

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-economic 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 BUSINESS – 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.

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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 15th June 2016

Subject: Confirmation of Standards Officer for the Health & Social Care Partnership Board

1. Purpose

- 1.1** To confirm to the Audit Committee arrangements for a Standards Officer for the Health & Social Care Partnership Board as approved by the Standards Commission for Scotland.

2. Recommendation

- 2.1** To affirm the Chief Officer's confirmation as the Standards Officer for the Health & Social Care Partnership Board by the Standards Commission for Scotland.

3. Background

- 3.1** The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 requires the Standards Commission to approve the Standards Officer of devolved public bodies, where that body has no employees.
- 3.2** The Standards Commission for Scotland has confirmed that this requirement now applies to Integration Joint Boards.

4. Main Issues

- 4.1** It has been confirmed to the Standards Commission for Scotland that:

- 4.1.1** As per the approved Standing Orders of the Health and Social Care Partnership Board, members of the Partnership Board shall comply with the Code of Conduct for Members of Devolved Public Bodies and the Guidance relating to that Code of Conduct (both of which are incorporated into those Standing Orders). In confirming this at its first meeting of 1st July 2015, the Partnership Board confirmed that its Chief Officer be nominated to fulfil the function of Standards Officer, i.e. be the person appointed by that body for the purpose of carrying out the duties of that body as per the Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003, specifically:
- Maintain the register of interests of Partnership Board members.
 - Keep the register of interests open to public inspection at the headquarters of West Dunbartonshire Health and Social Care Partnership.

4.1.2 In discharging this, the Chief Officer will also be responsible for advising and assisting members of the Partnership Board about compliance with the Code of Conduct and the Ethical Standards in Public Life etc. (Scotland) Act 2000 and regulations, including acting as the Partnership Board's point of contact for enquiries and complaints in relation to the Code. They will be able to call upon legal support and advice in doing this as required through either the Council or Health Board (as per the corporate support committed by both for the work of the Partnership Board within the approved Integration Scheme).

4.1.3 As the Chief Officer is also a non-voting member of the Partnership Board, their own declaration is also provided to the Chief Executives of both the Council and the Health Board to provide further (re)assurance of probity and transparency.

4.2 On the basis of the above, the Standards Commission approved the appointment of the current Chief Officer (Mr Keith Redpath) and their equivalent successors to the role of Standards Officer to the Partnership Board at its meeting of 25th April 2016.

5. People Implications

5.1 There are no people implications associated with this report over-and-above that already detailed in paragraph 4.2.

6. Financial Implications

6.1 There are no financial implications associated with this report.

7. Professional Implications

7.1 There are no professional implications associated with this report.

8. Locality Implications

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

9. Risk Analysis

9.1 The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 requires the Standards Commission to approve the Standards Officer of devolved public bodies, where that body has no employees.

9.2 The Standards Commission for Scotland has confirmed that this requirement now applies to Integration Joint Boards.

10. Impact Assessments

10.1 None.

11. Consultation

11.1 None.

12. Strategic Assessment

12.1 The Chief Officer is accountable directly to the Partnership Board for the preparation, implementation and reporting on its approved Strategic Plan.

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West Dunbartonshire Health & Social Care Partnership.

Date: 17th May 2016

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Appendices: None

Background Papers: Ethical Standards in Public Life etc. (Scotland) Act 2000
(Register of Interests) Regulations 2003:
<http://www.legislation.gov.uk/ssi/2003/135/contents/made>

Standards Commission for Scotland – Health & Social
Care Integration Joint Boards:
<http://www.standardscommissionscotland.org.uk/about-us/who-we-cover/public-bodies/health-and-social-care-integration-joint-boards>

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 15 June 2016

**Subject: Care Inspectorate Report for Children & Young People's Services
Operated by West Dunbartonshire Council**

1 Purpose

- 1.1** To provide Members with information regarding the most recent inspection report for the Council's own Residential Services for Children and Young People.

2 Recommendations

- 2.1** The Committee is asked to note the content of this report and the work undertaken and planned to ensure grades awarded reflect the quality levels expected by the Council.

3 Background

- 3.1** These inspections focus on any combination of four thematic areas. These themes are; quality of care and support, environment, staffing and management and leadership.

- 3.2** The HSCP services covered in this Committee report are as follows:

- Burnside Children's House
- Blairvadach Children's House

- 3.3** Copies of inspection reports for all services can be accessed on the Care Inspectorate web-site; www.scswis.com

4 Main Issues - Burnside Children's House

- 4.1** Burnside Children's House was inspected on the 5th November 2015 and the report was published on the 22nd of December 2015. Burnside is registered to take six children and young people at any time.

The grades awarded for each theme were as follows:

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

4.2 For this report there was one requirement and no recommendations from this inspection. The requirement was in relation to a failure to report to the Care Inspectorate that a young person had been accommodated which then put them beyond their registration numbers, for a short period. A clear process is now in place to prevent a recurrence of this issue and this has been established across all three Children's Houses.

4.3 The inspector noted in her report that there was evidence of very good relationships between young people and staff.

She commented positively on how staff gathered young people's views and their involvement in West Dunbartonshire Council's Youth Forum. She also commented positively on the creation of a Sparkle Board within Burnside to celebrate young people's achievements

The young people told the inspector,

"The house is better than ok. If it wasn't for staff, I wouldn't be heading down the road I'm going. They've been great."

"The staff team are nice and spend time with young people. I have a very positive relationship with my key worker"

4.4 All but 1 grade remains consistent with previous inspections, and reflects the high standards of care offered to our young people within Burnside. The reduction from Very Good to Good for Management and Leadership is directly associated with the requirement as outlined above. The table below shows the movement on grades over the past two inspections:

Burnside Children's House	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	January 2015						Aug 2015					
<ul style="list-style-type: none"> Care & support Environment Staff Management & Leadership 					X						X	
					X						X	
					X						X	
					X					X		

5. Main Issues - Blairvadach Children's House

5.1 Blairvadach Children's House was inspected on the 30th of October 2015 and the report was published on the 11th January 2016. Blairvadach is registered to take eight children and young people at any time. The grades awarded for each the theme was as follows:

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

- 5.2** For this report there was one requirement and two recommendations. The requirement and one of the recommendations referred to admissions processes and the numbers of children placed. The requirement states:

‘West Dunbartonshire Council should ensure that the living environment is safe, secure and nurturing for the young people and in which their needs can be met and where this conflicts with the wellbeing of other young people, appropriate resources require to be utilised.

The inspector noted under areas of Improvement that there had been times when the number of young people living in Blairvadach had risen to eight. She felt that while the service was registered to accommodate eight, she found having this number of young people constrained the performance of the service and undermined the services ability to provide a safe, warm and supportive environment, respecting the needs and individuality of each young person.

At the time of the inspection Blairvadach was not over its registration numbers and had eight young people placed. One of these young people had complex needs and this was reflected in his behaviour and how he socialised with others and managed his anger and anxiety. Very quickly the team around the child had recognised that Blairvadach could not meet his needs, and prior to the inspection action had already taken place to explore an alternative placement for this young person. A unique placement was created and the young person had been moved the day before the unannounced inspection took place.

One of the recommendation reflected the issues outlined in the Requirements and advised that the service should review their admission procedure.

The second recommendation was in relation to supervision of sessional staff and this has been addressed and a process in place to ensure continuity.

- 5.3** Some of the service strengths identified were that risk assessment and management plans were in place and these were specific to individual young people.

The inspector noted that building maintenance, timely repairs and ongoing health and safety checks provided a safe physical environment for young people. She also noted that Therapeutic Crisis Intervention (TCI) training to develop skills in early intervention, de-escalation and behaviour management techniques was updated regularly.

- 5.4** The inspector commented that the staff at Blairvadach presented as genuinely interested in the young people and it was clear young people had built good relationships with individual members of staff.

Young people told the inspector

“I really like (staff name), she always listens”

One family member told her;

“The staff team does a fantastic job looking after (young person). (Young person just loves (staff name).”

5.5 The grade for environment was lowered due to the impact of one particularly challenging young person within Blairvadach over a short period of time – despite the fact that Blairvadach did not go over their numbers. This difficulty had been recognised pre inspection and multi-agency planning was already underway to manage this to a safe conclusion as soon as was possible. It should be noted that care is always taken to keep to six placements within Blairvadach in order to avoid room sharing, however this is not always possible if a child is found to be living at risk within the community and requires to be accommodated.

5.6 The table below sets out the movement in grades for Blairvadach over the Last two inspections. Whilst this represents a disappointing drop in grades, every effort is being made to ensure that appropriate action is being taken to improve across all quality indicators.

Blairvadach Children's House	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	October 2014						October 2015					
<ul style="list-style-type: none"> Care & support Environment Staffing Management & Leadership 					X				X			
					X				X			
				X	X					X		
										X		

6 People Implications

6.1 There are no people implications.

7 Financial Implications

7.1 There are no financial implications.

8 Risk Analysis

8.1 For any service inspected, failure to meet requirements within the time-scales set out in their inspection report could result in a reduction in grading or enforcement action. This may have an impact on our ability to continue to deliver the service.

9 Equalities Impact Assessment (EIA)

9.1 Not required for this report.

10 Consultation

10.1 Not required for this report.

11 Strategic Assessment

11.1 The Council's Strategic Plan 2012-17 identifies "improve life chances for children and young people" as one of the authority's five strategic priorities.

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Date: 12 May 2016

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Appendices: None

Background Papers: The information provided in Care Inspectorate Inspection Reports Web-site address: -
http://www.scswis.com/index.php?option=com_content&task=view&id=7909&Itemid=727

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 15 June 2016

Subject: Care Inspectorate Reports for Older People's Care Homes operated by Independent Sector in West Dunbartonshire

1. Purpose

- 1.1** To provide the Audit Committee with a routine up-date on the most recent Care Inspectorate assessments for an independent sector residential older peoples' Care Home located within West Dunbartonshire.

2. Recommendations

- 2.1** The Audit Committee is asked to note the content of this report.

3. Background

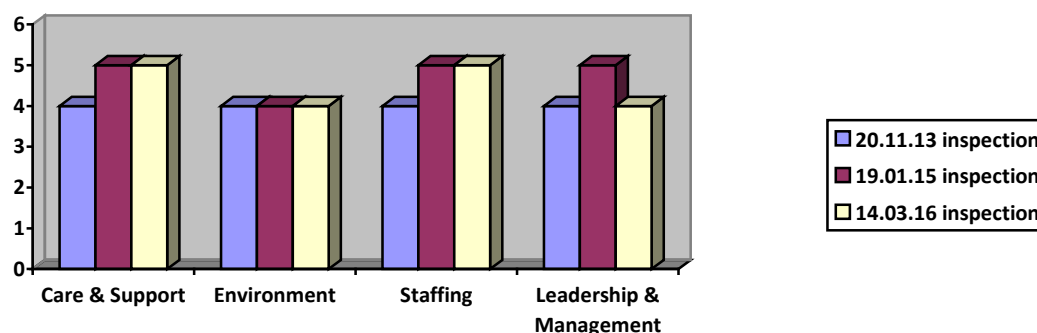
- 3.1** The Care Inspectorate assesses registered providers of care services in relation to four quality themes: quality of care and support; environment; staffing; and management & leadership.
- 3.2** As of April 2015, any residential care home which has been awarded Grade 2 (i.e. weak) or less and/ or has requirements placed upon them following a full inspection will usually receive a follow-up visit within twelve weeks. These follow-up visits 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).
- 3.3** The HSCP Quality Assurance Section monitor the independent sector care homes located within West Dunbartonshire in line with the terms of the National Care Home Contract; and arrange monitoring visits to ensure continued progress is being maintained in relation to agreed improvement plans. In addition, the HSCP works with independent sector providers to maintain their awareness of new developments and provide opportunities to share good practice/learning.
- 3.4** The independent sector Care Home reported within this report is:
- Strathleven Care Home

Copies of the inspection reports can be accessed on the Care Inspectorate web-site: www.scswis.com.

4. Main Issues

Strathleven Care Home

- 4.1 Strathleven Care Home is owned and managed by Pelan Limited. The home is registered with the Care Inspectorate for a maximum of 21 Residential residents only. As of 11th May 2016 there were 18 West Dunbartonshire residents supported within the care home.
- 4.2 The care home was inspected on 14th March 2016 and the report was published on the 21st March 2016, with grades awarded as follows:
- For the theme of *Care and Support* – Grade 5/Very Good.
 - For the theme of *Environment* – Grade 4/Good.
 - For the theme of *Staffing* – Grade 5/Very Good.
 - For the theme of *Management and Leadership* – Grade 4/Good.
- 4.3 There were no requirements detailed in the inspection report.
- 4.4 The chart below summarises the movement in grades awarded to Strathleven Care Home from inspections over the last 3 years.



5. People Implications

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

6. Financial Implications

- 6.1 The National Care Home Contract provides an additional quality payment, by the Council, to Care Homes if the Care Inspectorate Inspection report awards grade of 5/Very Good or 6/Excellent in the Quality of Care and Support thematic area. There is a second additional quality payment if the high grade in Quality of Care and Support thematic area is coupled with a grading of a 5/Very Good or 6/Excellent in any of the other three thematic areas.
- 6.2 The National Care Home Contract also accounts for providers receiving low grades of 1/Unsatisfactory or 2/Weak in the Care Inspectorate Inspection

report. If either of these grades are awarded it may trigger the withdrawal of the quality funding component, resulting in a reduction of £20 per resident per week from the weekly fee payable.

- 6.3** The Inspection Report for Strathleven Care Home has financial implications for the HSCP. They again received the grade of 5/Very Good for the Quality of Care and Support thematic area and the grading of 5/Very Good in at least another one of the other three thematic areas in their inspection report thereby continuing to receive the enhanced weekly rate for every resident the HSCP has placed in the home.
- 6.4** As detailed at point 6.3 above, Strathleven Care Home will continue to receive the enhanced weekly rate £2.50 per resident per week from the date of their inspection. This means the HSCP paid an additional £170.00 from 14/03/16 to 11/04/16, for all residents in care until the end of the previous financial year. In addition, the HSCP will pay an additional £2,082.50 from 11/04/16 to 09/04/17, if all residents remain in care until the end of this financial year. The increase does not apply to residents who only receive a Free Personal and/or Nursing payment from the HSCP.
- 6.5** This additional payment will remain in place until either the National Care Home Contract terms are renegotiated or the Care Inspectorate reduces the grades awarded to Strathleven Care Home following inspection.

7. Professional Implications

- 7.1** There are no professional implications associated with this report.

8. Locality Implications

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

9. Risk Analysis

- 9.1** Grades awarded to a service after a Care Inspectorate inspection are an important performance indicator for registered services. For any service assessed by the Care Inspectorate, failure to meet requirements within the time-scales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any independent sector Care Home would be of concern to the Audit Committee, particularly in relation to the continued placement of older people in such establishments.

10. Impact Assessments

- 10.1** None required.

11. Consultation

- 11.1** None required.

12. Strategic Assessment

- 12.1** The Strategic Plan 2015-16 emphasises the importance of quality assurance amongst independent sector providers of care; and the HSCP's commitment to work with independent sector providers within an agreed assurance framework.

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Date: 12 May 2016

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Appendices: None

Background Papers: All the inspection reports can be accessed from
http://www.scswis.com/index.php?option=com_content&task=view&id=7909&Itemid=727

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 15 June 2016

**Subject: Care Inspectorate Reports for Support Services
Operated by the Independent Sector in West Dunbartonshire**

1. Purpose

- 1.1 To provide the Audit Committee with a routine up-date on the most recent Care Inspectorate assessments for seven independent sector support services operating within the West Dunbartonshire area.

2. Recommendations

- 2.1 The Audit Committee is asked to note the content of this report.

3. Background

- 3.1 The Care Inspectorate assesses registered providers of care services in relation to four quality themes: quality of care and support; environment; staffing; and management & leadership.
- 3.2 As of 1st April 2015, the Care Inspectorate amended their inspection process. Where any building based service has been awarded a Grade 2 (i.e. weak) or less and/ or has requirements detailed following a full inspection, their next inspection will be a 'follow up' inspection. The follow up inspection will focus on the requirements made in the previous inspection instead of covering the four quality themes. 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. In this report two of the inspections detailed below were follow up inspections.
- 3.3 The independent sector support service inspections reported here are for:
- INCLUDEM (West) Intensive Support Service - service is provided throughout West Dunbartonshire Council area.
 - Cornerstone Baxter View - service is located in Dumbarton.
 - Housing Support West Area C – service is provided throughout West Dunbartonshire Council area.
 - Miller Street Dementia Resource Centre - service is located in Clydebank.
 - RNIB (West Dunbartonshire) Supported Tenancies and Alternative Day Opportunities - service is provided throughout West Dunbartonshire Council area.
 - West End Project – Dumbarton - service is located in Dumbarton.
 - The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services - service is provided throughout West Dunbartonshire Council area.

3.4 Some providers, who operate multiple services across Scotland, register groups of their services with the Care Inspectorate on a 'Branch' basis rather than as individual services. In this report Bield Housing & Care's Housing Support West Area C operate in this manner.

3.5 Copies of the inspection reports can be accessed on the Care Inspectorate website: www.scswis.com.

4. Main Issues

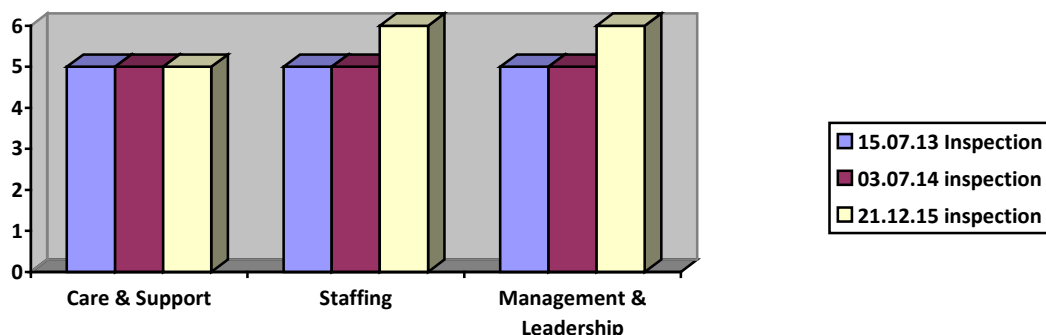
INCLUDEM (West) Intensive Support Service

4.1 INCLUDEM (West) Intensive Support Service provides a support service to young people and their families. The service was inspected on 21st December 2015 and the report published on 29th February 2016. The following grades were awarded:

- For the theme of *Care and Support* – Grade 5/Very Good.
- For *Staffing* – Grade 6/Excellent.
- For *Management and Leadership* - Grade 6/Excellent.

4.2 There were no requirements detailed in the inspection report.

4.3 The chart below summarises the movement in grades awarded to the INCLUDEM (West) Intensive Support Service from inspections over the last 3 years.



Cornerstone Baxter View

4.4 Cornerstone Baxter View provides a combined Housing Support and Care at Home service. The service is offered to adults with learning disabilities, autism or acquired brain injury who have their own tenancy within Baxter View. The service was inspected on 13th January 2016 and the report published on 22nd February 2016. This is a relatively new service and this is their first inspection. The following grades were awarded:

- For the theme of *Care and Support* – Grade 5/Very Good.
- For *Staffing* – Grade 5/Very Good.
- For *Management and Leadership* - Grade 5/Very Good.

4.5 There were no requirements detailed in the inspection report.

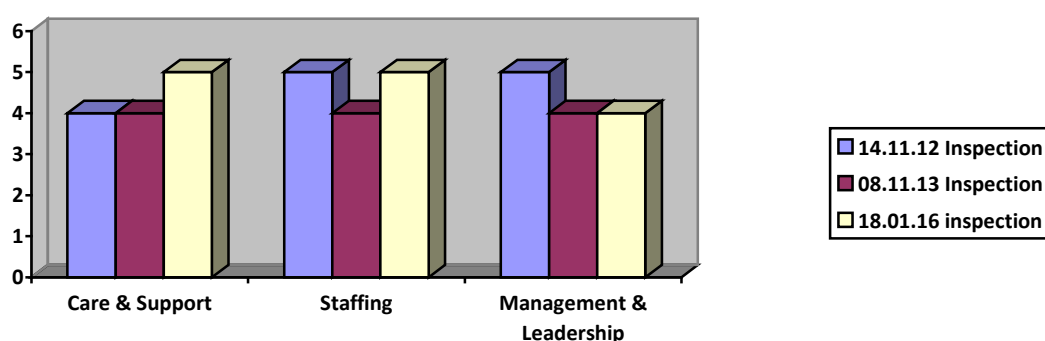
Housing Support West Area C

4.6 Bield Housing & Care's Housing Support West Area C delivers a Housing Support Service to older people across west central Scotland within very sheltered housing schemes. They operate Church Court in Dumbarton and The Croft in Alexandria schemes within West Dunbartonshire. The support ranges from 24 hour to very low level support to people in their own tenancies. The service was inspected on 18th January 2016 and the report published on 26th February 2016. The following grades were awarded:

- For the theme of *Care and Support* – Grade 5/Very Good.
- For *Staffing* – Grade 5/Very Good.
- For *Management and Leadership* - Grade 4/Good

4.7 There were no requirements detailed in the inspection report.

4.8 The chart below summarises the movement in grades awarded to Housing Support West Area C from inspections over the last 3 inspections.



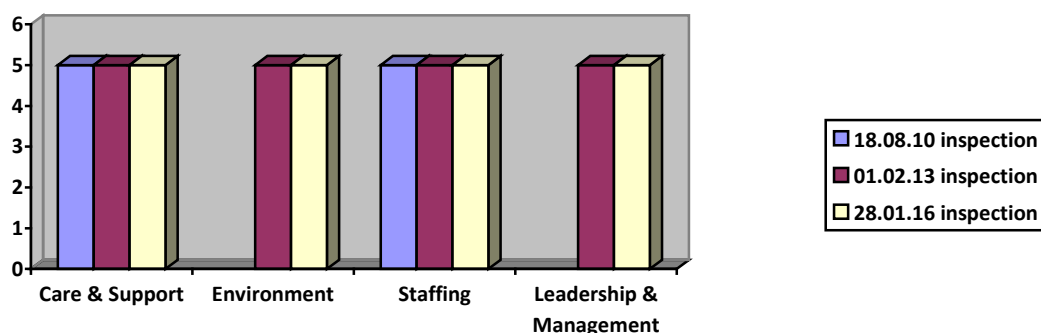
Miller Street Dementia Resource Centre

4.9 The Miller Street Dementia Resource Centre is managed by Alzheimer Scotland – Action on Dementia. They deliver a Support Service for adults with dementia. The service was inspected on 28th January 2016 and the report published on 21st March 2016. This was a follow up inspection under the new Care Inspectorate Inspection procedures and the Care Inspectorate decided that the grades awarded at the previous inspection of 1st February 2013 would remain unchanged:

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

4.10 There were no requirements detailed in this inspection report or the previous inspection report for this follow-up visit to review.

4.11 The chart on the following page summarises the movement in grades awarded to Miller Street Dementia Resource Centre from inspections over the last 3 inspections.



RNIB (West Dunbartonshire) Supported Tenancies and Alternative Day Opportunities

4.12 RNIB (West Dunbartonshire) Supported Tenancies and Alternative Day Opportunities provide a combined Housing Support and Care at Home service. The service is offered to adults with learning disabilities and/or visual impairment who live independently at home. This is a relatively new service, with this being their first inspection. The following grades were awarded:

- For the theme of *Care and Support* – Grade 4/Good.
- For *Staffing* – Grade 4/Good.
- For *Management and Leadership* - Grade 4/Good.

4.13 There were no requirements detailed in the inspection report.

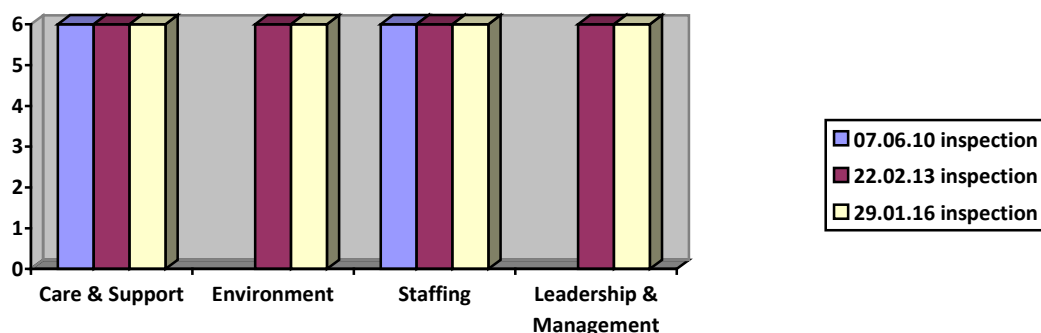
West End Project – Dumbarton

4.14 The West End Project – Dumbarton is managed by The Mungo Foundation. It offers a support service with day opportunities and outreach support to individuals with physical disabilities and older adults. The service was inspected on 29th January 2016 and the report published on 5th April 2016. This was a follow up inspection under the new Care Inspectorate Inspection procedures and the Care Inspectorate decided that the grades awarded at the previous inspection of 22nd February 2013 would remain unchanged:

- For the theme of *Care and Support* – Grade 6/Excellent.
- For the theme of *Environment* – Grade 6/Excellent.
- For *Staffing* – Grade 6/Excellent.
- For *Management and Leadership* - Grade 6/Excellent.

4.15 There were no requirements detailed in this inspection report or the previous inspection report for this follow-up visit to review.

4.16 The chart below summarises the movement in grades awarded to West End Project – Dumbarton from inspections over the last 3 inspections.



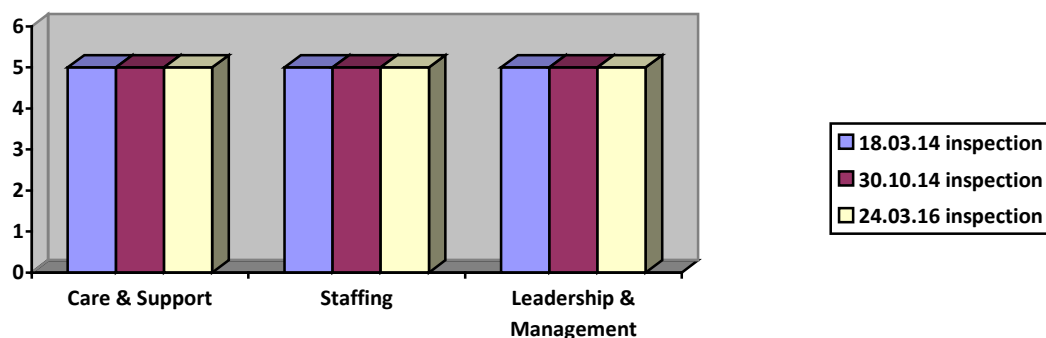
The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services.

4.17 The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services is a combined Housing Support and Care at Home service. The service is offered to individuals who have mental health issues, learning disabilities, adults with alcohol related brain damage, Autism Spectrum Disorders, older people and people with acquired brain injury. The support is provided to people who live in their own homes, in shared accommodation or live with their families or carers. The service was inspected on 24th March 2016 and the report published on 5th May 2016. The following grades were awarded:

- For the theme of *Care and Support* – Grade 5/Very Good.
- For *Staffing* – Grade 5/Very Good.
- For *Management and Leadership* - Grade 5/Very Good.

4.18 There were no requirements detailed in the inspection report.

4.19 The chart below summarises the movement in grades awarded to The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services from inspections over the last 3 inspections.



5. People Implications

5.1 There are no people implications associated with this report.

6. Financial Implications

6.1 There are no financial implications associated with this report.

7. Professional Implications

7.1 There are no professional implications associated with this report.

8. Locality Implications

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

9. Risk Analysis

9.1 Grades awarded to a service after a Care Inspectorate inspection are an important performance indicator for registered services. For any service assessed by the Care Inspectorate, failure to meet requirements within the time-scales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any independent sector service would be of concern to the Audit Committee, particularly in relation to the continued referral of vulnerable people by the HSCP.

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 None required.

12. Strategic Assessment

12.1 The Strategic Plan 2015-16 emphasises the importance of quality assurance amongst independent sector providers of care; and the HSCP's commitment to work with independent sector providers within an agreed assurance framework.

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Date: 12 May 2016

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Appendices:	None
Background Papers:	All the inspection reports can be accessed from http://www.scswis.com/index.php?option=com_content&task=view&id=7909&Itemid=727
Wards Affected:	All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Audit Committee: 15th June 2016**

Subject: Scottish Government Health and Care Experience Survey 2015/16**1. Purpose**

- 1.1** To draw to the Audit Committee's attention the recently published Scottish Government Health and Care Experience Survey 2015/16.

2. Recommendation

- 2.1** The Audit Committee is asked to note the publication of the national overview report, and the findings for West Dunbartonshire.

3. Background

- 3.1** The Health and Care Experience Survey is one of a suite of national surveys which are part of the Scottish Care Experience Survey Programme. The surveys aim to provide local and national information on the quality of health and care services from the perspective of those using them. They allow local health and care providers to compare with other areas of Scotland and to track progress in improving the experiences of people using their services.
- 3.2** The national report of the Health and Care Experience Survey 2015/16 was published on the 17th May 2016, with data also made available at Health Board, Health & Social Care Partnership and individual GP practice levels. The executive summary of the national report is appended here.

4. Main Issues

- 4.1** The survey took place between November 2015 and January 2016 and asked about people's experiences of their GP practice and out-of-hours services, and their outcomes from health care treatments.
- 4.2** The survey also included other areas of care and help linked to the national outcomes for health and wellbeing set out within the Public Bodies (Joint Working) Act; as well as questions aimed specifically at carers about their experiences of caring and support.
- 4.3** In addition to having considered the national report, Health & Social Care Partnership officers have also prepared a report for West Dunbartonshire (appended), including comparisons against the NHSGGC area and Scotland as a whole.
- 4.4** It is important to note – and this is at odds with the approach to primary care articulated within the National Clinical Strategy presented to the May meeting

of the Partnership Board – that the survey only asks about seeing a GP, and not members of the wider general practice or indeed primary care team. This inevitably and unfortunately limits its value in terms of gauging the appropriateness of care delivered.

- 4.5 It should also be noted that the data was released after the first Annual Performance Report for the Partnership Board was finalised, but that the latter did incorporate local survey data relating to experiences of health and social care services provided by the Health & Social Care Partnership.

5. People Implications

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

6. Financial Implications

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

7. Professional Implications

- 7.1 There are no professional implications associated with this report.

8. Locality Implications

- 8.1 Work is underway with Health and Social Care Analysis Team at the Scottish Government to generate reports specific to each of the two localities.

9. Risk Analysis

- 9.1 Health & Social Care Partnership officers are reviewing these findings within the wider context of other data, both in relation to Partnership performance and that of local GP practices (who, as external NHS contractors, lie outwith the management of the Health & Social Care Partnership). For all of its limitations, it will be considered alongside a host of other information in shaping the next Strategic Plan.

10. Impact Assessments

- 10.1 None.

11. Consultation

- 11.1 None.

12. Strategic Assessment

- 12.1 The Health and Care Experience Survey will contribute to the range of information that will be used to inform the next WD HSCP Strategic Plan.

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West Dunbartonshire Health & Social Care Partnership.

Date: 17th May 2016

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Appendices: Health and Care Experience Survey 2015/16 – National Report Executive Summary

Health and Care Experience Survey 2015/16 – Summary for West Dunbartonshire

Background Papers: Health and Care Experience Survey 2015/16:
<http://www.gov.scot/Resource/0050/00500340.pdf>

Wards Affected: All

1 EXECUTIVE SUMMARY

Introduction

- 1.1 Over 100,000 individuals registered with a GP practice in Scotland responded to the 2015/16 Health and Care Experience Survey.
- 1.2 The survey asked respondents to feed back their experiences of their GP practices and out of hours care. The survey also asked about experiences of social care services and asked specific questions of those with caring responsibilities.

GP Care

- 1.3 As in the previous survey, most patients were positive about the care and treatment they received at GP practices. The overall positive rating of GP care has remained the same as last year at 87 per cent.
- 1.4 Patients were particularly positive about their experiences in consultations with doctors and nurses. Questions relating to the doctor 'listening to me' (95 per cent positive) and having 'enough time with the nurse' (96 per cent positive) were amongst the best results in the survey.
- 1.5 Medication was another area of the survey which received very positive responses, with the four most positive questions all relating to medication. However, whilst patients were very positive about understanding 'how and when to take [their] medicines' (98 per cent positive), they were less positive about understanding their potential side effects (82 per cent positive)
- 1.6 The most negatively answered question in this section related to how perceived mistakes were dealt with. The question was only asked of the small number of patients that believed they had experienced a mistake. However, only 46 per cent of them were satisfied with how it was dealt with.

GP Access

- 1.7 Whilst most patients do report positive experiences of accessing GP services, this continues to be an area of relative concern for respondents. Four of the five most negatively answered GP questions related to issues of access.
- 1.8 For a number of access questions this survey continues a downward trend in results. For example, the overall positive rating of 'arrangements for getting to see a doctor' (71 per cent) has dropped one percentage point since the previous survey. However, this

continues a trend that has seen the rating drop each survey since 2009/10. The positive rating is now ten percentage points below the 2009/10 figure of 81 per cent.

Out of Hours Care

- 1.9 The overall positive rating for out-of-hours healthcare has remained steady from the previous survey at 71 per cent.
- 1.10 Responses varied depending on the out of hours service that patients were treated by. Taken as a whole, the results for patients treated by Primary Care Emergency Centres and by ambulance/paramedics were the most positive.
- 1.11 In addition, patients that were treated by doctors (as opposed to nurses, pharmacists, or 'someone else') were generally the most positive in their responses. This included a noticeably more positive response to the survey question relating to whether patients felt it was 'the right person' treating them (84 per cent for doctors, 75 per cent for nurses and pharmacists).

Social Care

- 1.12 Many people who get support for everyday living receive this outside of formal services – 43 per cent indicated that their help did not come from formal services.
- 1.13 Of those who received formal help and support, 81 per cent rated the overall help, care or support services as either excellent or good. This is a decrease from 84 per cent in 2013/14.
- 1.14 As in the last survey, users of care services were most positive about some person-centred aspects of care. Ninety per cent reported that they were treated with respect.
- 1.15 Users of care services were least positive about coordination of health and care services. Seventy five per cent reported that services were well coordinated, which is a decrease of four percentage points from 2013/14.
- 1.16 There was considerable variation across Scotland in experiences of care services, especially around co-ordination of health and care services and awareness of the help, care and support options that are available.

Carers

- 1.17 The survey indicated that 15 per cent of respondents look after or provide regular help or support to others.
- 1.18 Carers were most positive about having a good balance between caring and other activities, with around two thirds agreeing.
- 1.19 Carers were least positive about the impact of caring on their health; 35 per cent of people indicated that caring had a negative impact on their health and wellbeing.
- 1.20 Just over 40 per cent of people felt that services were well co-ordinated and that they felt supported to continue caring.

Health and Care Experience Survey 2015/16

Results for West Dunbartonshire Health and Social Care Partnership



May 2016, Official Statistics



West Dunbartonshire Health and Social Care Partnership

This report gives a summary of the results of the Health and Care Experience Survey 2015/16 for West Dunbartonshire Health and Social Care Partnership.

The survey was sent to 13,014 people registered with GP practices in the area.

The survey asks about people's experiences of accessing and using primary care services and was widened in 2013/14 to include aspects of care, support and caring to support the principles underpinning the integration of health and care in Scotland outlined in the Public Bodies (Joint Working) (Scotland) Act 2014.

A copy of the survey is available at:

www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/HACE2015-16

1,877 patients of West Dunbartonshire Health and Social Care Partnership sent in feedback on their experiences at the practice. Of the patients that answered questions about themselves:

- 41% were male and 59% were female;
- 10% were aged 17-34, 15% were aged 35-49, 34% were aged 50-64 and 42% were 65 and over;
- 61% did not have any limiting illness or disability.

The survey was commissioned by the Scottish Government as part of the Scottish Care Experience Survey Programme, which aims to use the public's experiences of health and care services to improve those services. The survey was managed by the Scottish Government in partnership with Information Services Division (ISD) of NHS National Services Scotland. The survey was carried out by a patient survey contractor, Quality Health Ltd.

The results of the survey will be used by GP practices, Health Boards, Health and Social Care Partnerships and the Scottish Government to improve the quality of health and care services in Scotland.

National results for this survey and further details on the methods used to generate this report are available at:

www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/HACE2015-16

Summary of Results

This section provides the results for those questions which align to the Health and Social Care Indicators.

The difference between the percent positive score for the H&SCP and the Scottish average is shown in the final column. Differences which are statistically significant are marked with an S. Where a comparison has not been tested due to small numbers, this is marked with an NT.

I am able to look after my own health	93%	-1
Service users are supported to live as independently as possible	89%	+5
Service users have a say in how their help, care or support is provided	82%	+3
Service users' health and care services seem to be well coordinated	85%	+10 ^s
Rating of overall help, care or support services	88%	+7 ^s
Rating of overall care provided by GP practice	89%	+2 ^s
The help, care or support improves service users' quality of life	86%	+2
Carers feels supported to continue caring	42%	+1
Service users feel safe	87%	+3

*Please note that measure "I am able to look after my own health" has not been subject to significance testing.

Top Five and Bottom Five Results

The tables below show the top 5 responses (highest percent positive scores in green) and bottom 5 responses (highest percent negative scores in red) for patients at this H&SCP.

Top Bottom 5 Highest / Lowest Responses	
Top 5 Responses (highest % positive scores)	Bottom 5 Responses (highest % negative scores)
Question	Question
% positive	% negative
Patients know enough about how and when to take their medicines	Overall rating of how mistakes are dealt with
98%	59%
Service users are treated with respect	Caring has had a negative impact on carers' health and wellbeing
98%	31%
Patients take their prescription as they are supposed to	Able to book a doctors appointment 3 or more working days in advance
97%	29%
Nurses listen to patients	It is easy to get through on the phone
97%	24%
It is explained to patients why they need a test	Carers feels supported to continue caring
97%	20%

Notes on Interpretation

Results are shown as the percentage of patients who answered each question positively.

The bars illustrate the % positive as green (darker green being very positive and lighter green being positive), and the % negative as red. Where answers are neither positive nor negative, the % is shown in yellow (see below).

		Very Positive	Positive	Neutral	Negative	% Positive 2013/14	% Positive 2015/16	Change from 2013/14	Difference from Scotland
Overall arrangements for getting to see a doctor	2,500	24%	44%	11%	11%	71%	68%	-3% ^S	-3% ^S

The “% Positive...” columns show both the H&SCP 2015/16 and 2013/14 percent positive scores.

“Difference from Scotland” shows the difference between the H&SCP percent positive score in 2015/16 and the Scottish average in the same year, with a plus or minus sign depending on whether it is above or below the Scottish average.

“Change from 2013/14” shows the change in the percent positive score for the H&SCP since the 2013/14 survey.

Differences which are statistically significant are marked with an S.

Where a comparison has not been tested due to small numbers, this is marked with an NT.

The classification of answers as very positive, positive, neutral or negative for each question can be found in the technical report at:
www.gov.scot/stats/bulletins/01218

Please note that all percentages are rounded to the nearest whole number. As such, variations of 1% may be observed when performing calculations using the numbers presented.

Later in this report we present results for questions that do not fit into the '% positive' format.

Your GP Practice: getting to see or speak to someone

	Number of responses	Very Positive	Positive	Neutral	Negative	% Positive 2013/14	% Positive 2015/16	Change from 2013/14	Difference from Scotland
It is easy to get through on the phone	1676	30%	44%	19%	24%	75%	76%	+0%	-7% ^s
Person answering the phone is helpful	1675	66%	31%	3%	0%	95%	96%	+1%	+2% ^s
Can see or speak to a doctor or nurse within 2 working days	1288	65%	22%	13%	0%	84%	87%	+2%	+2% ^s
Able to book a doctors appointment 3 or more working days in advance	1289	71%	29%	0%	0%	75%	71%	-4% ^s	-5% ^s
Can usually see preferred doctor	1695	81%	19%	0%	0%	81%	81%	-0%	-0%
Overall arrangements for getting to see a doctor	1702	28%	44%	19%	9%	69%	71%	+2%	-0%
Overall arrangements for getting to see a nurse	1396	33%	47%	16%	4%	79%	80%	+1%	-1%

Your GP Practice: referrals

	Number of responses	Very Positive	Positive	Neutral	Negative	% Positive 2013/14	% Positive 2015/16	Change from 2013/14	Difference from Scotland
Arrangements for getting to see other health and care services	991	33%	47%	14%	6%	81%	80%	-0%	+3% ^s

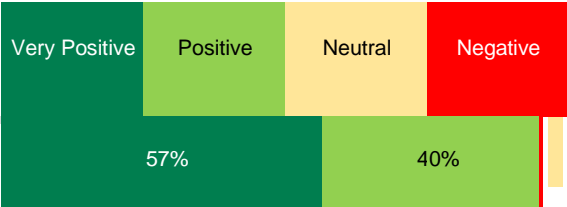





At your GP Practice

	Number of responses	Very Positive	Positive	Neutral	Negative	% Positive 2013/14	% Positive 2015/16	Change from 2013/14	Difference from Scotland
The receptionists are helpful	1712	58%	39%			95%	96%	+1%	+3% ^s
Time waiting to be seen at GP practice	1703	84%	16%			83%	84%	+1%	-1%

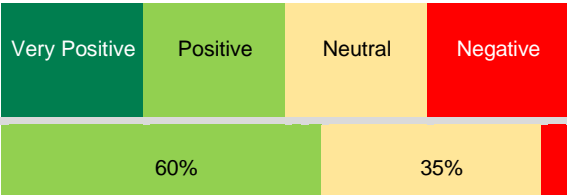
At your GP Practice - doctors

	Number of responses	Very Positive	Positive	Neutral	Negative	% Positive 2013/14	% Positive 2015/16	Change from 2013/14	Difference from Scotland
Doctors listen to patients	1594	95%	4%			95%	95%	-0%	+0%
Patients feel that doctors have all the information they need to treat them	1581	48%	43%			91%	92%	+1%	+2% ^s
Doctors take account of the things that matter to patients	1574	47%	41%	9%		87%	88%	+2%	+1%
Doctors talk in a way that helps patients to understand their condition and treatment	1577	51%	41%			90%	92%	+2%	+2%
Patients have confidence in doctors' ability to treat them	1585	53%	38%			90%	91%	+1%	+2% ^s
Patients have enough time with doctors	1583	50%	40%			90%	89%	-1%	+1%

At your GP Practice - nurses

	Number of responses	Very Positive	Positive	Neutral	Negative	% Positive 2013/14	% Positive 2015/16	Change from 2013/14	Difference from Scotland
Nurses listen to patients	1194					96%	97%	+1%	+1% ^s
Patients feel that nurses have all the information they need to treat them	1185					94%	94%	+1%	+1%
Nurses take account of the things that matter to patients	1183					90%	91%	+1%	+1%
Nurses talk in a way that helps patients to understand their condition and treatment	1187					92%	93%	+1%	+2% ^s
Patients have confidence in nurses' ability to treat them	1191					94%	94%	-0%	-0%
Patients have enough time with nurses	1187					96%	96%	-0%	+0%

At your GP practice - care and treatment

	Number of responses	Very Positive	Positive	Neutral	Negative	% Positive 2013/14	% Positive 2015/16	Change from 2013/14	Difference from Scotland
Patients are involved as much as they want to be in decisions about their care and treatment	1649					59%	60%	+1%	-2%

Tests arranged by your GP practice

	Number of responses	Very Positive	Positive	Neutral	Negative	% Positive 2013/14	% Positive 2015/16	Change from 2013/14	Difference from Scotland
It is explained to patients why they need a test	1273	56%	41%			96%	97%	+1%	+1%
Patients are satisfied with the length of time they wait for results	1260	43%	42%	8%	7%	85%	85%	-0%	+0%
Patients are satisfied with the way they receive results	1258	42%	40%	10%	8%	82%	82%	+0%	+2%
Test results are explained to patients in a way they can understand	1248	41%	42%	9%	8%	81%	83%	+1%	+2%

At your GP Practice - medicines

	Number of responses	Very Positive	Positive	Neutral	Negative	% Positive 2013/14	% Positive 2015/16	Change from 2013/14	Difference from Scotland
Patients find it easy enough for them to get their medicines	1503	61%		35%		96%	96%	-0%	+0%
Patients know enough about what their medicines are for	1500	58%		38%		97%	97%	-0%	-0%
Patients know enough about how and when to take their medicines	1489	61%		37%		98%	98%	-0%	-0%
Patients know enough about side effects of medicines	1493	45%		37%		81%	83%	+2%	+1%
Patients know what to do if they have any problems with their medicines	1490	51%		40%		90%	91%	+0%	+2%
Patients take their prescription as they are supposed to	1498	63%		34%		98%	97%	-1% ^s	-1%

At your GP practice - dealing with mistakes

	Number of responses	Very Positive	Positive	Neutral	Negative	% Positive 2013/14	% Positive 2015/16	Change from 2013/14	Difference from Scotland
Patients believe a mistake was made in their treatment or care by their GP practice	1688	94%				95%	94%	-1%	+0%
Overall rating of how mistakes are dealt with	93	41%		59%		-	41%	-	-5%

At your GP practice - overall experience

	Number of responses	Very Positive	Positive	Neutral	Negative	% Positive 2013/14	% Positive 2015/16	Change from 2013/14	Difference from Scotland
Patients are treated with respect	1701	51%	42%			91%	93%	+2% ^s	+2% ^s
Patients are treated with compassion and understanding	1669	46%	39%	12%		83%	85%	+2%	+0%
Rating of overall care provided by GP practice	1708	48%	40%	9%		85%	89%	+3% ^s	+2% ^s

Out of hours healthcare

	Number of responses	Very Positive	Positive	Neutral	Negative	% Positive 2013/14	% Positive 2015/16	Change from 2013/14	Difference from Scotland
The time patients wait for out of hours services is reasonable	496	32%	43%	12%	13%	79%	75%	-4%	+1%
Patients feel that people have all the information they need to treat them	497	32%	49%	13%		77%	81%	+4%	+3%
Patients feel that they are listened to	495	36%	52%	7%		84%	88%	+4%	+4% ^s
Things are explained to patients in a way they can understand	497	36%	53%			85%	90%	+5% ^s	+4% ^s
Patients feel that they were treated by the right people	493	37%	47%	12%		-	84%	-	+3%
Patients feel they get the right treatment or advice	498	36%	48%	9%		80%	85%	+4%	+4% ^s
Patients feel that people take account of the things that matter to them	492	33%	47%	13%		76%	80%	+5%	+5% ^s
Rating of overall care provided out of hours	490	31%		17%	9%	72%	74%	+2%	+3%

Care, support and help with everyday living

	Number of responses	Very Positive	Positive	Neutral	Negative	% Positive 2013/14	% Positive 2015/16	Change from 2013/14	Difference from Scotland
People take account of the things that matter to service users	171	44%	45%	10%		87%	89%	+2%	+3%
Service users have a say in how their help, care or support is provided	160	42%	40%	16%		82%	82%	+0%	+3%
Service users are aware of the help, care and support options available	169	35%	42%	17%		-	77%	-	+1%
Service users are treated with respect	172	54%	43%			93%	98%	+5% ^s	+7% ^s
Service users are treated with compassion and understanding	167	51%	41%			89%	96%	+7% ^s	+9% ^s
Service users' health and care services seem to be well coordinated	167	44%	41%	9%		82%	85%	+3%	+10% ^s
Service users are supported to live as independently as possible	161	45%	44%	9%		89%	89%	-0%	+5%
Service users feel safe	163	46%	41%	13%		89%	87%	-2%	+3%
The help, care or support improves service users' quality of life	163	49%	36%	12%		88%	86%	-2%	+2%
Rating of overall help, care or support services	192	49%	39%	10%		88%	88%	+0%	+7% ^s

Caring responsibilities

	Number of responses	Very Positive	Positive	Neutral	Negative	% Positive 2013/14	% Positive 2015/16	Change from 2013/14	Difference from Scotland
Carers have a good balance between caring and other things in their life	294	24%	41%	22%		71%	65%	-6%	-4%
Caring has had a negative impact on carers' health and wellbeing	276		22%	31%		45%	38%	-8%	-2%
Carers have a say in the services provided for the person they look after	267		32%	33%		53%	47%	-5%	-3%
Local services are well coordinated for the people carers look after	266		33%	35%		53%	48%	-5%	+5%
Carers feels supported to continue caring	269		28%	38%	20%	47%	42%	-4%	+1%

Full survey results can be found: <http://www.hace15.quality-health.co.uk/>

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 15 June 2016

Subject: Draft Statement of Accounts 2015/2016

1. Purpose

- 1.1** The purpose of this report is to provide Audit Committee with a copy of the draft Annual Accounts for 2015/2016 and to highlight matters of interest.

2. Recommendations

- 2.1** Members are asked to:

- (a) note the contents of this report and the draft Final Accounts, subject to the understanding that the draft accounts may change depending upon the audit and a full report on the audited accounts will be submitted to HSCP Board in October 2016; and
- (b) agree delegated authority to the Audit Committee to formally approve the audited accounts on 14 September 2016, prior to submission to the Accounts Commission by 30 September 2016 in line with the approved Terms of Reference.

3. Background

- 3.1** The HSCP Board is required by law to produce its draft Statement of Accounts for audit by 30 June each year.

- 3.2** The Local Authority Accounts (Scotland) Regulations 2014 came into force on 10 October 2014, revoking the Local Authority Accounts (Scotland) Regulations 1985. The legislation introduces a number of changes to the Statements:

- (a) Renaming the Financial Statements to Statement of Accounts;
- (b) The requirement to include a Management Commentary which is intended to assist readers in understanding the Statement and the organisation that has prepared them;
- (c) The requirement for HSCP Boards formal consideration of the draft Management Commentary & Financial Statement of Accounts prior to 31 August each year. However, best practice is that the Statements should be reported to the HSCP Board for formal

consideration prior to submission to the Accounts Commission by 30 June each year;

- (d) The regulations require the notice for the public's right 'to inspect and object to the Statements' no later 17 June 2016 and the Statements to be available for inspection no later than 1 July 2016; and
- (e) The requirement to 'aim' to approve the audited Annual Accounts for signature no later than 30 September 2016 (with publication no later than 31 October 2016).

3.3 A copy of the draft financial Statement of Accounts for the year ended 31 March 2016, is appended to this report as Appendix 1.

4. Main Issues

4.1 The draft accounts have now been prepared and passed to Audit Scotland to commence their audit process.

4.2 The draft accounts show that the HSCP Board has been successful in managing its expenditure within the income available for both Health & Social Care.

Management Commentary

4.3 The management commentary is in relation to objectives of the HSCP Board and its performance. The purpose of this commentary is to inform users of the Statement and help users assess if the HSCP Board has performed its duty to promote the success of the HSCP Board. The Commentary is on pages 3 to 7 of the Statements of Account.

General Fund - Revenue Position

5.0 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.

5.1 The in-year surplus against original budget of £0.491m is the favourable variance against the overall budget in year.

5.2 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.

5.3 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	
Ophthalmology Quality initiatives Project	20.6	
Transitional Funding for Criminal Justice	47.5	
DWP Conditions Management	200.0	1,120.3
		<hr/>
		£1,611.6

5.4 The Health & Social Care operations have achieved a break even performance over the financial year in line with their statutory requirements.

Further steps in finalising

6.0 In line with the new expectation noted at 3.2 (e), to enable the HSCP Board to meet its requirement to 'aim' to approve the audited Annual Accounts for signature no later than 30 September 2016, Members are asked to agree that, following audit, the audited position be reported to Audit Committee in September 2016 for approval and HSCP Board in November 2016 for noting.

7. People Implications

7.1 There are no people implications.

8. Financial Implications

8.1 There are no financial implications

9. Professional Implications

9.1 None

10. Locality Implications

10.1 None

11. Risk Analysis

11.1 No risk analysis was required.

12. Impact Assessments

12.1 None

13. Consultation

13.1 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

14. Strategic Assessment

14.1 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.

The report is in relation to a statutory function and is for noting. As such, it does not directly affect any of the strategic priorities.

14.2 This report links to the strategic financial governance arrangements of both parent organisations.

Author: Jeanne Middleton – Chief Financial Officer

Date: 15 June 2016

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Appendices: **Appendix 1** Draft Financial Statement of Accounts
to 31 March 2016;

Background Papers: HSCP Year end Financial Performance Report 2015/16
(Budget versus actual);



wdhscp audit
committee - terms of

Audit Committee Terms of Reference

Wards Affected: n/a

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 15 June 2016

Subject: Internal Audit Annual Report to 31 March 2016

1. Purpose

- 1.1 The purpose of this report is to advise Members of the work undertaken by Internal Audit in respect of the Annual Audit Plan 2015/16 and to advise Members of the contents of the Assurance Statement given to the Chief Financial Officer in support of the Statement of Internal Financial Control / Governance Statement. This report outlines how audit assurances are obtained.

2. Recommendations

- 2.1 It is recommended that the Audit Committee note the contents of this report.

3. Background

- 3.1 The Public Sector Internal Audit Standards (PSIAS) became effective on 1st April 2013 and require that:

“The chief audit executive [for WDC: Audit and Risk Manager] must deliver an annual internal audit opinion and report that can be used by the organisation to inform its governance statement

The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control.

The annual report must incorporate:

- *The opinion;*
- *A summary of the work that supports the opinion; and*
- *A statement on conformance with the Public Sector Internal Audit Standards and the results of the quality assurance and improvement programme”*

- 3.2 The Assurance Statement is included at Appendix A.

4. Main Issues

- 4.1 The Internal Audit Annual Report for 2015/16 included at Appendix A includes the Chief Internal Auditor’s independent and objective opinion as to the adequacy and effectiveness of internal controls that the Health & Social Care Partnership Board requires to rely upon within

both the Council the Health Board. This opinion has informed the Health & Social Care Partnership Board's Governance Statement.

5. People Implications

5.1 There are no personnel issues with this report.

6. Financial Implications

6.1 There are no financial implications with this report.

7. Professional Implications

7.1 None.

8. Locality Implications

8.1 None.

9. Risk Analysis

9.1 There is a risk that failure to deliver the Internal Audit Plan would result in an inability to provide assurances to those charged with governance over which the Health & Social Care Partnership Board is required to rely upon within both the Council's and Health Board's system of internal financial control.

10. Impact Assessments

10.1 None.

11. Consultation

11.1 This report has been agreed with the Health Board's Director of Finance and Council's Section 95 Officer.

12. Strategic Assessment

12.1 The establishment of a robust audit plan will assist in assessing whether the Partnership Board and Officers have established proper governance and control arrangements which contribute to the achievement of the strategic priorities of the HSCP Strategic Plan.

Author: Jeanne Middleton – Chief Financial Officer

Date: 31 May 2016

Person to Contact: Colin McDougall, Audit and Risk Manager

West Dunbartonshire Council
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Appendices: A - Assurance Statement for the year ended 31 March 2016 from the Chief Internal Auditor

Background Papers: None

Wards Affected: All Wards

APPENDIX A

Assurance Statement for the year ended 31 March 2016
from the Chief Internal Auditor

To the Members of West Dunbartonshire Health & Social Care Partnership Board, the Chief Officer and the Section 95 Officer (Chief Financial Officer)

As the appointed Chief Internal Auditor for West Dunbartonshire Health & Social Care Partnership Board, I am pleased to present my annual statement on the adequacy and effectiveness of the internal financial control system of the Partnership Board for the year ended 31 March 2016.

Respective responsibilities of management and internal auditors in relation to internal control

It is the responsibility of senior management of the Health and Social Care Partnership to establish an appropriate and sound system of internal financial control and to monitor the continuing effectiveness of that system. It is the responsibility of the Chief Internal Auditor to provide an annual overall assessment of the robustness of the internal financial control system.

The Health & Social Care Partnership Board's framework of governance, risk management and internal controls

The Partnership Board has a responsibility to ensure that its business is conducted in accordance with legislation and proper standards.

The governance framework comprises the systems and processes, culture and values by which the Partnership Board IJB is directed and controlled and how it accounts to communities. It enables the Partnership Board to monitor the achievement of its strategic priorities and to consider whether those objectives have led to the delivery of appropriate services and value for money.

The system of internal control is a significant element of the governance framework. Any system of control can only ever provide reasonable and not absolute assurance that control weaknesses or irregularities do not exist or that there is no risk of material errors, losses, fraud, or breaches of laws or regulations. Accordingly, the Partnership Board is continually seeking to improve the effectiveness of its systems of internal control in order to identify and prioritise the risks that would prevent the achievement of the Health & Social Care Partnership Board's strategic objectives as set out within its Strategic Plan.

The work of internal audit

Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

Both the Council's Internal Audit Section and the Health Board's internal audit function operate in accordance with the *Public Sector Internal Audit Standards* (PSIAS) which have been agreed to be adopted from 1st April 2013 by the relevant public sector Internal Audit Standard setters. PSIAS applies the Institute of Internal Auditors International Standards to the UK Public Sector.

Basis of Opinion

My evaluation of the control environment is informed by a number of sources:

- The audit work undertaken by Internal Audit within the Council and the Health Board and also for the Partnership Board during the year to 31 March 2016;
- The assurance statement signed by the Chief Officer on the operation of the internal financial controls for the services for which he was responsible during the year to 31 March 2016;
- Reports issued by the External Auditors of the Council and the Health Board and other review agencies; and
- My knowledge of the Partnership Board's governance, risk management and performance monitoring arrangements.

Opinion

It is my opinion, based on the above, that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2016 within the Council and the Health Board over which the Partnership Board requires to receive assurances and within the Health & Social Care Partnership Board itself.

Signature: *Colin McDougall*

Title: Chief Internal Auditor for West Dunbartonshire Health & Social Care Partnership Board

Date: 31 May 2016

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Audit Committee: 15 June 2016**

Subject: Draft Internal Audit Plan 2016/17**1. Purpose**

- 1.1** The purpose of this report is to advise members of the planned programme of audit work for the year 2016/17.

2. Recommendations

- 2.1** It is recommended that the Audit Committee approve the Audit Plan for 2016/17.

3. Background

- 3.1** The Chartered Institute of Public Finance and Accountancy (CIPFA) / Institute of Internal Auditors (IIA) Public Sector Internal Audit Standards (PSIAS) require the preparation of a risk-based audit plan.
- 3.2** The PSIAS also requires that the plan should be based on a clear understanding of the organisation's functions and the scale of potential audit areas. The plan should be partly informed by consultation with key stakeholders, including the Audit Committee and senior management. The Audit Committee should approve the Internal Audit plan.
- 3.3** The provision of Internal Audit services within West Dunbartonshire Council is delivered by an in-house team. NHS Greater Glasgow and Clyde has contracted out the delivery of Internal Audit services to Price Waterhouse Coopers (PWC).
- 3.4** At its meeting on 19th August 2015, the West Dunbartonshire Health & Social Care Partnership Board agreed that the internal audit service for the Partnership Board would be provided by West Dunbartonshire Council's (WDC) Internal Audit Section, with Colin McDougall appointed as Chief Internal Auditor for the Partnership Board. This role includes the responsibility for preparing an audit plan for the Health & Social Care Partnership Board as well as reporting to the Partnership Board's Audit Committee on the outcome of relevant audit work.
- 3.5** The Audit Plan was compiled using a risk based approach through a review of Audit Universes (i.e. both Council and Health Board) which includes all significant activities and systems that contribute to the achievement of strategic priorities and objectives.

4. Main Issues

4.1 The Chief Internal Auditor met with the Chief Officer and Chief Financial Officer to discuss and agree a programme of work for the financial year 2016/17.

4.2 The audit planning process has taken into account the following factors:

WDC Internal Audit element

- A risk based audit needs assessment identifying all potential audit areas methodology (this is aligned to PSIAS);
- Consultations with senior management;
- The plans of Audit Scotland (as External Auditor) and other inspection agencies;
- The HSCP Board's Strategic Plan and Strategic Risk Register;
- Current issues and changes in computer systems; and
- Resources available.

PWC element

- PWC's Internal Audit methodology (this is aligned to PSIAS);
- Audit Scotland (external audit); and
- Healthcare Improvement Scotland.

4.3 The Chief Internal Auditor monitors delivery of the plan continuously during the year using a number of performance indicators. Progress will be reported to Audit Committee members on a regular basis.

4.4 WDC's audit plan includes a number of audit reviews which cover Health & Social Care Partnership service areas, namely:

<u>Audit</u>	<u>Days Allocated</u>
Scottish Social Services Council Registration	20
Employment Support (Social Work initiative for vulnerable people)	15
Home Care	20
Fostering and adoption payments / allowances	25
Total	80

It is recognised that the Health & Social Care Partnership Board's internal audit arrangements are still at early implementation stage; and the audit reviews shown above may be repositioned within the Health & Social Care Partnership Board's Internal Audit Plan for 2016/17.

These audits, together with other Council wide system reviews, will help to inform an opinion on the control environment within the Health & Social Care Partnership.

- 4.5** Similarly, much of the audit work which is carried out within NHS Greater Glasgow and Clyde by PWC will cover services which are delegated to the Health & Social Care Partnership Board and the findings of these reviews will also contribute to an opinion of the control environment. Within PWC's planned work across the entire Health Board there are some specific reviews covering Health and Social Care Partnerships including delayed discharge, financial controls and performance reporting.
- 4.6** In addition to the reviews referred to at paragraphs 4.4 and 4.5 above, the Health & Social Care Partnership Board has a draft audit plan which includes 35 days drawn from the Internal Audit service of West Dunbartonshire Council. For the overall draft internal audit plan for NHS Greater Glasgow and Clyde, a total of 665 indicative audit days has been allocated.

The proposed Health & Social Care Partnership Board Internal Audit plan is summarised below.

Review	Proposed number of days
Governance	10
Performance	15
Financial Management	10
TOTAL	35

Governance – a review of the governance arrangements and documentation in place for the Health & Social Care Partnership Board. This will also include a post-implementation review.

Performance – a review of the performance management and reporting arrangements in place which monitor delivery of the Strategic Plan.

Financial Management – a review of the arrangements in place to monitor and manage the financial performance of the Health & Social Care Partnership Board.

The Chief Internal Auditor will continually review the risks and operating environment of the Health & Social Care Partnership during the course of the year and may tailor this planned work accordingly. Consideration will also be given to the Internal Audit work undertaken by PWC within NHS Greater

Glasgow and Clyde in order to identify any matters arising relevant to the Health & Social Care Partnership Board's Audit Committee.

5. People Implications

5.1 There are no personnel issues with this report.

6. Financial Implications

6.1 There are no financial implications with this report.

7. Professional Implications

7.1 None.

8. Locality Implications

8.1 None.

9. Risk Analysis

9.1 The Plan has been constructed taking cognisance of the risks associated with major systems. Consultation with Senior Managers was carried out to ensure that risks associated with delivering strategic objectives have been considered.

10. Impact Assessments

10.1 None.

11. Consultation

11.1 This report has been agreed with the Health Board's Director of Finance and Council's Section 95 Officer.

12. Strategic Assessment

12.1 The establishment of a robust audit plan will assist in assessing whether the Partnership Board and Officers have established proper governance and control arrangements which contribute to the achievement of the strategic priorities of the HSCP Strategic Plan.

Author: Jeanne Middleton – Chief Financial Officer

Date: 31 May 2016

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Appendices: None

Background Papers: None

Wards Affected: All Wards