting, the objectives set out within the ISCP were incorporated into the first West Dunbartonshire Health & Social Care Partnership Strategic Plan approved at that meeting. Consequently the Health & Social Care Partnership's lead contribution to delivering upon the ICSP is also reflected in the Annual Performance Report that is separately presented at this meeting of the Partnership Board.

5. People Implications

5.1 Staff training, professional development and engagement are important features of the implementation of the ICSP, with specific elements already underway (e.g. testing of the Lead Person and Lead Professional).

6. Financial Implications

6.1 The delivery of the ISCP is underpinned by its existing allocation of resources, augmented by non-recurrent contributions secured from other budgets/sources.

7. Professional Implications

7.1 As above, staff training, professional development and engagement are important features of the implementation of the ICSP, with specific elements already underway (e.g. testing of the Lead Person and Lead Professional).

8. Locality Implications

8.1 The implementation of the commitments within the ICSP will continue to include engagement and developments at a locality level.

9. Risk Analysis

9.1 Audit Scotland's Local Scrutiny Plan 2016/17 for West Dunbartonshire Council confirms that the Care Inspectorate will lead a joint inspection of services for children and young people through the second and third quarters of 2016/17. This will also involve participation by Healthcare Improvement Scotland, Education Scotland and HMICS; and be part of the Care Inspectorate's wider planned programme of national scrutiny work.

9.2 Visible commitment by the Partnership Board to the focused and streamlined community planning approach to the provision and development of children's services is essential. This incorporates child protection within the wider context of public protection and a partnership approach to self-evaluation as expressed within the ISCP and the importance of providing both local and external assurance of quality.

10. Impact Assessments

10.1 An Equality Impact Assessment completed on the ICSP found that there were no specific negative concerns; and a range of positive findings in relation to the rights of children. This provides reassurance and encouragement to on-going work in this regard.

11. Consultation

11.1 The ISCP has been developed by the multi-stakeholder Children and Families Delivery & Improvement Group (DIG); and benefited from comments and contributions from across local community planning partners, particularly those HSCP and Educational Services staff planning and delivering local services.

12. Strategic Assessment

12.1 The preparation, endorsement and implementation of the ICSP is critical to the delivery of the Strategic Plan.

Author: Jackie Irvine – Head of Children's Health, Care & Criminal Justice
West Dunbartonshire Health & Social Care Partnership.

Date: 5th May 2016

Person to Contact: Soumen Sengupta – Head of Strategy, Planning & Health Improvement, Garshake Road, Dumbarton, G82 3PU, Telephone: 01389 737321
e-mail soumen.sengupta@ggc.scot.nhs.uk

Appendices: West Dunbartonshire CPP Integrated Children's Services Plan 2015-18

Background Papers: WDCHCP Committee Report (November 2014): Community Planning West Dunbartonshire: Integrated Children's Services Plan 2014 – 17.

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

Local Scrutiny Plan 2016/17 for West Dunbartonshire Council: www.audit-scotland.gov.uk/uploads/docs/report/2016/lsp_160331_west_dunbartonshire.pdf

Wards Affected: All

COMMUNITY PLANNING
WEST DUNBARTONSHIRE

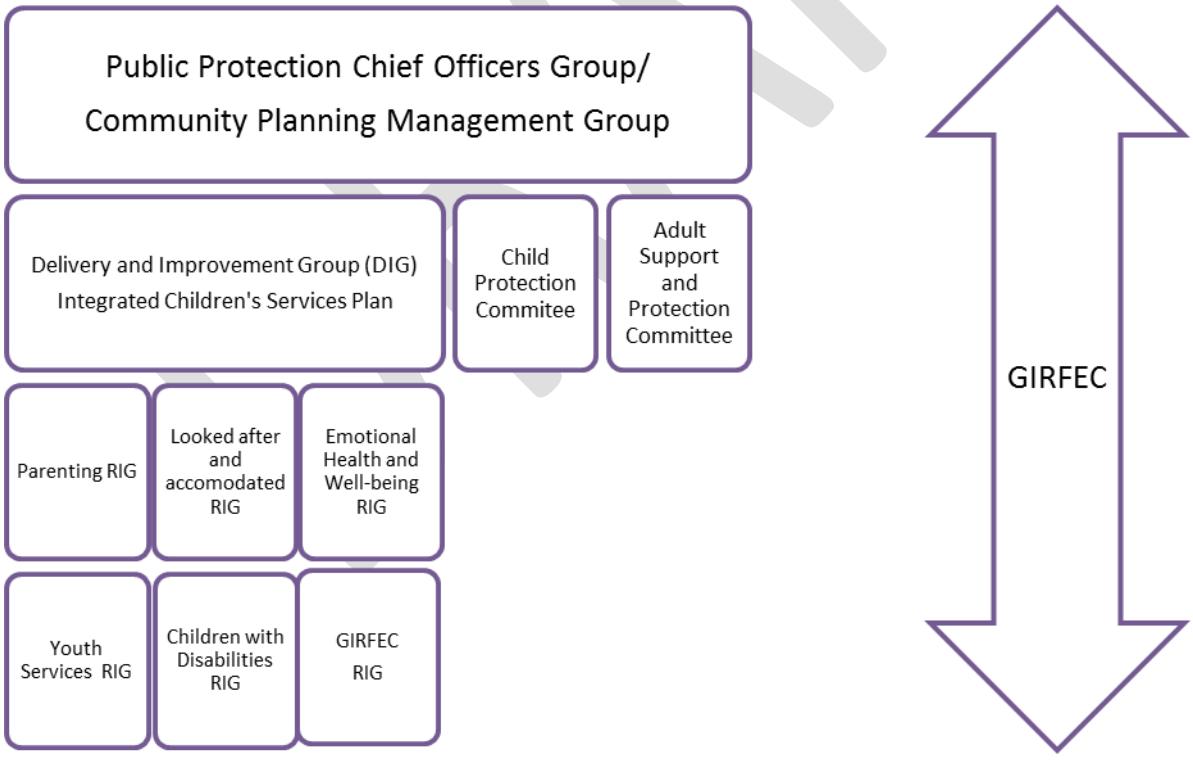
Integrated Children's Service Plan

Annual Review April 2016

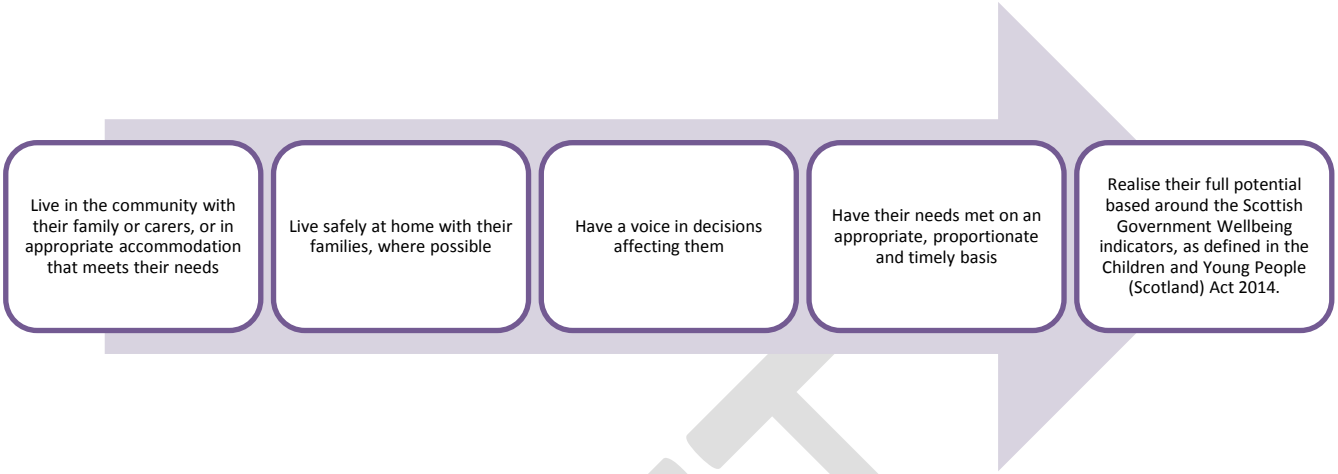
1. Introduction

West Dunbartonshire has well-established multi-agency partnerships which underpin our integrated approach to children's services. The Integrated Children's Services Plan (ICSP) continues to provide Community Planning West Dunbartonshire with a plan for delivering our Single Outcome Agreement (SOA) commitments for children, young people and families.

The Community Planning Partnership Children and Families DIG (Delivery and Improvement Group) is the delivery mechanism for the SOA and as such partners are responsible for a range of services that are provided to children, young people and their families or carers. Workstreams are allocated to the Children and Families RIGs (Review and Improvement Groups) to deliver and report progress on behalf of the Children and Families DIG; with each RIG having multi-disciplinary representation from across the partnership including statutory services and third sector partners.



Community Planning partners' commitments within the ICSP are to enable children and young people to:



West Dunbartonshire's current Integrated Children's Services Plan (ICSP) for 2015 – 2018 continues to be the key delivery vehicle for all children's services planning, review and improvement; it continues to reflect the agreed priorities. This paper provides an update on community planning partners' achievements throughout the year whilst continuing to build on our commitments for future years.

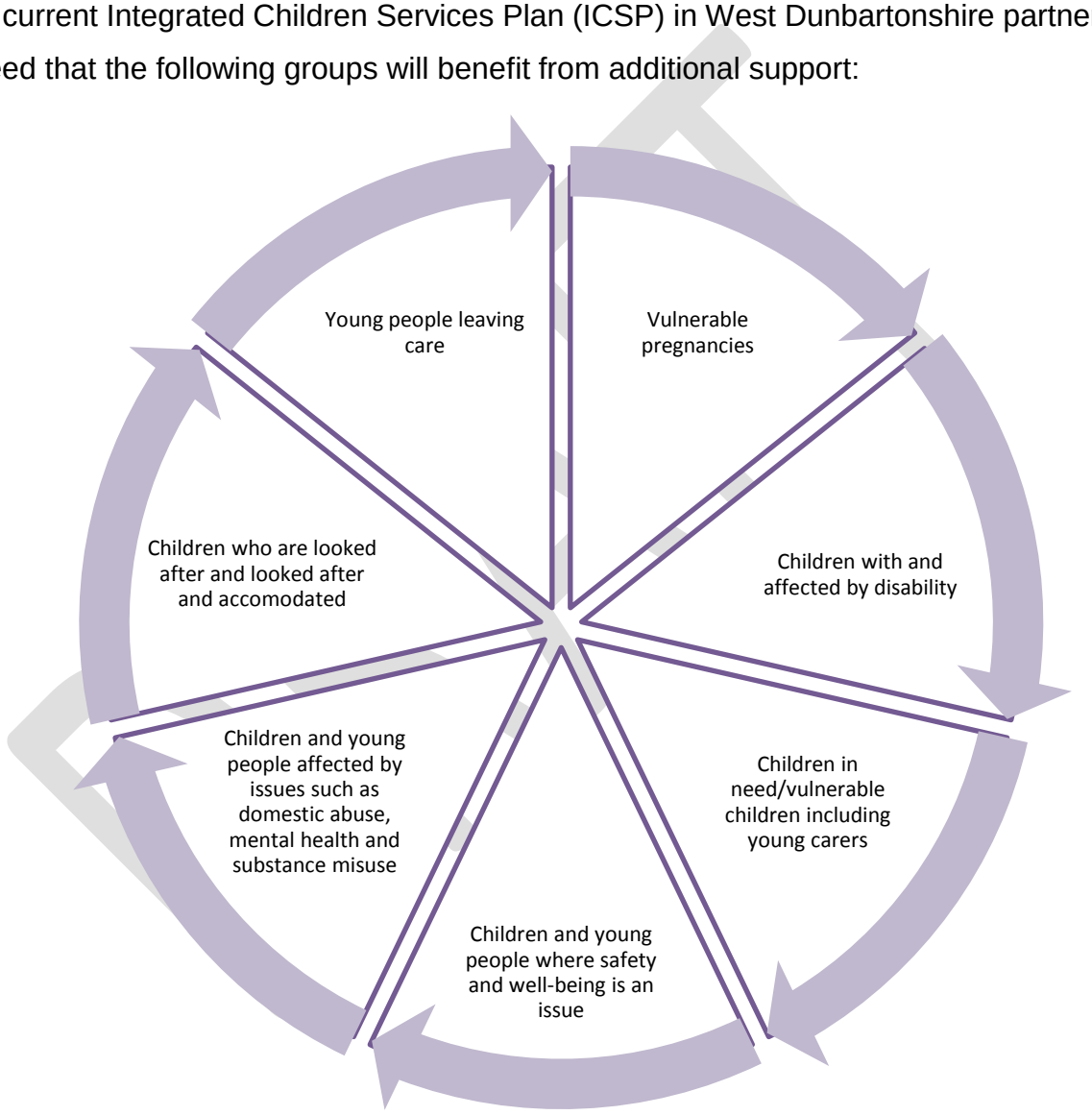
Our vision of a prosperous West Dunbartonshire recognised as a dynamic area within a successful Scotland remains the key focus and priority of all of our workstreams for the children, young people and families of West Dunbartonshire.

There is a clear reporting and accountability structure for the CPP Integrated Children's Services Plan (ICSP) through the Children and Families DIG and the CPP Management Board; linking closely to the Public Protection Chief Officer's Group, Child Protection Committee; HSCP Integrated Joint Board and the Council's Education Services Committee.

The ICSP incorporates key strategic priorities and outcomes for children and young people as set out in West Dunbartonshire's Single Outcome Agreement and a suite of agreed strategic priorities across all services where children and young people are affected. At its heart is a shared commitment of partners to 'Getting It Right for Every Child' (GIRFEC) in West Dunbartonshire and the delivery of partners' corporate parenting responsibilities and their commitment to improving outcomes for looked after children and young people.

The ICSP takes account of the statutory requirements of the Children and Young Persons Act (Scotland) (2014) in relation to the preparation of plans for children's services. It also reflects the advice, issued jointly in March 2008 by the Scottish Government and the Convention of Scottish Local Authorities (COSLA), which provided guidance around the related Concordat, and also linked the GIRFEC priorities to this planning.

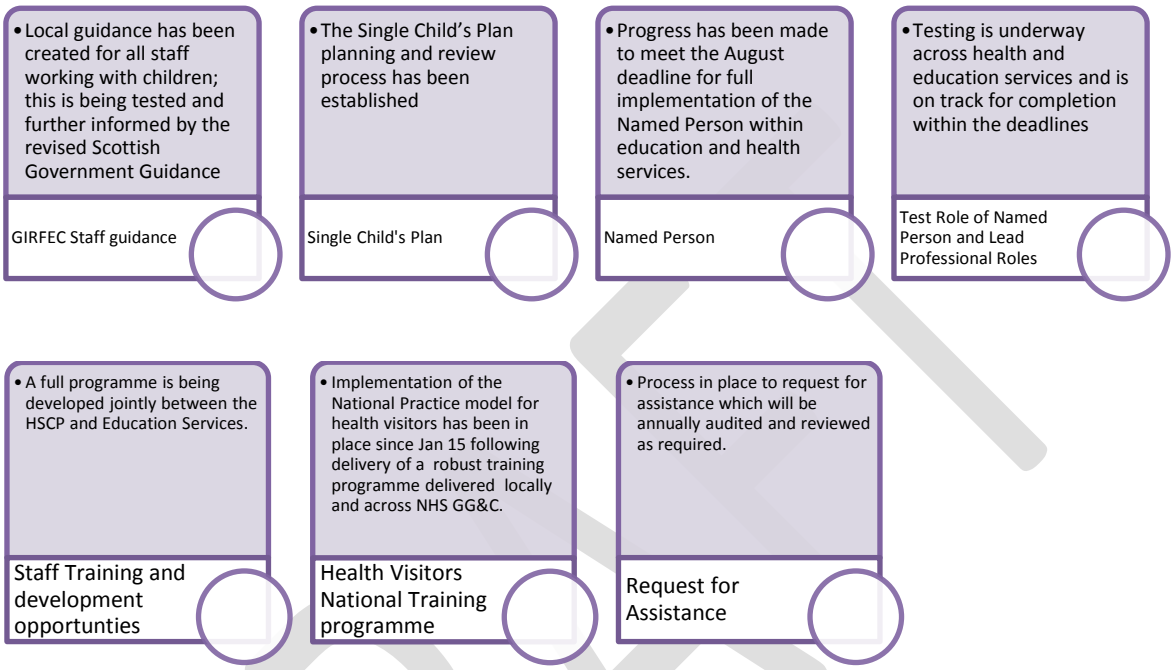
The current Integrated Children Services Plan (ICSP) in West Dunbartonshire partners agreed that the following groups will benefit from additional support:



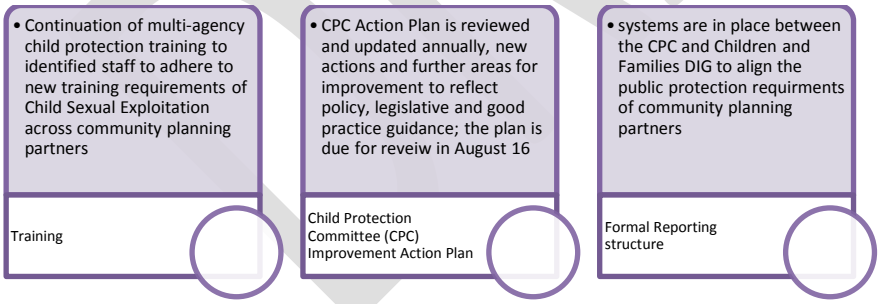
2. Performance review for 2015 – 2016

Below represents the progress for 2015 – 2016 against the seven priorities as identified by partners and described within the Integrated Children's Services Plan for 2015 - 2016:

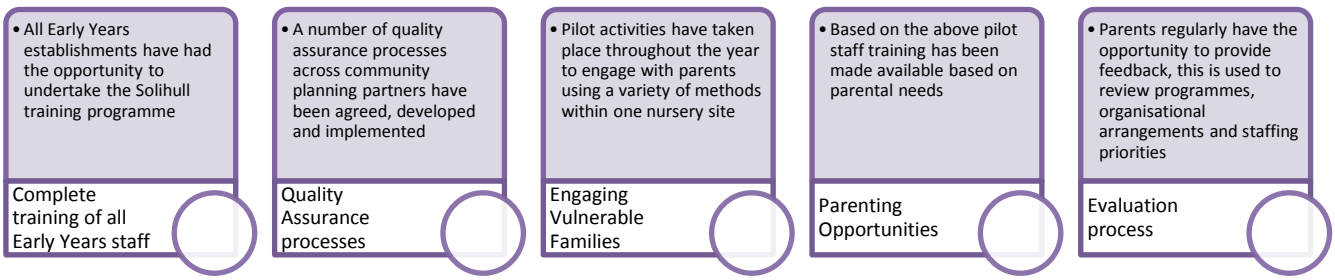
2.1 Fully Implement Getting it Right for Every Child



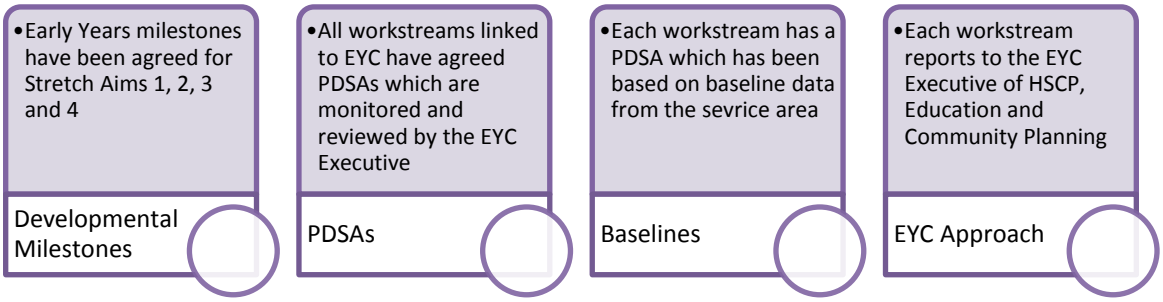
2.2 Ensure that Child Protection processes and partnership working safeguard children and appropriate and timely action is taken to reduce risk



2.3 Provision of Parenting Opportunities to improve outcomes

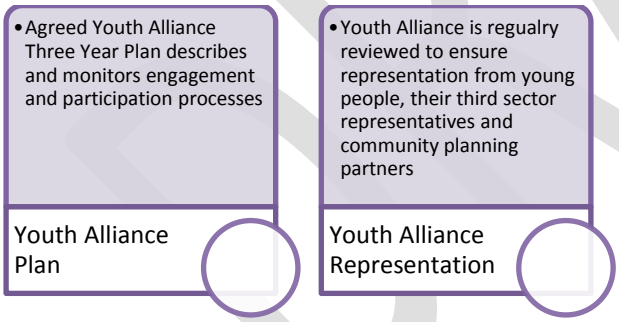


2.4 Ensure that all children have the best possible start in life by Implementing the Early Years Collaborative

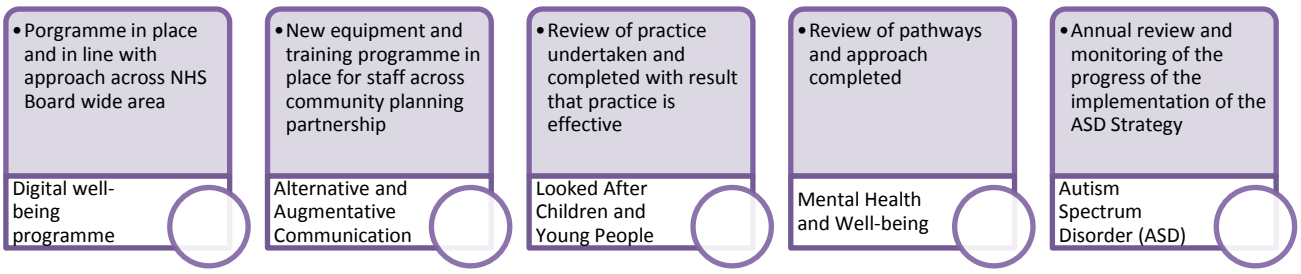


2.5 Ensure all legislative requirements are met

2.6 Ensure there is regular and meaningful engagement of children and young people within service planning



2.7 Improve outcomes for children affected by disabilities and emotional health and well-being



3. Reviewing our Integrated Children's Services Plan (ISCP)

The process of review for the Integrated Children's Services Plan involves a wide range of stakeholders from across West Dunbartonshire.

An event was hosted in November 2015 with invited stakeholders from across a range of disciplines and statutory and third sector, education, health and social care agencies to review current priorities and identify areas of continued focus and achievements.

Terry Lanagan, Executive Director of Education Services, welcomed partners and Jackie Irvine Head of Children's Health Care and Criminal Justice and the Chief Social Work Officer reminded partners of the current structure of reporting accountability for the ICSP and took participants through the current priorities of the ICSP. Each of the Children and Families RIG Chairs presented on their current workstreams and priorities, successes and good practice examples.

Participants participated in table-top discussion groups; reflecting on current ICSP priorities and identifying the Integrated Children Services Plan priorities for 2016 – 2017.

Additionally participants were asked more specifically about the detail of the Children and Families RIG priorities:

- Can you identify any cross cutting issues?
- How do we manage any cross cutting issues?
- Are there any other groups and structures we need to consider?
- Are the reporting structures clear for all groups?

As part of broader learning there were some practical issues that, participants sought including commonality of planning and reporting templates to ensure consistency and easy "read across" between RIG Action Plans and priorities. This ensures all partners are clear which workstreams are being led by which RIG and who is responsible for delivery; additionally this supports improved communication between the RIG's.

Participants took part to consider opportunities for engaging better with the most vulnerable in our communities; by continuing to deliver smart and specific outcomes based planning and prioritisation that links to locally identified need. In line with this, participants asked that there was continued priority given to ensuring effective management of current resources to focus on priority areas of more need, using local data and opportunities for joined up working. This is in line with the approach to continue to review and deliver defined targets within joint reporting frameworks across the partnership.

The feedback from the session has informed this refresh of the ICSP as the priority workstreams of the Children and Families DIG for the coming year; taking account of key new policy drivers including Raising Attainment, our continued delivery of GIRFEC and the implementation of the Children and Young Persons (Scotland) Act (2014).

During the session three areas were identified that required either new priority or further emphasis and focus within the wider community planning partnership:

- Looked after children at home
- Raising Attainment – in line with RAfA
- Addressing the rising impact of 'sexting' and inappropriate use of social media by young people and the risks posed.

4. Governance and Service Improvement

The delivery of the above outcomes includes the need for continued use of proportionate support; and the challenge to bring about establishment and service improvement across all community planning partners' services working with families and children.

In light of the continuing agenda of integration of health and social care services there is a need to align GIRFEC within an effective system of clinical and care governance which stimulates multidisciplinary teams to engage in reflective conversations – in a consistent, systematic and on-going manner – that are focused on the detailed composition of care for specific conditions/pathways or patient/client groups.

The HSCP Clinical and Care Governance Group is working in accordance with the National Framework for Clinical and Care Governance, with its remit providing direction, monitoring and scrutiny for integrated services in relation to:

- Quality Assessment – encompassing performance review; Information Governance and inspection;
- Risk Management – encompassing clinical incident, critical incident and significant case reviews and learning;
- Service User Feedback – encompassing complaints monitoring and learning;
- Continuous Improvement encompassing all critical self-evaluation activities and learning, plus application of guidance;
- Staff Governance encompassing staff governance framework, registration, revalidation and staff development.

Within Education Services governance and improvement structures are in place to review and monitor

- Quality improvement
- Service planning
- Data management
- Performance management and information management
- Research.

The School Improvement Partnership Validation Visits provide a practical approach as to the process of review and form an essential part of the Improvement Framework.

5. Key themes emerged for focus for the Integrated Children's Services Plan over the next two years.

Key priorities were identified by partners as part of the formal review event as well as through the Review and Delivery groups and wider community planning approach to the safeguarding of children and young people including Child Protection Committee, Adult Support and Protection Committee and Public Protection Chief Officers' Group.

These priorities will serve to provide a framework for action over the next year for the Community Planning West Dunbartonshire Delivery and Improvement Group; with progress being reported through the established public protection and planning structures within partnership organisations.

ICSP Refresh Priorities for 16 - 17
Delivery of the new Scottish Attainment challenge across all schools and with wider partners support and in line with RAfA
Involve children and young people more in service planning; supporting them to influence CPP priorities by using the tools and media they use to communicate
Delivery of the priorities within the Corporate Parenting Strategy including the development of Champions Board
Prioritising the needs of Looked after at home children and young people
Addressing the rising impact of 'sexting' and inappropriate use of social media by young people and the risks posed
Further implement and roll out West Dunbartonshire's Child Sexual Exploitation Strategy including implementation of the the People Who Go Missing In Scotland Report
Delivery of the responsibilities of the new Children and Young Persons (Scotland) Act
Development and delivery of a multi-agency Training Plan; including all aspects of current training being delivered across the CPP and identifying the learning needs in each service and develop a model of sliding scale of training provision to meet the identified need
Providing better and more consistent feedback to those referring into and across services; supporting those who make referrals to understand outcomes for children and young people
All statutory services are constantly changing to meet the needs of young people and their issues; as such priorities are changeable; we must work with parents to educate them on how services are changing
More effective prioritisation of children and young people who are seeking housing support; those not ready for their own tenancy or who cannot access supported lodgings
Allowing young people to be the "experts" in their own situation/development e.g. LGBT groups in schools
Better partnership working as young people increase their usage of legal highs; this often leads to anti-social behaviour or problematic behaviour as well as personal risk
Continued commitment to Postive Destinations agenda
Continued commitment to Sexual Health Strategy agenda

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 25th May 2016

Subject: West Dunbartonshire Housing Contribution Statement

1. Purpose

1.1 To present the West Dunbartonshire Housing Contribution Statement to the Partnership Board for approval.

2. Recommendations

2.1 It is recommended that the Partnership Board approves the Housing Contribution Statement.

3. Background

3.1 As members will recall from the Partnership Board's August 2015 meeting, the Strategic Plan 2015-16 highlights a number of shared housing-related priorities that the Health and Social Care Partnership is committed to delivering with the Council's Housing Section as part of its contribution to the current Local Housing Strategy. This continues to be evident within the Strategy Plan that has been prepared for 2016-17.

3.2 The Scottish Government's Housing Advice Note September 2015 requires that a Housing Contribution Statement be drawn up as a "bridge" between the Integration Authority's Strategic Plan and the Local Housing Strategy.

3.3 The appended Housing Contribution Statement has been jointly prepared by Health and Social Care Partnership officers and the Council's Housing Section (acting with respect to the Council's role as Strategic Housing Authority) and in compliance with the Housing Advice Note guidance.

4. Main Issues

4.1 The Housing Contribution Statement echoes the Health and Social Care Partnership Strategic Plan in highlighting key areas where the housing sector and the Health and Social Care Partnership will be working together in the coming period to:

- Establish a housing support service enabling long term clients to be supported within West Dunbartonshire.
- Continue to develop plans for new and refurbished housing.
- Develop Services at Points of Transition.
- Provide preventative interventions and supports.
- Ensure rapid access to assessment, and provision of aids and adaptations.

- Seek to develop supported housing solutions for younger adults with complex needs.

4.2 The Housing Contribution Statement was endorsed by the West Dunbartonshire Council Housing and Communities Committee on the 4th May 2016.

4.3 Monitoring of performance on the issues contained in the Housing Contribution Statement will be carried out jointly by Council's Housing Section and the Health and Social Care Partnership; and will form part of the annual review of the Local Housing Strategy reported to Council's Housing and Communities Committee as well as the annual review of performance reported to the Partnership Board.

5. People Implications

5.1 There are no people implications associated with this report.

6. Financial Implications

6.1 There are no direct financial implications to this report.

6.2 Section 7 of the Housing Contribution Statement outlines the resources and investment associated with housing related functions delegated to the Partnership Board.

7. Professional Implications

7.1 The Housing Contribution statement has been jointly prepared by Health and Social Care Partnership officers and the Council's Housing Section (acting with respect to the Council's role as Strategic Housing Authority), including the Council's Service Manager for Housing Strategy & Development – who is the Partnership Board's professional advisor for housing matters.

8. Locality Implications

8.1 The Council's Housing Section is represented within the Health and Social Care Partnership's locality groups.

8.2 The Health and Social Care Partnership is represented at Housing Provider Forum meetings.

9. Risk Analysis

7.1 The Scottish Government's Housing Advice Note September 2015 requires that a Housing Contribution Statement be drawn up as a "bridge" between the Integration Authority's Strategic Plan and the Local Housing Strategy.

10. Impact Assessments

10.1 An Equalities Impact Assessment has been completed for the Housing Contribution Statement, with no negative impacts identified and a range of positive impacts (particularly in respect of disability and age).

11. Consultation

11.1 In keeping with the expectation that that the wider housing sector must be involved in supporting the delivery of the health and social care integration agenda, the local Housing Providers Forum (which is where the Council meets with Scottish Government and housing association representatives) was actively engaged in the development of this Housing Contribution Statement.

12. Strategic Assessment

12.1 The Housing Contribution Statement echoes the Health and Social Care Partnership Strategic Plan in highlighting key areas where the housing sector and the Health and Social Care Partnership will be working together in the coming period

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Date: 5th May 2016

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Appendices: West Dunbartonshire Housing Contribution Statement

Background Papers: HSCP Board Report (August 2015): Preparation of the New West Dunbartonshire Local Housing Strategy 2017 – 2022

Housing Advice Note: Statutory Guidance to Integration Authorities, Health Boards and Local Authorities on their responsibilities to involve housing services in the integration of Health and Social Care, to support the achievement of the National Health and Wellbeing Outcomes (2015): http://www.gov.scot/Resource/0048/00484861.pdf

Local Housing Strategy Guidance (2014):
http://www.gov.scot/Publications/2014/08/3070

Wards Affected: All

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board

Housing Contribution Statement

May 2016

Document Title:	WDHSCP Housing Contribution Statement	Co-owners:	WDHSCP Head of Strategy, Planning & Health Improvement WDC Service Manager for Housing Strategy & Development
Version No.	v1	Superseded Version:	N/A
Date Effective:	May 2016	Review Date:	May 2018

1. INTRODUCTION

1.1 West Dunbartonshire Health & Social Care Partnership Board is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (described in full within its approved Integration Scheme). The Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as West Dunbartonshire Health & Social Care Partnership. The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership (WDHSCP).

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

- Mission is to improve the health and wellbeing of West Dunbartonshire.
- 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.

1.3 The Partnership Board – as the Integration Authority for West Dunbartonshire - is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme.

1.4 The Public Bodies (Joint Working) Act required that some aspects of housing support services, which are provided to individuals as, or in conjunction with personal care or personal support services, had to be included in integration arrangements. The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) Regulations sets out a specific definition for "Housing Support Service" which determines the extent to which any function under which a housing support service is provided must be included in integration arrangements. The definition then of "Housing Support Service" is that it:

- Means any service which provides support, assistance, advice or counselling to a person for the purpose of enabling that person to occupy, or to continue to occupy, accommodation as their sole or main residence.
- Does not include any service which involve the installation or maintenance of an aid or adaptation; or any service which is provided to a person as, or in conjunction with, personal care or personal support services provided in the person's place of residence.

1.5 The Scottish Government's Housing Advice Note provides statutory guidance to Integration Authorities, Health Boards and Local Authorities with respect to the Public Bodies (Joint Working) Act; and applies especially to the preparation of a Housing Contribution Statement for inclusion within the Integration Authority's Strategic Plan.

1.6 This Housing Contribution Statement then sets out the arrangements for carrying out the housing functions delegated to the West Dunbartonshire Health and Social Care Partnership Board under s29(2)(a) of the 2014 Act; and, in accordance with s(29)(2)(c) of the Act, sets out an overarching strategic statement of how the Partnership Board intends to work with housing services (whether delegated to it or not) to deliver its outcomes.

1.7 Scottish Local Authorities have a statutory responsibility to produce a Local Housing Strategy, which is the key strategic document for all tenures and for all housing related services. The West Dunbartonshire Local Housing Strategy 2011- 2016 is the overarching strategic document on housing and related services, including housing support.

1.8 This Housing Contribution Statement then also sets out the role and contribution of the local Housing Sector – through the offices of West Dunbartonshire Council in its role as strategic housing authority - in meeting the outcomes and priorities identified within the Strategic Plan. In this way, the Housing Contribution Statement acts as the 'bridge' between the Local Housing Strategy and the Strategic Plan for West Dunbartonshire. It will do this by:

- Briefly articulating the role of the local housing sector in the governance arrangements for the integration of health and social care.
- Providing a short overview of the shared evidence base and key issues identified in relation to housing needs and the link to health and social care.
- Set out the shared outcomes and service priorities linking the Strategic Plan and Local Housing Strategy.
- Set out the current and future resources and investment required to meet these shared outcomes and priorities, and identify where these will be funded from the integrated budget and where they will be funded by other (housing) resources.
- Provide an overview of the housing-related challenges going forward and improvements required.
- Cover key areas such as adaptations, housing support and homelessness, including articulating the housing contribution across a wide range of groups including older people and those with disabilities, mental health and addictions.

2. BACKGROUND

2.1 The West Dunbartonshire Health & Social Care Partnership Board was established on the 1st of July 2015; and approved its first Strategic Plan (2015-16) at that meeting (which confirmed the integration commencement start date as being the 1st July 2016).

2.2 That first Strategic Plan confirmed how the Partnership Board would use its allocated resources to deliver the National Health and Well-being Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of 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 well-being.
- 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.

2.3 In addition, the Council and Health Board had agreed that children and families' health and social care services and criminal justice social work services would included within the functions and services to be delegated to the Partnership Board. Consequently the specific National Outcomes for Children and Criminal Justice were also within the Strategic Plans, i.e.:

- Our children have the best 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.
- Social inclusion to support desistance from offending.

2.4 The Housing Advice Note September 2015 notes the role of the Housing Sector in the integration of health and social care and cites the contribution it makes to meeting the Scottish Government's National Health and Wellbeing Outcomes, in particular:

People, including those with disabilities, long term conditions, or those who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

3. GOVERNANCE: THE ROLE OF THE HOUSING SECTOR

3.1 West Dunbartonshire Council's Service Manager for Housing Strategy & Development is an appointed non-voting member on and professional advisor for housing to the Partnership Board (reflecting the Council's role as strategic housing authority for the area).

3.2 HSCP Officers and Council Housing Officers ensure that matters of mutual interest are formally reported to both the Housing and Communities Committee of the Council and the Partnership Board.

3.3 The Council as strategic housing authority has made arrangements for the wider housing sector to engage appropriately in the work of the HSCP and the development of this Housing Contribution Statement (and consequently the Strategic Plan 2016/17 as a whole).

3.4 The Housing Sector - through the Council - and the HSCP are able to build upon existing robust and effective mechanisms for engagement, working together closely across many service areas on issues of joint interest. There is a shared recognition that the wider housing sector must be involved in supporting the delivery of the health and social care integration agenda. In particular, all housing associations have a role to play. A number of specialist housing associations operate within West Dunbartonshire and their engagement is likely to be different from that of the community based associations.

3.5 The Council convenes the West Dunbartonshire Housing Providers Forum, which brings together the social housing landlords operating in the area to coordinate and take forward the local housing agenda (including any issues pertinent to the outcomes within the HSCP Strategic Plan). The Forum was involved in the preparation of this Housing Contribution Statement; and will continue to be the main body for involving housing providers in implementing the housing dimension of the HSCP Strategic Plan. The Housing Providers Forum meets quarterly, with HSCP officer representation and a HSCP update report as a standing item.

3.6 The West Dunbartonshire Local Housing Strategy 2011 - 2016 was adopted by West Dunbartonshire Council in November 2011. The preparation of the HSCP Strategic Plan 2015 -2016 took due cognisance of that Local Housing Strategy; and the final document included a distinct section concerning Housing as a precursor to the development of this Housing Contribution Statement. This Housing Contribution Statement has then also been developed to be incorporated within the HSCP Strategic Plan 2016-17; and also be reflected within the new Local Housing Strategy for West Dunbartonshire that will be completed by the end of 2016.

3.7 As articulated within the Strategic Plan 2015/16, the Housing Sector is key contributor to the delivery of the HSCP's Commissioning Consortium approach across third and independent sector providers of social care and housing providers. This uses a commissioning model to identify need across local communities and ensure the most effective and appropriate interventions and services are available within those communities.

3.8 The Housing Sector also contributes to the HSCP's strategic planning through its being represented in the local Integrated Care Fund Reference Group; and HSCP's locality planning through its being represented at each of the locality groups for the two localities confirmed within the Strategic Plan 2015/16, i.e. the Alexandria and Dumbarton locality; and the Clydebank locality.

4. HOUSING NEED, DEMAND AND JOINT STRATEGIC COMMISSIONING

4.1 West Dunbartonshire Council is a member of the Clydeplan Housing Market Partnership, the grouping of the eight local authorities in the Glasgow and Clyde Valley (GCV) area which has prepared a cross boundary Housing Need and Demand Assessment (HNDA) as part of the emerging Strategic Development Plan (SDP). This assessment provides estimates of existing and future housing need and demand to assist in the development of housing supply policies, management of existing stock and the provision of housing related services.

4.2 The HNDA was published in September 2014 and has received approval from the Scottish Government's Centre for Housing Market Research. The HNDA is used to inform the SDP as well as other plans such as the Local Development Plans and Local Housing Strategies of the local authorities within the GCV area. For Development Plans, the HNDA provides estimates of new housing required and the spatial implications of that future requirement. However, the HNDA also provides insights into the requirement for specific types of housing, including Specialist Provision. While the HNDA is vital for the preparation of the SDP and other strategic reports, much of the data analysis is provided at a regional level and there is limited information to help quantify the numbers and type of housing required to meet specific housing needs.

4.3 The HSCP Strategic Plan provides an overview of the health and social care needs of the West Dunbartonshire population pooled from deeper background sources (i.e. its joint strategic needs assessment). As part of the approach to commissioning through the HSCP's Commissioning Consortium, the Council's Housing Section and the HSCP have developed an evidence base in respect of the health and social care needs of the West Dunbartonshire population – and this fills the gaps in HNDA information. Together, these documents will form the basis of the commissioning and procurement approaches moving forward.

4.4 The table below sets out key housing-related health and wellbeing statistics for West Dunbartonshire.

Summary West Dunbartonshire Housing, Health and Wellbeing Profile

Factor	**Value**	**Trend**	**Compared to National**
Population at 2014	89,730	- 0.1% from 2013. It is estimated that this figure will drop further to 86,392 by 2029.	WD accounts for 1.7% of Scotland's population
Households at 2014	41,399	+1.0% from 2009	+ 2.9%
Age Profile 16-29	17.6% of population	Downwards	18.3%
60+	23.6%	Upwards	24%
75+	7 .8%	Upwards	8.1%
Life Expectancy Males	74.7 (2012/14)	Up from 70.8 in 2002/04	77.1
Life Expectancy Females	78.7	Up from 77.6 in 2002/04	81.1
Single Adult Dwellings	16,450	Projected to rise by 23% over the next 25 years.	Projected to rise by 35% over the next 25 years
Housing Costs/Affordability: -Average House Price	£113,807	Downwards	£167,734
-Average Weekly Council Rent (3apt)	£63.95	Upwards	£69.61
Number on Council House Waiting List 2014/15	3,943	Downwards (4,482 in 2013/14)	N/A
Rate of homelessness (per 1000 of population)	2013/14 – 24.06 2014/15 – 24.44	Increase of 1.6%	2014/15 – 12.31
Rate of youth homelessness (per 1000 of pop)	2014/15 – 28.9		2014/15 - 13.3
Fuel Poverty	30%	Upwards	39%
Out of Work Benefits - Working Age Claimants:			

Factor	Value	Trend	Compared to National
Total Claimants ESA and Incapacity Benefit	19.5% 10.6%		13.9% 7.9%
People 65+ receiving home care	1,177 March 2015	14% decrease since March 2012 – reflects change in service targeting those with high level needs.	2% decrease since March 2012
Percentage of people aged 65+ receiving personal care as part of their home care service	94 % - March 2015	Steadily increased from 81% in 2011/12	N/A
Number of people with Telecare/Community Alarm	2,590 during 2014/15	Increasing year on year. Reporting changed from snapshot to full year figure in 2014/15 so comparison not available.	122,730 during 2014/15
Number of people with Telecare/Community Alarm not receiving home care	1,630 during 2014/15 (63%)	Reporting changed from snapshot to full year figure in 2014/15 so comparison not available.	87,820 during 2014/15 (72%)
Children looked after within local authority	329 at July 2014	14% decrease since July 2011. 2015 figures will be published in March 2016.	15,580 at July 2014
Percentage of children looked after in the community (not in a residential setting)	89% at July 2014	Remained fairly static since 2010/2011	91% at July – also fairly static since 2010/2011.

4.5 Going forward, it will be important to more closely align the HNDA findings within the strategic needs assessment underpinning the HSCP's Strategic Plans. To support the Scottish Government's HNDA Guidance, additional research has been produced to help draw together local health, housing and social care statistics. Further national work is being carried out in this area.

5 SHARED OUTCOMES AND PRIORITIES

5.1 The HSCP Strategic Plan confirms the outcomes and priorities for the Partnership Board

5.2 Scottish Local Authorities have a statutory responsibility to produce a Local Housing Strategy, which is the key strategic document for all tenures and for all housing related services. The West Dunbartonshire Local Housing Strategy 2011- 2016 is the overarching strategic document on housing and related services, including housing support.

5.3 The Local Housing Strategy 2011- 2016 comprises the following five key themes:

- Housing Need and Demand.
- Promoting Good Quality Housing.
- Homelessness.
- Sustainable and Supportive Communities.
- Addressing Particular Housing Needs.

5.4 The key Local Housing Strategy Outcome under the *Addressing Particular Housing Needs* theme reads:

People with particular needs have access to suitable housing with any necessary support to optimise their independence and wellbeing.

5.5 Guidance on the preparation of the new Local Housing Strategy highlights the contribution housing can make to national outcomes for health and well-being at a local level by:

- Undertaking effective strategic housing planning.
- Providing information and advice on housing options.
- Identifying, facilitation and delivering suitable housing that gives people choice and an appropriate home environment.
- Providing low level, preventative services which can prevent the need for more expensive interventions at a later stage.
- Building capacity in local communities.

5.6 Work has commenced on the preparation of the next Local Housing Strategy covering the period 2017 – 2022 which is due to be submitted to the Scottish Government in November 2016. This has already been reported to the Partnership Board, with that report confirming that extensive consultation will be undertaken during 2016. Initial scoping work suggests that the main themes contained in the current Local Housing Strategy remain relevant and will carry forward to the new one. A review of the performance indicators will form part of the development of the new Local Housing Strategy. A cross service Officers' Working Group has been established by the Council's Housing Strategy & Development Section to take forward the Local Housing Strategy preparation. This Working Group includes senior representation from the HSCP, with officers emphasising the delivery within the Local Housing Strategy of specialist housing (including the agreed review of sheltered housing and housing for older people); and responsibilities for corporate parenting.

5.7 The preparation of the HSCP Strategic Plan 2015 -2016 took due cognisance of that Local Housing Strategy; and the final document included a distinct section concerning Housing as a precursor to the development of this Housing Contribution Statement. This Housing Contribution Statement has then also been developed to be incorporated within the HSCP Strategic Plan 2016-17; and also be reflected within the new Local Housing Strategy for West Dunbartonshire when finalised. It has been confirmed that the new

Local Housing Strategy will be formally brought to the Partnership Board for endorsement prior to its submission to the Scottish Government.

6 HOUSING RELATED ISSUES

6.1 The Local Housing Strategy outlines the Council's approach to addressing the housing and support needs of specific groups in West Dunbartonshire and how it intends to enable people to live at home or in a homely setting which promotes their independence and well-being.

6.2 Whilst acknowledging the particular issues which a specific disability may present, the Local Housing Strategy notes that the housing support needs of the particular groups are fairly consistent. It further notes that successful housing and social care support often depends on the location, model and range of housing available.

6.3 With regards to addressing particular housing needs, the Local Housing Strategy has three underpinning principles:

- Forward Planning – future proofing housing and housing support to take account of how people's social and physical needs change.
- Choice – increasing the range of housing and housing support options available to people who need them.
- Prevention – promoting that housing support can be a preventative, relatively inexpensive and cost effective way of enabling people to live independently at home.

6.4 The HSCP Strategic Plan notes the Local Housing Strategy's commitment to provide clear strategic leadership on housing priorities for older people by:

- Aiming to ensure appropriate information and advice is available to make informed choices and that older people are assisted to remain in and make best use of existing stock.
- Seeking to invest in new housing which meets the needs of older people and to provide low level preventative support.

6.5 The HSCP Strategic Plan highlights key areas where the Housing Sector (through the office of the Council as strategic housing authority) and the HSCP will be working together in the coming period to continue to:

- Develop housing support service to enable long term clients to be supported within West Dunbartonshire.
- Develop plans for new and refurbished housing.
- Develop Services at Points of Transition.
- Provide preventative interventions and supports.
- Ensure rapid access to assessment, and provision of aids and adaptations.
- Seek to develop supported housing solutions for younger adults with complex needs.

<u>Develop housing support service to enable long term clients to be supported within West Dunbartonshire</u>

6.6 The Council's Housing Services worked in partnership with the HSCP in the development of the supported accommodation project at 18 Davidson Road, Alexandria.

Housing Services funded the refurbishment work which was carried out by the Council's Direct Labour Organisation. The office accommodation and the four ground floor flats have been leased to Richmond Fellowship and the project welcomed its first four residents in early December, 2015. It is intended that over time the remaining eight flats within the building will be leased to Richmond with a view to facilitating the discharge of a further eight long term clients. This project provides housing support to enable individuals to move to more independent living within their own homes.

Develop plans for new and refurbished housing

6.7 The HSCP works with the Housing Sector in developing the new build housing programme; in regeneration planning; and, in particular, contributes to the preparation of the biennial Strategic Housing Investment Plan (SHIP). The SHIP is the adjunct to the Local Housing Strategy, which sets out the funding priorities for Affordable Housing Supply Programme (AHSP) supported projects over a five year period and demonstrates how these will be delivered. It details on a site by site basis:

- Local Authority and Registered Social Landlord (RSL) housing project priorities.
- Estimated start and completion dates.
- Projected funding sources and requirements.
- The number of units by tenure and type (including specialist housing by need).

6.8 The SHIP commits to supporting the policy of shifting the balance of care from institutional settings to tenancy based support in the community and funding from secondary to primary community settings.

6.9 A review of older people's housing models, need and demand in West Dunbartonshire carried out in August 2015 highlighted a shortfall in extra care housing or very sheltered housing. The findings of this report inform discussions on meeting the housing needs of older people. Discussions have commenced over options for the six local authority care homes which may become surplus when construction of the two new care homes that will be directly managed by the HSCP is completed in 2017/18.

6.10 While all new housing provided through the Affordable Housing Supply Programme must meet the Housing for Varying Needs accessibility standard, consideration is given to provision of other forms of specialist housing on a scheme by scheme basis. For example, five of the Council's first 121 new houses built through the AHSP were specially designed to full wheelchair standard for the intended tenants. During 2014/15, 33 older people's housing units were delivered by the RSL sector through Bield Housing Association.

6.11 The Council currently has an annual Housing Supply Target of 70 affordable units, rising to 80 from 2016/17.

6.12 The Council has recently adopted a Design Standard for new affordable housing which will ensure higher levels of energy efficiency and promote better space standards. The new standard will apply to all new housing supported by the AHSP commencing from 2016/17.

6.13 The preparation of the forthcoming Local Housing Strategy will provide the opportunity to reassess the need for specialist housing provision across the different client groups and the outcome will inform the next SHIP (which is scheduled to be submitted to the Scottish Government in November 2016).

Develop Services at Points of Transition

6.14 The Council's Housing Service not only responds to urgent requests for re-housing, but is also involved in the planning process for individuals at the Points of Transition – young people leaving care, individuals having to leave their own homes for a variety of reasons and older people who can no longer remain in their homes due to mobility/ medical difficulties. This involves very close partnership working with officers across the HSCP to ensure that individuals at Points of Transition are re-settled successfully.

6.15 Council Housing officers are now included in the Community Planning Partnership's Youth Services Review Improvement Group (which is convened and chaired by the HSCP) with a view to developing a comprehensive inter-agency approach which will address the needs of the most vulnerable young people.

Provide Preventative Interventions and Supports

6.16 Homelessness is rarely just a housing problem and the main aim of the Council's Homelessness Section is to ensure that wherever possible, preventative interventions and appropriate supports are put in place. Early intervention is key to successful outcomes and this involves partnership working with both the HSCP and a wide range of partner agencies through the Health and Homelessness Action Plan.

6.17 All housing providers operating in the area have signed up to a protocol with a view to ensuring a common approach to tenancy sustainability across West Dunbartonshire.

6.18 The Housing Service through Homelessness Services has its own in house support team who work with individuals with a view to sustaining them in their own homes. However, if homelessness cannot be prevented they work with individuals to ensure that appropriate supports, including those around mental health and addiction, are in place to resettle them successfully. Improved information sharing is being developed between the HSCP and Housing Services to help improve outcomes for at risk clients, and our involvement in a national initiative linking homelessness data with a number of health datasets to quantify the health need of our homeless population with the general population will help support this aim.

Ensure Rapid Access to Assessment, and Provision of Aids and Adaptations

6.19 This year (2016/17) £906,000 will be spent providing aids and adaptations to assist people to remain in their own homes. The Council will carry out aids and adaptations to approximately 400 of its own housing stock during 2015/16 from £656,000 of the budget. A further 130 major adaptations jobs will be carried out to private sector homes from £250,000 of the budget.

6.20 Grants for disabled adaptations are a major mandatory part of the Private Sector Housing Grant allocation in West Dunbartonshire (38.6% in 2015/16). The HSCP's Occupational Therapy team prioritise applications, which are currently submitted and progressed through the Lomond and Clyde Care and Repair service who provide valuable support and advice to private sector applicants.

6.21 There are two principal funding streams for aids and adaptations work: HRA support for works to Council owned housing and General Services Account (Revenue and Capital)

for private sector work through the Private Sector Housing Grant fund. These streams will merge to form a funding block to be dispersed by the HSCP for the works to be carried out.

6.22 The primary aim of Lomond and Clyde Care and Repair is to offer a property based service to assist elderly and disabled owner occupiers and those in the private rented sector with repairs, improvements and disabled adaptations, helping them to remain in the comfort, safety and security of their own homes and includes:

- Advice and assistance (including technical advice) on necessary repairs, building alterations, suitable contractors and consultants.
- Advice and assistance on funding options including local authority grants for repairs, improvements or disabled adaptations.
- Support to clients throughout the process of building repairs/alterations.
- Advocacy in providing choices to clients in relation to re-housing options and other services such as social work.

6.23 The need and demand for such services as provided by Lomond and Clyde Care and Repair has increased steadily over the years; and is anticipated to continue to increase due to the ageing population demographic.

Seek to develop supported housing solutions for younger adults with complex needs

6.24 Within West Dunbartonshire, the Action for Children Preparation for Life project is the only housing support project specifically designed to provide accommodation for young people under the age of 21 years. However, this project is not always suitable for younger adults with complex needs.

6.25 It has been identified that there is an gap in service provision given that it is not considered appropriate to place young vulnerable adults in supported projects designed to cater for older adults who may themselves have well established complex needs. The Homelessness section is keen to develop more appropriate housing solutions for this particular client group but successful outcomes rely on very close partnership working between the Council's Housing Section and the designated support providers. Discussions are on-going and will continue to determine how best to utilise the existing accommodation options more effectively (e.g. the provision of temporary furnished accommodation with appropriate 24 hour support packages).

7. RESOURCES AND INVESTMENT

7.1 The table below shows the budget for housing related functions have been delegated by the Council to the Partnership Board:

Budget			
Housing Services - Delegated Functions			
	2014/15	2015/16	2016/17
Commissioned Housing Support	£5,020,076	£4,938,492	£4,895,172
Housing Adaptations General Fund	£350,000	£250,000	£100,000 *est*
Housing Adaptations HRA	£777,000	£656,000	£450,000

Garden Maintenance	£500,000	£530,000	£530,000 *est*
Total	**£6,647,076**	**£6,374,492**	**£5,975,172 *est***

7.2 In addition to the above noted budgets, the Scottish Government provides grant funding to housing associations to carry aids and adaptations through its Stage 3 Adaptations source. Individual RSLs currently submit annual bids directly to the Scottish Government for funding from this budget.

8. MONITORING AND REVIEW

8.1 Actions on the key issues contained in this Housing Contribution Statement will be reflected within and subject to scrutiny through both the Council's performance reporting arrangement in respect of the Local Housing Strategy, particularly at the LHS Annual Review; and the Partnership Board's performance reporting arrangements in respect of its Strategic Plan. These will be updated once the new Local Housing Strategy is approved by the Council, endorsed by the Partnership Board and submitted to the Scottish Government in November 2016.

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, 23 March 2016 at 10.00 a.m.

Present: Ros Micklem (Chair), Martin Rooney, Heather Cameron and Allan Macleod.

Attending: *Keith Redpath, Chief Officer; Jeanne Middleton, Chief Financial Officer; Soumen Sengupta, Head of Strategy, Planning and Health Improvement; John Russell, Head of Mental Health, Learning Disability & Addictions; Colin McDougall, Chief Internal Auditor; Mr David McConnell, Assistant Director; Peter Lindsay, Senior Audit Manager (Audit Scotland); Karen Cotterell, Senior Auditor (Audit Scotland) and Nuala Borthwick, Committee Officer (West Dunbartonshire Council).

* Arrived later in the meeting.

Also Attending: Non-Voting Member of the Partnership Board – Barbara Barnes.

Apology: An apology for absence was intimated on behalf of Gail Casey.

Ros Micklem in the Chair

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone present to the meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit Committee and thereafter introductions were made around the table.

DECLARATIONS OF INTEREST

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit Committee held on 13 January 2016 were submitted and approved as a correct record.

The Chair referred to the rolling action list issued to members and it was noted that completed actions would be included on the list for one meeting following completion after which they would be removed.

EQUALITY ACT 2010 MAINSTREAMING REPORT

A report was submitted by the Head of Strategy, Planning and Health Improvement presenting the Mainstreaming Report prepared with respect to the obligations placed on Integrated Joint Boards by the Equality Act 2010 and the statutory requirement on all IJBs to publicly publish such a document by 30 April 2016.

After discussion and having heard the Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) to endorse the Mainstreaming Report, and the equality outcome measures set out within it;

(2) to confirm that the Head of Strategy, Planning & Health Improvement should make the report publicly accessible ahead of the statutory requirement publication deadline of 30 April 2016; and

(3) that a report on the range of vulnerable and socio-ecomonic groups as well as protected characteristics be provided to the next meeting of the Audit Committee to enable members to consider marginalised groups other than those required by the Equality Act 2010.

LOCAL GOVERNMENT BENCHMARKING FRAMEWORK 2014/15

A report was submitted by the Head of Strategy, Planning and Health Improvement providing information on the recently published Local Government Benchmarking Overview report for 2014/15 and the social care indicators within it.

After discussion and having heard the Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to Members' questions, the Committee agreed to note the publication of the national overview report, and specifically the indicators concerned with social care services.

Note:- Keith Redpath entered the meeting during consideration of the above item.

NATIONAL CARE STANDARDS – OVERARCHING PRINCIPLES

A report was submitted by the Head of Strategy, Planning and Health Improvement providing information on the recently published overarching principles for new national care standards.

After discussion and having heard the Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) to note the overarching principles for the anticipated new national care standards;

(2) to note the timetable for completion of the new national care standards by the Care Inspectorate and Healthcare Improvement Scotland; and

(3) that a Partnership response to the proposed consultation on the National Care Standards Review Development Group's work to develop a set of general and specialist standards linked to the principles would be submitted to a future meeting of the Partnership Board and/or Audit Committee depending on the timing of the 12 week consultation.

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 a routine update on the most recent Care Inspectorate assessments for three independent sector residential older peoples' Care Homes located within West Dunbartonshire.

After discussion and having heard the Head of Strategy, Planning & Health Improvement in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) to note the assurance given by the Chief Officer that at any point in future, should swift action require to be taken by officers in relation to the quality of care and support provided at any of the independent care homes, this would be communicated to members of the Board by way of a briefing note at the earliest opportunity; and

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

CARE INSPECTORATE REPORTS FOR SUPPORT SERVICES OPERATED BY INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE

A report was submitted by the Head of Strategy, Planning and Health Improvement providing a routine update on the most recent Care Inspectorate assessments for four independent sector support services operating within the West Dunbartonshire area.

After discussion and having heard the Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to Members' questions, the Committee agreed to note the content of the report.

CARE INSPECTORATE REPORTS FOR SUPPORT SERVICES MANAGED BY WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

A report was submitted by Head of Mental Health, Learning Disability & Addictions providing information regarding the most recent inspection report for the West Dunbartonshire Health and Social Care Partnership's Learning Disability Service.

After discussion and having heard the Head of Mental Health, Learning Disability and Addictions in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) to congratulate the staff from the Learning Disability Service in achieving grades of a consistently high level;

(2) to note the content of the report and the work undertaken to ensure grades awarded reflected the quality levels expected; and

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

AUDIT ACTION PLANS 2015/16

A report was submitted by the Chief Financial Officer advising of action plans issued by West Dunbartonshire Council's Internal Audit Service during 2015/16 in relation to social care activities and any relevant reports issued by NHS Greater Glasgow and Clyde's Internal Auditors.

After discussion and having heard the Chief Financial Officer and the Chief Internal Auditor in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) to note the cohesive approach required to manage the transitional arrangements to ensure the governance arrangements are robust; and

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

INTERNAL AUDIT PLAN 2016/17 – PROGRESS REPORT

A report was submitted by the Chief Financial Officer advising on progress in developing the planned programme of audit work for the year 2016/17.

After discussion and having heard the Chief Financial Officer and the Chief Internal Auditor in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) to note that the Audit Plan had been compiled using a risk based approach through a review of the Audit Universe which includes all significant activities and systems that contribute to the achievement of the Partnership's strategic priorities and objectives; and

(2) to note progress made in developing the Audit Plan for 2016/17.

AUDIT SCOTLAND: WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD ANNUAL AUDIT PLAN 2015/16

A report was submitted by the Chief Financial Officer seeking views on the 2015/16 Audit Scotland Annual Audit Plan prior to it being finalised.

After discussion and having heard the Assistant Director, Audit Scotland, the Chief Officer and Chief Financial Officer in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) to note the audit work proposed to be undertaken by Audit Scotland in 2015/16; and

(2) to note the draft annual audit plan focussed on the identification and assessment of any potential areas at risk of material misstatement in West Dunbartonshire Health & Social Care Partnership Board's financial statements.

AUDIT SCOTLAND REPORT ON CHANGING MODELS OF HEALTH AND SOCIAL CARE

A report was submitted by the Head of Strategy, Planning and Health Improvement providing information on the recently published Audit Scotland report on Changing Models of Health and Social Care.

After discussion and having heard the Assistant Director, Audit Scotland, the Chief Officer and Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to Members' questions, the Committee agreed to note the findings of the Audit Scotland report.

2016/17 ANNUAL REVENUE BUDGET UPDATE

A report was submitted by the Chief Financial Officer providing an update on the budget available to the Health & Social Care Partnership Board for 2016/17 from NHS Greater Glasgow & Clyde and West Dunbartonshire Council.

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

(1) to note the Council approved budget position for 2016/17;

(2) to note the NHS Greater Glasgow & Clyde 2016/17 Financial Planning report for update on the Health & Social Care Partnership budget for 2016/17;

(3) to note the terms of the Scottish Government Directorate for Health Finance letter reporting Financial Resources for Integration Authorities confirming that, as part of setting allocations for delegated health services for 2016/17, Health Boards are required to delegate the full £250 million included in initial budget allocations to their Integration Authorities;

(4) to note that the updated NHS GG&C 2016/17 Financial Planning position is subject to amendment as assumptions continue to be clarified and revised between now and the meeting of the NHS GG&C Health Board in June 2016;

(5) to note the overall HSCP 2016/17 budget position update; and

(6) to note that the 2016/17 Health & Social Care interim budget will be submitted to the Partnership Board for approval at its meeting on 25 May 2016.

ANY OTHER COMPETENT BUSINESSS – EMPLOYEE RECOGNITION AWARDS 2015/16

The Chief Officer advised that the Council's Annual Employee Recognition Awards Ceremony had been held on 22 March 2016 and that the employees and teams from the Health & Social Care Partnership had won five of the seven awards on offer.

Following discussion, it was agreed that the Chief Officer would write out to the deserving winning employees/teams offering the Partnership's congratulations for their excellent work. It was also agreed that the achievement video played at the Awards Ceremony would be shared with members of the Partnership.

VALEDICTORY FOR THE CHAIR – ROS MICKLEM

The Chief Officer advised the Committee that this would be the last meeting of the Audit Committee that the Chair, Ros Micklem, would attend given that her term of office as a member of the Greater Glasgow & Clyde Health Board would end on 31 May 2016.

Mr Redpath acknowledged Ms Micklem's work and commitment during her time as Vice Chair of the West Dunbartonshire Health & Social Care Partnership Board and as Chair of the West Dunbartonshire Health & Social Care Partnership Audit Committee both in shadow arrangements and since the inception of the full Partnership Board. On behalf of the Committee, Mr Redpath wished Ms Micklem well in her future endeavours.

The meeting closed at 12.15 p.m.

ARGYLL, BUTE AND DUNBARTONSHIRES' CRIMINAL JUSTICE SOCIAL WORK PARTNERSHIP JOINT COMMITTEE

At a Meeting of the Argyll, Bute and Dunbartonshires' Criminal Justice Social Work Partnership Joint Committee held in Committee Room 2, Council Offices, Garshake Road, Dumbarton on Thursday, 10 March 2016 at 2.00 p.m.

Present: Councillors Elaine Robertson (Argyll and Bute Council); Councillor Gemma Welsh (East Dunbartonshire Council) and Councillor Gail Casey (West Dunbartonshire Council).

Attending: **Argyll and Bute Council:** Kirsteen Green, Business Support Manager, Criminal Justice Services and Rona Gold, Community Planning Partnership Manager.

West Dunbartonshire Council: Norman Firth, Criminal Justice Partnership Manager, Mary Holt, Transitions Programme Officer; Terry Wall, Finance Business Partner - Corporate Functions and Nuala Borthwick, Committee Officer.

East Dunbartonshire Council: Keith Gardner, Acting Chief Social Work Officer.

Apologies: Apologies for absence were intimated on behalf of Councillor Anne Horne (Argyll and Bute Council); Councillor Jonathan McColl (West Dunbartonshire Council) and Councillor Michael O'Donnell (East Dunbartonshire Council); Gerard McCormick, Community Planning Manager, East Dunbartonshire Council and Amanda Coulthard, Community Planning Manager, West Dunbartonshire Council.

CHAIR'S REMARKS

The Chair, Councillor Robertson, welcomed everyone to the meeting. In particular, Councillor Robertson welcomed Mary Holt to her first meeting of the Partnership Joint Committee in her new role as Transition Programme Officer.

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Partnership Joint Committee held on 10 December 2015 were submitted and approved as a correct record, subject to:-

(1) clarification that point (2) of the minuted decision 'Revenue Budgetary Control Report 2015/16 as at period 6 (30 September 2015)', was a central support cost from East Dunbartonshire Council and an internal recharge had rectified the reporting of this cost, however the overall overspend remained at £48,000; and

(2) the inclusion of the words 'of staff' under the item entitled 'Criminal Justice Social Work Annual Report 2014/15' in paragraph (2) providing clearer reference to the training requirements of staff.

REVENUE BUDGETARY CONTROL REPORT 2015/2016 AS AT PERIOD 9 (31 DECEMBER 2015)

A report was submitted by the Treasurer to the Partnership Joint Committee providing an update on the financial performance of the Criminal Justice Partnership to 31 December 2015.

After discussion and having heard the Partnership Manager in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) to note the terms of the report which indicate an adverse variance of £0.127m as at 31 December 2015 with a full year projected adverse variance to 31 March 2016 of £0.169m;

(2) to note the potential increased pensions cost for the Council given that the 3.4% rebate on national insurance contributions will stop in April 2016. This will result in an additional cost of around £37K for West Dunbartonshire Criminal Justice in 2016/17 assuming all budgeted posts are filled; and

(3) that a Briefing Note on the increase in national insurance/pension costs would be issued to members of the Partnership.

JOINT THEMATIC REVIEW OF MULTI-AGENCY PUBLIC PROTECTION ARRANGEMENT (MAPPA) IN SCOTLAND

A report was submitted by the Director of Education & Children's Services, East Dunbartonshire Council advising of the outcomes of the Joint Thematic Review of MAPPA in Scotland which was published on 26 November 2015.

After discussion and having heard the Partnership Manager and the Acting Chief Social Work Officer, East Dunbartonshire Council in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) that the Partnership Manager advise the Joint Committee of any future developments arising from the recommendations contained within the review;

(2) to congratulate officers on their hard work in light of the verbal feedback to the MAPPA Strategic Oversight Group for the CJA area, that 'MAPPA is working well in this area and that risk management plans are robust and the relationships between partner agencies are strong, as are the local governance arrangements'; and

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

COMMUNITY JUSTICE REDESIGN: TRANSITION PLAN PROGRESS REPORT

A report was submitted by the Chief Officer, West Dunbartonshire Health & Social Care Partnership providing an update on the submission and progress of the transition plan regarding establishment of Community Justice Partnerships.

After discussion and having heard the Partnership Manager in explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) to note the progress made under the terms of the Transition Plan 2016-17 with regard to community justice redesign;

(2) that the Partnership Manager would continue to provide regular updates on progress and the use of the pooled transition funding; and

(3) to note the terms of the discussion in relation to the requirement to empower third sector bodies going forward.

COMMUNITY JUSTICE (SCOTLAND) BILL

A report was submitted by the Chief Officer, West Dunbartonshire Health & Social Care Partnership providing an update on the progress of the Community Justice (Scotland) Bill.

After discussion and having heard the Partnership Manager in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) that the Partnership Manager would bring further reports regarding the implementation of the duties and functions set out in the Bill to the Joint Committee as required; and

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

COMMUNITY PAYBACK CUSTOMER CONSULTATION 2014/15

A report was submitted by the Chief Officer, West Dunbartonshire Health & Social Care Partnership providing information on the outcome of the Partnership's Customer Consultation during 2014/15.

After discussion and having heard the Partnership Manager and the Business Support Manager in further explanation of the report and in answer to Members' questions, the Joint Committee agreed:-

(1) to congratulate officers on the positive results of the customer consultation during 2014/15;

(2) that the Partnership Manager would continue to consult with customers and report back on the feedback received; and

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

COMMUNITY PAYBACK ORDER BREACH RATES 2013/14

A report was submitted by the Chief Officer, West Dunbartonshire Health & Social Care Partnership providing information on the Partnership's Community Payback Order Breach Rates for 2013/14.

After discussion and having heard the Partnership Manager, the Business Support Manager and the Service Manager, Argyll and Bute in explanation of the report and in answer to Members' questions, the Joint Committee agreed:-

(1) that the Partnership Manager would continue to monitor breach rates throughout the year and report them to the Joint Committee; and

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

BRIEFING NOTE ON CRIMINAL JUSTICE SOCIAL WORK SELF EVALUATION 2014

A briefing note entitled 'Criminal Justice Social Work Self Evaluation 2014' providing information on implementing an improvement agenda assisted by a self-evaluation exercise was considered by the Joint Committee.

Following discussion, the Joint Committee agreed:-

(1) to note that as part of the Performance Improvement Plan under the outcome: 'Our Partnership delivers effective and efficient services' the Partnership undertakes an annual self-evaluation exercise;

(2) to note that the Management Team had undertaken a full self-evaluation over a three year period due to the size of the task and in the first year had looked at three areas: 1.key outcomes, 2. delivery of key processes and 3. policy & service development planning & performance management;

(3) to note the summary of the areas highlighted for improvement in each of the three areas;

(4) that officers would bring further update reports on future performance outcomes when available; and

(5) to note that the Care Inspectorate were devising a new self assessment tool to be used in Community Justice across Scotland and based on national social work self assessment policy.

UPDATE FROM COMMUNITY PLANNING PARTNERSHIPS

Rona Gold, Community Planning Manager, Argyll and Bute Council provided an update on the progress of transferring responsibility for the strategic planning and delivery of Community Justice from the North Strathclyde Community Justice Authority to Community Planning Partnerships.

Ms Gold advised that Community Planning Managers were currently working with the Criminal Justice Partnership Manager and the newly appointed Transitions Programme Officer to ensure partners were fully engaged in the priorities and structure of the Community Justice redesign.

Ms Gold advised that Argyll and Bute Council were currently revising their delivery plans for the Single Outcome Agreement which would be moving to the Local Outcome Improvement Plan. She also reported that in Argyll and Bute, the broader Community Justice outcomes would be reported to the Community Planning Partnership Management Group at least annually through outcome 6: Safer and Stronger. Specific outcomes and performance would be monitored quarterly through Outcome 6: People live in safer and stronger communities.

It was noted that to avoid duplication, Mary Holt, Transitions Programme Officer would be best placed to bring updates to future meetings of the Criminal Justice Partnership and would update Members on the progress of transition to the new model and the effective use of the transition funding to local authorities to support the process.

Following discussion, the Committee noted the good progress being made in the transition planning arrangements.

The meeting closed at 4.20 p.m.

West Dunbartonshire Health & Social Care Partnership

Meeting: **Clinical & Care Governance Group**

Date: **23 March 2016**

Time: **2.00pm**

Venue: **Meeting Room 6, 3rd Floor, Garshake Road**

Present:
Keith Redpath, Chief Officer (Chair)
Jackie Irvine, Head of Children's Health Care and Criminal Justice Services/CSWO
Chris McNeill, Head of Community Health and Care
Wilma Hepburn, Professional Nurse Adviser
Soumen Sengupta, Head of Strategy, Planning and Health Improvement
Janice Miller, Head of MSK Physiotherapy/AHP Professional Advisor
Stephen McLeod, Head of GGC Specialist Children's Services
John Russell, Head of Mental Health, Addictions and Learning Disability
Kevin Fellows, Clinical Director

In Attendance:
Lorna Fitzpatrick (Minute)
Phil McDonald, Integrated Operations Manager

Apologies:
Serena Barnatt, Head of People and Change
Jeanne Middleton, Chief Financial Officer

Item	Description	Action

1. Welcome & Introductions
The Chair welcomed the group members to the meeting.

2. Minute of Meeting Held on 27 January 2016 - attached
The Minute was accepted as an accurate record.

3. Matters Arising
There were no matters arising not covered elsewhere on the agenda.

4. Quality Assessment

i) The Equality Act 2010 Mainstreaming Report March 2016

S Sengupta introduced the paper and the contents were noted. The paper was endorsed at the HSCP Audit Committee today and will be posted online ahead of the national deadline. The work will be reviewed by the Equalities & Human Rights Commission in April as part of their national review process.

ii) Care Inspectorate Grades for Independent Providers

S Sengupta introduced the paper which describes the Care Inspectorate Grades for independent providers. The paper was presented at the HSCP Audit Committee today.

iii) National Care Standards Update

S Sengupta highlighted the overarching principles for the new National Care Standards which have now been signed off by the Scottish Government.

iv) Medical Professional Accountability

S Sengupta introduced the report which has been produced by Jennifer Armstrong, the Medical Director for NHSGGC. As part of an organisational review process, the Health Board's Medical Director has set out a series of recommendations and proposals to strengthen the clinical leadership arrangements for doctors throughout the organisation; and to augment the professional and corporate assurance mechanisms to ensure they support safe, high quality patient care. The contents of the paper were considered and the conclusion noted.

v) WDC Reputation Tracker

S Sengupta highlighted the most recent HSCP-related and positive findings from the WDC reputation survey. The contents of the paper were considered and the conclusion noted.

vi) HSCP Local and National Health Indicators – NHSGGC

S Sengupta introduced the paper, which had been developed and now agreed across the six HSCPs and NHSGGC corporately. There was a discussion around the description and content of the indicators.

S Sengupta and C McNeill would meet separately to finalise specific targets for key indicators.

5. Risk Management

i) Clinical Incident Statistics

Kevin Fellows introduced the material presented. The first paper describes all partnership clinical incidents for 2014 and 2015, noting that the numbers for West Dunbartonshire were fairly small. It was noted that that the statistics presented would be more meaningful if the drop down menu was up-to-date in terms of NHSGGC partnership (e.g. Mental Health Partnership should be removed as it has not been in place for a number of years now). It was also felt that the data provided need to give a clear indication of any required action within any given HSCP.

S McLeod described the statistics available from EMIS which are much more detailed and meaningful.

It was agreed to feed back comments on the limitations of the current system It was agreed that the NHSGGC Clinical Effectiveness Unit would be asked to engage with the new Clinical Director (once in post) to address..

ii) Pharmacy Pro Forma

Kevin Fellows introduced the paper. The contents of the paper were discussed and noted.

iii) Audit Scotland CPP Update

S Sengupta introduced the most recent Audit Scotland Community Planning Update. It includes the policy context for community planning and developments since November 2014 and also assesses the progress that has been made nationally and locally against the recommendations in the previous report. West Dunbartonshire appears to be in a proportionately strong position with regard to these improvements, including locality based planning arrangements; increasingly outcome based performance; and a focus on inequalities and prevention at a local level.

6. Service User Feedback

i) Datix Update

Kevin Fellows introduced the paper which describes the main changes to the new version of Datix as used by NHSGGC.

ii) FOI Update

S Sengupta introduced the paper that summarised the HSCP-related FOI requests received through WDC in the month of February 2016. The contents of the report were noted.

There was a general discussion around the types of requests being received under the legislation. It was agreed that FOI responses for the next quarter would be shared with K Redpath before issue.

7. Continuous Improvement

i) NHSGGC Clinical Guideline Framework

K Fellows introduced the Framework which will be made available to all staff in NHSGGC via the Intranet. All Executive leads and Senior Managers will be asked to cascade the framework through the normal communication mechanisms. The contents of the report were noted.

ii) CG Related Guidance Newsletter

K Fellows introduced the newsletter which should be made available to all professional leaders. It was agreed that the distribution list should be updated to include J Irvine and J Russell.

iii) A National Clinical Strategy for Scotland

S Sengupta introduced the paper which highlights the key points of the National Clinical Strategy for Scotland published in February 2016. The clinical strategy sets out the case for a co-production model of person centred health and wellbeing, in partnership with individuals and communities. This primary care model fits well with the West Dunbartonshire HSCP model of health and social care provision, reflecting our direction of travel and priorities.

There followed a discussion over the out of hours services provided by local GPs. The contents of the report were noted.

iv) SIGN 146 Management of Chronic Heart Failure

K Fellows introduced the paper which is the first of six coronary heart disease guidelines being updated by SIGN over the course of 2016-2018. The guideline provides evidence based recommendations. The contents of the report were noted.

v) Interim Case File Audit Report

S Sengupta introduced the report which summarises the case file auditing position within West Dunbartonshire's HSCP as at 17 March 2016. It was agreed that Heads of Service would take forward necessary action to ensure that the planned activity is completed to schedule.

vi) Inspection Preparation Report

S Sengupta introduced the paper which updates the Clinical and Care Governance Group on the progress in preparation for the expected Joint Strategic Inspection of Children's Services, Joint Strategic Inspection of Adult Services and the announced Validated Self Assessment of Adult and Drugs Partnerships. J Irvine asked that thanks to S Sengupta's team should be recorded.

It was agreed to continue to have this report as a standing item ahead of the inspections.

8. Staff Governance

i) HR Update – Absence & PDP

S Barnatt introduced with report which provided updated figures until the end of January 2016 for HSCP, NHSGGC and WDC. It was noted that some of the tables were incomplete and this will be picked up with S Barnatt.

ii) Fire Safety Training Statistics - April to Feb 2016

S Barnatt introduced with report, the contents of which were noted.

9. Date of Next Meeting

Friday 27 May 2016, 9.30am, Meeting Room 6, 3rd Floor, Council Offices, Garshake Road, Dumbarton.

West Dunbartonshire Health & Social Care Partnership

Meeting: **HSCP Clydebank Locality**

Date: **21st April, 2016.**

Time: **10.00 – 12.00**

Venue: **Conference Room, Clydebank Health Centre**

DRAFT MINUTE

Present :-

Name	**Designation**
Chris McNeil	Head of Community Health & Care Services
Dr. Alison Wilding	GP Red Wing (Chair)
Dr. Eddie Crawford	GP Orange Wing
Dr. Anthony Kearney	GP Old Kilpatrick Medical Practice
Lynne McKnight	Integrated Operations Manager Care at Home
Mary Angela McKenna	Integrated Operations Manager
Pamela Macintyre	Pharmacy Lead
Dr. Arun Rai	GP Purple Wing
Dr. James Miller	GP Blue Wing
Dr. Neil Chalmers	GP Yellow Wing
Pamela Ralphs	Planning Manager
Maggie Ferrie	Practice Nurse
Dr. Neil Murray	GP Green Wing
Jane McNiven	Practice Manager
Tracy Cassidy	West Quadrant Manager
Kirsteen MacLennan	Senior Social Worker
Jackie Irvine	Head of Child Health, Care & Criminal Justice
Anna Crawford	Primary Care Development Lead
Brian Polding Clyde	Development Officer
Val McIver	Senior Nurse
Selina Ross	West Dunbartonshire Community Volunteer Services
Marie Rooney	Integrated Operations Manager Mental Health

Apologies :-

Name	**Designation**
Jamie Dockery	Housing Policy Officer

Item **Description** **Action**

1. Welcome & Introductions

2. Minute of Meeting Held on 11th February, 2016.
Approved as correct.

3. Matters Arising :-

Update on Protected Learning Time (PLT)

- 2 GPs required for PLT to go ahead on the 28th April 2016, one advisor and one home visiting car both based in Cardonald. A Crawford will confirm with out of hours and

advise if PLT will go ahead.

4. Mental Health Work plan :-

- Work plan has been taken forward by Mental Health sub group.
- Hardgate colleagues have moved to Goldenhill Resource Centre as of 7th April 2016.
- Mental Health Services has moved patient records on to EMIS Web, the service is working on the review of assessment documentation
- Training organised for May (approximately 70 staff) around safety and stabilisation. M Rooney will circulate details of training. Group agreed to do an abbreviated session within locality for GPs and share materials.
- A Crawford to contact NES around GPs getting access to training modules **AC**

5. Addictions Work plan :-

- Addictions will attend Mental Health sub group on 17th May
- A Wilding provided an update on the Workplan
- Locality Meeting in June 2016 will focus on Addictions Service.

6. Imaging Service :-

- Issue around imaging service potentially being withdrawn from Clydebank Health Centre, a meeting on 18th May with Director of Diagnostics, NHS Greater Glasgow and Clyde
- Group agreed to collate Clydebank Health Centre imaging data prior to meeting. Need to make clinical case for what GP's require for local patients
- Expectation is patients will go to Gartnavel if/when service is removed from Clydebank
- GPs keen for public involvement in withdrawal of service
- Agreed agenda to be developed for imaging meeting **AC**

7. New Health Centre :-

- The new Clydebank Health Centre Project was approved by the board and the Scottish Government
- Architects need to consolidate plans and consult with planning service
- The next phase to appoint full design team. An Arts and Health Strategy group has been set up, and will appoint a curator. The curator will source opportunities for additional funding.

8. Children's Services :-

- Children's Services work plan circulated.
- Following a master class delivered by Dr K Milligan, GP Child Protection Lead, NHS Greater Glasgow & Clyde for local authorities across Scotland, Dr Milligan has received positive feedback from the Scottish Government in relation to the work being progressed within West Dunbartonshire and the pilot undertaken with Clydebank Health Centre GPs and

Education colleagues. The positive outcomes of this work will be rolled out across West Dunbartonshire within both education and general practice.

- GIRFEC legislation goes live on 31st August 2016. Contact for named person within Education will be managed by headquarters, details of this will be shared with practices in due course.
- Health Visiting assessment information will be transferred to schools, this has been piloted in one school in Dumbarton.

Safe Sharing of Information

- J Irvine advised that the HSCP in partnership with GPs and Dr K Milligan will develop and implement a protocol for safe information handling. Draft will be circulate for consultation and taken to board.

Autism **AC**

- SCI Gateway referrals for autism, require note on referral that patients/ parent have given consent. A Crawford to contact IT regarding this.

Other

- RCGP audit within the Clinical Effectiveness Programme continues in 2017. **AC/JI**
- Scott Barkley is new acting Team Leader in Clydebank Social Work, J Irvine will email contact details to A Crawford to circulate.

9. GP Cluster :-

- Papers circulated on Transitional Quality Arrangement 2016/17.
- Transition Quality Arrangements are in stage one, practices are required to appoint a Practice Quality Lead by end of quarter 1 (30th June 2016). C McNeil will write to practices asking them to confirm the Practice Quality Lead by the next meeting. **CMcN**
- Cluster to be agreed and to identify Cluster Quality Lead by end of quarter 2. Group discussed cluster meeting arrangements – no decisions made at present. **GPs**
-

10. Waiting Times :-

- The Musculoskeletal Service (MSK) seeing all urgent referrals within 4 weeks, routine referrals are waiting a maximum of 20 weeks.
- Service is reviewing access and is introducing text reminder messages to reduce number of do not attends releasing appointments.
- Waiting times are across the whole service as demand outweighs capacity, the referral rate in Clydebank to service is highest across Greater Glasgow & Clyde.

Primary Care Mental Health Team (PCMHT)

- PCMHT currently have some sickness absence impacting on

waiting times, the service is considering putting in some resource from Community Mental Health Team to support management of waiting times for patients.
- M Rooney will request that waiting times are provided to A Crawford (every 2 weeks) to share with General Practice allowing patients to be kept informed.
- Access is still available via duty system if patient's presentation requires discussion.

11. Local Engagement Network Update :-
- The first Local Engagement Network meeting was held in February 2016, reports will be shared at the next meeting.
- The workshop focussed on Mental Health Services and was facilitated by M Rooney.
- Second meeting (May 2016) will focus on Coronary Obstructive Pulmonary Disease (COPD).

12. Integrated Care Fund Budget :-
- C McNeil provided an overview of workstreams within the Integrated Care Fund and the associated budget.
- ISD summary report circulated around impact of Anticipatory Care Planning.
- The group acknowledged the services are managing more people in community and working towards shifting balance of care.
- Group asked to feedback on Integrated Care Fund workstreams to inform priorities for 2017/18

13. COPD Services :-
- District Nursing Service no longer undertakes COPD annual reviews for patients. The District Nursing service will continue to see patients on their caseload with COPD but will not undertake annual reviews for other patients.
- The Group discussed the criteria and activities of the COPD Nurse service within West Dunbartonshire and compared it to the service offered in Glasgow City. V McIver agreed to explore the criteria and service provided. **VMcI**

14. Any Other Business :-
- Professor Welsh from St Margaret's hospice in Clydebank has enquired about the HSCP and Integrated Board. Professor Welsh is keen to meet to discuss how the service is operating locally.
- C McNeill is meeting with St Margaret's Hospice on the 27th April 2016
- A Crawford to arrange a meeting to include GPs, V McIver, L McKnight, Palliative Care and District Nurses. **AC**

15. Date of Next Meeting :-
Thursday, 16th June 2016, 10.00am.

West Dunbartonshire Health & Social Care Partnership

Meeting: **HSCP Alexandria & Dumbarton Locality Meeting**

Date: **18 March 2016**

Time: **10:00 am**

Venue: **Seminar Room, Vale Centre for Health & Care**

Paper: **DRAFT MINUTE**

Present:			
	Kevin Fellows	-	Clinical Director
	Lynne McKnight	-	Integrated Operations Manager (Care at Home)
	Marjorie Johns	-	Planning, GG&C Acute
	Kathryn McLachlan	-	GP, Furneaux
	William Wilkie	-	Optometry Representative
	Gillian Bonar	-	Practice Nurse, Levenside Practice
	Fiona Wilson	-	GP, Oakview Practice
	Mary-Angela McKenna	-	Integrated Operations Manager (COPT)
	Fergus McLean	-	GP, Levenside Practice
	Pamela McIntyre	-	Prescribing
	David Clark	-	GP, Lennox Practice
	Jane Young	-	GP, McMaster Practice
	Stephen Dunn	-	GP, Dunn Practice
	Mary-Jo Coffield	-	GP, The Surgery
	David Allen	-	Practice Manager, Oakview
	Chris McNeill	-	Head of Community Health & Social Care Services
	Jackie Irvine	-	Head of Children's Services
	Selena Ross	-	WDCVS
	Anna Crawford	-	Primary Care Development Lead
	Yvonne Milne	-	Mental Health Services
	Lesley Traquair	-	Minute Taker.

Apologies: Dr. Logan/Brian Polding-Clyde

Item	**Description**	**Action**

1. Welcome & Introductions
Dr. Dunn welcomed everyone to the meeting and introductions were made.

2. Minute of Meeting Held on 15.1.16
Minutes of meeting were accepted as being a true record. J Irvine asked that her apologies be added to the minutes.

3. Matters Arising

- HSCP priorities – Focus on mental health and addictions within Clydebank Locality.

- J Irvine stated that a Child Protection session and workshop were held in February 2016 and a number of issues covering child protection and child abuse were discussed. J Irvine offered to support a session within the Alexandria / Dumbarton Locality Meeting on Children's services.

- Frailty Group – The first sub-group meeting has taken place with good representation. A Crawford to explore frailty work being carried out within the board and look at what is going on nationally. This to be explored further with Healthcare Improvement Scotland. **AC**

  Dr. Wilson stated Oakview were looking at reviewing the system to try and extract data of patients at high risk.

- COPD – Group met for the second time at the end of February. Dr. Young updated the group on the workplan. A ½ day COPD Education session is being developed for the 22nd June 2016 and will be supported by primary and secondary care colleagues. Staff interested in attending should contact A Crawford. **ALL**

4. Clusters

K Fellows advised that changes to GP contracts were planned. Transitional Quality Arrangements will be put in place during 2016/17 and carried out in four stages. The group discussed the impact of the new contract and quality arrangements.

5. Integrated Care Fund Reference Group

C McNeill advised that the Integrated Care Fund Reference Group meeting in March considered the priorities for the Integrated Care Fund and were advised of the Carers Legislation due in 2017. The minutes of this meeting will be shared when they become available. **CMcN**

6. Integrated Care Fund (ICF)

A copy of the Mid Year Financial Summary was circulated for information. The Integrated Care Fund spend to carry out this work for 2015/16 was discussed.

C McNeill advised that an additional £150k across Scotland would be invested to transform Primary Care and Primary Care Mental Health Services. C McNeill proposed that the Health and Social Care Partnership continue with the priorities identified within the Integrated Care Fund and Locality Meetings.

The ISD report provided to the group highlighted the impact of the early Anticipatory Care Planning work which was supported by the Change Fund. C McNeill advised that an analysis and review would be carried out over the next year and would inform decisions for 2017/18. Members were asked to feedback on aspects of Integrated Care Fund which the group felt should be revised.

7. Any Other Business

- Dr. Dunn stated the Out of Hours Service are trialling the removal of the drug cupboards. GPs covering out of hours are required to provide their own medications.
- It was noted that NHS GG&C Out of Hours Service are having difficulties recruiting doctors. The group were advised that two GPs would cover the Service within Alexandria this weekend, cover was extended to Clydebank Locality which is normally covered by another Out of Hours Centre. This change would leave one GP in the centre. Dr Dunn agreed to write to Dr Norrie Gow, Clinical Director, Greater Glasgow & Clyde Out Of Hours Service as chair of the Locality Group. **SD**
- Dr. Young raised an issue of in the service provided by the treatment room in Dumbarton Health Centre and the variable service provided between practices. C McNeill to discuss the role of the treatment room nurses with Val McIver, Senior Nurse and feedback to group. **CMcN**
- Y Milne advised that EMIS Web had gone live within Mental Health Services on the 14th March 2016 and all records would go electronic and linked through the portal. Currently looking at sharing protocols. J Irvine advised sharing protocols were currently being piloted / considered in Children's Services and the outcome will be reported back.
- W Wilkie asked that Practice Managers send him their nhs.net email addresses to allow him to forward optometry updates. A Crawford agreed to contact Practice Managers. **AC**

8. Date of Next Meeting

Friday, 20 May 2016 in the Seminar Room, Vale Centre for Health and Care.

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

Clydebank Local Engagement Network

Open Forum Workshop: Mental Health

22nd February 2016 at the Offices of WDCVS

The workshop began with a presentation by Marie Rooney, Integrated Operations Manager with the Health & Social Care Partnership's Mental Health Service.

There then followed a workshop discussion which highlighted the following:

- Not clear how to access services.
- Would welcome info leaflets/marketplaces/etc that raise awareness directly in key local locations.
- Information should be brief and direct – what, where, how to contact.
- Limited awareness of out-of-hours provision beyond accessing NHS24 and Breathing Space.
- Assumption that you would always go to the GP for a referral.
- Needs to be clearer crisis information available.
- Little focus on social care and pharmacy inputs – could this be improved?
- Need more information on how to access community based resources and better referral pathways.
- Provide drop in services instead of full appointment system?
- Did-not-attends could be due to negative reasons (cant face attending) or positive (feel better and don't feel they need the appointment).
- Is there any correlation between the wait for an appointment time and did-not-attends?
- Would allowing people to cancel by text help?
- What is done beyond text messaging at the moment - could telephone calls be made for human contact?
- Do appointment times suit – maybe fewer in the morning and more in the early evening?

- Carer support shouldn't be seen as an easy fix – difficulty in understanding and appreciating who the 'carer' may be?
- Could an audit be done re: communication method/patterns and non attendance (if capacity allows).
- Make sure patients are notified in the correct manner.
- Changing appointments at short notice can be disheartening to patients.
- Some services text patients would a phone call 24 hours before or on the morning off the appointment.
- If patients are not morning people could they not be offered later appointments or vice versa.
- More publicity and information notices especially in GP surgeries about the Primary Care Mental Health Team (PCMHT).
- Is there any follow up to see why appointment not kept?
- Are potential early warning signs picked up, e.g. failure to pick up medication from pharmacy?
- Is there a problem with GPs referring onto specialist services or to 3rd sector organisations? Can we do this better?
- Some people don't recognise they have a mental health condition because of the stigma that comes along with it.
- There should be better communication and information sharing between hospitals and community services
- Carers role is crucial – and needs to be more support for young carers.

<u>Main Feedback</u>

Generally participants felt that stigma of mental ill health is still strong and needs public information to help address, including in schools and in communities

The focus should be on:

- Providing a range of options for service users and carers.
- Good information about what is available and how to access.
- Responsibility on everyone to tackle stigma.

West Dunbartonshire Health & Social Care Partnership

Alexandria & Dumbarton Local Engagement Network

Open Forum Workshop: Frailty

3rd March 2016 at the Vale Centre for Health & Care

The workshop began with a presentation by Mary Angela McKenna, Service Manager with the Health & Social Care Partnership's Community Older People's Team.

There then followed a workshop discussion which highlighted the following:

- Emphasis on the technical definition – what does it mean to the person on the street?
- Query if social workers already use 'frailty' tools as a guide.
- Problems of perceptions within the individual.
- Criteria for assessment - is it universal across services?
- Referrals or self referrals – how is information shared?
- Self assessment scales – 5 point, 7 point and 10 points available
- Needs to be easy to use and widely available.
- Best if any tool also linked closely to services (potential to sit alongside Linkup to ensure connectedness).
- Link Up needs better promotion
- Importance of community activity – strong linkage with the dementia friendly communities work model.
- Use of self management language is important to ensure that different health messages compliment and don't confuse.
- Prevention is better than cure.
- Focus on personal responsibility – stop "tripping" into dependency.
- Need to work with people where they are at.
- Case finding is important to maintain and develop and in order to identify potential health issues.

- Increased awareness of available resources needed.
- Anticipatory Care Planning work welcomed – needs to be further developed and rolled out.
- Multi-morbidity affects younger adults – not just older people – how do we make services suitable for all?

Main Feedback

Generally participants agreed that there should be a preventative approach to frailty, with higher levels of anticipatory care planning and case finding to reduce avoidable hospital admissions.

The focus should be on:

- Enabling people and not creating dependency.
- Ensuring that information on community based resources should be more widely available and advertised.
- Providing ready access to self management information and person-centred support where appropriate.

West Dunbartonshire Health & Social Care Partnership

Meeting: **Joint Staff Forum**

Date: **28 April 2016**

Time: **10.00am (Staffside pre meeting at 9.00am)**

Venue: **Ceremony Room, Clydebank Town Hall**

DRAFT MINUTE

Present: Keith Redpath, Chief Officer, HSCP (Chair)
Serena Barnatt, Head of People & Change, HSCP
Gillian Gall, HR Adviser, HSCP
Soumen Sengupta, Head of Strategy, Planning and Health Improvement, HSCP
Julie Ballantyne, Unison, NHS
Diana McCrone, Unison, NHS
Andrew McCready, Unite, NHS
Peter O'Neill, Unison
Val Jennings, Unison
Nicola Bailey, WDC
Sheila Downie, HSCP
Lynne Kennedy, Mental Health, HSCP
Esther O'Hara, Unite, NHS

Apologies: Kenny McColgan, Unison
Paul Britten, Unite
John Russell, Head of Mental Health
Jackie Irvine, CSWO
Diane Markham
Nazerin Wardrop
Angela MacEachran

In Attendance: Lorna Fitzpatrick (Minute)

Item	Description	Action
1.	**Welcome & Introductions**	
2.	**Minute of Meeting Held on 27th January 2016** The Minute of the meeting held on 27 January was accepted as an accurate record.	
3.	**Minutes from Other Meetings for noting:** • APF Agenda The content of the APF Agenda was noted. • JCF Minute The content of the Minute of the JCF was noted.	

	• Employee Liaison Group Minute The content of the Minute of the ELG was noted. Peter O'Neill pointed out that some issues are outstanding. Serena Barnatt advised it was agreed at the meeting to take this issue through the Absence Working Group.	
4.	**Matters Arising from JSF Meeting 27th January 2016** • **Care Home Update** Chris McNeill introduced her paper "Development of new Care Home and Day Care Provision". The paper is designed to update the JSF on the progress to date of the redesign of Residential and day care in West Dunbartonshire and commence engagement on staffing issues. A meeting with trade union colleagues to discuss the first draft of the consultation paper on our future arrangements will be organised in May. Thereafter the consultation period is likely to begin in June for a four week period. Subject to amendments after the consultation, a final paper and timetable for implementation will be issued. C McNeill advised that road shows for staff will be undertaken and this was welcomed by Trade Union colleagues. Peter O'Neill asked that a Minute from the various sub groups be made available. It was agreed that this item would be a standing item on the agenda until completion of the care homes and that regular feedback would be available. Chris offered to be available to meet with staff to address any concerns at any time. Chris McNeill confirmed that an intensive induction programme for staff would be undertaken. • **Strategy & Planning Redesign** Soumen Sengupta confirmed that constructive engagement with staff side had been on-going, with the phase one of the redesign now implemented; and the proposals for phase two currently being subject to consultation with staff and staff side. • **Staff Governance & Practice Framework** Gillian Gall introduced the updated framework and asked colleagues to feed back any comments direct to her. The document will tie in with existing OD strategies. The document underpins a lot of the work of the Clinical and Care Governance Committee. It was agreed that Gillian would	**CMcN** **LF** **GG**

	issue the document again today in a more printer friendly format and seek comments within two weeks. • **Foot care in Residential Care Homes** A discussion between Chris and Nazerin has not yet taken place.	**CMcN**
5.	**Service Updates** **Children Services and Criminal Justice** • **LIG Minute** The content of the LIG Minute was noted. Sheila Downie advised that the role and remit of the group is currently under review and any proposals will come back to JSF for discussion. • **Criminal Justice Redesign** Sheila Downie advised that the revised job description/profile for the group of community justice officers has been shared with staff as part of Organisational Change management process. Feedback has been considered, some of which has been incorporated into the Job profile, and remaining issues have been clarified and will be fed back to the staff group. An Issues Log has been developed and the Partnership Manager, Norman Firth has responded to all issues raised and will share with staff. The next step will be for the revised job profile to go to the Job Evaluation panel. Nicola Bailey also confirmed a job description was being developed for an admin role which would go through the usual engagement process. • **Specialist Children's Services** Specialist Children's Services Admin Review is ongoing and admin staff have been asked to attend a local event on 3 June 2016. It is then hoped that the process can be taken forward locally with support from HR and there is a belief that there will be minimal local disruption. **Health and Community Care** • **Integrated Care Fund Minute** The content of the Minute was noted. • **Homecare Staffing /Sheltered Housing Wardens**. Issues relating to Sheltered Housing Wardens undertaking home care was discussed. Sheltered Housing Warden Job Descriptions include providing community support. Volume of activity to continue to be monitored.	

	C McNeill acknowledged pressure on Home Care in relation to time to complete checks for vacancies. There is a delay in getting references back and the intention is to look at how we can speed up the process. Currently 27 new starts are undertaking induction. **Mental Health Services** • **Learning Disabilities Redesign** Lynne Kennedy introduced the paper "Proposal for Revised management Arrangements for Learning Disability Services". The purpose of the paper is to bring to attention the recent changes which have taken place within the management structure within the Learning Disability Service. The paper concludes by asking colleagues to commence the engagement process with trade union colleagues and staff in relation to proposed changes to management structure.	
6.	**Standing Items:** • **Health & Social Care Partnership Board** The Board next meets on 25 May 2016 and agenda items will include: i) HSCP Board Membership ii) National Clinical Services Strategy iii) HSCP Annual Performance Report 2015/16 iv) HSCP Strategic Plan 2016/17 v) HSCP Participation and Engagement Strategy 2016/19 vi) WD Housing Contribution Statement vii) Clinical Governance Annual Report It was agreed to re-circulate the dates of future committee meetings to all JSF colleagues. • **HR Report** - **Discipline & Grievance Report** - Nicola Bailey introduced the Discipline and Grievance Report which advises the JSF of progress on discipline, grievance and dignity at work cases for HSCP employees for the period 1 January 2016 to 31 March 2016. Gillian Gall updated those present on the changes taking place within NHS HR teams and referred colleagues to the recent Core Brief which contains advice on how to contact the new teams. - **Attendance Management Report** Nicola Bailey introduced the paper which describes sickness absence trends for the HSCP on a monthly basis up to January 2016. Absence trends continue to	**LF**

	reduce within WDC. Gillian Gall talked about the figures for the NHS which continues to have several hotspots – particularly around short term absence and inpatient mental health wards. • **Health & Safety Forum Minutes** The content of the minute of the meeting of 15 March 2016 was noted and discussed. Chris McNeill asked about issues around Figtree Reports and was keen to ensure that there was no double counting and asked to be kept up to date with discussions. • **CAS Project Board** Keith Redpath advised that it has been agreed that admin staff within the HSCP would not be part of the CAS agenda. The HSCP has lost £140,000 out of the budget and the SMT are working through how that will be apportioned. Any future staff reviews will be discussed with TU colleagues appropriately.	
7.	**Finance Update** The Council agreed last night to put back in £10,000 of management adjustments relating to music therapy. No further changes are expected. The position with the NHS has been less clear and budgets have not yet been finalised. There is a possibility of an indicative savings figure for West Dunbartonshire of £1.5m.	
8.	**New Ways of Working for GPs** Diana McCrone asked about the proposals for new ways of working for GPs and there was discussion about the future arrangements for GP clusters and their quality Framework. There was a discussion about impact and Chris McNeill confirmed that there were no immediate changes planned but things will evolve and, as they do, if there is an impact on directly managed staff that will be discussed through the Joint Staff Forum.	
9.	**HSCP Participation and Engagement Strategy** Soumen Sengupta confirmed that the consultation period had concluded and thanked colleagues for their contributions. The Strategy will now go forward to the HSCP Committee for endorsement.	

10.	**HSCP Strategic Plan 16/17- Consultation** The consultation continues to run in parallel with revising the content of the material. There was a discussion around the makeup of the virtual group set up to design the strategic plan. From the point of view of engagement with trade unions we use this forum as well as asking for electronic contributions from a wide array of stakeholders. At this stage, contributions are accepted in e-mail form rather than establishing face to face meetings. Diana McCrone advised that she had several comments and agreed to forward these direct to Soumen.	
12.	**Any Other Business** There was no other competent business.	
13.	**Date of Next Meeting** Thursday 28 July 2016, 10.00am (Staffside Pre Meeting at 9.30am), Committee Room 1, Council Offices, Garshake Road, Dumbarton.	