

# Agenda

West Dunbartonshire  
Health & Social Care Partnership

## West Dunbartonshire Health & Social Care Partnership Board Audit Committee

**Date:** Thursday, 22 June 2017

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**Time:** 10:00

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**Venue:** Committee Room 3,  
Council Offices, Garshake Road, Dumbarton

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**Contact:** Nuala Borthwick, Committee Officer  
Tel: 01389 737594 Email: [nuala.borthwick@west-dunbarton.gov.uk](mailto:nuala.borthwick@west-dunbarton.gov.uk)

Dear Member

Please attend a meeting of the **West Dunbartonshire Health & Social Care Partnership Board Audit Committee** as detailed above.

The business is shown on the attached agenda.

Yours faithfully

**JULIE SLAVIN**

Chief Financial Officer of the  
Health & Social Care Partnership

**Distribution:-**

**Voting Members**

Allan Macleod (Chair)  
Marie McNair (Vice Chair)  
Denis Agnew  
Heather Cameron  
John Mooney  
Rona Sweeney

Senior Management Team – Health & Social Care Partnership  
Mr C. McDougall  
Ms Z. Mahmood

Date of issue: 14 June 2017

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD  
AUDIT COMMITTEE**

**THURSDAY, 22 JUNE 2017**

**AGENDA**

**1 APOLOGIES**

**2 DECLARATIONS OF INTEREST**

Members are invited to declare if they have an interest in any of the undernoted items of business on this agenda and, if so, state the reasons for such declarations.

**3 MINUTES OF PREVIOUS MEETING 7 - 11**

Submit for approval as a correct record, the Minutes of Meeting of the Health & Social Care Partnership Audit Committee held on 7 December 2016.

**4 COMMITTEE ACTION LIST 13 - 18**

Submit a note of the Audit Committee's Action List for information.

**5 UNAUDITED ANNUAL REPORT AND ACCOUNTS 2016/2017 19 - 54**

Submit report by the Chief Financial Officer seeking approval of the unaudited annual report and accounts for the HSCP covering the period 1 April 2016 to 31 March 2017 and outlining the legislative requirements and key stages.

**6 AUDIT PLAN PROGRESS REPORT 55 - 64**

Submit report by the Chief Internal Auditor providing an update on:-

- (a) the planned programme of audit work for the year 2016/17 in terms of the internal audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde that may have an impact upon the West Dunbartonshire Health & Social Care Partnership; and
- (b) the agreed actions from the audit of the Partnership Board's Governance, Performance and Financial Management Arrangements.

**7      INTERNAL AUDIT ANNUAL REPORT FOR YEAR      65 - 70**  
**ENDED 31 MARCH 2017**

Submit report by the Chief Internal Auditor providing the Chief Internal Auditor's Annual Report for 2016/17 which contains an independent opinion on the adequacy and effectiveness of West Dunbartonshire's Health and Social Care Partnership Board's internal control environment that can be used to inform its Governance Statement.

**8      CARE INSPECTORATE REPORT FOR THROUGH CARE      71 – 73**  
**AND AFTERCARE: ADULT PLACEMENT SERVICE**

Submit report by the Chief Officer providing information on the unannounced inspection of the Throughcare Adult Placement Service on 21 December 2016 which took place over 3 days and was published on 3 February 2017.

**9      CARE INSPECTORATE REPORT FOR CHILDREN AND      75 – 79**  
**YOUNG PEOPLE'S SERVICES OPERATED BY WEST**  
**DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

Submit report by the Chief Officer providing information on the most recent inspection reports for Blairvadach Residential Children's House and Burnside Residential Children's House.

**10      CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S      81 - 85**  
**CARE HOMES OPERATED BY INDEPENDENT SECTOR IN**  
**WEST DUNBARTONSHIRE**

Submit report by the Head of Strategy, Planning & Health Improvement providing a routine update on the most recent Care Inspectorate assessments for two independent sector residential older peoples' Care Homes located within West Dunbartonshire.

**11      CARE INSPECTORATE REPORTS FOR SUPPORT      87 – 99**  
**SERVICES OPERATED BY THE INDEPENDENT SECTOR**  
**IN WEST DUNBARTONSHIRE**

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

**12 CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S RESIDENTIAL CARE SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL 101 – 106**

Submit report by the Head of Community Health and Care providing information on the most recent inspection reports for one of the Council's Older People's Residential Care Home Services.

**13 CARE INSPECTORATE REPORTS FOR CARE AT HOME SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL 107 – 111**

Submit report by the Head of Community Health and Care providing information on the most recent inspection reports for all three of the Council's Care at Home Services.

**14 RECORDS MANAGEMENT PLAN – UPDATE 113 – 117**

Submit report by the Head of Strategy, Planning & Health Improvement providing an update on the Partnership Board's requirement to prepare a Records Management Plan.

**15 CLIMATE CHANGE REPORTING AND INTEGRATION JOINT BOARDS 119 – 121**

Submit report by the Head of Strategy, Planning & Health Improvement providing an update on the Partnership Board's requirement to prepare a Climate Change Report.

**16 NHSGGC ORAL HEALTH DIRECTORATE REPORT FOR WEST DUNBARTONSHIRE (2016) 123 – 145**

Submit report by the Head of Strategy, Planning & Health Improvement providing information on the NHS Greater Glasgow and Clyde Oral Health Directorate's most recent performance report for West Dunbartonshire.

**17 LOCAL GOVERNMENT BENCHMARKING FRAMEWORK 2015/16 147 – 151**

Submit report by the Head of Strategy, Planning & Health Improvement advising of the recently published Local Government Benchmarking Overview report for 2015/16 and the social care indicators within it.

**18      ALCOHOL AND DRUG PARTNERSHIPS - A REPORT ON      153 - 204**  
**THE USE AND IMPACT OF THE QUALITY PRINCIPLES**  
**THROUGH VALIDATED SELF-ASSESSMENT**

Submit report by the Head of Strategy, Planning & Health Improvement providing information on the Care Inspectorate's national report entitled 'Alcohol and Drug Partnerships: A report on the use and impact of Quality Principles through validated self-assessment'.

**19      DATES OF FUTURE MEETINGS**

**Members are requested to agree the following suggested dates, times and venues for future meetings of the Audit Committee:-**

Wednesday, 20 September 2017 at 2.00 p.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton

Wednesday, 13 December 2017 at 2.00 p.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton

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## **WEST DUNBARTONSHIRE HEALTH AND 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, 7 December 2016 at 2.00 p.m.

**Present:** Allan MacLeod (Chair), Gail Casey, Jonathan McColl, Martin Rooney and Rona Sweeney.

**Attending:** Julie Slavin, Chief Financial Officer; Jackie Irvine, Head of Children's Health, Care and Criminal Justice Services; Soumen Sengupta, Head of Strategy, Planning and Health Improvement; Julie Lusk, Head of Mental Health, Learning Disability and Addictions; Colin McDougall, Chief Internal Auditor; Jillian Mathew, Audit Manager, Performance Audit and Best Value Group (Audit Scotland); Carol Hislop, Senior Audit Manager (Audit Scotland), Karen Cotterell, Senior Auditor (Audit Scotland); and Nuala Borthwick, Committee Officer (West Dunbartonshire Council).

**Apologies:** An apology for absence was intimated on behalf of Heather Cameron.

**Allan MacLeod in the Chair**

### **VARIATION IN ORDER OF BUSINESS**

Having heard the Chair, Mr MacLeod, the Committee agreed that the order of business be varied as hereinafter minuted.

### **DECLARATIONS OF INTEREST**

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

### **MINUTES OF PREVIOUS MEETING**

The Minutes of Meeting of the Health and Social Care Partnership Audit Committee held on 14 September 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 the Chair and the Head of Strategy, Planning and Health Improvement, it was noted:-

- (1) that Actions 5 and 9 had been addressed by reports for consideration at the meeting; and
- (2) that in relation to Action 8, it was noted that the Scottish Government's anticipated Public Health Strategy had not been published as yet and that a report would be submitted to a future meeting of the Audit Committee as soon as that document was available.

## **AUDIT SCOTLAND REPORT ON NHS IN SCOTLAND 2016**

A report was submitted by the Head of Strategy, Planning and Health Improvement providing information on the recently published Audit Scotland report on the NHS in Scotland.

After discussion and having heard the Audit Manager, Performance Audit and Best Value Group, Audit Scotland and relevant officers in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to note the suggestion that earlier publication of the annual report in 2017 and future years would be helpful to Partnership Boards to aid discussions with the Scottish Government and that Audit Scotland would discuss this with local auditors; and
- (2) to otherwise note the findings of the Audit Scotland report.

## **AUDIT SCOTLAND REPORTS ON LOCAL GOVERNMENT IN SCOTLAND 2016**

A report was submitted by the Head of Strategy, Planning and Health Improvement providing information on two recently published Audit Scotland reports concerning local government in Scotland.

After discussion and having heard the Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to Members' questions, the Committee agreed:-



- (1) that the Senior Audit Manager, Audit Scotland and the Head of Strategy, Planning and Health Improvement should collaborate to develop a checklist specific to Members of the integration authorities , to enable Members to reflect upon the questions posed in respect of the totality of the Partnership Board's resources and arrangements for health and social care; and
- (2) to otherwise note the findings of the recently published Audit Scotland reports.

### **AUDIT SCOTLAND REPORT ON SOCIAL WORK IN SCOTLAND**

A report was submitted by the Head of Strategy, Planning and Health Improvement providing information on the recently published Audit Scotland report on Social Work in Scotland.

After discussion and having heard the Head of Strategy, Planning and Health Improvement and the Head of Health, Care and Criminal Justice Services, in further explanation of the report and in answer to members' questions, the Committee agreed to note the findings of the Audit Scotland report.

### **THE NATIONAL HEALTH AND SOCIAL CARE STANDARDS CONSULTATION**

A report was submitted by the Head of Strategy, Planning and Health Improvement seeking endorsement of the recently launched consultation on the new National Health and Social Care Standards and the response prepared on behalf of the Health & Social Care Partnership Board.

After discussion and having heard the Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to Members' questions, the Committee agreed to endorse the response prepared on behalf of the Health & Social Care Partnership Board for formal submission to the national consultation subject to the inclusion of the following revised sentence in answer to Question 2 of the questionnaire:-

"This Standard directly links to person-centred care planning; and largely reflects current and measurable practice. Given that, it is particularly important that element 2.5 is clearly expressed as cross-cutting across all of the Standards."

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

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

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

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

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

After discussion and having heard the Head of Strategy, Planning and Health Improvement and the Head of Health, Care and Criminal Justice Services in further explanation of the report and in answer to Members' questions, the Committee agreed to note the contents of the report.

### **CARE INSPECTORATE REPORT FOR CARE AT HOME SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL**

A report was submitted by the Head of Community Health & Care providing information on the most recent inspection report for the Council's Care at Home and Sheltered Housing Services.

After discussion and having heard the Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to Members' questions, the Committee agreed:-

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

### **FINAL AUDIT PLAN 2016/17 AND PROGRESS REPORT**

A report was submitted by the Chief Internal Auditor:-

- (a) seeking approval of the final Audit Plan for 2016/17;
- (b) providing an update to Members on the planned programme of audit work for the year 2016/17 in terms of the internal audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde that may have an impact upon West Dunbartonshire Health & Social Care Partnership Board;
- (c) providing confirmation of the cost implications of the provision of audit services to the Health and Social Care Partnership; and

- (d) providing information on the recommendations of the Audit Scotland report entitled 'Health and Social Care Integration (December 2015)'.

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

- (1) to approve the final audit plan for 2016/17; and
- (2) to note the progress made in relation to the planned programme of audit work for the year 2016/17 in terms of the internal audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde.

### **MODEL PUBLICATION SCHEME AND GUIDE TO INFORMATION**

A report was submitted by the Head of Strategy, Planning and Health Improvement presenting the Scottish Information Commissioner's Model Publication Scheme and the draft Guide to Information for the Health and Social Care Partnership.

Following discussion, the Committee agreed:-

- (1) to adopt the Scottish Information Commissioner's Model Publication Scheme for use by the Health and Social Care Partnership Board; and
- (2) to approve the West Dunbartonshire Health & Social Care Partnership Board Publication Scheme: Guide to Information.

The meeting closed at 3.56 p.m.



**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**  
**AUDIT COMMITTEE**  
**COMMITTEE ACTION LIST- updated 14/06/17**

No.	Action required	Date to be completed	Responsible Officer	Comments	Completed
<b>Meeting Date - 23 March 2016</b>					
1.	<p><b>Equality Act 2010 Mainstreaming Report</b></p> <p>A report on the range of vulnerable and socio-economic groups as well as protected characteristics be provided to the next meeting of the Audit Committee to enable members to consider marginalised groups other than those required by the Equality Act 2010.</p> <p>Health Inequalities amongst different socio-economic groups</p> <p>Updated 14.09.16 – actions combined to form one report.</p>	<p>15 June 2016</p> <p>Future meeting</p>	<p>Head of Strategy, Planning and Health Improvement /</p> <p>Lead External Auditor</p>	<p>Since this discussion at Audit Committee, the Scottish Government has confirmed that it intends to publish a new national public health strategy, the scope of which is likely to consider such groups within the population. Officers anticipate that this Strategy will be published towards the end of 2016 - as such it would be logical to prepare a report that considers this action within the context of that Strategy when it is available. Officers will bring such a report to the earliest meeting of the Audit Committee possible.</p> <p>Soumen Sengupta will provide report to 7 December 2016 meeting to coincide with the publication of the new national public health strategy which is anticipated mid-autumn. See separate report on agenda.</p> <p><u>Update from 7 December meeting</u> – The Scottish Government's report on health inequalities had not been published as yet and that a committee report would be submitted to a future meeting of Audit Committee as soon as that information was available.</p> <p><u>Update – June 2017</u> Now expecting a new national public health framework to be published by Scottish Government this summer (2017), so once available, officers will bring a report to either Audit Committee or HSCP Board at earliest opportunity.</p>	

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP  
AUDIT COMMITTEE  
COMMITTEE ACTION LIST- updated 14/06/17**

No.	Action required	Date to be completed	Responsible Officer	Comments	Completed
<b>Meeting Date – 7 December 2016</b>					
2.	<p><b>Audit Scotland Reports on Local Government in Scotland 2016</b></p> <p>It was agreed that the Senior Audit Manager, Audit Scotland and the Head of Strategy, Planning and Health Improvement should collaborate to develop a checklist specific to Members of the integration authorities, to enable Members to reflect upon the questions posed in respect of the totality of the Partnership Board's resources and arrangements for health and social care.</p>	Future meeting	Head of Strategy, Planning and Health Improvement	<p><u>Update – June 2017</u></p> <p>Officers prioritised development of the local Code of Good Governance to HSCP Board, as that would usefully provide logical parameters for this work with external auditors. Also, felt prudent not to initiate this development prior to changes to the Audit Scotland team assigned to the HSCP Board. Now that HSCP Board local Code of Good Governance approved and new external audit team in place, developmental discussions will now be taken forward with respect to a potential IJB governance checklist.</p>	

**Completed Actions**  
**(Completed actions to remain on action list for one meeting after completion)**

No.	Action required	Date to be completed	Responsible Officer	Comments	Completed
1.	<b>Forthcoming Audit Scotland Report – Social Work in Scotland</b>	Once final report on nation audit is published	Head of Strategy, Planning and Health Improvement		<b>7 December 2016</b>
2.	<b>National Care Standards – Overarching Principles</b>  That a Partnership response to the proposed consultation on the National Care Standards Review Development Group's work to develop a set of general and specialist standards linked to the principles would be submitted to a future meeting of the Partnership Board and or the Audit Committee depending on the timing of the 12 week consultation.	Future meeting	Head of Strategy, Planning and Health Improvement	The national consultation on the new care standards has not begun yet. As soon as it does, Officers will bring a draft response to the soonest H&SCP Board or Audit Committee meeting (depending on deadline).  Updated from 14.09.16 – the Head of Strategy, Planning and Health Improvement would provide a report to a future meeting with suggestions on responding to the consultation.	<b>7 December 2016</b>

No.	Action required	Date to be completed	Responsible Officer	Comments	Completed
3.	A review to be submitted to a meeting of the Audit Committee in 6 months to enable Members to consider any additional cost implications associated with the system of internal financial control to the Audit Committee	31 March 2016	Chief Financial Officer	<p>To be submitted to the meeting of the Audit Committee on 15 June 2016 given committee deadline dates for March would not allow for 6 month period.</p> <p>Chief Internal Auditor to provide verbal update. If position not satisfactory a report will be required.</p> <p>Update from 14 September 2016 Audit Committee:- It is anticipated that the CFO and 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.</p> <p>Update from 7 December 2017 Audit Committee:- Subject: Final Audit Plan 2016/17 and Progress Report 3.3 The provision of Internal Audit services, for Social Care, within West Dunbartonshire Council is delivered by an in-house team. NHS Greater Glasgow and Clyde has contracted out the delivery of Internal Audit services, for Health Services, to Price Waterhouse Coopers (PWC). Audit work is carried out across each organisation with findings being reported to the respective audit committees within each organisation. It should be noted that there is currently no cost implication at this time to either organisation as a result of this arrangement, in particular the 35 allocated audit days for the IJB referred to at paragraph 4.17 are absorbed into the cost of the Council's Internal Audit Team.</p> <p>Julie Slavin – Based on the extract above, this action is completed. If the position was to change then the Audit Committee would be informed.</p>	7 December 2016



4.	Individual risk assessment reports to be submitted to future meetings of the Partnership Board, with particular reference having been made to Risk 3 – Failure to deliver efficiency savings and targets and operate within allocated budgets and Risk 4 – Failure to plan and adopt a balanced approach to manage additional unscheduled care pressures and business continuity challenges that are faced in winter.	Future meetings of Partnership Board when requested by Audit Committee	Chief Financial Officer/ Head of Strategy, Planning and Health Improvement	<p>Work ongoing to review 2016/17 savings options for Health Care and 2016/17 Social Care savings options in place and delivering. Work well underway for 2017/18.</p> <p>Julie Slavin - the IJB 1 March 2017 had a report on 2017/18 Annual Revenue Budget – which included a section on Savings, Reserves and Risk Analysis – in this the 2016/17 Health Care Savings were presented with an update on progress and plans for delivery in 2017/18. This was also presented in a Members Briefing Note on 1<sup>st</sup> February 2017.</p>	<b>1 March 2017 Partnership Board</b>
5.	<p><b>Audit Scotland Report on Health &amp; Social Care Integration</b></p> <p>Officers give consideration to how best to provide Members with a more detailed overview of the actions being taken to progress key issues noted within the report.</p>	Future meeting	Head of Strategy, Planning and Health Improvement	Given the planned internal audit of integration arrangements that has already been confirmed, this would be best covered once that work has been completed and can be reported by the Chief Internal Auditor. This would enable the Audit Committee to have a more objective and rounded discussion.	<b>22 March 2017</b>
6.	<p><b>Audit Scotland Report on Health &amp; Social Care Integration</b></p> <p>That the Chief Internal Auditor use the relevant recommendations made by Audit Scotland within the national report to inform and shape their internal audit of the local implementation of the Public Bodies (Joint Working) Act during 2016/17 following the first year of the HSCP Board's establishment.</p>	Following first year of the H&SCP Board's establishment .	Chief Internal Auditor	<p>Update to be provided at 14 September meeting.</p> <p>22 March 2017 - AUDIT PLAN 2016/2017 PROGRESS REPORT AND AUDIT PLAN 2017/18</p> <p>c. findings of the completed Audit of the Partnership Board's Governance, Performance and Financial Management Arrangements.</p>	<b>22 March 2017</b>

No.	Action required	Date to be completed	Responsible Officer	Comments	Completed
7.	Silver Swan – outcomes and recommendations relevant to IJBs from the recent national pandemic flu exercise	Future meeting	Head of Strategy, Planning and Health Improvement	No additional/specific actions from Silver Swan to report on at this point. Anything pertinent to the H&SCP Board/Audit Committee that emerges will be reported on if and when formally available.	

## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

### Health & Social Care Partnership Board

#### Audit Committee

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#### Subject: Unaudited Annual Report and Accounts 2016/2017

#### 1. Purpose

- 1.1 To provide an overview of the unaudited annual report and accounts for the HSCP covering the period 1 April 2016 to 31 March 2017 and outline the legislative requirements and key stages.

#### 2. Recommendations

- 2.1 Members are asked to:

- (a) Approve the 2016/17 unaudited annual report and accounts;
- (b) Note the annual report and accounts are subject to audit review; and
- (c) Note that the HSCP Board on 23 August 2017 will be recommended to delegate authority to the Audit Committee to formally approve the audited accounts on 20 September 2017, prior to submission to the Accounts Commission by 30 September 2017 in line with the approved Terms of Reference.

#### 3. Background

- 3.1 The HSCP Board is required by law to produce its draft Statement of Accounts for audit by 30 June each year.
- 3.2 The Local Authority Accounts (Scotland) Regulations 2014 came into force on 10 October 2014, revoking the Local Authority Accounts (Scotland) Regulations 1985. The regulations therefore apply to the HSCP Board's 2016/17 annual accounts. An overview of the process is set out below.
- 3.3 **Financial Governance & Internal Control;** the regulations require the Annual Governance Statement to be approved by the HSCP Board or a committee of the HSCP whose remit include audit & governance. This will assess the effectiveness of the internal audit function and the internal control procedures of the HSCP Board. Under the approved Terms of Reference the Audit Committee meets this requirement.
- 3.4 **Unaudited Accounts;** the regulations state that the unaudited accounts are submitted to the External Auditor no later than 30th June immediately following the financial year to which they relate. Scottish Government

guidance states that best practice would reflect that the HSCP Board or committee whose remit includes audit and governance should consider the unaudited accounts prior to submission to the external auditor.

- 3.5 Right to Inspect and Object to Accounts:** the public notice period of inspection should start no later than 1st July in the year the notice is published. This will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts.
- 3.6 Approval of Audited Accounts:** the regulations require the approval of the audited annual accounts by the HSCP Board or a committee of the HSCP whose remit include audit & governance. This will take account of any report made on the audited annual accounts by the “proper officer” i.e. Chief Financial Officer being the Section 95 Officer for the HSCP Board or by the External Auditor by the 30th September immediately following the financial year to which they relate. In addition any further report by the external auditor on the audited annual accounts should also be considered.
- 3.7** The Audit Committee will consider for approval the External Auditors report and proposed audit certificate (ISA 260 report) and the audited annual accounts at its meeting on 20 September 2017.
- 3.8 Publication of the Audited Accounts:** the regulations require that the annual accounts of the HSCP Board be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts.
- 3.9** The annual accounts of the HSCP Board must be published by 31st October and any further reports by the External Auditor by 31st December immediately following the year to which they relate.
- 3.10 Key Documents:** the regulations require a number of key documents (within the annual accounts) to be signed by the Chair of the HSCP Board, the Chief Officer and the Chief Financial Officer, namely:

Document	Signatory
Management Commentary	Chair of the HSCP Chief Officer Chief Financial Officer
Statement of Responsibilities	Chair of the HSCP Chief Financial Officer
Remuneration Report	Chair of the HSCP Chief Officer
Annual Governance Statement	Chair of the HSCP Chief Officer
Balance Sheet	Chief Financial Officer

- 3.11** In addition to the above as the Chief Officer of the HSCP will change in the period between approval of the unaudited and audited annual report and accounts. This is reflected in the draft unaudited accounts passed to external audit.

#### **4. Main Issues**

- 4.1** The draft accounts have now been prepared and passed to Audit Scotland to commence their audit process.
- 4.2** The draft accounts show that the HSCP Board has been successful in managing its expenditure within the income available for both Health & Social Care.
- 4.3** In relation to the General Fund, as at 31 March 2017, the accounts showed a General Fund balance of £3.956m. This represents previously reported underspends in Social Care, mainly from unapplied Social Care Fund resources and planned for service underspends across Health Services to be held in reserve to mitigate any future budget volatility and underwrite the delivery of approved savings plans.
- 4.4** This General Fund surplus will be added to the useable reserves brought forward from 2015/16 of £1.612m.
- 4.5** The unearmarked balance position as at 31 March 2017 is £2.033m, which forms part of the HSCP's financial strategy and as per the reserves policy, was established to better manage the risk of any future unanticipated events that may materially impact on the financial position of the HSCP Board.
- 4.6** The earmarked balance position as at 31 March 2017 is £3.535m. These reserves have been created in order to finance expenditure in relation to specific projects or known financial pressures e.g. prescribing savings target.
- 4.7** The preparation of the annual report and accounts for the HSCP Board will meet all legislative requirements. There has been no material movement to the projected outturn last reported to the HSCP Board. There are no significant governance issues.
- 4.8** The Chief Financial Officer would like to extend thanks to colleagues across the HSCP, in particular the finance team; and partner organisations acknowledging the detailed work required in the year end closure process.

#### **5. People Implications**

- 5.1** There are no people implications.

## **6. Financial Implications**

**6.1** There are no financial implications other than those detailed in the report.

## **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** None

## **11. Consultation**

**11.1** This report was prepared in conjunction with Health and Council Colleagues and was agreed with the (NHS GG&C) Director of Finance and Section 95 Officer of West Dunbartonshire Council

## **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.

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

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

***Julie Slavin – Chief Financial Officer***

**Date: 22 June 2017**

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

**Appendices:** Draft Unaudited Annual Accounts 2016/17

**Background Papers:** 31 May 2017 HSCP Board : 2016/17 Financial Performance  
Report  
  
Audit Committee Terms of Reference

**Wards Affected:** None



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

# **West Dunbartonshire Integration Joint Board**

*Commonly known as*

**West Dunbartonshire  
Health and Social Care Partnership**

## **Annual Accounts 2016/17**

# **DRAFT**



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<b>West Dunbartonshire HSCP Board was established on 1 July 2015 and integrated delivery of health and social care services commenced on this date. Consequently the 2016/17 financial year is the first fully operational financial year of the HSCP Board and the figures above reflect this. ....</b>	
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## **MANAGEMENT COMMENTARY**

### **INTRODUCTION**

This publication contains the financial statements for the West Dunbartonshire Integration Joint Board (IJB), hereafter known as the Health and Social Care Partnership Board (HSCP Board) for the year ended 31 March 2017.

The Management Commentary provides an overview of the key messages in relation to the HSCP Board's financial planning and performance for the 2016/17 financial year and how this has supported the delivery of the its strategic priorities as laid out in its Strategic Plan 2016-2018. This commentary also outlines future challenges and risks which influence the financial plans of the HSCP Board as they deliver high quality health and social care services to the people of West Dunbartonshire.

The attached annual accounts have been prepared in accordance with current regulations and guidance.

### **The West Dunbartonshire Health and 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 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 (IJB) for West Dunbartonshire, known as the West Dunbartonshire Health & Social Care Partnership Board (HSCP Board) was formally established on 1 July 2015.

#### **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.

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 range of functions and services delegated to the HSCP Board are detailed within the approved *Integration Scheme for West Dunbartonshire*, which can be viewed here:

<http://wdhscp.org.uk/media/1215/wdhscp-integration-scheme-may-2015.pdf>

## The HSCP Board's Operations for the Year

The Act places a duty on the HSCP Board to create a "strategic plan" for the integrated functions and budgets that it controls. At its August 2017 meeting, the HSCP Board approved its second Strategic Plan, covering the three year period 2016 – 2019 (the maximum duration allowed by the legislation). This high-level strategic plan sets out the HSCP Board's commissioning priorities for that medium term period, with a clear commitment to the delivery of effective clinical and care governance and Best Value.

The HSCP Strategic Plan 2016 – 2019 can be viewed here:

<http://wdhscp.org.uk/media/1597/strategic-plan-2016-2019.pdf>

A full profile of West Dunbartonshire is set out in the Strategic Plan. Some of the key characteristics include the following:

- West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. According to the National Records for Scotland, the 2015 population for West Dunbartonshire is 89,590; a decrease of 0.1 per cent from 89,710 in 2014. The population of West Dunbartonshire accounts for 1.7 per cent of the total population of Scotland;
- Service delivery should reflect local population needs. In West Dunbartonshire there are two locality areas: Clydebank; and Dumbarton and Alexandria; and
- National evidence indicates that the population of West Dunbartonshire is aging due to a combination of factors; that the number of births within the area is dropping; the number of people migrating to other council areas within the 15 – 44 age group is increasing; and the number of deaths registered annually is falling.

The substance of the Strategic Plan was shaped by the contents and response to the HSCP Board's first and well-received Annual Performance Report 2015/16:

<http://wdhscp.org.uk/media/1572/wdhscp-annual-performance-report-and-appendices.pdf>

The Strategic Plan reflects the HSCP Board's commitment to integration being community planning in practice, with its strategic commissioning outcomes articulated with respect to the three local *Community Planning Single Outcome Agreement* priorities that the WD HSCP has a key leadership role in locally:

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

## West Dunbartonshire Integration Joint Board – Annual Accounts for the Year Ended 31<sup>st</sup> March 2017

The HSCP Board receives a Public Performance Report at each meeting, which provides an update on progress in respect of key performance indicators and commitments. These can be viewed here:

<http://wdhscp.org.uk/about-us/public-reporting/performance-reports/>

The Act obliges all Integration Joint Boards to produce a Performance Report covering performance over the reporting year no later than four months after the end of that reporting year. The HSCP Board's second Annual Performance Report 2016/17 (i.e. for the same period as these annual accounts) will be presented to its August 2017 meeting for scrutiny. Thereafter it will be 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 will include 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).

Operational highlights for 2016/17 include:

- The HSCP's Community Hospital Discharge Team was a finalist at the 2016 Scottish Health Awards;
- The HSCP's Prescribing Support Team was 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 HSCP Care at Home Service was awarded the Scottish Association of Social Work (SASW) Award for 'Best example of collaboration in an integrated setting' as well as being finalists in the Team of the Year award at the national awards ceremony in March 2017;
- The HSCP's Residential Child Care Team at Burnside House won Residential Child Care Team of the Year Award at the Scottish Institute for Residential Child Care (SIRCC) Awards 2016;
- Practical completion of the new Crosslet House 70 bed residential care home (owned by West Dunbartonshire Council but managed by the HSCP as a delegated service) to replace the three current residential homes in the Dumbarton and Alexandria locality. This new, modern facility will truly transform the lives of its residents and their families;
- Further investment in social care services through the Scottish Government's £250m Social Care Fund. Our partnership share was £4.9m which was directed to: additional spend on expanding social care to support the objectives of integration by supporting people in their own home or a homely setting; and delivering the Scottish Living Wage to all adult social care workers; and
- Positive messages in 2015/16 Annual Audit Report by Audit Scotland published in September 2016 around effective financial management and financial sustainability in an increasingly challenging climate of public sector austerity.

## Analysis of the Financial Statements and Financial Performance of HSCP Board

The Statement of Accounts contains the financial statements of the HSCP Board for the year ended 31 March 2017, which holds all of the expenditure and income associated with the operational delivery of services to the population of West Dunbartonshire.

West Dunbartonshire Integration Joint Board – Annual Accounts for the Year Ended 31<sup>st</sup> March 2017

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 2016/17 Accounts have been prepared in accordance with this Code.

The financial reporting responsibilities of the HSCP Board Chief Financial Officer include preparing financial statements which should reflect a "true and fair view" of the partnership's financial performance and financial position.

External auditors have a responsibility to provide an opinion on the financial statements, which will involve challenging and testing the unaudited accounts. The external audit findings and opinions may require some changes and adjustments being made before the accounts are approved by the HSCP Board on 20 September 2017.

Financial performance is an integral element of the HSCP Board's overall performance management framework, with regular reporting and scrutiny of financial performance at meetings of both the HSCP Board and its Audit Committee.

The key messages from our first full year of operation during the financial year 2016/17 are:

- On a total budget allocation of £167.693m from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board, including Set Aside and Hosted Services, we have ended the year with a surplus of £3.956m;
- This represents previously reported underspends in Social Care, mainly from unapplied Social Care Fund resources and planned for service underspends across Health Services to be held in reserve to mitigate any future budget volatility and underwrite the delivery of approved savings plans;
- This surplus will be added to the reserves brought forward from 2015/16 of £1.612m;
- These general fund reserves are categorised into earmarked reserves for specific projects, such as residential care home transformation or 2017/18 budget pressure related to GP prescribing and unearmarked reserves which forms part of the HSCP Board's financial strategy and was established to better manage the risk of any future unanticipated events that may materially impact on the financial position of the HSCP Board;
- Approved savings of £0.993m relating to Social Care were delivered in line with the financial plan;
- Approved savings of £1.431m for Health Care were part delivered through Health Board collective savings plans and local savings plans. The balance of £0.909m was funded non-recurrently by Greater Glasgow and Clyde Health Board to allow the HSCP Board to approve savings options at the November 2016 meeting for implementation 1 April 2017;
- The cost of implementation of the Scottish Living Wage of £8.25/hr for all adult care workers from 1 October 2016 was calculated at a cost of £0.667m; and
- WD HSCP host MSK Physiotherapy Services and Retinal Screening for all partnerships within Greater Glasgow and Clyde Health Board and delivered within budgets of £6.246m and £0.823m respectively.

West Dunbartonshire Integration Joint Board – Annual Accounts for the Year Ended 31<sup>st</sup> March 2017

The full year financial position for the HSCP Board can be summarised as follows:

1 April 2016 to 31 March 2017	West Dunbartonshire Council £000	Greater Glasgow & Clyde Health Board £000	Total £000
Funds Received from Partners	(62,216)	(105,477)	(167,693)
Funds Spent with Partners	58,840	104,897	163,737
Surplus in Year 2016/17	(3,376)	(580)	(3,956)

## The HSCP Board's Strategy and Business Model

Audit Scotland has stated that public bodies need to think differently about what they deliver: prioritising activities; redesigning services; and re-shaping their workforces. This is certainly the case in West Dunbartonshire, and just as true for the Health & Social Care Partnership as it is for other areas of public service. As committed to within the Integration Scheme and based on local engagement and feedback, a local Participation and Engagement Strategy was developed and approved in May 2016, that sets out the key principles and high level ways-of-working that the HSCP will apply in its relationships with stakeholders as an integral element of its mainstream strategy and business model. The Participation and Engagement Strategy can be viewed here:

<http://wdhscp.org.uk/media/1561/wdhscp-participation-and-engagement-strategy-2016.pdf>

In addition to the requirements set out within the Public Bodies (Joint Working) Act 2014, this Strategy takes due cognisance of other pertinent legislation, including:

- The Carer's (Scotland) Act 2016 which aims to ensure better and more consistent support for both adult and young carers so that they can continue to care in better health and to have a life alongside of caring.
- The Community Empowerment (Scotland) Act 2015 provides a legal framework that promotes and encourages community empowerment and participation; and outlines how public bodies will work together and with the local community to plan for, resource and provide services which improve local outcomes in the local authority area.
- The Children and Young People's (Scotland) Act 2014 which reinforces the United Nations Convention on the Rights of the Child; and the principles of Getting It Right for Every Child.
- The Community Justice (Scotland) Act 2016 which identifies Community Planning Partnerships as being the vehicle to bring partner organisations together to plan and deliver community justice outcomes.
- The Equality Act 2010, with its general duties to eliminate discrimination, harassment and victimisation; advance equality of opportunity between people who share a protected characteristic and those who do not; and foster good relations between people who share a protected characteristic and those who do not.

All of the above reinforce the stated core values of the HSCP Board i.e. protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion. As expressed in this Strategy, these then underpin how the HSCP develops and delivers the local Strategic Plan and local services; and informs relationships with



stakeholders, including service users, carers and communities; staff working within the HSCP, and Trade Unions; GPs, other NHS external contractors and acute clinicians; the Third and Independent Sector; and Community Planning Partners. The HSCP has worked with stakeholders to create a tapestry of flexible opportunities to support pragmatic participation and engagement – and with the understanding that they are not set-in-stone but rather are dynamic processes that should and will evolve based on feedback, learning and changing circumstances.

The HSCP Board is also responsible for strategic planning for unscheduled care with respect to the population of West Dunbartonshire. In doing this, it is obliged to work closely with the Health Board as well as the other Integration Joint Boards within the Greater Glasgow & Clyde area. This reflects the challenges presented by a “wicked” combination of continuing shifts in patterns of disease to long term conditions; growing numbers of older people with multiple conditions and complex needs; and a pressurised financial environment. Critical to this is the on-going work and developments to shifting the balance of where care and support is delivered from hospital to community care settings, and to individual homes when that is the best thing to do. Good quality community care should mean less unscheduled care in hospitals, and people staying in hospitals only for as long as they need specific treatment. At the same time, waste and variation in clinical practice need to be addressed, alongside promoting the reliable implementation of effective interventions. To this end, the HSCP Board approved at its 22<sup>nd</sup> March 2017 a set of comprehensive commissioning intentions for unscheduled care, reflecting a commitment to invest, redesign and deliver an effective infrastructure of community services. In doing this, it sets out initial commissioning directions for NHSGGC and its Acute Division; and a proposed improvement agenda for primary care, both of which emphasise the expectations to realise realistic medicine. In accordance with Scottish Government’s emerging indications with regards to measuring the impact of health and social care integration, the commissioning objectives express the following inter-connected areas for strengthening performance:

- Communication.
- Unplanned admissions.
- Occupied bed days for unscheduled care
- A&E performance.
- Delayed discharges.
- End of life care.
- Balance of spend across institutional and community services.

The Unscheduled Care Commissioning Intentions 2017 – 2020 can be viewed at:

<http://wdhscp.org.uk/media/1757/wdhscp-unscheduled-care-commissioning-march-2017.pdf>

## Key Risks and Uncertainties

The HSCP 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 HSCP Board Financial Regulations can be viewed here:

<http://www.wdhscp.org.uk/media/1414/wd-hscp-board-financial-regulations-aug-2015.pdf>

The HSCP Board approved its Risk Management Strategy & Policy at its August 2015 meeting, which can be viewed here:

<http://www.wdhscp.org.uk/media/1415/wdhscp-risk-policy-and-strategy-august-2015.pdf>

Following the planned and formal review of strategic risks during 2016 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; and then presented to the HSCP Board for approval at its November 2016 meeting. That current strategic risk register – with mitigating activities specified - can be viewed here (item 9):

<http://wdhscp.org.uk/media/1669/hscp-document-pack-16-november-2016.pdf>

Some of key risks identified with mitigating actions in the HSCP Board Risk Register are:

Strategic Risk	Mitigating Action
Failure to deliver efficiency savings targets and operate within allocated budgets.	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 & GGC processes.
Failure of NHSGGC-wide MSK Physiotherapy Service to meet nationally determined four week waiting time target.	Text reminders for new appointments targeted 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.
Failure to deliver a sustainable solution to asbestos-related health & safety risks within fabric of Clydebank Health Centre.	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 won't be altered until funding confirmed (i.e. once approvals for Outline and Full Business Cases secured).



West Dunbartonshire Integration Joint Board – Annual Accounts for the Year Ended 31<sup>st</sup> March 2017

Ongoing financial austerity within the public sector coupled with short term funding allocations make financial planning in the medium term a complex endeavour for the HSCP Board's funding partners and impacts on the HSCP Board's decision making process on how to address funding reductions with the least impact to front line services.

Service redesign and shifting the balance of care are essential given the projected scale estimated funding reductions (3%-7%) and demographic challenges in the coming years. West Dunbartonshire HSCP was the second best performing in 2015/16 for percentage off adults supported at home who agreed that they are supported to live as independently as possible – 89% (Scotland 84%). The Strategic Plan and its associated commissioning intentions will inform the HSCP Board's Financial Plan around growing our community based services.

Moving into 2017/18 the HSCP Board will proactively address the funding challenges through a refresh of its medium term financial strategy, incorporating Scottish Government's 2017/18 funding directions to the funding partners, i.e. that:

- Health Boards' maintain budget allocation at 2016/17 cash levels; and
- Councils' restrict funding reductions to share of £80m in recognition of the addition £107m Social Care funding.

The HSCP Board will closely monitor progress delivering the of approved savings programmes through robust budget monitoring processes and regular meetings with all levels of budget holder. The HSCP Chief Office will develop further options through use of invest to save models and opportunities for team co-location (e.g. as part of West Dunbartonshire Council's investment in fit for purpose office accommodation and improved agile working strategy).

The HSCP Board will use reserves to both underwrite any unforeseen service volatility and to support service redesign to deliver sustainable, high quality health and care services to West Dunbartonshire communities.

More generally a range of wider issues presents some degree of uncertainty to the HSCP Board, particularly in terms of future planning relating to finance, the workforce and the scale and scope of the HSCP Board. Examples include:

- Potential reform(s) of NHS boards and local government;
- The national and local political landscape; and
- Impacts of Brexit, such as an unstable economic climate and uncertainty regarding the future employment rights of health and social care staff from EU countries.

As part of its commitment to a strong governance framework around regular and robust budget and performance monitoring and on-going assessment of risk, the HSCP Board and its senior officers will monitor such developments and will take appropriate action as required.

**Marie McNair**  
HSCP Board Chair

Date: 20/09/17

**Keith Redpath**  
Chief Officer

Date: 20/09/17

**Julie Slavin CPFA**  
Chief Financial Officer

Date: 20/09/17

## **STATEMENT OF RESPONSIBILITIES**

### **Responsibilities of the Health and Social Care Partnership Board**

The Health and Social Care Partnership Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this partnership, that officer is the Chief Financial Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the Audit Committee on 20 September 2017.

Signed on behalf of the West Dunbartonshire Health and Social Care Partnership Board

**Marie McNair**  
HSCP Board Chair

Date: 20/09/17

### **Responsibilities of the Chief Financial Officer**

The Chief Financial Officer is responsible for the preparation of the HSCP Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Financial Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Financial Officer has also:

- kept proper accounting records which 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 the West Dunbartonshire Health and Social Care Partnership Board as at 31 March 2017 and the transactions for the year then ended.

**Julie Slavin CPFA**  
Chief Financial Officer

Date: 20/09/17

## REMUNERATION REPORT

### Introduction

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

It discloses information relating to the remuneration and pension benefits of specified WD HSCP Board members and staff. The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

The HSCP Board does not directly employ any staff. All staff working within the HSCP are employed through either Greater Glasgow and Clyde Health Board or West Dunbartonshire Council; and remuneration for senior staff is reported through those bodies. This report contains information on the HSCP Board Chief Officer and Chief Financial Officer's remuneration together with details of any taxable expenses relating to HSCP Board voting members claimed in the year.

Membership of the HSCP Board is non-remunerated; for 2016/17 no taxable expenses were claimed by members of the partnership board.

### 1. Health and Social Care Partnership Board

The voting members of the HSCP Board were appointed through nomination by Greater Glasgow and Clyde Health Board or West Dunbartonshire Council.

The HSCP Board does not pay allowances or remuneration to voting board members; voting board members are remunerated by their relevant partner organisation.

The HSCP Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair. For 2016/17 no voting member received any form or remuneration from the HSCP Board as detailed in the table over.

Total Taxable HSCP related Expenses 2015/16	Voting Board Members 2016/17	Nominating Organisation	Total Taxable HSCP related Expenses 2016/17
Nil	Councillor Gail Casey ( Chair)	West Dunbartonshire Council	Nil
Nil	Councillor Martin Rooney	West Dunbartonshire Council	Nil
Nil	Councillor Jonathan McColl	West Dunbartonshire Council	Nil
Nil	Allan Macleod ( Vice chair)	NHS Greater Glasgow and Clyde	Nil
Nil	Heather Cameron	NHS Greater Glasgow and Clyde	Nil
Nil	Ros Micklem - Note 1	NHS Greater Glasgow and Clyde	Nil
N/A	Rona Sweeney - Note 2	NHS Greater Glasgow and Clyde	Nil

Note 1: Last Board meeting 25 May 2016      Note 2: Appointed to Board 17 August 2016

## 2. Senior Officers

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

### Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the HSCP Board has to be appointed and the employing partner has to formally second the officer to the HSCP Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the HSCP Board.

The Chief Officer for the financial year 2016/17 (Mr Keith Redpath) was employed Greater Glasgow and Clyde Health Board; held an honorary contract with West Dunbartonshire Council; and was funded equally between the Health Board and the Council.

This report contains information on the HSCP Board Chief Officer's full year remuneration.

### Other Officers

No other staff are appointed by the HSCP Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included below.

Total Earnings 2015/16 £	Senior Officers	Salary, Fees & Allowance £	Compensation for Loss of Office	Total Earnings 2016/17 £
102,741	K Redpath Chief Officer	105,869		105,869
	J Slavin (Start date 22/08/16) Chief Financial Officer	41,446 (FYE £67,920)		41,446
82,358	J Middleton (Retired 16/10/2016) Chief Financial Officer	55,463		55,463

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the HSCP Board balance sheet for the Chief Officer or any other officers.

The HSCP Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the HSCP Board. The following table shows the HSCP Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Officers	In Year Pension Contributions		Accrued Pension Benefits		
	For year to 31/03/16 £	For year to 31/03/17 £		For year to 31/03/16 £	For year to 31/03/17 £
K Redpath Chief Officer	16,073	16,008	Pension Lump Sum	14,887 44,611	16,653 49,958
J Slavin (Start date 22/08/16) Chief Financial Officer	0	6,175	Pension Lump Sum	0 0	1,113 0
J Middleton (Retired 16/10/16) Chief Financial Officer	11,528	6,496	Pension Lump Sum	20,381 61,143	0 0

The officers detailed above are all members of the NHS Superannuation Scheme (Scotland). The pension figures shown relate to the benefits that the person has accrued as a consequence of their total public sector service, and not just their 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.

## Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Remuneration Band	Number of Employees 31 <sup>st</sup> March 2016	Number of Employees 31 <sup>st</sup> March 2017
£55,000 -£59,999		1
£65,000 -£69,999		1
£80,000- £84,999	1	
£100,000 -£104,999	1	
£105,000-109,999		1

**Marie McNair**  
HSCP Board Chair

Date: 20/09/17

**Keith Redpath**  
Chief Officer

Date: 20/09/17

## **ANNUAL GOVERNANCE STATEMENT**

The Annual Governance Statement explains the HSCP Board's governance arrangements as it meets the requirements of the "Code of Practice for Local Authority Accounting in the UK" and reports on the effectiveness of the HSCP Board's system of internal 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 Strategic Plan 2016-2019 also commits to the delivery of effective clinical and care governance and Best Value.

To meet this responsibility the HSCP Board has established arrangements for governance of its affairs and facilitating the effectiveness 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 a system of internal control. The system is intended to manage risk, to a reasonable level, to support the achievement of the HSCP Board's policies, aims and objectives. Reliance is also placed on Greater Glasgow and Clyde Health Board and West Dunbartonshire Council's systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the HSCP Board.

*Delivering Good Governance in Local Government: Framework*, published by CIPFA in association with Solace in 2007, set the standard for local authority governance in the UK. CIPFA and Solace reviewed the Framework in 2015 to ensure it remained 'fit for purpose' and published a revised edition in spring 2016. The new *Delivering Good Governance in Local Government: Framework* (CIPFA/Solace, 2016) applies to annual governance statements prepared for the financial year 2016/17 onwards.

West Dunbartonshire Council has recently approved and adopted a revised Local Code of Corporate Governance (the Local Code), which is consistent with the principles of the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Society of Local Authority Chief Executives (SOLACE) Framework: *Delivering Good Governance in Local Government*. A copy of this Code is available from the Council website at:

<http://www.west-dunbarton.gov.uk/media/4312582/wdc-local-code.pdf>

A copy of Greater Glasgow and Clyde Health Board's annual review of its governance arrangements is available from the Health Board website at:

[http://www.nhsggc.org.uk/media/238236/nhsggc\\_board\\_paper\\_16-37.pdf](http://www.nhsggc.org.uk/media/238236/nhsggc_board_paper_16-37.pdf)

Any system of internal control can only provide reasonable and not absolute assurance of effectiveness.



## The Governance Framework

The governance framework is comprised of systems and processes; culture and a set of values; by which the HSCP is directed and controlled. It enables the HSCP Board to monitor the achievements of the strategic objectives set up in its Strategic Plan.

The HSCP Board comprises of the Chair and five other voting members, nominated equally by either the West Dunbartonshire Council or Greater Glasgow and Clyde Health Board. There are a number of professional and stakeholder non-voting members including a Chief Officer appointed by the Board. As defined within the Integration Scheme the HSCP, “is the joint delivery vehicle for those integrated services delegated to the Integration Joint Board (except for NHS acute hospital services)”; and the Chief Officer is responsible for the operational management of said Health & Social Care Partnership.”

While the Delivering Good Governance in Local Government: Framework is written in a local authority context, most of the principles are applicable to the HSCP Board, particularly as legislation recognises IJBs as a local government body under Part VII of the Local Government (Scotland) Act 1973, and therefore subject to the local authority accounting code of practice.

The HSCP Board recently approved the adoption of a Local Code of Good Governance and considered the Sources of Assurance which describes and defines the main features of the governance framework. A review on the effectiveness of the sources of assurance will be carried out and an action plan for improvements will be submitted to the HSCP Board in 2017/18. A copy of this report can be found on the WD HSCP website at:

<http://www.wdhscp.org.uk/media/1789/hscp-31-may-document-pack-public-version.pdf>

The main features of the governance framework in existence during 2016/17 are described in the Local Code but are summarised below:

- The HSCP Board is formally constituted through the Integration Scheme agreed with our Council and Health Board partners and approved by Scottish Government;
- The HSCP Board’s second Strategic Plan 2016 – 2019 was approved by the Board on the 17 August 2016. It sets out the purpose, strategic vision and commissioning priorities for the next three years – with a clear commitment to the delivery of effective clinical and care governance and Best Value;
- The scope, authority, governance and strategic decision making of the HSCP Board and Audit Committee is set out in key constitutional documents including the integration scheme, scheme of delegation, terms of reference, code of conduct, standing orders and financial regulations;
- The Performance Management Framework commits to regular reporting on the delivery of outcomes as set out in the Strategic Plan. Building on the well received 2015/16 Annual Performance Report, each meeting of the HSCP Board receives a quarterly Public Performance Report, which has already been scrutinised by the Senior Management Team;



- The HSCP Board's approach to risk management has been scrutinised and endorsed by the Audit Committee through an update of the Strategic Risk Register, specifically for it to articulate to the anticipated effect on the level of risks as a result of the mitigating action specified. This revised version was subsequently approved by the HSCP Board in November 2016. This is further underpinned by operational risk registers maintained and reviewed by HSCP Heads of Service;
- HSCP Board's approval of Strategic Partnership Agreements with our voluntary organisation partners;
- The Reserves Policy was reviewed as part of the annual budget setting process and approved by the HSCP Board in March 2017;
- The HSCP Board follows the principles set out in COSLA's *Code of Guidance on Funding External Bodies and Following the Public Pound* for both resources delegated to the Partnership by the Health Board and Local Authority and resources paid to its local authority and health service partners;
- The HSCP Board has in place a development programme for all HSCP Board Members. The Senior Management Team has taken part in development sessions on resilience and maintaining high quality performance in preparation of the retirement of the Chief Officer. A performance appraisal process is in place for all employees and compliance reporting is a standing agenda item at the Clinical and Care Governance Group; and
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Audit Scotland, the external auditors, Inspectorates and the appointed Internal Audit service to the HSCP's Senior Management Team and the HSCP Board and Audit Committee.

The governance framework was in place throughout 2016/17.

### **The System of Internal Financial Control**

The system of internal control is based on an ongoing set of processes designed to identify, prioritise and manage the risks facing the organisation. The system aims to evaluate the nature and extent of failure to achieve the organisation's policies, aims and objectives and to manage risks efficiently, effectively and economically. Any system of internal control can only provide reasonable and not absolute assurance of effectiveness.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration (including segregation of duties), management supervision and delegation. Development and maintenance of these systems is undertaken by the Health Board and Council as part of the operational delivery of WD HSCP. During 2016/17 this included the following:

- Financial regulations and codes of financial practice;
- Comprehensive budgeting systems, including a formalised budget setting process;
- Regular reviews of periodic and annual financial reports that monitor service delivery and financial performance against the forecast of the integrated budget;
- Setting targets to measure financial and other performance;
- Clearly defined capital expenditure guidelines; and
- Formal project management disciplines.

West Dunbartonshire Integration Joint Board – Annual Accounts for the Year Ended 31<sup>st</sup> March 2017

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)*. To deliver these responsibilities the Chief Financial Officer:

- Must lead and direct a finance function that is resourced to be fit for purpose; and
- Must be professionally qualified and suitably experienced.

During 2016/17 the Health Board undertook a review of its Management Accounts function and in consultation with Chief Officers and Chief Financial Officers, formally delegated accountancy support to each of the six partner HSCP's. For WD HSCP the Chief Financial Officer now leads and directs a joint finance team which can continue to develop and refine integrated budgeting and monitoring processes.

With regard to the entries taken from the Health Board and Council Accounts, the HSCP Board has placed reliance on the individual Assurance Statements of Internal Financial Control and the Annual Audit Reports prepared by their own internal auditors. Report highlights on areas for improvement around internal controls will be reflected in the Council and Health Board's own Governance Statements.

### 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 review of the HSCP Board's governance framework is supported by a process within West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. Within the Council each member of the Corporate Management Team presents an annual statement on the adequacy and effectiveness of control (including financial control), governance and risk management arrangements within their service area. Through the delegation of operational responsibility for the delivery of all social care services these statements were provided by the HSCP's Chief Officer and Senior Management Team. The responses to these are considered as part of the review of the HSCP and the Council's governance frameworks and areas for improvement are considered in "Further Actions" below. A similar process is in operation within the Health Board where Service Managers were provided with a "Self-assessment Checklist" to complete and return as evidence of review of key areas of the internal control framework.

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. The 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 Chief Internal Auditor undertakes an annual audit review to provide an independent opinion on the adequacy and effectiveness of the HSCP's Internal Financial Control. For 2016/17 the conclusion was "that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control".

Audit Scotland in their December 2015 report entitled "Health and Social Care Integration" recommended that Integration Joint Boards have high standards of effective governance. As part of the 2016/17 HSCP Board Audit Plan an audit was carried out on

West Dunbartonshire Integration Joint Board – Annual Accounts for the Year Ended 31<sup>st</sup> March 2017

“Governance, Performance and Financial Management Arrangements” of the HSCP. The findings concluded that the systems examined are generally working effectively.

### **Governance Issues in 2016/17**

Whilst all operational and transactional governance issues are considered within our partners’ governance frameworks the HSCP Board Audit Committee take an overview of all actions arising from both internal and external audit reports.

The Chief Internal Auditor’s regular update reports to the HSCP Board Audit Committee have confirmed that there are no significant governance issues for 2016/17.

### **Further Actions**

To ensure continual improvement of the HSCP’s governance arrangements the following actions have been agreed:

- Enhancement of the already robust budget monitoring processes by developing the functionality of Carefirst Financials in the production of full year commitment information;
- In partnership with the Council and Health Board continue to work with staff and their representatives through the Joint Staff Forum on reducing sickness absence rates across all services;
- Developing management information in partnership with ISD to better inform strategic planning, financial and commissioning strategy and “measuring performance under integration” by way of 6 key measures laid down by the Ministerial Strategy Group for Health and Community Care;
- Internal Audit review of Social Work Tendering and Commissioning practices across services, with cognisance of the requirement to ensure that all adult social care workers are paid at the Scottish Living Wage rate; and
- Detailed review and scoring of local code, together with an action plan where areas for improvement identified.

### **Assurance and Certification**

Whilst recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the HSCP Boards system of governance.

We consider the internal control environment provides reasonable and objective assurance that any significant risks impacting on our principal objectives will be identified and actions taken to mitigate their impact.

**Marie McNair**  
HSCP Board Chair

Date: 20/09/17

**Keith Redpath**  
Chief Officer

Date: 20/09/17

**Julie Slavin CPFA**  
Chief Financial Officer

Date: 20/09/17

## COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

2015/16 Gross Expend £0	2015/16 Gross Income £0	2015/16 Net Expend £0	West Dunbartonshire Integrated Joint Board Health & Social Care Partnership	2016/17 Gross Expend £0	2016/17 Gross Income £0	2016/17 Net Expend £0
<b>Consolidated Health &amp; Social Care</b>						
24,736	(6,028)	18,708	Older People Residential, Health and Community Care	32,972	(7,183)	25,789
10,055	(519)	9,536	Homecare	13,786	(711)	13,075
1,927	(119)	1,808	Physical Disability	2,751	(242)	2,509
15,028	(1,547)	13,481	Children's Residential Care and Community Services (incl specialist)	19,881	(769)	19,112
1,560	(75)	1,485	Strategy Planning and Health Improvement	1,929	(78)	1,851
8,490	(1,130)	7,360	Mental Health Services - Adult & Elderly Community and Inpatients	11,085	(1,505)	9,580
2,555	(202)	2,353	Addictions	3,013	(154)	2,859
11,543	(602)	10,941	Learning Disabilities - Residential and Community Services	15,542	(379)	15,163
18,371	(780)	17,591	Family Health Services (FHS)	24,406	(988)	23,418
14,010	0	14,010	GP Prescribing	19,294	0	19,294
4,686	(130)	4,556	Hosted Services - MSK Physio	6,246	(182)	6,064
572	0	572	Hosted Services - Retinal Screening	770	(4)	766
(1)	0	(1)	Criminal Justice	3,742	(3,726)	16
3,512	(1,944)	1,568	HSCP Corporate and Other Services	1,536	(829)	707
244	0	244	IJB Operational Costs	254	0	254
<b>117,288</b>	<b>(13,075)</b>	<b>104,213</b>	<b>Cost of Services Directly Managed by West Dunbartonshire HSCP</b>	<b>157,207</b>	<b>(16,750)</b>	<b>140,457</b>
13,040		13,040	Set aside for delegated services provided in large hospitals	17,066	0	17,066
			Services hosted by other NHS GGC IJBS <b>Note 9</b>	13,292	(1,517)	11,775
			Services hosted by West Dunbartonshire IJB for other IJBS <b>Note 9</b>	(6,494)	231	(6,263)
			Assisted garden maintenance and Aids and Adaptions	702	0	702
<b>130,328</b>	<b>(13,075)</b>	<b>117,253</b>	<b>Total Cost of Services to West Dunbartonshire HSCP</b>	<b>181,773</b>	<b>(18,036)</b>	<b>163,737</b>
	(118,865)	(118,865)	Taxation & Non-Specific Grant Income (contribution from partners) <b>Note 5</b>		(167,693)	(167,693)
		<b>(1,612)</b>	<b>Surplus on Provisions of Services Total Comprehensive Income and Expenditure</b>			<b>(3,956)</b>

## West Dunbartonshire Integration Joint Board – Annual Accounts for the Year Ended 31<sup>st</sup> March 2017

West Dunbartonshire HSCP Board was established on 1<sup>st</sup> July 2015 and integrated delivery of health and social care services commenced on this date. Consequently the 2016/17 financial year is the first fully operational financial year of the HSCP Board and the figures above reflect this.

### **MOVEMENT IN RESERVES STATEMENT**

This statement shows the movement in the year on the HSCP Board's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movement in Reserves During 2016/17	Unearmarked Reserves Balance £000	Earmarked Reserves Balance £000	Total General Fund Reserves £000
<b>Opening Balance as at 31 March 2016</b>	(492)	(1,120)	(1,612)
Total Comprehensive Income and Expenditure Increase /Decrease 16-17	(1,541)	(2,415)	(3,956)
<b>Closing balance as at 31 March 2017</b>	(2,033)	(3,535)	(5,568)

Movement in Reserves During 2015/16	Unearmarked Reserves Balance £000	Earmarked Reserves Balance £000	Total General Fund Reserves £000
<b>Opening Balance as at 31 March 2015</b>	-	-	-
Total Comprehensive Income and Expenditure Increase /Decrease 15-16	(492)	* (1,120)	(1,612)
<b>Closing balance as at 31 March 2016</b>	(492)	(1,120)	(1,612)

\* minor rounding restatement from £1.119m from 2015/16 Annual Accounts

### **BALANCE SHEET**

The Balance Sheet shows the value of the HSCP Board's assets and liabilities as at the balance sheet date. The net assets of the HSCP Board (assets less liabilities) are matched by the reserves held by the HSCP Board.

2015-16 £000's		Notes	2016-17 £'000
1,629	Short Term Debtors		5,568
-	<b>Current Assets</b>		<b>5,568</b>
(17)	Short Term Creditors		-
-	<b>Current Liabilities</b>		-
<b>1,612</b>	<b>Net Assets</b>		<b>5,568</b>
(492)	Usable Reserves: General Fund		(2,033)
(1,120)	Usable Reserves: Earmarked		(3,535)
<b>(1,612)</b>	<b>Total Reserves</b>		<b>(5,568)</b>

The unaudited accounts were issued on 22<sup>nd</sup> June 2017 and the audited accounts were authorised for issue on 20<sup>th</sup> September 2017.

**Julie Slavin CPFA**  
Chief Financial Officer

20/09/17

## **NOTES TO THE FINANCIAL STATEMENTS**

### **1. Significant Accounting Policies**

#### General Principles

The Financial Statements summarises the HSCP Board's transactions for the 2016/17 financial year and its position at the year-end of 31 March 2017.

The HSCP Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the HSCP Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

#### Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the HSCP Board.
- Income is recognised when the HSCP Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down

#### Funding

The HSCP Board is primarily funded through funding contributions from the statutory funding partners, West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. Expenditure is incurred as the HSCP Board commission's specified health and social care services from the funding partners for the benefit of service recipients in West Dunbartonshire.

#### Cash and Cash Equivalents

The HSCP Board does not operate a bank account or hold cash. Transactions are settled on behalf of the HSCP Board by the funding partners. Consequently the HSCP Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner, as at 31 March 2017, is represented as a debtor or creditor on the HSCP Board's Balance Sheet.



### Employee Benefits

The HSCP Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The HSCP Board therefore does not present a Pensions Liability on its Balance Sheet.

The HSCP Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31<sup>st</sup> March is accrued, for example in relation to annual leave earned but not yet taken.

Charges from funding partners for other staff are treated as administration costs.

### Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March 2017 due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March 2017, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March 2017, whose existence will only be confirmed by later events. A contingent asset is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

### Reserves

The HSCP Board's reserves are classified as either Usable or Unusable Reserves.

The HSCP Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2017 shows the extent of resources which the HSCP Board can use in later years to support service provision or for specific projects.

### Indemnity Insurance

The HSCP Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding HSCP Board member and officer responsibilities. Greater Glasgow and Clyde Health Board and West Dunbartonshire Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the HSCP Board does not have any 'shared risk' exposure from participation in CNORIS. The HSCP Board's participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the HSCP Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

## 2. Critical Judgements and Estimation Uncertainty

A critical judgement made in the Financial Statements relating to complex transactions is in respect of the values included for services hosted within West Dunbartonshire HSCP for other IJBs within the Greater Glasgow and Clyde area. At the end of the financial year an assessment of costs associated with activity for these services related to non-West Dunbartonshire residents is made and an appropriate share of the costs is removed from the accounts of West Dunbartonshire HSCP Board and transferred to those other IJBs. The costs removed are based upon budgeted spend such that any overspend or underspend remains with the hosting partnership.

## 3. Events After the Reporting Period

The Annual Accounts were authorised for issue by the Chief Financial Officer on 20<sup>th</sup> September 2017. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31<sup>st</sup> March 2017, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

## 4. Expenditure and Income Analysis by Nature

West Dunbartonshire Health & Social Care Partnership Board Consolidated Health & Social Care Services	2015-16 £'000	2016-17 £'000
Employee Costs	47,057	69,697
Property costs	1,390	1,067
Transport	961	1,450
Supplies and Services	3,931	5,592
Payment to Other Bodies	29,683	40,128
Prescribing	16,369	23,435
Family Health Services	16,012	20,784
Capital Charges	580	0
Other - Direct Payments	1,288	1,835
Audit Fee	17	17
Assisted Garden Maintenance and Aids and Adaptions	0	702
Set Aside for Delegated Services Provided in Large Hospitals	13,040	17,066
Income	(13,075)	(18,036)
Taxation and non-specific grant income	(118,865)	(167,693)
<b>Surplus on the Provision of Services</b>	<b>(1,612)</b>	<b>(3,956)</b>



## 5. Taxation and Non-Specific Grant Income

The table below shows the funding contributions from the two partner organisations. The funding contribution from the NHS Greater Glasgow and Clyde Health Board shown above includes £17.066m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the Health Board which retains responsibility for managing the costs of providing the services. The HSCP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

<b>Taxation and Non -Specific Grant Income</b>	<b>2015-16 £'000</b>	<b>2016-17 £'000</b>
NHS Greater Glasgow and Clyde Health Board	(60,506)	(82,899)
West Dunbartonshire Council	(45,319)	(61,514)
NHS GGCHB Set Aside	(13,040)	(17,066)
Services hosted by other GGC IJBs		(11,775)
Services hosted by West Dunbartonshire HSCP for other IJBs		6,263
Assisted garden maintenance and Aids and Adaptions		(702)
<b>Total</b>	<b>(118,865)</b>	<b>(167,693)</b>

## 6. Debtors

<b>Short Term Debtors</b>	<b>2015-16 £'000</b>	<b>2016-17 £'000</b>
NHS Greater Glasgow and Clyde Health Board	1,048	1,628
West Dunbartonshire Council	564	3,940
<b>Total</b>	<b>1,612</b>	<b>5,568</b>

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

## 7. Creditors

<b>Short Term Creditors</b>	<b>2015-16 £'000</b>	<b>2016-17 £'000</b>
NHS Greater Glasgow and Clyde Health Board	0	0
West Dunbartonshire Council	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

## 8. Usable Reserve: General Fund

The HSCP Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the HSCP Board's risk management framework.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a general contingency.

Balance as at 1st April 2015 £000	Transfers Out 2015/16 £000	Transfers In 2015/16 £000	Balance as at 31st March 2016 £000		Transfers Out 2016/17 £000	Transfers In 2016/17 £000	Balance as at 31st March 2016 £000
0	0	(301)	(301)	Integrated Care Fund	301	(555)	(555)
0	0	(275)	(275)	Delayed Discharge	191	(87)	(171)
0	0	(205)	(205)	GIRFEC NHS	30	0	(175)
0	0	(24)	(24)	GIRFEC Council	10	0	(14)
0	0	(46)	(46)	MSK Physio	46	0	0
0	0	(21)	(21)	Ophthalmology	21	0	0
0	0	(48)	(48)	Criminal Justice - transitional funds	48	(60)	(60)
0	0	(200)	(200)	DWP Conditions Management	16	0	(184)
0	0	0	0	TEC ( Technology enabled care) project	0	(118)	(118)
0	0	0	0	Cluster lead funding	0	(26)	(26)
0	0	0	0	SMT Leadership development funding	0	(3)	(3)
0	0	0	0	Social Care Fund - Living Wage	0	(833)	(833)
0	0	0	0	Service Redesign and Transformation	0	(1,000)	(1,000)
				Physio waiting times initiative	0	(75)	(75)
0	0	0	0	Prescribing Reserve	0	(321)	(321)
0	0	(1,120)	(1,120)	<b>Total Earmarked Reserves</b>	<b>663</b>	<b>(3,078)</b>	<b>(3,535)</b>
0	0	(492)	(492)	<b>Unearmarked</b>	<b>396</b>	<b>(1,937)</b>	<b>(2,033)</b>
0	0	(1,612)	(1,612)	<b>Total General Fund</b>	<b>1,059</b>	<b>(5,015)</b>	<b>(5,568)</b>

## 9. Agency Income and Expenditure

On behalf of all IJBs within the NHS Greater Glasgow and Clyde area, the WD HSCP acts as the lead manager, or host for a number of delegated services. It commissions services on behalf of the other IJBs and reclaims the costs involved. The payments that are made on behalf of the other IJBs' and the consequential reimbursement are removed from the Comprehensive Income and Expenditure Statement (CIES) since WD HSCP is not acting as principal in these transactions.

The net amount of expenditure and income relating to those agency arrangements is shown below.

2015/16 Exp on Agency Services £000	2015/16 Income from Agency Services £000	2015/16 Net Exp £000		2016/17 Exp on Agency Services £000	2016/17 Income from Agency Services £000	2016/17 Net Exp £000
-	-	-	MSK Physio	5,486	(5,486)	0
-	-	-	Retinal Screening	681	(681)	0
-	-	-	Old Age Psychiatry	96	(96)	0
0	0	0	<b>Services Hosted by West Dunbartonshire HSCP Board for Other IJBs</b>	<b>6,263</b>	<b>(6,263)</b>	<b>0</b>

## 9. Agency Income and Expenditure (cont.)

Similarly, other HSCP's within Greater Glasgow and Clyde area act as the Lead Manager, or Host, for a number of delegated services on behalf of West Dunbartonshire HSCP Board. The payments that are made by the other IJBs on behalf of West Dunbartonshire HSCP Board and the consequential reimbursement are included in the comprehensive income and expenditure statement since this expenditure is incurred for the residents of West Dunbartonshire.

The net amount of expenditure and income relating to those agency arrangements is shown below.

2015/16 Exp on Agency Services £000	2015/16 Income from Agency Services £000	2015/16 Net Exp £000		2016/17 Exp on Agency Services £000	2016/17 Income from Agency Services £000	2016/17 Net Exp £000
-	-	-	Podiatry	485	(485)	-
-	-	-	Primary Care support	373	(373)	-
-	-	-	Continence	311	(311)	-
-	-	-	Sexual Health	646	(646)	-
-	-	-	Learning Disability Tier 4 Community	170	(170)	-
-	-	-	Mh Central Services	660	(660)	-
-	-	-	MH Citywide services	962	(962)	-
-	-	-	Oral Health	657	(657)	-
-	-	-	Addictions	1,096	(1,096)	-
-	-	-	Prison Healthcare	756	(756)	-
-	-	-	HC In Police Custody	177	(177)	-
-	-	-	General Psychiatry	3,393	(3,393)	-
-	-	-	Learning Disability	417	(417)	-
-	-	-	Old Age Psychiatry	1,672	(1,672)	-
-	-	-	<b>Services Hosted by other NHS GGC IJB's</b>	<b>11,775</b>	<b>(11,775)</b>	-

## 10. Related Party Transactions

The HSCP Board has related party relationships with the Greater Glasgow and Clyde Health Board and West Dunbartonshire Council. In particular the nature of the partnership means that the HSCP Board may influence, and be influenced by, its partners. The following transactions and balances included in the HSCP Board's accounts are presented to provide additional information on the relationships.

### Transactions with Greater Glasgow and Clyde Health Board

2015-16 £'000		2016-17 £'000
(73,546)	Funding Contributions received from the NHS Board	(99,965)
72,498	Expenditure on Services Provided by the NHS Board	99,385
<b>(1,048)</b>	<b>Net transactions with NHS Board</b>	<b>(580)</b>

Greater Glasgow and Clyde Health Board did not charge for any support services provided in the year ended 31<sup>st</sup> March 2017.

### Balances with Greater Glasgow and Clyde Health Board

2015-16 £'000		2016-17 £'000
1,048	Debtors Balances: Amount Due from the NHS Board	1,628

### Transactions with West Dunbartonshire Council

2015-16 £'000		2016-17 £'000
(45,319)	Funding Contributions received from the council	(61,514)
44,511	Expenditure on Services Provided by the council	57,884
244*	Key management personnel : non-voting members	254*
<b>(564)</b>	<b>Net transactions with West Dunbartonshire Council</b>	<b>(3,376)</b>

\* includes Audit Fee of £17k

Key Management Personnel: The Non-Voting Board members employed by the NHS Board and recharged to the HSCP Board include the Chief Officer; the Chief Financial Officer; the Head of Strategy, Planning and Improvement and part of the team. Details of the remuneration for some specific post-holders are provided in the Remuneration Report.

### Balances with West Dunbartonshire Council

2015-16 £'000		2016-17 £'000
564	Debtors Balances: Amount Due from West Dunbartonshire Council	3,940

West Dunbartonshire Integration Joint Board – Annual Accounts for the Year Ended 31<sup>st</sup> March 2017

West Dunbartonshire Council did not charge for any support services provided in the year ended 31<sup>st</sup> March 2017.

**11. VAT**

The HSCP Board is not a taxable person and does not charge or recover VAT on its functions.

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

The services provided to the HSCP Board by the Chief Officer are outside the scope of VAT as they are undertaken under a special legal regime.

## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

**Audit Committee: 22<sup>nd</sup> June 2017**

### **Subject: Audit Plan Progress Report**

#### **1. Purpose**

- 1.1** The purpose of this report is to provide an update to members on:
- The planned programme of audit work for the year 2016/17 in terms of the internal audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde that may have an impact upon the West Dunbartonshire Health & Social Care Partnership Board; and
  - The agreed actions from the audit of the Partnership Board's Governance, Performance and Financial Management Arrangements.

#### **2. Recommendations**

- 2.1** It is recommended that the Audit Committee note the progress made in relation to the Audit Plan for 2016/17.

#### **3. Background**

- 3.1** This report provides a summary to the Partnership Board of recent the Internal Audit activity, within the 2016/17 Audit Plan at the Council and the Health Board which may have an impact upon the delivery of the strategic plan.

#### **4. Main Issues**

##### **(a) Progress on Audit Plan 2016/17**

##### West Dunbartonshire Council

- 4.1** Since 1<sup>st</sup> April 2016, the following Internal Audit reports have been issued to the Council, which are relevant to the Partnership Board:

Audit Title	Number and Priority of Recommendations		
	High	Medium	Low
<b>Social Care Services reports:</b>			
Child Protection (2015/16 Audit Plan)	0	1	0
Home Care	0	3	1
Fostering and adoption payments / allowances	1	0	0

<b>Corporate Reports:</b>			
Overtime and Additional Working (2015/16 Audit Plan)	0	1	0
Attendance Management (2015/16 Audit Plan)	0	3	2
Employee Licences/Vehicle Documentation Checks 2016/17	0	2	0
ICT Risk Register Controls	0	3	0
Use of Consultants	0	1	1
Payroll	0	2	1
Debtors	0	1	3
Capital Expenditure / Capital Programme	0	0	1
<b>Total</b>	<b>1</b>	<b>17</b>	<b>9</b>

- 4.2** Recommendations have timescales for completion in line with the following categories:

<b>Category</b>	<b>Expected implementation timescale</b>
<u>High Risk:</u> Material observations requiring immediate action. These require to be added to the department's risk register	Generally, implementation of recommendations should start immediately and be fully completed within three months of action plan being agreed
<u>Medium risk:</u> Significant observations requiring reasonably urgent action.	Generally, complete implementation of recommendations within six months of action plan being agreed
<u>Low risk:</u> Minor observations which require action to improve the efficiency, effectiveness and economy of operations or which otherwise require to be brought to the attention of senior management.	Generally, complete implementation of recommendations within twelve months of action plan being agreed

- 4.3** For Social Care audit assignments outstanding actions from previously issued audit reports are included at Appendix A, along with the full action plan from one recently issued action plan.



- 4.4** Internal Audit will undertake follow up work to confirm the implementation of the recommendations.
- 4.5** The planned audit on Scottish Social Services Council Registration is currently in progress.
- 4.6** As a result of a significant amount of investigations work to which the Internal Audit team has had to respond it has not been possible to fully complete the risk based audit plan for 2016/17. As a result, four risk based audits from the overall Council audit plan have been rolled forward into 2017/18, including Employment Support (Social Work initiative for vulnerable people). This approach has been agreed in discussion with External Audit.

NHS Greater Glasgow and Clyde

- 4.7** In the period, the following Internal Audit reports have been issued to the NHS Greater Glasgow & Clyde, which are relevant to the Partnership Board:

Audit Title	Opinion	Number and Priority of Recommendations		
		High	Medium	Low
Waiting Times / TTG	High Risk	1	2	0
Key Financial Controls - Payroll	Medium Risk	0	3	2
Key Financial Controls - Accounts Payable	Low Risk	0	0	2
Key Financial Controls - General Ledger	Low Risk	0	0	1
Performance Monitoring and Reporting in Acute Services	Low Risk	0	2	0
Complaints Handling Procedures	Low Risk	0	1	3
H&SCI Financial Reporting & Control	Low Risk	0	0	2
Significant Capital Projects Governance & Post Project Evaluation	Medium Risk	0	5	0
<b>Total</b>		<b>1</b>	<b>13</b>	<b>10</b>

- 4.8** High risk indicates findings that could have a:

- Significant impact on operational performance; or
- Significant monetary or financial statement impact or
- Significant breach in laws and regulations resulting in significant fines and consequences; or
- Significant impact on the reputation or brand of the organisation.

Medium risk indicates findings that could have a:

- Moderate impact on operational performance; or
- Moderate monetary or financial statement impact; or
- Moderate breach in laws and regulations resulting in fines and consequences; or
- Moderate impact on the reputation or brand of the organisation.

Low risk indicates findings that could have a:

- Minor impact on the organisation's operational performance; or
- Minor monetary or financial statement impact; or
- Minor breach in laws and regulations with limited consequences; or
- Minor impact on the reputation of the organisation

#### Follow up work

- 4.9** Internal Audit undertake follow up work to confirm the implementation of high risk and a sample of medium risk recommendations. The results of this follow up work are reported to the HSCP Audit Committee with any matters of concern being drawn to the attention of this Committee.

#### **WD Health & Social Care Partnership Board**

- 4.10** In addition to the reviews referred to above, an audit has been carried out on the West Dunbartonshire Governance, Performance and Financial Management arrangements of the Health & Social Care Partnership Board. Progress on the agreed actions from this report is provided in Appendix B.

#### **(b) Audit Plan 2017/18**

- 4.11** There are no completed audits from the 2017/18 Audit Plan as yet.

### **5. People Implications**

- 5.1** There are no personnel issues with this report.

### **6. Financial Implications**

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

## **7. Professional Implications**

**7.1** None.

## **8. Locality Implications**

**8.1** None.

## **9. Risk Analysis**

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

## **10. Impact Assessments**

**10.1** None.

## **11. Consultation**

**11.1** This report has been prepared in consultation between the Partnership Board's Chief Internal Auditor, James Hobson, Assistant Director of Finance (NHS Greater Glasgow and Clyde), Julie Slavin (Chief Financial Officer, West Dunbartonshire Health and Social Care Partnership) and Stephen West (Strategic Lead – Resources, West Dunbartonshire Council).

## **12. Strategic Assessment**

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

**Author:** **Colin McDougall**  
**Chief Internal Auditor – Health & Social Care Partnership Board**

**Date:** **22 June 2017**

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**Person to Contact:** Colin McDougall, Audit and Risk Manager  
West Dunbartonshire Council  
Telephone 01389 737436  
E-mail – colin.mcdougall@west-dunbarton.gov.uk

**Appendices:** Appendix A: Internal Audit Reports – WDC Internal Audit Team (Social Care)






## Appendix B: WDHSCP - Internal Audit Reports

**Background Papers:** None


# Appendix A

## Internal Audit Reports Internal Audit Reports – WDC Internal Audit Team (Social Care)

Generated on: 12 June 2017



Action Status	
	Cancelled
	Overdue; Neglected
	Unassigned; Check Progress
	Not Started; In Progress; Assigned
	Completed

### Project 107. Home Care (Report Issued November 2016)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
CS/IAAP/472	<p><u>3. Mobile phones capped at £50 a month</u></p> <p>It is recommended that the £50 monthly monetary cap is reviewed to manage the risk of WDC incurring excessive costs from the inappropriate use of phones allocated to home carers. This can be reviewed with ICT when assessing potential opportunities from the new Vodafone contract.</p>	The standard operation policy for the use of phones will be reviewed by the end of March 2017.		<div><div>90%</div></div>	31-Mar-2017	30-Nov-2017	Lynne McKnight	Mobile phone bills monitored. Clear message to all staff regarding appropriate use of mobile phones. Costs anticipated to reduce when changeover to new supplier is completed later this year, and cap will be reviewed in accordance with this.

	(Low Risk)							
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**Project 116. Fostering & Adoption Payments / Allowances (Report Issued May 2017)**

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
CS/IAAP/505	<u>1. Foster Carer Agreements</u> All Foster Carer Agreements are required to be completed and signed off by all the relevant parties. When completed and signed off, all Foster Carer Agreement should be scanned onto the HSCP X/drive.  (High Risk)	All current foster carers have been forwarded new contracts for completion. Once returned all contracts are reviewed and signed by social worker and the Assistant Principal officer. They are then scanned onto the foster carer's folder on the X/drive. All contracts are expected to be completed, signed and scanned by June 2017.			30-Jun-2017	30-Jun-2017	Carron O'Byrne	The Fostering and Adoption team have completed all of the outstanding agreements with the Foster Carers. They have been forwarded to the area team social workers for review and sign off. The Assistant Principal Officer has contacted the above social work staff to ensure that the agreements are reviewed, signed and returned before the 22nd of June for final sign off and scanning by the APO.


## Appendix B


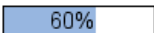
### WDHSCP - Internal Audit Reports

Generated on: 05 June 2017

Action Status	
	Cancelled
	Overdue; Neglected
	Unassigned; Check Progress
	Not Started; In Progress; Assigned
	Completed

#### Project 1. WDHSCP Governance, Performance & Financial Management (Report Issued March 2017)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
WDHSCP-001	It is recommended that when a model plan is completed and published a Records Management Plan prepared for local approval by the Partnership Board in order to comply with the statutory requirement.  (Low Risk)	This will be completed at the earliest opportunity, with WDHSCP officers having already engaged with Scottish Government officials on the drafting of the model Records Management Plan.		<div><div>40%</div></div>	31-Oct-2017	30-Jun-2018	Soumen Sengupta	Preparatory work has been and is being undertaken by HSCP Officer. However, it has been confirmed that the Keeper (National Records of Scotland) will not be inviting any IJBs to formally begin preparing and then submit their RMPs before the process for all of the other public authorities originally scheduled has been completed. It is anticipated that the first series of requests to IJBs to submit RMPs will go out

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
								in January 2018.
WDHSCP-002	<p><u>2. Partnership governance arrangements</u></p> <p>It is recommended that management within WDC and WDHSCP should, as part of their regular management meetings, identify any issues in relation to partnership governance arrangements and agree any resultant improvement actions in order comply with the best practice.</p> <p>(Low Risk)</p>	Preliminary discussions have already taken place, and initial scoping begun with respect to partnership governance arrangements as relates to the WDHSCP Board.			31-Aug-2017	31-Aug-2017	Julie Slavin	Chief Financial Officer and Head of Strategy, Planning & Health Improvement have prepared a local Code of Good Governance (as per CIPFA Guidance), which has been presented to HSCP Board for approval. Work is underway to complete a compliance self-assessment in accordance with CIPFA recommendations, with ongoing engagement of Chief Internal Auditor and external auditor.



## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 22 June 2017

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**Subject: Internal Audit Annual Report for the year ended  
31 March 2017**

### **1. Purpose**

- 1.1** To submit the Chief Internal Auditor's Annual Report for 2016/17 based on the internal audit work carried out for the year ended 31 March 2017, which contains an independent opinion on the adequacy and effectiveness of West Dunbartonshire's Health and Social Care Partnership Board's internal control environment that can be used to inform its Governance Statement.

### **2. Recommendations**

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

### **3. Background**

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

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

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

*The annual report must incorporate:*

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

- 3.2** For the purposes of providing an annual opinion, reliance will be placed on the work of NHS Greater Glasgow and Clyde internal auditors and West Dunbartonshire Council internal auditors and any other work carried out by other external assessors, for example Audit Scotland and Care Inspectorate.

- 3.3** In order to ensure proper coverage and avoid duplication of effort, the internal auditors of NHSGGC and all local authorities operating within this Health Board area meet periodically.

**4. Main Issues**

- 4.1** The Internal Audit Annual Report for 2016/17 included at Appendix A concludes with the Chief Internal Auditor's independent and objective opinion that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2017 that the Health & Social Care Partnership Board requires to rely upon within both the Council the Health Board. This opinion has informed the Health & Social Care Partnership Board's Governance Statement.

**5. People Implications**

- 5.1** There are no personnel issues with this report.

**6. Financial Implications**

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

**7. Professional Implications**

- 7.1** None.

**8. Locality Implications**

- 8.1** None.

**9. Risk Analysis**

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

**10. Impact Assessments**

- 10.1** None.

**11. Consultation**

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

## **12. Strategic Assessment**

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

**Author:** **Colin McDougall – Chief Internal Auditor for West Dunbartonshire Health and Social Care Partnership Board.**

**Date:** **22 June 2017**

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**Person to Contact:** Colin McDougall, Audit and Risk Manager  
West Dunbartonshire Council  
Telephone 01389 737436  
E-mail – colin.mcdougall@west-dunbarton.gov.uk

**Appendices:** A – Internal Annual Audit Report for the year ended 31 March 2017 from the Chief Internal Auditor

**Background Papers:** None

**Wards Affected:** All Wards

**APPENDIX A**

**Internal Audit Annual Report for the year ended 31 March 2017**  
**from the Chief Internal Auditor**

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

As the appointed Chief Internal Auditor for West Dunbartonshire Health & Social Care Partnership Board, I am pleased to present my annual statement on the adequacy and effectiveness of the internal financial control system of the Partnership Board for the year ended 31 March 2017.

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

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

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

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

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

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

## **The work of internal audit**

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

The operational delivery of services with WDC and NHSGGC on behalf of the WD HSCP will be covered by their respective internal audit arrangements.

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

## **Planned work for 2017/18**

Following a risk based assessment of the activities of IJB and consultation with the Chief Officer and the Chief Financial Officer the Internal Audit Plan for 2017/18 provides for 20 days of Internal Audit resource drawn from the Internal Audit Service of West Dunbartonshire Council. This will be used to service this audit committee and carry out a review of:

- General Policies and procedures;
- Financial Regulations;
- Reserves Policy; and
- Risk Management Strategy.

The Internal Audit Plan for 2017/18 was approved by the Health & Social Care Partnership Board on 22<sup>nd</sup> March 2017.

## **Basis of Opinion**

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

- The audit work undertaken by Internal Audit within the Council and the Health Board and also for the Partnership Board during the year to 31 March 2017;
- The assurance statement signed by the Chief Officer on the operation of the internal financial controls for the services for which he was responsible during the year to 31 March 2017;
- Reports issued by the External Auditors of the Council and the Health Board and other review agencies; and
- My knowledge of the Partnership Board's governance, risk management and performance monitoring arrangements.

## **Opinion**

It is my opinion, based on the above, that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2017 within the Council and the Health Board over which the Partnership Board requires to receive assurances and within the Health & Social Care Partnership Board itself.

**Signature:** 

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

**Date: 5 June 2017**

## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

**Audit Committee: 22 June 2017**

**Subject: Care Inspectorate Report for Throughcare and Aftercare: Adult Placement Service**

### **1. Purpose**

- 1.1** The Throughcare Adult Placement Service had an unannounced inspection on the 21st of December 2016 which took place over three days and the report was published on the 3rd of February 2017.

The grades awarded for each of the two themes inspected are as follows:

- |  |          |                     |
|--|----------|---------------------|
| • Quality of Care and support          | <b>6</b> | <b>Excellent</b>    |
| • Quality of Staffing                  | <b>6</b> | <b>Excellent</b>    |
| • Quality of Management and Leadership |          | <b>Not assessed</b> |

### **2. Recommendation**

- 2.1** There were no requirements or recommendations from this inspection with the service retaining its previous excellent grades and therefore the Committee are asked to note the report.

### **3. Background**

#### **3.1 Quality of Care and Support**

In respect to quality of care and support the inspection report highlighted the excellent standard of care and support provided to young people using the service. The inspector noted that “the needs of Young People were reliably and comfortably met through joint working approaches”.

- 3.2** The Inspector found that the extensive range of experience of the staff and the supported carers meant that young people were supported “exceptionally well”. She also noted that “in each instance, a bespoke provision allowed Young People to be nurtured within supportive environments”.

- 3.3** It was noted that a “key strength of the service was collaboration with partners to ensure effective outcomes for young people”. Of particular note was the much improved links with our local mental health provision.

- 3.4** The inspector made the following observations in the report with regards to exceptional or unique practice, “the service is in a unique position where a dedicated worker had specific responsibility to provide direct support for carers”.

"A specific example of successful practice introduced over the course of this year, involved members of the staff team being assigned to each of the residential children's houses across the authority, in order to improve awareness of Throughcare processes and assist more closely in the transition plans for young people".

- 3.5** In discussing their experience of the service, "young people spoke warmly and confidently about the support they received and it was clear there expectations had been exceeded", they made the following comments to the inspector:

*"I feel so included."*

*"I've never known anyone like her in my life."*

*"I would recommend lodgings to anyone."*

*"They have welcomed me into the family and make me very happy."*

- 3.6** The table below shows the consistency in excellent grades over the past two inspections:

Throughcare and Aftercare Adult Placement Service	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	Mar 2015						Feb 2017					
• Care & support						X						X
• Staffing						X						X
• Management & Leadership						X						N/A

- 3.7** In her verbal feedback the inspector commented that she had come to this inspection looking for sector leading performance and she had indeed found it.

#### **4. People Implications**

- 4.1** There are no people implications.

#### **5. Financial Implications**

- 5.1** There are no financial implications.

#### **6. Risk Analysis**

- 6.1** For any service inspected, failure to meet requirements within the time-scales set out in their inspection report could result in a reduction in grading or



enforcement action. This may have an impact on our ability to continue to deliver the service.

## **7. Equalities Impact Assessment (EIA)**

**7.1** Not required for this report.

## **8. Consultation**

**8.1** Not required for this report.

## **9. Strategic Assessment**

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

### **Keith Redpath**

Chief Officer

Health & Social Care Partnership

Date: September 2016

### **Person to Contact:**

Carron O'Byrne

Manager – Looked After Children

West Dunbartonshire HSCP

E-mail: carron o'byrne@wdc.gcsx.gov.uk

Telephone: 01389 772170

**Appendices:** None

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

**Wards Affected:** All



## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board Audit Committee: 22 June 2017

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

### **1 Purpose**

- 1.1** To provide Members with information regarding the most recent inspection reports for Blairvadach Residential Children's House and Burnside Residential Children's House.

### **2 Recommendations**

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

### **3 Background**

- 3.1** The inspections focused on a combination of four thematic areas:

- Quality of Care and Support
- Quality of Environment
- Quality of Staffing
- Quality of Management and Leadership

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

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

- 3.2** Copies of the above inspection reports can be accessed on the Care Inspectorate web-site; [www.scswis.com](http://www.scswis.com)

### **4 Main Issues**

#### **4.1 Blairvadach Residential Children's House:**

Blairvadach Residential Children's House was inspected on the 13<sup>th</sup> of October 2016.

- 4.2** The grades awarded for the 4 themes inspected are as follows:

- |                               |                |                  |
|-------------------------------|----------------|------------------|
| • Quality of Care and Support | <b>Grade 5</b> | <b>Very Good</b> |
| • Quality of Environment      | <b>Grade 5</b> | <b>Very Good</b> |

- Quality of Staffing **Grade 5** **Very Good**
- Quality of Management and Leadership **Grade 5** **Very Good**

- 4.3** There were no requirement and no recommendation from this inspection.
- 4.4** The inspector noted in her report that the service evidenced positive leadership at all levels and found many examples of how young people were supported, nurtured and guided by staff to achieve their goals and aspirations.
- 4.5** The inspector also considered how the service was performing in relation to Child Sexual Exploitation and commented that West Dunbartonshire have a robust strategy and action plan to challenge Child Sexual Exploitation (CSE) effectively across looked after and residential children's services .
- 4.6** The Inspector noted that managers and staff members she had spoken with demonstrated a clear understanding of CSE, including knowledge regarding what actions to take in order to protect young people from this type of harm, thus ensuring that young people within Blairvadach Children's House were protected by an informed and pro-active staff group.
- 4.7** The grades awarded for this inspection show significant progress in respect to the previous inspection. The grades have increased from 3 goods and an adequate in January 2016 to 4 very goods in October 2016. This progression reflects the commitment and high standards of support and care provided to young people within Blairvadach Children's House.
- 4.8** The table below highlights the progression of grades over the past two inspections:

Blairvadach Residential Children's House	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	11 <sup>th</sup> January 2016						13 <sup>th</sup> October 2016					
Quality of Care and Support				X							X	
Quality of Environment			X								X	
Quality of Staffing				X							X	
Quality of Management and Leadership				X							X	

## **5. Burnside Residential Children's House**

**5.1** Burnside Residential Children's House was inspected on the 23<sup>rd</sup> of December 2016.

The grades awarded for each of the two quality themes inspected are as follows:

- |                               |          |                  |
|-------------------------------|----------|------------------|
| • Quality of Care and Support | <b>6</b> | <b>Excellent</b> |
| • Quality of Staffing         | <b>6</b> | <b>Excellent</b> |

**5.2** There were no requirements or recommendations from this inspection with the service improving from its previous very good grades to excellent (Sector Leading Service) across both quality themes.

### **5.3 Quality of Care and Support**

In respect to Quality of Care and Support the inspection report highlighted the excellent standard of care and support provided to young people using the service, the inspector noted that she was particularly impressed by the inclusive approach adopted by the team to ensuring young people's views were at the centre of service improvements and development.

**5.4** The inspector found that staff built trusting and respectful relationships with the young people that helped to increase their confidence and self-esteem. She also noted that the well-established staff team demonstrate a strong care ethic with an evident commitment and passion for their work.

**5.5** The report reflects a drive from all staff to ensure that young people are supported to achieve the very best outcomes possible.

**5.6** The inspector made the following comment in the report

*"We found a highly committed and reflective staff team, led by a strong and visionary manager, helped to promote positive experiences for all young people in the service, in our discussions with staff we found that they were highly skilled and through a consistent whole team approach, young people could rely on all staff to offer practical and emotional support when needed"*

**5.7** In discussing their experience of the service, young people offered passionate responses about the support they received, commenting to the inspector:

*"Staff are amazing they really care for us."*

*"Staff have been brilliant in supporting me and my mum I don't think I would be going back home if it wasn't for them."*

*"I feel loved by the staff, I know they care for me."*

*"They make me feel good if I've achieved something."*

**5.8** The inspector also noted in the report:

*'In recognition of their work the staff team were nominated by the young people of Burnside to receive the Scottish Institute of Residential Child Care (SIRCC) Team of The Year Award (2016). SIRCC considers application from across the sector that are able to demonstrate innovative, sector leading practice. It was clear that throughout the year the young people felt that staff deserved this award as a means of thanking them for the love and care they receive. Burnside was successful in gaining this prestige's award and the young people said it was much deserved.'*

**6.8** As with the Blairvadach inspection the grades awarded to Burnside also demonstrate significant and sustain progress in respect to the previous inspection. The grades have increased significantly from 3 very good's and 1 good in December 2015 to 2 Excellent (Quality of Environment and Leadership were not graded in this inspection.) This progression reflects the commitment of all staff, and in concluding the report the inspector noted,

*'We found leadership at all levels was an expectation in Burnside with a continual drive for improvement that support and encouraged a culture of self-reflection and a commitment to professional development.'*

The table below highlights the significant progression of grades over the past two inspections:

Burnside Residential Children's House	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	December 2015						December 2016					
Quality of Care & support					X							X
Quality of Staffing					X							X
Quality of Environment					X							N/A
Quality of Management & Leadership						X						N/A

## **7 People Implications**

**7.1** There are no people implications.

## **8 Financial Implications**

**8.1** There are no financial implications.

## **9 Risk Analysis**

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

## **9 Equalities Impact Assessment (EIA)**

**9.1** Not required for this report.

## **10 Consultation**

**10.1** Not required for this report.

## **11 Strategic Assessment**

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

### **Keith Redpath**

Chief Officer

Health & Social Care Partnership

Date: 27<sup>th</sup> February 2017

### **Person to Contact:**

Carron O'Byrne

Manager – Looked After Children

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**Appendices:** None

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

**Wards Affected:** All





## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 22<sup>nd</sup> June 2017

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

### **1. Purpose**

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

### **2. Recommendations**

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

### **3. Background**

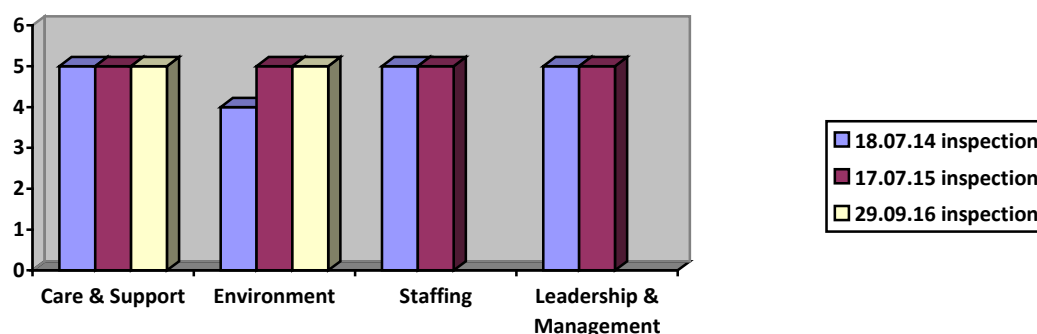
- 3.1** The Care Inspectorate assesses registered providers of care services in relation to four quality themes: care & support; environment; staffing; and management & leadership.
- 3.2** In 2015, any residential care home which has been awarded Grade 2 (i.e. weak) or less and/ or has requirements placed upon them following a full inspection will usually receive a follow-up visit within twelve weeks. These follow-up visits allow the Care Inspectorate to track improvement and gain assurance that services are making the right changes. The Care Inspectorate do not intend to make further requirements or revise grades on these follow up visits (although Inspectors have some discretion to do so if they consider that sufficient evidence is evident).
- 3.3** The HSCP and WDC Procurement monitor the independent sector care homes located within West Dunbartonshire in line with the terms of the National Care Home Contract; and arrange monitoring visits to ensure continued progress is being maintained in relation to agreed improvement plans. In addition, the HSCP works with independent sector providers to maintain their awareness of new developments and provide opportunities to share good practice/learning.
- 3.4** The independent sector Care Homes reported within this report are:
- Sunningdale
  - Strathleven Care Home

Copies of the inspection reports can be accessed on the Care Inspectorate web-site: [www.scswis.com](http://www.scswis.com).

#### 4. Main Issues

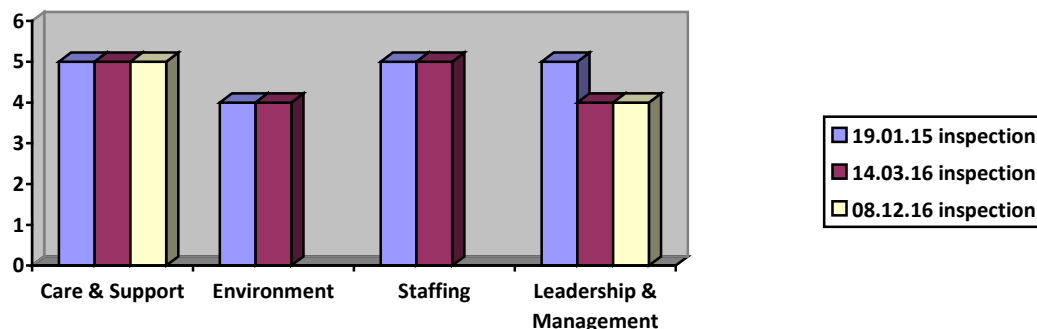
##### Sunningdale

- 4.1 Sunningdale is owned and managed by I & S Scotcare Ltd., who operate this single care home. The home is registered with the Care Inspectorate for a maximum of 17 Residential residents. As of 18<sup>th</sup> May 2017 there were 14 West Dunbartonshire residents supported within the care home.
- 4.2 The care home was inspected on 29<sup>th</sup> September 2016 and the report was published on 7<sup>th</sup> November 2016, with grades awarded as follows:
- For the theme of Care and Support – Grade 5/Very Good.
  - For the theme of Environment – Grade 5/Very Good.
- 4.3 There were no requirements detailed in the inspection report.
- 4.4 The chart below summarises the movement in grades awarded to Sunningdale from inspections over the last 3 inspections.



##### Strathleven Care Home

- 4.5 Strathleven Care Home is owned and managed by Pelan Ltd., who operate this single care home. The home is registered with the Care Inspectorate for a maximum of 21 Residential residents only. As of 18<sup>th</sup> May 2017 there were 19 West Dunbartonshire residents supported within the care home.
- 4.6 The care home was inspected on 8<sup>th</sup> December 2016 and the report was published on 15<sup>th</sup> December 2016, with grades awarded as follows:
- For the theme of Care and Support – Grade 5/Very Good.
  - For the theme of Management and Leadership – Grade 4/Good.
- 4.7 There were no requirements detailed in the inspection report.
- 4.8 The chart below summarises the movement in grades awarded to Strathleven Care Home from inspections over the last 3 inspections.



## 5. People Implications

5.1 There are no people implications associated with this report.

## 6. Financial Implications

6.1 The National Care Home Contract provides an additional quality payment, by the HSCP, to Care Homes if the Care Inspectorate Inspection report awards a grade of 5/Very Good or 6/Excellent for the theme of Quality of Care and Support. There is a second additional quality payment if the high grade in Quality of Care and Support is coupled with a grading of 5/Very Good or 6/Excellent in any of the other three thematic areas.

6.2 The National Care Home Contract also accounts for providers receiving low grades of 1/Unsatisfactory or 2/Weak in their Care Inspectorate Inspection report. If either of these grades are awarded it may trigger the withdrawal of the quality funding component, resulting in a reduction of £20 per resident per week from the weekly fee payable.

6.3 The Inspection Reports for both Sunningdale and Strathleven Care Home have financial implications for the HSCP. They again received the grades of 5/Very Good for the theme of Quality of Care & Support and 5/Very Good in at least another one of the other three thematic areas in their inspection report, thereby they will continue to receive the enhanced weekly rate for every resident the HSCP has placed in the homes.

6.4 As detailed at point 6.3 above both Sunningdale and Strathleven Care Home will continue to receive the enhanced weekly rate of £2.50 per resident per week from the date of their inspection. This means the HSCP will pay Sunningdale an additional £607.50 from 29/09/16 to 09/04/17 and Strathleven Care Home an additional £680.00 from 08/12/16 to 09/04/17, if all residents remain in the home until the end of this financial year. The increase does not apply to residents who only receive a Free Personal and/or Nursing Care payment from the HSCP.

6.5 These additional payments will remain in place until either the National Care Home Contract terms are renegotiated or the Care Inspectorate reduces the

grades awarded to Sunningdale and Strathleven Care Home following inspection.

## **7. Professional Implications**

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

## **8. Locality Implications**

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

## **9. Risk Analysis**

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

## **10. Impact Assessments**

**10.1** None required.

## **11. Consultation**

**11.1** None required.

## **12. Strategic Assessment**

**12.1** The Strategic Plan 2016-19 emphasises the importance of quality assurance amongst independent sector providers of care; and the HSCP's commitment to work with independent sector providers within an agreed assurance framework.

**Author:** Soumen Sengupta – Head of Strategy, Planning & Health Improvement

**Date:** 22<sup>nd</sup> June 2017

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### **Person to Contact:**

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**Appendices:** None

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

**Wards Affected:** All



## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 22<sup>nd</sup> June 2017

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

### **1. Purpose**

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

### **2. Recommendations**

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

### **3. Background**

- 3.1** The Care Inspectorate assesses registered providers of care services in relation to four quality themes: quality of care and support; environment; staffing; and management & leadership.
- 3.2** In 2015, the Care Inspectorate amended their inspection process. Where any building based service has been awarded a Grade 2 (i.e. weak) or less and/ or has requirements detailed following a full inspection, their next inspection may be a 'follow up' inspection. The follow up inspection will focus on the requirements made in the previous inspection instead of covering the four quality themes. The grades awarded at the previous inspection may change if the Inspector has evidence to support any adjustment. Follow up inspections will allow the Care Inspectorate to track improvement and gain assurance that services are making the right changes.
- 3.3** The independent sector support service inspections reported here are for:
- Alltogether Care Services Ltd. – the service is provided across West Dunbartonshire Council area.
  - Living Ambitions Ltd. Glasgow North and West – the service is provided in the Alexandria area.
  - Carman Care – the service is provided in the Alexandria area.
  - M and J Care & Support at Home – the service is provided throughout West Dunbartonshire Council area.
  - Fostering People Scotland Ltd. – the service is provided in family homes to children and young people from throughout the West Dunbartonshire Council area.
  - Joan's Carers Ltd. – the service is provided across West Dunbartonshire Council area.
  - Dunn Street Respite Service – the service is provided in the Duntocher area.
  - Key Community Supports – Dunbartonshire – the service is provided across West Dunbartonshire Council area.

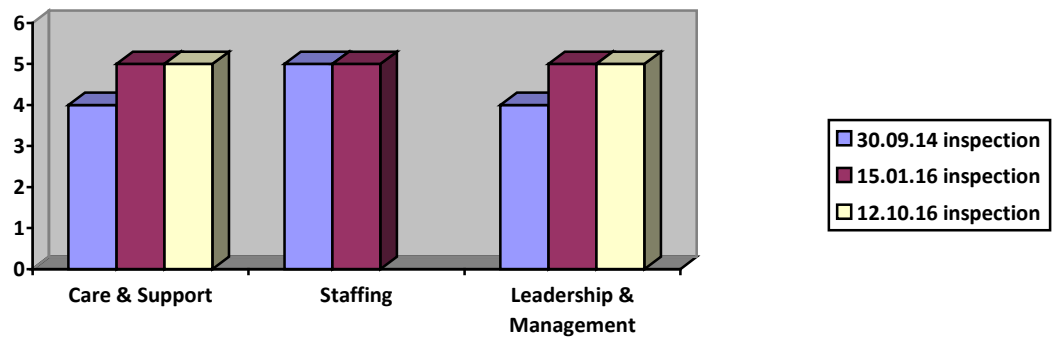
- Up-2-Us Support Service - service is provided throughout West Dunbartonshire Council area.
  - Share Scotland – Glasgow - the service is provided across West Dunbartonshire Council area.
  - St Andrew’s Children’s Fostering Service - the service is provided in family homes to children and young people from throughout the West Dunbartonshire Council area.
  - Cornerstone Baxter View - service is located in Dumbarton.
  - RNIB (West Dunbartonshire) Supported Tenancies and Alternative Day Opportunities - service is provided throughout West Dunbartonshire Council area.
  - Carewatch Care Services (Inverclyde, North Ayrshire, Dunbartonshire, Argyll & Bute) - service is provided across West Dunbartonshire Council area.
  - INCLUDEM (West) Intensive Support Service - service is provided throughout West Dunbartonshire Council area.
  - Dalmuir Park Housing Association Sheltered Housing Service/Lynx Care – service is provided in Dalmuir
- 3.4** Some providers operate multiple services across Scotland and register groups of their services with the Care Inspectorate on a ‘Branch’ basis rather than as individual services. In this report Living Ambitions Ltd. Glasgow North and West and Key Community Supports – Dunbartonshire and Share Scotland – Glasgow operate in this manner.
- 3.5** Copies of the inspection reports can be accessed on the Care Inspectorate website: [www.scswis.com](http://www.scswis.com).

#### **4. Main Issues**

##### Alltogether Care Services Ltd.

- 4.1** Alltogether Care Services Ltd. is a combined Housing Support and Care at Home service. The service is offered to adults with physical and sensory impairment and/or learning difficulties living in their own homes. The service was inspected on 12<sup>th</sup> October 2016 and the report published on 23<sup>rd</sup> November 2016. The following grades were awarded:
- For the theme of Care & Support – Grade 5/Very Good.
  - For the theme of Management & Leadership – Grade 5/Very Good.
- 4.2** There were no requirements detailed in the inspection report.
- 4.3** The chart overleaf summarises the movement in grades awarded Alltogether Care Services Ltd. over the last 3 inspections.





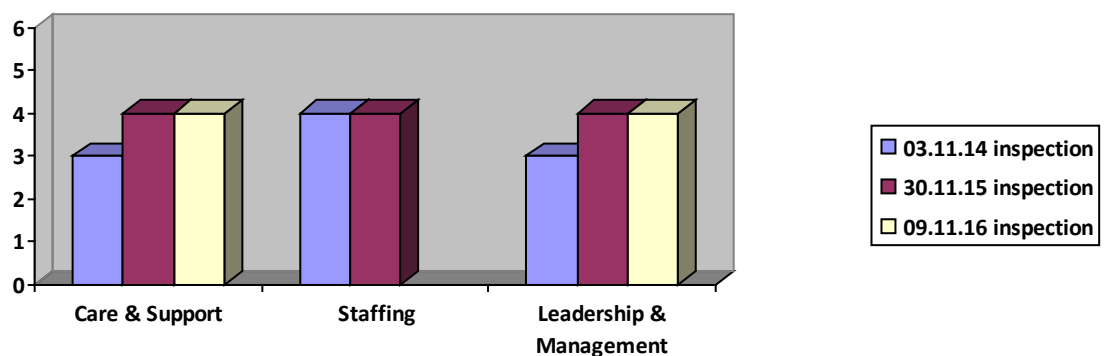
#### Living Ambitions Ltd. Glasgow North and West

**4.4** Living Ambitions Ltd. Glasgow North and West is a combined Housing Support and Care at Home service. The service supports people with learning disabilities and physical disabilities living in their own homes. In the West Dunbartonshire area they support adults with a learning disability. This provider changed its name in 2015 from Care UK Learning Disabilities Services Ltd. when the organisation was bought over by Living Ambitions Ltd., part of the Lifeways Group. The service was inspected on 9<sup>th</sup> November 2016 and the report published on 20<sup>th</sup> December 2016. The following grades were awarded:

- For the theme of Care & Support – Grade 4/Good.
- For the theme of Management & Leadership – Grade 4/Good.

**4.5** There were no requirements detailed in the inspection report.

**4.6** The chart below summarises the movement in grades awarded to the Living Ambitions Ltd. Glasgow North and West service from inspections over the last 3 years.



#### Carman Care.

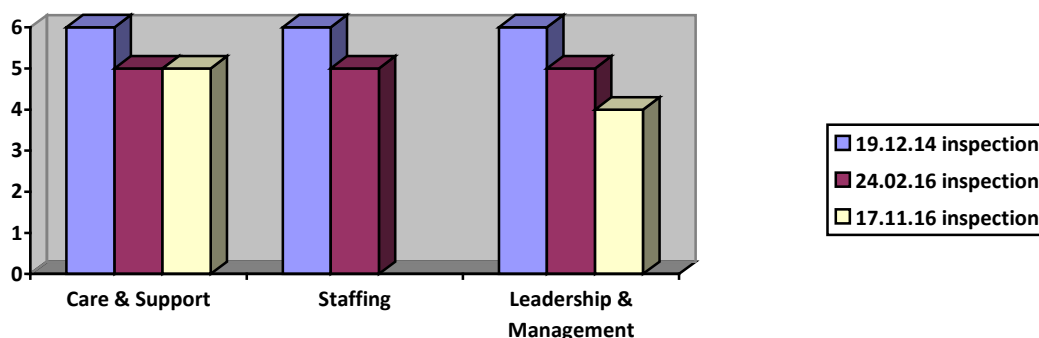
**4.7** Carman Care is a combined Housing Support and Care at Home service. The service is offered to older people and people with medical conditions and more complex needs. The support is provided to people who live in Waterside View and in the local community. The service was inspected on 17<sup>th</sup> November 2016 and the report published on 13<sup>th</sup> January 2017.

The following grades were awarded:

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

**4.8** There were no requirements detailed in the inspection report.

**4.9** The chart below summarises the movement in grades awarded to Carman Care from inspections over the last 3 inspections.



#### M and J Care & Support at Home

**4.10** M and J Care & Support at Home provide a combined housing support and care at home service. The service is offered to a wide range of people with varying needs who live in their own homes. The service was inspected on 31<sup>st</sup> October 2016 and the report published on 30<sup>th</sup> January 2017. The following grades were awarded:

- For the theme of Care and Support – Grade 4/Good.
- For the theme of Staffing – Grade 3/Adequate.
- For the theme of Management and Leadership – Grade 3/Adequate.

**4.11** The inspection report detailed the following two requirements to be addressed:

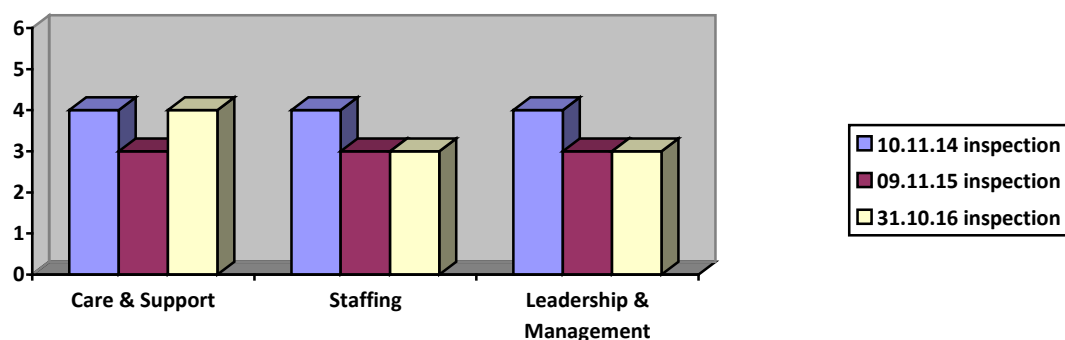
- Ensure all staff are suitably trained. To do this they must carry out a training needs analysis to identify gaps in training and develop a training plan to address these. A comprehensive induction programme to be developed for staff new to the service and where they change their role.

M and J Care & Support at Home was given four weeks from the receipt of the inspection report to address this requirement. The provider confirmed to HSCP staff that this has been completed.

- To follow safe recruitment procedures at all times. All staff must be in receipt of two satisfactory references, to include previous employer and if not an explanation detailed. Interviews should be carried out as part of the safer recruitment procedure with records of the outcome and name of interviewers recorded.

The provider was given two weeks from the receipt of the report to address this requirement. The provider confirmed to HSCP staff that this has been completed.

**4.12** The chart below summarises the movement in grades awarded to M and J Care & Support at Home from inspections over the last 3 years.



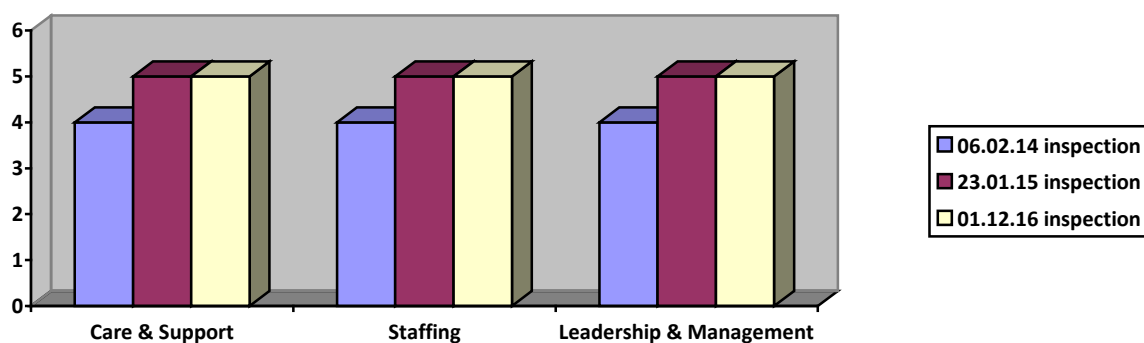
#### Fostering People Scotland Ltd.

**4.13** Fostering People Scotland Ltd. provides a Fostering Service. The service offers a fostering and family placement service for children and young people from birth to 18 years of age. The service was inspected on 1<sup>st</sup> December 2016 and the report published on 20<sup>th</sup> December 2016. The following grades were awarded:

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

**4.14** There were no requirements detailed in the inspection report.

**4.15** The chart below summarises the movement in grades awarded to Fostering People Scotland Ltd. from inspections over the last 3 years.



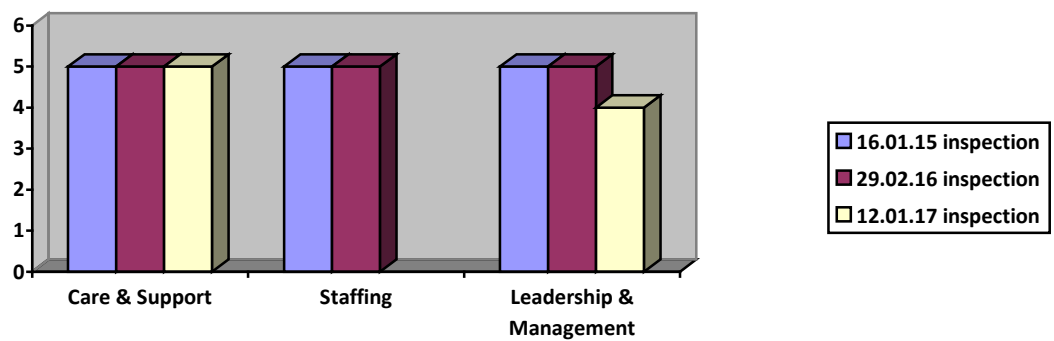
#### Joan's Carers Ltd.

**4.16** Joan's Carers Ltd. provides a personal care and domestic support service to a range of vulnerable adults living in their own homes. The service was inspected on 12<sup>th</sup> January 2017 and the report published on 7<sup>th</sup> February 2017. The following grades were awarded:

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

**4.17** There were no requirements detailed in the inspection report.

**4.18** The chart below summarises the movement in grades awarded to Joan's Carers Ltd. from inspections over the last 3 years.



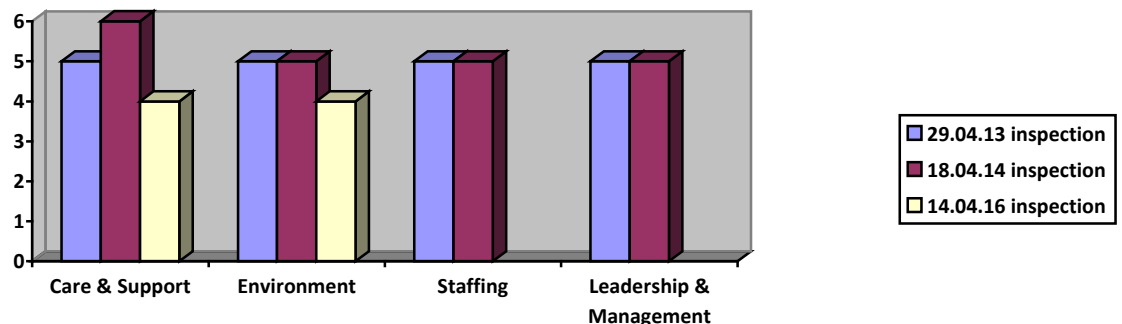
#### Dunn Street Respite Service

**4.19** Dunn Street Respite Service, operated by Quarriers, provides a residential respite service to a maximum of six adults, who have a learning disability, aged between sixteen and seventy. The service was inspected on 12<sup>th</sup> April 2016 and the inspection the report published on 21<sup>st</sup> March 2017. The following grades were awarded:

- For the theme of Care & Support – Grade 4/Good.
- For the theme of Environment – Grade 4/ Good.

**4.20** There were no requirements detailed in the inspection report.

**4.21** The chart below summarises the movement in grades awarded to Dunn Street from the last 3 inspections.



#### Key Community Supports – Dunbartonshire

**4.22** Key Community Supports - Dunbartonshire provides a combined housing support and care at home service to adults who have learning disabilities living in their own homes across East and West Dunbartonshire. The service was inspected on 31<sup>st</sup> January 2017 and the report published on 21<sup>st</sup> March 2017. The following grades were awarded:

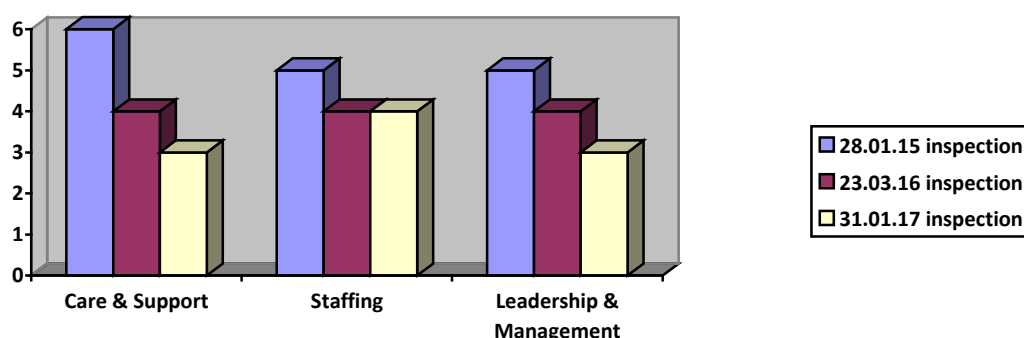
- For the theme of Care and Support – Grade 3/Adequate.
- For the theme of Staffing – Grade 4/Good.
- For the theme of Management and Leadership – Grade 3/Adequate.

**4.23** The inspection report detailed the following four requirements to be addressed:

- Service users' support plans must include full and current details of their health and welfare needs and how these will be met.
- To ensure that personal support plans are reviewed every six months, in keeping with legislation, and show the involvement of service users.
- Demonstrate proper provision for the safety and welfare of service users by ensuring that at all times suitably qualified, skilled and experienced staff are working in the service in numbers appropriate to the health and welfare of service users.
- Have in place internal quality assurance systems to effectively identify issues which may have a potential negative impact on the health and welfare of service users.

Key Community Supports - Dunbartonshire were given eight weeks from the receipt of the report to address these requirements. The provider has confirmed to HSCP staff that they have been completed within the timescale given.

**4.24** The chart below summarises the movement in grades awarded to Key Community Supports - Dunbartonshire from inspections over the last 3 years.



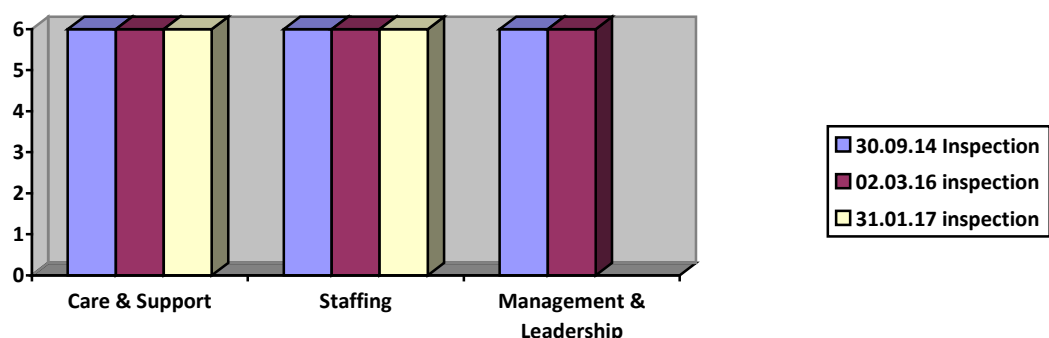
#### Up-2-Us Support Service

**4.25** Up-2-Us Support Service provides a combined Housing Support and Care at Home service. The service is offered to young people, up to the age of 25, and their families across West Scotland. In West Dunbartonshire the service is based in Dumbarton and works with families and children aged 10 to 18 years old. The service was inspected on 31<sup>st</sup> January 2017 and the report published on 31<sup>st</sup> March 2017. The following grades were awarded:

- For the theme of Care and Support – Grade 6/Excellent.
- For Staffing – Grade 6/Excellent.

**4.26** There were no requirements detailed in the inspection report.

**4.27** The chart below summarises the movement in grades awarded to the Up-2-Us Support Service from the last 3 inspections.



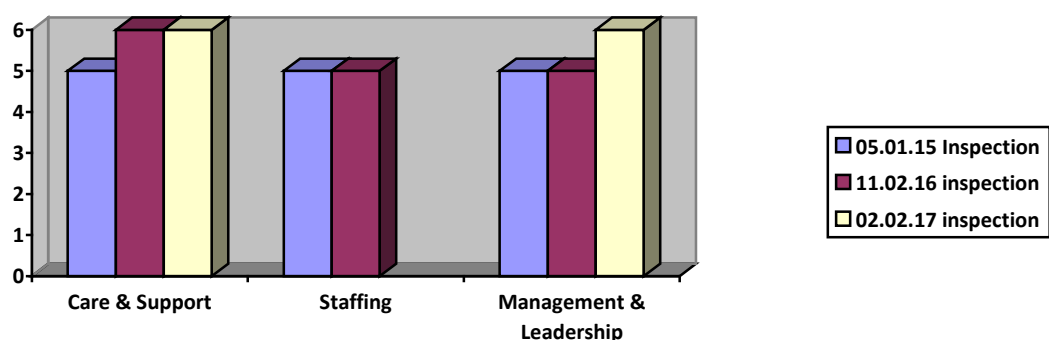
### Share Scotland – Glasgow

**4.28** Share Scotland – Glasgow is a housing support service. The service provides housing support to adults with complex learning and physical needs in the community, within their own accommodation either alone or within larger units with other service users. The service was inspected on 2<sup>nd</sup> February 2017 and the report published on 5<sup>th</sup> April 2017. The following grades were awarded:

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

**4.29** There were no requirements detailed in the inspection report.

**4.30** The chart below summarises the movement in grades awarded to the Share Scotland – Glasgow from inspections over the last 3 years.



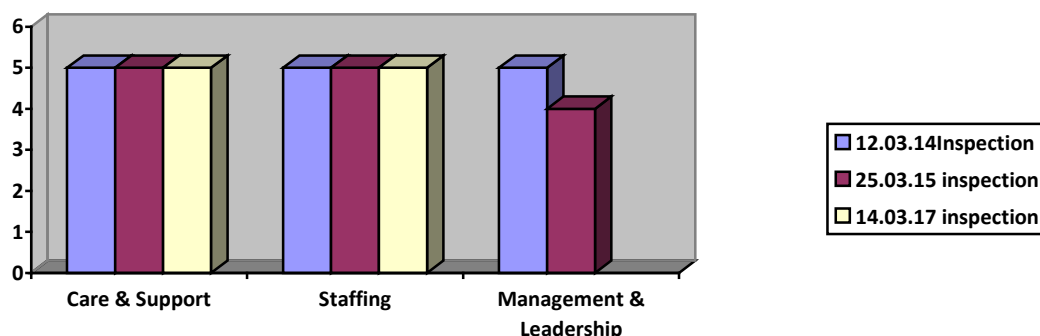
### St Andrew's Children's Fostering Service

**4.31** St Andrew's Children's Fostering Service provides a Fostering Service. The service offers permanent long-term foster carers who provide care for children and young people assessed as not being able to live within their families. The service was inspected on 14<sup>th</sup> March 2017 and the report published on 5<sup>th</sup> April 2017. The following grades were awarded:

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

**4.32** There were no requirements detailed in the inspection report.

**4.33** The chart below summarises the movement in grades awarded to St Andrew's Children's Fostering Service from the last 3 inspections.



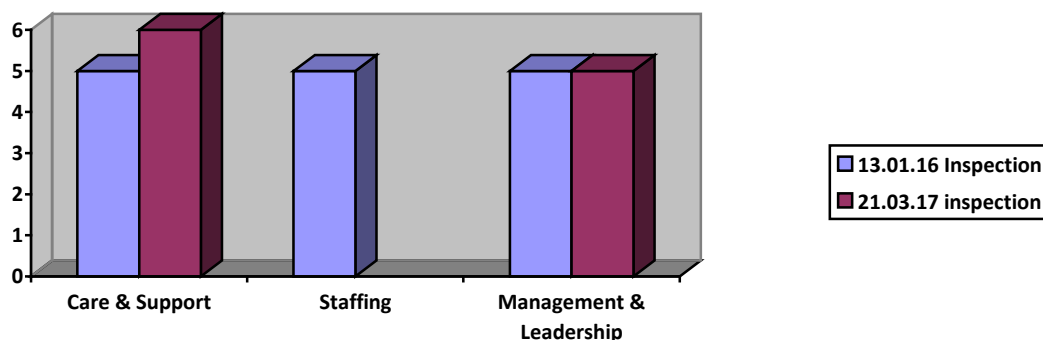
#### Cornerstone Baxter View

**4.34** Cornerstone Baxter View provides a combined Housing Support and Care at Home service. The service is offered to adults with learning disabilities, autism or acquired brain injury who have their own tenancy within Baxter View. The service was inspected on 21<sup>st</sup> March 2017 and the report published on 12<sup>th</sup> April 2017. This is a relatively new service and this is was their second inspection. The following grades were awarded:

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

**4.35** There were no requirements detailed in the inspection report.

**4.36** The chart below summarises the movement in grades awarded to Cornerstone Baxter View from their 2 inspections.



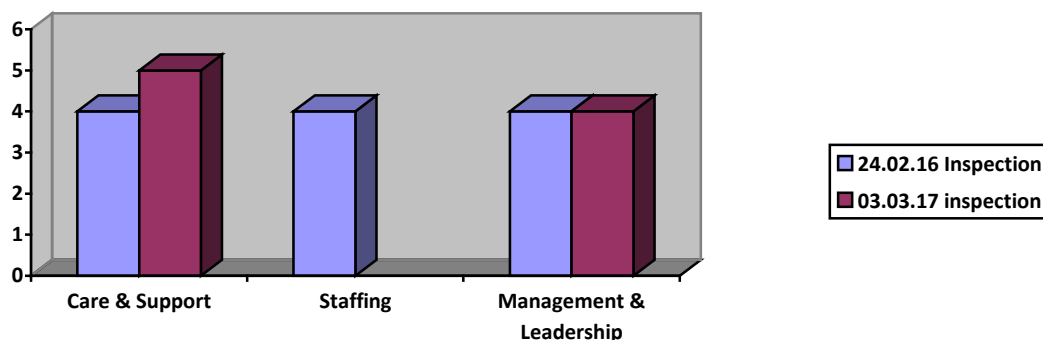
#### RNIB (West Dunbartonshire) Supported Tenancies and Alternative Day Opportunities

**4.37** RNIB (West Dunbartonshire) Supported Tenancies and Alternative Day Opportunities provide a combined Housing Support and Care at Home service. The service is offered to adults with learning disabilities and/or visual impairment who live independently at home. The service was inspected on 3<sup>rd</sup> March 2017 and the report published on 14<sup>th</sup> April 2017. This is a relatively new service and this is was their second inspection. The following grades were awarded:

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

**4.38** There were no requirements detailed in the inspection report.

**4.39** The chart below summarises the movement in grades awarded to RNIB (West Dunbartonshire) Supported Tenancies and Alternative Day Opportunities from their 2 inspections.



#### Carewatch Care Services (Inverclyde, North Ayrshire, Dunbartonshire and Argyll & Bute).

**4.40** Carewatch Care Services (Inverclyde, North Ayrshire, Dunbartonshire, Argyll & Bute) provide a combined Housing Support and Care at Home service. The service is offered primarily to older people who require support to live independently in their own homes. The service was inspected on 22<sup>nd</sup> March 2017 and the report published on 18<sup>th</sup> April 2017. The following grades were awarded:

- For the theme of Care and Support – Grade 4/Good.
- For the theme of Staffing – Grade 3/Adequate.
- For the theme of Management and Leadership – Grade 4/Good.

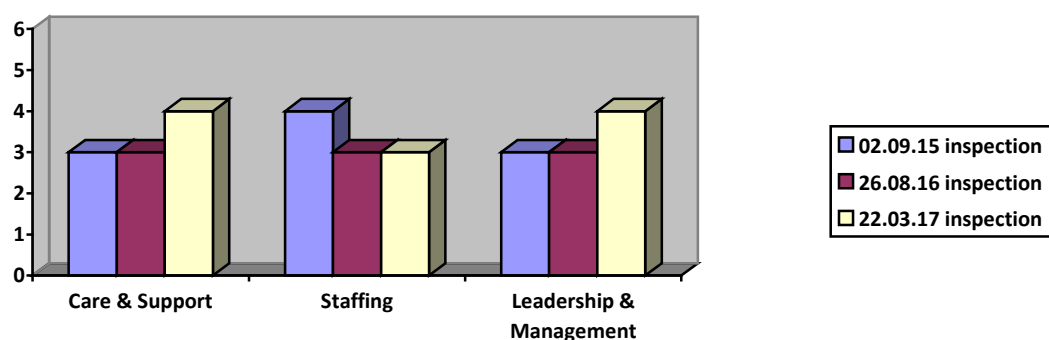
**4.41** The inspection report detailed the following requirement to be addressed:

- Ensure risk assessments are reviewed and regularly updated, staff to follow instructions in the assessments when working with service users. Staff to attend risk assessment training and know their responsibility to follow instructions.

Carewatch Care Services have been given to 30<sup>th</sup> of June 2017 for his requirement is to be completed. The provider has confirmed to HSCP staff that they are in the process of addressing this requirement and that it should be completed within the timescale given.

**4.42** The chart overleaf summarises the movement in grades awarded to Carewatch Care Services from inspections over the last 3 inspections.





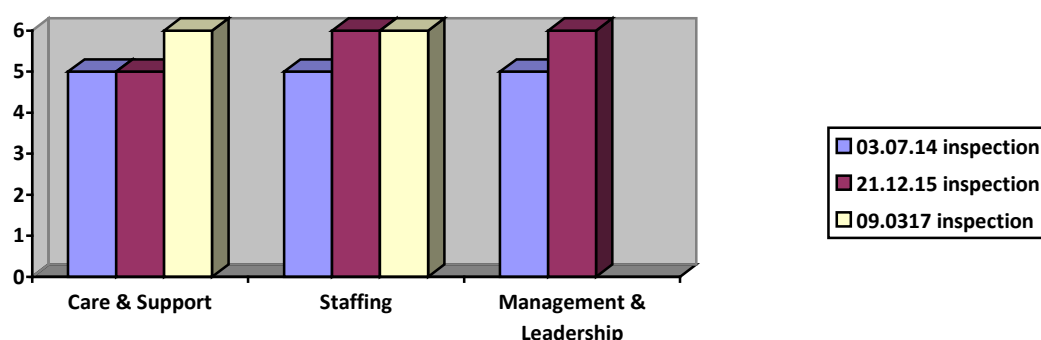
#### INCLUDEM (West) Intensive Support Service

**4.43** INCLUDEM (West) Intensive Support Service provides a support service to young people and their families. The service was inspected on 9<sup>th</sup> March 2017 and the report published on 19<sup>th</sup> April 2017. The following grades were awarded:

- For the theme of Care and Support – Grade 6/Excellent.
- For Staffing – Grade 6/Excellent.

**4.44** There were no requirements detailed in the inspection report.

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



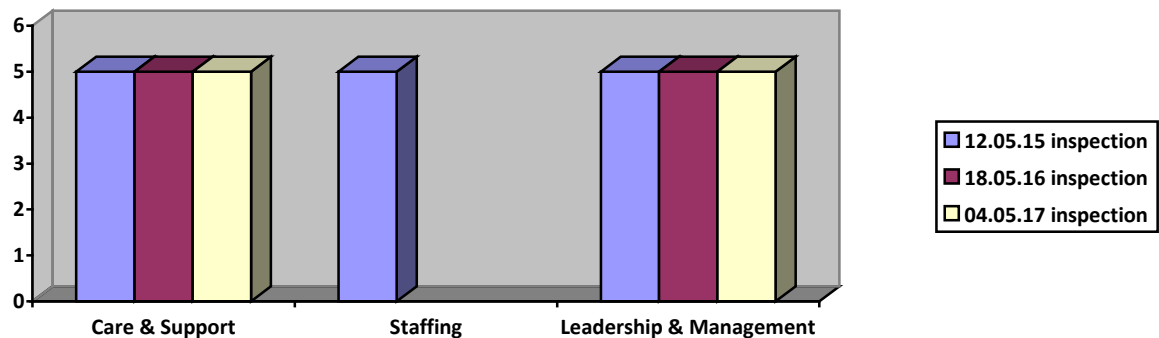
#### Dalmuir Park Housing Association Sheltered Housing/Lynx Care Service

**4.46** Dalmuir Park Housing Association Sheltered Housing/Lynx Care Service is a combined Sheltered Housing and Housing Support service. The service is offered to individuals living within their own homes in Dalmuir. Wardens and support staff are employed by the housing association to deliver on site support and an alarm service. The service was inspected on 4<sup>th</sup> May 2017 and the report published on 11<sup>th</sup> May 20167. The following grades were awarded:

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

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

- 4.48** The chart below summarises the movement in grades awarded to Dalmuir Park Housing Association Sheltered Housing/Lynx Care Service from inspections over the last 3 years.



## **5. People Implications**

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

## **6. Financial Implications**

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

## **7. Professional Implications**

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

## **8. Locality Implications**

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

## **9. Risk Analysis**

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

## **10. Impact Assessments**

- 10.1** None required.

## **11. Consultation**

- 11.1** None required.

## 12. Strategic Assessment

- 12.1 The Strategic Plan 2016-19 emphasises the importance of quality assurance amongst independent sector providers of care; and the HSCP's commitment to work with independent sector providers within an agreed assurance framework.

**Author:** Soumen Sengupta – Head of Strategy, Planning & Health Improvement

**Date:** 22<sup>nd</sup> June 2017

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**Appendices:** None

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

**Wards Affected:** All



## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 22 June 2017

**Subject: Care Inspectorate Reports for Older People's Residential Care Services Operated by West Dunbartonshire Council.**

### **1. Purpose**

- 1.1** To provide the Audit Committee with information regarding the most recent inspection reports for one of the Council's Older People's Residential Care Home Services.

### **2. Recommendations**

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

### **3. Background**

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

- 3.2** The services covered in this Audit Committee report are :

- Frank Downie House
- Dalreoch House
- Queen Mary Day Centre
- Mount Pleasant House

- 3.3** Copies of inspection reports for all services can be accessed on the Care Inspectorate website: [www.scswis.com](http://www.scswis.com).

### **4. Main Issues**

- 4.1** Frank Downie House was inspected on 21<sup>st</sup> December 2016.

- 4.1.1** The inspector commented under the theme of Quality of Care and Support that the service offers a wide variety of ways of involving residents and relatives in the on-going development of the service. They are very responsive to acting on the feedback received and they saw some excellent examples of how this worked in practice.

The inspector also commented under the theme of Quality of Management and Leadership that this is a very well managed service where an effective participation strategy is being implemented and a close bond has been established between management, staff, residents and relatives. Good team working was observed and this was found to be a happy home.

**4.3** The inspection on 21<sup>st</sup> December 2016 awarded the following grades:

- For Care and Support - **Grade 5 Very Good**
- For Management & Leadership - **Grade 5 Very Good**

**4.4** There is one requirements arising from the December 2016 inspection.

- The provider must ensure that all internal areas of the home are maintained to a good standard at all times.

An Action Plan has been submitted to the Care Inspectorate and the Integrated Operations Manager is supporting the manager to progress work.

**4.5** The table below sets out the movement in grades for this care home over the last two inspections.

Frank Downie House	Quality Statement	Grade	Overall Grade
<b>Previous Grades 1<sup>st</sup> July 2015</b>			
<b>Care &amp; Support</b>	1	5	<b>4</b>
	3	4	
<b>Environment</b>	2	4	<b>4</b>
	3	4	
<b>Staffing</b>	1	5	<b>5</b>
	3	5	
<b>Management &amp; Leadership</b>	2	5	<b>5</b>
	4	5	

<b>Frank Downie House : Current Grades 21<sup>st</sup> December 2016</b>	
<b>Care &amp; Support</b>	<b>5</b>
<b>Environment</b>	<b>Not assessed</b>
<b>Staffing</b>	<b>Not assessed</b>
<b>Management &amp; Leadership</b>	<b>5</b>

**4.6** The table below summaries the movement in grades for the service over their last two inspections.

	<b>1<sup>st</sup> July 2015</b>						<b>21<sup>st</sup> December 2016</b>					
<b>Frank Downie House</b>	<b>Previous Grades</b>						<b>Current Grades</b>					
	1	2	3	4	5	6	1	2	3	4	5	6
<ul style="list-style-type: none"> <li>• Care &amp; Support</li> <li>• Environment</li> <li>• Staff</li> <li>• Management &amp; Leadership</li> </ul>				✓							✓	
				✓								
					✓						✓	
					✓							

**4.7** Dalreoch House was inspected on 2<sup>nd</sup> February 2017.

**4.8** The inspector commented under the theme of Quality of Care and Support that they observed very good interaction between staff and residents and it was clear staff had a very good knowledge of each resident. The service was discussing with residents and relatives the plans for the new home and involving them in the plans for moving.

The inspector also commented under the theme of Quality of Management and leadership that this is a very well managed service where management are well known to residents and visiting relatives.

The service has established very good working links with local health colleagues and this was particularly noticeable in the training and support staff had received to offer residents and their relatives a quality end of life experience.

Both the manager and depute manager have completed My Home Life Leadership training and they could see plenty of examples of how they were using the techniques learned in daily home life.

The manager has actively promoted dementia awareness training for staff to further improve the quality of care provided to people with dementia. Higher level dementia training is due to be rolled out shortly.

**4.9** The inspection on 2<sup>nd</sup> February 2017 awarded the following grades:

- For Quality of Care and Support - **Grade 5 Very Good**
- For Quality of Staffing- **Grade 5 Very Good**

**4.10** There are no requirements from this inspection visit.

**4.11** The table below sets out the movement in grades for this care home over the last two inspections.

Dalreoch House	Quality Statement	Grade	Overall Grade
<b>Previous Grades 21<sup>st</sup> May 2015</b>			
<b>Care &amp; Support</b>	1	5	<b>4</b>
	5	4	
<b>Environment</b>	2	5	<b>4</b>
	3	4	
<b>Staffing</b>	2	5	<b>5</b>
	3	5	
<b>Management &amp; Leadership</b>	1	5	<b>5</b>
	4	4	

<b>Dalreoch House: Current Grades 2<sup>nd</sup> February 2017</b>	
<b>Care &amp; Support</b>	<b>5</b>
<b>Environment</b>	<b>Not assessed</b>
<b>Staffing</b>	<b>Not assessed</b>
<b>Management &amp; Leadership</b>	<b>5</b>

**4.12** The table below summaries the movement in grades for the service over their last two inspections.

<b>Willow Park</b>	<b>Previous Grades</b>						<b>Current Grades</b>					
<b>Quality of :</b>	<b>21<sup>st</sup> May 2015</b>						<b>2<sup>nd</sup> February 2017</b>					
	1	2	3	4	5	6	1	2	3	4	5	6
• Care & Support				✓							✓	
• Environment				✓								
• Staff					✓							
• Management & Leadership					✓						✓	

**4.13** Queen Mary Day Care Centre was inspected on 11<sup>th</sup> April 2017.

**4.14** The inspector commented that there were regular opportunities for service users to give their views and opinions on the quality of the service and that completed questionnaires showed a high level of satisfaction with the service.

There is a relaxed, friendly atmosphere in the centre. There had been some refurbishment recently and this had made the centre bright and airy.

Staff had good support with regular team meetings and supervisions. An improvement plan was developed from any issues raised through service user meetings, reviews and questionnaires. This ensured the service continued to improve.

**4.15** The inspection on 11<sup>th</sup> April 2017 awarded the following grades:

- For quality of care and support - **Grade 5 Very Good**
- For quality of management and leadership - **Grade 5 Very Good**

**4.16** There are no requirements from this inspection visit.

**4.17** The table below sets out the movement in grades for this care home over the last two inspections

Queen Mary Day Care Centre	Quality Statement	Grade	Overall Grade
	<b>Previous Grades 1<sup>st</sup> May 2014</b>		
<b>Care &amp; Support</b>	1 3	4 5	<b>4</b>
<b>Environment</b>	1 2	4 5	<b>4</b>
<b>Staffing</b>	1 3	4 5	<b>4</b>
<b>Management &amp; Leadership</b>	1 4	4 4	<b>4</b>

<b>Queen Mary Day Care Centre: Current Grades 11<sup>th</sup> April 2017</b>	
<b>Care &amp; Support</b>	<b>5</b>
<b>Environment</b>	<b>Not assessed</b>
<b>Staffing</b>	<b>Not assessed</b>
<b>Management &amp; Leadership</b>	<b>5</b>

**4.18** The table below summaries the movement in grades for the service over their last two inspections.

Queen Mary Day Care Centre:	Previous Grades						Current Grades					
Quality of :	1 <sup>st</sup> May 2014						11 <sup>th</sup> April 2017					
	1	2	3	4	5	6	1	2	3	4	5	6
• Care & Support				✓							✓	
• Environment				✓								
• Staff				✓								
• Management & Leadership				✓							✓	



**4.19** A follow up inspection was carried out in Mount Pleasant House on 23<sup>rd</sup> February 2017. No grades are awarded at these inspections.

**4.20 There were 2 requirements from this inspection.**

- The first is carried forward from the October 2016 Inspection and states the provider must ensure that staff undertake suitable and sufficient training that informs and supports their role and this training must be refreshed within the required timescale to protect residents.

The inspector noted the service needed more time to progress this therefore the requirement is repeated and will be assessed again at the next inspection.

- The second is a new requirement that states the provider must ensure that all internal areas of the home are maintained to a good standard at all times.

The Integrated Operations Manager is supporting the manager to progress work.

**4.21 A requirement made on December 2016 Inspection has been met.**

The provider must ensure that there is a meaningful daily activities programme in place to provide sufficient mental and social stimulation to aid resident's wellbeing.

**5. People Implications**

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

**6. Financial Implications**

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

**7. Professional Implications**

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

**8. Locality Implications**

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

**9. Risk Analysis**

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

**10. Impact Assessments**

**10.1** Not required for this report.

## **11. Consultation**

**11.1** Not required for this report

## **12. Strategic Assessment**

**12.1** The Strategic Plan 2015/16 emphasises the Partnership Board's commitment to providing high quality and appropriate care for older people; and providing quality assurance across all services

**Author:** Christine McNeill - Head of Community Health and Care

**Date:** 22 June 2017

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**Appendices:** None

**Background Papers:** None

**Wards Affected:** All

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP****Audit Committee: 22 June 2017**

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**Subject: Care Inspectorate Reports for Care at Home Services Operated by West Dunbartonshire Council**

**1. Purpose**

- 1.1** To provide the Audit Committee with information regarding the most recent inspection reports for all three of the Council's Care at Home Services.

**2. Recommendations**

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

**3. Background**

- 3.1** Care Inspectorate inspections focus on any combination of four thematic areas. These themes are: quality of care and support, environment, staffing and management and leadership.
- 3.2** The services covered in this Audit Committee report are :
- West Dunbartonshire Home Care Service
  - West Dunbartonshire Sheltered Housing Service
  - West Dunbartonshire Community Alarm Service
- 3.3** Copies of inspection reports for all services can be accessed on the Care Inspectorate website: [www.careinspectorate.com](http://www.careinspectorate.com)

**4. Main Issues**

- 4.1** The unannounced inspection of the Home Care Service was carried out on 14, 15, 28 February and 1 March 2017.
- 4.2** The inspector commented that the service continued to demonstrate a clear commitment to using different ways to encourage service users and their families to give feedback about their experiences, and a number of people using the service had taken part in a focus group or telephone consultation regarding the service's self-assessment.

The inspector stated that staff impressed as motivated and caring, and said how much they enjoyed their work, highlighting that they always had access to support and advice from senior staff and management.

**4.3** The inspection awarded the following grades:

- For Care and Support - **Grade 5 Very Good**
- For Management & Leadership - **Grade 5 Very Good**

**4.4** There are no requirements arising from this inspection.

**4.5** The table below sets out the movement in grades for this service over the last two inspections.

Home Care	Quality Statement	Grade	Overall Grade
<b>Previous Grades 24<sup>th</sup> March 2016</b>			
<b>Care &amp; Support</b>	1	5	<b>4</b>
	3	4	
<b>Environment</b>	Not assessed		
<b>Staffing</b>	2	5	<b>5</b>
	3	5	
<b>Management &amp; Leadership</b>	2	5	<b>5</b>
	4	5	

<b>Home Care : Current Grades 30<sup>th</sup> March 2017</b>	
<b>Care &amp; Support</b>	<b>5</b>
<b>Environment</b>	<b>Not assessed</b>
<b>Staffing</b>	<b>Not assessed</b>
<b>Management &amp; Leadership</b>	<b>5</b>

**4.6** The table below summarises the movement in grades for the service over their last two inspections.

	<b>24<sup>th</sup> March 2016</b>						<b>30<sup>th</sup> March 2017</b>					
<b>Home Care</b>	<b>Previous Grades</b>						<b>Current Grades</b>					
	1	2	3	4	5	6	1	2	3	4	5	6
<ul style="list-style-type: none"> <li>• Care &amp; Support</li> <li>• Environment</li> <li>• Staff</li> <li>• Management &amp; Leadership</li> </ul>				✓							✓	
					✓						✓	
					✓							

**4.7** The unannounced inspection of Sheltered Housing was carried out on 14, 15, 28 February and 1 March 2017.

**4.8** The inspector commented that staff felt well supported by colleagues and management and talked about the high level of job satisfaction they had from being able to improve outcomes for individual service users. The consultation and participation plan clearly demonstrated the service's continuing commitment to increasing service users' involvement and participation, improving communication and the quality of service.

**4.9** The inspection awarded the following grades:

- For Care and Support - **Grade 5 Very Good**
- For Management & Leadership - **Grade 5 Very Good**

**4.10** There are no requirements from this inspection visit.

**4.11** The table below sets out the movement in grades for this care home over the last two inspections.

Sheltered Housing	Quality Statement	Grade	Overall Grade
<b>Previous Grades 24<sup>th</sup> March 2016</b>			
<b>Care &amp; Support</b>	2	5	<b>5</b>
	4	5	
<b>Environment</b>	Not assessed		
<b>Staffing</b>	2	5	<b>5</b>
	3	5	
<b>Management &amp; Leadership</b>	1	5	<b>5</b>
	3	5	

<b>Sheltered Housing: Current Grades 30<sup>th</sup> March 2017</b>	
<b>Care &amp; Support</b>	<b>5</b>
<b>Environment</b>	<b>Not assessed</b>
<b>Staffing</b>	<b>Not assessed</b>
<b>Management &amp; Leadership</b>	<b>5</b>

**4.12** The table below summarises the movement in grades for the service over their last two inspections.

Sheltered Housing	Previous Grades						Current Grades					
Quality of :	24 <sup>th</sup> March 2016						30 <sup>th</sup> March 2017					
	1	2	3	4	5	6	1	2	3	4	5	6
• Care & Support					✓						✓	
• Environment												
• Staff					✓						✓	
• Management & Leadership					✓							

**4.13** The unannounced inspection of the Community Alarm Service was carried out on 14, 15, 28 February and 1 March 2017.

**4.14** The inspector noted that having a community alarm gave clients peace of mind, knowing help was available if they needed it, and they were happy with the response they received, describing staff as helpful and polite.

**4.15** The inspection awarded the following grades:

- For Care and Support - **Grade 5 Very Good**
- For Management & Leadership - **Grade 5 Very Good**

**4.16** There are no requirements from this inspection visit.

**4.17** The table below sets out the movement in grades for this care home over the last two inspections

Community Alarm Service	Quality Statement	Grade	Overall Grade
	<b>Previous Grades 23<sup>rd</sup> December 2015</b>		
<b>Care &amp; Support</b>	1 4	5 5	<b>5</b>
<b>Environment</b>	Not assessed		
<b>Staffing</b>	1 3	5 5	<b>5</b>
<b>Management &amp; Leadership</b>	1 4	5 5	<b>5</b>

<b>Community Alarm Service: Current Grades 30<sup>th</sup> March 2017</b>	
<b>Care &amp; Support</b>	<b>5</b>
<b>Environment</b>	<b>Not assessed</b>
<b>Staffing</b>	<b>Not assessed</b>
<b>Management &amp; Leadership</b>	<b>5</b>

**4.18** The table below summarises the movement in grades for the service over their last two inspections.

Community Alarm Service	Previous Grades						Current Grades					
Quality of :	23 <sup>rd</sup> December 2015						30 <sup>th</sup> March 2017					
	1	2	3	4	5	6	1	2	3	4	5	6
<ul style="list-style-type: none"> <li>Care &amp; Support</li> <li>Environment</li> <li>Staff</li> <li>Management &amp; Leadership</li> </ul>					✓						✓	
					✓							
					✓						✓	

## **5. People Implications**

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

## **6. Financial Implications**

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

## **7. Professional Implications**

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

## **8. Locality Implications**

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

## **9. Risk Analysis**

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

## **10. Impact Assessments**

**10.1** Not required for this report.

## **11. Consultation**

**11.1** Not required for this report

## **12. Strategic Assessment**

**12.1** The Strategic Plan 2015/16 emphasises the Partnership Board's commitment to providing high quality and appropriate care for older people; and providing quality assurance across all services

**Author:** Christine McNeill - Head of Community Health and Care

**Date:** 22 June 2017

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**Appendices:** None

**Background Papers:** None

**Wards Affected:** All





## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 22<sup>nd</sup> June 2017

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### Subject: Record Management Plan Update

#### 1. Purpose

- 1.1 To present the Audit Committee with an update on the Partnership Board's requirement to prepare a Records Management Plan.

#### 2. Recommendation

- 2.1 The Audit Committee is asked to note the report; and that the Head of Strategy, Planning & Health Improvement will present a further update to a future meeting once an invitation has been received from the Keeper requesting the submission of a Records Management Plan.

#### 3. Background

- 3.1 The Public Records (Scotland) Act 2011 (the PRSA) came into force on 1<sup>st</sup> January 2013. The primary aim of the Act is to improve the quality of record keeping by scheduled Scottish public authorities. Its intent is to help to develop a culture within authorities that prioritises public records and views record keeping as critical to guaranteeing the rights and privileges of all Scotland's citizens.
- 3.2 The Act requires named public authorities to prepare, implement and keep under review a records management plan (RMP) which clearly sets out the arrangements for the management of their records, either created or held by the authority. The RMP must be submitted to the Keeper of the Records of Scotland (the Keeper) for assessment within an agreed time frame.
- 3.3 Integration Joint Boards (IJB) will create new information and records as a consequence of strategic planning and the decision making process around the delivery of services. As designated Bodies Corporate, IJBs have been added to the Schedule of the PRSA; and so are obliged to comply fully with PRSA.

#### 4. Main Issues

- 4.1 All bodies named under the Schedule to the PRSA must on invitation provide the Keeper with a RMP for their agreement. In order to agree a RMP the Keeper must be satisfied that it provides clear evidence that the authority is complying with its statutory records management obligations as addressed by each of the fourteen elements of its model plan:
- Senior management responsibility.

- Records manager responsibility.
- Records management policy statement.
- Business classification.
- Retention schedules.
- Destruction arrangements.
- Archiving and transfer arrangements.
- Information security.
- Data protection.
- Business continuity and vital records.
- Audit trail.
- Competency framework for records management staff.
- Assessment and review.
- Shared information.

**4.2** The Keeper acknowledges that IJBs will not (at the outset at least) be complex authorities with premises, staff, and the normal office infrastructure. Case records and other service-specific information critical to the IJBs decisions will continue to be created and held by the collaborating Health Boards and Scottish Local Authorities (as per the flowchart appended).

**4.3** IJB corporate information – distinct from case and other service specific records - will be created and held by the authority administering the IJB. These records will be managed by that authority within its corporate systems on behalf of the IJB. The HSCP will therefore develop a RMP that accurately reflects this arrangement and provide; or point to evidence, such as the collaborating authority's operational policies and procedures, for the Keeper's consideration.

**4.4** Preparatory work has been and is being undertaken by the HSCP to develop a RMP for West Dunbartonshire HSCP Board (with the engagement of relevant corporate colleagues within the Health Board and Council). However National Records of Scotland has stated that it is very unlikely that the Keeper will invite IJBs to submit their RMPs before completing the process for all the other authorities originally scheduled (which is expected to be by the end of 2017). It is hoped that by this time all Health Boards and Scottish Local Authorities will have already been through the process and will, hopefully, be in receipt of the Keeper's agreement with regard to their own arrangements. This should make it very much easier for IJBs to assure the Keeper that their records are being managed adequately and in line with the operational policies and procedures of the authorities creating and managing their records.

## **5. People Implications**

**5.1** None.

## **6. Financial Implications**

**6.1** None.

## **7. Professional Implications**

**7.1** None.

## **8. Locality Implications**

**8.1** None.

## **9. Risk Analysis**

**9.1** The Keeper requires to be satisfied that IJB records are being routinely managed in line with agreed operational records management policies and procedures before agreeing a plan. The Chief Officer's signature to the eventual RMP will provide the Keeper with an assurance that they are content for Partnership Board's records to be managed by another authority; and that its policies and procedures adequately safeguard the Partnership Board's records.

## **10. Impact Assessments**

**10.1** None.

## **11. Consultation**

**11.1** None.

## **12. Strategic Assessment**

**12.1** The development of a RMP supports the commitment of the Partnership Board to good governance.

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

**Date:** 22<sup>nd</sup> June 2017

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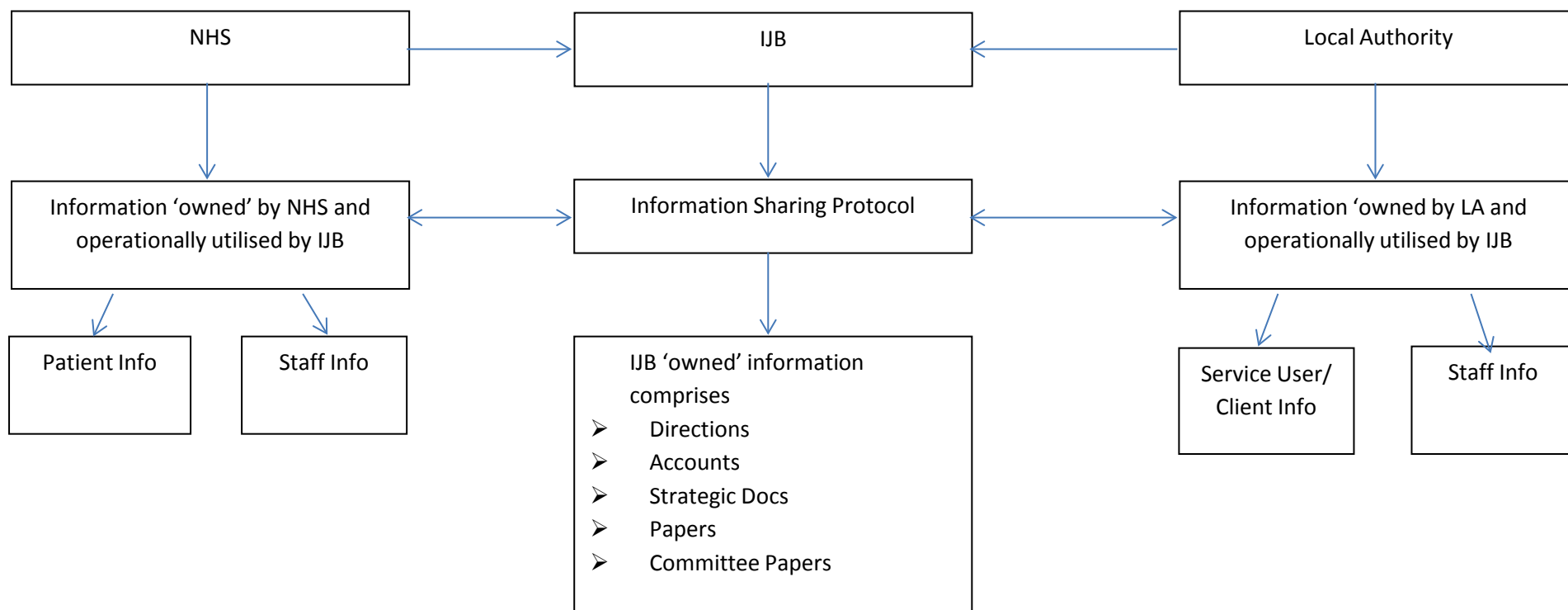
**Person to Contact:** Soumen Sengupta – Head of Strategy, Planning & Health Improvement, Garshake Road, Dumbarton. G82 3PU.  
Telephone: 01389 737321  
e-mail: [soumen.sengupta@ggc.scot.nhs.uk](mailto:soumen.sengupta@ggc.scot.nhs.uk)

**Appendices:** Integration Joint Board Chief Officer Responsibility flow-chart for Information Governance / Records Management

**Background Papers:** Model Records Management Plan  
<http://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan>

**Wards Affected:** All

## Integration Joint Board Chief Officer Responsibility flow-chart for Information Governance / Records Management drawn up following discussion with the Keeper of the Records of Scotland





## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 22<sup>nd</sup> June 2017

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### Subject: Climate Change Reporting and Integration Joint Boards

#### 1. Purpose

- 1.1 To present the Audit Committee with an update on the Partnership Board's requirement to prepare a Climate Change Report.

#### 2. Recommendation

- 2.1 The Audit Committee is asked to note the report; and that the Head of Strategy, Planning & Health Improvement will prepare a Climate Change Report for presentation and approval at a future meeting of the Partnership Board.

#### 3. Background

- 3.1 The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015, came into force in November 2015, requiring all public bodies classed as 'major players' to submit a climate change report to the Scottish Government using a standardised online template by 30 November each year.
- 3.2 Integration Joint Boards (IJBs) appear on schedule 1 within the Order as 'An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c)'.

#### 4. Main Issues

- 4.1 Health Boards, Local Authorities, IJBs and HSCPs all have a strong role to play in terms of overall public leadership and incorporating / embedding climate change and sustainability issues in their day to day operations and within decision making. This could include but is not limited to sustainable procurement decisions; provision of services; and role in climate change adaptation such as emergency preparedness, response and health issues when dealing with sudden events such as extreme weather.
- 4.2 It is expected that a degree of proportionality should be applied to the completion of the reports. As each of the local authorities and NHS Boards are also submitting their own climate change report each year on their own operations, there will be areas of the report that are not applicable to IJBs.
- 4.3 Health Facilities Scotland and the Sustainable Scotland Network (SSN) will work together to produce bespoke guidance on each section of the report

which will be produced to coincide with the launch of the online reporting platform.

**5. People Implications**

5.1 None.

**6. Financial Implications**

6.1 None.

**7. Professional Implications**

7.1 None.

**8. Locality Implications**

8.1 None.

**9. Risk Analysis**

9.1 The submission of a Climate Change Report is now a statutory obligation for the Partnership Board as per the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.

**10. Impact Assessments**

10.1 None.

**11. Consultation**

11.1 None.

**12. Strategic Assessment**

12.1 The development of a Climate Change Report supports the commitment of the Partnership Board to good governance and transparent public reporting.

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

**Date:** 22<sup>nd</sup> June 2017

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<b>Appendices:</b>	None
<b>Background Papers:</b>	<p>Public Sector Climate Change Reporting – Scottish Government  <a href="http://www.gov.scot/Topics/Environment/climatechange/publicsectoraction/publicsectorreporting">http://www.gov.scot/Topics/Environment/climatechange/publicsectoraction/publicsectorreporting</a></p> <p>Climate Change Reporting webpages  <a href="http://www.keepsotlandbeautiful.org/sustainability-climate-change/sustainable-scotland-network/climate-change-reporting/">http://www.keepsotlandbeautiful.org/sustainability-climate-change/sustainable-scotland-network/climate-change-reporting/</a></p>
<b>Wards Affected:</b>	All



## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 22<sup>nd</sup> June 2017

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### Subject: NHSGGC Oral Health Directorate Report for West Dunbartonshire (2016)

#### 1. Purpose

- 1.1 To draw to the Audit Committee's attention the NHSGGC Oral Health Directorate's most recent performance report for the West Dunbartonshire.

#### 2. Recommendation

- 2.1 The Audit Committee is asked to note the NHSGGC Oral Health Directorate's report for West Dunbartonshire, and endorse the recommendations for action by the Oral Health Directorate within it.

#### 3. Background

- 3.1 The services provided from the NHSGGC Oral Health Directorate have been managed in a single management structure since 2006 - originally as a single directorate within the Acute Services Division of NHSGGC; and from 2010 as a single directorate under the governance of East Dunbartonshire Community Health Partnership (CHP), now Health and Social Care Partnership (HSCP).
- 3.2 From 1 April 2016 all six Integration Joint Boards within NHSGGC were delegated responsibility for the planning and operational oversight of General Dental Services, Public Dental Services and Dental Health Improvement Services as per the Public Bodies (Joint Working) Act.
- 3.3 As per their Integration Schemes, East Dunbartonshire HSCP currently hosts the accountability and governance for these services on behalf of all NHSGGC Partnerships. Secondary and Tertiary care dental services remain the governance and accountability of the NHS Board under current legislation. The Health Board re-located the management of these acute services into the Acute Services Division of NHSGGC on 30th September 2016.
- 3.2 A single General Manager post for the Oral Health Directorate has been retained, to provide a single point of contact for all of NHSGGC oral health services; and to act as Dental Lead Officer for NHSGGC. The General Manager reports to the Acute Services Division for secondary and tertiary dental services; and to the Chief Officer of East Dunbartonshire HSCP, who will continue to have hosting responsibilities for primary and community care dental services on behalf of all NHSGGC HSCPs.

#### **4. Main Issues**

- 4.1** As part of its hosting responsibilities, the Oral Health Directorate has prepared an performance report with respect to the for primary and community care - General Dental Services, Public Dental Services, Dental Public Health and Oral Health Improvement – that it is responsible for for each of the six NHSGGC Partnership areas.
- 4.2** The 2016 report for West Dunbartonshire is appended here.
- 4.3** The report sets out key findings and recommendations principally for the Oral Health Directorate to action, working in partnership with the local HSCP and local NHS dental practices.
- 4.4** Subject to the Audit Committee's endorse of those recommendations, then the West Dunbartonshire HSCP Chief Officer will engage on the Partnership Board's behalf with their counterpart in East Dunbartonshire to ensure that the Oral Health Directorate take forward those actions as detailed; and provide feedback on subsequent progress through the preparation of a similar performance report to that appended here in 2018.

#### **5. People Implications**

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

#### **6. Financial Implications**

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

#### **7. Professional Implications**

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

#### **8. Locality Implications**

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

#### **9. Risk Analysis**

- 9.1** Given that East Dunbartonshire HSCP currently hosts the accountability and governance for these services on behalf of the West Dunbartonshire HSCP Board, it is important that there is appropriate consideration of these areas of performance in respect of West Dunbartonshire; and that the West Dunbartonshire HSCP Chief Officer engages on the Partnership Board's behalf with their counterpart in East Dunbartonshire to provide feedback and constructively address areas for improvement.

#### **10. Impact Assessments**

- 10.1** None.

## **11. Consultation**

**11.1** None.

## **12. Strategic Assessment**

**12.1** As in previous years, West Dunbartonshire HSCP staff and services will work collaboratively with colleagues in the NHSGGC Oral Health Directorate and the local dental community on the issues covered within this report.

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

**Date:** 22<sup>nd</sup> June 2017

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**Appendices:** NHSGGC Oral Health Directorate Report for West  
Dunbartonshire (2016)

**Background Papers:** None

**Wards Affected:** All

# NHS GG&C Oral Health Directorate Report (2016)

## West Dunbartonshire HSCP



## Foreword



This report outlines the activities carried out by the Oral Health Directorate within West Dunbartonshire.

We have looked to highlight where progress is being made and where the challenges remain to improve oral health and reduce inequalities for the population of West Dunbartonshire.

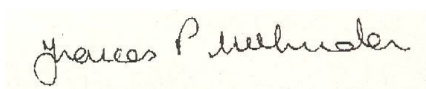
We can be proud of the progress made in improving oral health, particularly in addressing inequalities linked with deprivation, but there are still improvements to be made.

Child Oral Health in West Dunbartonshire remains poor and year-on-year improvements have not been at a level found elsewhere in NHS GG&C. Registration of very young children with an NHS dentist remains low and needs to be addressed.

The Scottish Government has set challenging targets for child dental health: by 2022, there needs to be a 10% increase in Primary 1 and Primary 7 children who have “no obvious dental decay”.

To meet these and other oral health targets will require continued partnership working and community development with our colleagues in West Dunbartonshire HSCP and elsewhere.

We will strive to work collaboratively, innovatively and effectively to improve the health of the population in West Dunbartonshire. We will continue to deliver a safe, person-centred, effective and efficient oral health service across West Dunbartonshire.

A handwritten signature in black ink on a yellow rectangular background. The signature reads "Frances McLinden".

**Frances McLinden**  
**General Manager and Lead Officer for Dental Services NHS GG&C Oral Health Directorate**

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## GENERAL DENTAL SERVICES

There are 17 independent contractor practices providing NHS dentistry in West Dunbartonshire. These practices provide General Dental Services (GDS) and in addition 3 practices provide sedation services. West Dunbartonshire has no practices that provide only orthodontic services.

### Registration with NHS Dental Services

Data available from Information Services Division (ISD) (March 2016) shows the proportion of patients registered in West Dunbartonshire are:

- 90.0% Children (compared to 93.7% Scotland: 94.3% GG&C)
- 92.7% Adults (compared to 90.0% Scotland: 93.9% GG&C)

The registration data for children in West Dunbartonshire are lower than the data for GG&C and for Scotland. The proportion of registered adult patients in West Dunbartonshire is higher than the average for Scotland, but lower than the average for NHS GG&C. There are possible explanations for the data. A number of patients (particularly adults) may be registered with non-NHS dentists, or may travel outside of West Dunbartonshire for dental treatment. As data is not collected for non-NHS practices, it is not possible to determine numbers of patients seeking treatment outside of the NHS. This explanation may not hold as robustly for children, as dentists may hold list numbers with NHS GG&C to provide NHS dental registration and treatment for children, whilst providing non-NHS treatment for parents.

More detailed data on dental registrations from ISD<sup>1</sup> highlights an issue relating to the registration of very young children (aged 0-2 years). In West Dunbartonshire the proportion of children aged 0-2 years who are registered with a dentist is 39.4%. This compares to 48.1% for Scotland and 50.9% for NHS GG&C.

Registration data provides only details of patients registered with an NHS dentist. Data is available for participation, which is defined as contact with General Dental Services for patients who are registered with an NHS dentist for an examination or treatment in the previous two years. Detailed participation data at an HSCP level is not available. However, it is probable the proportion of patients with routine or regular dental attendance is lower than the proportion of patients registered with an NHS dentist.

The most recent quarterly data available for Childsmile Practices activity demonstrates 6 practices with no activity during the quarter October – December 2015.

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<sup>1</sup> Dental Statistics - NHS Registration and Participation Statistics as at 31 March 2016  
<http://www.isdscotland.org/Health-Topics/Dental-Care/Publications/data-tables.asp?id=1677#1677>

The oral health directorate performs an administrative function in relation to clinical governance in all NHS practices within West Dunbartonshire. This is to ensure that General Dental Services are delivered to high professional standards and includes carrying out Combined Practice Inspections and Sedation Practice Inspections in line with General Dental Service Regulations.

Practice Name	Address	Town	Postcode	Date of Combined Practice Inspection	Date of Sedation Practice Inspection	Orthodontic Practice	Sedation Practice	No Childsmile Practice Activity	0 yr - 2 yrs, 11 mths	3 yrs - 5 yrs, 11 mths	6 yrs - 12 yrs, 11 mths	13 yrs - 17 yrs, 11 mths	18 yrs - 64 yrs, 11 mths	65 yrs and over	Grand Total
Riverside Dental Practice	227 Bank Street	Alexandria	G83 0UJ					√							
Clyde Dental Practice	42-44 Kilbowie Road	Clydebank	G81 1TH	20/05/14	13/11/15		√		125	278	854	516	3887	477	<b>6137</b>
DB Dental Care	320 Kilbowie Road	Clydebank	G81 2HZ	03/09/13					19	52	140	108	913	296	<b>1528</b>
David Garrett Dental Surgery Limited	284 Kilbowie Road	Clydebank	G81 2JD	20/09/13				√	10	21	108	104	366	262	<b>871</b>
Diamond Dental Care	2 Ramsay Street	Clydebank	G81 3LF	19/02/15					90	199	457	348	3927	1078	<b>6099</b>
Mr A Lawrie Dental Surgery	565/567 Dumbarton Road	Clydebank	G81 4DL	07/11/12				√	28	40	144	116	1401	281	<b>2010</b>
Abbeylands Dental Practice	6 Milldam Road	Clydebank	G81 5JN	18/06/15					65	173	509	385	3816	595	<b>5543</b>
Redmond&Rennison Dental Care	29 Glasgow Road	Clydebank	G81 5PJ	29/04/15					41	104	312	293	2730	595	<b>4075</b>
MacDougall and Allison Dental	8 Gavins Road	Clydebank	G81 6AA	16/06/15				√	73	152	366	315	3526	1047	<b>5479</b>
Wright Dental and Beauty Care	10 High Street	Dumbarton	G82 1LL	30/10/15					41	48	89	41	639	76	<b>934</b>
Reilly Clunie & Barrett	10 Church Street	Dumbarton	G82 1QL	14/11/13	07/03/14		√		153	349	963	768	8265	2012	<b>12510</b>
Levensgrove Dental Care	27 Woodyard Road	Dumbarton	G82 4BG	17/08/15	28/01/14		√		170	365	1019	657	7841	1966	<b>12018</b>
The Old Post Office	91 Bank Street	Alexandria	G83 0LZ	12/06/15					119	285	757	516	4927	959	<b>7563</b>
Lomond Dental Care	162 Main Street	Alexandria	G83 0NZ	21/11/13					61	193	475	301	3667	690	<b>5387</b>
Vale Smile Care Limited	146 Main Street	Alexandria	G83 0NZ	29/01/15				√	35	81	185	118	1668	355	<b>2442</b>
All Smile Dental Practice	36 Bridge Street	Alexandria	G83 0TA	21/03/14				√	15	49	155	103	1613	557	<b>2492</b>
Kinloch Dental Practice The Vale Centre for Health and Care	Main Street	Alexandria	G83 0UA	13/11/13					66	138	322	228	3232	865	<b>4851</b>
									<b>1111</b>	<b>2527</b>	<b>6855</b>	<b>4917</b>	<b>52418</b>	<b>12111</b>	<b>79939</b>

**Details for NHS Dental Practices: West Dunbartonshire**

## Key Findings and Recommendations

- **Registration and participation rates are lower in West Dunbartonshire than would be desired**
- **The proportion of very young children registered with a NHS dentist in West Dunbartonshire is very low and needs to be increased**
- **Childsmile Practice activity is low with several practices not registering sufficient activity**

**The Oral Health Directorate would be keen to work in partnership with our colleagues in HSCP's to improve the oral health outcomes for their population, with a focus in the following areas:**

- **The Oral Health Improvement Team should seek to improve targeting more vulnerable, or deprived children**
- **There needs to be a focus on increasing the number of children registered and participating in oral health service, particularly very young children aged 0-2 years**
- **The Oral Health Improvement Team need to engage with NHS dental practices to improve the uptake and delivery of Childsmile Practice**

## PUBLIC DENTAL SERVICE

The Public Dental Service provides comprehensive dental care and oral health education to priority group patients, including those with special needs, adult and paediatric learning disabilities, medically compromised and all groups of children. Treatment is provided in clinics, schools and nurseries, care homes, out patient daycentres, hospital units and domiciliary visits, prisons and undergraduate outreach clinics.

Locations/Services	Paediatric Dentistry	Special Care Dentistry	Paediatric General - Anaesthetic Assessment	Paediatric - Inhalation Sedation	Adult Special Care – Intravenous Sedation	GDS for Cardiac Patients	Oral Hygiene Services	Domiciliary Care
Vale Centre for Health & Care	√	√			√		√	√
Golden Jubilee National Hospital *		√				√		√

\*Secondary Care facility

### Location and services delivered by the PDS in West Dunbartonshire

## DENTAL PUBLIC HEALTH

The oral health of children in NHS GG&C has improved significantly over the last 20 years. A major contributing factor in this has been the implementation of the Childsmile programme. Children in West Dunbartonshire have generally demonstrated worse levels of oral health than the average for Scotland and on a par with the average for NHS GG&C, supported by data from the National Dental Inspection Programme (NDIP).

% of Primary 1, with no obvious decay experience		
	2012	2014
Scotland	67.0%	68.2%
NHSGGC	63.2%	65.3%
West Dunbartonshire	58.6%	61.9%

Pr 1 Mean DMFT for Children With DMFT>0		
	2012	2014
Scotland	4.10	3.97
NHSGGC	4.38	4.10
West Dunbartonshire	4.3	4.0

**NDIP Data for Primary 1 (Detailed Inspections 2012/14).**

% of Primary 7, with no obvious decay experience		
	2013	2015
Scotland	72.8%	75.3%
NHSGGC	67.8%	72.5%
West Dunbartonshire	68.4%	67.4%

Pr 7 Mean DMFT for Children With DMFT>0		
	2013	2015
Scotland	2.24	2.16
NHSGGC	2.33	2.27
West Dunbartonshire	2.4	2.1

**NDIP Data for Primary 7 (Detailed Inspections 2013/15).**

The proportion of children who do not have obvious dental decay is lower in West Dunbartonshire than in Scotland and GG&C for both P1 and P7, although improvement has not been significant in P1 and P& it has reduced. Where children have decay experience, the DMFT (number of decayed, missing or filled teeth) is similar in West Dunbartonshire than the average for GG&C and Scotland. Comparison of data between 2012 and 2015 suggests no significant improvement in oral health at a local level.

Analysis of detailed inspection data at a HSCP level may have less precision than data at a NHS Board or national level (as it is from a sampled population). However, the detailed data still supports the position that the oral health of children in West Dunbartonshire is worse than the average for GG&C and Scotland as a whole and is generally supportive of a need for improvement.

The NDIP programme also reports on all children attending state schools in P1 and P7 at a more basic level. This provides an overall assessment of oral health. Data are reported as three categories:

- Category A- (High Risk) – severe decay and should seek immediate dental care; or
- Category B- (Medium Risk) – some decay experience and should seek dental care in the near future; or
- Category C- (Low Risk) – no obvious decay but should continue to see the family dentist on a regular basis

School level data for P1 and P7 Basic NDIP for West Dunbartonshire (2014/15) is illustrated overleaf. A summary of the totals (and proportions) of each category letter is also displayed, together with corresponding summaries for the years 2012-2014 for comparison.

**Letter A** : child should seek immediate dental care on account of severe decay or abscess  
**Letter B** : child should seek dental care in the near future due to one or more of the following: presence of decay, a broken or damaged front tooth, poor oral hygiene or may require orthodontics  
**Letter C** : no obvious decay experience but child should continue to see the family dentist on a regular basis

School	Class	Letter A (n)	Letter B (n)	Letter C (n)	Not Inspected (n)	Poor Oral Hygiene (n)
Aitkenbar	P1	1	5	14	2	0
Bonhill	P1	3	12	22	3	0
Braehead	P1	1	12	28	1	0
Carleith	P1	1	8	12	0	0
Christie Park	P1	3	10	24	1	0
Clydemuir	P1	7	4	17	5	9
Dalreoch	P1	0	2	3	1	0
Edinbarnet	P1	6	12	16	7	0
Gartocharn	P1	1	2	10	0	0
Gavinburn	P1	3	9	27	0	0
Goldenhill	P1	2	6	22	4	0
Haldane	P1	4	7	10	4	0
Highdykes	P1	1	7	8	3	0
Jamestown	P1	5	3	14	1	0
Kilbowie	P1	7	11	20	4	9
Knoxland	P1	1	12	38	2	0
Ladyton	P1	1	4	5	5	0
Levenvale	P1	4	8	5	1	5
Linnvale	P1	1	8	8	3	0
Our Holy Redeemer's	P1	8	18	18	1	14
Our Lady of Loretto	P1	9	8	11	7	13
Renton	P1	3	6	5	5	0
St Eunan's	P1	6	15	30	5	0
St Joseph's (Faifley)	P1	5	6	14	2	0
St Kessog's (Balloch)	P1	2	3	13	0	0
St Martin's	P1	2	3	3	2	0
St Mary's (Alexandria)	P1	2	7	16	1	0
St Mary's (Duntocher)	P1	4	8	29	1	0
St Michael's (Dumbarton)	P1	2	14	24	7	0
St Patrick's (Dumbarton)	P1	10	6	29	3	4
St Peter's (Dumbarton)	P1	2	6	12	2	0
St Ronan's	P1	0	2	6	2	0
St Stephen's (Dalmuir)	P1	6	8	14	2	9
Whitecrook	P1	1	6	20	0	0

Number of NDIP Schools	34	
Total number of P1's on Roll	1006	
Total number of P1's not receiving NDIP	87	
Number (%) Children Inspected: Letter A	114	12.4%
Number (%) Children Inspected: Letter B	258	28.1%
Number (%) Children Inspected: Letter C	547	59.5%
Number (%) with Poor Oral Hygiene	63	6.9%



	2012		2013		2014	
Number of NDIP Schools	34		34		34	
Total number of P1's on Roll	1013		1095		1040	
Total number of P1's not receiving NDIP	85		67		80	
Number (%) Children Inspected: Letter A	135	14.5%	185	18.0%	124	12.9%
Number (%) Children Inspected: Letter B	263	28.3%	232	22.6%	252	26.3%
Number (%) Children Inspected: Letter C	530	57.1%	611	59.4%	584	60.8%
Number (%) with Poor Oral Hygiene	84	9.1%	83	8.1%	60	6.3%

### Basic NDIP Data P1 Schools West Dunbartonshire 2015 (2012-2014 for comparison)

<b>Letter A:</b> child should seek immediate dental care on account of severe decay or abscess							
<b>Letter B:</b> child should seek dental care in the near future due to one or more of the following: presence of decay, a broken or damaged front tooth, poor oral hygiene or may require orthodontics							
<b>Letter C:</b> no obvious decay experience but child should continue to see the family dentist on a regular basis							
School	Class	Letter A (n)	Letter B (n)	Letter C (n)	Not Inspected (n)	Poor Oral Hygiene (n)	Letter B Only Needs Ortho Assess. (n)
Aitkenbar	P7	0	14	2	1	8	5
Bonhill	P7	0	12	12	2	0	5
Braehead	P7	0	14	12	3	0	3
Carleith	P7	1	6	2	1	4	1
Christie Park	P7	0	20	14	3	1	5
Clydemuir	P7	1	21	6	2	16	1
Dalreoch	P7	0	7	1	0	3	0
Edinbarnet	P7	2	18	3	7	12	2
Gartocharn	P7	0	11	2	1	5	2
Gavinburn	P7	0	6	18	2	0	0
Goldenhill	P7	1	24	3	6	12	6
Haldane	P7	2	9	2	2	2	0
Highdykes	P7	0	11	9	1	2	4
Jamestown	P7	0	11	10	3	0	7
Kilbowie	P7	6	31	0	6	30	0
Knoxland	P7	0	35	13	3	14	12
Ladyton	P7	1	7	3	0	3	0
Levenvale	P7	0	21	4	1	7	7
Linnvale	P7	0	15	10	2	0	5
Our Holy Redeemer's	P7	1	28	4	0	23	1
Our Lady of Loretto	P7	5	20	2	2	19	0
Renton	P7	2	14	1	2	0	1
St Eunan's	P7	0	27	19	5	0	5
St Joseph's (Faifley)	P7	1	10	8	2	1	1
St Kessog's (Balloch)	P7	1	11	11	1	1	1
St Martin's	P7	0	5	2	0	3	1
St Mary's (Alexandria)	P7	3	21	8	4	16	6
St Mary's (Duntocher)	P7	1	21	25	3	0	9
St Michael's (Dumbarton)	P7	4	18	8	4	5	3
St Patrick's (Dumbarton)	P7	1	37	17	3	25	6
St Peter's (Dumbarton)	P7	0	10	10	0	0	2
St Ronan's	P7	0	8	7	0	1	4
St Stephen's (Dalmuir)	P7	0	25	2	2	17	1
Whitecrook	P7	0	6	8	0	0	1

Number of NDIP Schools	34	
Total number of P7's on Roll	919	
Total number of P7's not receiving NDIP	74	
Number (%) Children Inspected: Letter A	33	3.9%
Number (%) Children Inspected: Letter B	554	65.6%
Number (%) Children Inspected: Letter C	258	30.5%
Number (%) with Poor Oral Hygiene	230	27.2%
Number (%) Letter B - Ortho Only	107	12.7%

	2012		2013		2014	
Number of NDIP Schools	34		34		34	
Total number of P7's on Roll	900		876		883	
Total number of P7's not receiving NDIP	74		59		80	
Number (%) Children Inspected: Letter A	32	3.9%	31	3.8%	24	3.0%
Number (%) Children Inspected: Letter B	541	65.5%	467	57.2%	523	65.1%
Number (%) Children Inspected: Letter C	253	30.6%	319	39.0%	256	31.9%
Number (%) with Poor Oral Hygiene	261	31.6%	230	28.2%	189	23.5%
Number (%) Letter B - Ortho Only	35	4.2%	35	4.3%	94	11.7%

### Basic NDIP Data P7 Schools West Dunbartonshire 2015 (2012-2014 for comparison)

The data for Basic NDIP is supportive of the Detailed NDIP findings – the oral health of children in West Dunbartonshire is not showing continued improvement. Closer examination of the data at a school level suggests there are areas where oral health is poor. There are a number of schools in localities where higher numbers of category A and B letters were issued. This is reflected in both the P1 and the P7 data. Caution should be used when interpreting this data as the sample sizes are low and comparisons between schools may not be robust. However, the data are suggestive there are areas of West Dunbartonshire where closer scrutiny of population oral health may be needed.

The extraction of teeth is an end-point for dental decay experience. For young children this procedure is usually performed under general anaesthetic – a traumatic experience presenting a risk to children, loss of school time (work time for parents) and resource intensive for NHS GG&C. Data are available for the numbers of referrals of children for extraction of teeth under general anaesthetic and can assist in building a more comprehensive knowledge of population oral health.

Post code sector	2013	2014	2015	Total	Pop <sup>n</sup> Rate (per 1000) in 2015
G83 0	10	6	8	24	
G83 9	19	9	12	40	
G82 1	3	1	6	10	
G82 2	6	1	7	14	
G82 3	10	9	9	28	
G82 4	12	9	9	30	
G81 1	10	15	14	39	
G81 2	17	13	13	43	
G81 3	15	9	13	37	
G81 4	10	12	7	29	
G81 5	10	8	13	31	
G81 6	7	12	1	20	
<b>Total West Dun</b>	129	104	112	345	9
<b>Total GG&amp;C</b>	2339	2340	2413	7092	15

**Referrals for dental extractions under general anaesthetic for children in West Dunbartonshire (rates calculated from mid 2014 population estimates ages 3-16)**

The numbers of referrals for extractions under general anaesthetic are lower in West Dunbartonshire than for some localities in NHS GG&C. It should be noted the data rows are raw data and not weighted by population. Nevertheless, the data illustrates there has been a slight increase in the number of children referred in West Dunbartonshire. The population rate in 2015 for West Dunbartonshire for referrals for extraction under general anaesthetic is 9/1000, compared to 15/1000 for NHS GG&C.

Overall, the oral health of children in West Dunbartonshire has not demonstrated sufficient improvement and generally compares poorly with the average for NHS GG&C and for Scotland.

Greater use of dental public health intelligence and collaboration is facilitating the development of more effective partnership working for the Oral Health Improvement Team and the HSCPs. Data intelligence is assisting in the targeting of interventions to the most vulnerable groups in West Dunbartonshire in order to improve oral health outcomes.

## Key Findings and Recommendations

- The oral health of children in West Dunbartonshire is generally poorer than the rest of NHS GG&C and Scotland
- There have not been significant or continued improvements in child oral health in West Dunbartonshire

The Oral Health Directorate would be keen to work in partnership with our colleagues in HSCP's to improve the oral health outcomes for their population, with a focus in the following areas:

- The Dental Public Health team should continue to monitor national and local data intelligence on oral health outcomes and engage with partners in HSCP and Education in priority setting and strategic planning
- To identify areas and/or populations where increased focus is needed to tackle inequalities and poorer oral health

## ORAL HEALTH IMPROVEMENT

### Childsmile

Childsmile is the National Dental Programme to improve the oral health of Scottish children. The programme has three main components; Childsmile Practice, Childsmile Core the Toothbrushing Programme and the Childsmile Fluoride Varnish Programme.

### Childsmile Practice

An important link is established between Health Visitors and Dental Health Support Workers (DHSW) and dental practices. Assistance is provided in locating and visiting a dentist for new parents. The below outlines the patient contacts for Childsmile practice staff providing home visit support.

SIMD	CHILDREN WITH (AT LEAST ONE) KEPT DHSW APPOINTMENT	CHILDREN WHOSE FAMILIES REFUSED CHILDSMILE	'FAMILY COULD NOT BE CONTACTED'	FAMILIES WITH OUTCOME 'FTA / NOT AT HOME' (FURTHER CONTACT REQUIRED)
1	246	10	4	47
2	142	7	2	22
3	85	5	1	10
4	30	4	1	10
5	20	3	0	0
Total	523	29	8	89

### Children Successfully Contacted and Not Contacted by DHSW, and Families Who Refused Childsmile 2015/2016

### Childsmile Core

Childsmile Core Toothbrushing programme was established within the West Dumbarton area in 2006. There are currently 30 mainstream schools and 3 ASL schools taking part in the programme. Oral Health Educators (OHE's) have established effective partnership working with HSCP colleagues in West Dunbartonshire

The non-participating schools are contacted on a regular basis to review interest in participation and offered support to implement Childsmile. This is done via email, phone calls and meeting with Education staff.

SIMD	NURSERIES	PLAYGROUPS	PRIMARY SCHOOLS	% BRUSHING IN JUNE 2016	SPECIAL EDUCATION ESTABLISHMENTS	OVERALL TOTAL BRUSHING
1	3	0	3/6	50%	0	6
2	11	0	11/15	73%	3	25
3	12	0	11/11	100%	0	23
4	6	0	5/5	100%	0	11
Total	32	0	30/37	81%	3	65

### West Dunbartonshire Establishments Participating in Tooth-brushing 2015/2016

\*100% of Nurseries, 81% of Schools and 100% of ASL establishments were observed as brushing in the education year 2015/2016.

CLASS YEAR / AGE GROUP	CHILDREN ON CLASS LIST (N)	CHILDREN WITH POSITIVE TOOTHBRUSHING CONSENT (N)
Nursery 3-4 year old	923	868
Nursery Special Education	17	17
Nursery Other	430	416
P1	1007	995
P2	1044	1024
P3	804	782
P4	388	382
P5	342	326
P6	367	299
P7	320	196
Total	5520	5186

### West Dunbartonshire Children with Tooth-brushing Consents 2015/2016

#### Childsmile Fluoride Varnish Programme.

OHE's attend Fluoride Varnish sessions to assist the Extended Duties Dental Nurses' (EDDN) by collecting the children from their classes and on occasion inputting data onto HIC (Health Informatics Centre).

Please note the information below was extracted from Childsmile HIC site on 23<sup>rd</sup> May – additional activity may be added until end of June 2016

TYPE	Targeted Children	Children with Consent		Children with validated consents		Children receiving at least one FVA			Children receiving two or more FVAs				
	T	C	% of T	V	% of T	n	% of T	% of C	% of V	n	% of T	% of C	% of V
nursery	705	594	84.3%	586	83.1%	517	73.3%	87.0%	88.2%	308	43.7%	51.9%	52.6%
p1	433	382	88.2%	368	85.0%	344	79.4%	90.1%	93.5%	242	55.9%	63.4%	65.8%
p2	437	412	94.3%	404	92.4%	378	86.5%	91.7%	93.6%	328	75.1%	79.6%	81.2%
p3	416	378	90.9%	374	89.9%	358	86.1%	94.7%	95.7%	326	78.4%	86.2%	87.2%
p4	450	395	87.8%	391	86.9%	373	82.9%	94.4%	95.4%	355	78.9%	89.9%	90.8%

### Childsmile Nursery and School: Fluoride Varnish activity 2015/16

OHE's also attend health events in primary schools, delivering oral health advice related to toothbrushing, diet and dental attendance. The OHE monitor all toothbrushing establishments every term and recording data onto HIC. Several parents' workshops and one to one oral health advice have been delivered to parents on different occasions e.g. parent's evenings, induction days, providing dentists list to encourage dental registration.

### Summary of OHE Activity

Area	Health Days and HSCP events	OH Session	Induction Days	NSM Talk/Event	Number of staff trained
West Dun	6	174	11	11	18

### National Smile Month 2015

During a four-week period between May and June 2015 a variety of events were held to promote National Smile Month.

OHEs tasked Primary 4's to come up with a poster or display, around healthy snacks/healthy eating, 10 schools in West Dunbartonshire took part and provided artwork and posters showcasing their good understanding of oral health key messages.

During National Smile Month the OHEs set and manned stalls in local health centres. The purpose was to promote key oral health messages. OHEs offered advice, free resources and highlighted the availability of Childsmile programmes. These provided great opportunities to promote school toothbrushing and fluoride varnish programmes and answer queries.

## Caring for Smiles.

Caring for Smiles is Scotland's national oral health promotion, training and support programme, which aims to improve the oral health of older people, particularly those living in care homes. The Caring for Smiles Programme contains information, which is adaptable to all adults, particularly those who are dependent or vulnerable.

The table below provides data on the number of Care Home involved in the programme in West Dunbartonshire.

HSCP	Number of Care Homes	Number participating in CFS Training	Number participating in CFS Monitoring	Total number of Residents	Number registered & seen by a dentist within last 12 months	% of residents seen & registered with a dentist within last 12 months
West Dun	13	13	13	304	152	46%

Between 1<sup>st</sup> April 2015 and 31<sup>st</sup> March 2016 a total of **114** staff have been trained, however, the overall number of staff trained since the programme commenced is as follows;

Care Home	Total Number of staff	Number of WTE	Number of WTE trained	% of WTE trained	Cumulative Number of staff trained
Mount Pleasant House	38	32.96	21.8	66.2%	26
Clyde Court Care Centre (Four Seasons)	35	30	13.8	46.0%	16
Boquhanran House (residential)	27	26.26	14.9	56.8%	16
Frank Downie House (residential)	34	29.74	21.1	70.9%	25
Hillview Care Home	150	100	38.2	38.2%	42
Edinbarnet	48	35	23.2	66.2%	31
Strathleven Care Home (residential)	16	15	11.3	75.0%	13
Castle View Nursing Home	54	50	21.2	42.5%	24
Willox Park	30	32.39	14.2	43.8%	17
Langcraigs Care Home (residential)	36	38.5	26.8	69.6%	32
Dalreoch House (residential)	37	36.87	35.6	96.5%	42
Sunningdale (residential)	13	10	5.6	56.1%	6
Balquidder House	Not confirmed	Not confirmed			39
<b>Totals</b>	<b>518</b>	<b>436.72</b>	<b>247.6</b>	<b>56.7</b>	<b>330</b>



All establishments are visited by an OHE on a monthly basis to check the baseline audit and update the dental registration figures which are reported back to the OHTOs for collating.

The Caring for Smiles Programme has been active within West Dunbartonshire since early 2015. The programme is going well within establishments and close partnership links have been formed with West Dunbartonshire Social Work staff.

### **Key Findings and Recommendations**

- **There needs to be an increase in activity reported for Childsmile Practice**
- **There is a need to continue the monitoring and support for Childsmile Core**
- **Continued support and training are required for Caring for Smiles and other priority groups**

**The Oral Health Directorate would be keen to work in partnership with our colleagues in HSCP's to improve the oral health outcomes for their population, with a focus in the following areas:**

- **The Oral Health Improvement team will aim to improve links with NHS dental practice and provide support & training for Childsmile**
- **The Oral Health Improvement Team will continue to work with partners in HSCP and education to improve the uptake and delivery of Childsmile Core and the Fluoride Varnish programme**



## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 22<sup>nd</sup> June 2017

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### Subject: Local Government Benchmarking Framework 2015/16

#### 1. Purpose

- 1.1 To draw to the Audit Committee's attention the recently published Local Government Benchmarking Overview report for 2015/16 and the social care indicators within it.

#### 2. Recommendation

- 2.1 The Audit Committee is asked to note the publication of the national overview report, and specifically the indicators concerned with social care services.

#### 3. Background

- 3.1 All Scottish local authorities participate in comprehensive performance scrutiny through the Local Government Benchmarking Framework (LGBF). This Framework brings together performance indicators covering information about a wide range of key services including education, housing, social work, and leisure, as well as service costs and customer satisfaction results.
- 3.2 The intention is that by using the same indicators across all local authority areas over a period of time allows comparison of performance, identification of best practice, learning from each other, and facilitation of continuous improvement.
- 3.3 To support this comparative work the Improvement Service produce an annual overview report. This report contains highlights of performance information for each Council area against each indicator in the framework. The publication of the 2015/16 overview report represents the sixth year of comparative benchmarking data.

#### 4. Main Issues

- 4.1 The LGBF and the Improvement Services overview report includes ten indicators that lie within the responsibilities of the HSCP, namely:
  - The gross cost of "children looked after" in residential based services per child per week.
  - The gross cost of "children looked after" in a community setting per child per week.
  - Balance of Care for looked after children: % of children being looked after in the Community.
  - Home care costs for people aged 65 or over per hour .

- Self directed support spend for people aged over 18 as a % of total social work spend on adults.
- Percentage of people aged 65 or over with intensive needs receiving care at home.
- % of adults satisfied with social care or social work services.
- Percentage of adults receiving any care or support who rate it as excellent or good.
- Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.
- Net Residential Costs Per Capita per Week for Older Adults (65+).

**4.2** Appendix 1 details the performance of within West Dunbartonshire relative to other local authority areas across all those LGBF indicators.

**4.3** It is recognised that the late publication of the Overview Report by the Improvement Service - with data almost one year old - means that the indicators in LGBF have limited value in isolation. However, they can add depth and trend information to a wider performance discussion. As such it is important to recognise the distinct purpose of benchmarking indicators as compared to performance targets – and as such, it is frequently difficult to judge and state whether a relative ranking of performance in relation to most of these indicators is good, poor, or indifferent.

## **5. People Implications**

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

## **6. Financial Implications**

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

## **7. Professional Implications**

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

## **8. Locality Implications**

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

## **9. Risk Analysis**

**9.1** As in previous years, each HSCP service area will review the indicators which fall within their remit, scrutinising performance and trend information on each indicator. This complements the performance information already available and in turn will inform the actions incorporated within the next WD HSCP Strategic Plan.

## **10. Impact Assessments**

**10.1** None.

## **11. Consultation**

**11.1** None.

## **12. Strategic Assessment**

**12.1** The information provided from the LGBF will be reflected within the next WD HSCP Annual Public Performance Report.

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West Dunbartonshire Health & Social Care Partnership.

**Date:** 22<sup>nd</sup> June 2017

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**Appendices:** LGBF 2015/16 – Analysis for West Dunbartonshire

**Background Papers:** National Benchmarking Overview Report 2015/16:

[http://www.improvementservice.org.uk/benchmarking/documents/2017\\_Overview\\_Report.pdf](http://www.improvementservice.org.uk/benchmarking/documents/2017_Overview_Report.pdf)

**Wards Affected:** All

# HSCP Local Government Benchmarking Framework indicators



Performance Indicator	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	Value	Value	Value	Value	Value	Value	Note
The gross cost of "children looked after" in residential based services per child per week £	£2,962.45	£3,008.94	£1,994.98	£2,946.15	£2,374.54	£2,292.62	<b>We are the best performing HSCP in Scotland for this measure.</b> The Scotland figure is £3,405.85.
The gross cost of "children looked after" in a community setting per child per week £	£47.99	£52.15	£143.79	£155.63	£159.38	£185.70	Ranked 4th in Scotland. Scotland figure is £291.57.
Balance of Care for looked after children: % of children being looked after in the Community	89.03%	88.35%	87%	90.5%	89.1%	89.8%	The HSCP's focus, along with community planning partners, on early intervention in the lives of children, young people and their parents and/or carers continues our shift to preventing crisis, and reducing risk, through assessment and appropriate intervention. We recognise that some of our children may need to be cared for away from home. As per our Community Planning West Dunbartonshire Corporate Parenting Strategy, we have strived to increase the proportion of children and young people who are looked after in the community: this has increased from 88.4% in 2011/12 to 89.8% in 2015/16. We are ranked 17th in Scotland for this measure.
Home care costs for people aged 65 or over per hour £	£16.90	£15.67	£17.64	£18.47	£20.91	£22.03	We have moved from 15th to 21st in Scotland, although we are close to the Scotland figure of £21.22 per hour.
Self directed support spend for people aged over 18 as a % of total social work spend on adults	1.1%	1.6%	1.42%	1.39%	1.77%	2.16%	Expenditure on Self-Directed Support (SDS) Options 1 and 2 has increased by 61% since 2013/14 and has also increased as a proportion of overall adult social care spend from 1.39% to 2.16%. However, high satisfaction with social care services may also mean that clients are less motivated to actually take up SDS direct payments or individual service funds relative to other areas. This may go some way to explaining why our increased SDS expenditure has not been reflected in our ranking of 27th.
Percentage of people aged 65 or over with intensive needs receiving care at home	43.28%	44.27%	42.52%	40.71%	39.32%	35.83%	This measure focuses on people with 10 hours or more of homecare service each week. The increased use of additional Telecare sensors as an integral component of care packages to sustain people at home contributes towards a reduction in the number of homecare hours and increased support to carers. We are ranked 15th in Scotland but are above the Scotland figure of 34.78%.

Performance Indicator	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	Value	Value	Value	Value	Value	Value	Note
% of adults satisfied with social care or social work services	67.7%	67.7%	67%	67.57%	69.67%	66.33%	We have sustained high levels of satisfaction with social care services at 66% in comparison with 50.67% in Scotland. This figure relates to 2013-2016.
Percentage of adults receiving any care or support who rate it as excellent or good	N/A	N/A	N/A	88%	87.97%	88.12%	This is a new LGBF measure already part of the Health and Wellbeing indicators. <b>We are the best performing HSCP in Scotland for this measure.</b> The Scotland figure is 81%.
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	N/A	N/A	N/A	88%	88.23%	85.87%	This is a new LGBF measure already part of the Health and Wellbeing indicators. We are ranked 13th in Scotland on this measure. The Scotland figure is 84%.
Net Residential Costs Per Capita per Week for Older Adults (65+)	£600.00	£554.19	£430.41	£415.97	£460.43	£466.13	The HSCP is significantly higher than the Scotland figure of £364.99 and this is reflected in our ranking which has remained at 29th since 2014/15. The LGBF Overview Report recognises that 'variation in net costs between councils will be largely influenced by the balance of LA funded/self-funded residents within each area, and the scale of LA care home provision and associated running costs'. The latter would include the degree to which staff employed within care homes are at paid at least the National Living Wage. West Dunbartonshire local authority care homes are a significant provider of residential care placements (with all of our staff paid at least the National Living Wage) which goes some way to explaining our being ranked 29th.





## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 22<sup>nd</sup> June 2017

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**Subject: Alcohol and Drug Partnerships - A report on the use and impact of the Quality Principles through validated self-assessment**

### **1. Purpose**

- 1.1 To draw to the Audit Committee's attention the above national report by the Care Inspectorate.

### **2. Recommendation**

- 2.1 The Audit Committee is asked to note the attached national report by the Care Inspectorate.

### **3. Background**

- 3.1 Alcohol and drug partnerships (ADPs) are multi-agency strategic partnerships focused on alcohol and drugs misuse issues in their local areas. Members include those agencies with an interest in providing treatment and intervention for people experiencing problem alcohol and drug use, and other key stakeholders. ADPs are responsible for developing local strategies for tackling, reducing and preventing problem alcohol and drug use. They also have responsibility for planning and commissioning services to deliver improved core and local outcomes, taking into account local needs, circumstances and resources. Within West Dunbartonshire, the local ADP is convened and led by the HSCP.
- 3.2 In May 2016, the Scottish Government commissioned the Care Inspectorate to commence a joint programme of work to support all ADPs in Scotland to review their progress towards implementation of the Quality Principles. The Quality Principles were introduced by the Scottish Government in 2014 as an initial step towards building a quality improvement framework for alcohol and drug services in Scotland. The Quality principles support a holistic, recovery-focussed approach where services and those seeking to address their problematic substance misuse work in partnership to achieve agreed outcomes.
- 3.3 The aim of the work was to provide an evidence informed assessment of local implementation, measurement and quality assurance of the Quality Principles at an operational level whilst also implementing the Quality Principles at a strategic level by developing a Quality Improvement Framework underpinned by ongoing self assessment and evaluation.
- 3.4 At its 1<sup>st</sup> March 2017 meeting, the Partnership Board was presented with a report outcome of the recent West Dunbartonshire ADP Validated Self-Assessment by the Care Inspectorate.

- 3.5** The subsequent appended report by the Care Inspectorate brings together all of the insights and learning from all of the self evaluations completed across Scotland.

#### **4. Main Issues**

- 4.1** Based on consideration of the messages within this national report, the West Dunbartonshire ADP is in a robust position. As detailed within the previous report to the Partnership Board, overall the results from the West Dunbartonshire ADP Validated Self-Assessment highlighted that:

- Services worked effectively and that individuals accessing services did so without delay.
- Services being delivered were high quality and needs based, supporting empowerment through recovery.
- Well established governance was in place with sound mechanisms for reporting progress against the ADP delivery plan through the Partnership Board and Community Planning Partnership.
- The ADP was noted as being innovative, committed to self-evaluation and continuous improvement.
- Acknowledged the work of the West Dunbartonshire HSCP Addictions Blood Borne Virus Team as a good practice example (and which is identified as such within the attached national report).

- 4.2** Areas for improvement identified supported developmental issues already identified by the local ADP – notably:

- More consistent and effective recording across ADP partners and the development of SMART care plans. (Specific, Measureable, Achievable, Realistic, Timescale)
- Joint delivery of Recovery Orientated Systems of Care need to be more robust to include partners such as Housing, Employment Support and Children's services.

- 4.3** The Validated Self Assessment Work Plan that was developed in response to the local review– and which was approved by the Partnership Board at its 1<sup>st</sup> March 2017 meeting – is being implemented to address these areas of improvement. The national report reinforces the actions within that local workplan, adding helpful impetus to a number of existing developmental areas – notably the importance of embedding a shared-care approach between statutory services and third sector partners, as part of a recovery oriented system of care (ROSC).

- 4.4** This workplan is now being progressed through the local ADP Treatment and Support Group with progress reported to the ADP and then to the Community Planning Partnership Management Group and Partnership Board as appropriate.

## **5. People Implications**

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

## **6. Financial Implications**

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

## **7. Professional Implications**

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

## **8. Locality Implications**

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

## **9. Risk Analysis**

**9.1** The ADP Validated Self Assessment has been a useful exercise, as the outcome assessment and subsequent work plan will form important evidence to support the forthcoming joint inspection of adult services in West Dunbartonshire.

## **10. Impact Assessments**

**10.1** None.

## **11. Consultation**

**11.1** None.

## **12. Strategic Assessment**

**12.1** The previously approved action plan arising from the ADP Validated Self Assessment will fully support the overall delivery of the HSCP Strategic Plan 2016-19.

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**Date:** 22<sup>nd</sup> June 2017

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**Appendices:** Alcohol and Drug Partnerships - A report on the use and impact of the Quality Principles through validated self-assessment

**Background Papers:** Partnership Board (1<sup>st</sup> March 2017) - Alcohol and Drug Partnership Validated Self-Assessment and Improvement Plan update

**Wards Affected:** All

# Alcohol and Drug Partnerships

A report on the use and impact of  
the Quality Principles through  
validated self-assessment



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# Foreword



There is widespread recognition that problematic alcohol and drug use in Scotland blights lives. Its consequences are felt far beyond the individual. Alcohol and drug addiction costs us all dearly, not only through costs associated with ill-health and crime but also in the misery and pain caused to families and communities, sometimes for generations, and the squandering of potential. Problem alcohol and drug use stops people from being the very best that they can be and leading healthy, fulfilling lives. We recognise that many of those most affected have experienced adversity, loss and trauma in their lives. If they are to recover, they need skilled, consistent and responsive intervention which recognises and tackles the complex issues underpinning addiction. Services need to be available at the right time, in the right way and for as long as needed.

The Care Inspectorate's vision is that every person in Scotland should receive high quality, safe and compassionate care that reflects their rights, choices and individual needs. That is why I have so warmly welcomed the opportunity for the Care Inspectorate to work alongside the 29 alcohol and drug partnerships across the country to provide support and challenge to their self-evaluation as they continue in their journey of continuous improvement.

It was pleasing to be able to report a clear shift to a recovery focused philosophy in the planning, commissioning and delivery of services across the country. Overall, the Quality Principles are being embedded and beginning to show some impact in more person-centred treatment, care and support. However, we also heard clearly from people using alcohol and drug services about their experience of unhelpful attitudes from staff when using some services, including some health, welfare and housing services. Such attitudes serve only to further marginalise people who need our help and make recovery less achievable. We would encourage organisations with a role in supporting professional development across these services to consider how they might support the necessary culture change.

The success of the third sector in innovating and developing person-centred approaches comes through strongly in this report. Those responsible for strategic planning and commissioning can learn from areas where there is strong collaboration between statutory services and the third sector.

We have greatly valued the collaboration between inspectors and practitioners who have each brought their own experience and perspectives to bear in completing this validated self-evaluation. Our aim has been to build capacity for continuous improvement and we hope that this legacy will be of use in supporting self-evaluation and quality assurance going forward. Particularly, we would encourage alcohol and drug partnerships to now focus on the development of impact measures to seek assurance that the strengthening of processes supported by the use of the Quality Principles is translating into better experiences and more positive outcomes for people who use services, and for their families and communities.

Karen Reid

A handwritten signature in black ink that reads "Karen Reid".

Chief Executive, Care Inspectorate



# Introduction

The 2014 Scottish Government document *Quality Principles: Standard Expectation of Care and Support in Drug and Alcohol Services* is central to the implementation of its improvement framework for services. The primary purpose of the Quality Principles is to ensure quality is embedded and evidenced across all services in Scotland.

Alcohol and drug partnerships (ADPs) are multi-agency strategic partnerships focused on alcohol and drugs misuse issues in their local areas. Members include those agencies with an interest in providing treatment and intervention for people experiencing problem alcohol and drug use, and other key stakeholders. ADPs are responsible for developing local strategies for tackling, reducing and preventing problem alcohol and drug use. They also have responsibility for planning and commissioning services to deliver improved core and local outcomes, taking into account local needs, circumstances and resources.

A year after issuing the principles, the Scottish Government commissioned the Care Inspectorate to lead a programme of validated self-assessment involving all 29 alcohol and drug partnerships in Scotland. The aim was to determine how well the Quality Principles<sup>1</sup> had been embedded and to assess their impact on supporting ADPs to achieve better outcomes for people who use alcohol and drug services. Key objectives were to provide:

- an evidence-informed assessment of how local services are implementing *The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services*, to help local ADPs identify their own strengths and prioritise areas for improvement
- a national picture of how the Quality Principles are being used to strengthen a culture of continuous improvement and quality assurance of performance, to support Scottish Government and other key stakeholders in designing any further national supports to services and ADPs.

## Background to the development of alcohol and drug partnerships in Scotland

In 2009, the Scottish Government set out a framework for the delivery of alcohol and drug treatment and recovery services across the country. Key features of the framework included:

- a dedicated partnership on alcohol and drugs operating in each local authority area, firmly embedded within wider arrangements for community planning, to be called an alcohol and drugs partnership (ADP)
- an expert local team supporting the operation of every ADP
- where a particular health board area includes more than one local authority area, appropriate co-ordination arrangements at NHS board area level

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<sup>1</sup> The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services have been developed to ensure anyone looking to address their problem drug and/or alcohol use receives high-quality treatment and support that assists long-term, sustained recovery and keeps them safe from harm.

- under the aegis of each ADP, the development and implementation of a comprehensive and evidence-based local alcohol and drugs strategy based on the identification, pursuit and achievement of agreed local outcomes, and supported by the development of a local outcomes framework
- a limited set of national core indicators, which each local partnership would be invited to include in its local outcomes framework
- individual bodies contributing fully and openly to the operation of their local partnership(s), including the development of the local strategy, and commissioning services in line with that local strategy
- the Scottish Government supporting local partners and the ADPs in achieving agreed local outcomes.

The reform of local delivery arrangements for drugs and alcohol services aimed to ensure that local delivery of alcohol and drugs services were effective, efficient, accountable and able to contribute to national and local outcomes. As part of this reform, the Scottish Government developed An Outcomes Toolkit for Alcohol and Drugs Partnerships (2009) to help ADPs identify local priority outcomes relating to alcohol and drugs. Scottish Government deployed national delivery advisers to support ADPs to establish and embed outcomes-based approaches.

The Scottish Government's Drug and Alcohol Quality Improvement Framework is the current phase of delivery of two national strategies, Road to Recovery and Changing Scotland's Relationship with Alcohol. Its purpose is to ensure quality is embedded and evidenced within all alcohol and drug services across Scotland.

The framework is intended to further instil the culture of self-assessment within ADPs that leads to improvement. Scottish Government provides national support to ADPs to assist local implementation, measurement and quality assurance of the Quality Improvement Framework. The recently published Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services is at the core of this framework.

## Methodology for the validated self-assessment

The agreed aim of the programme was to support ADPs to undertake a robust self-assessment, looking critically at how well the Quality Principles were being used in practice by alcohol and drug services locally, and at the effectiveness of quality assurance policies and practice. The Quality Principles document invites ADPs to ask themselves questions about compliance with the Quality Principles and the experience of people who use alcohol and drug services. We discuss how well the Quality Principles are being embedded in chapter 3 of this report. We recognise that success in achieving any significant change and improvement requires effective collaborative working, strategic planning and leadership. To help ADPs explore how well they were doing in these areas, we developed a set of self-evaluation questions based on the excellence model developed by the European Framework for Quality Management. The excellence model has been used extensively over a number of years by local authorities and a wide range of organisations in the public, private and third sectors to support self-evaluation and continuous improvement. Its particular strength is to help those using it understand connections between results (or outcomes) and the processes that either support

positive results or act as a barrier. This helps ADPs to better understand areas of good performance and prioritise improvement actions. We discuss the factors contributing to, or hindering, successful embedding of the Quality Principles in chapter 4.

We decided that a small team of our strategic inspectors experienced in using the excellence model would work with local ADPs, providing support and challenge to ensure their self-assessment was thorough, rigorous and transparent. Using a standard self-assessment framework ensured consistency across the country and allowed comparison across ADPs. A key aim was to strengthen capacity for self-evaluation across ADPs and to invest in a resource for continuous improvement. The Scottish Drugs Forum also made an important contribution to the project through four members of its National Quality Development Team.

The validated self-evaluation commenced in January 2016 and included the following activities.

- Analysis of position statements – each ADP completed a position statement outlining an assessment of local progress in implementing the quality principles, which included services provided by the local authority and/or health board themselves, or commissioned by them from an independent provider. These provided a very helpful starting point to focus discussion with key people in the ADP.
- An e-survey of the views of 969 staff.
- An e-survey of the views of 1919 people using alcohol and drug treatment and recovery services (including family members).
- Review of case records for 344 people who received treatment and support from a range of alcohol and drug services.
- Interviews with ADP chairs and lead officers and other staff responsible for strategic planning of alcohol and drug services in all 29 ADP areas.

In September 2016, we provided each ADP with a feedback summary that identified key strengths and areas for improvement. We have encouraged ADPs to develop an improvement plan informed by their validated self-assessment.

We also invited ADPs to identify examples of good practice that they believed were having a positive impact on the lives of individuals, families and communities. These examples are listed in Appendix 2.

## Acknowledgements

We would like to acknowledge and thank all the individuals and staff across the ADPs who participated and contributed to this work. This includes all staff working directly in services across the ADPs who supported our visits and activities. We are very grateful to everyone who took part in our surveys and came to our focus groups as part of this validated self-assessment.

In particular, we would like to thank the team of associate assessors who so willingly and enthusiastically contributed their knowledge and experience and the staff from the Scottish Drug Forum's National Quality Development Team who played such an important role in supporting the evidence-gathering process.

# Key messages

The majority of alcohol and drug partnerships (ADPs) are actively embracing and working towards implementing the Quality Principles. While the degree to which they have been embedded is variable across the country, a positive shift towards a recovery philosophy has been made and it is clear that they are influencing strategic planning, commissioning, service delivery, workforce development, practice and organisational culture and change.

Most ADPs have appropriate governance structures and accountability arrangements in place to progress strategy and policy developments in relation to both national and local priorities. Most are linked to, or operating through, the health and social care scheme of integration and so to the integration joint boards (IJBs) and their strategic commissioning plans.

The majority of ADPs have a strategic commitment and strong aspiration to shift the balance of care from clinic-based provision to community provision that is holistic, person-centred and recovery-focused. There are examples of innovative user involvement at individual, service and partnership levels to proactively consult, engage and seek feedback. However, there is less evidence of how feedback is actually influencing service delivery models. Overall, the third sector is leading statutory services in innovation and person-centred service models. The way in which some NHS and social work services are delivered needs to modernise to maximise efficient use of resources and to also ensure a person centred approach.

The majority of ADP strategies and delivery plans have been informed by a strategic needs assessment of both current and future local need. Further work is needed in some ADPs to make best use of shared resources to effectively plan local strategic priorities and develop better commissioning approaches.

ADPs face complex budget challenges in terms of planning, developing and delivering services. At the time of the validated self-evaluation, these were exacerbated by a lack of clarity about IJB budgets, creating uncertainty about the sustainability of a number of services. Nonetheless, all ADPs have in place financial planning and monitoring processes to support transparency and accountability in commissioning.

A wide range of innovative, early intervention approaches and initiatives are being used to build community engagement with the aim of increasing awareness and understanding of problematic substance use and recovery. However, most ADPs struggled to demonstrate the impact of their work on their local communities.

Further improvement is needed to develop strategic workforce planning. In particular, learning and development programmes need to extend to partners outwith alcohol and drug services, for example staff in housing services, in order to embed a recovery-oriented system of care (ROSC) across wider universal services.

Many people still experience stigma and prejudice when accessing a range of health, social care alcohol and drug treatment and recovery services. More work is needed to ensure people are treated with dignity and respect and supported by staff with appropriate attitudes and values.

There was a growing commitment towards a strengths-based approach in both assessment and intervention. The quality of assessment is highly variable within and across ADPs. Some ADPs need to use multi-agency meetings more effectively to ensure recovery plans are robust and progress is monitored effectively.

The majority of ADPs had procedures in place to identify and assess children affected by parental problematic substance use. Support needs to continue for joint working between staff in alcohol and drug services and staff in children's services to ensure children and young people affected by substance misuse are protected.

Quality improvement programmes need to fully reflect the Quality Principles. Many ADPs are trying hard to embed a culture of learning, to improve the quality of service delivery. Some ADPs need to give more attention to establishing mechanisms for a more coordinated, collaborative and systematic approach to self-assessment and quality improvement.

# Implementing the Quality Principles

## Quality Principle 1

**You should be able to quickly access the right drug or alcohol service that keeps you safe and supports you throughout your recovery.**

The majority of people should wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.

Nobody should wait longer than six weeks to receive appropriate treatment and support.

*"When you decide to get clean, six weeks seems an impossibly long time to wait."*

The majority of ADPs across Scotland were meeting the Scottish Government's Local Delivery Plan (LDP) standard for alcohol and drug treatment waiting times. Some areas were consistently exceeding the standard. Most people were seen within the three-week target and the average waiting time to start their first treatment was actually much less. In some areas, this was as quickly as within one week from referral. Those ADPs that were constantly surpassing the waiting times standard had ambitiously set themselves targets to further reduce waiting times for people entering treatment.

A small number of partnership areas were not consistently meeting the LDP standard with the result that some people had to wait longer than three weeks to access any treatment. Our surveys and case file reading analysis showed around 10% of people waiting longer than six weeks from referral to treatment. Barriers to quickly getting a service included rural geography and lack of staff capacity due to vacancies, sickness and holidays. However, incorrectly recorded information on referral forms and poor administration created unnecessary delays. Delays in starting treatment also happened where people seeking treatment did not keep appointments.

Most ADPs had robust systems in place to effectively monitor and report on performance against the LDP standard in respect of waiting times. In a small number of partnership areas, staff would benefit from greater clarity on recording. This would support a more consistent approach to achieve more reliable data, on which the partnership could draw.

A range of innovative approaches was helping to improve waiting times for treatment and increase the proportion of people receiving early access. ADPs were creative, using social networking such as Skype and video conferencing to reach people in remote areas. Enhanced telephone contact, follow up letters about appointments, providing choice of appointment dates and holding clinics in GP surgeries were all helping to link people into services sooner. In some areas, strengthened joint working arrangements and co-location between commissioned and statutory services were also helping to

significantly improve waiting times and facilitate earlier access to appropriate treatment and recovery support.

Most ADPs had made efforts to identify and address barriers to achieving good performance on waiting times. The majority of ADPs had commissioned third sector organisations to either work alongside statutory services, provide a single point of access, or provide multi-agency hubs for people accessing services. These were improving access arrangements and providing effective pathways into services. Some ADPs had not made as much progress reviewing their care pathways in order to develop and implement a more integrative approach to their recovery-oriented system of care (ROSC).

Services are expected to evidence compliance with the alcohol and drug treatment waiting time standard as a part of commissioning processes. In a small number of ADPs, there was no clear or consistent way of addressing non-compliance in how SMR25 is recorded. Improving staff and service user understanding of the benefits of recording identifiable information on national data systems could better support compliance.

Services worked well together to improve outcomes for people accessing treatment and support. A range of outcomes tools were in place, including the Outcomes Star, the Recovery Outcome Tool and the Treatment Outcomes Profile. There was consensus among ADPs that these were very helpful in measuring improvements for individuals, but the diversity of the tools they were using made it challenging to bring data together to measure impact at a partnership level.

Most ADPs were preparing local systems to comply with the new Drug and Alcohol Information System (DAISy). To improve consistency and uniformity of reporting of outcomes data, some ADPs had phased their roll out across services of the recovery outcome tool as part of the national implementation pilot. While very supportive of the aims, most ADPs were cautious of a wholesale adoption until the Recovery Outcome Tool dataset was integrated with the new DAISy. The majority of ADPs noted real challenges in evidencing and fully tracking recovery journeys of people through their care pathways because existing information systems do not readily support data sharing.

Most people we spoke to were positive about the personal outcomes that they achieved as a result of the care, treatment and support they had received. The majority felt they had made considerable improvement in their recovery. Many spoke powerfully about the importance of getting early access to services and support that is sustained over time. There were helpful examples of ADPs celebrating individuals' personal achievements and outcomes as they progressed on their recovery journey. For example, Aberdeen ADP, in partnership with Aberdeen College and third sector partners, had developed City and Guilds Awards for people in recovery. They held an annual Recovery Star Award event to celebrate individuals moving on in their recovery.

While ADPs could confidently talk about the positive impact for people who got services, more work was needed to develop ways of helping ADPs evaluate services' impact in improving wellbeing and outcomes across their populations. While ADPs put forward anecdotal evidence, for example that 'did not attend' (DNA) rates were changing, this was not informed by robust data. The majority of ADPs recognised there was a need to gain feedback from people who did not engage or had disengaged

with services to reduce DNA levels following triage. A good practice example was Lanarkshire's proactive approach to understanding hidden populations. They had commissioned research to help them understand why people did not always engage with services. This had led to them implementing a rigorous approach to ensure engagement rates were maximised and DNA rates reduced through a patient reminder service.

## Quality Principle 2

**You should be offered high quality, evidence-informed treatment, care and support interventions which reduce harm and empower you in your recovery.**

You should be treated fairly and equally, with respect and dignity, as a person able to make your own choices.

You should be able to easily access safe, secure and comfortable surroundings when engaging with the service.

The choice of interventions should be based on the best available evidence and agreed guidance.

You should have access to a range of recovery models and therapies which should help improve different areas of your life and move forward at your own pace.

You should have access to harm reduction advice which might include safer use, managed use and abstinence.

With your agreement, your information may be shared with other services and it should be made clear to you when this might happen without your consent.

*"I think my worker chose the best intervention method for me as he listened to me very well. His intervention suited my needs to help me recover."*

Many ADPs had developed leaflets providing information about services available in their local areas. Most made information available through dedicated ADP websites. However, some websites needed to be updated and refreshed. Greater attention could be given to promoting and signposting to recovery communities, peer support and mutual aid groups. Most people accessing treatment and support found out about services through word of mouth or through their GP. A significant number of people reported that they were not offered help until their drug or alcohol use had become particularly problematic. Greater promotion of information about who to contact and how to access services across local communities could better support and embed a culture of recovery as well as one of early intervention and prevention.



Many ADPs had redesigned their services to improve delivery, meet local need and be more recovery-focused. Single point of access models were being embedded in a number of partnership areas providing a prompt, streamlined approach to engaging individuals and families into services. Shared care approaches between statutory and third sector partners ensured prescribing and recovery services worked more effectively together. As a result, people accessing specialist or structured treatment experienced smoother transitions and were better linked in to recovery-oriented services.

Most ADPs had developed dedicated harm reduction teams or services that worked in an integrated way. Person-centred practice and co-production approaches were adopted in helping to decide treatment and support options. This ensured that a choice of harm reduction interventions and initiatives were available at the point of access and provided throughout a person's recovery.

In some areas, third sector and voluntary agencies offered flexible appointments outside usual office hours. There were also examples of 24/7 online advice and support, inclusive of weekend cover. Proactive and assertive outreach approaches to early support was helping to increase the number of people accessing alcohol and drug services. In Aberdeenshire, Angus and East Dunbartonshire early intervention workers followed up on individuals in cases of non-attendance and supported them to re-engage with services. Glasgow City ADP's Assertive Outreach pilot was engaging with traditionally hard to reach and vulnerable drug users who were sleeping rough.

Dundee, Aberdeenshire and Inverclyde ADPs had developed moving-on services that provided focused support to people beyond treatment to help them achieve their recovery goals and to reconnect with their local communities. The Prescribing for Recovery initiative by Aberdeen ADP was a good example of shifting the balance of care from primary care to community based services and social supports. MELDAP's Peer Support project had introduced peer support for substance misuse into general practice in Midlothian, delivered as a partnership between service users, general practitioners, secondary care and non-statutory agencies.

Most staff proactively engaged with individuals and families, supporting them into services. This helped ensure regular attendance at appointments and other wrap around services to address broader holistic needs beyond problematic alcohol and drug substance use, including housing, employment and relationships. We found examples of services that had strengthened their processes to intervene early and provide effective multi-agency, early intervention, support during pregnancy and to children affected by parental substance misuse.

Nevertheless, more work was needed to implement and embed a recovery-oriented system of care across mainstream services, for example housing. Some ADPs had more work to do to ensure staff understood the contribution they could and should be making to ensure people benefited from seamless interventions throughout all stages of their recovery.

Overall, most people felt services were responsive to their needs. However, some felt strongly that NHS treatment services took too long to assess, screen, test and treat them for opioid replacement therapies. People were limited in the services they could access and how long they had to wait for treatment and intervention, where GPs had a policy of not prescribing opioid replacement therapies. In a few partnership areas this was resulting in substantial waiting times.

The majority of people benefitted from a range of harm reduction interventions and initiatives that were well-matched to their needs and offered throughout their recovery. However, there was sometimes significant delay in accessing specific detoxification and residential rehabilitation interventions. Often, this appeared to be largely due to lengthy and complicated referral processes. Fife partnership's Residential Rehabilitation pilot was an example of an integrated approach linking the treatment service with a rehabilitation service, achieving more efficient access to rehabilitation services.

A number of ADPs had developed innovative approaches to overcome challenges in providing equitable and prompt access to services, including making best use of local community facilities as access points for services, and using digital technology. There were good examples in Scottish Borders, Dumfries and Galloway and Forth Valley of overcoming barriers caused by limited public transport or reaching otherwise hard to engage communities. Nonetheless, some people living in remote and rural areas were notably disadvantaged by costly or limited transport options. This was a significant barrier to them attending appointments and accessing community supports.

There was a range of treatment options available, including psychosocial and psychological support. However, some people, particularly those with more complex problems and some vulnerable young people who had experience trauma, reported difficulties in accessing specialised psychological therapies. The requirement to attain some degree of stability or reduce alcohol or illicit drug use before being considered for psychological therapies meant that some people were unable to get the help they required quickly. Self-medicating while waiting for medical and psychological interventions was common. We found very few ADPs had embedded specialist alcohol and drug workers in community mental health teams or vice versa. Those who had were finding benefits in stronger joint working around assessment and planning. We found good examples in Orkney and in Lanarkshire, where people presenting in distress were offered an appropriate intervention without any delay.

There were encouraging examples where investment in developing and refurbishing premises had resulted in accessible accommodation that people found safe and welcoming and conducive to their recovery. However, some people expressed dissatisfaction with the physical environment of some dispensing rooms, clinics and waiting rooms. Receiving treatment and support in poor quality surroundings made them feel undervalued and not respected. In some partnership areas, access to rooms and meeting spaces was a significant challenge, particularly for people with disabilities.

### Quality Principle 3

**You should be supported by workers that have the right attitudes, values training and supervision throughout your recovery journey.**

Workers should be welcoming, work in a person-centred way and believe in your ability to change and recover.

Workers should provide timely, evidence-informed treatment and support that is right for you.

Workers should provide support that is trauma-informed and recognise any current or previous trauma you are dealing with.

Workers should provide you with harm reduction advice, this may include safer use, managed use or abstinence.

Workers should support you to set your own recovery goals and to manage your own care and support.

Workers should talk to you about plans and arrangements for you moving through the service and/or reducing/ending your current contact with the service.

Workers should encourage and help you to connect with a recovery community or mutual aid group.

***"There remains a significant stigma and prejudice for clients with substance misuse issues which is sometimes obscenely displayed by individuals in non-substance misuse services. There is the need for more education and awareness and in particular around the behaviours that sometimes accompanies someone who has substance misuse issues."***

The Quality Principles state that people experiencing problematic alcohol or drug use should be supported by staff who have the right attitudes and values, ensuring all are treated with dignity and respect. There was consensus from people that most of the staff who were trying to help them were welcoming, worked in a person-centred way and believed in their ability to change and recover. They benefitted from regular, meaningful contact. Nevertheless, a significant number of people reported that they felt judged and stigmatised in their interactions with professionals that included GPs,

consultants and staff working in non-specialist services such as housing and employment support. It was clear that workforce development is vital to ensuring staff have the appropriate values and high professional standards, reinforcing respect and dignity as fundamental principles.

Some staff we spoke to felt that a focus on targets and processes impacted on their ability to work in a person-centred way and impacted on the quality of service they provided. It is clear that staff worked extremely hard to ensure most people were seen within waiting time targets while being responsive to the needs of individuals.

ADPs had worked hard to take on board the need to ensure services were appropriately trauma-informed. Services ranged from low-intensity trauma support being delivered by frontline practitioners and keyworkers to more intensive psychological interventions by community mental health workers, psychologists, therapists and councillors. The majority of staff who contributed to this validated self-evaluation reported that the training they had received had increased their knowledge and understanding of the impact of trauma and managing disclosure. However, a quarter said they would benefit from specific awareness training in this area. This included how to manage disclosure as well as trauma-specific interventions.

***"I felt able to share past trauma with my worker who was very supportive and understanding."***

While the majority of staff had access to specialist clinical advice and support from specialist services, in some areas staff reported a lack of expert provision to support people in need of more specialist services. This included access to specialist psychology and counselling services. Many staff felt constrained and frustrated in their ability to deliver and use psychological interventions due to both time and capacity restraints. In some areas, although generic workers were providing psychosocial support, they did not always feel appropriately or sufficiently well trained to deliver such interventions. In positive contrast, a few services ensured practitioners had protected time to apply psychological techniques such as motivational interviewing. A few ADPs had implemented coaching groups for staff to consolidate and improve their practice in motivational interviewing and other psychosocial interventions.

There was strong evidence that services were taking a harm reduction approach, providing advice such as safer use, managed use and abstinence. Staff were providing appropriate harm reduction minimisation and other interventions which were well-matched to the needs of individuals and were offered throughout a person's recovery.

Most staff encouraged people to manage their own recovery. Our review of records indicated that people had control over the kind of support they received in 81% of cases.

Staff actively encouraged and helped people to connect with recovery communities or mutual aid partnerships where these were available. Most people told us that staff prepared them for the end of contact. Some ADPs were using self-directed support to enable people to purchase or take part in activities and courses to help them achieve their personal outcomes set out in their recovery plan.

Some ADPs had developed specific posts that encouraged and supported people to re-connect with their local community. Good practice examples included the growth of peer mentors, SMART recovery groups and recovery cafés. However, in some ADPs, recovery communities were still at an early stage of development. This was particularly evident in more rural and remote ADPs.

**"I have been involved in recovery group activities such as guitar group and map meetings and other activities and college courses. My personal development and recovery is a positive and ongoing path."**

Overall, it was clear that much work had been done to embed a recovery approach across the country. Work had been done in staff recruitment and workforce development, policy and practice development, and commissioning. Staff were being supported to promote and embed a recovery philosophy within their practice using recovery concepts, outcome tools and evidence-based practice. Nonetheless, a recovery philosophy was not yet embedded across wider mainstream services or fully promoted within communities. Further work was needed to strengthen and embed a greater understanding and application of a recovery philosophy and the Quality Principles into workforce practices and culture. This would ensure people are made fully aware of what they should expect from services in terms of the quality of care, treatment and recovery support provided.

#### **Quality Principle 4**

**You should be involved in a full, strength-based assessment that ensures the choice of recovery model and therapy is based on your needs and aspirations.**

Your assessment should be based on your strengths, taking account of your recovery capital.

Your assessment should be done in a sensitive and supportive way.

Your assessment should identify any traumatic events in your life which may have affected you.

You should be told about the range of options available to you.

Your views should be listened to and used to develop your personal recovery plan.

Assessment is part of an ongoing process and could be carried out over more than one session. This should not be a barrier to accessing services quickly.

You should be told about the reasons for, and benefits of, your worker recording information about your recovery journey on local and national data systems. With your consent, your information may be shared with other services and it should be made clear to you when this might be done without your permission.

**"I was never offered or given an assessment so I was never able to have a choice of recovery or therapy."**

While it was clear that, for most people, their recovery plan was underpinned by an assessment of their needs, this was not the case for nearly one in ten people. Assessments varied significantly in quality. While there was a growing commitment towards a strengths-based approach, there were still opportunities to improve the quality of assessments through greater focus and identification of the individual's recovery capital and strengths.

Risk assessments could be further improved by ensuring people are fully involved in their risk assessment. Regular review of risk management plans to review progress would ensure that they fully reflect current circumstances.

There was strong commitment to ensuring people had control over the kind of support they received. We could see from reviewing case records that people were meaningfully included and fully supported to set their own goals and self-manage their recovery in 88% of cases. In nearly three-quarters, we could see that assessments had taken into account past and current trauma experienced by the person so that appropriate supports could be put in place.

The majority of people who responded to our service user survey reported that they were told about the range of treatment options available to them. The overwhelming majority of staff also felt that services gave people information about all treatment options available. However, a significant minority of people we spoke with in the course of our visits to partnership areas around the country felt they were provided with little or no recovery-focused treatments, other than harm reduction. For example, detoxification or residential rehabilitation interventions had not been offered as a treatment choice. Not all ADPs offered specialist psychological services. A number of people experienced barriers to accessing statutory mental health services to address trauma, while some staff felt funding restrictions were leading to treatment options becoming more limited.

The use of recovery outcome tools helped to support a positive focus towards strength-based, person-centred, holistic assessments that identified and addressed wider needs. However, there was a considerable variety of different outcome tools being used. In some cases, multiple outcome tools were used simultaneously when receiving support from more than one service. There were also instances of duplication of assessments when accessing or transferring between services. People told us that they did not want to be asked the same questions or retell their story to different staff working with them.

**"There is no joined up assessment process so every service, no matter how small, does its own assessment on the person - waste of valuable time and a barrier in the use of resources."**

Many staff expressed frustration at the level of duplication and expectations placed on them to use particular assessments and outcome tools. This included inputting into multiple recording systems, including local and national databases. It was a particular frustration to third sector services, where dual reporting and recording processes were in use in order to comply with both the expectations of commissioners and their own organisation. It was noticeable that, in ADPs where there was a shared-care approach between statutory services and third sector partners, as part of a recovery-oriented system of care (ROSC) there was greater cohesiveness and improved coordination of services. For example, Forth Valley, Aberdeenshire and Aberdeen City ADPs worked within an integrated care pathway and supported a single-shared-assessment approach, which had clear benefits for the person using services.

People we spoke with placed a high priority on services' management of confidentiality, so that trust could develop. We saw appropriate attention to gaining consent to share personal information between services but more work was needed to ensure it was made clear to people when information may be shared without their permission, for example to keep children safe.

**"I was told my information could be shared without my consent if I were a risk to myself or others."**

### Quality Principle 5

**You should have a recovery plan that is person-centred and addresses your broader health, care and social needs, and maintains a focus on your safety throughout your recovery journey.**

Your recovery plan belongs to you; the actions laid out in it are achieved in partnership between you and services.

Your recovery plan should be reviewed regularly, at a time agreed between you and your worker. Your recovery plan should include information on reducing harm.

Recovery plans should aim for stable recovery beyond treatment into aftercare.

Recovery plans should detail further services you may need to access as part of your aspirations, at a time agreed by you and your case worker. Support for this should include relapse prevention advice and assertive engagement with a local mutual aid group or recovery community.

If you relapse you should be treated with the dignity and respect that welcomes your continued effort to achieve your recovery goals.

You should be offered a copy of your recovery plan.



**"My counsellor has linked me in with different groups and has also helped me to join in with a local walking group."**

Most people had a recovery plan in place that was person-centred, relevant and up to date. Most people we heard from told us that they felt their recovery plan was personal to them, their needs and wishes. We heard a lot of positive comments about people feeling they were truly working together with staff on actions in their plan. The majority reported that if they relapsed, they were treated with dignity and respect, which encouraged their continued effort to achieve their recovery goals.

The majority of people said that their recovery plan included information on reducing harm and aimed for stable recovery beyond treatment into aftercare. Most recovery plans identified community-based services to support people's progress and address other areas in their life. This included relapse prevention and assertive engagement with local mutual aid and community recovery groups. However, one in ten people who responded to the service user survey felt they lacked information about community-based services they may need to access as part of their progress through treatment. A few told us they were discharged from treatment services with no aftercare or support.

**"I had to access a lot of meetings off my own back for my recovery. No aftercare was in place whatsoever."**

There was significant variance in the quality of recovery plans. While the majority of recovery plans set out the desired outcomes, just under half of plans were specific, measurable, achievable, realistic and timeous (SMART) in design. More work was needed to support staff to improve the quality, uniformity and consistency of plans. This would also support ADPs to accurately measure individual and service outcomes more effectively.

In the majority of cases, there was no evidence that people had been offered a copy of their recovery plan or that staff had recorded that it had been offered. Recovery plans were not routinely signed by both the keyworker and the individual.

There was significant variation in the different recovery plans that were in use across services and even within an ADP area. Some people experienced having more than one plan when receiving support from more than one service. Improving both the efficiency and integration of recovery planning processes, would bring greater coherence and consistency of approach, both for people using services and service providers.

There was an appropriate level of collaborative working in implementing the plan for the individual. Despite this, recovery plans were not routinely shared with services that were actively supporting people in their recovery progress, even though they played an important role within the plan.



## Quality Principle 6

**You should be involved in regular reviews of your recovery plan to ensure it continues to meet your needs and aspirations.**

Your review should include an assessment of your strengths and recovery capital.

Your review should include an assessment of the effectiveness of your current treatment to help you achieve your recovery goals.

As you progress on your recovery journey, your personal plan should be reviewed to reflect changes in your situation.

Improving your situation should involve discussing areas in your life such as your aspirations for the future, wider health needs, family, children, finances, education, employment and housing, and the services or supports which could help you achieve these.

If you need to, you should be supported to access wraparound services such as housing, volunteering, employment etc. providers of these services should treat you with dignity and in a non-discriminatory way.

*"From my first meeting, a recovery plan was mentioned and I feel that I have been working through it at each visit looking at different things and how they have or may affect me in the future. I found the thing I did with the cycle of change very helpful."*

Most people were meaningfully involved in assessment and the review of their recovery plan. There were very few cases where there had been undue delay or difficulty implementing key actions in the person's recovery plan.

Over half of reviews included an evaluation of the effectiveness of current treatment or interventions towards achieving the individual's recovery goals. This did not mean that no evaluation had been undertaken in the remainder – it was unclear or there was limited evidence.

There were examples of effective use of multi-agency meetings to review progress, for example shared-care reviews helpfully included joint reviews with the individual and multi-agency staff team coming together to review and update progress. However, this was not standard practice across all ADPs and services.

In two-thirds of cases, recovery plans were regularly reviewed. Some staff and individuals were unclear of expectations about the frequency of reviewing recovery plans. It would be helpful for ADPs to give greater clarity and guidelines for reviews to ensure progress is always appropriately monitored and measured.

**"I have never seen my plan, never mind getting it reviewed."**

The majority of reviews helpfully supported people to address other areas of their life identified from their assessment and recovery plan. However, there was still a significant number where the holistic needs to promote recovery were not adequately addressed within recovery plans.

**"I was helped to sort out housing, debt payments and benefits, which I would never have been able to do myself at the time. I was supported in any area where I needed help. I have been supported in helping my children so that we can rebuild our family life."**

### Quality Principle 7

You should have the opportunity to be involved in an on-going evaluation of the delivery of services at each stage of your recovery.

You should have the opportunity to have your say in how services are delivered.

You should be told about your responsibilities and what you can expect from the service (supported by the Recovery Philosophy).

You should be told about how to complain if you are unhappy with the service.

You should be told about independent advocacy services that can help you be heard.

**"We need to be better at involving service users in the ongoing evaluation of delivery of services during all aspects of their recovery."**

Over two-thirds of cases were rated good or above at involving and taking account of individuals', families' and carers' views. This included seeking their views about how services were delivered. The

majority of people who completed the service user survey agreed that they had the opportunity to have their say in how services were delivered. Mechanisms for capturing views included one-to-one meetings, questionnaires, consultations and suggestion boxes. However, an important minority felt their views were not taken into account throughout their recovery or were unsure about the extent to which their views were considered. Robust mechanisms to formally capture, and evaluate, the views of people on the impact of service delivery and quality were absent in some areas. Most ADPs identified this as an area for improvement.

In one-third of the records we read, practice was either weak or unsatisfactory in evidencing how well people were supported to understand and exercise their rights or how to make a complaint. Nonetheless, three-quarters of people who completed the service user survey agreed that they had been told how to complain if they were unhappy with the service.

There was very little evidence that staff were giving people with whom they were working information about independent advocacy. This too, was in contrast to the surveys, in which three-quarters said they told people about independent advocacy services and just over half of people said that they had been given such information. Some staff seemed unsure about advocacy services available in their area. Strengthening understanding of the role of independent advocacy would promote greater awareness and maximise opportunities for people who may need help to express their views and wishes.

## Quality Principle 8

**Services should be family inclusive as part of their practice.**

Family can mean those people who play a significant role in your life.

Family members can only be involved in your recovery if you want them to be.

You may want to involve other people who can support your recovery. The service should encourage and help you to do this.

The service should help you minimise the impact that your drug or alcohol use may have on those around you.

If you have children, their needs and wellbeing will be a primary concern.

The service should be aware of the needs of members of your family and those you live with and, if needed, seek support for them.

***"My family are involved in my care - my partner supports me along to appointments."***

Most staff we spoke with clearly recognised the importance of involving family and significant others in an individual's recovery. There was a variety of approaches across ADPs in how they promoted and delivered family inclusive practices. There were many positive examples of people being actively helped and encouraged to involve their families and others in their recovery. These included harm reduction information and advice, including Take Home Naloxone kits and training for family members, carers and significant others.

A significant number of ADPs had delivered Community Reinforcement and Family Training (CRAFT). This is a structured family intervention programme of workshops in conjunction with Scottish Families Affected by Alcohol and Drugs (SFAD) on family inclusive practice for staff. Some residential rehabilitation programmes considered families/carers as pivotal to the person's long-term recovery and actively encouraged their involvement to re-establish and strengthen these links. The Recovery Outcome Tool and Outcomes Star were helpfully focusing staff and individuals to consider personal and social relationships, including identifying support for family members and significant others, and a carers' assessment.

Some staff highlighted barriers to involving families, which included clinical pressures, time constraints and lack of staff capacity. Most ADPs acknowledged that family-inclusive practice could be more actively promoted, to support and strengthen involvement, especially within the prison population. The family hub linked to HMP Grampian was a positive example of strengthening family involvement.

***"In the past when I've been released, I don't think enough has been done to integrate me back into family life."***

In 66% of case files there was evidence that staff had helped the person to minimise the impact their drug or alcohol use may have had on those around them. Some services included the person's support network at initial assessment meetings and recovery plan reviews. A number of ADPs had embedded a whole-family approach within their key processes, to support parents, children, carers and other family members within a person's recovery. Examples include Inverclyde ADP's Intensive Family Response Service, the Strengthening Families programmes that were being delivered in North Lanarkshire and Angus, and Highland ADP's Catalyst Project.

***"I was made aware of the impact my problems were having on my family and that support was available from other services to also support them."***

Where there were dependent children, there was evidence that the majority of people had been told that the needs and wellbeing of their children was the primary concern. The responsiveness of services to the needs and wellbeing of dependent children was good overall. However, in a small number of cases the needs and wellbeing of the children were not fully considered in the assessment. The National Risk Framework to Support Assessment of Children and Young People<sup>2</sup> could help staff to assess risk to children impacted by the person's risk management plan in a more informed way. The majority of ADPs had robust processes and procedures in place to enable the identification and assessment of children of substance misusing parents. However, in a few ADPs, staff did not always draw on guidance or sources of information from elsewhere to fully inform the risk assessment process.

Joint working between alcohol and drug services and children's services could be improved by strengthening Getting it Right for Every Child (GIRFEC)<sup>3</sup> processes. Good practice would include sharing the individual's and child's assessments and plans between all services supporting the family. This practice was not consistent or routine across adult and children services in most ADP areas.

Although staff across all ADPs had a very clear understanding of their responsibilities for child protection, they needed better guidance in relation to information sharing and the named person role. Local arrangements should aim for consistency of response across recovery-oriented system of care (ROSC) partners.

Obtaining the views of families, carers and significant others involved in people's recoveries would enhance family inclusive practice, particularly in the assessment and review process. This included seeking the views of children and young people affected by the individual's substance misuse.

While we found services were moving towards or delivering family inclusive approaches, there was still further scope in strengthening proactive engagement, in order to support people to involve others who can aid their recovery. Greater awareness of the needs of family members and the role support services outside treatment services can offer was identified as a specific area for improvement by most partnership areas.

**"The family worker had helped me a lot but I wish I had been told about her much earlier in the process."**

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<sup>2</sup> The document is a national risk assessment 'toolkit' for child protection to support practitioners in identifying and acting on child protection risks in children and young people.

<sup>3</sup> GIRFEC is the national approach in Scotland to improving outcomes and supporting the wellbeing of our children and young people by offering the right help at the right time from the right people. It supports them and their parent(s) to work in partnership with the services that can help them.

# Embedding the Quality Principles – contributing factors

## How effective was policy, service development and planning?

Most ADPs had reviewed, or were reviewing, their models of service delivery to facilitate progress in supporting the development of local recovery-oriented systems of care (ROSC). Further work was needed in a significant number of ADPs to extend the integration of their ROSC beyond core alcohol and drug treatment services. This included improving coordinated care pathways that progressed seamlessly through treatment services into ROSCs that were well connected to the community.

Some ADPs, as part of ROSC development, had undertaken substantial work to improve staff understanding of recovery through a range of consultation events and learning and development sessions. However, there was still a limited understanding by staff in wider services of the ROSC principles and their own role in contributing to successful implementation.

Most ADPs had a mix of statutory and commissioned third sector services as part of a ROSC, with the third sector providing the majority of recovery-oriented services. In ADPs where statutory services provided the bulk of services, there were fewer choices in respect of early intervention and prevention. Modernising strategic commissioning could support a widening of the range of services and providers and a proportionate shift in the balance of care away from NHS-dominated provision.

The majority of ADPs had commissioning plans in place, with clear accountability and governance, and robust performance reporting processes. These were coherent with the vision and priorities set out in local delivery plans and most had been informed by evidence-based, needs assessments. Nonetheless, a significant minority of commissioning plans were not up to date and around a fifth of ADPs had no strategic commissioning plan in place.

Where commissioning plans were in place, most were appropriately linked to, or operated through, health and social care plans or integration joint board (IJB) strategic commissioning plans. In all ADPs, commissioning plans should be aligned to the IJB's strategic plan.

All commissioned services were monitored through performance management reporting. Some ADPs had strengthened, or were already in the process of strengthening, their approach to more outcome-based commissioning and to achieve full implementation of the Quality Principles. However, this was not yet consistent across all ADPs.

Most ADPs recognised they needed to improve outcome-based reporting to increase the quality of the outcomes data they collected at both a service and partnership level.

Some ADPs had undertaken significant work towards implementing and embedding the Quality Principles within service delivery and practice. However, a systematic approach was needed across ADPs to evaluate how effectively the Quality Principles were being implemented and embedded in practice across all services. This included both statutory and third sector services. Most services were undertaking aspects of self-assessment activity, but a number of ADPs had no systematic or meaningful approach to continuous improvement.

Despite a range of innovative early intervention approaches being in place, there was a lack of systematic, formal evaluation being undertaken by ADPs to demonstrate their effectiveness and efficiency. This included demonstrating the success of implementing whole-population approaches and interventions using the New Psychoactive Substances resource pack.

The majority of ADPs acknowledged they needed to establish more coordinated, systematic and effective stakeholder engagement. There were some encouraging examples of positive engagement and involvement of people in service development but only a few ADPs had in place a user involvement or stakeholder strategy to formalise and structure their approach.

## **How well were ADPs contributing to effective management and support of staff?**

Some ADPs had implemented robust and structured workforce development. Others had no overarching workforce development strategy in place to support effective coordination of ROSC implementation and delivery. The majority of ADPs recognised they needed to improve their workforce development planning, particularly in relation to recovery-oriented system of care (ROSC) implementation.

In some ADPs there were limited learning or development programmes to fulfil staff roles and responsibilities within a ROSC. In a few ADP areas, organisational development and human resource processes had not kept pace with development needs and skill gaps. It would be helpful for learning and development programmes to extend to partners outwith alcohol and drug services, for example, housing and other mainstream services, given the important contribution that these services may make to an individual's recovery. ADPs could also usefully broker shadowing and job swap opportunities to support greater understanding and joint working. The effectiveness of training and development programmes was not always evaluated within ADPs to evidence their impact.

As described earlier in this report, there was a high level of familiarity with the Quality Principles among staff. Only a small minority of staff had little knowledge of them but some staff had received no information or training to support them to embed a recovery ethos into practice. There would be benefit in ADPs coordinating their efforts to ensure success at embedding a recovery-oriented ethos and person-centred approach.

Some staff did not receive regular feedback on the quality of their work. There was limited evidence in case records of discussions with managers or of manager oversight of work. Although the majority of staff reported that they received effective support and challenge from their line manager, not all were positive about the quality of supervision and support provided. ADPs could usefully support development of guidance on expectations of supervision and quality assurance.

## How effective was partnership working?

The majority of operational staff were very positive and confident in demonstrating that they worked well together to improve outcomes for individuals, families and communities. Many attributed this to well embedded historic arrangements in local areas.

While there were many examples across ADPs of proactive participation and engagement with communities, many people still experienced stigma and prejudice when accessing services in the community or in hospital. ADPs should consider what more could be done to help reduce the stigma through greater awareness and education to create the necessary conditions to successfully embed a recovery philosophy.

At the time of this validated self-evaluation, service commissioners lacked complete knowledge of the resource allocation available to them because of delays in agreeing overall budgets and spending plans in some integration joint boards. Interim funding arrangements were being offered, many of which were short-term. As a result, many third sector services had experienced significant challenges in recruitment, planning and delivering continuity of service. This was leading to unhelpful tensions between third sector and statutory services in the context of otherwise constructive and respectful working relationships.

There was a lack of innovation in NHS treatment services and, to a slightly lesser extent, social work services compared to those provided by the third sector. While there were a few examples of NHS and local authority staff being embedded into hubs, the majority of NHS and local authority services were delivered on a very traditional basis and were service-led rather than needs-led. People using services spoke consistently about having to travel to hospital clinics to receive treatment and difficulties in getting services outside of normal office hours or in other flexible ways. This was particularly the case for people living in remote and rural areas.

Formal structures and governance arrangements to support effective partnership working at a strategic level were being strengthened and streamlined. The majority of ADPs had formal arrangements in place between child and adult protection committees and other strategic groupings. In a few partnership areas these connections could be reinforced and made clearer. ADPs should take every opportunity to support alcohol and drug services to strengthen their links with services for children and young people in order to embed a family-inclusive approach and help reduce harm to children.

Approximately half of the staff who responded to our survey felt that they were adequately consulted or that their views were fully taken into account when planning services at a strategic level, including how resources were distributed. However, a quarter of staff disagreed.

Greater cohesion of operational procedures and delivery processes could increase joined-up working and reduce duplication experienced by staff and individuals. Services could work together better to develop joint processes for shared, universal, strength-based assessments, joint recovery plans and reviews.



## How good was the leadership and direction shown by ADPs?

Most ADPs demonstrated clear strategic leadership and direction. Effective governance structures and accountability arrangements were in place within most ADPs. This provided robust mechanisms for progressing strategy and policy developments in relation to national and local priorities. However, a significant minority of ADPs needed clear strategic direction and governance to effectively drive forward local delivery plan priorities. In these areas there tended to be an absence of strategic commissioning planning and insufficient progress in recovery-oriented systems of care (ROSC) development and workforce planning.

Many ADPs had initiated and led the successful development of a comprehensive redesign of service delivery that had strengthened joint approaches to support improved access to services. This had notably contributed to success rates in meeting waiting time targets in some ADPs as well as ROSC progression.

The majority of ADPs communicated their vision and aims in line with national priorities and local delivery plans well. Most ADPs had made progress to underpin a recovery culture within practice through holistic, person-centred approaches that reflect the needs of people.

There could be benefit in senior managers communicating changes more effectively with staff. Strengthening opportunities to meaningfully consult, involve and communicate with staff on changes and decisions that impact on services would improve and increase transparency in decision-making processes.

Staff were benefiting from a culture where they felt largely motivated and inspired in their work. This was widely supported by the majority of ADPs where a strong commitment to innovation and ongoing improvement was encouraged. This was evidenced in the wide range of successful developments, initiatives and examples of good practice that were taking place across ADPs.

A range of multi- and inter-agency events, forums and activities supported staff across services to come together to foster a culture of collaborative working, shared aims and learning. In some ADPs, these were unplanned and infrequent.

# Appendix1: Glossary

ABI	<b>Alcohol Brief Interventions</b> is a key element of the Scottish Government's Alcohol Strategy. They are short, evidence based, structured conversations about alcohol consumption with a patient or service user, in a non-confrontational way, to motivate and support them to think about or plan a change in their drinking behaviour in order to reduce their alcohol consumption and/or their risk of harm.
ADP	<b>Alcohol and drugs partnerships</b> are multi-agency partnerships in each local authority area that bring together health boards, local authorities, police, the Scottish Prison Service, community justice authorities and third sector organisations to deliver action on alcohol and drugs at local level.
DAISy	<b>Drug and Alcohol Information System</b> is a database being developed to collect Scottish drug and alcohol treatment, outcomes and waiting times data from staff delivering specialist drug and alcohol interventions.
GIRFEC	<b>Getting It Right For Every Child</b> is the national approach in Scotland to improving outcomes and supporting the wellbeing of children and young people by offering the right help at the right time from the right people. It supports children and young people and their parent(s) to work in partnership with the services that can help them. <a href="http://www.scotland.gov.uk/gettingitright">www.scotland.gov.uk/gettingitright</a>
GP	A <b>general practitioner</b> is a doctor based in the community and providing routine healthcare.
HMP	<b>Her Majesty's Prison.</b>
HSCP	<b>Health and social care partnerships</b> are the organisations formed as part of the integration of services provided by health boards and councils in Scotland.
HEAT Targets	These targets are set by NHS Scotland and the Scottish Government's health directorates, to ensure our services are constantly monitored and improved. There are <b>four groups of targets, collectively known as HEAT: H – Health Improvement; E – Efficiency; A – Access to treatment; T – Targets.</b>
IJB	<b>Integration joint boards</b> are responsible for the strategic planning and delivery of their delegated functions. The IJB has an operational role as described in their integration scheme.
LDP	The Scottish Government's <b>Local Delivery Plan</b> sets out the standard for drug and alcohol treatment. It states that 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery.
MELDAP	<b>Mid and East Lothian Drug and Alcohol Partnership.</b>

<b>Named Person</b>	Children and young people from birth to 18, or beyond if still in school, and their parents will have access to a named person to help them get the support they need. A named person will be a clear point of contact if a child, young person or their parents want information or advice, or if they want to talk about any worries and seek support. A named person will normally be the health visitor for a pre-school child and a promoted teacher, such as a head teacher, guidance teacher or other promoted member of staff, for a school age child. They will also be a point of contact for other services if they have any concerns about a child's or young person's wellbeing. <a href="http://www.gov.scot/Topics/People/Young-People/gettingitright/named-person">www.gov.scot/Topics/People/Young-People/gettingitright/named-person</a>
<b>NHS</b>	<b>The National Health Service.</b>
<b>NPS</b>	<b>New psychoactive substances</b> are a range of drugs that have been designed to mimic established illicit drugs, such as cannabis, cocaine, ecstasy and LSD.
<b>ORT</b>	<b>Opioid replacement therapy</b> involves replacing an illegal opioid, such as heroin, with a longer acting but less euphoric opioid. Methadone or buprenorphine are typically used and the drug is taken under medical supervision.
<b>Outcomes Star</b>	Outcomes Star™ is an evidence-based, unique suite of tools for supporting and measuring change when working with people.
<b>Person-centred</b>	Person-centred is a way of thinking and doing things that sees people using health and social care services as equal partners in planning, developing and monitoring care to make sure it meets their needs. This means putting people and their families at the centre of decisions and seeing them as experts, working alongside professionals to get the best outcome.
<b>Recovery</b>	A process through which a person is enabled to address their problem drug and/or alcohol use to achieve improved benefits to their physical, mental and social health, becoming an active and contributing member of society.
<b>Recovery capital</b>	The depth and breadth, quality and quantity of resources that can be used and built upon for a person to achieve and maintain recovery from substance misuse as well as make behavioural changes.
<b>Relapse prevention</b>	Relapse prevention is a cognitive-behavioural approach with the goal of identifying and preventing high risk situations. It is aimed at improving overall coping skills and promoting health and wellbeing.
<b>Recovery Outcome Tool</b>	Recovery Outcomes Tool is a validated tool which has been developed by Scottish Government for use by services with people who misuse drugs and alcohol. The aim of the tool is to measure changes in a person's life as a result of intervention by specialist drug and alcohol services.
<b>ROSC</b>	A <b>recovery-orientated system of care</b> is a coordinated network of community-based services and supports that is person-centred and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.

SDS	<b>Self-directed support</b> allows people, their carers and their families to make informed choices about what their support looks like and how it is delivered, making it possible to meet agreed personal outcomes.
SFAD	<b>Scottish Families Affected by Drugs</b> is an organisation that aims to support families that are affected by someone else's alcohol and/or drug misuse and raise awareness of the issues that affect them.
SMART	When setting objectives, they should be: <b>Specific; measurable; Achievable; Realistic; Time bound.</b>
SMART	<b>Self-management for addiction recovery.</b>
Recovery plan	A recovery plan is a record of the individuals needs and sets out the supports available and agreed actions to be taken.
SMR25	An assessment report sent to SDMD when someone enters treatment.
Strength-based assessment	A process to identify a person's needs, aspirations and strengths that can be used to aid their recovery.
THN	Naloxone is a drug that can temporarily reverse the effects of a potentially fatal overdose with opioid drugs such as heroin or morphine. Following suitable training, <b>Take Home Naloxone</b> kits are issued to people at risk of opiate overdose in order to prevent overdose deaths.
TOP	<b>Treatment Outcomes Profile</b> is a national outcome monitoring tool that measures change and progress in key areas of the lives of people being treated in drug and alcohol services.
Trauma-informed	An approach to engaging people with a history of trauma in a way that demonstrates an understanding and responsiveness to the impact of the trauma and that emphasises physical, psychological and emotional safety for both providers and survivors. It helps identify opportunities for survivors of trauma to rebuild a sense of control and empowerment.
Whole-population approach	Policies or strategies that focus on the whole population to significantly reduce alcohol consumption to improve everyone's health and wellbeing.
Whole-family approach	The aim of the whole-family approach is to improve outcomes for vulnerable children, young people and adults through better co-ordination of the support they receive from services for children and adults.

# Appendix 2: Good practice examples

## Aberdeen City

**The Prescribing for Recovery initiative** within primary care settings had freed up appointment capacity within practices where Aberdeen Recovery Community (ARC) workers took over as primary workers for care and distribution of prescriptions, supporting people to progress and move on in their recovery. The impact of the programme has been positive, with GPs, ARC workers and individuals reporting more positive recovery outcomes than if individuals had just stayed with a GP prescriber alone. This included a higher level of attendance at appointments and more holistic interventions and psycho-social supports.

**City and Guilds awards for people in recovery** is a successful initiative run in partnership with Alcohol and Drugs Action (ADA), Aberdeen Foyer and Aberdeen College that offers a suite of qualifications in skills and personal development. People undertaking a range of recovery activity can receive educational credits for their recovery work. This initiative had led to 67 people engaging in the programme during 2015-16 and achieving academic attainment through a range of credits and awards, thereby increasing self-empowerment and employment opportunities. ADA acquired accreditation as a delivery centre and delivers a self-coaching course, which is SCQF level 5 rated, and a stage 2 recovery coach course. Fifty-three people completed the self-coaching course and had this certified. Many of those people have become ADA volunteers and actively joined their local community, contributing to organisations such as SMART and Mutual Aid groups.

## Aberdeenshire

**Turning Point Scotland** – service development. Aberdeenshire ADP had reviewed service processes and identified the need to make it easier for people to access services. Following a service re-design, a single point of access (SPOA) model was developed and implemented. This model had made alcohol and drug treatment in North Aberdeenshire more accessible and effective, increasing the number of people receiving treatment and support, and had reduced waiting times. SPOAs were the main hub connecting people to services for treatment and support, and connecting them to their community, including employability, housing and education.

**Moving on and engagement.** As part of Aberdeenshire's ROSC, moving-on services were commissioned to provide focused support to people to help them achieve their recovery goals beyond treatment. Moving-on workers encouraged and supported people to reconnect with their local community through volunteering, employment or training to move them positively on from services in a planned way.

## Angus

**The whole-family approach.** Angus ADP had implemented a sound and integrated whole-family approach across its ROSC following a rapid improvement event. A programme manager oversaw the well-structured deployment of this pilot approach that aimed to promote recognition of co-existing mental health and physical health issues for the individual and their significant others. A coherent set of outcomes demonstrated the effectiveness of the work across all the 12 families it had involved thus far.

## Dumfries and Galloway

**Motivational interviewing practice-based coach groups.** The ADP established 'coach groups' for staff to consolidate and improve their practice in motivational interviewing. This included all local agencies involved in the local ROSC including social work and third sector. This initiative was a valid attempt to improve the quality of service delivery in the form of good-quality counselling in the area. It also boosted feelings of professional efficacy and competence among the workforce and led to better outcomes for clients.

**Recovery Over and Around the Machars (ROAM)** is a weekly partnership group to facilitate people to get out and about around the Machars (a rural peninsula in Galloway) to interact with their community and make positive connections with other local groups. Run in partnership with Addaction and ADS, a driver and minibus helps people who live in isolated and rural areas to attend. The group had also set up and developed their own service-user led Recovery Café with a start-up fund from The Scottish Recovery Consortium. ROAM has had a positive impact on people and improved outcomes in a range of ways including them being trained as peer mentors and volunteer mentors to support others in recovery.

## East Dunbartonshire

**Alcohol screening and brief intervention approaches.** As part of a whole-population approach, the alcohol screening and brief intervention strategy for East Dunbartonshire focused on the development of alcohol brief interventions (ABI) within a wider range of community settings. There was evidence of a strong partnership approach to supporting staff practice and development in delivering ABIs, which was aided by third sector employment of an ABI worker.

**East Dunbartonshire Recovery Life Café.** This model of co-production was developed following service user consultation where people in recovery struggled with relapse out with traditional service hours. The café offered a peer support network and provided people with the opportunity to build on their experiences of recovery in a safe place. The café was initially set up and funded by the ADP and had developed into a fully constituted group with a management committee. Local evaluation had demonstrated positive outcomes for the wellbeing of people in recovery. The success of the Recovery Life Café was recognised in 2015, when it received an award in the Strengthening Community Engagement and Resilience category of the Safer Communities Awards run by the Scottish Community Safety Network.

## East Renfrewshire

**Improving outcomes for recovery through service redesign and improvement.** East Renfrewshire ADP identified a need to improve the quality and breadth of service provision, particularly in relation to recovery focused community services. The ADP considered a whole-system approach to redesigning services for treatment, care and recovery to ensure that people's needs were fully met. A redesign steering group oversaw the redesign process, which followed the Scottish Government's adopted improvement model. Improved outcomes for individuals and families, which were a result of person-centred, holistic approaches, were articulated through the ADP performance framework. The ADP commissioned an independent evaluation of the recovery service, which highlighted positive improvements. This service redesign work was recognised nationally as a good practice template for ROSC and was published on the Social Services Knowledge Scotland (SSKS) website.

## Fife

**Prescribing and Rehabilitation Glenrothes (PARG).** This integrated project between FIRST and NHS Fife Addiction Services was well implemented and structured to support people in to treatment, including access to prescriptions in less than a week. There was measurement of some very effective outcomes including a reduction in drug related deaths in this traditionally hard to reach area. Fife residential rehabilitation pilot. This integrated approach between FIRST and Fife Council was well implemented, based on needs assessment work and sound cost-benefit analysis work. This offered a successful alternative to community rehabilitation to people with complex or specific needs.

## Forth Valley (Stirling/Clackmannanshire/Falkirk)

**CAB Advice Project.** This two-year pilot had been effectively structured and deployed across a number of community settings to maximise access opportunities for service users. The ADP had scoped the project well and there were a number of measurements in place demonstrating outcomes in areas of people's lives, such as financial gain and improving mental health. The project had carefully evaluated its performance including the amount of ADP practitioner time being saved by using the CAB advisor.

## Glasgow City

**Assertive Outreach Pilot.** This pilot was initiated following concerns relating to discarded drug paraphernalia, spread of blood-borne viruses (BBV's) public injecting by people who were rough sleepers, associated crime and anti-social behaviour. Using an assertive outreach approach to engage with a traditionally hard to reach and very vulnerable group had led to improved understanding about their wellbeing and culture. Health needs were identified and the team facilitated engagement in treatment and care for many street drug users. Other benefits included decreased drug paraphernalia in the city centre, contribution towards the public health agenda regarding the spread of HIV infection in the city and identifying emerging trends in drug use. Strong partnership and inter-agency working was evident and pivotal to the success of the pilot, which had been evaluated and continued to be monitored by a steering group of ADP partners.

**Best Bar None Glasgow.** Glasgow ADP was the first area to launch this innovative initiative in 2005, which is now national practice. A range of partners closely collaborated with the local Nite Zone initiative as they sought similar outcomes. The team had developed innovative bespoke resources and had developed a social media presence and materials that could be shared with other areas. The initiative had demonstrated reductions in violent crime and anti-social behaviour over and above relative drops in other comparable areas.

## Highland

**Harm reduction service.** Highland ADP supported NHS Highland as a partner to develop their Overdose Awareness and Naloxone programme. This was an innovative and creative approach providing both intramuscular and intranasal versions of Naloxone. This had resulted in much wider engagement across key partners including families, users, carers, service providers, prison staff and police.

**The Catalyst Project.** This pilot project was informing the development of a model of practice to effectively support children and families throughout recovery from problem drug and alcohol use. This 18-month consultation project was investigating the types of whole family interventions and services that would best support the needs of local children and families who resided in Alness and surrounding communities. A two-staged approach had been adopted with community asset building applied in the first phase to engage and consult with local children, young people and their families through hosting innovative community events. The second phase involved raising awareness of young people's stories and priorities with local service providers and working with them to improve integrated practice to support whole-family recovery processes.

## Inverclyde

**Persistent Offenders Partnership (POP).** This assertive partnership approach engaged with and addressed the needs of people with problems relating to addiction, which impacted on offending behaviour, health and social functioning. Several practice examples indicated improvements in the wellbeing of individuals, family relationships and reduced offending behaviour in the community. Intensive Family Response Service. This service was developed in response to carers' needs and aspirations over a period of time and to address an identified gap in service. The service was restricted to people accessing integrated drug services. The service example demonstrated a partnership approach to supporting individuals and family members in identifying and managing their needs while caring for a person using drug services through a range of interventions and support.

## Lanarkshire

**Strengthening Families Programme (North Lanarkshire)** was a targeted intervention aimed at those families experiencing the impact of drug and alcohol use. This service was developed following the emergence of ROSC within North Lanarkshire which had increased understanding that people sustained their recovery journey within family and community life, and that providing opportunities to enhance and support whole-family recovery was essential. Significant benefits from the programme



were evident for both young people and families including those completing the programme returning to subsequent programmes as peer mentors.

**Patient Reminder Service.** This service was implemented to address high rates of did-not-attends (DNAs) and increase engagement rates within South Lanarkshire alcohol and drug services. A multivariate model was used; the intervention that a person received was determined by the risk of them not attending the service. Monitoring of the model had demonstrated that more people were engaging with treatment.

## Mid and East Lothian (MELDAP)

**Peer Support Project** was an integrated approach delivered in partnership between service users, GPs, secondary care and non-statutory agencies who introduced peer support for substance misuse into a general practice in Midlothian. The pilot demonstrated some very positive outcomes and there was strong evidence that the learning and innovation potential was acknowledged in the recommendations to expand the pilot more widely.

## Moray

**Quarriers: Arrows Direct Access drug and alcohol service.** Moray ADP had re-designed services to make access easier and provide services that were recovery-focused and met local need. Arrows Direct Access provided people with early help through their single access pathway to services and robust, pro-active follow up for non-attendance and support to re-establish contact. Arrows supported the development of a ROSC to promote positive outcomes for the service user and wider family. While Arrows was still in the early stages of implementation, recovery support to people experiencing substance issues and their families was demonstrating positive outcomes in wellbeing.

## North Ayrshire

**Recovery as Work (RaW) – Café Solace.** This initiative was developed in response to feedback from stakeholder consultation and engagement regarding opportunities for progressing recovery in North Ayrshire. Café Solace provided a supportive and informal community hub for people to access low cost, high-quality food and other support.

**Self-management and Recovery Training (SMART).** This service was developed in response to feedback from stakeholder consultation and engagement and resulted in the development of a network of peer-led mutual aid SMART meetings aimed at helping people overcome their addictive behaviour.

## Perth and Kinross

**The Social Prescribing Project** was a sound and well integrated approach that featured an appointed lead officer who had collaborated closely with a large number of stakeholders and local communities to raise awareness of addiction issues and develop mutual aid and a range of sustainable support networks. The project had also developed an evaluation framework in order to measure the positive

impact the work had on communities and had demonstrated a range of positive results to date. There was good evidence that this project was strengthening community capacity across Perth and Kinross.

## Renfrewshire

**Addaction Intensive Family Support Group** was established to provide an intensive family service, seven days a week, to bridge a gap in providing a responsive service to avoid crisis situations developing. There was a strong partnership ethos and approach to service planning and delivery. Service evaluation had determined that the service had achieved a number of short-term outcomes, including: fewer children on the child protection register or accommodated; parents had increased understanding of the impact of substance misuse on their families; parents prioritised the safety and wellbeing of their children; families had improved resilience and coping skills; and families accessed appropriate community resources.

## Scottish Borders

**The whole-population approach: licencing and communities.** The ADP's relationship with the local licencing forum had been strengthened by this innovative work, which had a clear rationale and integrated approach underpinning it. There have been a number of impressive initiatives and results arising from the project aimed at increasing the communities understanding of addiction issues, particularly the early intervention work and underage drinking.

**Take Home Naloxone provision (THN).** THN is an evidence based programme to reduce drug related deaths from accidental opioid overdose. Borders Addiction Service developed a model whereby all service users at risk of opioid overdose were routinely supplied with THN as part of the assessment process. This resulted in Borders having the highest reach of first time supplies in Scotland in the first year of the programme and thereafter. THN is made available through Injecting Equipment Provision (IEP) pharmacies and through Addaction workers.

## Shetland

**Shetland Community Bike Project (SCBP)** provided employment and volunteering opportunities for people facing barriers to work including mental health, drug or alcohol related issues to support them into training, volunteering or employment. People develop essential skills such as teamwork, time keeping and hands on experience in the workshop repairing and servicing bicycles for re-sale or rent. Many people have successfully progressed into paid employment, further education, training or volunteering as a result of the opportunities provided by the project. The Shetland Community Bike Project has been recognised across Scotland for its efforts in supporting youth employment.

## South Ayrshire

**ADP Volunteer Peer Worker Project (VPWP).** The project was initiated following consultation with people who indicated that they would like to develop new skills, become involved with, and give back to, their local community. Following evaluation of the pilot, the project developed into a

comprehensive training and support programme for volunteer support workers (VPW) involving a 12-week college induction, volunteer work based placements and SVQ qualifications. The project was being supported by a newly developed ADP peer worker post.

**Children and families social worker (addictions).** This post was developed to progress joint working practice between adult services and children and families social work services. The main focus of the post was early intervention, support during pregnancy and workforce development. The post holder was co-located with NHS addiction services with outreach work to commissioned services. A range of benefits were demonstrated for people in terms of: early intervention and support; enhanced partnership working; communication between adults and children and family services; and the development and delivery of a range of workforce development opportunities for staff within adult and children and families services.

## **West Dunbartonshire**

**West Dunbartonshire Health and Social Care Partnership addictions blood-borne viruses (BBV) outreach team.** This outreach team provided community-based treatment to people with the Hepatitis C virus to increase the numbers of people from the hard to reach population accessing and completing essential treatment and support. This initiative was unique within Greater Glasgow and Clyde health board area, being the only community outreach service actively treating chronic Hepatitis C patients out with the hospital setting. There was a strong partnership ethos and approach involving colleagues from the health and social care partnership, partner addiction services, GPs, other primary health, third sector, public health, consultant physicians and specialist pharmacists. The service had received two formal evaluations and improvement in wellbeing was evident, with a reduction in did-not-attend rates and 150 people successfully treated.

# Appendix 3: The Quality Principles

These Quality Principles have been laid out as a journey, beginning with access to services leading on to assessment, recovery planning, review and beyond. No one Quality Principle is more important than another.

- 1. You should be able to quickly access the right drug or alcohol service that keeps you safe and supports you throughout your recovery.**

The majority of people should wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.

Nobody should wait longer than six weeks to receive appropriate treatment and support. If you are experiencing a wait that is approaching six weeks, contact your referring agency or local Alcohol and Drugs Partnership.

- 2. You should be offered high-quality, evidence-informed treatment, care and support interventions which reduce harm and empower you in your recovery.**

You should be treated fairly and equally, with respect and dignity, as a person able to make your own choices.

You should be able to easily access safe, secure and comfortable surroundings when engaging with the service.

The choice of interventions should be based on the best available evidence and agreed guidance.

You should have access to a range of recovery models and therapies which should help improve different areas of your life and move forward at your own pace.

You should have access to harm reduction advice which might include safer use, managed use and abstinence.

With your agreement, your information may be shared with other services and it should be made clear to you when this might happen without your agreement.

- 3. You should be supported by workers who have the right attitudes, values, training and supervision throughout your recovery journey.**

Workers should be welcoming, work in a person-centred way and believe in your ability to change and recover.

Workers should provide timely, evidence-informed treatment and support that is right for you.

Workers should provide support that is trauma-informed and recognise any current or previous trauma you are dealing with.

Workers should provide you with harm reduction advice, this may include safer use, managed use and abstinence.

Workers should support you to set your own recovery goals and to manage your own care and support.

Workers should talk to you about plans and arrangements for you moving through the service and/or reducing/ending your current contact with the service.

Workers should encourage and help you to connect with a recovery community or mutual aid group.

**4. You should be involved in a full, strength-based assessment that ensures the choice of recovery model and therapy is based on your needs and aspirations.**

Your assessment should be based on your strengths, taking account of your recovery capital.

Your assessment should be done in a sensitive and supportive way.

Your assessment should identify any traumatic events in your life which may have affected you.

You should be told about the range of treatment options available to you.

Your views should be listened to and used to develop your personal recovery plan.

Assessment is part of an on-going process and could be carried out over more than one session. This should not be a barrier to accessing services quickly.

You should be told about the reasons for, and benefits of, your worker recording information about your recovery journey on local and national data systems. With your consent, your information may be shared with other services and it should be made clear to you when this might be done without your permission.

**5 You should have a recovery plan that is person-centred and addresses your broader health, care and social needs, and maintains a focus on your safety throughout your recovery journey.**

Your recovery plan belongs to you; the actions laid out in it are achieved in partnership between you and services.

Your recovery plan should be reviewed regularly, at a time agreed between you and your worker.

Your recovery plan should include information on reducing harm.

Recovery plans should aim for stable recovery beyond treatment into aftercare.

Recovery plans should detail further services you may need to access as part of your progression through treatment and care back to the wider community.

Recovery plans should look towards you moving on from the service, in line with your aspirations, at a time agreed by you and your case worker. Support for this should include relapse prevention advice and assertive engagement with a local mutual aid group or recovery community.

If you relapse you should be treated with the dignity and respect that welcomes your continued effort to achieve your recovery goals.

You should be offered a copy of your recovery plan.

**6. You should be involved in regular reviews of your recovery plan to ensure it continues to meet your needs and aspirations.**

Your review should include an assessment of your strengths and recovery capital.

Your review should include an assessment of the effectiveness of your current treatment to help you achieve your recovery goals.

As you progress on your recovery journey, your personal plan should be reviewed to reflect the changes in your situation.

Improving your situation should involve discussing areas in your life such as your aspirations for the future, wider health needs, family, children, finances, education, employment and housing, and the services or supports which could help you achieve these.

If you need to, you should be supported to access wraparound services such as housing, volunteering, employment etc. Providers of these services should treat you with dignity and in a non-discriminatory way.

**7. You should have the opportunity to be involved in an ongoing evaluation of the delivery of services at each stage of your recovery.**

You should have the opportunity to have your say in how services are delivered.

You should be told about your responsibilities and what you can expect from the service (supported by the Recovery Philosophy).

You should be told about how to complain if you are unhappy with the service.

You should be told about independent advocacy services that can help you be heard.

#### **8. Services should be family inclusive as part of their practice.**

Family can mean those people who play a significant role in your life.

Family members can only be involved in your recovery journey if you want them to be.

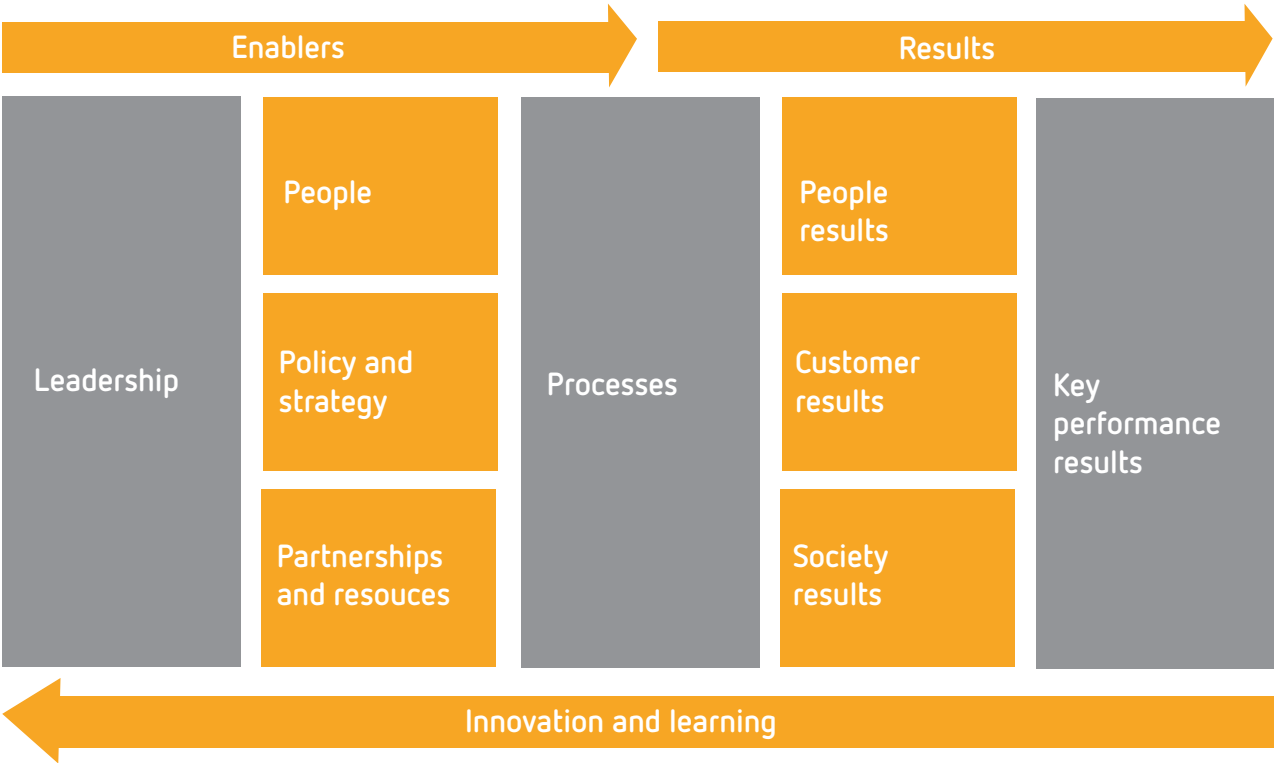
You may want to involve other people who can support your recovery. The service should encourage and help you to do this.

The service should help you minimise the impact that your drug or alcohol use may have on those around you.

If you have children, their needs and wellbeing will be a primary concern.

The service should be aware of the needs of members of your family and those you live with and, if needed, seek support for them.

# Appendix 4: The Excellence Model





# Appendix 5

## Project team

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