Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board

Date: Wednesday, 23 August 2017

Time: 14:00

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

Contact: Nuala Borthwick, Committee Officer
Tel: 01389 737594 Email: nuala.borthwick@west-dunbarton.gov.uk

Dear Member

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

The business is shown on the attached agenda.

Yours faithfully

BETH CULSHAW

Chief Officer of the
Health & Social Care Partnership

Distribution:-

Voting Members

Marie McNair (Chair – nominated by WDC)
Denis Agnew
John Mooney
Allan Macleod
Rona Sweeney
Vacancy

Non-Voting Members

Barbara Barnes
Beth Culshaw
Kenneth Ferguson
Wilma Hepburn
Jackie Irvine
John Kerr
Neil Mackay
Diana McCrone
Anne MacDougall
Kim McNabb
Janice Miller
Peter O'Neill
Martin Perry
Selina Ross
Julie Slavin
Alison Wilding

Senior Management Team – Health & Social Care Partnership

Date of issue: 11 August 2017

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

WEDNESDAY, 23 AUGUST 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 - 14

Submit for approval as correct record Minutes of Meeting of the West Dunbartonshire Health & Social Care Partnership held on 31 May 2017.

4 MEMBERSHIP OF THE PARTNERSHIP BOARD 15 - 16

Submit report by the Head of Strategy, Planning & Health Improvement requesting confirmation of a new voting member of the Partnership Board.

5 APPOINTMENT OF CHIEF OFFICER 17 - 19

Submit report by the Head of People and Change requesting consideration of the appointment of the Partnership Board's Chief Officer.

6 WEST GLASGOW MINOR INJURY SERVICES 21 - 40

Submit report by the Clinical Director providing an update on a review of West Glasgow Minor Injury Services, currently being undertaken by NHS Greater Glasgow & Clyde and Glasgow City Health & Social Care Partnership.

7 NHS GGC MUSCULOSKELETAL PHYSIOTHERAPY SERVICE REPORT 41 - 55

Submit report by the MSK Physiotherapy Service Manager providing an annual update from the NHS Greater Glasgow & Clyde Musculoskeletal Physiotherapy Service which is hosted by West Dunbartonshire Health & Social Care Partnership.

8 ANNUAL PUBLIC PERFORMANCE REPORT 2016/17 57 - 133

Submit report by the Head of Strategy, Planning & Health Improvement presenting the Partnership Board with the second Annual Performance Report for the HSCP including a complaints management overview for that full year.

9 STRATEGIC PARTNERSHIP AGREEMENT – Y SORT IT 135 - 145

Submit report by the Head of Strategy, Planning & Health Improvement seeking approval of the Strategic Partnership Agreement with Y-Sort-It.

10 THE NATIONAL HEALTH AND SOCIAL CARE STANDARDS – MY SUPPORT, MY LIFE 147 - 169

Submit report by the Head of Strategy, Planning & Health Improvement providing information on the recently launched Nation Health and Social Care Standards.

11 WEST DUNBARTONSHIRE COMMUNITY PLANNING PARTNERSHIP CHILDREN'S SERVICES PLAN 2017 - 2020 171 - 212

Submit report by the Head of Children's Health, Care and Criminal Justice presenting the West Dunbartonshire Community Planning Partnership Integrated Children's Services Plan, in line with the requirements of the Children and Young People's Act (2014).

12 UNISON'S ETHICAL CARE CHARTER 213 - 216

Submit report by the Head of People and Change providing information on the principles of Unison's Ethical Care Charter.

13 2017/18 BUDGET UPDATE AND FINANCIAL PERFORMANCE REPORT AS AT PERIOD 3 (30 JUNE 2017) 217 - 232

Submit report by the Chief Financial Officer providing an update on:-

(a) the 2017/18 revenue budget position;

(b) the financial performance of the WD HSCP as at period 3 up to 30 June 2017; and

(c) on the 2018/19 budget setting process.

14/

14 ANNUAL REPORT AND ACCOUNTS 2016/17 PROCESS 233 - 236

Submit report by the Chief Financial Officer providing an outline of the legislative requirements and key stages of the Annual Report and Accounts process for the HSCP covering the period 1 April 2016 to 31 March 2017.

15 MINUTES OF MEETINGS FOR NOTING 237 - 270

Submit for information, the undernoted Minutes of Meetings:-

(a) Draft Minutes of Meeting of the Health & Social Care Partnership Board Audit Committee held on 22 June 2017.

(b) Draft Minutes of Meeting of the Clinical & Care Governance Group held on 31 May 2016.

(c) Draft Minutes of Meeting of the Joint Staff Forum held on 18 July 2017.

(d) Minutes of Meeting of the Health & Social Care Partnership Locality Group for Alexandria & Dumbarton held on 19 May 2017.

(e) Minutes of Meeting of the Health & Social Care Partnership Locality Group for Clydebank held on 25 April 2017.

(f) Draft Minutes of Joint Localities Local Engagement Network Open Forum Workshop: COPD held on 9 June 2017.

16 DATES OF FUTURE MEETINGS

Members are requested to note that the next meeting of the Partnership Board will be held on Wednesday, 22 November 2017 at 2.00 p.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU.

Members are requested to consider setting a date for a future meeting on Wednesday, 31 January 2017 at 2.00 p.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU.

17 EXCLUSION OF PRESS AND PUBLIC 271

The Committee is asked to approve the undernoted Resolution:-

“In terms of Section 50 (A) of the Local Government (Scotland) Act, 1973 that the press and public be excluded from the remainder of the meeting as the following item of business involves the likely disclosure of exempt information as defined in Paragraph 6 of Part 1 of Schedule 7A to the Act.”

18 DUMBARTON HEALTH CENTRE GP PRACTICE 273 - 285

Submit report by the Clinical Director providing a detailed description on changes to the former Dr Neilson and Dr McGonagle Practice in Dumbarton Health Centre.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Meeting of the West Dunbartonshire Health & Social Care Partnership Board held in Committee Room 2, Council Offices, Garshake Road, Dumbarton, on Wednesday, 31 May 2017 at 2.00 p.m.

Present: Councillor Marie McNair (Chair), Bailie Denis Agnew and Councillor John Mooney, West Dunbartonshire Council; and Heather Cameron, Allan Macleod and Rona Sweeney, NHS Greater Glasgow & Clyde Health Board.

Non-Voting Members: Keith Redpath, Chief Officer; Julie Slavin, Chief Financial Officer; Kenneth Ferguson, Clinical Director for the Health & Social Care Partnership; Barbara Barnes, Chair of the Local Engagement Network – Alexandria & Dumbarton; Wilma Hepburn, Professional Nurse Advisor; Jackie Irvine, Chief Social Work Officer; Jamie Dockery – Housing Strategy Officer (substitute for John Kerr); Diane McCrone, NHS Staff Side Co-Chair of Joint Staff Forum; Anne MacDougall, Chair of Local Engagement Network – Clydebank; Neil Mackay, Chair of Locality Group – Alexandria & Dumbarton; Janice Miller, Lead Allied Health Professional; Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum and Selina Ross, Chief Officer of West Dunbartonshire Council for Voluntary Services.

Attending: Serena Barnett, Head of People and Change; Julie Lusk, Head of Mental Health, Learning Disability & Addictions; Chris McNeill, Head of Community Health & Care; Soumen Sengupta, Head of Strategy, Planning and Health Improvement; Nigel Ettles, Principal Solicitor and Nuala Borthwick, Committee Officer.

Apologies: Apologies for absence were intimated on behalf of John Kerr, Professional Advisor – Housing; Kim McNabb, Representative of Carers of West Dunbartonshire; and Dr Martin Perry, Acute Consultant.

Councillor Marie McNair in the Chair

DECLARATIONS OF INTEREST

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

MEMBERSHIP OF THE PARTNERSHIP BOARD

A report was submitted by the Head of Strategy, Planning & Health Improvement requesting confirmation of the new Chair and new voting members of the Partnership Board from West Dunbartonshire Council following the local government elections on 4 May 2017.

Having heard the Principal Solicitor in further explanation of the report, it was agreed:-

(1) to note that following its Statutory Meeting, West Dunbartonshire Council had identified Councillor Marie McNair as the social work and health spokesperson for the new Administration, and thus its new lead councillor to the Partnership Board;

(2) to note that Bailie Denis Agnew and Councillor John Mooney had been identified as new voting members on the Partnership Board; and

(3) to confirm Councillor Marie McNair as the new Chair of the Partnership Board.

MINUTES OF PREVIOUS MEETINGS

The undernoted Minutes of Meetings of the Partnership Board were submitted and approved as correct records:-

(1) Minutes of Meeting of the West Dunbartonshire Health & Social Care Partnership Board held on 1 March 2017; and

(2) Minutes of Special Meeting of the West Dunbartonshire Health & Social Care Partnership Board held on 22 March 2017.

With reference to Minutes of Meeting of the Partnership Board held on 1 March 2017, the Partnership Board agreed that the response received from the Scottish Government providing an explanation on requests to make cuts be provided to the new members of the Partnership Board.

HEALTH & SOCIAL CARE PARTNERSHIP BOARD (HSCP) AND BOARD MEMBER DEVELOPMENT

A report was submitted by the Head of People & Change seeking approval of a proposed approach to providing relevant and timely development of the Partnership Board and its Members so that they are supported to fulfil the full range of their duties.

After discussion and having heard the Head of People & Change in further explanation of the report and in answer to Members' questions, the Partnership Board agreed to support the planned approach to HSCP Board and Board Member development.

JOINT INSPECTION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE IN WEST DUNBARTONSHIRE - FEBRUARY 2017

A report was submitted by the Head of Children's Health, Care and Criminal Justice/Chief Social Work Officer:-

(a) providing an outline of the process and purpose of the Joint Children's Services Inspection and the outcome in terms of the Care Inspectorate's evaluation and final report; and

(b) providing information on the Improvement Action Plan for the Community Planning Partnership as agreed by the Care Inspectorate and the Community Planning Partnership Management Group on 24 May 2017.

After discussion and having heard the Head of Children's Health, Care and Criminal Justice/Chief Social Work Officer in further explanation of the report, the Partnership Board agreed:-

(1) to note the contents of the report including the Care Inspectorate Report as published on 28 February 2017;

(2) to note the Improvement Action Plan as agreed by the Care Inspectorate and the Community Planning West Dunbartonshire Management Board on 24 May 2017; and

(3) to note that further progress reports would be provided to the Community Planning West Dunbartonshire Management Board.

UNISON'S ETHICAL CARE CHARTER

A report was submitted by the Head of People and Change providing information on the principles of Unison's Ethical Care Charter.

After discussion and having heard the Chief Officer and both the Head of People and Change and the Head of Community Health & Care in further explanation of the report and in answer to Members' questions, the Partnership Board agreed:-

(1) that a further report updating on the work of the Practice and Development Group in reviewing the implications of the Charter for local providers of home care services and on working towards meeting its principles, would be submitted to the next meeting of the Partnership Board; and

(2) to otherwise note the update on the Unison Ethical Care Charter.

COMPARATIVE AND RELATIVE USE OF PRESCRIPTION DRUGS IN THE PARTNERSHIP BOARD AREA

A report was submitted by the Head of Community Health and Care Services advising on current expenditure, ongoing cost pressures and potential savings within West Dunbartonshire Health & Social Care Partnership's prescribing budget.

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

(1) to note the update on the recent national agreement on Prescribing Costs which has reduced the funding gap of £8.5m across NHS Greater Glasgow and Clyde by £4.75m;

(2) to note the planned savings activities to be undertaken by the Prescribing Team in conjunction with GP practices;

(3) that a further report on the budgetary performance of Prescribing Costs and associated risks would be provided to a future meeting of the Partnership Board when efficiency planning is clearer; and

(4) to thank the Head of Community Health and Care, the Prescribing Lead and Prescribing Team for their hard work in achieving the savings and efficiencies to date.

LOCAL CODE OF GOOD GOVERNANCE AND SOURCES OF ASSURANCE

A report was submitted by the Chief Financial Officer seeking approval to establish a Local Code with sources of assurance for adoption by the Partnership Board to review and assess its governance arrangements.

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

(1) to approve the adoption of the Local Code of Good Governance for the West Dunbartonshire Health and Social Care Partnership as detailed within Appendix 1 to the report;

(2) to note the Sources of Assurance, for assessing the Partnership's compliance for each governance principle as detailed within Appendix 2 to the report, and

(3) to note that a report would be presented to a future meeting of the Partnership Board's Audit Committee advising of the outcome of the annual review.

2016/17 FINANCIAL PERFORMANCE AND 2017/18 ANNUAL REVENUE BUDGET UPDATES REPORT

A report was submitted by the Chief Financial Officer:-

(a) providing an update on the financial performance of the West Dunbartonshire Health & Social Care Partnership for the period to 31 March 2017;

(b) providing an update on the level and utilisation of reserves based on this financial performance; and

(c) providing an update on the 2017/18 revenue budget position.

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

(1) to approve the proposals on the application of reserves to underwrite potential delays in delivery of 2016/17 health care savings, prescribing pressure and transformation/service redesign programmes in line with Strategic Plan priorities;

(2) to approve the movement in the reserves position for both earmarked and unearmarked funds for inclusion in the 2016/17 unaudited annual accounts;

(3) to note that the 2016/17 Unaudited Accounts for the Partnership would be presented to the 22 June 2017 Audit Committee for review prior to submission to external audit;

(4) to note that the revenue position was currently reporting an underspend of £3.1m (2.16%) for the period 1 April 2016 to 31 March 2017;

(5) to note that management actions on reducing cost pressures and maximising income had resulted in an improved year end position of £0.257m;

(6) to note the contents of the letter from the outgoing Chief Executive of NHSGG&C regarding the application of the £3.6m reduction in the 2017/18 budget allocation across all HSCPs;

(7) to note the update on the prescribing uplift pressure of £8.5m for all partnerships which would reduce to £4.0m after agreement was reached between the Scottish Government and Community Pharmacy Scotland on drug tariff reductions and that further work was being undertaken to accelerate savings plans to reduce this further which would in turn reduce the WD HSCP prescribing pressure currently estimated at £0.656m; and

(8) to note that NHS GG&C had confirmed the final 2016/17 Set-Aside budget remained unchanged from the previously notified estimate of £17.066m and that the Partnership Board required to agree to this allocation for reflection in the Draft Unaudited Annual Accounts.

PUBLIC PERFORMANCE REPORT OCTOBER TO DECEMBER 2016

A report was submitted by the Head of Strategy, Planning & Health Improvement providing information on the Health & Social Care Partnership's Public Performance Report for the third quarter of 2016/17 (October to December 2016).

After discussion and having heard the Head of Strategy, Planning & Health Improvement in further explanation of the report, the Partnership Board agreed to approve the publication of the Public Performance Report for October to December 2016.

GLASGOW CITY HSCP-LED REVIEW OF SEXUAL HEALTH SERVICES ACROSS GREATER GLASGOW & CLYDE

A report was submitted by the Head of Strategy, Planning & Health Improvement bringing to the Partnership Board's attention the Glasgow City HSCP-led Review of Sandyford Sexual Health Service across Greater Glasgow & Clyde.

After discussion and having heard the Head of Strategy, Planning and Health Improvement in further explanation of the report, the Partnership Board agreed:-

(1) to note the Review of Sandyford Sexual Health Services across Greater Glasgow and Clyde; and

(2) that a further report would be brought back to the Partnership Board once the review is completed.

MINUTES OF MEETINGS FOR NOTING

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

(1) Minutes of Meetings of the Argyll, Bute and Dunbartonshires' Criminal Justice Social Work Partnership Joint Committee held on 9 March 2016.

(2) Minutes of Meeting of the Clinical & Care Governance Group held on 29 March 2016.

(3) Minutes of Meeting of the Joint Staff Forum held on 18 April 2017.

(4) Minutes of Meeting of the Health & Social Care Partnership Locality Group for Alexandria & Dumbarton held on 27 January 2017.

(5) Minutes of Meeting of the Health & Social Care Partnership Locality Group for Clydebank held on 21 February 2017.

(6) Note of West Dunbartonshire Local Engagement Network Open Forum Discussion: Adult Carers held on 16 May 2017 in the Carers of West Dunbartonshire Centre, Clydebank.

(7) Note of West Dunbartonshire Local Engagement Network Open Forum Discussion: Young Carers held on 16 May 2017 in the Y-Sort-It offices, Clydebank.

In relation to the Draft Minutes of Meeting of the Joint Staff Forum held on 18 April 2017, the WDC Staff Side Co-Chair advised that the meeting of trade union representatives with the Chief Officer and the Head of Community Health and Care Services to discuss the Unison Ethical Charter had still to be scheduled.

EXCLUSION OF PRESS AND PUBLIC

The Committee approved the undernoted Resolution:-

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

Note:- All officers with the exception of Keith Redpath, Chris McNeill, Nigel Ettles and Nuala Borthwick left the meeting at this point in the proceedings.

SOCIAL WORK COMPLAINTS REVIEW SUB-COMMITTEE - 24 FEBRUARY 2017

A report was submitted by the Strategic Lead – Regulatory advising of a complaint heard by the Social Work Complaints Review Sub- Committee on 24 February 2017.

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

(1) to note the findings of the Social Work Complaints Review Sub-Committee made on 24 February 2017; and

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

VALEDICTORY – HEATHER CAMERON

The Chief Officer took the opportunity to advise that it would be Heather Cameron's final meeting as a Member of the Partnership Board given that she would be finishing her term as a Non-Executive Member of the Health Board at the end of June. On behalf of the Partnership Board, Mr Redpath thanked Ms Cameron for her time on the Board and wished her every success for the future.

VALEDICTORY – KEITH REDPATH

The Chair, Councillor McNair, informed the Partnership Board that this would be the last meeting of the Partnership Board that Keith Redpath, Chief Officer of the WD Health and Social Care Partnership, would be attending before retiring from the Partnership Board on 31 July 2017, after a period of 2 years as the first Chief Officer in West Dunbartonshire and indeed Scotland and after 42 years in public service.

The Chair remarked that Mr Redpath had been a very strong advocate for integration of health and social care services for the last 18 years and had served as the first chair of the Chief Officer Group for Scotland in its first two years of operation. On behalf of the Partnership Board, Councillor McNair thanked Mr Redpath and wished him health and happiness in his retirement.

Bailie Agnew wished Mr Redpath very best wishes for the future and expressed his personal appreciation for the guidance and support Mr Redpath had provided to him.

Mr MacLeod, Vice Chair, echoed the comments made referring to Mr Redpath as 'a hard act to follow'; acknowledging the breadth of experience he had brought to the West Dunbartonshire Health & Social Care Partnership.

Mrs MacDougall advised that she had witnessed first-hand Mr Redpath's passion for excellent patient care in the area and wished him well in the future.

In response, Mr Redpath thanked everyone for their kind words, stating that it had been a pleasure and a privilege to serve in his posts in West Dunbartonshire over the past 12 year period. Mr Redpath gave particular mention to employees of the Health and Social Care Partnership, advising that members were blessed with a quality cadre of staff to deliver high quality services in the area and wished everyone success in the future.

DATE OF NEXT MEETING

Members noted that the next meeting of the Partnership Board will be held on Wednesday, 23 August 2017 at 2.00 p.m. in Committee Room 3, Council Offices, Garshake Road, Dumbarton G82 3PU.

The meeting closed at 3.31 p.m.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 23rd August 2017

Subject: Membership of the Partnership Board

1. Purpose

1.1 To note the confirmation by the Health Board of a new voting member of the Partnership Board.

2. Recommendation

2.2 To note the confirmation by the Health Board of Audrey Thompson as a new voting member of the Partnership Board.

3. Background

3.1 The constitution of the Health & Social Care Partnership Board is established through the Public Bodies (Joint Working) (Scotland) Act 2014.

3.2 On the 30th June 2017, Heather Cameron completed her tenure as Chair of the Health Board's Area Clinical Forum; and thus also formally stepped down as a Non-Executive Director of the Health Board and a (voting) member of this Partnership Board.

4. Main Issues

4.1 As of 1st July 2017, the Health Board has confirmed that Heather Cameron's successor in all of the above roles – including being a new voting member of the Partnership Board - will be Audrey Thompson.

5. People Implications

5.1 None.

6. Financial Implications

6.1 None.

7. Professional Implications

7.1 None.

8. Locality Implications

8.1 None.

9. Risk Analysis

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

10. Impact Assessments

10.1 Not applicable.

11. Consultation

11.1 Not applicable.

12. Strategic Assessment

12.1 Not applicable.

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

Date: 23rd August 2017

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

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 23rd August 2017

Subject: APPOINTMENT OF CHIEF OFFICER

1. Purpose

1.1 To consider the Appointment of the Board's Chief Officer.

2. Recommendations

2.1 That the Partnership Board formally appoints Beth Culshaw as Chief Officer.

3. Background

3.1 Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 states: "(1) an integration joint board is to appoint a member of staff, a chief officer." And "(6) before appointing a person as chief officer an integration joint board is to consult each constituent authority."

3.2 Following the announcement by Keith Redpath of his intention to retire as Chief Officer at the end of July 2017, the Partnership Board agreed (at its 22nd March 2017 meeting) a process to recruit his successor, as developed between NHS Greater Glasgow and Clyde and West Dunbartonshire Council. It was agreed that that the six voting members of the Partnership Board, along with both Chief Executives would form the recruitment committee to appoint the new Chief Officer. The successful candidate would be appointed in accordance section 10 Section of the Public Bodies (Joint Working) (Scotland) Act 2014. It was confirmed that once an appointment had been made, a paper would be presented to the Partnership Board to recommend formally appointing the new Chief Officer to the Partnership Board.

4. Main Issues

4.1 Section 9 of the Integration Scheme sets out the arrangements in relation to the Chief Officer agreed by the Council and the NHS Board. The Chief Officer appointed by the Integration Joint Board (IJB) will be employed by either the Council or the NHS Board and will be seconded by the employing party to The IJB and will be the principal advisor to and officer of the IJB.

4.2 The Chief Officer's role is to provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the corporate management teams of West Dunbartonshire Council and NHS Greater Glasgow and Clyde.

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4.3 The Chief Officer is responsible for the operational management and performance of Integrated Services, and such other hosted Partnership services as are delegated to the Integration Joint Board.

4.4 In relation to delegated acute services the Chief Officer of Acute Services will be responsible for the operational management and performance of acute services and will provide updates on a regular basis to the Chief Officer on the operational delivery of Acute Services provided to the West Dunbartonshire population.

4.5 In terms of section 10(6) of the 2014 Act, the Integration Joint Board is required to consult with each constituent authority – this has satisfied by virtue of the recruitment process having been jointly developed by the Health Board and the Council; and by both Chief Executives being included within the recruitment committee.

4.6 Following the completion of the above processes, it is proposed that Beth Culshaw is formally appointed as Chief Officer of the Partnership Board.

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5. People Implications

5.1 The people aspects are dealt with under sections 9, 10 and 11 of the integration scheme.

6. Financial Implications

6.1 The Chief Officer's financial responsibilities are detailed in section 11 of the Integration Scheme.

7. Professional Implications

7.1 The appointment of a Chief Officer is required by section 10 of the 2014 Act.

8. Locality Implications

8.1 None

9. Risk Analysis

9.1 If the Integrated Joint Board do not appoint to the Chief Officers role it will be non compliant with section 10 of the 2014 Act.

10. Impact Assessments

10.1 This paper is covered by the Equality Impact Assessment which was undertaken for the Integration Scheme.

11. Consultation

11.1 The appointment is being recommended as per section 9 in the Integration Scheme which was subject to thorough consultation.

12. Strategic Assessment

12.1 Not Applicable.

Author: Serena Barnatt
Head of People and Change
West Dunbartonshire Health & Social Care Partnership

Date: 23rd August 2017

Person to Contact: Serena Barnatt, Head of People and Change
West Dunbartonshire Health & Social Care Partnership,
West Dunbartonshire HSCP HQ, West Dunbartonshire Council, Gars hake Road, Dumbarton, G82 3PU.
E-mail: serena.barnatt2@ggc.scot.nhs.uk

Appendices: None

Background Papers: HSCP Board Report (22nd March 2017): Recruitment of Chief Officer

West Dunbartonshire Council: Establishing a Shadow Health and Social Care Partnership for West Dunbartonshire (December 2013)

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

Integration Scheme (Body Corporate) Between West Dunbartonshire Council and Greater Glasgow Health Board.

Wards Affected: **ALL**

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 23 August 2017

Subject: West Glasgow Minor Injury Services

1. Purpose

1.1 The purpose of this paper is to update Board members on a review of West Glasgow Minor Injury Services, currently being undertaken by NHS GGC and Glasgow City HSCP.

2. Recommendations

2.1 Members are asked to provide comment on review of West Glasgow Minor Injury Services as it affects residents within West Dunbartonshire HSCP.

3. Background

3.1 Minor injury services at Yorkhill serving West Glasgow were closed on a temporary basis last year.

3.2 Integration Joint Boards have strategic planning responsibility for unscheduled care that includes minor injury services. NHS GGC has responsibility for the delivery of acute services, and so reviews of such services need to be considered jointly, with the final decision resting with the Integration Joint Board.

3.3 NHS GGC and Glasgow City HSCP agreed to establish a joint process to consider options for the future of minor injury services for West Glasgow, including:

i) Reopening the service at Yorkhill
ii) Potential provision at Gartnavel
iii) The status quo (minor injury services at Stobhill and the Queen Elizabeth University Hospital)

3.4 Glasgow City Integration Joint Board received a paper in June 2017 that detailed proposals for a joint NHS Board and HSCP process to review options for minor injury services in West Glasgow (Appendix 1)

3.5 A formal option appraisal was undertaken in July 2017. Appendix 2 sets out detail of this process.

3.5 The outcome of this option appraisal was that option iii) Status quo, scored highest.

3.6 The information from the option appraisal and the recommended preferred option will be made publicly available and will be presented at a number of engagement events to obtain views and comments. This process will extend until early September 2017.

3.7 Glasgow City HSCP proposes to make final recommendations to the Integration Joint Board at its meeting in November 2017.

4. Main Issues

4.1

5. People Implications

5.1 Residents of West Dunbartonshire HSCP have been unable to access minor injury services in Yorkhill since it was closed last year.

6. Financial Implications

6.1 There are no financial implications for West Dunbartonshire HSCP

7. Professional Implications

7.1 There are no professional implications for West Dunbartonshire HSCP

8. Locality Implications

8.1 There are no locality implications for West Dunbartonshire HSCP

9. Risk Analysis

9.1

10. Impact Assessments

10.1

11. Consultation

11.1 Glasgow City HSCP is undertaking a public consultation

12. Strategic Assessment

12.1

Author: Ken Ferguson, Clinical Director West Dunbartonshire HSCP

Date: **31 July 2017**

Person to Contact:	Ken Ferguson, Clinical Director, WDHSCP, Council Offices, Garshake Road, Dumbarton G82 3PU
Appendices:	Appendix 1 - Glasgow City IJB Paper Appendix 2 - Option Appraisal Process
Background Papers:	None
Wards Affected:	All

Item No: 16

Meeting Date: **Wednesday 21st June 2017**

Glasgow City Integration Joint Board

Report By: **Alex MacKenzie, Chief Officer, Operations**

Contact: **Hamish Battye, Head of Planning and Strategy (Older People's Services and South Locality)**

Tel: **0141 427 8245**

MINOR INJURIES SERVICES IN WEST GLASGOW

Purpose of Report:	To consider proposals for a joint NHS Board and HSCP process to review options for minor injuries services in West Glasgow.

Recommendations:	The Integration Joint Board is asked to: a) approve a joint review of minor injuries services in West Glasgow be undertaken with the NHS Board to cover the areas outlined below, and report back to the Integration Board at its meeting in September 2017; and b) agree that the IJB Public Engagement Committee oversee the public and patient engagement process.

Relevance to Integration Joint Board Strategic Plan:

The Integration Joint Board has strategic planning responsibility for unscheduled care services as described both within the Integration Scheme and the Partnership's Strategic Plan. The Board agreed at its meeting in March 2017 a draft three year strategic commissioning plan for unscheduled care that set the strategic direction for these services. The proposals in this report are consistent with the strategic direction set by the Board.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Contributes to: **Outcome 9.** Resources are used effectively and efficiently in the provision of health and social care services.

Personnel:	None at this stage.

Carers:	Carers are positively impacted through the designing of services around the needs of individuals, carers and communities.

Provider Organisations:	None at this stage.

Equalities:	An assessment of the equalities dimensions will be undertaken as part of the review. .

Financial:	The Partnership's budget for 2017/18 includes a "set aside" component for unscheduled care an element of which is accident and emergency services that includes minor injuries services. The Partnership's budget for 2017/18 is currently the subject of discussion with the NHS Board, and a national review is underway of set aside budgets. Further information will be included in the report to the IJB in September 2017.

Legal:	The integration scheme includes specific responsibilities for the strategic planning of certain acute hospital services.

Economic Impact:	None at this stage.

Sustainability:	None at this stage.

Sustainable Procurement and Article 19:	None at this stage.

Risk Implications:	Risk implications will need to be assessed as part of the review.

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	The proposals when agreed by the Integration Joint Board in September 2017 will have implications for the planning and delivery of minor injuries services in West Glasgow and the Board will be requested to direct the NHS Board accordingly.

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	✓
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Introduction

1.1 Minor injury services at Yorkhill serving West Glasgow were closed on a temporary basis last year. There is a need therefore to consider options for the future of minor injuries services for West Glasgow, those options to include re opening the service at Yorkhill and potential provision at Gartnavel.

1.2 Integration Joint Boards have strategic planning responsibility for unscheduled care that includes minor injury services. The NHS Board has responsibility for the delivery of acute services, and so reviews of this kind need to be considered jointly, with the final decision resting with the Integration Joint Board.

2. Integration Joint Board and NHS Board Joint Review

2.1 It is proposed that the Integration Joint Board establish a formal joint planning and engagement group with the NHS Board to make recommendations to the Integration Joint Board on the future of these services at its meeting in September 2017. That joint review group should finalise a process to:

- analyse the service delivery, financial and access issues outlined below;
- establish an option appraisal process to set out potential options and criteria to consider those options;
- develop a proportionate approach to gather patient and public views, including a means of ensuring there is a patient perspective in the option appraisal process;
- establish the views of other key stakeholders including local GPs; and,
- report on the conclusions and recommendations from the review to enable early decision making on the future of the service.

3. IJB Public Engagement Committee

3.1 Proposals for, and the results from, the patient and public engagement process should be considered by the Integration Joint Board's Public Engagement Committee. Further details on this aspect of the review will be reported to the IJB Public Engagement Committee at its next meeting.

3.2 It should be noted that as it is the Integration Joint Board that will make the final decision on the outcome of the review, the role of the Scottish Health Council is advisory and providing guidance, on this basis, the Scottish Health Council will be invited to be part of the joint planning group with that remit.

4. Review Content

4.1 There are a number of areas that the review should cover including those outlined above:

- **Access:** a full appraisal of access issues and relative access for the population including comparing access to these services for different areas in Greater Glasgow and Clyde;

- **Demand:** as outlined in the Integration Joint Board's draft strategic Commissioning plan for unscheduled care, Glasgow City residents use a disproportionately higher

volume of acute services. The draft plan includes actions to reduce demand for acute care and provide alternatives to admission / attendance, including support in the community and primary care. NHS Board analysis indicates that the temporary closure of the Unit has reduced demand;

- **Financial appraisal:** an assessment of the financial consequences of the options, in capital and revenue terms and in the context of the Acute Division's financial position, and the Partnership's set aside budget; and,

- **Patient engagement:** a joint process established with the NHS Board for appropriate and proportionate patient engagement and to be overseen by the Integration Joint Board's Public Engagement Committee.

5. Recommendations

5.1 The Integration Joint Board is asked to:

a) approve a joint review of minor injuries services in West Glasgow be undertaken with the NHS Board to cover the areas outlined in 2.1 above, and report back to the Integration Joint Board at its meeting in September 2017; and
b) agree that the IJB Public Engagement Committee oversee the public and patient engagement process.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	210617-16-a
2	Date direction issued by Integration Joint Board	21 June 2017
3	Date from which direction takes effect	21 June 2017
4	Direction to:	NHS Greater Glasgow and Clyde only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Minor Injuries Service
7	Full text of direction	NHS Greater Glasgow and Clyde is directed to work with the HSCP to undertake a joint review of minor injuries services in West Glasgow, covering the areas outlined in 2.1 of this report
8	Budget allocated by Integration Joint Board to carry out direction	As advised by the Chief Officer: Finance and Resources
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	September 2017

Appendix 2

REVIEW OF WEST GLASGOW MINOR INJURIES SERVICES

OPTION APPRAISAL INFORMATION

June 2017

CONTENTS

OPTIONS APPRAISAL PROCESS

Introduction

NHS Greater Glasgow and Clyde Board and Glasgow City IJB have agreed to establish a joint process to consider options for the future of minor injuries services for West Glasgow. The options include:

- re opening the service at Yorkhill;
- potential provision at Gartnavel; or
- the status quo – minor injuries services at Stobhill and the Queen Elizabeth University Hospital.

A Review and Stakeholder Group has been established to undertake the review and make recommendations to the September Integration Joint Board. A key part of the review involves an option appraisal process to consider the options available.

This paper provides an explanation of the options appraisal process and includes information about:

- what is an options appraisal;
- the steps involved;
- what happens after the options appraisal; and,
- where to find more information.

What is an options appraisal?

When considering a change in services there is a need to develop and evaluate a range of potential options for providing the service in the future. Option appraisal is a process that helps examine the strengths and weaknesses of the options identified. The appraisal involves an assessment of each option against certain agreed criteria. The appraisal should be undertaken in an open and transparent way and involving many stakeholders including patients and carers that might be affected by the proposal.

What happens in an options appraisal?

The available options will be identified and participants will then identify the criteria to be used to assess each option.

The options will be discussed, reviewed and scored on their strengths and weaknesses against the criteria identified.

What to consider

There is no expertise required. Your experience and knowledge to represent patients and carers potentially affected by the proposal is all that is necessary. All participants in an options appraisal are asked to try to be objective.

Additional information will be available and you can ask for assistance if you are unclear about anything, or the opportunity to discuss the options and other relevant information further. If during the process you do not agree with the group consensus on aspects of the appraisal then we will make sure that your views are recorded.

The steps of an options appraisal

There are five steps in an options appraisal:

1. develop a list of options that might be available.
2. agree criteria to assess the options.
3. weight the criteria as some might be more important than others.
4. then assess each option against the criteria and determine a score as to how well each option performs against the criteria.
5. finally calculate the weighted scores.

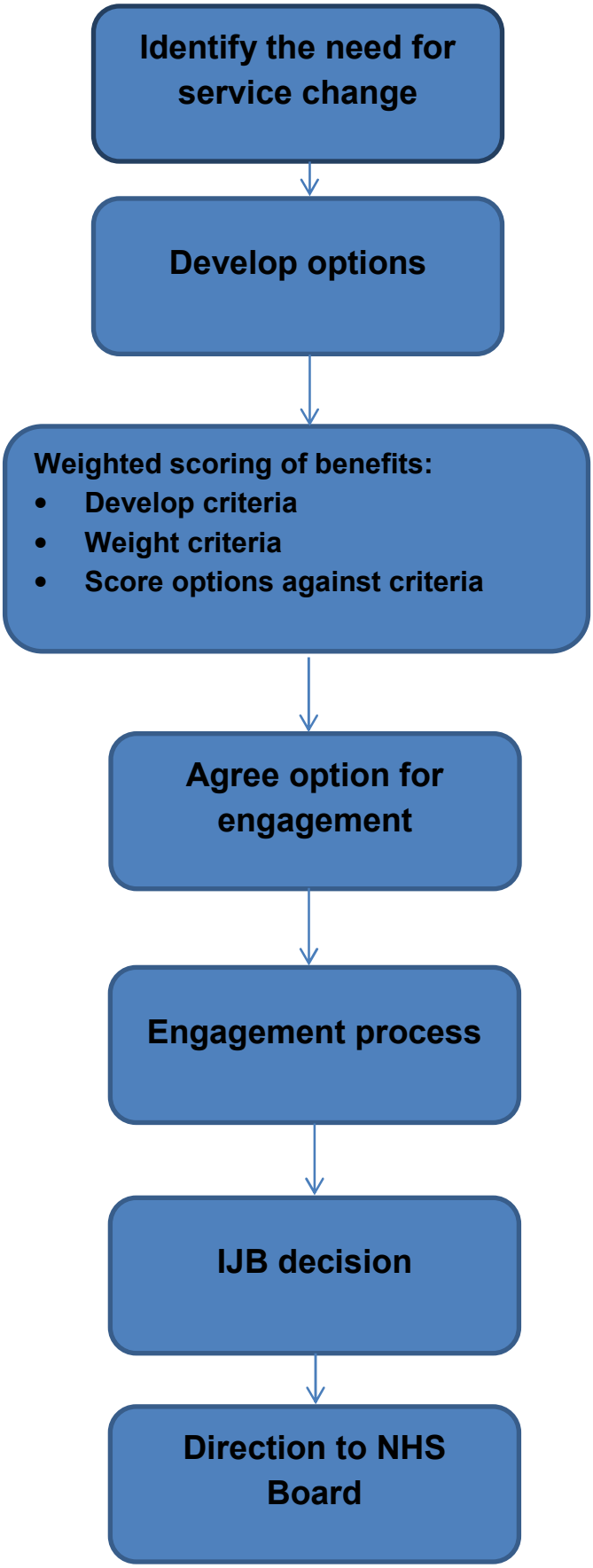
What happens next?

The options appraisal process helps identify the preferred option to be engaged on. The preferred option will be described in engagement materials with information available about the option appraisal process.

Where to find further information

Further information about the proposal and all materials developed are available on the HSCP's and NHSGG&C websites with printed copies of any documents available on request.

OPTION APPRAISAL PROCESS



WEST GLASGOW MINOR INJURIES SERVICES

Options Appraisal 20 June 2017

Options Description

Three potential options have been identified for the options appraisal process and these are described below.

Option 1 – Re-open service at Yorkhill

This option involves the re-opening of the minor injury service at Yorkhill in the same accommodation as before. The service would operate from 09:00 to 21:00 every day and would be staffed by experienced nurse practitioners.

Option 2 – transfer service to Gartnavel

This option involves the transfer of the service to Gartnavel Hospital. The service would operate from 09:00 to 21:00 every day and would be staffed by experienced nurse practitioners.

Option 3 - Status Quo

This option is the current position with the minor injury service at Yorkhill closed and minor injury services available for West Glasgow from Stobhill Hospital and the Queen Elizabeth University Hospital.

WEST GLASGOW MINOR INJURIES SERVICES

Options Appraisal 20 June 2017

Benefit Criteria

In order to assess the options available we have to identify a number benefits against which we can review how each option performs. These criteria should cover all the factors that are relevant and important to the service, but which cannot be measured in financial terms. The suggested criteria are described below. Once agreed it is necessary to weight the criteria as some may be perceived to be more important than others. The weights (usually out of 100) are then taken into account when scoring the options against the criteria. Ideally weights should be agreed when agreeing the criteria.

	Benefit criteria	Weight
1.	**Quality of clinical care**	
	Under this criterion we assess the option as to how it performs when considering the quality of clinical care provided. We always aim to provide the highest level of care to patients. When assessing the options available issues to consider here are patient safety, availability of clinical expertise and other clinical support services such as access to diagnostics, patient outcomes, and how the service complies with or exceeds recognised clinical standards.	
2.	**Access for patients**	
	Here we assess how the option performs in terms of access to minor injury services for patients in West Glasgow. We take into account information on travel times and distances for patients attending by public transport and other means so for example does the location have good transport links, and is it easily accessible by car? Is the service fully accessible for people with disabilities? We should also take into account the times of operation of the service and its convenience or otherwise for patients. Consideration should also be given to other alternatives for patients such as the nearest emergency department.	
3.	**Quality of facilities**	
	Here we are concerned with how well option performs when taking into account the quality of the accommodation from which the service will be provided, and facilities for staff and patients. Issues to	

	Benefit criteria	Weight
	consider include the standard of clinical accommodation available when compared to modern clinical standards for the service, the quality of facilities for patients and staff such as waiting areas, reception, toilets and rest areas. Access to other facilities such as x-ray and diagnostic services might also be important.	
4.	**Strategic fit**	
	Here we should assess the option against the strategic direction for NHS services as described in national plans and policy documents such as the National Delivery Plan http://www.gov.scot/healthandsocialcaredeliveryplan the NHS Board's transforming the delivery of acute services programme https://wdclabourgroup.files.wordpress.com/2017/02/nhsggc20december2016.pdf and the Health and Social Care Partnership's strategic commissioning plan for unscheduled care https://www.glasgow.gov.uk/CHttpHandler.ashx?id=37094&p=0	
5.	**Best value**	
	The HSCP and Acute Division are under major financial pressure, how do the options perform against value for money considerations, what are the capital and revenue costs of each option?	
	Total Weight	**100**

WEST GLASGOW MINOR INJURIES SERVICES

Options Appraisal 20 June 2017: Participant Worksheet Options Scoring

Option 1	**Re opening service at Yorkhill**	
Criteria	**Score**	**Reason**
Modern acute clinical care		
Access		
Quality of facilities		
Strategic direction		
Best value		

Participant Name:

WEST GLASGOW MINOR INJURIES SERVICES

Options Appraisal 20 June 2017: Participant Worksheet Options Scoring

Option 2	**Moving service to Gartnavel**	
Criteria	**Score**	**Reason**
Modern acute clinical care		
Access		
Quality of facilities		
Strategic direction		
Best value		

Participant Name:

WEST GLASGOW MINOR INJURIES SERVICES

Options Appraisal 20 June 2017: Participant Worksheet Options Scoring

Option 3	**Status quo**	
Criteria	**Score**	**Reason**
Modern acute clinical care		
Access		
Quality of facilities		
Strategic direction		
Best value		

Participant Name:

WEST GLASGOW MINOR INJURIES SERVICES

Options Appraisal 20 June 2017: Scoring scale

Scoring Scale

1 = Performs very poorly
2 = Performs poorly
3 = Somewhat inadequate
4 = Performs adequately
5 = Performs quite well
6 = Performs well
7 = Performs excellent

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 23rd August 2017

Subject: NHSGGC Musculoskeletal Physiotherapy Service

1. Purpose

1.1 The purpose of this report is to provide the Partnership Board with an annual update from the NHSGG&C Musculoskeletal (MSK) Physiotherapy Service which is hosted by West Dunbartonshire HSCP.

2. Recommendations

2.1 The Partnership Board are asked to note the content of this report.

3. Background

3.1 The MSK Physiotherapy Service is hosted by West Dunbartonshire HSCP and provides a service within 37 sites across NHSGG&C.

4. Main Issues

4.1 The report details the service provided to patients from West Dunbartonshire HSCP and activities occurring within the MSK Physiotherapy Service.

4.2 Demand for MSK Physiotherapy continues to outstrip our clinical capacity. Much work has been done over the past few years to make the service as efficient and effective as possible but waiting times for routine appointments continue to fail to meet the new national target of 90% of patients being seen within 4 weeks of referral.

5. People Implications

5.1 There are no people implications arsing from this report.

6. Financial Implications

6.1 We will continue to monitor the financial impact upon the service.

7. Professional Implications

7.1 There are no professional implications arising from this report.

8. Locality Implications

8.1 There are no locality implications arising from this report.

9. Risk Analysis

9.1 The risks associated with high waiting times include risk of chronicity, increased visits to GPs, increased referral to Orthopaedics, Rheumatology and the Pain Service.

10. Impact Assessments

10.1 Not required.

11. Consultation

11.1 Not required.

12. Strategic Assessment

12.1 The principles of the MSK Physiotherapy Service are in accordance with the Strategic Plan for the Health and Social Care Partnership.

Author: **Janice Miller – MSK Physiotherapy Service Manager**

Date: **July 2017**

Person to Contact: Janice Miller
MSK Physiotherapy Service Manager
West Dunbartonshire Health & Social Care Partnership,
West Dunbartonshire HSCP HQ, West Dunbartonshire Council, Garshake Rd, Dumbarton, G82 3PU.
Tel: 01389 737703
Email: janice.miller@ggc.scot.nhs.uk

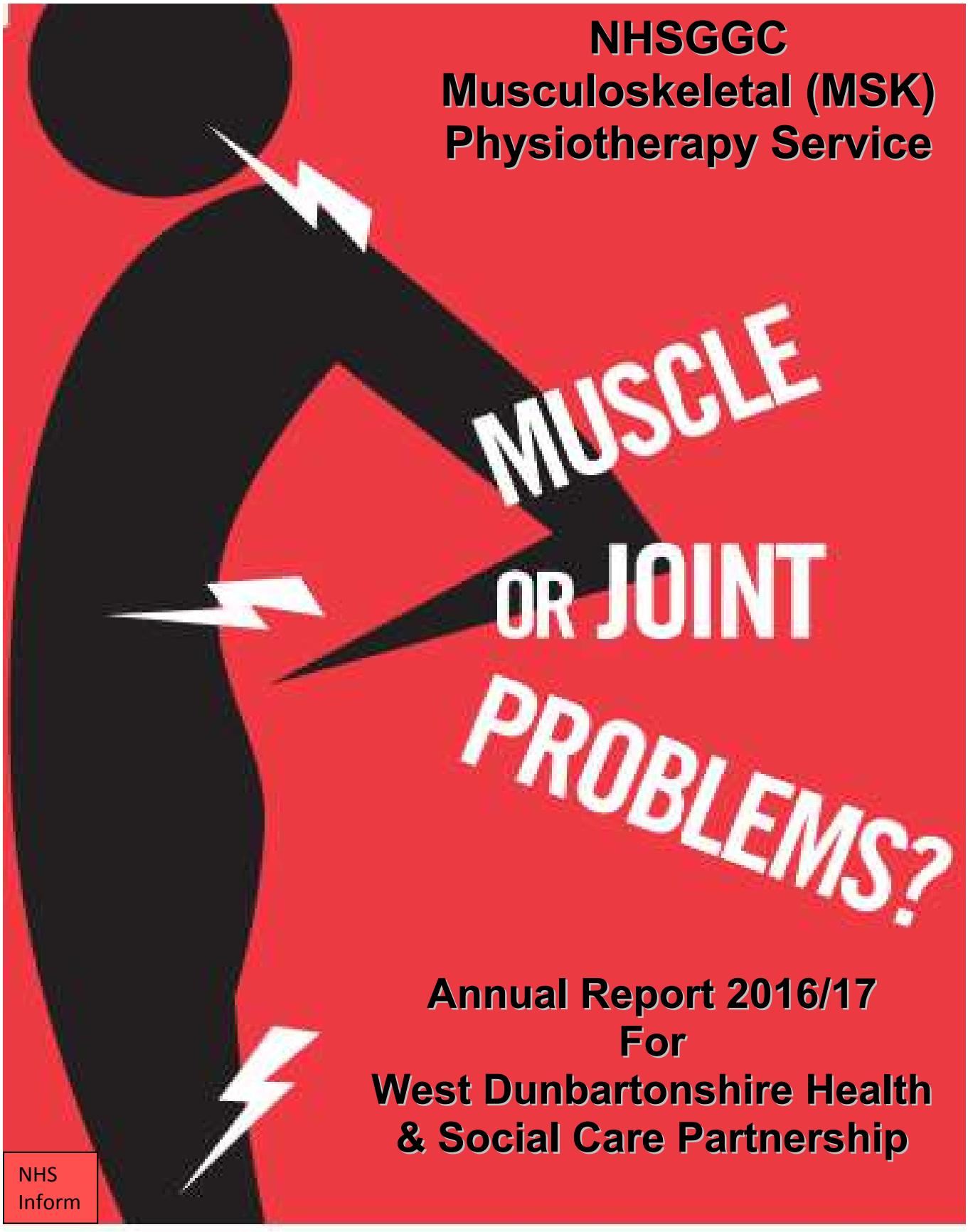
Appendices: NHSGG&C Musculoskeletal (MSK) Physiotherapy Service (2016/17) West Dunbartonshire HSCP

Background Papers: none

Wards Affected: All

NHS Greater Glasgow and Clyde

NHSGGC Musculoskeletal (MSK) Physiotherapy Service



Annual Report 2016/17 For West Dunbartonshire Health & Social Care Partnership

NHS Inform

Foreword

Musculoskeletal (MSK) disorders are the leading cause of time off work for sickness worldwide. It is estimated that 20-30% of a GPs caseload are patients with musculoskeletal conditions and this rises to 50% in the over 75 population. MSK Physiotherapists draw upon a wide range of therapies tailored to suit the needs of each patient. Physiotherapists also have a vital role in preventing ill health, maintaining mobility and encouraging older patients to remain active, thus contributing to falls prevention.

This report details the activities of the Musculoskeletal Physiotherapy Service with respect to residents of West Dunbartonshire and across the NHS Greater Glasgow & Clyde (NHSGGC) area as a whole.

2016/17 has been a challenging year in terms of financial pressures and ongoing demand but staff continue to offer patients a full assessment, diagnosis, treatment, rehabilitation and self management support tailored to their individual needs and influencing their healthcare journey. Considerable work has gone into redesigning our service, introducing TrakCare and our referral management centre; and standardising clinical practice to be as efficient as possible whilst maintaining an acceptable quality of evidence based care.

We continue to seek opportunities to improve efficiency whilst maintaining a safe and effective, quality service.

Janice Miller
MSK Physiotherapy Service Manager & Professional Lead (Partnerships)

Background

Musculoskeletal (MSK) conditions account for the largest cause of disability in the UK. These conditions affect bones, joints, muscles and tendons and interfere with people's ability to carry out their normal activities. MSK Physiotherapists are highly skilled in assessing and treating people with physical problems caused by accidents, ageing, disease or disability. They aim to restore function, activity, independence and prevent illness or injury by working with patients to achieve mutually agreed goals. Physiotherapists are trained to spot serious pathology and act upon these findings. If necessary, they can refer to Orthopaedics or advise GPs if a referral for other investigations is required. Self management is encouraged through advice, education and exercise to prevent recurrence of acute conditions and for the ongoing management of long term conditions.

The NHSGGC MSK Physiotherapy Service is hosted by West Dunbartonshire Health & Social Care Partnership (HSCP) on behalf of all Partnerships and the Acute Service Division of NHSGGC. The MSK Physiotherapy Service Manager reports to the Chief Officer of West Dunbartonshire HSCP; and the Service is included within their development plans and governance structures.

Our Vision: To offer expert diagnosis and intervention to maximise the potential of people with musculoskeletal (MSK) conditions, the most common cause of disability and work related absence in the UK.

Our key objectives are to:

- Provide an efficient, timely and equitable MSK service.
- Provide an effective MSK service.
- Provide a person centred MSK service.
- Ensure staff wellbeing within the MSK service.
- Provide a safe MSK service.
- Provide a creative and innovative service that will be responsive to current and future challenges.

The Service treats adults over the age of 14 and across NHSGGC received approximately 77,000 referrals in 2016/17 with over 162,000 return appointments.

The delivery of the service is divided into four geographical quadrants: South, East, West & Clyde. There are 37 sites across Glasgow & Clyde providing MSK Physiotherapy with three sites within the West Dunbartonshire HSCP area – Vale of Leven Hospital, Dumbarton Health Centre and Clydebank Health Centre.

Patient Care

In line with Scotland's new Health and Social Care Standards, the MSK Physiotherapy Service is focused on improving people's experience of care. We strive to ensure patients:

- Experience high quality care and support.
- Are fully involved in all decisions about their care and support.
- Have confidence in the people who support and care for them.
- Have confidence in the organisation providing their care and support.
- Experience a high quality environment.

Regular audits including our record cards and a yearly Consultation and Relational Empathy (CARE) Measure ensure quality of care. This validated patient reported experience measure seeks feedback from our patients on their experience of the therapeutic interaction.

Our average CARE score for 2016 is 48.4 out of 50 demonstrating the empathy and interpersonal effectiveness of our excellent clinicians. Some feedback from patients on the questionnaire include:

" I found my physiotherapist to be very understanding and very open to try different treatment options"

"X's physiotherapy exercises have been really good for me both physically and mentally. I went from a depressed physically unable person to someone who knows he can overcome the pain and injury. I now also exercise more as I am now in the right frame of mind to do so. Thanks, X, you've been great!"

The MSK Physiotherapy Service has established evidence based clinical pathways for over 90% of the conditions seen in MSK Physiotherapy, including exit routes and onward escalation guidance. We have introduced a risk stratification tool for all back pain patients to ensure they receive appropriate evidence based care that is safe and effective.

All treatment is based on current research, evidence and appropriate guidelines when available. We will routinely discuss a patient's general health and wellbeing, offering signposting to various health promotion resources including weight management, physical activity, smoking, mental health services, alcohol and employability services.

Validated Patient Reported Outcome Measures (PROMs) are used to measure the impact of physiotherapy interventions. We record pain, function, work status, age, body part, number of treatments, health improvement activity and discharge outcome and are working to embed this in our IT system.

Our Support Workers have been trained to gym instructor level to lead gym sessions with patients and free up qualified staff to see patients with more complex conditions. They are also involved in group sessions and classes and have received training to issue appropriate appliances e.g. walking sticks.

In 2016/17 the MSK Physiotherapy Service received 12 complaints, of which seven were partially upheld; and five not upheld. The largest cause of complaints is regarding waiting times (six complaints) with other complaints against staff, their attitudes and treatment offered which were not upheld. One complaint was regarding access to the service which was partially upheld and learning from this has resulted in changes to our service. All complaints are scrutinised through the West Dunbartonshire HSCP Clinical & Care Governance Group.

Staff and management receive many thank you cards and letters from patients expressing their appreciation for the care and treatment they have received. Letters this year included the following comments:

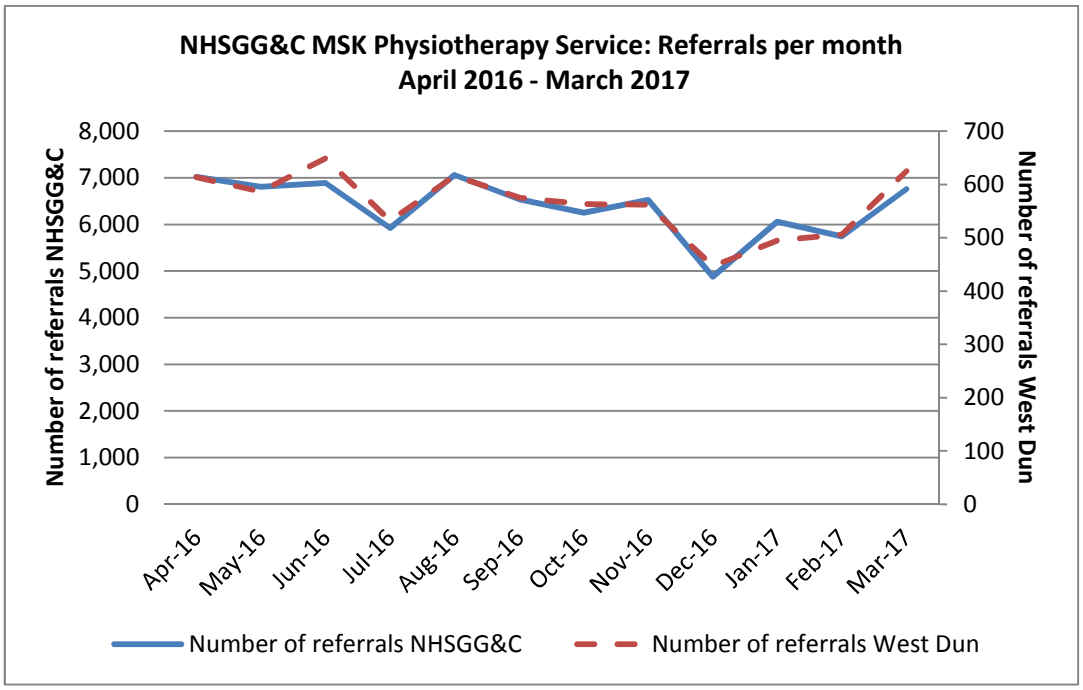
"Thank you for all the care and support I received from X. I am grateful for all she did for me. She was a gift from God and I was so fortunate to be under her care"

"I would like to commend X on her work that she carried out. Due to various injuries I have seen a few of the physiotherapists in the department over the years and would like to thank you all. You all do a great job and probably don't get thanked enough for your efforts so I would like to take this opportunity to thank you all"

Referrals to the Service

Patients can access MSK Physiotherapy via GP referral, self referral or referral by another Health Care Professional. All referrals are logged onto our electronic system and vetted by a clinical member of staff to identify any clinical priorities. A small proportion of patients are phoned directly as they require an immediate appointment whilst the majority are sent a letter inviting them to call and book an appointment at a time and place suitable to the patient. They are usually offered the first available appointment within their local quadrant but many patients choose to wait for an appointment closest to home or work. Figure 1 below shows the number of referrals into the MSK Physiotherapy Service from across the NHSGGC area and from West Dunbartonshire.

Figure 1

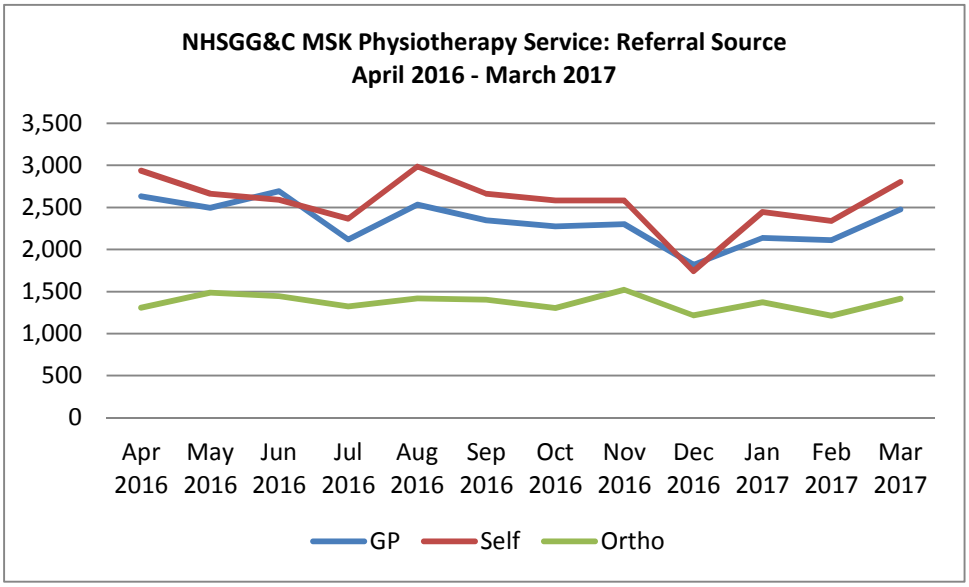


Across NHSGGC the number of referrals received from GPs and via self referral has dropped slightly during 2016/17 whilst referrals from Orthopaedics has risen slightly. Feedback from GPs at Locality meetings indicate that in some cases they are not referring because of the high waiting times - but considerable work has gone into supporting patients to manage their own

conditions so this may well also be reflected in the reduced number of referrals received. The vast majority of Orthopaedic patients are post surgery (at least 70%). These individuals tend to need longer courses of treatment and rehabilitation to get back to full function post surgery (previous audit showed average of seven treatments compared to three treatments from other referral sources). In 2012/13 15,494 referrals were received from Orthopaedics rising to 16,526 referrals in 2016/17.

Figure 2 below shows the main referral sources into the MSK Physiotherapy Service. As mentioned above, referrals are mainly from GPs or patients referring themselves (usually on the back of a GP suggesting they refer if not resolving). The other main source of referrals is from Orthopaedics.

Figure 2



To continue to be effective we are reviewing our core business and referral guidance for GPs and patients. Using available evidence, we have recently identified a list of conditions that are likely to benefit from physiotherapy treatment and have also identified conditions that are not seen as a primary referral for MSK Physiotherapy. Once fully developed this referral guidance will be shared with GPs, patients and staff to support improved management of MSK conditions across NHSGGC.

Service Activity

In 2016/17 there were 58,147 new patient appointments available across the MSK Physiotherapy Service with respect to the NHSGGC area as a whole. Within the West Dunbartonshire HSCP area, 4,591 appointments (8%) were available and patients from the area have accessed the service outwith the HSCP area. Figures 3 and 4 below show the new and return appointments available each month across the whole service, the variation is mainly due to periods of annual leave and public holidays.

Approximately 20% of all appointments are outwith the HSCP area. These are predominantly within the West Glasgow area, although West Dunbartonshire residents are accessing the service across the whole of NHSGGC (possibly due to work or family commitments). Less than 1% of West Dunbartonshire appointments are used by residents from outwith West Dunbartonshire. Each month in the West Dunbartonshire HSCP area there are between 300 and 500 new appointments, the variation due to the number of days in the month and staff on duty at any one time.

Figure 3

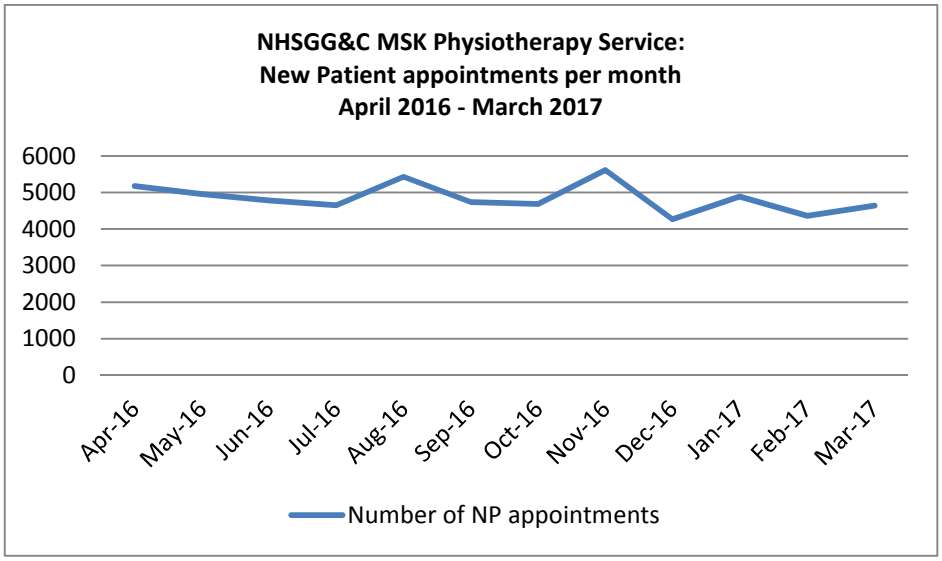
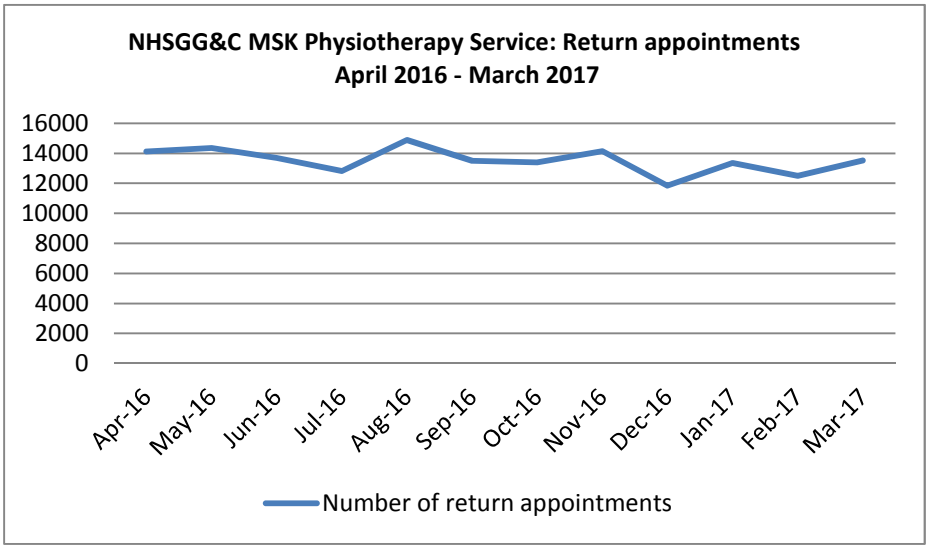


Figure 4



Did Not Attend (DNA) Rates

From April 2016 to September 2016 the DNA rate for new patients for the whole service was averaging 8.4% per month. Text reminders were introduced in October 2016 resulting in a reduction to 7.1%.

Within West Dunbartonshire the DNA rate was 8.8% reducing to 8.3% with the introduction of text reminders, unfortunately this is still higher than the service average. In total, 393 new appointments were not utilised in West Dunbartonshire during 2016/17 and could have been offered to patients on the waiting list if we had been informed that they were no longer required or patients cancelled with enough notice to refill the appointment. Rates of DNA for follow up appointments are always slightly higher but again have decreased with the introduction of text reminders. As a service across NHSGGC the return DNA rate was 11.9% reducing to an average of 10.5% when text reminders were introduced. West Dunbartonshire patients have a slightly better return DNA rate at 11.2% reducing to 9% but this has still resulted in 1249 appointments not attended.

Work is ongoing to remind patients to cancel appointments as soon as possible so they can be used by other patients.

Waiting List

In 2016 the Scottish Government introduced a target that 90% of patients referred with a musculoskeletal problem would be seen within 4 weeks.

Currently no MSK Physiotherapy Service in Scotland is meeting this challenging target. Analysis of the national report from March 2017 shows services are ranging from 34.4% seen within 4 weeks to one Board at 82.4%. The average for Scotland was 53.6%, with NHSGGC at 52.1% seen within 4 weeks.

Patients are offered the first available appointment within their quadrant (and outwith their quadrant if requested). The longest wait is recorded on a monthly basis across the whole service as the waiting times are monitored to ensure equity across the service. In 2016/17 the longest a patient waited for an appointment was 28 weeks in March 2017.

In April 2016 the Service had 12,263 patients waiting more than 4 weeks on the waiting list, of whom 1,225 resided in West Dunbartonshire. By March 2017 this had reduced to 11,575 patients waiting, of which 780 were from West Dunbartonshire.

Budget

The MSK Physiotherapy Service received a budget allocation for 2016/17 of £6.026m which reflected approved savings of £0.220m. The actual expenditure for 2016/17 was £6.018m.

The value of the MSK Physiotherapy Service to the population of West Dunbartonshire for 2016/17 equates to £0.531m.

Staffing

In April 2016 the Service had 180.24 whole time equivalent (wte) posts, with 243 staff in post. This includes non qualified support staff, administrative staff, and also 18 Extended Scope Practitioners (ESPs) and 22 rotational staff who are employed by the Acute Division but provide sessions within MSK Physiotherapy. Qualified clinical staff totalled 138.32wte. Following consolidation of posts and delivery of savings for 2017/18, current staffing sits at 170.66wte, with 224 staff and 130.42wte qualified clinical staff.

	Total wte	No. of staff	Qualified clinical wte
April 2016	180.24wte	243	138.22wte
June 2017	170.66wte	224	130.42wte

All qualified staff are registered with the Health & Care Professions Council (HCPC) with registration checked on a monthly basis. Staff attend in-service training and courses whilst regular case reviews ensure all patients receive safe and effective treatment, regardless of where they receive their treatment across the NHSGGC area.

The average sickness absence during 2016/17 was 3.1%. This rate is below the 4% set by NHSGGC with all absences closely monitored and managed within the NHSGGC sickness absence policy. We will continue to support the staff governance commitments and promote the health and wellbeing of our staff and patients.

Looking Forward

Waiting times continue to be a major challenge for the MSK Physiotherapy Service and will remain a focus for the senior management team. Priorities will centre around patient care and ensuring we deliver a safe, effective service.

MSK Physiotherapists have a vital role in meeting the current challenges within Primary Care. We have been involved in testing “New Ways of Working in Primary Care” by having an Advanced Practice Physiotherapist (APP) as an alternative first point of contact within 3 GP practices in Inverclyde HSCP. This unique role puts the physiotherapist’s expertise at the start of the patient’s journey when they first seek help. Early results show that 94% of patients were seen once within the practice and referrals for imaging, orthopaedics and prescriptions were low. There has been excellent feedback from patients and GPs on the benefits of having an MSK specialist working within the practice. This model has been readily acceptable to patients who placed considerable value on seeing a specialist in their MSK condition.

To ensure patients are seen at the right time by the right person we are working with our colleagues in secondary care through the Trauma & Orthopaedics ACCESS programme (Addressing Core Capacity Everywhere in Scotland Sustainably). This national programme is addressing variation in clinical practice, productivity and ensuring best practice.

Improving access and information available to patients remains a priority for the service. We are currently involved in discussions around piloting a new national web based access tool. This tool would allow patients to enter their symptoms online and following specific questions, gain access to relevant exercises, advice and support to self manage their problem or provide an onward referral to physiotherapy if appropriate. This work also links with other national MSK work to review patient information available to ensure patients are better informed about their problem and what they can do to help themselves.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 23rd August 2017

Subject: Annual Public Performance Report 2016/17

1. Purpose

1.1 To present the Partnership Board with the second Annual Public Performance Report for the Health & Social Care Partnership, including a complaints management overview for that full year.

2. Recommendations

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

3. Background

3.1 As required by legislation, the appended Annual Public Performance Report has been produced to enable scrutiny of the delivery of the first year of the HSCP's Strategic Plan 2016-19. As has been the custom in previous years, it is accompanied by a complaints management overview for the corresponding period.

4. Main issues

4.1 The preparation and presentation of the Annual Performance Report has been informed by the national Guidance for Health and Social Care Integration Partnership Performance Reports. It has also been informed by local experience of integrated performance reporting, alongside feedback for other sources - including formal feedback from the Scottish Government that praised the first Annual Performance Report previously presented to the Partnership Board at its May 2016 meeting.

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

5. People Implications

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

6. Financial Implications

6.1 The Annual Public Performance Report includes a summary of the Health & Social Care Partnership's year end financial position, as agreed by the Chief Financial Officer and previously reported by them to the Partnership Board.

7. Professional Implications

7.1 The content of the Annual Public Performance Report will overlap with the substance of the next Chief Social Work Officer's Annual Report (which will be presented to a future meeting of the Partnership Board as well as full Council).

8. Locality Implications

8.1 The Annual Public Performance Report confirms the continuing development of the arrangements for both the two locality areas and the three new GP Clusters.

9. Risk Analysis

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

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 Appropriate complaints management – including lessons learnt – is an important element of service user feedback**.**

12. Strategic Assessment

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

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

Date: 23rd August 2017

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

Attached: West Dunbartonshire Health & Social Care Partnership Annual Public Performance Report 2016/17

West Dunbartonshire Health & Social Care Partnership Complaints Summary 2016/17

Background Papers:	HSCP Board Report (August 2016): Strategic Plan 2016-19 HSCP Board Report (May 2016): West Dunbartonshire HSCP Annual Performance Report 2015/16 Guidance for Health and Social Care Integration Partnership Performance Reports: http://www.gov.scot/Publications/2016/03/4544
Wards Affected:	All

West Dunbartonshire
Health & Social Care Partnership

-

Annual Public Performance Report 2016/17

CONTENTS

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

This Annual Public Performance Report is available at www.wdhscp.org.uk and feedback is always welcomed.

Mr Soumen Sengupta

Head of Strategy, Planning & Health Improvement (WDHSCP)

The National Health and Social Care Standards reflect integrated health and care provision across Scotland and will be implemented in 2018. They are underpinned by five principles:

Dignity & Respect | **Compassion** | **Be Included** | **Responsive Care** | **Support & Wellbeing**

The national Health and Social Care Standards were published on 9th June 2017 and set out what we should expect when using health, social care or social work services in Scotland.

They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.
The Standards are based on five outcomes:

- **I experience high quality care and support that is right for me.**
- **I am fully involved in all decisions about my care and support.**
- **I have confidence in the people who support and care for me.**
- **I have confidence in the organisation providing my care and support.**
- **I experience a high quality environment if the organisation provides the premises.**

These Standards are very much welcomed by West Dunbartonshire Health and Social Care Partnership Board, as they reflect and reinforce our own established core values of:

- **Protection; Improvement; Efficiency; Transparency; Fairness; Collaboration; Respect; and Compassion.**

'A coherent shared vision was in place and modelled by a mature partnership.'

Care Inspectorate, 2017

1. INTRODUCTION

'Words cannot describe my grateful thanks to the Home Care Services and everyone involved with the ongoing support given to my husband during his long and progressive illness. I would never have been able to grant my husband his wish to remain at home without [their] overwhelming support. The professionalism, respect and dignity shown allowed my husband to remain the private and proud man he was.'

Feedback from Carer

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

This Annual Public Performance Report has been prepared as required by the Public Bodies (Joint Working) Act 2014 and concerns the period 1st April 2016 to 31st March 2017. Reflecting the Guidance for Health and Social Care Integration Partnership Performance Reports and shaped by our developing experience of integrated performance reporting, it demonstrates how the staff and services that constitute our HSCP continue to fulfil:

- **Our mission to improve the health and wellbeing of West Dunbartonshire.**
- **Our purpose to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.**

The Health and Social Care Partnership Board's second Strategic Plan for 2016-19 is informed by the strategic commissioning process advocated by Audit Scotland; and benefits from ongoing engagement with a full range of local stakeholders, including third sector and community groups. Our Strategic Plan reflects the Partnership Board's commitment to integration as community planning in practice, with its strategic commissioning outcomes articulated with respect to the three local Community Planning Single Outcome Agreement priorities that WDHSCP has a key leadership role in:

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

These high level priority areas are targeted through delivery of annual action plans detailing the collaborative actions of partners across our local Community Planning Partnership.

The activity and outcomes delivered within this Annual Public Performance Report underscores the commitment of the Partnership Board, the Senior Management Team and our staff as a whole to robust clinical and care governance. It has been prepared with the context of an ambitious and ongoing national review that has been considering how current health and care targets and indicators support the improvement of health, the future of the NHS and social care services, and best use of public resources in Scotland. It also reflects a number of themes within the Chief Medical Officer for Scotland's Annual Report: Realising Realistic Medicine (2017), which emphasises a more personalised approach to care and decision making through a vision for targeted and universal services.

All Scottish local authorities participate in comprehensive performance scrutiny through the Local Government Benchmarking Framework (LGBF). The LGBF and the Improvement Service's overview report includes ten indicators that lie within the responsibilities of the HSCP - consideration of these can add depth to a wider performance discussion. In addition, we are working towards a transparent and comprehensive understanding of the impact of what we spend on services, and on the lives of the people that we work with. The beginnings of this technical work is included here, with initial analysis of some key areas of delivery. This is inevitably a crude breakdown and work is being taken forward that captures in a more sophisticated fashion the cross cutting impact of budgeting and spend.

This is my last official report before retiring from my role of Chief Officer, and so I would like to express my appreciation to the highly capable and passionate Senior Management Team whose commitment I have always been able to depend upon and whose confidence I have benefited from; and, most importantly, all those staff and colleagues who continue to work so hard - with diligence and compassion - to deliver high quality services to individuals and communities throughout West Dunbartonshire.

Mr R Keith Redpath

Chief Officer (2015 - 2017)

2. SUPPORTING CHILDREN AND YOUNG PEOPLE

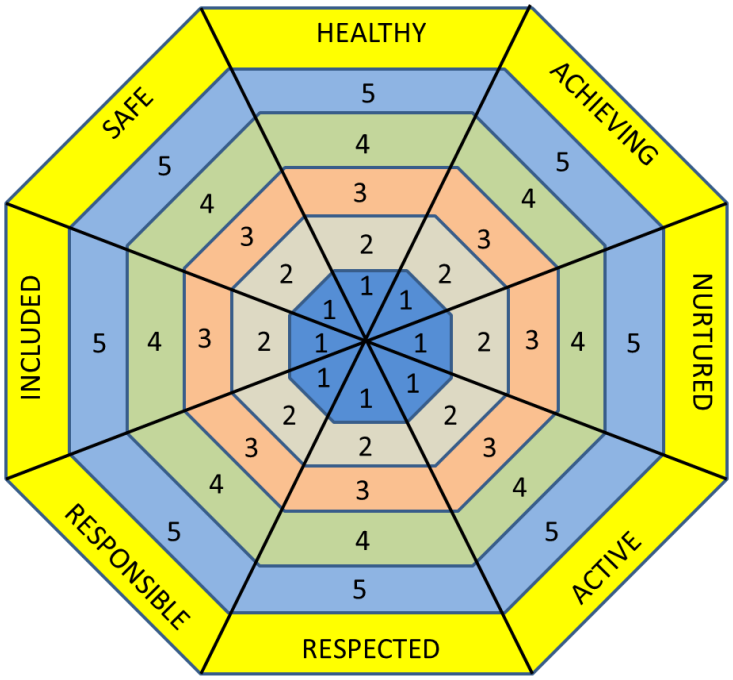
The key strategic aims for the Health and Social Care Partnership Board with respect to this commissioning priority are:

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

Getting it Right for Every Child

These priorities reflect the main principles of Getting it Right for Every Child (GIRFEC) and adhere to the Scottish Government's vision and aim of giving every child the best possible start in life. We have embedded GIRFEC into all aspects of children's services, across community and specialist health and social work and care services.

The development of the 'Focusing on Outcomes' pilot in our residential houses, based on the GIRFEC Wellbeing Wheel, helps young people, families and practitioners to recognise progress and improvements in outcomes, based on the 8 wellbeing indicators.



A Joint Inspection of services for children and young people in the West Dunbartonshire Community Planning Partnership area took place in 2016/17. This inspection looked at the difference our services are making to the lives of children, young people and families.

West Dunbartonshire has 'highly committed staff groups across the partnership who demonstrated clear ownership of the strategic vision for children, young people and families and felt clearly connected to improvement planning'.

Care Inspectorate, Joint Services for Children and Young People, February 2017

The results of the inspection were positive and identified:

- Services impacting positively on the lives of children, young people and families.
- A clear commitment to integration and collaboration
- Strong leaders delivering a clear vision
- A dynamic and responsive system of strategic governance
- Highly committed staff demonstrating ownership of our strategic vision for children, young people and families.

Our three areas for improvement have been taken forward through an Improvement Plan:

- Demonstrate the difference investments in early intervention and prevention are making for all children and young people through measurement of robust data and progress across strategic plans.
- Strengthen strategic plans in recognition of national policy directives on prevention of domestic abuse and local trends in use of kinship care.
- Achieve greater consistency in quality of assessments of risk and need and the formulation of plans to meet identified factors by ensuring that approaches to day-to-day quality assurance of operational practice are robust, systematic and deliver intended improvements.

'The strength of strategic approaches to targeting key universal health services had achieved some real gains within a very challenging context of high deprivation.'

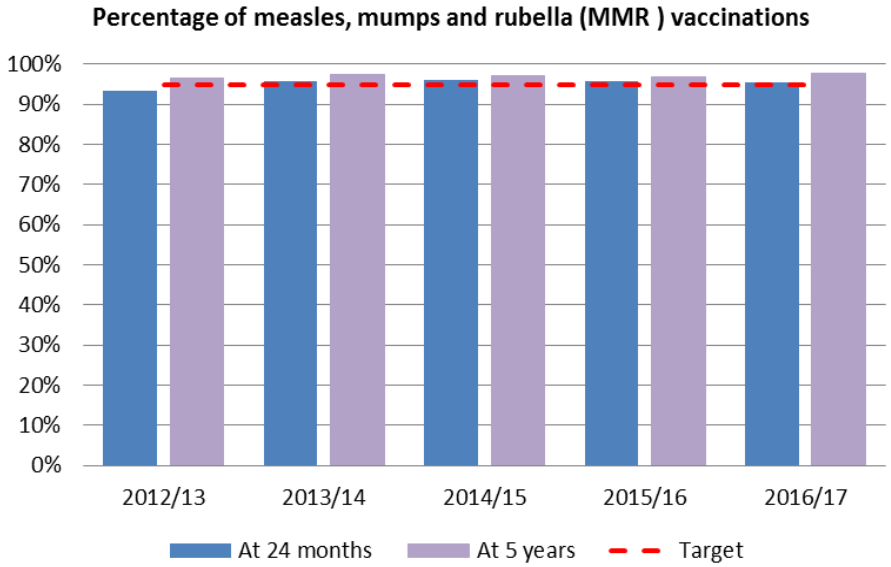
Care Inspectorate, Joint Services for Children and Young People, February 2017

Our commitment that '*all children will have the best possible start in life'* includes supporting families through pregnancy and early years, with health visiting pre-natal care and by providing intensive support to children and parents within the home and nursery settings.

The national Child Health Programme, promoting early child development and family wellbeing is a provision for all children in Scotland. A key milestone is that 85% of our children have reached all expected developmental milestones by their 27-30 month child health review, meaning that developmental delay is identified at an early stage.

71.7% of children were reviewed in 2015/16, with 89.9% reviews completed, showing a reduction of 4.5% from 2013/14. Whilst Health Visiting practice was unchanged, the method of recording and data extraction nationally had revised. It is anticipated that data for 2016/17, to be reported in February 2018, will show improvements in both these areas.

The measles, mumps, and rubella (MMR) vaccine protects children, and adults, from these diseases. Since the MMR was introduced, it is rare for children in Scotland to develop these serious conditions. Our health visiting team continues to work with local general practices to successfully promote and deliver childhood vaccinations. 95.6% of all children aged 24 months received an MMR vaccination in 2016/17, higher than the Scotland figure of 94%.



As required in the Children & Young People (Scotland) Act (2014), West Dunbartonshire has adopted the Named Person procedures that reflect current best practice in 2016/17.

All 18,726 children and young people in West Dunbartonshire had an identified "named person"

In implementing GIRFEC, we have continued to focus on preventing crisis and reducing risk for children and families through using timely assessment and the right support. This reflects our shared community planning objective to focus on early intervention and prevention in the lives of children, young people and their parents and/or carers. This includes supporting initiatives that meet all of the GIRFEC Well-being indicators.

Supporting Children's Health and Wellbeing

A two year tailored healthy weight programme is now complete, with our learning mainstreamed into core West Dunbartonshire Leisure programmes. Both WDHSCP and West Dunbartonshire Leisure provide a range of physical activity programmes and healthy eating initiatives for children and adults across all ages to support continued lifestyle change and sustain increased levels of physical activity at home.

Some pregnant women and new mums who are vulnerable through, for example, teenage pregnancy, mental health, learning disability or domestic abuse, need additional help with maintaining healthy pregnancy and to care for children born with a high level of risk. The Special Needs in Pregnancy Service (SNIPS) supports vulnerable pregnant women and their partners so that they and their child are safe and healthy.

Special Needs in Pregnancy Service

Babies at risk are safeguarded with the health and wellbeing of each child and parent being assessed and addressed. SNIPS promote early sharing of information and early collaboration with parents and family members to ensure the best outcomes for their children. SNIPS has developed robust and transparent working relationships with colleagues in Police and voluntary organisations. This early intervention approach ensures that children, who require complex care planning, receive this quickly and effectively. Parenting Capacity assessments begin pre-birth, with multi agency early intervention identifying pregnancies where the threshold of risk indicates that either the unborn or new born child may require child protection measures.

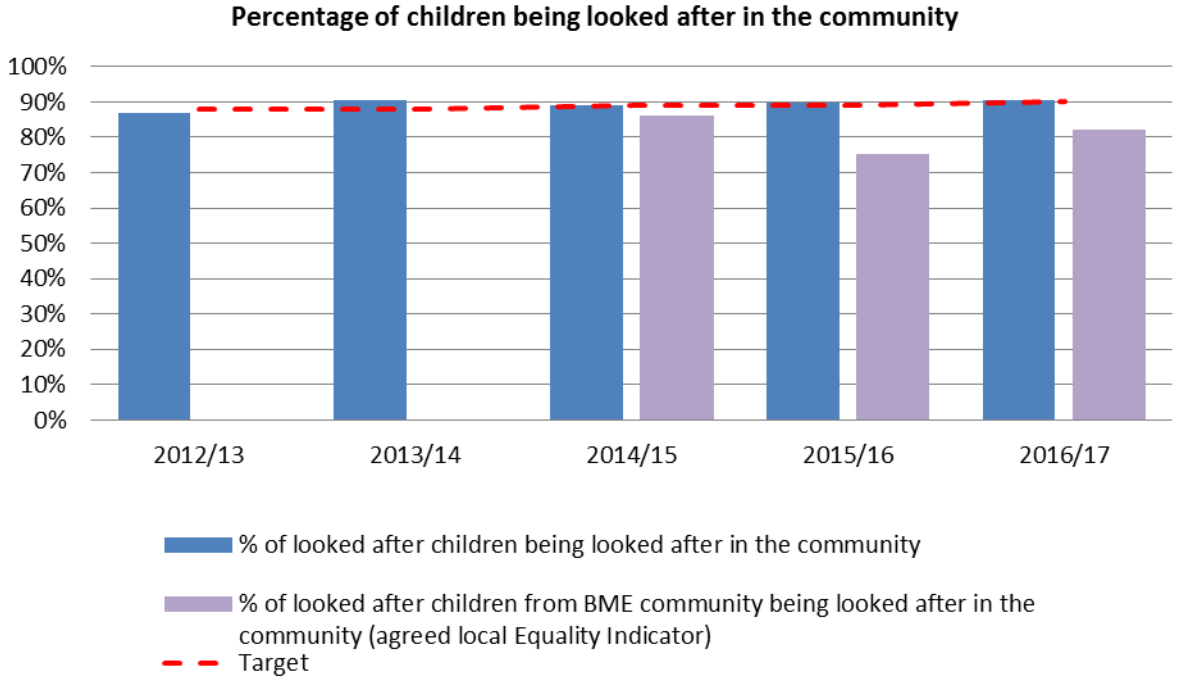
The success of the SNIPS team comes from its multi-disciplinary approach which provides a robust assessment and review of need and risk and supports a healthy pregnancy and better outcomes for children and their families. The valuable work of the SNIPS team enhances the life chances of the most vulnerable children born in West Dunbartonshire and provides a foundation for these children to have the best possible start in life.

Looked After Children's Services

We support children to continue to live at home wherever possible. By providing support to children and families, problems can often be resolved without the need to separate them from their family. We strive to increase the proportion of children and young people who are looked after in the community. This key priority requires effective early intervention, prevention and providing families with the right support they need, when they need it.

As shown below, this has increased from 87% in 2012/13 to 90.4% in 2016/17. These figures are revised annually to reflect the Scottish Government's Children's Social Work Statistics publication which reports the academic rather than financial year.

At the end of March 2017, 384 of the 425 looked after children were being looked after in the community.



82% of looked after children who are from a black ethnic minority (BME) community were looked after in the community at the end of March 2017. Although this is lower than the overall figure, the numbers involved are very small, meaning the percentage fluctuates more significantly.

We recognise that some of our most vulnerable children and young people do need to be cared for away from home. WDHSCP's Looked After and Accommodated Children (LAAC) service strives to improve the lives of these children and young people, providing a nurturing and loving environment. We have continued to see positive results across our regulatory services inspections, awards applications and self-evaluation for our looked after and accommodated services.

Burnside Children's House was awarded the Scottish Institute for Residential Child Care (SIRCC)'s **Residential Child Care Team of the Year Award 2016.**

'Innovative, sector leading practice.'

'Staff are amazing they really care for us.'

WDHSCP Looked After Children's Team were finalists in Scottish **Association of Social Work** (SASW) **Team of the Year Award** 2016

Our young people are very positive about the development of our Corporate Parenting Champions Board with representation from some young people, Council Officers and key partners who have Corporate Parenting responsibilities. This builds on current forums that engage care experienced young people and aims to ensure that our Corporate Parents and young people are fully engaged in improving lives, with the voice of our care experienced children and young people at the centre.

'Young people, including the most vulnerable, were meaningfully involved in influencing policy and service development.'

Care Inspectorate Joint Services for Children and Young People, February 2017

Burnside Children's House

When D moved into Burnside Children's House in Spring 2015, it was a big change for him in adapting to a new home, staff and children. Staff from his previous residential house also moved to Burnside, which made his transition easier, including his keyworker who he has a positive relationship with. This caring, consistent approach, providing D with the information to make informed decisions, has worked well for him.

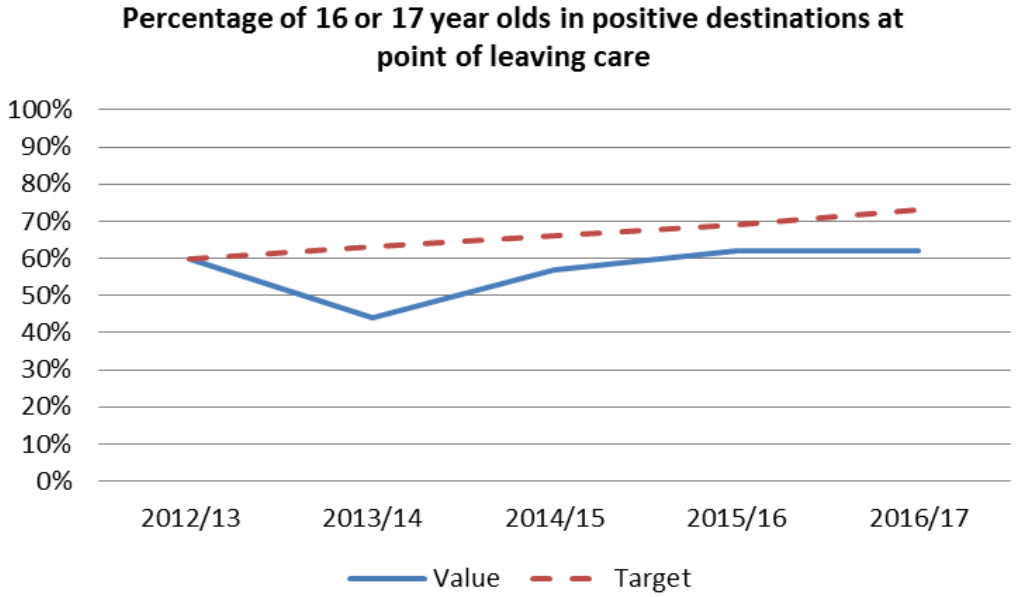
D was keen to attend a work placement course and Burnside staff, his school and fieldwork social worker, together with Skillseekers, supported him towards this aim. Despite initial difficulties, he was encouraged to keep trying and found a placement as a green keeper in a local sports ground. This is an outstanding achievement for a young person who did not attend school for almost a year. D has grown in confidence within his work placement and within Burnside House with staff supporting and guiding him through his journey. He interacts maturely within the house and sets a good role model for the other young people.

The HSCP's Looked After and Accommodated Children (LAAC) Team strive to improve the lives of some of our most vulnerable children and young people who are unable to live at home with their families. The service includes three Children's Houses, Permanence and Foster Care teams, Throughcare and Aftercare provision and an Alternative to Care service. As individual teams, and a whole service, they strive to be sector leading, to maintain a culture with the needs/voices of each individual child at the centre.

When the children from Burnside Children's House nominated their staff team, who then won SIRCC's national Residential Child Care Team of the Year award 2016, it showed a real commitment from staff to create a homely and warm atmosphere, as reflected in the statements of the young people and visitors to the houses. Staff believe 'our young people come first and we ensure that they are at the heart of everything that we do'. There is a feeling that 'we are all in it together' and this ethos creates the positivity that supports the LAAC team in West Dunbartonshire.

Our Throughcare and Aftercare team's Adult Placement Service was awarded gradings of 6 (Excellent) by the Care Inspectorate in February 2017 for Quality of Care and Support and Quality of Staffing. The inspectors noted that:

- The needs of young people were reliably and comfortably met through joint working approaches
- Young people were supported exceptionally well
- Key strength of the service was collaboration with partners to ensure effective outcomes for young people
- Much improved links with our local mental health provision



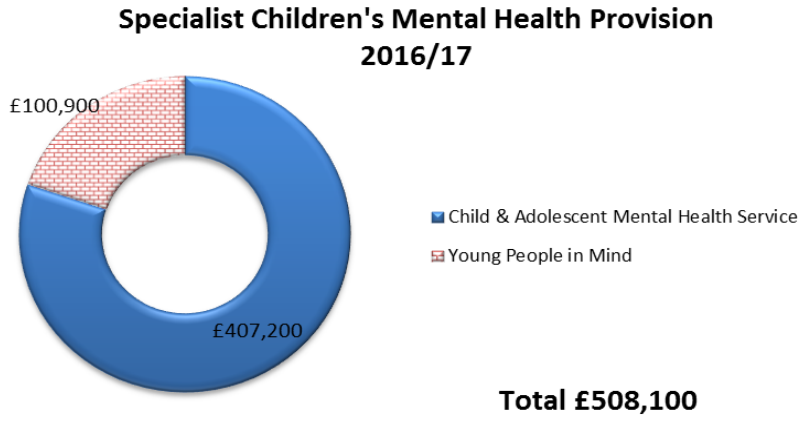
The Scottish Care Leavers Covenant is a commitment to young people who have experience of the care system that they matter. At our annual Corporate Parenting Event, in 2017, West Dunbartonshire committed to the Covenant, focusing on the long-term wellbeing needs of care leavers.

Thirteen young people left care during 2016/17; and of these 62% entered further/higher education, training or employment at the point of leaving care. This matches our performance in 2015/16 and shows sustained improvement on the 2013/14 figure of 44% – however, again, the relatively small numbers of young people involved mean that the percentage performance can easily fluctuate from one year to the next.

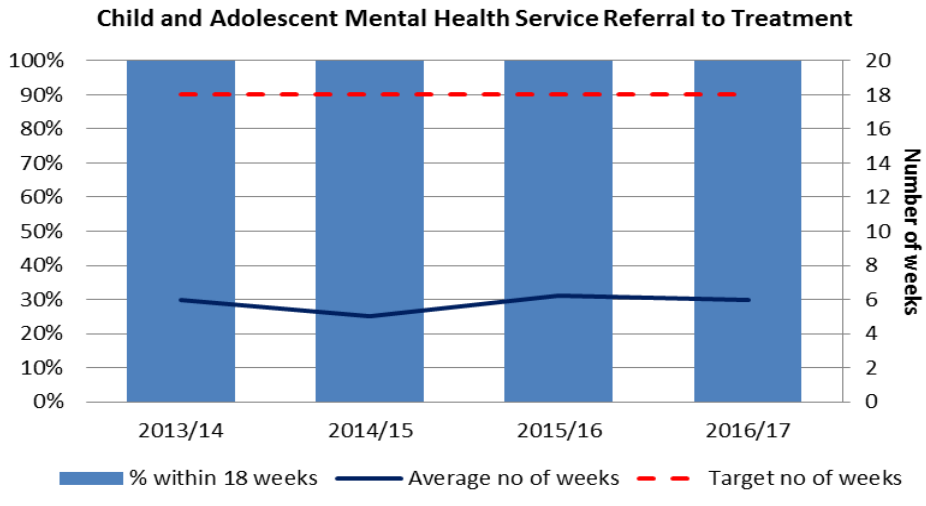
Specialist Children's Health

Scottish Government's Health and Social Care Delivery Plan, reinforces the equal importance of mental and physical health. Supporting care experienced and vulnerable children and young people in physical and mental health, WDHSCP continues to develop a strong multi-agency approach to supporting children with mental health and emotional wellbeing issues. Robust and early planning systems have been implemented to support transitions from children's services to specialist adult services.

Around 10% of children and young people have a clinically diagnosable mental health problem. These can disproportionately affect children from lower income households and areas of deprivation. Child and Adolescent Mental Health Services (CAMHS) embrace the range of services that contribute to the mental healthcare of children and young people, and their families and carers. In 2016/17, £407,200 was spent on CAMHS provision, with 381 new referrals during the year, in addition to ongoing support to those already engaged.



Timescales from referral to treatment for CAMHS have consistently been well below the target time of 18 weeks: the 381 children and young people referred during 2016/17 received treatment within an average of 6 weeks.



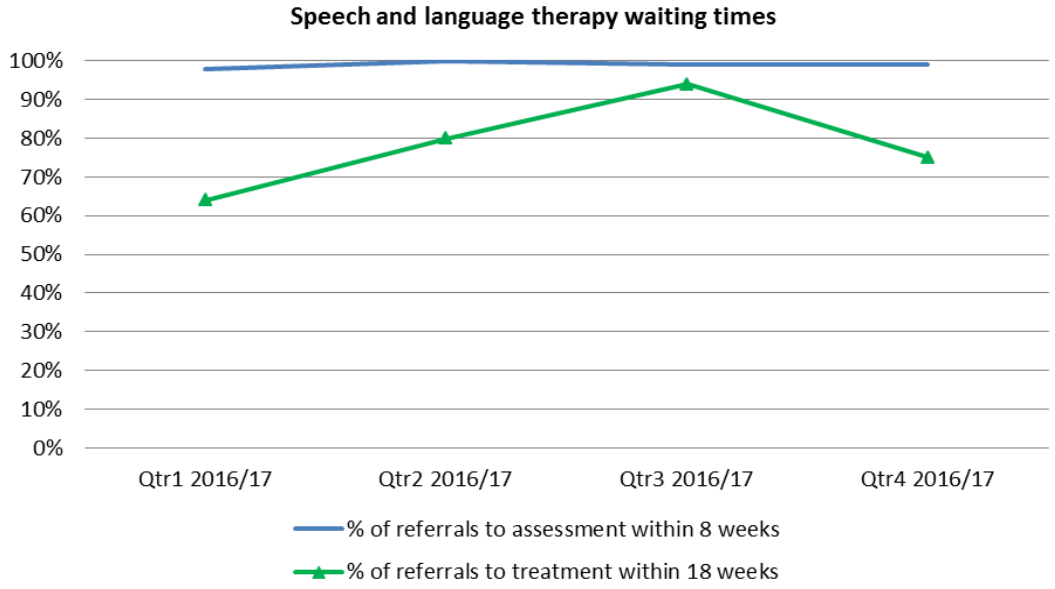
Young People in Mind, a specialist mental health resource for our care experienced young people, continues to successfully support care leavers and young vulnerable adults, recognising the long term value of support in early adulthood. Young People in Mind reflects approximately 20% of the children's specialist mental health provision for WDHSCP, being £100,900 in 2016/17 and supports some of our most vulnerable children and young adults.

Our Speech and Language services provided training to upskill parents, built on a similar successful model to train staff in our early years, school and looked after children's services settings. This has achieved positive results, with parents telling our Speech and Language services that they are now better able to support their children.

'We have found the techniques and strategies learned to have real value for helping our son progress with his language and difficulties he faces. Thanks again.'

'We are now equipped with the tools to help build on my son's communication.'

The WDHSCP Speech and Language Therapy Service for children and young people continues to successfully complete triage processes within target timescales.



It is important to respond timeously to concerns regarding communication and developmental delay. In 2016/17, 99% of children received completed triage within 8 weeks and 75% of children and young people began treatment within the 18 week target.

WDHSCP Paediatric Speech and Language Therapy Team was commended at the WDC Staff Recognition Awards 2017 for **Team of the Year.**

3. SUPPORTING OLDER PEOPLE

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

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

WDHSCP leads on the strategic priority of Supporting Older People across Community Planning Partners, primarily through the vehicle of the local Integrated Care Fund Plan (ICF) which reflects our commitment to avoiding unnecessary hospital admissions and supporting people to live as independently as possible and safely within a homely setting for as long as possible.

To achieve this we work with communities to build community capacity. This means working together to avoid unnecessary admissions to, and delay in discharge from, hospital through strong partnerships of statutory, third and independent sector providers of health and social care provision in the community.

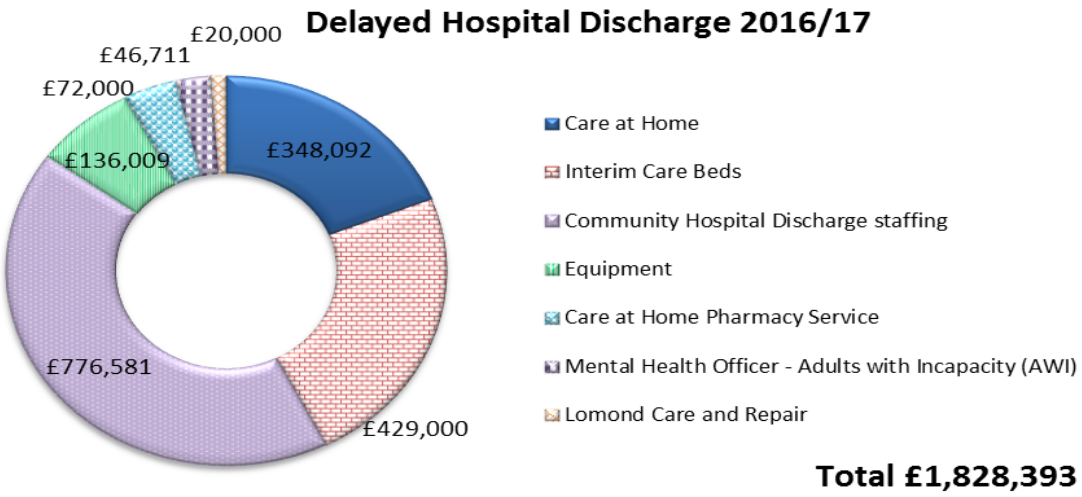
West Dunbartonshire's Social and Economic Profile 2017 shows that we have seen relatively large increases in our share of the 20% most deprived data zones in Scotland, showing the biggest increase in relative deprivation from 2012. Our Strategic Needs Assessment reflects that we have high levels of people with long term and complex conditions, often linked to the history of heavy industry in the area, with related diseases affecting people at a relatively young age. Because of this, our commitment to work together in shifting the balance of where care and support is delivered to people from hospital to community settings and people's homes is essential; supporting a whole population approach to improved health and wellbeing.

'Partners evidenced a clear commitment to integration and collaborative working.'

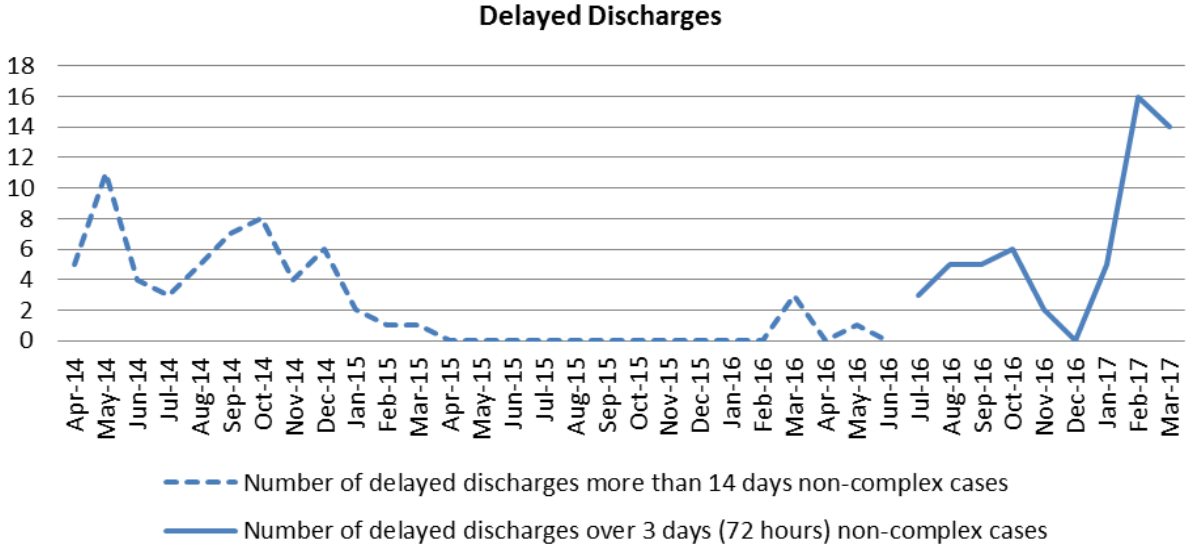
Care Inspectorate , 2017

Supporting Timely Hospital Discharge and Avoiding Unnecessary Hospital Admission

When people leave hospital they often need support or care, sometimes for a short time. Our award winning integrated Community Hospital Discharge Team works with patients and carers in planning their discharge from the point of admission to hospital. Our Hospital Discharge Liaison Workers are based in hospital wards, supporting a smooth transition between acute and community services, providing planned discharge from hospital at the point a person is medically fit to return home. This can often involve a number of WDHSCP and partner services.



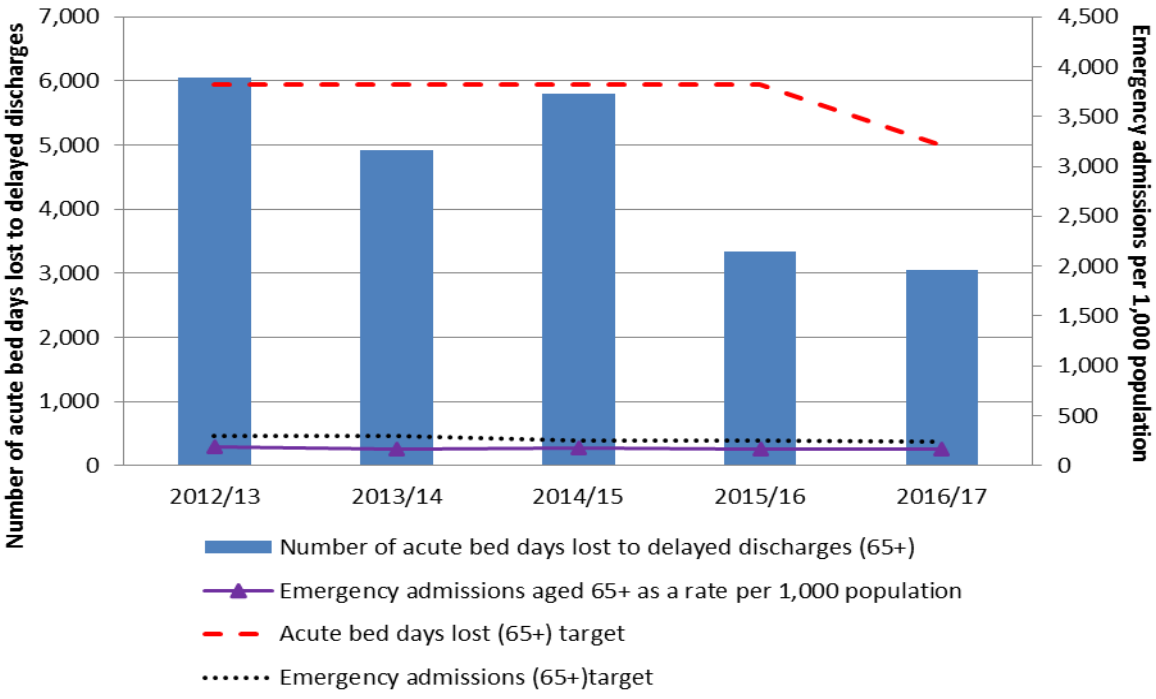
A complex array of factors can affect appropriate and timely discharge, including home care, medicines review, suitable accommodation and clinical support. The illustration below is indicative of the crosscutting financial commitment required to meet this aim. An indicative total of £1,828,393 is identified as aligned to supporting delayed hospital discharge in 2016/17. This has supported the positive long term trend of significantly reduced delay for people in our community being discharged.



From 1st July 2016 targets for delayed discharge and methods of calculating delays were revised by the Scottish Government. The chart above displays performance against both the 14 day target and the new 72 hour target. Performance against the 72 hour target declined in February and March 2017 due to an increase in demand combined with a temporary decrease in capacity. However, the number of patients whose discharges were delayed beyond 3 days reduced back down to 5 in April 2017.

Sustained results in hospital discharge outcomes have been achieved through the impact of service redesign, responsive and developing practice across WDHSCP teams and their influence in supporting change within hospital ward settings.

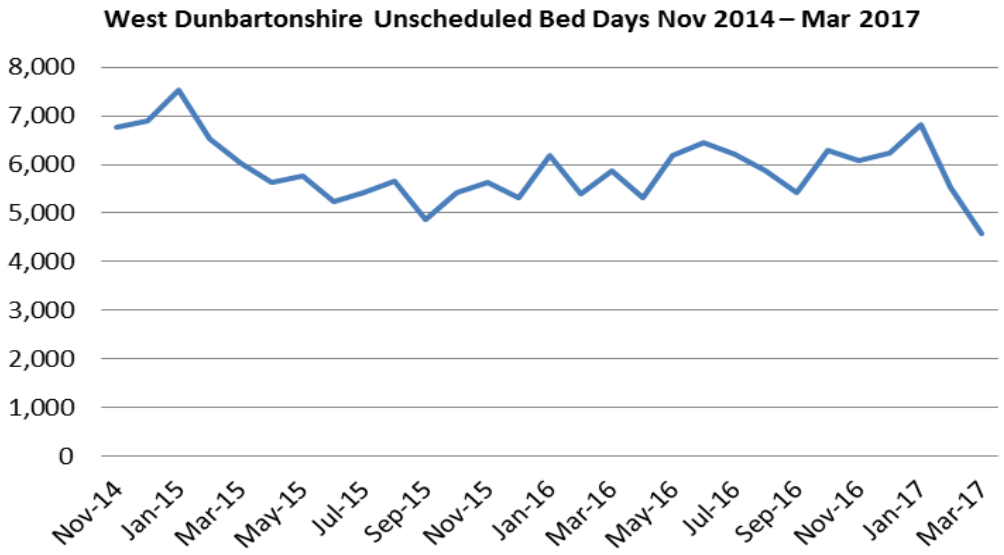
By focusing on timely and appropriate hospital discharge the number of acute bed days lost to delayed discharge for West Dunbartonshire residents has reduced by 47% from 5,802 in 2014/15 to 3,047 in 2016/17.



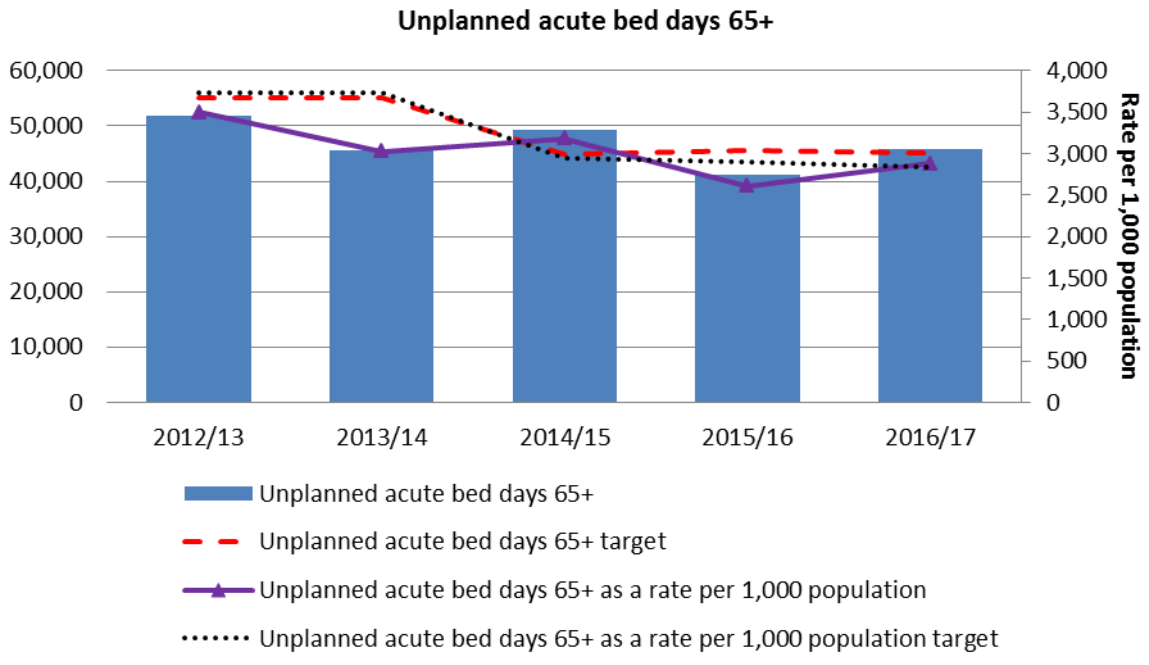
WDHSCP's Community Hospital Discharge Team was a **finalist** at the 2016 Scottish Health Awards.

Reducing Unscheduled Care

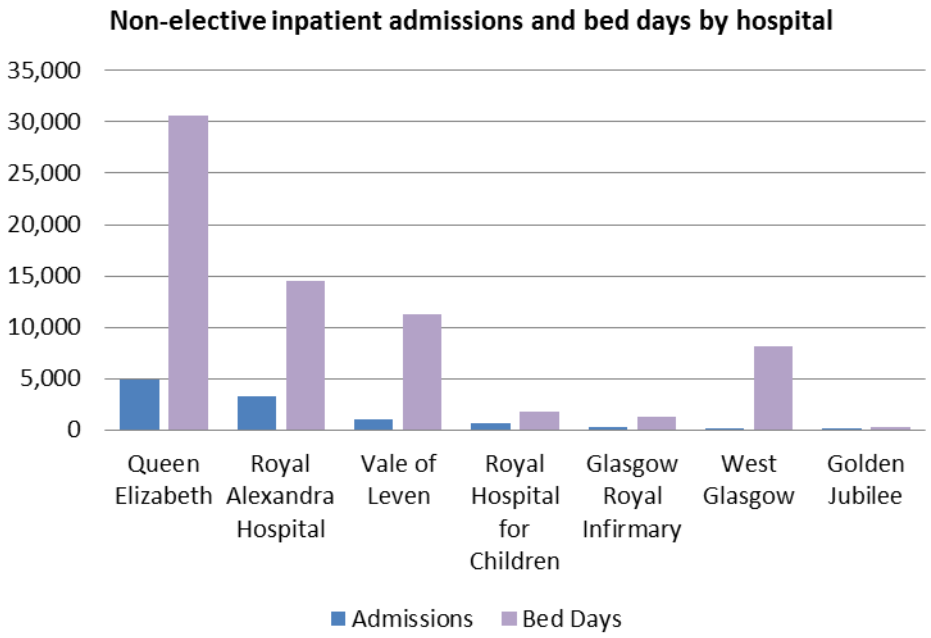
Unscheduled care is the unplanned treatment or care of a person usually as a result of an emergency or urgent event. This usually means a person presenting at Accident and Emergency services and can result in their being admitted to hospital. This can be due to a fall, illness or otherwise being unwell. Our out of hours support in the community is increasingly used.



While the number of unplanned acute bed days for people aged 65 and over in 2016/17 has increased on the previous year, the overall trend is positive with a reduction of 11% between 2012/13 and 2016/17.



Improving unscheduled care is a shared priority for the Partnership Board, its neighbouring Integration Joint Boards, NHS Greater Glasgow and Clyde and the Scottish Government. This reflects the challenges presented by the 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.

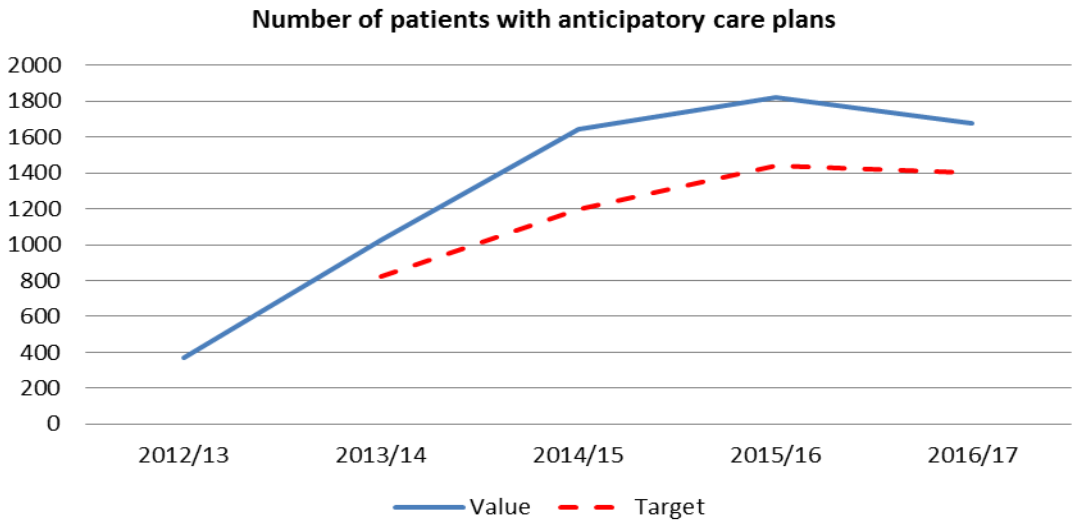


In 2016/17, Queen Elizabeth Hospital accounted for the highest proportion of non-elective hospital activity: accounting for 46% of all admissions and 56% of all bed days used by West Dunbartonshire residents. Royal Alexandra Hospital accounted for 32% of admissions and 26% of bed days and Vale of Leven Hospital accounted for 10% of admissions and 11% of the total bed days. Of these 3 hospitals, the Queen Elizabeth had the highest average length of stay at 8.1 days. Average stay in the Vale of Leven was 7.2 days and in the Royal Alexandra Hospital, 5.7 days.

Critical to addressing these pressures then has been 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 that end, during 2016/17 the Partnership Board approved its commissioning objectives to improve unscheduled care for residents of West Dunbartonshire. At the heart of these comprehensive commissioning intentions is a commitment to invest, redesign and deliver an effective infrastructure of community services.

The anticipatory care plan (ACP) is a summary of 'thinking ahead' discussions between the service users, those close to them and the practitioner. By effective anticipatory care planning with our most vulnerable individuals; we have been able to provide for people their preferred supports where and when appropriate alongside available locally managed nurse led in-patient beds. We have increased our capacity through introducing additional specialist anticipatory care planning nurses in WDHSCP, with a focus on planning for high risk individuals and ongoing review of ACPs in order to maintain or improve individuals' independence and prevent their circumstances deteriorating.

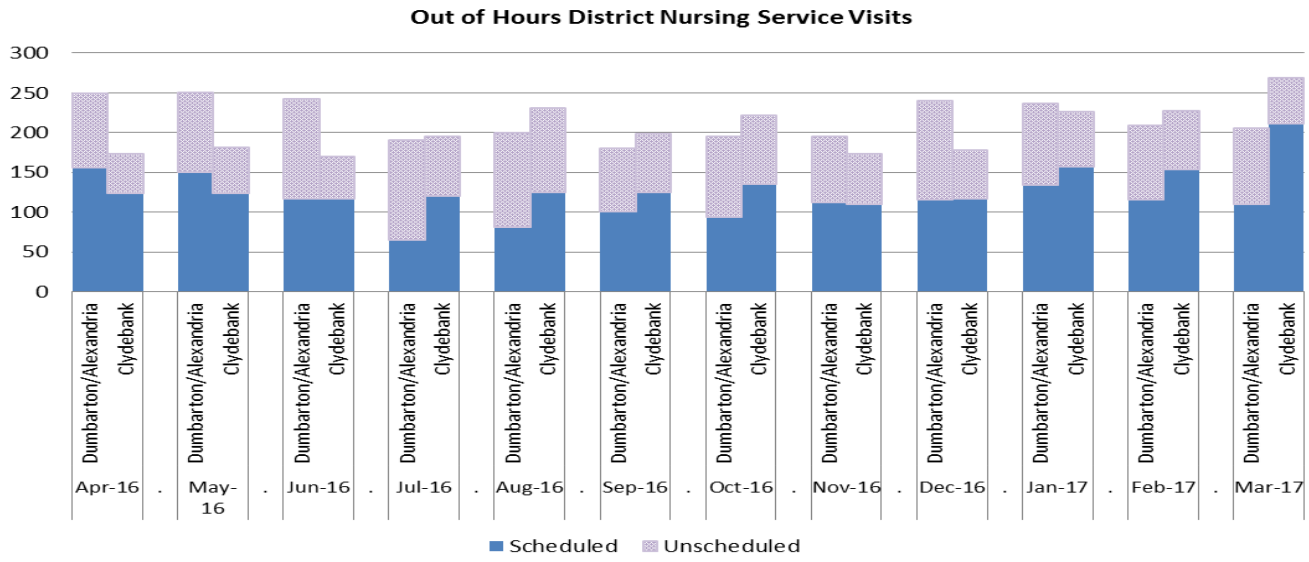
Our target for 2016/17 was to sustain the high level of 1,400 people with anticipatory care plans. We have successfully achieved 1,678 and are continuing to identify and review vulnerable people through increased capability to provide and review ACPs and support to General Practice, specifically targeting people with high level needs.



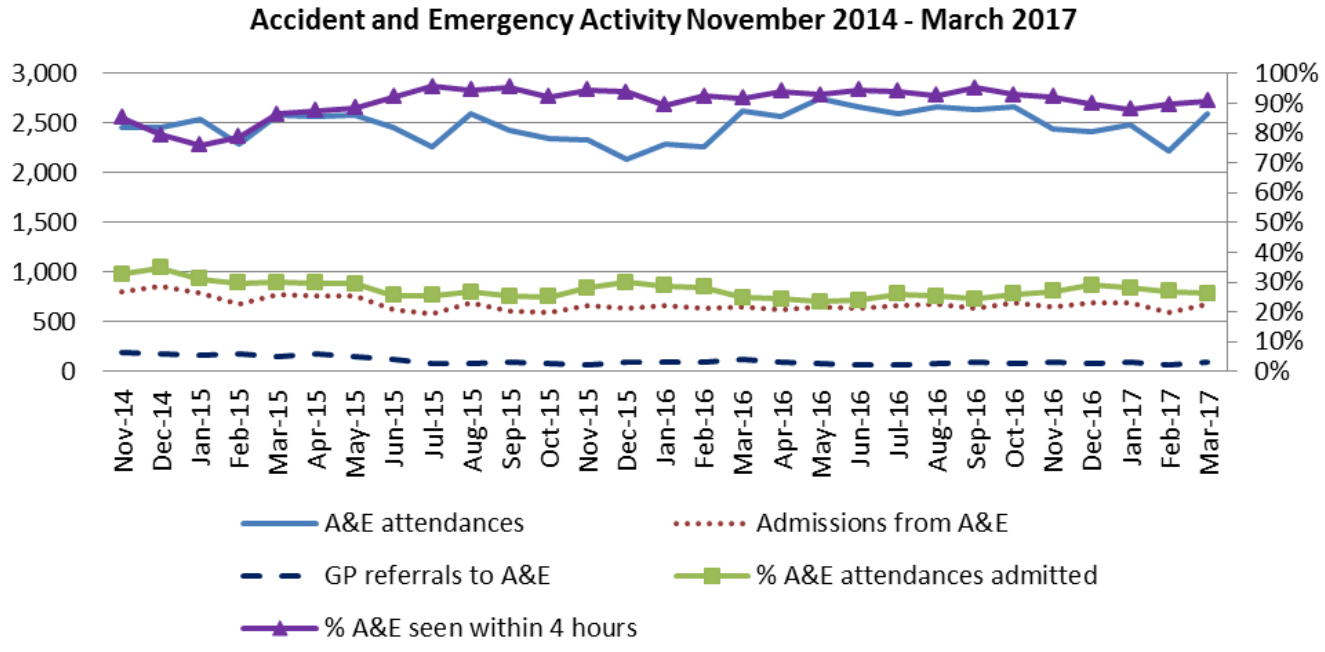
Of those people aged 65 years and over who had been admitted to hospital as an emergency twice or more in the year, 71% had been assessed for services and supported by WDHSCP.

Our commitment to providing community out of hours provision helps prevent inappropriate hospital admissions and uses anticipatory care plans to provide people with their preferred supports where appropriate. WDHSCP District Nursing and Care at Home services link directly to out of hours GP services and all our local authority and private sector care homes.

The chart below illustrates Out of Hours District Nursing Service activity during 2016/17 across our two Localities. We have increased the available out of hours provision; including care at home, respite and district nursing services. This has resulted in a reduction in unnecessary hospital admissions. In total there were 5,042 visits, 2,596 in Dumbarton/ Alexandria and 2,446 in Clydebank: 41% of these were unscheduled, highlighting the responsive nature of the service.

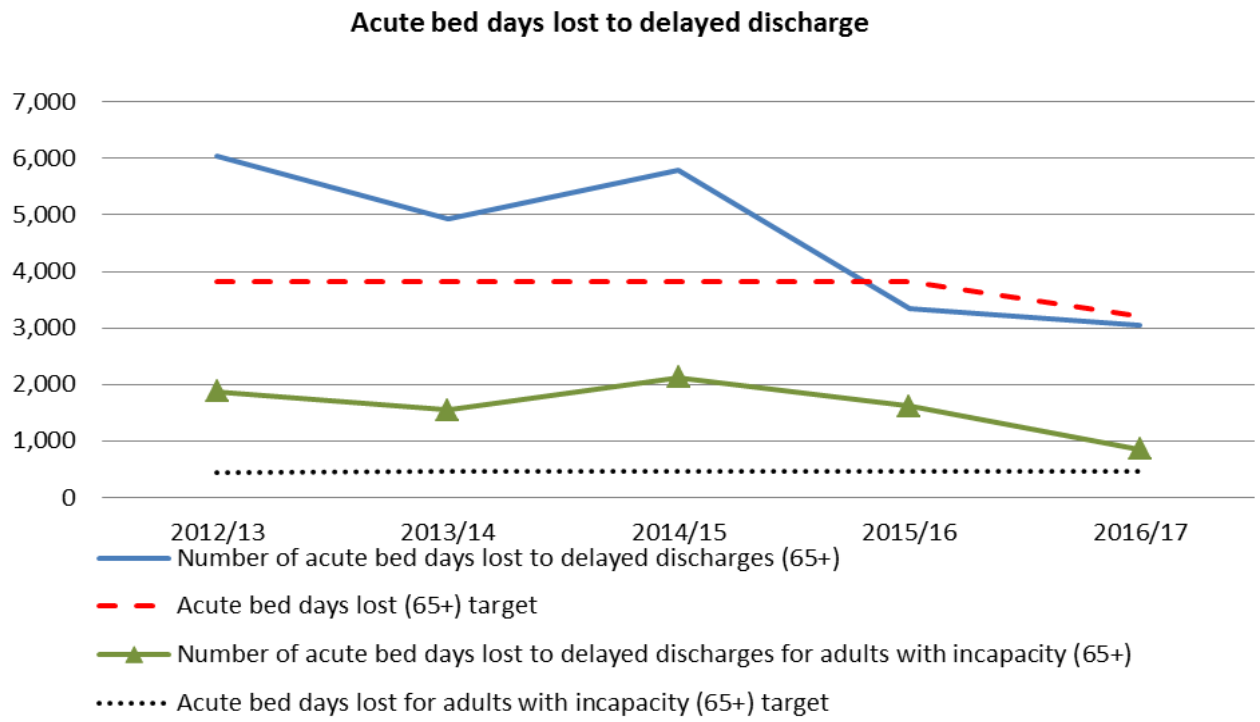


In addition, provisional data from Information Services Division for the number of attendances at Accident and Emergency Departments shows a decreasing trend in the long term, despite a slight increase within 2016/17.



Supporting Adults with Incapacity

Almost a third of the acute bed days lost to delayed discharge in 2016/17 relate to Adults with Incapacity (AWI). Hospital discharge for patients who lack capacity can be lengthy and complicated, and can sometimes lead to extended delays.

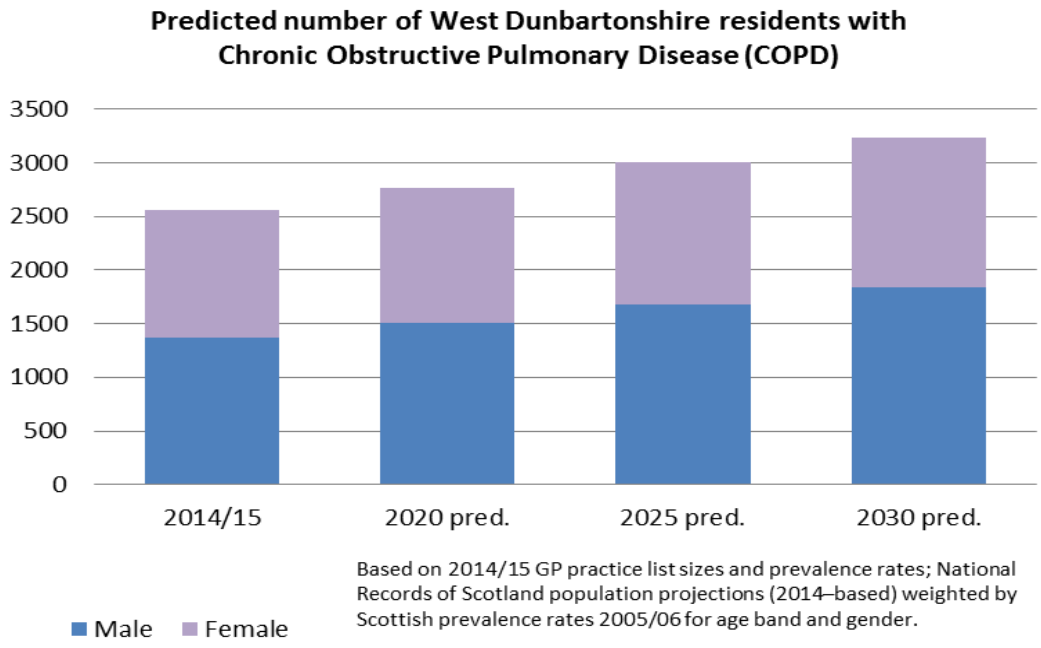


However, we have substantially reduced the bed days lost to AWI by 55% between 2012/13 and 2016/17. This has been achieved through increasing capacity in our Mental Health Officer (MHO) service by increasing provision to support Adult with Incapacity and Guardianship processes, thus working to reduce delay in the most complex cases.

Responding to Chronic Obstructive Pulmonary Disease Prevalence

Our Strategic Needs Assessment identified an increasing number of people with Chronic Obstructive Pulmonary Disease (COPD) in West Dunbartonshire, identified as a result of a history of heavy industry and poor health linked to a range of long term conditions in the area.

Below are crude predictions for the number of people with COPD. In line with this the number of people with COPD is projected to rise by 26% from 2,557 to 3,229 between 2014/15 and 2030.



In 2016/17 there were 510 hospital admissions where COPD was the primary reason for admission and this equated to 4,148 of the bed days used by West Dunbartonshire residents.

510 hospital admissions = 4,148 bed days

Our COPD nursing service, managed within WDHSCP district nursing, provides training, advice and support to Care at Home and Care Home staff within care homes. This provides staff with the skills and confidence to support their service users to live as independently as possible in their home/homely setting. In recognising that some of our most vulnerable members of the community may not readily seek out services, we are targeting non-engaging service users.

Supporting Positive Medicines Management

Delivering a truly integrated community health and care service we have continued to demonstrate success working with all of West Dunbartonshire's GP practices within our two locality areas of Alexandria and Dumbarton; and Clydebank. All of the GP practices participated in the Medicines Management Local Enhanced Service (Repeat Prescribing); and WDHSCP's Prescribing Team continued to work with local GPs to support compliance with the Formulary Preferred List, with 80.2% compliance as at March 2017.

1,048 people received support from the Care at Home Pharmacy Service (CAPS) during 2016/17.

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.

Care at Home Pharmacy Service

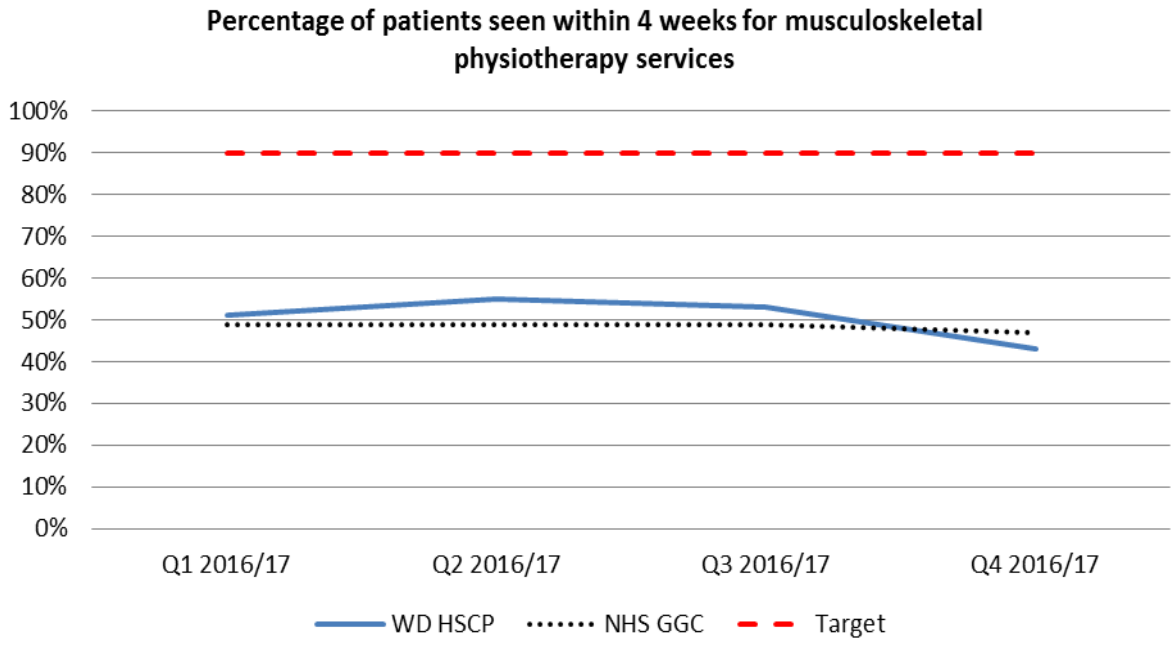
West Dunbartonshire Health and Social Care Partnership's Care at Home Pharmacy Service (CAPS) provides targeted pharmaceutical interventions to people recently discharged from hospital and receiving Care at Home Services. The CAPS service supports people and carers to manage their medicines, offering support in the home to avoid admissions and re-admissions to, and supporting discharge from, hospital. Working alongside other HSCP services, it delivers a dedicated service to improve compliance with medicines and support vulnerable older people in our community, visiting them in their homes to ensure that they have the right medicines and helping them take the right dosage at the right time.

When Mr. P was discharged from hospital he was visited by a Care at Home Pharmacy technician to ensure he was managing a complex set of medication effectively and safely. Mr. P was already using a compliance aid and the pharmacy technician went through his medicines with Mr. P and agreed that he managed well. Where Mr. P no longer required medication prescribed in hospital, or did not want to continue taking it, the pharmacy technician passed the request for review directly onto the GP practice. The service does not just help people to manage their prescribed medicines; they arranged a replacement for a broken nebuliser for Mr. P and contacted the WDHSCP smoking advisor for Nicotine Replacement Therapy with ongoing support. After a CAPS referral, the Fire Safety team also prioritised visiting Mr. P for a home safety check.

Musculoskeletal Physiotherapy (MSK)

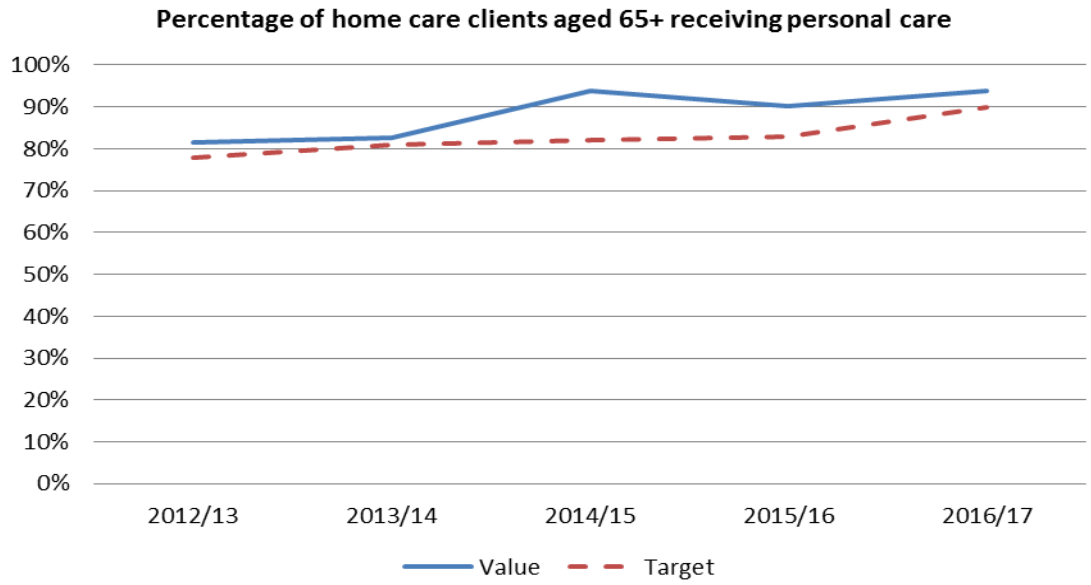
WDHSCP hosts the Musculoskeletal (MSK) Physiotherapy Service for the Greater Glasgow and Clyde area. WDHSCP has led a NHSGGC-wide change process to support the delivery of improved waiting times for MSK Physiotherapy – and this remains challenging given rising demands. Target timescales were reduced nationally from 90% of patients seen within 9 weeks to 90% within 4 weeks from 1st April 2016.

In 2016/17 there were 6,771 referrals to the MSK Physiotherapy services provided within West Dunbartonshire service, with 4,591 new patient appointments; and 12,285 return appointments. Waiting times for a routine appointment continue to rise as demand exceeds capacity but, on average, 50% of patients are seen within 4 weeks of referral.



Care at Home: Support to Live at Home

For many older people Care at Home provision is a crucial service that supports them to continue to live at home. WDHSCP is ranked first in Scotland for the proportion of adults receiving any care or support who rated it as excellent or good in 2015/16 at 88%. The Scottish national figure has decreased from 84% in 2014/15 to 81% in 2015/16.



With increasing levels of personal care we are continuing to target services towards those with high level needs, in order to maintain or improve their independence. People with high level needs often require visits of two or more carers to provide support.

By prioritising those with high level needs the Care at Home service can maintain or improve individuals' ability to avoid unnecessary hospital admission, return to a homely setting, support independence; and where possible prevent their circumstances deteriorating.

In 2016/17 WDHSCP provided 9,206 carer hours per week to people aged 65 and over and 10,640 carer hours per week to people of all ages.

Our Care at Home Service was awarded the **Scottish Association of Social Work (SASW) Award 2017** for their 'best example of collaboration in an integrated setting'.

Our annual survey of people who use WDHSCP Care at Home provision continues to indicate a high satisfaction rate with the service. In 2016/17:

- 97% of clients agreed or strongly agreed that the Care at Home service made them feel safer in their home.
- 98% of clients stated that their contact with Home Carers has improved their quality of life.
- 99% of clients agreed or strongly agreed that their Home Carers treated them with dignity and respect.

Telecare

The number of people receiving a Telecare service has increased by 8.8% since 2012/2013 to 2,394 in March 2017.

Our provision of Telecare has become an integral part of our care packages to allow people to remain at home and to provide support to carers. The development of our Technology Enabled Care (TEC) demonstrator flat within a sheltered housing complex provides staff, services users and carers with an opportunity to see TEC equipment in action, promoting use of TEC in self-management, focusing on person-centered and community delivered care.

'Most people were extremely or very satisfied with the care they received.'

Care Inspectorate, 2017

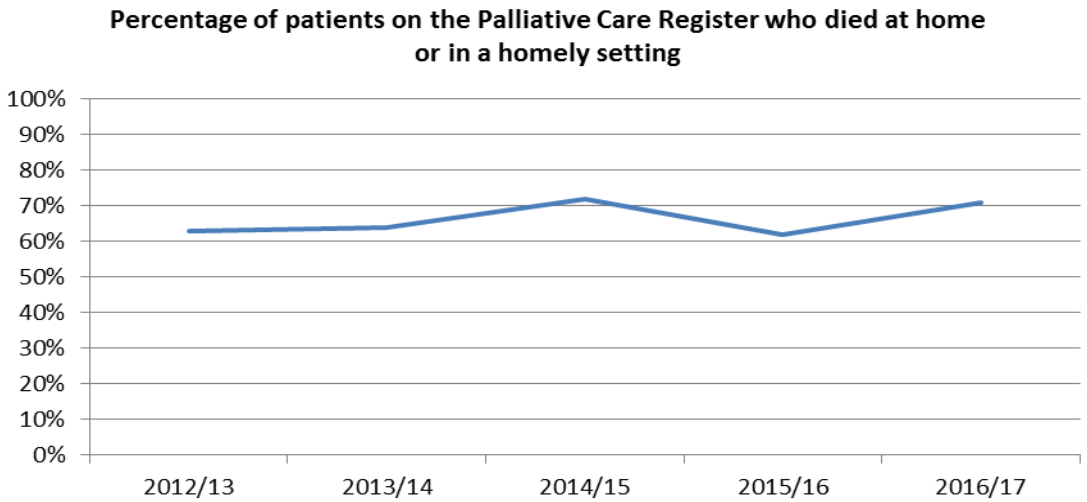
Telehealth and care assists and supports vulnerable people living at home to maintain independence in the community with protection, reassurance and peace of mind that support is on hand. Sensors automatically signal any required response to an emergency or crisis and WDHSCP telecare is innovative in providing a mobile worker response, where in many other areas, family and friends are relied on. Wide ranging provision such as work with local epilepsy groups, supported by the wide range of sensor and alarm equipment, mean that tailored packages to meet an individual's needs can be introduced.

Our Care at Home staff continue to support clients, through reablement, to re-learn the skills necessary for daily living and improve levels of independence. This reduces the likelihood of being readmitted to hospital and increases the person's confidence and skill in independent living. During 2016/17:

- 610 people received a reablement service.
- 66% of people who received a reablement package reached their agreed personal outcomes and re-learned the skills necessary for daily living and improved their levels of independence. As part of our equalities monitoring, 65% of men and 67% of women who received an intervention reached their outcomes.

'Thank you for all your care of Mum and Dad. It really helped us to look after our parents at home and during a particularly intense time of palliative care for mum. You are all brilliant!'

Many people want the choice to die at home, where they feel safe and comfortable. The local integrated palliative care services have been able to care for the increasing number of people with complex long term conditions and those at the end of their life, giving residents the choice of being supported in the place most appropriate to them when it comes to the end of their life. All of our patients with palliative and end of life care needs have an anticipatory care plan and electronic palliative care summary completed within EMIS. In 2016/17, 71% of people on the Palliative Care Register were supported to die at home. 22% of cancer deaths and 39% of non-cancer deaths occurred in hospital.



Care Homes: Living in a Homely Setting

Where people live has an enormous impact on their health and wellbeing - and their ability to manage their condition(s); and feel safe and confident within a homely setting. We have continued to work closely with colleagues within the Care Inspectorate to deliver high quality standards within all of our older people's residential care homes, achieving mainly 4 and 5s within inspections throughout 2016/17. Along with a number of older people residential and day care services, our Care at Home Services, Sheltered Housing and Community Alarm services achieved grades of 5 (Very Good) in Care Inspectorate regulatory inspections, all receiving positive reports regarding outcomes.

As part of our vision we are replacing the Council's older people's care homes and day care with buildings that provide service users, their relatives and our staff with a modern living and working environment which enables better person-centered care within more eco-friendly facilities and transforming the residential care we provide for older people.

Crosslet House

Crosslet House is a new purpose built care home in Dumbarton that aims to transform the lives of its residents and their families, providing a well-staffed and equipped 'Home for Life' for our residents with access to a range of health and care services for our day care users, including therapeutic and rehabilitative facilities as well as social and recreational activities.

Planning permission has been granted for a second care home and day care centre at Queens Quay, Clydebank by West Dunbartonshire Council.

During 2016/17 we have continued to expand My Home Life across both statutory and independent provision. One cohort of training for Care Home staff, from both WDHSCP services and the independent sector has further embedded My Home Life in care home provision. Reflecting its success the training has been expanded to Care at Home staff.

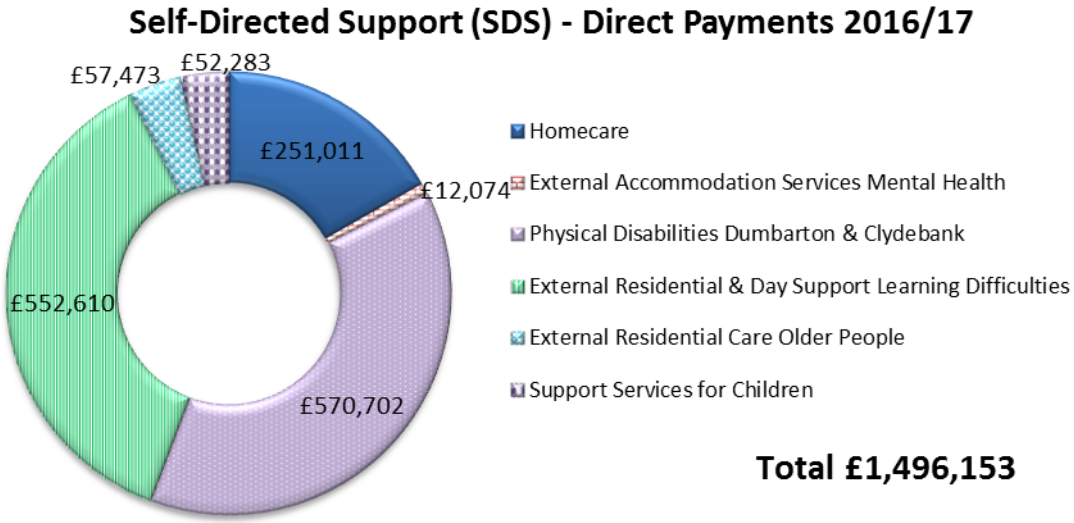
In 2017 the WDHSCP Care Contract Team was the first team to 'go live' with the new Electronic Document Management System (EDM), CIVICA, across our Health and Social Care Partnership. New and innovative processes, staff training and the development of 'dip and work flow' process maps continue to assist with supporting improved processes for families.

Self-Directed Support

We recognise and are committed to supporting those who wish to take advantage of the opportunities that Self-Directed Support (SDS) provides. To support service users and families to understand our options, SDS is embedded in our assessment process across adult and children's services. Our Integrated Resource Framework continues to support indicative personal budgeting assessment. This framework supports fairness and equality across all individuals eligible for local authority funded support.

SDS provides opportunity for four options in deciding your own care: these being Direct Payment, Individual Service Fund, Local Authority arranging and organising your support or a mixture of any of the three options above.

Whilst the numbers of service users that have opted to take a Direct Payment option of SDS continue to be small, the total value of Direct Payments has risen steadily from £1,100,542 in 2014/15 to £1,496,153 in 2016/17. The expenditure on SDS Options 1 and 2 in 2015/16 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% over the same time period.



The uptake of SDS Direct Payments continues to almost exclusively be by adults and older people, with only 3% being utilised for support services for children.

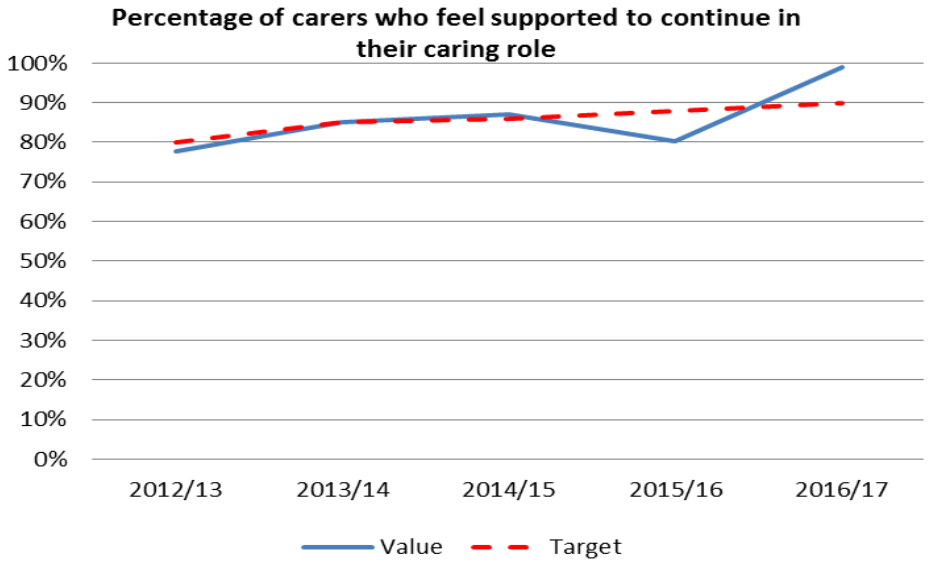
Support to Carers

WDHSCP works in partnership with third sector organisations, Carers of West Dunbartonshire (adult carers), Y Sort-it (young carers) and West Dunbartonshire Community Volunteering Service (WDCVS) to provide carer services across West Dunbartonshire. This has seen a review and revalidation of West Dunbartonshire Carers Development Group to take forward implementation of the Carers Act 2016. This partnership approach works to plan services, identify carers and focus resources to ensure adult and young carers feel like equal partners in the planning and delivery of care and support.

'Young Carers Y Sort-it has helped me become the person I am today, and honestly I don't know where I would be without them.'

Carer's story

'My day had become a mixture of personal care, medical procedures and housework and the highlight of my week was an outing to the supermarket. I had a Carer's Assessment completed and I've been able to do several courses that enabled me to help care for my husband. I have always had trouble relaxing and taking part in an Aromatherapy course at the Carers Centre, a massage and relaxing music, has become a very welcome alternative to sedation. It is amazing the number of times that I have been offered a therapy, just as I was getting to the "end of my tether".'



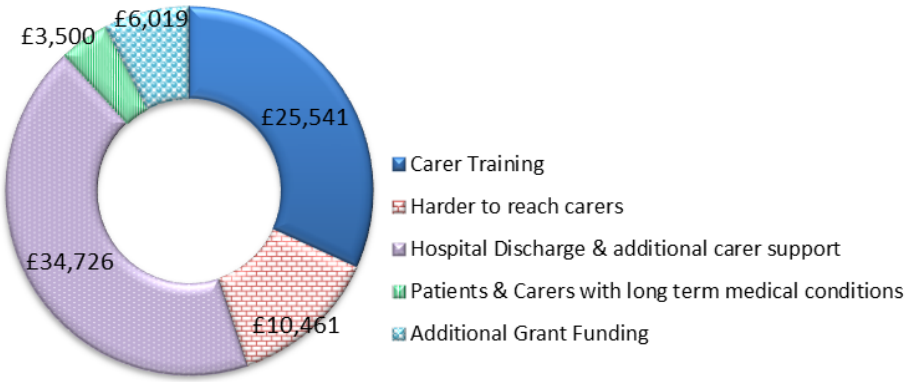
In 2016/17, Carers of West Dunbartonshire supported 1,236 adult carers, with 6039 enquiries/contacts recorded. Y Sort-it supported 120 young carers. In 2016/17, there were 1,439 carers identified of people being supported by WDHSCP services.

99% of carers who had a Carer Support Plan identified that they felt supported

‘I began to hear myself laugh again.’

Co-located carers posts within WDHSCP Community Hospital Discharge and Addiction Teams have seen timeous and integrated support for carers and continue to support improved identification of carers and those most in need.

Carers Information Allocation 2016/17



Total £80,247

‘Just to be. Let go guilt. Relax and socialise again. Accepting that I am doing the best I can.’

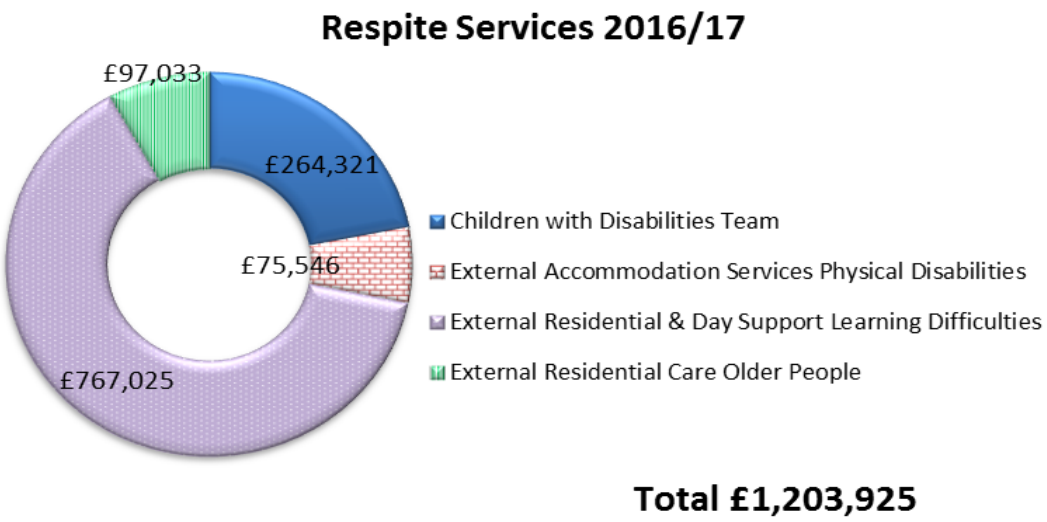
Recognising the challenges in supporting hard to reach carers, Carers of West Dunbartonshire-led SEARCH (Support and Education for Alcohol Related Challenges in the Home), focuses on identifying and supporting carers affected by alcohol related issues, with a particular focus on younger adults at risk of using alcohol as a coping mechanism for caring related stress; and older adults aged 65 and over, emerging as a ‘hidden’ group of people with alcohol related issues.

The initiative has identified an increased number of carers; with 74 carers newly identified directly through SEARCH initiatives. This has developed significantly, with over 80% of referrals for SEARCH now being made across WDHSCP Teams of Addictions and Mental Health (59%) and Community Hospital Discharge (25%).

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

Supporting Respite

WDHSCP's Respite Booking Bureau focuses on delivering respite to families and carers based on a model of choice; coordinating respite in one single access point for carers and practitioners to find suitable and appropriate respite provision. Focusing on early intervention and preventing unplanned and crisis respite, we continue to provide building based respite, breaks at home, supported holidays and emergency respite. In addition, the successful delivery of the Out of the Blue Project continues to provide replacement care opportunities for carers.



During 2016/17, 228 replacement care hours were provided through the services of Carers of West Dunbartonshire on behalf of WDHSCP.

Reflecting a key WDHSCP priority to support people to live safely and independently at home or in a homely setting, a range of appropriate housing options is vital to ensure individuals are able to live independently within their community. WDHSCP has worked with the Council's Housing Section (in its role as strategic housing authority) and the wider Housing Sector reflecting the local Housing Contribution Statement, which sets out the role and contribution of the local housing sector to supporting the health and social care integration agenda. This has resulted in innovative housing solutions supporting older adults and adults with learning disabilities and mental ill-health to live more independently in the community.

Independent sectors providing community based supports is reinforced through our partnership agreement with West Dunbartonshire CVS, our Third Sector Interface, which provides a wide range of initiatives, including Link Up, befriending and foot care in the community, building on our commitment to a social prescribing model.

The connectivity between workstreams and a multi-agency approach allows us to support a co-production approach across all our communities; for example in the delivery of Dementia Friendly West Dunbartonshire.

Key self-care programmes with enhanced interventions (including targeted health improvement activities) are in place. Work is ongoing with independent sector organisations, for example the Link Up scheme with WDCVS. Work has commenced on developing Technology Enabled Care programmes of care for COPD patients and Frailty.

Through our partnership with CVS, our foot care in the community is a volunteer foot care/nail cutting service that sees volunteers trained by WDHSCP Podiatry staff undertaking basic foot care tasks for vulnerable people in the community who are unable to manage these tasks, with processes for onward referral agreed as required. Increasing community capacity in this way allows greater capacity within Podiatry services to provide higher priority care and ensures people in the community receive the care they need.

WDHSCP Daycare Officer Karen McNab was awarded the **Community's Award** at West Dunbartonshire Council's 2017 Employee Recognition Awards, recognising her outstanding commitment to the health and wellbeing of the people in her care.

Case Study Bobath

'I wouldn't be here without them - in such a mobile state.'

David tells us that the support he receives as an adult with cerebral palsy living in West Dunbartonshire is invaluable to his ability to live as independently as possible. Cerebral palsy is a lifelong condition that affects muscle control and movement. As cerebral palsy affects everyone differently, treatments and therapies are tailored to a person's individual needs. Support from WDHSCP, including physiotherapy, occupational therapy, speech and language, and care at home provision often helps people with cerebral palsy live more independently at home and in the community, providing support around their assessed need.

As a child David was supported by Bobath Scotland, a specialist cerebral palsy resource, working in partnership with our Children's Health and Care services. Whilst traditionally supporting children's services, the value of their work, being the only bespoke cerebral palsy service in Scotland, was identified as also of value for adults. Whilst David was receiving good support from WDHSCP Adult Care Team and his carers, he found it frustrating to lose Bobath support. Staff also reported a need for specialist bespoke training to meet individual service user needs. The HSCP Adult Care Team Managers listened to these messages and worked to find a solution.

Our pilot partnership project, focusing on an integrated approach to planning and support between WDHSCP, Bobath, the Scottish Government, The RS Macdonald Charitable Trust and the Robertson Trust, aimed to understand the specific challenges facing adults with cerebral palsy in their local communities. This has resulted in significant improvements, with Bobath now providing assessments, home visits, delivering follow up therapy and training and working with professionals locally, developing a model pathway that can be adopted by other areas and services. This project has increased long term capacity within West Dunbartonshire; augmenting understanding of cerebral palsy and how to best respond to assessed needs. Bobath has supported the HSCP and our partners to build understanding and skills, and redesign existing resources to support adults with cerebral palsy to live as independently as possible in the community.This increased knowledge and confidence of staff has led to more confident and dynamic decision making and care.

People with cerebral palsy have identified that they know where to ask for help and are better able to self-manage and live independently with confidence. Better signposting to specialist services has led to increased confidence in living independently. Professionals have increased knowledge and are clearer about cerebral palsy and the impact that it has on physical health and that of carers, also reflected in the improved knowledge and support from the Carers' Centre.

4. SUPPORTING SAFE, STRONG AND INVOLVED COMMUNITIES

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

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

WDHSCP's strategic priorities for Supporting Safe Strong and Involved Communities reflect our commitment to the safety and protection of the most vulnerable people within our care and the wider community.

Delivery of effective services across mental health, addiction, learning disability and criminal justice requires a robust, often long term, partnership approach across a network of statutory, third and independent sector providers.

Supporting People with Learning Disabilities

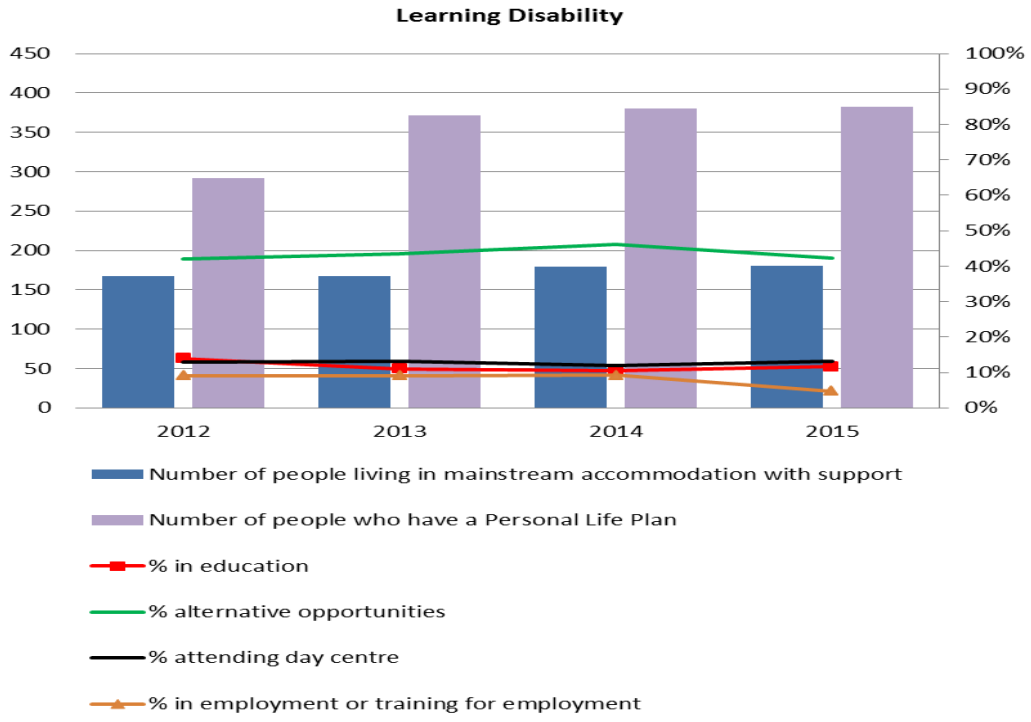
WDHSCP's commitment to continuously improving the quality of life for people with learning disabilities reflects the national Keys to Life Strategy. Our integrated approach to service delivery across community health and care - as well as third sector providers - supports the delivery of effective and targeted specialist services, and is prioritised around key aims of people with a learning disability. Our outcomes focused approach promotes person centered assessment and planning.

Keys to Life Strategy: People are supported to:

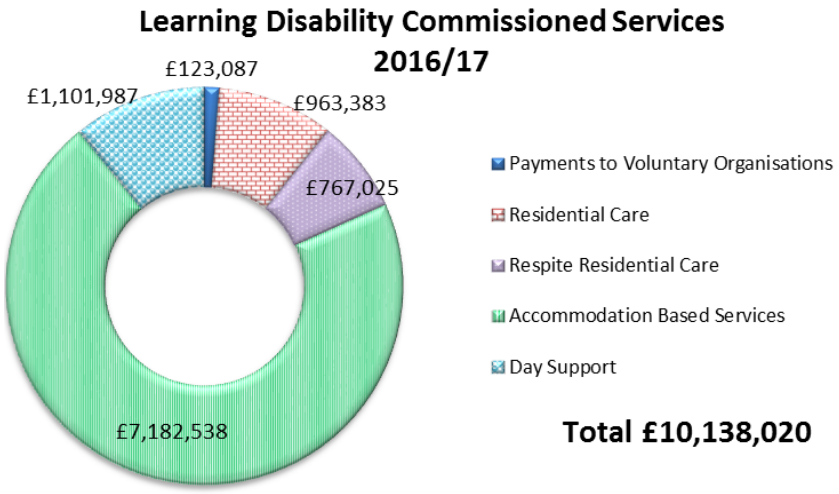
Healthy Life; Choice and Control; Independence; Active Citizen

People with a learning disability and their carers are actively involved in planning their care and support. Their Personal Life Plans reflect differing levels of understanding and awareness, whilst striving to involve them as much as possible.

As shown below, the most recent data show that the number of people with a learning disability living in mainstream accommodation with support has increased by 8% between 2012 and 2015.



Baxter View offers specialist homes for people living with autism and complex support. The purpose-built accommodation, managed by Cornerstone, provides accommodation for up to 10 people and allows a greater degree of independent living than is normally the case for people with high level needs, who previously sometimes had to live outwith West Dunbartonshire due to lack of appropriate accommodation.



In West Dunbartonshire, as nationally, Technology Enabled Care is increasingly supporting people with a learning disability to live as independently and safely as possible in the community. Service users have, throughout 2016/17, consistently provided feedback of high levels of satisfaction with our integrated learning disability service delivery.

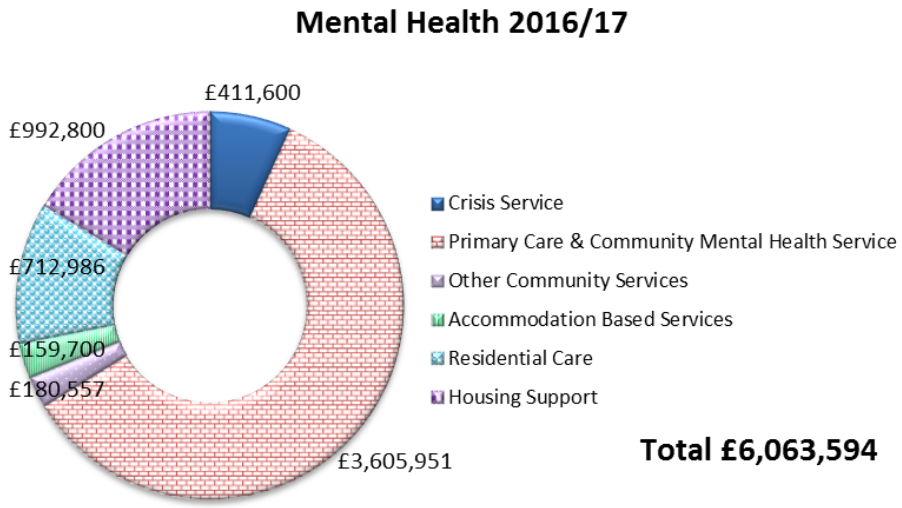
Work Connect

Work Connect, based in Levengrove Park, is a specialist WDHSCP supported employment service for people with mental health issues, addictions and learning disability. In partnership with WDC Greenspace, it gives disabled or vulnerable people the safe space, tools and support to improve their quality of life through opportunities to learn and apply their skills and creativity, providing practical skills often used as a non-medical option, alongside existing health and care treatment and support, to improve health and wellbeing.

The 'Boots On' film project, one of the initiatives, demonstrates the impact of focusing on positive person centered outcomes. Developed and created by the people supporting and supported by Work Connect, it reflects the skills and interests of attendees and the project's flexibility in developing personal projects that work toward individuals' personal outcomes. Participants report it has improved mental health and physical health, and increased confidence across its whole team of participants and in doing so records its own success. Collectively they have created evidence of the positive person centered outcomes of the project.

Supporting Positive Mental Health

We recognise that people's mental health is of equal importance to their physical health. Our adult mental health service aims to reflect the Scottish Government's National Mental Health Strategy: 2017-2027. This requires collaboration across all mental health services, to ensure that they are delivered where they are most needed; with the key principle that services prevent and treat mental health problems with the same commitment and drive as they do physical health.



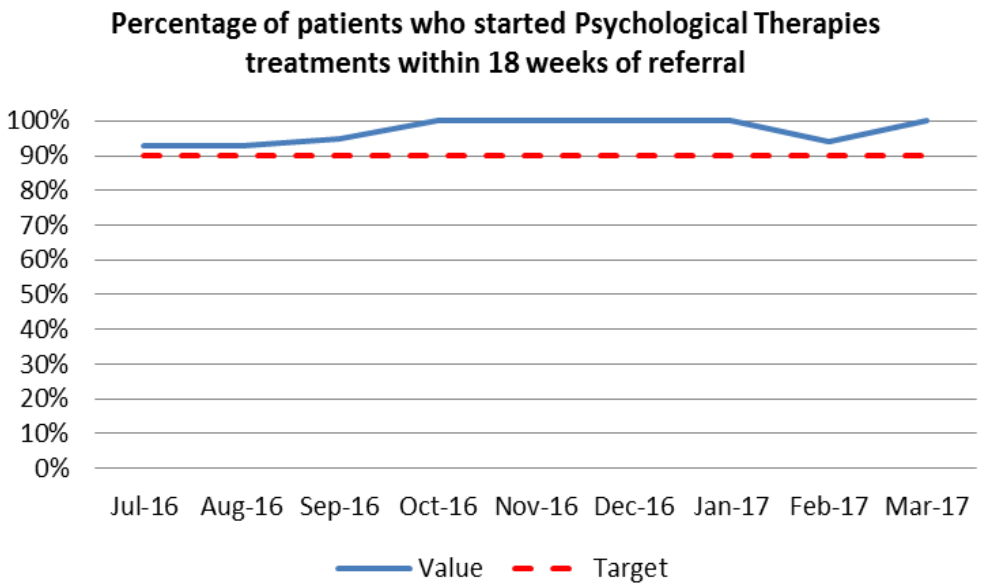
Our Acquired Brain Injury Service Care Inspectorate inspection, report published in 2017, was awarded gradings of 6 (Excellent) for the two themes inspected, Quality of Care and Support and Quality of Management and Leadership, with the report noting:

- The contribution of the Brain Injury Engagement Network (BIEN) supporting inclusion and co-production.
- Extremely motivated and skilled and staff.
- Excellent involvement at national and strategic level.

'A dynamic, expert service which put people affected by Acquired Brain Injury, at the core of what it does.' Care Inspectorate 2017

WDHSCP Mental Health Services have made a positive impact on outcomes and waiting times for individuals. Enhanced access to Psychological Therapy programmes across West Dunbartonshire HSCP Mental Health community based services has led to clinically significant improved symptoms for local patients. By implementing a strategic approach to integrating resources across teams and supporting staff skills development through peer mentoring, service users with anxiety, stress and depression have been supported to improve their mental health.

Since July 2016 we have consistently exceeded the national target for 90% of patients starting Psychological Therapies treatment within 18 weeks of referral.

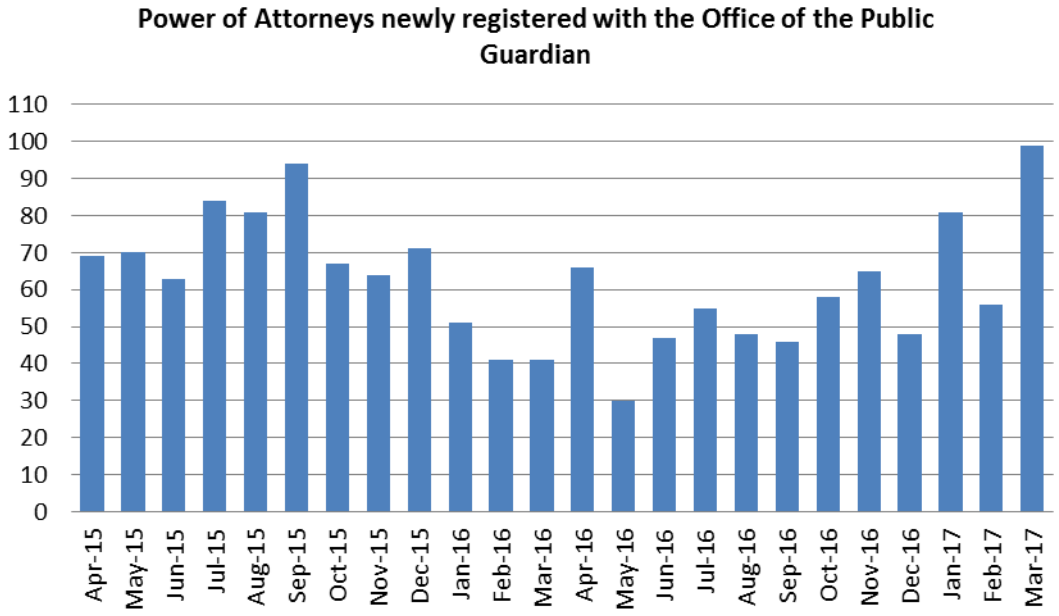


WDHSCP and our partners understand that people living with dementia and their carers are experts in experiencing dementia and are often the best people to talk about it. Dementia Friendly West Dunbartonshire (DFWD) is a community-led and multi-agency (statutory, independent and third sector) initiative that has improved dementia awareness and support to people living with dementia in local communities. With the anticipated increase in numbers living with dementia in the community, this sustainable approach to supporting people in their homes, neighbourhoods and social networks is crucial.

In 2017 DFWD was recognised at the international conference in Japan regarding its learning and good practice. West Dunbartonshire's Dementia strategy and implementation plan will be refreshed in 2017 reflecting the new Scottish Government's Dementia Strategy 2017-20.

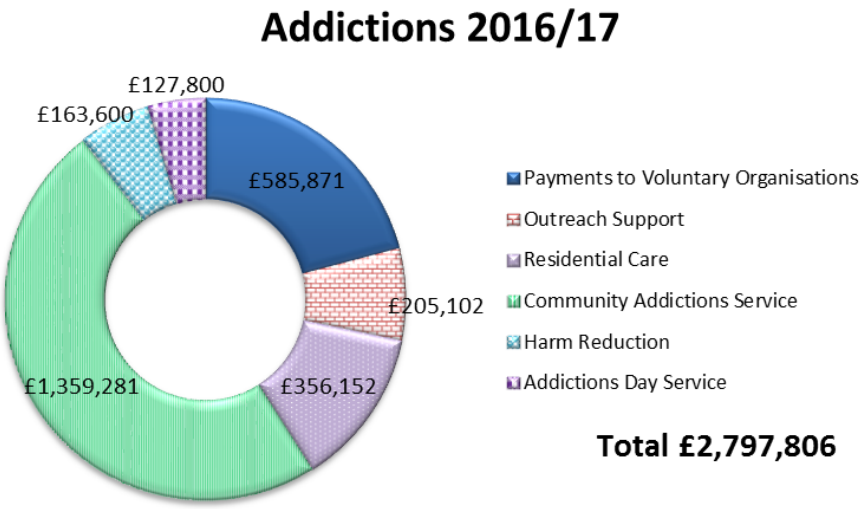
When a person is diagnosed as living with dementia they need the right information and support so that they can live as fulfilling lives as possible, prepare for the future, and that their preferences for end of life are acted upon. All 186 people diagnosed with dementia during 2016/17 were offered post-diagnostic support coordinated by a link worker, including the building of a person-centered support plan.

During 2016/17, there were 699 newly registered Power of Attorney where the granter resides within West Dunbartonshire. There has been a continued commitment to improving knowledge and raising awareness across the community. This has included WDHSCP working with primary care in developing awareness raising cards for GPs and other primary health care workers to distribute to patients. Raising awareness is now core practice within our Community Health and Care services.

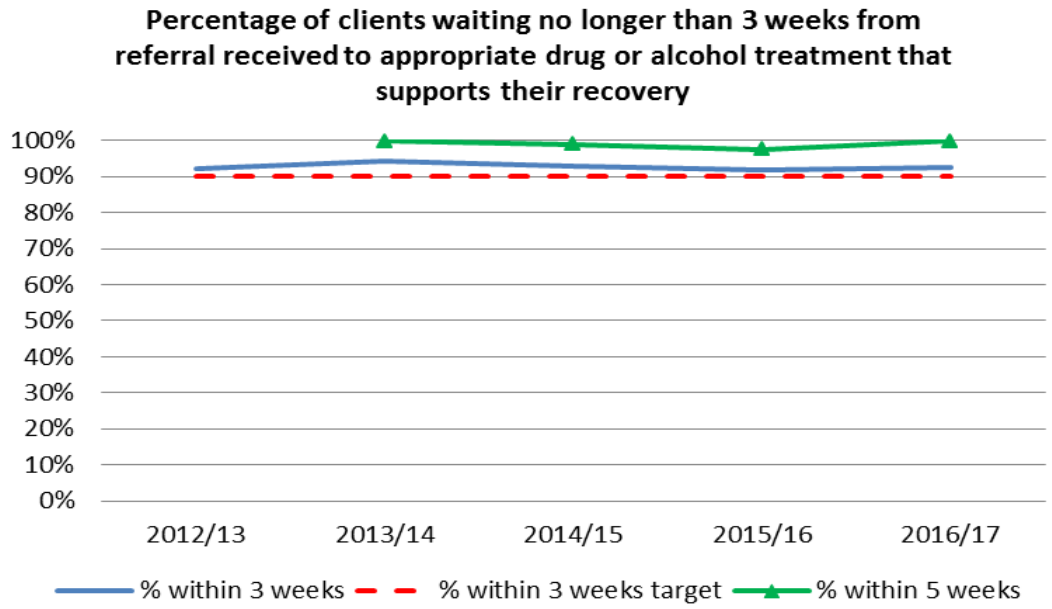


Supporting People with Addiction

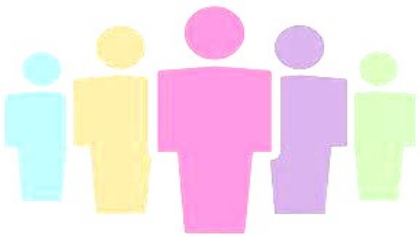
WDHSCP Addiction Services support people to regain and sustain a stable lifestyle; access education, training and employment services enabling individuals to participate in meaningful activities as members of their community; improve family and other relationships; access counselling services; and provide parental support for families and children. The national Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services underpin the development of WDHSCP Addiction Services, supported by The Road to Recovery Drugs Strategy and Getting Our Priorities Right (GOPR) guidance.



We continue to consistently meet the target of 90% of patients waiting no longer than 3 weeks for referral to appropriate drug or alcohol treatment: 92.7% were seen within 3 weeks and 99.8% within 5 weeks during 2016/17.



The provision of Alcohol Brief Intervention (ABI) reflects our priority of prevention and early intervention. This is a is a short, non-confrontational 'conversation' about a person's alcohol consumption in order to motivate and support the change in their drinking and reduce risk of harm. As reflected across NHS Greater Glasgow and Clyde as a whole, delivery of Alcohol Brief Interventions in primary care in West Dunbartonshire is significantly below target. 230 ABIs were carried out by GP practices and 295 were carried out within wider settings in West Dunbartonshire during 2016/17. This reflects the broadening of ABI delivery in wider settings and may potentially cover 'harder to reach' groups, especially in communities where deprivation is greatest. WDHSCP Health Improvement Team has continued to offer support to GP practices as part of its ongoing Capacity Building Programme.



92.7% of people receiving treatment within 3 weeks of referral.

WDHSCP leads on the Community Planning Partnership's Alcohol and Drug Partnership (ADP) which is responsible for developing and leading local strategies to deliver improved outcomes for people affected by issues of alcohol and drug abuse.

In May 2016, the Scottish Government commissioned the Care Inspectorate to support all ADPs in Scotland to review their progress towards implementation of the national Quality Principles, which support a holistic, recovery-focused partnership approach.

The Care Inspectorate highlighted the high quality effective services being delivered to meet the needs of clients in West Dunbartonshire.

The ADP was identified as meeting and exceeding key performance targets, successfully delivering accessible services and 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 Integrated Joint Board and Community Planning Partnership.
- The ADP was noted as being innovative, committed to self-evaluation and continuous improvement.

'Strong working relationships across the Community Planning Partnership and with appropriate thematic groups associated with ADP interventions such as Child Protection Committee (CPC), Adult Protection Committee (APC), children and families and other public protection agendas.' Care Inspectorate, 2017

The national Sexual Health and Blood Borne Virus Framework 2015-2020 sets out an ambition that Scotland should aim to deliver Hepatitis C therapy for most infected people in community settings. The Care Inspectorate also acknowledged the work of the WDHSCP Addictions Blood Borne Virus Team as a good practice example.

Blood Borne Virus Service

WDHSCP's Blood Borne Virus (BBV) service is the only community outreach service of its type within the NHSGGC area actively treating chronic Hepatitis C positive patients outwith the hospital setting. This has resulted in a shift from 10% to over 70% attendance, which has significantly improved therapeutic outcomes for patients. Staff have embraced the new, flexible service delivery methods, and are able to see the benefits of local approaches in ensuring hard to reach clients are able to access effective anti-viral therapy.

By working within the local community, our partners including GPs, Working4U, and the wider housing sector have been able to more actively engage in supporting people.

WDHSCP Addiction Service presented their findings at the Annual EASL (European Association for the Study of the Liver) International Liver Congress, in Amsterdam; sharing their innovative and successful approach.

People using the ADP's services tell us of the positive impact it has on their lives. Our ADP Annual Service User Satisfaction Survey 2017 indicates that the majority of service users were happy with services and felt that their lives were better because of the services provided. Service users felt treated with dignity and respect in all service areas.

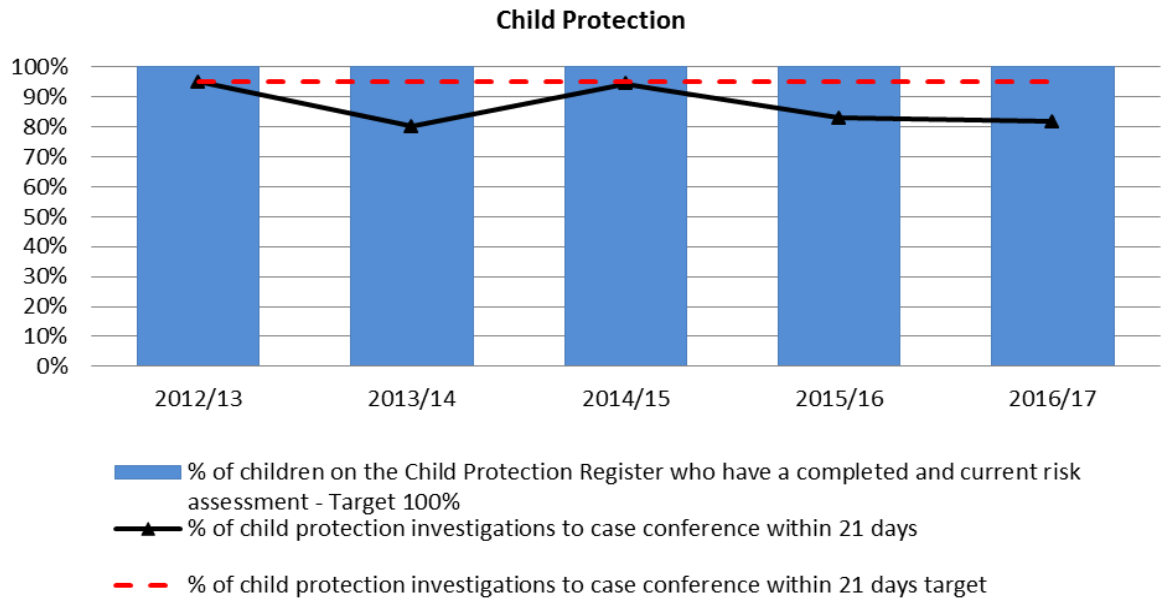
Our Future of Addiction Services (FAST) recovery cafés support service users who would like to move on in their recovery to training, education or mutual aid as well as families and carers. Our service user involvement group enables service users to voice their opinions on services; and to volunteer at our café, which runs on a six weekly programme. In 2016/17 a new recovery café opened in Clydebank, reflecting the success of the model locally. The cafes can see more than 40 people attending regularly, giving them access to welfare benefits workers, recovery and health support, in addition to a safe space for families to meet.

5. PUBLIC PROTECTION

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

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

As at the 31st of March 2017 there were 71 children on the Child Protection Register (CPR) in West Dunbartonshire, compared with 28 children the previous year. As the chart below illustrates, all children on the CPR have a completed and current risk assessment. The percentage of case conferences held within 21 days has reduced from 83% in 2015/16 to 81.8% in 2016/17, however the significant rise in Child Protection referrals has meant the number of case conferences held in 2016/17 was almost double the 100 held in 2015/16, at 192.

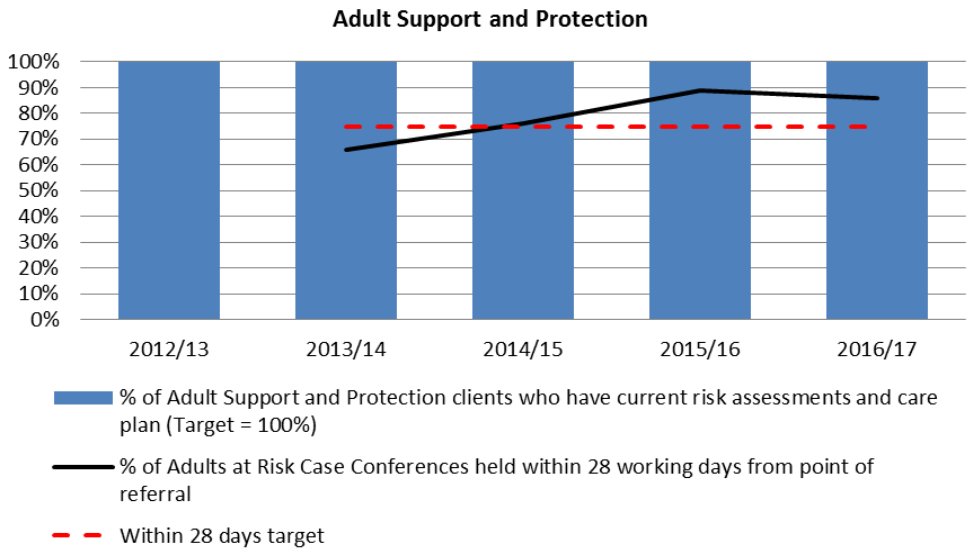


The local WDHSCP-led and multi-agency Child Protection Committee (CPC) monitors the numbers of children on the CPR and the variance over the course of the year. It has considered child wellbeing and child protection, including examining levels of vulnerability and the prevalence of domestic abuse and child protection concerns. Analysis of the factors that led to children being placed on the Child Protection Register overwhelming identified the contributory factor recorded as 'neglect'.

Within our communities there are adults who are at more risk of harm than others - because of illness, disability or some other factor. The Adult Protection Committee (APC) continues to meet on a quarterly basis and attendees include a representative from WDHSCP, Police Scotland, Council Trading Standards, the Care Inspectorate, the Office of Public Guardian, the Mental Welfare Commission, Scottish Care and advocacy services and Scottish Fire and Rescue Service.

Reflecting the links within Public Protection, West Dunbartonshire's Adult Protection and Child Protection Committee Training subgroups merged in 2016/17, recognising the benefit of connectivity across skills and knowledge for staff and the community. The initial focus is to update E-Learning Modules for Adult/Child Protection to incorporate a more interactive theme increasing access to training and continuing to ensure a skilled and confident workforce supporting our most vulnerable people.

All Adult Support and Protection service users have a current risk assessment and care plan and meeting timescales for case conferences has been sustained well above target at 86% in 2016/17. From April 2016 the target timescale for beginning Adult at Risk investigations was reduced from 8 to 6 working days and the new timescale was met in 87% of all investigations during 2016/17.



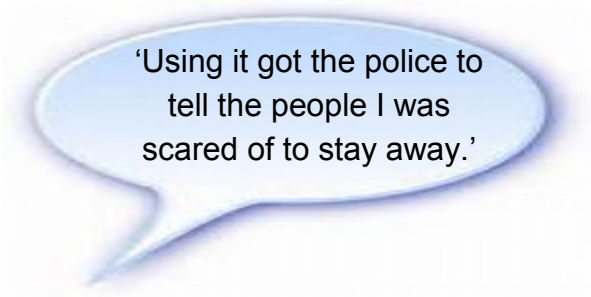
Where Adult Protection measures have been required, we ask some people who have been involved about their experiences of the process, and what the outcome has been like for them. They tell us that they feel safer, with examples of people being offered safer housing, being supported to access new, safer opportunities, restricting access of others to the person by, for example, Banning Orders.

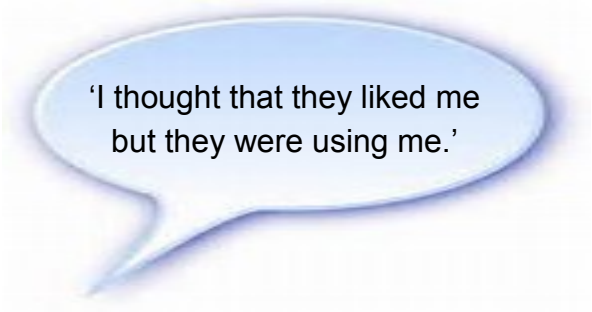
Adult Protection

For one vulnerable man in the community an integrated support package including Learning Disabilities and Adult Care Team support was already supporting his needs however there was growing concern that money was going missing from his home and that he was increasingly agitated and upset.

It was agreed that technology enabled care would support him safely by providing cameras that identified where he was leaving his house in the evening, which was an identified risk for him. However, what the devices actually showed was people entering his house at night, reinforcing concerns about his vulnerability. Following an Adult Protection investigation a banning order was put in place. This prevents named people from contacting him and, with the support of his advocate working with the HSCP, he was offered sheltered housing provision to better keep him safe.

'If it hadn't been found out and had ASP and the Banning Order done, I don't think they would have stopped coming to me for money- I was too scared to say "No".'





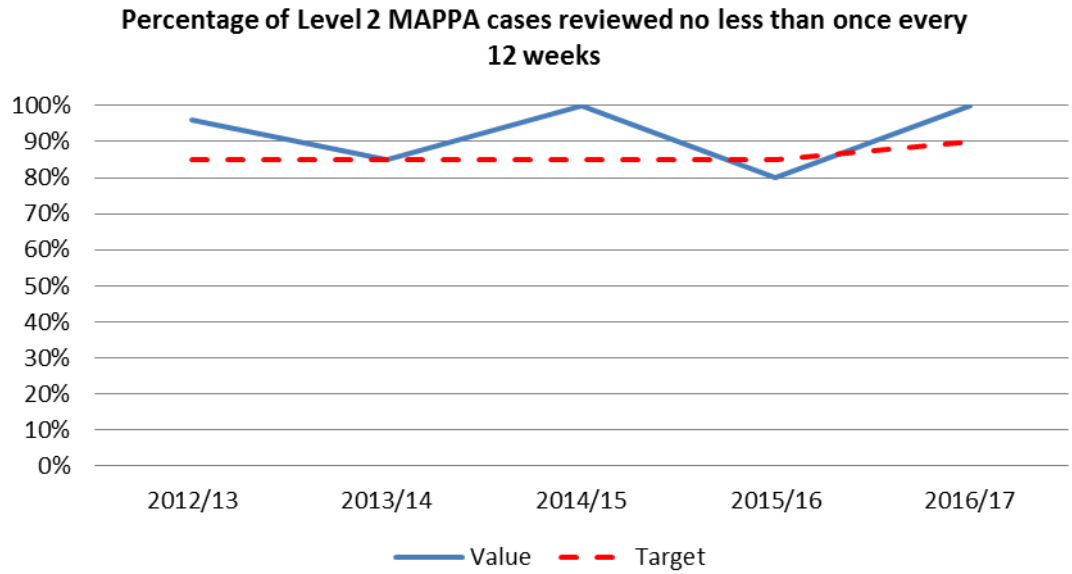
Trading Standards

WDHSCP is working closely with Trading Standards and our community planning partners to implement the local strategy to tackle financial harm. Where a person is identified as vulnerable then the Trading Standards Team will intervene at an early stage and assign a named officer to assist them.

Specifically in relation to the risk of Door Stop Seller scams, by utilising technology enabled care (TEC), WDHSCP have installed alert systems which notify home care staff when there is suspected activity in the area.

Multi Agency Public Protection Arrangements (MAPPA) bring together Police Scotland, local authorities, the Scottish Prison Service and territorial NHS health boards (as the Responsible Authorities) to jointly establish arrangements to assess and manage the risk posed by sex offenders and mentally disordered restricted patients.

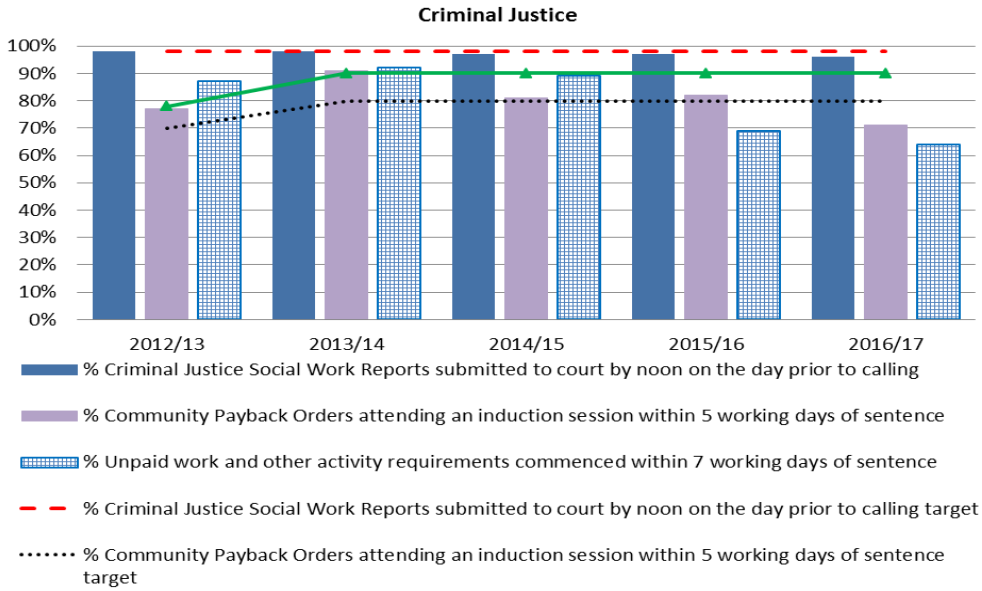
WDHSCP has consistently achieved the target of 85% of Level 2 MAPPA cases being reviewed at least once every 12 weeks.



In addition to registered sex offenders and restricted patients, since April 2016 MAPPA arrangements have also applied to offenders who through the nature of their conviction are assessed as presenting a high or very high risk of serious harm to the public (referred to as category 3). It is important to note that the threshold for inclusion in MAPPA is set at a high level and is based upon the application and interpretation of formal risk assessment.

The Community Justice (Scotland) Act 2016 identified Community Planning Partnerships as the vehicle to bring partner organisations together to plan and deliver community justice outcomes. It transferred the responsibility for the local strategic planning and delivery of community justice from Community Justice Authorities to Community Planning Partnerships; with full responsibility being conferred from 1st April 2017 following the disestablishment of Community Justice Authorities on 31st March 2017. The new arrangements rely on Community Planning Partnerships being the vehicle to bring partner organisations together to plan and deliver community justice outcomes.

Community Justice relates to the whole journey that a person can travel through, including the risk factors that can underpin a person's offending behavior; to the factors supporting desistance and the milestones people often experience on this journey. WDHSCP is crucial in supporting people and their families and carers through statutory criminal justice services, and importantly through WDHSCP and third sector partnership provision, reflecting the often poor physical and mental health of people involved in offending behaviour.



For West Dunbartonshire, criminal justice social work remains accountable to and subject to the governance arrangements within the Health and Social Care Partnership Board; and WDHSCP will continue to play a pro-active role with partners in ensuring robust arrangements are in place across agencies. The WDHSCP Criminal Justice Social Work team has experienced a significant increase in demand across a range of statutory activities, including Community Payback Orders over the course of 2016/17.

Women's Safety and Support Service

Women's Safety and Support Service (WSS) undertake assessments of need and risks and create individually tailored safety and support plans. The service works with women and girls who are partners and ex-partners of male/female perpetrators of domestic abuse who are subject to criminal proceedings and female offenders affected by gender based violence. It increases the safety of women and girls by providing early intervention, crisis intervention and support for emotional health in the medium to longer term, in partnership with other local services for women and girls.

Reflecting the high level of domestic abuse in West Dunbartonshire, this service had 51 new referrals in 2016/17, in addition to offering ongoing support to up to 24 women already engaged in the service.

6. BEST VALUE AND FINANCIAL PERFORMANCE

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.

The financial reporting responsibilities of the Chief Financial Officer include preparing financial statements and performance reports. Financial performance is an integral element of the Partnership Board's overall performance management framework, with regular reporting and scrutiny by the Partnership Board and its Audit Committee. The 2016/17 financial performance reports demonstrate that in challenging economic times the requirement to deliver services for best value is being met, whilst maintaining quality and securing continuous improvement.

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 of £2.994m 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 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 per hour for all adult care workers from 1 October 2016 was calculated at a cost of £0.667m.

The table below sets out the financial performance (subject to final audit approval) of all our services and whilst the overall position is favourable, it is clear to see that health and social care services are under pressure due to increasing demand across our population.

The Scottish Government's 2016/17 Social Care Fund amounted to £250m of which this partnership received £4.921 million. The Partnership Board approved a financial plan which allocated £1.260m to support increasing cost pressures through demographic growth and £0.667m to deliver the Scottish Living Wage. The balance of £2,994m is being held in reserve and will be managed in line with the approved Reserves Policy.

West Dunbartonshire Integrated Joint Board Health & Social Care Partnership	2016/17 Annual Budget £000	2016/17 Net Expenditure £000	2016/17 Underspend/ (Overspend) £000
Consolidated Health & Social Care			
Older People Residential, Health and Community Care	25,966	25,971	(5)
Homecare	12,819	13,075	(256)
Physical Disability	2,742	2,509	233
Children's Residential Care and Community Services (incl specialist)	18,925	19,113	(188)
Strategy Planning and Health Improvement	1,934	1,878	56
Mental Health Services - Adult & Elderly Community and Inpatients	9,872	9,580	292
Addictions	2,961	2,859	102
Learning Disabilities - Residential and Community Services	15,352	15,163	189
Family Health Services (FHS)	23,418	23,418	0
GP Prescribing	19,294	19,294	0
Hosted Services - MSK Physio	6,246	6,064	182
Hosted Services - Retinal Screening	823	745	78
Criminal Justice	46	16	30
HSCP Corporate and Other Services	4,015	772	3,243
Cost of Services Directly Managed by West Dunbartonshire HSCP	**144,413**	**140,457**	**3,956**
Set aside for delegated services provided in large hospitals	17,066	17,066	0
Assisted garden maintenance and Aids and Adaptions	702	702	0
Services hosted by other Integrated Joint Boards within Greater Glasgow & Clyde	11,775	11,775	0
Retinal & MSK Physio Services hosted by West Dunbartonshire IJB for other IJBs	(6,263)	(6,263)	0
Total Cost of Services to West Dunbartonshire HSCP	**167,693**	**163,737**	**3,956**

The set aside budget for large hospital services is related to the Partnership Board's responsibility for the strategic planning for unscheduled care with respect to the population of West Dunbartonshire. For 2016/17 the reported budget is regarded as "notional" with a corresponding equal "notional" spend. However this will develop in 2017/18 as services are redesigned to shift the balance of care from hospital to community care settings. 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.

The main financial variances during 2016/17 were in relation to:

- Homecare (Care at Home Services) – reported a year end overspend of £0.256m as a result of increased demand from our growing older people population requiring more frequent visits to allow them to remain supported at home.
- Children's Residential Care and Community Care – reported a year end overspend of £0.188m mainly due to an increase in residential and secure placements.
- Learning Disability Residential and Community Services and Physical Disability – reported year end underspends of £0.189m and £0.233m respectively, mainly due to a small decrease in the number of clients requiring supported living or residential packages of care.
- HSCP Corporate and Other Services – of the total reported underspend of £3.243m the main factor is the unapplied Social Care Fund of £2.994m, as detailed above.
- Addictions and Mental Health Services – reported underspends of £0.102m and £0.292m respectively are mainly related to staff vacancies and changes to client mix.

Looking forward to 2017/18 and beyond, 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 Partnership Board and impacts on the 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. The Strategic Plan and its associated commissioning intentions will inform the Partnership Board's Financial Plan around growing our community based services.

The Partnership Board will closely monitor progress on the delivery of approved savings programmes through robust budget reporting processes. The HSCP Chief Officer 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 Partnership 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.

7. GOOD GOVERNANCE

Both our Chief Internal Auditor's Report on Governance, Performance and Financial Management Review and our 2015/16 Annual Audit Report by Audit Scotland identify effective financial management and strong governance arrangements as hallmarks of our HSCP and our integration arrangements to-date.

In accordance with the recommendations of Audit Scotland's Health and Social Care Integration Report 2015, our Audit Committee and Partnership Board actively address recommendations and scrutinise actions to address potential risks to the success of health and social care integration. These include:

- Providing clear and strategic leadership.
- Ensuring governance arrangements work effectively.
- Strategic plans that document how key priorities will be delivered.
- Financial plans that show how we use resources such to provide community-based and preventative services.
- Working with West Dunbartonshire Council and Greater Glasgow and Clyde Health Boards to address risks associated with complex accountability arrangements; review clinical and care governance arrangements; agree budgets; establish effective scrutiny arrangements and put in place data sharing arrangements.

For West Dunbartonshire, this includes increased emphasis on understanding and reporting how we best make use of our limited resources to achieve positive outcomes for our community. To this end we are striving towards improved reporting of expenditure directly related to key performance priorities. Reflecting the cross cutting nature of the needs of our community, our service provision and priorities, headline financial indicators included within this Annual Public Performance Report within key priority areas - and these be developed as we progress our Strategic Needs Assessment over the coming year.

The Partnership Board also receives and the HSCP publishes a Quarterly Public Performance Report, which provides an update on progress in respect of key performance indicators and commitments:
http://wdhscp.org.uk/about-us/public-reporting/performance-reports/

Developing Localities and GP Quality Clusters

Within West Dunbartonshire our two Localities in Alexandria/Dumbarton and Clydebank were formally established in July 2015. These groups build on the existing arrangements within primary care to engage local services and on the close working relationship between practices and the HSCP; and has been extended to formally include participation from wider services, including acute, housing and third sector organisations. Our Localities work collaboratively with representatives from across the various professions and organisations. We have excellent involvement from our GPs, Optometrists, Nursing, Social Work and Housing representatives and we work with our colleagues in West Dunbartonshire Community Voluntary Service (CVS). The Lead within CVS represents the Local Engagement Network at the Locality meetings across the HSCP. The priorities of the Local Engagement Network and the Localities are aligned and influence the content of activities and improvement plans within the HSCP. During 2016/17 these groups have worked with Mental Health, Addictions, Children and Young People's Services, respiratory services and frailty to improve care for local patients. This work has resulted in collaborative working with our secondary care and third sector organisations and has contributed to improving pathways for patients and relationships within the different care settings.

As a result of the national changes to the GMS (General Medical Service) contract in 2016/17 and the introduction of the new clinical quality arrangements within practices and between clusters of practices, West Dunbartonshire General Practitioners have developed three clusters; Alexandria, Dumbarton and Clydebank. Due to the geographical nature of the clusters in Alexandria and Dumbarton Locality and their alignment to secondary care service at the Vale of Level Hospital and the Royal Alexandra Hospital these clusters work together to ensure alignment of improvement activity which may impact on secondary care, thus ensuring improvements are developed as a whole system approach. The HSCP developed a shared and agreed approach for the appointment of the Cluster Quality Leads within West Dunbartonshire, who were appointed in November 2016; the Cluster Quality Leads working with the Practice Quality Leads to develop and implement activities identified for improvement. A number of topics have been identified during 2016/17. The work included prescribing, diabetic foot, frailty coding, epilepsy, and cancer care. This activity will be built on during 2017/18.

Appendix 1: Core Integration Indicators

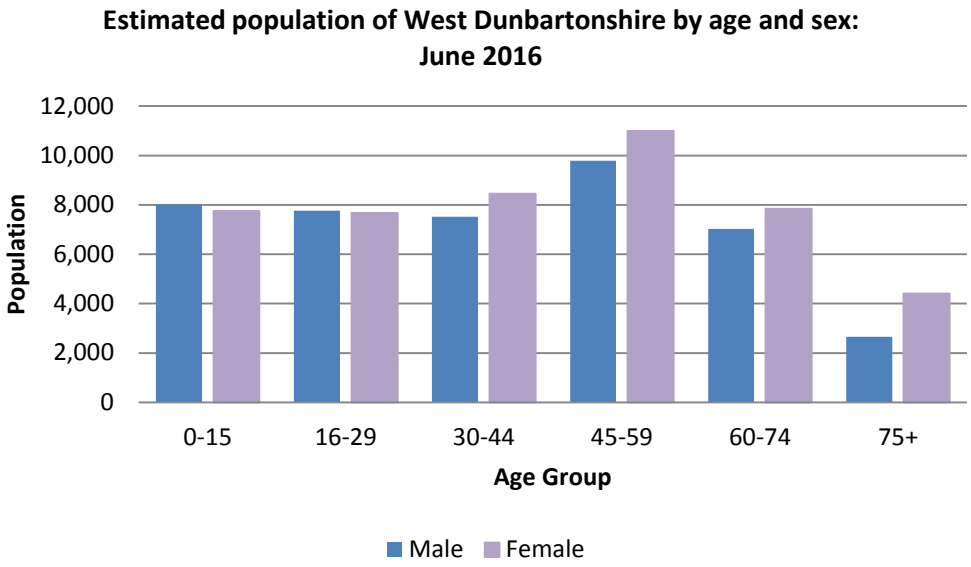
	West Dunbartonshire				Scotland	Comparison West Dunbartonshire and Scotland latest data
Core Integration Indicator	**2014/15**	**2015/16**	**2016/17**	**Direction of travel**	**2016/17**	
Premature mortality rate per 100,000 persons	557	570	N/A	↑	441	●
Emergency admission rate per 100,000 population	14,254	13,562	13,271	↓	12,037	●
Emergency bed day rate per 100,000 population	146,024	132,099	136,448	↓	119,649	●
Readmission to hospital within 28 days per 1,000 population	79	78	82	↑	95	◊
Proportion of last 6 months of life spent at home or in a community setting	86.3%	86.9%	88.1%	↑	87.5%	◊
Falls rate per 1,000 population aged 65+	21	23	24	↑	21	●
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	90%	93%	N/A	↑	83%*	◊
Percentage of adults with intensive care needs receiving care at home	67%	69%	N/A	↑	62%	◊
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	880	530	479	↓	842	◊
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22.4%	21.5%	22.1%	↓	22.8%	◊

↑Increasing ↓Decreasing ↔Unchanged ◊Performing better than Scotland figure ●Performing poorer than Scotland figure

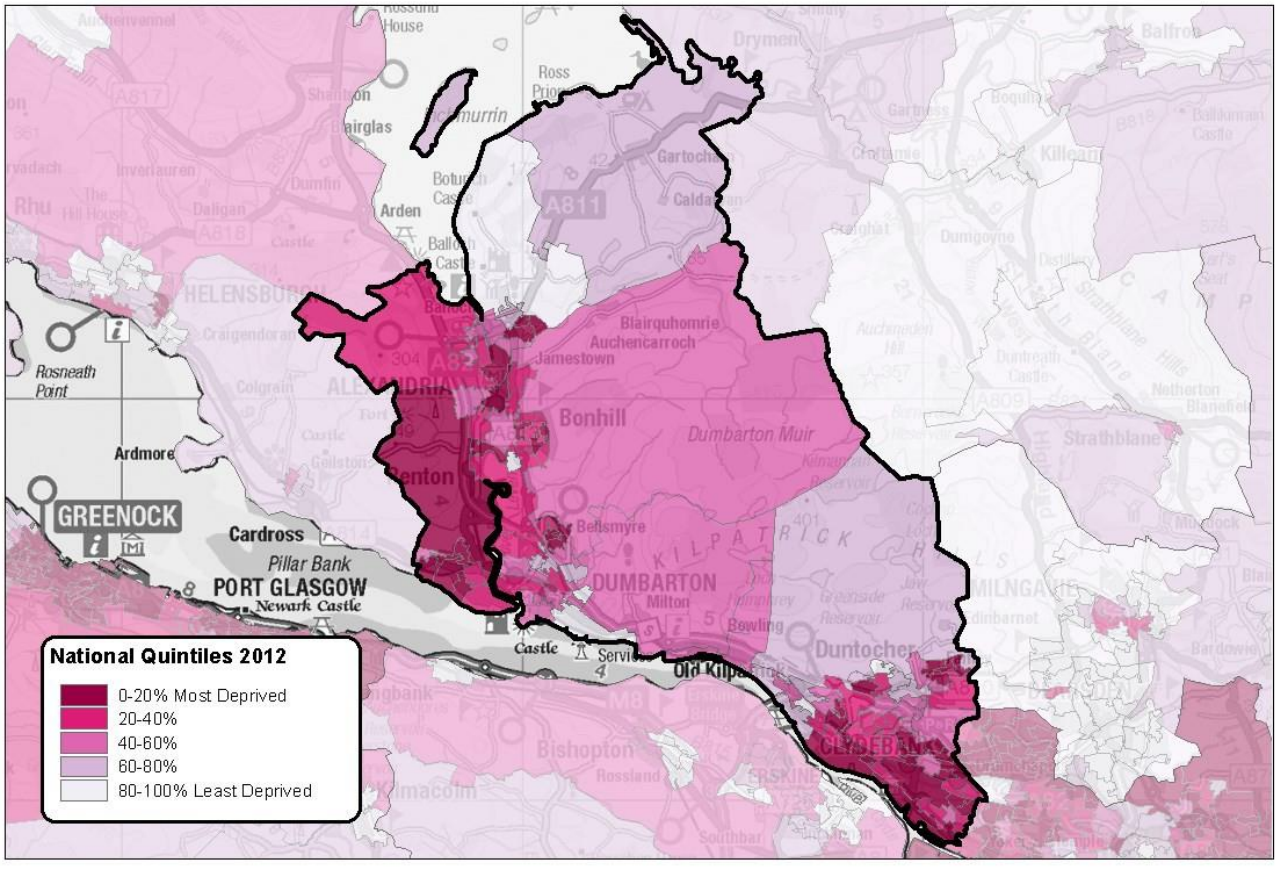
*2015/16 figure

APPENDIX 2: STRATEGIC NEEDS ASSESSMENT - SNAPSHOT

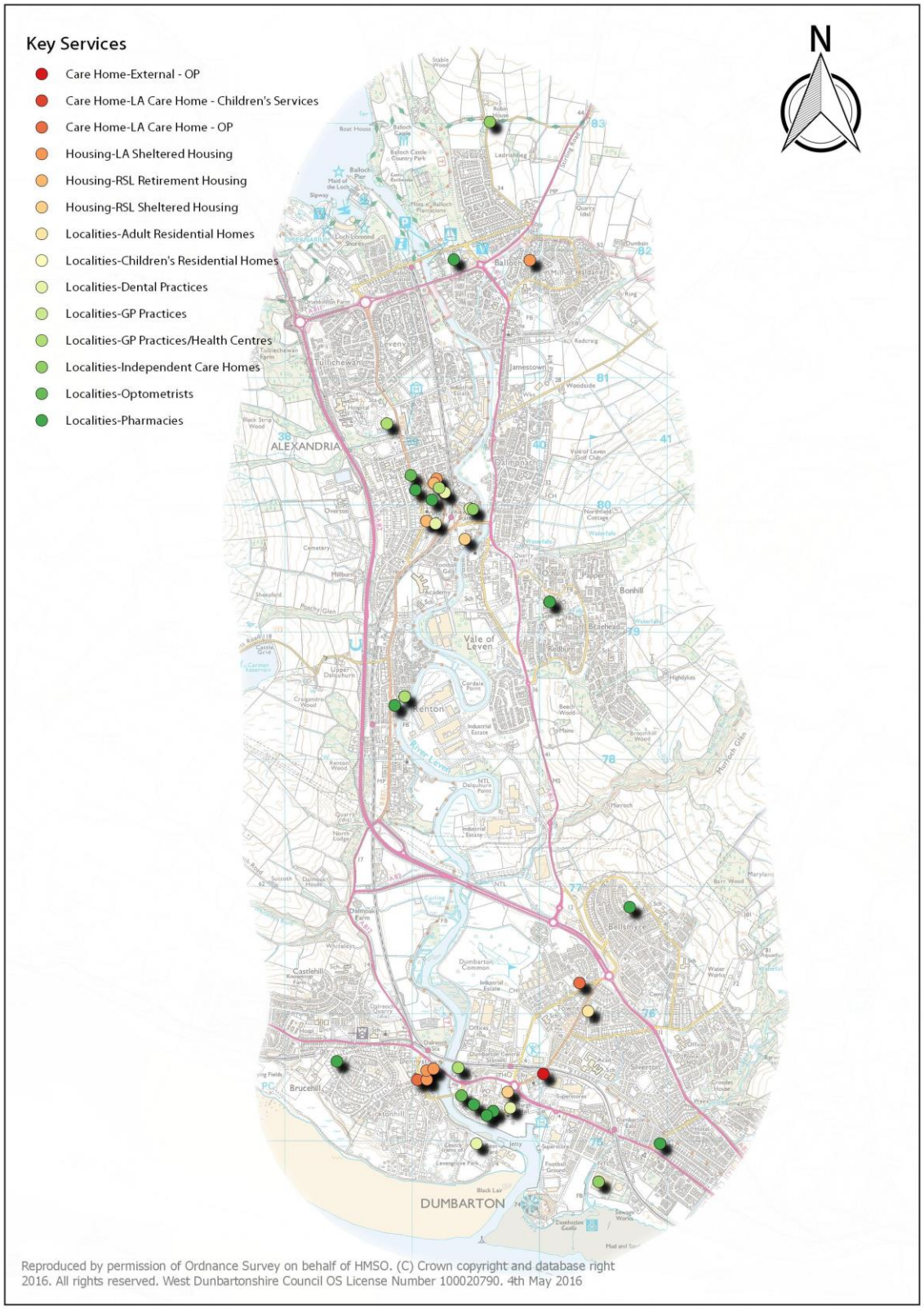
West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. According to the National Records for Scotland, the 2016 population for West Dunbartonshire is 89,860: a decrease of 0.3% from 89,590 in 2015.

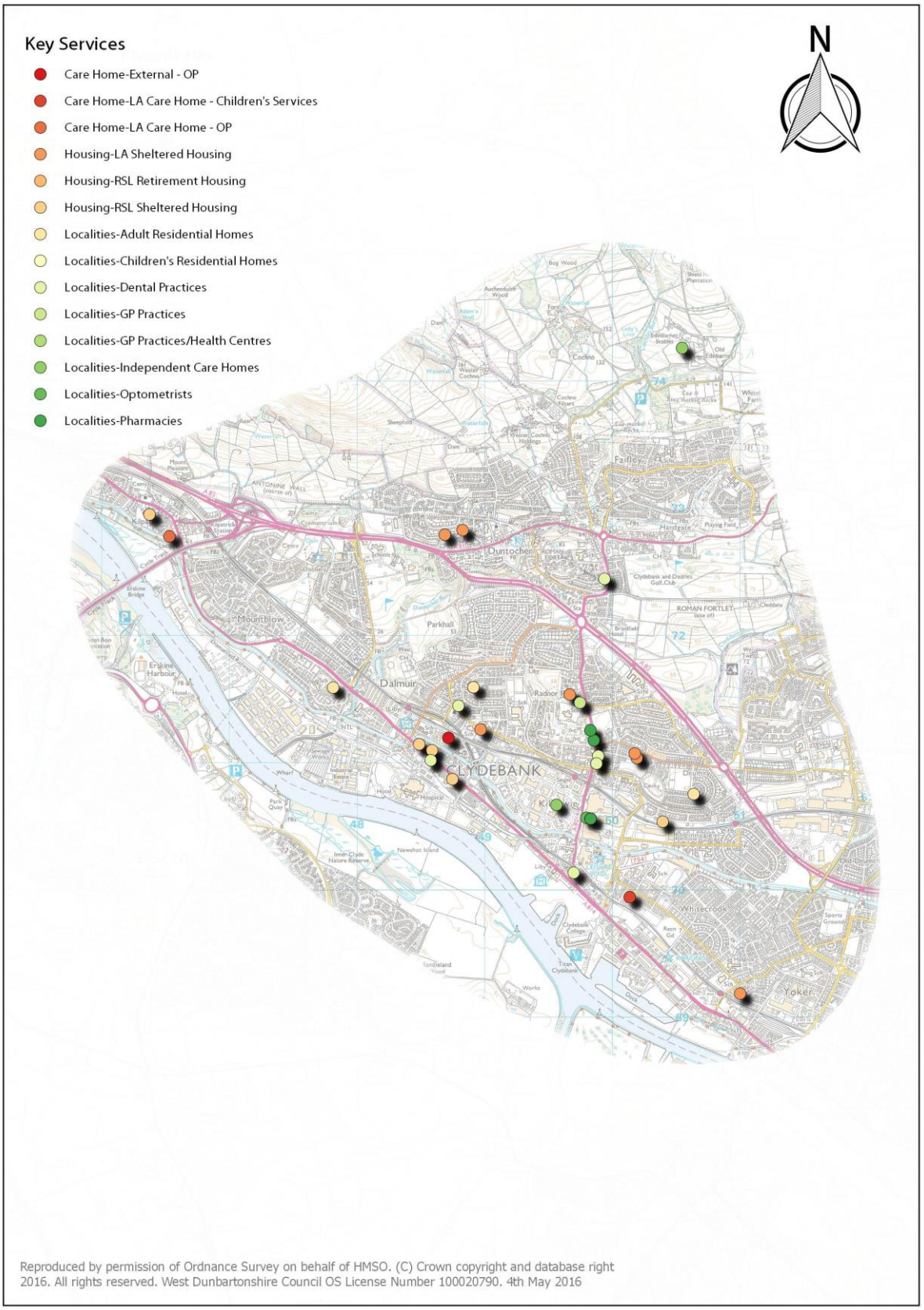


The map below shows the levels of deprivation in West Dunbartonshire based on the most recent Scottish Index of Multiple Deprivation (SIMD 2012).



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




Key Services
Care Home-External - OP
Care Home-LA Care Home - Children's Services
Care Home-LA Care Home - OP
Housing-LA Sheltered Housing
Housing-RSL Retirement Housing
Housing-RSL Sheltered Housing
Localities-Adult Residential Homes
Localities-Children's Residential Homes
Localities-Dental Practices
Localities-GP Practices
Localities-GP Practices/Health Centres
Localities-Independent Care Homes
Localities-Optometrists
Localities-Pharmacies
N
Faifley
Duntocher
Mountblow
Parkhall
Dalmuir
CLYDEBANK
Whitecrook
Yoker
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Health & Wellbeing Profiles (West Dunbartonshire)

Printed Date: 16-MAR-2017 11:03

Domain		Indicator	Period	Number	Measure	Type	National Average	'Worst' Scotland Comparator 'Best'
Life Expectancy & Mortality	1	Male life expectancy [18]	2011	n/a	74.1	yrs	76.6	
	2	Female life expectancy [18]	2011	n/a	78.7	yrs	80.8	
	3	Deaths all ages [12]	2014	1,056	1,365.6	sr4	1,165.0	
	4	All-cause mortality among the 15-44 year olds. [12]	2014	45	144.9	sr4	98.2	
	5	Early deaths from CHD (<75) [12]	2014	54	70.4	sr4	54.2	
	6	Early deaths from cancer (<75) [12]	2014	164	208.2	sr4	167.1	
Behaviours	7	Estimated smoking attributable deaths [3,13,16]	2014	201	441.7	sr4	366.8	
	8	Smoking prevalence (adults 16+) [3,14]	2014	61	21.9	%	20.2	
	9	Alcohol-related hospital stays [15]	2015	914	1,057.2	sr4	664.5	
	10	Alcohol-related mortality [17]	2013	27	31.1	sr4	22.1	
	11	Drug-related hospital stays [12,15]	2014	135	158.2	sr4	133.6	
	12	Active travel to work [3,14]	2014	n/a	15.9	%	15.7	
Ill Health & Injury	13	New cancer registrations [12,19]	2013	610	758.0	sr4	644.3	
	14	Patients hospitalised with chronic obstructive pulmonary disease (COPD) [12,19]	2014	287	340.9	sr4	241.5	
	15	Patients hospitalised with coronary heart disease [12]	2014	433	519.6	sr4	403.1	
	16	Patients hospitalised with asthma [12]	2014	92	100.2	sr4	89.4	
	17	Patients with emergency hospitalisations [12]	2014	7,391	8,542.4	sr4	7,473.4	
	18	Patients (65+) with multiple emergency hospitalisations [12]	2014	852	5,737.3	sr4	5,238.1	
	19	Road traffic accident casualties [12]	2013	46	53.7	sr4	58.9	
Mental Health	20	Population prescribed drugs for anxiety/depression/psychosis	2015	18,809	21.0	%	18.0	
	21	Patients with a psychiatric hospitalisation [12]	2013	285	331.6	sr4	286.2	
	22	Deaths from suicide [17]	2012	15	16.8	sr4	14.2	
Social Care & Housing	23	Adults claiming incapacity benefit/severe disability allowance/ employment and support allowance	2015	6,285	8.5	%	6.2	
	24	People aged 65 and over with high levels of care needs who are cared for at home [3]	2016	320	36.0	%	34.8	
	25	Children looked after by local authority [3]	2014	385	20.5	cr2	14.0	
	26	Single adult dwellings	2015	17,611	39.1	%	37.4	
Education	27	Average tariff score of all pupils on the S4 roll [13]	2012	n/a	182.0	mean	193.0	
	28	Primary school attendance	2010	6,227	94.4	%	94.8	
	29	Secondary school attendance	2010	5,075	90.1	%	91.1	
	30	Working age adults with low or no educational qualifications [3]	2013	10,500	18.6	%	12.6	
Economy	31	Population income deprived	2015	15,955	17.8	%	12.3	
	32	Working age population employment deprived	2014	10,165	17.4	%	12.2	
	33	Working age population claiming Out of Work benefits	2015	9,410	16.2	%	11.2	
	34	Young people not in employment, education or training (NEET). [3]	2014	400	9.5	%	6.5	
	35	Children Living in Poverty	2012	4,645	22.8	%	15.3	
	36	People claiming pension credits (aged 60+)	2015	2,040	9.5	%	6.2	
Crime	37	Crime rate	2015	3,469	38.7	cr2	30.8	
	38	Prisoner population [3]	2014	204	292.3	sr4	161.9	
	39	Referrals to Children's Reporter for violence-related offences [3]	2013	16	2.1	cr2	2.1	
	40	Domestic Abuse [3]	2015	1,358	151.6	cr9	108.1	
	41	Violent crimes recorded [3]	2015	162	18.1	cr9	12.6	
	42	Drug crimes recorded [3]	2015	1,110	123.9	cr9	66.0	
Environment	43	Population within 500 metres of a derelict site	2015	57,413	64.0	%	29.7	
	44	People living in 15% most 'access deprived' areas	2015	10,028	11.2	%	15.0	
	45	Adults rating neighbourhood as 'a very good place to live' [3,14]	2015	n/a	44.0	%	56.3	
Women's & Children's Health	46	Teenage pregnancies [12]	2013	111	42.9	cr2	37.7	
	47	Women smoking during pregnancy [12]	2014	204	22.9	%	17.3	
	48	Low birth weight [12]	2014	21	2.5	%	1.9	
	49	Babies exclusively breastfed at 6-8 weeks [12]	2014	137	16.0	%	27.5	
	50	Child dental health in primary 1	2015	608	65.7	%	69.9	
	51	Child dental health in primary 7	2015	583	66.7	%	67.9	
	52	Child obesity in primary 1	2015	81	8.6	%	9.9	
Immunisations and Screening	53	Breast screening uptake [12]	2011	2,799	69.3	%	72.5	
	54	Bowel screening uptake [12]	2013	8,018	53.3	%	57.3	
	55	Immunisation uptake at 24 months - 5 in 1 [12]	2014	1,012	98.0	%	98.1	
	56	Immunisation uptake at 24 months - MMR [12]	2014	984	95.3	%	95.5	

Notes:

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

Spine Chart Key:

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

Spine Chart Key:

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

See the detailed Definitions and Sources table for indicator information and Technical Report for further guidance on interpreting the spine.

APPENDIX 3: CARE INSPECTORATE GRADINGS FOR WDHSCP REGISTERED SERVICES

This Appendix details the grades achieved for WDHSCP services which were inspected and had reports published by the Care Inspectorate between 1st April 2016 and 31st March 2017.

Gradings:

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

Service	Date published	Grade	Quality Theme
Adoption Services	23 April 2016	**5** **N/A** **N/A** **4**	Care and Support Environment Staffing Management and Leadership
Blairvadach Children's House	13 October 2016	**5** **5** **5** **5**	Care and Support Environment Staffing Management and Leadership
Burnside Children's House	23 December 2016	**6** **NA** **6** **NA**	Care and Support Environment Staffing Management and Leadership
Craigellachie Children's House	23 February 2017	**4** **NA** **4** **NA**	Care and Support Environment Staffing Management and Leadership
Fostering Services	23 April 2016	**5** **N/A** **N/A** **4**	Care and Support Environment Staffing Management and Leadership
Throughcare Adult Placement Services	3 February 2017	**6** **NA** **6** **NA**	Care and Support Environment Staffing Management and Leadership
Acquired Brain Injury	10 February 2017	**6** **N/A** **N/A** **6**	Care and Support Environment Staffing Management and Leadership
Boquhanran House	18 May 2016	**5** **4** **NA** **NA**	Care and Support Environment Staffing Management and Leadership

Service	Date Published	Grade	Quality Theme
Care at Home Services	30 March 2017	**5** **NA** **NA** **5**	Care and Support Environment Staffing Management and Leadership
Community Alarm Services	30 March 2017	**5** **NA** **NA** **5**	Care and Support Environment Staffing Management and Leadership
Dalreoch House	2 February 2017	**5** **N/A** **N/A** **5**	Care and Support Environment Staffing Management and Leadership
Frank Downie House	21 December 2016	**5** **N/A** **N/A** **5**	Care and Support Environment Staffing Management and Leadership
Langcraigs	17 November 2016	**5** **N/A** **N/A** **5**	Care and Support Environment Staffing Management and Leadership
Langcraigs Day Care	18 January 2017	**4** **N/A** **4** **4**	Care and Support Environment Staffing Management and Leadership
Learning Disability Service	22 November 2016	**3** **N/A** **3** **3**	Care and Support Environment Staffing Management and Leadership
Learning Disability Community Connections	31 January 2017	**5** **N/A** **4** **4**	Care and Support Environment Staffing Management and Leadership
Mount Pleasant House	23 February 2017	**3** **3** **3** **3**	Care and Support Environment Staffing Management and Leadership
Sheltered Housing	30 March 2017	**5** **NA** **NA** **5**	Care and Support Environment Staffing Management and Leadership
Willox Park	21 October 2016	**4** **N/A** **4** **N/A**	Care and Support Environment Staffing Management and Leadership

APPENDIX 4: WD HSCP KEY PERFORMANCE INDICATOR SUMMARY 2016/17

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

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

*Provisional figure pending full year data

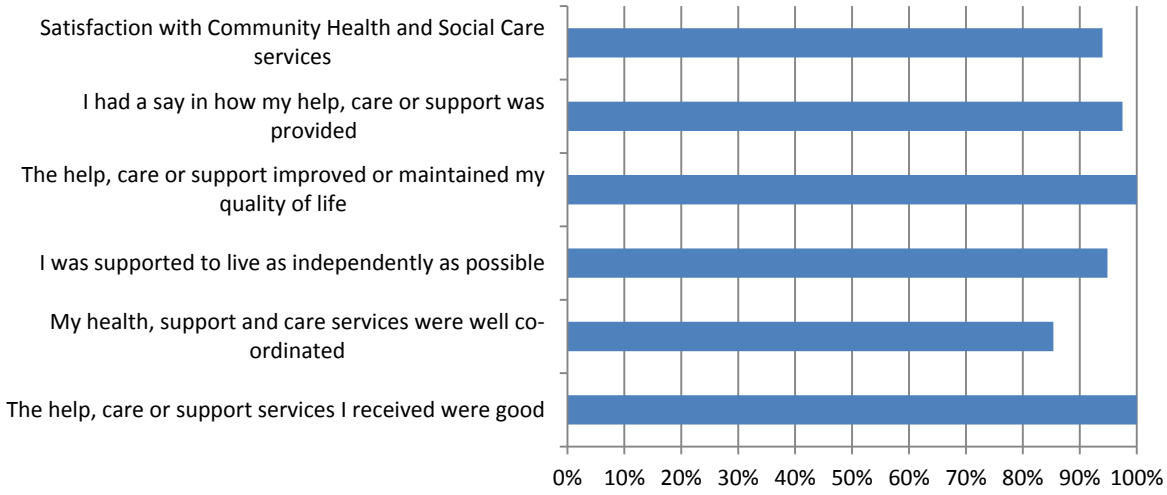
Performance Indicator	2015/16	2016/17		
	Value	Value	Target	Status
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	100%	90%	✓
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	6.25	6	18	✓
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	95.8%	95.6%	95%	✓
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	96.9%	97.6%	95%	✓
Balance of Care for looked after children: % of children being looked after in the Community	89.8%	90.4%	90%	✓
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	62%	62%	73%	●
Percentage of all children aged 0-18 years with an identified "named person" as defined within the Children's and Young People's Act 2014	93.3%	100%	100%	✓
Number of delayed discharges over 3 days (72 hours) non-complex cases	N/A	14	0	●
Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	3,345	3,047	3,210	✓
Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	1,617	849	466	●
Emergency admissions aged 65+ as a rate per 1,000 population	250	263	236	▲
Unplanned acute bed days (aged 65+) as a rate per 1,000 population	2,610	2,883	2,831	▲
Rates of attendance per month at Accident and Emergency (A&E) per 100,000 population - Rolling Year	1,517	1,586	1,750	✓
Number of non-elective inpatient admissions	10,702	10,503	12,000	✓
Percentage of total deaths which occur in hospital 65+	44.4%	42.2%*	45.9%	✓

Performance Indicator	2015/16	2016/17		
	Value	Value	Target	Status
Percentage of total deaths which occur in hospital 75+	42.8%	41.7%*	45.9%	
Number of clients 65+ receiving a reablement intervention	542	610	545	
Percentage of adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes	61.5%	66%	65%	
Number of patients in anticipatory care programmes	1,821	1,678	1,400	
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	23,304	23,058	23,670	
Total number of homecare hours provided as a rate per 1,000 population aged 65+	548.7	517.9	550	
Percentage of people aged 65 and over who receive 20 or more interventions per week	28%	28.9%	30%	
Percentage of people aged 65 or over with intensive needs receiving care at home	35.83%	33.5%	37%	
Percentage of homecare clients aged 65+ receiving personal care	90.3%	93.7%	90%	
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	97.8%	97.7%	98%	
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	35.8%	29%	40%	
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	35%	22.3%	30%	
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	42%	39.2%	35%	
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	N/A	51.2%	90%	
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - NHSGGC	N/A	49.3%	90%	
Number of clients receiving Home Care Pharmacy Team support	815	1,048	600	
Prescribing cost per weighted patient (£Annualised)	£172.00	£181.10	NHS GGC average at March 2017	To be confirmed
Compliance with Formulary Preferred List	79.8%	80.2%	78%	
Total number of respite weeks provided to all client groups	6,729	4,795.1	6,730	

Performance Indicator	2015/16	2016/17		
	Value	Value	Target	Status
Percentage of carers who feel supported to continue in their caring role	80.2%	99%	90%	
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	91.7%	92.7%	90%	
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	97%	96%	98%	
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	82%	71%	80%	
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	69%	64%	90%	
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	
Percentage of child protection investigations to case conference within 21 days	83%	81.8%	95%	
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%	
Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review - Early Years Collaborative Stretch Aim	71.7%	71.7%	85%	

Appendix 5: National Health and Wellbeing Outcomes

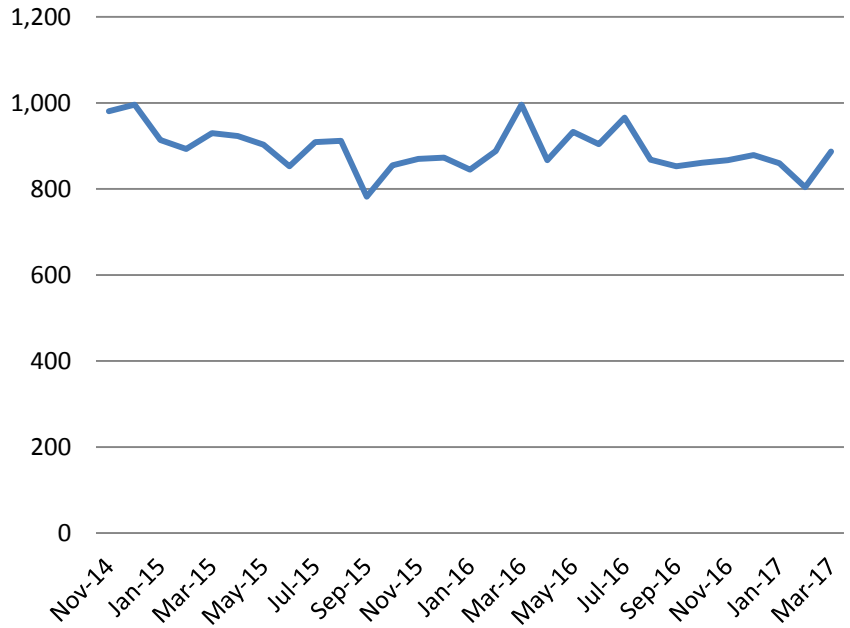
WDHSCP has collected data to monitor outcomes for those using health and social care services within West Dunbartonshire in line with the National Health and Wellbeing Outcomes. As part of West Dunbartonshire Council's telephone user survey, callers were asked during January to March 2017 to provide feedback on their experience of HSCP services.



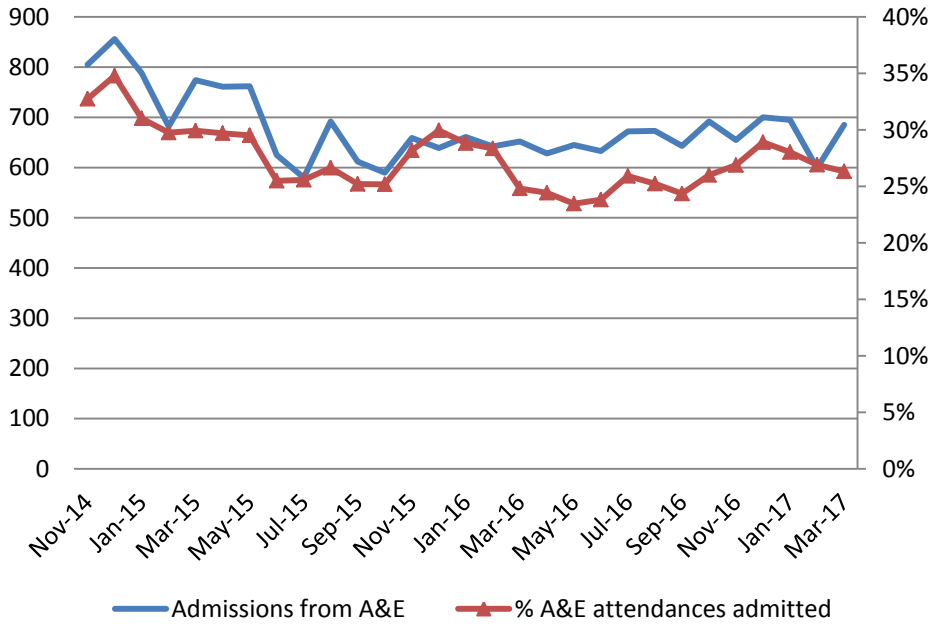
Appendix 6: Measuring Performance under Integration

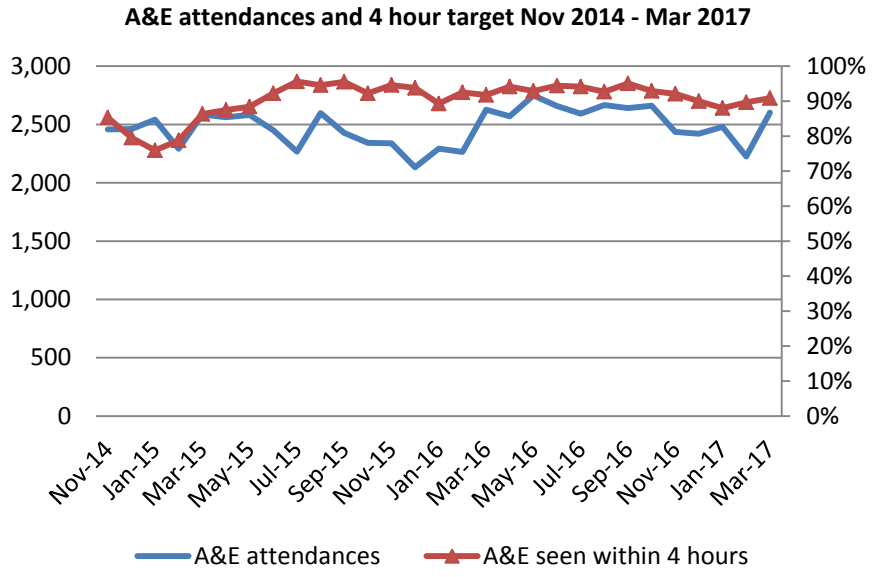
Provisional monthly figures for six of the Core Integration Indicators are being produced and monitored at a national level. Indicative figures below show the improving trend in West Dunbartonshire since November 2014. Subsequent improvements have also been seen in the latest provisional figures for April 2017.

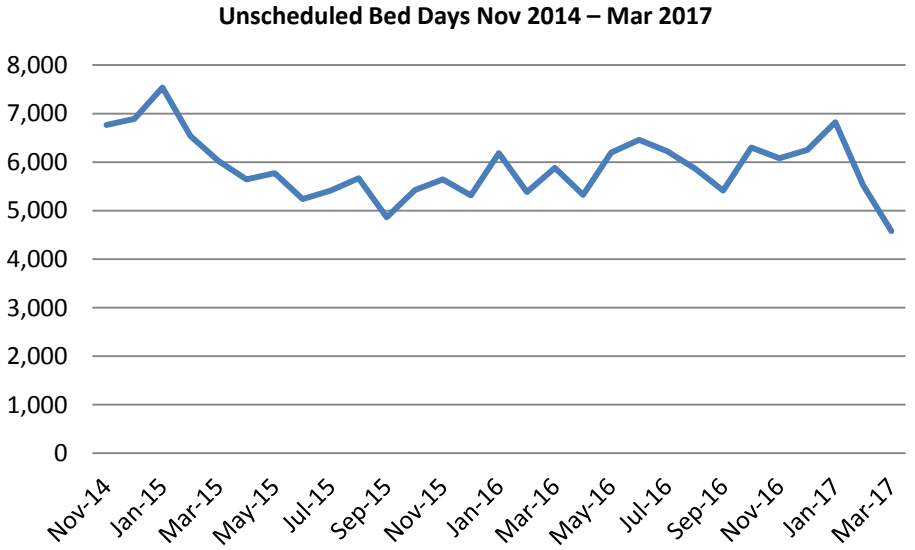
Emergency Admissions Nov 2014 - Mar 2017

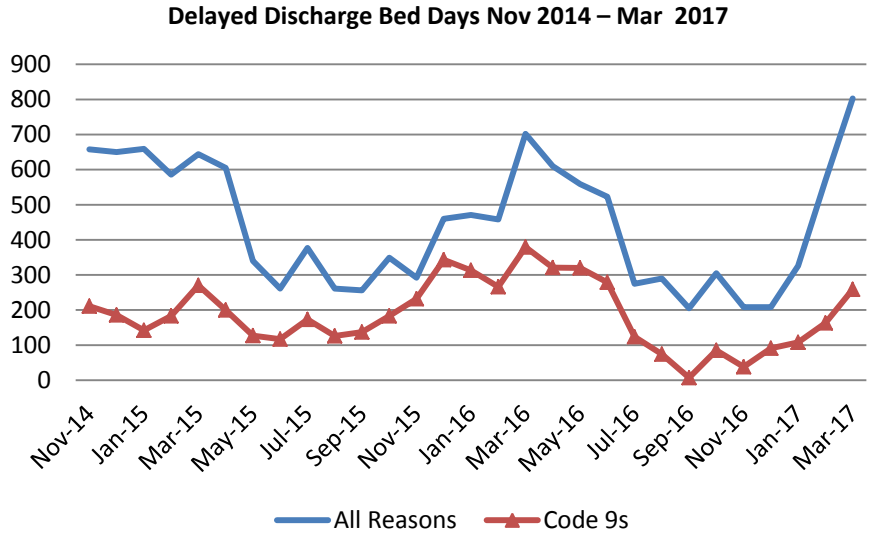


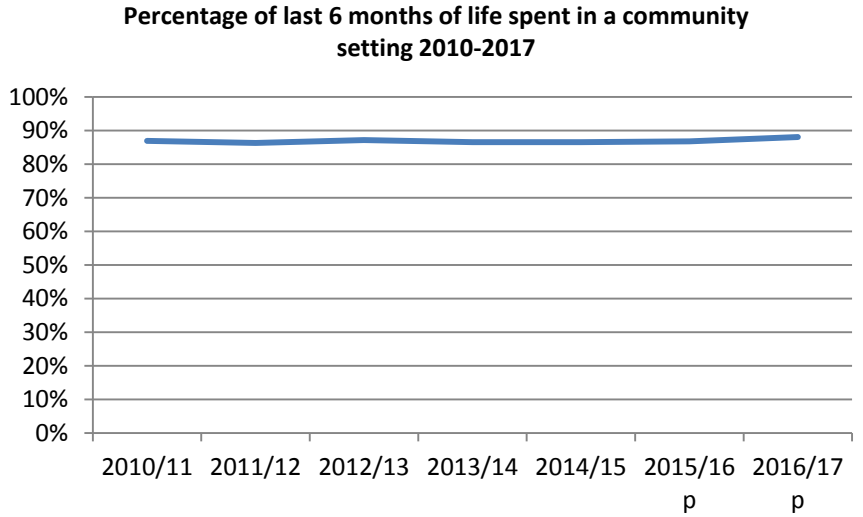
Admissions from Accident & Emergency Nov 2014 – Mar 2017




A&E attendances and 4 hour target Nov 2014 - Mar 2017
3,000
2,500
2,000
1,500
1,000
500
0
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Nov-14
Jan-15
Mar-15
May-15
Jul-15
Sep-15
Nov-15
Jan-16
Mar-16
May-16
Jul-16
Sep-16
Nov-16
Jan-17
Mar-17
A&E attendances
A&E seen within 4 hours


Unscheduled Bed Days Nov 2014 – Mar 2017
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
Nov-14
Jan-15
Mar-15
May-15
Jul-15
Sep-15
Nov-15
Jan-16
Mar-16
May-16
Jul-16
Sep-16
Nov-16
Jan-17
Mar-17


Delayed Discharge Bed Days Nov 2014 – Mar 2017
900
800
700
600
500
400
300
200
100
0
Nov-14
Jan-15
Mar-15
May-15
Jul-15
Sep-15
Nov-15
Jan-16
Mar-16
May-16
Jul-16
Sep-16
Nov-16
Jan-17
Mar-17
All Reasons
Code 9s


Percentage of last 6 months of life spent in a community setting 2010-2017
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16 p
2016/17 p

Appendix 7: HSCP Local Government Benchmarking Framework indicators

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

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	We are the best performing HSCP in Scotland in 2015/16. 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

Performance Indicator	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	Value	Value	Value	Value	Value	Value	Note
							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%.
% 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. We are the best performing HSCP in Scotland for this measure. 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 2014/15 recognises that 'variation in net costs between councils will be largely influenced by the balance of LA funded/self-funded residents within each area, and the scale of LA care home provision and associated running costs'. 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

West Dunbartonshire HSCP Complaints Summary
1 April 2016 – 31 March 2017

There were a total of 51 complaints received within the Partnership during the reporting year.

Responded under NHSGGC Complaints Policy		**Responded under WDC Complaints Policy**	
Fully Upheld	3	Fully Upheld	14
Partially Upheld	10	Partially Upheld	3
Not Upheld	6	Not Upheld	6
Unsubstantiated		Unsubstantiated	4
Withdrawn		Withdrawn	
Ongoing		Ongoing	5*
Consent not received		Consent not received	
NHSGGC Complaints Policy		**WDC Complaints Policy**	
Children's Services	1	Children's Services	7
Mental Health	3	Residential Care Home	5
MSK Physiotherapy**	12	Care Contract Team	2
Diabetic Clinic	1	Care at Home	12
Diabetic Retinal Screening	2	Community Care	1
		HSCP Admin (Community Care)	1
		Criminal Justice	1
		Community Older People's Team	2
		Learning Disability Services	1
Total	**19**		**32**

*5 complaints received in Quarter 4 will be reported in Quarter 1 2017/18.
**NHSGGC-Wide Hosted services

Summary of main themes evident from lessons learnt:

- Importance of staff communicating timeously, clearly and respectfully with service users.
- Importance of on-going and clear engagement with client advocates.
- Importance of good record keeping and proper use of systems.
- Importance of clear and timely communication between staff.
- Training needs of staff within their service area.

	Value	**Target**	**Note**
Percentage of complaints received and responded to within 20 working days (NHS)	89%	70%	19 complaints received, with 17 responded to on time.
Percentage of complaints received which were responded to within 28 days (WDC)	48%	70%	27 complaints received, with 13 responded to on time. It has been confirmed that delays were always related to the complexity of the complaints, so were legitimate in each circumstance; and interim updates were provided to all complainants to their satisfaction.

Service Area	Complaint Subject	Outcome
WDC Policy		
Children's Services	Failure to achieve standards/quality of service	Not upheld
	Care arrangements between family members	Unsubstantiated
	Employee attitude/failure to fulfil statutory responsibilities	Unsubstantiated
	Communication	Upheld
	Bias or unfair discrimination	Not upheld
	Failure to fulfil statutory responsibilities	Unsubstantiated
Residential Care Homes	Failure to achieve standards/quality of service	Upheld
	Failure to fulfil statutory responsibilities	Upheld
	Employee Attitude	Upheld
	Employee Attitude	Upheld
	Street Parking	Not upheld
Care Contract Team	Administration	Partially upheld
	Policy Implementation	Partially upheld
Care at Home	Administration	Upheld
	Policy Implementation	Upheld
	Employee Attitude	Upheld
	Employee Attitude	Upheld
	Other	Upheld
	Failure to achieve standards/quality of service	Upheld
	Failure to achieve standards/quality of service	Partially upheld
	Failure to achieve standards/quality of service	Upheld
	Administrative Delays	Upheld
Community Care	Waiting times	Not upheld
HSCP Admin (Community Care)	Employee Attitude	Upheld
Criminal Justice	Bias or unfair discrimination	Not upheld
Community Older People's Team	Policy Implementation	Not upheld
Dumbarton Social Work Adult Team	Failure to achieve standards	Unsubstantiated

Service Area	Complaint Subject	Outcome
NHS GGC Policy		
Children's Services	Education	Upheld
Mental Health	Treatment	Not upheld
	Delay in treatment	Partially upheld
	Communication	Partially upheld
MSK Physiotherapy	Waiting times / communication	Partially upheld
	Employee attitude / treatment	Not upheld
	Communication / waiting times	Partially upheld
	Staff	Not upheld
	Treatment	Not upheld
	Waiting times	Partially upheld
	Waiting times	Partially upheld
	Employee Attitude	Not upheld
	Communication	Not upheld
	Access	Partially upheld
	Waiting times	Partially upheld
	Access / Waiting times	Partially upheld
Diabetic Clinic	Access / Conduct / System	Partially upheld
Diabetic Retinal Screening	Conduct issues	Upheld
	Access/Conduct/System	Upheld

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 23rd August 2017

Subject: Strategic Partnership Agreement – Y-Sort-It

1. Purpose

1.1 To present the Partnership Board with the strategic partnership agreement with Y-Sort-It.

2. Recommendations

2.1 The Partnership Board is recommended to approve the strategic partnership agreement with Y-Sort-It.

3. Background

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

3.2 A key commitment within that Participation and Engagement Strategy was that the Health & Social Care Partnership would bring forward Partnership Agreements for approval in respect of key strategic partners.

4.1 At its November 2016 meeting, the Partnership Board consequently approved strategic partnership agreements with West Dunbartonshire Community Volunteer Service (WDCVS – as the local Third Sector Interface); Carers of West Dunbartonshire; and Scottish Care. As committed to at that meeting, further engagement has been taken forward with Y-Sort-It to explore and then develop a similar agreement for approval (appended).

4. Main issues

4.2 As committed to within the Participation and Engagement Strategy, the purpose of such strategic partnership agreements as the one presented here is make clear the collective commitment to deliver structured sector engagement and participation as part of strategic commissioning.

4.3 This strategic partnership agreement has been co-produced with the Y-Sort-It; and embraces the concept of developing a "public service ethos" (rather than a solely "public sector ethos") for the ultimate benefit of all citizens. The agreement provides a transparent framework for engagement and partnership working at strategic and operational levels that mitigates potential conflicts – or perceived conflicts – of interest between the parties. It also reflects the positive and productive working relationships between the HSCP, Y-Sort-It and local young people recognised within the recent joint inspection

of local services for children and young people (as presented to the May 2017 meeting of the HSCP Board).

4.4 This strategic partnership agreement has been presented to and approved by the Y-Sort-It Management Board.

5. People Implications

5.1 No specific implications associated with this report.

6. Financial Implications

6.1 No specific implications associated with this report.

7. Professional Implications

7.1 No specific implications associated with this report.

8. Locality Implications

8.1 No specific implications associated with this report..

9. Risk Analysis

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

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 None required.

12. Strategic Assessment

12.1 This Strategic Partnership Agreement has been developed to support the effective and transparent partnership working required for the delivery of the Strategic Plan.

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

Date: 23rd August 2017

Person to Contact:	Soumen Sengupta - Head of Strategy, Planning & Health Improvement, Garshake Road, Dumbarton. E-mail: soumen.sengupta@ggc.scot.nhs.uk Telephone: 01389 737321
Attached:	Strategic Partnership Agreement: West Dunbartonshire Health and Social Care Partnership Board & Y-Sort-It
Background Papers:	HSCP Board Report (May 2016): Participation and Engagement Strategy HSCP Board Report (November 2016): Strategic Partnership Agreements HSCP Board Report (May 2017): Joint Inspection of Services for Children and Young People in West Dunbartonshire – February 2017 Scottish Government (2015) National Framework for Clinical and Care Governance: http://www.gov.scot/Resource/0049/00491266.pdf
Wards Affected:	All

Strategic Partnership Agreement

Health & Social Care Collaboration

West Dunbartonshire Health and Social Care Partnership Board

&

Y-Sort-It West Dunbartonshire

2017

1. Definitions

Partners
"West Dunbartonshire Health and Social Care Partnership Board" (local integrated joint board)
"Y-Sort-it Management Board"

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

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

This agreement will be subject to an annual review.

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

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

The Agreement is in line with, and determined by the principles described within the HSCP Participation and Engagement Strategy 2016 and Y-Sort-it Operational Plan 2017 – 2018.

For the purposes of this agreement the preferred term to use will be young person aged 8 to 25 years.

The organisation of Y-Sort-it is defined as the third sector and for the purpose of this agreement the term “the third sector” has been chosen to describe organisations which:

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

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

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

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

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

2. Policy Context for the Agreement

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

This Agreement recognises that Y-Sort-it is an equal partner in the planning and delivery of care and support. And as such, Y-Sort-it is central to the planning, shaping and delivery of services for young people with care needs and in relation to support for themselves.

In line with the requirements of strategic planning; the HSCP alongside partners within third and independent sector have established a Market Facilitation Consortium model of market analysis across all of our health and social care services. Y-Sort-it is a key partner and service provider working across the statutory, independent and third sector to make the best use of the significant resources invested across our communities.

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

3. Principles and Values

Our shared aim is to provide quality services to the people of West Dunbartonshire. Both partners recognise that there is added value in working in partnership towards common aims and objectives; across all care groups and special interest groups. The HSCP and Y-Sort-it consistently work in partnership to agreed integrated priorities and frameworks, e.g. the Integrated Children's Services Plan and Alcohol and Drug Partnership.

The following principles will underpin this partnership:

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

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

4. Strategic Objectives

Objective 1: Strategic Involvement - informed, included and participative Y-Sort-It in West Dunbartonshire

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

Both parties agree to adopt the Regulations of the Public Bodies (Joint Working) Act (2014) ensuring that Y-Sort-it are appropriately involved in the development and delivery of the HSCP Strategic Plan.

In doing so, both parties recognise that:

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

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

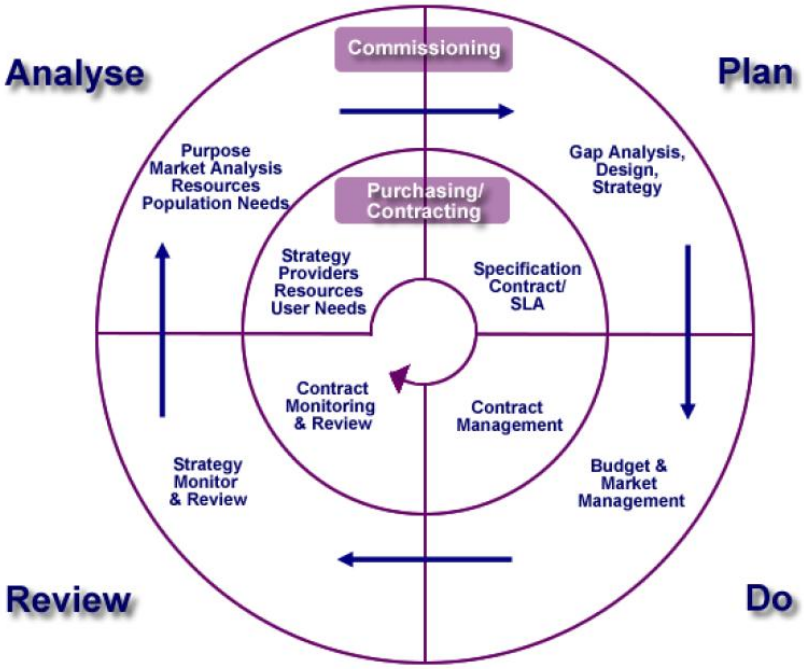
Both parties will promote fair and appropriate access to strategic, project and contract funding, with decisions about procuring or commissioning services based on principles concerning preparedness, quality and value for money and not on nominal cost alone.

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

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

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

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



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

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

In taking this forward, Y-Sort-it agrees to:

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

In taking this forward, West Dunbartonshire HSCP agrees to:

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

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

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 23rd August 2017

Subject: The National Health and Social Care Standards – My Support, My Life

1. Purpose

1.1 To bring to the Partnership Board's attention the recently launched National Health and Social Care Standards.

2. Recommendation

2.1 The Partnership Board is asked to note the new National Health & Social Care Standards.

3. Background

3.1 As reported at the March 2016 meeting of the Audit Committee, in February 2016, the overarching principles for new national care standards were signed off by the Cabinet Secretary for Health, Wellbeing and Sport - namely:

- Dignity and respect
- Compassion
- Be included
- Responsive care and support
- Wellbeing

3.2 As Audit Committee members recognised, these overarching principles reinforce the existing core values of the Partnership Board and the Health & Social Care Partnership as expressed in the Integration Scheme and Strategic Plan, i.e.:

- Protection
- Improvement
- Efficiency
- Transparency
- Fairness
- Collaboration
- Respect
- Compassion

3.3 The Scottish Government then tasked the Care Inspectorate and Healthcare Improvement Scotland to lead work to co-produce new standards for care working alongside people using services, providers and other agencies. A suite of proposed standards were co-produced for consultation in

October 2016, with the HSCP preparing and submitting a response to that process (as endorsed by the Audit Committee at its December 2016 meeting ahead of the January deadline for submissions).

3.4 In June 2016 the Scottish Government formally launched the finalised new National Health and Social Care Standards (appended).

4. Main Issues

4.1 These Health and Social Care Standards set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

4.2 The Standards are based on five headline outcomes:

- I experience high quality care and support that is right for me.
- I am fully involved in all decisions about my care and support.
- I have confidence in the people who support and care for me.
- I have confidence in the organisation providing my care and support.
- I experience a high quality environment if the organisation provides the premises.

4.3 From 1st April 2018 the Standards will be taken into account by the Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies in relation to inspections, and registration, of health and care services.

4.4 The broader expectation is that the Standards should be used to complement the relevant legislation and best practice that support health and care services to ensure high quality care and continuous improvement. The ambition is that consequently non-registered services will also use the Standards as a guideline for how to achieve high quality care.

4.5 The Partnership Board has previously affirmed its strong commitment to robust quality assurance within the Strategic Plan, and the important contribution that external inspection has to that process – not least to provide reassurance to the public and other stakeholders in terms of the care provided on a day and daily basis. As such, the introduction of these new National Standards and their planned use by external scrutiny bodies is entirely in keeping with that existing commitment by the Partnership Board; and the approach within the Health & Social Care Partnership to delivering care and developing services (e.g. as evidenced and positively commented upon by the recent joint inspection of children and young people's services).

5. People Implications

5.1 None associated with this report.

6. Financial Implications

6.1 None associated with this report.

7. Professional Implications

7.1 None associated with this report.

8. Locality Implications

8.1 None associated with this report.

9. Risk Analysis

9.1 The standards and outcomes set out in the Standards are published in exercise of the Scottish Ministers' powers under section 50 of the Public Services Reform (Scotland) Act 2010 and section 10H of the National Health Service (Scotland) Act 1978.

9.2 They do not replace previous standards and outcomes relating to healthcare that have already been produced under section 10H of the National Health Service (Scotland) Act 1978 but they will replace the National Care Standards, published in 2002 under section 5 of the Regulation of Care (Scotland) Act. As such the Standards do not replace or remove the need to comply with legislation which sets out requirements for the provision of services. Health and care services will continue to follow existing legislative requirements and best practice guidance which apply to their particular service or sector, in addition to applying the Standards.

9.3 The Care Inspectorate and Healthcare Improvement Scotland will take into account the Standards when carrying out their inspections and quality assurance functions, and when making decisions about care and health services which are, or are applying to be, registered.

10. Impact Assessments

10.1 The Care Inspectorate and Healthcare Improvement Scotland have confirmed the new standards have been developed using a human rights and wellbeing approach which recognises that people are entitled to the same high standards of care and support in a way which reflects their needs and circumstances.

11. Consultation

11.1 The new Standards were developed by a national Development Group made up of organisations representing people using services, unpaid carers, social care providers and commissioners of care. At an early stage there were focus groups with individuals who use care services and their carers to understand

what matters most to people about their care. The public consultation on the draft Standards ran from October 2016 to January 2017.

12. Strategic Assessment

12.1 The national overarching principles are already reflected in the core values of the Partnership Board and the Health and Social Care Partnership – and so these new National Standards positively reinforce the existing commitment to clinical and care governance within the Strategic Plan.

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

Date: 27th August 2017

Person to Contact:	Soumen Sengupta – Head of Strategy, Planning & Health Improvement, Garshake Road, Dumbarton. G82 3PU. Telephone: 01389 737321 e-mail: soumen.sengupta@ggc.scot.nhs.uk
Appendices:	National Health and Social Care Standards
Background Papers:	Audit Committee Report (March 2016): National Care Standards – Overarching Principles Audit Committee Report (December 2016): The National Health and Social Care Standards Consultation HSCP Board Report (May 2017): Joint Inspection of Services for Children and Young People in West Dunbartonshire - February 2017
Wards Affected:	All

Health and Social Care Standards
My support, my life.

Health and Social Care Standards

My support, my life

Scottish Government
Riaghaltas na h-Alba
gov.scot

I am delighted to be able to introduce the new Health and Social Care Standards and commend all of the hard work that has gone into creating these new, human rights based Standards.

The new Standards are wide reaching, flexible and focussed on the experience of people using services and supporting their outcomes. One of the major changes to these Standards is that they will now be applicable to the NHS, as well as services registered with the Care Inspectorate and Healthcare Improvement Scotland.

Everyone is entitled to high quality care and support tailored towards their particular needs and choices. This might be in a hospital; a care home; a children's nursery; or within their own home. Each and every one of us at some point in our lives will use or know someone who uses a health or social care service. These Standards are therefore hugely important to ensure that everyone in Scotland receives the care and support that is right for them.

I would like to thank everyone across the health and social care sectors involved in creating these Standards. You have worked hard to make them innovative and aspirational. Contributions from professional bodies, people who use services, service providers, private and third sector organisations, have created Standards that are applicable to a wide range of health and social care services.

Moving forward, there is still work to be done to ensure that the Standards are implemented successfully. We will support health and care providers, commissioners of services and inspection agencies to ensure a full understanding of what is required to meet the Standards and improve levels of care and support in Scotland.

Shona Robison MSP
Cabinet Secretary for Health and Sport

Introduction

These Health and Social Care Standards (the Standards) set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

The objectives of the Standards are to drive improvement, promote flexibility and encourage innovation in how people are cared for and supported. All services and support organisations, whether registered or not, should use the Standards as a guideline for how to achieve high quality care.

Why have these Standards been developed?

The standards and outcomes set out in the Standards are published in exercise of the Scottish Ministers' powers under section 50 of the Public Services Reform (Scotland) Act 2010 and section 10H of the National Health Service (Scotland) Act 1978. They do not replace previous standards and outcomes relating to healthcare that have already been produced under section 10H of the National Health Service (Scotland) Act 1978 but they will replace the National Care Standards, published in 2002 under section 5 of the Regulation of Care (Scotland) Act 2001.

From 1 April 2018 the Standards will be taken into account by the Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies in relation to inspections, and registration, of health and care services.

What are the Standards?

Throughout this document, 'standards' is used as a collective term to describe both the headline outcomes, and the descriptive statements which set out the standard of care a person can expect. The headline outcomes are:

1: I experience high quality care and support that is right for me.
2: I am fully involved in all decisions about my care and support.
3: I have confidence in the people who support and care for me.
4: I have confidence in the organisation providing my care and support.
5: I experience a high quality environment if the organisation provides the premises.

The descriptive statements, set out after each headline outcome, explain what achieving the outcome looks like in practice. Not every descriptor will apply to every service.

The Standards are underpinned by five principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing. The principles themselves are not standards or outcomes but rather reflect the way that everyone should expect to be treated.

Who are these Standards for?

The Standards are for everyone. Irrespective of age or ability, we are all entitled to the same high quality care and support. The Care Inspectorate and Healthcare Improvement Scotland will take into account the Standards when carrying out their inspections and quality assurance functions, and when making decisions about care and health services which are, or are applying to be, registered. Our aim is that non-registered services also use the Standards as a guideline for how to achieve high quality care. The Standards can be applied to a diverse range of services from child-minding and daycare for children in their early years, housing support and care at home for adults, to hospitals, clinics and care homes.

The Standards do not replace or remove the need to comply with legislation which sets out requirements for the provision of services. Health and care services will continue to follow existing legislative requirements and best practice guidance which apply to their particular service or sector, in addition to applying the Standards. The Standards should be used to complement the relevant legislation and best practice that support health and care services to ensure high quality care and continuous improvement. Current best practice guidance can be found on the Care Inspectorate and Healthcare Improvement Scotland websites.

Principles

Dignity and respect

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

Compassion

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

Be included

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

Responsive care and support

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

Wellbeing

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

1: I experience high quality care and support that is right for me

Dignity and respect

1.1 I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation.

1.2 My human rights are protected and promoted and I experience no discrimination.

1.3 If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.

1.4 If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.

1.5 If I am supported and cared for in the community, this is done discreetly and with respect.

Compassion

1.6 I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.

1.7 I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.

1.8 If I experience care and support in a group, the overall size and composition of that group is right for me.

Be included

1.9 I am recognised as an expert in my own experiences, needs and wishes.

1.10 I am supported to participate fully as a citizen in my local community in the way that I want.

1.11 I can be with my peers, including other people who use my service, unless this is unsafe and I have been involved in reaching this decision.

Responsive care and support

Assessing my care and support needs

1.12 I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.

1.13 I am assessed by a qualified person, who involves other people and professionals as required.

1.14 My future care and support needs are anticipated as part of my assessment.

1.15 My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

1.16 As a child or young person needing permanent alternative care, I experience this without unnecessary delay.

Choosing my care and support

1.17 I can choose from as wide a range of services and providers as possible, which have been planned, commissioned and procured to meet my needs.

1.18 I have time and any necessary assistance to understand the planned care, support, therapy or intervention I will receive, including any costs, before deciding what is right for me.

Experiencing my care and support

1.19 My care and support meets my needs and is right for me.

1.20 I am in the right place to experience the care and support I need and want.

1.21 I am enabled to live in my own home if I want this and it is possible.

1.22 I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment.

1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

1.24 Any treatment or intervention that I experience is safe and effective.

Wellbeing

1.25 I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.

1.26 I can choose to spend time alone.

1.27 I am supported to achieve my potential in education and employment if this is right for me.

1.28 I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.

1.29 I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect.

1.30 As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling.

1.31 As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials.

1.32 As a child, I play outdoors every day and regularly explore a natural environment.

Eating and drinking

1.33 I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.

1.34 If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.

1.35 I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.

1.36 If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate.

1.37 My meals and snacks meet my cultural and dietary needs, beliefs and preferences.

1.38 If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible.

1.39 I can drink fresh water at all times.

2: I am fully involved in all decisions about my care and support

Dignity and respect

2.1 I can control my own care and support if this is what I want.

2.2 I am empowered and enabled to be as independent and as in control of my life as I want and can be.

2.3 I am supported to understand and uphold my rights.

2.4 I am supported to use independent advocacy if I want or need this.

2.5 If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.

2.6 I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.

2.7 My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used.

Compassion

2.8 I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.

Be included

2.9 I receive and understand information and advice in a format or language that is right for me.

2.10 I can access translation services and communication tools where necessary and I am supported to use these.

2.11 My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.

2.12 If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

2.13 If a decision is taken against my wishes, I am supported to understand why.

2.14 I am fully informed about what information is shared with others about me.

2.15 I am enabled to resolve conflict, agree rules and build positive relationships with other people as much as I can.

2.16 If I am fostered, my foster family is supported to fully include me in family life.

Responsive care and support

2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me.

2.18 I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.

2.19 I am encouraged and supported to make and keep friendships, including with people my own age.

2.20 If I need or want to move on and start using another service, I will be fully involved in this decision and properly supported throughout this change.

Wellbeing

2.21 I take part in daily routines, such as setting up activities and mealtimes, if this is what I want.

2.22 I can maintain and develop my interests, activities and what matters to me in the way that I like.

2.23 If I need help with medication, I am able to have as much control as possible.

2.24 I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.

2.25 I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.

2.26 I know how different organisations can support my health and wellbeing and I am helped to contact them if I wish.

2.27 As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity.

3: I have confidence in the people who support and care for me

Dignity and respect

3.1 I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.

3.2 If I experience care and support where I live, people respect this as my home.

3.3 I have agreed clear expectations with people about how we behave towards each other, and these are respected.

3.4 I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me.

3.5 As a child or young person, I am helped to develop a positive view of myself and to form and sustain trusting and secure relationships.

Compassion

3.6 I feel at ease because I am greeted warmly by people and they introduce themselves.

3.7 I experience a warm atmosphere because people have good working relationships.

3.8 I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with.

3.9 I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me.

3.10 As a child or young person I feel valued, loved and secure.

Be included

3.11 I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support.

3.12 I can understand the people who support and care for me when they communicate with me.

3.13 I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me.

Responsive care and support

3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

3.15 My needs are met by the right number of people.

3.16 People have time to support and care for me and to speak with me.

3.17 I am confident that people respond promptly, including when I ask for help.

3.18 I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

3.19 My care and support is consistent and stable because people work together well.

Wellbeing

3.20 I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

3.21 I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.

3.22 I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made.

3.23 If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me.

3.24 If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies.

3.25 I am helped to feel safe and secure in my local community.

4: I have confidence in the organisation providing my care and support

Dignity and respect

4.1 My human rights are central to the organisations that support and care for me.

4.2 The organisations that support and care for me help tackle health and social inequalities.

Compassion

4.3 I experience care and support where all people are respected and valued.

4.4 I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.

Be included

4.5 If possible, I can visit services and meet the people who would provide my care and support before deciding if it is right for me.

4.6 I can be meaningfully involved in how the organisations that support and care for me work and develop.

4.7 I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.

4.8 I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.

4.9 I can take part in recruiting and training people if possible.

4.10 As a child or young person unable to live with my immediate family, I can live with wider family members alongside my brothers and sisters if I want this and where it is possible and safe.

Responsive care and support

4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

4.12 I receive proper notice and I am involved in finding an alternative if the service I use plans to close or can no longer meet my needs and wishes.

4.13 I have enough time and support to plan any move to a new service.

4.14 My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

4.15 I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.

4.16 I am supported and cared for by people I know so that I experience consistency and continuity.

4.17 If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity.

4.18 I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.

4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

4.20 I know how, and can be helped, to make a complaint or raise a concern about my care and support.

4.21 If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

4.22 If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative.

Wellbeing

4.23 I use a service and organisation that are well led and managed.

4.24 I am confident that people who support and care for me have been appropriately and safely recruited.

4.25 I am confident that people are encouraged to be innovative in the way they support and care for me.

4.26 If I have a carer, their needs are assessed and support provided.

4.27 I experience high quality care and support because people have the necessary information and resources.

5: I experience a high quality environment if the organisation provides the premises

Dignity and respect

5.1 I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.

5.2 I can easily access a toilet from the rooms I use and can use this when I need to.

5.3 I have an accessible, secure place to keep my belongings.

5.4 If I require intimate personal care, there is a suitable area for this, including a sink if needed.

Compassion

5.5 I experience a service that is the right size for me.

5.6 If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax.

5.7 If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible.

Be included

5.8 I experience a service as near as possible to people who are important to me and my home area if I want this and if it is safe.

5.9 I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate.

5.10 If I experience 24 hour care, I am connected, including access to a telephone, radio, TV and the internet.

5.11 I can independently access the parts of the premises I use and the environment has been designed to promote this.

5.12 If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom.

5.13 If I live in a care home, I can decide on the decoration, furnishing and layout of my bedroom, including bringing my own furniture and fittings where possible.

5.14 If I live in a care home and there are separate facilities for people who support and care for me, these are in keeping with the homely environment.

5.15 If I am an adult living in a care home I can choose to see visitors in private and plan for a friend, family member or my partner to sometimes stay over.

Responsive care and support

5.16 The premises have been adapted, equipped and furnished to meet my needs and wishes.

Wellbeing

5.17 My environment is secure and safe.

5.18 My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.

5.19 My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.

5.20 I have enough physical space to meet my needs and wishes.

5.21 I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.

5.22 I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

5.23 If I live in a care home, I can use a private garden.

5.24 If I live in a care home and want to keep a pet, the service will try to support this to happen.

5.25 As a child or young person living in a care home, I might need or want to share my bedroom with someone else and I am involved in this decision.

5.26 As an adult living in a care home, I have my own bedroom that meets my needs but can choose to live with and share a bedroom with my partner, relative or close friend.

5.27 As an adult living in a care home, I have enough space for me to sit comfortably with a visitor in my bedroom.

5.28 As an adult living in a care home, I have ensuite facilities with a shower and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people.

Glossary

Below is a list of terms and phrases commonly used across health, social work and social care sectors, along with a description of how these apply for the purposes of the Standards.

Term	Description
24 hour care	Where people are cared for and supported throughout the day and night.
advocacy/advocate	Independent advocacy ensures that people know and better understand their rights, their situation and systems. Independent advocates help people to speak up for themselves and speak for those who need it. An independent advocate is someone who helps build confidence and empowers people to assert themselves and express their needs, wishes and desires. Collective advocacy happens when groups of people with a shared agenda, identity or experience come together to influence legislation, policy or services.
assessment	A health, social work or social care assessment will find out what help and support a person needs, such as healthcare, medication, advocacy, equipment, care at home, housing support or a care home.
capacity	Capacity refers to an individual's ability to make decisions about their care and support. This may change over time and may be different in particular aspects of their life. For people who have been medically assessed as having incapacity there is legislation to protect them.
care home	A care service providing 24 hour care and support with premises, usually as someone's permanent home. See also 'small care home' below.
care plan	See 'personal plan' below.
carer	A carer is someone of any age who looks after or supports a family member, partner, friend or neighbour in need of help because they are ill, frail, have a disability or are vulnerable in some way. A carer does not have to live with the person being cared for and will be unpaid.
child	Although legal definitions vary, for these Standards a child is aged 0 to 16 years.
communal areas	An area in a care service such as a living or dining room, activity room, hairdresser, library, café, garden or quiet area that everyone can use.

Term	Description
communication tools	These help people to communicate in a range of ways. For example, visual prompts, talking mats (system of simple picture symbols) or mobile phone apps.
confidentiality	This means that information that is kept about someone by an organisation will not be shared with anyone else unless the person gives their consent for it to be shared. Confidentiality may only be broken if it avoids or reduces the risk of harm to a person.
creativity	Includes artistic activities, such as arts, crafts, music, drama and dance.
emergency or unexpected event	This is an incident or emergency that could require immediate action, such as the premises being evacuated.
emotionally resilient	Someone's ability to cope with, or adapt to, stressful situations or crises.
evidence, guidance and best practice	Written guidelines for agreed ways to provide care, support or carry out treatment. Often these are put together by professionals based on the best available evidence at the time. These guidelines often change so that they remain up to date.
human rights	Human rights are based on the principle of respect for the individual and they are the rights and freedoms that belong to every person, at every age. They are set out in international human rights treaties and are enshrined in UK law by the Human Rights Act 1998.
intimate personal care	This relates to activities which most people usually carry out for themselves, such as washing, brushing teeth, going to the toilet, dressing or eating.
open ended materials	Open ended materials (also called loose parts) are play materials that can be used in numerous ways indoors and outdoors by children. They can be moved, carried, combined and redesigned in any way the child decides.
permanent alternative care	Care provided to children to ensure they have stable, secure, nurturing relationships, normally within a family setting, that continues to adulthood.
personal plan	A plan of how care and support will be provided, as agreed in writing between an individual and the service provider. The plan will set out how an individual's assessed needs will be met, as well as their wishes and choices.
planned care	The term used to describe care, support or treatment which is carried out as detailed in someone's personal plan (see above).

Term	Description
positive risks	Positive risks means making balanced decisions about risks; it is the taking of calculated and reasoned risks, which recognises that there are benefits as well as potential harm from taking risks in day to day life.
premises	When an organisation providing care and support also provides premises, such as a nursery, hospital or care home. It does not apply when someone using a service is responsible for the premises, including housing support or care at home.
professional and organisational codes	These codes set out standards of conduct and competence, as well as the personal values, which people working and volunteering in health and care services are expected to follow.
representative	This may include someone appointed to have power of attorney, a guardian, family member, friend, neighbour or an agreed person who can speak on the individual's behalf. A representative may be formal or not formal.
restrictions to my independence, control and choice	Involves any restriction to independent movement or freedom of choice, such as a physical barrier. In some exceptional circumstances, this could involve searches and physical or chemical restraint. If physical detention, restraint or searching is used, the individual concerned will usually be subject to a formal legal order authorising this.
small care home	A care home for 6 people or less.
small group living	Small groups, usually numbering fewer than ten people, provided with their own lounge and dining facilities for their own group use in a homely environment. Small group living sometimes takes place within a larger care service such as a care home or hospital.
technology and other specialist equipment	Specialised equipment that helps people in their day to day life, such as telecare, telehealth or telemedicine, alarm call system, remote support and advice or mobility aids.
therapy	A specialised treatment or intervention, such as physiotherapy, occupational therapy, speech and language therapy, counselling and talking therapies.
young person	For these Standards, a young person is aged 16 to 21 years. And anyone over 21 will also be a young person for these Standards while they are being provided with continuing care by a local authority if they have been looked after by the local authority between the ages of 16 and 19.

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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 23 August 2017

Subject: West Dunbartonshire CPP Children Services Plan 2017 – 2020

1. Purpose

1.1 This report presents the West Dunbartonshire Community Planning Partnership (CPP) Integrated Children's Services Plan, in line with the requirements of the Children and Young People's Act (2014), for the consideration of the Partnership Board.

2. Recommendations

2.1 The Partnership Board is recommended to:

i) Note the content of this report and the attached Integrated Children's Service Plan 2017-2020.

ii) Note that this plan will go to the Community Planning Management Group on the 14th of September for approval.

iii) Re-affirm its commitment to the priories within the Children Services Plan across West Dunbartonshire Community Planning Partners.

3. Background

3.1 West Dunbartonshire has a strong history of positive integration and partnership working in relation to the delivery of children and young people's services. This has been noted and reflected within the recent Care Inspectorate Joint Children's Inspection Report February 2017. The Report noted the consistent nature of joint working through the commitment by the Council and NHSGGC Health Board; including the integration of the management of children's health and social care services as part of the wider HSCP.

3.2 In May 2017, the CPP Children and Young People Delivery and Improvement Group carried out a review of its CPP priorities and oversaw the refresh of this Plan. This Group acts as the key vehicle for public agencies and voluntary sector organisations to plan and deliver local services; this approach has allowed for better engagement directly with children and young people in local communities and delivers the commitments to the needs of looked after and accommodated young people and those vulnerable young people within our communities.

3.3 The attached Integrated Children's Services Plan is explicitly reflective of that community planning approach and has been enthusiastically approved by the local CPP Children and Families Delivery and Improvement Group.

4. Main Issues

4.1 The priorities of the attached Integrated Children Services Plan reflect the requirements and expectations of the Scottish Government, the Council, the NHSGGC Health Board and other local community planning partners:

- Continuing to embed Getting It Right for Every Child (GIRFEC) across all services and all providers.
- Child protection, as led and overseen by the Public Protection Chief Officers' Group on behalf of community planning partners.
- Tackling domestic violence.
- Delivering an effective and consistent approach to corporate parenting.

4.2 The CPP Children Services Plan also builds on the significant work led by West Dunbartonshire Council Educational Services to embrace the principles of Curriculum for Excellence, and the on-going work to ensure successful implementation through the comprehensive Curriculum for Excellence Action Plan.

4.3 The CPP Children Services Plan is the vehicle for co-ordinating action to deliver the newly emerging Local Outcome Improvement Plan (LOIP) and the commitments for children, young people and their families. This draft Integrated Children Services Plan intentionally bridges the current priorities as identified with consultation with staff, partners and wider stakeholders and the first year of the Local Outcome Improvement Plan (LOIP). Its content has been developed from strategic commitments across the CPP; recommendations from inspection and feedback from stakeholders. It has been prepared so that it can be smoothly updated and its time period refreshed once a new LOIP is confirmed in October 2017.

4.4 The CPP Integrated Children Services Plan supports the long-term commitments that Committee will recall from the previously approved CPP Children Services Plan 2013 – 2015; the HSCP Strategic Plan 2016 – 2019; the Educational Services' work programme for 2016 – 2017 as set out with in its Departmental Plan.

5. People Implications

5.1 Staff training, development and engagement are important features of the implementation of the CPP Children Services Plan; as reflected within the PDP and KSF processes across the Council and NHS Greater Glasgow and Clyde.

6. Financial Implications

6.1 The delivery of the Children Services Plan is underpinned by its existing allocation of resources, augmented by non-recurrent contributions secured from other budgets/sources (e.g. Council community planning funding in support of parenting programmes and Y Sort It).

7. Risk Analysis

7.1 Both the Care Inspectorate and Health Care Improvement Scotland have indicated their commitment to the joint inspection of children's services and child

protection arrangements, as demonstrated within the local inspection process throughout 2016 in West Dunbartonshire. The inspection also recognised the importance of local community planning partners to provide evidence of structured clinical and care governance arrangements underpinning the delivery of safe services as well as clear and distinct public protection arrangements as delivered through the Child Protection Committee, Adult Protection Committee and Public Protection Chief Officers Group.

7.2 Visible commitment by the Joint Partnership Board to the focused and streamlined community planning approach in the provision and improvement of children's services – as well as child protection within the wider context of public protection – and a partnership approach to self-evaluation as expressed within the attached Integrated Children Services Plan are important to providing both local and external inspection body assurance of quality.

7.3 Whilst the inspection in West Dunbartonshire was a largely positive one, there were three areas of improvement outlined by the Care Inspectorate. However the inspection report noted that children's service planning in West Dunbartonshire was well understood by all staff, and there was "*A coherent shared vision was in place and modelled by a mature partnership*". They therefore concluded that they were "*confident that partners are well placed to incorporate the opportunities for further improvement".*

8. Equalities

8.1 An Equality Impact Assessment completed on the CPP Integrated Children Services Plan found that there were no specific negative concerns, and a range of positive findings in relation to the rights of children. This provides reassurance and encouragement to on-going work in this regard.

9. Consultation

9.1 This Plan has benefited from comments and contributions from across local community planning partners, particularly those HSCP and Educational Services staff planning and delivering local services; and through on-going engagement with key community groups and fora.

10. Strategic Needs Assessment

10.1 This Plan will actively support the delivery of the WDC strategic priorities, to be described within the new LOIP, to support the most vulnerable children and young people.

Jackie Irvine
Chief Social Work Officer

Health and Social Care Partnership

Laura Mason
Chief Education Officer

Education, Learning and Attainment

Date: 24th July 2017

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Appendices: Draft West Dunbartonshire Community Planning Partnership Integrated Children's Services Plan 2017 – 2020.

COMMUNITY PLANNING
WEST DUNBARTONSHIRE

getting it right for every child

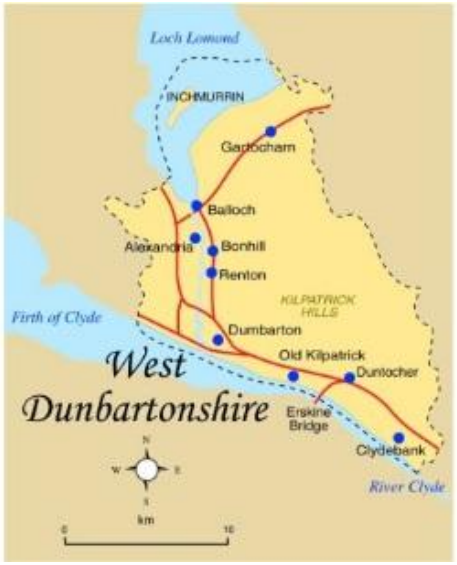
Integrated Children's Services Plan 2017-2020
West Dunbartonshire Community Planning Partnership

West Dunbartonshire has ”highly committed staff groups across the partnership who demonstrated clear ownership of the strategic vision for children, young people and families and felt clearly connected to improvement planning”.

Care Inspectorate Joint Services for Children and Young People February 2017

Introduction

"A coherent shared vision was in place and modelled by a mature partnership". *Care Inspectorate in February 201*O



Our vision is for West Dunbartonshire's children and young people:

- To have the best possible start in life and to be ready to succeed
- To be successful learners, confident individuals, effective contributors and responsible citizens
- Have the same life chances for all children, young people and families at risk

With a population of 89,860, West Dunbartonshire is one of Scotland's smallest local authorities. It is an area of geographical contrasts and diverse communities; from remote rural villages to the densely populated former industrial areas on the River Clyde.

Almost half of the population live in Clydebank. The town of Dumbarton serves as the civic headquarters for the local authority and the Vale of Leven area attracts visitors to the Loch Lomond and Trossachs National Park. There is a strong sense of pride in the area's shipping heritage and tourist industry.

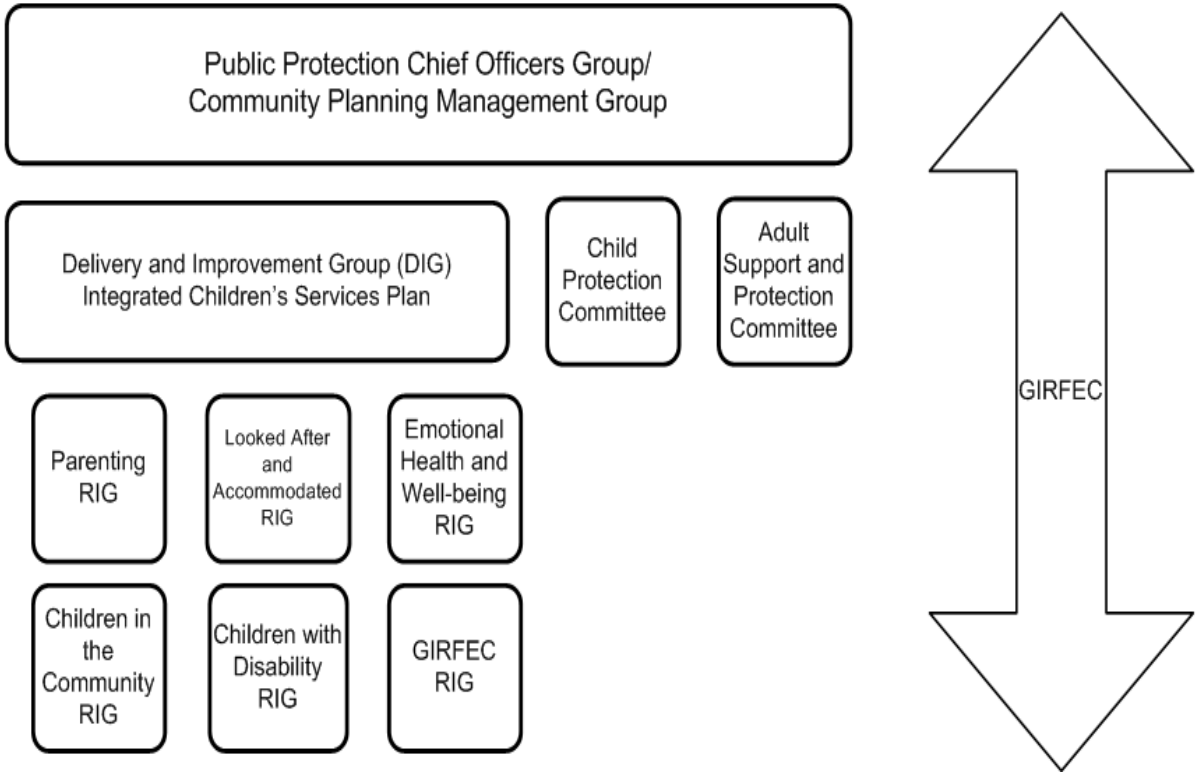
This draft Plan outlines our key priorities for the next three years in achieving this vision and in improving outcomes for children and young people and their families. The plan helps us deliver our priorities and helps our stakeholders understand what we are seeking to deliver and how we are planning to achieve it.

Review, Consultation and Engagement

"There was an obvious culture of self-evaluation and continuous improvement." *Care Inspectorate in February 2017.*

West Dunbartonshire Community Planning Partnership is comprised of all statutory community planning partners, other key public sector partners, as well as voluntary, business and independent sectors. The development of this draft Plan provided an opportunity to review the Community Planning Partnership priorities and identify the direction of travel for the next three years.

West Dunbartonshire has well-established multi-agency partnerships which underpin our integrated approach to the planning and delivery of all children's services. There is a clear reporting and accountability structure for the Community Planning Partnership Children's Services Plan through the Community Planning Partnership Children and Families Delivery and Improvement Group and the Community Planning Partnership Management Board; linking closely to the Public Protection Chief Officer's Group, Child Protection Committee; Health and Social Care Partnership Integrated Joint Board and the Council's Education Services Committee.



West Dunbartonshire has undergone in recent years, as with most public sector bodies, great changes from the integration of community health and care services to the delivery of a whole scale school establishment re-design. As a partnership we have been able to use these opportunities to continue to grow and develop. Our challenge within this paper has been to effectively represent the range and scope of joint working across West Dunbartonshire with children, young people and their families.

The Community Planning Partnership Children and Families Delivery and Improvement Group is committed to the engagement of children, families, partner organisations and communities in the development of our services; continually seeking and responding to feedback from children and young people, parents/carers and partner organisations to improve services.

The drive for continuous improvement supports the development of all strategies and plans across Children and Families. Our integrated performance management processes are in line with our Community Planning Partnership Performance Improvement Framework. All key aspects of Children and Families are regularly monitored and reported, in accordance with this framework.

This Plan has been informed by a process of review, consultation and engagement across the partnership. Feedback from service users and parents reflect the motivated and committed nature of service provision across West Dunbartonshire, and the high level of confidence service users have in services.

The latest Review of the Integrated Children's Services Plan (May 2016) as part of the process of annual review for the Integrated Children's Services Plan, involved a wide range of stakeholders from across West Dunbartonshire. Stakeholders from across a range of disciplines and statutory and third sector, education, health and social care agencies came together to review priorities and identify areas of continued focus and achievements.

Our Joint Inspection of Services for Children and Young People took place between August and October 2016 and the report was published in February 2017. The inspection team comprised representation from; the Care Inspectorate, Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland. The Team include young inspection volunteers, who are young people with direct experience of care and child protection services who receive training and support to contribute their knowledge and experience to help us evaluate the quality and impact of partners' work.

The Council's Community Learning and Development Youth Alliance Service, in partnership with young people from the three Youth Voice groups, hosted a consultation event called, 'We Asked Youth Voiced', to feedback the results of the 'Penny for Youth Thoughts' consultation. Youth Voice groups continue to make good progress in developing the skills of young people to ensure they have a voice and are well represented in their communities.

There is continued shared commitment of partners to; Getting It Right for Every Child (GIRFEC); to the delivery of corporate parenting responsibilities; to improving outcomes for looked after children and young people and supporting the needs of young carers. Those children and young people, who have had to take on a caring role, are recognised by all partners as children and young people first; and as such our approach is to assessing and supporting their needs within their caring context.

Our agreed approach to measuring outcomes is demonstrated by our ability to collectively evaluate all our Community Planning Partnership services against the impact on children and their families through increasingly joined up and targeted performance indicators and frameworks, based on agreed priorities. Our priorities are recorded, reported and monitored within the Community Planning Partnership.

Outcome focused self-evaluation is increasingly embedded across children and families services. Centres, teams and schools are all involved in processes of self-evaluation and these continue to contribute to our understanding of how we are performing against our strategic outcomes and improvement priorities. Self-evaluation is central to maintaining quality and to the pursuit of excellence. It is complementary to, and informed by, the wide range of external scrutiny arrangements to which we are also subject.

Anticipating and managing risk is key to achieving our outcomes. We regularly assess, monitor, manage, control and plan around risk through a variety of mechanisms and the maintenance of a comprehensive Risk Register which is regularly reviewed at senior management level and reported at committee annually.

The Equality Act 2010 increased duties in respect of disability, race, gender, sexual orientation, faith, age, pregnancy/maternity, gender reassignment and marriage/civil partnerships. Looked after Children, young carers and families in areas of multiple deprivation are also considered as equalities groups. Equalities and Rights Impact Assessments are carried out as part of our planning process and Children and Families contributes to the community planning partnership wide Framework and Action Plan to address inequality.

The Children and Families Delivery and Improvement Group held a multi-agency Development and Review Session in March 2017. This session provided an opportunity for review, reflection and forward planning to help inform wider consultation process on this plan as well as informing the development of the Local Outcomes Improvement Plan across the Community Planning Partnership.

Key Drivers

"There was an evident commitment to early intervention and prevention with very effective early help and support processes". *Care Inspectorate in February 2017.*

There are many key pieces of legislation which underpin the delivery of services for children, young people and their families. There are too many to list here but legislation which will place extra demands on our services in the coming years include Social Care (Self-directed Support)(Scotland) Act 2013, the Children and Young People (Scotland) Act 2014 and the Children's Hearings (Scotland) Act 2011.

Within Education services there are national policy drivers including the continuing commitment to the expansion of ELCC; delivery of the closing the poverty related Attainment Gap and the strategic priorities of the National Improvement Framework (NIF).

The changing demographic picture in the West Dunbartonshire has led to increases in demand for specific services amongst a number of population groups including: children and young people who require to be looked after and learners identified as having exceptional support needs, in particular children diagnosed as having an autism spectrum disorder.

The Scottish Index of Multiple Deprivation is the Scottish Government's official tool for identifying communities suffering from deprivation. The index divides Scotland into small areas, called data zones, each containing around 350 households. The most recent 2016 index identified 48 data zones as among the most deprived 20%, highlighting West Dunbartonshire as one of the most deprived areas in Scotland. As at 2011, approximately 1.6% of the West Dunbartonshire population belonged to an ethnic minority, which was less than the Scottish figure of 4%.

Children Living in West Dunbartonshire

- In 2016 there were 15,764 children aged 0-15 years resident in West Dunbartonshire; 17.5% of the population.
- This is higher than Scotland where 0-15 year olds make up 16.9% of the population.
- 2016 there are 7184 pupils in the 33 primary schools in West Dunbartonshire.
- 2016 there are 5084 pupils in the 5 secondary schools in West Dunbartonshire.
- In 2016 there are 180 pupils in the 3 special need schools in West Dunbartonshire.

- Total number of pupils in West Dunbartonshire's schools is 12,448 pupils.
- There is a varied trend regarding live births in west Dunbartonshire, 2012-2015 decrease is 12.3%. 2015 falling by 6.3% to 924 between 2014 and 2015.

Vulnerable Children in West Dunbartonshire at 31st July 2016

- At 31st July 2016 there were 363 children looked after in West Dunbartonshire.
- WD looked after rate of 1.94% of the 0-17 year olds compared to 1.4% for Scotland.
- Of all our looked after children, 82 are at home with parents; 166 with friends/relatives; 78 with foster carers or other community placements and 37 looked after in other residential care settings.
- 77 children had their names placed on the West Dunbartonshire Child Protection register during 2015/16, with 48 remaining on the register as of 31st July 2016.
- There are 2,385 primary school and 1,812 secondary school pupils with additional support needs.

West Dunbartonshire partners agreed that the following groups will benefit from additional support:

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

All partners are working hard to achieve cultural change in service areas that have traditionally proved difficult to shift in West Dunbartonshire, such as health outcomes and domestic abuse. We continue to shift and target resources to support the commitment to early intervention and prevention in both of these areas of work.

Resources and Spend

"Investments in the wholesale modernisation of the school estate were commendable. Elected members were committed to raising attainment and had successfully secured increasing amounts of funding to support local efforts". *Care Inspectorate in February 2017.*

We are committed to shift and target our resources towards early intervention and prevention, with Community Planning resources prioritising early recognition and addressing identified risk and need through community and universal services.

There will however continue to be at risk and vulnerable children, young people and families who will benefit from and require continued additional support. For some this will mean living away from their family or community to best meet their needs and for others additional support in the community.

As identified within this Plan, West Dunbartonshire has a higher than average national rate of looked after children, along with increasing numbers of children placed on the West Dunbartonshire Child Protection register and those identified as having additional educational support needs. Within the current challenging financial envelope, innovative investment and commissioning approaches has continued across crucial provision to both bolster preventative measures and sustain targeted supports.

Within this financially challenging environment, a significant investment programme for the rebuilding of school estate has been based around three development models of new build schools, refurbishment of existing school and repurposing of existing school buildings. We envisage our 21st century schools to be technology and social rich learning spaces. These spaces create opportunity for learning in a variety of independent and collaborative styles.

Council School Estate	Project Budget	Total estimated Schools Estate Budget £63,514,000
Bellsmyre Campus:	£10.65m	
Kilpatrick School	£10.5m	
Our Lady & St Patrick's High School	£25.9m	
Balloch Campus	£16.464m	

Our refurbishment of existing schools, namely Bonhill – Lennox Primary School and Early Learning Childcare Centre, St Ronan's Primary School, Ladyton Early Learning Childcare Centre and Highdykes Primary School have a combined project budget of £1.393m. Our Schools Estate Improvement Plan works consist of various schools to upgrade Primary School Buildings and maintaining those schools which were in poor condition. It has a combined project budget of £4.6m.

Educational Services funding for day placements	Budget 2017/18	Expenditure 2016/17	Average children per month
Residential	£1.575m	£1.344m	13.1 children per month
Day care	£1.591m	£1.960m	62.9 children per month
Total 2017/18	£3,166,000		

For the few most vulnerable children and young people who require combined residential care and education to support their needs, the Health and Social Care Partnership (HSCP) and Educational services jointly fund Residential School placements with combined expenditure for 2016/17 estimated as £2,129,256. Estimated budget for 2017/18 is £2,212,428.

Reflecting the implementation of the Children and Young People (Scotland) Act (2014), West Dunbartonshire HSCP's payment to kinship carers has risen from £601,361 in 2015/16 to approximately £1,000,000 in 2016/17. With estimated expenditure of £959,511 in 2017/18. From 2015/16 to 2016/17 we have seen a 30% reduction in the expenditure on adoption allowances which reflects our commitment to more robust and time specific assessment processes and the increased age of adopted children and young people in West Dunbartonshire. This is reflected in the estimated spend ongoing.

West Dunbartonshire's commitment to supporting children, young people and families in the community is reflected in the commissioning approach and resource allocation to third and independent sector partners, thus reducing the risk of children being looked after away from home and increasing independence for children affected by disabilities.

Health and Social Care Partnership	Estimate 2017/2018
West Dunbartonshire Council Estimated Net Exp. Budget	**£15,460,310**
Residential Accommodation for Young People	3,593,717
Community Placements	3,471,580
Residential Schools	637,428
Childcare Operations	3,862,961
Other Services - Young People	3,894,624
NHS Estimated Net Exp. Budget	**£3,493,000***
Specialist Children Health Services (excluding CAMHS and YPiM)	703,000
School Nursing (reduced amount taking off saving requirement)	160,000
Health Visiting	1,750,000
Dental Health Support Workers	73,000
Senior Nursing	98,000
CAMHS	471,000
Young Family Support Workers	129,000 (includes £117 WDC funding)
Identified as WDC funding within NHS Estimated Net Exp. Budget	**£525,000**
Young People in Mind	102,000
Youth Counselling	40,000
Parenting	50,000
Specialist Children Health Services	333,000

(*Including additional administrative/management/ sundries budgets)

Strategic Needs Assessment

"The strength of strategic approaches to targeting key universal health services had achieved some real gains within a very challenging context of high deprivation". *Care Inspectorate in February 2017.*

West Dunbartonshire's already agreed integrated planning process reflects forward planning, based on performance data, there is a range of local population's data and wellbeing needs which have been referenced and collated.

There are clear challenges for partners in West Dunbartonshire in advancing the life chances of children given the high levels of enduring poverty and inequality across communities. Partners have a strong commitment to early intervention and we have invested in approaches and services to prevent problems escalating; while there are improving trends in a number of health measures, others remained stubbornly difficult to shift, in spite of the concerted efforts of staff across services.

Over the coming year with the development of the new Local Outcome Improvement Plan, and in line with our commitments to the analysis of population and trend data, we will be developing a detailed strategic needs assessment. Below we have reviewed our current performance mapped against the SHANNARI well being indicators, as well as trends over the last three years and comparative results with Scotland. Our analysis over the next year will consider the new ScotPHO data and future demographic analysis in order to inform our long term strategic needs analysis.

	Performance Indicator	West Dunbartonshire 2013/14	2014/15	2015/16	Direction of travel	Scotland 2015/16	Comparison West Dunbartonshire and Scotland 2015/16
Healthy	Exclusively breastfeeding at Health Visitor's first visit	21.7%	21.4%	25.2%	↑	35.6%	●
	Exclusively breastfeeding at the 6-8 week review	24.1%	23.2%	25.0%	↑	28.2%	●
	Exclusively breastfeeding at the 6-8 week review from the 15% most deprived areas	9.9%	10.3%	10.1%	↑		
	Smoking in pregnancy	19.6%	17.5%	20.7%	↑		
	Smoking in pregnancy - most deprived quintile	28.0%	24.5%	28.2%	↑		
	Measles, Mumps and Rubella (MMR) immunisations at 24 months	95.8%	96.1%	95.8%*	↔	95.4%	◊
	Measles, Mumps and Rubella (MMR) immunisations at 5 years	97.5%	97.1%	96.9%*	↓	97.1%	●
	Percentage of five year olds (P1) with no sign of dental disease	58.6%	61.9%	69.4%	↑	67.0%	◊
	Percentage of P7 children with no sign of dental disease	68.4%	67.4%	n/a	↓	75%†	●
	Percentage of 0-2 year olds registered with a dentist	38.4%	37.6%	40.9%	↑	49.1%	●
	Percentage of 3-5 year olds registered with a dentist	84.0%	85.1%	84.7%	↑	91.0%	●
	Percentage of P1 children at risk of obesity (upper limit)	11.3%	10.3%	8.6%	↓	9.9%	◊
	Teenage pregnancy 13-15 years rate per 1,000 (2011/13 and 2012/14)	5.6%	5.9%	n/a	↑	4.9%	●
	Teenage pregnancy 15-17 years rate per 1,000 (2011/13 and 2012/14)	32.0%	28.8%	n/a	↓	24.9%	●
	Percentage of women booked for antenatal care by the 12th week of gestation	79.45%	83.81%	91.39%	↑	88.79%	◊
	Rate of stillbirths per 1,000 births	5.1	2	3.2	↓	4	◊
	Rate of infant mortality per 1,000 births	2	5.1	1.1	↓	3.2	◊
	Number of births	983	979	924	↓		
	Percentage of low birth weight babies (singleton births)	5.5%	6.1%	7.3%	↑	5.3%	●

↑Increasing ↓Decreasing ↔Unchanged ◊Performing better than Scotland figure ●Performing worse than Scotland figure

	Performance Indicator	West Dunbartonshire 2013/14	2014/15	2015/16	Direction of travel	Scotland 2015/16	Comparison West Dunbartonshire and Scotland 2015/16
Healthy	Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review - Early Years Collaborative Stretch Aim	76.0%	77.5%	71.7%	↓	72.4%	●
	Number of hospital admissions 0-19 years of age	2592	2684	2616	↑		
	Number of non-elective hospital admissions 0-19 years of age	1548	1628	1484	↓		
	Percentage of child protection investigations to case conference within 21 days	80.2%	94.5%	83.0%	↑		
	Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	↔		
Safe	Number of Child Protection referrals	154	138	201	↑		
	Number of Child Protection investigations	199	213	190	↓		
	Number of children investigated	196	197	170	↓		
	Number of children investigated - Male	102	103	79	↓		
	Number of children investigated - Female	91	93	90	↓		
	Number of children involved in pre-birth case discussions but not progressing to pre-birth conference	1	1	3	↑		
	Number of children involved in pre-birth case conference	17	15	14	↓		
	Number of children registered pre-birth (as distinct from live child registration)	0	2	3	↑		
	Number of Child Protection investigations resulting in a case conference (No of case conferences held)	96	127	108	↑		
	Number of children on the Child Protection Register at year end	20	34	28	↑		
	Number of children on the Child Protection Register - Male (At Quarter/Year End)	9	17	16	↑		
	Number of children on the Child Protection Register - Female (At Quarter/Year End)	11	17	12	↑		

↑Increasing ↓Decreasing ↔Unchanged ◊Performing better than Scotland figure ●Performing worse than Scotland figure

	Performance Indicator	West Dunbartonshire 2013/14	2014/15	2015/16	Direction of travel	Scotland 2015/16	Comparison West Dunbartonshire and Scotland 2015/16
Safe	Number of children with temporary registration (At Quarter/Year End)	1	1	2	↑		
	Average length of time on Child Protection Register (Days) - All	82	173	107	↑		
	Average length of time on Child Protection Register (Days) - Male	86	165	114	↑		
	Average length of time on Child Protection Register (Days) - Female	79	180	97	↑		
	Percentage of children remaining on the Child Protection register for more than 18 months	0%	0%	0%	↔		
	Number of Child Protection registrations	51	86	57	↑		
	Number of Child Protection de-registrations	65	71	63	↓		
	Number of de-registrations where child moved into a formal placement	n/a	7	4	↓		
	Number of de-registrations where child returned home or remained at home with parents	n/a	52	57	↑		
	Number of de-registrations where child living with kinship carer	n/a	7	2	↓		
	Number of children and young people looked after	329	386	363	↑	15,317	
	Percentage of children and young people looked after (0-18 population)	1.73%	2.05%	1.94%	↑	1.40%	●
	Percentage of children looked after in the community	90.5%	89.1%	89.8%	↓	90.4%	●
	Number of children referred to the Scottish Children's Reporter Administration on offence or non-offence grounds	654	392	323	↓	15,329	
	Number of children referred to the Scottish Children's Reporter Administration on offence grounds	52	49	41	↓	2,761	
	Number of referrals to the Reporter on offence grounds	101	139	97	↓	6,685	
	Number of referrals to the Reporter on non-offence grounds	630	368	293	↓	20,655	

↑Increasing ↓Decreasing ↔Unchanged ◊Performing better than Scotland figure ●Performing worse than Scotland figure

	Performance Indicator	West Dunbartonshire 2013/14	2014/15	2015/16	Direction of travel	Scotland 2015/16	Comparison West Dunbartonshire and Scotland 2015/16
Safe	Rate per 1,000 children aged 8-18 referred to the Reporter on offence grounds	5.4	5.1	4.3	↓	4.9	◊
	Rate per 1,000 children aged 0-18 referred to the Reporter on non-offence grounds	35.2	20.7	16.5	↓	13.3	●
	Rate of emergency hospital admissions for alcohol misuse for people aged 16 and over per 1,000 population	9.9	9.2	10.5	↑		
	Number of domestic abuse incidents	1,460	1,220	1,358	↓	58,104	
	Number of domestic abuse incidents where children affected		768	975	↑		
	Number of people fatally injured in dwelling fires	0	0	0	↔		
	Number of home fire safety visit referrals from partner agencies		574	1,405	↑		
	Number of All Accidental Dwelling Fire casualties	12	5	25	↑		
	Number of accidental dwelling fires where alcohol/drugs and/or smoking materials is suspected	27	22	27	↔		
	Number of home fire safety visits completed	934	1,142	1,405	↑		
	Number of people killed/injured in road crashes	169	134	154	↓		
	Number of people killed/seriously injured in road crashes	32	28	24	↓		
	Number of incidents for consuming alcohol in a public place where appropriate bye-laws exist (5 year average)	796	774	450	↓		
	Number of public reported incidents of anti-social behaviour		6,497	6,130	↓		
	Residents satisfied or very satisfied with agencies' response to tackling anti-social behaviour	88%	62%	n/a	↓		
Achieving	16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	44.0%	56.5%	62.0%	↑	n/a	
	Number of care leavers receiving aftercare services	21	33	33	↑	3,054	
	Percentage of young people eligible for aftercare services in employment, education or training	62%	41%	54%	↓	n/a	
	Percentage receiving aftercare with known economic activity	62%	45%	58%	↓	n/a	

	Performance Indicator	West Dunbartonshire 2013/14	2014/15	2015/16	Direction of travel	Scotland 2015/16	Comparison West Dunbartonshire and Scotland 2015/16
Responsible	13 year olds reported they usually drink at least once a week (including those who drink 'almost every day' and 'about twice a week')	11%	n/a	n/a		6%	●
	15 year olds reported they usually drink at least once a week (including those who drink 'almost every day' and 'about twice a week')	23%	n/a	n/a		17%	●
	Average units of alcohol consumed in the last week by 13 year olds	20	n/a	n/a		19	●
	Average units of alcohol consumed in the last week by 15 year olds	13	n/a	n/a		18	◊
	15 year olds reported having used or taken one or more of the drugs named in a list provided, even if only once	13%	n/a	n/a		17%	◊
	13 year olds reported having used or taken one or more of the drugs named in a list provided, even if only once	7%	n/a	n/a		4%	●
	15 year olds reported using drugs in the last month	7%	n/a	n/a		9%	◊
	13 year olds reported using drugs in the last month	4%	n/a	n/a		2%	●
	15 year olds reported that they had used drugs in the year prior to the survey	11%	n/a	n/a		15%	◊
	13 year olds reported that they had used drugs in the year prior to the survey	4%	n/a	n/a		3%	●
	15 year olds reported that they had used cannabis in the last year	11%	n/a	n/a		15%	◊
	13 year olds reported that they had used cannabis in the last year	4%	n/a	n/a		3%	●
Included	Number of instances of young people participating in diversionary activity provided through the Pulse	17,674	16,747	19,935	↑	n/a	

↑Increasing ↓Decreasing ↔Unchanged ◊Performing better than Scotland figure ●Performing worse than Scotland figure

Service Mapping

"An extensive range of support services was being delivered by partners and stakeholders to support children, young people and families across communities… Staff demonstrated strong persistence in terms of working alongside rarely-heard or reluctant-to-engage children, young people and families in order to facilitate improved outcomes in circumstances and life chances". *Care Inspectorate in February 2017.*

Across West Dunbartonshire, we can demonstrate that we are making a positive impact on the lives of our children and young people, meeting their needs through highly effective universal, targeted and specialist provision with a challenging demographic. Partnership planning is aligned and accountable to well established strategic integrated planning and operational structures across all statutory, third and independent sector providers in partnership with children, young people and their families.

Across the CPP, we recognise that effective workforce planning ensures that services and organisations have the necessary information, capability, capacity and skills to plan for current and future workforce requirements. This means planning a sustainable workforce of the right size, with the right skills and competences, which is responsive to demand and ensures effective and efficient service delivery across a broad range of services and locations.

In practice this is reflected through integrated assessment processes, shared planning arrangements, joint delivery of service and effective and appropriate information sharing across community planning partners, parents and carers; within universal, targeted and specialist provision. For professional groups of staff working across CPP with some of our most vulnerable people, there is reassurance, leadership and management from the well established Public Protection Chief Officers Group.

Within the Health and Social Care Partnership services across community health and social work are jointly managed and delivered for children and young people, additionally strong and effective joint working between the Health and Social Care Partnership and Education Services has created within West Dunbartonshire an environment of child centred assessment and care planning; which evidence shows creates better opportunities for good outcomes for children and young people as well as their families.

Within the Health and Social Care Partnership this is further enhanced by the joint management of all community children's health and social work services by the Chief Social Work Officer as the Head of Children's Health, Care and Criminal Justice. Supporting and delivering effective joint working with for example Education Services and Police Scotland as well as the Third Sector Interface.

West Dunbartonshire was one of the first areas to integrate their community health and social work services and within this environment the Health Visiting Service has taken a lead role in the delivery of the Early Years Collaborative approach alongside colleagues from Educational Services. The focus of the service has been to support pre-natal care, through the provision of intensive support to children and parents within the home and nursery settings.

One of the most effective measures of outcomes for children, young people and their families has been in respect of the performance information which can be accessed within the Dash Board (Community Health Visiting teams and School nursing), and across the various Referral to Treatment Waiting Time target reports for Speech and Language Therapy services, Children and Adolescent Mental Health Services, Paediatric Occupational Therapy, Physiotherapy and Community Children's Nurses (CCNs). This creates an environment for integrated analysis and review of trends leading to focused and appropriate service delivery.

The Education Service and the HSCP Speech and Language service continue to develop innovative approaches to ensure that children and young people are having their needs assessed timeously, especially within education settings and nurseries. A programme of training for staff and parents as well as targeted support for teachers, children and parents to support effective referral pathways has supported the delivery of services within the target waiting time, with 63% waiting no longer than 18 weeks for treatment.

We have achieved standardised assessment and child planning processes and templates across the child's community health electronic record. This ensures all services working with a child, for example; health visiting, school, school nursing, speech and language therapy, physiotherapy, occupational therapy and Child and Adolescent Mental Health Services (CAMHS); can record observations within the same file, contribute to a shared health chronology and be appraised about the extent of involvement and engagement with all health services.

Significant investment of resources has been made within Education services to deliver a single agency assessment that is GIRFEC compliant and dovetails into further planning with community health and social work services as well as additional support services within the broader NHS Greater Glasgow and Clyde Acute services and Police Scotland.

The Psychology of Parenting Project (PoPP) is a prevention-focused mental health initiative that is hosted within NHS Education for Scotland. The PoPP implementation scheme provides a framework supporting the improvement of outcomes for young children with elevated levels of behavioural difficulty. It does this by guiding and supporting local services to deliver one carefully-selected evidence based group parenting programme for parents of this target group of children. West Dunbartonshire has been selected to become a site for this initiative. The programme selected in West Dunbartonshire is the 14 - week long Incredible Years® Pre-school Basic Parenting programme.

We will work with NHS Education for Scotland to deliver the Incredible Years programme across the Authority targeting 40% (168)of the estimated number of children who are likely to be at risk because of their behaviour. NHS will support some of the costs associated with the running of the groups, provide training and supervision to improve the quality of the delivery of the groups and build staff capacity and provide some of the materials required for the groups over the course of 2017-2018.

West Dunbartonshire was an early adopter of the Family Nurse Partnership approach. We have been able to gather evidence based long and short term benefits of participation in the programme include reductions in smoking during pregnancy, greater intervals between and fewer subsequent births, fewer child accidents, reduction in child abuse and neglect, better language development in children and an increase in employment and greater involvement of fathers. We believe we were able to demonstrate good outcomes for mothers and babies as part of a range of support services and interventions for families.

Adjustments have been made to the Health and Social Care Partnership CareFirst recording system to also ensure it is GIRFEC compliant; this joint recording system, across community health and social care, ensures joint recording of initial referral discussions (IRD) and facilitates the sharing and receiving of information from the two Named Persons services as well as other partners. This is particularly relevant where children and young people are being supported by third sector partners or where Housing services are working with vulnerable families.

Across Community Planning partners, we continue to provide a range of interventions to support vulnerable young people who may be experiencing difficulties, including; our school counselling service, provided by Lifelink; and our range of mainstream parenting opportunities to all parents within our communities.

Locally, we have close and effective working relationships with our Third Sector Interface and wider voluntary sector partners agreeing shared priorities and delivering support and provision to children and young people e.g. Children First supporting parents with play; Life Changes Trust funded Peer Mentoring for looked after children at home and in the community; and Includem working to build confidence and resilience with our most vulnerable young people.

Partners deliver a range of sport and leisure opportunities to children and young people of all abilities; including initiatives and opportunities for families. For example, the Set 4 Sport programme enables parents living in properties with little or no garden to creatively engage their children in physical activities in any location. Children and young people with a disability benefit from the Disability Sport programme which offered coaching and support to access a range of well used activities as well as enhanced inclusive activities through the Leisure Trust.

For care experienced young people who have not made an initial successful transition from school into training, education or employment, Skills Development Scotland (SDS) has a particular role and responsibility as a corporate parent to offer the support, guidance and opportunities necessary to help them reach their full potential. Supporting these young people is therefore, a core function of our post-school targeted service. As such SDS are a key partner in our Corporate Parenting Strategy and approach as well as integral members of our Children and Families Delivery and Improvement Group.

Evidence locally and nationally suggests that families benefit from a wide range of universal and targeted services, parenting opportunities being one aspect to support families to remain together or work towards a return home. We have responded to this feedback from families, carers and practitioners by creating and providing a range of information and services that support the wellbeing of their families and children, with a tiered approach to service provision, and from pre-birth to young adulthood.

Key Achievements and Good Practice

"Partners worked effectively together to identify cross-cutting themes and agree a manageable number of priorities". *Care Inspectorate in February 2017.*

The summary report of the joint inspection of inter-agency provision of children's services in West Dunbartonshire, published in February 2017, assessed our impact on children and young people as "very good". The report (Services for children and young people in the West Dunbartonshire) also noted that the strength of strategic approaches to targeting key universal health services had achieved some real gains within a very challenging context of high deprivation.

Integrated Joint Working – GPs and GIRFEC
In 2015 a number of practices within Clydebank Health Centre nominated themselves to take part in a national Information Sharing pilot between GPs and the Education Named Person Service. This was led by a GP Child Protection Specialist in conjunction with the Health and Social Care Partnership and Educational Services. This pilot has proven to be very effective, considerably improving GP understanding of the roles of different professionals; the amount of involvement education professionals have in the lives of families; and the information already held by schools. It has established trusting relationships and improved appropriate information sharing - which has in turn positively impacted on the lives of children, young people and their families. The findings from this West Dunbartonshire Information Sharing GP pilot have been shared locally; and also reported at a well-received two day master class held by the Scottish Government GIRFEC team and attended by all 32 Local Authorities.

Effective change management – Seasons for Growth
While many schools across Scotland run Seasons for Growth groups, the programme in West Dunbartonshire is led strategically, well embedded in primary and secondary schools and is delivered in other settings. The inspection team viewed it as a model of outstanding and sustainable practice.

In 2005, staff recognised that the long-term, negative impact of unresolved issues arising from changes such as bereavement, separation and divorce might be mitigated by using the Seasons for Growth programme. Seasons for Growth is a peer education group work programme facilitated by two trained 'companions'. Initial attempts to introduce the programme were ineffective. Although initially dozens of companions were trained, only one group was actually delivered. As a result, a multi-

agency action group was established to develop a sustainable development plan to make Seasons available to all children and young people.

Choose Life committed funding for training, materials and employment of a senior educational psychologist one day a week to chair the multi-agency action group and coordinate the programme. Continued support from strategic leaders (through the mental health and wellbeing strategy group) has been key to success. Partners analysed barriers that had prevented the programme being used. A model of sustainable development was put in place, including two trained companions in each school supplemented by a large pool of multi-agency 'floating companions', which included health and social work professionals and staff from the third sector. The programme was successfully rolled out one learning community at a time, over a two-year period. The programme has been delivered in children's houses and many looked after children attend groups in their own schools. A first adapted programme for Syrian refugees began in January 2017. Every group is evaluated and positive feedback has been received from staff, children, young people and families. Further, the action group has identified a relationship between the well-embedded Seasons for Growth programme and raising attainment. We believe this merits further research as part of the Scottish Attainment Challenge.

Leadership by young people for young people - Y Sort It

Led by a management board of young people, Y Sort It is an influential project delivering high quality, innovative and inclusive youth work opportunities to children, young people and families. With a proven track record in strategic and operational partnership working over a fifteen-year period, the project has successfully supported young people to achieve positive outcomes. There is a clear vision of enhancing life opportunities by young people, for young people with staff and mentors acting as strong advocates; influencing decision making and achieving transformation in services.

A strong collaborative partner, the project plays a key role in holding partners to account and ensuring the views and needs of young people are central to strategic decision making, service design and delivery. By accessing important sources of revenue and attracting matched funding, the project supports partners in delivering a range of sustainable, early intervention provision and opportunities for young people.

The project recognises that young people living in an area of multiple deprivation often experience, or are at risk of experiencing, social and economic exclusion. It promotes equality and diversity by helping young people achieve their ambitions. The project has achieved success in engaging and supporting a range of seldom heard or difficult-to-reach young people, such as young people with caring responsibilities, young people from the lesbian, gay, bi-sexual, transgender and intersex (LGBTI+) community and young people involved in offending behaviour and substance misuse. The Wrecked &

Wasted initiative has been helping young people to change attitudes and behaviours related to alcohol and drug use through harm reduction and peer-led youth work approaches.

Commitment to equality and inclusion - Highly Dependent Learners

The Highly Dependent Learners approach, facilitated by a strategic steering group, demonstrated a strong multidisciplinary approach to supporting children and young people with complex physical, medical and learning needs within mainstream education provision. It clearly demonstrates partners' commitment to equality and inclusion. Staff work collaboratively within the spirit and principles of Getting it Right for Every Child to meet legislative requirements and promote positive outcomes for children with additional support needs.

Families have indicated that they feel engaged, listened to and believe that services are responsive to meeting the changing needs of their children at every stage of development. Multi-agency protocols facilitated partnership working, which in turn contributed to positive outcomes for vulnerable young babies. There is very early recognition by neonatal health staff of issues related to prematurity or other additional needs. Excellent communication between neonatal units, primary care and nurseries enables staff to identify and anticipate the longer-term developmental needs of children. One-to-one training sessions between health professionals and education staff have been put in place to build confidence in providing services to this particular group of children and young people.

Digital Well Being – Information for Children and Young People

West Dunbartonshire is part of the 'Aye Mind' a Digital 99 pilot being delivered across NHS Greater Glasgow and Clyde (NHSGG&C); the programme aims to create a more appropriate safe based internet provision for children and young people. All Health and Social Care Partnership Children's Homes have focussed resources to support young people to continue to have access to digital and social media but with additional levels of safety and monitoring. On-line safety is only one of the responses the CPP has to protecting children and young people at risk from Child Sexual Exploitation (CSE).

Community Safety - Child Sexual Exploitation

Our local delivery plan to recognise and prevent CSE reflects a joined up approach to keeping our children safe that is in line with national guidance. Through the CSE Strategy Group we have raised the awareness among services, and staff of the prevalence and signs of CSE. We have also provided training and development opportunities for our foster carers and residential staff which has been received well and recognised through our strategic inspections. Our response will continue to be monitored and reviewed as part the governance of the Child Protection Committee and the Public Protection Chief Officers Group.

Police Scotland Peer Mentoring Programme 'Be-Smart'

Police Scotland is leading the way in prevention on a range of child protection and public protection initiatives. Their peer mentoring pilot Be-smart has been developed in partnership with global leader in IT Security Trend Micro. This programme is part of the Choices for Life programme within Police Scotland, which provides young people with a range of information and as well as being supported to make informed and safe choices in life. The Be-Smart training was piloted with officers within West Dunbartonshire, Argyll and Bute, Highlands and Fife and is now being rolled out more widely across the school community. The programme aims to provide adults and youth mentors with the skills they need to teach their communities about being safe and responsible online. Be-Smart Training was completed in West Dunbartonshire June 2016; by pupils and teachers from two secondary schools, parents and Youth Workers from the Voluntary Sector (Y Sort It).

Strategic Outcomes

"Young people, including the most vulnerable, were meaningfully involved in influencing policy and service development". *Care Inspectorate in February 2017*

Strategic Outcome 1	**Demonstrate the difference investments in early intervention and prevention are making for all children and young people through the measurement of robust data and progress across strategic plans.**
Local Improvement Priorities	Create robust measurement processes for data analysis
	Review current Strategic Plans across CPP partners
Actions	Continue development of the Strategic Needs Assessment (SNA)
	Review Community Planning Partnership Integrated Performance Report for children and young people
	Evaluate performance across Community Planning Partnership on annual basis alongside trend analysis data.
Supporting Structures and Plans	Health and Social Care Partnership Strategic Plan and Annual Performance Reports
	Education Services Service Plan and Annual Performance Reports
	Council and NHS GG&C Equality Mainstreaming Reports

Strategic Outcome 2	**Strengthen strategic plans in recognition of national policy directives on prevention of domestic abuse**
Local Improvement Priorities	Continue to address issues relating to Domestic Abuse across Community Planning Partnership
Actions	Establish West Dunbartonshire Violence Against Women Partnership (VAWP) with Argyll and Bute in line with Police Scotland Divisional boundaries
	Share learning, training and development across new wider partnership
	Explore opportunities for delivering Safer Together programme across the new wider partnership
	Deliver integrated and appropriate housing approach to meet the needs of those affected by domestic abuse, including *No Home for Violence*
	Reinforce Domestic Abuse as a key priority of the CPP through development of new Local Outcome Improvement Plan (LOIP)
	Explore the use of preventative strategies locally; • SACRO development to be explored; • Violence Reduction Unit Street Arrow Food Truck development; • Preventative Group work with young people from backgrounds of DA.
Supporting Structures and Plans	Community Justice Partnership Plan
	HSCP Strategic Plan
	Equality Mainstreaming Report

	Local Outcome Improvement Plan and Safe Strong and Included Delivery and Improvement Group
Strategic Priority 3	**Strengthen strategic plans in recognition of national policy directives on prevention on young people looked after**
Local Improvement Priorities	Continue to address issues relating to Kinship Care
	Improve outcomes for children Looked after at home
Actions	Addressing the rising impact of „sexting" and inappropriate use of social media by young people and the risks posed
	Improve liaison with local Kinship Care Network to ensure their involvement of strategic planning.
	Develop opportunities for alternative supports for kinship carers
	Revise Kinship Care Policy
	Engage in the National Root and Branch Review of Looked After Children Services
Supporting Structures and Plans	CPP Inspection Improvement Action Plan
	West Dunbartonshire Council Local Housing Strategy

Strategic Priority 4	**Achieve greater consistency in quality of assessments of risk and need and the formulation of plans to meet identified factors by ensuring that approaches to day-to-day quality assurance of operational practice are robust, systematic and deliver intended improvements.**
Local Improvement Priorities	Quality and quality assurance
	Improve outcomes for children and young people looked after at home
Actions	Agree process for integrated chronologies
	Introduce new comprehensive assessment
	Create clear and robust performance measures for assessment and care planning
	Develop and deliver training materials for robust assessment and care planning
	Further develop single and multi-agency case file audits to measure improvements and maintain quality.
	Deliver Raising Attainment programme focused on looked after at home children and young people
	Deliver raised aspirations for looked after at home children in terms of educational outcomes
	Develop clear joint working across Community Alliance, Youth Alliance, HSCP, and Education quality clusters and Housing Services
Supporting Structures and Plans	Raising Attainment Strategy/Plan
	Corporate Parenting Strategy

Strategic Priority 5	**Continue to fully implement Getting it Right for Every Child**
Local Improvement Priorities	Implementation and compliance with the Children and Young People (Scotland) Act 2014 and statutory guidance
Actions	Build that confident workforce to fully embed the GIRFEC approach into our daily activities
	Train and develop our staff to maximise the skills and potential within our Teams around the Child
	Develop our systems, Emis, Seemis and Carefirst to make them more efficient and relevant to changing practice
	Develop a more outcome focussed approach within our assessment and planning process.
	Build on multi-agency approaches and extend this approach further into specialist, adult and 3rd sector services
	Respond to the changes in respect of the Information Sharing Bill and Data Protection Act.
Supporting Structures and Plans	Health and Social Care Partnership Strategic Plan and Annual Performance Reports
	Education Services Service Plan and Annual Performance Reports
	CPP Inspection Improvement Action Plan
	West Dunbartonshire Council Local Housing Strategy
	Criminal Justice Partnership Plan

Strategic Priority 5	**Improve the lives of children and young people (0-18yrs) by equipping parents through a comprehensive suite of parenting interventions**
Local Improvement Priorities	Improve the co-ordination, integration, delivery and evaluation of parenting programmes.
Actions	Refresh of Handling Teenage Behaviour training
	Review referral processes for Parenting opportunities
	Support preparation and sustainability for parents attending parenting programmes. Roll out Psychology of Parenting Programmes (PoPP) approach.
	Continued focus on universal and targeted programmes of parenting including mellow babies and incredible years
Supporting Structures and Plans	Community Planning Parenting Strategy
	Sexual Health Strategy
	Pregnancy and Parenthood Strategy

Strategic Priority 6	**Improve the lives of all children and young people (8 – 25yrs) in our communities and looked after at home**
Local Improvement Priorities	Improve outcomes for children and young people across our communities
Actions	Address the attainment gap for looked after children at home as well as those looked after away from home
	Ensure compliance with the Carers Act by continuing to work with young carers and partners providing services and support to young carers
	Continued support to children and young people experiencing grief and loss
	Continued support for children and young people affected by disability and issues of mental health
	Prioritise the needs of children and young people looked after children in the community
Supporting Structures and Plans	Health and Social Care Partnership Strategic Plan and Annual Performance Reports
	Education Services Service Plan and Annual Performance Reports
	CPP Inspection Improvement Action Plan
	West Dunbartonshire Council Local Housing Strategy
	CPC Improvement Plan

Commissioning

"Partners evidenced a clear commitment to integration and collaborative working". *Care Inspectorate in February 2017*

The Community Planning Partnerships' strategic governance structures support and encourage collaborative working for partners and staff at all levels; this approach to commissioning across services supports local decision making based on autonomous decision making in communities and partnership with others. The third sector plays an important role in securing and directing external resources to best meet need and were keen to become even more involved in strategic planning and commissioning.

The Health and Social Care Partnership (HSCP) cements together both NHS and local authority responsibilities for community-based health and social care services within a single, integrated structure; this partnership has been expanded to establish a Market Facilitation Consortium model of market analysis across all of our health and social care services from across the statutory, independent and third sector to make the best use of the significant resources invested across our communities.

The Market Facilitation Consortium is grounded in the fundamental principles of ensuring a comprehensive partnership approach across all sectors providing health and social care services; a commitment to provide enhanced delivery of service to individuals and communities and a need to create diversity within the market place based on population needs.

A Consortium approach provides a robust framework for all partners, across age groups and care groups; with clarity of roles, responsibilities, expectations and opportunities for each sector partner described within the context of market facilitation.

The purpose of the Consortium is to

- Create, develop, maintain and grow high quality service delivery in and around West Dunbartonshire in order to service the needs of local people and communities; especially those who are most disadvantaged
- To create and deliver flexible and holistic service packages which are joined up and responsive to need and demand
- To augment provision through the ability of service providers to maximise resource efficiency and support the development of sustainable community capacity

The approach provides third and independent sector partners access to the same information and data used within statutory services; providing opportunities for service delivery where there is an agreed and identifiable need for services based on demographic and neighbourhood analysis. Partners across sectors are then working in an innovative and collaborative approach which as a result is responsive, flexible and accountable to local people within their own localities.

As such each of the consortium partners is responsible for the following:

- An accountability for quality assurance
- Financial management and fiscal responsibility of public monies
- Evidence of market intelligence
- Evidence of beneficiary impact across all sectors including commissioning third and independent sector services.

Governance and Quality

The governance and quality is made up of a matrix of systems and processes to ensure our services are delivered to the highest quality and the range of professions involved with children and young people are supported by robust and appropriate governance frameworks.

1. National Care Standards

The National Care Standards were created under the Regulation of Care (Scotland) Act 2001. There has, however, been significant change in the policy and delivery landscape since the standards were published in 2002 and Scottish Ministers committed to a review to update and improve standards in line with current expectations of quality care. The new draft National Care Standards will focus on human rights; in other words those who use services are fully involved in the planning and delivery of services.

There are six main principles behind the Standards:

- Dignity
- Privacy
- Choice
- Safety
- Realising Potential
- Equality and Diversity.

2. Clinical and Care Governance

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured, supporting staff in continuously improving the quality and safety of care and ensuring that wherever possible poor performance is identified and addressed.

Effective clinical and care governance arrangements are in place to support the delivery of safe, effective and person-centred health and social care services within those services delegated to the local HSCP Board. Clinical and care governance requires co-ordination across a range of services, (including procured services) so as to place people and communities at the centre of all activity relating to the governance of clinical and care services.

The HSCP system of clinical and care governance stimulates multidisciplinary teams to engage in reflective conversations – in a consistent, systematic and on-going manner – that are focused on the detailed composition of care for specific conditions/ pathways or patient/client groups .

3. Duty of candour

The existing approaches to candour are being considered and The Scottish Government intends to introduce a statutory requirement on organisations providing health and social care to have effective arrangements in place to demonstrate their commitment to disclose instances of physical or psychological harm.

The proposals have been intentionally focused on organisational duty, forming a further dimension of the arrangements already in place to support continuous improvements in quality and safety culture across Scotland's health and care services. Currently in a consultation process, when enacted, both West Dunbartonshire Council, the HSCP and NHS Greater Glasgow and Clyde services will support and deliver on the intended consistent approach to disclosure of events that have resulted in physical or psychological harm to users of services.

Consultation on Children Services Plan

We want to encourage individuals and organisations to take part in the consultation of this Plan; it is available on-line, by requesting and completing a paper copy of the consultation documents and questionnaire, or through one of the focus groups and meetings where the plan was discussed.

We are asking you to answer several key questions:

1. Are the key priorities the right ones and if not, what should the priorities be?
2. Are the next steps we propose to take in respect of each of the priorities the right ones and if not, what steps should we be taking?
3. Are there any significant issues we have missed and if so, what are they?
4. Does the Strategic Needs Assessment reflect your experience and understanding of the health and social care needs in West Dunbartonshire?

Please contact for more information:
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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 23rd August 2017

Subject: Unison's Ethical Care Charter

1. Purpose

1.1 The purpose of this report is to update West Dunbartonshire Health and Social Care Partnership Board of the principles of Unison's Ethical Care Charter.

2. Recommendations

2.1 The Board is recommended to accept and adopt the principles outlined in the UNISON Ethical Care Charter.

3. Background

3.1 In October 2012 UNISON launched its Ethical Care Charter, and invited all Public Sector Commissioners for Care at Home to sign up to the Charter across the United Kingdom. The Ethical Care Charter was created in response to the findings of a UNISON survey of homecare workers in summer of 2012. The overriding objective behind the Ethical Care Charter for the commissioning of homecare services is to establish a minimum baseline for safety, quality and dignity of care by ensuring employment conditions that encourage recruitment and retention through more sustainable terms and conditions and training levels.

3.2 The charter stipulates that in general 15-minute visits will not be used as they undermine the dignity of the clients, that zero hour contracts will not be used in place of permanent contracts, and that all homecare workers will be regularly trained to the necessary standard to provide a good service.

3.3 Since its publication, UNISON has asked Councils to sign up to the Charter and they regularly publish the names of councils who sign up on their website:https://www.unison.org.uk/

4. Main Issues

4.1 The over-riding aim of the Charter is to establish a minimum baseline for the safety, quality and dignity of care by ensuring employment conditions which:

a) Do not routinely short –change clients and

b) Ensure the recruitment and retention of a more stable workforce through more sustainable pay, conditions and training levels.

4.2 The Ethical Care Charter is a UK wide document which outlines a number of phased expectations in 3 stages. The Charter principles align with the aims and objectives for the Health and Social Care Partnership to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire. The core values of the HSCP are protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.

4.3 As reported at 31st May 2017 Partnership Board , you will recall whilst officers were largely in agreement with the principles of the Charter, there were two areas of concern which specifically related to 15 minute visits and HSCP Commissioned Services. Since the last meeting of the Partnership Board following constructive engagement with Trade Union Colleagues, solutions have been put forward for the areas which required further consideration specific to West Dunbartonshire. The Charter seems to acknowledge a need for flexibility, 15 minute visits being one such example. Short visits may on occasion be appropriate, for example for medicine prompts, evening check visits and meal delivery. Where appropriate and as required visits are extended. Following constructive engagement with Unison, GMB and Unite, the Trade Union Convenor for Unison has clarified there can be flexibility around 15 minute visits and confirmed this was the Joint Trade Union position.

4.3 The HSCP commissions services from a variety of providers and has recently established a Practice and Development Group which aims to include homecare providers in the delivery of a stable sector with improvements in quality of care, sustainability of the sector and standards for the workforce. It is proposed a developmental approach will be taken with this group as some further work will be required to review the implications of the charter for local providers and works towards meeting its principles.

4.5 The Ethical Care Charter was discussed at Joint Staff Forum on 18th July 2017 and it was agreed updates on progress will be provided through this fora.

5. People Implications

5.1 The impact on staff would be assessed as part of the work of the Practice and Development Group proposed in this paper.

6. Financial Implications

6.1 The Health & Social Care Partnership delivers 90% of Care at Home Services through direct management and commissions 10% of its Care at Home Services externally from the Independent Sector.

6.2 The HSCP has already committed to the Living Wage Charter element of the Scottish Government policy, and as previously reported by the Chief Finance

Officer, in the budget reports to the Health and Social Care Partnership Board, this will form a core part of contracting with providers

7. Professional Implications

7.1 The HSCP commissions services from a variety of providers and has recently established a Practice and Development Group which aims to include providers in the delivery of a stable sector with improvements in quality of care, sustainability of the sector and standards for the workforce.

7.2 It is recommended that this group reviews the implications of the charter for local providers and assesses any professional implications as part of this work.

8. Locality Implications

8.1 None

9. Risk Analysis

9.1 A risk assessment will be undertaken as part of this work.

10. Impact Assessments

10.1 Supporting the principles of the Ethical Care Charter would contribute towards a positive approach to fair work practices but further work with providers is required to ensure the stability of the local market

11. Consultation

12.1 Draft paper prepared for Partnership Board discussed at Joint Staff Forum on 18th April 2017 and update provided on 18th July 2017. This was also discussed at Practice and Development Group with providers on 11 August 2017.

13. Strategic Assessment

13.1 The principles of the Ethical Care Charter are in accordance with the Strategic Plan for the Health and Social Care Partnership.

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Date: **23rd August 2017**

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Appendices: None

Background Papers: **HSCP Board Report (31 May 2017) Unison Ethical Care Charter**

Wards Affected: **All**

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 23 August 2017

Subject: 2017/18 Budget Update and Financial Performance Report as at Period 3 (30 June 2017)

1. Purpose

1.1 To provide the Health and Social Care Partnership Board with:

- An update on the 2017/18 revenue budget position;
- An update on the financial performance of the West Dunbartonshire Council Health & Social Care Partnership as at period 3 up to 30 June 2017; and
- An update on the 2018/19 budget setting process.

2. Recommendations

2.1 The HSCP Board is recommended to:

- Note the updated position in relation to the 2017/18 budget.
- Approve the recommendations detailed in sections 4.5 to 4.11 regarding the application of the £3.6m reduction in the 2017/18 budget allocation across all HSCPs;
- Note that revenue position for the period 1 April 2017 to 30 June 2017 is reporting an overspend of £0.212m (-0.60%);
- Note the commencement of the 2018/19 budget setting process and the potential level of savings required to be met.

3. Background

3.1 <u>2017/18 Annual Revenue Budget Update</u>

3.2 The last annual revenue budget update to the HSCP Board was on 31 May 2017, provided members with details of a letter of 29 March 2017, from the outgoing NHSGG&C Chief Executive, which restated the Board's decision to allocate a £3.6m savings target across the six HSCPs as their contribution to a previously unmet 2015/16 CHCP saving of £7.8 million. However there was acknowledgement that further discussions would take place coupled with ongoing work by the Prescribing Efficiency Group to reduce predicted budget pressure of £8.5 million.

3.3 For WDHSCP the share of the £3.6m equated to £0.274m and for prescribing pressure the share of £8.5m was approximately £0.656 million. However the 31 May 2017 HSCP Board received a verbal update from the Chief Officer that an agreement had just been reached by the Scottish Government and

Community Pharmacy Scotland (CPS) on drug tariff levels for 2017/18 which would likely reduce our share of the pressure.

3.4 After discussion the HSCP Board agreed to continue to work with the NHSGG&C Health Board to find a resolution to the £3.6m and create an earmarked reserve of £0.321m for our share the revised prescribing risk.

4. Main Issues

4.1 On the 23 June 2017 the Director of Finance for NHSGG&C wrote to the Chair of the HSCP (Appendix 1) in response to a letter from the HSCP Board on 10 March 2017 regarding 2017/18 budget allocations. The letter confirmed the health board's commitment to resolving the 2017/18 budget offer issues by working with the Chief Officers and other officers of the HSCP Board on exploring options around GP prescribing pressure and targets to manage unscheduled care.

4.2 With regards to GP Prescribing pressure the drug tariff saving referred to in 3.3 above has now been confirmed as £6.9m for NHSGG&C, of which the share to HSCPs is £3.97 million. This coupled with the work of the Prescribing Efficiency Group and NHSGG&C Prescribing Services Team on accelerating savings and other initiatives has now negated the full £8.5m pressure as detailed in the table below.

4.3 There are a significant number of risks around the achievement of efficiency savings and the potential for further short supply increases, however the GGCHB have agreed to continue with the risk sharing arrangement with the six HSCPs and underwrite this risk. There are still some details requiring to be worked through around the amount of recurring budget at HSCP level in line with the Scottish Government direction of maintaining budgets at 2016/17 cash levels.

Prescribing Pressure HSCP	**£m**
2017/18 Savings Target	8.50
Add:	
Short Supply Notifications	1.50
Spend to Save	2.79
Revised Pressure 2017/18	12.79
Less:	
Drug Tariff Savings – CPS	-3.97
Off Patent Savings	-3.50
Efficiency Savings	-5.32
	-12.79
Health Board Allocation	

4.4 The removal of this prescribing risk for 2017/18 is significant for the HSCP Board as it "frees up" the £0.321m earmarked reserves approved in the 2016/17 draft unaudited accounts.

4.5 In regard to the 2015/16 unachieved CHCP savings target of £7.8m and the Health Board approved proposal to reduce to £3.6m, a meeting took place on 27 June 2017 with HSCP Chief Officers and both the Chief Executive and the Director of Finance for the Board. It was agreed that there required to be more joint working in order to deliver on the Commissioning Plan targets for unscheduled care and to resolve the 2017/18 outstanding budget issue.

4.6 This has been further considered by all six HSCP CFOs in the context of the Scottish Government's commitment to work with Health Board's and HSCPs in making the "set aside" budget for unscheduled care a more meaningful budget allocation to allow for the realignment of resources required to shift the balance of care to more community based settings.

4.7 It is the recommendation of the Chief Financial Officer that the HSCP Board fund its proportionate share of the £3.6m unallocated saving target, which equates to £0.274m, on a one off basis during 2017/18, to promote partnership working. This is the maximum contribution by IJBs in respect of the historic £7.8m unachieved savings.

4.8 This will allow a short period of time to work towards a recurring solution, focusing on the development and conclusion of the mechanism for the set aside budget. This approach has been agreed with the Scottish Government and requires a rapid and focused action plan to be developed and delivered over the coming months in conjunction with Chief Officers, NHSGGC Director of Finance, Chief Finance Officers and Scottish Government.

4.9 This non-recurring funding to a maximum of £3.6m will be on the basis of a recharge and not a budget reduction. This ensures that the 2017/18 budget for the HSCP Board is compliant with the Scottish Government settlement.

4.10 This recognises both a pragmatic solution to the £3.6m unallocated saving and the importance of partnership working going forward.

4.11 It is still very early in the financial year to be able to fully commit to the £0.274m being covered by potential underspends across the HSCP Budget given some of the early pressures detailed in the financial performance information below. Therefore it is the Chief Financial Officer's recommendation that the reserves earmarked for prescribing pressure be redirected to underwrite this cost.

5. 2017/18 Financial Performance as at Period 3 (30 June 2017)

Greater Glasgow and Clyde Health Board Allocation

5.1 Given the outstanding budget allocation issues detailed in sections 3 and 4 above, the HSCP Board has yet to receive formal notification of its 2017/18 opening budget allocation as approved by Greater Glasgow and Clyde Health Board.

5.2 However in line with previous reports to the HSCP Board in March and May there was a calculation undertaken on the level of 2016/17 recurrent budget that required to be rolled forward into 2017/18. The figure previously reported was £80.676m and was based on the 2016/17 month 9 recurring budget levels.

5.3 As detailed in the financial performance report as at month 12, reported to the 31 May HSCP Board there had been further recurrent budget adjustments which required to be reflected in the opening allocation. These are laid out in Appendix 2 and reflect further recurring budget additions of £0.238m and the transfer of hospice funding of £3.499m to HSCP Boards to reflect delegated functions.

5.4 This results in an opening recurrent roll forward budget for 2017/18 of £84.413m. As expected there have been a number of further adjustments to this figure, the most significant one being the allocation of the £100m Social Care Fund allocated through Health Boards for application by HSCPs.

	£'000
Recurrent Roll Forward Budget 2017/18	**84,413**
Additional Allocations of:	
2017/18 Social Care Fund £100m	1,950
FHS Gms X Chgs	263
Resource Transfer Reallocation Older People	243
Scottish Government – CAHMS Psychology (Non-Recurring)	82
Scottish Government – CAHMS Nursing (Non-Recurring)	75
Transfer of Management Accountant's post	45
Deductions of:	
FHS Prescribing Allocation	-368
Budget Realignment – Hospices Due Diligence	-163
Learning Disability RAM – Supplies (Recurring)	-21
Revised budget at Period 9 2016/17	**86,519**

West Dunbartonshire Council Budget Allocation

5.5 At the meeting of West Dunbartonshire Council on 22 February 2017, Members agreed the revenue estimates for 2017/2018, including a total net West Dunbartonshire Health & Social Care Partnership budget of £60.673m.

5.6 The budget as at period 3 is £60.659m, a reduction of £0.014m represented by the approved centralisation of non statutory training budgets.

Summary Position

5.7 The WDHSCP revenue position is reporting for the period 1 April to 30 June 2017 an overspend of £0.212m (-0.60%).

5.8 The Partnership's NHS Health Care budget is reporting a overall break even position and the Social Care budget is reporting a net overspend of £0.212m (-1.31%) for the same period.

5.9 The projected overspend of £0.525m (-0.36%) is based on figures presented as at 30 June 2017 and reflects any material items impacting on the projected outturn arising as at 31 July 2017.

5.10 The summary position is reported within the following table and the significant variances affecting the overall position reported above are highlighted within section 5.12 and 5.13 of this report.

5.11 Additional detailed breakdown of individual costs at care group level are reported in Appendix 3 of this report

	Annual Budget	YTD Budget	YTD Actuals	Variance	Variance	Full Year Forecast	Full Year Variance	Variance
	£000's	£000's	£000's	£000's	%	£000's	£000's	%
Health Care	90,728	20,319	20,319	(0)	0.00%	90,728	0	0.00%
Social Care	87,242	17,330	17,533	(203)	-1.17%	87,857	(615)	-0.70%
Expenditure	**177,970**	**37,649**	**37,852**	**(203)**	**-0.54%**	**178,585**	**(615)**	**-0.35%**
Health Care	**(4,208)**	**(929)**	**(929)**	**0**	0.00%	(4,208)	0	0.00%
Social Care	**(26,583)**	**(1,179)**	**(1,170)**	**(9)**	0.76%	(26,673)	90	-0.34%
Income	**(30,791)**	**(2,108)**	**(2,099)**	**(9)**	**0.43%**	**(30,881)**	**90**	**-0.29%**
Health Care	86,519	19,390	19,390	(0)	0.00%	86,519	0	0.00%
Social Care	60,659	16,151	16,363	(212)	-1.31%	61,184	(525)	-0.87%
Net Expenditure	**147,178**	**35,541**	**35,753**	**(212)**	**-0.60%**	**147,703**	**(525)**	**-0.36%**

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

Significant Variances – Health Services

5.12 The overall net position at 30 June 2017 is breakeven, however variations across some services and at this early stage of the financial year it is anticipated that turnover savings targets agreed to meet pay inflation and apprentice levy pressure will be met. The key areas are:

- **Adult Community Services –** is displaying an overspend of £0.070m due to nursing costs for a specialist care package and EQUIPU pressure for aids provided at hospital discharge.

- **Mental Health – Adult Community and Elderly Services** is reporting an overspend of £0.035m. This is mainly due vacancy slippage and further identification of 2016/17 workforce service redesign savings.

- **Planning and Health Improvement -** is reporting underspend of £0.041m mainly due to delay in application of discretionary funding commitments. Further information is required on level of non-recurrent funding anticipated.

- **Other Services** is reporting an underspend of £0.074m. This is mainly a budget phasing issue given the significant budget adjustments processed in the last quarter, which include the allocation of non recurrent funding. This will smooth out by the year end.

- **GP Prescribing for Partnerships in 2017/18**

  GP Prescribing is extremely volatile and even with the significant work that has been undertaken to identify the full effect of tariff savings and efficiency programmes as detailed in sections 4.1 – 4.3 above, there continues to be an element of financial risk in 2017/18. If the risk sharing arrangement continues then the risk to the HSCP Board is reduced, however the progress of how each partnership implements efficiency savings will be closely monitored and subject to further reports.

Significant Variances – Social Care Savings

5.13 The net overspend position at 30 June 2017 is £0.212m (-1.31%). The key areas are:

- **Residential Schools –** is reporting an overspend of £0.035m mainly due to new placements in secure residential schools and a delay in moving to throughcare. This is an extremely volatile budget and the childcare managers review alternatives to high cost placements on a weekly basis.

- **Residential Accommodation for Older People -** is reporting a year to date overspend £0.092m mainly due to the slight delay in the opening of the new Dumbarton Care Home and the knock on impact of some double running costs. There is also an element of unidentified savings which was part of the original contribution to the revenue cost relating to borrowing and higher than

anticipated staff cover costs due to staff absence for long term medical conditions. Significant work has been undertaken by the older people budget managers and human resources to minimise absence and preservation costs for staff re-grading of new care home staffing structure.

- **Homecare -** is reporting an overspend of £0.087m mainly due to an increase in clients covered by external providers and a shortfall in income against budget, which is a continuation of a 2016/17 budget variance. To mitigate this pressure two new co-ordinators have been appointed who will review all current packages with the expectation that some service reductions can be achieved as clients are supported through reablement.

Savings Performance to Date – Health

5.14 As reported to the March and May HSCP Boards, the Scottish Government direction to maintain 2017/18 budget allocations at 2016/17 cash levels resulted in the partnership having to find savings to mitigate the cost of pay inflation and apprentice levy costs of £0.465m. The Board approved the application of a 2% turnover target to be applied to all staffing budgets and as indicated in section 5.11 above, at this early stage in the financial year it is anticipated this will be achieved.

5.15 Coupled with this approved savings plan is the requirement to deliver on the approved 2016/17 savings of £0.909m which was covered non-recurrently by the Health Board in 2016/17. There is some risk around the Mental Health service redesign referred to in section 5.11 above and also there requires to be an update the next HSCP Board on the progress of the School Nurse Review saving of £0.114 million.

Savings Performance to Date – Social Care

5.16 The approved budget allocation from West Dunbartonshire Council, detailed in section 5.5 above, required the HSCP Board to identify savings of £2m in order to deliver on the current demand levels for services. The board approved that this was achieved by the application of uncommitted recurring 2016/17 Social Care Fund resources.

Update on Implementation of Scottish Living Wage (SLW) Commitment

5.17 As reported to the 31 May HSCP Board the West Dunbartonshire IJB share of the 2017/18 £107m Social Care Fund was £2.087m of the Scottish total.

	Scotland £m	WD HSCP £m (1.95%)
Full year effect of the Living Wage of £8.25/hr	50	0.975
Increase Living Wage to £8.45/hr	20	0.390
Sleepovers	10	0.195
Sustainability	20	0.390
Implementation of Carers Legislation	2	0.039

Veterans Pension Disregard	5	0.098
TOTAL	**107**	**2.087**

5.18 The agreed 2.8% uplift for the 2017/18 National Care Home Contract 2017/18 required that approximately £0.036m would be required to from the above resource to cover the shortfall in the 2.5% budgeted uplift assumption.

5.19 Initial discussions took place with our main providers of adult social care in April 2017, which centred on:

- Our commitment to deliver on the 2017/18 SLW rate of £8.45/hr for all adult social care workers;
- Recognition that the Scottish Government has yet to provide definitive guidance on whether sleepovers should be paid at the National Minimum Wage (NMW) level of £7.50/hr (in line with HMRC guidance) or move to £8.45/hr SLW; and
- Including an element of funding to support sustainability among our providers.

5.20 Throughout July and early August our providers have been issued with an offer to increase the unit cost day rate by 2.5%, which would cover the £0.20 increase as well offer an element for sustainability. With regard to sleepovers, as guidance has yet to be received from Scottish Government, the offer is £7.57/hr which would meet both the NMW level and an element of sustainability as providers work with us on alternatives to service delivery.

5.21 The next report to the HSCP Board will provide an update on the level of provider acceptance.

Housing Aids and Adaptations and Care of Gardens

5.22 Housing Aids and Adaptations and Care of Gardens services for social care are also part of the HSCP Board total resource for 2017/18.

The budgets are currently held within West Dunbartonshire Council's – Regeneration, Environment and Growth Directorate and are managed on behalf of the HSCP Board. The 2017/18 budget based on existing resources for Care of Gardens is £0.500m and Aids and Adaptations is £0.250m (which includes the re-instatement of the £0.100m saving removed from the 2016/17 budget allocation) and provides a total resource of £0.750m.

The summary position for the period to 30 June 2017 is reported in the following table and reports an overall projected spend of £0.754m against the full year budget, resulting in a small overspend of £0.004m. However, management action will be expected to bring this back into line by the end of the financial year.

	Budget	Actual	Variance	Forecast
Care of Gardens	500,000	265,497	234,503	504,045
Aids & Adaptations	250,000	62,500	187,500	250,000
Total	**750,000**	**327,997**	**422,003**	**754,045**

2017/18 Capital Expenditure

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

As previously reported to the Partnership Board, HSCP officers were preparing the Outline Business Case (OBC) for the new £19 million Clydebank Health & Care Centre, for presentation to GGCHB Capital Planning Board and then Scottish Government.

The OBC was presented to the Health Board for approval on 15 August 2017, before gaining approval at the Scottish Government's Capital Investment Group (CIG) on 17 August 2017. The full version of the OBC will be presented to the next HSCP Board for information.

5.24 The design and construction of replacement elderly care homes and day care centres in Dumbarton and Clydebank areas is progressing well with the opening of Crosslet House, Dumbarton on 5 June 2017.

General - The total care home budget is £25.062m. The budget for Dumbarton was £13.174m with balance for Clydebank budget at £11.888m.

Dumbarton - The Care Inspectorate approved residents moving in from Monday 5 June onwards. All residents now relocated to Crosslet. The three existing Dumbarton homes are now available for Asset Management disposal strategy. Approval for Day Care services was received from the Care on 7 July 2017.

As previously reported to the HSCP Board on 1 March 2017 there was agreement to provide funding of up to £0.250m for furniture and equipment for the new homes. The draft statement of final account is subject to change, however including a virement of funds from an underspend in 2016/17 Aids and Adaptations budget of £0.063m, it is anticipated that final total costs will be covered within this allocation.

Clydebank - Planning consent for the Clydebank Care Home was agreed on 31st May at WDC Planning Committee with conditions which are currently being worked through. Cost plans for tender have been revised with further

detail to specifications and are expected to be issued late August. It is anticipated that work will commence on-site by February 2018.

Clydebank Care Home is currently tracking an overspend based on latest cost estimate updates of approximately £0.569m, however this figure includes an amount of £0.200m for the risk of having to undertake additional groundwork's from the removal of contamination. Market tested pricing from the issued tender should be known by end of September.

As with the Dumbarton Care Home there requires to be additional funding of approximately £0.250m related to fixtures and fittings. This has been accounted for through the carry forward of reserves from 2016/17 HSCP Board's Accounts under Service Transformation.

Delay in achieving planning consent (linked to Masterplan Phase 1 which had to be determined first) and finalising more specific detail to tender (taking account of lessons learned from Dumbarton Care Home and site-specific matters and district heating) has subsequently changed the forecast end date to April 2019. Budgets will be required to be re-profiled due to amended programme of build.

5.25 **Aids & Adaptations –** As reported above the underspend from 2016/17 of £0.063m was brought forward into 2017/18 and will be vired to the Care Homes project. At this stage full spend of the capital budget is anticipated.

5.26 The summary capital expenditure position is detailed in Appendix 4 and the significant variances affecting the overall position reported are monitored routinely as part of the Council's capital planning process.

6. Financial Challenges – Budget Setting Process 2018/19 – 2020/21

6.1 West Dunbartonshire Council has a long term financial strategy which is reviewed annually and provides detailed analysis of issues for the next 3 financial years (2018/19 – 2020/21). The financial strategy aims to allow the Council to plan ahead and take appropriate action to maintain budgets within expected levels of funding.

6.2 The Strategic Lead - Resources reported a detailed indicative 2017/18 to 2019/20 General Services financial position to Members at the Council meeting in February 2017, when the final budget for 2017/18 was agreed. Following this decision and with subsequent agreement by Members on use of reserves, further actions were identified, resulting in expected gaps of £7.885m for 2018/19 and £11.397m for 2019/20 (cumulative) remaining to be closed.

6.3 In order to meet the financial challenge for 2018/19 onwards, Strategic Leads, including the HSCP Chief Officer, are being asked to generate options for efficiencies and savings which will be agreed through the Performance Monitoring Review Group (PMRG). The target for each Strategic Lead will be

advised to them separately, in line with the approach agreed at PMRG on 27 June 2017.

6.4 For the HSCP Board it is likely that the savings target allocated will take cognisance of the Scottish Government's commitment to deliver of its Health and Social Care Integration agenda by limiting the budget reductions that can be applied by its local authority partner. The 2017/18 local authorities were limited to adjust their allocations to Integration Authorities by up to their share of £80 million below the level of budget agreed in 2016/17.

6.5 This will not be confirmed with any certainty until the Scottish Government issue its budget settlement in early December 2017, however it would be prudent for the HSCP Board to consider savings options ranging from 2.5% to 5% on current budget levels. It is anticipated that a range of savings options will be presented to the November 2017 Board.

6.6 With regards to potential future funding settlements from the Health Board, the work which will be undertaken shortly to analyse set aside budgets will be a key component of how the shift in the balance of care can be funded. In line with the approach detailed in section 6.5 above, work will commence on providing the November Board with a range of savings options up to 5% on current budget levels.

7. People Implications

7.1 None.

8. Financial Implications

8.1 Other than the financial position noted above, there are no other financial implications known at this time.

9. Professional Implications

9.1 None

10. Locality Implications

10.1 None

11. Risk Analysis

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

The main risk for 2018/19 is the predicted reduction to funding from both partner organisations as financial austerity continues to impact on their own funding strategies in the short to medium term.

12. Impact Assessments

12.1 None

13. Consultation

13.1 This report has been provided to the Health Board Assistant Director of Finance and the Council's Head of Finance and Resources.

14. Strategic Assessment

14.1 Proper budgetary control and sound financial practice are cornerstones of good governance and support the Partnership Board and officers to pursue the strategic priorities of the Strategic Plan.

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

Julie Slavin – Chief Financial Officer

Date: 23 August 2017

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

Appendices:

Appendix 1 – Letter 23 June 2017 from Director of Finance GGCHB to Chair of HSCP Board

Appendix 2 – Reconciliation of previously reported GGCHB 2016/17 recurring budget to roll forward to 2017/18.

Appendix 3 – Health and Social Care Financial Statement (P3 Budget report)

Appendix 4 – West Dunbartonshire Council - General Services Capital Programme

Background Papers: 2017/18 Annual Budget Reports

Wards Affected: All

Greater Glasgow and Clyde NHS Board

JB Russell House
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Councillor Marie McNair
West Dunbartonshire Council
Chair of Health and Social Care Partnership
Clydebank Town Hall
49 Dumbarton Road
Clydebank
G81 1UA

Date: 23rd June 2017
Our Ref: MW/LL01

Enquiries to: Mark White
Direct Line: 0141-201-4609
E-mail: Mark.White@ggc.scot.nhs.uk

Dear Councillor McNair

I am writing in response to the letter from your predecessor dated 10th March 2017 to Mr Robert Calderwood, (previous) Chief Executive and Mr John Brown, Chairman, NHS Greater Glasgow and Clyde.

I apologise for the delay in responding but, as you will appreciate, the new Chief Executive, Jane Grant, joined the organisation at the beginning of April 2017 and she and I have been working closely in the last few weeks to review the financial position for the NHS Board and, thereafter, for the health component of the IJBs.

Significant work has been undertaken to establish a clear and sustainable position, with a view to finalising the NHS Board's Financial Plan including the IJB settlement, and in particular, the approach to the £7.8m of non-recurrent funding provided by NHS Greater Glasgow and Clyde in 2016/17 as coverage against the under achievement of savings.

NHS Greater Glasgow and Clyde remains fully committed to negotiating a settlement to enable 2017/18 budgets to be finalised. Whilst informal discussions have recently taken place, the Chief Executive, Director of Finance and all Chief Officers (or nominees) are meeting after the NHS Greater Glasgow and Clyde Board meeting on the 27th June 2017 to discuss potential options and propositions. These propositions will include the 2017/18 GP prescribing position and targets to manage unscheduled care.

I will keep you updated on the process, as no doubt will your Chief Officer.

Yours sincerely

Mark White

Mark White
Director of Finance
NHS Greater Glasgow and Clyde

Cc: Keith Redpath, Chief Officer, West Dunbartonshire Health and Social Care Partnership

Appendix 2

Reconciliation of estimated 2017/18 Opening Recurring Budget

	£'000	£'000
Estimate Based on Recurring Budget as at Month 9. As per previous reports to HSCP Board in March and May 2017		**80,676**
Recurring Adjustments Month's 10 - 12		
Transfer of 50% CFO Funding from NHS Partnership's Corporate.	49.0	
Transfer Telecoms Budget to Corporate Facilities	-78.7	
Transfer of GP Issues Budget to HSCP's (supplies/stationery etc)	52.8	
FHS GMS X Chg 16-17 - Recurring Adjustment	17.8	
FHS GMS X Chg 17c 16-17 - Recurring Adjustment	18.5	
Fhs Other Recharges 2016-17 - Recurring Adjustment	900.7	
Hospital Based Prescriptions dispensed by Community Pharmacist's - Recurring	9.8	
Transfer of unregistered nursing funding (LD RAM balance) - Recurring	8.9	
Final Sch4 Gic Adj To Outturn - Prescribing Recurring Adjustment	-28.0	
Fhs Other Recharges 2016-17 - Recurring Adjustment	-712.6	
Total Recurring Adjustments Month's 10 - 12	**238.2**	
Revised Recurring Rollover budget 2017/18		**80,914.2**
Add Transfer of St. Margaret's Hospice Funding (transferred after month 12 but prior to ledger rollover)	3,499.0	
Actual Rollover budget per ledger	84,413.2	

West Dunbartonshire Health & Social Care Partnership — **Appendix 3**

Financial Year 2017/18 period 3 covering 1 April to 30 June 2017

Health Care Expenditure	Annual Budget £000's	Year to date Budget £000's	Actual £000's	Variance £000's	Variance %	Forecast Full Year	Variance %
Planning & Health Improvements	872	218	177	41	19%	772	89%
Children Services - community	2,300	636	657	(21)	-3%	2,380	103%
Children Services - specialist	1,588	399	416	(17)	-4%	1,658	104%
Adult Community Services	9,555	3,135	3,205	(70)	-2%	9,835	103%
Community Learning Disabilities	547	137	144	(7)	-5%	547	100%
Addictions	1,820	330	338	(8)	-2%	1,820	100%
Mental Health - Adult Community	4,281	1,035	993	41	4%	4,281	100%
Mental Health - Elderly Inpatients	3,124	837	914	(77)	-9%	3,124	100%
Family Health Services (FHS)	24,295	6,319	6,319	0	0%	24,295	100%
GP Prescribing	18,926	5,043	5,043	0	0%	18,926	100%
Other Services	1,424	487	408	79	16%	1,144	80%
Resource Transfer	15,021	0	0	0	#DIV/0!	15,021	100%
Hosted Services	6,975	1,744	1,705	39	2%	6,925	99%
Expenditure	90,728	20,319	20,319	(0)	0%	90,728	100%
Income	(4,208)	(929)	(929)	0	0%	(4,208)	100%
Net Expenditure	**86,519**	**19,390**	**19,390**	**(0)**	0%	86,519	100%

Social Care Expenditure	Annual Budget £000's	Year to date Budget £000's	Actual £000's	Variance £000's	% Variance %	Forecast Full Year	Variance %
Strategy Planning and Health Improvement	1,067	267	248	19	7%	990	93%
Residential Accommodation for Young People	3,649	908	923	(15)	-2%	3,710	102%
Children's Community Placements	3,472	950	962	(12)	-1%	3,519	101%
Children's Residential Schools	637	312	347	(35)	-11%	776	122%
Childcare Operations	3,862	924	924	0	0%	3,862	100%
Other Services - Young People	3,994	793	788	5	1%	3,974	99%
Residential Accommodation for Older People	7,303	1,755	1,879	(124)	-7%	7,595	104%
External Residential Accommodation for Elderly	12,539	3,581	3,554	27	1%	12,431	99%
Homecare	13,753	2,733	2,796	(64)	-2%	14,007	102%
Sheltered Housing	1,944	377	369	8	2%	1,913	98%
Day Centres Older People	1,211	230	230	0	0%	1,211	100%
Meals on Wheels	75	8	8	0	0%	75	100%
Community Alarms	345	41	49	(9)	-21%	387	112%
Community Health Operations	2,879	728	728	0	0%	2,879	100%
Residential - Learning Disability	14,296	1,677	1,684	(7)	0%	14,324	100%
Day Centres - Learning Disabilty	1,943	380	377	3	1%	1,933	99%
Physical Disability	2,939	590	569	21	4%	2,855	97%
Addictions Services	1,815	306	300	6	2%	1,793	99%
Mental Health	3,850	715	715	0	0%	3,849	100%
Criminal Justice	1,868	140	140	0	0%	1,868	100%
HSCP - Corporate	3,801	(83)	(57)	(26)	32%	3,906	103%
Expenditure	**87,242**	**17,330**	**17,533**	**(203)**	-1.2%	**87,857**	100.7%
Income	(26,583)	(1,179)	(1,170)	(9)	1%	(26,673)	100.3%
Net Expenditure	**60,659**	**16,151**	**16,363**	**(212)**	**-1.3%**	**61,184**	100.9%

Consolidated Expenditure	Annual Budget £000's	Year to date Budget £000's	Actual £000's	Variance £000's	Variance %	Forecast Full Year	Variance %
Older People Residential, Health and Community Care	35,851	9,854	10,022	(168)	-1.7%	36,326	101%
Homecare	13,753	2,733	2,796	(64)	-2.3%	14,007	102%
Physical Disability	2,939	590	569	21	3.6%	2,855	97%
Children's Residential Care and Community Services (incl specialist)	19,502	4,922	5,017	(95)	-1.9%	19,879	102%
Strategy Planning and Health Improvement	1,939	485	425	60	12.4%	1,762	91%
Mental Health Services - Adult & Elderly Community and Inpatients	11,255	2,587	2,622	(35)	-1.4%	11,254	100%
Addictions	3,635	636	638	(3)	-0.4%	3,613	99%
Learning Disabilities - Residential and Community Services	16,786	2,193	2,205	(12)	-0.5%	16,804	100%
Family Health Services (FHS)	24,295	6,319	6,319	0	0.0%	24,295	100%
GP Prescribing	18,926	5,043	5,043	0	0.0%	18,926	100%
Hosted Services	6,975	1,744	1,705	39	2.2%	6,925	99%
Criminal Justice	1,868	140	140	0	0.0%	1,868	100%
Resource Transfer	15,021	0	0	0	#DIV/0!	15,021	100%
HSCP Corporate and Other Services	5,225	404	351	53	13.0%	5,050	97%
Gross Expenditure	177,970	37,649	37,852	(203)	-0.5%	178,585	100.3%
Income	(30,791)	(2,108)	(2,099)	(9)	0.4%	(30,881)	100.3%
Total Net Expenditure	**147,178**	**35,541**	**35,753**	**(212)**	**-0.60%**	**147,703**	100.4%

HC	**86,519**	**19,390**	**19,390**	**(0)**	**(0)**	**86,519**	**100.0%**
SC	**60,659**	**16,151**	**16,363**	**(212)**	**(0)**	**61,184**	**100.9%**
	147,178	**35,541**	**35,753**	**(212)**	**(0)**	**147,703**	100.36%

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

MONTH END DATE	**30 June 2017**
PERIOD	**3**

Budget Details	Project Life Financials					
	Budget	Spend to Date		Forecast Spend	Forecast Variance	
	£000	£000	%	£000	£000	%
Replace Elderly Care Homes and Day Care Centres						
Project Life Financials	25,063	13,577	54%	25,263	200	1%
Current Year Financials	6,781	147	2%	2,936	(3,845)	-57%
Project Description	Design and construction of replacement elderly care homes and day care centres in Dumbarton and Clydebank areas					
Project Lifecycle	Planned End Date		31-Jan-19	Forecast End Date		04-Apr-19
Main Issues / Reason for Variance						
Clydebank Care Home is currently tracking an overspend based on latest cost estimate updates, however officers are meeting legal and procurement in advance of July project board with the aim being to issue the tender for whole build by the end of July with anticipation that market tested pricing should be known by end of September. At this time there is also an anticipated overspend of £0.200m related to fixtures and fittings which is anticipated to be funded via virement request of £0.063m from Aids and Adaptations and £0.137m CFCR from HSCP. Planning consent was agreed on 31st May at Planning Committee with conditions which are currently being worked through. Currently revising cost plan for tender and further detail to specifications, which should be put out to tender in July. It is anticipated that work will commence on-site by February 2018. Delay in achieving planning consent (linked to Masterplan Phase 1 which had to be determined first) and finalising more specific detail to tender (taking account of lessons learned from Dumbarton Care Home and site-specific matters and district heating) has subsequently changed the forecast end date. Budgets						
Mitigating Action						
Work currently being undertaken to conclude tender pack for July Project Board with affordability check,						
Anticipated Outcome						
New Care home provision in Clydebank.						

Budget Details	Project Life Financials					
	Budget	Spend to Date		Forecast Spend	Forecast Variance	
	£000	£000	%	£000	£000	%
Special Needs - Aids & Adaptations						
Project Life Financials	719	0	0%	656	(63)	-9%
Current Year Financials	719	0	0%	656	(63)	-9%
Project Description	Reactive budget to provide adaptations and equipment for HSCP clients					
Project Lifecycle	Planned End Date		31-Aug-17	Forecast End Date		31-Mar-18
Main Issues / Reason for Variance						
There is likely to be an underspend in this financial year and it is anticipated that budget of £0.063m will be requested to vire to partially fund the anticipated overspend re fixtures and fittings for Care Homes.						
Mitigating Action						
None required at this time due to anticipated underspend						
Anticipated Outcome						
Provision of adaptations and equipment to HSCP clients as anticipated						

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 23 August 2017

Subject: Annual Report and Accounts 2016/2017 Process

1. Purpose

1.1 To provide an outline of the legislative requirements and key stages of the Annual Report and Accounts process for the HSCP covering the period 1 April 2016 to 31 March 2017.

2. Recommendations

2.1 Members are asked to:

(a) Note the Annual Report and Accounts are subject to audit review; and

(b) Agree 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. The annual accounts present the financial performance of the HSCP and include the level of usable funds which will be held in reserve to support specific projects and manage the financial risk associated with demographic and other service demand pressures.

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 and governance. This includes an assessment of 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 The HSCP Audit Committee on 22 June 2017 gave approval for the unaudited 2016/17 Annual Report and Accounts to be submitted to Audit Scotland, our appointed external auditors, for formal review.

3.6 **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.

3.7 **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.

3.8 **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

4. Main Issues

4.1 The draft Annual Report and Accounts were approved by the 22 June 2017 HSCP Audit Committee and passed to Audit Scotland who has commenced their audit process.

4.2 It is anticipated that process will be completed in the coming weeks with "audit sign-off" expected during early September 2017.

4.3 The finalisation of the Annual Report and Accounts for the HSCP Board will meet all legislative requirements.

4.4 Approval is sought from the HSCP Board to remit to the Audit Committee authority, in line with the Terms of Reference, the approval of the External Auditors report and proposed audit certificate (ISA 260 report) and the Audited Annual Report and Accounts at its meeting on 20 September 2017.

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 required.

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: 23 August 2017

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

Appendices: None

Background Papers: Draft Unaudited Annual Accounts 2016/17:
http://www.wdhscp.org.uk/media/1809/hscp-audit-committee-document-pack-22-june-2017.pdf

Audit Committee Terms of Reference

Wards Affected: None

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 Thursday 22 June 2017 at 10.00 a.m.

Present: Allan MacLeod (Chair), Councillor Marie McNair (Vice Chair), Bailie Denis Agnew, Councillor John Mooney, and Rona Sweeney.

Attending: Julie Slavin, Chief Financial Officer; Serena Barnett, Head of People and Change; Julie Lusk, Head of Mental Health, Learning Disability and Addictions; Chris McNeill, Head of Community Health and Care; Soumen Sengupta, Head of Strategy, Planning and Health Improvement; Annie Ritchie, Fieldwork Services Manager – Children and Families; Colin McDougall, Chief Internal Auditor; Allan White, Senior Social Worker, Health & Social Care Partnership 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 McNair declared a financial interest in the item under the heading 'Care Inspectorate Reports for Support Services operated by the Independent Sector in West Dunbartonshire' being a part-time employee with Key Community Supports, Dunbartonshire.

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health & Social Care Partnership Audit Committee held on 7 December 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 from both the Chair and the Head of Strategy, Planning and Health Improvement in relation to the two outstanding actions, it was noted:-

(1) that in relation to Action 1, the new national public health framework was due to be published in summer 2017 and thereafter, a report on its findings would be submitted to the Audit Committee; and

(2) that, in relation to Action 2, now that the HSCP Board local Code of Good Governance was approved and the new external audit team were in place, development discussions would be taken forward with respect to a potential IJB governance checklist.

INTERNAL AUDIT ANNUAL REPORT FOR YEAR ENDED 31 MARCH 2017

A report was submitted 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.

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 to note the contents of the report.

UNAUDITED ANNUAL REPORT AND ACCOUNTS 2016/2017

A report was submitted 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.

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

(1) to approve the 2016/17 unaudited annual report and accounts subject to:-

(a) the inclusion within the Governance Statement, of an explanation around the legacy issue of the £3.6m reduction in the 2017/18 budget allocation across all HSCPs legacy budget from NHS Greater Glasgow and Clyde for 2015/16;

(b) minor amendments and the inclusion of footnotes to provide explanation and clarity in relation to certain technical accounting language used in the report; and

(2) to note that the annual report and accounts would be subject to audit review; and

(3) to note that the HSCP Board on 23 August 2017 would 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.

AUDIT PLAN PROGRESS REPORT

A report was submitted by the Chief Internal Auditor providing an update on:-

(1) 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

(2) the agreed actions from the audit of the Partnership Board's Governance, Performance and Financial Management Arrangements.

After discussion and having heard the Chief Internal Auditor in further explanation of the report and in answer to Members' questions, the Committee agreed to note the progress made in relation to the Audit Plan for 2016/17.

CARE INSPECTORATE REPORT FOR THROUGHCARE AND AFTERCARE: ADULT PLACEMENT SERVICE

A report was submitted 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.

After discussion and having heard the Manager – Looked After Children in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) that the Chair, on behalf of the Partnership Board, would write to the management and staff of the Throughcare and Aftercare: Adult Placement Service who had been awarded Grade 6 for the two themes inspected, to congratulate them on the excellent quality of care provided to service users in West Dunbartonshire;

(2) to note that there were no requirements or recommendations from this inspection with the service retaining its previous excellent grades; and

(3) to congratulate staff on their fantastic achievement in receiving very positive reports from the Care Inspectorate for each of the services covered in the report.

CARE INSPECTORATE REPORT FOR CHILDREN AND YOUNG PEOPLE'S SERVICES OPERATED BY WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

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

After discussion and having heard the Fieldwork Services Manager – Children and Families in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) to congratulate staff on their fantastic achievement in receiving very positive reports from the Care Inspectorate for each of the services covered in the report;

(2) to congratulate the management and staff at Burnside Residential Children's House on receiving the prestigious 'Scottish Institute of Residential Child Care Team of the Year Award' for being able to demonstrate innovative, sector leading practice, as nominated by the young people of Burnside; and

(3) that the Chair, on behalf of the Partnership Board, would write to the management and staff at both Blairvadach and Burnside Residential Children's Houses to congratulate them on the high quality levels of care provided to service users in West Dunbartonshire.

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

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

After discussion, the Committee agreed to note the content of the report.

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

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

After discussion and having heard the Head of Strategy, Planning & Health Improvement, the Head of Mental Health, Learning Disability and Addictions and the Head of Community Health and Care 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 note the content of the report.

CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S RESIDENTIAL CARE SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL

A report was submitted 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.

After discussion and having heard the Head of Community Health and Care 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 note the successful transition of residents to the new Dumbarton Care home.

CARE INSPECTORATE REPORTS FOR CARE AT HOME SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL

A report was submitted 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.

After discussion and having heard the Head of Community Health and Care 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; and

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

RECORDS MANAGEMENT PLAN – UPDATE

A report was submitted by the Head of Strategy, Planning & Health Improvement providing an update on the Partnership Board's requirement to prepare a Records Management Plan (RMP).

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

(1) that a further report providing an update on RMP would be submitted to a future meeting once an invitation had been received from the Keeper of the Records of Scotland requesting the submission of a Records Management Plan; and

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

CLIMATE CHANGE REPORTING AND INTEGRATION JOINT BOARDS

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

After discussion and having heard the Head of Strategy, Planning & Health Improvement in further explanation of the report, the Committee agreed:-

(1) that the Head of Strategy, Planning & Health Improvement would prepare a Climate Change Report for presentation and approval at a future meeting of the Partnership Board; and

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

NHSGGC ORAL HEALTH DIRECTORATE REPORT FOR WEST DUNBARTONSHIRE (2016)

A report was submitted 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.

After discussion and having heard the Head of Strategy, Planning & Health Improvement, the Head of Mental Health, Learning Disability and Addictions and the Head of Community Health and Care in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) to note the NHSGGC Oral Health Directorate's report for West Dunbartonshire and the ongoing partnership working with the Oral Health Directorate;

(2) to endorse the recommendations for action by the Oral Health Directorate within the report; and

(3) to invite the General Manager, Oral Health Directorate to a future meeting of the Audit Committee to discuss the performance report generally and measures to tackle the current oral health picture locally.

LOCAL GOVERNMENT BENCHMARKING FRAMEWORK 2015/16

A report was submitted 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.

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

(1) to note the publication of the national overview report, and specifically the indicators concerned with social care services; and

(2) that a detailed report on Self-Directed Support in the West Dunbartonshire area and how it compares with other areas would be submitted to a future meeting prior to the Care Inspectorate's report on the review of Self-Directed Support across the whole of Scotland.

Note: Rona Sweeney left the meeting at this point.

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

A report was submitted 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'.

After discussion and having heard the Head of Strategy, Planning & Health Improvement and the Head of Mental Health, Addictions and Learning Disability in further explanation of the report and in answer to Members' questions, the Committee agreed to note the terms of the national report by the Care Inspectorate on Alcohol and Drug Partnerships.

DATES OF FUTURE MEETINGS

Members agreed the undernoted dates, times and venues for future meetings of the Audit Committee and that the venue for future meetings would alternate between Clydebank and Dumbarton:-

(1) Wednesday, 20 September 2017 at 2.00 p.m. in Council Chamber, Clydebank Town Hall, Dumbarton Road, Clydebank G81 1UA

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

The meeting closed at 11.50 a.m.

West Dunbartonshire Health & Social Care Partnership

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

Date: **31 May 2017**

Time: **9.30am**

Venue: **Managers' Meeting Room, Garshake Road**

DRAFT MINUTE

Present: Keith Redpath, Chief Officer (Chair)
Jackie Irvine, CSWO
Soumen Sengupta, Head of Strategy Planning & HI
Chris McNeill, Head of Community Health & Care
Wilma Hepburn, Lead Nurse Adviser
Janice Miller, MSK Physio Lead
Serena Barnatt, Head of People and Change
Julie Lusk, Head of Mental Health
Julie Slavin, Chief Financial Officer
Ken Ferguson, Clinical Director

Apologies: None received

In Attendance: Lorna Fitzpatrick (Minute)
Manira Ahmed, ISD
Lynette Cameron, Clinical Risk Manager
Michelle McAloon, WDC, HR
Beth Culshaw, Chief Officer Designate

1. Welcome & Introductions

The Chair welcomed members to the meeting and introductions were made.

2. Minute of Meeting Held on 29 March 2017 - attached

The Minute of the meeting held on 29 March was accepted as an accurate record.

3. Matters Arising

i. Out of Hours Review

The local press has had substantial coverage on out of hours services provided at the Vale of Leven Hospital. David Leese is leading on a piece of work around GP out of hours services. Ken Ferguson reported on a meeting held with Norrie Gaw and a number of local GPs. That is the only contact or discussion that Ken has had with local GPs until receipt of the e-mail addressed to Norrie Gaw which was previously distributed to the SMT.

Ken Ferguson will continue to provide leadership on behalf of the partnership on this issue and will provide regular updates to this group.

4. Quality Assessment

i. Clinical and Care Governance Report

Soumen Sengupta introduced the standard paper which describes the Care Inspectorate grades for independent providers and provides a general update for clinical and care governance. The content of the report was noted.

ii. AHP Operational Measures Dataset Consultation

Janice Miller introduced the Dataset paper and asked for comments. Comments should be received by 16th June and Janice Miller will coordinate a response. Staff can use the paperwork within the Consultation document if they want/prefer.

iii. ASP Inspection

Julie Lusk advised that the Care Inspectorate have not yet confirmed the six areas for inspection but that information should be available by the end of August. Future inspections will be more thematic along the lines of the ADP Inspection. There will follow an inspection on SDS and the CI are currently looking for pilot areas for ground level work.

There was some discussion around the overlap between HIS and the Care Inspectorate.

iv. Mental Health Quality Indicators

MH Operational Group decided that the group would write to ask for an extension to the comments phase on the recent Indicators papers. There is a question around the feasibility of the proposed measurements.

v. MHO Audit

The MHO Audit has started and Colin MacDougall hopes to have the report back by September.

5. Risk Management

i. Clinical Incident Report

Lynette Cameron introduced the report which informs the SMT of the nature and range of patient incidents that have been reported through the DATIX system across West

Dunbartonshire during the period January to March 2017.

There was discussion around the one Child Protection case where the SCI has been concluded but not yet recorded on DATIX.

It was agreed that comparative data will be provided (currently goes to the Partnership Clinical Governance Forum) to this group. LC

Duty of Candour figures will be included in the report from next year.

Clinical Risk Department (Lynette Cameron) shares a list of open SCIs with each area on a monthly basis to enable each local management team to review and look for ways to improve any delays.

The report shows ten open actions from closed SCI investigations from 2008 to date. Julie Lusk advised that she is due to complete the training next month which will allow her to access DATIX and update.

The report also flags up severity 4/5 incidents reported since October 15 where there is no screening tool attached. Julie Lusk will investigate each of these incidents. JL

It was agreed that Lynette Cameron would attend a future meeting of Chris McNeill's team leads and also a future meeting of the Clinical and Care Governance Forum. LC

The differing approaches between the different systems was discussed and the use of Figtree in particular. It was agreed to ask Stevie Gallagher, Health & Safety to present to the SMT on Figtree at a future meeting. LF

It was agreed that future reports would include details for hosted MSK services. LC

ii. CNORIS Report

The SMT noted the content of the report.

6. Service User Feedback

i. FOI Report

Soumen Sengupta introduced the FOI report for information. One recent trend is an increasing number of requests re SDS, particularly in reference to direct payments. Four FOI responses were late and it was agreed that every effort will be made in future to respond in good time.

ii. Complaints Report

Soumen Sengupta introduced the regular complaints update paper. The main themes include:

- Importance of staff communicating timeously, clearly and respectfully with service users, patients and their family members.
- Importance of clear and timely communication between staff.

7. Continuous Improvement

Jackie Irvine reported that Burnside Children's House were awarded Team of the year from SIRCC – Scottish Institute of Residential Child Care.

8. Staff Governance

i. HR Report

Serena Barnatt introduced the HR Report which provides updated figures until the end of April 2017. Figures relating to sickness absence for the HSCP, the NHS and WDC are provided in the report.

It is important to have properly recorded processes and procedures with absence management.

There was a discussion around discretion and it was agreed that fuller details of those cases would be provided to SMT.

The SMT agreed to note a rise in absence in both the Council and the NHS. Greater scrutiny from the NHS Board is now being placed on this. The SMT agreed to raise this through one to ones and management team meetings and discuss any actions which could be put in place to reduce absence.

ii. Leadership Competencies

Serena Barnatt introduced the paper describing Leadership Competencies.

The SMT agreed to support the further development of the paper to provide a joint set of leadership competencies and to provide comments back to Serena by 14th June 2017. All

9. Finance

i. Local Code of Good Governance

Julie Slavin introduced her paper which is intended to

establish a local code with sources of assurance for adoption by the Integration Joint Board to review and assess its governance arrangements. The report will be presented at the HSCP Board later today and the Board will be asked to approve the adoption of the local code as detailed in the report.

10. Other Business

i. Future Pathways - Scotland's In Care Survivor Support Fund

After discussion, it was agreed to invite representatives from Future Pathways to present at the next meeting of the Clinical and Care Governance Forum on 13th June.

Jackie Irvine reported on the completion of the return for the National Historical Abuse Enquiry.

Date of Next Meeting

26 July 2017

West Dunbartonshire Health & Social Care Partnership

Meeting: **Joint Staff Forum**

Date: **18 July 2017**

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

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

DRAFT MINUTE

Present:
Diana McCrone, Unison, NHS (Chair)
David Scott, GMB
Julie Ballantyne, Unison
Val Jennings, Unison, Local Government
Andy McCallion, Unison, Local Government
Barbara Sweeney, RCN
Mary Angela McKenna, HSCP
Carron O'Byrne, HSCP
Gillian Gall, People & Change, HSCP
Serena Barnatt, People & Change, HSCP
Julie Lusk, HoS, MH, Addictions & LD
Beth Culshaw, Chief Officer, HSCP

Apologies:
Kenny McColgan
Andrew McCready
Esther O'Hara
Charlie McDonald
Jackie Irvine
Chris McNeill
Julie Slavin
Peter O'Neill

In Attendance: Lorna Fitzpatrick, HSCP (Minute)

Item	Description	Action
1.	**Welcome & Introductions** The Chair welcomed the group to the meeting and introductions were made. Apologies as above were noted.	
2.	**Minute of Meeting held on 18 April 2017** SSSC Update. The Minute will be altered to reflect the fact that it was support to be provided by the HSCP and a meeting would be arranged with Chris McNeill and Lynne McKnight to explore opportunities of using Unison's Learning Fund. Otherwise, the Minute of the meeting on 18 April 2017 was	**LF**

accepted as an accurate record.

3. Minutes from Other Meetings for noting:

a) APF Agenda
The content of the APF agenda was noted.

b) JCF Minute
The content of the Joint Consultative Forum Minute was noted.

c) Employee Liaison Group Minute
The content of the Employee Liaison Group Minute was noted, in particular the "Dying to Work" campaign, which may be brought to the JSF in the future.

4. Matters Arising

a) Unison Ethical Care Charter
A paper will be produced on the Unison Ethical Care Charter for the next HSCP Committee. A recommendation will be made that West Dunbartonshire sign up to the Charter with the proviso that there needs to be some further work done with partners. The Development Group will meet later this month to move this forward.

An action plan will require to be produced. The signing of the Charter is only the initial stage and will start off further work to enable progress to be made.

Chris McNeill will provide regular updates and the Item will remain a standing item on this agenda to review progress. **CMcN**

b) Facebook Protocol
The deadline for the Protocol had been extended, and it is now signed off.. Andy McCallion advised that he had heard that there were issues and problems around the use of Facebook although this had not been fed back to Carron O'Byrne during the consultation period. The protocol will be reviewed after one year. Carron O'Byrne described the fact that there was a separate ex-residents' Facebook page.

c) Unison Learning Fund – Training Opportunities
Some dates for meetings are going to be arranged with Yvonne Muirhead and Diane Markham to meet with Val Jennings, Chris McNeill, Lynne McKnight and Serena Barnatt. This is about supporting staff for SVQ Level 2. An update will be available at the next meeting of the Forum.

5. Finance

Beth Culshaw provided a verbal update to the group. For the Council, initial discussions around the budget setting process are underway. The expectation for Health is that a settlement will be reached shortly and that additional savings are unlikely to be required.

Areas that are big areas of expenditure, for example Prescribing, will be within the partnership for efficiencies.

At the moment, the Board process for risk sharing of prescription costs will stay in place for the current year and will thereafter be reviewed.

At the next meeting, Julie Slavin will provide a more detailed update.

Serena Barnatt described the previous arrangements where an additional session of the Joint Staff Forum was held to review proposed savings line by line. It was agreed that this would be repeated for the current year's savings.

6. Arrangements for Boardwide Children's Services, Planning and Specialist Children's Services

Beth Culshaw provided an update. With various changes around partnership arrangements in Greater Glasgow and Clyde, the opportunity was taken to transfer responsibility to East Dunbartonshire.

Discussions are ongoing and a communication will go out to all staff in due course.

7. Service Updates:

a) **Children Services and Criminal Justice**

i) Criminal Justice Redesign Update
The redesign is now almost complete and Carron O'Byrne was able to confirm that there was no detriment to any staff.

ii) Premises – Aurora
A grievance has been taken out in relation to the premises at Aurora. Managers have been trying to resolve issues and have made some progress. Euan Tyson has been tasked with reviewing the building redesign issues. Val Jennings reported on various health and safety issues; parking; distance from public transport; soundproofing in meeting rooms.

The issues of soundproofing and privacy in particular are currently being worked through with Euan Tyson.

Val Jennings advised that there had been safety issues regarding staff transferring children into the building.

Increasing pool cars and working on providing cars that are appropriate to the service.

It was agreed that staff should email Jackie Irvine with any ongoing concerns and a further meeting can be arranged if required.

iii) Consultation re Church Street

A report was provided to Council and that is now in the public domain. The decision of Council was to look at a further staff consultation and a public consultation. Staff have already been involved in discussions locally with service managers. A formal session will be held on 25th July. Consultation for local service users will take place on 26th July. Following these, Jackie Irvine will produce a further report and this will go to Council in August

The Joint Trade Unions are opposed to the shutting of Church Street. It will have a detrimental impact on members as well as the public at large.

The Joint Trade Union Convenors had been invited to the staff meeting.

The venue for the 26th July meeting will be provided to staffside colleagues. **CO'B**

iv) School Nursing Update

The review continues and is led by Susan Manion, East Dunbartonshire and Jackie Irvine will represent West Dunbartonshire at discussions.

The PID states that there does have to be a saving and Barbara Sweeney confirmed that was raised by the RCN at the meeting. Further detail will be provided at the next meeting of the School Nurse Group.

The School Nurse Group next meets in August and it was confirmed that Unison has withdrawn from discussions.

There are a number of vacancies with the local school nursing service and Diana was provided with feedback on how these were being covered.

A further update can be provided at the next meeting.

v) Review of Management Arrangements Children and Families and Justice
Carron O'Byrne introduced the paper which brings to the attention of the JSF the proposed changes within the management structure of Children and Families and Justice Services following the retirement of Norman Firth. The purpose of the paper was to raise awareness of the change.

Val Jennings advised that she had concerns about the size of the ultimate remit for Carron O'Byrne. Carron was able to advise that she has previously had responsibility for a much larger combined service within North Lanarkshire.

Jackie Irvine will confirm details of the previous discussions re savings about Norman Firth's post. **JI**

Serena Barnatt confirmed that Trade Union colleagues would be involved in any discussions re delegation of any of Carron O'Byrne's duties. The relevant workforce change procedures would be used.

b) **Community Care**

i) Care Home/Day Centre Redesign
Crosslet House is now fully registered and residents and staff have moved in. There are 26 care workers who were displaced, only one has yet to find a resolution and this is expected shortly.

Mary Angela McKenna updated the group on the current situation with staff:

- Six care workers have accepted a post of

care assistant and five remain on the Switch register

- Four care workers have successfully been redeployed to posts in other departments and a further two have successfully completed trial periods within Child Care and Learning Disability
- Four care workers have chosen to move to a Clydebank home as a care worker and a move for one further care worker is expected shortly
- Six care workers were successful in obtaining promotion to Care Coordinator at Grade 6
- 2 care workers have retired
- One care worker accepted a severance payment
- Re displaced day care officers – two have accepted day care assistant positions and a resolution is still to be found for one

ii) Integrated Care Fund
The content of the Minute was noted.

iii) Sheltered Housing Update
Staff in Care at Home provide services across the entire client base in order to provide the most efficient and effective services to our clients. As such, sheltered housing staff provide back up support to front line carers. It is understood that Sheltered Housing Supervisors can have activities running within the complexes and it would not be appropriate for staff to leave the complexes at peak times. Similarly, there can be situations where clients within complexes require constant on-site support for example when providing end of life care.

Supervisors will be issued with new mobile phones which will provide information in relation to home care provided in the community through CM2000.

Sheltered Housing Supervisors complete and return records of assistance provided off-site and this is monitored by the coordinator and service manager. Staff-side expressed some concern at the frequency of the call-outs.

8. Standing Items:

a) Health & Social Care Partnership Board
The report describes reports going to the Partnership Board on 23 August 2017:

- Review of MIU
- MSK Physiotherapy
- Annual Public Performance Report
- Strategic Partnership Agreement Y sort It
- National Health & Social Care Standards
- Membership Report – new Chief Officer
- Integrated Children's Services Plan
- Ethical Care Charter
- NCHC
- Finance
- Local GP Issue

b) HR Report

i) Discipline & Grievance Report
Serena Barnatt and Gillian Gall introduced the Discipline and Grievance Quarter 1 Update. The report advises the JSF of progress on discipline, grievance and dignity at work cases for the employees within the HSCP.

ii) Attendance Management Report
Serena Barnatt and Gillian Gall presented their paper on Attendance Management and advised of an update for June which shows a reduction on rates.

Other known causes – not otherwise classified. Gillian explained the reasons for that category remaining high. This relates to the level of authorisation of the person inputting the information on to SSTS. Managers continue to campaign to have this category removed.

Julie Lusk provided an update on the high levels of absence within mental health staff. A monthly attendance management clinic is currently being held monthly to support staff.

This is a huge and complex issue which presents some real challenges. If absences can be reduced in any way, then this will reduce financial pressures.

Particular thanks were recorded to Fraser Downie who has made considerable inroads into managing this area.

iii) Health and Safety
The content of the Minute was noted. Serena Barnatt advised that the Action Plan of the recent HSE Inspection for NHSGGC had been completed and this will be circulated with papers for the Health and Safety Group next week. Serena went on to describe the shape of the next agenda and this will be circulated to members shortly.

9. Staff Governance and Practice Framework 17/18

Gillian Gall introduced the Staff and Practice Governance Monitoring Framework document. Gillian Gall asked for feedback on the draft before the end of July.

The report describes monitoring and scrutiny for integrated services in relation to:

- Quality Assessment
- Risk management
- Service user Feedback
- Continuous Improvement
- Staff Governance

The report goes on to identify the various activities and the work being undertaken under each strand before identifying a number of key achievements and a number of priority areas for the year ahead.

The final report will be presented at the October meeting of the JSF and then to the Partnership Board in November.

Diana McCrone raised several matters relating to the report which Gillian will consider when finalising the report. Diana will raise these by e-mail with Gillian.

There was a discussion around whether the issue of Staff Governance should sit within the remit of the JSF rather than that of the Clinical and Care Governance SMT and it was agreed that this would in future be a main agenda item on the agenda for the Joint Staff Forum.

10. iMatter Update

Serena Barnatt introduced the update paper and advised that an exercise with integrated teams is currently ongoing.

Council staff will not be asked to complete the Council Staff Survey. The revised Council Survey has been based on iMatter survey.

Anne Marie will provide brief presentation at the next

meeting.

11. GP Out of Hours Arrangements

Diana McCrone asked for an update.

GP out of hours service are currently managed within the acute sector. There are difficulties and challenges in providing cover and also a financial issue. The Board has commissioned a review and there is a workshop in August. An update will be provided at the next meeting.

12. Items for Noting:

a) Response to Duty of Candour
The content of the report was noted. This is something that will impact on all staff and awareness raising sessions will be held in due course.

Barbara Sweeney advised that there is a proposal to provide an e-learning module for staff as part of national group.

b) Workforce Plan – e-mail attached
Serena Barnatt updated the group on the publication of the National Health and Social Care Workforce Plan. The email paper describes the work that will be undertaken.
http://www.gov.scot/Publications/2017/06/1354

13. AOCB

Andy McCallion asked if regular local meetings could be established to address issues before they become contentious. It was agreed that he would pick this up directly with Carron O'Byrne. There was additional discussion around having more general development session around integration. Diana agreed to share information arising from the APF training which had been arranged, with a view to using this at a development session. **DMcC**

There was no further competent business and the meeting closed at 12 noon.

14. Date of Next Meeting

Tuesday 17 October 2017, 10.00am (Staffside pre meeting 9.30am), Managers' Meeting Room, 3rd Floor, Garshake.

West Dunbartonshire Health & Social Care Partnership

Meeting: **HSCP Dumbarton and Alexandria Locality Group**

Date: **19 May 2017**

Time: **10:00 am**

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

MINUTE

Present:	Julie Lusk	Head of Mental Health, Addictions and Learning Disabilities
	Julia Bonar	Levenside
	Stephen Dunn	GP, Dumbarton Health Centre
	Fiona Wilson	GP, Oakview
	William Wilkie	Lead Optometrist
	Marjorie Johns	Planning Manager – Acute
	Jennifer Perry	GP, Dumbarton Health Centre
	Pamela Macintyre	Lead for Prescribing & Clinical Pharmacy
	Mary-Angela McKenna	Integrated Operation Manager, Community Older Peoples Team
	Saied Pourghazi	GP, Levenside Practice
	Neil Mackay	GP, Bank Street
	David Clark	GP, Lennox Practice
	Yvonne Milne	Team Leader, Mental Health
	Linda McGee	Practice Manager, Lennox Practice
	Val McIver	Senior Nurse
	Chris McNeill	Head of Community Health and Care
	Lynne McKnight	Integrated Operation Manager, Care at Home Services
	Patricia Rhodie	Integrated Operation Manager Community Addictions Team
	Kirsteen McLennan	Integrated Operation Manager Adult Care/Hospital Discharge
	Anna Crawford	Primary Care Development Lead
	Lesley Traquair	Minutes

Apologies: Dr. K McLachlan/Kelly Connor/Jane Young/ Claire McGonagle, Jonathan McDevitt

Item	**Description**	**Action**

1. Welcome & Introductions

Dr. S. Pourghazi opened the meeting and introductions were made.

2. Minute of Meeting Held on 24.03.17

Minutes were agreed to be an accurate record of the meeting.

3. Matters Arising

- **Frailty Group**

Dr Kanthi Karunaratne, Consultant Geriatrician, NHS Greater Glasgow & Clyde to attend future meetings.

- **Ophthalmology**

Clydebank Locality have agreed GPs will see neonatal patients (under 3 months) after which children will be seen by optometrists for any eye problems.

Optometry practice staff are being trained on how to triage patients requesting immediate appointments with the optometrists. Letter sent with examples of optometry care for review.

4. Cluster Update

Dr. Pourghazi advised that clusters are working well and plans are in place to evolve the clusters and any support currently given will continue.

C. McNeill queried the decision reported in the RCGP Child Protection Self Assessment Clinical Effectiveness Report that the Clinical Effectiveness Programme would not be progressed during 2017/18. The group agreed to continue with the programme.

5. Local Engagement Network

Plan development for 2017/18. Sessions have been arranged between the two localities which will include adult and young carers and issues covered by the new legislation. The session for Young Carers will be supported by YSortit and the adult carers session is supported by West Dunbartonshire Carers Centre.

C. McNeill requested that LEN activity is routinely reported at the Locality Meetings and request A Crawford meet with S Ross and Wendy Jack, Planning and Improvement Manager, West Dunbartonshire Health & Social Care Partnership to take this forward.

Dr. McKay asked for information to be provided to the group on the numbers of carers in West Dunbartonshire.

It was noted that the Carers Centre had a lunchtime education sessions arranged for healthcare professionals in each of the Health Centres.

6. Frailty Workplan Update

Dr. F. Wilson provided an update on activity since the last meeting.

GPs are recording frailty scores in EMIS and are trying to prioritise the over 75s. This information has been gathered for Levenside and Oakview practices and further analysis has been undertaken.

EMIS template has been developed to support GP and District Nurses to record. Carefirst has been developed to support recording of frailty scores and a process to transfer this information to GP practices is being considered.

Awareness sessions to be delivered to involve front line. J Lusk to consider Frailty Scoring within Mental Health and Addiction Service and look at relevant staff to attend sessions.

Health Improvement Scotland has frailty as a priority within its workplan. The group agreed that a representative from Health Improvement Scotland should attend next meeting to support the frailty sub group to look at activity for people with severe frailty.

The Frailty sub group are developing a pilot project for severely frail patients with complex care needs. In addition activity for patients with a frailty score between 3 and 5 will be considered and will include mapping to existing volunteering services.

7. COPD Workplan Update

A Crawford provided a summary of activity at the last sub group meeting. It has been agreed to continue the use of gold standard framework prognostic indicators for palliative care patients supported by the COPD nurse. The palliative Care Sister will also link to this activity.

A Crawford advised that Susan Adams, Respiratory Nurse Specialist, Royal Alexandra Hospital spends part of the week within Alexandria and Dumbarton to review patients within the local area on home oxygen or receiving treatment within secondary care. It was noted that S Adams links with the District Nursing team and communicates with practices as required, this would include identification of palliative patients.

Local nebuliser use was highlighted as an issue, S Adams is reviewing with the Pharmacy Team at Vale of Leven Hospital.

Pulmonary Rehabilitation is promoting the service available for patients with MRC3 (modified research council dyspnoea scale) or above and also highlighted patient can be referred with lower MRC if review would be beneficial.

A Pulmonary Rehabilitation Assessment clinic now operates from Dumbarton Health Centre, however only two referrals have been received since January.

Pulmonary Rehabilitation Team is working with Glasgow to rollout education for COPD patients newly diagnosed. It has been agreed this will be rolled out locally for 3 sessions.

COPD Smokefree Service has provided a report looking to build on the service and open up to other referrers including GPs and practice nurses. A review of the wider Smokefree Service is ongoing within the Health Board.

Discussion was had on development of a local EMIS template for COPD. The template would be tailored to prompt practice nurses on what services and support are available for patients in their local area.

A. Crawford advised data that information on COPD patients end of life care has been captured within the Clinical Effectiveness Programme since April 2016.

8. Technology Enhanced Care (COPD and Frailty)

COPD

Two nurses in post and 8 patients have recently been added to Florence system. The service had experienced problems with technology but is now up and running.

There are plans in place to increase patient uptake of the Florence system and to expand the nursing workforce.

Frailty

P. Macintyre advised that TEC kits have increased to six. There is a £10 per month charge for community alarm and responders service the TEC equipment is not charged separately. P. Macintyre to circulate monthly report sent to Scottish Government for information. **PMaci**

A meeting has been arranged with Local Authority staff to discuss the best approach for promoting the technology and the language used with family and carers. This will inform communication and the development of a video which will be shared on the website.

9. Any Other Business

- **Optometry**

W. Wilkie advised he had attended the Sensory Impairment Forum to discuss integration of Optometry and Social Care.

- **Care Home**

C. McNeill advised that we took ownership of the new care home in Argyll Avenue, Dumbarton last week. Patients will be transferred from current care homes in June 2017. Care Inspectorate scheduled to visit on Monday to assess facility. A. Crawford to arrange visits for anyone interested. **AC**

P. Macintyre advised that pharmacy provision to the care home will be provided by one pharmacy (Willow Pharmacy in Clydebank). This was following a local procurement process.

- **Clinical Director**

The group discussed the links with the locality and Ken Ferguson (CD). C. McNeill indicated enhancing links with clusters and communication with GPs.

10. Dates of Next Meetings

• Friday, 23rd June 2017	Seminar Room, Vale Centre for Health & Care
• Friday, 1st September 2017	Venue to be confirmed
• Friday, 3rd November 2017	Seminar Room, Vale Centre for Health & Care
• Friday, 12th January 2018	Seminar Room, Vale Centre for Health & Care

West Dunbartonshire Health & Social Care Partnership

Item 15(e)

Meeting: **HSCP Clydebank Locality**

Date: **Tuesday 25th April, 2017.**

Time: **10.00 – 12.00**

Venue: **Conference Room, Clydebank Health Centre**

MINUTE

Present :-

Name	**Designation**
Chris McNeil	Head of Community Health & Care Services
Dr. Alison Wilding	GP Red Wing (Chair)
Dr. Eddie Crawford	GP Orange Wing
Dr. Anthony Kearney	GP Old Kilpatrick Medical Practice
Lynne McKnight	Integrated Operations Manager Care at Home
Mary Angela McKenna	Integrated Operations Manager
Pamela McIntyre	Prescribing Lead
Maggie Ferrie	Practice Nurse
Dr. Neil Murray	GP Green Wing
Jacqueline Hardie	Practice Manager
Anna Crawford	Primary Care Development Lead
Fiona Rodgers	Nurse Team Lead District Nursing
Dr. Ralph Cunningham	GP Blue Wing
Pamela Ralphs	Planning Manager, Acute
Dr. Arun Rai	GP Purple Wing
Dr. Neil Chalmers	GP Yellow Wing
Marie Rooney	Integrated Operations Manager
Patricia Rhodie	Integrated Operations Manager Addictions
William Wilkie	Lead Optometrist
Dr Tricia Moylan	Consultant Geriatrician
Alex Wrens	Care at Home Co-ordinator

Apologies:-

Name	**Designation**
Brian Polding-Clyde	Development Officer
Val McIver	Senior Nurse
Selina Ross	West Dunbartonshire Community Volunteer Services

Item	**Description**	**Action**
1.	**Welcome & Introductions**	
2.	Minute of Meeting Held on 21st February, 2017 were approved.	

3. Matters Arising :-

- **Optometry**
  - Agreed to see children from 3 months of age
- **CAMHS**
  - Meeting has been re-arranged for 10th May 2017.
- All other issues ongoing

4. Local Engagement Network (LEN)

A Crawford informed the group the next two topics in May 2017 will focus on adult carers and young carers. The LEN is working in partnership with YSort-it to plan the session with young carers. The October session will consider adults with complex needs.

5. Care of the Elderly

- **Day Hospital & Acute**

Dr Patricia Moylan, Lead Clinician, South Sector, NHS Greater Glasgow & Clyde attended the meeting and provided and overview of the service and advised on the comprehensive assessment undertaken. The group discussed the inpatient, day hospital and ambulatory care services.

The Day Hospital on the Gartnavel site has access to radiology service and Blood transfusion, Urgent referrals are seen within 2 weeks and routine within 10 weeks, there is rapid access to Syncope Clinic (RASCL) at the Queen Elizabeth University Hospital.

- **Community Service for Older People**

C McNeill informed the meeting of the services and investment for older adult care. C McNeill advised of the local activity in ensuring patients are maintain and supported to live well in the community. This includes admission avoidance, where clinically appropriate, and reducing delayed discharge. Emergency admissions in West Dunbartonshire are amongst lowest in NHS Greater Glasgow & Clyde.

M A McKenna updated the group on Frailty work in the Alexandria/Dumbarton locality. Two practices piloted the e-frailty index tool in Autumn 2016, the practices highlighted that the patients returned where influenced by the practice coding and did not accurately reflect their level of frailty. The 2 practices independently identified the Dalhousie Clinical Frailty Score (Canadian Study for Ageing) and following discussion at the Frailty Sub Group and the Alexandria/Dumbarton Locality group it was agreed to adopt the tool.

The Alexandria / Dumbarton Locality have agreed to code all patients over 75, patients receiving their Chronic Disease Management (CDM) review and other patient opportunistically who appear frail. Codes for the scale exist within EMIS so no development work was required.

Health and Care Teams have also adopted the scale and will record within their electronic systems (Community Nursing Information System

(CNIS) and Carefirst). The codes from these system will be shared with practices to allow the EMIS system to be updated, ensuring there is a central system for recording all frail patients.

Further work is underway in Alexandria and Dumbarton to map services to the scale and also look at a model of review for complex patients.

West Dunbartonshire are working with the Scottish Ambulance Service to develop a falls pathway, it is anticipated this will improve the pathway and outcome for people at home after a non dangerous fall.

Fall screening has been introduced within community services and is routinely recorded within Carefirst. GPs indicated it would be beneficial for them to be informed when a patient has had a fall.

The group discussed the role of the ACP nurses and were advised they undertake a full nursing assessment and complete an EKIS within EMIS. The nurse will refer the patient to additional health, social and 3rd sector services where necessary. The group discussed the opportunity for possible investment to explore more regular reviews.

- **Telehealth Demonstrations**

Alex Wrens, Care at Home Co-ordinator demonstrated a number of technology care devices that are available to people in West Dunbartonshire.

West Dunbartonshire has recently invested in the Canary System, which involves various sensors being installed in patients home, sensors capture movement, activity, temperature and the system is monitored remotely. The information is used to inform the patient's future care needs and can provide reassurance to family members.

Patients GPS systems are available (watch, clips with GPS) and can be used to enable patients at risk of wandering to go out within safe zones set up for individual patients, this is set up in partnership with families as if the patient leaves the safe zone a family member will be notified.

6. Group Discussion

The group discussed the challenges with keeping people out of hospital and GPs indicated they would require longer than 10 minute consultations.

The group discussed the local provision of community beds to avoid unnecessary admissions and to support timely discharge.

Consideration was given to identification of people at risk of hospital admission or decline and were informed that anticipatory care planning (ACP) was being reviewed locally and Cluster Quality Leads had been invited.

The group agreed to develop a work plan which would include frailty

coding, assessment, ACP/EKIS (Electronic Key Information System) and falls.

7. Date of Next Meeting

The date of the next meeting is, Tuesday, 20th June, 2017. Please note this date has been changed from 27th June.

West Dunbartonshire Health & Social Care Partnership

Joint Localities Local Engagement Network

Open Forum Workshop: COPD

9 June 2016 at the Vale Centre for Health and Care

The workshop began with a presentation by Val McIver (Senior Nurse) and Jamie Gillies (COPD Specialist Nurse) with the Health & Social Care Partnership.

There then followed a workshop discussion to address two key service issues:

- Methods to increase engagement with service users in the Clydebank area – a cohort with a younger age profile than has previously presented
- Methods to increase uptake of pulmonary rehabilitation services across both locality areas

This discussion highlighted the following:

Increasing Engagement

- Public awareness posters and leaflets in a range of key locations to raise awareness
- Information should be brief and direct – what, where, how to contact.
- Target some promotional activity specifically to potential areas of interest to the age group.
- Campaign on the council and health intranets and public information screens
- Look at opportunities to use engagement with schools as a means to have children inform parents and grandparents in inhaler use
- Acknowledge that denial, fear of unknown and stigma (self inflicted) may be key factors and target engagement accordingly
- Non attendance could be due to negative reasons (cant face attending) or ‘false –positive’ (I don’t think I’m that bad yet).
- Queries around how the diagnosis is given – what is the key impact of the message?
- Is employment a factor? – A targeted information and engagement campaign with local employers may be useful

- Are caring responsibilities a factor in low engagement/uptake?

Uptake of Pulmonary Rehabilitation

- Is the level of general information in practices adequate?
- Has there been sufficient engagement with employers to raise awareness of the business benefits of allowing staff to attend sessions?
- Evening sessions could be provided
- Are the most convenient public venues being used?
- Families and carers should be encouraged to be more involved
- Consideration should be given to any caring responsibilities potential attendees may have – carers often put their own needs below others and may need respite/befriending supports to allow them to attend
- Information leaflets could be provided to community organisations/agencies who may engage with clients to allow them to raise awareness
- Short survey for those diagnosed with COPD/decliners to ask their views
- Give thought to life transition/trigger points and use those in promotional materials eg. birth of grandchildren, retirement etc
- Use case studies and peer support
- Look at how best circles of support (family and friends) could be used to support attendance
- Maximise awareness in community pharmacies
- Is there a link with low mood? Would a psychological input to the rehab sessions be useful

Main Feedback

Generally participants felt that there was a need to raise awareness of COPD in the local community, highlighting that it was not a disease of age and focussing on some clear targeted messages around value of pulmonary rehabilitation and proper use of inhalers.

The focus should be on:

- Targeting employer awareness (the local authority, NHS and third sector being the three largest local employers).

- Good clear information available widely in community venues
- Broadening the delivery options of pulmonary rehabilitation
- Use of case study and peer support options.