# 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, 25 May 2016 at 10.00 a.m.

**Present:**

**Voting Members:** Gail Casey (Chair), Ros Micklem (Vice Chair), Allan Macleod Jonathan McColl and Martin Rooney.

**Non-Voting Members:** Jeanne Middleton, Chief Finance Officer; Kenneth Ferguson, Clinical Director; Wilma Hepburn, Professional Nurse Advisor; Jackie Irvine, Chief Social Work Officer; John Kerr, Professional Advisor, Housing; Diane McCrone, NHS Staff Side Co-Chair; Anne McDougall, Chair of Local Engagement Network – Clydebank; Kim McNabb, Service Manager, Carers of West Dunbartonshire; Selina Ross, Chief Officer of West Dunbartonshire Council for Voluntary Services; Janice Miller, Professional Advisor, Allied Health Professional; 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; Chris McNeill, Head of Community Health & Care; Serena Barnett, Head of People and Change; Nigel Ettles, Principal Solicitor, Legal, Democratic and Regulatory Services and Nuala Borthwick, Committee Officer, West Dunbartonshire Council.

**Apologies:** Apologies for absence were intimated on behalf of Heather Cameron (voting member); Neil McKay, Chair of Locality Group – Alexandria & Dumbarton; and Keith Redpath, Chief Officer.

**Gail Casey in the Chair**

## CHAIR'S REMARKS

The Chair drew the Partnership Board's attention to the West Dunbartonshire Council Employee Recognition Event that took place on 22 March 2016, and specifically the award categories that were won by Health & Social Care Partnership staff and services, as undernoted:-

- Ronnie Reardon, who works with the Youth Mentoring Team and won Employee of the Year;

- Sean McAdam, who works at Dumbarton Day Centre and won the Young Ambassador Award;

- Mary Angela McKenna, who works with Community Older People's Team as Team Manager who won Team Leader of the Year;

- The Alternative to Care Team who won Team of the Year; and

- The Hospital Discharge Team who won Outstanding Achievement Award.

Thereafter, all Members joined the Chair in congratulating all winners and their teams for both their continued commitment and contributions to providing high quality services on behalf of the Partnership Board.

## 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 17 February 2016 was submitted and approved as a correct record.

## MEMBERSHIP OF THE PARTNERSHIP BOARD

A report was submitted by the Head of Strategy, Planning & Health Improvement requesting the appointment of a nominated non-voting member of the Partnership Board.

Having heard the Chair, the Partnership Board agreed:-

(1) to appoint the Health & Social Care Partnership's new Clinical Director, Dr Kenneth Ferguson, as a non-voting member of the Partnership Board;

(2) to note that this would be Ros Micklem's last meeting as both Vice-Chair and a member of the Partnership Board as her term in office as a Non-Executive Director of NHS Greater Glasgow & Clyde was nearing its end; and

(3) that the Chief Officer would bring a further report to the Partnership Board once the Health Board had formally confirmed both a successor for the post and which of the NHS Greater Glasgow & Clyde Non-Executive Directors would be the Vice Chair of the Partnership Board.

## CODE OF CONDUCT

A report was submitted by the Strategic Lead – Regulatory:-

(a) advising of the template for a Code of Conduct for Integration Joint Boards which had been produced by the Scottish Government; and

(b) seeking agreement that the template Code of Conduct be adopted by the Partnership Board.

The Partnership Board agreed to adopt the template Code of Conduct as its own draft Code of Conduct.

## CONSULTATION ON PROPOSED CHANGES TO GP OUT OF HOURS DRUMCHAPEL SERVICE

A report was submitted by the Chief Officer advising of the proposal by NHS Greater Glasgow & Clyde to move the GP Out of Hours Service from Drumchapel Hospital to Gartnavel Hospital.

After discussion, Gail Casey, seconded by Martin Rooney, moved:-

> That Officers prepare a formal response on behalf of the Partnership Board, in consultation with the Chair, in support of GP Out of Hours Service remaining at Drumchapel Hospital.

As an amendment, Ros Micklem, seconded by Allan MacLeod, moved:-

> That Officers prepare a formal response on behalf of the Partnership Board, advising that it is not yet in a position to comment on the proposals to move the GP Out of Hours service in advance of the completion of the board wide review of Out of hours services.

On a vote being taken, 2 members voted for the amendment and 3 for the motion, which was declared, carried.

The Partnership Board also agreed that, given the ongoing investment in services at Gartnavel Hospital, a report on the Health Board's proposals for the Drumchapel site be brought back to the Partnership Board for information as soon as possible.

## HEALTH & SOCIAL CARE PARTNERSHIP ANNUAL PERFORMANCE REPORT 2015/16

A report was submitted by the Head of Strategy, Planning & Health Improvement presenting the first Annual Performance Report for the Health & Social Care Partnership, including a complaints management overview.

After discussion and having heard the Head of Strategy, Planning & Health Improvement, the Head of Community Health and Care and the Chief Social Work Officer in further explanation of the report and in answer to Members' questions, the Partnership Board agreed:-

(1) to approve the Annual Performance Report for publication; and

(2) to note that financial information in the table on page 39 of the Annual Performance Report required to be updated.

## INTEGRATED CARE FUND – END YEAR REPORT 2015/16

A report was submitted by the Head of Community Health and Care presenting the West Dunbartonshire Integrated Care Fund – End Year Report 2015/16.

After discussion and having heard the Head of Community Health and Care in further explanation of the report, the Partnership Board agreed to endorse the West Dunbartonshire Integrated Care Fund – End Year Report 2015/16 for submission to the Scottish Government.

## EQUALITY ACT 2010 MAINSTREAMING REPORT

A report was submitted by the Head of Strategy, Planning & Health Improvement providing information on the Mainstreaming Report prepared with respect to the obligations placed on Integration Joint Boards by the Equality Act 2010.

After discussion and having heard the Head of Strategy, Planning & Health Improvement in further explanation of the report, the Partnership Board agreed to endorse the Mainstreaming Report in order to appropriately meet specified milestones in relation to the Equalities Act 2010.

## CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2015-2016

A report was submitted by the Chief Social Work Officer presenting the West Dunbartonshire Chief Social Work Officer's Annual Report for the period 1 July 2015 to 31 March 2016. This report covers the first 9 months of the Health and Social Care Partnership.

After discussion and having heard the Chief Social Work Officer, the Head of Strategy, Planning & Health Improvement and the Head of Community Health and Care in further explanation of the report and in answer to Members' questions, the Partnership Board agreed:-

(1) to note the Chief Social Work Officer's Annual Report with its associated appendices; and

(2) to note that the Annual Report would be presented to the next meeting of West Dunbartonshire Council on the 29 June 2016.

## VALEDICTORY FOR VICE CHAIR – ROS MICKLEM

At this point in the meeting, the Chair advised the Partnership Board that this would be the last meeting of the Board that the Vice Chair, Ros Micklem, would attend and took the opportunity to thank Ms Micklem for her role as Vice Chair of the Board and Chair of the Audit Committee, advising that Ros had been both encouraging and inquisitive in her approach to the full and considerable gamut of functions, services and funding that Members of the Partnership Board have responsibility for.

On behalf of the Partnership Board, the Chair wished Ms Micklem well in her future endeavours.

## ADJOURNMENT

At the request of the Chair, the Partnership Board agreed to adjourn at 11.58 a.m. for a short period of time.

The Partnership Board reconvened at 12.07 p.m. with all Members shown on the sederunt in attendance with the exception of Jonathan McColl, Ros Micklem, Anne MacDougall and Martin Perry.

## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL CARE GOVERNANCE REPORT 2015/16

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

(a) providing information on the West Dunbartonshire Health & Social Care Partnership Clinical Governance Annual Report 2015/16; and

(b) drawing attention to the National Clinical Strategy.

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 Partnership Board agreed:-

(1) to note the West Dunbartonshire Health & Social Care Partnership Clinical Governance Annual Report 2015/16; and

(2) to note the National Clinical Strategy for Scotland.

## YEAR END FINANCIAL REPORT 2015/16 (1 APRIL 2015 TO 31 MARCH 2016)

A report was submitted by the Chief Financial Officer providing an update on the financial performance and capital work progress of West Dunbartonshire Health & Social Care Partnership for financial year 1 April 2015 to 31 March 2016.

After discussion and having heard the Chief Financial Officer and the relevant officers 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 and Health & Social Care Partnership due to the in-year establishment of the formal arrangements;

(2) to note 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;

(3) to note the key requirement for the Health & Social Care Partnership Senior Management Team to continue to implement the recovery plan to address the projected overspends;

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

(5) to note that the reported budget position of NHS Greater Glasgow &Clyde Health Board Acute Services Set Aside notional budget; and Hosted Services covering both Health Board Acute Services and Council Housing services;

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

(7) to approve the Health Care budget virements of £0.025m as described under section 3.2 of the report.

Note: Jonathan McColl returned to the meeting during consideration of this item.

## 2016/17 ANNUAL REVENUE BUDGET

A report was submitted by the Chief Financial Officer outlining the budget proposal 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 Partnership Board agreed:-

(1) to note that West Dunbartonshire Council's payment contribution to the budget for 2016/17 was £61.538m;

(2) to note the proposed savings reduction of £0.994m;

(3) to note the interim NHS Greater Glasgow & Clyde Health Care indicative net revenue budget contribution of £75.839m;

(4) to note the proposed NHS Greater Glasgow & Clyde current set aside budget for 2016/17;

(5) to note the earmarked reserves position;

(6) to note the Integration Fund compliance statement reported within section 4.7;

(7) to note West Dunbartonshire Council financial gaps identified for 2017/18 and 2018/19 and the impact to the Partnership Board's financial plan;

(8) to note NHS Greater Glasgow & Clyde Health Board's financial plan position for 2016/17; and

(9) to receive further updates in the development of the financial strategy in August 2016.

## THE LOCAL AUTHORITY ACCOUNTS (SCOTLAND) REGULATIONS 2014

A report was submitted for approval by the Chief Financial Officer providing an update on the Local Authority Accounts (Scotland) Regulations 2014.

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

(1) the proposed approach to complying with these regulations and,

(2) to remit the Audit Committee with the authority to approve the annual accounts and to revise the terms of reference accordingly.

(3) that the report will be referred to Audit Committee for noting.

The Board also noted the Audit Committee dates arranged under section 4.2 of the report for approval of both unaudited (15 June 2016) and audited accounts (14 September 2016).

## PREPARATION OF STRATEGIC PLAN 2016 AND ONWARDS – UPDATE

A report was submitted by the Head of Strategy, Planning & Health Improvement providing an update on preparations for the Partnership's second Strategic Plan.

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 Partnership Board approved 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.

## PARTICIPATION AND ENGAGEMENT STRATEGY 2016-2019

A report was submitted by the Head of Strategy, Planning & Health Improvement presenting the Health & Social Care Partnership's Participation and Engagement Strategy 2016- 2019.

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 Partnership Board agreed to endorse the Participation and Engagement Strategy 2016 – 2019.

## INTEGRATED CHILDRENS SERVICES PLAN – ANNUAL REVIEW 2016

A report was submitted by the Head of Children's Health, Care and Criminal Justice presenting the West Dunbartonshire Community Planning Partnership Integrated Children's Service Plan – Annual Review 2016.

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 Partnership Board agreed to endorse the Integrated Children's Service Plan - Annual Review 2016.

## WEST DUNBARTONSHIRE HOUSING CONTRIBUTION STATEMENT

A report was submitted by the Head of Strategy, Planning & Health Improvement seeking approval of the West Dunbartonshire Housing Contribution Statement.

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 Partnership Board approved the Housing Contribution Statement.

## MINUTES OF MEETINGS FOR NOTING

The undernoted draft Minutes of Meetings were submitted for information:-

(a) Draft Minutes of Meeting of the Health & Social Care Partnership Board Audit Committee held on Wednesday, 23 March 2016;

(b) Draft Minutes of Meeting of the Argyll, Bute and Dunbartonshires' Criminal Justice Social Work Partnership Joint Committee held on Thursday, 10 March 2016;

(c) Draft Minutes of Meeting of the Clinical & Care Governance Group held on Wednesday, 23 March 2016;

(d) Draft Minutes of Meeting of the Health & Social Care Partnership Locality Group for Clydebank held on Thursday, 21 April 2016;

(e) Draft Minutes of Meeting of the Health & Social Care Partnership Locality Group for Alexandria & Dumbarton held on Friday, 18 March 2016;

(f) Workshop Summary for the Health & Social Care Partnership Local Engagement Group for Clydebank held on Monday, 22 February 2016;

(g) Workshop Summary for the Health & Social Care Partnership Local Engagement Group for Alexandria & Dumbarton held on Thursday, 3 March 2016; and

(h) Draft Minutes of Meeting of the Joint Staff Forum held on Thursday, 28 April 2016.

The meeting closed at 1.10 p.m.

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

**Health & Social Care Partnership Board: 17th August 2016**

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**Subject: Membership of the Partnership Board**

## 1. Purpose

**1.1** To confirm the new Vice-Chair and a new voting member of the Partnership Board.

## 2. Recommendation

**2.1** The voting members of the Partnership Board are asked to note that at its meeting of 16th August 2016, Greater Glasgow & Clyde Health Board was recommended to confirm:

- Allan Macleod as its new lead non-executive director to this Partnership Board.
- Rona Sweeny to be a new voting member on this Partnership Board.

**2.2** Subject to the Health Board having accepted those recommendations (which will be verbally confirmed at this meeting), the Partnership Board is asked to confirm Allan MacLeod as its new Vice-Chair and Chair of the Audit Committee of the IJB..

## 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** At its May 2016 meeting, the Partnership Board was informed that its Vice-Chair was stepping down from her position as a non-executive director of the Health Board, and so would consequently also be stepping down from the Partnership Board. It was confirmed then that a follow-up report would be brought to the Partnership Board at the earliest opportunity confirming who the Health Board would identify as a new voting member on the Partnership Board; and who the Health Board would nominate as the new Vice Chair of the Partnership Board.

## 4. Main Issues

**4.1** At its meeting on 16th August 2016 Greater Glasgow & Clyde Health Board was recommended to confirm:

- Allan Macleod as its new lead non-executive director to this Partnership Board.
- Rona Sweeny to be a new voting member on this Partnership Board.

**4.2** Subject to the Health Board having accepted those recommendations (which will be verbally confirmed at this meeting), the Partnership Board is asked to confirm Allan MacLeod as its new Vice-Chair and consequently also the Chair of the Partnership Board's Audit Committee.

## 5. People Implications

**5.1** None.

## 6. Financial Implications

**6.1** None.

## 7. Professional Implications

**7.1** None.

## 8. Locality Implications

**8.1** None.

## 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.

## 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:** 17th August 2016

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| **Person to Contact:** | Soumen Sengupta<br>Head of Strategy, Planning & Health Improvement<br>West Dunbartonshire Health & Social Care Partnership,<br>West Dunbartonshire HSCP HQ, West Dunbartonshire<br>Council, Garshake Road, Dumbarton, G82 3PU.<br>E-mail: soumen.sengupta@ggc.scot.nhs.uk |
| . | |
| **Appendices:** | None |
| **Background Papers:** | The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014<br><br>HSCP Board Report (May 2016): Membership of the Partnership Board<br><br>HSCP Board Report (July 2015): Membership of the Partnership Board<br><br>HSCP Board Report (July 2015): Integration Scheme |
| **Wards Affected:** | All |

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

**Health & Social Care Partnership Board: 17 August 2016**

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**Subject: 2016/17 Annual Revenue Budget**

## 1. Purpose

**1.1** To update the Health & Social Care Partnership (HSCP) Board on the 2016/17 budget from NHS Greater Glasgow & Clyde Health Board.

## 2. Recommendations

**2.1** The Board is recommended to:

1. Note the confirmation of the NHS Boards budget allocation for 2016/17 as detailed in section 4.2.
2. Note that the due diligence work has highlighted areas of financial risk and imbalance in the Health Care Budget allocation for 2016/17;
3. Agree that draft savings options to restore financial budget balance to the Health budget in 2016/17 be presented to the HSCP Audit committee at the 14 September 2016 meeting for review;
4. Note the Health Board has identified that an element of non recurring relief is potentially available to offset the in year shortfall against savings targets and that discussions are underway to determine how non recurring funding will be allocated to Partnerships within this financial year; and
5. Note that the NHS Board will consider the savings options from all parts of the NHS system during October 2016.

## 3. Background

3.1 This report follows from and builds upon the Financial Report presented to the HSCP Board in May 2106, which set out an updated 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. NHS Greater Glasgow & Clyde - Health Revenue Budget

4.1 The NHS Board's draft Financial Plan for 2016/17 was approved by the Health Board on 28 June 2016.

The Health Boards budget for 2016/17 includes an increase in the resources available to NHSGGC. However increased patient demand for existing and new services and rising costs including increasing medicine and staff costs, mean that this year, NHS Greater Glasgow and Clyde faces the significant challenge of requiring £69 million of recurrent savings to break even.

The Plan identifies various savings schemes rated according to their ability to be achieved and impact. Savings totalling £44.8million (full year effect) have been identified in schemes rated with a higher likelihood of implementation (rated green and amber) and a further £11.7 million savings (full year effect) in schemes where there is risk in achievability (rated red).

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The financial plan for this year includes savings schemes from all parts of the organisation but remains out of balance with £10 million recurrent savings still to be identified and will be reliant on the use of reserves and non-recurrent sources of funding to achieve break even.

The Health Board accepted this plan with its risks to allow budget allocations to be made to services but have tasked executive directors to come back in October with further proposed plans on reducing the residual gap.

Click here to read the full Board Paper.

4.2 The HSCP Chief Officer received formal notification on the 5 July 2016 of the Partnerships 2016/17 Financial Allocation.

The Health Board's budget allocation amounts to net expenditure of £74.494m and the main uplifts and adjustments applied to confirm the 2016/17 HSCP opening budget are set out as follows:

| | £'000 |
|---|---|
| 2015/16 Closing Budget | 78,313 |
| Less non recurring funding | (2,475) |
| | £75,838 |
| Additions | |
| • Pays including low pay allowance | 295 |
| • National Insurance rebate withdrawal cover | 457 |
| • Auto enrolement | 48 |
| • Resource Transfer | 132 |
| • Non Pay uplift and other | 15 |
| Reductions | |
| • Transfer of Facilities service budget to Corporate | (128) |
| • Transfer of depreciation budget to Corporate | (773) |
| • Less Savings targets applied | (1,388) |
| | £74,494 |
| Other Social Care Additions | |
| • Integration Fund | 4,921 |
| **2016/17 HSCP Opening Budget** | £79,415 |

It should be noted that 2016/17 Integrated Funding allocation of £4.92m reported above (our share of the national £250m social care funding) should not be included in the above Health Care budget allocation as a result of funds being transferred straight through to the IJB. The budget allocation before the Integration Funding allocation is £74.494m.

Further 2016/17 budget allocation adjustments have been applied in period 3:

| | £'000 |
|---|---|
| **Opening budget allocation** | **74,494** |
| Integration Fund – for transfer to social care | 4,921 |
| **Additions** | |
| Family Health Services – GMS and Prescribing | 2,024 |
| Universal and Specialist Children Services | 101 |
| Scottish government recurring allocation Oral Health | 71 |
| Transfer of Organisational Development from Glasgow HSCP | 53 |
| **Deductions** | |
| Family Health Services – Non recurring Adjustment | (265) |
| Pay award uplift – adjustment for externally funded posts | (27) |
| Universal Children's Services – immunisation and continence pays | (37) |
| **Closing Net Budget at Period 3** | **£81,335** |

4.3 The HSCPs share of the Boards indicative uplifts for 2016/17 has been allocated in June 2016 following approval of the Boards financial plan and is reported in the first quarters financial performance report. Further details on the 2016/17 budget are included in Appendix 1.

4.4 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 not yet formally notified to the HSCP Board. However for indicative budget setting purposes has been included on 2015/16 service consumption costs and includes a 1% uplift to reflect an average of £17.5m. Further details are included in Appendix 2.

4.5 For 2016/17 the approved Health Board savings target across all NHSGG&C Partnerships remains at £20m across all Partnerships.

4.6 Following the finalisation of the collective Partnerships savings programme, savings of £10.2m have been approved, which includes this HSCPs contribution of £0.431m.

At this stage there remains a gap of £9.8m, and the proportionate share of the gap results in the final local savings target of £0.955m allocated to this HSCP being confirmed by the Health Board as reported above under section 4.2 of this report.

4.7 At this stage plans are in place to deliver £0.431m of the £1.4m savings requirement as follows:

- Workforce planning £0.250
- Addictions £0.100
- Universal Children Services £0.027
- Planning & Health Improvement £0.054

4.8 At this stage no approved plans are in place to deliver against the savings gap of £0.955m and it should be noted that this has resulted in a reported overspend position in the first quarter of this financial year covering the period April to June 2016. The forecast position for the remainder of the financial year assumes the overspend position will continue unless service changes and cost reductions are achieved.

4.9 The Health Board has identified in its financial plan that £32.0m of non recurring relief is potentially available to offset the in year shortfall against savings targets.

Discussions are underway to determine how non recurring funding will be allocated to Partnerships for the current year shortfall against savings targets and that this will be quantified and allocated in month 5 accounting period.

## 5. Managing the Risk

5.1. It is clear from the above detail there is a real risk the HSCP will not achieve recurring financial balance in 2016/17. The delivery of the above level of savings is a major challenge, with a number of the savings plans likely to present real issues for the HSCP Board.

5.2 In terms of quantifying the risk inherent in achieving a balanced budget, while noting the Health Boards £10m full year effect gap and the potential for further HSCP savings required, it is estimated the HSCP budget plan carries a financial risk up to £1m. Should this forecast level of risk be presented, there are insufficient reserves to provide cover.

5.3 The risk of recurrent imbalance is evidenced by the fact that 90% of our actual directly managed service budgets of £28m is made of staff costs. The savings gap of £0.955m represents a 3% reduction and in the circumstances

where the NHS in Scotland has a no redundancy policy, any service redesign offers lifetime protection to existing staff and there remains a national commitment to sustain existing staff levels, it is difficult to envisage how this level of recurrent reduction in staff costs can be delivered.

## 6. 2016/17 Financial Assurance Statement

6.1 The delegated baseline budgets for 2016/17 has been subject to due diligence and based on a review of the existing and future financial forecasts for the functions and services delegated.

6.2 It is the opinion of the Chief Officer and the Chief Financial Officer that the 2016/17 Health Care budget contribution allocated to the HSCP is not sufficient to sustain the outcomes delivered in 2015/16, and recurrent cost reductions will be required to ensure the successful delivery of a balanced budget.

6.3 In addition given the needs led nature of Health and Social Care services, it is possible that there will be deviations from original plans over the course of the financial year. Robust budgetary control, monitoring and reporting procedures are in place and any budget variances arising during the Financial year and remedial proposals will be brought to the attention of the HSCP Board at the earliest opportunity.

## 7.0 2016/17 to 2018/19 HSCP Financial Strategy Considerations

7.1 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.

7.2 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 in 2017/18 and £7.300m in 2018/19 budget. The HSCP's share of the forecast funding gap is under review.

7.3 The NHSGG&C funding contribution and savings targets will be equally as challenging in future years particularly due to the scale of the financial challenge and the recurring financial imbalance.

The Health Board have stated that a transformation programme will be required to deliver a step change in the size and scale of recurring savings and efficiencies needed in 2017/18 and beyond. This will include the Health Board devising a 3-5 year Strategic Plan, drafted in conjunction with IJBs, to

ensure a model of affordable service delivery and quality patient care up to, and beyond, 2020.

7.4 The financial strategy must ensure sustainability for future years, whilst recognising the significant and unprecedented challenges ahead and the recognition that service delivery models and levels cannot continue in the current format.

## 8. People Implications

**8.1** There are no immediate staffing implications arising from this report.

## 9. Financial Implications

**9.1** The due diligence work has highlighted areas of financial risk for the Partnership Budgets for 2016/17 as highlighted under section 7 above.

## 10. Professional Implications

**10.1** None

## 11. Locality Implications

**11.1** None

## 12. Risk Analysis

**12.1** The main financial risks to the ongoing financial position relate to currently unforeseen issues arising between now and the October 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 continue to 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. Indicative 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.

## 13. Impact Assessments

**13.1** The Health Care savings have been deducted on a recurrent basis and will have adverse consequences and impact on services.

Once drafted, individual savings proposals would be subject to both appropriate consultation and engagement. In addition an equality impact assessment would be completed prior to proposals being finalised for recommendation.

## 14. Consultation

**14.1** This report was prepared in conjunction with the NHS GG&C Director of Finance and the Head of Finance & Resources of West Dunbartonshire Council

## 15. Strategic Assessment

**15.1** 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.

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

***Jeanne Middleton – Chief Finance Officer***

**Date: 17 August 2016**

**Person to Contact:** Jeanne Middleton – Chief Financial Officer, Garshake Road, Dumbarton, G82 3PU.
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**Appendices:** Appendix 1 – 2016/17 Interim Revenue Budget
Appendix 2 – 2016/17 Notional Set Aside Budget

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**Background Papers:**

**Health & Social Care Partnership Board: 25 May 2016**
**2016/17 Annual Revenue Budget**

Item 13 - 2016 17 Annual Revenue Bud(

http://www.nhsggc.org.uk/media/238244/nhsggc_board_paper_16-32.pdf

**NHS Greater Glasgow & Clyde – 2016/17 Financial Plan**
**Wards Affected: All**

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

**2016/17 Revenue Budget Contribution from NHS GG&C and West Dunbartonshire Council**

| | Health Care £'000 | Social Care £'000 | Total £000's |
|---|---|---|---|
| Older People Residential, Health and Community Care | 12,899 | 26,022 | 38,921 |
| Homecare | - | 13,542 | 13,542 |
| Physical Disability | - | 2,858 | 2,858 |
| Children's Residential Care and Community Services (incl specialist) | 4,005 | 15,442 | 19,447 |
| Mental Health Services - Adult & Elderly Community and Inpatients | 8,041 | 3,519 | 11,560 |
| Addiction Services | 1,953 | 1,914 | 3,867 |
| Learning Disabilities - Residential and Community Services | 277 | 14,943 | 15,220 |
| Family Health Services (FHS) | 23,476 | - | 23,476 |
| GP Prescribing | 19,327 | - | 19,327 |
| Hosted Services | 878 | - | 878 |
| Criminal Justice | - | 3,674 | 3,674 |
| Resource Transfer | 7,907 | | 7,907 |
| Strategy Planning and Health Improvement | 832 | 1,065 | 1,897 |
| HSCP Corporate and Other Services | 5,978 | - 106 | 5,872 |
| Gross Expenditure | 85,573 | 82,873 | 168,446 |
| Income | (4,239) | (21,334) | (25,573) |
| **Total Net Expenditure** | **£81,335** | **£61,539** | **£142,874** |

| **Subjective Summary** | Health Care £'000 | Social Care £'000 | Total £000's |
|---|---|---|---|
| Employee pays | 25,960 | 40,106 | 66,066 |
| Non Pays - including transport and property | 8,228 | 2,328 | 10,556 |
| Supplies, Services and Admin | - | 1,405 | 1,405 |
| Payments to other Bodies - including Resource Transfer and Family Health Services | 51,385 | 37,422 | 88,807 |
| Other | - | 1,612 | 1,612 |
| **Gross Expenditure** | 85,573 | 82,873 | 168,446 |
| Income | (4,239) | (21,334) | (25,573) |
| **Net Expenditure** | **81,335** | **61,539** | **142,874** |

## 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

Total 2016/17 Set Aside Budget is £17,556 (including indicative 1% uplift)

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

**Health & Social Care Partnership Board: 17 August 2016**

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**Subject: Financial Report 2016/17 as at Period 3 (30 June 2016)**

## 1. Purpose

**1.1** The purpose of the report is to provide the HSCP Board with an update on the financial performance and capital work progress of the West Dunbartonshire Health & Social Care Partnership for the period to 30 June 2016 (Period 3).

## 2. Recommendations

**2.1** The HSCP Board is recommended to note:

- that the revenue position is reporting overspend of £0.359m (1.0%) for the period 1 April to 30 June 2016;
- that there is a potential full year adverse revenue variance of £1.408m (1.0%);
- that at this stage no approved plans are in place to deliver against the Health Care savings gap of £0.955m which mainly accounts for the reported overspend position reported in the first quarter of this financial year and the potential full year adverse variance;
- that the forecast position for the remainder of the financial year assumes the overspend position will continue unless service changes and cost reductions are achieved;
- that draft savings options to restore financial budget balance to the Health budget in 2016/17 will be presented to the HSCP Audit committee at the 14 September 2016 meeting for review;
- that the Health Board has identified that an element of non recurring relief is potentially available to offset the in year shortfall against savings targets and that discussions are underway to determine how non recurring funding will be allocated to Partnerships within this financial year thus reducing the potential in year overspend;
- that the HSCP has earmarked non recurring Delayed Discharge funds to offset the forecast overspend in Social Care to address the shift in the balance of care costs reported in section 4.6;

## 3. Background

Health Board Allocation

**3.1** At the meeting of Health Board on 28th June 2015, NHS Board Members agreed the revenue estimates for 2016/17, including a total net West Dunbartonshire Health & Social Care Partnership budget of £74,494m.

**3.2** Since then the following budget adjustments have taken place revising the net expenditure budget to £81,335m (overleaf).

| | £'000 |
|---|---|
| **Budget Agreed by the Health Board 28th June 2015** | **74,494** |
| Integration Fund – to be directed to social care | 4,921 |
| **Additional Allocations of:** | |
| Family Health Services – GMS and Prescribing | 2,024 |
| Universal and Specialist Children Services | 101 |
| Scottish government recurring allocation Oral Health | 71 |
| Transfer of Organisational Development from Glasgow HSCP | 53 |
| **Deductions of:** | |
| Family Health Services – Non recurring Adjustment | (265) |
| Pay award uplift – adjustment for externally funded posts | (27) |
| Universal Children's Services – immunisation and continence pays | (37) |
| **Revised Budget at Period 3** | **£81,335** |

**3.3** As noted above, the total Integration Fund allocation share to West Dunbartonshire Council is £4.9m, with £0.300m and the £0.960m retained by WDC as a budget contribution 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.

**Council Budget Allocation**

**3.4** At the meeting of West Dunbartonshire Council on 24 February 2016, Members agreed the revenue estimates for 2016/2017, including a total net West Dunbartonshire Health & Social Care Partnership budget of £61.539m.

**3.5** Further details on the 2016/17 HSCP Board revenue budget are reported separately and are included in the HSCP Boards papers for discussion.

## 4. Main Issues

Summary Position

**4.1** The West Dunbartonshire Health & Social Care Partnership revenue position is reporting for the period 1 April to 30 June 2016 an overspend of £0.359m (1.0%).

**4.2** The Partnership's NHS Health Care budget is reporting a net overspend of £0.193m (1.0%) and the Social Care budget is reporting a net overspend of £0.166m (1.1%) for the same period.

**4.3** The summary position is reported within the following table and the significant variances affecting the overall position reported above are highlighted within section 4.5 and 4.6 of this report.

| | Annual Budget | YTD Budget | YTD Actuals | Variance | Variance | Forecast | Variance |
|---|---|---|---|---|---|---|---|
| | £000's | £000's | £000's | £000's | % | Full Year | % |
| Health Care | 85,573 | 19,839 | 20,032 | (193) | -1.0% | (814) | -1.0% |
| Social Care | 82,873 | 16,658 | 16,732 | (74) | -0.4% | (319) | -0.4% |
| **Expenditure** | **168,446** | **36,497** | **36,764** | **(267)** | **-0.7%** | **(1,133)** | **-0.7%** |
| | | | | | | | |
| Health Care | **(4,239)** | **(947)** | **(947)** | **0** | 0.0% | 0 | 0.0% |
| Social Care | **(21,334)** | **(1,305)** | **(1,213)** | **(92)** | 7.0% | (275) | 1.3% |
| **Income** | **(25,573)** | **(2,251)** | **(2,160)** | **(92)** | **4.1%** | **(275)** | **1.1%** |
| | | | | | | | |
| Health Care | 81,335 | 19,839 | 20,032 | (193) | -1.0% | (814) | -1.0% |
| Social Care | 61,539 | 15,354 | 15,519 | (166) | -1.1% | (594) | -1.0% |
| **Net Expenditure** | **£142,874** | **£35,192** | **£35,551** | **£(359)** | **-1.0%** | **(1,408)** | **-1.0%** |

*Members should note that NHS Health financial convention of reporting overspends as negative variances (-) and underspends as positive variances (+) has been adopted for all financial tables within the report.*

**4.4** Additional detailed breakdown of individual costs at care group level are reported in Appendix 1 of this report.

## Significant Variances – Health Services

**4.5** The net overspend position is £0.193m. The key areas are:

- **Community Learning Disabilities** is reporting overspend of £60,000 as a result of slippage in the service redesign programme. At this stage work is underway to finalise the LD Resource Allocation Model to address the level of overspend in year.

- **Mental Health – Adult Community Services** is reporting an underspend of £49,000. This is mainly due vacancy slippage and workforce planning as part of a service redesign review.

- **Hosted Services** is reporting underspend of £30,000 due to vacancy slippage.

- **Other Services** is reporting an overspend of £167,000 and contained within the position unachieved savings of £346,000 are reported which are partially offset by Pays underspends due to vacancies and service redesign.

- **GP Prescribing for Partnerships in 2016/17**

The reported GP Prescribing result is based on the actual result for the month to 30 April 2016 extrapolated to 30 June 2015. The total result across all Partnerships for April is £0.400m over budget for the first quarter of this financial year.

West Dunbartonshire HSCP is reporting a £0.150m overspend as at 30 June 2016 based on April dispensing costs, however, under the risk sharing arrangement the over spend has been adjusted to report a cost neutral position.

As GP Prescribing is extremely volatile, there continues to be an element of financial risk and this will continue to be carefully monitored throughout 2016/17.

Variances specific to West Dunbartonshire HSCP are currently being investigated by Prescribing Advisors.

## Significant Variances - Social Care Services

**4.6** The net overspend position is £166,000. The key areas are:

- **Residential Accommodation for Older People** is reporting a year to date underspend of £60,000 mainly due to reduced staff costs and catering costs that have reduced in the Care homes to reflect requirements of reduced resident numbers following wing closures. This will partially offset underachieved income reported below.

Staffing absence and rotas will continue to be monitored as cost reductions are likely to continue through the year as admissions are managed prior to the opening of the new Dumbarton care home.

- **External Residential for Older People** is reporting overspend of £92,000 mainly due to higher external residential placement cost than budgeted.

- **Income** overall is reporting a shortfall of £92,000. The main variances are reported within Residential Accommodation for Older People, mainly due to the impact from Care Home wing closures, which is reporting underachieved income of £140,000 due to a combination of less self funders and reduced resident placements. This is partially offset by additional income within External Residential for Older People services of £76,000 due to increased client's placements from Council internal residential care homes.

  The above position is under review to align income and expenditure budgets across both Internal and External Residential services in line with service changes.

**Savings Performance to Date – Health**

**4.7** From within NHSGG&C Partnerships overall savings plan, West Dunbartonshire Health & Social Care Partnership was allocated a local savings target of £1.431m against its directly managed service budgets.

**4.8** The savings allocation has been included within the final 2016/17 revenue budget allocation and will be subject to approval of final plans to achieve savings against the savings target allocated. The savings proposals will be presented to HSCP Audit Committee at the next session in September 2016.

**4.9** At this stage no approved plans are in place to deliver against the savings gap of £0.955m which mainly accounts for the reported overspend position in the first quarter of this financial year. The forecast position for the remainder of the financial year assumes the overspend position will continue unless service changes and cost reductions are achieved.

**4.10** The total unachieved savings to date is reported at £346,000. The main area of unachieved savings is reported against the local savings target of £0.955m.

**4.11** It should be noted work is ongoing to finalise proposed plans to deliver the full savings requirement within 2016/17 in line with the savings targets set.

**Savings Performance to Date – Social Care**

**4.12** From within West Dunbartonshire Council, the savings target allocated to West Dunbartonshire Health & Social Care Partnership was £0.993m against the its Social Care services.

**4.13** At this stage plans are in place to deliver savings in line with the approved financial plan for 2016/17. There are no reported unachieved savings to report within the Social Care savings plan.

**Financial Challenges and Assumptions**

**4.14** The main challenges to be faced in 2016/17 are as follows:

- The Health & Social Care Partnership is reporting a £0.359m overspend to the 30 June 2016. The position will be monitored carefully over the remaining months of this financial year, and in particular the actual performance of the in year challenges reported under section 4 of this report.

- The Health Care 2016/17 savings plan proposals will be presented to HSCP Audit Committee at the next session in September 2016. At this stage work is ongoing to finalise proposed plans to deliver the full savings requirement within 2016/17 in line with the savings targets set.

- It is clear from the above detail there is a real risk the HSCP will not achieve recurring financial balance in 2016/17. The delivery of the above level of savings is a major challenge, with a number of the savings plans likely to present real issues for the HSCP Board.

- The Health Board has identified in its financial plan that £32.0m of non recurring relief is potentially available to offset the in year shortfall against savings targets.

  Discussions are underway to determine how non recurring funding will be allocated to Partnerships for the current year shortfall against savings targets and that this will be quantified and allocated in month 5 accounting period. The Health Care forecast position takes no account of the anticipated non recurring allocation pending further details to be reported.

- There continues to be an inherent risk surrounding GP Prescribing and this will continue to be carefully monitored throughout this financial year. Further details on the Health & Social Care Partnership's financial performance will be provided routinely throughout this 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 4.5 and 4.6 of this report.

**4.15** **Housing Aids and Adaptations and Care of Gardens** for social care needs is also 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 2016/17 budget based on

existing resources for Care of Gardens is £0.500m and Aids and Adaptations is £0.150m and provides a total resource of £0.650m.

The summary position for the period to 30 June 2016 is reported in the following table and reports an overall spend of £0.239m against the full year budget leaving a balance of £0.411m to spend in line with the forecast position.

| | Budget | Actual | Variance | Forecast |
|---|---|---|---|---|
| Care of Gardens | 500,000 | 201,414 | 298,586 | 500,000 |
| Aids and Apaptions | 150,000 | 37,500 | 112,500 | 150,000 |
| | | | | |
| **Total** | **650,000** | **238,914** | **411,086** | **650,000** |

## 2016/17 Capital Expenditure

**4.16** The progress to date of the individual "live" schemes funded within the Health & Social Care Partnership is as follows.

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; then approved by the NHS Health Board; and then recommended for approval by the Scottish Government's Health Directorate's Capital Investment Group, that recommendation then being accepted by Paul Gray (Chief Executive of NHS Scotland).

Consequently HSCP Officers are now proceeding with the next stage in the process. i.e. to prepare and submit an Outline Business Case (OBC). Once completed, that OBC will be presented to HSCP Audit Committee for endorsement later this year prior to submission to the NHS Health Board and then Scottish Government later in 2016.

**4.17** 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 £13.174m which left £9.478m available for Clydebank. Following the Council meeting on 24 February 2016, additional funding of £2.410m was agreed increasing the total care home budget to £25.062m. The budget for Clydebank is now £11.888m with Dumbarton remaining at 13.174m.

**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 £13.174m and as has been previously reported the increase in costs were 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 4.6 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 in February 2017 it is not anticipated to be fully operational until March 2017 to allow a migration period for clients from existing homes.

Daily dialogue with Hub West Scotland and main contractors 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 engaged and a preliminary order of cost and programme has 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 was minded to grant on 23rd March 2016. The masterplan team are proactively engaged with discharging the conditions and the care home and health centre teams are finalising the mini masterplan for the health quarter. Subject to all being in order with the master plan planning permission in principle status the detailed planning application for the care home will be submitted shortly 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.

The Council 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.

Development will proceed in tandem with development of new health centre and in the context of the Queens Quay masterplan and infrastructure projects.

**4.18** **Aids & Adaptations -** At this stage full spend of the capital budget is anticipated and contact has been made with the senior occupational therapist for an update on stair lifts and OT equipment. Based on equipu reports from Cordia there are no reported issues and the position is reported within target for the number of orders to be achieved.

**4.19** **Bruce Street -** The capital spend was approved to establish a new disability learning facility as a replacement for Auchentoshan.

Final overspend anticipated due to works instructed to tackle unforeseen onsite issues primarily during the last few weeks on site.

The Council was unable to mitigate the potential overspend by value engineering / savings, as all materials were ordered, and the majority of works undertaken prior to the additional works being instructed. Final account is now concluded.

Practical Completion for the Centre was issued on 10 October 2014. The Client has taken possession and the Centre is now open to the various users.

**4.20** The summary capital expenditure position is reported below within the following tables and the significant variances affecting the overall position reported are monitored routinely as part of the Councils capital planning process.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| WEST DUNBARTONSHIRE COUNCIL | | | | | | | |
| GENERAL SERVICES CAPITAL PROGRAMME | | | | | | | |
| ANALYSIS OF PROJECTS AT GREEN ALERT STATUS | | | | | | | |
| MONTH END DATE | | | | 30 June 2016 | | | |
| PERIOD | | | | 3 | | | |
| Budget Details | Project Life Financials | | | | | | |
| | Budget | Spend to Date | | Forecast Spend | Forecast Variance | | |
| | £000 | £000 | % | £000 | £000 | % | |
| TOTAL PROJECTS AT GREEN STATUS | | | | | | | |
| Project Life Financials | | | | | | | |
| HSCP | 26,463 | 7,128 | 27% | 26,507 | 44 | 0% | |
| Current Year Financials | | | | | | | |
| HSCP | 9,934 | 1,783 | 18% | 9,934 | 0 | 0% | |

Additional detailed breakdown of individual costs at project level are reported in Appendix 2 of this report.

## 5. People Implications

**5.1** None.

## 6. Financial Implications

**6.1** Other than the financial position noted above, there are no other financial implications of the budgetary control report.

## 7. Professional Implications

**7.1** None

## 8. Locality Implications

**8.1** None

## 9. Risk Analysis

**9.1** The main financial risks to the ongoing financial position relate to currently unforeseen costs and issues arising between now and October 2016 NHS GG&C Board Meeting. Any significant issues will be reported routinely to future Partnership Board meetings.

## 10. Impact Assessments

**10.1** The Health Care savings have been deducted on a recurrent basis and will have adverse consequences and impact on services. Further details are reported in the HSCP Board 2016/17 Revenue Budget Report.

## 11. Consultation

**11.1** This report was agreed with the Health Board Director of Finance and Council's Head of Finance and Resources.

## 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.

**Jeanne Middleton – Chief Financial Officer**

**Date: 17 August 2016**

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**Person to Contact:** Jeanne Middleton – Chief Financial Officer, Garshake Road, Dumbarton, G82 3PU, Telephone: 01389 737311
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**Appendices:** Appendix 1 – Health and Social Care Financial Statement (P3 Budget report)

Appendix 2 – West Dunbartonshire Council - General Services Capital Programme

**Background Papers:** None

**Wards Affected:** All

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

**Financial Year 2016/17 period covering 1 April to 30 June 2016**

| Health Care Expenditure | Annual Budget £000's | Year to date Budget £000's | Actual £000's | Variance £000's | Variance % | Forecast Full Year | Variance % |
|---|---|---|---|---|---|---|---|
| Planning & Health Improvements | 832 | 203 | 203 | 0 | 0% | 0 | 0% |
| Children Services - community | 2,516 | 641 | 647 | (7) | -1% | (29) | -1% |
| Children Services - specialist | 1,489 | 419 | 438 | (19) | -4% | (83) | -6% |
| Adult Community Services | 12,899 | 2,917 | 2,908 | 9 | 0% | (0) | 0% |
| Community Learning Disabilities | 277 | 69 | 129 | (60) | -87% | (270) | -97% |
| Addictions | 1,953 | 470 | 480 | (10) | -2% | (45) | -2% |
| Mental Health - Adult Community | 4,676 | 1,155 | 1,106 | 49 | 4% | 165 | 4% |
| Mental Health - Elderly Inpatients | 3,365 | 840 | 859 | (19) | -2% | (0) | 0% |
| Family Health Services (FHS) | 23,476 | 5,679 | 5,679 | 0 | 0% | 0 | 0% |
| GP Prescribing | 19,327 | 4,992 | 4,992 | 0 | 0% | 0 | 0% |
| Other Services | 5,978 | 258 | 425 | (167) | -65% | (630) | -11% |
| Resource Transfer | 7,907 | 1,977 | 1,977 | 0 | 0% | 0 | 0% |
| Hosted Services | 878 | 219 | 189 | 30 | 14% | 77 | 9% |
| **Expenditure** | 85,573 | 19,839 | 20,032 | (193) | -1% | (814) | -1% |
| **Income** | (4,239) | (947) | (947) | 0 | 0% | 0 | 0% |
| **Net Expenditure** | **81,335** | **18,892** | **19,085** | **(193)** | -1% | (814) | -1% |

| Social Care Expenditure | Annual Budget £000's | Year to date Budget £000's | YTD Budget £000's | Variance £000's | % Variance % | Forecast Full Year | Variance % |
|---|---|---|---|---|---|---|---|
| Strategy Planning and Health Improvement | 1,065 | 246 | 246 | 0 | 0% | 0 | 0% |
| Residential Accommodation for Young People | 3,417 | 722 | 728 | (6) | -1% | (25) | -1% |
| Children's Community Placements | 3,429 | 898 | 883 | 15 | 2% | 59 | 2% |
| Children's Residential Schools | 846 | 272 | 278 | (6) | -2% | (23) | -3% |
| Childcare Operations | 3,865 | 954 | 955 | (1) | 0% | (5) | 0% |
| Other Services - Young People | 3,885 | 880 | 872 | 8 | 1% | 30 | 1% |
| Residential Accommodation for Older People | 7,947 | 1,982 | 1,922 | 60 | 3% | 239 | 3% |
| External Residential Accommodation for Elderly | 11,674 | 3,238 | 3,330 | (92) | -3% | (367) | -3% |
| Homecare | 13,542 | 2,753 | 2,764 | (12) | 0% | (46) | 0% |
| Sheltered Housing | 1,926 | 404 | 405 | (2) | 0% | (30) | -2% |
| Day Centres Older People | 1,155 | 296 | 310 | (14) | -5% | (55) | -5% |
| Meals on Wheels | 75 | 10 | 10 | (0) | -3% | (1) | -1% |
| Community Alarms | 342 | 40 | 45 | (6) | -14% | (22) | -6% |
| Community Health Operations | 2,903 | 739 | 739 | 0 | 0% | 0 | 0% |
| Residential - Learning Disability | 13,310 | 954 | 960 | (6) | -1% | (25) | 0% |
| Day Centres - Learning Disabilty | 1,633 | 390 | 394 | (5) | -1% | (18) | -1% |
| Physical Disability | 2,858 | 563 | 563 | (0) | 0% | (1) | 0% |
| Addictions Services | 1,914 | 375 | 372 | 3 | 1% | 11 | 1% |
| Mental Health | 3,519 | 404 | 396 | 8 | 2% | 32 | 1% |
| Criminal Justice | 3,674 | 459 | 459 | 0 | 0% | 0 | 0% |
| HSCP - Corporate | (106) | 83 | 101 | (18) | -22% | (72) | 68% |
| **Net Expenditure** | **82,873** | **16,658** | **16,732** | **(74)** | -0.4% | **(319)** | -0.4% |
| **Income** | (21,334) | (1,305) | (1,213) | (92) | 7% | (275) | 1.3% |
| **Net Expenditure** | **61,539** | **15,354** | **15,519** | **(166)** | **-1.1%** | **(594)** | -1.0% |

| Consolidated Expenditure | Annual Budget £000's | Year to date Budget £000's | Actual £000's | Variance £000's | Variance % | Forecast Full Year | Variance % |
|---|---|---|---|---|---|---|---|
| Older People Residential, Health and Community Care | 38,921 | 9,625 | 9,669 | (44) | -0.5% | (236) | -1% |
| Homecare | 13,542 | 2,753 | 2,764 | (12) | -0.4% | (46) | 0% |
| Physical Disability | 2,858 | 563 | 563 | (0) | 0.0% | (1) | 0% |
| Children's Residential Care and Community Services (incl specialist) | 19,447 | 4,785 | 4,801 | (16) | -0.3% | (75) | 0% |
| Strategy Planning and Health Improvement | 1,897 | 449 | 449 | 0 | 0.1% | 0 | 0% |
| Mental Health Services - Adult & Elderly Community and Inpatients | 11,560 | 2,399 | 2,361 | 38 | 1.6% | 197 | 2% |
| Addictions | 3,867 | 845 | 852 | (7) | -0.8% | (34) | -1% |
| Learning Disabilities - Residential and Community Services | 15,220 | 1,412 | 1,483 | (71) | -5.0% | (313) | -2% |
| Family Health Services (FHS) | 23,476 | 5,679 | 5,679 | 0 | 0.0% | 0 | 0% |
| GP Prescribing | 19,327 | 4,992 | 4,992 | 0 | 0.0% | 0 | 0% |
| Hosted Services | 878 | 219 | 189 | 30 | 13.7% | 77 | 9% |
| Criminal Justice | 3,674 | 459 | 459 | 0 | 0.0% | 0 | 0% |
| Resource Transfer | 7,907 | 1,977 | 1,977 | 0 | 0.0% | 0 | 0% |
| HSCP Corporate and Other Services | 5,872 | 341 | 526 | (185) | -54.3% | (702) | -12% |
| Gross Expenditure | 168,446 | 36,497 | 36,764 | (267) | -0.7% | (1,133) | -0.7% |
| Income | (25,573) | (2,251) | (2,160) | (92) | 4.1% | (275) | 1.1% |
| **Total Net Expenditure** | **142,874** | **34,245** | **34,604** | **(359)** | **-1.0%** | **(1,408)** | -1.0% |

**Appendix 2**

**WEST DUNBARTONSHIRE COUNCIL**
**GENERAL SERVICES CAPITAL PROGRAMME**
**ANALYSIS OF PROJECTS AT GREEN ALERT STATUS**

| | | |
|---|---|---|
| **MONTH END DATE** | **30 June 2016** | |
| **PERIOD** | **3** | |

| | Budget Details | Project Life Financials | | | | | |
|---|---|---|---|---|---|---|---|
| | | Budget | Spend to Date | | Forecast Spend | Forecast Variance | |
| | | £000 | £000 | % | £000 | £000 | % |
| 1 | **Special Needs & Adaptations** | | | | | | |
| | Project Life Financials | 678 | 2 | 0% | 678 | 0 | 0% |
| | Current Year Financials | 678 | 2 | 0% | 678 | 0 | 0% |
| | Project Description | Reactive budget to provide adaptations and equipment for HSCP clients | | | | | |
| 2 | **Service Redesign Bruce Street** | | | | | | |
| | Project Life Financials | 723 | 756 | 105% | 767 | 44 | 6% |
| | Current Year Financials | 11 | 0 | 0% | 11 | 0 | 0% |
| | Project Description | This budget is to establish a new disability learning facility as a replacement for Auchentoshan | | | | | |
| | Project Lifecycle | Planned End Date | | 14-Sep-14 | Forecast End Date | | 31-Mar-16 |
| 3 | **Replace Elderly Care Homes/Day Care Centres** | | | | | | |
| | Project Life Financials | 25,062 | 6,370 | 25% | 25,062 | 0 | 0% |
| | Current Year Financials | 9,245 | 1,782 | 19% | 9,245 | 0 | 0% |
| | Project Description | Design and construction of replacement elderly care homes and day care centres in Dumbarton and Clydebank areas | | | | | |
| | Project Lifecycle | Planned End Date | | 11-Dec-15 | Forecast End Date | | 30-Apr-19 |
| | Dumbarton Care Home Opening Dates | Planned Opening Date | | 31-Mar-15 | Forecast Opening Date | | 13-Mar-17 |
| | Clydebank Care Home Opening Dates | Planned Opening Date | | 31-Mar-15 | Forecast Opening Date | | 31-May-18 |
| | **Main Issues / Reason for Variance** | | | | | | |
| | **TOTAL PROJECTS AT GREEN STATUS** | | | | | | |
| | Project Life Financials | | | | | | |
| | HSCP | 26,463 | 7,128 | 27% | 26,507 | 44 | 0% |
| | Current Year Financials | | | | | | |
| | HSCP | 9,934 | 1,783 | 18% | 9,934 | 0 | 0% |

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

**Health & Social Care Partnership Board: 17th August 2016**

---

**Subject: Strategic Plan 2016 - 2019**

## 1. Purpose

**1.1** To present the Partnership Board with its Strategic Plan 2016 - 2019.

## 2. Recommendation

**2.1** The Partnership Board is recommended to approve the Strategic Plan 2016 – 2019.

## 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. At its May 2016 meeting, the Partnership Board agreed that that Strategic Plan should be rolled forward for the first six months of 2016/17 due to a number of financial uncertainties.

## 4. Main Issues

**4.2** The development of this second 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 programme in adult services; 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 programmes incorporates all of the statutory stakeholder consultees specified for the Strategic Plan; and forms the basis for the virtual strategic planning group with whom the HSCP engages on an on-going basis.

**4.3** Scottish Government guidance 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. Given the budget setting processes of the partner organisations, this medium-term Strategic Plan is necessarily high level in scope given the uncertainties regarding the financial allocations that will be made to the Partnership Board over subsequent financial years.

## 5. People Implications

**5.1** No specific implications associated with this report.

## 6. Financial Implications

**6.1** The Strategic Plan includes a dedicated section pertaining to this.

## 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** The Partnership Board has a duty to implement Best Value, i.e. to make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost. Within the context of the Chief Financial Officer's 2016/17 Annual Revenue Budget Report (which has separately been presented to this meeting of the Partnership Board), the Partnership Board should have regard to economy, efficiency, effectiveness, the equal opportunities requirements, and contributing to the achievement of sustainable development in taking forward the commissioning priorities articulated within this Strategic Plan.

## 10. Impact Assessments

**10.1** An Equalities Impact Assessment has been completed for the attached Strategic Plan, with no negative impacts identified. It has been confirmed that there is no requirement for a Strategic Environmental Assessment.

## 11. Consultation

**11.** Both on-going engagement and formal consultation has been undertaken in support of the development of the next Strategic Plan.

## 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:** 17th August 2016

| | |
|---|---|
| **Person to Contact:** | Soumen Sengupta<br>Head of Strategy, Planning & Health Improvement<br>West Dunbartonshire Health & Social Care Partnership,<br>West Dunbartonshire HSCP HQ, West Dunbartonshire Council, Garshake Road, Dumbarton, G82 3PU.<br>E-mail: soumen.sengupta@ggc.scot.nhs.uk |
| **Appendices:** | HSCP Strategic Plan 2016 -2019 |
| **Background Papers:** | HSCP Board Report (August 2016): 2016/17 Annual Revenue Budget<br><br>HSCP Board Report (May 2016): Preparation of the Strategic Plan 2016 and Onwards<br><br>HSCP Board Report (July 2015): Strategic Plan 2015/16<br><br>Scottish Government - Strategic Commissioning Plans Guidance:<br>http://www.gov.scot/Resource/0049/00491248.pdf |
| **Wards Affected:** | All |

# Strategic Plan

# 2016 - 2019

The West Dunbartonshire Health and 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.


**ACKNOWLEDGEMENTS**

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



Please send any feedback on this Strategic Plan to:
Mr Soumen Sengupta, Head of Strategy, Planning & Health Improvement
West Dunbartonshire Health & Social Care Partnership
Council Offices, Garshake Road, Dumbarton G82 3PU.


An electronic version of this Strategic Plan – alongside further information about the work of the Health & Social Care Partnership and its Board – can be accessed at: www.wdhscp.org.uk

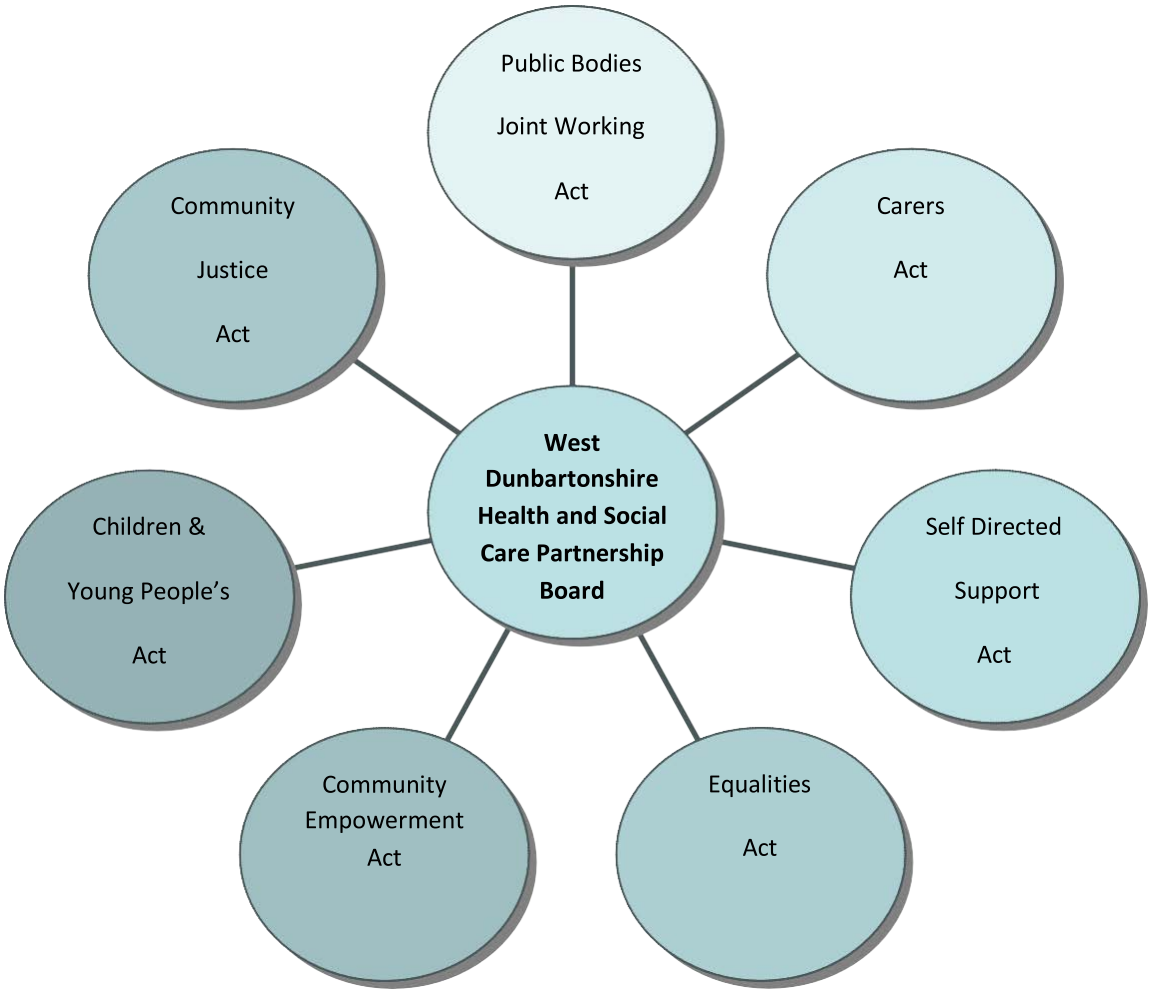
## Welcome

## Keith Redpath, Chief Officer

West Dunbartonshire Health & Social Care Partnership Board was established on the 1st July 2015 as the Integration Authority for West Dunbartonshire. It 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 (which are 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 (HSCP).

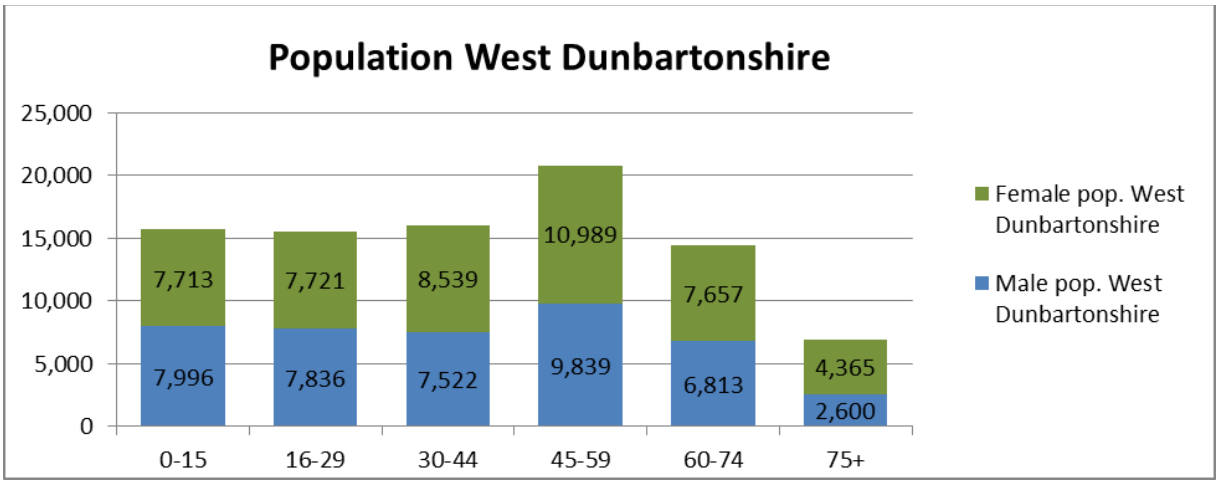
This high-level strategic plan sets out our commissioning priorities for the next three years – with a clear commitment to the delivery of effective clinical and care governance and Best Value. It has been shaped by our well-received Annual Performance Report for 2015/16; our strategic needs assessment, which illustrates the growing complexity of need and demand within our diverse local communities; our active engagement with stakeholders at locality, community planning and national levels; and our understanding of the broader policy and legislative context.




The improved outcomes that flow from the commissioning priorities set out within this Strategic Plan will only be deliverable if sustainable finances are secured for the delegated services detailed within the Partnership Board's Integration Scheme. This then demands recognition amongst all stakeholders of the significant pressures that local services are already facing; the unprecedented demand and financial challenges ahead; the imperative for continuous quality improvement across all areas of activity; and the need for updated service delivery models in response to all of those drivers. In responding to these challenges, we will continue to be committed to the expectations of both the principles that will shape the new National Care Standards (Appendix); and of the National Framework for Clinical and Care Governance: i.e. that 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.

# Strategic Needs Assessment

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 population of West Dunbartonshire accounts for 1.7 per cent of the total population of Scotland.

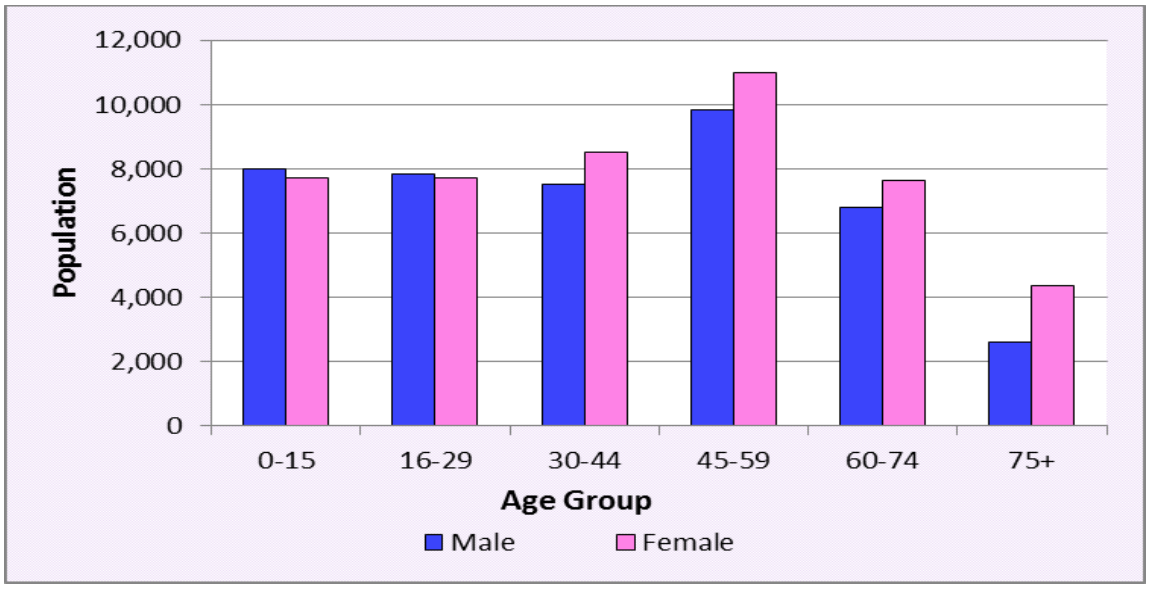



| Age Group | Male pop. Scotland | Female pop. Scotland | Total pop. of Scotland | % of total pop. of Scotland |
|---|---|---|---|---|
| 0-15 | 466,470 | 445,792 | 912,262 | 17.0% |
| 16-29 | 490,588 | 488,361 | 978,949 | 18.2% |
| 30-44 | 497,625 | 520,237 | 1,017,862 | 18.9% |
| 45-59 | 565,858 | 598,073 | 1,163,931 | 21.7% |
| 60-74 | 413,656 | 448,623 | 862,279 | 16.0% |
| 75+ | 176,272 | 261,445 | 437,717 | 8.1% |
| All ages | 2,610,469 | 2,762,531 | 5,373,000 | 100.0% |

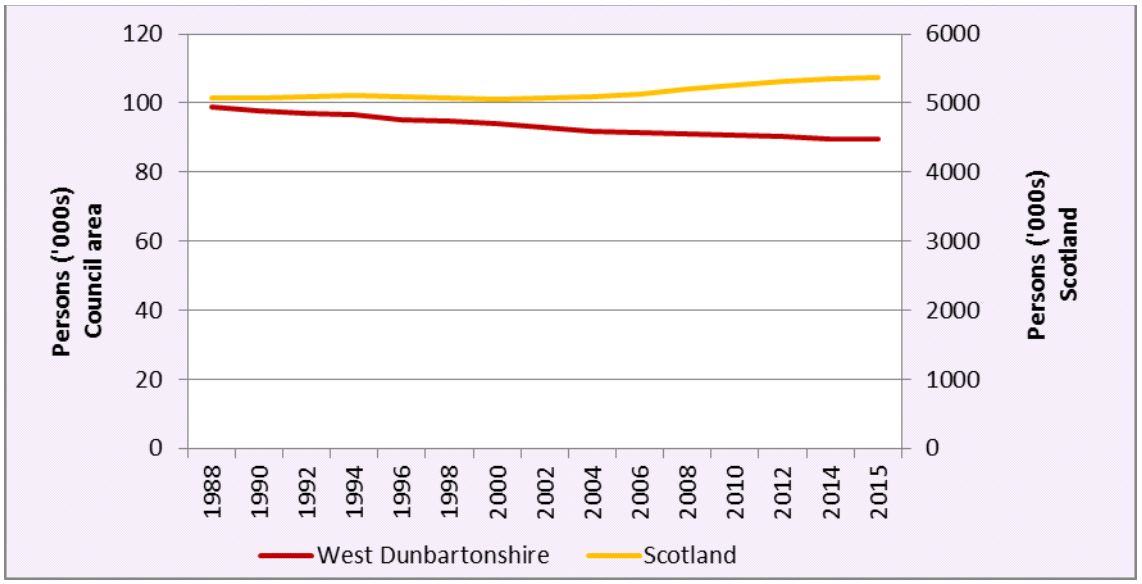
In West Dunbartonshire, 17.4 per cent of the population are aged 16 to 29 years. This is smaller than Scotland where 18.2 per cent are aged 16 to 29 years. Persons aged 60 and over make up 23.9 per cent of West Dunbartonshire. This is smaller than Scotland where 24.2 per cent are aged 60 and over.

National evidence indicates that the population of West Dunbartonshire is aging 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.

Estimated population of West Dunbartonshire by age and sex, Mid Year Population 2015

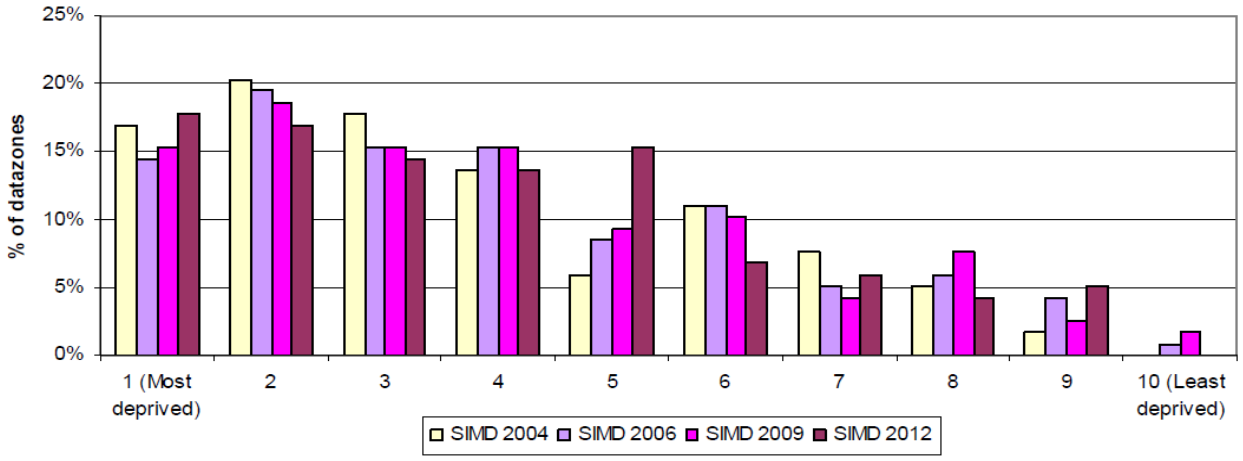



Estimated population of West Dunbartonshire and Scotland, 1988-2015



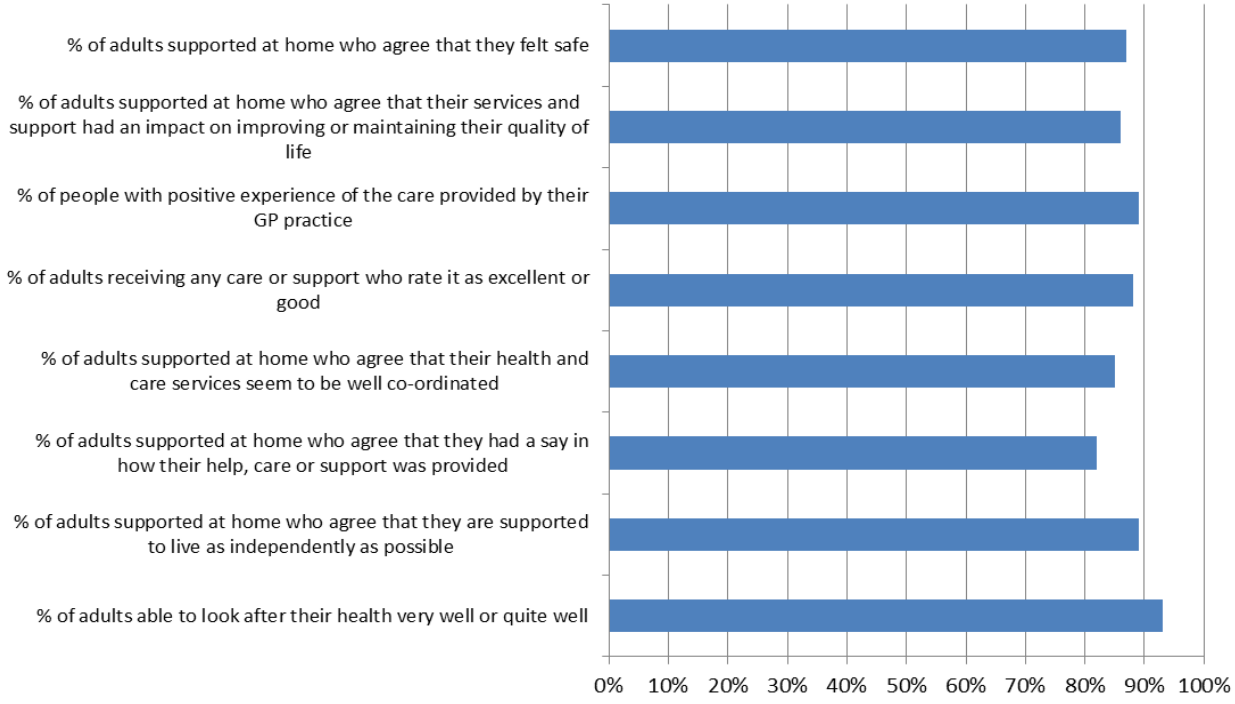

Since 1988, West Dunbartonshire's total population has fallen overall. Scotland's population has risen over this period.

The map below shows the levels of deprivation in West Dunbartonshire based on the most recent Scottish Index of Multiple Deprivation (SIMD 2012) published on 18 December 2012. The decile graph below shows what percentage of West Dunbartonshire's data zones are found in each of the SIMD deciles.




However within this context we are still demonstrating high levels of satisfaction with services as described in the table below.

Scottish Health & Care Experience Survey 2015/16 - May 2016




Most of West Dunbartonshire's datazones are found in the more deprived deciles in SIMD 2012. This is similar to the pattern observed for SIMD 2009. The most recent Health and Wellbeing Profile for West Dunbartonshire is summarised overleaf.

ScotPHO
Period: 2014

# Health & Wellbeing Profiles (West Dunbartonshire)

Printed Date: 14-JUL-2016 17:45

| Domain | | Indicator | Period | Number | Measure | Type | National Average | 'Worst' Scotland Comparator 'Best' |
|---|---|---|---|---|---|---|---|---|
| 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] | 2014 | 54 | 70.4 | sr4 | 54.2 | |
| | 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 | New cancer registrations [12,19] | 2013 | 610 | 758.0 | sr4 | 644.3 | |
| | 14 | Patients hospitalised with chronic obstructive pulmonary disease (COPD) [12,15] | 2013 | 597 | 733.1 | sr4 | 661.9 | |
| | 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] | 2013 | 46 | 53.7 | sr4 | 58.9 | |
| Mental Health | 20 | Population prescribed drugs for anxiety/depression/psychosis | 2014 | 18,291 | 20.4 | % | 17.4 | |
| | 21 | Patients with a psychiatric hospitalisation [12] | 2013 | 285 | 331.6 | sr4 | 286.2 | |
| | 22 | Deaths from suicide [17] | 2012 | 15 | 16.8 | sr4 | 14.2 | |
| 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 | 2014 | 549 | 59.5 | % | 69.5 | |
| | 51 | Child dental health in primary 7 | 2014 | 264 | 30.8 | % | 51.6 | |
| | 52 | Child obesity in primary 1 | 2014 | 96 | 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
19. Note that the definition has changed since last update

**Spine Chart Key:**

- % = percent
- cr2 = crude rate per 1,000 population
- cr9 = crude rate per 10,000 population
- mean = average
- sr4 = age-sex standardised rate per 100,000 population to ESP2013. Please see Appendix I in the technical report.
- yrs = years

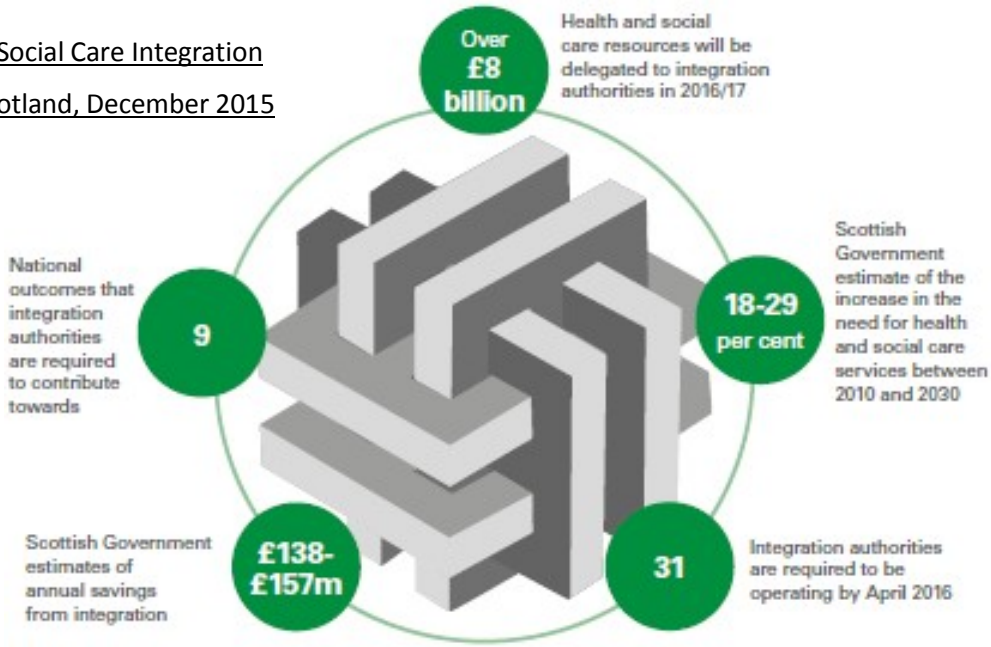
**Spine Chart Key:**

- 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

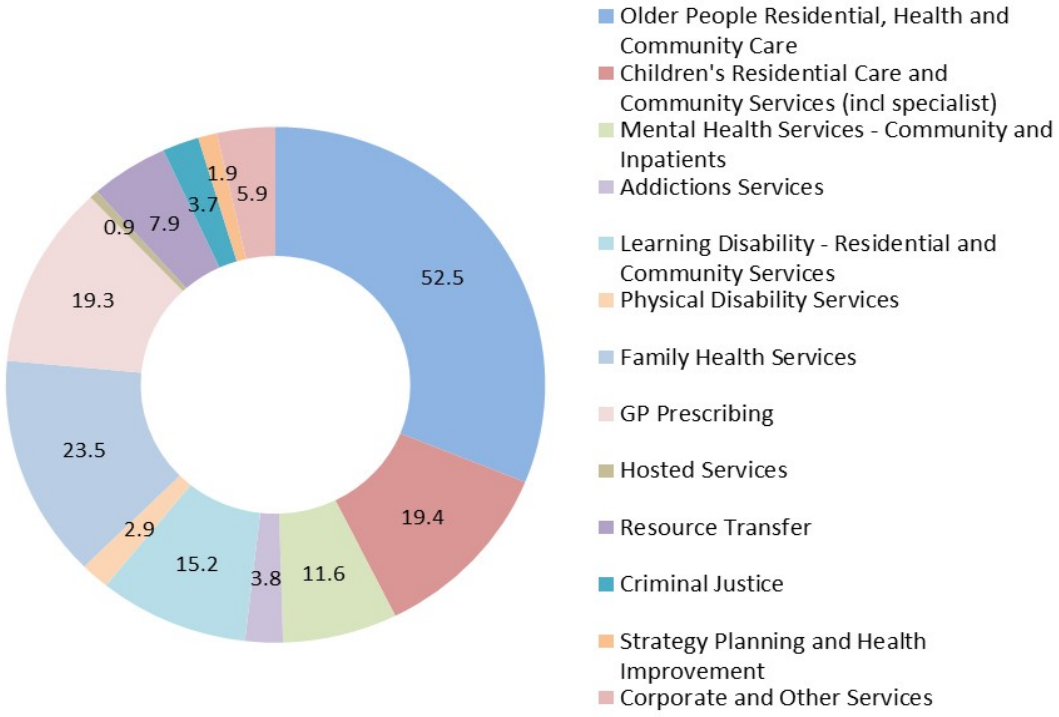
# Strategic Financial Framework

Health & Social Care Integration

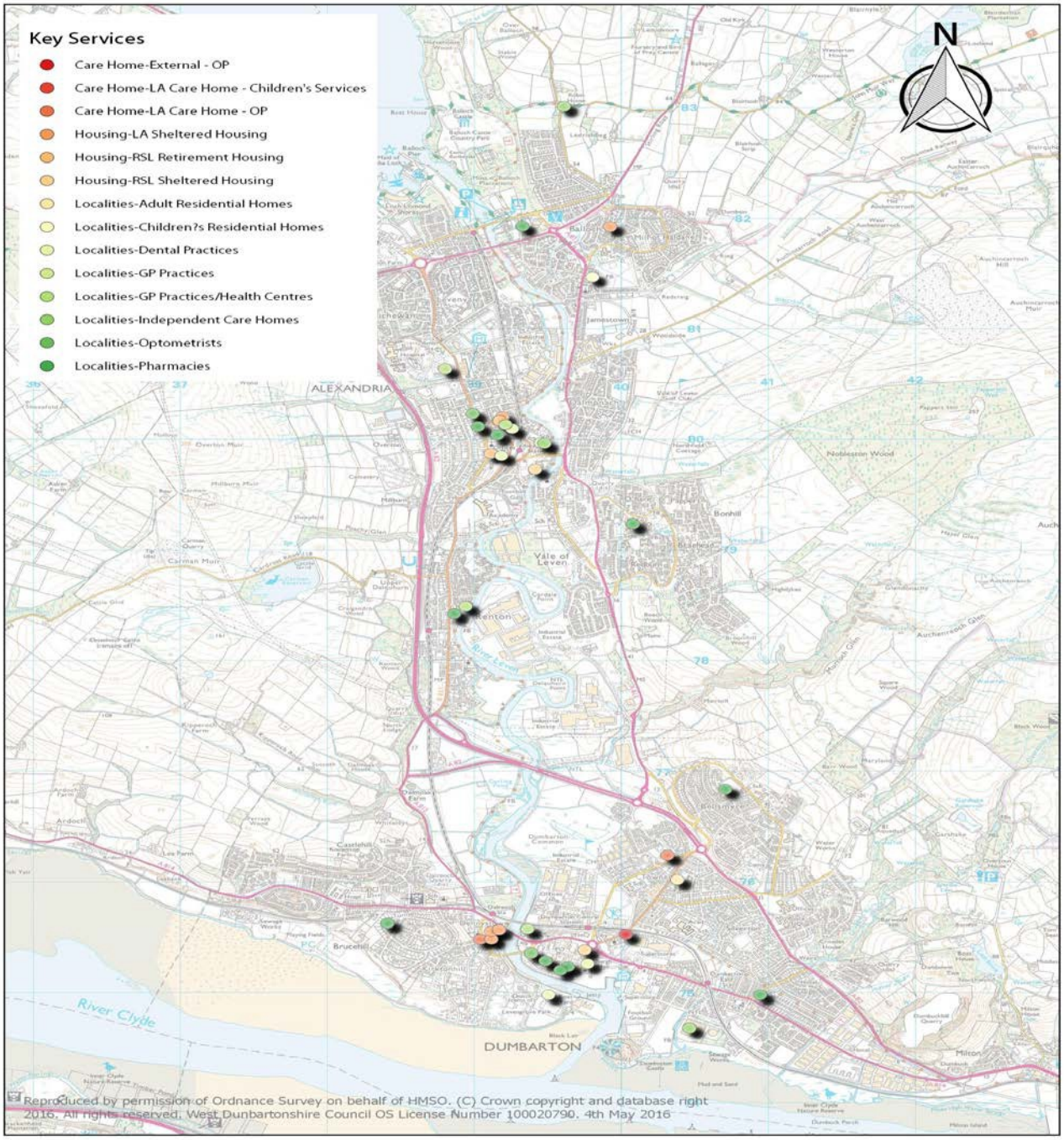
- Audit Scotland, December 2015

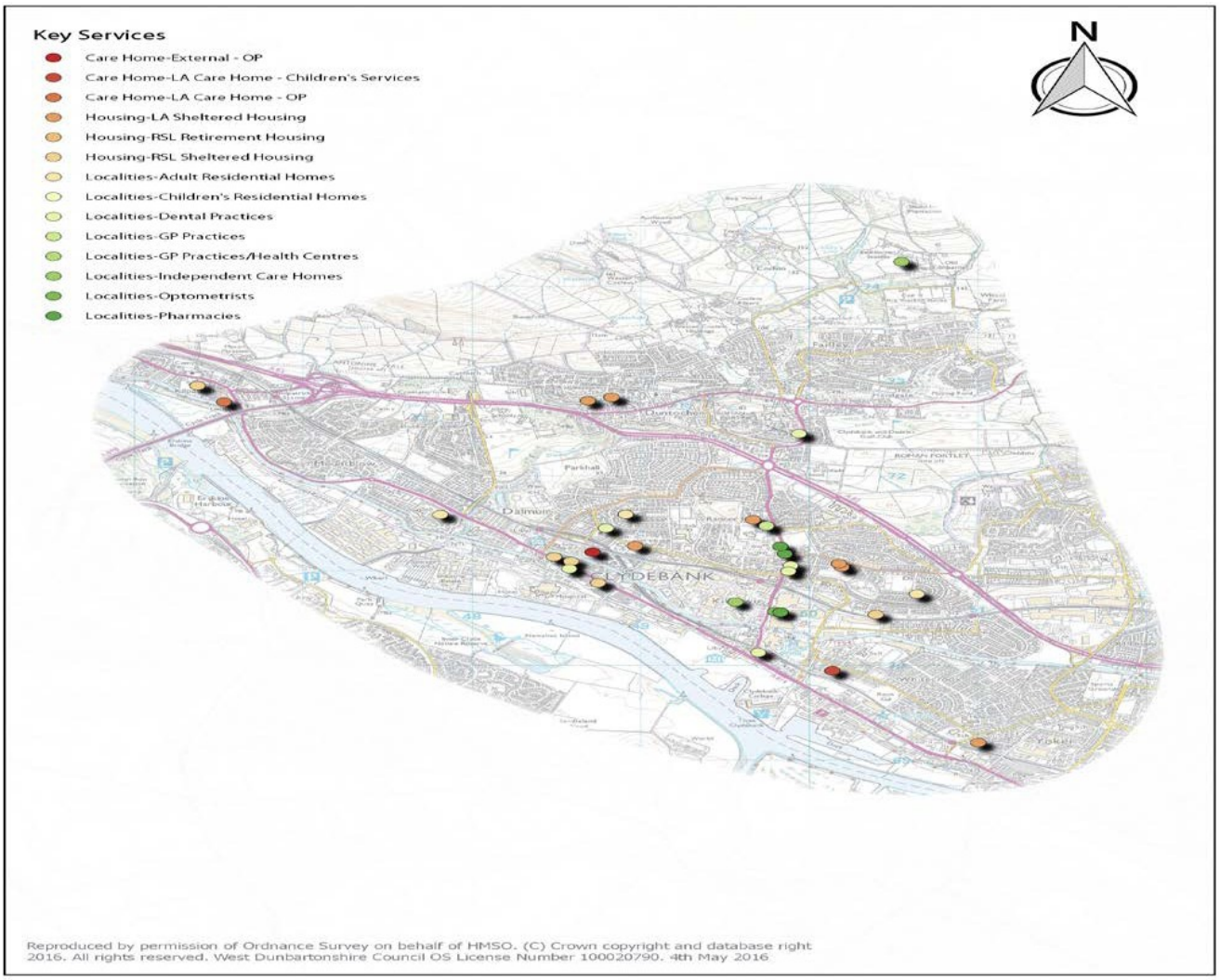



## How do we spend the money? - Partnership budget £Ms



The above spend can be linked to how services are organised to support communities within our two localities: Clydebank and Dumbarton & Alexandria.






Having finished 2015/16 in-balance, the budget for 2016/17 then provides the starting point for the medium term financial strategy to support the delivery of this Strategic Plan. The approved budget to the Partnership Board for 2016/17 from West Dunbartonshire Council and from NHS Greater Glasgow & Clyde has been finalised. The Council's 2016/17 budget was approved on February 2016, and the Health Board's 2016/17 financial plan was approved on June 2016.

2016/17 Revenue Budget Contributions from NHS Greater Glasgow Clyde Health Board and West Dunbartonshire Council (£000s)

| Care Group Services | Health Board (£000) | Council (£000) | Total (£000) |
|---|---|---|---|
| Older People Residential, Health and Community Care | 12,889 | 26,022 | 38,921 |
| Homecare | - | 13,542 | 13,542 |
| Physical Disability | - | 2,858 | 2,858 |
| Children's Residential Care and Community Services (inc. specialist) | 4,005 | 15,442 | 19,447 |
| Mental Health Services - Community and Inpatients | 8,041 | 3,519 | 11,560 |
| Addictions Services | 1,953 | 1,914 | 3,867 |
| Learning Disability - Residential and Community Services | 277 | 14,943 | 15,220 |
| Family Health Services | 23,476 | - | 23,476 |
| GP Prescribing | 19,327 | - | 19,327 |
| Hosted Services | 878 | - | 878 |
| Criminal Justice | - | 3,574 | 3,674 |
| Strategy Planning and Health Improvement | 832 | 1,065 | 1,897 |
| Resource Transfer | 7,907 | - | 7,907 |
| HSCP Corporate and Other Services | 5,978 | 106 | 5,872 |
| **Gross Expenditure** | **85,573** | **82,873** | **168,446** |
| Income | (4,239) | (21,334) | (25,573) |
| **Total Net Expenditure** | **£81,335** | **£61, 539** | **£142,874** |

| Expenditure Type | Health Board (£000) | Council (£000) | Total (£000) |
|---|---|---|---|
| Employee Salaries | 25,960 | 40,106 | 66,066 |
| Other Employee Costs | 8,228 | 2,328 | 10,556 |
| Supplies, Services and Administration | - | 1,405 | 1,405 |
| Payments to other bodies including Resource Transfer and Family Health Services | 51,385 | 37,422 | 88,807 |
| Other | - | 1,612 | 1,612 |
| **Gross Expenditure** | **85, 573** | **82, 873** | **168, 446** |
| Income | (4,239) | (21,334) | (25,573) |
| **Total Net Expenditure** | **£81,335** | **£61,539** | **£142,874** |

Given the above 2016/17 and the anticipated subsequent funding allocations from the Health Board and Council to the Partnership Board, there is a responsible requirement for this Strategic Plan to be supported by the development of, engagement on and implementation of separately agreed efficiency and savings proposals on an annual basis to mitigate the considerable risk of recurrent imbalance.

The set aside, or notional budget, for large hospital services is included in integration authority total resources for 2016/17. At the time of writing this Strategic Plan the notional budget from the Health Board was not yet formally notified to the Partnership Board. However for indicative budget setting purposes this has been included based on the latest 2015/16 service consumption costs and includes a 1% uplift to reflect an average of £17.5m in addition to the resources in the above table. During 2016/17 the Health Board will continue to work with the six integration authorities within its area to finalise an agreed methodology to calculate the appropriate budget to represent consumption of unscheduled care services by residents of each integration authority area.

In line with the Health Board's Clinical Services Strategy and the national Clinical Strategy, the ambition is to both shift resources away from intensive large hospital-

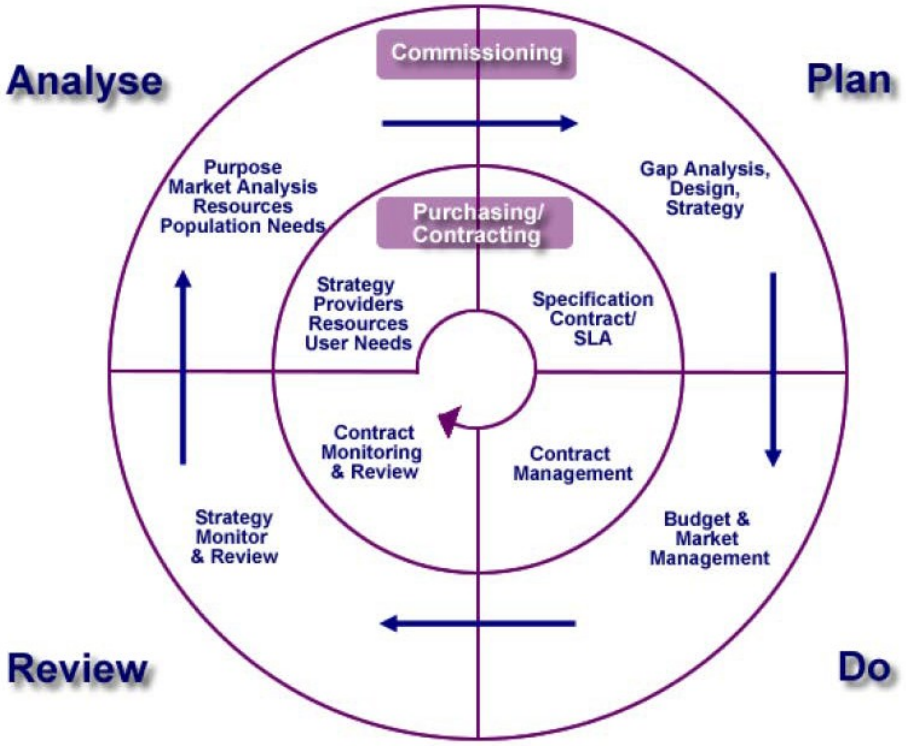
based services to achieve the required shift in the balance of care to within local communities; and stabilise the current deficit challenges in public spending required to meet the growing need.

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 Health & Social Care Partnership share of the forecast funding gap is under review.

The Health Board funding contribution will be equally as challenging, particularly due to the scale of the financial challenge and the recurring financial imbalance. The Health Board have stated that a transformation programme will be required to deliver a step change in the size and scale of recurring savings and efficiencies needed in 2017/18 and beyond. This will include the Health Board devising a three-to-five year strategic plan, drafted in conjunction with the six Integration Authorities within its areas, to ensure a model of affordable service delivery and quality patient care up to, and beyond, 2020.

## Strategic Commissioning Framework

This Strategic Plan has been developed with regards to the strategic commissioning process advocated by Audit Scotland, and benefitting from on-going engagement with a full range of local stakeholders as described within the Health & Social Care Partnership Participation and Engagement Strategy.

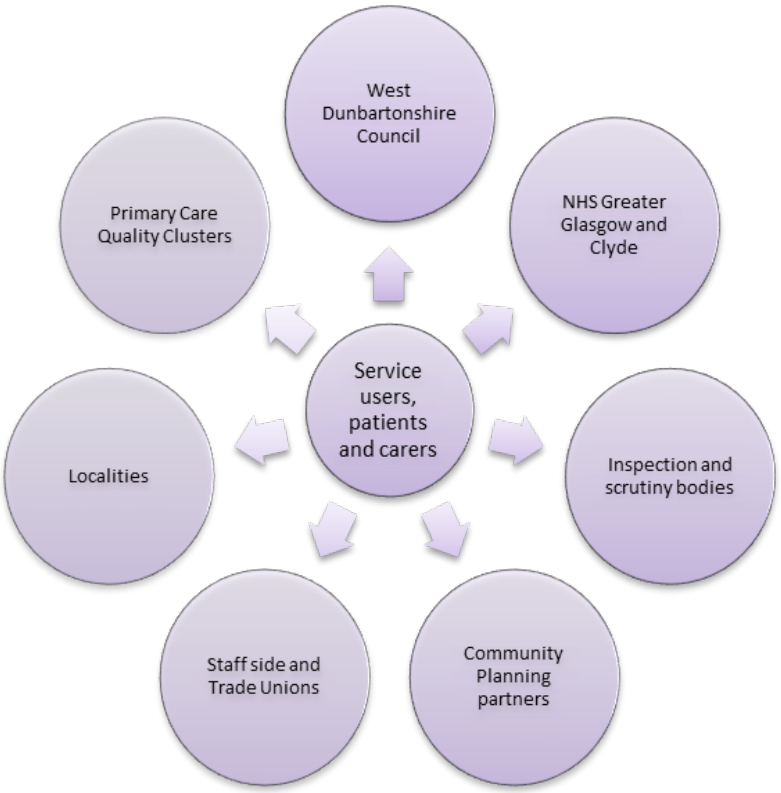



**Transformational Change in Practice:**

Our leadership of community planning early years activity engages with representatives of mother and toddler groups, child care providers, family support organisations, youth organisations and uniformed organisations together with an additional cohort who, whilst not having a direct involvement in the activity, have an interest based on a broader remit e.g. Development Trusts.

This second Strategic Plan has been built on our strategic needs assessment to reflect the growing complexity in the nature of the needs within the population; and the growing expectations concerning how best to provide quality care, including quality requirements from external regulators and new legislation. Within an increasingly challenging financial envelope across the public sector we are committed to a continual process of reviewing the best value achieved by and relative merits of investments across all partners – increasingly mapped to an analysis of spend and linked to outcomes for patients and clients - as part of our overall strategic commissioning process. The connectivity between workstreams allows us to support a co-production approach across all our communities.

As committed to within our Integration Scheme and based on local engagement and feedback, the Health & Social Care Partnership Participation and Engagement Strategy sets out the key principles and high level ways-of-working that the Health & Social Care Partnership will continue to apply in all its relationships with stakeholders as an integral element of its mainstream planning and operational service delivery activities. As reflected in the Community Empowerment (Scotland) Act, this approach promotes effective, local services, planned in conjunction with local people.



Whilst the Health Board is responsible for overall planning of acute services, it is obliged to work with integration authorities within its area on the planning of acute services, particularly unscheduled care and including forward financial planning; on the shaping of the primary care and community services; and early patient and public engagement. The Health Board's Clinical Services Strategy has two key aims that particularly align with the commissioning priorities within this Strategic Plan, i.e.

- Care is patient focused with clinical expertise focused on providing care in the most effective way possible at the earliest opportunity within the care pathway.
- The pressures on hospital, primary care and community services are addressed.

The National Clinical Strategy for Scotland sets out proposals for the direction of planning and delivery of primary care services and hospital networks at a national, regional or local level, with a focus on proportionate, effective and sustainable healthcare, including investment in e-health and technological advances. Importantly, it recognises that the health and social care system is embedded in a network that extends beyond traditional boundaries; and embraces the idea of co-produced health and wellbeing in partnership with individuals, families, and communities.

Our locality areas - Clydebank and Dumbarton & Alexandria - reflect natural communities in West Dunbartonshire and feel "right" to the people living and working in the area. We are committed to the principles of collaborative working and a shared vision for service delivery. Robust communication and engagement methods will continue to be applied to assure the effectiveness of our locality arrangements. We will support GPs to play a central role in providing and co-ordinating care to local communities; and, by working more closely with their colleagues within wider community teams, NHS acute care, and the third and independent sector, to help improve outcomes for local people.

We will continue to develop our locality arrangements – in tandem with our support for the development of local primary care quality clusters - to provide forums for professionals, communities and individuals to inform service redesign, transformational change and improvement. This will include continuing to engage with carers, patients, service users and their families in developing our Local Engagement Networks (LENs) for each locality area. We will also continue to work with West Dunbartonshire Community and Voluntary Service (CVS) to increase the representation and diversity of those involved.

We are committed to continuing to integrate – i.e. mainstream – our obligations in respect of the equality duties into our 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 this 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. This can be represented by an on-going approach to mainstreaming across five core inter-related and inter-overlapping dimensions of organisational activity - illustrated above and as detailed within our Equalities Mainstreaming Report. Through our mission, purpose and values (which themselves fit well with the inclusive nature of equalities responsibilities), we will continue to further integrate our approach to the equalities duties – and promote diversity - into our core business in line with the intentions and expectations of the Equalities and Human Rights Commission.

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 the Health & Social Care Partnership; and a key element of clinical and care governance locally.

Our Housing Contribution Statement acts as the 'bridge' between this Strategic Plan and the Local Housing Strategy for West Dunbartonshire (which at the time of writing the Strategic Plan was being developed for finalisation in November 2016). We will continue to work closely with the local housing sector to develop and implement the refreshed Local Housing Strategy 2016 – 2019. This will 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. We will continue to emphasise the key role that housing associations have to play in the delivery of affordable and adaptable homes.

The third sector operating within West Dunbartonshire is a diverse community of over 900 organisations, varying in size and scale from small self-help groups through to national social enterprises providing directed procured and contracted services. We will continue to work with the local third sector interface (TSI) - West Dunbartonshire CVS –to apply its Engagement Dashboard to help positively manage constructive and effective engagement across the sector.

We will continue to work in partnership with West Dunbartonshire CVS as the local TSI and Scottish Care to develop our local Market Facilitation Consortium model of commissioning across older people, adult, and children's services – with the shared emphasis on improving quality and outcomes. This reinforces the expectations of the national clinical and care governance framework in relation to co-ordination across a range of services - including procured services - so as to place people and communities at the centre of all activity relating to the governance of clinical and care services; and the principles that will shape the new National Care Standards (Appendix).

Within West Dunbartonshire – as is true across Scotland - there are significant differences in health, access, experience and outcomes of health care between different groups depending on their age, gender, race, disability, sexual orientation, income and social class. 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 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. The highly regarded Marmot Review (Fair Society, Healthy Lives; 2010) argued that while traditional government policies have focused resources only on some segments of society, in order to improve health for all of us and to reduce unfair and unjust inequalities in health, action is needed across the social gradient. We will continue our commitment 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. We will continue to provide clear leadership in championing this progressive and evidence-based approach to addressing health inequalities in a streamlined and integrated manner.

Importantly, 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 itself (particularly in the short-to-medium term).

Our Integrated Children's Services Plan expresses our collective commitment to the principles of early intervention and prevention as part of Getting It Right For Every Child (GIRFEC), i.e. that our 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.

## Strategic Commissioning Outcomes

This Strategic Plan has been structured to reflect our commitment to integration being community planning in practice, with our Strategic commissioning outcomes articulated with respect to the three local Community Planning Single Outcome Agreement priorities that we have a key leadership role in:

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

The fourth Community Planning Single Outcome Agreement priority is that of Supporting Employability and Economic Growth - which directly links to the determinants based approach to addressing health inequalities through Community Planning that we are committed to encouraging and promoting.

Our integrated approach to delivering our Strategic commissioning outcomes reflects a collective commitment to:

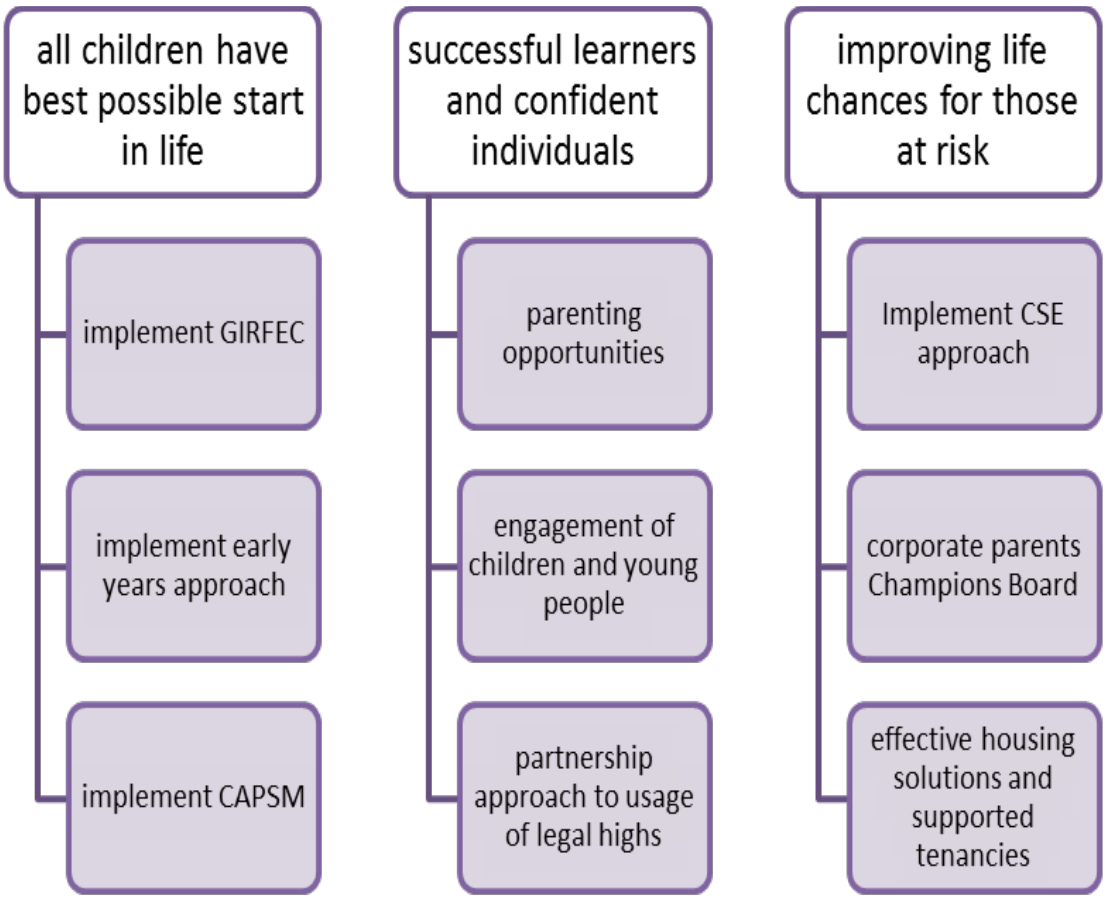
- A client-centred and equalities-sensitive approach appropriate to individual needs through an emphasis on informed self-care, co-production and personalisation of services.
- Effective and safe services that draw upon the best available evidence and local feedback from service users.
- Acceptable levels 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.

## Strategic Commissioning Outcomes: Children and Young People

Our strategic commissioning outcomes for children and young people in West Dunbartonshire reflect our commitment to Getting It Right For Every Child (GIRFEC).

We lead on the strategic outcome 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.

Our strategic commissioning priorities for the next three years are as follows:



Whilst the overall proportion and number of children in the population has fallen, a greater number of children are living with increasingly complex health and care needs, and are requiring care whilst living in the community. Children and young people living with high levels of risk are and will have to be increasingly supported in the community, with increased commitment to reducing the numbers looked after and accommodated, and living out with their communities. However, a small number of children and young people will inevitably require residential care and secure accommodation.

The Health & Social Care Partnership will continue to provide leadership on the ICSP across community planning partners. 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 outcomes across all services where children and young people are affected. At the heart of this joined up approach is the shared commitment of partners to GIRFEC; to the delivery of corporate parenting responsibilities; and to improving outcomes for looked after children and young people. The following groups are specifically identified as benefiting from additional support from across community planning partners:

- Vulnerable pregnancies.
- Children with and affected by disabilities.
- Children in need/vulnerable children, including young carers.
- Children and young people where safety and well-being is an issue.
- Children and young people affected by issues such as domestic abuse, mental health and substance misuse.
- Children who are looked after and looked after and accommodated.
- Young people leaving care.

**Transformational Change in Practice:**

In February 2016, the Child Protection Register had a total of 45 primary school age children and 38 of secondary school age affected by issues of domestic abuse, neglect, emotional abuse and/or drug, alcohol or physical abuse. Keeping children safe and the wider public protection of our communities is not only a statutory function but a key foundation for the delivery of all Health & Social Care Partnership services to all ages and sectors of our community.

Recognising the increased risk from a range of social media and apps as well as young people's behaviours online we are creating universal and targeted interventions across our communities. A suite of operational guidance is continually developing that recognises the increasing risks to all, and specifically vulnerable, children and young people, posed by online contacts and participation in the vast array of social media.

Our Internet and New Technology Guidance for Staff provides services with information about recognising behaviours and advice about "what to do next".

Online safety is only one of the responses within the Child Sexual Exploitation (CSE) local delivery plan; to recognise and prevent CSE within a joined up approach to keeping our children safe that is in line with national guidance.

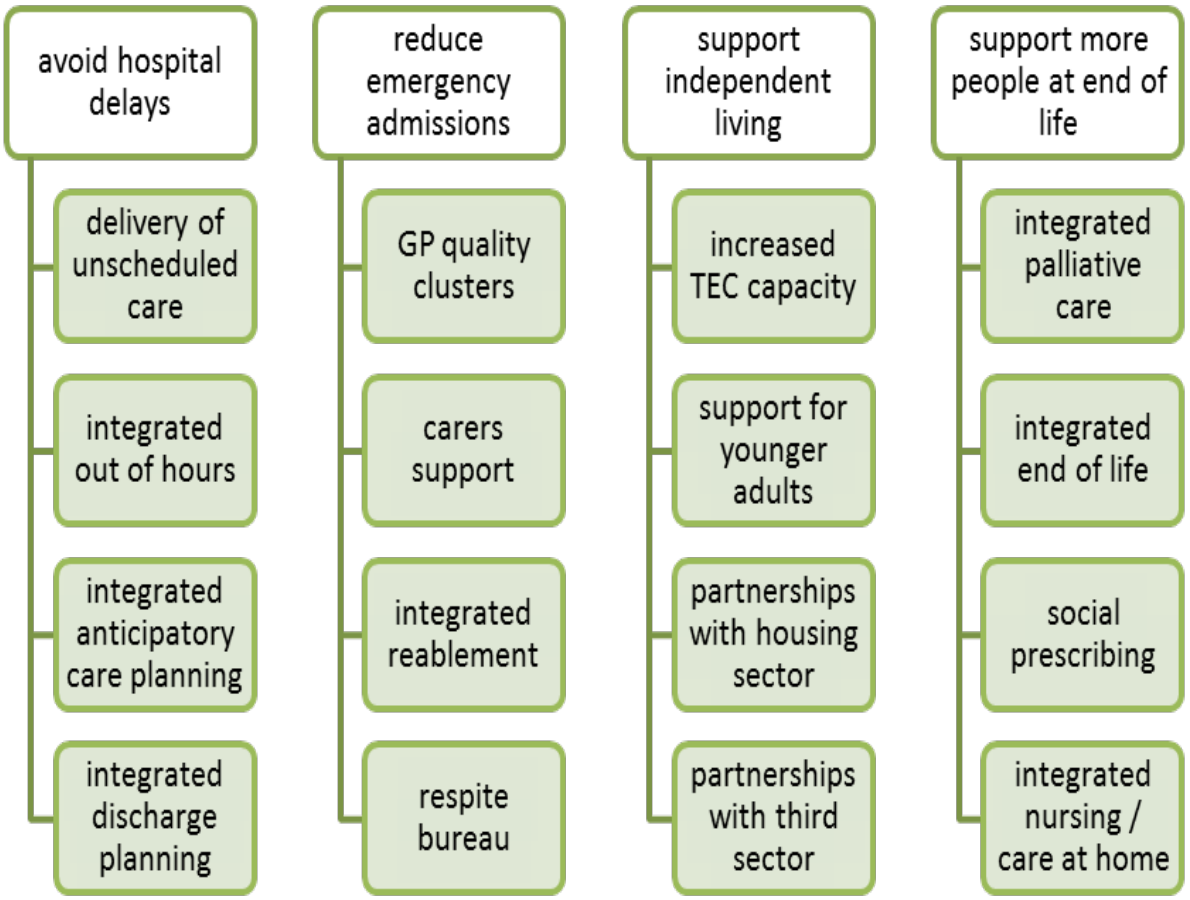
All Health & Social Care Partnership Children's Homes have focused resources to support young people to continue to have access to digital and social media but with additional levels of safety and monitoring. Additionally, West Dunbartonshire is part of the 'Aye Mind' a Digital 99 pilot being delivered across NHSGGC: the programme aims to create a more appropriate safe based internet provision for children and young people.

## Strategic Commissioning Outcomes: Adults and Older People

Our strategic commissioning outcomes reflect the need for transformational change in the delivery of services for adults and older people as reflected within our approach to integrated care.

WDHSCP leads on the strategic outcomes 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. It is further supported by operational unscheduled care planning with a particular focus on the winter period as per the National Preparing for Winter Guidance.

Our strategic commissioning priorities for the next three years are as follows:



As the population of older people and those with long term conditions continues to increase and in keeping with the strategic approach of the Health & Social Care Partnership as a whole, the delivery of 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.

The Health & Social Care Partnership leads on the strategic priority of Supporting Older People across Community Planning Partners, primarily through the vehicle of the local integrated transformation fund. This transformational change programme 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. We will continue to ensure that the offer of Self- Directed Support (SDS) options is embedded in the assessment process.

With regards to addressing particular housing needs, the Health & Social Care Partnership is working with the Council to deliver the Local Housing Strategy which has three underpinning principles which impact on the needs of those with additional housing support needs; forward planning; future proofing housing; and housing support to take account of how people's social and physical needs change.

West Dunbartonshire Health & Social Care Partnership hosts the Musculoskeletal (MSK) Physiotherapy Service for the Greater Glasgow and Clyde area. Work will continue to ensure the delivery of high quality outcomes for patients alongside striving to meet extremely challenging national waiting time targets.

**Transformational Change in Practice:**

West Dunbartonshire currently has 3,000 people who are Chronic Obstructive Pulmonary Disease (COPD) patients. In July 2016, the Health & Social Care Partnership agreed to develop a distinct new service to support people with COPD more effectively within the community. 250 patients have been identified as failing to engage and manage their own conditions. These patients are risking exacerbation of their COPD; which may result in additional medical attention and subsequently unnecessary hospital admission.

We invited the community to provide an insight for our nurses of wider service user experiences of managing COPD at home as a patient and as a carer.

Both locality groups have created distinct local workstreams linked to issues of COPD; working groups with representation from clinicians, prescribers and nurses developing and implementing a workplan of clear activities.

In practice we will be delivering to people with COPD who do not attend appointments the “Florence” system and Digital Community Alarms under our new Technology Enabled Care programme.

Using Technology Enabled Care provides us with the opportunity to provide and support person centred care within a broader range of support and care services with the focus shifting from the technology (the means) to the care outcomes (the ends).

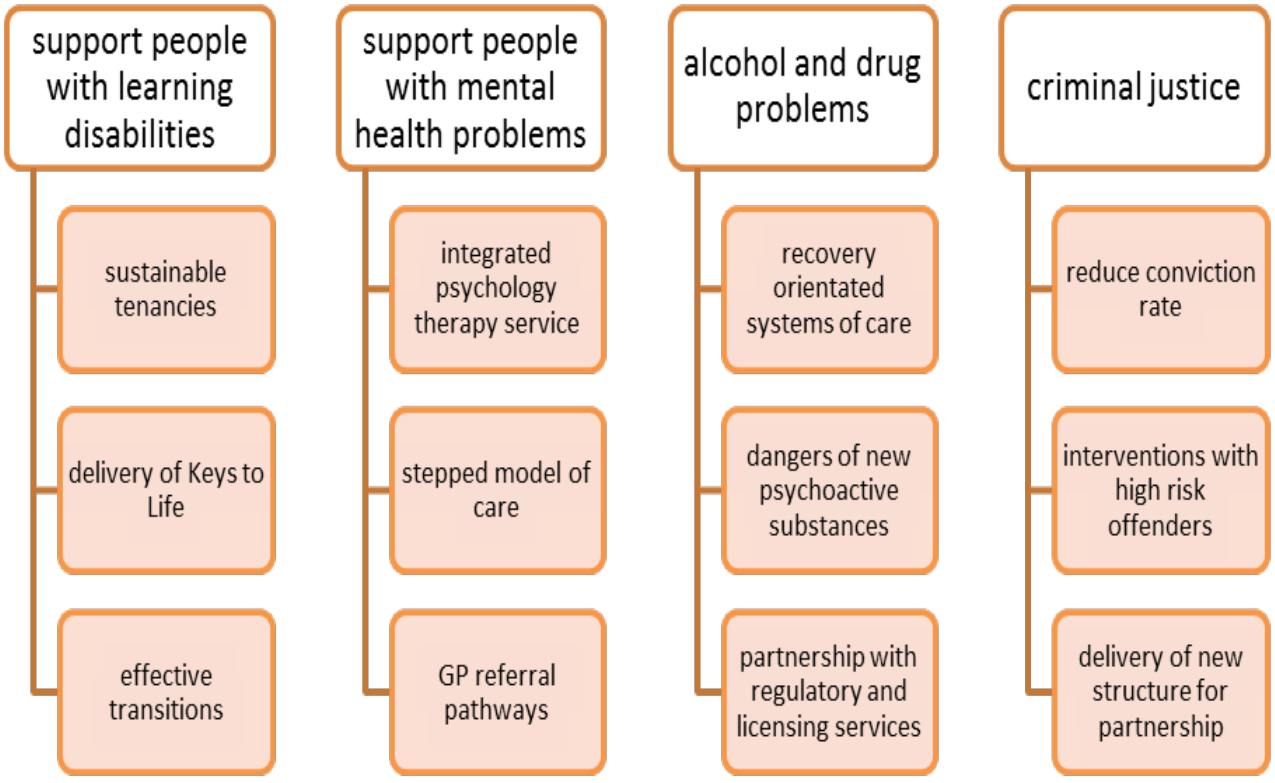
Our approach will support the focus on preventative and anticipatory care, recognising that while Technology Enabled Care can be appropriate at all levels of need there is greatest scope to make an impact at the high volume, lower care needs level.

## Strategic Commissioning Outcomes:
## Safe, Strong and Involved Communities

Our strategic commissioning outcomes reflect our commitment to the safety and protection of the most vulnerable people within our care and within our wider communities.

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 to support safe, strong and involved communities.

Our strategic commissioning priorities for the next three years are as follows:



The delivery of mental health services and learning disability services rely on a network of community health and social care services across West Dunbartonshire, delivered by statutory, third and independent sector providers. We will continue to work with them all to support those with severe and enduring mental health problems; those living with learning disabilities; and their carers.

The Health & Social Care Partnership will continue to lead the Community Planning Partnership Alcohol and Drugs Partnership (ADP). This will include participating in and responding to the feedback from a supported Validated Self- Assessment process with colleagues from the Care Inspectorate and partners.

West Dunbartonshire Health & Social Care Partnership currently hosts the Criminal Justice Partnership, on behalf of the community planning partners in West Dunbartonshire and for East Dunbartonshire and Argyll and Bute Council areas. Our Partnership Area Plan is set against a backdrop of the restructuring of community justice services and we are committed to ensuring that the implementation of the necessary changes that flow from the Community Justice Act goes smoothly and with no disruption to service provision.

The Health & Social Care Partnership has a significant role within the Public Protection Chief Officers Group (PPCOG). Both the Chief Officer and Chief Social Work Officer will continue to provide the necessary leadership, scrutiny and accountability for public protection matters affecting West Dunbartonshire - including the management of high risk offenders; assuring that each of the services in place for child and adult protection are performing well; and keeping the citizens of West Dunbartonshire safe.

**Transformational Change in Practice:**

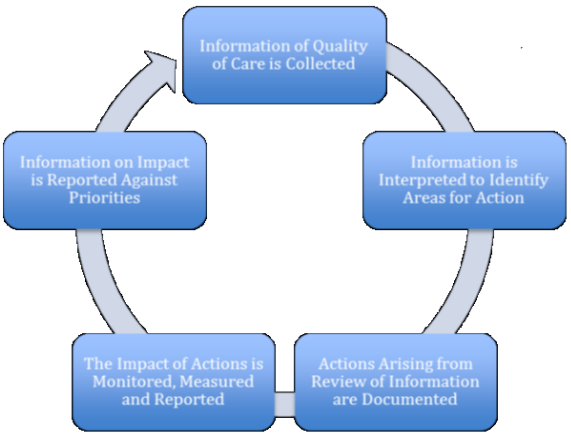
Historically, residents of West Dunbartonshire had to attend Gartnavel General Hospital for Blood Borne Virus (BBV) treatment. However, only around 20% of these appointments were attended. Distance, travel times and reliance on public transport represent significant barriers to access treatment for a patient group with concurrent medical, social and psychological pressures (including addiction issues, mental health and social deprivation). Re-engagement of previously diagnosed Hepatitis C positive patients, who have failed to engage in the assessment/treatment process, is a very important role for the nursing team.

West Dunbartonshire Health & Social Care Partnership operates the only community based Addictions' Blood Bourne viruses (BBV) team in the Greater Glasgow and Clyde area that provides community based treatment to people with Hepatitis C (Hep C). The team provides six weekly nurse-led clinics across West Dunbartonshire, with an attendance rate of over 70%. Last year this involved the team of nurses offering 700 return patient appointments.

The service has developed to provide a range of treatment options and provision that is tailored to its client group. It provides a local service that reflects local needs, understanding that this is a good opportunity to also provide preventative care and treatment for some of our most at risk adults. The service includes preventative measures such as education around transmission routes of BBVs, liver inflammation and rates of progression; vaccinations for Hepatitis B; and Flu vaccinations. Often the team work with patients for several months prior to individuals commencing anti-viral therapy. The assessment/treatment process in itself can be a very stressful time for patients. It is an essential part of the nurse's role to build a therapeutic relationship throughout the assessment/ treatment process to ensure successful treatment outcome.

## Strategic Performance Framework

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.




In scrutinising the development and delivery of this Strategic Plan, we will build on our experience – and the very positive feedback to - our first Annual Performance Report 2015/16. This reflected the national Guidance for Health and Social Care Integration Partnership Performance Reports; and our commitment to clinical and care governance as well as the principles underpinning the new National Care Standards (Appendix).

The Annual Performance Report also set out the arrangements we had developed and adopted for the governance of our activities, having taken on board the general advice articulated by Audit Scotland (December 2015) that integration authorities be clear about what might be "confusing lines of accountability and potential conflicts of interest" for integration authority members and staff within health and social care partnerships. Future Annual Performance Reports will detail progress on delivering upon our strategic commissioning priorities, including reporting on the key strategic performance indicators provided here. This will be augmented by data on a variety of monitoring indicators, including our equality outcome indicators as committed to within our Equalities Mainstreaming Report.

Our strategic performance framework for this Strategic Plan – and the key strategic performance indicators that are set out overleaf - then reflect all of the above as summarised by two key principles articulated within the National Framework for Clinical and Care Governance:

- 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.

| National Health and Wellbeing Outcomes for Adults | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2015/16 Value | 2015/16 Target | 2015/16 Status | **2016/17 Target** | 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 | Resources are used effectively and efficiently in the provision of health and social care services |
| **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** | 3 | 0 | 🛑 | **0** | | X | X | | | | | |
| **Number of acute bed days lost to delayed discharges (including AWI)** | 3,345 | 3,819 | ✅ | **3,210** | | X | X | | | | | |
| **Number of acute bed days lost to delayed discharges for Adults with Incapacity** | 1,617 | 466 | 🛑 | **466** | | X | X | | | | | |
| **Number of patients in anticipatory care programmes** | 1,821 | 1,442 | ✅ | **1,400** | X | X | X | X | X | | X | |
| **Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services** | 57% within 9 weeks | 90% within 9 weeks | 🛑 | **90%** | X | X | X | X | X | | | X |
| **Percentage of carers who feel supported to continue in their caring role** | 80.2% | 88% | ⚠ | **90%** | | | | | | X | X | |
| **Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral** | 94.2%* | 90% | ✅ | **90%** | X | | X | X | X | | X | X |
| **Primary Care Mental Health Team waiting times from referral to 1st appointment offered within 4 weeks** | 84%* | 90% | ⚠ | **90%** | X | | X | X | X | | X | X |

✅ Target achieved or exceeded ⚠ Target narrowly missed 🛑 Target missed by 15% or more

| National Health and Wellbeing Outcomes for Adults | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2015/16 Value | 2015/16 Target | 2015/16 Status | **2016/17 Target** | 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 | Resources are used effectively and efficiently in the provision of health and social care services |
| **Primary Care Mental Health Team waiting times from assessment to 1st treatment appointment offered within 9 weeks** | 46%* | 90% |  | **90%** | X | | X | X | X | | X | X |
| **Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery** | 94.7%* | 91.5% |  | **90%** | | | X | X | X | | X | X |
| **Rates of attendance at A&E per 100,000 population** | 1,517 | 2,908 |  | **1,750** | X | X | | | | | | |
| **Percentage of total deaths which occur in hospital 65+** | 41.3% | 45.9% |  | **45.9%** | | X | X | X | | | | |
| **Percentage of total deaths which occur in hospital 75+** | 39.3% | 45.9% |  | **45.9%** | | X | X | X | | | | |
| **Prescribing cost per weighted patient (£Annualised)** | £172 | £151 |  | **GGC average** | | | | | | | | X |
| **Percentage of patients achieved 48 hour access to appropriate GP practice team** | 93% | 95% |  | **90%** | X | X | X | X | X | | | X |
| **Percentage of patients advanced booking to an appropriate member of GP Practice Teams** | 77.2% | 90% |  | **90%** | X | X | X | X | X | | | X |

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

| National Health and Wellbeing Outcomes for Adults | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2015/16 Value | 2015/16 Target | 2015/16 Status | **2016/17 Target** | 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 | Resources are used effectively and efficiently in the provision of health and social care services |
| **Number of non-elective inpatient episodes/spells (Rolling Year)** | N/A | N/A | N/A | **23,000 (new)** | X | X | | X | X | | | |
| **Compliance with Formulary Preferred List** | N/A | N/A | N/A | **78% (new)** | | | | | | | | X |
| **Percentage of people newly diagnosed with dementia who receive a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan** | N/A | N/A | N/A | **100% (new)** | X | X | | X | X | | X | |
| **Unplanned acute bed days (aged 65+) as a rate per 1,000 population** | 2,610 | 2,899 | ✅ | **2,831** | X | X | | | | | | |
| **Emergency admissions aged 65+ as a rate per 1,000 population** | 250 | 252 | ✅ | **236** | X | X | | | | | | |
| **Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting** | 97.8% | 97% | ✅ | **98%** | X | X | | X | X | | X | |

✅ Target achieved or exceeded ⚠ Target narrowly missed 🔴 Target missed by 15% or more

| National Health and Wellbeing Outcomes for Adults | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2015/16 Value | 2015/16 Target | 2015/16 Status | **2016/17 Target** | 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 | Resources are used effectively and efficiently in the provision of health and social care services |
| **Percentage of adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes** | 61.5% | 60% | ✅ | **65%** | X | X | | X | X | | | |
| **Percentage of people aged 65 or over with intensive needs receiving care at home** | 36.1% | 40% | ⚠ | **37%†** | X | X | | X | X | | X | |
| **Total number of homecare hours provided as a rate per 1,000 population aged 65+** | 548.7 | 600 | ⚠ | **550†** | | X | | X | X | | X | |
| **Percentage of homecare clients aged 65+ receiving personal care** | 90.3% | 83% | ✅ | **90%** | | X | | X | X | | | |
| **Percentage of people aged 65 and over who receive 20 or more interventions per week** | 28% | 45.5% | 🛑 | **30%†** | | X | | X | X | | | |
| **Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population** | 23,304 | 22,816 | ✅ | **23,670** | X | X | | X | X | | X | |
| **Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)** | 35% | 30% | 🛑 | **30%** | | X | | X | | | | |

✅ Target achieved or exceeded ⚠ Target narrowly missed 🛑 Target missed by 15% or more

| National Health and Wellbeing Outcomes for Adults | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2015/16 Value | 2015/16 Target | 2015/16 Status | **2016/17 Target** | 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 | Resources are used effectively and efficiently in the provision of health and social care services |
| **Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)** | 42% | 35% |  | **35%** | | X | | X | | | | |
| **Rate of emergency bed days per 100,000 population for adults** | N/A | N/A | N/A | **82,000 (new)** | | X | | X | | | X | |
| **Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment** | 35.8% | 40% |  | **40%** | X | X | X | X | X | | X | X |
| **Total number of respite weeks provided to all client groups** | 6,729 | 6,558 |  | **6,730** | X | X | | X | | X | X | |
| **Percentage of Adult Support and Protection clients who have current risk assessments and care plan** | 100% | 100% |  | **100%** | | X | | | | | X | |
| **Number of clients 65+ receiving a reablement intervention** | 542 | 547 |  | **545** | | X | | X | | | X | |
| **Number of clients receiving Home Care Pharmacy Team support** | 815 | 250 |  | **600** | X | X | | X | | | X | |

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

| National Outcomes for Children | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 2015/16 Value | 2015/16 Target | 2015/16 Status | **2016/17 Target** | 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 |
| **Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months** | 97.1%* | 95% | ✅ | **95%** | X | | |
| **Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years** | 95.3%* | 97% | ⚠ | **95%** | X | | |
| **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 - Early Years Collaborative Stretch Aim** | 77.4% | 80% | ⚠ | **85%** | X | | X |
| **Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment** | 100% | 100% | ✅ | **90%** | X | X | X |
| **Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services** | 6.25 | 18 | ✅ | **18** | X | X | X |
| **Percentage of child protection investigations to case conference within 21 days** | 83% | 95% | ⚠ | **95%** | | | X |
| **Percentage of all children aged 0-18 years with an identified "named person" as defined within the Children's and Young People's Act** | 93.3% | 100% | ⚠ | **100%** | X | | X |
| **Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care** | 62% | 69% | ⚠ | **73%** | | X | X |
| **Percentage of children on the Child Protection Register who have a completed and current risk assessment** | 100% | 100% | ✅ | **100%** | X | | X |
| **Rate per 1,000 of children/young people aged 0- 18 who are referred to the Reporter on non-offence grounds** | 19.6‡ | 28 | ✅ | **28** | X | | X |
| **Balance of Care for looked after children: % of children being looked after in the Community** | 90.6% | 89% | ✅ | **90%** | X | | X |

✅ Target achieved or exceeded ⚠ Target narrowly missed 🛑 Target missed by 15% or more

| National Outcomes for Criminal Justice | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 2015/16 Value | 2015/16 Target | 2015/16 Status | **2016/17 Target** | 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 |
| **Rate per 1,000 of children/young people aged 8- 18 who are referred to the Reporter on offence-related grounds** | 4.6‡ | 6.4 | ✅ | **6.4** | X | X | X |
| **Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling** | 97% | 98% | ⚠ | **98%** | X | | |
| **Percentage of Community Payback Orders attending an induction session within 5 working days of sentence** | 82% | 80% | ✅ | **80%** | X | | X |
| **Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence** | 69% | 90% | 🛑 | **90%** | X | | X |

✅ Target achieved or exceeded ⚠ Target narrowly missed 🛑 Target missed by 15% or more

*Provisional figure pending full year data
†Target revised to reflect demand pressures and benchmarking analysis
‡Reporting delay of one year in line with national publication

Appendix 1


# PRINCIPLES

## Dignity and respect

- My human rights are respected and promoted.
- I am respected and treated with dignity as an individual.
- I am treated fairly and do not experience discrimination.
- My privacy is respected.

## Compassion

- I experience warm, compassionate and nurturing care and support.
- My care is provided by people who understand and are sensitive to my needs and my wishes.

## Be included

- I receive the right information, at the right time and in a way that I can understand.
- I am supported to make informed choices, so that I can control my care and support.
- I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.
- I am supported to participate fully and actively in my community.

## Responsive care and support

- My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.
- My care and support adapts when my needs, choices and decisions change.
- I experience consistency in who provides my care and support and in how it is provided.
- If I make a complaint it is acted on.

## Wellbeing

- I am asked about my lifestyle preferences and aspirations, and I am supported to achieve these.
- I am encouraged and helped to achieve my full potential.
- I am supported to make informed choices, even if this means I might be taking personal risks.
- I feel safe and I am protected from neglect, abuse, or avoidable harm.

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

**Health & Social Care Partnership Board: 17th August 2015**

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**Subject: Updated Non-Residential Care Charging Policy**

## 1. Purpose

**1.1** To present to the Partnership Board the updated Non-Residential Care Charging Policy.

## 2. Recommendations

**2.1** The Partnership Board is recommended to retrospectively approve the updated Non-Residential Care Charging Policy.

## 3. Background

**3.1** The Non-Residential Care Charging Policy applies to all adults who reside within West Dunbartonshire, or are deemed to be ordinarily resident within West Dunbartonshire in accordance with the Scottish Government's Ordinary Residence guidelineshttp://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Financial-Help/Ordinary-Residents, who are assessed as requiring and subsequently benefit from community based care services provided, commissioned or funded by West Dunbartonshire Council.

**3.2** Community based care services are deemed to comprise one or a combination of the services listed below:

- Care at Home (including respite provided at home);
- Housing Support (including Supported Living);
- Meals on wheels;
- Lunch clubs;
- Transport;
- Meals at Daycare; and
- Community Alarm and Telecare services.

**3.3** The attached updated charging policy will apply equally to all service users regardless of the delivery mechanism(s) deployed to most appropriately and effectively meet the needs and aspirations of individuals, which include:

- direct service delivery by Council staff;
- indirect service delivery through services commissioned from the private and voluntary sectors by the Council on the service user's behalf; and
- direct payments to service users to enable them to arrange their own care through the employment of their own assistants or by purchasing care from the private and voluntary sectors. Direct Payments will be made net of contributions unless the client specifies otherwise.

## 4. Main Issues

**4.1** This policy is founded upon the following list of principles:

- In accordance with the Community Care and Health (Scotland) Act 2002, personal care shall be provided free to service users aged 65 and over who have been assessed as needing it;
- For the aspects of the service provision that is not charged on a flat-rate basis, service users will undergo a financial assessment and will be charged according to their ability to pay;
- All service users will be offered an Income Maximisation service from the Council's Money Advice Service. This helps people pay charges while enabling them to have a better lifestyle by ensuring they access the range of benefits to allow care to be provided;
- The Council does not differentiate in terms of age, gender, disability, or any other equalities criteria and charges described in this document are applicable to all. The only exception to this relates to the legislation in place regarding Free Personal and Nursing Care for people aged 65 and over;
- Service users will not be charged more than it costs to provide the service(s) for which their contribution has been assessed;
- Where a service user receives more than one service which is assessed for charging using the means test mechanism, a consolidated assessment will be undertaken to ensure that service users are not charged more than they can afford for the package of care services which they receive;
- If a service user or their appointee/guardian chooses not to provide financial information, a maximum charge for the service provided will be made. This may mean that the service user will be charged more than they would have done had a financial assessment been able to be completed. Therefore service users will be encouraged to provide the relevant financial information to allow a means-tested charge to be calculated;
- Services will, at all times, be provided in accordance with service users' assessed needs and not their ability to pay; and
- No charges will be levied where:
  - The primary reason for service provision is to monitor children under "supervision" or children and families in crisis;
  - Services are provided to adults with mental health problems who are subject to measures under the Mental Health (Care and Treatment) (Scotland) Act 2003;
  - Services fall within the scope of Criminal Justice Social Work Services; or
  - Services are provided to adults subject to measures under the Adult Support and Protection (Scotland) Act 2007.

## 5. People Implications

**5.1** None.

## 6. Financial Implications

**6.1** Charges for community based services will be levied in accordance with the structure defined in the table below:

| Service | Charging Method |
|---|---|
| Care at Home (including respite provided at home) | Means tested weekly charge |
| Housing Support and Supported Living | Means tested weekly charge |
| Daycare – Travel to daycare from home and return | Flat rate charges for transportation provided |
| Daycare – Meals provided whilst at daycare | Flat rate charges for meals and refreshments provided |
| Meals on Wheels | Flat rate charge for each meal provided |
| Lunch Clubs | Flat rate charge for each meal provided |
| Community Alarm and Telecare Services | Flat rate weekly charge |

**6.2** All charges will be reviewed annually as part of the budget setting process. The means test mechanism used by the Council to determine service users' charges will be reviewed annually to ensure that it reflects any changes to:

- Government legislation or regulation relevant to charging for the services for which charges are assessed under the means test;
- The guidance issued by COSLA upon which the means test mechanism is based; and
- The allowances and premiums calculated by the Department for Work and Pensions which underpin the affordability test within the means test mechanism.

## 7. Professional Implications

**7.1** None.

## 8. Locality Implications

**8.1** None.

## 9. Risk Analysis

**9.1** The main risk is in relation to the ability of the HSCP to recover the income from charges described in the policy to the level assumed for budgets.

## 10. Impact Assessments

**10.1** An Equality Impact Assessment has been completed on the attached Policy, with no equality concerns highlighted throughout.

## 11. Consultation

**11.1** Overall changes to all Council charges were consulted upon as part of the 2016/17 budget setting process prior to agreement by Council.

## 12. Strategic Assessment

**12.1** The application of this policy supports the delivery of the Strategic Plan.

**Jeanne Middleton – Chief Financial Officer**

**Date: 18 August 2016**

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**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:** Non-Residential Care Charging Policy

**Background Papers:** None

**Wards Affected:** All

West Dunbartonshire Council

West Dunbartonshire
Health & Social Care Partnership

# West Dunbartonshire
# Health & Social Care Partnership

# Community Based Care
# Charging Policy
# for Adult Services

# 2016-17

# Contents

## 1. Introduction

The following charging policy applies to all adults who reside within West Dunbartonshire, or are deemed to be ordinarily resident within West Dunbartonshire in accordance with the Scottish Government's Ordinary Residence guidelineshttp://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Financial-Help/Ordinary-Residents, who are assessed as requiring and subsequently benefit from community based care services provided, commissioned or funded by West Dunbartonshire Health & Social Care Partnership (WDHSCP).

Community based care services are deemed to comprise one or a combination of the services listed below:

- **Care at Home (including respite provided at home);**
- **Housing Support (including Supported Living);**
- **Meals on wheels;**
- **Lunch clubs;**
- **Transport;**
- **Meals at Daycare;**
- **Community Alarm and Telecare services;**

The following charging policy will apply equally to all service users regardless of the delivery mechanism(s) deployed to most appropriately and effectively meet the needs and aspirations of individuals, which include:

- Direct service delivery by WDHSCP staff;
- Indirect service delivery through services commissioned from the private and voluntary sectors by WDHSCP on the service user's behalf;
- Direct payments to service users to enable them to arrange their own care through the employment of their own assistants or by purchasing care from the private and voluntary sectors. Direct Payments will be made net of contributions unless the client specifies otherwise.

## 2. Charging Principles

This policy is founded upon the following list of principles:

- In accordance with the Community Care and Health (Scotland) Act 2002, personal care shall be provided free to service users aged 65 and over who have been assessed as needing it;
- For the aspects of the service provision that is not charged on a flat-rate basis, service users will undergo a financial assessment and will be charged according to their ability to pay;
- All service users will be offered an Income Maximisation service from West Dunbartonshire Council's Money Advice Service. This helps people pay charges while enabling them to have a better lifestyle by ensuring they access the range of benefits to allow care to be provided;
- Neither the HSCP nor the Council differentiates in terms of age, gender, disability, or any other equalities criteria – the charges described in this document are applicable to all. The only exception to this relates to the legislation in place regarding Free Personal and Nursing Care for people aged 65 and over;
- Service users will not be charged more than it costs to provide the service(s) for which their contribution has been assessed;
- Where a service user receives more than one service which is assessed for charging using the means test mechanism, a consolidated assessment will be undertaken to ensure that service users are not charged more than they can afford for the package of care services which they receive;
- If a service user or their appointee/guardian chooses not to provide financial information, a maximum charge for the service provided will be made. This may mean that the service user will be charged more than they would have done had a financial assessment been able to be completed. Therefore service users will be encouraged to provide the relevant financial information to allow a means-tested charge to be calculated;
- Services will, at all times, be provided in accordance with service users' assessed needs and not their ability to pay; and
- No charges will be levied where:
  - The primary reason for service provision is to monitor children under "supervision" or children and families in crisis;
  - Services are provided to adults with mental health problems who are subject to measures under the Mental Health (Care and Treatment) (Scotland) Act 2003;
  - Services fall within the scope of Criminal Justice Social Work Services; or
  - Services are provided to adults subject to measures under the Adult Support and Protection (Scotland) Act 2007.

**Older People Leaving Hospital**

Older people leaving hospital who are assessed as requiring care at home should receive this service free, for up to 42 days, if they are aged 65 or over on the day of discharge and have been in NHS inpatient care for more than one day (24 hours) for treatment, assessment or rehabilitation, or had surgery as an NHS day case. Relief from charging should not apply to discharges following admission on a regular or

frequent basis as part of the persons ongoing care arrangements. This would cover, for example, admissions for respite care or ongoing but episodic treatment. Only new or additional services provided after a person comes out of hospital will be free and services that were in place pre-admission and continue after discharge will continue to be chargeable.

**Breaks in Service**
Where a service user's service is suspended, the service user will not be charged for the services which have not been provided. Charging should resume when services are reinstated.

**Financial Re-assessment**
As a minimum, the charges payable by service users will be reviewed on an annual basis, to reflect the annual changes in charges and service users' income and capital. In addition, the contribution payable by service users will be reviewed in the event of a change in the service provided or such other change in the service user's circumstances as would affect their ability to contribute towards the cost of their care.

**Couples**
Where a service is provided to a service user who is married or lives with a partner as a couple, the charge assessment should include the income and capital of both the service user and their partner. To ensure that the assessed charge is fair, the upper and lower capital allowance for couples will be equal to double the single person's capital allowances. These capital allowances are described in section 6 below.

The income threshold to be included in the charge assessment for couples will be based on the age of the **elder** partner. Income disregards will be applied to couples in the same way as individuals; the disregards are not doubled but are applied to both individuals on the basis of their respective incomes. For example, if one has a war pension they receive a disregard; if both have war pensions then both receive a disregard.

Where there is any doubt or dispute regarding whether or not two people are living together as a couple, WDHSCP will defer to the decision made by the Department for Work and Pensions when assessing the two people's entitlement to state benefits.

**Terminally Ill Service Users**
The WDHSCP Chief Officer has authority to waive or abate charges, for services chargeable under this policy, for service users who are diagnosed as terminally ill.

**Adults with Incapacity**
Where a service user is unable to deal with their own financial affairs due to incapacity, the department will liaise with another appropriate person, or persons, in order to gather information about the service user's financial affairs and to arrange for the collection of charges. Appropriate persons would include:

- Power of Attorney;
- Financial guardian, appointed in accordance with the Adults with Incapacity (Scotland) Act 2000;

- An individual permitted to act on the service user's behalf under an intervention order granted by a Sheriff Court under Adults with Incapacity (Scotland) Act 2000;
- Department for Work and Pensions benefits appointee; or
- A relative, friend or advocate of the service user who assists the service user, with the service user's knowledge and agreement, to manage their financial affairs.
- Authorized person under "Adults with Incapacity - Access to Funds"

Incapacitated adults will be charged for the chargeable elements of their service in accordance with this policy.

Where WDHSCP is unable to collect a service user's charges because they have no-one to manage their financial affairs and it is not financially viable to pursue a financial guardianship through the courts, a claim will be lodged against the service user's estate following their death to recover the accrued unpaid care charges.

**Independent Living Fund**

Service users eligible to claim financial assistance towards the cost of their care from the Independent Living Fund will be subject to charging for chargeable services under this policy.

**Financial Hardship**

In cases of particular hardship, WDHSCP Chief Officer has delegated authority to waive all or part of the charges for the service(s) provided. This will ensure that this authority is used appropriately and consistently across Adult Services to ensure that all service users are treated fairly and equally and that WDHSCP's ability to generate income is maximised. All or part of the weekly charge can be waived for up to 6 months when a review of the position will take place.

A waiver either in full or in part of a charge must be agreed *before* a service starts. Charges cannot be waived retrospectively. WDHSCP's Chief Officer can use this discretion in the following circumstances:

- For abnormal expenditure caused by serious or long term illness or disability;
- Where there are exceptional domestic circumstances; or
- Where there is exceptional need not recognised in the normal financial assessment procedure.

**Non-payment of charges**

The WDHSCP will pursue all charges not paid by people assessed as being able to pay through West Dunbartonshire Council's Corporate Debt Recovery procedure.

**Treatment of Incorrect financial assessment**

If it is discovered that an incorrect financial assessment has led to a service user being charged too much or too little, WDHSCP will carry out a new financial assessment, and will apply the correct charge from that date.

Where WDHSCP has been given the correct financial information by the service user, or their representative, and has calculated the charge wrongly, the service user will be reimbursed the full amount of any over-charge, and WDHSCP will not seek to recover any amount by which they have been under-charged.

If any under-charge results from the service user, or their representative, providing us with incorrect financial information, WDHSCP may seek to recover any amount by which the service user has been under-charged If a service user, or their representative, provides WDHSCP with incorrect financial information and this results in them being over-charged, WDHSCP may refund the amount by which they have been over-charged.

## 3. Charging Structure

Charges for community based services will be levied in accordance with the structure defined in the table below:

| Service | Charging Method |
|---|---|
| Care at Home (including respite provided at home) | Means tested weekly charge |
| Housing Support and Supported Living | Means tested weekly charge |
| Daycare – Travel to daycare from home and return | Flat rate charges for transportation provided |
| Daycare – Meals provided whilst at daycare | Flat rate charges for meals and refreshments provided |
| Meals on Wheels | Flat rate charge for each meal provided |
| Lunch Clubs | Flat rate charge for each meal provided |
| Community Alarm and Telecare Services | Flat rate weekly charge |

All charges will be reviewed annually as part of West Dunbartonshire Council's budget setting process.

The means test mechanism used by the Council to determine service users' charges will be reviewed annually to ensure that it reflects any changes to:

- Government legislation or regulation relevant to charging for the services for which charges are assessed under the means test;
- The guidance issued by COSLA upon which the means test mechanism is based; and
- The allowances and premiums calculated by the Department for Work and Pensions which underpin the affordability test within the means test mechanism.

## 4. Care at Home – Personal and Domestic Care

The following services can be broken down into personal and domestic tasks:

- Care at home, including care at home provided on a respite basis; and
- Supported Living.

Since WDHSCP is required under the Community Care and Health (Scotland) Act 2002 to ensure that service users aged 65 and over are not charged for personal care, it is essential to define which tasks would be considered to be personal care and subsequently excluded from charging. For people aged under 65 Personal Care tasks are chargeable through the means-tested charging mechanism.

The following list identifies those tasks that are classified as Personal Care:

1. Assistance with laundry associated with medical condition e.g. bed changing;
2. Special preparation of food associated with dietary requirements;
3. Assistance with eating/drinking;
4. Getting out of bed;
5. Going to bed;
6. Assistance with dressing/undressing;
7. Assistance with washing and bathing;
8. Assistance with personal grooming/dental Hygiene e.g. shaving and nail care;
9. Assistance with continence care;
10. Assistance with toileting;
11. Assistance with medication supervising/reminding;
12. Assistance with mobility;
13. Assistance with specialist feeding;
14. Assistance with stoma care;
15. Assistance with catheter care;
16. Assistance with skin care;
17. Administering of medication (including administering of oxygen);
18. Rehab Work (under support of professional); and
19. Food Preparation.

Note: The provision of Community alarms and other associated devices are **not** included in the above list.

The following list identifies those tasks that are classified as Domestic tasks which are subject to a means-tested charge:

1. Assistance with Laundry;
2. Assistance with shopping; and
3. Assistance with essential domestic tasks.

## 5. Housing Support

Housing Support services are subject to the same means test applied to charging for Personal Care (except for those aged over 65) and Domestic Care. Housing Support services include tasks which are intended to assist service users with the following:

1. Assistance with Life Skills–worker provides life skills training to the service user in maintaining the dwelling and curtilage (i.e. close, stairs, paths, bin area, garden pertaining to the service user's accommodation) in appropriate condition;
2. Service User Welfare– Worker assists the service user to engage with individuals, professionals and other bodies with an interest in the welfare of the service user;

3. Adaptations – Worker arranges adaptations to enable the service user to cope with disability;
4. Budgeting/Debt Management– Worker advises or assists the service user with personal budgeting and debt counselling;
5. Relationships/Neighbour Disputes– Advising or assisting the service user in dealing with relationships and disputes with neighbours; and
6. Benefits/Correspondence–Advising or assisting the service user in dealing with benefit claims and other official correspondence relevant to sustaining the occupancy of the dwelling.
7. Portability of Care – If someone wishes to move in the area they can enquire from the Department what charges would be applied to their care needs however, a further assessment would be required from WDHSCP to identify the level of need.

## 6. Means-Tested Charging Mechanism: Care at Home and Housing Support Services

The means test mechanism described below is based upon the model recommended by COSLA as representing best practice in finding the balance between maximising income generation and minimising reduced opportunity and financial hardship for service users. The means test will be used to assess charges for home care and housing support services.

Service users who are eligible for relief under the means test will pay either:
- WDHSCP's maximum charge for care; or
- The maximum that they can afford to pay, as determined using the means test.

**Means Test Calculation**
To determine the maximum amount the service user can afford to contribute towards their care package, the following calculation will be completed:

(A) Total Assessed Income
(B) Less Applicable Housing Costs
(C) Less Applicable Disregards
(D) Less Relevant Income Threshold
(E) Equals residual income
(F) Maximum charge is equal to residual income (E) multiplied by a taper of 50%.

A detailed explanation of each of the above steps is provided in the following section. The section on income has been split into income and capital and includes the rules for how different types of income and capital are to be treated in the means test mechanism. As detailed above WDHSCP will not charge more than the cost of the service provided.

### (A) Income
Income relates to the household income and includes the service user's income and spouse/partner's income if appropriate. Income is a payment which:

- Is made in respect of a period; and

- Forms part of a series of payments (whether or not payments are received regularly).

A payment of income is taken into account for a period equivalent to that which it represents, e.g. a payment due to be made weekly is taken into account for a week, a payment due to be made calendar monthly is taken into account for a month, but a weekly rate is calculated before assessment. Income is either: taken fully into account; partly disregarded; or fully disregarded.

**Income Taken Fully into Account**

- Most Social Security Benefits, including:
    - State Retirement Pension;
    - Attendance Allowance;
    - Disability Living Allowance (care component);
    - Job Seekers Allowance;
    - Income Support;
    - Pension Credit;
    - Industrial Death Benefit;
    - Incapacity Benefit;
    - Employment and Support Allowance;
    - Maternity Allowance;
    - Severe Disablement Allowance;
- Annuity Income;
- Occupational Pensions;
- Refund of Income Tax;
- Trust Income;
- War Orphan's Pension;
- Income from an insurance policy (except mortgage protection insurance);
- Income from sub-lets; and
- Income from disregarded capital.

**The following are excluded from the weekly available income calculation:**

- Any rent, or mortgage interest being paid;
- DLA Mobility Component;
- Direct payments made by a local authority under Section 12B of the Social Work (Scotland) Act 1968 to individuals in respect of a care service that they or a dependent child have been assessed as requiring;
- Child Support Maintenance Payments and Child Benefit;
- Child Tax Credit;
- Guardian's Allowance;
- War Pensioner's Mobility Supplement;
- Carers Allowance;
- Christmas Bonus;
- Council Tax and Housing Benefits (water and sewerage charges are not excluded);
- Gallantry Awards (GC, VC, similar from abroad);
- Social Fund payments;
- Winter Fuel Payments from DSS;

- Independent Living Fund Payments;
- War Widows' Special Payments;
- Any payment from a range of charitable and special funds;
- Income from a mortgage protection policy;
- Income from a "home income plan" annuity;
- Income in kind, not cash;
- Trainees' training premium and travelling expenses;
- Child benefit;
- £20 earning disregard;
- War Disablement Pension; and
- War Widow's Pension (but not War Widows' Special Payments).

**Capital**
A service user's resources are either capital or income. It may not always be obvious whether a payment should be treated as capital or income, but generally, a payment of capital is one which is:

- Not in respect of a specified period; and
- Not intended to form part of a series of payments.

Examples of capital are shown in the following list. The list is intended as a guide and is not exhaustive:

- Buildings;
- Land;
- National Savings Certificates and Ulster Savings Certificates;
- Premium Bonds;
- Stocks and shares;
- Capital held by the Court of Protection or a Receiver appointed by that Court;
- Any savings held in:
  - building society accounts - income which is paid into an account becomes capital once the period over which it is taken into account as income expires;
  - bank current accounts, deposit accounts or special investment accounts. This includes savings held in the National Savings Bank, Girobank and Trustees Savings Bank - income which is paid into an account becomes capital once the period over which it is taken into account as income expires;
- SAYE schemes;
- Unit Trusts;
- Co-operative share accounts;
- Cash; and
- Trust funds.

**The Effect of Capital**
It should be noted that where a service user is in receipt of Income Support or Pension Credit there will be no requirement for WDHSCP to calculate the capital tariff contribution as this exercise will have been carried out by the Department of Work & Pensions with an appropriate adjustment to the amount of Income Support or Pension

Credit paid to service user. Only available capital shall be taken into account. This precludes taking into account the value of a service user's home in charging for domiciliary home care services.

The lower capital thresholds and tariff charge increments are taken from the COSLA charging guidance. The rates will be reviewed annually to ensure that they match any changes in the DWP rules.

Tariff Income

Tariff income is meant to represent an amount that a service user with capital over a certain limit should be able to contribute towards their service costs, not the interest earning capacity of that capital.

**(B) Applicable Housing Costs**

Deductions will be made from the service user's assessed income for the following net housing costs:

- Rent;
- Mortgage payments;
- Council tax (including water and sewerage charges); and
- Interest payable on loans that have been taken out to improve, extend or adapt the service user's home, as long as they are related to the service user's disability.

**(C) Applicable Disregard**

The applicable disregard is the weekly equivalent total of all of the items of income which are partially or fully disregarded, as specified in the Income section of this policy.

Financial and charge assessments will be calculated on a **gross** basis and deductions detailed to ensure the transparency of the assessment for the service user and to avoid any confusion about how charges have been calculated.

**(D) Relevant Income Threshold**

Income thresholds represent the minimum amount of money which the Government, via the Department for Work and Pensions, determines that a service user of a particular age and circumstance requires to meet their weekly living costs. To ensure full compliance with the COSLA Guidance on Charging for Non-Residential Services, this policy requires that the Income Thresholds are calculated using the allowances and premiums calculated by the Department for Work and Pensions for the purpose of determining minimum weekly living costs and that an additional 25% buffer is added thereto to minimise service users' exposure to financial hardship.

Income thresholds will be calculated annually and published for use by WDHSCP. Staff undertaking financial and charge assessments should select the most appropriate threshold to apply to individual assessments using the following criteria:

- The age of the service user, and;
- Whether the service user is one of a couple or an individual.

When assessing a couple, threshold selection should **always** be determined on the circumstances of the **elder** member of the couple.

**(E) Residual Income and the Taper**

Residual income is the income which the service user has left over after deducting housing costs, disregarded income and weekly living costs (income threshold). The maximum charge that the service user can afford to pay is thereafter calculated on the basis of 50% of their residual income. The level of taper applied is at the WDHSCP Board's discretion and will be reviewed on an annual basis to ensure that a balance between cost recovery and fair charging is maintained.

**(F) The Charge**

The charge to a service user is equal to the lesser of the means tested charge for the service provided to each service user or the maximum charge levied by WDHSCP for the service (this represents a capped charge in order to protect service users from excessive charges due to higher than average care needs). This charge will then be rounded down to match the nearest charge in the table of charges below.

**TABLE OF WEEKLY CHARGES EFFECTIVE FROM 1 APRIL 2016**

| | | |
|---|---|---|
| 1 | £ | 2.90 |
| 2 | £ | 5.80 |
| 3 | £ | 8.70 |
| 4 | £ | 11.70 |
| 5 | £ | 14.60 |
| 6 | £ | 17.50 |
| 7 | £ | 20.40 |
| 8 | £ | 23.50 |
| 9 | £ | 26.40 |
| 10 | £ | 29.30 |
| 11 | £ | 32.20 |
| 12 | £ | 35.30 |
| 13 | £ | 38.20 |
| 14 | £ | 41.10 |
| 15 | £ | 44.20 |
| 16 | £ | 47.10 |
| 17 | £ | 50.00 |
| 18 | £ | 52.90 |
| 19 | £ | 55.90 |
| 20 | £ | 58.80 |

## 7. Other Charges – Services Charged at a Flat Rate

### Meals on Wheels

Charges for the Meals on Wheels service will be levied at a flat rate per meal provided to the service user. West Dunbartonshire Council will review the charge for meals on wheels provision on an annual basis as part of the normal budgeting process. Charges for the Meals on Wheels service will be collected on a 4 weekly in arrears basis.

### Lunch Clubs

Charges of the Lunch Club service will be levied at a flat rate per meal provided to the service user. West Dunbartonshire Council will review the charge for lunch club provision on an annual basis as part of the normal budgeting process. Charges for the Lunch Club service will be collected at the point of delivery with the exception of Lunch Club services provided to service users suffering from Dementia, where charges will be collected on a 4 weekly in arrears basis.

### Transport to Day Care

Transport to and from day care facilities, including to resource centres, provided by the Council, directly using Council vehicles or indirectly by private transport companies including minicab companies, will be charged at a flat rate per single journey, either to or from the day care facility. West Dunbartonshire Council will review the charge for transport provided on an annual basis as part of the normal budgeting process. Charges for transport services will be collected at the point of delivery.

### Day Care Meals Provision

Charges for the meals provided to service users at day care centres will be levied at a flat rate per day when meals are provided. West Dunbartonshire Council will review the charge for meals taken whilst attending day care provision on an annual basis as part of the normal budgeting process. Charges for meals provided at day care centres will be collected at the point of delivery by the day care centres delivering the users service.

### Community Alarms and Telecare Services

Charges for the Community Alarms (including Telecare) provided to service users at home will be levied at a flat rate per week of provision. West Dunbartonshire Council will review the charge for Community Alarm provision on an annual basis as part of the normal budgeting process. Charges for Community Alarms will be collected 4-weekly in arrears by invoice.

**Appendix 1**

**List of Charges**

| Service | Charge (£) | Frequency |
|---|---|---|
| Day Care charge to other Councils | 53.70 | Daily |
| Community Alarms (incl Telecare) | 2.42 | Weekly |
| Respite Care (18-24yrs) | 74.55 | Per Night |
| Respite Care (25-64yrs) | 91.98 | Per Night |
| Respite Care (65+yrs) | 140.64 | Per Night |
| Day Care Charge for Meals | 2.42 | Per Meal |
| Meals on Wheels – sandwiches | 1.18 | Per Meal |
| Meals on Wheels – Fresh Meals (incl dessert) | 1.89 | Per Meal |
| WRVS | 1.57 | Per Meal |
| Benview Lunch Club | 2.42 | Per Meal |
| Manse Gardens Lunch Club | 2.42 | Per Meal |
| Day Care Services – Charge for Transport – Round Trip | 3.02 | Daily |
| Day Care Services-Charge for Transport – Single Journey | 1.51 | Daily |

**APPENDIX 2**

## Worked Examples to explain how charges are calculated

The maximum weekly charge levied by WDHSCP will be £58.80 per week as shown in the Table of Charges detailed above.

**Example 1**
A 90 year old woman lives in a local authority house with full Council Tax and Housing Benefit, receiving 9.25 hours of personal care and 1.5 hours domestic care per week. None of these services are provided overnight.

Her weekly income is £253.50. The total cost of her chargeable services is £22.83. The charge applied to this service user will be £22.83 per week, being the lower of the actual cost of provision and the tapered available income.

**Example 2**
Mr and Mrs A (aged 55 and 57) live in rented accommodation. They receive 14 hours of personal care, delivered overnight, and 2 hours of domestic care. Their income is £395.15. They also receive full housing and council tax benefit.

The total cost of their chargeable services is £243.52. Their financial assessments indicated that they could afford to pay £186.88 per week towards the cost of their care. In this example the service users will pay the maximum charge payable of £58.80 per week.

**Example 3**
A 30 year old man with learning disabilities lives in a local authority house. He receives 5 hours personal care, 6 hours of domestic care, and 26 hours housing support per week which costs £555.00.

He receives Income Support of £134.95 plus a DLA care component of £55.10 per week. He also earns £65 a week from a part time job however qualifies for the higher earnings disregard of £20 because he is in receipt of DLA, therefore his earnings are noted as £45.00

His financial assessment indicated that he could afford to pay £90.05 per week towards the cost of his care. In this example the service user will be charged £44.20 per week, which is 50% of the 'residual income' calculated within the financial assessment form rounded down to the nearest charge in the table of charges in paragraph (f) above.

**Worked Examples of Care at Home Charges 2016/17**

| Description | Example 1 | Example 2 | Example 3 |
|---|---|---|---|
| **Service Cost:** | £163.62 | £243.52 | £555.00 |
| | | | |
| **Support Hours:** | | | |
| Personal Care | 9.25 | 14.00 | 5.00 |
| Domestic Care | 1.50 | 0.00 | 6.00 |
| Housing Support | Nil | 2.00 | 26.00 |
| **Total Hours** | **10.75** | **16.00** | **37.00** |
| Housing Benefit? | Yes | Yes | No |
| | | | |
| **Chargeable Hours:** | | | |
| Personal Care | Nil | 14.00 | 5.00 |
| Domestic Care | 1.50 | 0.00 | 6.00 |
| Housing Support | Nil | 2.00 | 26.00 |
| **Total Hours** | **1.50** | **16.00** | **37.00** |
| | | | |
| **Cost of Chargeable Hours:** | **£22.83** | **£243.52** | **£555.00** |
| **Income:** | | | |
| State Pension | £135.95 | Nil | Nil |
| DWP Benefits | Nil | £230.55 | £134.95 |
| Occupational Pension | Nil | Nil | Nil |
| Pension Credit (over 60) | £35.25 | Nil | Nil |
| AA/DLA Care Component | £82.30 | £164.60 | £55.10 |
| Earnings<br>Less Earnings Disregard | Nil | Nil | £65.00<br>-£20.00 |
| **Gross Income** | **£253.50** | **£395.15** | **£235.05** |
| Less: Threshold | £195 | £201 | £132 |
| Less: Housing Costs for Water and Sewerage charges | £10.00 | £10.00 | £13.00 |
| **= Available Income** | **£48.50** | **£184.15** | **£90.05** |
| **x Taper (50p in £)** | **£24.25** | **£92.07** | **£45.03** |
| **Actual Charge Applied** | **£22.83** | **£58.80** | **£44.20** |

**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 the Manager's Meeting Room, 3rd Floor, Council Offices, Garshake Road, Dumbarton, on Wednesday, 15 June 2016 at 2.00 p.m.

**Present:** Heather Cameron; Allan Macleod, Jonathan McColl and Martin Rooney.

**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; Karen Cotterell, Senior Auditor (Audit Scotland) and Nuala Borthwick, Committee Officer (West Dunbartonshire Council).

**Also Attending:** Non-Voting Member of the Partnership Board – Anne McDougall.

**Apology:** An apology for absence was intimated on behalf of Gail Casey.

## APPOINTMENT OF CHAIR

In the absence of a Chair of the Audit Committee (currently a vacancy) and the Vice Chair, the Committee Officer invited the Committee to appoint a Chair for this meeting of the Committee.

Following discussion, it was agreed that Mr Allan Macleod be appointed Chair. Accordingly, Mr Macleod assumed the Chair.

## VARIATION IN THE ORDER OF BUSINESS

Having heard the Chair, Mr Macleod, it was agreed that the order of business be varied as hereinafter minuted.

## 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 Health & Social Care Partnership Board Audit Committee held on 23 March 2016 were submitted and approved as a correct record.

A copy of the Action List was distributed to Members (tabled). Following discussion, the Committee agreed:-

(1) that the Action List would be included as a substantive item on future agendas for the Committee;

(2) that a report on the Review of Terms of Reference had not been included on the agenda due to an administrative error however the Chief Financial Officer reported that there were no additional costs for the Audit Committee at this time other than the Annual Accounts therefore there was nothing to report at this time; and

(3) that following approval of the Equality Act 2010 Mainstreaming Report by the Health & Social Care Partnership Board, officers would prepare a report specifically concerning health inequalities amongst different socio-economic groups for a future Audit Committee meeting.

## INTEGRATED BUSINESS CONTINUITY PLANNING FOR THE HEALTH & SOCIAL CARE PARTNERSHIP

A presentation was provided by the Head of Strategy, Planning and Health Improvement on integrated business continuity planning for the Health & Social Care Partnership.

After discussion and having heard the Chief Officer and the Head of Strategy, Planning and Health Improvement in further explanation of business contingency planning for the Health & Social Care Partnership and in answer to questions from Members, the Committee agreed:-

(1) to note that Business Continuity Management is an essential activity in establishing the Partnership's resilience by enabling it to anticipate, prepare for, respond to and recover from disruptions and to have a clear understanding of dependencies with other organisations;

(2) to note that any outcomes or recommendations relevant to Integration Joint Boards from the recent national pandemic flu exercise - Silver Swan - would be reported to a future meeting of the Committee when available and as appropriate; and

(3) that a copy of the presentation would be issued to Members of the Committee.

## CONFIRMATION OF STANDARDS OFFICER FOR THE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

A report was submitted by the Head of Strategy, Planning & Health Improvement confirming arrangements for a Standards Officer for the Health & Social Care Partnership Board as approved by the Standards Commission for Scotland.

Following consideration, the Committee agreed to affirm the Chief Officer's confirmation as the Standards Officer for the Health & Social Care Partnership Board by the Standards Commission for Scotland.

## CARE INSPECTORATE REPORTS FOR CHILDREN & YOUNG PEOPLE'S SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL

A report was submitted by the Head of Children's Health, Care and Criminal Justice providing information on the most recent inspection report for the Council's own residential services for children and young people.

After discussion and having heard the Chief Officer and the Head of Children's Health, Care and Criminal Justice in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) that the undernoted additional sentence be included in paragraph 3 at Section 5.2 of the report to provide clarity in relation to the Care Inspectorate's requirement from the inspection:-

'The children still placed at the Children's House were spoken to by the Care Inspectorate';

(2) to otherwise note the content of this report and the work undertaken and planned to ensure grades awarded reflect the quality levels expected by the Council; and

(3) to note that all future Care Inspectorate reports would be submitted to the Committee at the earliest possible opportunity.

## 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 & Health Improvement providing a routine update on the most recent Care Inspectorate assessments for an independent sector residential older peoples' Care Home located within West Dunbartonshire.

After discussion and having heard the Head of Strategy, Planning and Health Improvement and in further explanation of the report and in answer to Members questions, the Committee agreed to note the content of the report.

## CARE INSPECTORATE REPORT FOR SUPPORT SERVICES OPERATED BY THE INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE

A report was submitted by the Head of Strategy, Planning & Health Improvement providing a routine update on the most recent Care Inspectorate assessments for seven independent sector support services operating within the West Dunbartonshire area.

After discussion and having heard the Chief Officer and other officers in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) to congratulate staff at the West End Project – Dumbarton on maintaining excellent inspection grades for each of the services inspected;

(2) to note the work undertaken to ensure grades awarded reflect the quality levels expected by the Council; and

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

## SCOTTISH GOVERNMENT HEALTH AND CARE EXPERIENCE SURVEY 2015/16

A report was submitted by the Head of Strategy, Planning & Health Improvement providing information on the recently published Scottish Government Health and Care Experience Survey 2015/16.

After discussion and having heard the Chief Officer 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 publication of the national overview report and the findings for West Dunbartonshire; and

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

## INTERNAL AUDIT ANNUAL REPORT TO 31 MARCH 2016

A report was submitted by the Chief Financial Officer:-

(1) advising of the work undertaken by Internal Audit in respect of the Annual Audit Plan 2015/16;

(2) advising of the contents of the Assurance Statement given to the Chief Financial Officer in support of the Statement of Internal Financial Control/Governance Statement; and

(3) outlining how audit assurances are obtained.

After discussion and having heard the Chief Officer and the Chief Internal Auditor in further explanation of the report and in answer to Members' questions, the Committee agreed to note the contents of the report.

## DRAFT STATEMENT OF ACCOUNTS 2015/2016

A report was submitted by the Chief Financial Officer providing information on the draft Annual Accounts for 2015/2016 and highlighting matters of interest.

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 contents of the report and the draft Final Accounts, subject to the understanding that the draft accounts may change depending upon the audit;

(2) to note that a full report on the audited accounts would be submitted to the Health & Social Care Partnership Board in November 2016; and

(3) that authority be delegated to the Audit Committee to formally approve the audited accounts at its meeting on 14 September 2016, prior to submission to the Accounts Commission by 30 September 2016 in line with the approved Terms of Reference.

## DRAFT INTERNAL AUDIT PLAN 2016/17

A report was submitted by the Chief Financial Officer advising of the planned programme of audit work for the year 2016/2017.

After discussion and having heard the Audit and Risk Manager in further explanation of the report and in answer to Members' questions, the Committee agreed to approve the Audit Plan for 2016/2017.

## FUTURE MEETINGS

Members agreed the undernoted dates for future meetings of the Audit Committee:-

(1) Wednesday, 14 September 2016 at 10.00 a.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU.

(2) Wednesday, 7 December 2016 at 2.00 p.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU.

(3) Wednesday, 22 March 2017 at 10.00 a.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU.

The meeting closed at 3.50 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, 9 June 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:** Jon Belton, Service Manager, Kirsteen Green, Business Support Manager and John Stead, Team Leader, Criminal Justice Services.

**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:** Paolo Mazzoncini, Chief Social Work Officer and Keith Gardner, Criminal Justice Manager.

**Apologies:** Apologies for absence were intimated on behalf of Councillors Jonathan McColl (West Dunbartonshire Council) and Michael O'Donnell (East Dunbartonshire Council); Gerard McCormick Community Planning Manager, East Dunbartonshire Council and Amanda Coulthard, Community Planning Manager, West Dunbartonshire Council.

**Councillor Elaine Robertson in the Chair**

## MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Partnership Joint Committee held on 10 March 2016 were submitted and approved as a correct record.

## DRAFT FINANCIAL OUTTURN 2015/16 AND REVENUE ESTIMATES 2016/17

A report was submitted by the Treasurer to the Partnership Joint Committee advising of the draft financial outturn for 2015/16 and providing an update regarding the budgeted position for 2016/17.

After discussion and having heard the Partnership Manager – Criminal Justice Partnership in further discussion of the report and in answer to Members' questions, the Committee agreed:-

(1) to note with concern the draft financial outturn for 2015/2016 which is subject to audit and scrutiny by the Scottish Government. A final audited statement will be provided to a future meeting of the Partnership;

(2) to note with concern the revenue budget for 2016/2017 and that monitoring reports on financial performance will be provided to future meetings of the Committee;

(3) to note that a report will be provided to the next Committee with regard to options considered by management to further reduce the gap for 2016/2017 and;

(4) to note the changes previously reported to Committee regarding future restructuring of Criminal Justice service delivery and funding across Scotland and that a report would be provided to a future Committee identifying options for future service delivery within the Partnership.

## CRIMINAL JUSTICE SOCIAL WORK SELF EVALUATION 2014

A report was submitted by the Chief Officer, Health & Social Care Partnership providing an update on the progress in implementing the recommendations for the Self Evaluation exercise undertaken during 2014.

After discussion and having heard the Partnership Manager – Criminal Justice and other officers in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) to congratulate officers on the successful roll-out of MAPPA extension which was introduced nationally on 1 April 2016;

(2) that the Partnership Manager would provide further updates on progress regarding identified improvements; and

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

## PARTNERSHIP TRAINING PLAN 2014-17 ANNUAL REPORT 2016

A report was submitted by the Chief Officer, Health & Social Care Partnership providing an update on the Partnership Training Plan 2014-17.

After discussion and having heard the Partnership Manager – Criminal Justice and the Service Manager and Team Leader, Criminal Justice, Argyll and Bute Council in further explanation of the report and in answer to Members' questions, the Partnership agreed:-

(1) that the Partnership Manager would bring further reports on progress to future meetings of the Partnership; and

(2) otherwise to note the contents of the report and the Partnership Training Plans 2014-2017 for year 2 and year 3 as appended to the report.

## COMMUNITY JUSTICE REDESIGN: TRANSITION PLAN: PROGRESS REPORT

A report was submitted by the Chief Officer, Health & Social Care Partnership providing an update on the progress of the transition plan regarding the establishment of Community Justice Partnerships.

After discussion and having heard the Partnership Manager, Criminal Justice in further 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; and

(2) that the Partnership Manager continues to provide regular updates on progress.

## UPDATES FROM COMMUNITY PLANNING PARTNERSHIPS

The Community Justice Transitions Officer provided an update on community planning issues in each of the three Council areas.

It was noted that officers had arranged to meet with the Prisoner Support Pathway Service, delivered by third sector organisation, Turning Point Scotland, to support short term prisoners in order to begin scoping how community based services can forge stronger links to support people approaching liberation.

It was noted that the Housing and Welfare Lead, Scottish Prison Service would be looking at a housing protocol to be shared across the Partnership. It was also noted that engaging with mental health practitioners was now a factor for consideration for all partners.

In relation to Community Justice, it was noted that it had been agreed to set up a Strategic Transitions Group which would include all statutory partners across the 3 partnership local authorities.

## ANY OTHER COMPETENT BUSINESS

The Chair advised that she had attended the COSLA Community Justice Sub-Group and reported that the Partnership was at the same stage as other partners throughout Scotland. It was agreed that, on request, COSLA briefings would be prepared for Councillor Robertson for future meetings.

## PARTNERSHIP BALANCED SCORECARD 2014-17

A copy of the Partnership Balanced Scorecard 2014-17 was distributed to Members. Following discussion and having heard the Business Support Manager and Team Leader, Criminal Justice Services, Argyll and Bute Council in further explanation of the Balanced Scorecard and in answer to Members questions, it was agreed:-

(1) to note that improvements had been made in the percentage of individuals attending an induction session within 5 working days due to the introduction of electronic notification of orders from court; and

(2) that the number of service users be included with percentage figures in future scorecards.

## DATES FOR FUTURE MEETINGS

The Partnership agreed the undernoted dates for future meetings:-

(1) Thursday, 15 December 2016

(2) Thursday, 18 March 2017

The meeting closed at 3.52 p.m.

**West Dunbartonshire Health & Social Care Partnership (HSCP)**

**Meeting:** **Dumbarton and Alexandria Locality Meeting**

**Date:** **20 May 2016**

**Time:** **10:00 am**

**Venue:** **Seminar Room, Vale Centre for Health and Care**

**Paper:** **MINUTE**

| **Present:** | | |
|---|---|---|
| | Dr. Neil Mackay | GP, Bank Street (Chair) |
| | Mark Dickinson | Lead Pharmacist, WD |
| | Dr Saied Pourghazi | Dumbarton Health Centre |
| | Mary Angela McKenna | Integrated Operations Manager. (Community Older Peoples Team) |
| | Dr. Fiona Wilson | GP, Oakview Practice |
| | Dr. Kathryn McLachlan | GP, Furneaux Practice |
| | Jane Young | GP, McMaster Practice |
| | David Clark | GP, Lennox Practice |
| | Linda McGee | Practice Manager, Lennox Practice |
| | Chris McNeill | Head of Community Health & Social Care Services |
| | Tracy Cassidy | MSK, West Physio Manager |
| | Yvonne Milne | Mental Health Services |
| | Lynne McKnight | Integrated Operation Manager (Care at Home Service) |
| | Elaine McIntyre | Service Manager - Care at Home Service |
| | Val McIntyre | Senior Nurse |
| | Anna Crawford | Primary Care Development Lead |
| | Marjory Johns | Planning Manager, Acute |
| | Lesley Traquair | Minutes |

**Apologies:** Brian Polding Clyde, Dr. Stephen Dunn, Gillian Bonar, Selena Ross

| **Item** | **Description** | **Action** |
|---|---|---|

**1. Welcome & Introductions**

Dr. N. Mackay welcomed everyone to the meeting and introductions were made.

**2. Minute of Meeting Held on 18.3.16**

- Integrated Care Fund – Minutes of meeting were circulated for information. C McNeill advised that the annual report

has been produced and asked A Crawford to arrange for it to be circulated. **AC**

- C McNeill advised that Clydebank GPs have asked that we look at work being carried out on COPD to enhance joint working. C. McNeill asked that a conversation is had around how we make both groups aware of what the other is doing.
- Dr. S. Dunn was to write to Dr. Norrie Gow, Clinical Director, Out of Hours GP Service, Dr Dunn to update at the next meeting. **SD**
- C McNeill confirmed there were no plans to remove treatment rooms.
- A Crawford advised that a list of email contact addresses for practices has been sent to William Wilkie to allow him to share with Optometry colleagues allowing optometrist to email patient communications to practices.
- C McNeill informed the group that William Wilkie has been appointed the new Optometry Lead for West Dunbartonshire.

**3. Physio Waiting Times**

- Urgent referrals are being assessed within 4 weeks, routine referrals are on a 20 weeks waiting list.
- The service is trying out a number of approaches to reducing the waiting times, including phoning patients in advance of appointment, implementing a text reminder service.
- MSK zone within NHSinform provides advice on muscular skeletal problems. This information may help in patient self management. C. McNeill agreed to fund a small print run of information leaflets for practices.
- In Inverclyde HSCP a pilot is being carried out with Physiotherapists based within GP practices. The group agreed to look at the evidence from this when available.
-

**4. HSCP Locality Priorities**

An overview of the HSCP Locality priorities was shared with the group.

- It was noted that Clydebank Locality have focussed on Mental Health, Addictions and Children's Services with a lot of good work being progressed.

**5. COPD Workplan Update**

Last meeting held on 22/04/16. The workplan was discussed and agreed.

- The group were advised that Clydebank patients had access to Glasgow COPD Home based Service in 2014-16 which was funded by North West Sector in Glasgow City CHCP. This service has now tightened the criteria and only

patients from within Glasgow City are eligible for the service. The Service included management of exacerbations and supported discharge, Clydebank Locality asked if the COPD Nurse Services could be expanded to include this. Meeting to be arranged with Dr. J Young and V McIver to consider criteria and service. Suggested date for this was 25/05/16. **JY/VMcI**

- The new secondary care Respiratory Nurse Specialist from the Royal Alexandra Hospital will be invited to next COPD Sub Group at the end of June 2016.
- Applications by the West Dunbartonshire Community Volunteering Service for Self Management Funding have been unsuccessful.
- A Crawford agreed to send out referral and uptake data from the Pulmonary Rehabilitation Service to practices in Alexandria / Dumbarton Locality to try to increase referrals. **AC**
- There is a high level of investment being offered in telehealth and telecare services. C McNeill advised that the HSCP submitted a bid to Scottish Government. If the bid is accepted the HSCP will work with Locality Groups to identify areas for development within the scope of the original bid and guidance. Alex Wren, Care at Home Co-ordinator, West Dunbartonshire HSCP to be invited to the next COPD Sub Group on 28/06/16 to discuss the telehealth telecare bid. **AC**

**6. Frailty Workplan Update and Discussion**

- A presentation was shown which summarised the work/ progress on frailty. Dr. Wilson shared a number of frailty definitions and asked the groups preference. Feedback indicated a preference for definitions 5 or 6.
- C McNeill asked if the frailty index takes account of cognitive impairment and was advised the e Frailty index takes account of approximately 2000 read codes within GPs EMIS systems. Specific details on which codes were included was not known.
- The group noted the involvement of the 2 practices represented on the group in the pilot of the eFrailty Index which is being undertaken in partnership with Healthcare Improvement Scotland.
- Dr D Clark agreed to contact Dr Medhat Zaiada, Consultant, NHS Greater Glasgow & Clyde to ask if he would engage with the Frailty Group around the work being progressed locally and to advise on Frailty Screening within Secondary Care. **DC**

**7. Local Engagement Network Update**

The LEN held a focus group on Frailty in February 2016. M-A McKenna facilitated the session and reported that there was an appetite for a Frailty Self Assessment by the focus group and that

a programme of activity will be set up.

A Crawford to speak to S Ross and Wendy Jack, Planning and Improvement Manager, West Dunbartonshire HSCP to request a structured update is provided to the Locality Group from the LENS as this engagement and connectivity is paramount to the Locality activity. **AC**

**8. Practice Quality Lead**

Four practices within Alexandria and Dumbarton Locality have to provide the name of their Practice Quality Lead by the end of June, A Crawford to resend the e-mail to practice managers. **AC**

The group were advised that Practice Quality Leads and Cluster arrangements have been put in place as part of the GMC Contract Arrangements for 2016/17 and are a replacement for the GMC Quality Outcomes Framework.

Locality arrangements are still required as part of the HSCP legislation. Consideration is required on how the activity of clusters and localities are aligned for reporting and quality improvement as well as assurance that services commissioned by the HSCP are of an agreed quality.

**9. Clusters**

The group agreed that cluster arrangements should form part of the Locality agenda. Further guidance is awaited on the arrangements for identifying Cluster Quality Leads.

**10. Any Other Business**

- **Children's Service**

A Joint Inspection of Services for Children will begin on 30th of August this year and last until the 14th October 2016. A multi-agency Self Evaluation will be submitted in early August. One of the Good Practice examples being submitted is the work progressed by the Locality Groups in relation to both Getting It Right for Every Child (GIRFEC) and Child Protection. A Focus Group for inspectors to meet with those involved is being arranged and would hope to have a few GPs in attendance. This will take place at some point over the three days of; 30th and 31st of August or 1st September.

**7. Date of Next Meeting**

Friday, 16th July 2016 in the Seminar Room, Vale Centre for Health and Care.

**West Dunbartonshire Health & Social Care Partnership**

**Meeting:** **Dumbarton and Alexandria Locality Meeting**

**Date:** **15 July 2016**

**Time:** **10:00 am**

**Venue:** **Seminar Room, Vale Centre for Health and Care**

**Paper:** **DRAFT MINUTE**

**Present:**

| | |
|---|---|
| Neil Mackay | - GP, Bank Street Health Centre (Chair) |
| Stewart Cusick | - Prescribing Support Pharmacist |
| William Wilkie | - Lead Optometrist |
| Lynne McKnight | - Integrated Operations Manager – Care at Home Services |
| Christine Sinclair | - Practice Manager, Dunn Practice |
| Saied Pourghazi | - GP, Levenside Practice |
| Gillian Bonar | - Practice Nurse, Levenside Practice |
| Alex Wrens | - Home Care |
| Jamie Gillies | - COPD Nurse, West Dunbartonshire |
| Yvonne Milne | - Adult Mental Health |
| David Clark | - GP, Lennox Practice |
| Val McIver | - Senior Nurse |
| Chris McNeill | - Head of Community Health and Social Care Services |
| Euan Glen | - GP, Oakview Practice |
| Anna Crawford | - Primary Care Development Lead |
| Brian Polding Clyde | - Independent Sector Development Officer |
| Lesley Traquair | - Minutes |

**Apologies:** Marjory Johns, Fiona Wilson, Jane Young, Stephen Dunn, Jackie Irvine, Ken Ferguson, Pamela McIntyre, Mary-Angela McKenna

| **Item** | **Description** | **Action** |
|---|---|---|

**1. Welcome & Introductions**

Dr. Mackay welcomed everyone to the meeting and apologies were noted.

**2. Minute of Meeting Held on 20.05.16**

**3. Matters Arising**

- A. Crawford has circulated data for pulmonary rehabilitation referral and uptake data to all practices.
- Dr. D. Clark contacted Dr Medhat Zaiada, Consultant Physician, Vale of Leven Hospital requesting his engagement with Frailty Groups, unfortunately Dr. Zaiada is unable to participate. C. McNeill has contacted John Kennedy, General Manager, Acute Services to identify consultant. **C.McN**

**4. COPD Workplan Update**

The COPD workplan was circulated for information. Dr. N. Mackay updated the group

- Telecare Support – Bid submitted in February 2016 has been successful and £303,000 was awarded for the HSCP (over two years). The funding was awarded equally for the COPD Technology Enhanced Care (TEC) and technology to support assessment of complex care and monitoring for frail people particularly following discharge. Proposed systems were discussed but there is a need to be clear which patients this will be used for and what the protocols will be. A Crawford to send out dates for COPD Sub Group Meetings to A. Wrens. C. McNeill reminded the group that this money was a "one off" and we require an exit plan. It was agreed the COPD TEC will be developed at the COPD Sub-Group, L McKnight to be added to membership. **AC**
- End of Life – Clinical Effectiveness Programme – 15 out of 17 practices are participating. A. Crawford to collate quarter 1 data and provide to the COPD Sub Group. **AC**
- Pulmonary Rehabilitation Service and COPD Smoking Cessation Service will be discussed at the August COPD Sub Group.
- Group to consider how we incorporate local engagement feedback for COPD patient support. George Murphy, Public Involvement Officer, West Dunbartonshire Health & Social Care Partnership (HSCP) to be invited to next COPD sub group meeting. **AC**

**5. Frailty Workplan**

- Sub Group to agree definition for frailty for use within West Dunbartonshire.
- West Dunbartonshire is working with NHS Healthcare Improvement Scotland to test the e-frailty Index with 2 practices. Read codes to be applied by the end of July and data extract provided to Healthcare Improvement Scotland. Progress to be fed back at next meeting. Dr. S. Pourghazi discussed how we would identify patients who need care, their treatment and what interventions would be required. **AC**

**6. Local Engagement Network Update – COPD Session**

V. McIver and J. Gillies updated the group on the recent COPD

workshop which was well received. Two key service issues were discussed.

- How to increase engagement with COPD Nurse service in the Clydebank area – the younger age group (50-60) are not engaging well.
- How to increase uptake of pulmonary rehabilitation services across Clydebank and Alexandria / Dumbarton localities.
- C. McNeill agreed to discuss with Soumen Sengupta, Head of Strategy, Planning and Health Improvement, West Dunbartonshire HSCP around employee awareness. **CMcN**

**7. Clusters**

- Practice Quality Leads have been identified, HSCP awaits direction and guidance around appointment of Cluster Quality Leads. Cluster Quality Leads should be in place by the end of quarter 2 (30th September 2016)
- GPs reported difficulties in setting up meetings for Practice Quality Leads, clarity is required on if all Cluster meetings require attendance from each practice at every meeting.
- Document written by Catriona Renfrew has been circulated which includes some suggestions on the approach to Cluster Quality Leads.
- Kenneth Ferguson, Clinical Director has discussed the development of clusters with the Local Medical Council, it was suggested a meeting be arranged with K Ferguson to take this forward. **KF**

**8. Developing GP services**

Document written by Primary Care Services was circulated which identifies the challenges reported through consultation. This is an initial outline which will inform the development of the Primary Care Strategy and can inform the work of local clusters.

**9. Dementia Link Worker**

- Paper circulated outlines the development of the link workers integration into older adults and shows the challenges to be addressed in the future.
- The service is working to address issues with capacity. Y. Milne to discuss with Gerry Montgomery, Team Leader, Older Adult Mental Health Service, West Dunbartonshire HSCP and feedback to this meeting for discussion. Y. Milne asked that any questions should be emailed to her. **YM**

**10. Any Other Business**

- **Stroke Service**

Stroke Service for patients and families. Meeting to be arranged to take forward. A. Crawford to speak with S. Sengupta about links with the HSCP. **AC**

- HSCP Budget

- C McNeill agreed to share the HSCP financial information with the Group at the next meeting. **CMcN**
- Dr. S. Pourghazi discussed issues with the telephone service provider at Dumbarton Health Centre. A. Crawford to speak with S. Kapur. **AC**
- W. Wilkie asked if a joint educational session could be set up with Optometrists, Pharmacists and GPs to provide explore optometry including bifocals and the Acute Eye Service. It was suggested this might be an item for the next PLT session. A. Crawford to organise.
- The dates of future Dumbarton and Alexandria Locality Meetings being changed from Fridays to Tuesdays or Wednesdays to enable Ken Ferguson, Clinical Director to attend was discussed.

**11. Date of Next Meeting**

Friday, 20th September 2016 which might be changed when new date agreed.

**West Dunbartonshire Health & Social Care Partnership**

**Meeting:** **Clinical & Care Governance Group**

**Date:** **27 May 2016**

**Time:** **9.30am**

**Venue:** **Meeting Room 6, 3rd Floor, Garshake Road**

**Draft Minute**

**Present:** Soumen Sengupta, Head of Strategy Planning and Health Improvement (Chair)
Jackie Irvine, Chief Social Work Officer/Head of Childrens Health, Care and Criminal Justice
Jeanne Middleton, Chief Financial Officer
Christine McNeill, Head of Community Health and Care
Wilma Hepburn, Professional Nurse Adviser
Janice miller, MSK Physiotherapy Manager/Allied Health Professions Adviser
John Russell, Head of Mental Health, Addictions and Learning Disability
Serena Barnatt, Head of People and Change
Stephen McLeod, Head of Greater Glasgow & Clyde Specialist Children's Services

**Apologies:** Keith Redpath, Chief Officer
Ken Ferguson, Clinical Director

**In Attendance:** Lorna Fitzpatrick (Minute)

**1. Welcome & Introductions**

S Sengupta welcomed the group members to the meeting, confirming that he would be chairing the meeting in K Redpath's absence.

**2. Minute of Meeting Held on 23 March 2016**

The Minute of the meeting of 23 March 2016 was accepted as an accurate record.

**3. Matters Arising**

S Sengupta confirmed that a meeting has been organised with colleagues from the NHSGGC Clinical Effectiveness Unit to discuss the Group's requirements for aggregate clinical incident reports. **SS**

S Sengupta confirmed that an internal audit has been undertaken of clinical governance across NHSGGC and the report is awaited.

## 4. Quality Assessment

### i) Care Inspectorate Grades for Independent Providers Report

S Sengupta introduced the report for consideration. C McNeill updated on the position in relation to the West End Project.

C McNeill and S Sengupta agreed to meet separately to discuss reviewing external service providers. **SS/CM**

The content of the report was noted.

### ii) National Health & Care Experience Survey – West Dunbartonshire Results

S Sengupta introduced the report for consideration. It was recognised that results for West Dunbartonshire was positive; and on a par with the findings of a separate local survey undertaken through the Community Planning Partnership Citizens' Panel. Of particular note was the high percentage of respondents who reported that "service users' health and care services seem to be well coordinated", which was well above the national average.

## 5. Risk Management

### i) CNORIS Quarterly Report

S Sengupta presented the report for consideration. It was noted within the report that provision will be made for the Historical Child Abuse Inquiry Scotland. The content of the report was noted.

### ii) Chief Officers Group (COG) Public Protection

J Irvine presented the minute of the COG Public Protection for noting. J Irvine highlighted that that there will be a Significant Case Review carried out in respect of the case of Child A.

## 6. Service User Feedback

### i) FOI Report April 2016

S Sengupta presented the report for consideration, highlighting that local FOIs continued to be responded to within target timescales. The content of the report was noted.

## 7. Continuous Improvement

### i) Inspection Update

S Sengupta confirmed that Heather Irving from the HSCP's Planning

& Improvement Team is the key coordinator for the forthcoming joint inspection of children's services; and the pre-inspection return is on target to be submitted at the start of August 2016.

**ii) Clinical Governance Annual Report**

S Sengupta introduced this report, highlighting that it had been positively received at the recent HSCP Board meeting. The content of the report was noted.

**iii) Chief Social Work Officer's Annual Report**

J Irvine introduced this report, highlighting that it had been positively received at the recent HSCP Board meeting; and that it would be presented as a meeting of West Dunbartonshire Council later in July 2016. The content of the report was noted.

**iv) Participation and Engagement Strategy**

S Sengupta introduced this report, highlighting that it had been positively received at the recent HSCP Board meeting; and has been the subject of positive feedback from the Scottish Health Council. The content of the report was noted.

**8. Staff Governance**

**i) Clinical and Care Governance Symposium**

A date has been agreed in November 2016. S Sengupta and K Ferguson have agreed to present a draft programme for the next meeting. **SS/KF**

**ii) Staff Health Survey**

S Sengupta presented the main findings of the survey for consideration, which were broadly positive. It was confirmed that the findings in detail will be used to inform the update of the staff and practice governance framework, so that any actions are integrated within that comprehensive process. The findings will be shared with the HSCP Joint Staff Forum and the HSCP Health & Safety Committee. **SS/SB**

There was a brief discussion about the appropriate use of laptops; and it was agreed the S Barnatt would consider how best to provide staff with guidance on appropriate laptop use through the HSCP Health and Safety Committee. **SB**

**iii) HR Update – Absence & PDP**

S Barnatt presented the report for consideration. The positive progress managing WDC-employed staff absence was noted; as was the need to continue efforts to complete PDPs within target timescales. The content of the report was noted.

**iv) NHSGGC Occupational Therapy Annual Report**

S Sengupta presented the report for information, the contents of which were noted.

**v) NHSGGC Chairman's Awards 2016**

S Sengupta highlighted the awards; and, as in previous years, asked for nominations of staff to be brought forward who have performed well and contributed positively to the work of the HSCP for local recognition. **All**

**9. Date of Next Meeting**

It was confirmed that meetings of the Senior Management Team (SMT) and the Clinical and Care Governance Group would now be held on alternating final Wednesdays of each month. All meetings will start at 9.30am and will take place in Meeting Room 6, 3rd Floor, Council Building, Garshake Road, Dumbarton.

Diary invitations will be issued in due course. **LF**

The meeting was closed.

**West Dunbartonshire Health & Social Care Partnership**

**Meeting:** **Joint Staff Forum**

**Date:** **28 July 2016**

**Time:** **10.00am (Staffside pre meeting at 9.30am)**

**Venue:** **Managers' Meeting Room 6, HSCP Corridor 3rd Floor, Garshake Road**

# Draft Minute

**Present:**
Keith Redpath, Chief Officer, HSCP
Serena Barnatt, Head of People & Change, HSCP
Gillian Gall, HR Adviser, HSCP
Peter O'Neill, Unison (Chair)
Charlie McDonald, Unite
John Russell, Head of Mental Health, HSCP
Nazerin Wardrop, Unite
Val Jennings, Unison
Norman Firth, Criminal Justice Partnership Manager, HSCP
Annemarie Murdoch, Senior OD Advisor
Gillian Gall, HR, NHS
Kenny McColgan, Unison
Andy McKissock, Unison
Julie Ballantyne, Unison, NHS
Diana McCrone, Unison NHS co-chair
Phil McDonald, Integrated Operations Manager, HSCP
Serena Barnatt, Head of People and Change, HSCP
Marie Rooney, Integrated Operations Manager, HSCP
Jacqueline Pender, Information Manager, HSCP

**Apologies:**
Jackie Irvine, CSWO, HSCP
Chris McNeill, Head of Community Health & Care, HSCP
Soumen Sengupta, Head of Strategy, Planning & HI
Ken Ferguson, Clinical Director, HSCP
Nicola Bailley, HR Advisor, HSCP
Paul Britten, Unite

**In Attendance:** Kate McLachlan (Minute)

| Item | Description | Action |
|---|---|---|
| **1.** | **Welcome & Introductions**<br>Peter O'Neill (Unison), Chair welcomed members to the meeting. | |

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|---|---|---|
| **2.** | **Minute of Meeting Held on 28 April**<br>The contents of the minute of the meeting held on 28 April 2016 were accepted as an accurate record. | |
| **3.** | **Minutes from Other Meetings for noting:**<br>a) APF Agenda – reviewed and noted.<br>The contents of the agenda for the Area Partnership Forum meeting held on 6 July were noted.<br><br>It was noted that Dorothy McErlean has been appointed as the new NHS Non-Executive Director of the Board.<br><br>b) JCF Minute<br>The contents of the Minute of the Joint Consultative Forum meeting were reviewed and noted.<br><br>Peter O'Neill raised point 12 of the minute of 13 June referring to the policy sign off, branch accountability. This was highlighted and noted.<br><br>c) Employee Liaison Group Minute<br>The note of the meeting of the Employee Liaison Group meeting held on 13 June was noted. | |
| **4.** | **Matters Arising from JSF Meeting 28 April 2016**<br>a) Staff Governance & Practice Framework<br><br>Verbal update from Gillian was given.<br><br>b) Strategic Plan<br><br>Keith Redpath discussed the new 3 year strategic plan. The delay in the NHS Budget allocation process means that consultation on the new plan has now been extended for another week and then it will be presented to the IJB Board in the middle of August.<br><br>c) Sheltered Housing Wardens – verbal update<br><br>Serena gave verbal update. Recruitment is currently taking place. Charlie McDonald advised this will still a concern and agreed that we would discuss in next Community Care Convenors meeting.<br><br>Care Homes Redesign - The process for consulting on redesign had commenced and Serena confirmed TU's had been met with in advance of paper being sent out to staff and TU's had been invited to Workshops which were being held for staff as part of the consultation process . Charlie | |

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| | McDonald confirmed there were concerns from staff about grades. Serena confirmed that this is currently in the initial stages of the consultation and that job profiles have been sent out. | |
| **5.** | **Staff Health Survey**<br><br>Gillian gave verbal update on this report and advised that this Paper has gone to Health & Safety and Clinical and Care Governance Group and actions will be taken through existing structures for the HSCP. | **GG** |
| **6.** | **Finance Update**<br><br>A verbal update given from Keith. The NHS board have approved the budget for 16/17.<br>West Dunbartonshire's share of the savings is 1.4 million. A detailed report will go to the next IJB in the middle of August. The management team are currently looking at identifying approximately £1m of saving options.<br><br>Keith proposed an additional meeting of this group with NHS Unions meeting arranged for 6th September at 10am, when saving options can be reviewed. Local Authority representatives invited to attend for information. | **KR** |
| **7.** | **Service Updates:**<br><br>a) **Children Services and Criminal Justice** (Norman Firth)<br><br>i) Gillian updated on the admin review in Specialist Children's Services. There were 5 members of staff affected and 4 staff have now been matched. One member of staff is still outstanding and they are being supported through this. Gillian confirmed Diana McCrone was part of the process to match staff.<br><br>ii) Criminal Justice Redesign Update;<br>Norman provided a verbal update Process concluded yesterday. There has been an agreement with the staff group regarding job profiles and this will go forward for evaluation shortly to the job evaluation panel. This is part of a wider service re-design a further meeting with Trade Union Convenors' will be arranged to discuss implementation. | **NF** |

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|---|---|---|
| | iii) LIG Minute (for noting)<br>Noted.<br><br>b) **Community Care** (Phil MacDonald)<br><br>Integrated Care Fund End of Year Report noted.<br><br>c) **Mental Health, Learning Disability & Addiction Services**<br>i) Learning Disabilities Redesign – John Russell provided verbal update on paper he presented at the last meeting. A draft job description has been compiled. John confirmed that staff have been included in all discussions and only one member of staff is directly affected and they had been involved in the discussions to pull together the draft job description. John Russell will send a copy of draft job description to Val Jennings.<br><br>ii) Mental Health Team Arrangements<br><br>Fraser Downie has been appointed the new Integrations Operations Manager in place of Lynn Kennedy who is retiring at the end of September and Fraser will be shadowing Lynn prior to her leaving. John Russell is retiring in October this year. John advised that there is no re-structure taking place but a series of short terms cover arrangements whilst we await new management arrangements to be in place. Interviews for John's post is taking place on 1 August.<br><br>iii) **Strategy HI and Planning** (J Pender)<br><br>Jacqui Pender confirmed that Phase 2 was now completed. | **JR** |
| **8.** | **Standing Items:**<br>a) Health & Social Care Partnership Board<br>Keith noted that this is a short agenda but with two substantive items; strategic plan and financial discussion along with existing standing items.<br><br>b) HR Report<br>a. Discipline & Grievance Reports<br>Noted. | **KR** |

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|---|---|---|
| | b. Attendance Management Report<br>Noted.<br><br>c) Health & Safety Forum Minutes<br>Noted | |
| **9.** | **Public Health Consultation –** for noting by group. | **KR** |
| **10.** | **Workforce and OD Support Plan** – verbal<br><br>Serena advised that as part of agreed current Workforce and OD Support Plan which covers 2015-2018 It had been agreed the HSCP Board would be provided an annual update of progress on support plan and confirmation of priorities for 17/18.<br><br>Serena is in the process of doing an update on what has been achieved and what new actions we have for 16/17 by discussing with service areas. Serena will circulate draft to JSF members. | **SB** |
| **11.** | **I Matter** – verbal update<br><br>This is replacing the NHS staff survey. This is more of a team and diagnostic approach. HR is currently gathering information and this will only affect NHS for the time being and Keith confirmed it will not be undertaken with integrated teams at this time. Keith advised there is on-going discussion with the Council about the potential use of I Matters . | |
| **12.** | **Any Other Business**<br><br>Nazerin highlighted the Levengrove Gardening Project. This involves a volunteer gardener going to Care Homes. This has had a very positive outcome and has been reported to dementia ambassadors. Nazerin thanked John for supporting this. It is hoped that this can be extended to other homes in the future. John noted that Ingram Wilson and Work Connect colleagues should be credited for their hard work in helping make this programme a success. | |
| **13.** | **Date of Next Meeting**<br><br>Tuesday 25 October; 10am – staffside meet at 9 or 9.30am; venue Manager's Meeting Room, 3rd Floor, Garshake (Room | **Lorna** |

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| | booked)<br>Lorna to confirm with Peter and Diana<br><br>Tuesday morning to be arranged for subsequent meetings. Avoid first Tuesday of the month. End of January and April 2017 dates to be circulated.<br><br>**Agreed date for extraordinary meeting to discuss PIDS for the NHS :**<br>Tuesday 6 September; at 10.00am being held in the Manager's Meeting Room, 3rd Floor, Garshake (Room booked). | **Lorna**<br><br>**All** |