

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Meeting of the West Dunbartonshire Health & Social Care Partnership Board held in Committee Room 3, Council Offices, Garshake Road, Dumbarton, on Wednesday, 17 August 2016 at 2.00 p.m.

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

Non-Voting Members: Keith Redpath, Chief Officer; Jeanne Middleton, Chief Financial Officer; Jackie Irvine, Chief Social Work Officer; Barbara Barnes, Chair of the Local Engagement Network – Alexandria & Dumbarton; Diane McCrone, NHS Staff Side Co-Chair; Anne McDougall, Chair of Local Engagement Network – Clydebank; Neil McKay, Chair of Locality Group – Alexandria & Dumbarton; Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum; Selina Ross, Chief Officer of West Dunbartonshire Council for Voluntary Services; and Janice Miller, Professional Advisor, Allied Health Professional.

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 and Nuala Borthwick, Committee Officer, Regulatory Services, West Dunbartonshire Council.

Apologies: Apologies for absence were intimated on behalf of Kenneth Ferguson, Clinical Director; Wilma Hepburn, Professional Nurse Advisor; John Kerr, Professional Advisor, Housing; Kim McNabb, Service Manager, Carers of West Dunbartonshire; and Martin Perry, Acute Consultant, NHS Greater Glasgow & Clyde.

Councillor Gail Casey in the Chair

DECLARATIONS OF INTEREST

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the West Dunbartonshire Health & Social Care Partnership Board held on 25 May 2016 were 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 the new Vice Chair and a new voting member of the Partnership Board.

Having heard the Chair, the Partnership Board agreed:-

- (1) to appoint Allan Macleod as its new Vice Chair and consequently also Chair of the Partnership Board's Audit Committee; and
- (2) that Rona Sweeney, a non-executive director, NHS Greater Glasgow & Clyde Health Board be appointed as a new voting member on the Partnership Board.

2016/2017 ANNUAL REVENUE BUDGET

A report was submitted by the Chief Financial Officer providing an update on the 2016/2017 budget from NHS Greater Glasgow & Clyde Health Board.

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

- (1) to note the confirmation of the NHS Board's budget allocation for 2016/17 as detailed in section 4.2 of the report;
- (2) to note that the due diligence work had highlighted areas of financial risk and imbalance in the Health Care Budget allocation for 2016/17;
- (3) that draft savings options to restore financial budget balance to the health budget in 2016/17 would be presented to the HSCP Audit committee at its meeting on 14 September 2016 for review;
- (4) to note that the Health Board had identified that an element of non-recurring relief was potentially available to offset the in-year shortfall against savings targets and that discussions were underway to determine how non-recurring funding would be allocated to Partnerships within this financial year; and
- (5) to note that the NHS Board would consider the savings options from all parts of the NHS system during October 2016.

FINANCIAL REPORT 2016/17 AS AT PERIOD 3 (30 JUNE 2016)

A report was submitted by the Chief Financial Officer providing 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).

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

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

STRATEGIC PLAN 2016 - 2019

A report was submitted by the Head of Strategy, Planning & Health Improvement seeking approval of the Strategic Plan 2016 - 2019.

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 Partnership Board agreed:-

- (1) to approve the Strategic Plan 2016 – 2019 subject to the inclusion of an explanation on the 2015/16 target for each of the National Health and Wellbeing Outcomes included in the tables detailing Strategic Performance Framework; and
- (2) that further information sharing would be undertaken to widen the Strategic Planning Group in future.

UPDATED NON-RESIDENTIAL CARE CHARGING POLICY

A report was submitted by the Chief Financial Officer presenting the updated Non-Residential Care Charging Policy.

After discussion and having heard the Chief Financial Officer, the Head of Strategy, Planning & Health Improvement and the Head of Community Health & Care in further explanation of the report and in answer to Members' questions, the Partnership Board agreed to retrospectively approve the updated Non-Residential Care Charging Policy.

MINUTES OF MEETINGS FOR NOTING

The undernoted draft Minutes of Meetings were submitted and noted:-

- (a) Draft Minutes of Meeting of the Health & Social Care Partnership Audit Committee held on 15 June 2016;
- (b) Draft Minutes of Meeting of the Argyll, Bute and Dunbartonshires' Criminal Justice Social Work Partnership Joint Committee held on 9 June 2016;
- (c) Draft Minutes of Meeting of the Health & Social Care Partnership Locality Group for Alexandria & Dumbarton held on 20 May 2016;
- (d) Draft Minutes of Meeting of the Health & Social Care Partnership Locality Group for Alexandria & Dumbarton held on 15 July 2016;
- (e) Draft Minutes of Meeting of the Clinical & Care Governance Group held on 27 May 2016; and
- (f) Draft Minutes of Meeting of the Joint Staff Forum held on 28 July 2016.

VALEDICTORIES

John Russell, Head of Mental Health, Learning Disability & Addictions

Councillor Casey, Chair, informed the Partnership Board that this was the last meeting of the Partnership Board that John Russell would attend as he was retiring from service with the Health & Social Care Partnership at the beginning of October 2016.

On behalf of the Partnership Board, Councillor Casey thanked Mr Russell for his assistance throughout the years and his sterling work in developing Mental Health, Learning Disability & Addiction Services in West Dunbartonshire, and wished him well in his retirement.

Jeanne Middleton, Chief Financial Officer

Councillor Casey then informed the Partnership Board that that this was the last meeting of the Partnership Board that Jeanne Middleton would attend as she was also retiring from service with the Health & Social Care Partnership in October 2016.

On behalf of the Partnership Board, Councillor Casey thanked Mrs Middleton for her professional approach to the role and the significant work undertaken to set up the financial systems required of the Partnership Board.

EXCLUSION OF PRESS AND PUBLIC

The Committee approved the undernoted Resolution:-

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

Note:- Jeanne Middleton, Neil Mackay and Janice Miller (non-voting members) and all officers with the exception of Keith Redpath and Jackie Irvine left the meeting at this point in the proceedings.

SOCIAL WORK COMPLAINTS REVIEW SUB-COMMITTEE - 12 JULY 2016

A report was submitted by the Strategic Lead – Regulatory advising of a complaint heard by the Social Work Complaints Review Sub-Committee on 12 July 2016.

Following consideration, the Partnership Board agreed:-

- (1) to note the findings of the Sub-Committee contained in the Minutes of Meeting of the Social Work Complaints Review Committee held on 12 July 2016; and

- (2) to note that there were no recommendations of the Sub-Committee in relation to the complaint.

The meeting closed at 2.55 p.m.

DRAFT

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 16th November 2016

Subject: Membership of the Partnership Board

1. Purpose

- 1.1** To nominate the Health & Social Care Partnership's new Chief Financial Officer to be a non-voting member on the Partnership Board.

2. Recommendation

- 2.1** The Partnership Board are recommended to confirm the appointment of Juliana Slavin as a non-voting member of the Partnership Board.

3. Background

- 3.1** The constitution of the Health & Social Care Partnership Board is established through the Public Bodies (Joint Working) (Scotland) Act 2014.
- 3.2** The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 states that an integration joint board must include as a non-voting member the proper officer of the integration joint board appointed under section 95 of the Local Government (Scotland) Act 1973(1).
- 3.3** At its August 2016 meeting, the Partnership Board was informed that Jeanne Middleton, Chief Financial Officer of the Partnership would be retiring at the end of the following month, and so would be stepping down as a non-voting member on the Partnership Board.

4. Main Issues

- 4.1** Following necessary processes, the following individual is recommended to the Partnership Board to be appointed as a non-voting member:

Juliana Slavin – Chief Financial Officer of the Health & Social Care Partnership.

5. People Implications

- 5.1** The non-voting membership requires inclusion of the Chief Financial Officer of the Health & Social Care Partnership as nominated here.

6. Financial Implications

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

7. Professional Implications

7.1 There are no professional implications associated with this report.

8. Locality Implications

8.1 There are no locality implications associated with this report.

9. Risk Analysis

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

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

10. Impact Assessments

10.1 Not applicable.

11. Consultation

11.1 Not applicable.

12. Strategic Assessment

12.1 Not applicable.

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West Dunbartonshire Health & Social Care Partnership.

Date: 16th November 2016

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Appendices: None

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

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Health & Social Care Partnership Board: 16 November 2016**

Subject: Annual Audit Report and Accounts 2015/16**1. Purpose**

- 1.1** This report is to present the Annual Audit Report, prepared by the HSCP Board's external auditors, Audit Scotland and Accounts to HSCP Board members for the financial year ended 31 March 2016.

2. Recommendations

- 2.1** The Board is recommended to:

1. Note the previous recommendation of the IJB of 25 May 2016 to remit the approval of the Annual Report and Accounts to the Audit Committee for the financial year 2015/16;
2. Consider the contents of the Annual Report to the IJB and Controller of Audit for the Financial Year ending 31 March 2016;
3. Welcome the achievement of a qualification free first set of HSCP Board accounts

3. Background

- 3.1** The Annual Report and Accounts for the IJB was prepared in accordance with appropriate legislation and guidance. An overview of the process, legislative requirements and key stages was set out in the previous report of 25 May 2016.
- 3.2** The Audit Scotland Annual Report to the HSCP Board is attached at Appendix 1 and confirm that the annual report and accounts are unqualified, meet legislative requirements, have no significant issues and confirm sound governance.
- 3.3** In addition to the above, a signed copy of the final 2015/16 Annual Accounts and Audit Certificate (ISA 260) is attached at Appendix 2.

4. Main Issues

- 4.1 The HSCP Board approved submission of the unaudited accounts to External Audit. The Audit Committee reviewed the unaudited accounts prior to their finalisation. There were a number of presentational changes arising from the audit. The ISA 260 and Annual Report to the IJB are prepared by the HSCP Boards External Auditors. It covers the nature and scope of the audit, details any qualifications, details of any unadjusted misstatements, details of any material weaknesses in the accounting and internal control systems, gives a view on the qualitative aspects of the accounting practices and any other matters specifically required to be communicated to the HSCP Board.
- 4.2 The key messages from the Annual Report and Accounts remain materially unchanged from that reported in May
- Presentational and monetary adjustments were identified during the course of the audit, the effect of which results in a slight net increase in the HSCP Board's General Fund reserve balance of £0.001m
 - The accounts show a General Fund balance of £1.611m as at 31 March 2015. Of this balance, £1.119m is earmarked for ring-fenced purposes, leaving an unearmarked balance of £0.492m (from £0.491m as referred to above).
 - The level of earmarked balance of £1.119m is summarised as follows:

To 31 March 2016	£'000
Balance at 31 March brought forward	0
Surplus/(deficit) on provision of services	492
Earmarked reserves	1,119
Other comprehensive expenditure and income	-
Total comprehensive expenditure and income	1,611

Balance at 31 March carried forward **1,611**

The main earmarked income held for future specific purposes:

	£'000
Earmarked Balance:	
Integrated Care Fund	300
Delayed Discharge	275
GIRFEC NHS	205
GIRFEC Council	24
MSK Physio	46
Ophthalmology	21
Criminal Justice - transitional funds	48
DWP Conditions Management	200
	1,119

- The unearmarked balance of £0.492m will be utilised for HSCP priorities in 2016/17 going forward.
- Audit Scotland acknowledges the high level of commitment and positive performance of the Partnership as one of the first established in Scotland.

4.3 The Annual Accounts of the IJB must be published by 31 October and any further reports by the External Auditor by 31 December immediately following the year to which they relate. These can be found on our website as required.

4.4 The Chief Financial Officer would like to extend thanks to colleagues from Audit Scotland for their advice and assistance during the audit of the accounts. Also to accountancy and finance staff within the partnership and both partner organisations, acknowledging the high quality, detailed work involved in the year end closure.

5. People Implications

5.1 There are no people implications.

6. Financial Implications

6.1 Other than that as described above there are no financial implications.

7. Professional Implications

7.1 None

8. Locality Implications

8.1 None

9. Risk Analysis

9.1 No risk analysis was required.

10. Impact Assessments

10.1 No equalities impact was required in relation to the preparation of this report.

11. Consultation

11.1 None required.

12. Strategic Assessment

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

Julie Slavin – Chief Finance Officer

Date: 16 November 2016

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Appendices: Appendix 1 – Annual Audit Report 2015/16
Appendix 2 – Signed Audited Annual Accounts 2015/16

Background Papers: 25 May HSCP Board – The Local Authority Accounts
(Scotland) Regulations 2014

14 September Audit Committee – Draft Annual Audit
Report and Annual Accounts

Wards Affected: All



West Dunbartonshire Health and Social Care Partnership

2015/16 Annual Audit
Report for members of
West Dunbartonshire
Health and Social Care
Partnership Board and the
Controller of Audit

September 2016

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David McConnell, Assistant Director, Audit Scotland is the Engagement Lead for West Dunbartonshire Health and Social Care Partnership for the 2015/16 year.

This report has been prepared for the use of West Dunbartonshire Health and Social Care Partnership and no responsibility to any member or officer in their individual capacity or any third party is accepted.

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Key messages

Audit of financial statements

- This is the first year that the Partnership has operated, and published its accounts.
- We have issued an unqualified independent auditor's report on the 2015/16 financial statements. They have been prepared in accordance with accounting regulations and guidance.

Financial management & sustainability

- The Partnership spent almost £138 million on delivering health and social care services for the residents of West Dunbartonshire during the period 1 July 2015 to 31 March 2016.
- The Partnership has introduced effective financial management arrangements and the financial position is sustainable but challenging.
- Regular budgetary control reports are provided to the Partnership Board and to the partner bodies.
- There was an underspend of £0.492 million in 2015/16 against budget and related solely to services provided by West Dunbartonshire Council. At 31 March 2016 the Partnership also has £1.119 million of earmarked reserves which have been ring-fenced to be used for a specific purpose in 2016/17.

Governance & transparency

- Appropriate governance arrangements are in place.
- We obtained audit assurance over the accuracy and completeness of financial transactions processed by the partner bodies.
- Internal audit services provided to the Partnership comply with Public Sector Internal Audit Standards.

Best Value

- The Partnership was one of the first established in Scotland, and has shown a high level of commitment to the integration agenda.
- An annual performance report has been published which provides details of progress against performance targets set out in the Strategic Plan.

Outlook

- The Partnership has demonstrated that its overall performance within its first year has been positive, and its commitment to developing further preventative and community-based care is clear. Its challenge will be to continue to progress the delivery of its strategic priorities for the benefit of service users and communities within the context of the financial challenges facing all such partnerships across Scotland.

Introduction

1. In October 2015 the Accounts Commission approved the appointment of Audit Scotland's Audit Services Group as external auditors of West Dunbartonshire Health and Social Care Partnership (the "Partnership"). Our audit appointment is for one year, covering the 2015/16 financial year. This is the first period for which the Partnership has prepared financial statements.
2. This report is a summary of our findings arising from the 2015/16 audit. The report is divided into sections which reflect our public sector audit model.
3. The management of the Partnership is responsible for:
 - preparing financial statements which give a true and fair view
 - implementing appropriate internal control systems
 - putting in place proper arrangements for the conduct of its affairs
 - ensuring that the financial position is soundly based.
4. Our responsibility, as the external auditor, is to undertake our audit in accordance with International Standards on Auditing, the principles contained in the Code of Audit Practice issued by Audit Scotland in May 2011 and the ethical standards issued by the Auditing Practices Board.
5. An audit of financial statements is not designed to identify all matters that may be relevant to those charged with governance. It is the auditor's responsibility to form and express an opinion on the financial statements; this does not relieve management of their responsibility to prepare financial statements which give a true and fair view.
6. [Appendix I](#) lists the audit risks that we identified in the annual audit plan we issued in March 2016. It also summarises the assurances provided by management to demonstrate that risks are being addressed and the conclusions of our audit work. [Appendix II](#) lists the reports we issued to the Partnership during the year. A number of national reports have been issued by Audit Scotland during the course of the year. These reports, summarised at [Appendix III](#), include recommendations for improvements.
7. [Appendix IV](#) is an action plan setting out our recommendations to address the high level risks we have identified during the course of the audit. Officers considered the issues and agreed to take steps to address them. The Partnership should ensure it has a mechanism in place to assess progress and monitor outcomes.
8. We have included in this report only those matters that have come to our attention as a result of our normal audit procedures; consequently, our comments should not be regarded as a comprehensive record of all deficiencies that may exist or improvements that could be made.
9. The cooperation and assistance afforded to the audit team during the course of the audit is gratefully acknowledged.

Audit of the 2015/16 financial statements

Audit opinion	<ul style="list-style-type: none">• We have completed our audit and issued an unqualified independent auditor's report.
Going concern	<ul style="list-style-type: none">• The financial statements were prepared on the going concern basis.• There is increased financial risk for the Partnership through having to set its 2016/17 budget in advance of NHS Greater Glasgow & Clyde approving its budget. However, we do not consider that this or any other events or conditions cast significant doubt on the Partnership's ability to continue as a going concern.
Other information	<ul style="list-style-type: none">• We review and report on other information published with the financial statements, including the management commentary, annual governance statement and the remuneration report. We have nothing to report in respect of this information.

Submission of financial statements for audit

10. The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that Integration Joint Boards (IJBs) should be treated as if they were bodies falling within section 106 of the Local Government (Scotland) Act 1973. The financial statements of the Partnership are prepared in accordance with the 1973 Act and the 2015/16 Code of Practice on Local Authority Accounting in the United Kingdom (the Code).
11. The Partnership put arrangements in place to provide information to its partners for their group accounts, per an agreed timetable. This was particularly important for NHS Greater Glasgow & Clyde which is required to submit audited accounts by 30 June. This included details of balances held at the year-end, the transactions in the year and other information including assurances needed for the governance statements.
12. We received the unaudited financial statements of the Partnership on 31 May 2016, in accordance with the agreed timetable. The working papers were of a good standard and finance staff provided good support to the audit team which assisted the delivery of the audit by the deadline.

Overview of the scope of the audit of the financial statements

13. Information on the integrity and objectivity of the appointed auditor and audit staff, and the nature and scope of the audit, were outlined in our Annual Audit Plan presented to the Audit Committee on 23 March 2016.

14. As part of the requirement to provide full and fair disclosure of matters relating to our independence, we can confirm that we have not undertaken non-audit related services. The 2015/16 agreed fee for the audit was set out in the Annual Audit Plan and as we did not carry out any work additional to our planned audit activity, the fee remains unchanged.
15. The concept of audit risk is central to our audit approach. We focus on those areas that are most at risk of causing material misstatement in the financial statements. In addition, we consider what risks are present in respect of our wider responsibility, as public sector auditors, under Audit Scotland's Code of Audit Practice.
16. During the planning phase of our audit we identified a number of risks and reported these to you in our Annual Audit Plan along with the work we proposed doing in order to obtain appropriate levels of assurance. [Appendix I](#) sets out the significant audit risks identified and how we addressed each risk.
17. Our audit involved obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error.

Materiality

18. Materiality can be defined as the maximum amount by which auditors believe the financial statements could be misstated and still not be expected to affect the decisions of users of financial

statements. A misstatement or omission, which would not normally be regarded as material by amount, may be important for other reasons (for example, an item contrary to law).

19. We consider materiality and its relationship with audit risk when planning the nature, timing and extent of our audit and conducting our audit programme. Specifically with regard to the financial statements, we assess the materiality of uncorrected misstatements, both individually and collectively.
20. We summarised our approach to materiality in our Annual Audit Plan. Based on our knowledge and understanding of the Partnership we set our planning materiality for 2015/16 at £1.36 million (or 1% of budgeted gross expenditure). Performance materiality was calculated at £0.816 million, to reduce to an acceptable level the probability of uncorrected and undetected audit differences exceeding our planning materiality level. Additionally, we set a misstatement threshold of £0.020 million (approximately 1% of planning materiality) for reporting errors. Our annual audit plan highlighted that we would report all misstatements greater than £0.020 million.
21. On receipt of the financial statements and following completion of audit testing we reviewed our materiality levels, and concluded that our original calculations remained appropriate.

Evaluation of misstatements

22. The audit identified some minor presentational items in the unaudited accounts which were discussed and agreed with

management. There was also agreed adjustment of £19.542 million which is explained in table 1. This had no impact on the Board's net surplus for the year of £0.492 million.

Significant findings from the audit

23. International Standard on Auditing 260 requires us to communicate to you significant findings from the audit, including:
 - The auditor's views about significant qualitative aspects of the entity's accounting practices, including accounting policies, accounting estimates and financial statement disclosures.
 - Significant difficulties encountered during the audit.
 - Significant matters arising from the audit that were discussed, or subject to correspondence with management.
 - Written representations requested by the auditor.
 - Other matters which in the auditor's professional judgment are significant to the oversight of the financial reporting process.
24. There are no matters other than those set out in this report that we want to bring to your attention. Table 1 below details issues from the audit of the financial statements that, in our view require to be communicated to those charged with governance in accordance with ISA 260.
25. The financial statements have been compiled in accordance with regulations and we have issued an unqualified independent auditor's report.

Table 1: Significant findings from the audit

Significant findings from the audit in accordance with ISA260

Comprehensive Income and Expenditure Statement

The unaudited accounts disclosed gross expenditure and gross income of £118.374 million and £118.865 million respectively. However, these amounts are shown net of income of £19.542 million and, at the request of external audit, the accounts have been adjusted to ensure the gross position is reported. This results in the gross expenditure and gross income being adjusted to of £137.915 million and £138.407 million respectively. There was no impact on the Board's overall financial position.

Resolution: The audited accounts have been updated to reflect this.

Future accounting and auditing developments

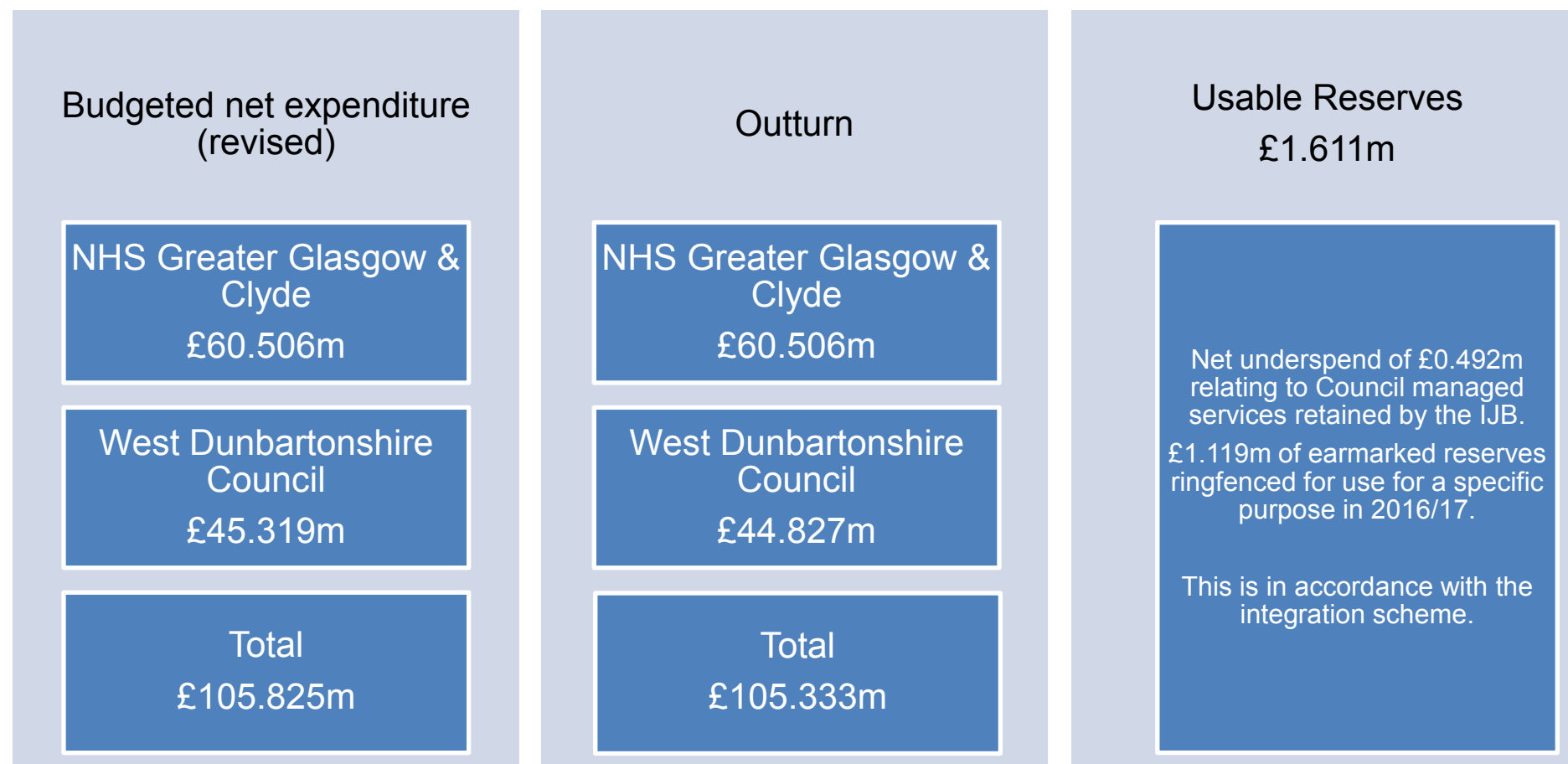
Audit appointment from 2016/17

26. The Accounts Commission is responsible for the appointment of external auditors to health and social care Partnerships. Paragraph 1 referred to Audit Scotland's one year appointment as the auditor of the Partnership in 2015/16. This was restricted to one year to reflect the final year of our five year appointment as auditors of NHS Greater Glasgow & Clyde and West Dunbartonshire Council. External auditors are appointed for a five year term either from Audit Scotland's Audit Services Group or private firms of accountants.
27. The procurement process for the new round of audit appointments was completed in March 2016. From next year (2016/17) Audit Scotland will be the appointed auditor for the Partnership.

Code of Audit Practice

28. A new Code of Audit Practice applies to public sector audits for financial years starting on or after 1 April 2016. It replaces the Code issued in May 2011. It outlines the objectives and principles to be followed by auditors.
29. The new Code increases the transparency of our work by making more audit outputs available on Audit Scotland's website. In addition to publishing all annual audit reports, annual audit plans and other significant audit outputs will be put on the website for all audited bodies. This is irrespective of whether the body meets in public or makes documents available to the public.

Financial management and sustainability



The figures above represent the net costs of services managed by the Partnership for the period 1 July 2015 to 31 March 2016. They exclude the acute services set aside of £13.040 million.

Financial management

- 30. In this section we comment on the Partnership's financial performance and assess the Partnership's financial management arrangements.
- 31. The Partnership does not have any assets, nor does it directly incur expenditure or employ staff, other than the Chief Officer. All funding and expenditure for the Partnership is processed in the stakeholders' accounting records. Satisfactory arrangements are in place to identify this income and expenditure and report this financial information to the Board.
- 32. The integration scheme between NHS Greater Glasgow & Clyde and West Dunbartonshire Council sets out the amount to be paid by the parties to the Partnership. Delegated baseline budgets for 2015/16 were subject to due diligence and comparison to actual expenditure in previous years.
- 33. Legislation empowers the Partnership to hold reserves. The integration scheme and the reserves policy set out the arrangements between the partners for addressing and financing any overspends or underspends. It highlights that underspends in an element of the operational budget arising from specific management action may be retained by the IJB to either fund additional in year capacity, or be carried forward to fund capacity in future years of the Strategic Plan. Alternatively, these can be returned to the partner bodies in the event of a windfall saving.

- 34. Where there is a forecast overspend the partner bodies must agree a recovery plan to balance the budget.

Financial performance 2015/16

- 35. The Partnership set a breakeven budget for 2015/16. This was based on budgeted net expenditure of £102.219 million to deliver Partnership services with £56.228 million contributed from NHS Greater Glasgow & Clyde and £45.991 million contributed by West Dunbartonshire Council. The Partnership was allocated a savings target of £0.630m against its directly managed services by the health board and a savings target of £1.47m against the council's social care budget. Progress against these targets was reported regularly to the Partnership Board and to the partner bodies.
- 36. The budgeted net expenditure was increased by £3.606 million during the year to £105.825 million. The majority of the increase in the expenditure budget related to additional allocations from the health board for specific health improvement programmes, GP prescribing and for services previously hosted by other bodies.
- 37. Actual net expenditure of £105.333 million was incurred by the Partnership in 2015/16, resulting in an underspend of £0.492 million which has been retained by the Partnership, as illustrated in Table 2.

Table 2: Summary of financial performance (1 July 2015 to 31 March 2016)

Partnership budget objective summary	Budget (£m)	Actual (£m)	Variance (£m)
Net Expenditure			
NHS Greater Glasgow & Clyde	60.506	60.506	Nil
West Dunbartonshire Council	45.319	44.827	(0.492)
Total Net Expenditure	105.825	105.333	(0.492)
Surplus (from WDC to be retained by the IJB)			(0.492)
Earmarked Reserves			(1.119)
Add Acute Services Set Aside		13.040	
Add Back Income		19.542	
Services commissioned by Partnership (Gross Expenditure per CIES)		137.915	

Source: West Dunbartonshire Health and Social Care Partnership Annual Accounts 2015/16

38. West Dunbartonshire Council approved that the underspend of £0.492 million relating to council managed services will be retained

by the Partnership to meet the cost of relevant future expenditure. This principally relates to underspends in external residential care for older people, underspends in staffing costs and training costs within Strategy, Planning & Health Improvement and underspends in relation to residential cost for learning disability.

39. In addition, at 31 March 2016 the Partnership has £1.119 million of earmarked reserves ring-fenced for use for a specific purpose in 2016/17, including Integrated Care Fund (£0.3 million), Delayed Discharge (£0.275 million), GIRFEC (£0.230 million) and DWP Conditions Management (£0.2 million). Note that £0.205 million of the GIRFEC funds are not specifically held for Partnership planned spend. It is held by the Partnership and managed on behalf of all integrated joint boards.
40. The management commentary in the accounts provides a summary of the reasons for key variances from budget.

Financial management arrangements

41. As auditors, we need to consider whether audited bodies have established adequate financial management arrangements. We do this by considering a number of factors, including whether:
- the Chief Financial Officer has sufficient status to be able to deliver good financial management
 - standing financial instructions and standing orders are comprehensive, current and promoted within the Partnership
 - reports monitoring performance against budgets are accurate and provided regularly to budget holders

- monitoring reports do not just contain financial data but are linked to information about performance
 - Partnership Board members provide a good level of challenge and question budget holders on significant variances.
42. The Chief Finance Officer was in post throughout the accounting year, and is responsible for ensuring that appropriate financial services are available to the Partnership Board and the Chief Officer.
43. We reviewed the standing financial instructions and standing orders, which were created on the formation of the Partnership. These were approved by the Partnership Board and we consider these to be comprehensive.
44. Financial monitoring of the Partnership budget is reported in an agreed format to the Board, the Audit Committee, and externally to NHS Greater Glasgow & Clyde and West Dunbartonshire Council. The Partnership Board is provided with regular finance reports during the year.
45. Projections of the year end position are included in the budget monitoring reports. These provide information on any adjustments to the baseline budgets, together with forecast outturn for the year and reasons for variances. Income and expenditure is analysed in accordance with the joint services provided by the Partnership. Underspends and overspends are also attributed to the relevant partner body. The Partnership Board has responsibility for carrying out detailed scrutiny of the financial and operational performance

and ensuring that prompt corrective actions are taken where appropriate.

46. We attended a number of Audit Committee meetings during the year. These provide a good level of challenge and question budget holders on significant variances and service performance issues.

Conclusion on financial management

47. We have concluded that the Partnership has introduced effective financial management arrangements. These support the review and scrutiny of financial performance, the achievement of financial targets, and awareness of any potential overspends.

Financial sustainability

48. Financial sustainability means that the Partnership has the capacity to meet its current and future plans. In assessing financial sustainability we are concerned with whether:
- spending is being balanced with income in the short term
 - long-term financial pressures are understood and planned for.

Financial planning

49. The Partnership allocates the resources it receives from the health board and council in line with the Strategic Plan. Due diligence was undertaken to consider the sufficiency of the 2015/16 budget provided for the Partnership.

50. Delays to the agreement of the Scottish Government's financial plans meant that the Partnership budget for 2016/17 was not formally set at the beginning of the financial year. The council budget was set on 24 February 2016. This provided confirmation around the council element of the Partnership funding for 2016/17. The health board budget was formally approved on 28 June 2016. During the intervening period the Partnership set an interim working budget in May 2016, based on assumed funding from the health board.
51. This meant that for the first few months of 2016/17 the Partnership were pursuing its strategic plan activities but were unable to carry out the planned due diligence on its 2016/17 budget. There was therefore uncertainty during this period regarding the extent to which the Partnership could develop and implement its strategic plan objectives.
52. The interim budget agreed in May 2016 had total net expenditure of £137.377 million, comprising of contributions from the council and health board of £61.538 million and £75.839 million respectively. Following receipt of formal notification of the Partnership's 2016/17 funding from the health board in July 2016, the final budget was presented to the Partnership Board in August 2016 and total net expenditure is £142.874 million, comprising of contributions from the council and health board of £61.539 million and £81.335 million respectively. This includes the Partnership's £4.921 million share of the increased investment by the Scottish Government.
53. The financial report as at 30 June 2016 presented to the Partnership Board is reporting a projected overspend of £1.408 million for 2016/17. In this report the Chief Finance Officer highlights that no approved plans are in place to deliver the health care savings gap of £0.955 million. However, draft savings options to restore financial balance to the health care budget in 2016/17 will be presented to the Audit Committee in September 2016 for review. In addition, the report states that the projected overspend position will continue unless service changes and cost reductions are achieved.
54. If savings plans are insufficient to deliver a break even position in 2016/17 then the Partnership will need to consider how to address this taking account of the options set out in the Integration Scheme. It is essential that the Partnership continues to monitor its financial position closely throughout the year and engages with its funding partners on a regular basis to review the financial position. With significant pressures on the Partnership's budget, it is important that budget monitoring continues to be presented on a timely basis so that a financial recovery plan can be developed and agreed in time for actions to be successful.

Action Plan No. 1

Conclusion on financial sustainability

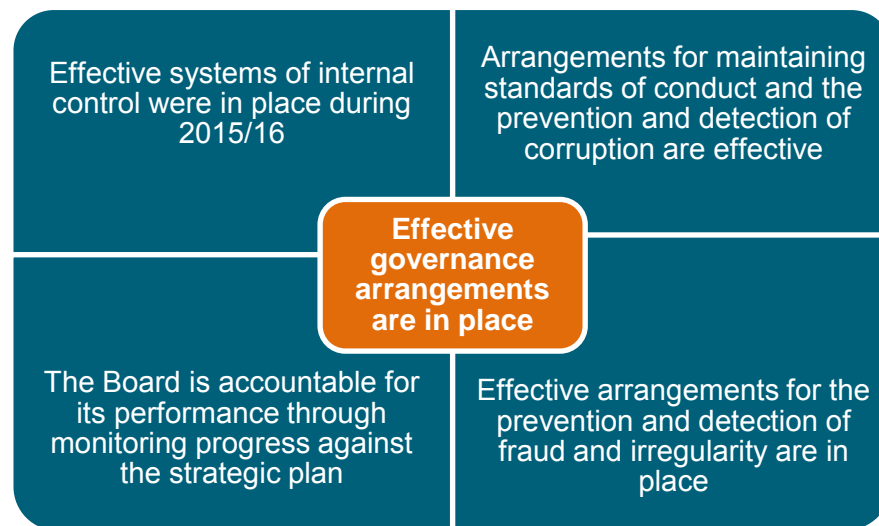
55. While there were well documented reasons why the Partnership required to set an interim working budget for 2016/17, there are risks to service delivery when operating without an agreed budget.

56. Overall we conclude that the Partnership's financial position is sustainable but challenging currently and in the foreseeable future. Adequate financial planning arrangements are in place and we have also relied on the West Dunbartonshire Council's and NHS Greater Glasgow & Clyde's track record of delivering efficiency savings.

Outlook

57. NHS boards and councils have faced several years of financial constraints and this is expected to continue in the coming years. The ageing population and increasing numbers of people with long term conditions and complex needs have already placed significant pressure on health and social care budgets. This puts further pressure on finances.
58. Strategic plans, while setting out the broad direction, will need to be clear regarding the Partnership's priorities and the financing and staff that will be available over the longer term to match these priorities. It is important that they provide detail on the level of resources required in each key area and how they will shift resources towards preventative and community based care.

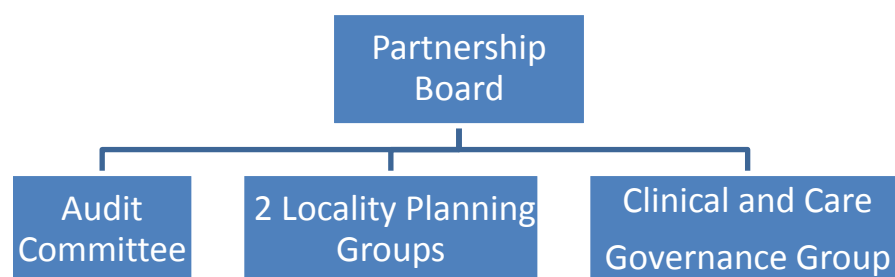
Governance and transparency



59. Good governance is vital to ensure that public bodies perform effectively. This can be a particular challenge in Partnerships, with board members drawn from a wide range of backgrounds.
60. The integration scheme between West Dunbartonshire Council and NHS Greater Glasgow & Clyde sets out the key governance arrangements. It also sets out the requirement to identify and collate a core set of indicators and measures which relate to integrated functions to enable the reporting of performance targets and improvement measures.

61. The Partnership Board is responsible for establishing arrangements for ensuring the proper conduct of the affairs of the Partnership and for monitoring the adequacy of these arrangements.
62. The Partnership Board comprises a wide range of service users and partners including three elected councillors nominated by West Dunbartonshire Council and three non-executive directors nominated by NHS Greater Glasgow & Clyde.
63. The Partnership Board is supported by a Chief Officer who provides overall strategic and operational advice to, and is directly accountable to the Partnership Board for all of its responsibilities. The Chief Officer is also accountable to both the Chief Executive of West Dunbartonshire Council and the Chief Executive of NHS Greater Glasgow & Clyde. The Chief Officer also provides regular reports to both the council and the health board.
64. The Partnership is responsible for the management and delivery of health and social care services in West Dunbartonshire, and is supported by a number of groups as illustrated at [Exhibit 1](#).
65. The Partnership Board and each of the groups met on a regular basis throughout the year. We review Partnership Board minutes and Audit Committee minutes to ensure they are fulfilling their responsibilities. We also periodically attend meetings of the Audit Committee. Additionally, we attend selected Partnership Board meetings to observe how they perform.

Exhibit 1: Committees and Groups at West Dunbartonshire Health and Social Care Partnership



66. Standing Orders for the Partnership were approved when it was established in July 2015. Schemes of Delegation are in place which clarify the functions delegated by West Dunbartonshire Council and NHS Greater Glasgow & Clyde. These delegate operational management of services to the Chief Officer. We concluded that the Partnership has appropriate governance arrangements in place and they provide a framework for effective organisational decision making.
67. A Clinical and Care Governance Group has been established which will report to the Chief Officer and through him to the Partnership

Board. The membership reflects the professional groups within the Partnership including nursing, medical, social work and primary care colleagues.

68. The role of the Clinical and Care Governance Group is to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity.
69. We concluded that the Partnership has appropriate governance arrangements in place and they provide a framework for effective organisational decision making.

Internal control

70. While auditors concentrate on significant systems and key controls in support of the opinion on the financial statements, their wider responsibilities require them to consider the financial systems and controls of audited bodies as a whole. However, the extent of this work should also be informed by their assessment of risk and the activities of internal audit.
71. All financial transactions of the Partnership are processed through the financial systems of West Dunbartonshire Council and NHS Greater Glasgow & Clyde. They are subject to the same controls and scrutiny of the council and health board, including the work performed by internal audit.
72. The Partnership is keen to ensure only relevant information is shared and accessed by relevant people, and therefore keeping

information secure. Until the structure of service provision has been developed further each party will remain responsible for its element of data security, protection, maintenance, training and technical support.

- 73. We sought and obtained assurances from the external auditor of the council and health board regarding the systems of internal control used to produce the transactions and balances recorded in the Partnership's annual accounts.
- 74. We also reviewed the Partnership's budget setting and financial monitoring arrangements. We consider the systems of internal control to be effective.

Internal audit

- 75. Internal audit provides the Partnership Board and Chief Officer with independent assurance on the Partnership's overall risk management, internal control and corporate governance processes. Internal audit services are provided to the Partnership by the respective internal auditors at both West Dunbartonshire Council and NHS Greater Glasgow & Clyde. We carried out a review of the adequacy of the internal audit functions at each of the partner bodies. We concluded that internal audit at each partner body operates in accordance with the Public Sector Internal Audit Standards (PSIAS) and has sound documentation standards and reporting procedures in place.
- 76. The Partnership's Chief Internal Auditor concluded that reasonable assurance can be placed on the adequacy and effectiveness of the

Partnership's systems of governance, risk and internal control. This conclusion was based on the Chief Internal Auditor's audit work carried out at West Dunbartonshire Council that related to the Partnership and by reviewing reports issued by the NHS Greater Glasgow & Clyde internal auditor.

- 77. In 2015/16, there was no mechanism in place for the internal audit service provider for NHS Greater Glasgow & Clyde, PricewaterhouseCoopers (PwC), to consult with the Audit Committee regarding the audit work they planned to carry out regarding the Partnership, nor was there a protocol for PwC reports to be presented to the Audit Committee. However, PwC have recently agreed that only the annual audit plans and annual audit reports that they issue to NHS Greater Glasgow & Clyde will be shared with the Partnership's Chief Internal Auditor, although PwC would not attend meetings of the Partnership's Audit Committee.
- 78. As services become more integrated this will present a greater challenge to internal audit to produce audit plans that cover the accounting systems and governance arrangements for all the organisations.

Arrangements for the prevention and detection of fraud and other irregularities

- 79. Arrangements are in place to ensure that suspected or alleged frauds or irregularities are investigated by one of the partner bodies internal audit sections. Since the Partnership does not directly employ staff, it has been agreed that investigations will be carried

out by the internal audit service of the partner body where any fraud or irregularity originates. If this relates to NHS Greater Glasgow & Clyde, there are arrangements in place to use the Counter Fraud Services.

80. We concluded that the Partnership had effective arrangements in place for fraud detection and prevention during 2015/16.

Arrangements for maintaining standards of conduct and the prevention and detection of corruption

81. The Partnership Board requires that all members must comply with the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies. In May 2016 the Partnership Board agreed to adopt the template Code of Conduct for Integration Joint Boards which had been produced by the Scottish Government.
82. Based on our review of the evidence we concluded that the Partnership has effective arrangements in place for the prevention and detection of corruption and we are not aware of any specific issues that we need to record in this report.

Transparency

83. The Partnership is committed to ensuring that a wide range of partners including Community Planning Partners, third sector, independent sector and communities have an opportunity to become engaged, involved and are able to contribute to the success of the Partnership. The Strategic Plan and locality planning

arrangements enable wider partners to engage in, and support the delivery of the Strategic Plan. The Integration Scheme sets out the requirement for the consultation and engagement of key groups.

84. In addition to West Dunbartonshire Council and NHS Greater Glasgow & Clyde representation, the Partnership Board includes a number of representatives from health and social care professionals, including GPs, employees, unpaid carers, service users, and the third sector.
85. The Partnership Board receives regular financial monitoring reports, which are clear and concise.
86. Local residents should be able to hold the Partnership to account for the services it provides. Transparency means that residents have access to understandable, relevant and timely information about how the Partnership Board is taking decisions and how it is using its resources.
87. The Partnership has its own website which contains information about services provided by the Partnership and details of the meetings held by the Partnership Board, including access to committee papers and minutes of meetings.
88. Members of the public can attend meetings of the Partnership Board. A significant amount of the Partnership's business is transacted through the Audit Committee, or through the groups listed at [Exhibit 1](#). Minutes and related papers for the Partnership Board, Audit Committee and groups are available on the

Partnership's websites which highlights that the Partnership demonstrates transparency.

Outlook

89. Embedding the Partnership's governance arrangements will be an essential element in meeting its future challenges and maintaining accountability. All stakeholders including patients, clinicians, carers, the public, staff, partner bodies and the Scottish Government, benefit from the assurance and confidence a good governance regime brings.
90. The structure of health and social care Partnerships brings the potential for real or perceived conflicts of interest for board members and senior managers. For example, there is the risk that efficiency savings achieved by the Partnership may not be passed on by the partners who, themselves, are under pressure to deliver services with reduced financial resources. This could hamper the Partnership's ability to make decisions about the changes involved in redesigning services. Members of the public may also be unclear who is ultimately responsible for the quality of care. Going forward partners will need to keep governance arrangements under review to ensure they are effective, particularly when disagreements arise.

Best Value



91. The Public Bodies (Joint Working) (Scotland) Act 2014 set out a broad framework for creating integration authorities and gave councils and NHS boards a great deal of flexibility to enable them to develop integrated services that are best suited to local circumstances.
92. Integration authorities are required to contribute towards nine national health and wellbeing outcomes. These high level outcomes seek to measure the quality of health and social care services and their impact on, for example, allowing people to live independently and in good health, and reducing health inequalities. This signals an

important shift from measuring internal processes to assessing the impact on people using health and social care services. The Strategic Plan has adopted the nine national wellbeing outcomes, together with the six additional outcomes for children and community justice.

93. The Partnership Board approved the Strategic Plan on 1 July 2015 which is predominantly based on the previously approved targets and actions set out in strategic plans already produced during the previous Community Health & Care Partnership (CHCP). This is a logical process to adopt as it reflects the fact that West Dunbartonshire has had in place integrated working via the CHCP and collaboration within the Community Planning Partnership for a number of years.
94. The Strategic Plan reflected the relevant national guidance produced by the Scottish Government, covering the period from 1 July 2015 to 31 March 2016. Subsequently the Partnership Board approved the roll-forward of that 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 had confirmed its funding contribution as part of the normal budget setting process. Consequently, the Partnership Board approved its second Strategic Plan at its August 2016 meeting. The new Strategic Plan is for the period 2016 to 2019, which is the maximum timescale allowed by the national guidance and reflects Audit Scotland's national assessment that strategic plans would benefit from such a medium-term horizon. The Partnership also produced and published its first annual performance report for the period of its first Strategic Plan,

highlighting achievements and progress in respect of commitments made and targets set.

- 95. The Partnership was one of the first to be established in Scotland, and has demonstrated a very high level of commitment to the integration agenda throughout. The integration scheme specifies the wide range of functions delegated by the council and the health board to the Partnership. These include all services previously carried out by the council's social services department, plus a wide range of services previously carried out by the health board. Good progress is being made.
- 96. Accountable officers have a specific responsibility to ensure that arrangements have been made to secure Best Value. Health and social care Partnerships need to establish effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives, and holding partners to account. There is also a need for regular reporting to partner organisations. This is particularly important as most members of West Dunbartonshire Council and NHS Greater Glasgow & Clyde are not directly involved in the Partnership's work.

Arrangements for securing Best Value

- 97. The integration scheme committed the Partnership to delivering the national outcomes for Health & Wellbeing, Children and Criminal Justice. Partners identified a core set of indicators and targets and then agreed a framework for reporting progress against these. Locality planning arrangements are also in place which are multi

disciplinary and multi sectorial and allow for different local needs to be taken into account in strategic planning.

- 98. The Integration Scheme sets out that the council and health board, through the Chief Officer will develop a joint Workforce Development and Support Plan and Organisational Development strategy in relation to staff delivering integrated services (except for NHS acute hospitals services), taking account of existing workforce development policies and procedures of both parties, and rationalising these in Partnership with other integration authorities within the same the health board area. Consequently, in November 2015 the Partnership Board agreed to endorse the Workforce and Organisational Development Strategy for the three year period 2015 to 2018 and Support Plan for 2015/16.
- 99. Overall, we concluded that the Partnership has arrangements for securing Best Value and continuous improvement.

Performance management

- 100. Performance management is focused on an approach aimed to deliver improved outcomes for individuals and communities.
- 101. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that an annual performance report is completed within four months of the year end. This report should cover areas including: service type and balance of care; key care groups; localities; and assessment of performance in achieving best value. While the publication of the performance report is not a statutory requirement until 2016/17, the Partnership has produced this report for 2015/16.

102. Satisfactory financial monitoring reports are submitted four times a year to the Partnership Board. These reports include progress in achieving savings targets.
103. We concluded that the Partnership has established a satisfactory performance management framework.

Overview of performance targets in 2015/16

104. Of the 36 key performance indicators detailed in the Partnership's annual performance report for 2015/16, 22 were categorised as green, eight amber and six red, where:
- Green means target achieved or exceeded
 - Amber means target narrowly missed
 - Red means target missed by 15% or more
105. Areas where actual performance is on or exceeds target includes:
- Balance of care for looked after children.
 - Number of emergency admissions aged 65+.
 - Percentage of care plans reviewed within agreed timescale.
 - Total number of respite weeks provided to all client groups.
106. However, there are also more challenging areas for the Partnership. These include acute bed days lost to delayed discharges for adults with incapacity, patients dying in hospital for non-cancer deaths, patients seen within nine weeks for musculoskeletal physiotherapy and patients dying in hospital for cancer deaths. These indicators have not improved to the extent expected.

National performance audit reports

107. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2015/16, a number of reports were issued which are of direct interest to the Board. These are outlined in [Appendix III](#) accompanying this report.
108. The Partnership has processes in place to ensure that all national performance reports and their impact on the Partnership are considered by the Partnership Board/Audit Committee, as appropriate. The Chief Officer prepares a covering report highlighting the key issues in national performance reports relevant to the Partnership.

Outlook

109. The Partnership faces continuing challenges on a number of fronts including mounting financial challenges, meeting exacting performance targets, and delivering the Scottish Government's aim of having people living longer and healthier lives at home or a homely setting (i.e. the 2020 Vision).
110. The Partnership is responsible for co-ordinating health and social care services and commissioning NHS Greater Glasgow & Clyde and West Dunbartonshire Council to deliver services in line with the strategic plan. Over time, there will be a shift in resources that will lead to a change in how services are provided, with a greater emphasis on preventative services and allowing people to receive care and support in their home or local community.

111. The Partnership has been diligent in putting in place the required arrangements to enable the delivery of its strategic priorities, including strategies and procedures in respect of the workforce, risk management, engagement with service users and other stakeholders, and data sharing. In common with Partnerships across Scotland, it will need to continue to develop these arrangements as it works to deliver its strategic priorities for service users and local communities within the resources available to it.

Appendix I: Significant audit risks

The table below sets out the audit risks we identified during the course of the audit and how we addressed each risk in arriving at our opinion on the financial statements.

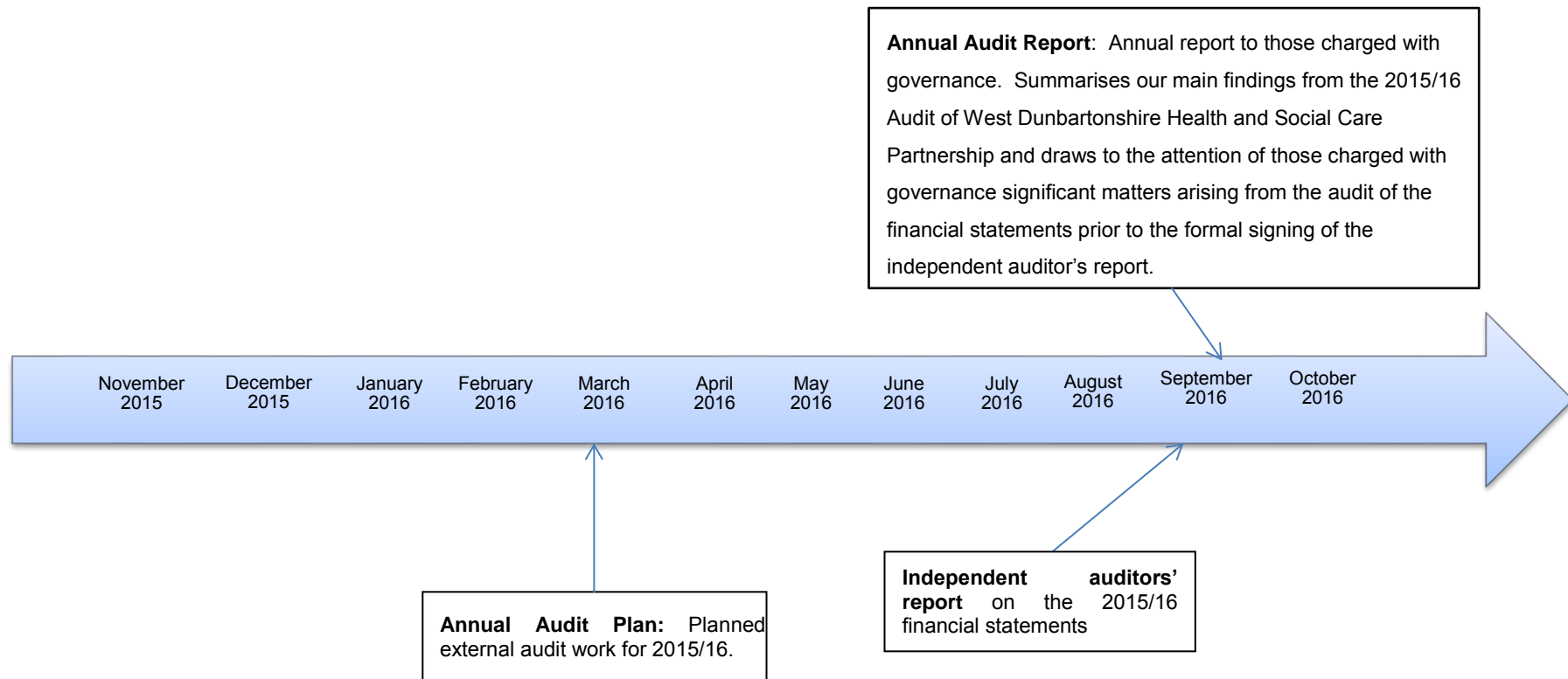
Audit Risk	Assurance procedure	Results and conclusions
Risk of material misstatement in the financial statements		
<p>Financial statements</p> <p>Financial statements are being prepared for the first time in 2015/16, and will require income, expenditure and year end balances between West Dunbartonshire Council, NHS Greater Glasgow & Clyde, and the Partnership to be agreed.</p> <p>Risk: There is a risk that year end procedures for agreeing year end balances are not fully embedded to enable the Partnership to present its financial statements in accordance with the Code and in accordance with timescales to meet NHS reporting requirements.</p>	<ul style="list-style-type: none"> • We continued to engage with officers prior to the accounts being prepared to help ensure the relevant information was disclosed and timetable met. • We tested to ensure the governance statement is in accordance with the Code requirements. • We reviewed technical guidance from IRAG and LASAAC. • We ensured accounting policies were appropriate and complete. • We obtained assurances from the auditors of West Dunbartonshire Council and NHS Greater Glasgow & Clyde over the accuracy, completeness and appropriate allocation of the Partnership ledger entries. 	<ul style="list-style-type: none"> • Financial statements were prepared in accordance with the Code and in accordance with timescales to meet NHS reporting requirements.

Audit Risk	Assurance procedure	Results and conclusions
<p>Management assurances</p> <p>The preparation of the financial statements of the Partnership relies on the provision of financial and non-financial information from the systems of the two partner bodies. The Chief Finance Officer of the Partnership must obtain assurances that the costs transferred to the accounts of the Partnership are complete and accurate and were incurred on behalf of the Partnership for services prescribed in the integration scheme.</p> <p>Risk: The Chief Finance Officer does not have adequate assurance that information received from each party is accurate and complete.</p>	<ul style="list-style-type: none"> • We ensured the governance statement adequately reflects the position of Partnership. • We ensured that financial reporting throughout the year is accurately reflected in the year end position. • We considered whether appropriate action is taken on issues raised in Internal Audit reports. • We obtained audit assurances from the auditor of the council and health board regarding the accuracy and allocation of Partnership transactions and to ensure they are recorded in the correct financial year. 	<ul style="list-style-type: none"> • The governance statement reflected the position of the Partnership. • The year end position of the board has been accurately reflected. • Satisfactory consideration has been given to issues raised by Internal Audit. • Satisfactory written assurances were received from the external auditors of the council and health board regarding accuracy, allocation and cut-off of Partnership transactions.

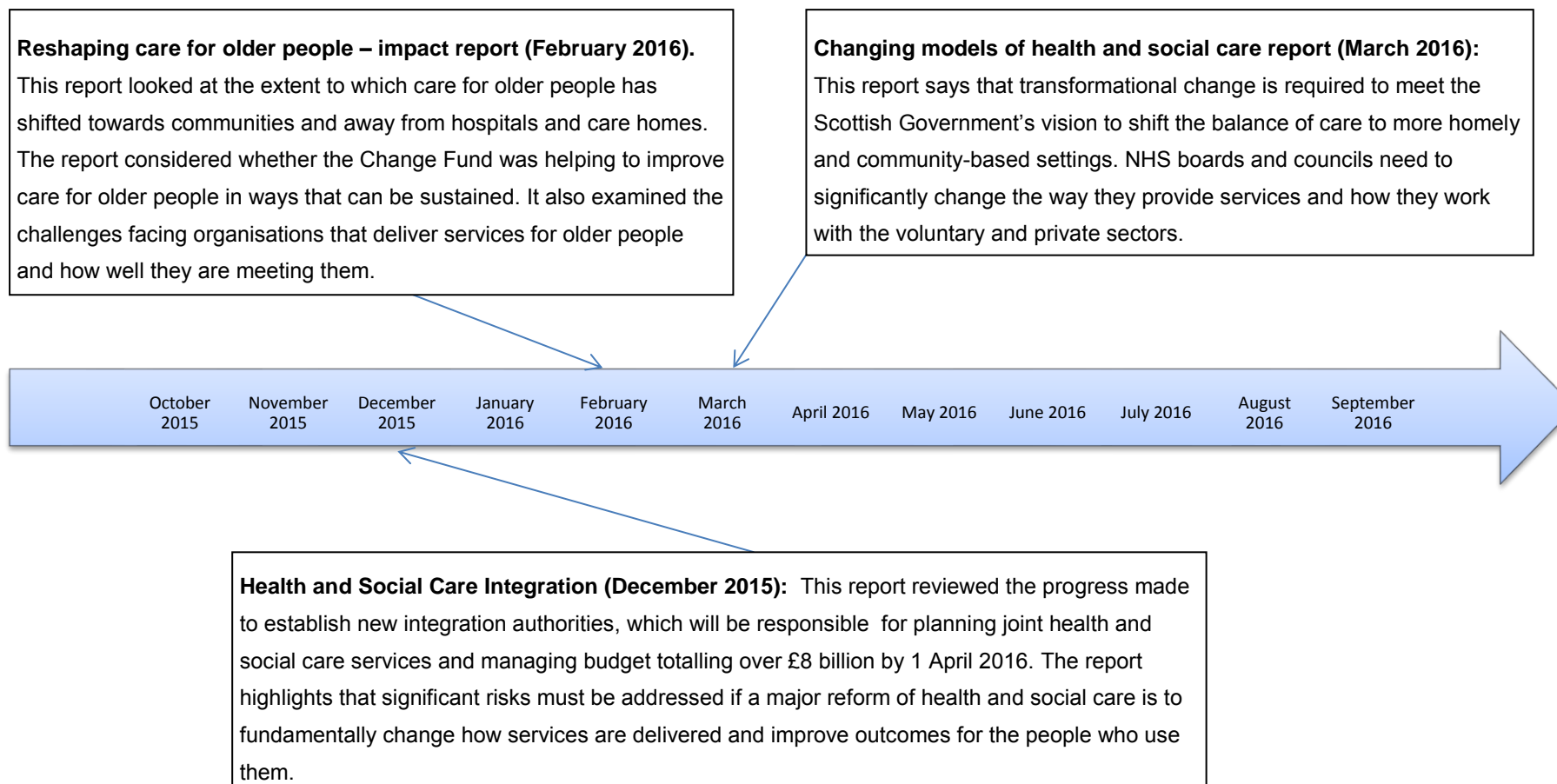
Audit Risk	Assurance procedure	Results and conclusions
Risks identified from the auditor's wider responsibility under the Code of Audit Practice		
<p>Financial Sustainability</p> <p>The Partnership will need strong financial management and budgetary control to address the challenges and risks to future finances.</p> <p>Risk: There Partnership does not achieve the efficiencies or service improvements required to meet the challenges caused by reduced funding combined with increasing demand for services.</p>	<ul style="list-style-type: none"> • We ensured that the ongoing budget monitoring accurately reflects the position of the Partnership. • Obtained evidence of remedial action being taken on areas of overspend. 	<ul style="list-style-type: none"> • Ongoing financial monitoring was consistently reported to the Partnership Board. Budget movements and variances from previous periods were explained, as were forecast year end positions. Periodic reports throughout the year accurately reflected the year end position. • Both West Dunbartonshire Council and NHS Greater Glasgow & Clyde separately reported their own budget position to committee in an accurate and appropriate manner. • From review of budget monitoring reports to the Partnership Board, year end variances, service pressures and potential areas of overspend were discussed at an early stage. It was clear that options for remedial actions were discussed and implemented where necessary.

Audit Risk	Assurance procedure	Results and conclusions
<p>Annual Performance Report</p> <p>The Public Bodies (Joint Working) (Scotland) Act 2014 requires that an annual performance report is completed within four months of the year end.</p> <p>Risk: The Partnership may not be able to comply with this requirement and deadline, given that this is the first year of operation and external guidance regarding how this should be presented is not yet available.</p>	<ul style="list-style-type: none"> • We reviewed the quality of ongoing performance reporting to the Partnership Board and Audit Committee. • Considered progress towards issuing the annual performance report and whether this covers the information required by the, still to be issued, guidance. 	<ul style="list-style-type: none"> • Scottish Government guidance issued in March 2016 has advised that the first required publication of the annual performance report is for 2016/17. • The Partnership has chosen to issue a performance report for 2015/16 and it covers most of the areas required by guidelines. • The format for regular performance reporting to the Audit Committee needs to continue to be developed.

Appendix II: Summary of West Dunbartonshire HSCP local audit reports 2015/16



Appendix III: Summary of Audit Scotland national reports 2015/16



Appendix IV: Action plan

No.	Paragraph ref.	Issue/risk/Recommendation	Management action/response	Responsible officer / Target date
1	54	<p>2016/17 Projected Revenue Budget Overspend</p> <p>The Partnership is forecasting a revenue budget overspend of £1.408 million for 2016/17 and may not be able to generate sufficient efficiencies and cost savings to address the projected overspend.</p> <p>Recommendation</p> <p>The Partnership should monitor its financial position closely throughout the year and engage with its funding partners on a regular basis to review the financial position, including the achievement of savings and take appropriate action to address existing and emerging budget pressures.</p>	<p>Budget monitoring reports are presented routinely to the SMT, Partnership Board and the Audit Committee. Performance is monitored routinely and recovery plan is in place. Healthcare savings plan submitted to Audit Committee in September 2016 for review and onward approval by the Partnership Board in November 2016.</p>	<p>Chief Financial Officer</p> <p>Ongoing</p>

West Dunbartonshire Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board

**Annual Accounts for
Year Ended 31 March 2016**

(9 month period - 1 July to 31 March 2016)

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EXPLANATORY AND ASSURANCE STATEMENTS

Management Commentary

This publication contains the financial statements for the first year of West Dunbartonshire Health & Social Care Partnership Board (HSCP Board) for the year ended 31 March 2016.

The purpose of the Management Commentary is to provide clear information about the HSCP Board's Financial Statements and performance (including its financial position) during the year 2015/16 and as at financial year end being 31 March 2016.

The West Dunbartonshire Health & Social Care Partnership Board

The Public Bodies (Joint Working) Act (Scotland) 2014 sets out the arrangements for the integration of health and social care across the country. The Scottish Government-approved Integration Scheme for West Dunbartonshire details the 'body corporate' arrangement by which NHS Greater Glasgow & Clyde Health Board (NHS GG&C) and West Dunbartonshire Council agreed to formally delegate health and social care services for adults and children (including criminal justice social work services) to a third body, which is described in the Act as an Integration Joint Board. The Integration Joint Board for West Dunbartonshire is known as the West Dunbartonshire Health & Social Care Partnership Board (HSCP Board).

The HSCP 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.

The HSCP Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership (WD HSCP), which is the joint delivery vehicle for those integrated services delegated to it (except for any NHS acute hospital services, as these are managed directly by the Health Board). Staff who work within the management of WD HSCP continue to be employed by either the Health Board or the Council, retaining their respective terms and conditions. These arrangements for integrated service delivery are conducted within an operational service delivery framework established by the Health Board and Council for their respective functions, ensuring both those organisations can continue to discharge their retained governance responsibilities.

The constitution of the Health & Social Care Partnership Board is established through the Public Bodies (Joint Working) (Scotland) Act 2014. As confirmed within the approved Integration Scheme for West Dunbartonshire:

- The Council has formally identified three representatives to be voting members on the HSCP Board, to serve for a period of three years.
- The Health Board has formally identified three representatives to be voting members on the HSCP Board, to serve for a period of three years.

As agreed, the first chair of the HSCP Board was nominated by the Council; and the first vice-chair was nominated by the Health Board.

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

- The chief officer of the integration joint board.
- The proper officer of the integration joint board appointed under section 95 of the Local Government (Scotland) Act 1973(1) – known as the Chief Financial Officer.

The following professional advisors:

- The chief social work officer of the local authority.
- A registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978(2).
- A registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract.
- A registered medical practitioner employed by the Health Board and not providing primary medical services.
- At least one member in respect of each of the following groups:
 - Staff of the constituent authorities engaged in the provision of services provided under integration functions.
 - Third sector bodies carrying out activities related to health or social care in the area of the local authority.
 - Service users residing in the area of the local authority.
 - Persons providing unpaid care in the area of the local authority.

Integration joint boards are also to incorporate representation from each of their area's agreed localities as detailed within their first year Strategic Plan. Given the delegations of the Integration Scheme, an additional two professional advisors were approved by the voting members for inclusion as non-voting members on the Partnership Board:

- A registered Allied Health Professional who is employed by the Health Board.
- A senior and appropriately qualified housing professional employed by the Council in its role as strategic housing authority.

The inaugural meeting of the new West Dunbartonshire Health & Social Care Partnership Board (HSCP Board) took place on the 1 July 2015; and it has been meeting regularly since.

At its 19th August meeting, the HSCP Board also approved its audit arrangements, which Audit Scotland confirmed were balanced and included the establishment of an Audit Committee for the HSCP Board. That Audit Committee subsequently had its first meeting on 30 September 2015, and it has been meeting regularly since.

The Strategic Plan

The Act places a duty on the HSCP Board to create a "strategic plan" for the integrated functions and budgets that it controls. This strategic plan must, as a minimum:

- Set out the arrangements for carrying out the integration functions in West Dunbartonshire over the period of the plan. The area must be divided into a minimum of two localities for this purpose, and the arrangements for each locality must be set out separately.
- Set out the way in which the arrangements for carrying out the functions are intended to achieve or contribute towards achieving the national health and wellbeing outcomes.

The first strategic plan of an Integration Joint Board must be prepared before the integration start date, which is the date on which the Health Board and the Local Authority delegate functions to the Integration Joint Board. Scottish Ministers prescribed in Regulations that functions had to be delegated by the 1 April 2016 at the latest,

At its first meeting, the HSCP Board approved its first Strategic Plan. The Strategic Plan confirmed the 1 July 2015 as being the integration start day on which the new delegated arrangements commenced for West Dunbartonshire.

Equality Duties

The Equality Act 2010 strengthens, harmonises and streamlines 40 years of equalities law in relation to the nine “protected characteristics” of age; disability; gender; race; religion and belief; sexual orientation; gender reassignment; pregnancy and maternity; and marriage and civil partnership (noting that the latter refers only to the need to eliminate discrimination in the area of employment). Given its legal status, the Partnership Board is obliged to play its part in addressing the general public sector duties outlined in the Equality Act 2010, i.e. to have due regard to:

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

Integration Joint Boards have been added to the listed bodies under the Equality Act 2010 (Specification of Public Authorities) (Scotland) Order 2015 and became subject to the general duties on 1 April 2015; and Amendment Regulations making them subject to three specific duties which came into force on 11 June 2015. By the 30 April 2016 (and within every subsequent four years) each Integration Joint Board must have published a set of outcomes (minimum of two) that addressed one or more of the three public sector duties (and are not outcomes of the Health Board or Local Authority). Similarly, by 30 April 2016 (and within every subsequent two years) each Integration Joint Board must have published a report on the progress it has made to make the three general public sector duties integral to its functions and the progress made regarding the achievement of these specific outcomes.

The WD HSCP Mainstreaming Report was formally presented to and endorsed for publication by the HSCP Board’s Audit Committee at its March 2016 meeting. Thereafter it was presented to and confirmed by the HSCP Board at its meeting of 25 May 2016. That mainstreaming report confirmed an initial set of equality outcome measures; and that streamlined equality impact assessment processes are a routine element of all reports considered by and any decisions recommended to the HSCP Board and its Audit Committee.

Performance Reporting

To ensure that performance is open and accountable, the Act requires that an Annual Performance Report is prepared and published by the HSCP Board, setting out an assessment of performance in planning and carrying out the integration functions for which it is responsible. The Annual Performance Report is primarily produced for the consideration of the HSCP Board itself; and it is primarily its responsibility to act upon the information and recommendations within it. The required content of the Annual Performance Report is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014.

The Act obliges all Integration Joint Boards to publish a Performance Report covering performance over the reporting year no later than four months after the end of that reporting year (i.e. no later than the end of July). As the Act required that all Integration Joint Boards were to be fully operational, by 1 April 2016, then the first year for which they must report is 2016/17. However, where integration arrangements have commenced in advance of the 1 April 2016, the Integration Joint Board can consider publishing a report covering the period of establishment until the 1 April 2016, or to include an assessment of performance during this period in their 2016/17 Performance Report.

The HSCP Board's first Annual Performance Report was prepared for the period 1 July 2015 up to 31 March 2016 (i.e. for the same period as these annual accounts); and then presented and scrutinised at its meeting of 25 May 2016. Thereafter it was made publicly available on the WDHSCP website; and submitted to the Health Board, the Council, the local Community Planning Partnership Management Group and Scottish Government. That Annual Performance Report included information on financial performance (in accordance with the national Finance Guidance for Health and Social Care Integration) and best value (with reference to the national Best Value Guidance for Local Authorities).

Financial Performance

Financial performance is an integral element of the HCSP Board's overall performance management framework, with regular reporting and scrutiny of financial performance at the meetings of the HSCP Board and its Audit Committee. Moreover, the HSCP Board's Financial Performance Reports have been prepared throughout the financial for the period up to 31 March 2016 (i.e. for the same period as these annual accounts); and then presented and scrutinised at its meeting of 25 May 2016.

The HSCP Board is obliged to account for its spending and income in a way which complies with its legislative responsibilities. The Annual Accounts report the financial performance of the HSCP Board. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to us for the delivery of the HSCP Board's vision and its core objectives. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2015/16 Accounts have been prepared in accordance with this Code. Events from the Balance Sheet date (31 March 2016) until the date of signing the Statement of Accounts (30 June 2016) have been taken into consideration (note 8 page 25).

For the 2015/16 part Financial Year following to formal integration, the HSCP Board budgeted to deliver integrated services at a cost of £102.2m. In-year funding adjustments increased this budget to £118.9m.

This following section summarises the main elements of our financial performance for Financial Year 2015/16.

OVERVIEW OF CORE FINANCIAL STATEMENTS

The Statement of Accounts contains the financial statements of the HSCP Board for the year ended 31 March 2016, which holds all of the expenditure and income associated with the operating of all WD HSCP services.

The financial statements comply fully with the Code of Practice on the Local Authority Accounts (Scotland) Regulations 2014 which came into force on 10 October 2014.

The category of expenditure included in the financial statements is as follows:

- Revenue expenditure is recorded in the following main statements in these accounts with the purposes of these main statements summarised as follows:
 - *The Movement in Reserves Statement* shows how the Income and Expenditure Account surplus or deficit for the year reconciles to the movement on Reserves for the year.
 - *The Comprehensive Income and Expenditure Statement* shows the income and expenditure for all Health & Social Care services. It is shown below; and

The *Balance Sheet* on page 19 summarises the assets and liabilities of the HSCP Board. It is also a report on the HSCP Board's financial position at one particular point in time, a snapshot of its financial affairs at the close of the year expressed in accounting terms. The net assets of the HSCP Board (assets less liabilities) are matched by the reserves held by the HSCP Board.

Notes to The Core Statement of Accounts are provided on pages 19 to 25, which give further information and analysis relevant to each statement.

Comprehensive Income and Expenditure Statement

This account covers the day to day operational income and expenditure for each care group within WD HSCP. Income from the Health Board and Council was as follows:

- £105.825m with a net expenditure on services for the year of £105.333m (cost of services £105.333m).
- £138.407m with the gross expenditure on services for the year of £137.915m (gross cost of services £137.915m) with further details reported within the CIES Statement on page 17 and within the Segmental Reporting section on page 22.

In July 2015 a financial assurance exercise was carried out to consider the sufficiency of the budget provided for the HSCP Board by the Health Board and Council. The Financial Assurance Report stated the initial budget allocated to the HSCP Board was deemed sufficient to deliver on the outcomes highlighted within the Strategic Plan, and were subject to effective risk mitigation and the successful delivery of planned efficiency initiatives.

The set aside, or notional budget, for large hospital services is included in the HSCP Board total resources for 2015/16 and is reported separately from the table below. The latest notional income and expenditure budget is summarised within Health Care, as shown on page 18, and reflects an average of £13.040m per annum based on current service average consumption costs for the period 1 July to 31 March 2016.

Due to tight financial control over service spending, the HSCP Board was able to generate an in-year surplus from services of £0.492m against original budget for the period 1 July to 31 March 2016 (9 months). The HSCP's financial performance for the year is summarised in note 1.14 and sets out the 2015/16 spend against budget.

The set aside, or notional budget, for large hospital services is included in the HSCP Board total resources for 2015/16 and is reported separately on page 18 included within the Comprehensive Income and Expenditure Statement and explanatory note 2 on page 24 under Related Party Transactions.

The in-year surplus against original budget is £0.492m is the favourable variance against the overall budget in year and represents an un-earmarked balance at 31 March 2016.

The majority of the favorable variances are due to specific management action in areas such as general process and efficiency review; specific restructuring of service delivery, and implementation of agreed savings targets, including early implementation of efficiencies originally identified for 2016/17. The level of favorable variance has been reduced due to some areas of overspend.

During the year the Chief Officer and the Senior Management Team successfully mitigated the full value of the Social Care baseline budget pressure through a combination of improved cost control and tighter absence management arrangements; together with the use of one off monies received during the year for related activity. The Health services expenditure therefore matched income from the Health Board.

WD HSCP services saw continued demand growth. The Chief Officer and the Senior Management Team were able to reduce the cost of the packages across all services, although in some areas the increased demand led to in-year overspends against the original approved 2015/16 funding.

The main financial challenges faced in the financial year 2015/16 were as follows:

- **Children's Residential Schools** costs were higher than anticipated due to residential client placements in 2015/16;
- **External Residential Accommodation for Elderly** favourable variance is due to lower placement costs, new improvement money and income from property sales. The reduction is mainly a result of increased Self Directed support packages;
- **Residential Accommodation for the Elderly** costs, offset by above, were higher mainly due to staff absence and vacancies resulting in backfill pay cost pressures;
- **Residential Learning Disability** favourable variance is due to reduced client package costs;
- **Homecare** is reporting higher than budgeted costs due to increased number of homecare hours being delivered based on current client assessed needs. Also higher than estimated costs due to overtime costs and agency usage to cover for sickness and vacancies.

The Balance Sheet

The Balance Sheet on page 19 summarises the HSCP Board's assets and liabilities as at 31 March 2016, with explanatory notes provided in the full accounts.

Financial Outlook, Risks and Plans for the Future

The UK economy continues to show signs of recovery with inflation and unemployment falling and growth taking place in a number of sectors. Additional funding of £250m has been announced for Health and Social Care Partnerships for 2016/17 to address social care pressures. Despite this, pressure continues on public sector expenditure at a UK and Scottish level with further reductions in government funding predicted to 2018/19.

In addition to economic performance, other factors will influence the availability and amount of funding allocated to health and social care, including local elections in 2017; the implications of financial powers assumed by the Scottish Parliament arising from the Scotland Act 2012; and the introduction of a Single Tier Pension Scheme in 2016.

The most significant risks faced by the HSCP Board over the medium to longer term stem from the central challenge to ensure the delivery and development of services that are safe, effective and (increasingly) seamless within a context of a changing population demographic; increased demands; heightened expectations; and an increasingly difficult financial environment.

Moving into 2016/17, the HSCP Board with the Chief Officer and the Senior Management Team are working to proactively address that challenge, building on the positive progress detailed within the Annual Performance Report for 2015/16. The next Strategic Plan will build upon what has been achieved to-date so as to deliver the HSCP Board's mission to improve the health and wellbeing of West Dunbartonshire. The Strategic Plan will incorporate a medium term financial plan (3 years) for the HSCP Board resources within scope and will publish an annual financial statement setting this out in the next Strategic Plan.

Conclusion

During its first year, in a challenging financial and operating environment, the HSCP Board has seen the successful delivery of the first Strategic Plan as detailed within the first Annual Performance Report 2015/16. The activity and outcomes delivered within that Annual Performance Report also underscore the HSCP Board's commitment to clinical and care governance; and particularly emphasises two key principles articulated within the National Framework for Clinical & Care Governance, namely:

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

In line with best value duties the HSCP Board's financial arrangements have secured continuous improvement in performance, while maintaining an appropriate balance between quality and cost. In achieving a balanced budget in financial year 2015/16, the Chief Officer, Chief Financial Officer and the other members of the Senior Management Team have managed the HSCP Board's affairs to secure economic, efficient and effective use of resources; equal opportunities requirements; and contributed to the achievement of sustainable development.

Acknowledgement

The production of the Annual Financial Statements is very much a team effort and I wish to record our thanks to both Finance staff and to colleagues in all services whose efforts have contributed to the completion of this Statement of Accounts.

Where to Find More Information

If you would like more information please visit the WD HSCP website at: www.wdhscp.org.uk

Gail Casey

HSCP Board Chair



Date: 14 September 2016

Keith Redpath

Chief Officer



Date: 14 September 2016

Jeanne Middleton

Chief Finance Officer



Date: 14 September 2016

Statement of Responsibilities

Responsibilities of the HSCP Board

The HSCP Board is required:

- To make arrangements for the proper administration of its financial affairs and to ensure that one of its officers has the responsibility for the administration of those affairs. For the HSCP Board, the proper officer is the Chief Financial Officer;
- To manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets;
- To approve the Statement of Accounts.

I confirm that the audited Annual Accounts were approved for signature at a meeting of the Audit Committee on 15 September 2016.

Gail Casey

HSCP Board Chair



Date: 14 September 2016

Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the HSCP Board's annual accounts which, in terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Code), is required to present a true and fair view of the financial position of the HSCP Board at the accounting date and its transactions for the year.

In preparing these annual accounts, the Chief Financial Officer has:

- Selected appropriate accounting policies and applied them consistently.
- Made judgements and estimates that were reasonable and prudent.
- Complied with the Code of Practice.
- Kept proper accounting records that were up to date.
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of West Dunbartonshire Health & Social Care Partnership Board at the reporting date and the transactions of West Dunbartonshire Health & Social Care Partnership Board for the year ended 31 March 2016.

Jeanne Middleton

Chief Financial Officer



Date: 14 September 2016

ANNUAL GOVERNANCE STATEMENT

The Annual Governance Statement explains how the HSCP Board complies with the Code of Corporate Governance and meets the requirements of the 'Code of Practice for Local Authority Accounting in the UK: A Statement of Recommended Practice', in relation to the Statement on the System of Internal Financial Control.

Scope of Responsibility

The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively. The HSCP Board is also responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, which includes arrangements for the management of risk. In discharging this responsibility, the Chief Officer has put in place arrangements for governance which includes the system of internal control. This is designed to manage risk to a reasonable level, but cannot eliminate the risk to failure to achieve policies, aims and objectives and can therefore only provide reasonable but not absolute assurance of effectiveness.

A copy of the code adopted is available from the following Council and Health Board link at:

<http://www.west-dunbarton.gov.uk/media/2455272/wdc-local-code.pdf>
<http://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/policies/code-of-conduct-for-staff-includes-whistleblowing/>

The Governance Framework

The timeline below summarised the key milestones met in establishing the governance arrangements for the HSCP Board as of the 31 March 2016.

- 2010 – 2014 Community Health & Care Partnership in place
- 2014/15 Shadow Health & Social Care Partnership established by West Dunbartonshire Council and NHS GG&C Health Board (transition year)

West Dunbartonshire Integration Scheme 2015 agreed by West Dunbartonshire Council and NHS GG&C Health Board
- April 2015 Public Bodies (Joint Working) (Scotland) Act enacted
- May 2015 West Dunbartonshire Integration Scheme agreed by Scottish Ministers – including all community adult and children's health and care services plus criminal justice social work
- July 2015 West Dunbartonshire Health & Social Care Partnership Board established as Integrated Joint Board (Body Corporate – Integration Authority) for West Dunbartonshire.

West Dunbartonshire Health & Social Care Partnership Board approves Standing Orders, including Code of Conduct.

West Dunbartonshire Health & Social Care Partnership Board appoints Chief Officer and Chief Financial Officer.

West Dunbartonshire Health & Social Care Partnership Board approves first Strategic Plan.

Strategic Plan 2015/16 confirms integration commencement (start)
Date of 1 July 2015.

Strategic Plan 2015/16 identifies locality areas of Alexandria and
Dumbarton; and Clydebank.

- August 2015 West Dunbartonshire Health & Social Care Partnership Board agrees
Financial Regulations.

West Dunbartonshire Health & Social Care Partnership Board agrees
audit arrangements, including creation of Audit (Sub) Committee.

West Dunbartonshire Health & Social Care Partnership Board agrees
Risk Management Policy and Strategy.

West Dunbartonshire Health & Social Care Partnership integrated
clinical and care governance arrangements confirmed.
- Sept 2015 West Dunbartonshire Health & Social Care Partnership Board Audit
Committee established.

Internal Audit Operational Agreement confirmed; and Audit Scotland
confirmed by the Accounts Commission as the external auditors of
the West Dunbartonshire Health & Social Care Partnership Board.
- Nov 2015 West Dunbartonshire Health & Social Care Partnership Board
Endorses WD HSCP Workforce and Organisational Development
Strategy.

West Dunbartonshire Health & Social Care Partnership Board
approves first Strategic Risk Register.
- Jan 2016 West Dunbartonshire Health & Social Care Partnership Board
agrees Financial Reserves Policy.

West Dunbartonshire Health & Social Care Partnership Board Audit
Committee approves the Scheme of Delegation arising from the
Financial Regulations.

West Dunbartonshire Health & Social Care Partnership Board Audit
Committee agrees Financial Reserves Policy.

West Dunbartonshire Health & Social Care Partnership Board Audit
Committee agrees to the Partnership Board joining the Clinical
Negligence and Other Risks Indemnity Scheme (CNORIS).

West Dunbartonshire Health & Social Care Partnership Board Audit
Committee endorses the integrated approach to business continuity
developed by WD HSCP, the Health Board and the Council.

West Dunbartonshire Health & Social Care Partnership Joint Staff
Forum constitution confirmed.

West Dunbartonshire Health & Social Care Partnership Board Audit
Committee endorses WD HSCP Equalities Mainstreaming Report for
public publication.

The governance framework created by the above – and subsequent – documents has established the systems and processes by which WD HSCP is directed and controlled; and the activities through which the Chief Officer and the Senior Management Team works with and accounts to the HSCP Board. It enables the HSCP Board to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the delivery of the Strategic Plan; to evaluate the likelihood of those risks being realised and the impact should they be realised; and to manage them efficiently, effectively and economically.

The System of Internal Financial Control

The system of internal financial control is based on a framework of regular management information, financial regulations, administrative procedures (including segregation of duties), management supervision, and a system of delegation and accountability. Development and maintenance of these systems is undertaken by the Health Board and Council as part of the operational delivery of WD HSCP. In particular, these systems include:

- Financial regulations and codes of financial practice.
- Comprehensive budgeting systems.
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts.
- Setting targets to measure financial and other performance.
- Clearly defined capital expenditure guidelines.
- Formal project management disciplines.

The HSCP Board's financial management arrangements conform to the governance requirements of the CIPFA statement *The Role of the Chief Financial Officer in Local Government (2010)*.

With regard to the entries taken from the Health Board and Council Accounts, the HSCP Board is not aware of any weaknesses within their internal control systems and has placed reliance on the individual Statements of Internal Financial Control where appropriate.

Review of Effectiveness

The HSCP Board has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Chief Officer and the Senior Management Team who have responsibility for development and maintenance of the governance environment; the annual report by the Chief Internal Auditor; and reports from Audit Scotland and other review agencies.

The Chief Internal Auditor reports directly to the HSCP Board's Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the HSCP Board's Audit Committee during 2015/16. The Chief Internal Auditor prepares an annual report to the Audit Committee, including an assurance statement containing a view on the adequacy and effectiveness of the systems of internal control.

Roles and Responsibilities of the Audit Committee and Chief Internal Auditor

Board members and officers of the HSCP Board are committed to the concept of sound internal control and the effective delivery of HSCP Board services. The HSCP Board's Audit Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

The Audit Committee performs a scrutiny role in relation to the application of CIPFA's Public Sector Internal Audit Standards 2013 (PSIAS) and two or three times per year monitors the performance of the Partnership's internal audit service. The appointed Chief Internal Auditor has responsibility to review independently and report to the Audit Committee annually, to provide assurance on the adequacy and effectiveness of conformance with PSIAS.

The internal audit service undertakes an annual programme of work, approved by the Audit Committee, based on a strategic risk assessment. The appointed Chief Internal Auditor provides an independent opinion on the adequacy and effectiveness of internal control.

The Chief Internal Auditor has conducted a review of all Internal Audit reports issued in the financial year and Certificates of Assurance from the Senior Management Team. In conclusion, although no system of internal control can provide absolute assurance nor can Internal Audit give that assurance, on the basis of audit work undertaken during the reporting period, there have been no significant issues reported by Internal Audit.

Furthermore, on the basis of the audit work undertaken during the reporting period, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control is operating effectively within the organisation.

Further Actions

There is already a commitment in place for an internal audit of the implementation of the Public Bodies (Joint Working) Act following the first year of the establishment of the Partnership Board to be undertaken by the Chief Internal Auditor during 2016/17 for the HSCP Board Audit Committee; the Health Board's Audit Committee; and the Council's Audit and Performance Review Committee. It has been agreed by the HSCP Audit Committee that the Chief Internal Auditor use the relevant recommendations made by Audit Scotland (in its national report on Health and Social Care Integration – December 2015) to inform and shape that planned internal audit.

Internal audit, as part of their 2016/16 plan, also intend to carry out an audit of governance and assurance to consider how the IJB links to the council's governance arrangements and the flow of information between the IJB and the Council.

Certification

It is our opinion that reasonable assurance, subject to the matters noted above, can be placed upon the adequacy and effectiveness of the HSCP Boards system of governance.

Gail Casey

HSCP Board Chair



Date: 14 September 2016

Keith Redpath

Chief Officer



Date: 14 September 2016

REMUNERATION REPORT

Introduction

The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) require local authorities and IJBs in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

The HSCP Board does not directly employ any staff. All staff working within WD HSCP are employed through either the Health Board or Council; and remuneration for senior staff is reported through those bodies. The role of Chief Financial Officer for the HSCP Board is carried out by the HSCP Chief Financial Officer. The Health Board and the Council meets the full cost of this remuneration. This report contains information on the HSCP Board Chief Officer's remuneration together with details of any taxable expenses relating to HSCP Board voting members claimed in the year. HSCP Board membership is non-remunerated.

1 HSCP Board

The voting members of the HSCP Board were appointed through nomination by the Health Board and Council.

2 Senior Officers

The HSCP Board does not directly employ any staff. All staff working within WD HSCP are employed through either the Health Board or Council; and remuneration for senior staff is reported through those bodies.

The Chief Officer is appointed by the HSCP Board in consultation with the Health Board and Local Authority. The current Chief Officer (Mr Keith Redpath) is employed by the Health Board; holds an honorary contract with the Council; and is seconded to the HSCP Board.

This report contains information on the HSCP Board Chief Officer's full year remuneration together with details of nil taxable expenses relating to HSCP Board voting members claimed in 2015/16. HSCP Board membership is non remunerated as the HSCP Board does not pay allowances or remuneration to voting members. Mrs Casey is remunerated by the Council and Mrs Micklem is remunerated by the Health Board.

	Total Earnings in Year (Bands of £5,000)	Taxable Expenses	2015-16 Total Remuneration (Bands of £5,000)
	£	£	£
Keith Redpath, Chief Officer	100 - 105	-	100 - 105
* Gail Casey - Chair, HSCP Board	-	-	-
* Ros Micklem, Vice chair HSCP Board	-	-	-
	£100-105	£ -	£100-105

The figures shown above for Mr Redpath, under total remuneration, represents the equal contribution made by West Dunbartonshire Council and NHS Greater Glasgow & Clyde towards Mr Redpath's salary.

- * Details of Mrs Casey's remuneration are included within the accounts of West Dunbartonshire Council.
- * Details of Mrs Micklem remuneration are included within the accounts of NHS Greater Glasgow & Clyde Health Board

Remuneration Report (Cont'd)

Pension entitlement for the Chief Officer for the year to 31 March 2016 is shown in the table below, together with the contribution made by the employing body to this pension during the year.

	To 31 March 2016
Keith Redpath	£
In-year pension contributions	14,779
Accrued pension benefits	14,887
Movement in accrued pension benefits	1,786

Mr. Redpath is a member of the NHS Superannuation Scheme (Scotland). The pension figures shown relate to the benefits that the person has accrued as a consequence of his total public sector service, and not just his current appointment. The contractual liability for employer pension's contributions rests with NHS Greater Glasgow & Clyde. On this basis there is no pension liability reflected on the HSCP Board balance sheet.

General Disclosure by Pay Bands

The regulations require the Remuneration Report to provide information on the number of persons whose remuneration was £50,000 or above. This information is provided in bands of £5,000.

Remuneration Bands	Number of Employees 31-Mar-16
£100,000-£104,999	1

Gail Casey

HSCP Board Chair



Date: 14 September 2016

Keith Redpath

Chief Officer



Date: 14 September 2016

FINANCIAL STATEMENT OF ACCOUNTS

Core Statement of Accounts:

The financial statement comprise of the following primary statements:

- Movement in the Reserves Statement.
- Comprehensive Income and Expenditure Statement.
- Balance Sheet.

Movement in Reserves Statement

This statement shows the movement in the year on the different reserves held by the HSCP Board, analysed into unearmarked reserves and earmarked reserves.

	Unearmarked	Earmarked	Total Reserves
	£'000	£'000	£'000
2015/16			
Opening Balance at 1 April 2015	0	0	0
Movement in reserve 2015/16			
(Surplus) or deficit on provision of services	492	1,119	1,611
Net Increase/(Decrease)	492	1,119	1,611
Closing Balance at 31 March 2016	492	1,119	1,611

Comprehensive Income and Expenditure Statement

The statement shows the accounting cost, for 2015/16, of providing services in accordance the integrated delegated services and shows the income and expenditure delegated back to the Health Board and Council for the delivery of integrated services.

	2015/16 Gross Expenditure £,000	2015/16 Gross Income £,000	2015/16 Net Expenditure £,000
Health Care	64,418	(64,418)	0
Social Care Services	60,213	(60,705)	(492)
Heath Care Acute Hospital Services	13,040	(13,040)	0
Corporate Services (HSCP Board)	244	(244)	0
(Surplus) / Deficit on provision of services	137,915	(138,407)	(492)

Further details on the accounting cost, for 2015/16, is reported within the section Segmental Reporting on page 17.

Balance Sheet

The balance sheet shows the value, as at the balance sheet date, of the assets and liabilities recognised by the HSCP Board. The net assets of the HSCP Board (assets less liabilities) are matched by reserves held by the Council. Reserves are reported in two categories:

1. Unearmarked Reserves i.e. those reserves that the HSCP Board may use to provide services in line with service planning within the relevant financial year
2. Earmarked Reserves – i.e. those reserves that the HSCP Board have ringfenced for a specific service purpose, and any statutory limitations

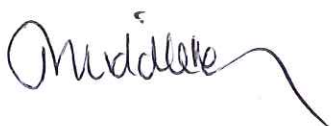
BALANCE SHEET

	Notes	31 March 2016 £'000
Current assets		
Short term debtors	4	1,628
Current liabilities		
Short term creditors	5	(17)
Net Assets		1,611
Usable Reserves	6	492
Earmarked Reserves	6	1,119
Total Reserves		1,611

The Statement of Accounts present a true and fair view of the financial position of the HSCP Board as at 31 March 2016 and its income and expenditure for the year then ended.

The unaudited financial statements were authorised for issue on 15 June 2016 and the audited financial statement were authorised for issue on 14 September 2016.

Jeanne Middleton
Chief Financial Officer



Date: 14 September 2016

NOTES TO THE FINANCIAL STATEMENT OF ACCOUNTS

1. Accounting Policies

1.1 General principles

The West Dunbartonshire Health & Social Care Partnership (HSCP) Board is formed under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014; and is a Joint Venture between West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.

Integration Joint Boards (IJB's) are specified as section 106 bodies under the Local Government (Scotland) Act 1973 and as such are required to prepare their financial statements in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.

The Annual Accounts summarise the HSCP Board's transactions for the 2015-2016 financial year and its position at the year end of 31 March 2016.

1.2 Accruals of expenditure and income

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- All known specific and material sums payable to the IJB have been brought into account.
- Where revenue and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet.
- Supplies are recorded as expenditure when they are consumed. Expenses in relation to services received are recorded as expenditure when the service is received rather than when payments are made.

1.3 Going Concern

The accounts are prepared on the going concern basis, which provides that the entity will continue in operational existence for the foreseeable future.

1.4 Accounting Convention

The Accounts are prepared on an historical cost basis.

1.5 Funding

The HSCP Board receives contributions from its funding partners - namely West Dunbartonshire Council and Greater Glasgow and Clyde Health Board – that it then allocates against its commitments within its Strategic Plan. Expenditure is incurred in the form of charges for services provided to the HSCP Board by these partners.

1.6 Events After The Balance Sheet Date

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts is authorised for issue. Two types of events can be identified:

- Adjusting events: Those that provide evidence of conditions that existed at the end of the reporting period. The Annual Accounts are adjusted to reflect such events
- Non-adjusting events: Those that are indicative of conditions that arose after the reporting period and the Statements are not adjusted to reflect such events. Where a category of events would have a material effect, disclosure is made in the notes of the nature of the events and their estimated financial effect

Events taking place after the date of authorisation for issue are not reflected in the Annual Accounts.

1.7 Exceptional Items

When items of income and expense are material, their nature and amount is disclosed separately, either on the face of the Income and Expenditure Statement or in the notes to the accounts, depending on how significant the items are to an understanding of the HSCP Board's performance.

1.8 Related Party Transactions

Related parties are organisations that the HSCP can control or influence or who can control or influence the HSCP.

As Partners in the Joint Venture of West Dunbartonshire Health & Social Care Partnership Board, both West Dunbartonshire Council and Greater Glasgow & Clyde Health Board are related parties and material transactions with those bodies are disclosed in Note 2 in line with requirements of IAS 24.

1.9 Support Services

Support Services are not delegated to the HSCP Board through the Integration Scheme and are instead provided by the Health Board and Council free of charge as a "service in kind". The support services provided is mainly comprised of: provision of the financial management; human resources; legal; committee services; ICT; payroll; internal audit; and the provision of the Chief Internal Auditor. Had the HSCP Board been charged for these support services it is not considered that they would be material to the financial statements.

1.10 Provisions, contingent assets and liabilities

Provisions

Provisions are made where an event has taken place that gives the HSCP Board a legal or constructive obligation that probably requires settlement by a transfer of economic benefits or service potential and a reliable estimate can be made of the amount of the obligation.

Provisions are charged as an expense to the appropriate service line in the Income and Expenditure Statement in the year that the HSCP Board becomes aware of the obligation and measured at the best estimate at the Balance Sheet date of the expenditure required to settle the obligation, taking into account relevant risks and uncertainties.

When payments are eventually made, they are charged to the provision held in the Balance Sheet. Estimated settlements are reviewed at the end of each financial year. Where it becomes less than probable that a transfer of economic benefits will be required (or a lower settlement than anticipated is made), the provision is reversed and credited back to the relevant service.

Contingent assets and liabilities

A contingent asset or liability arises where an event has taken place that gives the HSCP Board a possible obligation or benefit whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the HSCP Board. Contingent liabilities or assets also arise in circumstances where a provision would otherwise be made but, either it is not probable that an outflow of resources will be required or the amount of the obligation cannot be measured reliably.

Contingent assets and liabilities are not recognised in the Balance Sheet but disclosed in a note to the Accounts where they are deemed material.

1.11 Claims Handling, Liability and Indemnity

The HSCP Board, while having legal personality in its own right, has neither replaced nor assumed the rights or responsibilities of either the Health Board or the Council as the employers of the staff delivering integrated services; or for the operation of buildings or services under the operational remit of those staff. The Health Board and Council continue to indemnify, insure and accept responsibility for the staff that they each employ; their particular capital assets that integrated services are delivered from or with; and the respective services themselves that each has delegated to the HSCP Board. Liabilities arising from decisions taken by the HSCP Board will be equally shared between the Council and Health Board.

With specific respect to the HSCP Board's strategic planning responsibilities and decisions that it may make, during 2015/16 arrangements were made for members of the HSCP Board to join the Clinical Negligence & Other Risks Indemnity (CNORIS) scheme. The risks associated with Integration Joint Boards membership of CNORIS is considered low and therefore an annual contribution of £3,000, payable each financial year; has been set, with the Health Board having agreed to meet this cost for all of the IJBs within its area. The contribution level has been assessed at this level due to the limited risks anticipated in relation to the statutory status of IJBs; and CNORIS cover being provided mainly in relation to indemnity for IJB members and officials.

1.12 Reserves

Reserves are created by appropriating amounts out of revenue balances. When expenditure to be financed from a reserve is incurred, it is charged to the appropriate service in that year so as to be included within the Income and Expenditure Statement. Movements in reserves are reported in the Movement in Reserves Statement.

1.13 Corresponding Amounts

The HSCP Board was established on 1 July 2015 and hence the period to 31 March 2016 is its first year of operation. Consequently there are no corresponding amounts for previous years to be shown.

1.14 Segmental Reporting

Expenditure on services commissioned by the HSCP Board from its partner agencies is analysed over the following services:

	Budget	Spend Against Budget	Variance	
	£000's	£000's	£000's	£000's
Opening unearmarked balance				-
Older People Residential, Health and Community Care	27,680	27,977	(297)	
Homecare	9,612	10,055	(443)	
Physical Disability	1,815	1,927	(112)	
Children's Residential Care and Community Services (incl specialist)	14,865	15,052	(187)	
Strategy Planning and Health Improvement	1,824	1,561	263	
Mental Health Services - Adult & Elderly Community and Inpatients	8,505	8,520	(15)	
Addictions	3,020	3,017	3	
Learning Disabilities - Residential and Community Services	11,646	11,553	93	
Family Health Services (FHS)	18,372	18,372	0	
GP Prescribing	14,010	14,010	0	
Hosted Services	685	593	93	
Integrated Care Fund	1,458	1,458	0	
Resource Transfer	5,833	5,833	0	
HSCP Corporate and Other Services	4,824	4,949	(126)	
Gross Expenditure	124,147	124,876	(729)	
Income	(18,322)	(19,542)	1,221	
Total Net Expenditure	105,825	105,333	492	
Movement in Reserves to 31/03/16				
Unearmarked Balance at 31 March 2016				492

Reconciliation to CIEs table on page 17

	£'000
Net expenditure at 31 March 2016 (as per above)	105,333
Income	19,542
Set Aside	13,040
Gross expenditure at 31 March 2016	137,915

1.15 VAT

The VAT treatment of expenditure in the HSCP Board's accounts depends on which partner agency is providing the service as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excludes any amounts related to VAT, as all VAT collected is payable to H.M. Revenue & Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from H.M. Revenue and Customs.

Where the Health Board (NHS) is the provider agency, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as income from the commissioning Integrated Joint Board, which in this instance is the HSCP Board.

2 Related Party Transactions

The HSCP Board was established on 1 July 2015. In the year following financial transactions were made with the Greater Glasgow and Clyde Health Board and West Dunbartonshire Council relating to integrated health and social care functions:

	2015/16 £'000
Income – payments for integrated functions	
NHS Greater Glasgow & Clyde Health Board	73,546
West Dunbartonshire Council	45,075
Corporate - HSCP Board	244
TOTAL	£ 118,865

	2015/16 £'000
Expenditure – payments for delivery of integrated functions	
NHS Greater Glasgow & Clyde Health Board	73,546
West Dunbartonshire Council	44,583
Corporate - HSCP Board	244
TOTAL	£ 118,373

The set aside, or notional budget, for large hospital services is included in the HSCP Board total resources for 2015/16. The latest notional budget is included above within Health Care and reflects an average of £13m per annum based on current service average consumption costs for the period 1 July to 31 March 2016.

3. Corporate Expenditure

To 31 March 2016

	£'000
Staff costs	227
Administrative costs:	
Audit Fees	17
Total	<u>£ 244</u>

4. Short Term Debtors

To 31 March 2016

	£'000
Central Government bodies	17
Other Local Authorities	1,611
Total	<u>1,628</u>

The balance under Other Local Authorities predominantly relates to earmarked income for future specific purposes held on behalf of the HSCP Board by the Council.

5. Short Term Creditors

To 31 March 2016

	£'000
Central Government bodies	17
Other Local Authorities	0
Total	<u>17</u>

6. Movement in Reserves

The Council holds reserves on behalf of the HSCP Board on the Balance Sheet in respect of General Fund surpluses:

The General Fund balance stands at £1.611m on 31 March 2016, of which £1.119m is earmarked for ringfenced purposes, leaving an unearmarked balance of £0.492m.

To 31 March 2016

	£'000
Balance at 31 March brought forward	0
Surplus/(deficit) on provision of services	492
Earmarked reserves	1,119
Other comprehensive expenditure and income	-
Total comprehensive expenditure and income	1,611
Balance at 31 March carried forward	1,611

The main earmarked income held for future specific purposes:

	£'000
Earmarked Balance:	
Integrated Care Fund	300
Delayed Discharge	275
GIRFEC NHS	205
GIRFEC Council	24
MSK Physio	46
Ophthalmolgy	21
Criminal Justice - transitional funds	48
DWP Conditions Management	200
	£ 1,119

The GIRFEC NHS funds are held within the HSCP and are managed on behalf of all HSCPs and are not held specifically for the HSCP planned spend.

7. External Audit Costs

In 2015/16 the HSCP Board incurred the following fees relating to external audit in respect of external audit services undertaken in accordance with the Code of Audit Practice:

2015/16	£
Fees Payable	17,100

8. Post Balance Sheet Events

The draft Financial Statements were authorised for issue by the Chief Financial Officer on 30 June 2016. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provide information about conditions existing as at 31 March 2016, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

9. Contingent Liabilities

There are no contingent liabilities at 31 March 2016.

10. Accounting Policies, Changes in Accounting Estimates and Errors

The required disclosure of information on the expected impact of new accounting standards that have been issued but are not yet effective. These have been reviewed and are not deemed to be significant for the financial statements

Independent Auditor's Report

Independent auditor's report to the members of the West Dunbartonshire Health and Social Care Partnership and the Accounts Commission for Scotland.

I certify that I have audited the financial statements of **West Dunbartonshire Health and Social Care Partnership** for the period ended 31 March 2016 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2015/16 (the 2015/16 Code).

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 125 of the Code of Audit Practice approved by the Accounts Commission for Scotland, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Respective responsibilities of the Chief Financial Officer and auditor

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland) as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Those standards require me to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the circumstances of the **West Dunbartonshire Health and Social Care Partnership** and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Financial Officer; and the overall presentation of the financial statements. In addition, I read all the financial and non-financial information in the Annual Accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Opinion on financial statements

In my opinion the financial statements:

- give a true and fair view in accordance with applicable law and the 2015/16 Code of the state of the affairs of the **West Dunbartonshire Health and Social Care Partnership** as at 31 March 2016 and of the income and expenditure for the period then ended; and
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2015/16 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Opinion on other prescribed matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014; and
- the information given in the Management Commentary for the period for which the financial statements are prepared is consistent with the financial statements.

Matters on which I am required to report by exception

I am required to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the part of the Remuneration Report to be audited are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- the Annual Governance Statement has not been prepared in accordance with Delivering Good Governance in Local Government; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.



David McConnell, MA, CPFA

Audit Scotland
4th Floor, South Suite
8 Nelson Mandela Place
Glasgow
G2 1BT

15 September 2016

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 16 November 2016

Subject: Financial Report 2016/17 as at Period 6 (30 September 2016)

1. Purpose

1.1. This report will provide:

- An update on the financial performance and capital works progress of the West Dunbartonshire Council Health & Social Care Partnership for the period to 30th September 2016 (Period 6);
- An update on the 2017/18 financial planning process for both health care and social care; and
- An update on the work undertaken on the implementation of the Scottish Living wage to all adult care workers.

2. Recommendations

2.1 The HSCP Board is recommended:

1. Note that the revenue position is reporting an overspend of £0.160m (-0.2%) for the period 1 April to 30 September 2016;
2. Note that management action on reducing cost pressures and maximising income will continue, with the aim of bringing the revenue position back to financial balance by the end of the financial year;
3. Note that the Health Board has identified and transferred (in Period 6) £0.909m of non recurring relief to offset the in year shortfall against savings targets, based on management action to implement the savings approved in the previous report;
4. Agree that the proposed 2017/18 Social Care savings options, should be subject to public consultation;
5. Agree that discussions continue with the Council in regard to the level of its contribution to the Partnership once the actual financial allocations from the Scottish Government are known;
6. Note the work undertaken over recent months by the Partnership and the Council, to progress the implementation of the Scottish Government's commitment to pay all adult social care workers a fair rate of pay 1 October 2016; and

7. Agree that a final set of savings proposals be submitted to the next meeting of the IJB for approval.

3. Background

3.1 Health Board Allocation

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

3.3 Since the previous reported budget the following budget adjustments have taken place from Period 3 to Period 6 revising the net expenditure budget to £82,893m (overleaf).

	£'000
Budget at Period 3 2016/17	81,335

Additional Allocations of:

Partnership's Non Recurring Savings Relief from NHSGGC Board	909
Learning Disability RAM (Resource Allocation Model)	387
FHS - Recurring Adjustment (GMS Uplift)	336
FHS - Non Recurring Adjustment (GMS Uplift)	375
Scottish Govt Non Recurring Allocation (CAMHS)	157
Scottish Govt Non Recurring Allocation (Carers Information Strategy)	74
Scottish Govt Non Recurring Allocation (Smoking Prevention)	75
Scottish Govt Non Recurring Allocation (SESP)	70
Scottish Govt Non Recurring Allocation (Keep Well - Final Year)	31
Scottish Govt Non Recurring Allocation (GP's - Cluster Working)	26
Scottish Govt Non Recurring Allocation (Tobacco Core Teams)	17
Savings Relief - adjustment - reversal of Children's Universal Target	27
District Nursing RAM (Final Resource Allocation Model - year 3 of 3)	8
Consultant Discretionary Points funding - Recurring	2

Deductions of:

Transfer Utilities (H,L&P and Water) to Facilities Directorate (Recurring)	-436
Transfer Domestic Staff budgets to Facilities Directorate (Recurring)	-275
FHS - Recurring Adjustment (Prescribing - Sch 4 GIC Allocations)	-6
Transfer Property Maintenance budgets to Facilities Directorate (Recurring)	-215
Transfer Medical Records funding for MSK Clinics (Non Recurring)	-5

Revised budget at Period 6 2016/17	82,893
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3.4 Council Budget Allocation

3.5 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.

3.6 There has been a small reduction to the budget of £0.003m within general administration costs to reflect the on-going Council office accommodation moves of HSCP staff.

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 September 2016 an overspend of £0.160m (-0.2%).

4.2 The Partnership's NHS Health Care budget is reporting a overall break even position and the Social Care budget is reporting a net overspend of £0.160m (-0.6%) 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 £000's	YTD Budget £000's	YTD Actuals £000's	Variance £000's	Variance %	Forecast Full Year	Variance %
Health Care	87,193	42,957	42,957	0	0.0%	0	0.0%
Social Care	82,762	35,762	35,730	32	0.1%	289	0.3%
Expenditure	169,955	78,719	78,687	32	0.0%	289	0.2%
Health Care	(4,301)	(1,937)	(1,937)	0	0.0%	0	0.0%
Social Care	(21,226)	(8,406)	(8,214)	(192)	2.3%	(289)	1.4%
Income	(25,527)	(10,343)	(10,151)	(192)	1.9%	(289)	1.1%
Health Care	82,892	41,019	41,019	0	0.0%	0	0.0%
Social Care	61,536	27,356	27,516	(160)	-0.6%	0	0.0%
Net Expenditure	£144,428	£68,375	£68,535	£(160)	-0.2%	0	0.0%

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.

4.5 **Significant Variances – Health Services**

The overall net position at 30 September is breakeven; however there are variations across some services. The key areas are:

- **Mental Health – Adult Community Services** is reporting an underspend of £0.046m. This is mainly due vacancy slippage and workforce planning as part of a service redesign review.
- **Hosted Services** is reporting underspend of £0.050m due to vacancy slippage.
- **Other Services** is reporting an overspend of £0.110m. This is mainly a budget phasing issue given the significant budget adjustments processed in the last quarter, which include the allocation of non recurrent funding for partnership savings targets and transfer of utilities and maintenance budget to Corporate Facilities Directorate. This will smooth out in future periods.
- **GP Prescribing for Partnerships in 2016/17**

The reported GP Prescribing result is based on the actual result for the month to 31 July 2016 extrapolated to 30 September 2016. The total result across all Partnerships for July is £0.400m over budget for the first quarter of this financial year.

West Dunbartonshire HSCP is reporting a £0.050m overspend as at 30 September 2016 based on July 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.

4.6 **Significant Variances – Social Care Savings**

The net overspend position is £0.160m, which is an improved position from the previous report. Continued management action on reducing cost pressures and maximising income will aim to bring the outturn position back to financial balance. The key areas are:

- **Residential Accommodation for Older People** is reporting a year to date underspend £0.034m. mainly due to reduced staff costs and catering costs as resident numbers decrease as a result of wing closures, reflecting the transition plan to the new Care Home.

To protect this favourable position, staffing rotas and absence levels will continue to be monitored to ensure cost reductions continue through the year

as admissions are managed prior to the opening of the new Dumbarton care home. However, this saving is offset by underachieved income reported below.

- **Income** overall is reporting a shortfall of £0.192m. The main variances are reported within internal and external Residential Accommodation for Older People, mainly due to the impact from Care Home wing closures, which is reporting under-achieved income of £0.169m due to a combination of less self funders and reduced resident placements. Also there are under-recoveries reported against historic income recharges to Criminal Justice of £0.016m for youth justice and £0.033m for capital projects. These issues have been addressed in the 2017/18 budget setting exercise. Income targets within Mental Health services are exceeding budgeted levels by £0.034m due to an out of authority placement and additional housing support income.

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 presented in the separate report to the HSCP to achieve savings against the target allocated.
- 4.9 The £0.955m savings gap has almost entirely been closed by the allocation of £0.909m non-recurrent funding (3.2 above) from the Health Board.
- 4.10 The application of this funding together with the savings plans already in place to achieve Workforce and other savings targets, means that there is no adverse savings pressure to report this cycle.

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.

2017/18 Savings Plan – Health Care

- 4.14** For 2016/17 and the previous financial year the timing for producing the Health Board's financial plan was significantly later than required for the HSCP to carry out due diligence and agree a budget allocation prior to the start of the financial year.
- 4.15** Although the six IJBs' were given indicative savings targets in late 2015, final allocations were not confirmed until 28 June 2016.
- 4.16** In recognition of the 6 Integrated Joint Boards being fully established, the Health Board's Finance and Planning Committee agreed on 4 October that financial planning will follow a different format to previous years.
- 4.17** This is to reflect Scottish Government guidance that states that the Board must allocate the IJBs' a definitive budget to enable integrated planning and budgeting within the IJB. It is for each IJB and its Board to determine relevant savings.
- 4.18** The Director of Finance for Health plans to notify IJBs of an indicative budget before the end of November 2016 to allow for earlier identification of 2017/18 savings options.
- 4.19** A number of factors require to be resolved to achieve this indicative budget, not least the degree to which 2016/17 recurring savings are achieved. Early indications from Scottish Government are that 2017/18 Health allocations will be 4% to 7% less than 2016/17.

2017/18 Savings Plan – Social Care

- 4.20** The Council was presented with a Finance Strategy and Budget Update Report on the 26 October 2016. The report presented the Council's "Likely" budget gap for 2017/18 as £3.691m (Appendix 2), based on a number of assumptions around the one year Scottish Government settlement (notification expected mid December 2016), Council Tax levels and the 2017/18 budget submissions by council departments and the HSCP.
- 4.21** As part of that Council budgeting process, the HSCP Senior Management Team were required to identify savings options based on a 4% cut to the 2016/17 net revenue budget, equating to £2.607m and a further £0.441m to cover the additional burdens identified as part of the refresh of the 2017/18 budget position.
- 4.22** The application of this savings total of £3.048m against the 2017/18 budget allocation would have a significant adverse effect on the ability of the HSCP to deliver social care services in line with the Strategic Plan.
- 4.23** The savings options put forward by the Senior Management Team are detailed in Appendix 3. The main option to highlight, with reference to how the Council has presented its Financial Strategy and Budget Update Report,

is the proposal to allocate £2.0m from the 2017/18 Integration Fund. The Council's reported gap of £3.691m, on all services, is net of the £2.0m contribution from the 2017/18 HSCP's Integration Fund. By deducting this £2.0m from the original savings target the HSCP's net funding reduction is shown in Appendix 3 as £1.048m.

- 4.24** With respect to both Health Care and Social Care financial planning processes, significant effort has been applied to ensure that budget reductions will be obtained wherever possible through service redesign, efficiency programmes and income maximisation.

Implementation of Scottish Government's Living Wage Commitment

- 4.25** As part of the 2016/17 financial settlement all local authorities in Scotland were required to commit to introducing the Living Wage (LW) for all adult social care workers as part of their commitment to Fair Work Practices and improving the quality of social care. The Scottish Government LW was set at £8.25/hr for all hours worked, including day support, sleepovers and travel time, effective from 1 October 2016.
- 4.26** Funding for this is provided through the £250m Integration Fund, provided to HSCPs through Health Boards' 2016/17 budget allocation. Of that £250m, £125m was provided to support additional spend on expanding social care to support the objectives of integration including increasing charging thresholds for all non-residential services to address poverty. The balance of the £125m was provided to meet a range of existing costs faced by local authorities as a result of demographic pressures and the aspiration to deliver the £8.25/hr LW for all adult social care workers, including the independent and third sectors.
- 4.27** The West Dunbartonshire IJB share of the £250m was £4.92m or 1.97% of the Scottish total. From this total allocation an amount of £1.5m was available for the implementation of the £8.25/hr Living wage and the National Care Home Contract. As part of the Scottish Government's calculation on the funding provided to IJBs, there was an assumption that providers would contribute 25% towards the cost of the application of the Living Wage.
- 4.28** This Council and the HSCP have already implemented changes related to the inflationary uplift agreed as part of the National Care Home Contract. This awarded care home providers an uplift of 2.5% from 11 April 2016 and a further uplift of 3.9% from 1 October 2016 (resulting in a cumulative uplift of 6.5%). For 2016/17 the 2.5% uplift from 11 April is £0.206m and the 3.9% uplift from 1 October will cost a further £0.247m.
- 4.29** Provider contracts for all other adult social care services, excluding care homes, required to be re-evaluated to address the £8.25/hr LW commitment. Joint guidance was produced by COSLA, Scottish Government, Scottish Care and the Coalition of Care and Support Providers, to support local authorities, IJBs and providers in their local decision making. A number of options of how to apply contract medication were outlined:

1. Apply a flat percentage uplift across all providers, uplift all contract values/hourly rate by uniform amount on condition that providers volunteer to pay £8.25/hr to care workers; or
2. Apply differing percentage increase per provider, through individual negotiations based on their particular costs; or
3. Set a standard rate for each local authority within which the £8.25/hr for care workers is affordable; or
4. Set a suite of rates.

4.30 The approach taken by the Chief Officer was individual negotiations with all current providers. In the last few months senior managers and representatives from the Council's Procurement Team met with a range of service providers providing Care at Home, Housing Support, Daycare and Residential Services for care groups of Older People, Learning Disability, Mental Health, Physical Disability and Addictions.

4.31 The providers were asked to complete a template to provide current rates paid for all hours worked including sleepovers. Initial calculations concluded that having to uprate current sleepover rates to £8.25/hr would be financially challenging. This conclusion was replicated across the majority of IJBs and led to approaches being made to the Scottish Government, through COSLA to reconsider the £8.25/hr being applied to sleepovers. The Scottish Government responded in early October with the recommendation that sleepovers should be paid at a rate consistent with HMRC requirements. In other words payment of sleepovers at the National Minimum Wage level of £7.20/hr would be reasonable as an interim measure for 2016/17, moving to £8.25/hr in future years.

4.32 Calculations were revisited on this basis and offer letters have been issued to all relevant providers over the last couple of months. The total cost of the offers made for 2016/17 with effect from 1 October 2016 is £0.462m (excluding care homes).

4.33 The full year impact for the implementation of the LW for 2017/18, incorporating the National Care Home Contract uplift of 6.5% and the payment of sleepovers at £8.25/hr, is £1.494m.

4.34 To date there are still a number of providers who have yet to accept the offer made for 2016/17. When final agreement is reached all additional payments to providers will be backdated from 1 October 2016.

Financial Challenges and Assumptions

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

- The Health & Social Care Partnership is reporting a £0.160m overspend to the 30 September 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.
- 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.

4.36 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 – Regeneration, Environment and Growth Directorate 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 (a £0.100m reduction on previous year) and provides a total resource of £0.650m.

The summary position for the period to 30 September 2016 is reported in the following table and reports an overall spend of £0.512m against the full year budget leaving a balance of £0.138m to spend which is out of line with the forecast position.

Discussions have been undertaken between Housing and the HSCP to address the £0.100m funding cut to 2016/17 Aids and Adaptation budget. The department have a plan to restore the saving and manage within the totality of the Housing budget.

	Budget	Actual	Variance	Forecast
Care of Gardens	500,000	386,487	113,513	500,000
Aids & Adaptations	150,000	125,217	24,783	250,433
Total	650,000	511,704	138,296	750,433

2016/17 Capital Expenditure

4.37 The progress to date of the individual “live” schemes funded within the Health & Social Care Partnership is as follows.

As previously reported to the Partnership Board, after the Scottish Government announcement on 23rd June 2015 that a new £19 million Clydebank Health & Care Centre would be funded through using the HUB model of Design Build, Finance and Maintain (DBFM), the Initial Agreement has the approval of the Scottish Government's Health Directorate's Capital Investment Group.

Currently HSCP Officers are preparing the 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.

4.38 The design and construction of replacement elderly care homes and day care centres in Dumbarton and Clydebank areas continue to progress.

General - The total care home budget is £25.062m. The budget for Clydebank is Dumbarton is £13.174m with Clydebank budget at £11.888m. Dumbarton is programmed for Contract completion in February 2017 and is on budget. Clydebank is at the end of RIBA Stage 3 Technical Design and the cost plan against budget is yet to be verified by market testing. The Invitation to tender (ITT) will be issued following the detailed planning application.

Dumbarton - The build programme is scheduled to last for 72 weeks and will see the handover of the new facility to the Council in February 2017. Construction work is currently tracking behind programme due to adverse weather conditions experienced at the turn of the year and build complexities and progress is being monitored closely. Whilst the completed care home will be handed over to WDC in February 2017 it is not anticipated to be operational until March 2017 to allow a migration period for clients and staff from the existing Dumbarton homes. The project remains on budget.

Daily dialogue with Hub West Scotland and main contractor Morgan Sindall to ensure that costs are maintained within the final price at Financial Close and that programme dates are adhered to. Fortnightly technical and client meeting and monthly progress meetings are ongoing.

Development will proceed in accordance with February 2017 handover and on budget.

Clydebank - Planning consent will be contingent upon the overall Queens Quay Masterplan and the installation of infrastructure works and the Health Quarter mini-masterplan between the Care Home and the Health Centre. 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. The detailed planning application for the care home was submitted on 31 October 2016. The completed care home is anticipated to be completed in August 2018 and become operational by September 2018 to allow a 4 week migration period, this allows for construction contingency and validation of the

construction period through the appointment of the main contractor. Project board are keen to ensure the most efficient programme possible in order to bring the care home into use as close to the projected hand over date as possible (previously May 2018). Project team currently investigating options for dealing with the site wall that bounds Centenary Court (retain or demolish). This is identified as a site abnormal that may attract significant costs including a structural and environmental survey in the short term. Once complete, a more detailed picture of potential costs will be known. A public presentation session was held at Clydebank Town Hall on 27th September 2016 at which design proposals for the Health Quarter mini-masterplan, Clydebank Care Home & Day Care Centre and development options for the Centenary Court wall boundary treatment were considered.

The Council will continue to liaise with Dawn Developments and the Masterplan Team. Six weekly information sharing forum on-going with all three teams represented (Masterplan, Health Centre and Care Home). Regular meetings held with stakeholders and the project team.

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

4.39 Aids & Adaptations - At this stage full spend of the capital budget is anticipated, however Equipu reports from Cordia are showing activity is lower than expected. Contact has been made with the senior occupational therapist for an update on stair lifts and OT equipment.

4.40 The summary capital expenditure position is reported below 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 September 2016				
PERIOD		6				
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	9,942	38%	26,507	44	0%
Current Year Financials						
HSCP	9,934	4,597	46%	9,934	0	0%

Additional detailed breakdown of individual costs at project level are reported in Appendix 4 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 known at this time.

7. Professional Implications

7.1 None

8. Locality Implications

8.1 None

9. Risk Analysis

9.1 The main financial risks to the ongoing financial position relate to currently unforeseen costs and issues arising between now and the financial year end.

The main risk for 2017/18 is the proposed reduction to the IJB in funding from both partner organisations.

10. Impact Assessments

10.1 Savings options will be subject to an equalities impact assessment after completion of the public consultation and prior to any proposals being brought back to the Board for approval.

11. Consultation

11.1 Subject to approval of these savings options will be put out to public consultation.

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.

Julie Slavin – Chief Financial Officer

Date: 16 November 2016

Person to Contact: Julie Slavin – Chief Financial Officer, Garshake Road,
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Appendices: Appendix 1 – Health and Social Care Financial Statement
(P6 Budget report)

Appendix 2 – West Dunbartonshire Council – Budget Gap
Analysis 2017/18 – 2019/20

Appendix 3 – 2017/18 Social Care Savings Options

Appendix 4 – West Dunbartonshire Council - General
Services Capital Programme

Background Papers: Health Care Savings Options Report - HSCP Audit
Committee 14 September 2016

Health Finance and Planning Committee 4 October 2016

Finance Strategy and Budget Update – West
Dunbartonshire Council 26 October 2016

Wards Affected: All

West Dunbartonshire Health & Social Care Partnership						Appendix 1	
Financial Year 2016/17 period 6 covering 1 April to 30 September 2016							
	Annual Budget £000's	Year to date Budget £000's	Actual £000's	Variance £000's	Variance %	Forecast Full Year	Variance %
Health Care Expenditure							
Planning & Health Improvements	996	380	380	0	0%	0	0%
Children Services - community	2,520	1,312	1,317	(5)	0%	0	0%
Children Services - specialist	1,633	860	860	0	0%	0	0%
Adult Community Services	12,901	6,003	6,009	(5)	0%	0	0%
Community Learning Disabilities	662	331	326	5	2%	0	0%
Addictions	1,879	944	925	19	2%	0	0%
Mental Health - Adult Community	4,510	2,216	2,170	46	2%	92	2%
Mental Health - Elderly Inpatients	3,271	1,725	1,724	0	0%	0	0%
Family Health Services (FHS)	24,187	12,140	12,140	0	0%	0	0%
GP Prescribing	19,322	9,602	9,602	0	0%	0	0%
Other Services	6,537	3,056	3,166	(110)	-4%	(191)	-3%
Resource Transfer	7,907	3,954	3,954	0	0%	0	0%
Hosted Services	871	435	386	50	11%	99	11%
Expenditure	87,193	42,957	42,957	0	0%	0	0%
Income	(4,301)	(1,937)	(1,937)	0	0%	0	0%
Net Expenditure	82,892	41,019	41,019	0	0%	0	0%
	Annual Budget £000's	Year to date Budget £000's	YTD Budget £000's	Variance £000's	% Variance	Forecast Full Year	Variance %
Social Care Expenditure							
Strategy Planning and Health Improvement	1,066	505	493	12	2%	24	2%
Residential Accommodation for Young People	3,417	1,555	1,608	(54)	-3%	(107)	-3%
Children's Community Placements	3,429	1,707	1,645	62	4%	124	4%
Children's Residential Schools	846	491	504	(13)	-3%	(26)	-3%
Childcare Operations	3,844	1,872	1,889	(17)	-1%	(34)	-1%
Other Services - Young People	3,905	1,691	1,670	21	1%	41	1%
Residential Accommodation for Older People	7,741	3,830	3,796	34	1%	68	1%
External Residential Accommodation for Elderly	12,009	6,035	5,968	67	1%	131	1%
Homecare	13,542	6,282	6,336	(54)	-1%	(95)	-1%
Sheltered Housing	1,926	797	788	9	1%	17	1%
Day Centres Older People	1,155	568	613	(45)	-8%	(90)	-8%
Meals on Wheels	75	42	40	2	4%	3	4%
Community Alarms	342	132	112	20	15%	(10)	-3%
Community Health Operations	2,898	1,475	1,483	(8)	-1%	(16)	-1%
Residential - Learning Disability	13,334	4,690	4,659	31	1%	61	0%
Day Centres - Learning Disability	1,633	781	801	(20)	-3%	(40)	-2%
Physical Disability	2,858	1,218	1,172	46	4%	91	3%
Addictions Services	1,843	834	832	2	0%	7	0%
Mental Health	3,519	1,396	1,410	(14)	-1%	(28)	-1%
Criminal Justice	3,674	1,244	1,244	0	0%	0	0%
HSCP - Corporate	(294)	(1,379)	(1,333)	(46)	3%	(92)	31%
Expenditure	82,762	35,762	35,730	32	0.1%	29	0.0%
Income	(21,226)	(8,406)	(8,214)	(192)	2%	(289)	1.4%
Net Expenditure	61,536	27,356	27,516	(160)	-0.6%	(260)	-0.4%
	Annual Budget £000's	Year to date Budget £000's	Actual £000's	Variance £000's	Variance %	Forecast Full Year	Variance %
Consolidated Expenditure							
Older People Residential, Health and Community Care	39,047	18,881	18,809	72	0.4%	103	0%
Homecare	13,542	6,282	6,336	(54)	-0.9%	(95)	-1%
Physical Disability	2,858	1,218	1,172	46	3.7%	91	3%
Children's Residential Care and Community Services (incl specialist)	19,594	9,487	9,493	(6)	-0.1%	(2)	0%
Strategy Planning and Health Improvement	2,062	885	873	12	1.4%	24	1%
Mental Health Services - Adult & Elderly							
Community and Inpatients	11,299	5,337	5,305	32	0.6%	64	1%
Addictions	3,722	1,777	1,757	20	1.1%	7	0%
Learning Disabilities - Residential and Community Services	15,629	5,801	5,786	16	0.3%	21	0%
Family Health Services (FHS)	24,187	12,140	12,140	0	0.0%	0	0%
GP Prescribing	19,322	9,602	9,602	0	0.0%	0	0%
Hosted Services	871	435	386	50	11.4%	99	11%
Criminal Justice	3,674	1,244	1,244	0	0.0%	0	0%
Resource Transfer	7,907	3,954	3,954	0	0.0%	0	0%
HSCP Corporate and Other Services	6,243	1,677	1,833	(156)	-9.3%	(283)	-5%
Gross Expenditure	169,955	78,719	78,687	32	0.0%	29	0.0%
Income	(25,527)	(10,343)	(10,151)	(192)	1.9%	(289)	1.1%
Total Net Expenditure	144,428	68,375	68,535	(160)	-0.2%	(260)	-0.2%

Appendix 2

WEST DUNBARTONSHIRE COUNCIL
BUDGET GAP ANALYSIS - GENERAL SERVICES
MOVEMENT FROM 2016/17 TO 2019/20
AS AT OCTOBER 2016 - SCENARIO 1 - LIKELY

Annex 8

	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000
Position per Budget Report 24 February 2016		2,500	7,321	0
<u>Variables in Assumptions Considered in Sensitivity Analysis</u>				
Movement in Scottish Government Funding		3,109	3,880	4,337
Assume 3% Council Tax increase				-1,186
Council tax base increase – additional houses				-50
Recurring variances exercise from previous year end	-1,223	-2,982	-3,186	-400
Welfare Reform Impact		-100	-100	
Pay award 1% for all years				1,600
Sales, fees and charges at 4% uplift				-377
Purchase of Vehicles - replace hired vehicles		-222	-222	
Inflation on preserved items				374
Rates Review - assume 5% increase		215	215	
Depot saving delay		400	400	
Timing of Shared Services saving - delay		1,000	500	-500
ORP Slippage		600		
Submission Variance	176	962	161	56
Burdens		452	452	10
Management Adjustments	-30	-1,195	-1,263	-5
HSCP Net Funding Reduction		-1,048	-1,048	
Gap from 2018/19				7,110
Revised (Surplus)/ Gap	-1,077	3,691	7,110	10,969
Prudential Target Reserve for each financial year	-4,195	-4,054	-3,989	-3,841
Projected Reserve at end of each financial year	-4,688	-5,765	-5,765	-5,765

SERVICE	Social Care
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Ref	Option	HSCP Board Decision required Y/N	Decrease Cost	Reduce Quality/ Services	Increase Income	National Change	one off saving (NR) or ongoing (R)	Full Year Effect value (£)	Savings achieved in 2016/17 (£)	Savings achieved in 2017/18 (£)	Identification of any likely impact on the current Strategic Priorities and on service delivery
HSCP - HQ001	Integration Fund from Scottish Government - WDHSCP 2016/17 share of the £250m was £4.921m - this funding is provided recurrently. The fund was provided to support: pressures as a result of demographic growth; additional spend on expanding social care to support the objectives of integration, including making progress on charging thresholds for all non-residential services. The funding was also to be directed to ensure that all Adult social care workers are paid a Living Wage of £8.25/hr from 1st October 2016. From the £4.921m allocation WDC received £1.260m for existing social care pressures and the full year impact of Living Wage is estimated at £1.5m. It is proposed that from the balance of uncommitted funding £2.0m is directed to the 4% 2017/18 savings target.	Y	Y	Y	N	N	R	2,000,000	0	2,000,000	Directing funds to savings at the expense of adding capacity to HSCP to respond to change and demand to social care. This will significantly reduce our ability to respond to the need for additional care packages.
HSCP SC002 - C&F	WITHDRAW The Cara Service is a Domestic Abuse psychotherapeutic counselling project, mainstream funded within the HSCP and managed by Fieldwork Children's Services. The proposal would be to withdraw the service. The service consists of; 2 x full time permanent Psychotherapeutic Counsellors (Grade 8) (In post) 1 x part time permanent Administrative staff (Grade 3) (Vacancy)	Y	Y	Y	N	N	R	105,000	0	105,000	There will be associated contractual issues in respect of the two grade 8 staff currently in post. The grade 3 post is currently vacant. There may well be some political and public concern about this service closing given level of domestic abuse in WDC as this counselling service works primarily with women and children affected by domestic abuse.
HSCP SC004 - C&F	The Mentoring Service is an award winning service located within Children's Services. The service is a diversionary outreach service providing mentoring support to young people at risk of offending or other anti social behaviour. The proposal would be to redesign the service to make efficiency savings; The service consists of; 1x full time permanent Social Worker / Mentoring Coordinator (Grade 8) (In post) RETAIN FOR REDESIGN. WITHDRAW 1 x full time permanent Mentoring Support Assistant (Grade 5) (In post)	Y	Y	Y	N	N	R	35,000	0	35,000	This proposal would reduce significantly the coordination and administartive running of the service.
HSCP SC007 - C&F	The proposal is to delete the post of Manager for Justice Service and for the role , responsibilities and functions of the post to be absorbed by the Manager of Looked After Children Services. The role and functions of the post would be consolidated with the LAC Managers role on the retirement of the current Justice Manger and the funding for the LAC Manager would be part funded from the Criminal Justice Budget	Y	Y	Y	N	N	R	82,000	0	82,000	This saving would have an impact on the ability of the Manager of Looked After Children to continue to operate with regards to the current level of quality assurance and scrutiny that the post demands and would create a gap within the wider senior management structure within the Children's and Justice Services.
HSCP SC008 - C&F	WITHDRAW The proposal would be to withdraw £50,000 of funding from the INCLUDEM service, currently funded at £400K per annum. A reduction in £50,000 funding will have a significant impact on the ability of social work staff to intervene and support families where children in the community are at significant risk of being removed from their parents care. No SLA with Includem, however 3 months notice is required from the date of the IJB approval of savings on 1st March 2017. This could impact on the full year effect of savings in 2017/18.	Y	Y	Y	N	Y	R	50,000	0	50,000	The Includem service currently provides a significant level of service in respect of support to children and young people at risk of becoming looked after and accommodated. The service is jointly managed by HSCP staff and the service itself with families being intensively supported according to their needs and identified outcomes. The service is intensive, with demand for the service having increased as a result of the previous closure of a children's house, and additional demands placed on the in house intensive service, ATC. Withdrawal of the funding for Includem without recycling a proportion towards in house services would have a significant impact on the ability of social work staff to intervene and support families where children are at significant risk of being removed from their parents care. This would result in an increased number of children being accommodated with the consequent pressure on budgets and resources e.g. children's houses number increasing and/or external costly residential placements. Includem also offer "step down" resources for young people supporting them leaving both care, secure care and prison. This is significant as the relationship and support is maintained during the period the child is away from their family, and as such stepping back down into community resources is more successful. Not having Includem, or an equivalent in house resource will mean that the step down process is far less likely to succeed.
HSCP SC009 - C&F	Review of Admin Posts - a reduction of £28,000 which would be achieved in terms of existing and forthcoming vacancies. The saving of £28,000 is equivalent to a reduction of 1.30fte at Grade 3	N	Y	Y	N	N	R	28,000	0	28,000	A reduction in administrative support to busy child care teams may adversely impact on the management of Child Protection and statutory work of the professional team.

Ref	Option	HSCP Board Decision required Y/N	Decrease Cost	Reduce Quality/ Services	Increase Income	National Change	one off saving (NR) or ongoing (R)	Full Year Effect value (£)	Savings achieved in 2016/17 (£)	Savings achieved in 2017/18 (£)	Identification of any likely impact on the current Strategic Priorities and on service delivery
HSCP SC010 - Planning	Integrate HSCP Finance Team & QA Team into a single Finance Management Section. Service Redesign	N	Y	N	N	N	R	30,000	0	30,000	Creation of single Finance Management Section working to the HSCP CFO will improve management and oversight of financial processes, supporting the expectations of the HSCP Integration Scheme and the delivery of financial planning required by the HSCP Strategic Plan.
HSCP SC011 - LD	<p>This proposal relates to three areas of activity</p> <p>A review of 1-1 social support on a case by case basis with a review of the existing eligibility criteria. A scoping exercise would be required to look at individual care packages and identify the number of hours for social support. At this stage we are not clear how much this would save however this could be significant.</p> <p>The second part of the proposal is around reviewing the use of sleepovers for clients in our residential group homes. We have seen significant advancements in technology which can support the monitoring and safety of clients during the night. Again a review is required to identify if any sleep overs could be reduced</p> <p>The third area to look at would be to review the staffing of the team at work connect , we are currently reviewing our services including T in the park. This review will look at our business plan going forward and the staffing requirement to implement.</p> <p>This proposal relates to three areas of activity</p>	Y	Y	Y	N	N	R	200,000	0	200,000	<p>A significant number of our clients have very little in relation to leisure and access to recreational groups and supports , by reducing this support this would impact on the quality of life potentially leading to isolation and loneliness. Many clients have developed friendship and companionship through local groups which they would no longer be able to attend. The social support is provided by our third sector partners, a reduction in service would lead to loss of hours and possible job losses.</p> <p>We would see a reduction in the equality aspect of opportunities to promote meaningful activity and employment .</p>
HSCP SC012- MH	Review existing client care packages and identify savings of £50,000. Mental Health Restricted access to support at home Restricted access to residential care. Current budget for residential care and accomm based services = £0.939m						R	50,000	0	50,000	To deliver this we would need to review the criteria for support at home and residential support with a view to reducing access to this support for a number of people in West Dunbartonshire.
HSCP SC013- Addictions	Addictions Services is an integrated team ad as such any savings taken impact on the whole service. In order to deliver further savings would require a significant reduction in the level of service at a time when there is a significant increase in the demand. This proposal suggests a 1% saving of £ 12,000						R	12,000	0	12,000	The proposal would see the a reduction in support hours of a support worker. Potential to increase workload of remaining team.
CM2	Reduce Nursing Home placements by 8 packages and halting placements until target achieved	Y	Y	Y	N	N	R	200,000	0	200,000	Will mean additional Delayed Discharges thereby missing LA and NHS targets with impact on bed availability and admissions for local patients. Will mean that clients may remain in inappropriate placements or at home requiring additional intensive home based care. However given the increase of 10 places per year over the last 3 years this should offset some of the consequences of this budget reduction.
CM5	Reduce Sheltered Housing complex nightshift cover by 2 and cover from alternative site	Y	Y	Y	N	N	R	86,000	0	86,000	May be achieved effectively as mobile attendant service is local and available. Six of the nine sheltered housing complexes will have a sheltered housing supervisor on site who will be able to cover requests for support from tenants. The service will be augmented by additional support from mobile attendants during periods of annual leave and sickness. A review of the mobile attendant service will be required for overnight support and to ensure sufficient support in the community.
CM6	Introduce Community Alarm charging for Sheltered Housing tenants in line with other clients	Y	N	N	Y	N	R	65,000	0	65,000	There is currently no charge to our sheltered hosing tenants for community alarms. This charge will contribute to covering the cost of provision. It should be noted that we make no additional charge for telecare equipment based on individual need.
CM7	Increase the Community Alarm charge to £3.52/wk from £2.52/wk	Y	N	N	Y	N	R	86,000	0	86,000	Charges in West Dunbartonshire are not excessive when compared to other local authorities. Previous increases did not trigger client withdrawal from the service and even with this increase the service still provides good value for money.
CM8	Increase charging for hot meal delivery to £2 from £1.20	Y	N	N	Y	N	R	25,000	0	25,000	Charges are relatively low and reflect good value for money
	TOTAL VALUE							3,054,000	0	3,054,000	

Appendix 4

WEST DUNBARTONSHIRE COUNCIL						
GENERAL SERVICES CAPITAL PROGRAMME						
ANALYSIS OF PROJECTS AT GREEN ALERT STATUS						
MONTH END DATE		30 September 2016				
PERIOD		6				
Budget Details	Project Life Financials					
	Budget	Spend to Date		Forecast Spend	Forecast Variance	
	£000	£000	%	£000	£000	%
1	Special Needs Adaptations & Equipment					
	Project Life Financials	678	110	16%	678	0 0%
	Current Year Financials	678	110	16%	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	9,076	36%	25,062	0 0%
	Current Year Financials	9,245	4,487	49%	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-Aug-19	
	Dumbarton Care Home Opening Dates	Planned Opening Date	31-Mar-15	Forecast Opening Date	31-Mar-17	
	Clydebank Care Home Opening Dates	Planned Opening Date	31-Mar-15	Forecast Opening Date	30-Sep-18	
TOTAL PROJECTS AT GREEN STATUS						
Project Life Financials						
	HSCP	26,463	9,942	38%	26,507	44 0%
Current Year Financials						
	HSCP	9,934	4,597	46%	9,934	0 0%

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Health & Social Care Partnership Board: 16 November 2016**

Subject: 2016/17 Health Care Savings Options**1. Purpose**

- 1.1** To present the Health & Social Care Partnership (HSCP) Board with 2016/17 Health Care Savings options.

2. Recommendations

- 2.1** The Board is recommended to:

1. Approve the savings options to establish budget balance to the Health budget in 2016/17;
2. Note the Health Board has identified significant non recurring relief to offset the in year shortfall against savings targets and that non recurring funding has been allocated to the Partnership as at Period 6 (30th September 2016).

3. Background

- 3.1** This report follows from and builds upon the 2016/17 Annual Revenue Budget presented to the HSCP Board on the 17 August 2016, which set out an updated position for each Partner's budget setting progress and the details of the 2016/17 budget from NHS Greater Glasgow & Clyde.

4. 2016/17 Savings Options

- 4.1** The timing of the Health Board's formal offer of budget in July 2016, which incorporated a savings target for this HSCP of £1.386m, would make full implementation of any savings options for 2016/17 challenging. Collective Partnership savings programme delivered savings of £0.431m, leaving a savings gap of £0.955m.
- 4.2** The Board agreed that draft savings options to restore financial balance to the Health budget be presented for review.
- 4.3** The SMT has generated a list of savings options (appendix 1), of which the full year effect may be used to close the savings gap of £0.955m and bring the budget back into recurring balance.

- 4.4 The 2016/17 part year impact of the savings options is £0.046m. The balance of £0.909m savings gap has been closed by the application of non recurring funding relief from the Health Board. A budget allocation adjustment for this amount has been applied in Period 6 (30th September 2016).

5. People Implications

- 5.1 It is clear that a significant number of the savings options could have implications for our staff if they are subsequently approved. A special meeting of our local Joint Staff Forum was held on 6 September to brief Partnership Colleagues on these initial options. A number of these options will have implications for staff (as indicated in the appendix) and work will now commence in partnership to achieve implementation of the proposed changes.

6. Financial Implications

- 6.1 The allocated savings target of £1.386m will now be achieved through the application of savings initiatives.

7. Professional Implications

- 7.1 None

8. Locality Implications

- 8.1 None

9. Risk Analysis

- 9.1 The main financial risk will be that the full value of savings will not be achieved moving forward in 2017/18.

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, although these will be minimised where possible.

In addition an equality impact assessment will be completed.

11. Consultation

- 11.1** This report was prepared in conjunction with the NHS GG&C Director of Finance.

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 organisations.

Julie Slavin – Chief Finance Officer

Date: 16 November 2016

Person to Contact: Julie Slavin – Chief Financial Officer, Garshake Road, Dumbarton, G82 3PU.
Telephone: 01389 737311
e-mail : julie.slavin@ggc.scot.nhs.uk

Appendices: Appendix 1 – 2016/17 Health Care Savings Options

Background Papers: 17 August HSCP Board papers- 2016/17 Annual Revenue Budget Report

14 September Audit Committee – 2016/17 Health Care Savings Options

Wards Affected: All

		SERVICE		Health Care						
Ref	Option	HSCP Board Decision required Y/N	Decrease Cost	Reduce Quality/ Services	Increase Income	National Change	one off saving - or ongoing	Full Year Effect value (£)	Savings achieved in 2016/17 (£)	Identification of any likely impact on the current Strategic Priorities and on service delivery
HSCP HC001 - Addictions	Addictions Services is an integrated team and as such any savings taken impact on the whole service. In order to deliver further savings would require a significant reduction in the level of service at a time when there is a significant increase in the demand. This proposal suggests a 6% saving of £ 63K The proposal would see a review of staffing with a focus on Band 7 posts . This is very challenging given GG&C has a no redundancy policy.	Y	Y	Y	N	N	Ongoing	63,000	0	The review of Band 7 posts may have an operational impact the current caseload and may impact in professional supervision of staff.
HSCP HC002 - MH	Review posts, skill mix and service delivery across the CMHT , PCMHT , OACMHT Crisis Team and Older Peoples Inpatient Service. Focus on a review Band 7 Posts across all service areas particularly band 7 posts managing small teams Review the skill mix required across all areas including inpatient areas Reduce on costs for Admin through reduction in skill mix and co location of teams	Y	Y	Y	N	N	Ongoing	246,178	0	To deliver this level of savings we would require a review of nursing, occupational therapists as well as support and administrative staff. This review may impact on aspects of the business including access and waiting times to CMHT, PCMHT and Crisis Support . Currently we offer an emergency referral (same day), urgent referral (within 72 hours) and routine (within 8 weeks). We also offer access to psychological therapies within 18 weeks from referral to treatment. These current standards may be compromised.
HSCP HC003 - C&F	School Nursing Redesign	Y	Y	Y	N	N	Ongoing	113,990	0	Whole system service redesign under review, scoping out at early stages with working on details and implications underway.
HSCP HC004 - Adult Community	Delete Change Fund Manager post.	Y	Y	Y	N	N	Ongoing	55,000	0	Additional work for team managers
HSCP HC005 - Adult Community	Reduce Accommodation Costs – Supplies and HLP.	Y	Y	Y	N	N	Ongoing	2,000	0	Reduced opening hours, reduction in service to GP
HSCP HC006 - Adult Community	Reduction in OOH nursing cover with redesign of cover arrangements	Y	Y	Y	N	N	Ongoing	30,000	0	May impact on available DN services at times of high demand
HSCP HC007 - Adult Community	Reduce on costs for Admin (night filer) costs through retirements and recruitment	Y	Y	Y	N	N	Ongoing	34,000	0	None
HSCP HC008 - Adult Community	Redesign staffing model in Diabetic Retinal Screening Service - achieved through turnover of staff	Y	Y	Y	N	N	Ongoing	31,000	0	Training requirement for staff to undertake higher level tasks
HSCP HC009 - Adult Community	Interim care beds	Y	Y	Y	N	N	Ongoing	35,000	0	Reduce interim care beds by 1 bed (delayed discharge funding)
HSCP HC010 - Adult Community	Review of project based funding	Y	Y	Y	N	N	Ongoing	47,162	0	Review of POA, My homelife, Red Cross Transport (ICF funding)
HSCP HC011 - MSK Physio (Hosted)	Reduction in clinical physiotherapy staff along with the option to restrict access to the service and withdrawal of service provision for around 14,500 patients. In order to deliver the required local savings target of £281,000 in 16/17 (this figure also includes the local workforce savings target of £61K), 8.3wte Physiotherapists (Bands 5 & 6) would be lost. This would have a significant impact on the quality of service provision and without further action, would increase waiting times. As any further increase in waiting times is not likely to be an acceptable or palatable option it is likely that the service would look for a Board decision on two main options for future service delivery. Implement savings and continue with current service and planned efficiencies whilst accepting waiting times will continue to rise and carry out a further review of core functions.	Y	Y	Y	N	N	Ongoing	220,123	0	Reducing staffing levels will have significant impact on waiting times. If access is restricted, services currently available to approx 14,500 patients will be withdrawn. There is a risk that the available vacancies may come from highly experienced staff rather than less experienced staff. We rely on the experienced staff to support less experienced staff especially given the highly complex nature of many MSK conditions. As we cover 37 sites across NHSGGC losing highly experienced staff could result in insufficient support for less experienced staff with a risk that the more complex patients with co-morbidity may not be as effectively treated. Locations: Insufficient /reduced staffing numbers may result in the need to reduce the number of clinics we provide an MSK service at as issues with staff cover, safety and governance may make some sites unviable. Initial reduction in 16/17 with further review of core function of service by 1st April 2017.
HSCP HC012 -PHI	Delete one currently vacant part-time (0.5WTE) Band 5 post (£18k FYE) and 50% reduction in non-pays budget (£13k),	Y	Y	Y	N	N	Ongoing	30,942	0	Reduced scope to support broader health improvement activity outwith the priorities of the HSCP Strategic Plan (e.g. WDC Healthy Working Lives programme). This will potentially increase workload for other corporate services.
HSCP HC013 - HQ & Others	Budget Reduction in relation to HQ Discretionary funding.	N	N	N	N	N	Ongoing	46,204	46,204	Uncommitted budgets mainly non pays.
	TOTAL VALUE							954,599	46,204	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 16th November 2016

Subject: Public Performance Report April to June 2016

1. Purpose

- 1.1** To present the Partnership Board with the Health & Social Care Partnership's Public Performance Report for the first quarter of 2016/17 (April to June 2016).

2. Recommendations

- 2.1** The Partnership Board is recommended to approve the Partnership Public Performance Report for April to June 2016 for publication.

3. Background

- 3.1** The Health & Social Care Partnership's Strategic Plan 2016-2019 was approved by the Partnership Board at its August 2016 meeting.

- 3.2** As the Partnership Board will recall, the strategic performance framework for the Strategic Plan reflects two key principles articulated within the National Framework for Clinical and Care Governance, namely that:

- 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.

- 3.3** Building on the well-received Annual Performance Report 2015/16 (received by the Partnership Board at its May 2016 meeting), a quarterly public reporting cycle has been introduced to further enhance the in-year scrutiny of the delivery of the Strategic Plan. The first quarterly Public Performance Report is appended here for consideration.

4. Main issues

- 4.1** The Public Performance Report for April – June 2016 focuses on those key strategic performance indicators for the Partnership where performance data is available for that specific time period. It has been augmented with data on key aspects of workforce and financial performance (the latter of which have been previously reported to the Partnership Board by the Chief Financial Officer for that period).

- 4.2** The Public Performance Report has already been formally scrutinised internally by the Partnership's Senior Management Team as part of the internal performance management regime. Once considered by the Partnership Board, this first quarterly Public Performance Report will be

published on the Health & Social Care Partnership's website and cascaded to stakeholders.

5. People Implications

- 5.1** The Public Performance Report has been augmented with data on key aspects of workforce performance linked to the Partnership's Workforce & Organisational Development Strategy 2015-2018 (approved by the Partnership Board at its November 2015 meeting).

6. Financial Implications

- 6.1** The Public Performance Report has been augmented with data on key aspects of financial performance (the latter of which have been previously reported to the Partnership Board by the Chief Financial Officer for that period).

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** Audit Scotland has stated that public reporting is an important element of best value. This Public Performance Report has been informed by the practice promoted by Audit Scotland, and work will continue to develop local arrangements accordingly.

10. Impact Assessments

- 10.1** None required.

11. Consultation

- 11.1** None required.

12. Strategic Assessment

- 12.1** The Public Performance Report has been produced to enhance in-year scrutiny of the delivery of the Strategic Plan in an open and accountable manner.

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

Date: 16th November 2016

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Telephone: 01389 737321

Attached: West Dunbartonshire Health & Social Care Partnership
Public Performance Report April – June 2016

Background Papers: HSCP Board Report (August 2016): Strategic Plan 2016-2019

HSCP Board Report (May 2016): Annual Performance Report 2015/16

HSCP Board Report (November 2015): Workforce & Organisational Development Strategy & Support Plan

Scottish Government (2015) National Framework for Clinical and Care Governance:
<http://www.gov.scot/Resource/0049/00491266.pdf>

Audit Scotland (2010) Best Value Toolkit: Public Performance Reporting: http://www.audit-scotland.gov.uk/docs/best_value/2010/bv_100809_public_performance_reporting_toolkit.pdf

Wards Affected: All

Public Performance Report

April–June 2016

West Dunbartonshire

Health and Social Care Partnership



Introduction

Welcome to West Dunbartonshire Health and Social Care Partnership's first Public Performance Report for 2016/17.

Building on our [Strategic Plan for 2016-2019](#) we are committed to providing clear and transparent updates on our progress in key priority areas; on an ongoing basis.

More information about Health and Social Care Partnership services is available on our website at www.wdhscp.org.uk.

We are always keen to receive feedback, so whether you want to provide constructive comments on the contents of this report or any of our services more generally, please contact us at www.wdhscp.org.uk/contact-us/headquarters/.

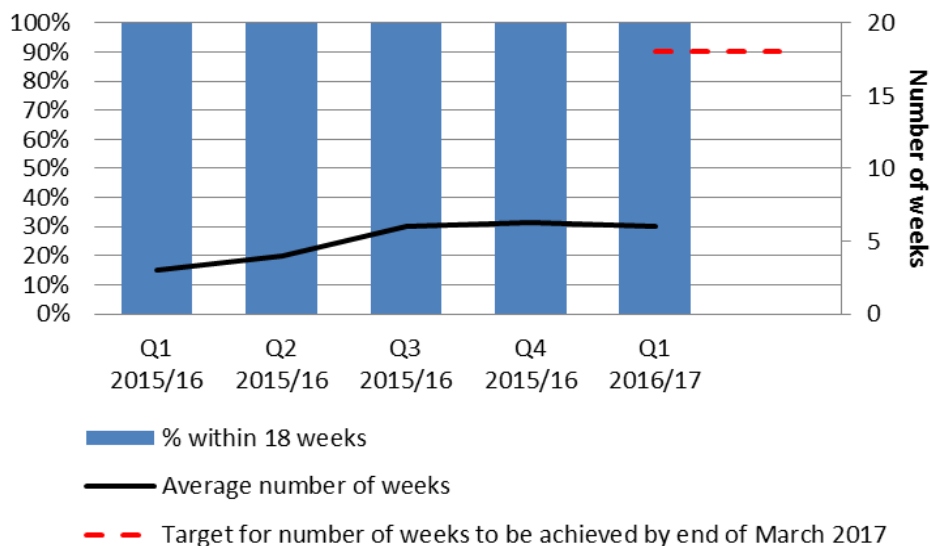
Mr Soumen Sengupta
Head of Strategy, Planning & Health Improvement

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.**

Supporting Children and Families

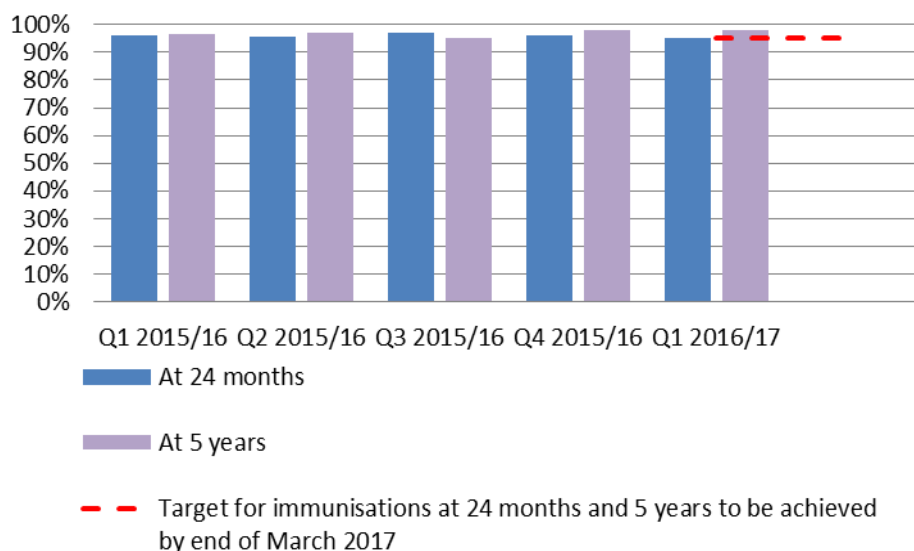
Child and Adolescent Mental Health Service (CAMHS) Referral to Treatment



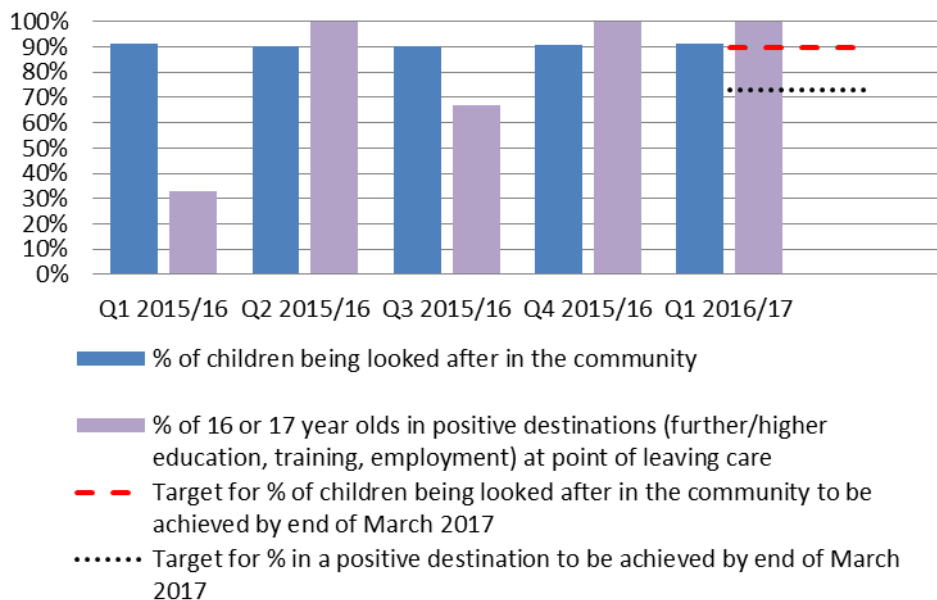
All 90 children referred to CAMHS received treatment within 18 weeks in Qtr1 2016/17.

% Measles, Mumps & Rubella (MMR) immunisations at 24 months and 5 years

225 children had an MMR immunisation at 24 months and 265 children had an MMR immunisations at 5 years in Qtr1 2016/17.

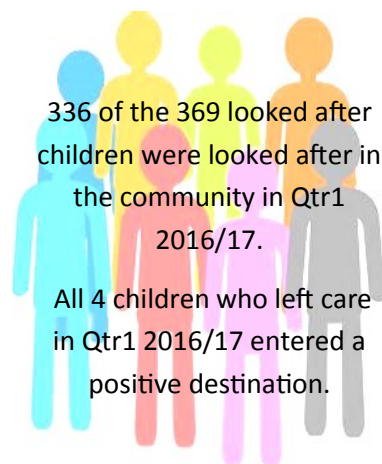


Looked after in the community and positive destinations

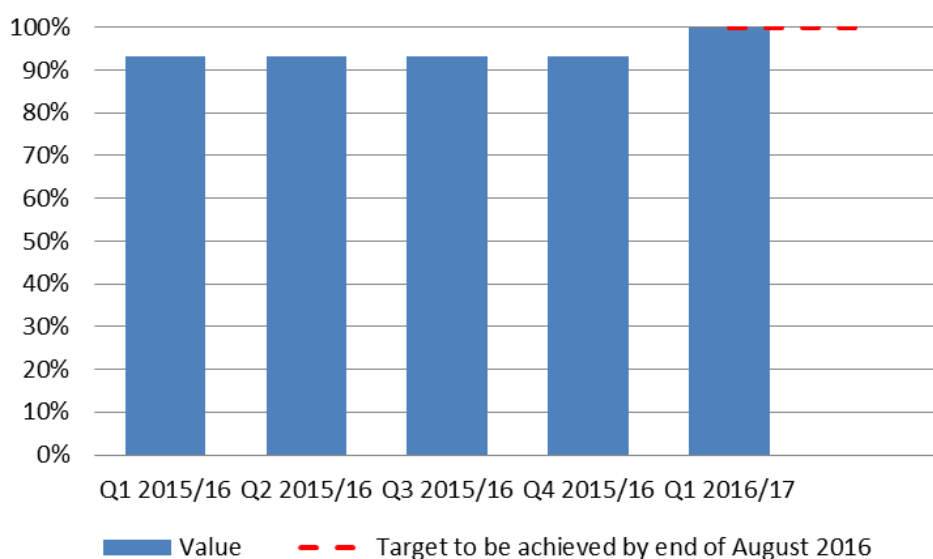


336 of the 369 looked after children were looked after in the community in Qtr1 2016/17.

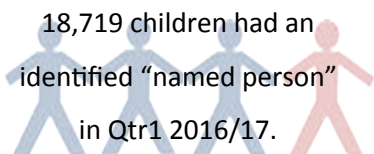
All 4 children who left care in Qtr1 2016/17 entered a positive destination.



% of all children aged 0-18 years with an identified "named person" as defined within the Children's and Young People's Act 2014

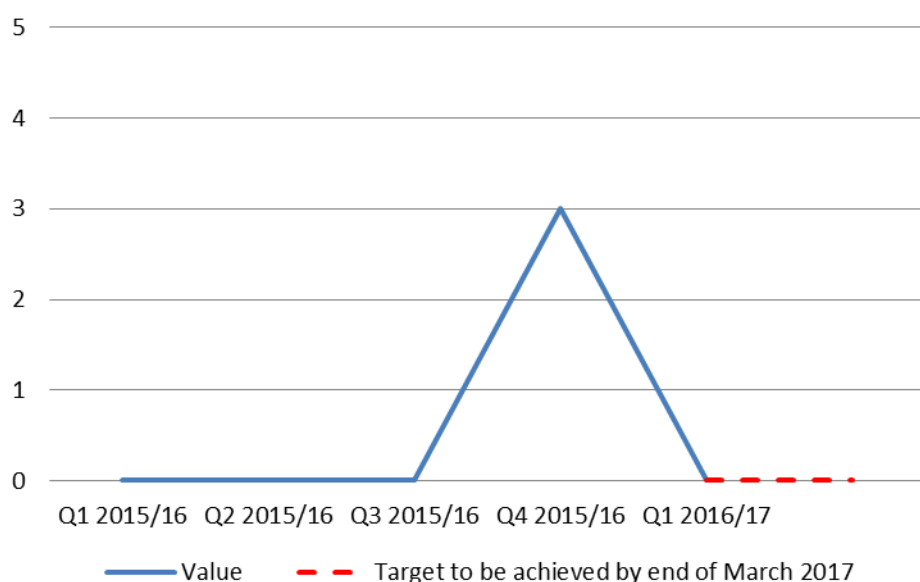


18,719 children had an identified "named person" in Qtr1 2016/17.



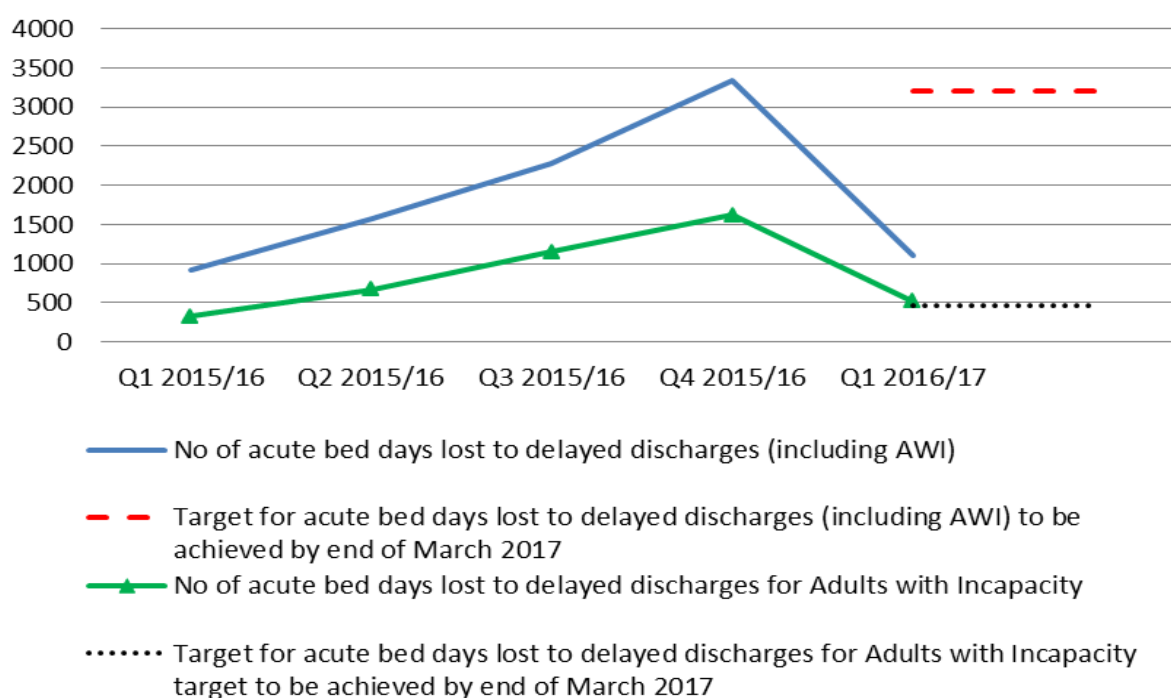
Supporting Older People

Number of delayed discharges more than 14 days (non-complex cases)

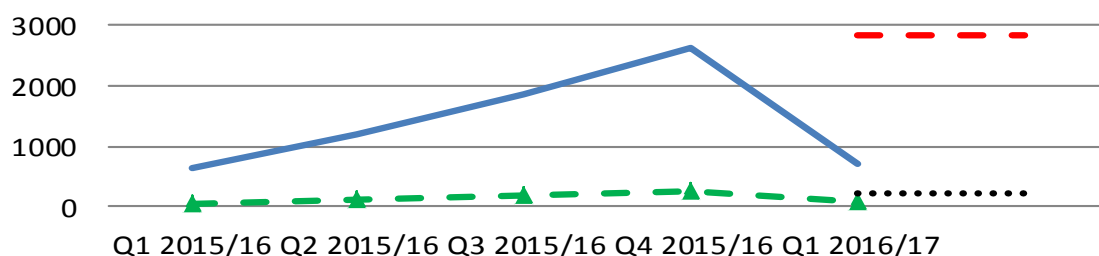


The way delayed discharges from hospital and the associated bed days lost are counted has been changed at a national level from July 2016. Data for effective comparison to previous months/years is being collated by the Scottish Government alongside the new calculations.

Acute bed days lost to delayed discharge



Emergency admissions and unplanned acute bed days (65+)

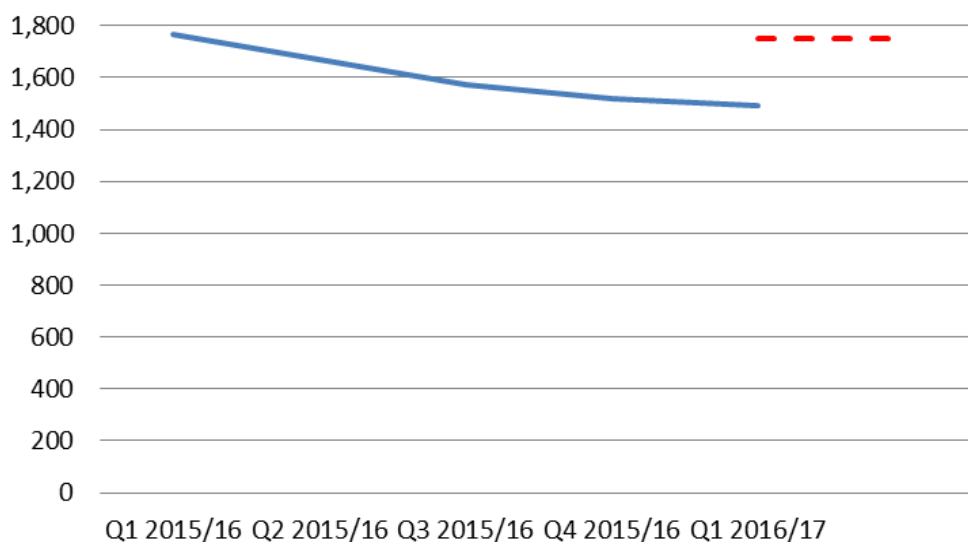


- Unplanned acute bed days (aged 65+) as a rate per 1,000 population
- - - Target for unplanned acute bed days to be achieved by end of March 2017
- ▲- Emergency admissions aged 65+ as a rate per 1,000 population
- Target for emergency admissions to be achieved by end of March 2017

There were 1,076 emergency admissions and 11,415 unplanned bed days used by people aged 65 and over in Qtr1 2016/17.

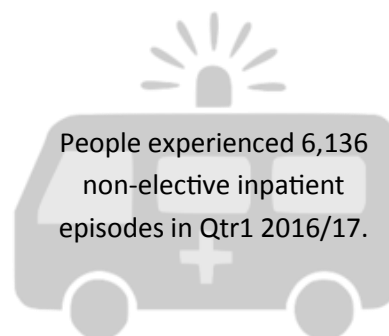
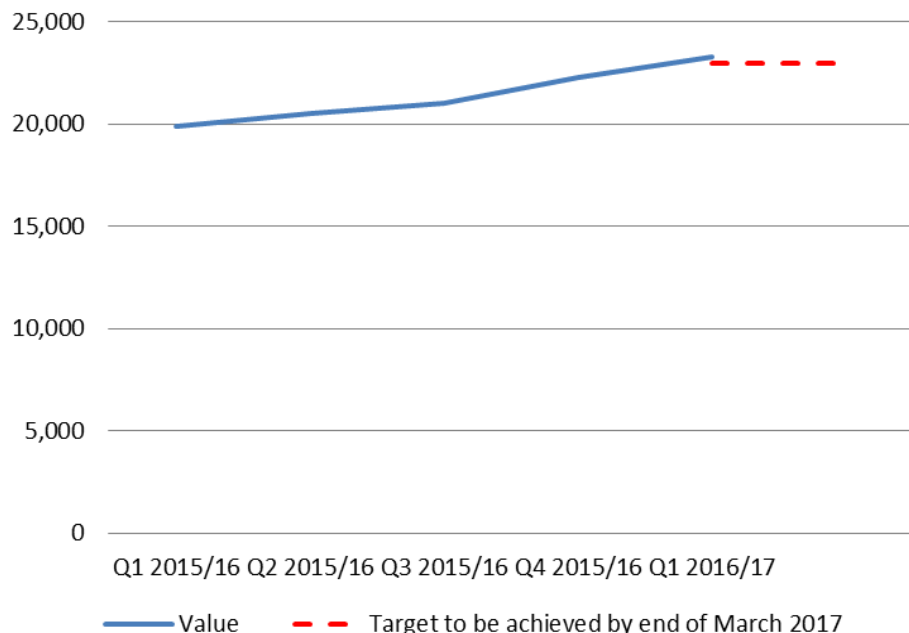
4,206 people attended A&E in Qtr1 2016/17.

Rates of attendance per month at Accident and Emergency (A&E) per 100,000 population - Rolling Year



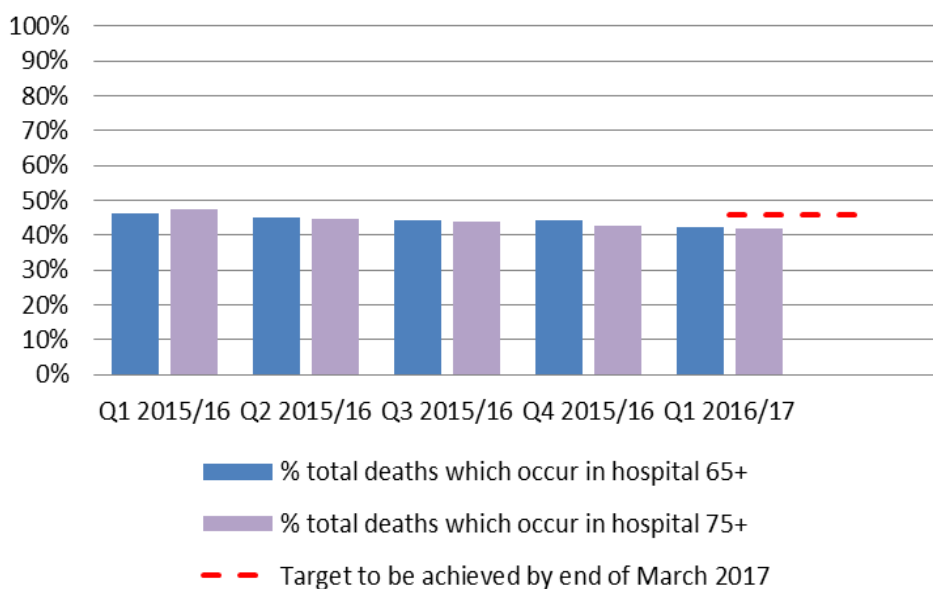
- Value
- - - Target to be achieved by end of March 2017

Non-elective inpatient episodes/spells (Rolling Year)

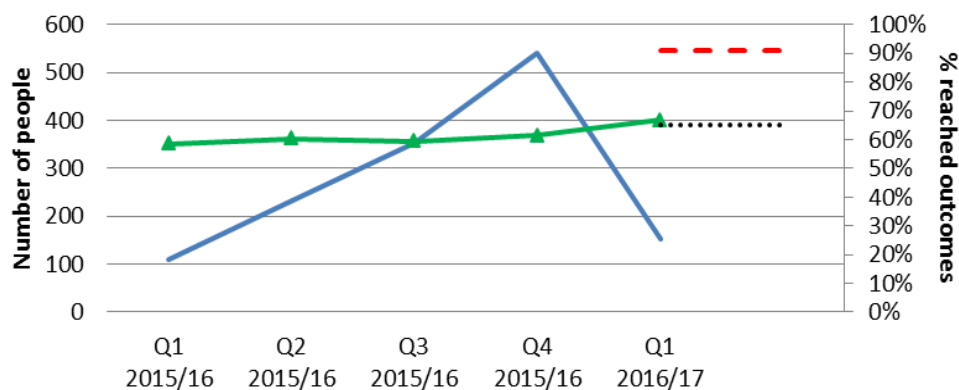


Percentage of total deaths which occur in hospital

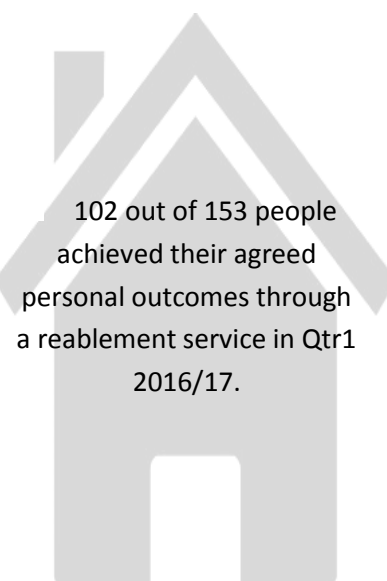
The proportion of people aged 65 and over dying in hospital rather than at home or in a homely setting was lower in Qtr1 2016/17 than at any point in 2015/16.



Reablement

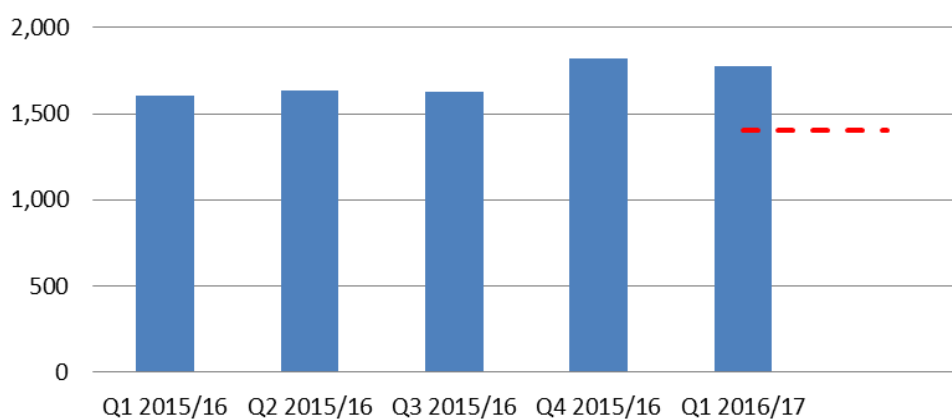


- No of clients 65+ receiving a reablement intervention
- - - Target for no of clients 65+ receiving a reablement intervention to be achieved by March 2017
- ▲ % adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes
- Target for % adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes to be achieved by March 2017

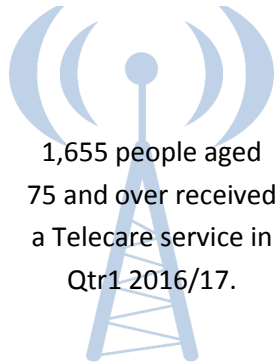


102 out of 153 people achieved their agreed personal outcomes through a reablement service in Qtr1 2016/17.

Number of people in anticipatory care programmes

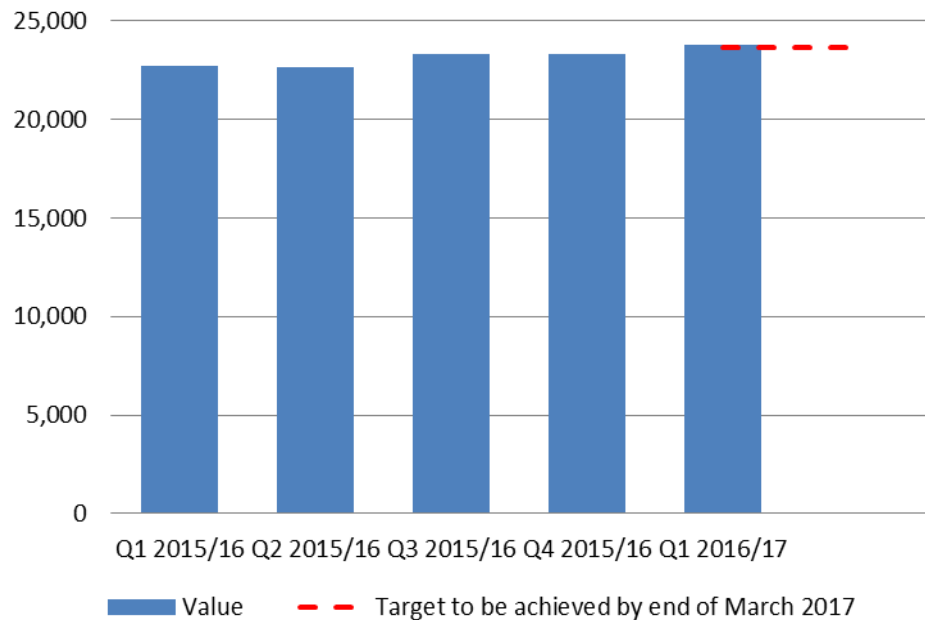


- Value
- - - Target for number of people to be sustained in anticipatory care programmes at the end of March 2017

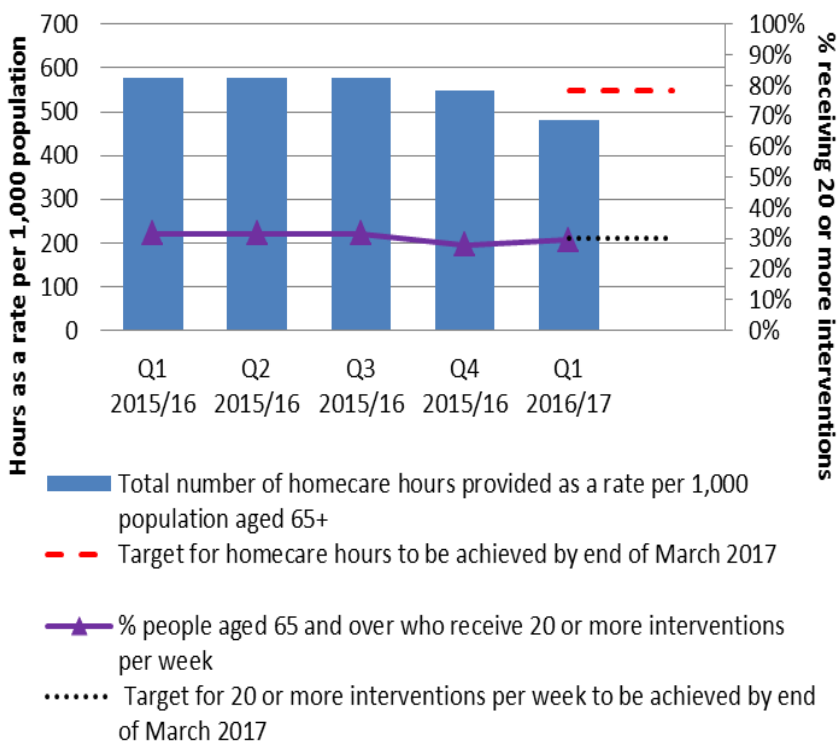


1,655 people aged 75 and over received a Telecare service in Qtr1 2016/17.

Number of people aged 75+ receiving Telecare - Crude rate per 100,000 population

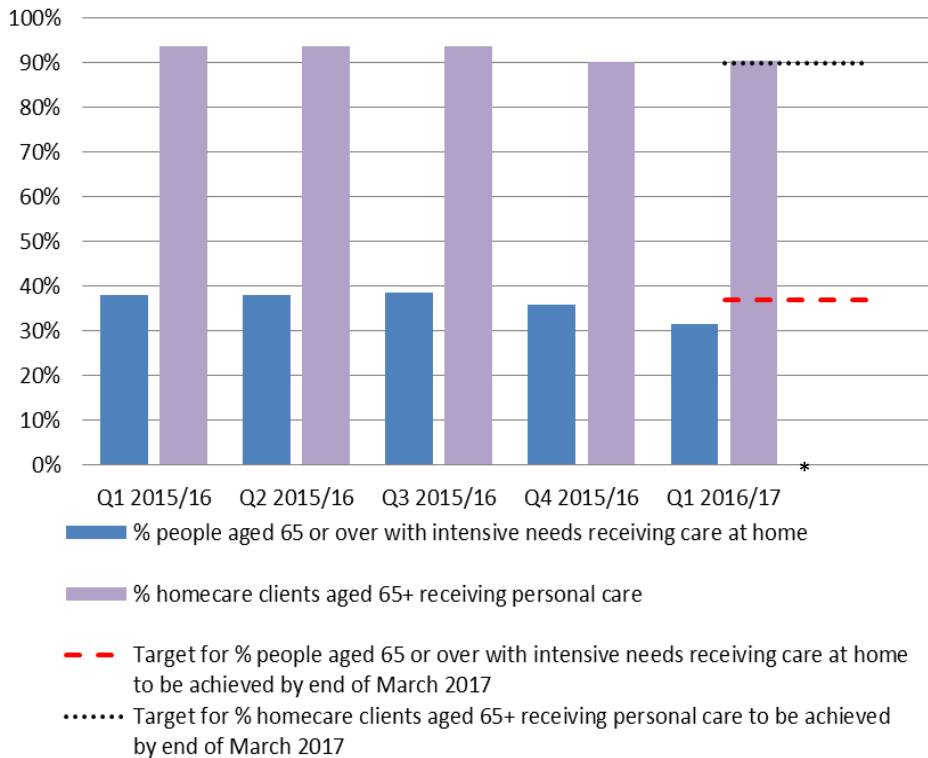


Homecare hours and interventions



7, 652 hours of homecare per week were provided to people aged 65 and over and 367 out of 1,245 people received 20 or more homecare interventions per week in Qtr1 2016/17.

**% people with intensive needs 65+ receiving care at home (10+ hrs)/
 % of all care at home clients receiving personal care**

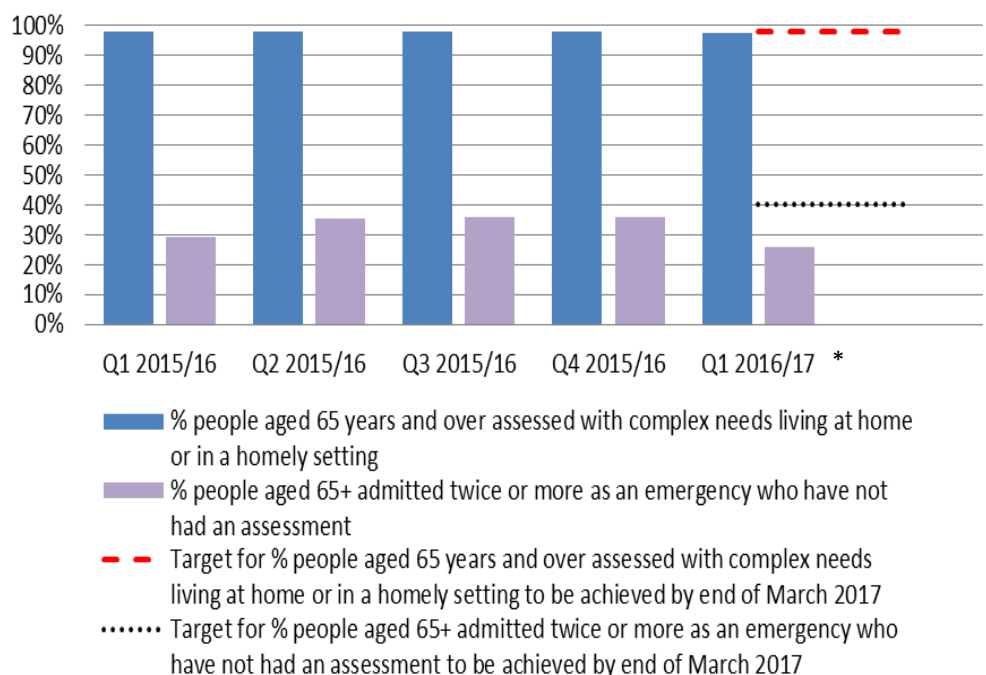


259 people aged 65 and over with intensive needs received 10 or more hours of care at home in Qtr1 2016/17.

1,128 out of 1,245 people aged 65 and over received personal care at home in Qtr1 2016/17.

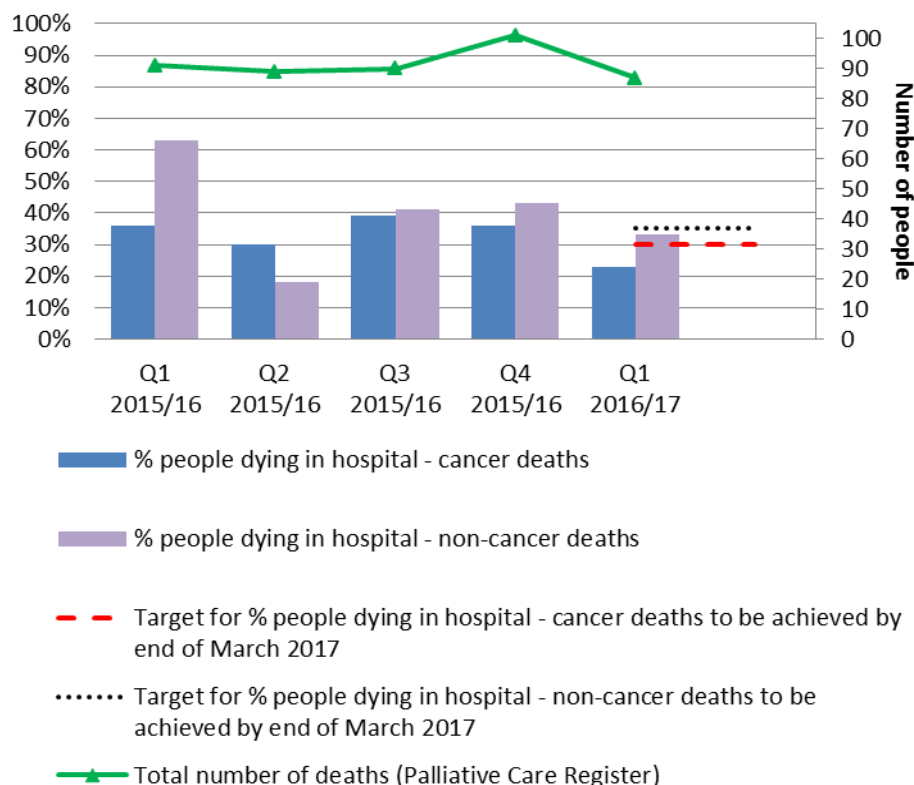
**% people with complex needs living in a homely setting/
 % people admitted twice or more who have not had an assessment (65+)**

802 people aged 65 and over with complex needs were living in a homely setting in Qtr1 2016/17.
 331 people aged 65 and over admitted to hospital twice or more did not have an assessment while 936 received an assessment in Qtr1 2016/17.



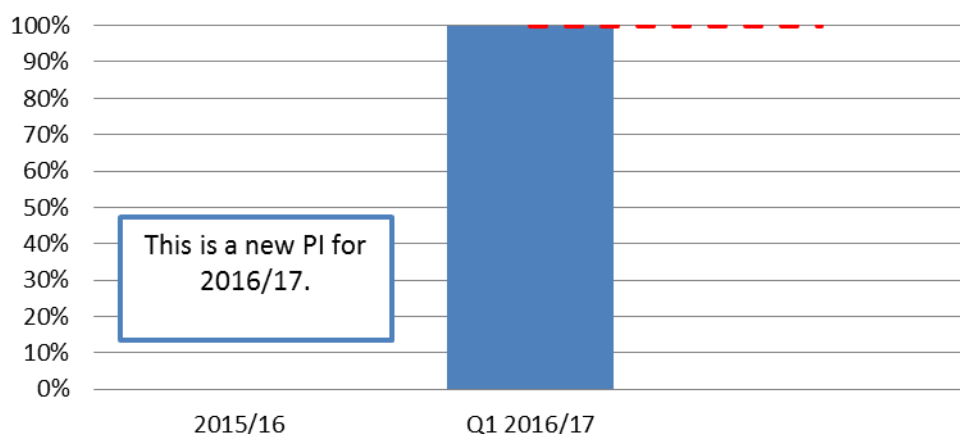
*Provisional pending publication by the Local Government Benchmarking Framework.

% of people on the Palliative Care Register dying in hospital



87 people on the Palliative Care Register died in Qtr1 2016/17, 25 of whom died in hospital: 10 people due to cancer and 15 people due to non-cancer conditions.

% of people newly diagnosed with dementia who have been offered post-diagnostic support



This is a new PI for 2016/17.

All 24 people newly diagnosed with dementia began receiving post-diagnostic support in Qtr1 2016/17.

- Legend:
- Blue bar: Value
 - Red dashed line: Target % of people newly diagnosed with dementia who received a minimum of a year's worth of post-diagnostic support to be achieved by end of March 2017

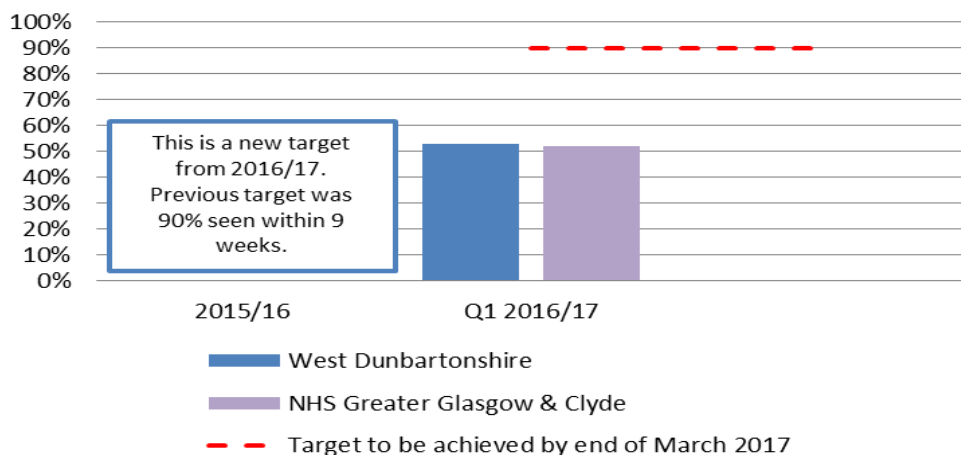
Public Performance Report

April–June 2016

West Dunbartonshire

Health and Social Care Partnership

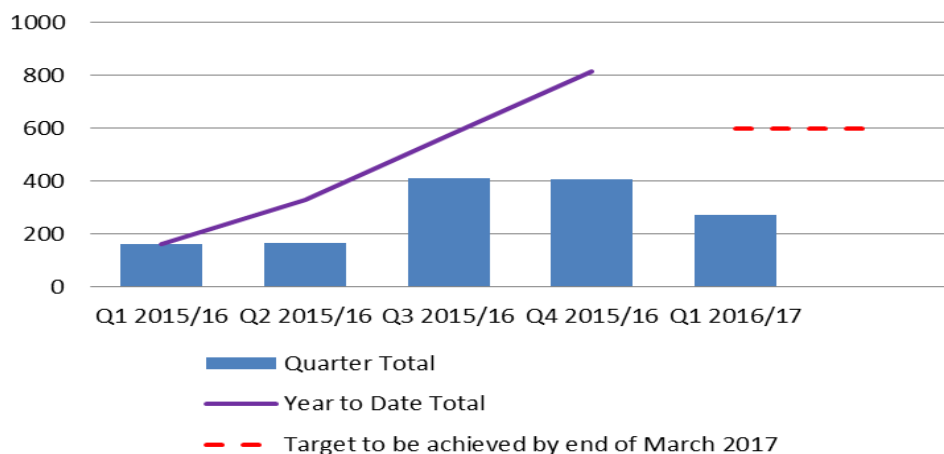
% people seen within 4 weeks for musculoskeletal physiotherapy (MSK) services



1,850 people from West Dunbartonshire and 20,718 from across NHS GGC were referred to MSK services in Qtr1 2016/17.

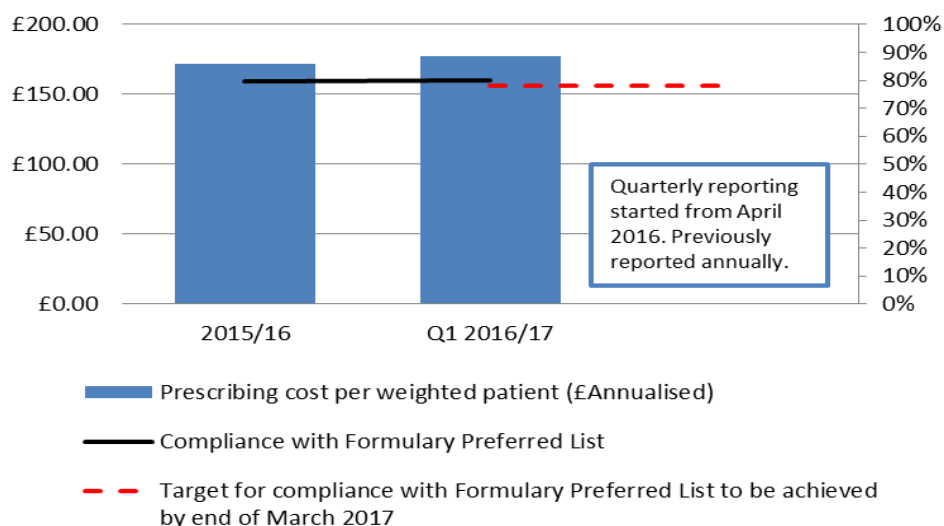
Number of people receiving Homecare Pharmacy Team support

427 people were referred to the Home Care Pharmacy Team in Qtr1 2016/17. 79 people declined the support and 43 people were being supported by other service teams.

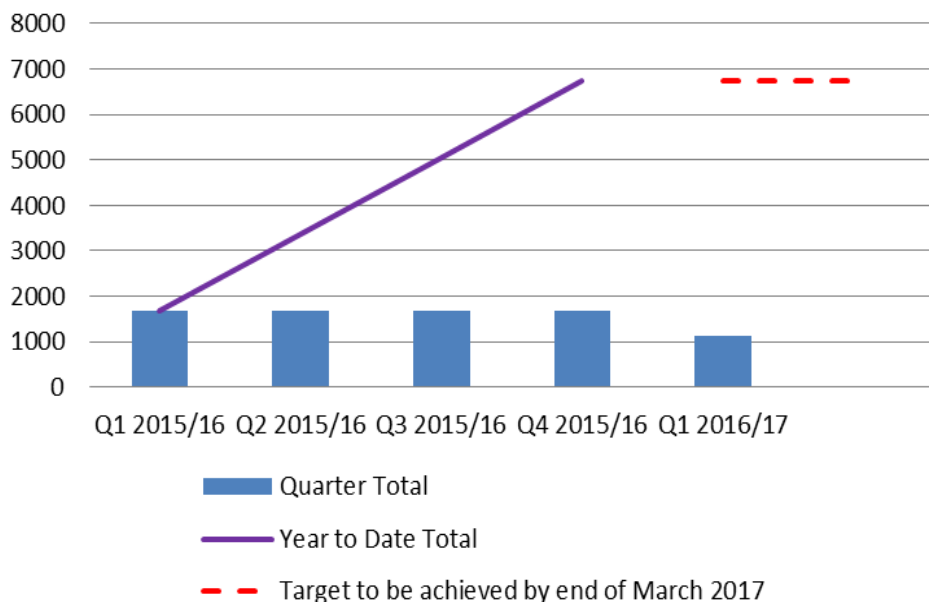


Prescribing cost and compliance with Formulary Preferred List

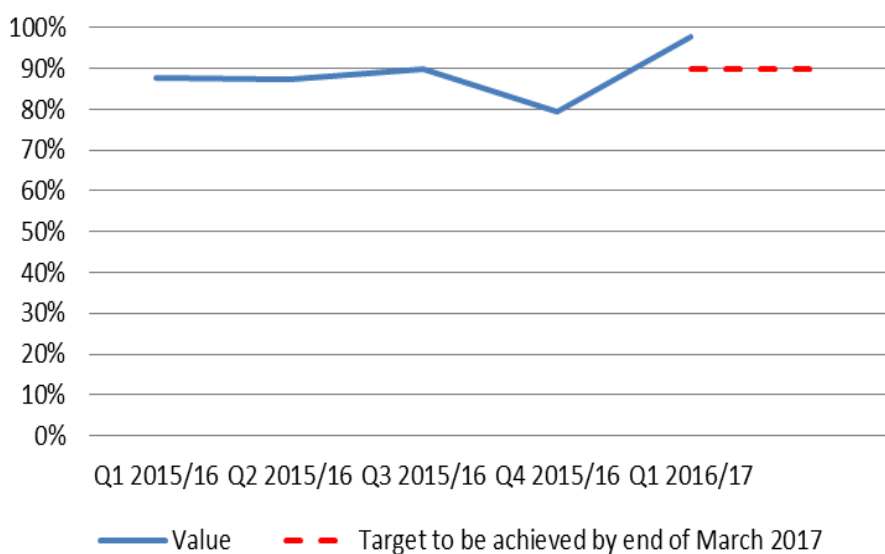
WDHSCP's prescribing cost target is the average cost across NHS Greater Glasgow & Clyde as calculated at the end of March 2017.



Number of respite weeks provided to all client groups



% carers who feel supported to continue in their caring role

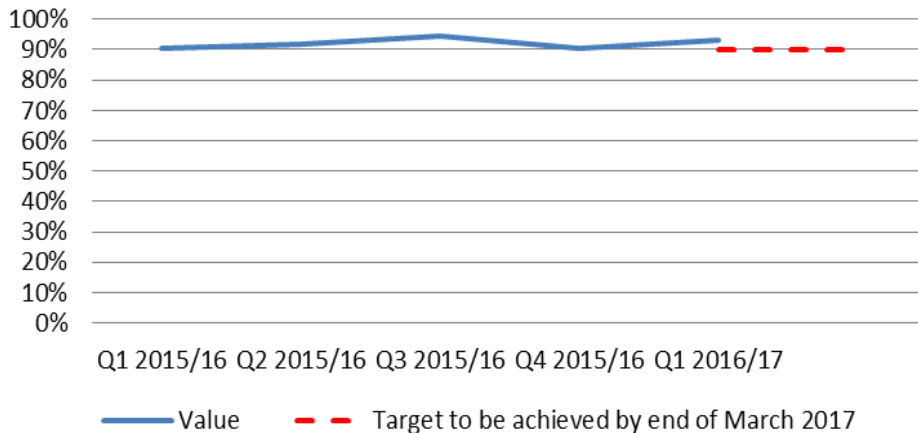


44 out of the 45 people asked felt supported to continue in their caring role during Qtr1 2016/17.*

* Sample data from Carer Support Plans completed during Qtr1 2016/17.

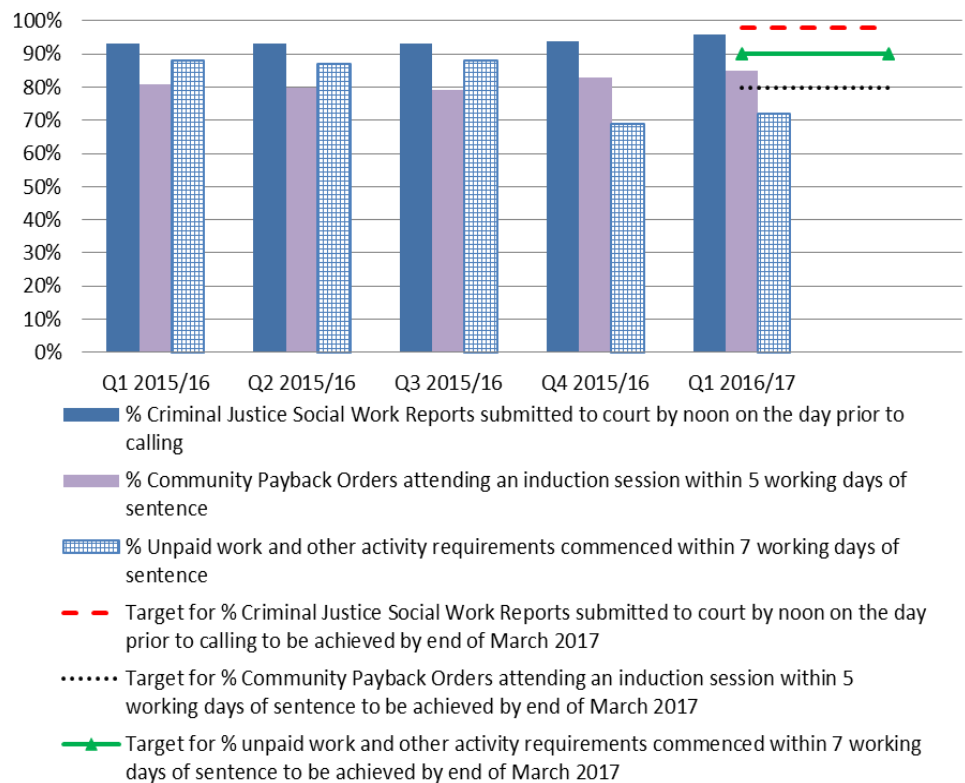
Supporting Safe, Strong and Involved Communities

% people waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports



227 out of 244 people received treatment within 3 weeks of referral in Qtr1 2016/17.

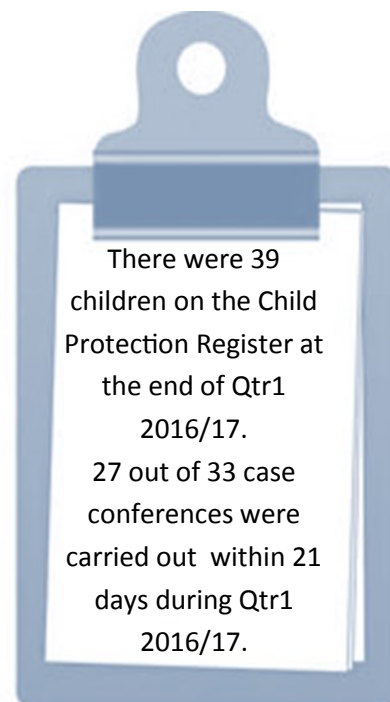
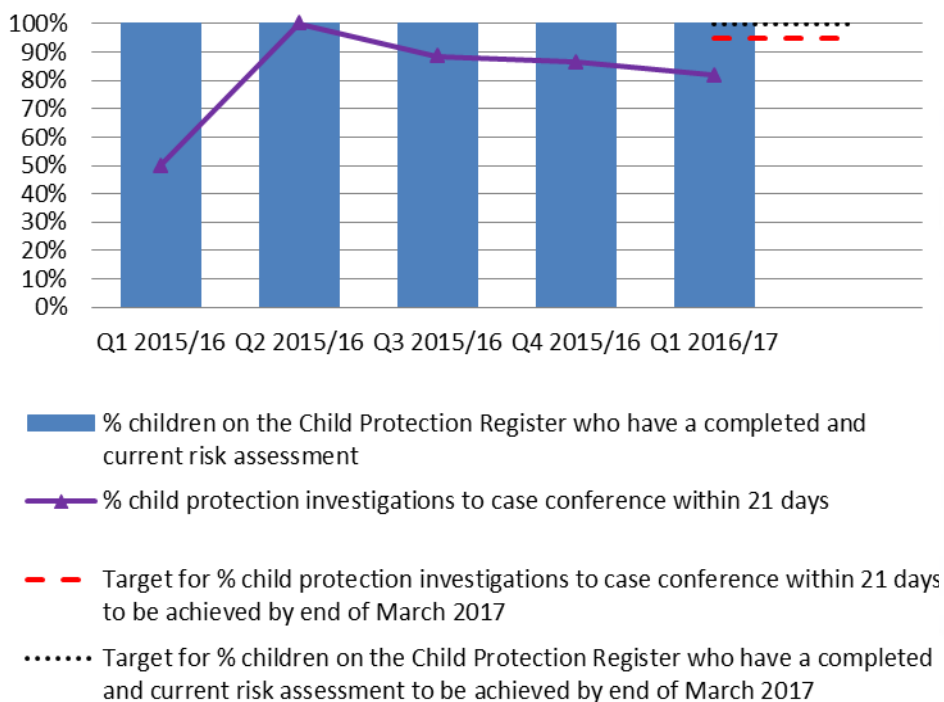
Criminal Justice



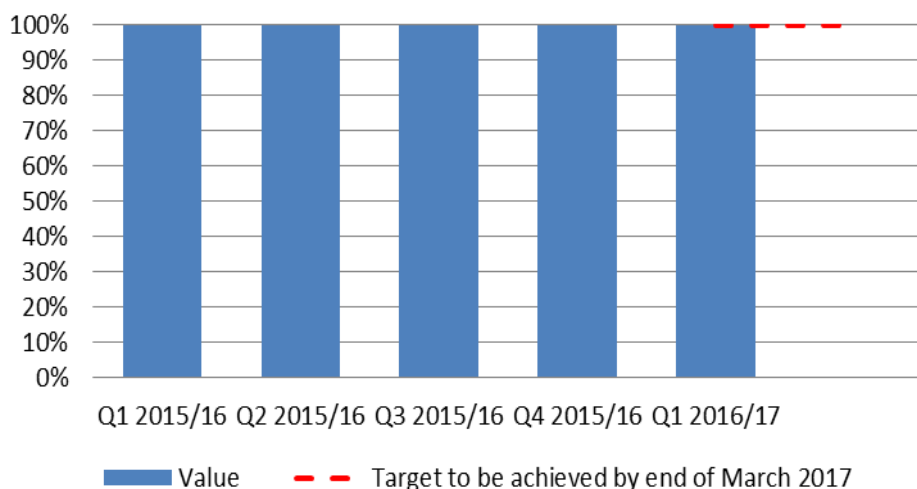
256 of the 267 Social Work Reports were submitted on time in Qtr1 2016/17.

63 of the 74 new Community Payback orders attended induction within the timescale and 87 of the 121 unpaid work requirements commenced within 7 days in Qtr1 2016/17.

Child Protection

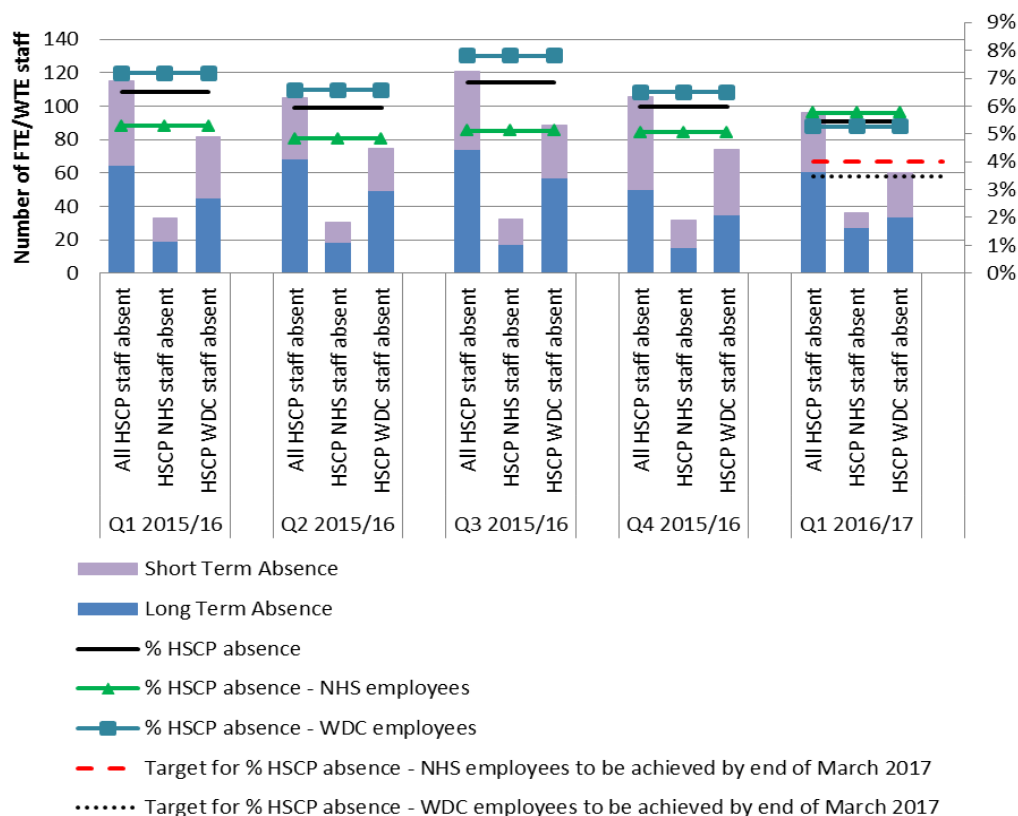


% Adult Support and Protection clients who have current risk assessments and care plan

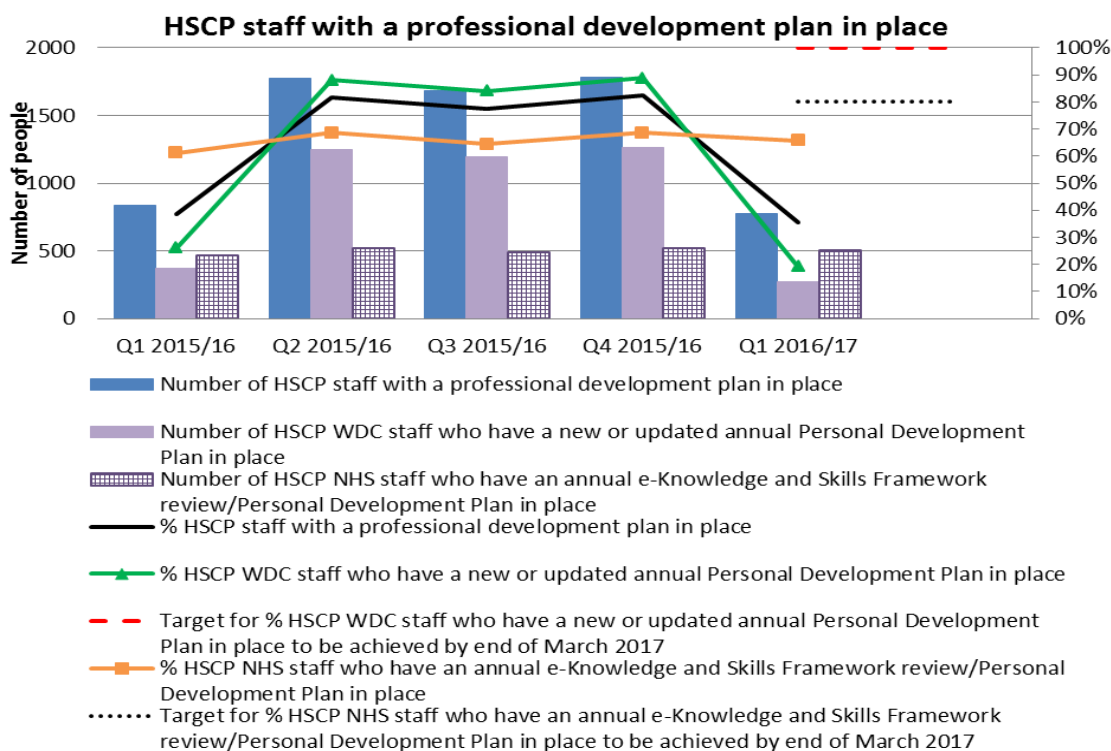


Our Staff

HSCP Staff Absence

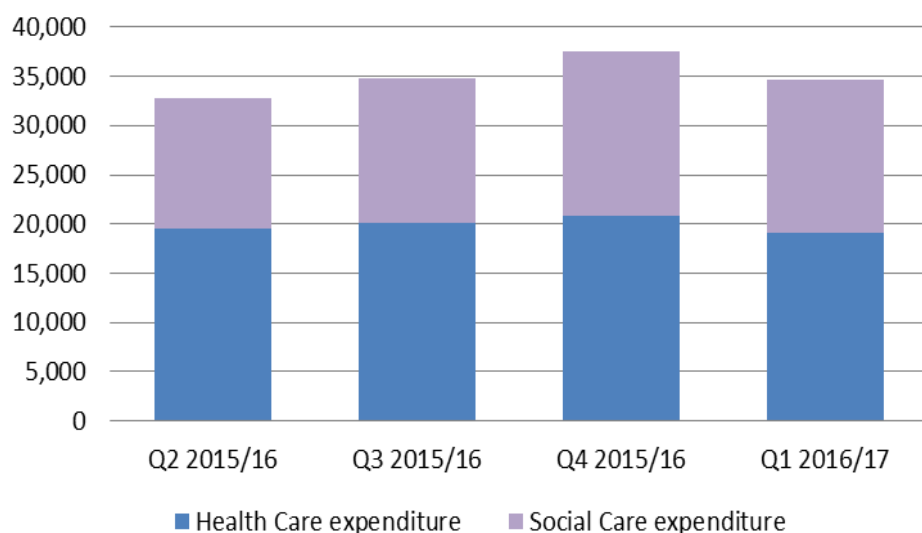


There were 763 NHS employees (629.44 Whole Time Equivalent) and 1,420 WDC employees (1,137.15 Full Time Equivalent) working within the HSCP during Qtr1 2016/17.



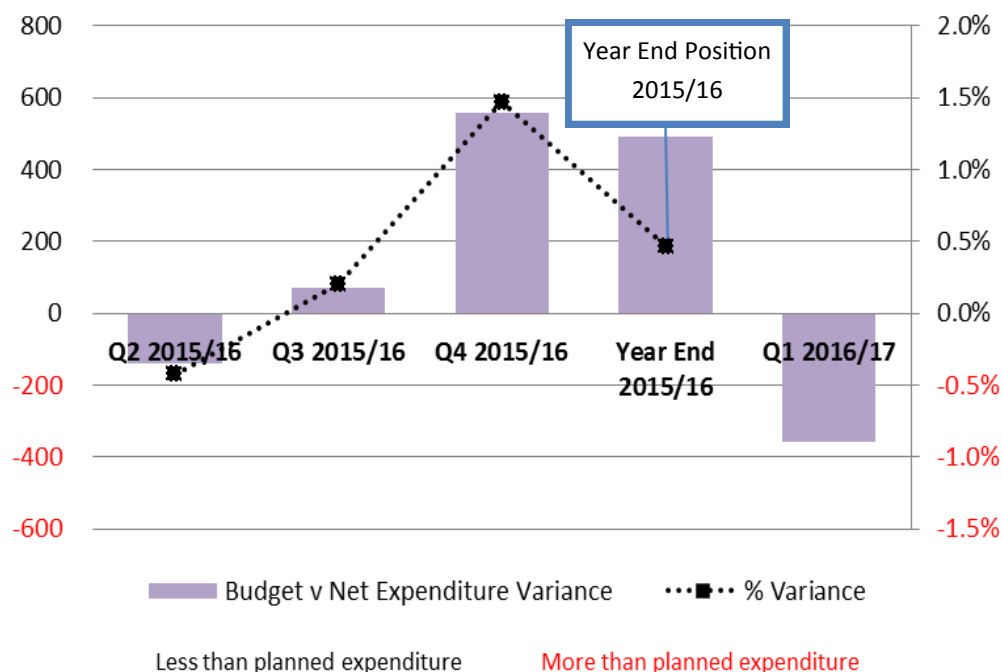
Our Finance

Health and Social Care Net Expenditure £000's



Expenditure against HSCP Budget for 2015/16 of £105.58m (not including £13.04m Acute Set Aside and £0.244m Corporate HSCP Board).

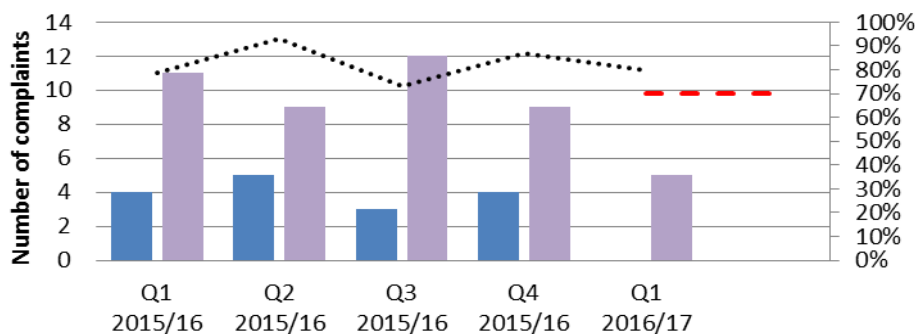
Budget v Net Expenditure Variance



In the first 9 months of operation the HSCP achieved an in-year surplus of £0.492m. The independent auditor issued an unqualified audit report on the annual accounts and confirmed appropriate governance arrangements were in place.

Complaints

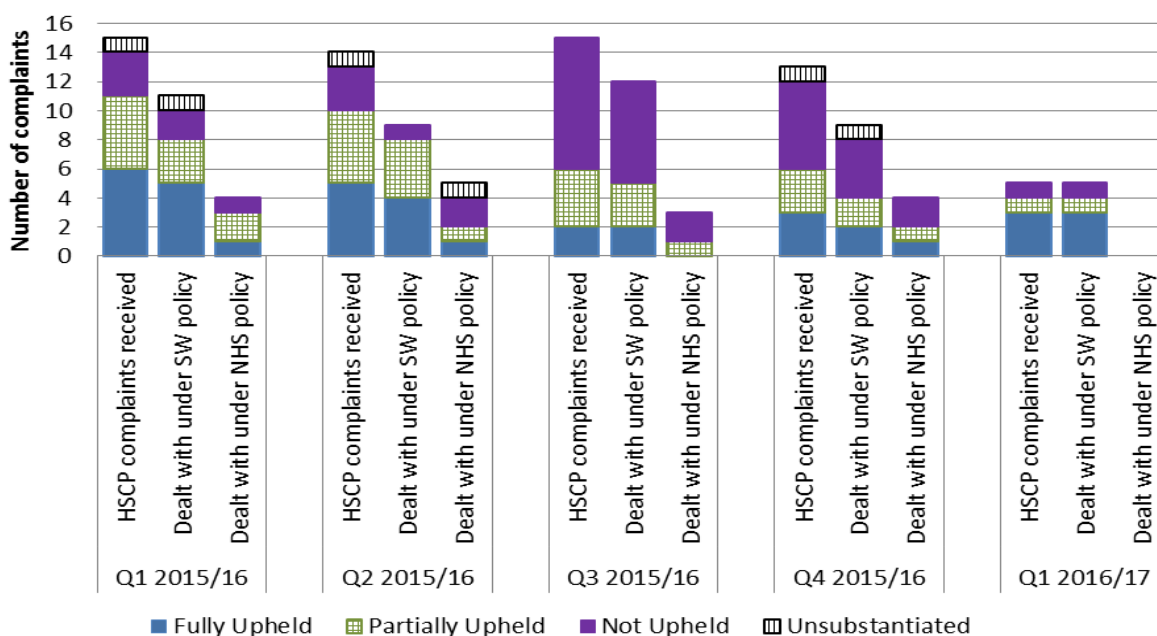
Complaints responded to within agreed timescales



- No of complaints received and dealt with under NHS policy
- No of complaints received and dealt with under Social Work policy
- % HSCP complaints received and responded to within agreed timescale
- - - Target for % HSCP complaints received and responded to within agreed timescale to be achieved by end of March 2017

All 5 complaints received during Qtr1 2016/17 were dealt with through the Social Work's Complaints policy. The 1 complaint responded to outwith the timescales was dealt with in 37 days.

Complaints



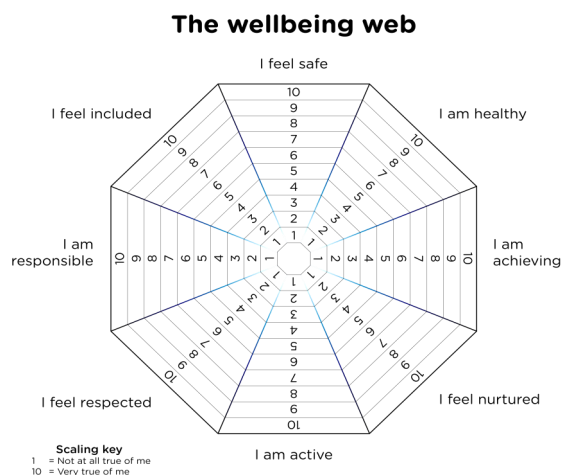
■ Fully Upheld ■ Partially Upheld ■ Not Upheld ■ Unsubstantiated

Upheld complaints in Qtr1 2016/17 concerned Administration (1), Employee Attitudes (1) and Parking (1). Any learning from these complaints is being considered within the relevant service areas.

Service Improvement Linked to Performance

Case Study: Alternatives to Care

Allan*, a 14 year old boy, was struggling with risk taking and aggressive behaviour, and difficulty at school. He lived with his mum, but their relationship was breaking down with a risk of him being accommodated away from home. The HSCP's Alternative to Care (ATC) service works to support young people looked after in the community and reduce their risk of being accommodated away from home. Both Allan and his mum were supported by ATC, using evidence based practice to improve positive choices, support for addiction issues, bereavement and relationship building. Parenting programmes supported mum to help reinforce realistic boundaries. With this package of intensive support, mum was better able to cope, their relationship more positive and Allan's behaviour improved, reducing the risk of being looked after away from home, with no police involvement or further school exclusions and overall a change in Allan's attitude and the choices he had made in the past. *(Not real name)



National Recognition: Pain Management

West Dunbartonshire HSCP's Prescribing Support Team have been recognised as the Self-Management Supporting Health and Social Care Partnership of the Year at the 2016 Health and Social Care Alliance Scotland Awards. The team have led an integrated approach to empowering people to self-manage chronic pain and improve quality of life. The integrated team includes pharmacists, physiotherapists, GPs, a pain consultant, a psychologist and health improvement staff, as well as the invaluable input of patient representatives. The project was recognised as having delivered improved access to information and education on self-management of chronic pain for patients.



Martin Dunbar presenting the award to Senior Prescribing Adviser Heather Harrison.

For more information on our services and their performance please visit

<http://www.wdhscp.org.uk/about-us/public-reporting/key-indicators/>

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Health & Social Care Partnership Board: 16th November 2016**

Subject: Strategic Risk Register - Update**1. Purpose**

- 1.1** To present the updated Strategic Risk Register for the Health & Social Care Partnership.

2. Recommendation

- 2.1** The Partnership Board is recommended to approve the updated Strategic Risk Register as attached.

3. Background

- 3.1** Audit Scotland have emphasised that health and social care integration requires effective governance arrangements for the new joint bodies. Such governance arrangements include systems for managing risks.
- 3.2** The Health & Social Care Partnership Board Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a local risk strategy and policy for approval by the Partnership Board. The Partnership Board approved the West Dunbartonshire Health & Social Care Partnership's Risk Management Strategy & Policy at its August 2015 meeting.
- 3.3** At its September 2015 meeting, the Audit Committee considered and then endorsed the first strategic register for the Health & Social Care Partnership, which was then approved at the November 2015 meeting of the Partnership Board.
- 3.4** Following the planned and formal review of strategic risks by the Senior Management Team, an updated strategic risk register was presented in draft for discussion at the September 2016 meeting of the Audit Committee. That updated strategic risk register was endorsed by the Audit Committee for recommendation to the full Partnership Board subject to further refinement of the presentation of the register itself (specifically for it to articulate to the anticipated affect on the level of risks as a result of the mitigating action specified). A revised strategic risk register was consequently agreed with the Chair of the Audit Committee, and is appended here for consideration and approval by the Partnership Board.

4. Main Issues

- 4.1** Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.
- 4.2** The Integration Scheme confirms that a key element of the required risk management process is the preparation, scrutiny, approval and then annual review of the annual strategic risk register for the Health & Social Care Partnership. The Chief Officer is responsible for ensuring that suitable and effective arrangements are in place to manage the risks relating to the Health & Social Care Partnership. The Chief Financial Officer is responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance.
- 4.3** The attached Strategic Risk Register has been prepared in accordance with the aforementioned local Risk Management Policy & Strategy. Similarly, in accordance with that Policy & Strategy, standard procedures are applied across all areas of activity within the Health & Social Care Partnership in order to achieve consistent and effective implementation of good risk management.
- 4.4** As per the Risk Management Policy & Strategy, *strategic risks* represent the potential for the Partnership Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk. These are distinct from operational risks, which represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Health & Social Care Partnership's activities.
- 4.5** The Chief Officer has responsibility for managing operational risks as those are more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Operational risk registers are maintained by Heads of Service on behalf of the Chief Officer; and are the "building blocks" for the strategic risk register. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the Partnership Board (as is the case for two areas of risk identified with the strategic risk register).

4.6 The strategic risks included here were all included in the previous iteration of the strategic risk register. There are no new strategic risks that have been added. There has been one that has been removed, i.e.:

- Failure to develop and timeously implement all necessary local governance requirements from the Public Bodies (Joint Working) (Scotland) Act 2014.

This has been removed primarily on the basis of the reassurance given by the positive 2015/16 Annual Audit Report for the Partnership prepared by Audit Scotland that was separately presented to the September 2016 meeting of the Audit Committee; and is also the subject of a separate report for this meeting of the Partnership Board.

5. People Implications

5.1 Key people implications associated with the identified strategic risks identified are addressed within the *mitigating action* column of the draft Strategic Risk Register.

5.2 The local Risk Management Policy and Strategy affirms that risk management should be integrated into daily activities, with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas.

6. Financial Implications

6.1 Key financial implications associated with the identified strategic risks identified are addressed within the *mitigating action* column of the draft Strategic Risk Register.

6.2 The local Risk Management Policy and Strategy affirms that financial decisions in respect of these risk management arrangements will rest with the Chief Financial Officer.

7. Professional Implications

7.1 Key professional implications associated with the identified strategic risks identified are addressed within the *mitigating action* column of the draft Strategic Risk Register.

7.2 The local Risk Management Strategy and Policy supports the regulatory frameworks within which health and social care professionals practice; and the established professional accountabilities that are currently in place within the NHS and local government. All health and social care professionals remain accountable for their individual clinical and care decisions.

8. Locality Implications

8.1 None

9. Risk Analysis

9.1 Audit Scotland have emphasised that health and social care integration requires effective governance arrangements for the new joint bodies. Such governance arrangements include systems for managing risks such as the preparation and maintenance of strategic risk registers.

9.2 It is the responsibility of Partnership Board to approve an appropriate Strategic Risk Register for the Health & Social Care Partnership that is prepared in accordance with the local Risk Management Policy & Strategy,

10. Impact Assessments

10.1 None required

11. Consultation

11.1 The Strategic Risk Register has been confirmed by the Health & Social Care Partnership Senior Management Team.

11.2 The Strategic Risk Register has been endorsed by the Audit Committee.

12. Strategic Assessment

12.1 The preparation, approval and maintenance of the attached Strategic Risk Register will prevent or mitigate the effects of loss or harm; and will increase success in the delivery of the Strategic Plan.

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

Date: 16th November 2016

Person to Contact: Soumen Sengupta – Head of Strategy, Planning & Health Improvement, Garshake Road, Dumbarton. G82 3PU.
Telephone: 01389 737321
e-mail: soumen.sengupta@ggc.scot.nhs.uk

Appendices: West Dunbartonshire Health & Social Care Partnership
Strategic Risk Register

Background Papers:	<p>Audit Scotland (2015) An overview of local government in Scotland 2015 http://www.auditscotland.gov.uk/docs/local/2015/nr_150305_local_government_overview.pdf</p> <p>HSCP Board Report (August 2015): Health & Social Care Partnership Board Financial Regulations</p> <p>HSCP Board Report (August 2015): Risk Management Policy & Strategy</p> <p>HSCP Board (November 2015): Strategic Risk Register</p> <p>HSCP Audit Committee (September 2016): Draft Strategic Risk Register</p> <p>HSCP Audit Committee: Audit Scotland's 2015/16 Annual Audit Report for West Dunbartonshire Health & Social Care Partnership</p>
Wards Affected:	All

West Dunbartonshire Health & Social Care Partnership: STRATEGIC RISK REGISTER

Owner: Chief Officer

Status:

Approval Date:

Review Date:

The West Dunbartonshire Health & Social Care Partnership (WD HSCP) Board, the Council and the Health Board purposefully seek to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions – and consequently take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes. The preparation and maintenance of this Strategic Risk Register is an important element of this. It has been prepared in accordance with the WD HSCP Risk Management Policy & Strategy, with pre-mitigation risks assessed as follows:

	Likelihood				
Consequence	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1-3	Low risk
4-6	Moderate risk
8-12	High risk
15-25	Extreme risk

Strategic risks represent the potential for the Partnership Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan: typically these risks require strategic leadership in the development of activities and application of controls to manage the risk. These are distinct from *operational risks*, which represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Health & Social Care Partnership's activities. The Chief Officer is responsible for managing operational risks, as they will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed *for escalation* to 'strategic risk' status for the Partnership Board (identified in the register with an asterix*).

West Dunbartonshire Health & Social Care Partnership: STRATEGIC RISK REGISTER

Risk	Pre-Mitigation Assessment			Mitigating Action	Post-Mitigation Assessment			Risk Lead
	Likelihood	Consequence	Risk Grade		Likelihood	Consequence	Risk Grade	
1. Failure to deliver efficiency savings targets and operate within allocated budgets	5	4	Extreme	On-going process of managing and reviewing the budget by the Senior Management Team. A recovery plan will be implemented to address areas of significant in-year overspend. Savings options under review in 2016/17 expected to be challenging – horizon scanning being undertaken with respect to delivery of Strategic Plan within context of both wider WDC and NHSGGC processes.	4	4	Extreme	Chief Financial Officer
2. Failure of NHSGGC-wide MSK Physiotherapy Service to meet nationally determined four week waiting time target.*	5	3	Extreme	Text reminders for new appointments targeted for introduction during autumn 2016. A risk stratification process for back pain patients is being introduced during autumn/winter 2016. Work stream being initiated to review referral criteria and improve GP management of MSK conditions, with reduction in risk grading dependent on HSCP Board approval of any proposed revisions.	4	3	High	MSK Physiotherapy Manager
3. Failure to plan and adopt a balanced approach to manage the additional unscheduled care pressures and business continuity challenges that are faced in winter.	4	4	Extreme	Develop and implement a WD HSCP winter plan that addresses the 12 critical areas outlined in the national Preparing for Winter Guidance. Through locality arrangements, emphasise importance of general practices reviewing their business continuity plans.	2	4	High	Head of Community Health & Care

Risk	Pre-Mitigation Assessment			Mitigating Action	Post-Mitigation Assessment			Risk Lead
	Likelihood	Consequence	Risk Grade		Likelihood	Consequence	Risk Grade	
4. Failure to meet legislative compliance in relation to child protection.	3	5	High	Child Protection procedures are in place and overseen by the local Child Protection Committee. Improvement Action Plan developed addressing identified areas for improvement. All child protection cases are audited regularly.	2	5	High	Head of Children's Health, Care & Criminal Justice Services
5. Failure to meet legislative compliance in relation to adult support and protection.	3	5	High	Adult Protection procedures are in place and overseen by the local ASP Committee. This includes our approach to supporting vulnerable adults. Local adult support arrangements are subject to a bi-annual review process.	2	5	High	Head of Mental Health, Learning Disabilities & Addictions; and Head of Community Health & Care
6. Failure to deliver a sustainable solution to asbestos-related health & safety risks within fabric of Clydebank Health Centre.	4	4	Extreme	On-going repair and refurbishment expenditure on premises in the immediate to short-term. Capital funding for new Clydebank Health & Care Centre has now been earmarked by Scottish Government, with HSCP having secured approved for Initial Agreement. Development work now underway to secure funding as per prescribed process. Risk grade wont be altered until funding confirmed (i.e. once approvals for Outline and Full Business Cases secured).	2	4	High	Head of Community Health & Care; and Head of Strategy, Planning & Health Improvement

Risk	Pre-Mitigation Assessment			Mitigating Action	Post-Mitigation Assessment			Risk Lead
	Likelihood	Consequence	Risk Grade		Likelihood	Consequence	Risk Grade	
7. Failure to moderate and contingency plan for flood risk for site of Dumbarton Health Centre (SEPA flood map identifies a 1:200 risk for this location).	3	4	High	Alternative accommodation identified to relocate staff and services in the event of a flood. Flood protection measures identified and documented to be employed as required. HSCP civil contingency and business continuity arrangements being developed in tandem with over-arching NHSGGC and WDC procedures.	2	4	High	Head of Community Health & Care
8. Failure to monitor and ensure the wellbeing of people in independent or WDC residential care facilities	3	4	High	Systems are in place to ensure that findings of external scrutiny (Care Inspectorate) processes are acted upon timeously. HSCP staff provide pro-active and constructive support to care facilities alongside leadership role of relevant WD HSCP operational managers. Regular reports on residential care facilities standards provided to Audit Committee.	2	4	High	Head of Community Health & Care; and Head of Strategy, Planning & Health Improvement
9. Failure to maintain a secure information management network so that confidentiality of information is protected from unauthorised disclosures or losses.	3	4	High	On-going data protection awareness sessions for staff, supported by continual reminders of the need to safeguard the data and information collected and stored in the course of delivering services and support.	2	4	High	Head of Strategy, Planning & Health Improvement
10. Failure to ensure that systems are in place to ensure that services are delivered by appropriately qualified and/or professionally registered staff.	3	4	High	Systems are in place to discharge this in line with NHSGGC policy & WDC requirements; and compliance with standards set by external scrutiny and registration bodies.	2	4	High	All Heads of Service

Risk	Pre-Mitigation Assessment			Mitigating Action	Post-Mitigation Assessment			Risk Lead
	Likelihood	Consequence	Risk Grade		Likelihood	Consequence	Risk Grade	
11. Failure to mitigate risks to NHSGGC-wide Diabetic Screening Service of heavy dependence on IT systems and migration to newly procured software in 2016.*	3	3	High	Manual systems documented for use in the event of an IT failure, their application augmented by experienced staff. Support to implement new software being provided by local and national IT specialists with pre-migration testing.	2	3	Moderate	Head of Community Health & Care
12. Failure to ensure that Guardianship cases are appropriately allocated to a supervising social worker for monitoring, support and review.	3	3	High	Additional investment has been made to recruit mental health officers (MHO), alongside additional HR activities to retain recruited. Have implemented a system which equally distributes cases across all social workers, monitored and managed by the Senior MHO.	2	3	Moderate	Head of Mental Health, Learning Disabilities & Addictions

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health and Social Care Partnership Board: 16th November 2016

Subject: Winter Plan 2016/17

1. Purpose

- 1.1** To present the Health & Social Care Partnership Winter Plan for 2016/17.

2. Recommendation

- 2.1** The Partnership Board is recommended to approve the Winter Plan.

3. Background

- 3.1** The Scottish Government has produced planning guidance for winter 2016/17, recognising the additional pressures and business continuity challenges that are faced in winter.
- 3.2** NHS Health Boards are required to prepare winter plans with Scottish Government. The Scottish Government recognises the role of the Integration Joint Boards (IJB) in winter planning for each Partnership Area and the wider Health Board Area.
- 3.3** Across the six partnerships within the Health Board's area, the Chief Officers have all agreed that they will produce a winter plan for each of their areas; and that their teams will participate in the planning work across the wider NHS system which enables the delivery of effective unscheduled care.
- 3.4** Within West Dunbartonshire HSCP, the importance of having a plan and adopting a balanced approach to manage the additional unscheduled care pressures and business continuity challenges that are faced in winter has been recognised within the local Strategic Risk Register.
- 3.5** The Winter Plan for the 2016/17 period has been prepared and is attached for endorsement by the Partnership Board.

4. Main Issues

- 4.1** The national Preparing for Winter Guidance identified 12 critical areas for winter planning:
- Safe & effective admission / discharge continue in the lead-up to and over the festive period and also in to January.
 - Workforce capacity plans & rotas for winter / festive period agreed by October.

- Whole system activity plans for winter: post-festive surge / respiratory pathway.
 - Strategies for additional winter beds and surge capacity.
 - The risk of patients being delayed on their pathway is minimised.
 - Discharges at weekend & bank holiday.
 - Escalation plans tested with partners.
 - Business continuity plans tested with partners.
 - Preparing effectively for norovirus.
 - Communication plans
 - Effective analysis to plan for and monitor winter capacity, activity, pressures and performance
- 4.2** The local Strategic Risk Register identifies the development and implementation of a WD HSCP winter plan that addresses the 12 critical areas outlined in the national Preparing for Winter Guidance as a key mitigation action. The attached Winter Plan consequently has been developed to reflect that.
- 4.3** A follow-up report confirming the completion of the Winter Plan and the impact on services will be brought to a future meeting of the Partnership Board in 2017.
- 5. People Implications**
- 5.1** Key people implications are addressed within the Winter Plan.
- 6. Financial Implications**
- 6.1** The Scottish Government's funding in support of reducing delayed discharges is intended to support local capacity with respect to the additional challenges experienced at winter time. Increased NHS acute service activity over the winter period does contribute to demands on community services (e.g. hospital arranged homecare) – eg during 2014-15 there was a 14% increase in winter referrals – which has to be absorbed within the existing budgets for services.
- 7. Professional Implications**
- 7.1** Scotland's Chief Medical Officer has encouraged NHS Boards to make sure all staff are vaccinated against seasonal flu, particularly front-line staff and those working in areas where patients might be at greater risk. Lead professionals and managers should ensure staff understand the benefits of the vaccine to staff and to patients.
- 8. Locality Implications**
- 8.1** The draft Winter Plan has been received by Locality Groups. The implementation of the Winter Plan will support business continuity challenges that are faced in winter at a locality level.

9. Risk Analysis

- 9.1** The importance of having a plan and adopting a balanced approach to manage the additional unscheduled care pressures and business continuity challenges that are faced in winter has been recognised within the local WD HSCP Strategic Risk Register

10. Impact Assessments

- 10.1** None required.

11. Consultation

- 11.1** None required.

12. Strategic Assessment

- 12.1** The preparation, endorsement and implementation of the attached Winter Plan is critical to the delivery of the Strategic Plan.

Author: Christine McNeill – Head of Health & Community Care
West Dunbartonshire Health & Social Care Partnership.

Date: 16th November 2016

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e-mail: chris.mcneill@ggc.scot.nhs.uk

Appendices: West Dunbartonshire Health & Social Care Partnership
Winter Plan 2016/17

Background Papers: HSCP Board Report (November 2015): Strategic Risk Register

Wards Affected: All



West Dunbartonshire Health & Social Care Partnership

Winter Plan

2016/17

Introduction

Health and Social Care Partnerships (HSCPs) have a critical role in the wider service system which enables the delivery of effective unscheduled care. It has been agreed through the NHSGG&C whole system planning group that each HSCP will produce an operational unscheduled care plan with a particular focus on the winter period. These plans will cover:

- The community service aspects of the six essential actions (Appendix 1).
- Delayed discharge.
- Measures to reduce admissions and attendances.
- Delivery of key service features including single point of access, Care Home support and Anticipatory Care.
- Continuity and resilience.
- Developing an agreed set of indicators to monitor performance.
- Planning with GPs for the two long bank holidays.

This Winter Plan identifies and addresses the local issues across the primary care and community services for which the West Dunbartonshire Health and Social Care Partnership (WDHSCP) is responsible, to support the NHSGG&C whole system planning as detailed above.

Winter Planning Arrangements

A Winter Planning Group has been established and meetings are taking place regularly and report to the WDHSCP Senior Management Team. The purpose of the meeting is to discuss the delivery of the Winter Plan and identify any issues that require to be addressed, or escalated, to enable appropriate actions to be put in place and ensure that service users receive safe, person centred, effective care to minimise unscheduled hospital admissions and reduce delays in discharges throughout the winter, and in particular, the festive period. The detailed plan is attached.

CORE TASKS	ACTIONS
<p>1. Safe & effective admission / discharge continue in the lead-up to and over the festive period and also into January.</p>	<p>1 Admission Avoidance</p> <ul style="list-style-type: none"> • Our Community Nursing teams use <i>Patient Status at a Glance</i> boards that are updated daily. The board displays details of vulnerable patients as well as patients with changing needs. The nursing teams have daily meetings to identify vulnerable patients and those at risk of admission. The nurses will link with GPs to identify patients who may potentially be vulnerable during the long bank holidays. • Our Integrated Teams maintain a register of vulnerable people known to them living in the community. The Social Work Out of Hours Standby Services have a copy of the information regarding these individuals to ensure appropriate supports can be provided if required outwith office hours, including weekends and Public Holidays. • Our Integrated Rehabilitation and Older Adults teams maintain a list of patients at risk of admission to assist in daily scheduling of visits during adverse weather periods. • Teams can access rapid day care assessment and community bases assessment within the rehabilitation team which offers same day access to service for patients referred by the GP before 4pm who are at risk of admission. • Our early assessor service identifies patients who will be discharged and require Homecare services which we provide rapidly and will continue to provide including until close of play prior to public holidays. • The Older Adults Mental Health Team has an in-hours duty system in place to provide urgent advice and input as appropriate. Out of hours referrals are directed to the Crisis Team • Contracts with independent providers of Homecare services include monitoring their capacity for delivering services as commissioned. • Locality Groups will continue to work in partnership with GPs, Acute Services, Independent

Sector (including links with Care Homes), and Third Sector organisations (including Link Up, Marie Curie, and the Red Cross) to help people remain in their own homes, or homely setting, when it is safe to do so and to return them home safely on discharge.

2 Anticipatory Planning and Care

- Local intelligence and SPARRA information is used to identify patients at risk of admission. These patients are offered assessment and support from the Community Nursing service. Complete anticipatory care plans are uploaded by GP practices onto their electronic information system (eKIS). Additional nursing and social care support has been recruited to identify high risk patients, undertake single shared assessment and put in place supports which will maintain people at home. These include additional homecare, respite, nurse led beds in local care homes and step up/down placements.
- All patients with palliative and end of life care needs have an anticipatory care plan and electronic palliative care summary completed within EMIS which is shared with Acute Services and the Scottish Ambulance Service. Our extended Palliative Care Team (Nursing, Homecare and Pharmacy) provide additional support.
- Our community teams will ensure that people are reminded to order and collect their repeat prescriptions in advance of the festive period.
- Additional equipment and supplies are ordered and available for clinical staff.
- Our Homecare Services have access to 4x4 vehicles in the event of severe weather to ensure that they can reach vulnerable service users.
- The West Dunbartonshire Council Roads Department has agreed that a HSCP service manager can inform them of remote vulnerable service users who cannot be reached by car or foot during severe weather and actions will be taken to clear the road and enable access,

thereby preventing a potential avoidable hospital admission. In addition, they will clear and grit access roads and parking areas around NHS health care facilities as a priority.

- Public information which directs people to appropriate services will be made available to direct them to appropriate services through website links on the HSCP, West Dunbartonshire Council, and relevant Third Sector websites. This will include “Know who to turn to” and NHSGG&C winter website link.

3 Expediting Discharge from Hospital

- Our services are available via a single point of access and provide direct referral for occupational therapy, physiotherapy, nursing, social work, homecare and care at home, pharmacy team and step up/down beds.
- Our hospital discharge team has an early assessor function to allow identification where possible prior to fit for discharge status and speedy assessment. Dedicated mental health officer (MHO) staff provide support for adults with incapacity; and we provide multi-disciplinary post-discharge support.
- Routine daily review of 13Za cases to ensure discharge is fast-tracked where the legal framework allows.
- West Dunbartonshire HSCP has commissioned 10 NHS beds for access by Acute Services for patients delayed whilst awaiting legal powers and these will be active when resident medical officer (RMO) cover is advised by Acute Services.

2. Workforce capacity plans & rotas for winter / festive period agreed by October.	<p>Service managers are responsible for determining that planned leave and duty rotas are effectively managed to ensure an adequate workforce capacity throughout the winter and during the festive period, and immediately following the four day holiday periods.</p>
3. Whole system activity plans for winter: post-festive surge.	<ul style="list-style-type: none"> • The HSCP will contribute to the NHSGG&C whole system activity planning and ensure representation at winter planning groups. • The HSCP Chief Officer links with NHSGG&C Acute Division and other Partnership Chief Officers to maintain a collective perspective on performance issues and escalation arrangements which require action. • Situation reports (SITREPs) will be shared between the Community and Acute Services to inform escalation pressures.
4. Strategies for additional winter beds and surge capacity.	<ul style="list-style-type: none"> • The HSCP will respond where possible to support Acute Services in managing surge capacity. • Our Hospital Discharge Team will provide services between the public holidays to support surge activity. • Additional capacity to respond to particular increases in service demand can be resourced from the wider local teams if required. • Additional care at home respite and nurse-led beds will be available over the period.
5. The risk of patients being delayed on their pathway is minimised.	<ul style="list-style-type: none"> • Our single point of access (SPOA) will be fully resourced to accept referrals. • All referrals are assessed and allocated daily. • Patients identified by our early assessor team will have care packages in place timeously. • Access to rehabilitation and nursing services will be available throughout the period. • Our Homecare Services are managed alongside district nursing services and home based

	pharmacy support to ensure continuity of care post discharge.
6. Discharges at weekend & bank holiday.	<ul style="list-style-type: none"> • Our Community Nursing service and HomecareService are the only HSCP community teams which provide a service 24 hours, 365 days per year inclusive of bank public holidays. These teams, in partnership with Acute and Out of Hours Services, will support safe and effective hospital discharges during weekends and holidays.
7. Escalation plans tested with partners.	<ul style="list-style-type: none"> • Escalation plans will be prepared and shared across services to ensure a whole system approach to implementing actions that minimise potential issues. • The establishment of an early alert system will be explored to enable GP practices to highlight unexpected increases in demand for appointments as a result of a particular illness or virus that put a strain on GP services. • Our Hospital Discharge team will provide staff during the weeks between the public holidays where a minimum of two staff are on duty. Additional capacity to respond to particular increases in service demand can be resourced from other social work teams if required. • Commissioned services have emergency arrangements are in place and the Independent Sector Integration Lead has agreed to act as a link between the HSCP, the commissioning team , and Care Homes to share information and identify any issues that require to be escalated.
8. Business continuity plans tested with partners.	<ul style="list-style-type: none"> • Business Continuity Plans (BCPs) are in place across HSCP services and shared with locality representatives. • Managers have been asked to review their individual BCP service plans by November 2016. • Links with West Dunbartonshire Council's winter planning arrangements to support the continuity of all partnership services throughout the winter period are well tested with support from the Council's Emergency Planning Team. • GP Practices and Pharmacies have BCPs in place that include a 'buddy system' should there be any failure in their ability to deliver essential services and alternative premises have been identified.

9. Preparing effectively for Norovirus	<p>All care homes have participated in action learning sets and have plans and processes in place to manage these. In emergencies, there will be additional capacity available. Information distributed to Care Homes will be shared by the Independent Sector Integration Lead.</p>
10. Delivering Seasonal Flu Vaccination to Public and Staff	<ul style="list-style-type: none"> • All health care and homecare staff have been offered vaccination. • All health care and homecare staff will be reminded to encourage elderly and vulnerable groups to attend their GP flu vaccination sessions. Information has been provided to community groups on the benefits of vaccination. • Our Community Nursing Service will vaccinate those who the GPs identify as being housebound and consent to receiving the flu vaccination • Health care staff are actively encouraged to be vaccinated, with local peer vaccination sessions will be provided in all Health Centres.
11. Communication to Staff & Primary Care Colleagues	<ul style="list-style-type: none"> • The HSCP will ensure information and key messages are available to staff through communication briefs, team meetings and electronic links. • The HSCP will circulate information on available community services and clinics during the festive period, including pharmacy open times, to GP practices. • The HSCP will collate a range of information regarding staff rotas, service operating hours and lead contact details, and make available to staff throughout HSCP, Primary Care colleagues and NHSGG&C. • Information regarding GP availability throughout the festive period will be provided through the NHSGG&C Winter Booklet; and on the HSCP and Council websites. Posters will also be provided and will be available to the public through public facing websites and by being displayed in GP Practices. The HSCP Clinical Director will re-enforce these messages to GP Practices.
12. Effective analysis to plan for and monitor	<p>The actions set out in this Winter Plan will be monitored and analysed to identify and potential</p>

<p>winter capacity, activity, pressures and performance</p>	<p>improvements to inform future predictive modelling and planning.</p> <p>Particular measures that will be monitored include:</p> <ul style="list-style-type: none"> • Bed days lost to delayed discharge. • Bed days lost to delayed discharge for adults with incapacity (AWIs). • A&E attendances. • Emergency admissions all ages. • Emergency Admission age 65yrs+. • Emergency admissions age 75yrs+. • Percentage uptake of flu vaccinations by staff. • Percentage uptake of flu vaccinations by GP population. • Referrals to Rapid Response and Rapid Assessment Link team. • Referrals to Hospital Discharge Team and time to assessment and provided care. • Demand and capacity on community services, including GP practices, and community health services. <p>A detailed rolling action log will be maintained and updated and reviewed monthly by the HSCP Senior Management Team.</p> <p>A report analysing the activity, performance and pressures will be provided at the end of the winter planning period.</p>
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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Health & Social Care Partnership Board: 16th November 2016**

Subject: Workforce and Organisational Development Support Plan Update**1. Purpose**

- 1.1** To present the Health & Social Care Partnership Workforce and Organisational Development Strategy Support Plan update for 2015 – 16 and revised support plan for 2016-17.

2. Recommendation

- 2.1** The Partnership Board is recommended to endorse the Workforce and Organisational Development Strategy update for 2015-16 and revised support plan for 2016-17.

3. Background

- 3.1** The Everyone Matters: 2020 Workforce Vision for Health and Social Care recognises the key role the workforce will play in responding to the challenges faced in improving care and overall performance, emphasising the importance of a:
- Capable workforce.
 - Sustainable workforce.
 - Integrated workforce.
 - Healthy organisational culture.
 - Effective leadership and management.
- 3.2** Members will recall that it is a responsibility within the Integration Scheme – and an action endorsed by the Partnership within its first Strategic Plan – that the Chief Officer develops a joint strategy and support plan for workforce and organisational development in relation to staff working within the HSCP (except for NHS acute hospitals services) on behalf of the Council and the Health Board.
- 3.3** The first integrated Workforce & Organisational Development Strategy 2015-18 - with a Support Plan 15-16 for the West Dunbartonshire Health & Social Care Partnership was endorsed by the Partnership Board on the 18th November 2015.

4. Main Issues

- 4.1** West Dunbartonshire has had the benefit of a strong local track record for joined-up workforce planning across health and social care services, coupled to a clear commitment to the principles of staff governance: i.e. that staff should be well informed; appropriately trained; involved in decisions which affect them; treated fairly and consistently; and provided with an improved and safe working environment.
- 4.2** The support plan has been developed to support the delivery of the overall Strategic Plan. A commitment was provided to the Partnership Board on 18th November 2015 annual updates would be provided on the Support Plan for the lifetime of the Workforce and Organisational Development Strategy (2015-18).
- 4.3** It was agreed at the HSCP Partnership Board on 18th November 2015 an annual update on the delivery of the support plan for 2015/16 will be reported to the Partnership Board in tandem with the presentation of the next (2016/17) support plan.

5. People Implications

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

6. Financial Implications

- 6.1** This Workforce and Organisational Development Strategy has been developed with an understanding of the financial environment that HSCP services are operating – both currently and anticipated in the future. It will be used to inform the wider financial planning activities for the HSCP and shape the future Strategic Plans.
- 6.2** The actions within the support plan 2016/17 will be delivered within the existing resources available to the HSCP.

7. Professional Implications

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

8. Locality Implications

- 8.1** The implementation of the Workforce and Organisational Development Strategy and Support Plan will support the development of locality planning and working (e.g. through the sponsoring of Clinical and Care Governance Symposium)

9. Risk Analysis

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

10. Impact Assessments

- 10.1** An Equality Impact Assessment (EIA) for the Workforce and Organisational Development Strategy 2015-18 was completed and found no negative impacts; and positive impacts specifically in relation to younger and older age groups.

11. Consultation

- 11.1** Service Teams across the HSCP were consulted as part of the development of the updated Workforce and Organisational Development Support Plan.
- 11.2** The local Joint Staff Partnership Forum have been consulted and informed about the updated support plan.

12. Strategic Assessment

- 12.1** The implementation of the support plan will support the overall delivery of the Strategic Plan.

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Date: 16^h November 2016

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Appendices: Workforce and Organisational Development Strategy & Support Plan 2015-2016 and 2016-17.

Background Papers: Workforce and Organisational Development Strategy 2015-18 and Support Plan 2015-16.

<http://www.wdhscp.org.uk/media/1382/document-pack.pdf>

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

Wards Affected: All

Workforce and Organisational Development Support Plan Update

The HSCP agreed the following actions; these have been developed to respond to the previous priorities over the course of 2015/16 (so as to support the delivery of the overall HSCP Strategic Plan 2015/16). This is not an exhaustive list of all of the workforce and organisational development activities that have been undertaken across and within service areas, but rather key actions of particular relevance to the delivery of the Strategic Plan. These actions address issues regarding the workforce where improvements are required or where planning is required to manage particular issues.

The HSCP has drawn upon expertise and support from the Human Resource, Learning and Organisational Development functions of both the Council and the Health Board to deliver as much joint activity as possible. The current HSCP Workforce and Organisational Development strategy covers 2015-18. As part of the process of developing the Workforce and Organisational Development Strategy it was agreed that a Support Plan would be developed and on an annual basis and progress would be reported along with a refreshed plan being provided for the following year. The Workforce and Organisational Development Strategy support the delivery of HSCP Strategic Plan.

This document contains update on progress for 2015/16 along with a refreshed Workforce and Organisational Development Support Plan for 2016/17.

HSCP Workforce and OD Support Plan 2015/16 Update

Primary Theme	Action	Lead	Update on Progress 2015/16
Capable Workforce	Increase levels of MHO Qualification amongst social care staff.	Head of Mental Health, Addictions & Learning Disabilities/	Two additional Mental Health Officers were recruited in addition to current establishment. One Social Worker in Health & Community Care has commenced MHO training bringing specialist knowledge to Community Older People's Team.
	Assess workforce training needs in dementia care and engage educational partners regarding appropriate mechanisms for provision.	Head of Mental Health, Addictions & Learning Disabilities/ Head of Health & Community Care Head of Mental Health,	Implemented training programme and training calendar within residential care homes and independent care homes on stress and distress. Rolled out training programme from dementia strategy as a priority with in service training on basic awareness and delirium. One social worker is currently undertaking 5 days training to become a dementia champion.
	Ensure PDPs in place across workforce.	All Heads of Service	Achieved target for council. Target not achieved for NHS and work continues towards meeting agreed service standard.

Primary Theme	Action	Lead	Update on Progress 2015/16
Capable Workforce	Monitor and support registration status of staff.	All Heads of Service	<p>NMC Revalidation – Senior Nurses hold data bases for all registrants which details; due date of registration, due date of revalidation. Fully rolled out of revalidation.</p> <p>All staff attended awareness sessions on revalidation process and ongoing support from PEFS continues to be available.</p> <p>SSSC Registration of Residential Care Home Staff completed.</p> <p>Staff awareness sessions delivered in Residential Care Homes with Joint Trade Unions.</p> <p>Local Registers maintained by Managers for registered staff.</p>
	Introduce new agile technologies to assist the workforce, improve productivity and free up additional capacity from existing resources.		<p>CM 2000 fully rolled out for Care at Home in Dumbarton and Clydebank with review planned as part of 2017/18.</p> <p>District Nurses have been provided with Tablets to support Agile / Mobile working.</p> <p>Mental Health Services - Agile working is being rolled out across Services. Training on equipment being provided to support staff with new kit.</p>

Primary Theme	Action	Lead	Update on Progress 2015/16
Capable Workforce	Deliver on-going programme of data protection awareness sessions tailored to the staff working within the HSCP.	Head of Strategy, Planning & Health Improvement	The HSCP has continued, along with the Council, to deliver training and briefing sessions to all staff, ensuring staff are fully aware of their duties in respect of keeping sensitive information secure; appropriate sharing of information with other professionals to improve the care of individuals/families; and complying with the robust policies that in place.
Integrated Workforce	Convene joint Staff Partnership Forum, ensuring links to appropriate corporate forums/meetings.	Chief Officer	Joint Staff Forum convened for HSCP. Trade Union Chairs from both the NHS and Council nominated who also are non voting members of Partnership Board.
	Update Staff Governance and Practice Governance Framework.	Head of People & Change	2016/2017 Staff Governance & Framework agreed through Joint Staff Forum.
	Develop robust out of hours/unscheduled care services.	Head of Community Health & Care Clinical Director	24/7 District Nursing service available. Integrated services available with social work colleagues from 23.00 until 0830hrs.

Primary Theme	Action	Lead	Update on Progress 2015/16
	Increase awareness and knowledge of Child Sexual Exploitation.	Head of Children's Health, Care & Criminal Justice Services	Support CPP Child Sexual Exploitation (CSE) Strategy Group to develop and implement CSE curricular programme across all 5 secondary schools in line with Integrated Children's Service Plan Refresh priorities for 2016/17.
	Increase awareness and knowledge of domestic abuse and MARAC (Multi Agency Risk Assessment Conference) meetings.		Delivered Domestic Abuse (MARAC) awareness events during 2015/16 to Education, Senior Manager Network, and Community Planning Partners and for HSCP staff.
	Rolling out a range of training on the GIRFEC Policy related to the Named Person.		Significant training delivered to single and multi agency staff including adult services, housing, nurseries and the third sector.
	Provide training on sexual health and relationships for HSCP and appropriate staff from community planning partners working with looked after and accommodated children and young people.	Head of Strategy, Planning & Health Improvement	Structured NHSGGC RSHPE training programme for staff undertaken e.g. with HSCP looked after and accommodated residential staff; WDC Educational Services staff; and CPP Youth Alliance members.
	Provide programme of awareness raising and training on Adult Support and Protection (ASP).	Head of Mental Health, Addictions & Learning Disabilities	Range of training and awareness in place across the HSCP to ensure that all partners are fully aware and receive the correct level of training in Adult Support and Protection Procedures and that these are overseen by the Adult Support Protection Committee.
	Deliver HSCP-wide Protected Learning Event, with invitations including NHS external contractors.	Clinical Director	The HSCP held its main Protected Learning Event (PLE) on 26th November 2015 at Clydebank Town Hall. Its focus was on physical activity, with the interconnected themes of preventing, improving and restoring.

Primary Theme	Action	Lead	Update on Progress 2015/16
Sustainable Workforce	Create career pathways to encourage retention among key staff groups (e.g. Occupational Therapy, Community Specialist Nurses).	All Heads of Service	<p>District Nursing - 3 employees completing Public Health course.</p> <p>Adult Services - Leadership development engagement through ready to lead.</p> <p>MSK – development programme for rotational staff moving into MSK Band 5/6.</p> <p>Mental Health Services – ongoing staff development and attempting to ensure that access to Leadership Training.</p>
	Encourage opportunities for MAs; nursing internships; and volunteering.		<p>Currently have 3 Modern Apprentices across HSCP: 1 MA in Home Care 2 in Adult/Hospital Discharge.</p> <p>Learning Disability Services - have a good record of sustaining a nurturing environment whereby MAs learn about all aspects of their job and be fully supported during this process. The vast majority of MAs apprentices have given positive feedback from their time with LD service and have used the opportunity to gain knowledge and experience of the challenges they will face as they further their career. A recent modern apprentice was appointed to a permanent position within the Centre and was named as Young Ambassador of the Year at this year's Staff Recognition Awards.</p>

Primary Theme	Action	Lead	Update on Progress 2015/16
Sustainable Workforce	Build on existing capacity within the volunteer and third sector workforce while ensuring the maintenance of quality and standards of service.	Head of Strategy, Planning & Health Improvement	<p>A review of the current Community Planning Partnership Volunteering Policy is underway with the HSCP represented as part of the formal review group; the revised policy should be completed for final sign off towards the end of the year.</p> <p>A new volunteer service for foot care has been developed with the Community Voluntary Service (CVS) and the HSCP; the volunteers will undertake basic footcare tasks for vulnerable people in the community unable to manage basic footcare.</p>
Healthy Organisational Culture	Implement Health Working Lives programme of activities.	Head of Strategy, Planning & Health Improvement	Successfully maintained Annual Gold Award for HSCP from Scottish Centre for Healthy Working Lives.
	Lead HSCP integrated Health & Safety Committee and oversees actions across services.	Head of People & Change	<p>HSCP Health and Safety Committee have continued to provide fora for all H&S issues for HSCP. A number of joint protocols have been developed to assist managers in integrated roles and a range of resources have been developed as part of HSCP H&S webpage.</p> <p>Stress Action Plan and Staff Health and Well being Survey have been conducted and actions are being taken forward.</p>
	Implement staff absence action plan.	All Heads of Service	All actions are completed for 2015/16 attendance action plan. Significant reductions have been made in Council absence with reduction from 8.54% to 6.49%. NHS absence for 2015/16 was just above 4% target of 4.93%.

Primary Theme	Action	Lead	Update on Progress 2015/16
Effective Leadership and Management	Assess the implication of workforce structures which arise from the new integrated Health & Social Care Partnership organisational structure.	Head of People & Change	This has been supported by a range of team development sessions and through team meetings structures
	Talent management and succession planning within the workforce to mitigate the impact of future skills loss associated with an ageing workforce profile.		<p>Work has begun with West Scotland College to develop a Care Academy. The first group of staff prioritised are Homecare Staff given current age profile and turnover identified in our Workforce Plan. Currently students go through course which enables them to be job ready and then undertake placements in Care at Home and Residential Care.</p> <p>NHS staff are provided opportunities for career development through the NHS bursaries. A range of staff in the HSCP are currently being supported with further educational opportunities to support our future workforce needs e.g. Health Visiting /District Nursing courses.</p> <p>A number of staff are being supported through local and national Leadership and Management Development Courses to further enhance skills through WDC, NHS and National Leadership Offerings.</p>

Primary Theme	Action	Lead	Update on Progress 2015/16
Effective Leadership and Management	Ensure workforce changes associated with service redesigns are undertaken in compliance with HR policies and procedures (e.g. staffing model for new care homes; and Healthy Children's programme).	All Heads of Service	There have been a number of redesigns during 2015/16 HI and Strategy Criminal Justice Healthy Children's Programme Specialist Children's Services Board wide LD Redesign Care Homes These have been conducted in accordance with HR policies and procedures and with engagement with relevant TU/Professional Organisations.
	Induction training for HSCP Board members.	Head of Strategy, Planning & Health Improvement	Induction support provided to HSCP Board members, including a dedicated session focused on the Scottish Government's published guidance on the <i>Roles, Responsibilities and Membership of the Integration Joint Board</i> .

West Dunbartonshire HSCP Workforce and OD Support Plan 2016/17

Primary Theme	Action	Lead
Capable Workforce	Continuing to build on existing workforce and internal strategy to meet demands by training staff and explore opportunities to build capacity to meet increasing demands of MHO's amongst social care staff.	Head of Mental Health, Addictions & Learning Disabilities/ Head of Health & Community Care
	Dementia champions will work with staff to further raise awareness of Dementia and available resources. Uptake will be monitored.	
	Ensure PDPs in place across workforce.	All Heads of Service
	Monitor and support registration status of staff.	
	Continue to support new agile technologies to assist the workforce, improve productivity and free up additional capacity from existing resource	
	Continue to deliver on-going programme of data protection awareness sessions tailored to the staff working within the HSCP	Head of Strategy, Planning & Health Improvement

Primary Theme	Action	Lead
Capable Workforce	Undertake a review of CM2000 post implementation	Head Of Health and Community Care
	Update Staff Governance and Practice Governance Framework	Head of People & Change
	Continue to develop and implement CSE curricular programme across all secondary schools in line with Integrated Children's Service Plan Refresh. In addition to continue multiagency awareness sessions across the year.	Head of Children's Health, Care & Criminal Justice Services
	Develop Approaches to perpetrators of domestic abuse	
	To provide multiagency workshops post implementation for Getting It Right for Every Child, whilst practice beds in.	
	Ongoing delivery of sexual health and relationship training for appropriate staff from HSCP and community planning partners working with looked after and accommodated children and young people.	Head of Strategy, Planning & Health Improvement
	Continue to support training through the ASP Co-ordinator and awareness of staff on Adult Support and Protection Procedures	Head of Mental Health, Addictions & Learning Disabilities

Primary Theme	Action	Lead
Capable Workforce	Deliver HSCP-wide Clinical and Care Governance Symposium, with invitations including NHS external contractors.	Head of Strategy, Planning & Health Improvement
Sustainable Workforce	Create career pathways to encourage retention among key staff groups	All Heads of Service
	Encourage opportunities for MAs; nursing internships; and volunteering	
	Build on existing capacity within the volunteer and third sector workforce while ensuring the maintenance of quality and standards of service.	Head of Strategy, Planning & Health Improvement
	Scope out changes to SSSC registration requirements for staff working in Residential Childcare	Head Of Children's Health, Care & Criminal Justice Services Head of People & Change
Healthy Organisational Culture	Continue to Implement Health Working Lives programme of activities	Head of Strategy, Planning & Health Improvement
	Leads HSCP integrated Health & Safety Committee and oversee actions across services.	Head of People & Change

Primary Theme	Action	Lead
Healthy Organisational Culture	Implement staff absence action plan.	All Heads of Service
Effective Leadership and Management	Support teams with team development to support current or new ways of working	Head of People & Change
	Roll out I Matter for NHS teams and explore if further roll out can be used for WDC staff.	
	Talent management and succession planning within the workforce to mitigate the impact of future skills loss associated with an ageing workforce profile	All Heads of Service
	On-going support for HSCP Board members	Head of Strategy, Planning & Health Improvement
	Ensure workforce changes associated with service redesigns are undertaken in compliance with HR policies and procedures	All Heads of Service

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 16th November 2016

Subject: Strategic Partnership Agreements

1. Purpose

- 1.1** The present the Partnership Board with strategic partnership agreements with WDCVS, Carers of West Dunbartonshire and Scottish Care

2. Recommendations

- 2.1** The Partnership Board is recommended to approve the strategic partnership agreements with WDCVS; Carers of West Dunbartonshire and Scottish Care.

3. Background

- 3.1** As Members will recall the Health & Social Care Partnership's Participation and Engagement Strategy (approved by the Partnership Board at its May 2016 meeting) sets out the key principles and high level ways-of-working that the Partnership will apply in its relationships with stakeholders as an integral element of its mainstream planning and operational service delivery activities.

- 3.2** A key commitment within that Participation and Engagement Strategy was that the Health & Social Care Partnership would bring forward Partnership Agreements for approval in respect of key strategic partners, namely West Dunbartonshire Community Volunteer Service (WDCVS – as the local Third Sector Interface); Carers of West Dunbartonshire; and Scottish Care (appended).

4. Main issues

- 4.1** As committed to within the Participation and Engagement Strategy, the purpose of these strategic partnership agreements is make clear the collective commitment to deliver structured sector engagement and participation as part of strategic commissioning.

- 4.2** Each strategic partnership agreement has been co-produced with the strategic partner in question; and embraces the concept of developing a "public service ethos" (rather than a solely "public sector ethos") for the ultimate benefit of all citizens. The agreements provide a transparent framework for engagement and partnership working at strategic and operational levels that mitigates potential conflicts – of perceived conflicts – of interest between the parties (e.g. differentiating procurement decision-making from strategic commissioning engagement).

- 4.3** Each strategic partnership agreement has been or is being presented to the relevant governance meeting of each strategic partnership for their formal approval alongside being presented to the Partnership Board.

- 4.4** Subject to the approval of each of these, further engagement will be taken forward with other key partners to explore the appropriateness and value of developing similar agreements with them (e.g. Y-Sort-It).

5. People Implications

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

6. Financial Implications

- 6.1** No specific implications associated with this report.

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 Scottish Government's Clinical and Care Governance Framework states that all aspects of the work of Integration Authorities, Health Boards and local authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care. This includes promoting effective participation and engagement in all settings across the statutory, voluntary and independent sector.

10. Impact Assessments

- 10.1** None required.

11. Consultation

- 11.1** None required.

12. Strategic Assessment

- 12.1** These Strategic Partnership Agreements have been developed to support the effective and transparent partnership working required for the delivery of the Strategic Plan.

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Date: 16th November 2016

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Attached: Strategic Partnership Agreement: West Dunbartonshire Health and Social Care Partnership Board & West Dunbartonshire CVS

Strategic Partnership Agreement: West Dunbartonshire Health and Social Care Partnership Board & Carers of West Dunbartonshire

Strategic Partnership Agreement: West Dunbartonshire Health and Social Care Partnership Board & Scottish Care

Background Papers: HSCP Board Report (May 2016): Participation and Engagement Strategy

Scottish Government (2015) National Framework for Clinical and Care Governance:
<http://www.gov.scot/Resource/0049/00491266.pdf>

Wards Affected: All

Strategic Partnership Agreement

Health & Social Care Collaboration

**West Dunbartonshire Health and
Social Care Partnership Board**

&

West Dunbartonshire CVS

2016

1. Definitions

Partners

“West Dunbartonshire Health and Social Care Partnership Board” (local integrated joint board)
“CVS Management Board”

This Strategic Partnership Agreement (agreement), between West Dunbartonshire CVS (the designated Third Sector Interface) and West Dunbartonshire Health and Social Care Partnership Board provide a framework within which there is the development of shared aims, objectives, mutual respect and understanding.

The agreement will assist the ability of public and third sector partners to improve the quality of life for the people of West Dunbartonshire in line with regulations and expectations of the Public Bodies (Joint Working) (Scotland) Act (2014) as well as other relevant policy and legislation.

The agreement is complementary to wider policy direction including Self Directed Services (2013), Children and Young People’s Act (2014) and the Community Empowerment Act (2015) and underpins the relationship between the local statutory sector and third sector; embracing the concept of developing a “public service ethos” rather than a “public sector ethos” for the ultimate benefit of the customer and general public.

This agreement will be subject to annual review.

The agreement is intended to guide the process of working in partnership to deliver public services. It covers issues of process rather than substance and covers structured sector engagement, consultation and involvement, through representation on planning bodies and participation in networks, to issues of funding, procurement and contracting and strategic commissioning.

The agreement is in line with, and determined by the principles described within the HSCP Participation and Engagement Strategy 2016 and the WDCVS Engagement Framework.

For the purpose of this agreement the term “the third sector” has been chosen to describe organisations which:

- Have been established voluntarily by citizens choosing to come together and organise

- Provide some form of community or public benefit
- Re-invest any surpluses in the organisation or community they serve, and do not distribute for individual or private gain.

Whilst adopting the term “Third Sector” we recognise that not all organisations will agree with its use and that individual organisations will still continue to describe themselves in other ways such as charity, voluntary organisation, community group, social enterprise and community business.

The Health and Social Care Partnership Board is established within the Regulations for the Public Bodies (Joint Working) Act (2014) and the

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

The Health and Social Care Partnership (HSCP) is the delivery vehicle, of the West Dunbartonshire Health and Social Care Partnership Board, which is committed to operating in a manner that is locally responsive and innovative and reflects the needs of the people of West Dunbartonshire.

The HSCP and West Dunbartonshire CVS are obliged to engage with strategic and locality planning and this will be delivered within the context of local Community Planning arrangements.

2. Policy Context for the Agreement

Each local authority area in Scotland has a Third Sector Interface to support, promote, develop and represent the third sector: The interface arrangements bring together four key, local infrastructure functions:

- Support to voluntary organisations operating in the area, both local and those national organisations that deliver services at the local level
- Support to and promotion of volunteering
- Support and development of social enterprise

- Connection between the Community Planning Partnership (Community Planning West Dunbartonshire) and the third sector.

Community Planning is a recognition that improving health and well-being, regenerating our local economy, delivering education and learning opportunities, creating safe and strong communities and developing good quality affordable housing and sustainable, attractive environments cannot be achieved by people and organisations working in isolation hence the development of Community Planning West Dunbartonshire.

This partnership has been further refined within this agreement to reflect the maturity of the relationship between the Community Health and Care Partnership (CHCP) established in 2010 and the WDCVS Third Sector Interface role established in 2009.

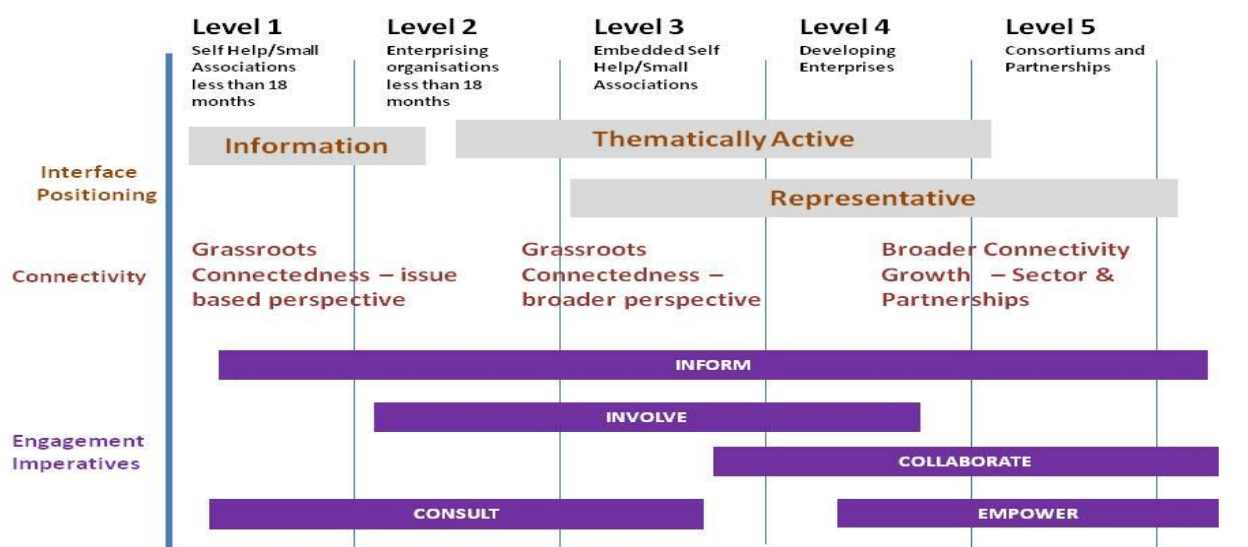
The Agreement reflects the HSCP and CVS readiness for delivery of the Public Bodies (Joint Working) Act (2014); the Act reinforces and validates the process and structures which West Dunbartonshire has developed and sustained since 2010.

The Scottish Government Engagement Matrix (February 2013) is the joint tool currently used to record and report all levels of engagement between the HSCP and the Third Sector Interface as well as areas for improvement.

The Engagement Matrix covers a range of functions and a range of levels of engagement; and plays an important role in mapping and developing engagement in the current context of community planning, health and social care partnerships and national policy objectives. The Engagement Matrix is used to assist in the co-production of planning and delivery of services, especially with those community or population groups that may not be easy to engage with.

The locally developed third sector engagement model, below, is the tool used to audit and map the third sector to ensure their readiness for information, partnership, procurement and delivery.

THIRD SECTOR ENGAGEMENT DASHBOARD



© West Dunbartonshire CVS 2014

3. Principles and Values

The partners shared aim is to provide quality services to the people of West Dunbartonshire. We recognise that there is added value in working in partnership towards common aims and objectives; across all care groups and special interest groups. The HSCP and third sector partners, work in partnership to agreed integrated priorities and frameworks for example Reshaping Care for Older people, Integrated Care Fund Plan and the Early Years Collaborative in line with Public Bodies (Joint Working) Act (2014).

The following principles will underpin this partnership:

- A healthy, informed third sector is an essential part of an inclusive and democratic society adding value to the quality of life in West Dunbartonshire
- It is recognised that the third sector makes a valuable contribution to the economic, environmental and social development of West Dunbartonshire
- The differences, diversity and complementarity between the public sector and the third sector should be respected and valued - each sector having its own set of responsibilities and constraints
- The independence of the third sector and the accountabilities of the public sector should be respected
- The relationship between the sectors should be open and respectful and demonstrate trust.

- Each sector should strive for excellence, equity of access and embrace the principles of sustainable development.

West Dunbartonshire Community Planning Partnership reflects a community planning practice where health, social care and the third sector approach all workstreams and commitments in line with Review of Community Planning and Community Empowerment Act (2015).

Strategic Objectives

Objective 1: Strategic Involvement - an informed, included and participative Third Sector in West Dunbartonshire

Both parties agree to adopt the core definitions of the International Association of Public Participation Public Participations Spectrum and appropriately apply the principle of Inform, Consult, Improve, Collaborate and Empower accordingly.

Both parties agree to adopt the Regulations of the Public Bodies (Joint Working) Act (2014) ensuring the third sector is appropriately represented, informed and included within West Dunbartonshire's Health and Social Care Partnership Integrated Joint Board and the delivery of the HSCP Strategic Plan.

The Strategic Planning process reflects engagement with “non-commercial providers of health care which operate within the local authority area”; “users of social care who reside within the local authority area”; “non-commercial providers of social care who operate within the local authority”; “third sector bodies within the local authority carrying out activities relating to health or social care”.

In doing so, both parties recognise that involvement will be:

- Considered at the start of a project or policy review and that the methods chosen, and success of these processes, should be continuously reviewed and evaluated. When necessary any statutory consultation procedures will be taken into account and will be given priority
- Carried out using agreed standards, defined timescales, summarised reports and clear feedback. It is understood that partners cannot have an impact on decision making for all aspects of each other's work. Where this is not possible, partners should always

make clear that a document or event is for information purposes only rather than consultation

- Appropriate for the public sector and third sector alike, with the use of appropriate methodologies for the target group sought. To achieve this, West Dunbartonshire CVS will annually review the engagement levels of third sector bodies using the Engagement Dashboard model adopted in 2012 and endorsed by Community Planning West Dunbartonshire in 2014 and maintain a register of interests on that basis.

Objective 2: Prepared Providers – developing and supporting procurement ready Third Sector in West Dunbartonshire.

Both parties will promote fair and appropriate access to strategic, project and contract funding, with decisions about procuring or commissioning services based on principles concerning preparedness, quality and value for money and not on nominal cost alone.

The health and social care marketplace in West Dunbartonshire represents a mixed economy approach to service delivery, bringing together differing elements of service delivery and agreed shared client outcomes. Within this landscape, the HSCP provides leadership both in service planning and mapping; and in ensuring service quality compliance within an agreed standard of quality assurance of services. This requirement serves to protect people who use health and social care services as well as promoting quality across all statutory services and within the third sector.

The Health and Social Care Partnership Board Integration Scheme affirms that clinical and care governance for integrated health and social care services requires co-ordination across a range of services - including contracted services - so as to place people and communities at the centre of all activity relating to the governance of clinical and care services.

The HSCP and CVS have worked with external providers of care to develop and adopt a Commissioning Consortium approach within West Dunbartonshire, the aim being to deliver better outcomes for those with long term conditions and those with multi-morbidities by improving preventative and anticipatory care; and making best use of local community resources.

This agreement reaffirms and embeds this approach, ensuring third sector partners are at the centre of the commissioning process: providing all partners with access to the same

information and data used within statutory services; and providing opportunities for service delivery where there is an agreed and identifiable need for services based on demographic and neighbourhood analysis.

The core principle of the partnership approach is to work with and support partners to deliver services in an innovative and collaborative way which is responsive, flexible and with robust quality assurance visible across all providers.

To support this approach, the public sector will develop consistent procedures and adopt a corporate approach to funding that is consistent and timely and streamlines procedures and ensures proportionate reporting, reducing duplication, whilst exercising accountability of public funds. The principles of Full Cost Recovery in relation to contract value are recognised.

In doing so both parties acknowledge the principles of the commissioning model as detailed below and the Prepared Provider Pipeline service programme delivered through West Dunbartonshire CVS to support this.



The HSCP Strategic Plan 2015 – 2016 set out the arrangements for the delivery of integration functions and how these will contribute to achieving the National Health and Well-being Outcomes.

In the development the HSCP Strategic Plan 2016 – 2019, both parties play an active role with the Strategic Planning process reflecting and evidencing consultation in the preparation, review and amendment of the refreshed Plan.

In taking this forward, West Dunbartonshire CVS agrees to:

- Maintain and actively promote the delivery of the Prepared Provider Pipeline via entitlement package allocations and pathways, governance initiative, service development support and health-checking
- Provide funding support services to identify complementary funding sources, drawdown and management support and the facilitation of consortium approaches
- Commit to provide performance and monitoring data and information to support the established joint performance frameworks developed across all partners
- Support the development and delivery of new initiatives with the HSCP as the key strategic partner
- Ensure and support the third sector to have effective and appropriate systems of
 - Quality control
 - Quality assurance
 - Compliance to regulation and inspection regimes
 - Readiness to deliver
 - Provide alternatives and choices for citizens

In taking this forward, West Dunbartonshire HSCP agrees to:

- Give proper cognisance and recognition to the Third Sector as a potential delivery partner in its development of commissioning strategies and approaches
- Recognise the added value to statutory services of the varied nature of the whole third sector
- Give recognition to the ethos of volunteering and its role in the service delivery and operational models presented by the Third Sector, noting the significant contribution of volunteering to the economic, environmental and social development of West Dunbartonshire
- Give consideration to the effects on an existing third sector provider of any decision not to fund or to withdraw funding before any final decision is taken
- Ensure sufficient notification of funding and procurement decisions and timely payment of funds subject to public sector budgetary processes.

In doing so, both parties, acknowledge the principles of the commissioning model as detailed above as it is delivered in West Dunbartonshire, with the HSCP and CVS both supporting this approach.

Strategic Partnership Agreement

Health & Social Care Collaboration

**West Dunbartonshire Health and
Social Care Partnership Board
&
Carers of West Dunbartonshire**

2016

1. Definitions

Partners

“West Dunbartonshire Health and Social Care Partnership Board” (local integrated joint board)
“Carers of West Dunbartonshire Management Board”

This Strategic Partnership Agreement (agreement), between Carers of West Dunbartonshire and West Dunbartonshire Health and Social Care Partnership Board provides a framework within which there is the development of shared aims, objectives, mutual respect and understanding.

The agreement will assist the ability of both partners to work with carers to improve the quality of life for the people of West Dunbartonshire in line with regulations and expectations of the Public Bodies (Joint Working) (Scotland) Act (2014).

This agreement will be subject to an annual review.

The agreement is complementary to the current policy direction including Self Directed Services (2013) Children and Young People’s Act (2014), the Community Empowerment Act (2015) and the Carers (Scotland) Act 2016 and underpins the relationship between the local statutory sector and third sector and embraces the concept of developing a “public service ethos” rather than a “public sector ethos” for the ultimate benefit of the customer and general public.

The agreement is intended to guide the process of working in partnership to deliver public services to carers. It covers issues of process rather than substance and covers structured sector engagement, consultation and involvement, through representation on planning bodies and participation in networks, to issues of funding, procurement and contracting and Joint Strategic Commissioning.

The Agreement is in line with, and determined by the principles described within the HSCP Participation and Engagement Strategy 2016 and Carers of West Dunbartonshire’s Operational Plan 2017 – 2020.

A range of terms are used to describe a person who cares for another including: 'unpaid carer,' 'carer,' 'family carer' and 'informal carer.' For the purposes of this agreement the preferred term to use will be 'carer'. It is important that carers are not confused with paid workers, who are sometimes incorrectly called carers too: paid workers are care workers. Equally, carers are not volunteers. There may well be volunteers supporting the cared-for person and/or the carer, but they are not the carer.

The organisation of Carers of West Dunbartonshire is defined as the third sector and for the purpose of this agreement the term “the third sector” has been chosen to describe organisations which:

- Have been established voluntarily by citizens choosing to come together and organise
- Provide some form of community or public benefit
- Re-invest any surpluses in the organisation or community they serve, and do not distribute for individual or private gain.

The Health and Social Care Partnership Board has been established within the Regulations for the Public Bodies (Joint Working) Act (2014) and the

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

The Health and Social Care Partnership (HSCP) is the delivery vehicle, of the West Dunbartonshire Health and Social Care Partnership Board, which is committed to operating in a manner that is locally responsive and innovative and reflects the needs of the people of West Dunbartonshire.

The HSCP and Carers of West Dunbartonshire are obliged to engage with strategic and locality planning and this will be delivered within the context of local Community Planning arrangements.

2. Policy Context for the Agreement

Community Planning is a recognition that improving health and well-being, regenerating our local economy, delivering education and learning opportunities, creating safe and strong communities and developing good quality affordable housing and sustainable, attractive environments, this cannot be achieved by people and organisations working in isolation hence the development of Community Planning West Dunbartonshire.

This Agreement recognises that carers are equal partners in the planning and delivery of care and support¹. And as such, carers are central to the planning, shaping and delivery of services for the people with care needs and in relation to support for themselves.

In line with the requirements of strategic planning; the HSCP alongside partners within third and independent sector have established a Market Facilitation Consortium model of market analysis across all of our health and social care services. Carers of West Dunbartonshire are committed key partners and service providers working across the statutory, independent and third sector to make the best use of the significant resources invested across our communities.

Without the valuable contribution of carers within West Dunbartonshire, the health and social care system would not be sustained. As such, all activity linked to supporting carers focuses on identifying, assessing and supporting carers in a personalised and outcome-focused way and on a consistent and uniform basis.

Within West Dunbartonshire the partnership reflects the maturity of the relationship between the Health and Social Care Partnership (HSCP) and Carers of West Dunbartonshire. The Agreement reflects the HSCP and Carers of West Dunbartonshire's readiness to deliver of the Public Bodies (Joint Working) Act; the Act reinforces and validates the process and structures which West Dunbartonshire have been developed and sustained since 2010.

3. Principles and Values

Our shared aim is to provide quality services to the people of West Dunbartonshire. Both partners recognise that there is added value in working in partnership towards common aims and objectives; across all care groups and special interest groups.

¹ Caring Together: The Carers Strategy for Scotland 2010 - 2015

The HSCP and Carers of West Dunbartonshire consistently work in partnership to agreed integrated priorities and frameworks for example Reshaping Care for Older people and the Integrated Care Fund.

The following principles will underpin this partnership:

- A healthy, informed third sector is an essential part of an inclusive and democratic society adding value to the quality of life in West Dunbartonshire.
- It is recognised that Carers of West Dunbartonshire make a valuable contribution to the economic, environmental and social development of West Dunbartonshire.
- The differences, diversity and complementarity between the HSCP and Carers of West Dunbartonshire should be respected and valued - each sector having its own set of responsibilities and constraints.
- The independence of Carers of West Dunbartonshire and the accountabilities of the HSCP should be respected.
- The relationship between the two organisations should be open and respectful and demonstrate trust.
- Each organisation should strive for excellence, equity of access and embrace the principles of sustainable service development.

Broadly the West Dunbartonshire Community Planning Partnership reflects a community planning practice where health, social care and the third sector approach all workstreams and commitments in line with the Community Empowerment (Scotland) Act (2015).

4. Strategic Objectives

Objective 1: Strategic Involvement - informed, included and participative Carers of West Dunbartonshire in West Dunbartonshire

Both parties agree to adopt the core definitions of the International Association of Public Participation Public Participations Spectrum and appropriately apply the principle of Inform, Consult, Improve, Collaborate and Empower accordingly.

Both parties agree to adopt the Regulations of the Public Bodies (Joint Working) Act (2014) ensuring that Carers of West Dunbartonshire are appropriately represented, informed and

included within West Dunbartonshire's Health and Social Care Partnership Board and for the delivery of the HSCP Strategic Plan.

In doing so, both parties recognise that:

- Involvement will be considered at the start of a project or policy review and that the methods chosen, and success of these processes, should be continuously reviewed and evaluated. When necessary any statutory consultation procedures will be taken into account and will be given priority
- Services will be delivered using agreed standards, defined timescales, summarised reports and clear feedback. It is understood that partners cannot have an impact on decision making for all aspects of each other's work. Where this is not possible, partners should always make clear that a document or event is for information purposes only rather than consultation
- Involvement will be appropriate for the public sector and third sector alike, with the use of appropriate methodologies for the target group sought. To achieve this, Carers of West Dunbartonshire will annually review the views and priorities of carers across West Dunbartonshire.

Objective 2: Prepared Providers – developing and supporting procurement ready Carers of West Dunbartonshire in West Dunbartonshire.

Both parties will promote fair and appropriate access to strategic, project and contract funding, with decisions about procuring or commissioning services based on principles concerning preparedness, quality and value for money and not on nominal cost alone.

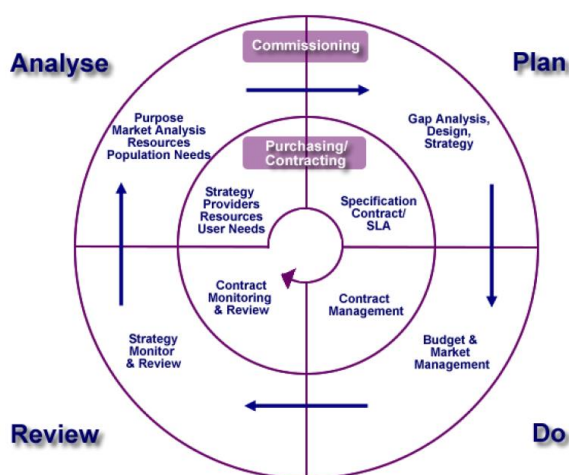
The health and social care marketplace in West Dunbartonshire represents a mixed economy approach to service delivery, bringing together differing elements of service delivery and agreed shared client outcomes. Within this landscape, the HSCP provides leadership both in service planning and mapping; and in ensuring service quality compliance within an agreed standard of quality assurance of services. This requirement serves to protect people who use health and social care services as well as promoting quality across all statutory services and within the third sector.

The West Dunbartonshire Health and Social Care Partnership Board Integration Scheme affirms that clinical and care governance for integrated health and social care services requires

co-ordination across a range of services - including contracted services - so as to place people and communities at the centre of all activity relating to the governance of clinical and care services.

The public sector will develop consistent procedures and adopt a corporate approach to funding that is consistent and timely and streamlines procedures and ensures proportionate reporting, reducing duplication, whilst exercising accountability of public funds. The principles of Full Cost Recovery in relation to contract value are recognised.

The core principle of the partnership approach is to work with and support partners to deliver services in an innovative and collaborative way which is responsive, flexible and with robust quality assurance visible across all providers.



The Strategic Plan 2015 – 2016 set out the arrangements for the delivery of integration functions and how these will contribute to achieving the National Health and Well-being Outcomes.

In the development the HSCP Strategic Plan 2016 – 2019, both partners play an active role with the Strategic Planning process reflecting and evidencing consultation in the preparation, review and amendment of the refreshed Plan.

In taking this forward, Carers of West Dunbartonshire agrees to:

- Identify complementary funding sources, drawdown and management support and the facilitation of consortium approaches

- Commit to provide performance and monitoring data and information to support the established joint performance frameworks developed across all partners
- Support the development and delivery of new initiatives with the HSCP as the key strategic partner
- Ensure and deliver effective and appropriate systems of
 - Quality control
 - Quality assurance
 - Compliance to regulation and inspection regimes
 - Readiness to deliver
 - Provide alternatives and choices for citizens.

In taking this forward, West Dunbartonshire HSCP agrees to:

- Give proper cognisance and recognition to Carers of West Dunbartonshire as a delivery partner in its development of commissioning strategies and approaches
- Recognise the added value to statutory services of the varied nature of the whole third sector including Carers of West Dunbartonshire
- Give recognition to the ethos of volunteering and its role in the service delivery and operational models presented by Carers of West Dunbartonshire, noting the significant contribution of volunteering to the economic, environmental and social development of West Dunbartonshire
- Give consideration to the effects on Carers of West Dunbartonshire as a provider in any decision not to fund or to withdraw funding before any final decision is taken
- Ensure sufficient notification of funding and procurement decisions and timely payment of funds subject to public sector budgetary processes.

In doing so, both parties, acknowledge the principles of the commissioning model as detailed above as it is delivered in West Dunbartonshire, with the HSCP and Carers of West Dunbartonshire both supporting this approach.

Strategic Partnership Agreement

Health & Social Care Collaboration

**West Dunbartonshire Health and
Social Care Partnership Board
&
Scottish Care**

2016

1. Definitions

Partners

“West Dunbartonshire Health and Social Care Partnership Board” (local integrated joint board)

“Scottish Care”

This Strategic Partnership Agreement (agreement), between Scottish Care and West Dunbartonshire Health and Social Care Partnership Board provides a framework within which there is the development of shared aims, objectives, mutual respect and understanding.

The agreement will assist the ability of public and independent sector partners to improve the quality of life for the people of West Dunbartonshire in line with regulations and expectations of the Public Bodies (Joint Working) (Scotland) Act (2014) as well as other relevant policy and legislation.

The agreement is complementary to policy direction including Self Directed Services (2013) and underpins the relationship between the local statutory and independent sectors.

This agreement will be subject to annual review.

The Agreement embraces the concept of developing a “public service ethos” rather than a “public sector ethos” for the ultimate benefit of the customer and general public. It is intended to guide the process of working in partnership to deliver public services.

The agreement covers issues of process rather than substance and covers structured independent sector involvement, through representation on planning bodies and participation in networks, to issues of funding, procurement and contracting and strategic planning. In line with the principles described within the HSCP Participation and Engagement Strategy 2016.

For the purpose of this agreement Scottish Care is:

- Working on behalf of a range of small, medium and large providers of health and social care; including single providers, small and medium sized groups, national providers and not-for-profit voluntary organisations and associations;

- Representing health and social care sector independent providers across Scotland delivering residential care, day care, care at home and housing support

Whilst adopting the term “Independent Sector” we recognise that not all organisations will agree with its use and that individual organisations will still continue to describe themselves in other ways such as private sector and third sector organisations.

The Health and Social Care Partnership Board has been established within the Regulations for the Public Bodies (Joint Working) Act (2014) and the

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

The Health and Social Care Partnership (HSCP) is the delivery vehicle, of the West Dunbartonshire Health and Social Care Partnership Board, which is committed to operating in a manner that is locally responsive and innovative and reflects the needs of the people of West Dunbartonshire.

The HSCP and Scottish Care are obliged to engage with strategic and locality planning and this will be delivered within the context of local Community Planning arrangements.

In addition, the Consortium approach, adopted within West Dunbartonshire, to reflect market analysis and future planning will provide the vehicle and scaffolding to meet the joint aims of the HSCP and Scottish Care.

2. Policy Context for the Agreement

Many areas in Scotland have a Scottish Care representative to support, promote, develop and represent the independent sector.

These arrangements bring together four key, local infrastructure functions;

- Supporting a quality orientated, independent sector that offers real choice and value for money

- Creating an environment in which care providers can continue to deliver and develop the high quality care that communities require
- Supporting, developing, promoting and protecting high standards for all independent sector care providers
- Connectivity across and between the Community Planning Partnership and the independent sector.

The value of high quality independent care services is understood by contractors, key partners, people who use services and their families. With Providers seen as real partners; respected, treated fairly and be contributing to the overall strategic direction of integrated health and social care services.

Community Planning is a recognition that improving health and well-being, regenerating our local economy, delivering education and learning opportunities, creating safe and strong communities and developing good quality affordable housing and sustainable, attractive environments cannot be achieved by people and organisations working in isolation hence the development of Community Planning West Dunbartonshire.

Within West Dunbartonshire the partnership reflects the maturity of the relationship between the HSCP and Scottish Care. The agreement reflects the HSCP and Carers of West Dunbartonshire's readiness to deliver of the Public Bodies (Joint Working) Act; the Act reinforces and validates the process and structures which West Dunbartonshire have been developed and sustained since 2010.

3. Principles and Values

The partners shared aim is to provide quality care home and care at home services to the people of West Dunbartonshire.

Both partners recognise that there is added value in working in partnership towards common aims and objectives; across all care groups and special interest groups. HSCP and independent sector partners, work in partnership to agreed integrated priorities and frameworks for example Reshaping Care for Older people in line with Public Bodies (Joint Working) Act (2014).

The following principles will underpin this partnership:

- A healthy, informed independent sector is an essential part of an inclusive and democratic society adding value to the quality in West Dunbartonshire.
- It is recognised that the independent sector makes a valuable contribution to the economic, environmental and social development of West Dunbartonshire.
- The differences, diversity and complementarity between the public sector and the independent sector should be respected and valued - each sector having its own set of responsibilities and constraints.
- The relationship between the sectors should be open and respectful and demonstrate trust.
- Each sector should strive for excellence, equity of access and embrace the principles of quality assurance and sustainable development.

Strategic Objectives

Objective 1: Strategic Involvement - an informed, included and participative Independent Sector in West Dunbartonshire

Both parties agree to adopt the Regulations of the Public Bodies Act ensuring the independent sector is appropriately represented, informed and included within local strategic planning approach.

In doing so, both parties recognise that:

- Involvement will be considered at the start of a project or policy review and that the methods chosen, and success of these processes, should be continuously reviewed and evaluated. When necessary any statutory consultation procedures will be taken into account
- Carried out using agreed standards, defined timescales, summarised reports and clear feedback. It is understood that partners cannot have an impact on decision making for all aspects of each other's work. Where this is not possible, partners should always make clear that a document or event is for information purposes only rather than consultation
- Involvement will be appropriate for the public sector and independent sector alike, with the use of appropriate methodologies for the target group sought. To achieve this, Scottish Care in West Dunbartonshire, will annually review the engagement levels and quality assurance constructs of independent sector providers.

Objective 2: Prepared Providers – developing and supporting procurement ready Independent Sector in West Dunbartonshire.

Both parties will promote fair and appropriate access to strategic, project and contract funding, with decisions about procuring or commissioning services based on principles concerning preparedness, quality and value for money and not on nominal cost alone.

The health and social care marketplace in West Dunbartonshire represents a mixed economy approach to service delivery, bringing together differing elements of service delivery and agreed shared client outcomes. Within this landscape, the HSCP provides leadership both in service planning and mapping; and in ensuring service quality compliance within an agreed standard of quality assurance of services. This requirement serves to protect people who use health and social care services as well as promoting quality across all statutory services and within the third sector.

The Health and Social Care Partnership Board Integration Scheme affirms that clinical and care governance for integrated health and social care services requires co-ordination across a range of services - including contracted services - so as to place people and communities at the centre of all activity relating to the governance of clinical and care services.

Scottish Care will support compliance of the clinical and care governance across independent sector providers in partnership with the HSCP.

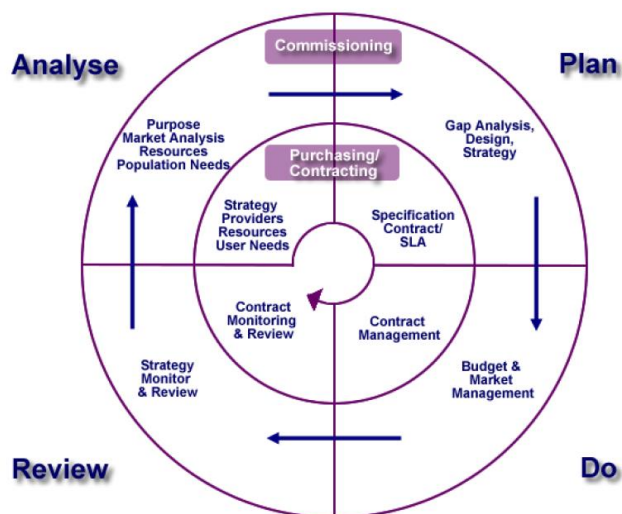
Additionally, Scottish Care, in partnership with the HSCP, will support compliance with the agreed rules and regulations, concerning the delivery of services by the independent sector; all of which will be reflected within the contracts with providers.

The HSCP and Scottish Care have worked with external providers of care to develop and adopt a Commissioning Consortium approach within West Dunbartonshire, the aim being to deliver better outcomes for those with long term conditions and those with multi-morbidities by improving preventative and anticipatory care; and making best use of local community resources.

This agreement reaffirms and embeds this approach, ensuring independent sector partners are at the centre of the commissioning process: providing all partners with access to the same

information and data used within statutory services; and providing opportunities for service delivery where there is an agreed and identifiable need for services based on demographic and neighbourhood analysis.

The public sector will develop consistent procedures and adopt a corporate approach to funding that is consistent and timely and streamlines procedures and ensures proportionate reporting, reducing duplication, whilst exercising accountability of public funds.



The HSCP Strategic Plan 2015 – 2016 sets out the arrangements for the delivery of integration functions and how these will contribute to achieving the National Health and Well-being Outcomes.

In the development the HSCP Strategic Plan 2016 – 2019, both parties play an active role with the Strategic Planning process reflecting and evidencing consultation in the preparation, review and amendment of the refreshed Plan.

In taking this forward, Scottish Care agrees to:

- Maintain and actively promote the delivery of the Commissioning cycle via entitlement package allocations and pathways, governance initiative, service improvement support
- Provide and drawdown support in the facilitation of the consortium approach
- Commit to provide performance and monitoring data and information to support the established joint performance frameworks developed across all partners

- Support the development and delivery of new initiatives with the HSCP as the key strategic partner
- Ensure and support the independent sector to have effective and appropriate systems of
 - Quality control
 - Quality assurance
 - Compliance to regulation and inspection regimes
 - Readiness to deliver
 - Provide alternatives and choices for citizens

In taking this forward, West Dunbartonshire HSCP agrees to:

- Give proper cognisance and recognition to the independent sector as a potential delivery partner in its development of local strategies and plans
- Recognise the added value to the statutory services of the varied nature of the whole independent sector
- Give recognition to the ethos of volunteering and its role in the service delivery and operational models presented by the independent sector, noting the significant contribution of volunteering to the economic, environmental and social development of West Dunbartonshire
- Give consideration to the effects on an existing independent sector provider of any decision not to fund or to withdraw funding before any final decision is taken
- Ensure sufficient notification of funding and procurement decisions and timely payment of funds subject to public sector budgetary processes.

In doing so, both parties, acknowledge the principles of the commissioning model as detailed above as it is delivered in West Dunbartonshire, with the HSCP and Scottish Care both supporting this approach.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 16th November 2016

Subject: West Dunbartonshire Local Housing Strategy 2017 – 2022

1. Purpose

- 1.1** The purpose of this report is to present and seek endorsement for West Dunbartonshire's new Local Housing Strategy (LHS) for 2017-2022.

2. Recommendations

- 2.1** The Partnership Board is recommended to endorse the West Dunbartonshire Local Housing Strategy 2017-2022.

3. Background

- 3.1** Under the Housing (Scotland) Act 2001 Local Authorities have a statutory requirement to carry out a comprehensive assessment of housing needs and conditions and to produce a five year Local Housing Strategy (LHS) to address the issues identified. The Local Housing Strategy is the Council's overarching strategic document on housing and housing support issues and has a key role to play in the effective integration of health and social care. It builds on existing strategies and policies including those in the areas of homelessness, energy efficiency and house condition.
- 3.2** As the Partnership Board will recall from its August 2015 meeting, this new LHS (for 2017 to 2022) has been prepared in accordance with the LHS Guidance issued by the Scottish Government in August 2014. Having been approved by the Council's Housing and Communities Committee, it has been brought to the Partnership Board for comment and endorsement prior to its submission to the Scottish Government.

4. Main Issues

- 4.1** The Partnership Board has a specific interest in the development of the LHS as the Public Bodies (Joint Working) (Scotland) Act 2014 required that some aspects of housing support services, which are provided to individuals as, or in conjunction with personal care or personal support services, had to be included in integration arrangements. The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014 sets out a specific definition for "Housing Support Service" which determines the extent to which any function under which a housing support service is provided must be included in integration arrangements.

4.2 The definition then of “Housing Support Service”:

- Means any service which provides support, assistance, advice or counselling to a person for the purpose of enabling that person to occupy, or to continue to occupy, accommodation as their sole or main residence.
- Does not include any service which involves the installation or maintenance of an aid or adaptation; or any service which is provided to a person as, or in conjunction with, personal care or personal support services provided in the person’s place of residence.

4.3 As the Partnership Board will recall from its May 2016 meeting, a local Housing Contribution Statement (HCS) has been agreed which acts as the “bridge” between the Local Housing Strategy and the Health and Social Care Partnership Strategic Plan and which details shared outcomes and service priorities. Included in that HCS is a statement on how access to aids and adaptations will be delivered in West Dunbartonshire, across all tenures.

4.4 The LHS 2017-2022 identifies ten high level objectives which will allow the success of the implementation of the strategy to be assessed, i.e.:

- Maximise the delivery of new affordable housing through the More Homes Better Homes West Dunbartonshire initiative in partnership with developing Housing Association partners delivering 1000 new social rented homes in West Dunbartonshire.
- Ensure a generous supply of suitable housing sites and deliver on the Council’s main strategic housing regeneration priorities including those at Dumbarton Harbour and Queens’ Quay
- Reduce the impacts of climate change and fuel poverty by supporting energy efficiency measures across all housing sectors and by delivering on compliance with Energy Efficiency Standard for Social Housing for social rented housing by December 2020.
- Use all available powers to improve the housing quality across all tenures, particularly in mixed ownership blocks, and to improve the delivery of the Council’s Housing Capital Programme through the More Homes Better Homes West Dunbartonshire initiative.
- Introduce a Housing Options approach to prevent homelessness and to ease access to suitable accommodation for West Dunbartonshire households.
- Work with partners to reduce repeat homelessness and increase tenancy sustainment in the social rented sector.
- Adopt a more holistic joined up approach to improving standards in the Private Rented Sector
- Work with the Health & Social Care Partnership to develop housing support services for those with particular housing needs, around the principles of Forward Planning, Choice and Prevention.
- Ensure rapid access to assessment, and provision of aids and adaptations.
- Improve education, training and job opportunities for West Dunbartonshire residents through the workstreams and investment associated with this strategy and build on existing strong links through Working4U.

4.5 The LHS has five key themes as follows:

4.5.1 Key Theme 1: Housing Need and Demand

The Key Actions arising from this section can be summarised as:

- Exceed the annual Housing Supply Target of delivering 80 new Social Rented homes and 150 new Private Sector homes.
- Deliver 1000 new affordable homes within the lifespan of the strategy by delivering on the More Homes initiative with an emphasis on promoting accessibility.
- Ensure a generous supply of suitable housing site.
- Deliver on the Council's main strategic housing regeneration priorities including those at Dumbarton Harbour and Queens' Quay.
- Make best use of resources including the Scottish Government's new Infrastructure Fund to help meet the More Homes Scotland targets.
- Carry out an update of the 2014 Affordability Review.

4.5.2 Key Theme 2 Promoting Good Quality Housing

The Key Actions arising from this section can be summarised as:

- Ensure the Council's housing is fit for the future through the Better Homes initiative.
- Maintain Scottish Housing Quality Standards compliance and minimise abeyances.
- Comply with Energy Efficiency Standard for Social Housing by December 2020.
- Contribute to meeting the vision for lower carbon consumption and improving energy efficiency.
- Target Housing Revenue Account funding at improving energy efficiency of Council Homes.
- Adopt a more holistic approach to issues in the Private Rented Sector.
- Continue to provide the home energy advice and information service.
- Continue to engage with owners in mixed tenure blocks and ensure all measures available are utilised in these areas.
- Refresh the Council's Housing Asset Management Strategy.

4.5.3 Key Theme 3: Homelessness and Housing Options

The Key Actions arising from this section can be summarised as:

- Develop and implement a new Homelessness Strategy 2017/20.
- Carry out a review of supported/temporary accommodation and Housing Support.
- Introduce a housing options approach.
- Work with Community Justice partners in line with redesign of service.

- Strengthen Health & Social Care Partnership and Employability Service joint working.
- Mitigate effects of Welfare Reform.
- Reduce the number of young people presenting as homeless.
- Reduce repeat homelessness and increase tenancy sustainment.
- Work with partners to ensure that children are not affected by homelessness
- Roll out the new Health, Homelessness and Housing Protocol.

4.5.4 Key Theme 4: Sustainable and Supportive Communities

The Key Actions arising from this section can be summarised as:

- Reduce the number of empty homes in the social rented sector.
- Improve tenancy sustainability, including Improving pre-tenancy advice e.g. on income maximisation, to achieve sustainment.
- Improve rent collection and set targets for income maximisation and recovery of arrears.
- Contribute to the development and implementation of the Community Justice Outcome Improvement Plan.
- Work within multi-agency partnership to tackle domestic abuse.

4.5.5 Key Theme 5: Addressing Particular Housing Needs

The Key Actions arising from this section can be summarised as:

- Develop a housing support service to enable long term clients to be supported within West Dunbartonshire.
- Develop plans for new and refurbished housing.
- Develop plans at points of transition.
- Provide preventative interventions and supports.
- Ensure rapid access to assessment, and provision of aids and adaptations.
- Seek to develop supported housing solutions for younger adults with complex needs.
- Support tenancy sustainment through providing early social work help on payment of rent, signing up for benefits and other assistance.

4.6 A cross service Officers' Working Group established by the Council's Housing Strategy & Development undertook the preparation of this LHS. This Working Group included senior representation from the Health & Social Care Partnership, with officers emphasising the delivery within the LHS of specialist housing; and responsibilities for corporate parenting.

4.7 The draft LHS was the subject of Scottish Government and peer review; and the main points made have informed the final version appended to this report. The key area for development highlighted by both reviews was the Private Rented Sector, and this will be a focus of activity going forward.

4.8 An outline Action Plan has been drawn up around the Key Actions under the five themes. It is appended to the LHS for monitoring progress on achieving its objectives. The Action Plan will be developed to include indicators measuring performance against agreed timescales. Progress on the delivery of the LHS outcomes is also monitored through:

- An annual Progress Report to both the Council's Housing and Communities Committee and the Health and Social Care Partnership Board.
- Annual presentation and update to West Dunbartonshire Tenants and Residents Association.
- Quarterly progress updates to housing association partners and the Scottish Government at the West Dunbartonshire Housing Providers Forum.

5. People Implications

5.1 There are no people implications associated with this report.

6. Financial Implications

6.1 The delivery of the LHS will entail bringing together a number of resource streams from the Council and partner organisations.

6.2 The impacts of delivering the LHS will be continually reviewed and assessed through the Council's Housing Revenue Account Business Plan Model and there are currently no negative impacts.

7. Professional Implications

7.1 The LHS 2017-2022 has been prepared with significant involvement from Health & Social Care Partnership officers; and through the Council's Housing Section, including the Council's Service Manager for Housing Development and Homelessness – who is the Partnership Board's professional advisor for housing matters.

7.2 The Health & Social Care Partnership is represented at Housing Provider Forum meetings.

8. Locality Implications

8.1 The Council's Housing Section is represented at the Health & Social Care Partnership's locality groups.

9. Risk Analysis

9.1 The LHS has prepared against the backdrop of a volatile policy environment, where there continues to be financial and economic uncertainty. The outcomes contained in the LHS are dependent upon on-going resource commitments from a wide range of partners in both the public and private

sector. The LHS will be subject to regular scrutiny and annual review.

- 9.2** As the Partnership Board will recall, the housing sector is a key contributor to the delivery of the Health & Social Care Partnership's Commissioning Consortium approach across third and private sector providers of social care and housing. A data base on the health and social care needs of the West Dunbartonshire population will form the basis of the commissioning and procurement approaches moving forward.
- 9.3** At the heart of the local Community Planning Partnership's Integrated Children's Services Plan lies a commitment of all partners to "Getting It Right for Every Child" (GIRFEC). In line with this, the LHS includes a commitment to assist young people to live in appropriate housing; and, through legislation, work with care leavers who are prepared, encouraged and supported to leave care on a planned basis. With respect to the latter, by following a Care Leaver housing protocol the intention is to ensure that the young person is assisted to live in the most appropriate sustainable housing; and also help to ensure that the young person does not present as homeless.

10. Impact Assessments

- 10.1** An EIA has been carried out on the LHS and found no substantive negative impacts.
- 10.2** A Strategic Environmental Assessment pre-screening report has been carried out which has determined that a SEA is not required as the LHS sits within the framework of the Clydeplan Strategic Development Plan and the West Dunbartonshire Local Development Plan (Proposed Plan) 2015.

11. Consultation

- 11.1** The Housing (Scotland) Act 2001 requires local authorities to consult on the preparation of their LHS.
- 11.2** This LHS has been the subject of a wide consultation exercise with promotion through:
- An invitation to comment to all relevant organisations on the Council's corporate Community Group Distribution List, together with an offer to speak at groups.
 - Presentations to the West Dunbartonshire Tenants and Residents Organisation, the West Dunbartonshire Equality Forum, the Housing Providers Forum and the Housing Access Panel.
 - A Citizens' Panel survey carried out in November 2015.
 - A range of social media outlets including the Council's website, twitter and Facebook, where it reached over 9,500 people.
 - Local press, the Council's *Housing News* quarterly periodical, library and other noticeboard outlets.

11.3. The Citizens' Panel survey carried out in November 2015 found that the vast majority of Panel members agreed with the regeneration emphasis given in the strategy and strongly supported the drive to provide more affordable housing. There was also agreement on the content of the five key themes as proposed.

11.4 A report on the consultation exercise will be drawn up and posted on the Council's LHS web page.

12. Strategic Assessment

12.1 The LHS sets out the contribution it will make to the delivery of key strategies, including the Health and Social Care Partnership Strategic Plan.

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Date: 16th November 2016

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Appendices: West Dunbartonshire Local Housing Strategy
2017- 2022

Background Papers: HSCP Board Report (May 2016): West Dunbartonshire
Housing Contribution Statement

HSCP Board Report (August 2015): Preparation of the
New West Dunbartonshire Local Housing Strategy 2017
– 2022

Wards Affected: All



**West Dunbartonshire
Local Housing Strategy 2017 – 2022**

More Homes, Better Homes West Dunbartonshire

06/10/16

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**Foreword by Councillor David McBride
Convenor of Housing and Communities**

Welcome to the West Dunbartonshire Local Housing Strategy. This important document sets the vision for Housing and Housing Support services across West Dunbartonshire for the period 2017 – 2022. Good quality housing is a cornerstone of any thriving community and we in West Dunbartonshire Council aim to ensure that our communities are safe and secure, with housing that meets the needs of all our residents, including those with particular housing requirements.

Our vision is to “ *To develop and maintain a partnership approach, maximizing opportunities to promote the growth of the housing sector, create opportunities to deliver joint solutions, meet housing need and provide a wide range of high quality and sustainable housing in a strong well-functioning local housing system*”.

As the statutory housing authority, West Dunbartonshire Council plays the lead role in delivering on this strategy. However, the ambitious plans contained in this strategy can only be realised through partnership working with a wide range of agencies and organisations and with the support of local people in our communities. For example, the success of the new affordable housing programme detailed in our More Homes West Dunbartonshire initiative will be determined by how well we work with colleagues in the housing associations and the Scottish Government, More Homes Division.

The LHS is laid out under five key themes covering the wide range of housing and housing support related activities. The main actions associated with each theme are listed in the Action Plan and progress on these will be monitored as we move forward.

Equality and Inclusion

The development of the strategy has been underpinned by West Dunbartonshire Council's commitment to promoting and sustaining equality and inclusion, and equality and diversity principles. In particular, the Council is committed to fulfilling the three key elements of the general equality duty as defined in the Equality Act 2010:

Eliminating discrimination, harassment and victimisation

Advancing equality of opportunity between people who share a protected characteristic and persons who do not share it

Fostering good relations between people who share a protected characteristic and those who do not share it.

This strategy was informed by an Equality Impact Assessment within the context of the [Council's Equalities Mainstreaming Report and its Equality Outcomes 2013 – 2017](#).

During the drafting of the strategy we have taken account of the Council's Equalities Outcome of Greater participation and Involvement of people from underrepresented Groups in influencing Decision Making in the Area, by consulting directly with members of the West Dunbartonshire Equality Forum, made up of community equality groups (and Public Organisations). This consultative process feed into the EIA and into the final text of the LHS.

We have also taken account of two other Council Equality Outcomes on;

Reducing Hate Incidents In West Dunbartonshire (section 8)

Better Meeting The Accommodation Needs Of Gypsy/Travellers (section 9)

EIAs will be carried out on any policy developments arising from the strategy, and evidence gathered, during the creation of the LHS will be used to inform them.

The Council has embarked on work to wide and deepen its equality monitoring on housing applications, allocations and repairs, which will improve our evidence base for EIA processes and policy formulation and review.

Strategic Environmental Assessment

A Strategic Environmental Assessment (SEA) pre- screening report has been carried out in respect of this Strategy. The Council has determined that a SEA is not required in this instance. The SEA Screening Report can be found here:

<http://www.gov.scot/Topics/Environment/environmental-assessment/sea/SEAG>

1. Introduction

- 1.1 The Local Housing Strategy (LHS) sets out how West Dunbartonshire Council and its partners plan to address the housing and housing related opportunities and challenges over the next five year period 2017/18 – 2021/2022.
- 1.2 This new plan aims to build on the significant progress made on the issues identified in the previous LHS 2011 -2016 and to address newly arising housing matters.
- 1.3 The Scottish Government requires every local authority to draw up a Local Housing Strategy as the main strategic document on:
 - Housing
 - Homelessness
 - Housing support services
 - Fuel poverty

Guidance was issued in August 2014 supporting local authorities in this task.

- 1.4 The Housing Development team of the Council's Housing Services has led on the preparation of the LHS but has been assisted by staff from across all appropriate Council Departments and partner agencies. In particular, the development of the LHS has been taken forward in association with colleagues from the West Dunbartonshire Health and Social Care Partnership, demonstrating the vital role housing has to play in the integration of health and social care services.
- 1.5 The Strategy contains an action plan which outlines the projects/activities to be implemented to achieve the aims of the Local Housing Strategy for the period 2017 - 2022. The LHS will be augmented by the biennial Strategic Housing Investment Plan 2017 - 2022 (SHIP) detailing how the investment priorities will be delivered.

2. Strategic Policy Framework

- 2.1 Local Authorities have a statutory responsibility under the Housing (Scotland) Act 2001 to prepare a Local Housing Strategy which is supported by a comprehensive assessment of housing needs and conditions and produces strategies to address the issues identified.
- 2.2 The Local Housing Strategy is set within, and contributes to, a wider strategic policy framework including:

West Dunbartonshire Council's Strategic Plan 2012 - 2017

"A prosperous West Dunbartonshire recognised as a dynamic area within a successful Scotland"

The LHS will contribute to all five of the Strategic Plan's 5 priorities:

- Improve economic growth and employability.

- Improve life chances for children and young people.
- Improve care for and promote independence with older people.
- Improve local housing and environmentally sustainable infrastructure.
- Improve the wellbeing of communities and protect the welfare of vulnerable people.

West Dunbartonshire 2014 – 2017 Single Outcome Agreement

This is the overarching strategic framework for the Community Planning partnership. It outlines the long term vision for the area and the key priorities and outcomes. The SOA focuses on four interconnected priorities which are delivered through local multi-agency action and coordinated activity. The four priorities are:

- Employability and Economic Growth
- Children and Families
- Older people
- Safe, Strong and Involved Communities.

West Dunbartonshire Health and Social Care Partnership Strategic Plan 2015 - 2016

This is the Integration Authority's paper setting out their outcomes and priorities. The 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.

The HSCP Partnership Board's mission is:

"to improve the health and wellbeing of West Dunbartonshire"

The Core values are

- protection
- improvement
- efficiency
- transparency
- fairness
- collaboration
- respect
- compassion

Local Authorities are required to provide a Housing Contribution Statement to set out the role and contribution of the local housing sector in meeting the outcomes and priorities identified within the Strategic Plan. The West Dunbartonshire Health and Social Care Partnership Board Housing Contribution Statement May 2016 provides the bridge between the Local Housing Strategy and the HSCP Strategic Plan and outlines the important part housing will play in the integration process.

Planning

The LHS sits within the planning framework of the Clydeplan Strategic Development Plan (Proposed Plan) 2016 at a regional level. Also, the West

Dunbartonshire Local Development Plan (Proposed Plan) 2015 at a local level, with the latter providing the land use planning context. Strategic Development Plan Housing Estimate Outputs help inform Housing Supply Targets for both the LHS and the Local Development Plan.

West Dunbartonshire Economic Development Strategy 2015 - 2020:

The LHS has a role to play in meeting the key strategic priorities:

- Stimulating economic investment and growing the business base
- Improving the skills of all of our people and supporting them into work
- Creating an inclusive and prosperous place where people choose to live work and invest
- Building stronger partnerships and innovative approaches to delivery

National Housing Policies

The LHS supports the delivery of the national housing policies of the Scottish Government in particular Homes Fit for the 21st Century February 2011 which sets out the Scottish Government's vision for housing to 2020, and actions and proposals to realise that vision, and the subsequent Joint Housing Delivery Plan for Scotland June 2015 which identifies priorities to deliver on the vision.

Joint Housing Delivery Plan for Scotland

The Joint Housing Delivery Planning Group meets three times per year and is supported by a number of work-streams and sub-groups. Its purpose is to drive forward JHDP agenda in consultation with Scottish Government Ministers. West Dunbartonshire Council is an active participant in the group, contributing its own experience and learning from others in the process.

More Homes for Scotland

Under the heading of More Homes for Scotland, the Scottish Government announced its commitment of over £3 billion over the next five financial years to fund the delivery of 50,000 affordable homes. This is accompanied by increased subsidy levels and support for City Deals. In support of this ambition, the Scottish Government have made supplying more homes a national strategic "social infrastructure" priority in the 2015 Infrastructure Investment Plan. The initiative involves four central themes:

- more investment for more housing
- a more effective planning system
- supporting infrastructure, land
- housing delivery
- making available expert advice

A flexible five-year grant and loan fund has been established, starting with a £50m allocation for 2016-17, to help tackle infrastructure blockages and accelerate the delivery of the affordable housing programme. In addition, Draft Planning Delivery Advice: Housing and Infrastructure was published in February 2016 giving weight

to the need to identify the infrastructure required to deliver new housing. This housing supply initiative is expected to have a most welcome positive impact on the delivery of new affordable housing during the period of this LHS.

Housing Options

The Scottish Government encourages a Housing Options approach to housing advice and homelessness prevention. WDC supports this direction and is part of the West of Scotland Housing Options Hub whose aim is to implement a common housing options approach across the region. Establishing a housing options approach is one of the key actions in the Council's Homelessness Strategy 2013 – 2016 and the Housing and Employability Delivery Plan 2016/17.

Scottish Social Housing Charter

The Scottish Government introduced the Scottish Social Housing Charter in April 2012 detailing outcomes and the standards which Social Housing landlords are required to meet. All social landlords must submit an Annual Return on the Charter (ARC) to the Scottish Housing Regulator in May of each year. The SHR has the responsibility to assess, and report on, the performance of these landlords.

Wider Influences

This draft LHS has been completed in the days immediately following the vote to leave the European Union. The impact on the economy of this decision will not be known for some time but will undoubtedly have consequences for housing during the period of the plan.

3. The Consultation Process

- 3.1 Local authorities have a statutory duty to involve, consult and engage with as wide a range of their residents as possible and, in particular, the Housing (Scotland) Act 2001 requires local authorities to consult on the preparation of their LHS.
- 3.2 A range of media was used to engage with people in drawing up this LHS. The consultation process commenced in November 2015 and concluded in October 2016.
- 3.4 A Citizens' Panel survey carried out in November 2015 which had 858 respondents featured the Local Housing Strategy. The survey found the vast majority of Panel members agree the Council should give priority to the regeneration of its housing estates (96%) and to more affordable housing (91%). Fewer supported more private housing (49%, with 35% disagreeing). There was also a high level of agreement with the themes of the new Local Housing Strategy, especially Ensuring People Have Access to Affordable Housing (99% agree) and Promotion of Good Quality Housing (also 99%).
- 3.5 The consultation was promoted through:
- Invites to all appropriate organisations on the Corporate Community Group Distribution list
 - The offer to speak at community organisations' events. Where presentations were made, the consultation was cascaded to the constituent bodies.

Presentations to:

- West Dunbartonshire Tenants and Residents Organisation (WDTRO), the umbrella group for our 15 registered TROs
- West Dunbartonshire Equality Forum
- Housing Providers Forum, the meeting which brings together the Council, RSLs operating in West Dunbartonshire and the housing investment division of the Scottish Government
- Homelessness and Housing Access Forum
- West Dunbartonshire Access Panel.

A range of social media outlets including the Council's website, Twitter and Facebook. A Survey Monkey questionnaire was carried out which attracted 25 responses.

Local press, the Council's Housing News quarterly periodical, library and other noticeboard outlets.

- 3.6 A summary of the consultation exercise and the responses has been drawn up and can be found on the Council's website.

4. Key Themes

4.1 This LHS has been drawn up around the following 5 key themes:

- Housing Need and Demand
- Promoting Good Quality Housing
- Homelessness and Housing Options
- Sustainable and Supportive Communities
- Addressing Particular Housing Needs

4.2 The Citizens' Panel survey carried out in November 2015 overwhelmingly endorsed these themes; as did the results from the Survey Monkey questionnaire.

4.3 In recognition of the growing importance of the Housing Options approach to homelessness prevention, the theme previously entitled 'Homelessness' has been changed to 'Homelessness and Housing Options'.

4.4 Prioritisation of Housing Regeneration Areas

The previous LHS contained a list of ten areas which were considered to be housing regeneration priorities. A number of these have been the subject of earlier regeneration masterplanning or feasibility studies.

The principal criteria used in designating the priority Housing Regeneration Areas were the Scottish Index of Multiple Deprivation (SIMD) statistics, the findings from the Council's Asset Management assessment and analysis of the capital investment made in the area.

The November 2015 Citizens' Panel survey demonstrated widespread support (96%) for giving high priority to regeneration of housing estates. It is proposed that the focus on regeneration will continue to be reflected in the prioritisation of housing projects brought forward by the Council and its partners.

New SIMD data published this year together with representations made during the course of the consultation exercise has helped inform a review of the priorities. The proposed Housing Regeneration Areas for the period of this LHS are:

- Bellsmyre;
- Brucehill
- Castlehill
- Central/Radnor Park
- Clydebank East/Whitecrook
- Dalmuir
- Drumry
- Haldane
- North Mountblow (Brunswick/Montreal/Quebec)
- Westcliff.

While these areas were termed housing regeneration areas, the importance of linking proposals here to wider social and economic outcomes is recognised. The Strategic Housing Investment Plan gives a degree of prioritisation to projects

located in these areas. Not all these areas contain prospective new housing sites but in these cases other regeneration avenues will be explored including that of major refurbishment works.

It should be stressed that investment in new affordable housing will not be confined to the regeneration areas. When deciding on the priority for any given new affordable housing proposal, a number of factors are taken into account including availability of land, type of housing being proposed, deliverability and value for money. Projects proposed for inclusion in the WD SHIP are scored against a matrix of factors and their priority assessed accordingly.

New Housing projects supported through the AHSP will recognise the importance of placemaking principles in supporting successful communities.

The Queens Quay and Dumbarton Harbour regeneration areas will offer huge potential for housing development over the period of the plan and these are also key priorities for the Council.

West Dunbartonshire Council recognises the value of the town centres which lie at the heart of our communities. The Council seeks to support the town centres in the challenges they face in remaining attractive destinations for both residents and visitors. Increasing the population of town centres through new housing and bringing empty properties back into use will be an important element in any strategy to revitalise these areas.

5. Key Theme 1: Housing Need and Demand

Key LHS Outcome: Ensuring people have access to affordable housing of all tenures which is in the right location and is suitable for their needs.

5.1 Introduction

This section looks at the projected housing need and demand and what this may mean for the development of the housing strategy for the area. The housing need and demand assessment is the principal production for defining the housing supply base for the local housing strategy and the housing land allocation for the strategic and local development plans.

5.2 Context

A Housing Needs and Supply Assessment (HNDA) was undertaken through the Clydeplan and completed in 2015 as part of the proposed Strategic Development Plan for the eight local authorities in the Housing Market Partnership area which was published for consultation in January 2016.

The Glasgow and the Clyde Valley Housing Market Partnership prepared the assessment of housing need and demand based on the 2014 Housing Need and Demand Assessment (HNDA) guidance and using the new HNDA Tool produced by the Centre for Housing Market Analysis (CHMA). Using the Tool, which was populated with national data, allowed the quick and easy testing of a range of

different scenarios and assumptions. The results from the revised HNDA were confirmed as being robust and credible by the CHMA in May 2015.

It provides a shared and agreed evidence base for housing need and demand, which provide the basis for the Housing Supply Targets for both the Local Housing Strategy and the Local Development Plan. The HNDA provides estimates of the amount and likely tenure of additional housing required to meet existing and future demand.

The HNDA analyses the need for social rented housing (including Below Market Rent) at a local authority level. The demand for private sector (owner occupation and private rented) houses was considered within a framework of housing market areas which reflect the way the private market operates across administrative boundaries. Clydebank falls within the Greater Glasgow North and West sub-market area, and supply and demand is considered within this wider area, whereas Dumbarton and the Vale of Leven is considered to be a discrete housing market area.

West Dunbartonshire is unusual in that the planning function is split between the Council and the Loch Lomond and the Trossachs National Park. For practical reasons, the results from the HNDA cover the whole of West Dunbartonshire Council, although some data has been extracted for the area within the National Park.

5.2 HNDA Findings

The housing estimates produced from the 2015 HNDA are lower than those produced by the previous HNDA, essentially due to a different approach to backlog need, and the use of the most up-to-date National Records of Scotland (NRS) projections of population and households which reflect recent trends in migration and household formation rates.

The 2015 HNDA is based on the 2012-based principal population and household projections prepared by the NRS. The HNDA provides a series of Core Outputs, or key findings. For the purpose of the LHS, the key findings may be summarised as follows:

Population Estimates

The HNDA shows a continuing reduction anticipated in West Dunbartonshire's population, due primarily to net out-migration, as illustrated in Table 1 below:

Table 1 - Projected Population in West Dunbartonshire by Age Band

Age	2012	2017	2022
0 - 15 years	15,913	14,943	14,953
16 - 65 Working Age Population	60,335	58,961	56,491
66 - 74	7,209	8,261	8,885
75+	6,883	7,160	8,031
Total	90,340	89,325	88,360

Source: NRS 2012-based principal population projections

Table 1 illustrates that this reduction in projected population is not equally spread across all age groups though. Whilst there is a reduction in the number of children and people of working age, there is a significant increase in the number of pensioners. This will require an emphasis on the specific needs of an ageing population, and the contribution housing can make to enabling independent living and achieving national health and wellbeing outcomes.

Household Estimates

Whilst the projected population in West Dunbartonshire continues to decline, the number of households is projected to increase. This trend is reflected across both the private and social rented tenures.

Table 2 Projected Households in West Dunbartonshire

2012	2017	2022
42,106	42,529	42,869

Source: NRS 2012-based principal household projections

Other key NRS projections include:

- The total number of households in West Dunbartonshire is projected to change from 42,106 in 2012 to 42,543 in 2037, which is an increase of 1 per cent. In Scotland as a whole, the projected number of households is set to increase by 17 per cent over the same 25 year period.
- In Scotland, the number of lone adult households is projected to increase by 35 per cent over the 25 year period. In West Dunbartonshire, the number of lone adult households is projected to increase by 23 per cent, and the number of larger households in West Dunbartonshire is projected to fall, with the number of households of 2 or more adults with children decreasing by 34 per cent over the 25 year period. The average household size is projected to decrease from 2.13 in 2012 to 1.93 in 2037.
- In West Dunbartonshire, households headed by 60-74 year olds are projected to increase by 14 per cent, and those headed by the 75+ age group are projected to increase by 70 per cent between the years 2012 and 2037

Housing Estimates

The first stage of the 2015 HNDA produced Housing Estimates, split by tenure, at local authority level. These comprise the net increase in housing numbers by tenure, taken from the CHMA Tool, plus internal estimates of existing need. Households were only assessed as being in existing need if they generate a requirement for an additional dwelling, not if the need can be addressed using in-situ housing management solutions.

Table 3 Estimates of Need in West Dunbartonshire

Overcrowded Households	Concealed Households	Either concealed or overcrowded as a %age of total households
1,057	816	4%

Source: Table 4.22 HNDA

A range of assumptions in terms of future household formation, income and house prices were considered within the Tool, before an agreed set of initial Housing

Estimates were produced, reflecting the number of additional houses required by tenure.

Table 4 Initial Housing Estimates West Dunbartonshire 2012-2024

	2012-2024 total	Per annum
Private	557	46
SR/BMR	748	63
Total	1,305	109

Source: Fig 5.4 HNDA

Over the city region as a whole, the 2015 HNDA estimates suggest more muted growth in the private sector and more significant growth in the Social Rented/Below Market Rent sector compared with the previous HNDA.

The initial estimates for the private sector required to be adjusted to reflect demand and supply across the housing market framework, by apportioning an element of mobile demand and comparing all demand with all stock. This has resulted in a significant increase in the private housing estimates, as shown below.

Table 5 Adjusted Housing Estimates West Dunbartonshire 2012-2024

	2012-2024 total	Per annum
Private	1,229	102
SR/BMR	748	63
Total	1,977	165

Source: Fig 5.13 HNDA

Affordable Housing Quota Policy

The Council has considered whether it should introduce an affordable housing quota policy whereby private developers would be required to make a contribution towards meeting affordable housing need in respect of each new housing site. However it was considered that the HNDA did not provide the evidence to support such a measure. Instead, the Local Development Plan seeks to balance the future tenure requirements by specifically identifying sites for either affordable or private housing. It is intended however that flexibility will be applied regarding these housing opportunities.

5.3 Housing Supply Targets

The Adjusted Housing Estimates are used as a starting point for the development of the Housing Supply Targets (HSTs). These are a policy view of the number of homes the authority has agreed will be delivered. The factors taken into consideration to do this were:

- Environmental factors
- Social factors
- Economic factors
- Capacity within the construction industry
- Inter-dependency between delivery of market and affordable housing
- Availability of resources
- Likely pace and scale of delivery based on completion rates
- Recent development levels
- Planned demolitions

- Housing brought back into effective use.

The availability of resources, likely pace of development and recent development levels were considered the most relevant of these factors for West Dunbartonshire. Taking these into consideration, the following HSTs have been set and agreed by the Council in August 2015. For both sectors, they have increased from the adjusted housing estimates produced by the 2015 HNDA. They are considered to be both realistic and deliverable. It is assumed that the social rented housing supply target will be split equally between the housing sub-areas of Clydebank and Dumbarton/Vale of Leven. The private sector target has decreased from the previous target of 250 pa, whilst the social rented figure has increased from 70 pa to 80 pa.

Table 6 Housing Supply Targets for West Dunbartonshire

	2012-2024 total	Per annum
Private	1,800	150
SR/BMR	960	80
Total	2,760	230

Source: Schedule 7 SDP

Factors considered when setting Housing Supply Targets

- **The Capacity of the Construction Industry:** The delivery of housing does not rely solely on the allocation of appropriate land in the development plan and Councils are advised to take into consideration the capacity of the building industry and the functioning of the housing market. The slow down in the construction industry is clearly evidenced by the number of “mothballed” sites and the delays to the completion of approved housing schemes. Given the low level of activity, there is no indication that there are any operative or material issues affecting the industry.
- **Wider Strategic, Economic, Social and Environmental Policy Objectives:** Increasing the number of new affordable houses and attracting capital investment are SOA priorities for West Dunbartonshire.
- **Consultation Responses to the HNDA/MIR:** There was a general recognition in the responses that the current economic climate was having an impact on the deliverability of new housing. Some respondents considered that there was a generous supply of housing land making further release unnecessary, whilst others questioned the effectiveness of the housing land supply and promoted new locations for housing development.
- **Funding Availability:** The availability of support funding is the key determinant of the number of new affordable housing being produced. As noted above, the changes to funding arrangements will be a major determinant of the supply of new housing.
- **Consultation Responses to the Draft LHS:** A number of responses were made on the Local Development Plan Housing Issues Paper. There was very strong support for the provision of more affordable housing. Indeed, the provision of more affordable housing was by quite a margin the overall top priority for Citizen’s Panel members.

- Aspirations for Growth: Halting the population decline is a priority outcome for the West Dunbartonshire SOA, with the target of reducing the decline to 0% by 2015. The Council supports the Scottish Government's goal of increasing housing supply.

5.4 Housing Land Supply

In order to provide a generous supply of land for housing and deliver the HSTs, 10% has been added to the private sector HST to ensure flexibility in the housing land requirement. The LDP will make allocate a range of effective housing sites to meet the housing land requirement for both tenures.

Table 7 Housing Land Requirement West Dunbartonshire 2012-2024

	2012-2024 total	Per annum
Private	1,980	165
SR/BMR	960	80
Total	2,940	245

Source: Schedule 7 SDP

The LDP will ensure that there is a generous supply of effective land to meet the HSTs for both tenures. These local housing supply targets will be monitored through the Council's corporate performance management system and will be subject regular review and annual evaluation.

5.5 Housing Profile

West Dunbartonshire Stock

The estimated number of dwellings in West Dunbartonshire is 44,734.

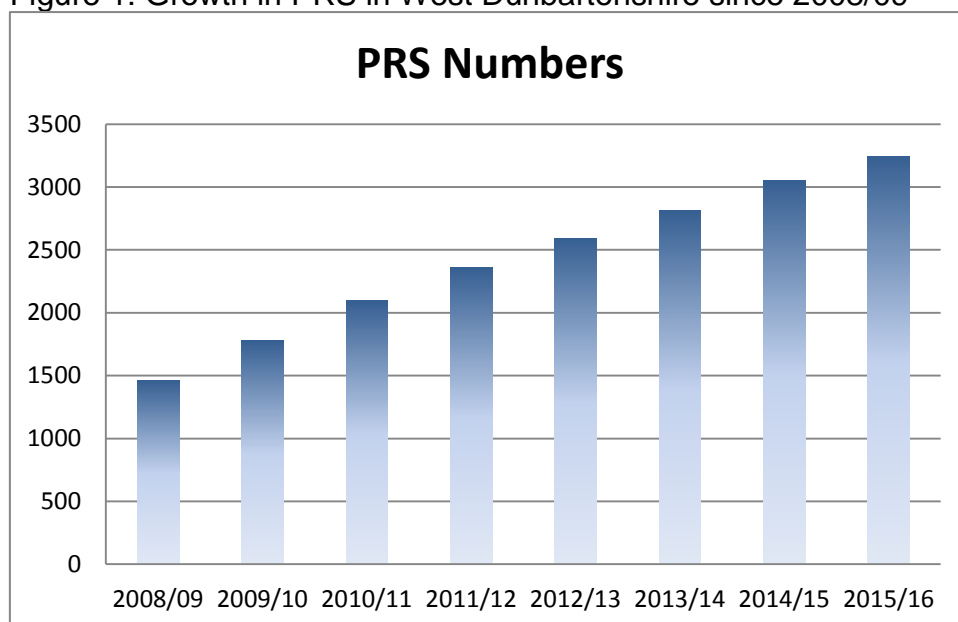
Table 8: WD Stock by Tenure

Tenure	Total Number	%
Council Housing	10,759	24%
Registered Social Landlords	5,856	13%
Private Rented Sector	3050	7%
Owner Occupation	25,069	56%
Total	44,734	100%

As is the trend across Scotland, recent years have seen strong growth in the numbers of Private Rented Sector properties in West Dunbartonshire. The table below illustrates that the PRS numbers have more than doubled since 2008/09. This growth, together with current national discussions over improved security for private tenants, of rent controls, and on a "Common Housing Standard" across all tenures, suggests that the PRS will be an area for particular scrutiny and action over the period of the plan.

Both the Scottish Government and the Peer review of the first draft LHS highlighted the importance of having a more effective approach across all sections of the Council to better understand the conditions prevailing in the PRS and to take measures to address any issues identified. Accordingly, the LHS now contains as a key action the adopting of a holistic approach to this sector.

Figure 1: Growth in PRS in West Dunbartonshire since 2008/09



Some important characteristics of the West Dunbartonshire Housing stock profile include:

- West Dunbartonshire has a higher than average proportion of flats than most local authorities at 51%, with only the four Scottish cities having more (and against a Scottish average of 38%).
- It has a higher than average percentage of dwellings in the lowest 3 Council Tax bandings (A-C).
- Almost half of West Dunbartonshire Council's own housing stock is of non-traditional construction.

Chapter 4 of the Clydeplan HNDA, 'Housing Stock Profile, Pressures and Management Issues', provides more detail on the stock profile and how it compares across the region.

5.7 House Prices

House prices in West Dunbartonshire generally remain below the Scottish average, as do household incomes. Table 9 gives an indication of the West Dunbartonshire house prices by type and in comparison with the Scottish equivalents.

Table 9 Residential Property Prices 2016– Average Sale Price

	Average Property Price		Detached		Semi			Terrace	Flat	
	Jan-Mar 2015	Jan-Mar 2016	Jan-Mar 2015	Jan-Mar 2016	Jan-Mar 2015	Jan-Mar 2016	Jan-Mar 2015	Jan-Mar 2016	Jan-Mar 2015	Jan-Mar 2016
WD	118,737	100,469	245,163	224,839	136,953	107,990	109,746	93,166	70,842	62,627
Scot	173,731	159,198	267,375	236,249	164,032	150,051	141,298	126,434	132,606	122,801

Source Registers of Scotland

Over the same period, in West Dunbartonshire the volume of house sales increased by 8.3%, though this compares with a Scottish increase of 18.2%.

5.8 Annual Earnings and Affordability

The HNDA data reveals that incomes in Scotland have been declining since 2008, for those in the lowest 60% of earners, the corollary being that only those earners in the top 40% and above have seen incomes rise in the last 5 years. While house prices in West Dunbartonshire are among the lowest in Scotland, this is also true of average earnings, with those in West Dunbartonshire among the lowest in the country.

Trend based analysis in the Clydeplan HNDA using data at the local authority geography reveals that although house prices have been reducing, especially lower quartile prices. As incomes have also been reducing, relative affordability of housing worsened from 2008 to 2011 with a slight improvement between 2011 and 2012. In addition the ratios of income to price for cheaper housing are higher than for average income to price, indicating a general issue with the affordability of cheaper housing for those on lower incomes.

Generally across the HNDA area, social rents are considered to be affordable. The report finds that WD Council rents are one of the lowest in the Strathclyde conurbation and that the RSL rents here are indeed the lowest. Both RSL and LA average rents are significantly more affordable than those in the Private Rented Sector.

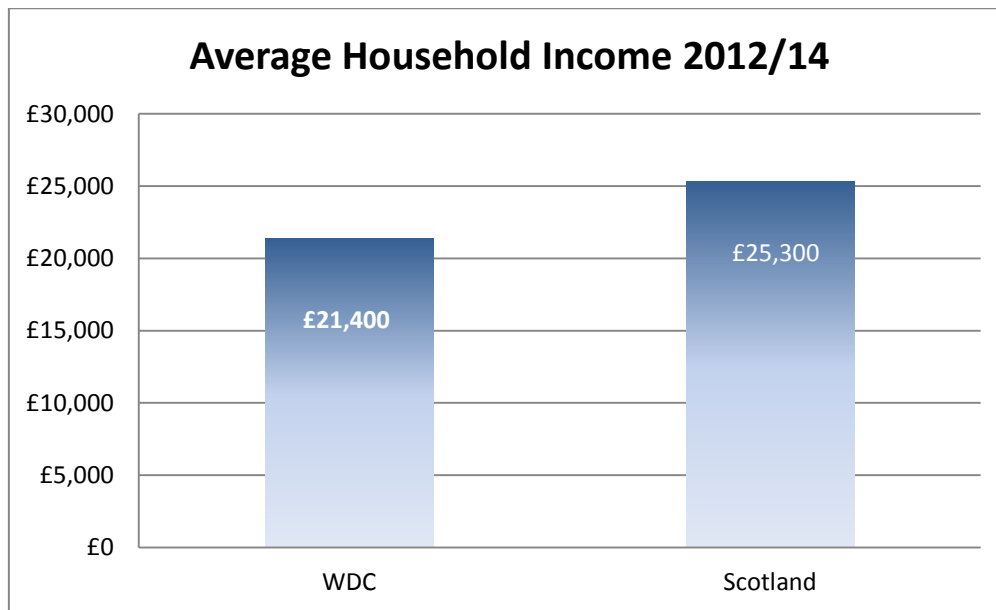


Figure 2 WDC/Scotland Income Comparisons

The number of people who were in employment in West Dunbartonshire to April 2015 was 39,000 representing 66% of the working age population. This is a drop on last year's figures and is 6.9% below the Scottish average. These figures reflect the impact of the recession on the local economy with the reduction in job numbers especially affecting the Manufacturing and Construction Sectors.

Across Scotland, first time buyers continue to face a substantial deposit barrier, estimated to be in the region of £20,000 or 64% of their annual income.

The Council commissioned research in 2014 on housing affordability at a local level. The consultants employed a model to help assess the affordability of a range of housing tenures relative to the value of local incomes. Affordability was tested based on assumptions that households would spend 25% - 30% of their annual income on their housing costs. Key findings were:

- On average market rents are 65% above WDC rents
- There is only a marginal difference between WDC Local Housing Allowance and market rents.
- Comparing the main settlement areas in West Dunbartonshire, house prices are highest in Dumbarton whilst Clydebank has the largest proportion of low income households
- At a 30% affordability ratio, and depending on the size of the properties, 22 -31% of households would struggle to afford Council /RSL rents without subsidy while 33-63% cannot afford market rents
- Market sale is the least affordable tenure option, with just under 50% unable to afford a house at the lower end of the market
- Mid-Market rent would only slightly improve affordability when compared to market rents (on average by about 4%).
- It is considered that there would be value in carrying out an update of the Affordability Study in view of the changing economic position.

5.9 More Homes West Dunbartonshire

West Dunbartonshire Council welcomes the Scottish Government's 'More Homes for Scotland' initiative designed to provide 50,000 new affordable homes over the next 5 years and recognises the important role Council new build programmes can make to achieve this target.

To maximise the benefit to West Dunbartonshire from this scheme, we will be working with our development partners to take forward opportunities under the banner **"More Homes Better Homes West Dunbartonshire."** Together we aim to provide a broad range of high quality, affordable homes in safe and attractive neighbourhoods that meet the needs of our residents.

West Dunbartonshire Council, as strategic housing authority, has the statutory lead role in setting out the investment priorities for the delivery of affordable housing supported within the Scottish Government's Affordable Housing Supply programme (AHSP). The Council has worked its partners to prepare its 2 yearly Strategic Housing Investment Plan 2017/2022 (SHIP) due for publication in November 2016. The SHIP will detail how we plan to make best use of support funding from the Affordable Housing Supply Programme. All houses provided through this programme will be built to "Housing for Varying Needs" (HfVN) and "Secured by Design" standards. In addition, all projects receiving grant support will need to meet the requirements of the recently introduced West Dunbartonshire Design Standard (see 6.5 below).

In 2013, following successful applications to the Scottish Government's Innovation and Investment Fund, WDC developed the first new Council homes in the area in 25 years. To date the Council's New Build Housing programme has invested £8million in providing 121 houses for social rented homes across four sites. This programme has also attracted a further £5million grant funding from the Scottish Government. An additional site in Clydebank will provide 40 more homes during 2018. During the same period, our housing association partners have delivered 120 new homes with a further 86 due to be completed during 2016/17.

In the period 2016/17 – 2019/20 it is planned to deliver around 1,000 new Council and RSL homes across West Dunbartonshire.

Three exciting housing developments were recently announced which together will bring almost 300 new affordable homes to West Dunbartonshire in the coming years. The former St Andrews's High School in Clydebank will deliver around 100 new homes which will be a mixture of Council and Housing Association properties. Clydebank Housing Association has acquired the site of the old La Scala cinema in to provide 44 new rented properties. In Dumbarton, Dunbritton HA has agreed a deal to develop 108 social rented homes at Dumbarton Harbour. All these projects will receive funding support from the AHSP.

The Council has an ambition to continue to provide new council housing and currently estimates that between 30 and 40 new homes per year can be delivered through this programme. This figure will be augmented by at least an equal number of housing association properties to achieve or exceed the Affordable Housing Supply Target of 80 per year. The HRA Business Plan will be kept under review to continually assess the capacity to increase the Council provision and we

will explore every option with our partners to maximise the delivery of new affordable housing to help meet the More Homes Target. In particular, the Council wishes to increase its new house building programme and is exploring every avenue to see how this may be achieved. Other means to increase the supply of housing stock, such as building on the use of *buybacks* of previous right to buy properties will be considered as part of the **More Homes West Dunbartonshire** initiative. The Council is in discussion with the Scottish Government over accessing AHSP support funding to extend the scope of the buyback programme for both the Council and the RSL sector with a view to adopting a more strategic approach.

5.10 Strategic Housing Partnership

West Dunbartonshire Council and The Wheatley Group have entered into a memorandum of understanding over joint strategic ambitions to deliver an affordable housing programme. The strategic housing partnership has the following main objectives:

- to assist in the delivery of the Council's strategic housing objectives;
- to facilitate the delivery of a minimum 10 year housing development programme;
- to support the Council's regeneration activities;
- to ensure that Resource Planning Assumptions (RPAs) are fully maximised to meet affordable housing supply targets; and
- to assist in the delivery of new build housing for social rent in areas identified through the Strategic Housing Investment Plan to address housing need.

The Council continues to welcome ideas to assist in the delivery new affordable housing in West Dunbartonshire.

Key Actions

- Maximise the delivery of new affordable housing in West Dunbartonshire including increasing the Council New Build Programme
- Meet the annual Housing Supply Target of delivering 80 new Social Rented homes
- Meet the annual Housing Supply Target of delivering 150 new Private Sector homes
- Ensure a generous supply of suitable housing sites
- Deliver on the Council's main strategic housing regeneration priorities at Dumbarton Harbour and Queens' Quay
- Make best use of resources including the Scottish Government's new Infrastructure Fund to help meet the *More Homes Scotland* targets
- Carry out an update of the 2014 Affordability Review.

6. Key Theme 2: Promoting Good Quality Housing

Key LHS Outcome: All residents live in good quality housing regardless of tenure

6.1 Introduction

Improving the quality of housing has been a constant focus of consecutive Scottish Governments' housing policy. Promoting good quality housing not only improves the health and well-being of residents but it is also a crucial factor in meeting the objectives of a number of other main LHS themes such as creating sustainable and supportive communities and housing need and demand.

This section demonstrates how we are currently promoting good quality housing in West Dunbartonshire and plan to improve on this in the future within the context of the Scottish Government's carbon emissions obligations under the Climate Change Scotland (2009) Act.

Climate Change and Domestic Sector Emissions

The Climate Change Scotland (2009) Act sets an overall target of at least an 80% reduction of CO₂e emissions below 1990 levels. The interim target is 42% reduction by 2020. Annual targets are also set in batches.

According to Dept of Energy and Climate Change (DECC) data, the domestic sector accounts for approximately 38% of the emissions in WDC. Therefore a reduction in gas and electricity consumed in the housing stock will have a positive effect in reducing emissions in the area. This can be done through increasing the energy efficiency of the building fabric as well as teaching residents how to save energy.

It should also be noted that as part of the Climate Change Scotland Act, we as a local authority have a duty to, in exercising our functions, act:

- a) in the way best calculated to contribute to the delivery of the targets set in or under Part 1 of this Act;
- b) in the way best calculated to help deliver any programme laid before the Scottish Parliament under section 53;
- c) in a way that it considers is most sustainable.

In doing so, public bodies must have regard to this guidance.

The duties require public bodies to contribute to climate change mitigation and to climate change adaptation, and to act sustainably. Mitigation can be defined as the implementation of policies and actions to reduce greenhouse gas emissions or, where possible, enhance carbon storage. Adaptation can be defined as the adjustment in economic, social or natural systems in response to actual or expected climatic change, to limit harmful consequences and exploit beneficial opportunities. Sustainable development can be defined as development that aims to allow everyone to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations.

This section of the LHS outlines a number of areas where Housing can make a

contribution to addressing climate change and environmental sustainability issues.

6.2 Scottish Housing Quality Standard (SHQS)

The Scottish Government introduced a target for all social rented housing to be brought up to the Scottish Housing Quality Standard by 2015. The SHQS required that all houses should be:

- Compliant with the Tolerable Standard;
- Free from Serious Disrepair;
- Energy Efficient;
- Provided with Modern Facilities and Services; and
- Healthy, Safe and Secure

6.3 Current SHQS Performance

In March 2015, we achieved our objective of compliance with the Scottish Housing Quality Standard (SHQS). 87.9% of WDC social housing stock fully met the standard and 12.1% were exempt or in abeyance. Overall, the social housing providers in West Dunbartonshire have achieved an average compliance rate of 93.7%.

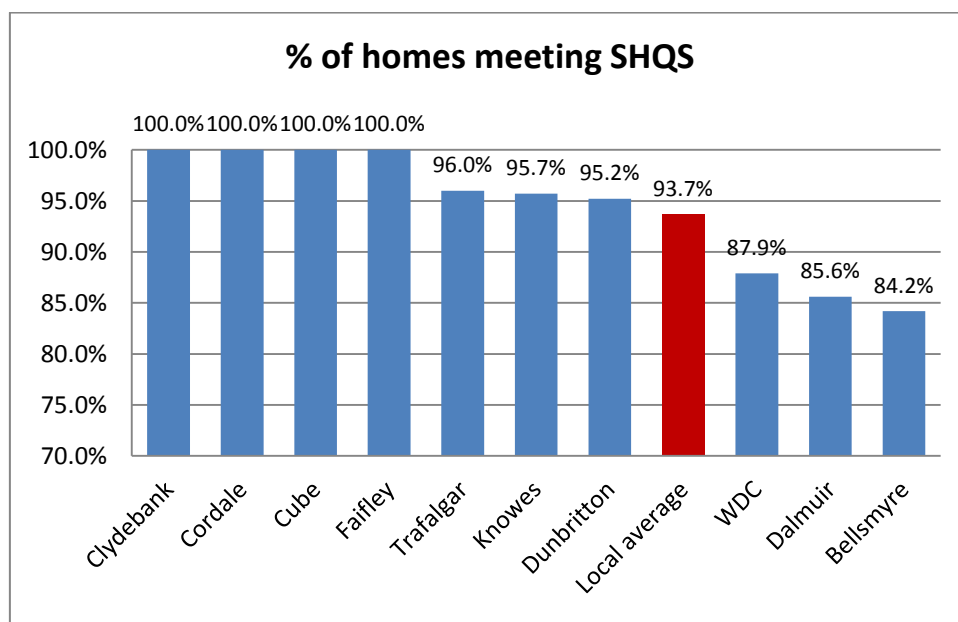


Figure 3: SHQS Compliance at 31/03/15

Exemptions

With respect to SHQS exemptions, our current identified list is those properties approved as surplus and scheduled for demolition. In recent years we have demolished 581 surplus properties and a further 474 are planned for demolition by 2020/21. A large proportion of these properties are vacant and the remaining tenanted properties are in active engagement with housing officers to agree suitable re-location transfers to alternative housing areas. This is anticipated to take up 2-3 years to complete and there is a committed approved budget to fund the home loss, disturbance and re-location costs.

Abeyances

Our current abeyance list is 864 as reported at 31 Mar 2016.
The main 4 elements contributing to this are;

1. Secure door entry systems to common closes
2. Adequate loft insulation
3. Full/efficient central heating
4. Safe paths

1 and 4 are in the main affected by owners refusal to agree to this element being installed and the costs associated with this. 2 and 3 are in the main affected by tenants' refusal to agree to provide access or clear the loft space and refusal to agree to the installation of a gas supply.

Our practice is to write to all tenants or owners, where involved and explain the importance and priority of completing this work for compliance with SHQS. We repeat this process a further two times, should we receive a written or verbal reply maintaining refusal, we record this whilst taking the opportunity to explain the importance of completing this work and establish if there is any assistance we can offer to encourage agreement for this to be done for example:

- Help with loft clearances for insulation and explain the benefits of energy efficiencies
- Explain the benefits of central heating, better controls and the energy efficiencies of fuel switching to gas. Alleviate any fears with gas installation
- Explain the benefits of secure entry systems and controlling access
- Explain the benefits of renewal of paths, reducing trip hazards/safety concerns or uneven surfaces (if owner maintains refusal then the necessary repairs are referred to reactive repairs team).

If there is no response after the written correspondence, we seek to contact by telephone to provide the same information and thereafter plan doorstep visits in an effort to make contact and encourage agreement to allow completion of this work. This process will continue and repeat in 2-3 years for those that maintain refusal. Should the tenant move on, we complete any element in abeyance through the void/re-let process.

Our first year of this approach has seen approx. 120 residents agree to have the element of works completed. We will continue to target this and seek alternative ways to gain agreements for leading to reductions and learn from other Local Authorities with success in this area.

6.4 WDC Housing Asset Management Strategy and the Housing Capital Programme

West Dunbartonshire Council has adopted a strategic, evidence based approach to managing its Housing Revenue Account assets, in particular its housing stock.

Using a sophisticated asset management database, the Council assesses the performance of its stock on a yearly basis. This assessment allows the Council to

establish which properties are performing well across a number of indicators that look at demand, current costs and future costs.

This method has provided the Council with a robust information and evidence that informs strategic plans including the demolition programme, the Council's new build programme and the HRA Capital Programme.

The outcomes of the assessment including plans that stem from them are reported on an annual basis to the Housing and Communities Committee.

West Dunbartonshire Council's ongoing social housing investment strategy is to prioritise the work required to maintain compliance with SHQS and focus appropriate energy improvement measures to those homes that do not meet the required Energy Efficiency rating in order to comply with EESSH. Using the information from the stock condition survey and the recommendations for lifecycle renewal of building elements, appropriate programmes of component renewals are planned to renew and replace elements before they fall below the required standard thus ensuring ongoing compliance. In addition the investment plan prioritises work to meet landlord obligations, health and safety and the Council's new house build programme.

The HRA Housing Capital Programme is refreshed annually and approves a five year resource to fund the overall programme, which is worked through the 30 year HRA Business Model.

6.5 West Dunbartonshire Design Standard

The Council introduced a pioneering new higher standard for new Council and Housing Association houses being built in West Dunbartonshire.

Approved by West Dunbartonshire Council's Housing and Communities Committee on 4th November 2015, the 'West Dunbartonshire Design Standard' applies to all new build projects supported by the Scottish Government's Affordable Housing Supply Programme. The policy will improve energy efficiency and also encourage higher standards in external layouts and increase space standards for halls and passages.

The West Dunbartonshire Design Standard requires these new houses to meet a higher standard than the statutory requirements. In particular, energy efficiency elements are improved under the new guideline. New homes constructed under this scheme will achieve an Energy Efficiency Rating of B, and an Environmental Impact Rating of B, where the average rating for a home in Scotland is D. This will not only be good for the environment in terms of Carbon dioxide emissions, it will mean significant energy cost savings for tenants. It is estimated that the energy bills will be less than half those of typical properties elsewhere.

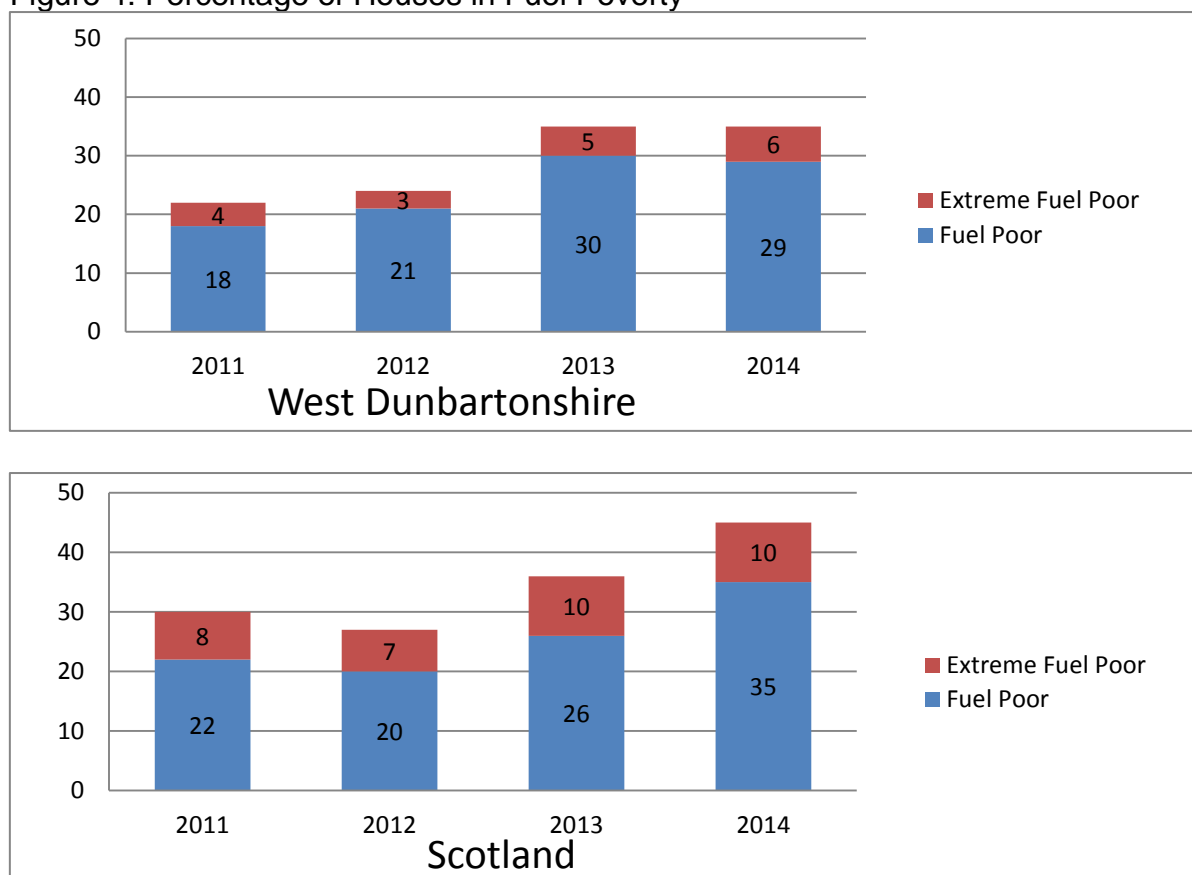
In addition to the energy efficiency improvements, the measure encourages higher standards in kitchen and bathroom design, accessibility, external layouts and in space standard for halls and passageways.

It is proposed that the Design Standard be under continuous review to ensure that best practice and new ideas are incorporated, for example in the area of digital inclusion and by including wet showers as standard in all ground floor properties.

6.6 Fuel Poverty

The key contributors to fuel poverty are household income, fuel costs and the energy efficiency of the home. One of the contributors that we can impact on is the energy efficiency of the home. However despite major levels of investment in our social housing in recent years and those private properties in common, the Scottish House Condition Survey 2011-2014 estimates that there were 29% of households living in fuel poverty and 6% of households living in extreme fuel poverty in West Dunbartonshire (2014). It is estimated that 35% (FP) and 10% (ExFP) of households in Scotland are living in fuel poverty (2014).

Figure 4: Percentage of Houses in Fuel Poverty



6.7 Private Sector Stock:

A Private Sector Stock Condition Survey was completed by the Council in 2011. While this survey contained much detailed information on the Private Sector, it is now outdated. However, it is considered likely that the key issue for PS stock in West Dunbartonshire will continue to be energy efficiency (see table below).

Table10 Private Sector Stock: Compliance with SHQS

	Total Number	%
Tolerable Standard	27,975	98.5%
Repair	28,172	99.2%
Amenities	25,421	89.5%
Energy Efficiency	3,699	13.9%
Health/Safe/Security	20,613	72.6%
Total Stock Meeting SHQS	3378	11.9%

Source: Private Sector House Condition Survey, David Adamson & Partners, January 2011

Although there is still no requirement for private sector stock to meet the SHQS, the direction of travel from the Scottish Government appears to be towards a common housing standard across all tenures.

Below Tolerable Standard

Statistics from the Scottish House Condition Survey 2012-14 considers that 1% of owner occupied stock in West Dunbartonshire to be Below the Tolerable Standard. The Private Sector Housing Team and Environmental Health Officers work together to reduce and prevent BTS housing through a combination of information, advice and in some cases financial assistance. Enforcement action may also be taken as a last resort.

Scheme of Assistance

The Council's Private Housing Advice section will generally be the first point of contact for most homeowners who require information or advice regarding the repair, maintenance or improvement of their homes.

However Lomond & Clyde Care & Repair Service can also offer impartial advice and practical assistance to homeowners on improving, repairing and maintaining their property regardless of their age or disability.

Home Improvements & Repairs

West Dunbartonshire Council will provide information and advice that will assist the homeowner in arranging home improvements or repairs by:

- advice on how to carry out repairs and maintenance
- site visits to assist in identifying works that are required
- choosing a contractor and signposting to other services to provide other specific advice, e.g. Citizens Advice Service, Money Made Clear etc.

Over the last five years the council's Scheme of Assistance has provided financial assistance and support to owners of just over £3.2m to help them install assessed need adaptations, improve the condition of their homes via approved general repairs or participation in HRA capital programme improvements, address substandard and BTS issues.

The Scheme of Assistance is to help Home Owners take responsibility for their own properties and for Councils to make the most effective use of the limited public funding directed towards home repairs.

The aim of the Scheme of Assistance:

- Encourage Home Owners to recognise they have the responsibility for maintaining their own homes.
- Provide a fair and sustainable approach to providing assistance to help Home Owners repair and adapt their homes.
- Effectively address disrepair in private housing.
- Maximise the impact of public resources by leveraging in Owners contributions and assist a far greater number than was possible under the council's previous grants focused approach.
- Assist older and disabled residents in private properties to live independently in their home for as long they choose to do so.

The Council plans to reappraise how existing powers can be most effectively used to ensure that necessary works are carried out in mixed tenure properties. In particular it is considered that the Housing (Scotland) Act 2014 offers opportunities in this respect.

The Council's Private Sector website page provides signposts for private owners including to details of the Scheme of Assistance and Owner Engagement Charter: <http://www.west-dunbarton.gov.uk/housing/private-housing/>

The Council's Working4U service offers support with benefits and money/debt issues to all residents of West Dunbartonshire. This includes advice on energy related issues: <http://intranet.west-dunbarton.gov.uk/regeneration/housing-employability/working-4-u/money/>

Under One Roof

West Dunbartonshire Council has contributed to the setting up of the 'Under One Roof' on-line resource for owners of common property which was launched in September 2016. This website is for owners of all types and ages of shared residential properties and their advisers. It will help owners of: traditional stone tenements, newly built apartment blocks, ex local authority tenements, four-in-a-blocks and converted houses. Advisers who will also benefit are property managers in all sectors, architects, surveyors, community organisations and advice workers.

Invaluable advice is provided in over 100 articles on flat owners' legal responsibilities towards their co-owners and over 70 technical information articles that enable owners to identify repair problems and understand quotations from builders.

It is envisaged that this website will be a valuable resource playing a huge part in helping to prevent properties falling into disrepair and leading to better maintained homes in the future.

District Heating

The Council, in conjunction with the Scottish Government via the Low Carbon Infrastructure Transition Programme (LCITP) has a joint funded District Heating feasibility study underway for all of our 19 multi-storey flat blocks to survey assess and recommend an appropriate strategic approach to developing DH schemes in these properties for the purposes of alternative heating options, lowering fuel costs to tenants and owners, more efficient heating and contributing to lower carbon consumption, impacting on fuel poverty and the effects of climate change.

The six areas for study are:

1. 3 MSF'S West Bridgend
2. MSF'S Dalmuir
3. 1 MSF Mountblow House
4. 3 MSF'S Littleholm Dalmuir
5. 1 MSF Kilbowie Court
6. MSF'S Drumry

In each area a feasibility study will show:

- Suitable locations within the area for an Energy Centre which will incorporate a Combined Heat and Power (CHP) boiler engine
- This will include an option appraisal for renewables where applicable
- The study will outline all costs associated with the energy centre and plant services
- A methodology will be presented for linking the energy centre to the individual properties within the towers, Including interface and metering
- A full life cycle analysis for each project identifying capital, operating and maintenance expenditures, and annual revenues gained by the heat supplied from WDC
- Complete project information sheet and all associated drawings
- Cost and carbon saving reports
- Risk analysis report

The study and outcome is scheduled to be completed by the end of August 2016. Once we have received the necessary feasibility study information on all 6 areas then we should be in a better position to consider a financial business case/value for money review and thereafter develop any necessary report to Council to consider the installation of any district heating system(s) in the areas above.

6.10 Empty Homes Strategy

New supply is not the only way to increase the supply of affordable housing. Increasingly, Councils are taking steps improve the provision of affordable housing

Scotland currently has over 27,000 long term empty homes in the private sector - long term empties are classed as any property that has been empty for 6 months or more. West Dunbartonshire currently has over 400 properties recorded as being in this category. This pool of vacant houses is seen as a potentially valuable resource in addressing housing supply and homelessness issues.

Addressing the issue of empty homes can:

- Increase housing availability
- Reduce the need for infrastructure development for new homes
- Improve community pride, wellbeing and sustainability
- Contribute to the regeneration of our town centres by encouraging more people to live there
- Reduce anti-social behaviour and allow other residents to feel safe in their neighbourhood
- Provide a source of income for property owners.

Since August 2012 the Council has employed an Empty Homes Officer as a as a joint post with Renfrewshire Council. The EHO works closely with other Council services particularly Environmental Health and Council Tax to help bring empty properties back into use.

An Empty Homes Strategy has been published which aims to point out how the issues of empty private sector properties can be tackled and provides a sound base from which to build empty homes work upon.

Table 11 Empty Homes Progress

Empty Homes Project West Dunbartonshire Council	
Properties brought back into use through direct engagement	2015/16 - 56
Work in progress to bring properties back into use	46
Work in progress longer term	13

The Empty Homes Officer uses an approach to engaging with owners that involves:

- Advice and Information
- Financial and Practical Assistance

The process of making contact with the owner and the end result of getting the property back into use with empty homes work can be a long process due to problems getting owners to engage and then getting them to address the problems associated with their property. Some properties can come back into use from letters received from the EHO but without direct contact having been made.

On the 1 April 2013 the Local Government Finance (Unoccupied properties etc) (Scotland) Act 2012 became active, allowing Local Authorities to charge increased Council Tax on certain homes that have been empty over a year. On 6 February 2014 WDC approved these changes and began charging the increased rate on 1 April 2014. The Council retains some discretion in the application of these additional charges and the EHO works with owners in bringing these properties back into use. Money raised from this increase goes to the Council's General Fund. In 2014/15, a net benefit of £123,465 was generated.

While the increased Council Tax arrangement is a useful incentive, it is considered that there is scope for more frequent use of enforcement measures and Compulsory Purchase Orders. However the Council is reluctant to carry out works notices due to concerns over recouping the money. The Council are also wary of going down the route of CPO to get a property back into use as this is very long and costly process which can leave the Council open to criticism. A housing reuse power would be welcomed by the Council however which could give Local Authorities a more specialised tool with which to target empty homes where all avenues of advice and assistance have been exhausted.

High numbers of empty properties can lead to deterioration in the quality and appearance of neighbourhoods and result in higher incidences of crime and anti-social behaviour in surrounding areas. There is a greater pressure on Council services to respond to these problems and having the power to act against these properties would give empty homes work a full set of tools with which to tackle these problems.

Financial assistance is available to Empty Homes owners in the form of the Empty Homes Loan Fund. The Council has £150,000 pot of money from the Scottish Government to enable them to offer loans of up to £15,000 to owners of properties that have been empty for over 6 months and currently do not meet the repairing standard. Once renovated to an acceptable standard, properties will be used as affordable housing for a minimum of 5 years. Rental income will run at approximately 10% below current Local Housing Allowance (LHA) rates. This income will be used initially to pay off loans then subsequently as income to the landlord.

Key Actions

- Continue to ensure that the Council's housing is fit for purpose and protected for the future by directing large scale longer term investment via the HRA Capital Programme.
- Ensure the Council's housing maintains compliance with the Scottish Housing Quality Standard (SHQS) and reduce the number of abeyances.
- Ensure the Council's housing complies with the Energy Efficiency Standard for Social Housing (EESH) by Dec 2020
- Contribute to the Scottish Government and Council's vision for lower carbon consumption, reducing the impacts of climate change and fuel poverty by improving the energy efficiency of homes and enhanced new build standards
- Continue to target available funding to improve the energy efficiency of private sector housing supported by Home Energy Efficiency Projects Scotland - Area Based Schemes (incorporates privately owned ex-council or ex-housing association homes)
- Continue to target available funding to improve the energy efficiency of council homes via the HRA Capital Programme incorporating external funding where available
- Continue to provide the home energy advice and information service

- Adopt a holistic approach to addressing issues and improving standards in the Private Rented Sector
- Continue to engage with owners in mixed tenure blocks at an early stage to increase participation in improvement programmes and promote support via grant funding or payback schemes
- Expand the Empty Homes Strategy including in helping in Town Centre Regeneration programmes
- Review and update the Council's Housing Asset Management Strategy

7. Key Theme 3: Homelessness and Housing Options

Key LHS Outcome: Homelessness is minimised through prevention and early intervention measures.

7.1 Background

Homelessness and homeless people's rights have come a long way since the 1977 Homelessness Persons Act. The emphasis has turned from helping just families and single people deemed vulnerable, to helping all people who are homeless. The phasing out of priority need, and the introduction of the support duty has given anyone who is homeless the right to support and accommodation.

The experience of homelessness significantly impacts on an individual's life in a magnitude of different ways. People who have been homeless are more likely to experience mental illness, addiction issues and legal /debt problems. They are more likely to have limited training and employment opportunities. And they have greater potential for becoming homeless again in the future.

The statutory responsibility for homelessness lies with local authorities who have a duty to provide a strategy for dealing with homelessness. Homelessness strategies are now incorporated within the Local Housing Strategy. However some local authorities will still have their own Homelessness Strategy to ensure a full action plan is implemented. West Dunbartonshire is one of these local authorities who still provide a separate homelessness strategy. West Dunbartonshire: Homelessness Strategy 2013 – 2016 is the third homeless strategy to be published. Work on a fourth is currently underway.

The strategic aims for the current homeless strategy are based around four main themes and build on the success of the previous Homelessness Strategies. The strategic aims are

- To Prevent Homelessness occurring in West Dunbartonshire
- Improved access to support services and increased tenancy sustainment
- To improve the range of Housing Options available in West Dunbartonshire and ensure a sustainable housing solution
- To ensure a commitment to continue to develop and improve services to tackling homelessness through a partnership approach.

The delivery of Housing Options is a Scottish Government policy objective and is included in the Housing Regulator's Scottish Social Housing Charter. For the Council it is a service priority, which we have committed to in a number of housing, homelessness and related strategies and action plans.

The Council has a statutory requirement to provide quarterly statistics (PREVENT 1) to the Scottish Government which are used to monitor the development and impact of the Housing Options approach across Scotland.

More on Housing Options below (see 7.8).

Since 2013, the Council and our strategic partners have achieved the following:-

- An 18% reduction in homeless presentations since 2012/2013
- There has also been a reduction in the number of presentations from young people throughout West Dunbartonshire;
- The development of a Homelessness Strategy 2013-2016 and an action plan;
- The introduction of a Common Approach to Tenancy Sustainment between West Dunbartonshire council and the local RSLs;
- The council opened its first support accommodation project Ashton View. Ashton View was opened to accommodate the increased numbers of homeless households with support needs;
- The council has worked closely with Alternatives to open up the Safe as Houses project. This project is designed to help people with a substance misuse problem develop new skills and develop a healthy lifestyle before returning to independent living;
- Introduction of subletting houses of tenants who are in prison. This prevents homelessness upon liberation ;
- Increased use of the private rented sector with the introduction of WDC Home Finder. This is a website where landlords can advertise their vacant properties to let for free;
- West Dunbartonshire Council has had no breaches of unsuitable accommodation order;
- Continued joint working through the West of Scotland Housing Options Hub. The hub is in the process of developing a training toolkit. Most councils in Scotland have since signed up to be part of it;
- The development of a short film discussing the homelessness journey of a number of people who have been homeless in West Dunbartonshire;
- Introduction of the Mortgage to Rent Scheme

7.2 The scale of homelessness in West Dunbartonshire

Homelessness in Scotland has continued to fall since the last LHS in 2012. West Dunbartonshire has mirrored this. In 2011/12 there were 1545 homelessness applications taken. This has slowly reduced to 1122 in 2015/16. The figures used in this chapter have been taken from the Scottish Government HL1 statistics.

In addition to the reduction in homelessness applications west Dunbartonshire Council has seen a reduction in number of homelessness assessments that are taken. This has reduced from 1570 in 2011/12 to 1101 in 2015/16.

The reduction in homelessness applications and assessments is in line with the council's homelessness prevention agenda.

Table 12: WDC homeless applications and assessments since 2011/12

Year	2011/12	2012/13	2013/14	2014/15	2015/16
Homeless applications	1545	1364	1365	1249	1122
Homeless assessments	1570	1347	1342	1297	1101

Source: Scottish Government - West Dunbartonshire HL1 figures

7.3 Who is homeless in West Dunbartonshire?

Household Type, Age and Gender

Analysis of who presents to the council as homeless is looked annually by the council to determine any patterns of change and course of action to be taken. 75% of households who presented to West Dunbartonshire council in 2015/16 were single people. A fifth of the households had children in them, most of who were single parents. When looking at all applications in 2015/16 just over half (56%) of the main applicants were male. However when you look more closely at the households type you can see that there are clear differences. Two thirds of the single person households were male, whereas 93% of the single parent households were female. This is a similar pattern to previous years.

Table 13: Household type of homeless applications 2015/16

Households Type	number	%
Households with children	43	4%
Households without children	62	6%
Single parent families	175	16%
Single persons	846	75%
Total	1126	100%

Source: AVD Computing System

Over a third of people who presented to West Dunbartonshire as homeless were aged between 16 and 25. From the table below it can be seen that the number of young people aged 16 to 17 has decreased from 82 to 55 since 2011/12. The decrease is more significant for young people aged 18 to 25 in the same timescale.

The number of young people who present as homeless in West Dunbartonshire is a concern for the council, and one which the council is working to address. Although overall the number of males and females aged 16 – 25 is split evenly, on closure inspection over 70% of 16 and 17 year olds who presented were female.

Table 14: Age of applicants between 2011/12 and 2015/16

Age	2011/2012		2012/2013		2013/2014		2014/2015		2015/2016	
	Number	%	Number	%	Number	%	Number	%	Number	%
16 - 17	82	5%	59	4%	57	4%	55	4%	55	5%
18 - 25	500	32%	474	35%	422	31%	372	30%	326	29%
26 - 59	911	59%	790	58%	840	62%	768	61%	702	63%
60+	52	3%	41	3%	46	3%	54	4%	39	3%
All	1545	100%	1364	100%	1365	100%	1249	100%	1122	100%

Source: Scottish Government - West Dunbartonshire HL1 figures

7.4 Homeless Assessments

When someone presents as homeless they are assessed under the Homelessness (Scotland) Act 1987. Over the years there have been amendments to the 2003 act. Since 2012 applicants are no longer subject to the priority need assessment making it more fair and accessible to everyone. In 2015/16 1101 households underwent a homeless assessment. Of these households 81% were assessed as homeless or potentially homeless. 10% withdrew their application and 6% resolved their application. Only 1% was assessed as not homeless. There has been a reduction in the number of people assessed as not homeless and an increase in the percentage of households assessed as homeless. One reason for this is the prevention work that the caseworkers undertake to avoid a household becoming homeless. The number of cases lost prior to assessment has increased from 8 to 19 since 2010/11. As a snapshot to assess the scale of homelessness in West Dunbartonshire as of 31st March 2016 there were 487 homeless households, including 113 dependent children.

Table 15: Homeless assessment decisions 2015/16

Assessment Decision	Number	%
Homeless/ Potentially homeless	888	81%
Not homeless	14	1%
Withdrew application	112	10%
resolved homelessness	66	6%
lost contact before assessment	19	2%
Other	2	0%
Total	1101	100%

Source: Scottish Government - West Dunbartonshire HL1 figures

7.5 Why do people become homeless?

There are many reasons why people become homeless. A third of households assessed as homeless in 2015/16 in West Dunbartonshire were asked to leave their home. This resulted in the homelessness presentation. At a closer look it can be seen that 51% of those who stated their homelessness reason as being asked to leave were aged 16 – 24. Over half (61%) of these young people were male.

Just over a third of households stated their reason for homelessness as being a dispute within the household. Just over half of these were violent or abusive, 85% of these households were female.

7.6 Housing Outcomes

Almost half of all homeless applications resulted in a tenancy with either West Dunbartonshire council or a housing association. There were a high number (16%) of cases where the contact with the applicant was lost before duty was discharged but an assessment was carried out. 45% of the lost contact cases were people aged 16 to 24.

Table 16: Housing Outcomes

Housing Outcome	Number	%
Scottish Secure Tenancy	511	48%
Private Rented Tenancy	28	3%
Hostel	0	0%
Bed & Breakfast	0	0%
Returned to previous/ friends/ vol org.	83	8%
Women's Refuge	1	0%
Residential care/nursing home/shared supported	1	0%
Other - Known	37	3%
Other - Not Known	20	2%
No duty owed to applicant	213	20%
Contact lost before duty discharge	164	16%
All	1058	100%

Source: Scottish Government - West Dunbartonshire HL1 figures

7.7 Support Needs

Since June 2013 all local authorities must carry out a housing support assessment on all unintentionally homeless households who require it. They must also ensure that support is offered to that household. IN 2015/16 54% of unintentionally homeless households had a support assessment carried out. Just over a quarter had support provided to them under the housing support regulations.

West Dunbartonshire provides an in-house housing support service to any household who require it. When a household presents as homeless they will be asked questions relating to support needs during their homeless assessment. The case workers have a check-list. Depending on what that household scores they may be referred to our Ashton View project. The staff at this project are trained support workers and will carry out a full housing support assessment.

Table 17: Homelessness Assessments by Support Needs

	All assessed	Assessed as homeless	%	Young person 16-24 (assessed as homeless)	%
Mental health	234	204	25%	33	16%
Learning Disability	37	34	4%	17	8%
Physical disability	65	60	7%	9	4%
Medical condition	173	157	19%	27	13%
Addiction	147	129	16%	15	7%
Basic Housing management skills	280	244	29%	107	51%
Total	936	828	100%	208	100%

Source: West Dunbartonshire HL1 AVD system

From table 6 it can be seen 51% of young people had a support requirement for housing management skills. This figure is in line with previous years. A quarter of households assessed as homeless had a mental health support need and 16% had an addiction related support need.

7.8 Key priorities for the future

Temporary and Supported Accommodation

West Dunbartonshire Council has developed a Temporary Accommodation Modelling tool that is used on a regular basis to look at the stock of temporary and supported accommodation against who is homeless in the area. The model takes into account the type of households who are homeless, ages of applicants, gender, support needs, etc. The model is due to be updated this year to include a more in-depth look at future provision in light of welfare reform. This model will ensure we have the right type and supply of temporary and supported accommodation. The outcome from the model will also influence the forthcoming Homelessness Strategy.

At present, West Dunbartonshire Council currently has over 200 temporary furnished flats managed by Council homelessness officers.

In addition, the Council has their own supported accommodation project for homeless people with prescribed support needs. The success of this project has led to a planned extension increasing the capacity of the project from 8 spaces to 22 spaces.

Homelessness Prevention

Prevention of homelessness is a sustainable and cost effective option and is a key priority moving forward. It results in a reduction in homelessness as people receive support advice about sustaining their current accommodation or, where appropriate, securing alternative accommodation. Local Authorities record their prevention activity through using a national framework called the Prevent 1 which was developed by the Scottish Government. Data is sent quarterly to the Scottish Government alongside the HL1 dataset. From the table below it can be seen that

485 households received prevention of homelessness assistance during 2015/16, with 241 or 49.7% of these approached resulting in a homelessness application.

Table 18: Prevent 1 Outcomes 2015/16

Outcomes	Number	%
LA tenancy	28	5.8
Private rented - assured tenancy	0	0
Moved-in with friends/ relatives	5	1
Other (known)	12	2.5
Not known	8	1.6
RSL (Housing Association) tenancy	6	1.2
Private rented - short assured tenancy	9	1.9
Home Ownership - Bought own home via other means	0	0
Prison	0	0
Lost contact with applicant	42	8.7
Remained in current accommodation	134	27.6
Made homelessness application to local authority	241	49.7
All	485	100%

Source: Scottish Government - West Dunbartonshire Prevent 1 Figures

Housing Options

Delivery of a comprehensive Housing Options service is a key delivery priority for West Dunbartonshire Council.

Why Housing Options and Prevention?

- Reduction in homelessness as people receive advice about sustaining their tenancy
- Homeless people receive prompt and easy access to help and advice
- Prevention of homelessness is a sustainable and cost effective option
- Balance between proactive and reactive services
- Housing information and advice is given out to allow client to make informed choices. This can lead to tenancy sustainment and reduction in homelessness.

Housing Options should not be confused with a housing advice service, although housing advice will be one of its components. Nor should it be confused with an approach which simply gives housing options advice to customers applying for housing with West Dunbartonshire Council. It is a much more holistic and person-centred approach which is triggered by anyone approaching the Council with a housing problem and facilitates a sustainable housing solution which may require focusing on other non-housing related needs.

The Scottish Government guidance makes clear that Housing Options should be a comprehensive approach which can involve multiple and varied actions to achieve sustainable housing outcomes for individual customers. It may be that a significant amount of footfall will be limited to the provision of straightforward advice. However, there will be instances where activities are more complex and a

range of additional assessments (risk and or support assessments) and joint working with other services and organisations will be required.

Other key elements of Housing Options include:

- A clear commitment on standards of service and service outcomes
- Streamlined processes and improved customer experience
- A person centred approach with clear equalities statements
- Provision of clear and balanced advice allowing clients real choice
- An assurance that advice will be provided by appropriately trained and skilled staff
- Clearly defined timescales attached to the various activities
- Clarity on complaints procedures
- Ongoing performance and standards monitoring
- Advice is tenure neutral, and is given on the whole range of housing tenures as well as supported accommodation
- A strong link to homelessness prevention measures such as arbitration and money advice.

Who is the housing options client group?

Anyone with a perceived housing need, regardless of their circumstances may benefit from a HO assessment. Someone who engages with HO may not identify with any specific 'need group'. A number of key customer groups in terms of Housing Options approaches can be identified:

- people who have experienced family or relationship breakdown
- young people
- looked after young people
- people leaving the armed forces
- people being discharged from hospital
- liberated prisoners
- people fleeing abuse of violence
- people with addictions issues
- people with financial difficulties
- people with mental health issues
- refugees.

In many instances customers will display more than one of the above need characteristics, and as such, might be considered customers with complex needs.

Welfare Reform

Welfare Reforms have created additional difficulties and anxieties for homeless households in West Dunbartonshire. Benefit sanctions are routinely applied to vulnerable people, many of whom have learning disabilities, poor mental health and a range of complex social and health care needs. Our forthcoming refreshed Homelessness Strategy will set out the significant changes that will be required to ensure the continuing viability of our temporary and supported accommodation. In particular, we have assessed that there is a need to increase supplies of supervised and supported hostel type accommodation to more effectively meet the

needs of single people; both as a response to welfare reforms and to improve outcomes. Further consideration will be given to the impact of shared room rates and implications for households under the age of 35 and what potential action can be taken to assist.

Welfare reform is a key challenge for the whole area. It is vital that the homelessness service works in partnership with internal and external partners to mitigate the changes.

Key Actions

- Ensure that the aims and objectives of West Dunbartonshire's Homelessness Strategy 2013-2016 are completed;
- Develop and Implement a new West Dunbartonshire Homelessness Strategy 2017-2022 that incorporates the temporary accommodation;
- Undertake a review of supported and temporary accommodation in West Dunbartonshire;
- Strengthen partnership with WD HSCP and Employability Services;
- Continue to work in partnership to tackle homelessness in West Dunbartonshire;
- We will introduce a housing options approach to ease access to suitable accommodation for West Dunbartonshire households;
- We will carry out a review of Housing Support in West Dunbartonshire to plan for future service provision
- Continue to mitigate the effects of the changes brought about by welfare reform
- Work with Community Justice Partners to progress the community justice redesign in line with the Community Justice (Scotland) Act 2016
- Continue to develop and roll out the new Low Moss Prison Protocol in partnership with the other agencies involved, with a view to expanding across wider Scottish Prison Service establishments
- Reduce the number of young people presenting as homeless
- Reduce the number of people or repeat homelessness presentations and increase tenancy sustainment
- Continue to make use of the private sector as a housing option. For example to increase the number of people who use the rent deposit scheme
- Roll out the new Health, Homelessness and Housing Protocol
- Work in partnership to ensure children are not adversely affected by homelessness

- Develop in partnership an education package that can be rolled out across the local authority
- Continue to promote and utilise the Young Persons' and Families' Mediation Service (a partnership of the Neighbourhood Management Service, Homelessness Service, and Housing Allocations Service).

8. Key Theme 4: Sustainable and Supportive Communities

Key LHS Outcome: We provide good quality neighbourhoods and housing services where all people feel safe and secure

8.1 Overview

We will continue to develop all of our communities by working in partnership with tenants and residents groups to provide good quality neighbourhoods and housing related services that make people feel safe, secure and involved.

Our housing service is part of a much broader holistic partnership with other related housing organisations, community safety and Anti-Social Behaviour Services (ASB), and Working4u which all have a key role in providing safe and sustainable communities.

Our partner housing associations own around 6,000 homes in West Dunbartonshire and deliver a factoring service to many more. They too recognise their role in fostering good relations between our communities and we work closely with them to deliver local services.

We are committed to ensuring that our services are provided on an equal and fair basis to all groups within our communities. The strategic and operational interaction between the Council and locally based social housing providers assists in:

- developing local letting plans;
- helping to support individual housing option plans; and
- supporting broader housing sustainability objectives.

Our approach is delivered across all housing sectors and is designed to work with residents and local communities regardless of their housing tenure. The service plays a prominent role in tackling social and environmental issues within mixed tenure and multiple landlord housing estates and are keen encourage all housing providers to play a full part in promoting the well-being of the communities which they serve. In particular Housing operations are integral to developing the Your Community initiative, a new way of delivering services to local areas and involving communities.

8.2 Tenancy Sustainment:

Tenancy sustainment is a key part of any local authority or RSL homeless approach. Over the last few years the Scottish Government has seen tenancy sustainment be an important role of all housing providers. One of the Charter outcomes is:

“tenants get the information they need on how to access support options to help them to remain in their home; and ensure suitable support is available, including services provided directly by the landlord and by other organisations”

West Dunbartonshire Council and its local RSLs have developed a *Common Approach to Tenancy Sustainment*. There is a performance framework as part of this that is looked at annually. 87% of council tenancies created in 2014/15 were sustained in 2015/16.

Our new operational framework focusses on the following actions:

- Making better use of existing housing stock
- Developing local lettings planning
- Improving housing advice and housing options
- Tenancy Sustainment
- Reducing void houses and associated rent loss
- Maximising rent collection levels and reducing rent arrears
- Improving the Environment through legislative fixed penalty notice
- Area Regeneration & Environmental Improvement
- Reshaping access to housing services in 2016/17.

During 15/16 we significantly increased our resource base within WDC estates management and caretaking enabling us to reduce housing officer and caretaking patch sizes to more manageable levels which we anticipate will have a huge positive impact on our communities. We have reconfigured these resources within a new management structure which will focus on geographical responsibility and closer interface and cohesive management structures across a range of disciplines. This has also involved modernisation of our ICT infrastructure including procuring hand held devices for officers working in the community.

8.4 Housing and Community Justice

West Dunbartonshire Council supports the view expressed by the Scottish Government in the ongoing redesign of Community Justice to prevent and reduce further offending and securing better outcomes for people with convictions, victims and communities. The Community Justice Outcome Improvement Plan will be published in March 2017. A new national agency (Community Justice Scotland) will be established to provide assurance to Scottish Ministers on the collective achievement of community justice outcomes across Scotland.

The Scottish government has acknowledged that the solution is not simply a matter of being offered a home although this is the first step. Ex-prisoners on liberation often find it difficult to cope with a tenancy, while facing up to debt, drug and alcohol problems. Reducing re-offending is not just the duty of the criminal

justice system but also of other important bodies such as housing, health, benefits, education and training and employment. By these agencies making themselves accessible to offenders and working together in partnership, then the community is much safer and stronger and re-offending is reduced.

At a local level, strategic planning and service delivery is expected to become the responsibility of local community justice partners. There will be a statutory duty on statutory community justice partners to produce a local plan for community justice and will have a requirement to engage and involve the Third Sector in the planning, delivery and reporting of services and improved outcomes. The partners include housing, Education, National Health Service, children's services, Fire and Police, etc. There will also be National Outcomes, Performance and Improvement Framework for Community Justice in Scotland.

Whether at the point of arrest, upon receipt of community or custodial sentence, or transition back to the community, needs must be understood and addressed. Equal access to universal services such as housing, employment, welfare and health and well-being services are key to securing an individual's attempts to desist from offending.

Housing Services will continue to work closely with the Community Justice organisations and services to deliver outcomes which will help meet the outcomes of the new model. These are:

Structural (what we deliver as partners)

- Communities improve their understanding and participation in community justice
- Partners plan and deliver services in a more strategic and collaborative way
- Effective interventions are delivered to prevent and reduce the risk of further offending
- People have better access to services they require including welfare, health and wellbeing, housing and employability

Person-centric (changes to users)

- Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed
- People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities
- Individuals' resilience and capacity for change and self-management are enhanced

The Community Justice Priorities are:

- Improved Community Understanding and Participation
- Strategic Planning and Partnership Working
- Effective Use of Evidence-Based Interventions
- Equal Access to Services

The Community Justice National Outcomes, Performance and Improvement Framework contains a range of performance measurements. The indicators here

have major implications for housing service delivery and cover all Priority areas, of particular interest are:

- Development and existence of a Housing Protocol across key Community Justice Partners
- Evidence of collaborative risk management planning
- Percentage of people being released from custody who have suitable accommodation

A joint working Protocol is in preparation which will seek to set out the roles and responsibilities with regard to homelessness prevention and other housing matters. The Protocol will demonstrate engagement with a range of partners including WDC, Scottish Prison Service, Police, Housing Associations, DWP, HSCP and Voluntary Sector partners.

A good example of a partnership approach is the joint work being done at Low Moss Prison between the Council Homeless/Housing Services of West Dunbartonshire, Renfrewshire, East Renfrewshire, East Dunbartonshire, Argyll & Bute, Inverclyde, Glasgow City and Falkirk. A protocol is being developed for prisoners who are in danger of losing their tenancy, or are threatened with homelessness in Prison and upon release. The new protocol will look at preventing homelessness by giving appropriate advice and assistance to prisoners and help reduce the cycle of re-offending by providing appropriate support and assistance within this multi-agency approach.

Gender Based Violence

There are also a range of services delivered across the council to assist and includes a Violence Against Women partnership group with a fully developed Strategy and Action Plan to ensure adequate and effective service delivery to prevent gender based violence in the longer term. We have housing support contracts in place with local Women's Aid services, which provide support and accommodation to women and their families experiencing domestic abuse. Over the course of this strategy we will further explore the role housing and housing providers have in tackling and eradicating Gender Based Violence in West Dunbartonshire. WDC will work to strengthen working arrangements with the two local Women's Aid groups in Clydebank and Dumbarton & District.

Key Actions

- Improve tenancy sustainability and reduce the number of terminations for non-positive reasons and set geographical targets.
- Reduce the number of presentations to homelessness services from a secure WDC tenancy and to set a target that is proportionate to a stock ratio within all social rented landlords within West Dunbartonshire.
- Develop local lettings planning within each area, using landing profiling and other demographic tools to make best use of our housing stock to achieve individual tenancy and broader community sustainment and social cohesion.
- Develop local strategies to tackle low and no demand housing
- Work with our strategic partner and local housing providers to develop new build housing and improve nomination and access to new build housing on a site by site review.
- Improve pre-tenancy housing advice and assessment of income maximisation to achieve tenancy sustainment.
- Improve the customer experience through a reviewed customer satisfaction monitoring framework across housing operations. Improve rent collection levels and set targets for income maximisation and recovery of arrears at a geographical patch level.
- Create a work stream and associated action plan tackling anti-social behaviour across West Dunbartonshire, underpinned by our ARC performance framework.
- Create a work stream and associated action plan to improve tenancy sustainment levels and reduce the number of abandoned houses
- Create a work stream and multi-agency partnership framework to tackle domestic abuse
- Housing Services will fully contribute to the development of the Community Justice Outcome Improvement Plan, to be published March 2017.

9. Key Theme 5: Addressing Particular Housing Needs

Key LHS Outcome: People with particular needs have access to suitable housing with any necessary support to optimise their independence and wellbeing.

9.1 Overview

This section of Local Housing Strategy outlines the Council's and its partners approach to addressing the housing and support needs of specific groups in West Dunbartonshire and how it intends to enable people to live at home or in a homely setting which promotes their independence and well-being.

Whilst acknowledging the particular issues which a specific disability may present, the Local Housing Strategy notes that the housing support needs of the particular groups are fairly consistent. It further notes that successful housing and social care support often depends on the location, model and range of housing available.

With regards to addressing particular housing needs, the Local Housing Strategy 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.
- Choice; increasing the range of housing and housing support options available to people who need them.
- Prevention; promoting that housing support can be a preventative, relatively inexpensive and cost effective way of enabling people to live independently at home.

The Housing Sector - through the Council - and the HSCP are able to build upon existing robust and effective mechanisms for engagement, working together closely across many service areas on issues of joint interest. There is a shared recognition that the wider housing sector must be involved in supporting the delivery of the health and social care integration agenda. In particular, all housing associations have a role to play.

The Strategy seeks to ensure clear strategic leadership about housing priorities for older people. It aims to ensure appropriate information and advice to make informed choices and that older people are assisted to remain in and make best use of existing housing stock. It seeks to invest in new housing which meets the needs of older people and to provide low level preventative support.

9.2 HSCP Strategic Plan and the Housing Contribution Statement

As a key partner, The Health and Social Care Partnership's describes and supports within its Strategic Plan the Local Housing Strategy's commitment to provide clear strategic leadership on housing priorities for older people by:

- Aiming to ensure appropriate information and advice is available to make informed choices and that older people are assisted to remain in and make best use of existing stock.
- Seeking to invest in new housing which meets the needs of older people and to provide low level preventative support.

Additionally there is a significant cohort of younger adults with complex health conditions who also require a strategic approach to their housing needs and we will extend our activities to this group; the approach to meeting their needs is outlined within this document.

The HSCP Strategic Plan also highlights key areas where the Housing Sector (through the office of the Council as strategic housing authority) and the HSCP will be working together in the coming period to continue to:

- Develop housing support service to enable long term clients to be supported within West Dunbartonshire.
- Develop plans for new and refurbished housing.
- Develop Services at Points of Transition.
- Provide preventative interventions and supports.
- Ensure rapid access to assessment, and provision of aids and adaptations.
- Seek to develop supported housing solutions for younger adults with complex needs.

The Housing Contribution Statement sets out the role and contribution of the local Housing Sector – through the offices of West Dunbartonshire Council in its role as strategic housing authority - in meeting the outcomes and priorities identified within the Health and Social Care Partnership Strategic Plan.

In this way, the Housing Contribution Statement acts as the 'bridge' between the Local Housing Strategy and the Strategic Plan for West Dunbartonshire. It will do this by:

- Briefly articulating the role of the local housing sector in the governance arrangements for the integration of health and social care.
- Providing a short overview of the shared evidence base and key issues identified in relation to housing needs and the link to health and social care.
- Setting out the shared outcomes and service priorities linking the Strategic Plan and Local Housing Strategy.
- Setting out the current and future resources and investment required to meet these shared outcomes and priorities, and identify where these will be funded from the integrated budget and where they will be funded by other (housing) resources.
- Providing an overview of the housing-related challenges going forward and improvements required.
- Covering key areas such as adaptations, housing support and homelessness, including articulating the housing contribution across a wide range of groups including older people and those with disabilities, mental health and addictions.

This strategy describes how the Council and its partners mean to address issues relating to housing support and installation and maintenance of equipment or adaptations; ensuring a consistent and robust approach across both private and rented housing. The delivery of this partnership approach will contribute to reduced waits for OT assessment and equipment and adaptations and the development of new models of care at home such as extra care housing in conjunction with 3rd Sector and Local Housing Associations develop housing with care options for all care groups.

The definition then of “Housing Support Service” for the purpose of the Strategy is any service which provides support, assistance, advice or counselling to a person for the purpose of enabling that person to occupy, or to continue to occupy, accommodation as their sole or main residence. It does not include any service which involve the installation or maintenance of equipment or adaptation; or any service which is provided to a person as, or in conjunction with, personal care or personal support services provided in the person’s place of residence.

The Housing Sector is key contributor to the delivery of the HSCP’s Commissioning Consortium approach across third and independent sector providers of social care and housing. This uses a commissioning model to identify need across local communities and ensure the most effective and appropriate interventions and services are available within those communities.

The HSCP Strategic Plan provides an overview of the health and social care needs of the West Dunbartonshire population pooled from deeper background sources (i.e. its joint strategic needs assessment). As part of the approach to commissioning through the HSCP’s Commissioning Consortium, the Council’s Housing Section and the HSCP have developed an evidence base in respect of the health and social care needs of the West Dunbartonshire population – and this fills the gaps in HNDA information. Together, these documents will form the basis of the commissioning and procurement approaches moving forward.

The HSCP works with the Housing Sector in developing the new build housing programme; in regeneration planning; and, in particular, contributes to the preparation of the biennial Strategic Housing Investment Plan (SHIP). The SHIP commits all partners to supporting the policy of shifting the balance of care from institutional settings to tenancy based support in the community and funding from secondary to primary community settings.

A review of older people’s housing models, need and demand in West Dunbartonshire carried out in August 2015 highlighted a shortfall in extra care housing or very sheltered housing. The findings of this report have informed the approach to meeting the housing needs of older people.

Progress 2015 – 2016 on priorities linked to Addressing Particular Housing Needs:

- The Council’s Housing Services worked in partnership with the HSCP in the development of the supported accommodation project at 18 Davidson Road, Alexandria.
- Housing Services funded the refurbishment work which was carried out by the Council’s Direct Labour Organisation. The office accommodation and

the four ground floor flats have been leased to Richmond Fellowship and the project welcomed its first four residents in early December, 2015. It is intended that over time the remaining eight flats within the building will be leased to Richmond with a view to facilitating the discharge of a further eight long term clients. This project provides housing support to enable individuals to move to more independent living within their own homes.

- While all new housing provided through the Affordable Housing Supply Programme must meet the Housing for Varying Needs accessibility standard, consideration is given to provision of other forms of specialist housing on a scheme by scheme basis. For example, five of the Council's first 121 new houses built through the AHSP were specially designed to full wheelchair standard for the intended tenants. During 2014/15, 33 older people's housing units were delivered by the RSL sector through Bield Housing Association.
- The Council's Housing Service not only responds to urgent requests for re-housing, but is also involved in the planning process for individuals at the Points of Transition – young people leaving care, individuals having to leave their own homes for a variety of reasons and older people who can no longer remain in their homes due to mobility/ medical difficulties. This involves very close partnership working with officers across the HSCP to ensure that individuals at Points of Transition are re-settled successfully. Council Housing officers are now included in the Community Planning Partnership's Youth Services Review Improvement Group (which is convened and chaired by the HSCP) with a view to developing a comprehensive inter-agency approach which will address the needs of the most vulnerable young people.
- This year (2016/17) £906,000 will be spent providing aids and adaptations to assist people to remain in their own homes. The Council will carry out aids and adaptations to approximately 400 of its own housing stock during 2015/16 from £656,000 of the budget. A further 130 major adaptations jobs will be carried out to private sector homes from £250,000 of the budget.
- Grants for disabled adaptations are a major mandatory part of the Private Sector Housing Grant allocation in West Dunbartonshire (38.6% in 2015/16). The HSCP's Occupational Therapy team prioritise applications, which are currently submitted and progressed through the Lomond and Clyde Care and Repair service who provide valuable support and advice to private sector applicants.
- To meet the needs of younger adults with complex needs this plan is committing to scope the development of supported housing solutions for this specific group. Within West Dunbartonshire, the Action for Children Preparation for Life project is the only housing support project specifically designed to provide accommodation for young people under the age of 21 years. However, this project is not always suitable for younger adults with complex needs.
- It has been identified that there is a gap in service provision given that it is not considered appropriate to place young vulnerable adults in supported

projects designed to cater for older adults who may themselves have well established complex needs. The Homelessness section is keen to develop more appropriate housing solutions for this particular client group but successful outcomes rely on very close partnership working between the Council's Housing Section and the designated support providers. Discussions are on-going and will continue to determine how best to utilise the existing accommodation options more effectively (e.g. the provision of temporary furnished accommodation with appropriate 24 hour support packages).

A budget for housing related functions as described within the legislation have been delegated by the Council to the Partnership Board and as such are reported and monitored through the Integrated Joint Board.

9.3 Gypsy /Travellers

There is one long established site in West Dunbartonshire for Gypsy/ Travellers. This provides 20 pitches for a largely settled community and is located at Dennystoun Forge in west Dumbarton.

In 2013 the Council adopted an equality outcome on better meeting the accommodation needs of Gypsy/Travellers.

There has been an increased level of engagement with residents of the Dennystoun Forge site. This has resulted in improvements to the site at Dennystoun Forge to bring hard standing, fencing and dry storage to an acceptable standard during 2016/2017. This better engagement has resulted in improved performance in respect of the Scottish Housing Regulator return, a trend we hope will continue.

The rental income from site had been transferred to the Housing Revenue Account, in line with other Council Tenants, and work is underway to update the residency agreement in line with good practice. New arrangements have been put in place whereby the Housing Officer for the vicinity will be responsible for the management of the site and will work with tenants on all tenancy related issues.

The Council is also exploring the possibility of a utilities company proving power directly to the site, bringing residents into line with other Council tenants, and helping to tackle any fuel poverty.

During 2016/2017 the Council will assess the possibility of providing a transit site within West Dunbartonshire. The proposed Local Development Plan has identified an opportunity to enable the Dennystoun Forge site to expand. The Council contributed to a joint study to inform the development of Local Housing Strategies for the Glasgow, Clyde Valley and Ayrshire authorities in 2016. Among the recommendations of this report is that more robust monitoring should take place of the housing circumstances of the Gypsy/Traveller community and that the discontinued bi-annual national site count be reinstated.

9.4 Travelling Showpeople

On average there are between 3 and 6 licences applications per year for circuses/funfairs run by Showpeople visiting West Dunbartonshire. The normal practice is for people to set up at sites they are using for the shows, and this has not created issues for Showpeople or local residents. The LHS arrangements will have no net effect on Travelling Showpeople visiting West Dunbartonshire.

9.5 Asylum Seekers and Refugees

West Dunbartonshire Council is a participant in the Syrian Vulnerable Persons Relocation Scheme; strong partnership working on this scheme has contributed to fostering good relations and equality of opportunity, and this experience will inform not just future relocations, but wider work with all communities in West Dunbartonshire.

9.6 Vulnerable Young People

West Dunbartonshire's current Integrated Children's Services Plan (ICSP) for 2015 – 2018 continues to be the key delivery vehicle for all children's services planning, review and improvement across the Community Planning Partnership; it continues to reflect the agreed priorities. The ICSP incorporates key strategic priorities and outcomes for children and young people as set out in West Dunbartonshire's Single Outcome Agreement and a suite of agreed strategic priorities across all services where children and young people are affected. At its heart is a shared commitment of partners to "Getting It Right for Every Child" (GIRFEC) in West Dunbartonshire and the delivery of partners corporate parenting responsibilities and their commitment to improving outcomes for looked after children and young people.

We work with care leavers who are prepared, encouraged and supported to leave care on a planned basis. By following a Care Leaver housing protocol we hope to ensure that the young person is assisted to live in the most appropriate housing that is sustainable. This also helps to ensure that the young person does not present as homeless.

The Council has also prepared a paper (Youth Housing – Giving Young PPL the Best Start in Life) on housing's role in helping young people with their transition into adulthood.

Key Actions

- Develop housing support service to enable long term clients to be supported within West Dunbartonshire
- Develop plans for new and refurbished housing
- Develop Services at Points of Transition
- Provide preventative interventions and supports
- Ensure rapid access to assessment, and provision of aids and adaptations
- Seek to develop supported housing solutions for younger adults with complex needs
- Supporting the housing sector to sustain the tenancies of vulnerable households through early social work interventions, promoting payment of rent, signing up for benefits and other assistance.

10. Monitoring and Evaluation Framework

- 10.1 The Scottish Government provided comment on the first draft of the LHS against the agreed review criteria. It was also subject to peer review, whereby an officer from another Council evaluated the draft LHS in view of current Scottish Government Guidance. The feedback from these reviews has helped shape this version and is detailed in the Consultation Summary.
- 10.2 The Local Housing Strategy will contain an Action Plan for monitoring progress on achieving its objectives. The Action Plan will contain a series of indicators to assist in measuring performance against agreed timescales and will be prepared using the Council's Covalent performance management system.
- 10.3 Progress on the delivery of LHS outcomes is monitored through:
- A monthly performance report to the Council's Housing Management Team
 - An Annual Progress Report to Housing and Communities Committee and a presentation to the WDTR0
 - An annual report to the CPWD Management Board on the SOA which contains key LHS elements
 - The performance arrangements in respect of the HSCP Strategic Plan
 - Regular liaison with housing associations operating in West Dunbartonshire and the Scottish Government at the quarterly Housing providers Forum.
- 10.4 Key elements of the SHIP also form part of the Scottish Social Housing Charter and will be components of the Annual Return on the Charter (ARC) to the Scottish Government.

11. Glossary of Terms/Abbreviations

AHSP	Affordable Housing Supply Programme: The principal Scottish Government grant funding for Council and housing association new build development.
ARC	Annual Return on the Charter: the annual performance report on the Scottish Social Housing Charter, the Scottish Government's performance management tool for local authority and RSL housing.
BTS	Below Tolerable Standard: Term used to define houses failing to meet a minimum repairs standard as set out in the Housing (Scotland) Act 1987.
CHP	Combined Heating and Power schemes (usually a form of district heating project).
Clydeplan	New name for the Glasgow and Clyde Valley Strategic Development Plan Authority.
CPWD	Community Planning West Dunbartonshire: The initiative bringing West Dunbartonshire Council together with partner organisations to plan, provide for and promote the well-being of the area.
ECO	Energy Company Obligation: a new measure promoting energy efficiency.
EESSH	Energy Efficiency Standard for Social Housing: A measure introduced by the Scottish Government to improve energy efficiency and reduce fuel poverty.
Equity	Net wealth invested in residential property ie the value of a property minus the owner's outstanding mortgage balance.
Extra Care Housing	Housing which has all the features of the sheltered housing but also includes a dining room, other social facilities, specialist bathrooms and 24 hour access to housing support and personal care services.
Fuel Poverty	A household is defined to be in fuel poverty if more than 10% of its income is spent on fuel use.
G&CV SDPA	Glasgow and Clyde Valley Strategic Development Plan Authority: The joint planning authority covering the eight local authorities in the Glasgow and Clyde Valley area which is responsible for production of the Strategic Development Plan. Now called Clydeplan.
HCS	House Condition Survey: A representative survey of the Council's houses often a 15% sample, which is used to inform financial planning.
Housing Contribution Statement	The WDHSCP statement of intent paper which acts as the bridge between the Strategic Plan and the Local Housing Strategy.
HLA	Housing Land Audit: a comprehensive annual account of the current housing land supply. All housing sites with a capacity of 4 or more are identified, organised by tenure and planning status.
HMO	Houses in Multiple Ownership: A legal term to describe a property housing more than two related families and subject to licensing.
HRA	Housing Revenue Account: The self-contained account which funds Council housing from its rental stream.
HMP	Housing Market Partnership: a grouping of Local Authorities who come together to assess the need for, and plan the delivery, of housing across a joint housing market area
HNDA	Housing Needs and Demand Assessment: The analysis of projected housing requirements for an area.
HSCP	Health and Social Care Partnership: the health and social care integration body.
IIF	Innovation and Investment Fund: the national fund introduced in 2011/12 which offered grant support to provide affordable housing under three

	distinct funding streams.
LDP	The Local Development Plan: The statutory land use planning framework for West Dunbartonshire. This plan covers the whole of West Dunbartonshire with the exception of the area within the Loch Lomond and the Trossachs National Park. Formerly known as the WD Local Plan.
LHA	Local Housing Allowance: the mechanism for calculating and paying housing benefit for private tenants. The allowance figures are set by the UK government.
LL&TTNP	Loch Lomond and the Trossachs National Park.
MMR	Mid - Market Rent: Rents set somewhere between social housing rent and those in the private rented sector. This is usually calculated at around 80% of the Local Housing Allowance.
Priority Need	The Housing (Scotland) Act 1987 defined those to be regarded as in priority need. This was expanded by the Homelessness etc (Scotland) Act 2003. Priority Need was phased out by 2012, with anyone unintentionally homeless being allocated permanent accommodation.
Points of Transition	Young people leaving care, individuals having to leave their own homes for a variety of reasons and older people who can no longer remain in their homes due to mobility/ medical difficulties.etc
PSHG	Private Sector Housing Grant: A grant available from the local authority to help fund the upkeep of private properties. The funding is made from an annual allocation received from the Scottish Government.
RoS	Registers of Scotland: part of the Scottish Government chiefly responsible for holding records on property and land ownership.
RSL	Registered Social Landlord: A non- profit making social housing provider registered with Communities Scotland, generally a Housing Association.
RtB	Right to Buy: First introduced by the Housing (Scotland) Act 1987 and subsequently extended, this gave most tenants of local authorities and RSLs the right to purchase their homes at a discount. RtB has now been abolished.
SAP	Standard Assessment Procedure: A government energy rating for homes.
Scottish Social Housing Charter	The Charter introduced in 2012 setting out standards for social housing landlords in Scotland. Monitoring of performance is carried out by the Scottish Housing Regulator.
Stage 3s	Stage 3 Adaptations: Funding from the SG More Homes Division to housing associations for disabled adaptations.
SEA	Strategic Environmental Assessment: An impact assessment required under the Environmental (Scotland) Act 2005.
Section 5s	Section 5 referrals are the formal means by which local authorities can ensure that homeless people are housed by registered social landlords (RSLs).
SG HSD&I	Scottish Government's Housing Supply and Innovation Division: The arm of the Scottish Government responsible for funding for affordable housing. Previously known as the Housing Investment Division.
Sheltered (or Supported) Housing	Housing which gives people the independence of having their own flat within an associated warden service and call duty system, controlled entry and communal facilities.
SHQS	Scottish Housing Quality Standard: A housing standard required to be met

	by all social housing landlords by 2015.
SOA	Single Outcome Agreement: This sets out the local priorities for action by the Council and Community Planning partners in the context of the Scottish Government's national aspirations.
Supported Living	Where people occupy their own single or shared tenancy and are supported to sustain their tenancy and are enabled to make decisions and choices about their personal and social life. This support can be of just a few hours or up to 24 hours duration.
Telecare	The range of equipment and services available to assist a person to remain safely in their own home. It includes things like movement and fall detectors, panic buttons, and automatic medication management.
Tenure	Housing tenure describes the legal status under which people have the right to occupy their accommodation. The most common forms of tenure are: <ul style="list-style-type: none"> · Home-ownership: this includes homes owned outright and mortgaged · Renting: this includes social rented and private rented housing.
Very Sheltered Housing	Housing which has all the features of Sheltered Housing but will also usually have additional warden services and the provision of (at least one) meals.

12. List of Key Background Papers

The production of this LHS has been informed by a host of strategies, policies and papers, both at a local and national level, principally:

- WDC Strategic Plan 2012 – 2017
<http://www.west-dunbarton.gov.uk/council/strategies-plans-and-policies/strategic-plan-2012-2017/>
- WD Community Planning Partnership Single Outcome Agreement 2014- 2017
http://www.wdcpp.org.uk/media/136670/wd_soa_2014-17.pdf
- WD Health and Social Care Partnership Strategic Plan 2015 – 2016
<http://www.wdhscp.org.uk/media/1213/wdhscp-strategic-plan-2015-16.pdf>
- WD Health and Social Care Partnership Housing Contribution Statement May 2016
<http://www.wdhscp.org.uk/media/1559/wdhscp-housing-contribution-statement-2016.pdf>
- Clydeplan Strategic Development Plan – Proposed Plan 2016
http://www.clydeplan-sdpa.gov.uk/files/Proposed_Plan_Jan_2016_WEB_Low_Res_Update.pdf
- Clydeplan Housing Need and Demand Assessment 2 2015
http://www.clydeplan-sdpa.gov.uk/files/GCVHND2_PostAppraisal_190515.pdf
- West Dunbartonshire Local Development Plan (Proposed Plan) 2015
<http://www.west-dunbarton.gov.uk/media/4307506/ldp-adopted-version-march-2015-web.pdf>

- WD Local Housing Strategy 2011 – 2016 2011
http://www.west-dunbarton.gov.uk/media/753598/lhs_final_november_amended_electronic_version.pdf
- WDC Strategic Housing Investment Plan 2015/16 – 2019/20 2014
http://www.west-dunbarton.gov.uk/media/4176853/wdc_ship_2015_final.pdf
- WD Economic Development Strategy 2015 – 2020: Sustainable Growth for All
<http://www.west-dunbarton.gov.uk/media/4310257/sustainable-growth.pdf>
- Scottish Government Homes Fit for the 21st Century 2011
<http://www.gov.scot/Resource/Doc/340696/0112970.pdf>
- Scottish Government Joint Delivery Plan for Scotland 2015
<http://www.gov.scot/Resource/0047/00477306.pdf>
- Scottish Government Draft Planning Advice: Housing and Infrastructure 2016
<http://www.gov.scot/Resource/0049/00494177.pdf>
- Scottish Government Local Housing Strategy Guidance 2014
<http://www.gov.scot/Resource/0045/00458185.pdf>
- Scottish Government A Place to Stay, a Place to Call Home: A Strategy for the Private Rented Sector in Scotland May 2015
<http://www.gov.scot/Publications/2013/05/5877>
- Scottish Government 2015 Infrastructure Investment Plan
<http://www.gov.scot/Resource/0049/00491180.pdf>
- Scottish Government More Homes for Scotland 2016
<http://www.gov.scot/Topics/Built-Environment/Housing/reform/more-homes-scotland>
- Scottish Government Code of Guidance on Homelessness 2005
<http://www.gov.scot/Publications/2005/05/31133334/33366>
- WDC Homelessness Strategy 2013 – 2016
http://www.west-dunbarton.gov.uk/media/2619064/homelessness_strategy_2013-2016.pdf
- WDC Housing Land Audit 2015
<http://www.west-dunbarton.gov.uk/media/4309114/hla2015.pdf>
- WDC Equality Mainstreaming Report & Equality Outcomes 2013-2017
<http://www.west-dunbarton.gov.uk/council/strategies-plans-and-policies/council-wide-plans-and-strategies/equality-diversity-and-fairness/mainstreaming-report-and-equality-outcomes/>
- Gypsy and Travellers Local Housing Strategy Evidence Review – A Joint Study for the Glasgow, Clyde Valley and Ayrshire Authorities 2016

- An Accommodation Needs Assessment of Gypsies/Travellers in West Central Scotland Craigforth 2007
- Specialist Housing Provision – A review of older people’s housing models, need and demand in West Dunbartonshire Patrick Rodger, Stirling University/West Dunbartonshire Council August 2015 (Unpublished)
- Youth Housing 4U – A Youth Housing Statement for West Dunbartonshire WDC Draft July 2016
- WDC Housing Operations Service Review 2015/16

National data sources such as the Office of National Statistics (ONS) and the Registers of Scotland (RoS) have provided invaluable information throughout, and the relevant references to these sources are contained in the document.

13. Local Housing Strategy Action Plan

Forward in All Directions – 10 point success plan

- **Maximise the delivery of new affordable housing through the *More Homes Better Homes West Dunbartonshire* initiative in partnership with developing HA partners delivering 1000 new social rented homes in West Dunbartonshire.**
- **Ensure a generous supply of suitable housing sites and deliver on the Council’s main strategic housing regeneration priorities including those at Dumbarton Harbour and Queens’ Quay**
- **Reduce the impacts of climate change and fuel poverty by supporting energy efficiency measures across all housing sectors and by delivering on compliance with EESSH for social rented housing by December 2020.**
- **Use all available powers to improve the housing quality across all tenures, particularly in mixed ownership blocks, and to improve the delivery of the Council’s Housing Capital Programme through the *More Homes Better Homes West Dunbartonshire* initiative.**
- **Introduce a Housing Options approach to prevent homelessness and to ease access to suitable accommodation for West Dunbartonshire households.**
- **Work with partners to reduce repeat homelessness and increase tenancy sustainment in the social rented sector.**
- **Adopt a more holistic joined up approach to improving standards in the Private Rented Sector**
- **Work with the HSCP to develop housing support services for those with particular housing needs, around the principles of Forward Planning, Choice and Prevention.**

- **Ensure rapid access to assessment, and provision of aids and adaptations.**
- **Improve education, training and job opportunities for West Dunbartonshire residents through the workstreams and investment associated with this strategy and build on existing strong links through Working4U.**

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 3, Council Offices, Garshake Road, Dumbarton on Thursday, 8 September 2016 at 2.00 p.m.

Present: Councillors Elaine Robertson (Argyll and Bute Council);
Councillor Gail Casey (West Dunbartonshire Council) and
Councillor Jonathan McColl (West Dunbartonshire Council).

Attending: **Argyll and Bute Council:** Jon Belton, Service Manager,
Kirsteen Green, Business Support Manager, Becky Emmett,
Team Leader, East Argyll; Craig McNally, ADP Co-ordinator and
Samantha Somers, Community Planning.

West Dunbartonshire Council: Norman Firth, Criminal Justice
Partnership Manager, Mary Holt, Transitions Programme Officer;
Julie Slavin, Chief Financial Officer, Health & Social Care
Partnership; Terry Wall, Finance Business Partner - Corporate
Functions and Nuala Borthwick, Committee Officer.

Apologies: Apologies for absence were intimated on behalf of Councillors
Michael O'Donnell and Gemma Walsh (East Dunbartonshire
Council) and Councillor Anne Horne (Argyll and Bute Council);
Keith Gardner, Criminal Justice Manager, East Dunbartonshire
Council; Jackie Irvine, Head of Children's Health, Care and
Criminal Justice Services and Amanda Coulthard, Community
Planning Manager, West Dunbartonshire Council.

Councillor Elaine Robertson in the Chair

INQUORATE MEETING

It was noted that the meeting of the Argyll, Bute and Dunbartonshires' Criminal Justice Partnership was inquorate in terms of the Partnership's Standing Orders as there was no Member representation from East Dunbartonshire Council. In the circumstances it was noted (a) that the items of business on the agenda would be submitted for information/discussed on an informal basis only and that any matters which required approval would be held over to the next scheduled meeting of the Partnership; and (b) that an informal note of the proceedings would be recorded.

CHAIR'S REMARKS

The Chair, Councillor Robertson, welcomed everyone to the meeting and introductions were made by those present.

Councillor Robertson also took the opportunity, on behalf of the Partnership, to wish Mr John Belton, Service Manager, Argyll and Bute Council a happy retirement whilst welcoming Ms Beckie Emmett who would be undertaking Mr Belton's role following his retirement.

MINUTES OF PREVIOUS MEETING

As the meeting was inquorate, the Minutes of Meeting of the Joint Committee held on 9 June 2016 were held over until the next full meeting of the Joint Committee for approval as a correct record.

REVENUE BUDGETARY CONTROL REPORT 2016/17 AS AT PERIOD 4 (31 JULY 2016)

A report was submitted by the Treasurer to the Partnership Joint Committee providing an update on the financial performance of the Criminal Justice Partnership to 31 July 2016.

After discussion and having heard the Partnership Manager and the Finance Business Partner – Corporate Functions in further explanation of the report and in answer to Members' questions, the Joint Committee noted with concern the indicative adverse variance of £0.043m as at 31 July 2016 with a full year projected adverse variance to 31 March 2017 of £0.129m.

CHANGE OF TREASURER TO PARTNERSHIP JOINT COMMITTEE

A report was submitted by the Treasurer to the Partnership Joint Committee seeking approval to change the Treasurer of the Partnership Joint Committee from the Chief Financial Officer, West Dunbartonshire Council to the Chief Financial Officer, West Dunbartonshire Health & Social Care Partnership Board.

After discussion and having heard the Partnership Manager, in further explanation of the report, the Joint Committee noted that approval of the change of Treasurer from Stephen West, Chief Financial Officer, Resources, Transformation and Public Service Reform, West Dunbartonshire Council to Julie Slavin, Chief Financial Officer, West Dunbartonshire Health and Social Care Partnership Board would be held over until the next full meeting of the Joint Committee,

RECONVICTION RATES 2013/2014

A report was submitted by the Chief Officer, Health & Social Care Partnership providing information on the most recent reconviction rates for the Partnership authorities (2013/14).

After discussion and having heard the Partnership Manager in further explanation of the report and in answer to Members' questions, the Joint Committee noted:-

- (1) that the Partnership would continue to evaluate re-offending and reconviction rates using available information and report annually to the Joint Committee;
- (2) that the Partnership would continue to reflect the aims and objectives of the National Single Outcome Agreement and the Community Justice Strategy (2016) in the Partnership Strategy Map; and
- (3) that the Partnership Manager would highlight the reduction in reconviction rates to each of the Councils' Corporate Communication Departments to enable a press release to be released together with the Scottish Government's National Bulletin to provide key information in relation to the overall situation nationally in terms of reconviction.

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 on the establishment of Community Justice Partnerships.

After discussion and having heard the Partnership Manager and the Transitions Officer in further explanation of the report and in answer to Members' questions, the Joint Committee noted:-

- (1) the progress made under the terms of the Transition Plan 2016-17 with regard to Community Justice Redesign;
- (2) the ongoing events and development sessions being held; and
- (3) that the Partnership Manager would continue to provide regular updates on progress in relation to Community Justice redesign.

DEVELOPMENT OF WOMEN'S PRISON ESTATE

A report was submitted by the Chief Officer, Health & Social Care Partnership providing information on the recently announced Scottish Government plans for development of community custodial units for women offenders.

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

- (1) to note that further updates would be provided to the Joint Committee as matters regarding the development of the women's estate are progressed; and
- (2) otherwise to note the contents of the report.

SECTION 27 FUNDING: REVIEW OF ALLOCATION FORMULA

A report was submitted by the Chief Officer, Health & Social Care Partnership providing information on proposed changes to the formula used to allocate funding to local authorities for the delivery of Criminal Justice Social Work Services.

After discussion and having heard the Partnership Manager in further explanation of the report and in answer to Members' questions, the Joint Committee noted:-

- (1) that the Partnership Manager would bring further reports relating to progress with regard to the application of the revised funding formula; and
- (2) otherwise to note the contents of the report

ANY OTHER COMPETENT BUSINESS - PARTNERSHIP STRATEGIC PLAN

A copy of the Partnership Strategic Plan was distributed to Members. Following discussion and having heard the Partnership Manager and the Business Support Manager, Argyll and Bute Council in further explanation of the Plan, the Joint Committee noted:-

- (1) the terms of the Partnership Strategy Map 2017-2020 and that any comments would be provided to the Business Support Manager; and
- (2) that a revised plan would be provided to the next meeting of the Partnership on Thursday, 15 December 2016 following the next workshop involving the Partnership Management Team and Partnership Training Group.

The meeting closed at 4.05 p.m.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD AUDIT COMMITTEE

At a Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit Committee held in Committee Room 3, Council Offices, Garshake Road, Dumbarton, on Wednesday, 14 September 2016 at 10.00 a.m.

Present: Allan MacLeod (Chair), Heather Cameron, 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; Allan White, Senior Social Worker, Children's Services; Yvonne Lappin, Senior Principal Officer, Fostering & Adoption; Janice Miller, MSK Physiotherapy Manager; David McConnell, Assistant Director; Peter Lindsay, Senior Audit Manager; Laurence Slavin, Senior Auditor, Audit Scotland; and Nuala Borthwick, Committee Officer (West Dunbartonshire Council).

Apologies: Apologies for absence were intimated on behalf of Gail Casey and Rona Sweeney.

Allan MacLeod in the Chair

DECLARATIONS OF INTEREST

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit Committee held on 15 June 2016 were submitted and approved as a correct record.

COMMITTEE ACTION LIST

A note of the Audit Committee's Action List was submitted for consideration and comment.

Having heard relevant officers in answer to questions from Members, it was agreed:-

- (1) that in relation to Action 1, it was anticipated that the Chief Financial Officer and the Chief Internal Auditor would be in a position to report on any additional cost implications associated with the system of internal financial control within a 3 month period;
- (2) that Action 3 in relation to action plans submitted to the Care Inspectorate appeared to be in operation and was now a completed action;
- (3) that Action 4 relating to Members expenses was now a completed action;
- (4) that in relation to Action 9, the Head of Strategy, Planning & Health Improvement would provide a report to a future meeting of the Audit Committee with suggestions on responding to the consultation;
- (5) that Actions 8 and 10 would be merged into one action and a report on health inequalities amongst different socio-economic groups would be submitted to the 7 December 2016 meeting of the Audit Committee; and
- (6) that Action 12 relating to Audit Accounts was now a completed action.

AUDIT SCOTLAND - 2015/16 DRAFT ANNUAL AUDIT REPORT

A report was submitted by the Chief Financial Officer presenting the Annual Report and Auditor's letter for the financial period ended 31 March 2016 prepared by the Health & Social Care Partnership Board's external auditors, Audit Scotland on the above.

After discussion and having heard the Assistant Director and the Senior Audit Manager, Audit Scotland in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to note the contents of the Draft 2015/16 Annual Audit Report for members of West Dunbartonshire Health & Social Care Partnership Board and the Controller of Audit for the Financial Year ending 31 March 2016;
- (2) to welcome the achievement of a qualification free first set of Health & Social Care Partnership Board accounts;
- (3) to note the issues raised in the appendices to the report relating to the 2015/16 Audited Annual Accounts;
- (4) to authorise the Chair, Chief Officer and Chief Financial Officer to accept and sign the final 2015/16 Accounts on behalf of the Health & Social Care Partnership Board; and
- (5) to pass on its congratulations and appreciation to the Chief Financial Officer for the deliverance of a positive and high quality accounts closure process.

AUDITED ANNUAL ACCOUNTS 2015/16

A report was submitted by the Chief Financial Officer presenting the audited Annual Accounts for the year ended 31 March 2016 and highlighting matters of interest as delegated by the Health & Social Care Partnership Board on 15 June 2016.

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 approve the Audited Annual Accounts for 2015/16;
- (2) to note that some minor presentational amendments would be made to the report prior to signing of the annual accounts;
- (3) to acknowledge the assistance provided by Audit Scotland in finalising the Partnership Board's Audited Annual Accounts; and
- (4) to otherwise note the contents of the report.

DRAFT STRATEGIC RISK REGISTER

A report was submitted by the Head of Strategy, Planning & Health Improvement presenting the updated Strategic Risk Register in draft 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 the report and in answer to Members' questions, the Committee agreed:-

- (1) to note the suggested revisions in relation to the efficiency and effectiveness of action movements in the updated draft Strategic Risk Register; and
- (2) subject to consultation with the Chair of the Audit Committee on revisions, the updated draft Strategic Risk Register be submitted for onward recommendation to the West Dunbartonshire Health & Social Care Partnership Board at its meeting on 16 November 2016.

CARE INSPECTORATE REPORTS FOR CHILDREN & YOUNG PEOPLE'S SERVICES OPERATED BY WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

A report was submitted by the Head of Children's Health, Care and Criminal Justice providing the most recent inspection reports for the Council's Throughcare, Fostering and Adoption Services for Children and Young People.

After discussion and having heard the Senior Social Worker, Children's Services and the Assistant Principal Officer, Fostering and Adoption Services in further explanation of the report and in answer to Members' questions, the Committee agreed:-

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

CARE INSPECTORATE REPORT 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 assessment for one independent sector residential older peoples' Care Home located in West Dunbartonshire.

The Committee agreed to note the content of the report.

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

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

After discussion and having heard the Chief Officer 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 OLDER PEOPLE'S RESIDENTIAL CARE SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL

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

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

- (1) that the Chair, on behalf of the Committee, would write to the staff at Boquhanran House to recognise their achievement in sustaining grade 4 for 'environment'; and
- (2) to note the content of the report.

INTERNAL AUDIT UPDATE

The Chief Internal Auditor provided a verbal update on internal audit for the Partnership Board.

Having heard the Chief Internal Auditor, it was noted:-

- (1) that all actions for 2015/16 had been implemented by management;
- (2) that there were currently four systems audits planned for the Partnership; one on homecare with the other three to commence in due course; and
- (3) that the areas of governance, performance and financial management will be reviewed over the remainder of the year; and
- (4) that in the future, the Chief Internal Auditor will provide the Audit Committee with written reports as part of the meeting's papers.

LOCAL GOVERNMENT AUDITS - INTRODUCTION TO AUDIT SCOTLAND: WEST DUNBARTONSHIRE INTEGRATION JOINT BOARD

A report was submitted by Audit Scotland providing information on the senior audit team appointed to West Dunbartonshire Health & Social Care Partnership.

After discussion and having heard both the Senior Audit Manager and Senior Auditor, Audit Scotland in further explanation of the report and in answer to Members' questions, the Committee agreed to note the appointments to the new senior audit team for West Dunbartonshire Health & Social Care Partnership for the five year audit appointment term, with the local audit team led by Carol Hislop, Senior Audit Manager.

EXCLUSION OF PRESS AND PUBLIC

The Committee was asked to approve the undernoted Resolution:-

"In terms of Section 50 (A) of the Local Government (Scotland) Act, 1973 that the press and public be excluded from the remainder of the meeting as the following item of business involves the likely disclosure of exempt information as defined in Paragraph 11 of Part 1 of Schedule 7A to the Act."

2016/17 HEALTH CARE SAVINGS OPTIONS

A report was submitted by the Chief Financial Officer providing an update on the 2016/17 Health Care Savings options.

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

- (1) to note the terms of the discussion in relation to initial savings options to restore financial budget balance to the Health budget in 2016/17;
- (2) to 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;
- (3) to note that the NHS Board will consider the savings options from all parts of the NHS system during October 2016; and
- (4) that a further update report would be presented to the Health & Social Care Partnership Board at its next meeting on 16 November 2016.

VALEDICTORIES

Jeanne Middleton, Chief Financial Officer

The Chair, Mr MacLeod advised that that this would be the last meeting of the Audit Committee that Jeanne Middleton would attend as she was retiring from service with the Health & Social Care Partnership in October 2016.

On behalf of the Committee, Mr MacLeod thanked Mrs Middleton for her professional support and for the sterling work undertaken to set up the financial systems required of the Partnership Board.

John Russell, Head of Mental Health, Learning Disability & Addictions

Mr Redpath informed the Committee that Mr John Russell would also be retiring from service with the Health & Social Care Partnership at the beginning of October 2016 and thereafter the Committee noted their appreciation of Mr Russell's 8 years of service in West Dunbartonshire and wished him well in his retirement.

The Meeting closed at 12.15 p.m.

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 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 Bailey, HR Advisor, HSCP
Paul Britten, Unite

In Attendance: Kate McLachlan (Minute)

Item	Description	Action
1.	Welcome & Introductions Peter O'Neill (Unison), Chair welcomed members to the meeting.	

2.	<p>Minute of Meeting Held on 28 April The contents of the minute of the meeting held on 28 April 2016 were accepted as an accurate record.</p>	
3.	<p>Minutes from Other Meetings for noting:</p> <p>a) APF Agenda – reviewed and noted. The contents of the agenda for the Area Partnership Forum meeting held on 6 July were noted.</p> <p>It was noted that Dorothy McErlean has been appointed as the new NHS Non-Executive Director of the Board.</p> <p>b) JCF Minute The contents of the Minute of the Joint Consultative Forum meeting were reviewed and noted.</p> <p>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.</p> <p>c) Employee Liaison Group Minute The note of the meeting of the Employee Liaison Group meeting held on 13 June was noted.</p>	
4.	<p>Matters Arising from JSF Meeting 28 April 2016</p> <p>a) Staff Governance & Practice Framework</p> <p>Verbal update from Gillian was given.</p> <p>b) Strategic Plan</p> <p>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.</p> <p>c) Sheltered Housing Wardens – verbal update</p> <p>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.</p> <p>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</p>	

	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 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 A verbal update given from Keith. The NHS board have approved the budget for 16/17. 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. Keith proposed an additional meeting of this group with NHS Unions meeting arranged for 6 th September at 10am, when saving options can be reviewed. Local Authority representatives invited to attend for information.	KR
7.	Service Updates: a) Children Services and Criminal Justice (Norman Firth) <ul style="list-style-type: none"> 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. ii) Criminal Justice Redesign Update; 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

	<p>iii) LIG Minute (for noting) Noted.</p> <p>b) Community Care (Phil MacDonald)</p> <p>Integrated Care Fund End of Year Report noted.</p> <p>c) Mental Health, Learning Disability & Addiction Services</p> <p>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.</p> <p>ii) Mental Health Team Arrangements</p> <p>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.</p> <p>iii) Strategy HI and Planning (J Pender)</p> <p>Jacqui Pender confirmed that Phase 2 was now completed.</p>	JR
8.	<p>Standing Items:</p> <p>a) Health & Social Care Partnership Board Keith noted that this is a short agenda but with two substantive items; strategic plan and financial discussion along with existing standing items.</p> <p>b) HR Report</p> <p>a. Discipline & Grievance Reports Noted.</p>	KR

	<p>b. Attendance Management Report Noted.</p> <p>c) Health & Safety Forum Minutes Noted</p>	
9.	Public Health Consultation – for noting by group.	KR
10.	<p>Workforce and OD Support Plan – verbal</p> <p>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.</p> <p>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.</p>	SB
11.	<p>I Matter – verbal update</p> <p>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 .</p>	
12.	<p>Any Other Business</p> <p>Nazerin highlighted the Levensgrove 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.</p>	
13.	<p>Date of Next Meeting</p> <p>Tuesday 25 October; 10am – staffside meet at 9 or 9.30am; venue Manager's Meeting Room, 3rd Floor, Garshake (Room</p>	Lorna

	<p>booked) Lorna to confirm with Peter and Diana</p> <p>Tuesday morning to be arranged for subsequent meetings. Avoid first Tuesday of the month. End of January and April 2017 dates to be circulated.</p> <p>Agreed date for extraordinary meeting to discuss PIDS for the NHS : Tuesday 6 September; at 10.00am being held in the Manager's Meeting Room, 3rd Floor, Garshake (Room booked).</p>	<p>Lorna</p> <p>All</p>
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West Dunbartonshire Health & Social Care Partnership**Meeting:** Dumbarton and Alexandria Locality Meeting**Date:** 20 September 2016**Time:** 10:00 am**Venue:** Seminar Room, Vale Centre for Health and Care**Paper:** DRAFT MINUTE

Present:

Neil Mackay	-	GP, Alexandria HC (Chair)
Jane Cumberland	-	Practice Manager, Furneaux Practice
Pamela McIntyre	-	Lead for Clinical Prescribing and Clinical Pharmacy
Fiona Wilson	-	GP, Oakview Practice
Mary Angela McKenna	-	Integrated Operations Manager Community Older People Team
Val McIver	-	Senior Nurse
Anna Crawford	-	Primary Care Development Lead
Lynne McKnight	-	Integrated Operations Manager Care at Home
Chris McNeill	-	Head of Community Health and Social Care
Jackie Irvine	-	Head of Children's Health, Care and Criminal Justice
Ken Ferguson	-	Clinical Director
Jennifer Perry	-	GP, Alcluith Practice
David Clark	-	GP, Lennox Practice
Jane Young	-	GP, McMaster Practice
Yvonne Milne	-	Adult Mental Health
Joan Miller	-	Prescribing Support Pharmacy
Lesley Traquair	-	Minutes

In attendance

Louise Lynch	-	Staff Nurse
Jamie Gillies	-	COPD Nurse
Alex Wrens	-	Care at Home Co-ordinator

Apologies: Kirsteen MacLennan, Phil MacDonald, Marjorie Johns, Dr. K. McLachlan, William Wilkie, Brian Polding-Clyde, Dr. C. McGonagle, Stephen Dunn, Gillian Bonnar

Item	Description	Action
1.	Welcome & Introductions Dr. Mackay welcomed everyone to the meeting and apologies were noted.	

2. Minute of Meeting Held on 15 July 2016

The minutes were accepted as an accurate record of the meeting.

3. Matters Arising

- C. McNeill has contacted John Kennedy, General Manager, Acute Services to identify a consultant to engage with Frailty Group C McNeill will follow-up.
- C. McNeill has discussed raising awareness of Pulmonary COPD Service with Soumen Sengupta, Head of Strategy and Health Improvement, West Dunbartonshire Health & Social Care Partnership (HSCP) and the local Health Improvement Team.
- A Crawford advised Soumen Sengupta of the Stroke Service and forwarded a copy of the information.
- Soma Kapur, Administration Manager, West Dunbartonshire HSCP met with practice managers regarding the issues with the telephone service at Dumbarton Health Centre. A meeting will be arranged with the Health Board Telecoms Manager.
- A Crawford advised that they were looking into providing a joint educational session for GPs, Optometrists and Community Pharmacists. W. Wilkie is meeting with C. McNeil and K Ferguson and will discuss further.

CMcN

4. Chronic Obstructive Pulmonary Disease (COPD) Work Plan Update

A copy of the current COPD Work Plan was circulated for discussion. Since the last HSCP meeting the focus of work has been around the technical enhanced care pathway. Dr. J. Young advised that the work plan actions would be progress at the meeting in October.

5. Technology Enabled Care (TEC) – COPD/Frailty

• COPD TEC

J. Gillies, COPD Staff Nurse provided a presentation on how the COPD Nurse project within West Dunbartonshire is progressing. The presentation included the proposed revised criteria and the incorporation of the COPD Technology Enhanced Care.

The COPD TEC results from the patient oxygen saturations readings are stored within the Florence system which will be managed by the HSCP which will conform to patient confidentiality and Information Governance requirements. J Gilles agreed to confirm how the patient oxygen saturation information can be shared with practices

JG

J Gilles advised that patients requiring follow-up would either contact the COPD Nurse or if the patient readings required nurse

input the COPD Nurse would contact the patient and liaise with the GP if required.

C McNeill stressed the need for clear criteria for suitable patients to ensure that there is no duplication in service provision between primary and secondary care.

Referrals will be received from General Practice as patients are identified and can be sent via SCI Gateway. C McNeill requested the need to set targets to show how the service and referral process are being managed. An initial date of 1st November is proposed for COPD TEC go-live. Awareness sessions will be developed for practice staff.

- **Frailty**

Six enhanced kits have been purchased and will be installed in people's homes to assist with their care after hospital discharge or as identified by services. The patient will be reassessed after 4-6 weeks. A GPS system will be included in this kit. If any concerns are raised they will go directly to a control room. Various combinations of equipment will be considered for each patient ensuring a robust assessment and will inform the level of home care and support required.

Care at home staff will be trained on installing the kits. A demonstrator flat is available for staff to see how the equipment works. There will also be equipment demonstrator sessions arranged in each of the health centres to allow staff to attend.

C. McNeill thanked everyone involved in this work and advised that P MacIntyre is the Project Lead for the TEC activity.

6. Frailty Work Plan

The Work plan was circulated for discussion. Dr F. Wilson provided a summary presentation on the work progressed with the eFrailty Index.

The group discussed how they identify frailty in patients. Patients identified through the eFrailty Index in Levenside and Oakview practices was higher than anticipated.

A review of eFrailty patient list will be undertaken by the practice and patients will be cross reference to services to identify any gaps. NHS Healthcare Improvement Scotland will work with the 2 practices to review their severe frailty patients and a sample of their moderate and mild patients.

The group discussed read codes and how practice coding may have impact on the eFrailty Index results.

The group have looked at other screening tests and assessments recommended by the British Geriatric Society within the Fit for Frailty Guidance for possible use.

7. 6 Month Budget Update

This item to be carried over to next meeting.

8. Clusters

GP Practice Quality Leads are meeting on the 28 September 2016 to decide on the number of cluster groups for this area. K Ferguson asked that he was advised of the outcome of the meeting.

GPs

9. Any Other Business

- **Child Immunisations**

J Irvine advised that Immunisation teams have been established across GGC for school aged children and they are now looking at a similar approach to delivering Child Immunisations for the under five age group. This is in the early stages and the group are seeking a General Practice representative. At present practices are still being funded for this activity. A model piloting a corporate model in Inverclyde is being tested.

- Y. Milne asked that Frazer Downie, Integrated Operations Manager, at Riverview Resource Centre who replaces Lynne Kennedy be invited to next meeting.

AC

- **Dr S Dunn**

Dr. N. Mackay informed the group that Dr. S. Dunn would be standing down as Chair of the Locality group and thanked him for his considerable contribution to the meetings as co-chair.

10. Date of Next Meeting

- Wednesday, 9th November 2016 in Seminar Room, VCHC.

West Dunbartonshire Health & Social Care Partnership

ITEM 13(f)

Meeting: HSCP Clydebank Locality
Date: 30th August, 2016.
Time: 10.00 – 12.00
Venue: Conference Room, Clydebank Health Centre

DRAFT MINUTE

Present :-

Name	Designation
Dr. Alison Wilding	GP Red Wing (Chair)
Dr. Ken Ferguson	Clinical Director
Anna Crawford	Primary Care Development Lead
Dr. Eddie Crawford	GP Orange Wing
Dr. Anthony Kearney	GP Old Kilpatrick Medical Practice
Lynne McKnight	Integrated Operations Manager Care at Home
Mary Angela McKenna	Integrated Operations Manager
Lyndsay Steel	Community Pharmacist
Dr. Neil Murray	GP Green Wing
Dr. Ralph Cunningham	GP Blue Wing
Dr. Arun Rai	GP Purple Wing
Dr. Neil Chalmers	GP Yellow Wing
Jacqueline Hardie	Practice Manager
Pamela Ralphs	Planning Manager
Marie Rooney	Integrated Operations Manager Mental Health
Julie Lusk	Joint Manager Community Addiction Team (CAT)
Alex Urens	Care at Home Co-ordinator
Brian Polding Clyde	Development Officer
Val McIver	Senior Nurse
Kirsteen MacLennan	Assistant Integrated Operations Manager

In Attendance

Maria Mair	Senior Addiction Worker, CAT
Mike Mellin	Nurse Team Leader, CAT
Jamie Gillies	COPD Nurse

Apologies :-

Name	Designation
Chris McNeill	Head of Community Health & Care Services
Pamela McIntyre	Lead for Prescribing and Clinical Pharmacy
Jane McNiven	Practice Manager, Green Wing
Maggie Ferrier	Practice Nurse, Blue Wing
Jackie Irvine	Head of Child Health, Care & Criminal Justice
Selina Ross	West Dunbartonshire Community Volunteer Services

Item	Description	Action
1.	Welcome & Introductions	
2.	Minute of Meeting Held on 21.04.16 were agreed.	
3.	Matters Arising :- X-ray :- <ul style="list-style-type: none"> Short life working group in progress, report to be drafted. 	
4.	Local Engagement Network Update - Mental Health:- <ul style="list-style-type: none"> Local engagement session took place and looked at Do Not Attend rates within the service and considered who engages and who struggle to engage and the reason for this. The Network discussed the 24 hour service, role of carers, and it is proposed to set up a “market stall” with Stepping Stones in health centres to inform the community about mental health services and to Improve leaflet information. 	
5.	Mental Health Work Plan:- <ul style="list-style-type: none"> Waiting on feedback regarding SCI Gateway and EMIS Web for referring into Mental Health or Memory clinic. Psychological Trauma training is progressing, one more session to be completed, thereafter will develop a short seminar session for GPs (possibly November). M Rooney has meeting (31.08.16) to discuss Patient pathways and will email feedback to GP colleagues. Primary Care Mental Health waiting times for first appointment is 6 weeks, there is a target of 18 weeks for treatment. There is currently no scope to reduce wait due to number of referrals and staffing. However patients are prioritised within the service. Referrals to Primary Care Mental Health for over 65's is low. The shared single assessment does not meet Primary Care Mental Health needs who will develop a templates on EMIS Web. EMIS Web rollout continues across NHS Greater Glasgow and Clyde Mental Health Services. 	
6.	Community Additions Team Session :- <ul style="list-style-type: none"> J Lusk, Mike Mellin, Nurse Team Leader, and Maria Mair, Senior Addiction Worker from the Clydebanks Community Addictions Team attended meeting. 	
	Service	
	<ul style="list-style-type: none"> J Lusk provided an overview of changes/structure. Dr Donna Mullen, Consultant Psychiatrist oversees the service. J Lusk to provide a structure chart of service to group. The service is developing a single service model across the Health and Social Care Partnership including implementation of one recovery outcome tool. The recovery orientated web tool will link in to new national Scottish Government Drug and 	JL

Alcohol Information System. This will improve information on how the service is delivering care for patients.

- A Stable Clinic will be started on 2nd September, it is envisaged that patients from this clinic will eventually be transferred back to GP.
- The Community Addictions Team is reviewing the resource to support another shared care clinic with GPs in Clydebank.
- Scottish Government has cut funding to alcohol and drug partnerships across Scotland, which has had huge impact on how services are delivered.
- The service undertook a self evaluation and were recently inspected by the Care Commission, feedback will be shared with the group when received. The Service is open to ideas and suggestions.

JL

Referral Pathways

- The Group discuss the referral pathways for patients and noted that patients cannot self refer over phone and must attend at the clinic for assessment. (Disabled patients can be seen at home.)
- The Community Addiction team historically have only taken patients under 65, which is currently under review. The Service will draft a joint protocol with Community Older People Team to undertake joint visits if appropriate.
- A joint group has been set up with Community Addictions Team, Primary Care Mental Health and Community Mental Health Teams to identify patients in common and developed a more integrated approach to care.

Injecting Equipment Provision Site

- The needle exchange within West Dunbartonshire is based in Dumbarton; Boots in Clydebank also provide a service however some patients are refused access to the Shopping Centre which can impact on uptake.
- DACA (Dumbarton Area Council on Alcohol) third sector provider is referred patients from the Community Addiction Team once treatment is complete.

Stable Methadone Clinic

- Change in GP contract underway, patient levels are capped at present however practices exceed this level. Enhanced service talks are ongoing and this will be negotiated with practices.

Shared Care Protocols

- Protocols circulated regarding Shared Care for Acamprosate & Disulfiram, discussion on content took place at the Clydebank Business Meeting and feedback was provided to the service.

7. Practice Activity Report :-

- Report circulated

8. New Health Centre Update :-

- Next meeting on 6th September, where shared space will be discussed including additional seating areas.

9. New Technology Enabled (TEC) Care Bid / Chronic Obstructive Pulmonary Disease (COPD) :-

The Health and Social Care Partnership (HSCP) was successful in securing £303,000 over two years from the National Telehealth & Telecare Fund. The bid covers following services :-

- COPD management, system is called Florence (Flo) Daily texting system monitors patient condition and prompts patient to take oxygen saturations and symptoms reading and send reading to Flo.
- Movement Detectors and other equipment in patient homes to help identify individual patient needs. There is a demonstrator flat for telecare equipment Sheltered Housing Complex in Balloch. L McKnight agreed to bring equipment to Clydebanks Health Centre for a lunch time session.

Chronic Obstructive Pulmonary Disease (COPD)

LMcK

- COPD Nurse Service has been in place for 1 year and includes a holistic COPD service for non-engaging patients.
- The revised criteria were shared, the group indicated the criteria was complicated and they should be allowed the freedom to refer patients they feel would benefit from the COPD Nurse Service. V McIver to discuss.
- Referrals can be made via SCI Gateway or direct to the COPD Nurse Service.
- TEC involvement is to enhance the current service including exacerbation management. And there is an emphasis on anticipatory care planning and patient self management.
- Hoping to roll out TEC service from 1st November.
- A review of the skill mix of COPD Nurse Service is being considered.

VMcI

10. AOCB :-

Centre for Integrated Care

- NHS Greater Glasgow and Clyde board meeting proposed a number of changes, including the proposed closure of integrated beds. The Board are providing an opportunity for feedback on this prior to taking a decision.

Dietetic Service

- The group discussed direct referral to Community Dietician from secondary care consultants, K Ferguson agreed to confirm and feedback.

KF

Weight Management Service

- Live Active / Weight Watchers service patients can self refer to

Weight Watchers if they meet the criteria. K Ferguson will source leaflets and arrange for distribution to practices.

KF

- 11. Date of Next Meeting**
11th October, 2016.