

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board Audit Committee

Date: Wednesday, 20 September 2017

Time: 14:00

Venue: Council Chamber, Clydebank Town Hall, Clydebank

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 Audit Committee** as detailed above.

The business is shown on the attached agenda.

Yours faithfully

JULIE SLAVIN

Chief Financial Officer of the
Health & Social Care Partnership

Distribution:-

Voting Members

Allan Macleod (Chair)
Marie McNair (Vice Chair)
Denis Agnew
John Mooney
Rona Sweeney
Audrey Thompson

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

Date of issue: 11 September 2017

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

WEDNESDAY, 20 SEPTEMBER 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 a correct record, the Minutes of Meeting of the Health & Social Care Partnership Board Audit Committee held on 22 June 2017.

4 COMMITTEE ACTION LIST 15 - 17

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

5 LOCAL CODE OF GOOD GOVERNANCE REVIEW 19 - 28

Submit report by the Chief Financial Officer advising of the outcome of the annual self-evaluation undertaken on the Health & Social Care Partnership's compliance with its Code of Good Governance.

**6 KEY SOURCES OF ASSURANCE FOR INTERNAL AUDIT 29 - 59
ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2017**

Submit report by the Chief Internal Auditor presenting two key sources of assurance from the Health and Social Care Partnership's partner organisations that informed the Chief Internal Auditor's Annual Report for 2016/17 for the Health and Social Care Partnership Board and supported the Governance Statement included in the 2016/17 Annual Accounts.

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7	AUDIT SCOTLAND: WEST DUNBARTONSHIRE IJB ANNUAL AUDIT REPORT	To follow
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Submit report by the Chief Financial Officer on the above.

8	DRAFT STATEMENT OF ACCOUNTS	To follow
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Submit report by the Chief Financial Officer on the above.

9	AUDIT PLAN PROGRESS REPORT	61 - 69
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Submit report by the Chief Internal Auditor providing an update:-

- (a) on the planned programme of audit work for the year 2017/18 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 and Social Care Partnership Board; and
- (b) on the agreed actions of the audit of the Partnership Board's Governance, Performance and Financial Management arrangements.

10	CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S CARE HOMES OPERATED BY INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE	71 – 74
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Submit report by the Head of Strategy, Planning & Health Improvement providing routine updates on the most recent Care Inspectorate assessments for one independent sector residential older peoples' Care Home located within West Dunbartonshire.

11	CARE INSPECTORATE REPORTS FOR SUPPORT SERVICES OPERATED BY THE INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE	75 - 80
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Submit report by the Head of Strategy, Planning & Health Improvement providing a routine update on the most recent Care Inspectorate assessments for five independent sector support services operated within the West Dunbartonshire area.

12/

12 CARE INSPECTORATE REPORTS FOR CHILDREN AND 81 - 84
YOUNG PEOPLE'S SERVICES OPERATED BY WEST
DUNBARTONSHIRE HEALTH AND SOCIAL CARE
PARTNERSHIP

Submit report by the Head of Children's Health, Care and Criminal Justice Services providing a routine update on the most recent inspection report for Blairvadach Residential Children's House.

13 CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S 85 - 87
RESIDENTIAL CARE SERVICES OPERATED BY
WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE
PARTNERSHIP

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

14 DRAFT STRATEGIC RISK REGISTER 89 - 98

Submit report by the Head of Strategy, Planning & Health Improvement presenting the updated Strategic Risk Register in draft for the Health and Social Care Partnership.

15 AUDIT SCOTLAND - SELF DIRECTED SUPPORT 2017 99 - 149
PROGRESS REPORT

Submit report by the Head of Strategy, Planning & Health Improvement providing information on the recently published Audit Scotland progress report on Self-Directed Support.

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 THROUGH-CARE AND AFTER-CARE: 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.

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**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
AUDIT COMMITTEE
COMMITTEE ACTION LIST- updated 07/09/17**

Meeting Date - 23 March 2016					
No.	Action required	Date to be completed	Responsible Officer	Comments	Completed
1.	<p>Equality Act 2010 Mainstreaming Report</p> <p>A report on the range of vulnerable and socio-economic groups as well as protected characteristics be provided to the next meeting of the Audit Committee to enable members to consider marginalised groups other than those required by the Equality Act 2010.</p> <p>Public Health and Health Inequalities Report – will address socio-economic factors</p> <p>Updated 14.09.16 – actions combined to form one report.</p>	<p>15 June 2016</p> <p>Planned for November 2017 HSCP Board</p>	<p>Head of Strategy, Planning and Health Improvement /</p> <p>Lead External Auditor</p>	<p>Update 20 September 2017 Meeting</p> <p>Letter received 17 June 2017 from Paul Gray, Director General Health & Social Care and Chief Executive NHSScotland on: -</p> <p>“Maximising the role of NHSScotland in reducing health inequalities”</p> <p>Main point to note: “NHS Health Scotland will be bringing out further guidance for Health and Social Care Partnerships by October this year.”</p> <p>Also, the National Delivery Plan for Health and Social Care promised a national set of public health priorities from the Scottish Govt and agreed with SOLACE and COSLA during 2017 which would inform local, regional and national action – this is still in development at a national level.</p>	

Meeting Date – 7 December 2016

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

Meeting Date – 22 June 2017

No.	Action required	Date to be completed	Responsible Officer	Comments	Completed
3.	RECORDS MANAGEMENT PLAN – UPDATE	Future meeting	Head of Strategy, Planning and Health Improvement	It was agreed 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.	
4.	CLIMATE CHANGE REPORTING AND INTEGRATION JOINT BOARDS	Future meeting	Head of Strategy, Planning and Health Improvement	It was agreed that the Head of Strategy, Planning and Health Improvement would prepare a Climate Change Report for presentation and approval at a future meeting of the Partnership Board. Update – September 2017 To be submitted to the next available meeting of the Board/Audit Committee.	

No.	Action required	Date to be completed	Responsible Officer	Comments	Completed
5.	NHS GGC ORAL HEALTH DIRECTORATE REPORT FOR WEST DUNBARTONSHIRE	Future meeting	Head of Strategy, Planning and Health Improvement	<p>It was agreed 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.</p> <p>Update September 2017 – future meeting dates sent to the General Manager, Oral Health Directorate in order to have report and presentation on the agenda in the near future.</p>	
6.	LOCAL GOVERNMENT BENCHMARKING FRAMEWORK 2015/16	Future meeting	Head of Strategy, Planning and Health Improvement	<p>It was agreed 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 Audit Scotland's report on the review of Self-Directed Support across the whole of Scotland.</p>	

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP**Audit Committee: 20 September 2017**

Subject: Local Code of Good Governance Review**1. Purpose**

- 1.1** To advise to the Audit Committee the outcome of the annual self-evaluation undertaken of the Health and Social Care Partnership's compliance with its Code of Good Governance .

2. Recommendations

- 2.1** The Audit Committee is asked to:

- Note the summary outcome of the recent self-evaluation process undertaken considering how the HSCP Board meets the approved Local Code of Good Governance; and
- Approve the improvement actions identified to strength compliance with the adopted Governance Framework principles.

3. Background

- 3.1** *Delivering Good Governance in Local Government: Framework*, published by CIPFA in association with Solace in 2007, set the standard for local authority governance in the UK. CIPFA and Solace reviewed the Framework in 2015 to ensure it remained 'fit for purpose' and published a revised edition in spring 2016. The new *Delivering Good Governance in Local Government: Framework* (CIPFA/Solace, 2016) applies to annual governance statements prepared for the financial year 2016/17 onwards.
- 3.2** While the Framework is written in a local authority context, most of the principles are applicable to the HSCP Board, particularly as legislation recognises Integrated Joint Board's as a local government body under Part VII of the Local Government (Scotland) Act 1973, and therefore subject to the local authority accounting code of practice.
- 3.3** The concept underpinning the Framework is that it is helping local government bodies in taking responsibility for developing and shaping an informed approach to governance, aimed at achieving the highest standards in a measured and proportionate way. The Framework is intended to assist organisations individually in reviewing and accounting for their own unique approach. The overall aim is to ensure that:

- resources are directed in accordance with agreed policy and according to priorities;
- there is sound and inclusive decision making; and
- there is clear accountability for the use of those resources in order to achieve desired outcomes for service users and communities.

4. Main Issues

- 4.1** The HSCP Board at 31 May 2017 approved the Local Code of Good Governance (Appendix 1) and agreed to consider a future report on the annual review on the assessment the Partnership's compliance for each governance sub-principle under the eight framework principles.
- 4.2** The Governance Statement included in the 2016/17 Annual Accounts makes reference to the adoption of the local code and the sources of assurance and identifies as an action the requirement for a detailed review and improvement plan.
- 4.3** In future years this annual review will be presented to the HSCP Audit Committee in conjunction with the draft unaudited annual accounts to allow for the evaluation and any improvement actions are incorporated into the annual Governance Statement.
- 4.4** The annual self-evaluation review for 2016/17, carried out by the Chief Officer and the Senior Management Team, considered current practice of systems, processes, documentation and other evidence demonstrating compliance. The outcome of the review concluded that current practice is either fully or generally compliant against our local code, with no areas of non-compliance identified. This is summarised in Appendix 2.
- 4.5** To continue to develop and improve the HSCP Board's governance framework an improvement action plan has been produced and is detailed in Appendix 3.
- 4.6** Given the timing of this annual review there was an opportunity to incorporate improvement actions which directly link to recommendations for improvement identified by external audit during the audit of the 2016/17 annual accounts. These are contained in the Draft 2016/17 Annual Audit Report, which forms part of the agenda for this September Audit Committee.
- 4.7** The HSCP Board will be updated on the progress on these actions by the presentation of future reports.

5. People Implications

- 5.1** None.

6. Financial Implications

6.1 None.

7. Professional Implications

7.1 None.

8. Risk Analysis

8.1 The risk of failure of not annually reviewing the local code and sources of assurance for governance arrangements could impact on the HSCP Board's ability to produce a meaningful Governance Statement.

9. Impact Assessments

9.1 None.

10. Consultation

10.1 This report was prepared in conjunction with the Chief Officer and Senior Management Team.

11. Strategic Assessment

11.1 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.

Julie Slavin
Chief Financial Officer
20 September 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 – WDHSCP Local Code of Good Governance
Appendix 2 – Summary of Local Code Annual Review
Appendix 3 - Improvement Action Plan

Background Papers: Delivering Good Governance Framework

Wards Affected: All

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board
Local Code of Good Governance

Document Title:	WDHSCP Board Local Code of Good Governance	Owner:	Chief Financial Officer
Version No.	v1	Superseded Version:	N/A
Date Effective:	31 st May 2017	Review Date:	01/04/2020

1.0 Introduction

- 1.1 West Dunbartonshire Health & Social Care Partnership Board is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (described in full within its approved Integration Scheme). The Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as West Dunbartonshire Health & Social Care Partnership. The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership.
- 1.2 The West Dunbartonshire Health & Social Care Partnership Board's:
 - Mission is to improve the health and wellbeing of West Dunbartonshire.
 - Purpose is to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
 - Core values are protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.
- 1.3 The Partnership Board is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a major function of management and, therefore, a responsibility placed upon the appointed members and officers of the Partnership Board.
- 1.4 The Health & Social Care Partnership Board positively promotes the principles of good governance within all areas of its affairs. Its Audit Committee is an essential component of the governance of the Health & Social Care Partnership Board detailed within its Financial Regulations.
- 1.5 The Chartered Institute of Public Finance & Accountancy (CIPFA) *Delivering Good Governance in Local Governance Framework* define a set of principles that should underpin the governance of local government organisations. The objective of the Framework is to help local government in taking responsibility for developing and shaping an informed approach to governance, aiming at achieving the highest standards in a measured and proportionate way. Whilst the Framework is written in a local authority context, most of the principles are applicable to the Partnership Board, particularly as the legislation recognises integration joint boards as Section 106 local government bodies (as per Part VII of the Local Government [Scotland] Act 1973) - and therefore subject to the local authority accounting code of practice.
- 1.6 Based on the Framework's principles, the following Local Code of Good Governance has been adopted by Partnership Board, namely:
 - Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of law.
 - Ensuring openness and comprehensive stakeholder engagement,
 - Defining outcomes in terms of sustainable economic, social and environmental benefits.
 - Determining the interventions necessary to optimise the achievement of intended outcomes.

- Developing the entity's capacity, including the capability of its leadership and the individuals within it.
 - Managing risk and performance through robust internal control and strong public financial management.
 - Implementing good practices in transparency, reporting, and audit to deliver effective accountability.
- 1.7 This Code reinforces the requirements of the Standards Commission for Scotland that - as per the approved Standing Orders of the Health and Social Care Partnership Board - members of the Partnership Board shall comply with the Code of Conduct for Members of Devolved Public Bodies and the Guidance relating to that Code of Conduct (both of which are incorporated into those Standing Orders). As such, this Code of Good Governance should be work in tandem with the Partnership Board's local *Code of Conduct for Members*, which emphasises the obligation on the Partnership Board – both individually and collectively – to exemplify in their conduct the following principles:
- **Duty**
You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of West Dunbartonshire Health & Social Care Partnership Board and in accordance with the core functions and duties of the Partnership Board.
 - **Selflessness**
You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.
 - **Integrity**
You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.
 - **Objectivity**
You must make decisions solely on merit and in a way that is consistent with the functions of West Dunbartonshire Health & Social Care Partnership Board when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.
 - **Accountability and Stewardship**
You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that West Dunbartonshire Health & Social Care Partnership Board uses its resources prudently and in accordance with the law.
 - **Openness**
You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.
 - **Honesty**
You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.
 - **Leadership**
You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of West Dunbartonshire Health & Social Care Partnership Board and its members in conducting public business.
 - **Respect**
You must respect fellow members of West Dunbartonshire Health & Social Care Partnership Board and employees of related organisations supporting the operation of the

Partnership Board and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of West Dunbartonshire Health & Social Care Partnership Board.

- 1.8 The Partnership Board has established its Audit Committee as a Committee of the Partnership Board to support it in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge. The Terms of Reference for the Audit Committee reflect the span of responsibilities of the Partnership Board and requirements of its approved Financial Regulations, i.e.:
- The Strategic Plan.
 - Financial plan underpinning the Strategic Plan.
 - The operational delivery of those integrated services delegated to the Partnership Board (except for NHS acute hospital services).
 - Relevant issues raised by the internal auditors of the Health Board, Council and the Partnership Board.

Annual Review of Code of Good Governance - Summary

West Dunbartonshire
Health & Social Care Partnership

A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law			
	Fully Compliant	Generally Compliant	Non Compliant
Behaving with Integrity	2	2	0
Demonstrating strong commitment to ethical values	2	2	0
Respecting the rule of law	5	0	0
B. Ensuring openness and comprehensive stakeholder engagement			
Openness	3	1	0
Engaging comprehensively with institutional stakeholders	2	1	0
Engaging stakeholders effectively, including individual citizens and service users	1	5	0
C. Defining outcomes in terms of sustainable economic, social, and environmental benefits			
Defining outcomes	2	3	0
Sustainable economic, social and environmental benefits	0	4	0
D. Determining the interventions necessary to optimise the achievement of the intended			
Determining interventions	0	2	0
Planning interventions	3	5	0
Optimising achievement of intended outcomes	0	4	0
E. Developing the entity's capacity, including the capability of its leadership and the individuals within it			
Developing the entity's capacity	2	2	0
Developing the capability of the entity's leadership and other individuals	5	2	0
F. Managing risks and performance through robust internal control and strong public financial management			
Managing Risk	3	0	0
Managing performance	3	2	0
Robust internal control	4	1	0
Managing Data	1	2	0
Strong public financial management	0	2	0
G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability			
Implementing good practice in transparency	2	0	0
Implementing good practices in reporting	2	3	0
Assurance and effective accountability	5	0	0
TOTAL	47	43	0

**Annual Review of Code of Good Governance
Improvement Action Plan (September 2017)**

Improvement Action	Lead Officer	Due Date
Introduce annual compliance check of code of conduct sign off by individual members as part of annual accounts process.	Chief Financial Officer	April 2018
Implement approved Partnership Board and Board Member Development Programme.	Head of People & Change	February 2018
Work with WDC and NHSGGC to continue to implement approved Workforce and Organisational Development Strategy and Support Plan.	Head of People & Change	February 2018
Introduce annual compliance check of register of interests and hospitality by individual members as part of annual accounts process.	Chief Financial Officer	April 2018
Develop and approve a FOI policy specific to the Partnership Board.	Head of Strategy, Planning & Health Improvement	November 2017
Complete Records Management Plan.	Head of Strategy, Planning & Health Improvement	June 2018
Strengthening strategic planning process in light of Audit Scotland recommendations and local learning.	Chief Financial Officer and Head of Strategy, Planning & Health Improvement	July 2018
Refresh and update local Self Directed Support arrangements.	Head of Strategy, Planning & Health Improvement	March 2018
Develop medium term financial plan.	Chief Financial Officer	February 2018
Strengthening performance reports against the Scottish Government's Best Value framework.	Chief Financial Officer and Head of Strategy, Planning & Health Improvement	March 2018

**Annual Review of Code of Good Governance
Improvement Action Plan (September 2017)**

Improvement Action	Lead Officer	Due Date
In partnership with NHSGGC, Scottish Government and GGC IJBs agree on methodology that allows Set Aside resources to be quantified and reflect actual activity to comply with legislation on the use of this resource in shifting the balance of care.	Chief Financial Officer	June 2018
Develop a protocol with NHSGGC auditors to share internal audit report findings with Chief Financial Officer and Chief Internal Auditor.	Chief Internal Auditor	December 2017
Present annual update on compliance to Audit Committee alongside draft unaudited annual accounts.	Chief Financial Officer	June 2018

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Audit Committee: 20 September 2017**

**Subject: Key Sources of Assurance for Internal Audit Annual Report
for the year ended 31 March 2017****1. Purpose**

- 1.1** To present to Committee two key sources of assurance, from the Health and Social Care Partnership's partner organisations, that informed the Chief Internal Auditor's Annual Report for 2016/17 for the HSCP Board and supported the Governance Statement included in the 2016/17 Annual Accounts.

2. Recommendations

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

3. Background

- 3.1** The Audit Committee Terms of Reference include that one of the responsibilities of the committee is to advise on the financial governance and accounts of the Partnership Board. As part of the annual accounts process the Chief Internal Auditor's Annual Report for 2016/17 for the HSCP Board was presented to the Audit Committee on 22 June 2017.
- 3.2** As detailed in this report, for the purposes of providing an annual opinion, sources of assurance included placing reliance on the work of NHS Greater Glasgow and Clyde internal audit service (PWC) and West Dunbartonshire Council internal audit service through the audit work undertaken in 2016/17.
- 3.3** As part of the external audit review of the annual accounts, Audit Scotland have recommended that the Annual Reports for 2016/17 from these two internal audit functions be presented to the Audit Committee for noting.
- 4. Main Issues**
- 4.1** The Annual Reports for the year to 31 March 2017 provided by the internal auditors of NHS Greater Glasgow and Clyde and West Dunbartonshire Council are attached at Appendix A and Appendix B respectively. These Annual Reports were used as sources of assurance to inform the Annual Report and opinion for the West Dunbartonshire Health & Social Care Partnership.
- 4.2** The attached reports provide internal audit opinions that the overall adequacy and effectiveness of both organisations' framework of governance, risk

management and control are satisfactory. There are identified areas for improvement which have action plans in place and will be subject to further internal audit review.

- 4.3 The Audit Committee will continue to be updated by the HSCP Board Chief Internal Auditor regular progress reports.

5. People Implications

- 5.1 There are no personnel issues with this report.

6. Financial Implications

- 6.1 There are no financial implications with this report.

7. Risk Analysis

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

8. Equalities Impact Assessment (EIA)

- 8.1 There are no issues.

9. Environmental Impact Assessment

- 9.1 There are no issues.

10. Consultation

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

11. Strategic Assessment

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

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

Date: 7 September 2017

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Appendices: A: NHSGG&C – Internal Audit Report 2016/17
B: WDC Internal Audit Annual Report to 31 March 2017

Background Papers: WDHSCP Audit Committee on 22 June 2017 – Internal Audit
Annual Report for the year ended 31 March 2017

Wards Affected: All Wards

Internal audit annual report 2016/2017

Draft

NHS Greater Glasgow
& Clyde

May 2017

Contents

Executive summary

1



Summary of findings

2



Appendices

1. Limitations and responsibilities
2. Opinion types
3. Basis of our classifications

Internal audit work conducted

3



Follow up work conducted

4



Distribution list

For action:

Mark White, Director of Finance, NHS Greater Glasgow and Clyde

For information:

Jane Grant, Chief Executive Officer, NHS Greater Glasgow and Clyde
Members of the Audit & Risk Committee, NHS Greater Glasgow and Clyde

Executive summary

Introduction

This report outlines the internal audit work we have carried out for the year ended 31 March 2017.

The Public Sector Internal Audit Standards require the Head of Internal Audit to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management and approved by the Audit and Risk Committee, which should provide a reasonable level of assurance, subject to the inherent limitations described below and set out in Appendix 1. The opinion does not imply that Internal Audit has reviewed all risks relating to the organisation.

The Audit Committee agreed to a level of internal audit input of 665 days, of which 642 days were delivered.

Internal audit work was performed in accordance with PwC's Internal Audit methodology which is in conformance with the Public Sector Internal Audit Standards.

Head of internal audit opinion

We are satisfied that sufficient internal audit work has been undertaken to allow an opinion to be given as to the adequacy and effectiveness of governance, risk management and control. In giving this opinion, it should be noted that assurance can never be absolute. The most that the internal audit service can provide is reasonable assurance that there are no major weaknesses in the system of internal control.

Executive summary

Opinion

Our opinion is as follows:

Generally satisfactory with some improvements required

Governance, risk management and control in relation to business critical areas is generally satisfactory. However, there are some areas of weakness and non-compliance in the framework of governance, risk management and control which potentially put the achievement of objectives at risk.

Some improvements are required in those areas to enhance the effectiveness of the framework of governance, risk management and control. Please see our Summary of Findings in Section 2.

An explanation of the types of opinion that may be given can be found in Appendix 2.

Basis of opinion

Our opinion is based on all audits undertaken during the year. The commentary below provides the context for our opinion and together with the opinion should be read in its entirety.

Commentary

The key factors that contributed to our opinion are summarised as follows:

- Three of the 23 audit reviews undertaken during 2016/17 reports were rated overall as high risk. These related to Waiting Times Management and Reporting, Business Continuity Management and Reporting and Monitoring Arrangements for Efficiency Savings, all of which are known areas of challenge for the Board. Management has accepted our findings in these areas and actions plans are in place to remediate issues identified.
- Nine of the twenty three reviews undertaken were given an overall rating of Medium and related to a number pervasive areas within the Board, these were:
 - Significant Capital Projects Governance and Post Project Evaluation;
 - Estates - Backlog & Operational Maintenance;
 - Repairs & Maintenance Spend Data;
 - IT Project Governance;
 - IT Resilience;
 - Information Commissioners Office review follow up;
 - Embedding Risk Management arrangements;
 - Capacity Planning – Cancer Services; and
 - Key Financial Controls – Payroll.
- Follow up work performed by Internal Audit and by Management has confirmed that key actions in relation to Business Continuity Management remain outstanding. A number of these issues were initially reported by Internal Audit in 2012/13 and work remains ongoing to address these. Whilst we acknowledge that some progress has been made, further action is required to ensure that business continuity management arrangements are adequate.

Acknowledgement

We would like to take this opportunity to thank NHS Greater Glasgow & Clyde staff, for their co-operation and assistance provided during the year.

Summary of findings

Our annual internal audit report is timed to inform the organisation's Annual Governance Statement. A summary of key findings from our programme of internal audit work for the year work is recorded in the table below:

Description	Detail
Overview We completed 23 internal audit reviews. This resulted in the identification of 4 high, 34 medium and 20 low risk findings to improve weaknesses in the design of controls and/or operating effectiveness.	<ul style="list-style-type: none"> The Internal Audit reviews have been completed in accordance with the approved 2016/17 Internal Audit plan. The days allocated for Key Financial Controls reduced by 20 due to the removal of the Bank and Treasury review as agreed with management and the Audit & Risk Committee. The number of days spent on data security and management were reduced and an additional piece of work was included over cyber security. Our findings have allowed Management to identify specific control weaknesses within their current systems and processes and to agree actions that will promptly address these weaknesses and improve the efficiency and effectiveness of the controls.
Internal control issues During the course of our work we identified a number of weaknesses that we consider should be reported in your Annual Governance Statement.	<ul style="list-style-type: none"> Four High risk findings were raised in respect of the following reviews: <ul style="list-style-type: none"> <i>Waiting times management and reporting</i>, we are only able to obtain limited assurance that action plans are completed and being used; <i>IT Resilience</i>, where we noted that improvements to disaster recovery programme were required; <i>Business continuity management</i>, we found that there is a lack of Board-wide and strategic direction to business continuity. This lack of oversight and direction means that known gaps and weaknesses have not been addressed; and <i>Reporting and monitoring arrangements of efficiency savings</i>, where we found that further action is required in respect of unallocated savings plans at directorate level.
Other weaknesses Other weaknesses were identified within the organisation's governance, risk management and control.	<ul style="list-style-type: none"> These weaknesses relate to a variety of areas across the Health Board, including governance, risk management, clinical, financial and operational areas. We have not identified any common themes or common root causes for these findings.

Summary of findings (continued)

Description	Detail
<p>Good practice</p> <p>We also identified a number of areas where few weaknesses were identified and/or areas of good practice.</p>	<ul style="list-style-type: none"> • We have identified a number of areas of good practice in all of the reviews we have undertaken and these have been detailed in the reports issued for each of these reviews. • Within the year we reviewed seven areas which were given an overall report classification of low: <ul style="list-style-type: none"> • <i>Property Transactions Monitoring;</i> • <i>Key Financial Controls – Accounts Payable;</i> • <i>Key Financial Controls – General Ledger;</i> • <i>Performance Monitoring and Reporting in Acute Services;</i> • <i>Complaints Handling Procedures;</i> • <i>Key Financial Controls – Endowments; and</i> • <i>Health & Social Care Integration - Financial and Performance Reporting & Controls.</i>

Internal audit work conducted

Introduction

The table below sets out the results of our internal audit work and implications for next year's plan. The following page shows direction of control travel and a comparison of planned and actual internal audit activity.

Results of individual assignments

Review	Report classification	Number of findings			
		Critical	High	Medium	Low
Property Transaction Monitoring	Low	-	-	-	-
Waiting Times Management and Reporting	High	-	1	2	-
Key Financial Controls – Payroll	Medium	-	-	3	2
Key Financial Controls – Accounts Payable	Low	-	-	-	2
Key Financial Controls – General Ledger	Low	-	-	-	1
Performance Monitoring and Reporting in Acute Services	Low	-	-	2	-
Complaints Handling Procedures	Low	-	-	1	3
Key Financial Controls – Endowments	Low	-	-	-	3
IT Resilience	Medium	-	1	1	1
Significant Capital Projects Governance & Post Project Evaluation	Medium	-	-	5	-
Health & Social Care Partnership - Assurance Map	N/A	-	-	-	-
Estates – Backlog and Operational Maintenance	Medium	-	-	3	-
<i>Carried forward</i>		-	2	17	12

Internal audit work conducted (continued)

Results of individual assignments (continued)

Review	Report classification	Number of findings			
		Critical	High	Medium	Low
<i>Carried forward from previous slide</i>		-	2	17	12
Business Continuity Management – follow up	High	-	1	2	1
Estates: Repairs & Maintenance spend data	Medium	-	-	3	1
Health & Social Care Integration – Financial and Performance Reporting	Low	-	-	-	2
IT Project Governance	Medium	-	-	2	2
Reporting and monitoring arrangements for efficiency savings	High	-	1	4	-
Cyber Maturity – Technology review	No rating	-	-	-	-
Embedding Risk Management arrangements	Medium	-	-	3	2
Capacity Planning – Cancer Services	Medium	-	-	3	-
Information Commissioners Office - follow up	Medium	Refer to details on page 9			
Clinical Governance – Professional Accountability	N/A*	-	-	-	-
Queen Elizabeth University Hospital – Post transfer review	N/A*	-	-	-	-
Total		-	4	34	20






* This review has not been finalised

Implications for next year's plan

Waiting times management and financial efficiency savings remain two key areas of challenge for the Board going forward. As such we have included reviews in these areas in the 2017/18 Internal Audit plan. The cyber maturity assessment will be completed during 2017/18 which will consider other key domains within the PwC cyber maturity tool.

Internal audit work conducted

Direction of control travel

Finding rating	Trend between current and prior year	Number of findings		
		2016/17	2015/16	2014/15
Critical		0	0	0
High		4	1	2
Medium		34	33	27
Low		20	48	37
Total		58	82	66

Implications for management

Management should continue to track and report progress against outstanding audit findings with a focus on those rated as high risk.

Management should continue their focus on Business Continuity Management. This remains an area of high risk for the Board and the wider NHS and progress in this area has taken longer than expected.

Whilst we have noted an overall reduction of findings in the year, the number of high risk findings has increased. Going forward, addressing these should be made a priority for management.

In 2016/17 we have also reported in two areas where the reports have not contributed to the overall number of findings shown, but where ongoing actions have been identified and we have considered when providing our overall opinion:

- Information Commissioners Office – follow up review: due to the overlapping nature of ICO actions, the number ongoing actions are not indicative of the manner that Internal Audit report findings and therefore have been excluded from the analysis of findings, however we have assessed the overall risk as Medium.
- Cyber maturity – technology review: due to the collaborative nature of the cyber maturity assessment, we have not risk rated this report.

Internal audit work conducted

Comparison of planned and actual activity

Audit review	Budgeted days	Actual days
Key financial controls	125	105
Clinical governance	40	40
IT resilience	35	35
IT – project governance	40	40
Information Commissioners Office - follow up	25	10
Repairs and maintenance spend data	30	30
Reporting and monitoring of efficiency savings	30	30
Waiting times management and reporting	30	30
Embedding risk management	15	15
Complaint handling procedures	25	25
Performance monitoring and reporting in Acute Services	25	25
Property transaction monitoring	5	5
Significant capital projects	20	20
Sub-total carried over	445	410

Audit review	Budgeted days	Actual days
Sub-total brought over	445	410
Estates: backlog & operational maintenance	25	25
Queen Elizabeth University Hospital: post transfer review	20	20
Capacity planning – Cancer Services	40	40
Cyber Maturity – Technology	0	12
Health and Social Care Integration: financial reporting and controls	30	30
Health and Social Care Integration: Assurance Map	20	20
Planning, contract management and Audit Committee attendance	45	45
Contingency	15	15
Follow up activity	25	25
Total	665	642

The Bank and Treasury review within Key Financial Controls was removed from the plan as agreed with Management and reported to the Audit & Risk Committee. Fewer days were spent on IT data security and management than planned and these days were used to support the deliver of a cyber maturity review of technology.

Follow up work consisted largely of detailed follow up outstanding business continuity management findings.

Follow up work conducted – internal audit

Introduction

In order for the organisation to derive maximum benefit from internal audit, agreed actions should be implemented. In accordance with our internal audit plan, we followed up on a sample of outstanding audit recommendations to ascertain whether action had been taken. The table below summarises the follow up work performed.

Results of Internal Audit follow up work

Audit report	Report classification	No. of findings being followed up	Status of agreed actions			
			Implemented	Ongoing	Outstanding	Not yet due
Delayed Discharge 2014/15	Medium	4 Medium	4	-	-	-
Business continuity management 2015/16	High	1 High	-	1	-	-
		2 Medium	-	2	-	-
		1 Low	-	1	-	-
Waiting times 2016/17	High	1 High	-	1	-	-
		2 Medium	1	1	-	-

Summary

Business Continuity Management remains an area of challenge for the Board. This area was first reported as high risk in 2013/14 and reported again in 2015/16. Our follow-up work confirmed that there remains significant action required to address the original agreed actions to improve the Board's business continuity management. There is a lack of clarity of direction and a lack of significant progress to address the weaknesses that were identified for completion by June 2016.

In respect of waiting times management and reporting, the Board has commenced work in respect of action plans; this work remains ongoing.

Follow up work conducted - management

Introduction

In addition to the work performed by Internal Audit, Management perform follow up of all outstanding Internal Audit actions on an ongoing basis and report progress to the Audit Committee. The follow up work performed by Internal Audit on a sample basis has reached the same conclusions as management. The table below sets out the status of outstanding audit findings as reported by management as at May 2017.

Results of Management follow up work

Audit unit	Report classification	No. of findings being followed up	Status of agreed actions			
			Implemented	Ongoing	Outstanding	Not yet due
Patient private funds 2015/16	Medium	3 Medium	3	-	-	-
Central decontamination unit arrangements 2015/16	Medium	1 Medium	1	-	-	-
Key Financial Controls – Payroll 2015/16	Medium	2 Medium	1	1	-	-
Risk Management 2015/16	Medium	2 Medium	-	2	-	-
Procurement in operational estates 2015/16	Medium	1 Medium	-	1	-	-
Pathology specimen transportation process 2015/16	Medium	1 Medium	-	1	-	-
Business continuity management 2015/16	High	1 High	-	1	-	-
		2 Medium	-	2	-	-
		1 Low	-	1	-	-
Financial planning process 2016/17	Medium	1 Medium	-	1	-	-
Complaints handling procedures 2016/17	Low	1 Low	-	1	-	-

Appendices

Appendix 1: Limitations and responsibilities

Limitations inherent to the internal auditor's work

Our work has been performed subject to the limitations outlined below.

Opinion

The opinion is based solely on the work undertaken as part of the agreed internal audit plan. There might be weaknesses in the system of internal control that we are not aware of because they did not form part of our programme of work, were excluded from the scope of individual internal audit assignments or were not brought to our attention. As a consequence management and the Audit Committee should be aware that our opinion may have differed if our programme of work or scope for individual reviews was extended or other relevant matters were brought to our attention.

Internal control

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Future periods

Our assessment of controls relating to NHS Greater Glasgow & Clyde is for the period 1 April 2016 to 31 March 2017. Historic evaluation of effectiveness may not be relevant to future periods due to the risk that:

- The design of controls may become inadequate because of changes in operating environment, law, regulation or other; or
- The degree of compliance with policies and procedures may deteriorate.

The specific time period for each individual internal audit is recorded within section 3 of this report.

Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we shall carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected, and our examinations as internal auditors should not be relied upon to disclose all fraud, defalcations or other irregularities which may exist.

Appendix 2: *Opinion types*

The table below sets out the four types of opinion that we use, along with an indication of the types of findings that may determine the opinion given. The Head of Internal Audit applies his judgement when determining the appropriate opinion so the guide given below is indicative rather than definitive.

Type of opinion	Indication of when this type of opinion may be given
Satisfactory	<ul style="list-style-type: none"> A limited number of medium risk rated weaknesses may have been identified, but generally only low risk rated weaknesses have been found in individual assignments; and None of the individual assignment reports have an overall report classification of either high or critical risk.
Generally satisfactory with some improvements required	<ul style="list-style-type: none"> Medium risk rated weaknesses identified in individual assignments that are not significant in aggregate to the system of internal control; and/or High risk rated weaknesses identified in individual assignments that are isolated to specific systems or processes; and None of the individual assignment reports have an overall classification of critical risk.
Major improvement required	<ul style="list-style-type: none"> Medium risk rated weaknesses identified in individual assignments that are significant in aggregate but discrete parts of the system of internal control remain unaffected; and/or High risk rated weaknesses identified in individual assignments that are significant in aggregate but discrete parts of the system of internal control remain unaffected; and/or Critical risk rated weaknesses identified in individual assignments that are not pervasive to the system of internal control; and A minority of the individual assignment reports may have an overall report classification of either high or critical risk.
Unsatisfactory	<ul style="list-style-type: none"> High risk rated weaknesses identified in individual assignments that in aggregate are pervasive to the system of internal control; and/or Critical risk rated weaknesses identified in individual assignments that are pervasive to the system of internal control; and/or More than a minority of the individual assignment reports have an overall report classification of either high or critical risk.
Disclaimer opinion	<ul style="list-style-type: none"> An opinion cannot be issued because insufficient internal audit work has been completed. This may be due to either: <ul style="list-style-type: none"> Restrictions in the audit programme agreed with the Audit Committee, which meant that our planned work would not allow us to gather sufficient evidence to conclude on the adequacy and effectiveness of governance, risk management and control; or We were unable to complete enough reviews and gather sufficient information to conclude on the adequacy and effectiveness of arrangements for governance, risk management and control.

Appendix 3: *Basis of our classifications*

Report classifications

The report classification is determined by allocating points to each of the findings included in the report.

Findings rating	Points
● Critical	40 points per finding
● High	10 points per finding
● Medium	3 points per finding
● Low	1 point per finding

Report classification	Points
● Critical risk	40 points and over
● High risk	16–39 points
● Medium risk	7–15 points
● Low risk	6 points or less

Appendix 3: Basis of our classifications

Individual finding ratings

Finding rating	Assessment rationale
 Critical	<p>A finding that could have a:</p> <ul style="list-style-type: none">• Critical impact on operational performance; or• Critical monetary or financial statement impact; or• Critical breach in laws and regulations that could result in material fines or consequences; or• Critical impact on the reputation or brand of the organisation which could threaten its future viability.
 High	<p>A finding that could have a:</p> <ul style="list-style-type: none">• Significant impact on operational performance; or• Significant monetary or financial statement impact; or• Significant breach in laws and regulations resulting in significant fines and consequences; or• Significant impact on the reputation or brand of the organisation.
 Medium	<p>A finding that could have a:</p> <ul style="list-style-type: none">• Moderate impact on operational performance; or• Moderate monetary or financial statement impact; or• Moderate breach in laws and regulations resulting in fines and consequences; or• Moderate impact on the reputation or brand of the organisation.
 Low	<p>A finding that could have a:</p> <ul style="list-style-type: none">• Minor impact on the organisation's operational performance; or• Minor monetary or financial statement impact; or• Minor breach in laws and regulations with limited consequences; or• Minor impact on the reputation of the organisation.
 Advisory	<p>A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.</p>

This is a draft prepared for discussion purposes only and should not be relied upon; the contents are subject to amendment or withdrawal and our final conclusions and findings will be set out in our final deliverable.

This document has been prepared only for NHS Greater Glasgow & Clyde and solely for the purpose and on the terms agreed with NHS Greater Glasgow & Clyde in our agreement dated 6 May 2014. We accept no liability (including for negligence) to anyone else in connection with this document, and it may not be provided to anyone else.

Internal audit work was performed in accordance with PwC's Internal Audit methodology which is aligned to Public Sector Internal Audit Standards. As a result, our work and deliverables are not designed or intended to comply with the International Auditing and Assurance Standards Board (IAASB), International Framework for Assurance Engagements (IFAE) and International Standard on Assurance Engagements (ISAE) 3000.

If you receive a request under freedom of information legislation to disclose any information we provided to you, you will consult with us promptly before any disclosure.

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WEST DUNBARTONSHIRE COUNCIL

Report by Strategic Lead – Resources

Audit and Performance Review Committee: 21 June 2017

Subject: Internal Audit Annual Report to 31 March 2017

1. Purpose

- 1.1** The purpose of this report is to advise Members of the work undertaken by Internal Audit in respect of the Annual Audit Plan 2016/17 and to advise Members of the contents of the Assurance Statement given to the Section 95 Officer (Strategic Lead - Resources) in support of the Statement of Internal Financial Control / Governance Statement. This report outlines how audit assurances are obtained.

2. Recommendations

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

3. Background

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

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

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

The annual report must incorporate:

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

- 3.2** Attached at Appendix A is information on the completion of the key risk based and ICT audit elements of the Audit Plan. The Assurance Statement is included at Appendix B. A suite of Key Performance Indicators is detailed at Appendix C.

- 3.3** A six monthly progress report was provided to the Audit and Performance Review Committee during the course of 2016/17.

4. Main Issues

- 4.1** The risk based systems audits and ICT audits contained within the Audit Plan for 2016/17 are shown in the tables included at Appendix A, showing the number of agreed actions for each of these reports. The numbers in brackets denotes the number of outstanding actions as at 6 June 2017. As a result of a significant amount of investigations work to which the Internal Audit team has had to respond, four risk based audits have been rolled forward into 2017/18. This approach has been agreed in discussion with External Audit. In addition, four of the audits from the 2016/17 plan are still in the process of being completed.
- 4.2** On the basis of the key Internal Audit work performed in 2016/17 as summarised in Appendix A, it can be concluded that the Council's control procedures in key areas are operating as expected during the period under review, although it is recognised that:
- For risk based audits, 35 recommendations were made by Internal Audit to improve controls of which 20 have now been implemented;
 - For ICT audits, 8 were made by Internal Audit to improve controls of which 3 have now been implemented; and
 - Three of the outstanding recommendations are overdue – management have advised that these will be resolved shortly.
- 4.3** The Audit and Risk Manager is pleased to report good progress across the Council on audit recommendations and is of the opinion that reasonable assurance can be placed upon the adequacy and effectiveness of West Dunbartonshire Council's systems of governance, risk management and internal control in the year to 31 March 2017. However, in relation to an ongoing audit investigation being carried out on tendering and contracting within Roads and Greenspace the audit work completed to date has highlighted a number of high risk issues. Management has been advised of these issues and has implemented appropriate interim actions to rectify them and the audit report is currently being compiled.
- 4.4** The work of Internal Audit, External Audit and external inspection agencies who reported on the Council's work has been reviewed. Assurances were sought from Strategic Directors and Strategic Leads on the implementation of action plans and recommendations and the Chief Executive, Strategic Directors and Strategic Leads have been asked to provide assurance statements to the Audit and Risk Manager, including their opinion of the control environment operating within their own service areas.
- 4.5** The Internal Audit Annual Report for 2016/17 included at Appendix B includes the Audit and Risk Manager's independent and objective opinion as to the

adequacy and effectiveness of internal controls within the Council and has informed the Council's annual Governance Statement.

4.6 A suite of Key Performance Indicators is detailed at Appendix C.

5. People Implications

5.1 There are no people implications.

6. Financial and Procurement Implications

6.1 As a result of Corporate Fraud Team activity, actual recoveries, charges and re-billings of £222K have been identified during 2016/17, against a target of £150,000.

6.2 There are procurement implications arising from this report.

7. Risk Analysis

7.1 There is a risk that failure to deliver the Internal Audit Plan would result in an inability to provide assurances over the Council's system of internal financial control to those charged with governance.

8. Equalities Impact Assessment (EIA)

8.1 There are no issues.

9. Consultation

9.1 This report has been subject to consultation with appropriate Strategic Leads.

10. Strategic Assessment

10.1 This report relates to Assuring Our Success through strong financial governance and sustainable budget management.

.....
Stephen West
Strategic Lead - Resources
Date: 6 June 2017

Person to Contact: Colin McDougall, Audit and Risk Manager Telephone (01389) 737436
E-mail: colin.mcdougall@west-dunbarton.gov.uk

Appendix A: Audit Plan 2016/17: Risk Based Audits and ICT Audits

Appendix B:	Assurance Statement for the year ended 31 March 2017 from the Audit and Risk Manager
Appendix C:	Key Performance Indicators
Background Papers:	Audit & Performance Review Committee – 9 March 2016: Internal Audit Plan 2016/17 EIA Screening
Wards Affected:	All wards

APPENDIX A**Audit Plan 2016/17: Completed Risk Based and ICT Audits**

<u>Report Title</u>	<u>No. Of Agreed Actions</u>			<u>Comments</u>
	<u>High</u>	<u>Medium</u>	<u>Low</u>	
Cash and Bank	0 (0)	0 (0)	5 (0)	All actions have been completed
Payroll	0 (0)	2 (1)	1 (0)	The one o/s action is not yet due
Debtors	0 (0)	1 (1)	2 (1)	The two o/s actions are not yet due
Capital expenditure / capital programme	0 (0)	0 (0)	1 (1)	The one o/s action is not yet due
Stocks and Stores	0 (0)	2 (2)	5 (4)	The six o/s actions are not yet due
Employee Licences / Vehicle Checks	0 (0)	2 (0)	0 (0)	All actions have been completed
Emergency Payments	0 (0)	6 (1)	0 (0)	The one o/s action is not yet due
Economic Development	0 (0)	1 (0)	0 (0)	The one action identified has been completed
European Grants Programme	0 (0)	0 (0)	1 (0)	The one action identified has been completed
Home Care	0 (0)	3 (2)	1 (1)	Three of the outstanding actions are overdue – management anticipate that the actions will be completed shortly
City Deal	0 (0)	1 (0)	0 (0)	The one action identified has been completed
Fostering and adoption payments / allowances	1 (1)	0 (0)	0 (0)	The one o/s action is not yet due
Education Services IT Arrangements	0 (0)	2 (2)	1 (1)	The three o/s actions are not yet due
ICT Risk Register	0 (0)	3 (0)	0 (0)	All actions have been completed
Public access to Council IT Systems	0 (0)	0 (0)	2 (2)	The three o/s actions are not yet due
TOTAL	1 (1)	23 (9)	19 (10)	

NB: Figures in () denote actions which remain outstanding as at 6 June 2017

Assurance Statement for the year ended 31 March 2017
from the Audit and Risk Manager

To the Members of West Dunbartonshire Council, the Chief Executive and the Section 95 Officer (Strategic Lead - Resources)

As Audit and Risk Manager of West Dunbartonshire Council, I am pleased to present my annual statement on the adequacy and effectiveness of the internal financial control system of the Group Accounts prepared by the Council for the year ended 31 March 2017.

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

It is the responsibility of the Council's senior management to establish an appropriate and sound system of internal financial control and to monitor the continuing effectiveness of that system. It is the responsibility of the Audit and Risk Manager to provide an annual overall assessment of the robustness of the internal financial control system.

The Council's framework of governance, risk management and internal control

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

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

The main objectives of the Council's internal control systems are to ensure:

- Adherence to management policies and directives in order to achieve the organisation's objectives;
- Economic, efficient, effective and safe use of resources and assets;
- The relevance, reliability and integrity of information, so ensuring as far as possible the completeness and accuracy of records; and
- Compliance with statutory requirements.

The system of internal control is a significant element of the governance framework. Any system of control can only ever provide reasonable and not absolute assurance that control weaknesses or irregularities do not exist or that there is no risk of material errors, losses, fraud, or breaches of laws or regulations. Accordingly, the Council is continually seeking to improve the

effectiveness of its systems of internal control in order to identify and prioritise the risks that would prevent the achievement of the Council's strategic objectives

The work of internal audit

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

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

PSIAS requires that a Quality Assurance and Improvement Programme (QAIP) is developed in order to provide assurance that internal audit activity:

- Is conducted in accordance with an Internal Audit Charter;
- Operates in an efficient and effective manner; and
- Is perceived to be adding value and improving operations.

An internal self-assessment of internal audit practices has been carried out by the Audit and Risk Manager every year since PSIAS became effective on 1st April 2013, with improvements identified and implemented as appropriate. PSIAS also requires, as outlined in Standard 1300 "QAIP", that:

"External assessments must be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the organisation. External assessments can be in the form of a full external assessment or a self-assessment with independent external validation".

To meet this requirement, a reciprocal arrangement to complete a programme of inspections has been developed by the Scottish Local Authorities Chief Internal Auditors Group (SLACIAG). This process identified South Lanarkshire Council as the Authority to undertake the independent review of WDC's Internal Audit function's level of compliance with PSIAS.

A report detailing the findings from the External Quality Assessment (EQA) undertaken in the period August 2015 to December 2015 by the Chief Internal Auditor of South Lanarkshire Council was submitted to the A&PRC on 9th March 2016. The recommendations contained in this report have all been implemented during 2016/17.

The Internal Audit Section undertakes an annual programme of work based on a risk assessment process which is revised on an ongoing basis to reflect evolving risks and changes within the Council. All Internal Audit reports

identifying system weaknesses and / or non-compliance with expected controls are brought to the attention of management and the Audit and Performance Review Committee together with appropriate recommendations and agreed action plans. It is management's responsibility to ensure that proper consideration is given to Internal Audit reports and that appropriate action is taken on audit recommendations. The internal auditor is required to ensure that appropriate arrangements are made to determine whether action has been taken on internal audit recommendations or that management has understood and assumed the risk of not taking action. A programme of follow-up on assignment findings and recommendations provides assurance on the complete and timeous implementation of both internal Audit and External Audit recommendations.

Internal Audit and Corporate Fraud staff regularly attended the following external user group meetings:

- SLACIAG, the purpose of which is to develop and improve the practice of internal audit activity with Scottish local authorities. It achieves this by meeting to discuss issues of common concern, commissioning work to develop ideas, sharing good practice, working in partnership with other professional / governing bodies and promoting SLACIAG as the representative body for internal audit in local authorities. The Council's Audit and Risk Manager attended three out of four of the quarterly meetings of SLACIAG during 2016/17 and also further meetings in his role as a member of the SLACIAG management committee;
- SLACIAG Computer Audit sub group: either an Auditor or the ICT Security Officer attends this forum which has the aim of ensuring that audit teams are better equipped to perform technical Information Systems auditing; and
- The Scottish Local Authority Investigators Group (SLAIG): This group consists of fraud practitioners from local authorities in Scotland, with the objectives of:
 - Raising the profile of the counter fraud agenda;
 - Sharing good practice;
 - Raising awareness of the risk of fraud; and
 - Ensuring that fraud is investigated in a professional manner.

Basis of Opinion

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

- The audit work undertaken by Internal Audit during the year to 31 March 2017, including risk based systems audits, ICT audits, investigations, follow-up reviews and one-off exercises;
- The assessment of risk completed during reviews of the annual audit plan;

- The assurance statements signed by the Strategic Directors and Strategic Leads on the operation of the internal financial controls for the services for which they were responsible during the year to 31 March 2017;
- The assurance statement signed by the Chief Executive for the overall Council for the year ended 31 March 2017;
- Reports issued by the Council's External Auditors, Audit Scotland, and other review agencies;
- My knowledge of the Council's governance, risk management and performance monitoring arrangements; and
- An ongoing audit investigation on tendering and contracting within Roads and Greenspace, for which the audit work completed to date has highlighted a number of high risk issues. Management has been advised of these issues and has implemented appropriate interim actions to rectify them.

Limitation to Resources or Scope of Internal Audit Work

There were sufficient resources available to deliver the programme of audit assignments contained within the 2016/17 Audit Plan and no significant threats emerged to the independence of the internal audit activity such as inappropriate scope or resource limitations.

Opinion

It is my opinion, based on the above, that reasonable assurance can be placed upon the adequacy and effectiveness of West Dunbartonshire Council's systems of governance, risk management and internal control in the year to 31 March 2017.

Signature: 

Title: Audit and Risk Manager

Date: 29 May 2017

Key Performance Indicators

<u>Performance Indicator</u>	<u>Target for 2016/17</u>	<u>Actual for 2016/17</u>
Efficiency of Adherence to Audit Plan	90%	101%
Percentage of planned risk based audits to completed by 31 May (following year end)	100%	79%
Training days per Auditor	4	2
Audits completed within budgeted days	80%	60%
Draft reports issued within 21 days of fieldwork completion	80%	80%
Final reports issued within 14 days of agreement of action plan	80%	100%
Level of full compliance with the Public Sector Internal Audit Standards (PSIAS)	100%	100%
Corporate Fraud Team – savings	£180K	£222K

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 20th September 2017

Subject: Audit Plan Progress Report

1. Purpose

- 1.1** The purpose of this report is to provide an update to members on:
- The planned programme of audit work for the year 2017/18 in terms of the internal audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde that may have an impact upon the West Dunbartonshire Health & Social Care Partnership Board; and
 - The agreed actions from the audit of the Partnership Board's Governance, Performance and Financial Management Arrangements.

2. Recommendations

- 2.1** It is recommended that the Audit Committee note the progress made in relation to the Audit Plan for 2017/18.

3. Background

- 3.1** This report provides a summary to the Partnership Board of recent the Internal Audit activity, within the 2017/18 Audit Plan at the Council and the Health Board which may have an impact upon the delivery of the strategic plan.

4. Main Issues

(a) Progress on Audit Plan 2017/18

West Dunbartonshire Council

- 4.1** Since 1st April 2017, the following Internal Audit reports have been issued to the Council, which are relevant to the Partnership Board:

Audit Title	Number and Priority of Recommendations		
	High	Medium	Low
Social Care Services reports:			
Fostering and adoption payments / allowances (2016/17 Audit Plan)	1	0	0
Corporate Reports:			
Capital Expenditure / Capital	0	0	1

Programme			
ICT Disaster Recovery/Business Continuity Controls	-	5	2
Purchasing Cards	-	1	6
Total	0	6	9

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

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

- 4.3** For Social Care audit assignments outstanding actions from previously issued audit reports are included at Appendix A.
- 4.4** Internal Audit will undertake follow up work to confirm the implementation of the recommendations.

NHS Greater Glasgow and Clyde

- 4.5** In the period from 1 April 2017, the following Internal Audit reports have been issued to the NHS Greater Glasgow & Clyde, which are relevant to the Partnership Board:

Review	Report classification	Number of individual findings			
		High	Medium	Low	Total
Estates – Backlog & Operational Maintenance	Medium	-	3	-	3
Repairs & Maintenance Spend Data	Medium	-	3	1	4
Health & Social Care Integration – Assurance Map	No rating	-	-	-	-
Health and Social Care Integration – Financial & Performance Reporting and Controls	Low	-	-	2	2
IT Project Governance	Medium	-	2	2	4
Data Security & Management: Information Commissioners Office – follow up	Medium	This was a detailed progress report on the 2016 ICO review; findings totals are not comparable with internal audit reports			
Cyber Maturity ‘Technology’ review	No rating	-	-	-	-
Reporting and monitoring arrangements for efficiency savings	High	1	4	-	5
Embedding Risk Management arrangements	Medium	-	3	1	4
Capacity Planning - Cancer Services	Medium	-	3	-	3
Total findings		1	18	6	25

4.6 These reports are all from the 2016/17 audit plan and are the most recently issued.

4.7 High risk indicates findings that could have a:

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

Medium risk indicates findings that could have a:

- Moderate impact on operational performance; or
- Moderate monetary or financial statement impact; or

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

Low risk indicates findings that could have a:

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

Follow up work

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

WD Health & Social Care Partnership Board

- 4.9** In addition to the reviews referred to above, an audit has been carried out in March 2017 on the West Dunbartonshire Governance, Performance and Financial Management arrangements of the Health & Social Care Partnership Board. The report and agreed actions were presented to the HSCP Board at its special meeting on 22 March 2017. Progress on the agreed actions from this report is provided in Appendix B.

5. People Implications

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

6. Financial Implications

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

7. Risk Analysis

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

8. Equalities Impact Assessment (EIA)

- 8.1** There are no issues.

9. Environmental Impact Assessment

- 9.1** There are no issues.

10. Consultation

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

11. Strategic Assessment

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

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

Date: **20 September 2017**

Person to Contact: Colin McDougall, Audit and Risk Manager
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Appendices: Appendix A: Internal Audit Reports – WDC Internal Audit Team (Social Care)
Appendix B: WDHSCP - Internal Audit Reports






Background Papers: None

Appendix A


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

Generated on: 7 September 2017




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

Project 107. Home Care (Report Issued November 2016)

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






Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
	reviewed with ICT when assessing potential opportunities from the new Vodafone contract. (Low Risk)							with this..

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


Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
CS/IAAP/506	<u>1. Foster Carer Agreements</u> All Foster Carer Agreements are required to be completed and signed off by all the relevant parties. When completed and signed off, all Foster Carer Agreement should be scanned onto the HSCP X/drive. (High Risk)	All current foster carers have been forwarded new contracts for completion. Once returned all contracts are reviewed and signed by social worker and the Assistant Principal officer. They are then scanned onto the foster carer's folder on the X/drive. All contracts are expected to be completed, signed and scanned by June 2017.		<div><div>100%</div></div>	30-Jun-2017	30-Jun-2017	Carron O'Byrne	All Foster Carer Agreements have been completed, signed off and scanned.


Appendix B: WDHSCP - Internal Audit Reports

Generated on: 30 August 2017

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

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

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
WDHSCP-001	It is recommended that when a model plan is completed and published a Records Management Plan prepared for local approval by the Partnership Board in order to comply with the statutory requirement. (Low Risk)	This will be completed at the earliest opportunity, with WDHSCP officers having already engaged with Scottish Government officials on the drafting of the model Records Management Plan.		<div><div>50%</div></div>	31-Oct-2017	30-Jun-2018	Soumen Sengupta	Preparatory work continues to be undertaken by HSCP Officers. It has been confirmed that the Keeper (National Records of Scotland) will not be inviting any IJBs to formally begin preparing and then submitting their RMPs before the process for all of the other public authorities originally scheduled has been completed. It is anticipated that the first series of requests to IJBs to submit RMPs will go out

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
								in January 2018.
WDHSCP-002	<p><u>2. Partnership governance arrangements</u></p> <p>It is recommended that management within WDC and WDHSCP should, as part of their regular management meetings, identify any issues in relation to partnership governance arrangements and agree any resultant improvement actions in order comply with the best practice.</p> <p>(Low Risk)</p>	Preliminary discussions have already taken place, and initial scoping begun with respect to partnership governance arrangements as relates to the WDHSCP Board.		<div><div>100%</div></div>	31-Aug-2017	31-Aug-2017	Julie Slavin	<p>Chief Financial Officer and Head of Strategy, Planning & Health Improvement have prepared a local Code of Good Governance (as per CIPFA Guidance), which has been approved by the HSCP Board. A compliance self-assessment has been completed in accordance with CIPFA recommendations, with ongoing engagement of Chief Internal Auditor and external auditor. This self-assessment has identified a number of improvement actions and has been used to develop an improvement action plan. This will be presented to the September 2017 meeting of the HSCP Audit Committee for approval.</p>

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 20th September 2017

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

1. Purpose

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

2. Recommendations

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

3. Background

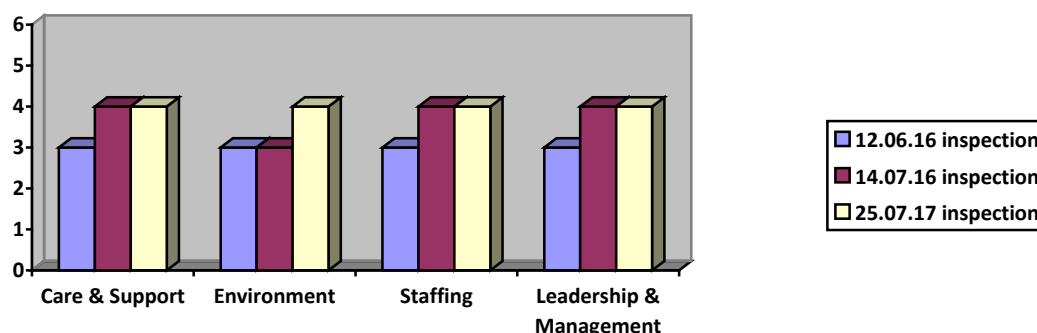
- 3.1** The Care Inspectorate assesses registered providers of care services in relation to four quality themes: care & support; environment; staffing; and management & leadership.
- 3.2** In 2015, any residential care home which has been awarded Grade 2 (i.e. weak) or less and/ or has requirements placed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

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

4. Main Issues

Clyde Court Care Home

- 4.1 Clyde Court Care Home is owned and managed by Four Seasons Health Care Limited. The home is registered with the Care Inspectorate for a maximum of 65 nursing or residential residents. As of 25 July 2017 there were 53 West Dunbartonshire residents supported within the care home.
- 4.2 The care home was inspected on 25 July 2017 and the report was published on 9 August 2017, with grades awarded as follows:
- For the theme of Care and Support – Grade 4/Good.
 - For the theme of Environment – Grade 4/Good.
 - For the theme of Staffing – Grade 4/Good.
 - For the theme of Management and Leadership – Grade 4/Good.
- 4.3 There were no requirements detailed in the inspection report.
- 4.4 The chart below summarises the movement in grades awarded to Clyde Court Care Home from inspections over the last 3 inspections.



5. People Implications

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

6. Financial Implications

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

the quality funding component, resulting in a reduction of £20 per resident per week from the weekly fee payable.

- 6.3** The Inspection Report for Clyde Court Care Home does not have financial implications for the HSCP. Although the care home again improved their grades they did not achieve the grade of 5/Very Good for the theme of Quality of Care which is required to trigger the additional quality payment rate for every resident the HSCP has placed in the home.

7. Professional Implications

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

8. Locality Implications

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

9. Risk Analysis

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

10. Impact Assessments

- 10.1** None required.

11. Consultation

- 11.1** None required.

12. Strategic Assessment

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

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

Date: 20th September 2017

Person to Contact: Mr Brian Gardiner
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Telephone: 01389 776837

Appendices: None

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

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 20th September 2017

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

1. Purpose

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

2. Recommendations

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

3. Background

- 3.1** The Care Inspectorate assesses registered providers of care services in relation to four quality themes: quality of care and support; environment; staffing; and management & leadership.
- 3.2** In 2015, the Care Inspectorate amended their inspection process. Where any building based service has been awarded a Grade 2 (i.e. weak) or less and/ or has requirements detailed following a full inspection, their next inspection may be a 'follow up' inspection. The follow up inspection will focus on the requirements made in the previous inspection instead of covering the four quality themes. The grades awarded at the previous inspection may change if the Inspector has evidence to support any adjustment. Follow up inspections will allow the Care Inspectorate to track improvement and gain assurance that services are making the right changes.
- 3.3** The independent sector support service inspections reported here are for:
- Alltogether Care Services Ltd. – the service is provided across West Dunbartonshire Council area.
 - Dunn Street Respite Service – the service is provided in the Duntocher area.
 - Sense Scotland Supported Living Glasgow 1 - the service is provided in the Clydebank area.
 - Cornerstone West Dunbartonshire Services 1– the service is provided across West Dunbartonshire Council area.
 - Fosterplus (Fostercare) Ltd - the service is provided in family homes to children and young people from throughout the West Dunbartonshire Council area.
- 3.4** Some providers operate multiple services across Scotland and register groups of their services with the Care Inspectorate on a 'Branch' basis rather than as individual services. In this report Sense Scotland Supported Living Glasgow 1 operate in this manner.

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

4. Main Issues

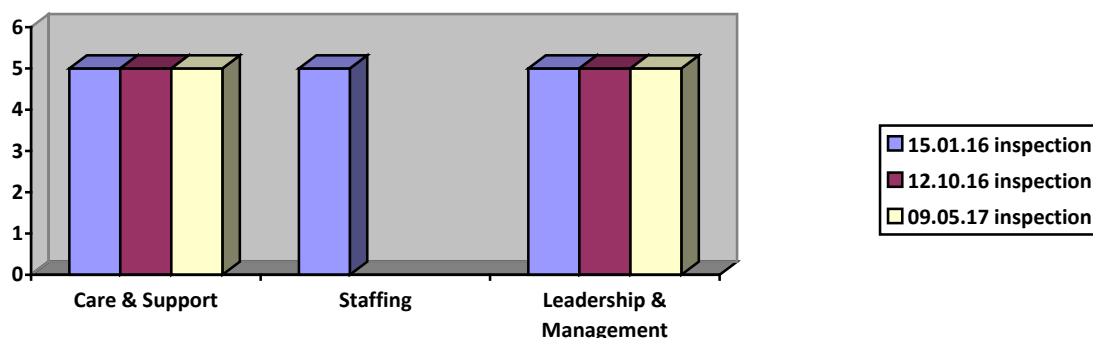
Alltogether Care Services Ltd.

4.1 Alltogether Care Services Ltd. is a combined Housing Support and Care at Home service. The service is offered to adults with physical and sensory impairment and/or learning difficulties living in their own homes. The service was inspected on 9 May 2017 and the report published on 30 May 2017. The following grades were awarded:

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

4.2 There were no requirements detailed in the inspection report.

4.3 The chart below summarises the movement in grades awarded Alltogether Care Services Ltd. over the last 3 inspections.



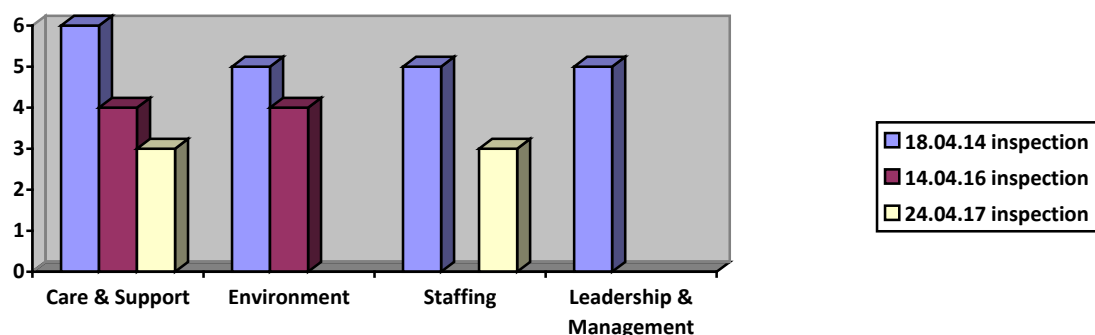
Dunn Street Respite Service

4.4 Dunn Street Respite Service, operated by Quarriers, provides a residential respite service to a maximum of six adults, who have a learning disability, aged between sixteen and seventy. The service was inspected on 10 April 2017 and the inspection the report published on 24 May 2017. The following grades were awarded:

- For the theme of Care & Support – Grade 3/Adequate.
- For the theme of Staffing – Grade 3/Adequate.

4.5 There were no requirements detailed in the inspection report.

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



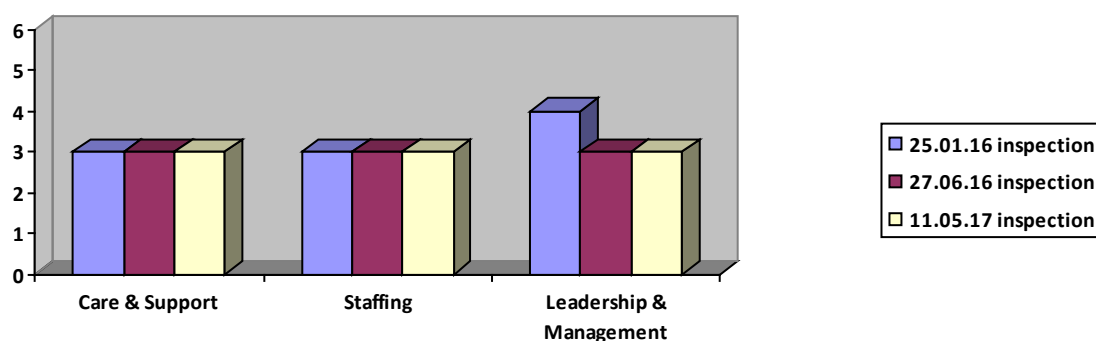
Sense Scotland Supported Living Glasgow 1

4.7 Sense Scotland Supported Living Glasgow 1 is a combined Housing Support and Care at Home service. The service supports people with sensory impairment and other disabilities living in their own homes. The service was inspected on 11 May 2017 and the report published on 20 June 2017. The following grades were awarded:

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

4.8 There were no requirements detailed in the inspection report.

4.9 The chart below summarises the movement in grades awarded to the Sense Scotland Supported Living Glasgow 1 from the last 3 inspections.



Cornerstone – West Dunbartonshire Services 1

4.10 Cornerstone – West Dunbartonshire Services 1 is a housing support service. The service provides housing support, care at home, day support opportunities and short breaks to individuals with learning disabilities living within their own accommodation or group accommodation and within the community. The service was inspected on 08 June 2017 and the report published on 10 July 2017. The following grades were awarded:

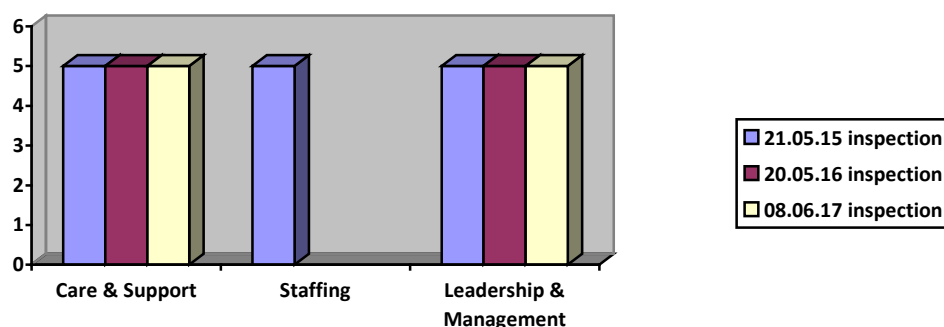
- For the theme of Care and Support – Grade 5/Very Good.
- For Management and Leadership - Grade 5/Very Good.

4.11 The inspection report detailed the following requirement to be addressed:

- The Provider should not provide sleepover cover from service users' living rooms or any other communal rooms in their home. They must carry out consultation with those service users affected by the issue, commissioners and care managers to agree a solution to the lack of sleepover provision.

Cornerstone has been given 12 months from the receipt of the report in July 2017 for completion of this requirement. The provider is in the processes planning for this by consulting and liaising with the service users affected by this and the HSCP to identify a solution.

- 4.12** The chart below summarises the movement in grades awarded to Cornerstone – West Dunbartonshire Services 1 from inspections over the last 3 years.



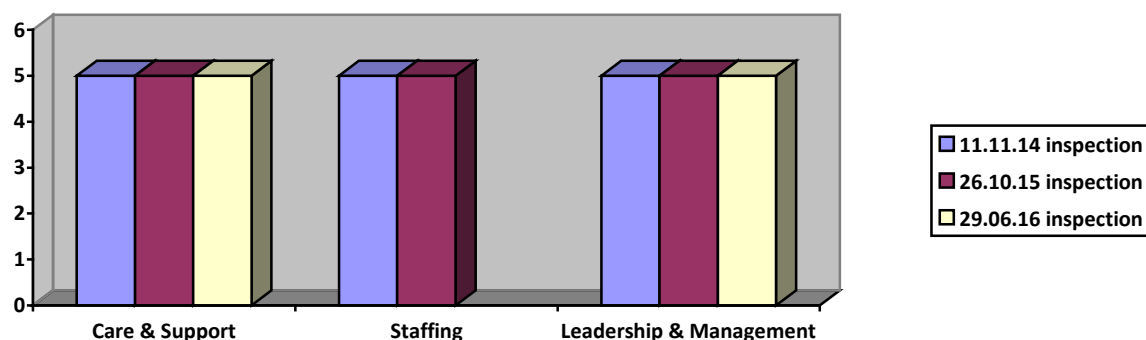
Fosterplus (Fostercare) Ltd

- 4.13** Fosterplus (Fostercare) Ltd. provides a Fostering Service. The service offers a fostering and family placement service for children and young people from birth to 18 years of age. The service was inspected on 29 June 2017 and the report published on 17 July 2017. The following grades were awarded:

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

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

- 4.15** The chart below summarises the movement in grades awarded to Fosterplus (Fostercare) Ltd. from inspections over the last 3 inspections.



5. People Implications

5.1 There are no people implications associated with this report.

6. Financial Implications

6.1 There are no financial implications associated with this report.

7. Professional Implications

7.1 There are no professional implications associated with this report.

8. Locality Implications

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

9. Risk Analysis

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

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 None required.

12. Strategic Assessment

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

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Date: 20th September 2017

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

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 20 September 2017

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

1 Purpose

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

2 Recommendations

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

3 Background

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

- Quality of Care
- Quality of Management and Leadership

The HSCP service covered in this Committee report is as follows:

- Blairvadach Residential Children's House

- 3.2** Copies of the above inspection report can be accessed on the Care Inspectorate web-site; www.scswis.com

4 Main Issues

4.1 Blairvadach Residential Children's House:

Blairvadach Residential Children's House was inspected on the 21st June 2017.

- 4.2** The grades awarded for the 2 themes inspected are as follows:

- | | | |
|--|----------------|-------------|
| • Quality of Care | Grade 4 | Good |
| • Quality of Management and Leadership | Grade 4 | Good |

- 4.3** There were no requirement and no recommendation from this inspection.
- 4.4** The service had been experiencing an unsettled period over an extended number of months leading up to this inspection. The behavioural presentation of some young people had impacted upon the lives of other young people and similarly on the staff team, who had been managing the evolving circumstances resulting from such behaviours. The absence of key staff had contributed to the circumstances experienced by young people and staff.
- 4.5** As a result of this a variety of additional supports were provided to Blairvadach to enable staff to build resilience as individuals and as a team and to ensure the young people continued to receive consistent, high level of care and support. In her report the inspector noted this and provided the following Commented;
- ‘The provider had implemented a range of additional supports, including the deployment of senior staff from other services and the presence of senior managers, at times, to offer support. Staff told me that this responsive intervention had provided supportive direction for the staff team, while offering young people a sense of stability.’*
- 4.6** Despite the recent challenges the inspector reported that the service continued to evidence positive leadership and found many examples of how young people were supported, nurtured and guided by staff to achieve their goals and aspirations. She commented, *‘there has been a clear focus on promoting positive experiences and outcomes for young people. These positive experiences encouraged the young people to lead active lives which promoted a positive sense of wellbeing.’*
- 4.7** The grades awarded for this inspection reflect a change from **Very Good (5)** to **Good (4)** in the quality indicators inspected; this change reflects the challenges described above.
- 4.8** The table below highlights the grades assessed over the past two inspections:

Blairvadach Residential Children’s House	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	13 th October 2016						21 st June 2017					
Quality of Care and Support					X					X		
Quality of Management and Leadership					X					X		

5 People Implications

5.1 There are no people implications.

6 Financial Implications

6.1 There are no financial implications.

7 Risk Analysis

7.1 For any service inspected, failure to meet requirements within the time-scales set out in their inspection report could result in a reduction in grading or enforcement action. However there are no requirements or recommendations included in the inspection report.

8 Equalities Impact Assessment (EIA)

8.1 Not required for this report.

9 Consultation

9.1 Not required for this report.

10 Strategic Assessment

10.1 The Council's Strategic Plan 2012 to 2017 identifies "improve life chances for children and young people" as one of the authority's five strategic priorities. The provision of this service and the recent inspection report is a requirement of this strategic priority.

Jackie Irvine
Head of Children's Health Care & Criminal Justice Services
Health & Social Care Partnership
Date: 25th August 2017

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Appendices: None

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

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 20 September 2017

Subject: Care Inspectorate Reports for Older People's Residential Care Services Operated by West Dunbartonshire Health and Social Care Partnership

1. Purpose

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

2. Recommendations

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

3. Background

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

- 3.2** The service covered in this Audit Committee report is :

- Mount Pleasant House

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

4. Main Issues

- 4.1** Mount Pleasant House was inspected on 13th and 14th of June 2017.

- 4.1.1** The inspector commented that this service had a stable staff group with many having worked in the care home for a number of years. Consequently, staff had a very detailed knowledge of individual residents and their families. There was good evidence that staff worked closely with local health professionals to ensure residents health concerns were addressed speedily.

Residents and relatives they met confirmed they were happy with the overall quality of care being delivered. Management and staff continue to use My Home Life tools with residents and relatives so that their views influence the future development of the service.

4.2 The inspection awarded the following grades:

- Quality of Care and Support - **Grade 3** – Adequate
- Quality of Environment - **Grade 3** – Adequate
- Quality of Staffing - **Grade 3** – Adequate
- Quality of Management & Leadership - **Grade 3** – Adequate

4.3 There is one requirement from the June 2017 inspection.

- The provider must ensure that all care plans and related documentation is accurate, up-to-date, signed and dated, and reflective of the care needs and outcomes to be achieved for each resident.

An Action Plan will be submitted to the Care Inspectorate.

4.4 The requirement from the February 2017 report is repeated.

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

The July 2017 report notes that the programme of environmental improvement works had started during their visit and that this would take some months to complete.

4.5 The tables below sets out the grades for this care home over the last two full inspections.

Mount Pleasant House : 5 th October 2016	
Care & Support	3
Environment	3
Staffing	3
Management & Leadership	3

Mount Pleasant House : Current Grades 19 th July 2017	
Care & Support	3
Environment	3
Staffing	3
Management & Leadership	3

5. People Implications

5.1 There are no people implications associated with this report.

6. Financial Implications

6.1 There are no financial implications associated with this report.

7. Professional Implications

7.1 There are no professional implications associated with this report.

8. Locality Implications

8.1 There are no locality implications associated with this report.

9. Risk Analysis

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

10. Impact Assessments

10.1 Not required for this report.

11. Consultation

11.1 Not required for this report

12. Strategic Assessment

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

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Date: 6 September 2017

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Appendices: None

Background Papers: None

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 20th September 2017

Subject: Draft Strategic Risk Register

1. Purpose

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

2. Recommendation

- 2.1** The Audit Committee is recommended to:

- 1) Provide comment on the content of the updated draft Strategic Risk Register; and
- 2) Subject to any changes required, endorse the updated draft Strategic Risk Register for onward recommendation to the West Dunbartonshire Health & Social Care Partnership Board at its November 2017 meeting.

3. Background

- 3.1** Audit Scotland have emphasised that health and social care integration requires effective governance arrangements for the new joint bodies. Such governance arrangements include systems for managing risks.
- 3.2** The Health & Social Care Partnership Board Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a local risk strategy and policy for approval by the Partnership Board. The Partnership Board approved the West Dunbartonshire Health & Social Care Partnership's Risk Management Strategy & Policy at its August 2015 meeting.
- 3.3** At its September 2016 meeting, the Audit Committee considered and then endorsed the second strategic register for the Health & Social Care Partnership, which was then approved at the November 2016 meeting of the Partnership Board.

4. Main Issues

- 4.1** Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

- 4.2** The Integration Scheme confirms that a key element of the required risk management process is the preparation, scrutiny, approval and then annual review of the annual strategic risk register for the Health & Social Care Partnership.
- 4.3** The attached draft Strategic Risk Register has been prepared in accordance with the aforementioned local Risk Management Policy & Strategy.
- 4.4** As per the Risk Management Policy & Strategy, *strategic risks* represent the potential for the Partnership Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk. These are distinct from operational risks, which represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Health & Social Care Partnership's activities.
- 4.5** The Chief Officer has responsibility for managing operational risks as operational risks will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the Partnership Board.

5. People Implications

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

6. Financial Implications

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

7. Professional Implications

- 7.1** Key professional implications associated with the identified strategic risks identified are addressed within the *mitigating action* column of the draft Strategic Risk Register.
- 7.2** The local Risk Management Strategy and Policy supports the regulatory frameworks within which health and social care professionals practice; and the established professional accountabilities that are currently in place within the NHS and local government. All health and social care professionals remain accountable for their individual clinical and care decisions.

8. Locality Implications

8.1 None

9. Risk Analysis

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

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

10. Impact Assessments

10.1 None required

11. Consultation

11.1 The draft Strategic Risk Register has been confirmed for submission to the Audit Committee for consideration by the Health & Social Care Partnership Senior Management Team.

12. Strategic Assessment

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

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

Date: 20th September 2017

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

Background Papers:	<p data-bbox="576 185 1409 264">Audit Scotland (2015) An overview of local government in Scotland 2015</p> <p data-bbox="576 264 1409 342">http://www.auditscotland.gov.uk/docs/local/2015/nr_150305_local_government_overview.pdf</p> <p data-bbox="576 376 1409 454">HSCP Board Report (August 2015): Health & Social Care Partnership Board Financial Regulations</p> <p data-bbox="576 488 1409 566">HSCP Board Report (August 2015): Risk Management Policy & Strategy</p> <p data-bbox="576 600 1409 678">HSCP Audit Committee (September 2016): Draft Strategic Risk Register</p> <p data-bbox="576 712 1409 779">HSCP Board Report (November 2016): Strategic Risk Register</p>
Wards Affected:	All

West Dunbartonshire Health & Social Care Partnership: STRATEGIC RISK REGISTER

Owner: Chief Officer

Status: Draft

Approval Date:

Review Date:

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

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

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

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

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

West Dunbartonshire Health & Social Care Partnership: STRATEGIC RISK REGISTER

Risk	Pre-Mitigation Assessment			Mitigating Action	Post-Mitigation Assessment			Risk Lead
	Likelihood	Consequence	Risk Grade		Likelihood	Consequence	Risk Grade	
1. Failure to deliver efficiency savings targets as approved by HSCP Board, including as a consequence of savings proposals implemented by other sections/divisions of WDC or NHSGGC and agree and operate within allocated budget.	5	4	Extreme	On-going process of managing and reviewing the budget by the Senior Management Team. A recovery plan will be implemented to address areas of significant in-year overspend. Savings options under review expected to be challenging – horizon scanning being undertaken with respect to delivery of Strategic Plan within context of both wider WDC and NHSGGC processes. Continue to work with corporate colleagues within WDC and NHSGGC and engage with forums/groups to identify proposals for financial savings and/or service redesign that may have a negative impact on HSCP services and/or budgets. Continue to work with NHSGGC and GGC-wide IJBs on bringing forward notification and approval of budget allocation, before the start of the financial year to allow for early identification of actual funding gap to be filled by efficiency savings.	4	4	Extreme	Chief Officer; and Chief Financial Officer

Risk	Pre-Mitigation Assessment			Mitigating Action	Post-Mitigation Assessment			Risk Lead
	Likelihood	Consequence	Risk Grade		Likelihood	Consequence	Risk Grade	
2. Failure of NHSGGC-wide MSK Physiotherapy Service to meet nationally determined four week waiting time target and impact on NHSGGC performance in relation to orthopaedic waiting time within Acute Division.*	5	3	Extreme	Text reminders for new and return appointments. Risk stratification process for back pain patients introduced. On-going work to review referral criteria; improve GP management of MSK conditions; and engage with orthopaedic specialty within Acute Division.	4	3	High	MSK Physiotherapy Manager
3. Failure to plan and adopt a balanced approach to manage the year-round unscheduled care pressures; and related business continuity challenges that are faced in winter.	4	4	Extreme	Develop and implement a WD HSCP unscheduled care plan for community services that addresses the 12 critical areas outlined in the national Preparing for Winter Guidance. Through locality arrangements, emphasise importance of general practices reviewing their business continuity plans.	2	4	High	Head of Community Health & Care
4. Failure to meet legislative compliance in relation to child protection.	3	5	High	Child Protection procedures are in place and overseen by the local Child Protection Committee. All child protection cases are audited regularly. Local arrangements reflected upon as part of internal audit exercise and (external) joint inspection of children and young people's services – learning taken on-board. Improvement Action Plan developed addressing identified areas for improvement. On-going work being undertaken to consider analysis and impact in demands increases over previous two years.	2	5	High	Head of Children's Health, Care & Criminal Justice Services

Risk	Pre-Mitigation Assessment			Mitigating Action	Post-Mitigation Assessment			Risk Lead
	Likelihood	Consequence	Risk Grade		Likelihood	Consequence	Risk Grade	
5. Failure to meet legislative compliance in relation to adult support and protection.	3	5	High	Adult Protection procedures are in place and overseen by the local ASP Committee. This includes approach to supporting vulnerable adults. Local adult support arrangements are subject to a bi-annual review process.	2	5	High	Head of Mental Health, Learning Disabilities & Addictions; and Head of Community Health & Care
6. Failure to deliver a sustainable solution to asbestos-related health & safety risks within fabric of Clydebank Health Centre.	4	4	Extreme	On-going repair and refurbishment expenditure on premises in the immediate to short-term. HSCP has led development of Outline Business Case for replacement Centre, prepared in compliance with Scottish Capital Investment Manual. Outline Business Case now formally submitted to Scottish Government Health Directorate Capital Investment Group for decision. Preparatory work in support of next phase of development has begun. Risk grade won't be altered until funding confirmed (i.e. once approval for Full Business Cases secured).	2	4	High	Head of Community Health & Care; and Head of Strategy, Planning & Health Improvement

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

Risk	Pre-Mitigation Assessment			Mitigating Action	Post-Mitigation Assessment			Risk Lead
	Likelihood	Consequence	Risk Grade		Likelihood	Consequence	Risk Grade	
11. Failure to resolve delays in reporting by NHSGGC-wide Diabetic Screening Service following migration to new national software.*	3	3	High	Support to implement new software being provided by local and national IT specialists.	2	3	Moderate	Head of Community Health & Care
12. Failure to ensure that Guardianship cases are appropriately allocated to a supervising social worker for monitoring, support and review.	3	3	High	Have implemented a system which equally distributes cases across all social workers, monitored and managed by the Senior MHO. MHO arrangements will be subject to an internal audit review this year, with the findings used to strengthen arrangements.	2	3	Moderate	Head of Mental Health, Learning Disabilities & Addictions
13. Failure to manage workforce pressures, recruitment demands and staff absence levels.	3	3	High	Continued implementation of HSCP Workforce and Organisational Development Strategy and Support Plan, including succession planning. Staff absence and appropriate application of relevant organisational policies regularly reported on and routinely review by Senior Management Team and line managers; and also standing item for consideration at HSCP Joint Staff Forum meetings.	2	3	Moderate	All Heads of Service

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 20th September 2017

Subject: Audit Scotland - Self-Directed Support 2017 Progress Report

1. Purpose

- 1.1** To bring to the Audit Committee's attention the recently published Audit Scotland progress report on Self-Directed Support.

2. Recommendation

- 2.1** The Partnership Board is recommended to note the findings of the Audit Scotland report.

3. Background

- 3.1** Audit Scotland undertakes a number of audits for the Auditor General for Scotland and the Accounts Commission as part of a wider public audit model. This includes reports on significant issues of public interest; and overview reports on specific sectors.

- 3.2** At its January 2016 meeting, the Audit Committee were informed that Audit Scotland would be undertaking a national audit of Social Work in Scotland. It was also confirmed that Audit Scotland had specified that this audit would explicitly not look at health and social care integration (although the logic for doing so remains unclear).

- 3.3** This national audit has now been completed with the report published in September 2017 and appended here.

4. Main Issues

- 4.1** Self-Directed Support is a principle and practice offering choice and control to individuals and their carers who are eligible to access social care services and support.

- 4.2** The values of Self-Directed Support are respect, fairness, independence and safety. These values are supported by four principles:

- Participation and dignity - the care manager will respect the individual's right to dignity and will aim to support the individual's right to participate in community life.
- Involvement - the individual will be supported to be as involved as they wish in the assessment and provision of support.

- Informed choice - the individual will be supported to make informed choices and co-produce a support plan which will meet their outcomes.
 - Collaboration - the professional must collaborate with the supported person in relation to the assessment and the provision of support to meet the individual outcomes.
- 4.3** The Social Care (Self-Directed Support) (Scotland) Act 2013 became Law on the 1st April 2014, placing a legal duty on all local authorities with respect to adults, children/families, adult carers and young carers eligible for social care support or provided with services:
- Duty to have regard to the general principles of collaboration, informed choice and involvement as part of the assessment and the provision of support.
 - Duty to take reasonable steps to facilitate the person's dignity and participation in the life of the community.
 - Power to provide support to carers (of adults) following a carer's assessment.
 - Duty to offer four options to the individual. The options are intended to support the flexibility and creativity intended in the core social welfare and wellbeing duties relating to both adults and children.
 - Duty to explain the nature and effect of the 4 options and to "signpost" to other sources of information and additional support.
- 4.4** The Act gave councils responsibility for offering people four options for how their social care is managed:
- Option 1 - The individual or carer chooses and arranges the support and manages the budget as a *direct payment*.
 - Option 2 - The individual chooses the support and the authority or other organisation arranges the chosen support and manages the budget.
 - Option 3 - The authority chooses and arranges the support.
 - Option 4 - A mixture of options 1, 2 and 3.
- 4.5** Councils already had a legal duty to assess people's social care needs. If they assess someone as needing support and eligible to receive services, they provide, arrange or pay for services to meet these needs. They can require a contribution to the costs if the person has sufficient income. Importantly, they do not have to offer the Self-Directed Support options to individuals who do not meet local eligibility criteria - but in those circumstances, councils should inform individuals about where else they can find help (e.g. voluntary groups).
- 4.6** West Dunbartonshire HSCP recognises and has stated its committed to supporting those who wish to take advantage of the opportunities that Self-Directed Support provides. Self-Directed Support is not a separate entity or service. As such West Dunbartonshire HSCP's eligibility criteria for community care and children's services provide an equitable foundation for care managers to determine access to social care services and supports (with those eligibility criteria being in line with the Scottish Governments eligibility framework). To support service users and families to understand the options

available, Self-Directed Support is embedded in the HSCP's assessment process across adult and children's services. The HSCP's Integrated Resource Framework continues to support indicative personal budgeting assessment, with the aim of this framework being to support fairness and equality across all individuals eligible for local authority funded support.

4.8 As Audit Committee members will recall, high satisfaction with local social care services is suggestive of why clients here are less motivated to actually take up Options 1, 2 and 4 relative to other areas (as per the most recent Local Government Benchmarking Framework report). That said, whilst the numbers of service users that have opted to take a Direct Payment (Option 1) continue to be small (111 individuals during 2016/2017), 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 Options 1 and 2 in 2015/16 (requested by a total of 117 individuals during 2016/17) 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. It should be noted that the uptake of Option 1 Direct Payments continues to almost exclusively be by adults and older people, with only 3% being utilised for support services for children.

4.9 Some of the specific findings of this Audit Scotland Report are arguably limited by the relatively small number of areas that the audit team engaged with in gathering evidence; and by a lack of critical reflection about the specifics of the policy or the Act itself. Nonetheless key messages and insights within the Report are worthy of reflection and consideration – notably:

- Authorities are experiencing significant pressures from increasing demand and limited budgets for social care services.
- Most people rate their social care services highly and there are many examples of people being supported in new and effective ways through Self-Directed Support, but not everyone is getting the choice and control envisaged.
- People using social care services and their carers need better information and help to understand Self-Directed Support and make their choices.
- More reliable data is needed on the number of people choosing each of the options.
- Front-line staff who feel equipped, trusted and supported are better able to help people choose the best support for them.
- There are tensions for service providers between offering flexible services and making extra demands on their staff.

4.10 The publication of this national Report is also particularly timely, as its insights and messages can now inform the work that the HSCP is about to embark upon to revise and update its existing Self Directed Support arrangements (and which will be reported back to the Partnership Board upon completion).

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 None associated with this report.

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 None required.

12. Strategic Assessment

12.1 This report on the above national audit will provide important evidence and context for the on-going implementation of the current Strategic Plan.

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Date: 20th September 2017

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Appendices: Audit Scotland: Self-Directed Support Progress Report (August 2017)

Background Papers: <http://www.west-dunbarton.gov.uk/health-social-care/self-directed-support/>

Wards Affected: All

Health and social care series

Self-directed support

2017 progress report



ACCOUNTS COMMISSION 

AUDITOR GENERAL 

Prepared by Audit Scotland
August 2017


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- further education colleges
- Scottish Water
- NDPBs and others, eg Scottish Police Authority, Scottish Fire and Rescue Service.

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Contents



Key facts	4
Summary	5
Part 1. Directing your own support	11
Part 2. Assessing needs and planning support	22
Part 3. Commissioning for SDS	30
Part 4. Implementing the national SDS strategy	38
Endnotes	45



Easy read summary

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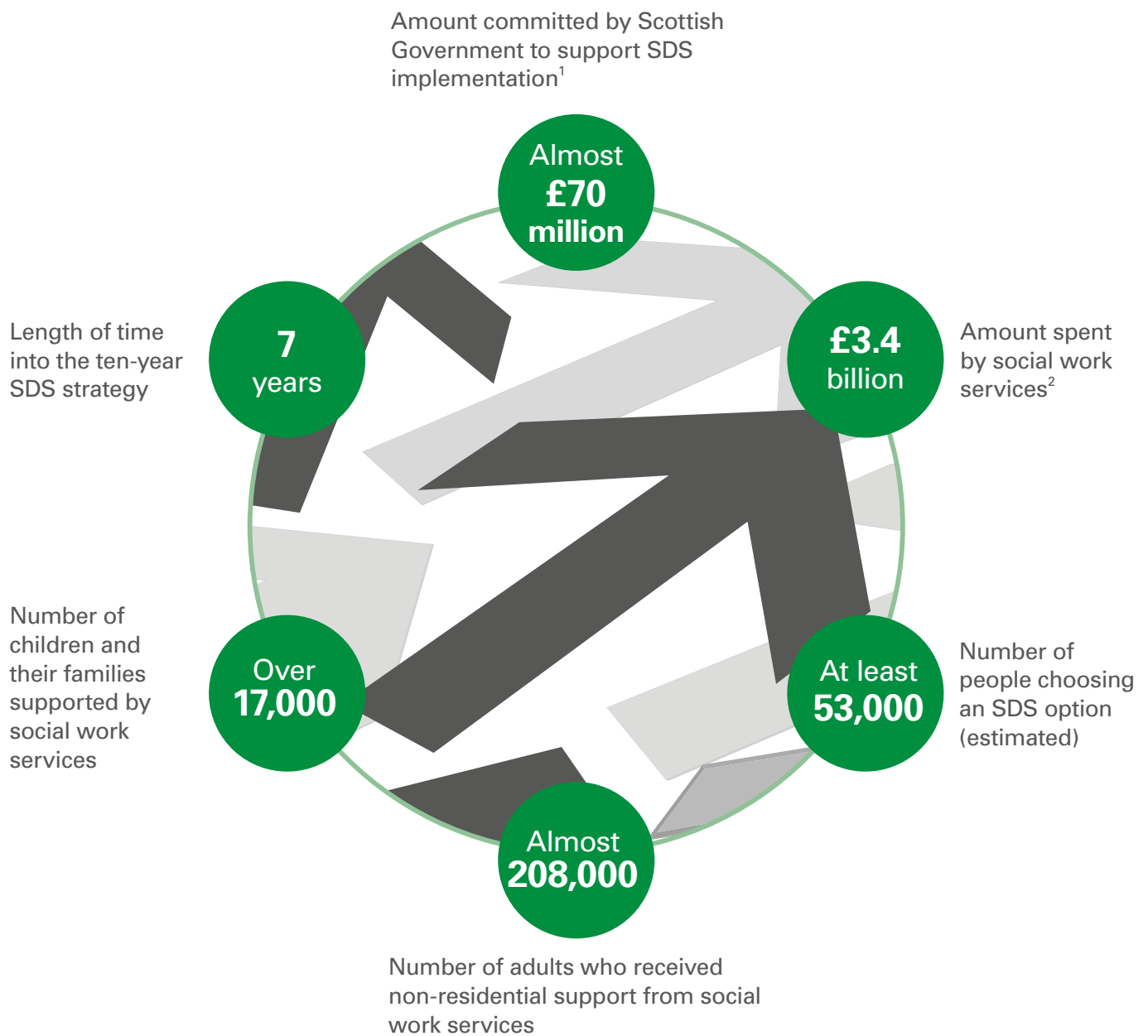
Exhibit data

When viewing this report online, you can access background data by clicking on the graph icon. The data file will open in a new window.

Key facts



In 2015/16:



Notes: 1. Amount committed from 2011/12 to 2017/18 by Scottish Government to support SDS implementation. 2. Councils' audited annual accounts, 2015/16.

Summary



Key messages

- 1 Our evidence shows many examples of positive progress in implementing SDS. But there is no evidence that authorities have yet made the transformation required to fully implement the SDS strategy. Most people rate their social care services highly and there are many examples of people being supported in new and effective ways through SDS, but not everyone is getting the choice and control envisaged in the SDS strategy. People using social care services and their carers need better information and help to understand SDS and make their choices. More reliable data is needed on the number of people choosing each of the SDS options. Data should have been developed earlier in the life of the strategy in order to measure the progress and impact of the strategy and legislation.
- 2 Social work staff are positive about the principles of personalisation and SDS but a significant minority lack understanding or confidence about focusing on people's outcomes, or do not feel they have the power to make decisions with people about their support. Front-line staff who feel equipped, trusted and supported are better able to help people choose the best support for them. What makes this possible for staff is effective training, support from team leaders or SDS champions, and permission and encouragement from senior managers to use their professional judgement to be bold and innovative.
- 3 Authorities are experiencing significant pressures from increasing demand and limited budgets for social care services. Within this context, changes to the types of services available have been slow and authorities' approaches to commissioning can have the effect of restricting how much choice and control people may have. In particular, the choices people have under [option 2](#) are very different from one area to another. Authorities' commissioning plans do not set out clearly how they will make decisions about changing services and re-allocating budgets in response to people's choices.
- 4 There are tensions for service providers between offering flexible services and making extra demands on their staff. At the same time, there are already challenges in recruiting and retaining social care staff across the country owing to low wages, antisocial hours and difficult working conditions.
- 5 SDS implementation stalled during the integration of health and social care services. Changing organisational structures and the arrangements for setting up, running and scrutinising new integration

despite many examples of positive progress SDS has not yet been fully implemented

authorities inevitably diverted senior managers' attentions. Some experienced staff are also being lost through early retirement and voluntary severance schemes as the pressures on budgets mount.

Recommendations

Directing your own support

Authorities should:

- work in partnership with service users, carers and providers to design more flexibility and choice into support options
- review their processes for supporting children to transition into adult services.

The Scottish Government, COSLA, partners and authorities should:

- continue working together to develop:
 - the accuracy and consistency of national data on the number of people choosing each SDS option
 - methodologies to understand the impact of SDS on people who need support and their carers.

Assessing needs and planning support

Authorities should:

- provide staff with further training and help on identifying and planning for outcomes
- work with service users and carers to review their assessment and support planning processes to make them simpler and more transparent
- establish clear guidance for staff on discussing the balance between innovation, choice and risks with service users and carers and implementing local policies in practice
- support staff in applying professional judgement when developing innovative solutions to meet individual needs flexibly
- ensure they are providing information on sources of support to those who are accessing SDS
- work with service users, carers and providers to review the information and help they offer to people during assessments, reviews and planning discussions.

Commissioning for SDS

Authorities should:

- develop longer-term commissioning plans that set out clearly how more choice and flexibility will be achieved for local service users and how decisions will be made to re-allocate money from one type of service to another
- work with service users, carers and provider organisations to develop more flexible outcome-focused contractual arrangements
- continue to work with communities to develop alternative services and activities that meet local needs.

Implementing the national SDS strategy

Authorities should:

- develop targeted information and training on SDS for healthcare professionals who have a direct or indirect influence on people's health and social care support
- monitor and report the extent to which people's personal outcomes are being met and use this information to help plan for future processes and services.

The Scottish Government, COSLA and partners should work together to:

- review what independent information, advice and advocacy people will need in future, and how that should be funded after current Scottish Government funding for independent organisations comes to an end in March 2018. This review should fully involve users, carers, providers and authorities, and should conclude in time for appropriate action to be taken
- agree how any future financial support should be allocated, taking into account how authorities' local commissioning strategies will inform future spending priorities
- seek solutions that address the problems of recruitment and retention in the social care workforce
- ensure that the requirement to effectively implement SDS is reflected in policy guidance across all relevant national policies, such as health and social care integration, community empowerment, community planning, housing and benefits
- routinely report publicly on progress against the 2016-2018 SDS implementation plan and the SDS strategy.

The Scottish Government should:

- report publicly on the outcomes it has achieved from the almost £70 million funding it has committed to support implementation of SDS.

Background

1. Social care services provide personal and practical help to improve the quality of people's lives and support them to live as independently as possible. Social care support describes services and other types of help, including giving carers a break to help them continue in their caring role. Support ranges from assistance with everyday tasks such as dressing and preparing meals to helping individuals live fulfilling lives at home, at work and in their families and communities. In 2015/16, councils spent £3.4 billion on social work services, supporting almost 208,000 adults in non-residential care and over 17,000 children and their families.

2. Self-directed support (SDS) aims to improve the lives of people with social care needs by empowering them to be equal partners in decisions about their care and support. Four fundamental principles of SDS are built into legislation – participation and dignity, involvement, informed choice and collaboration.¹ This means social care should be provided in a way that gives people choice and control over their own lives and which respects and promotes their human rights. It requires significant changes to the way social care has been provided in the past. Crucially, authorities should work in partnership with people and communities to design and deliver the services that affect them.

3. The ten-year SDS strategy was introduced jointly by the Scottish Government and COSLA in 2010.² It is one of a number of national policies designed to empower people and communities to become more involved in designing and delivering services that affect them. The Social Care (Self-directed Support) (Scotland) Act 2013, the Community Empowerment (Scotland) Act 2014 and the Public Bodies (Joint Working) (Scotland) Act 2014 were all introduced following the report by the Christie Commission in 2011.³ They were designed to encourage significant changes to how services were previously provided, and require public bodies to give people more say in decisions about local services and more involvement in designing and delivering them.

4. This demand for change comes at a time when public sector budgets are under significant pressure owing to ongoing financial constraints, increasing expectations and rising demand for health and social care services, and social care workforce shortages. Councils and NHS boards have now created integration authorities, to which they have delegated their responsibility for planning and ensuring delivery of adult health and social care services.⁴ Some have also decided to delegate responsibility for other services, such as children and families and criminal justice. In this report we refer to councils and integration authorities jointly as authorities.

5. In 2010, when the SDS strategy was introduced, councils tended to provide or buy traditional services such as homecare, day centres, care home places and respite care. They would allocate these services to people assessed as being eligible for social care. Following the Changing Lives review of social work in 2006, councils were already aiming to personalise social care services, trying to match people's individual needs and circumstances to services that would suit them best, ie personalisation.⁵ Direct payments to enable individuals to buy their own social care services have been an option for many people for at least ten years, predating the SDS strategy.

6. The Social Care (Self-directed Support) (Scotland) Act 2013 was part of the SDS strategy. It gave councils responsibility, from April 2014 onwards, for offering people four options for how their social care is managed:

SDS options	
Option 1	The individual or carer chooses and arranges the support and manages the budget as a direct payment.
Option 2	The individual chooses the support and the authority or other organisation arranges the chosen support and manages the budget.
Option 3	The authority chooses and arranges the support.
Option 4	A mixture of options 1, 2 and 3.

7. Councils already had a legal duty to assess people's social care needs.⁶ If they assess someone as needing support and eligible to receive services, they provide, arrange or pay for services to meet these needs. They can require a contribution to the costs if the person has sufficient income. Councils do not have to offer the SDS options to people who do not meet local eligibility criteria. But in those circumstances, councils should inform individuals about where else they can find help, for example voluntary groups and charities, or the local community.

8. We reported in 2014 on councils' early progress in implementing the ten-year SDS strategy and their readiness for the SDS Act.⁷ We found that councils still had a lot of work to do to make the cultural and practical changes needed to successfully implement SDS. The report identified risks and benefits in the ways councils chose to allocate money to help individuals. It recommended working more closely with people who need support, their carers and families, providers and communities, to involve them in planning, designing and delivering local SDS strategies.

9. The Scottish Government continues to have a crucial leadership role to play in successful implementation of this transformational strategy. It should be working together with COSLA and other national partners to provide clear direction and guidance and targeted financial support if necessary. It should also be measuring and reporting on the progress and impact of SDS.

10. This is now the seventh year of the ten-year SDS strategy. Implementing the strategy is not just about authorities changing their social work processes and procedures, the way they plan and manage their budgets, and how they work with external providers and communities to ensure a balance of flexible, good-quality services. It is much more than that. Authorities must work in partnership with other people and organisations to transform the way they provide social care, so that individuals have as much choice and control as possible over the social care decisions that affect their lives. This transformation needs to involve not only social work services, but other people in the authority, including: elected members and board members; front-line healthcare and social work staff; other staff whose work affects social care services (eg, finance, commissioning and procurement); third and private sector organisations; and people who need social care support and their carers, families and communities.

About the audit

11. The aim of this follow-up audit was to establish whether councils, integration authorities and the Scottish Government are making sufficient progress in implementing SDS to achieve the aims of the ten-year SDS strategy. We set out to answer four key questions:

- What progress have councils and integration authorities made in implementing SDS?
- What impact is SDS having on people with support needs, carers, families and communities?
- What factors are supporting or impeding effective implementation of SDS?
- How effectively is the Scottish Government supporting implementation of SDS and evaluating its impact?





12. Our methodology included:

- interviews in five case study areas – East Ayrshire, Glasgow, Highland, Perth and Kinross and Western Isles. We met with elected members, chief officers, chief social work officers and senior managers, front-line social work staff, commissioning and finance managers, providers and supported people and their carers
- interviews with 30 public, private and third-sector stakeholder organisations, including providers
- an online survey of supported people and carers with 104 responses, and nine focus groups with 55 participants
- an online survey of social work staff, with 170 responses.

The online surveys were not designed to give statistically representative samples. We have changed people's names in our case studies to protect their anonymity.

13. The online surveys and focus groups provided us with evidence of people's experience of self-directed support. Quotes have been used throughout the report to illustrate examples of common themes from these sources.

14. We have produced four supplements to accompany this report:

- [Supplement 1: Case study of Thomas](#) 
- [Supplement 2: Audit methodology and survey results](#) 
- [Supplement 3: Checklist for councillors and board members](#) 
- [Easy read summary](#) 

Part 1

Directing your own support



Key messages

- 1** Self-directed support should be offered to people assessed as meeting local eligibility criteria for social care. More reliable data is needed on the number of people choosing each option and this is now being developed. The number of people receiving direct payments ([option 1](#)) has doubled between 2010 and 2016, although it is still only 7,530, less than five per cent of the people receiving non-residential social care services.
- 2** Most people receiving social care services rate them highly. The national *Health and Care Experience Survey 2015/16* found that 81 per cent of people receiving formal social care services rated their overall help, care or support services as either excellent or good. Two-thirds of people felt they had a choice over how their social care was arranged.
- 3** There are many examples of people being supported in new and effective ways through SDS, and this has greatly improved the quality of their lives. Even a relatively small budget can make a big difference to the life of someone with social care needs and their carers, family and friends. Information and assistance from third sector agencies and organisations is helping people and their families to make decisions and arrange their support.
- 4** Not everyone with support needs is getting the choice and control envisaged in the SDS strategy. This includes people with mental health problems, who often need more flexible support. There can be good reasons for lack of choice, including protection from harm or limited options in rural or remote locations, but some people feel they have been denied the opportunity to access more effective ways to improve their quality of life.

there are many examples of new and effective support with SDS but not everyone is getting choice and control

Self-directed support should be offered to people assessed as being eligible for social care

15. In 2016, nearly 208,000 adults in Scotland were receiving non-residential social care services through their local authority.⁸ This included people receiving direct payments or having a community alarm or telecare, or housing support. The largest group was frail older people (approximately 78,000), who have a decreased ability to withstand illness or stress without loss of function. The next largest groups were people with physical disabilities (60,000) and learning disabilities (12,000). In addition, there were just over 15,300 looked-after children in Scotland and 2,700 registered as being at risk.⁹

16. Not everyone who asks for social care or support is eligible to receive it. Each authority is responsible for setting local eligibility criteria for access to social care services. Authorities assess people's needs using a common framework of four levels of risk – critical, substantial, moderate and low.¹⁰ Most authorities now only consider people assessed as being at critical or substantial risk to be eligible for social care services. This is because there is a decreasing amount of money to spend and an increasing number of people needing support. Assessment should be done in partnership between the assessor, the person with social care needs and, if appropriate, a family member or carer. If a person is not eligible, they should be given information or advice about alternative types of support, for example in their local community.

17. Self-directed support gives options to almost everyone who is assessed as being eligible for social care. This includes children and families, people with physical, sensory or learning disabilities or mental health problems, and older people. The main exceptions are people receiving re-ablement services, which is short-term support to help people regain some or all of their independence, and people assessed as being at risk or lacking capacity to make decisions for themselves. In these circumstances a family member or friend may apply for power of attorney or guardianship so they can make decisions on the person's behalf. [Exhibit 1 \(page 13\)](#) shows the assessment process and the four options for arranging social care services.

18. Everyone assessed or reviewed as being eligible for social care can expect their social worker to discuss and agree with them:

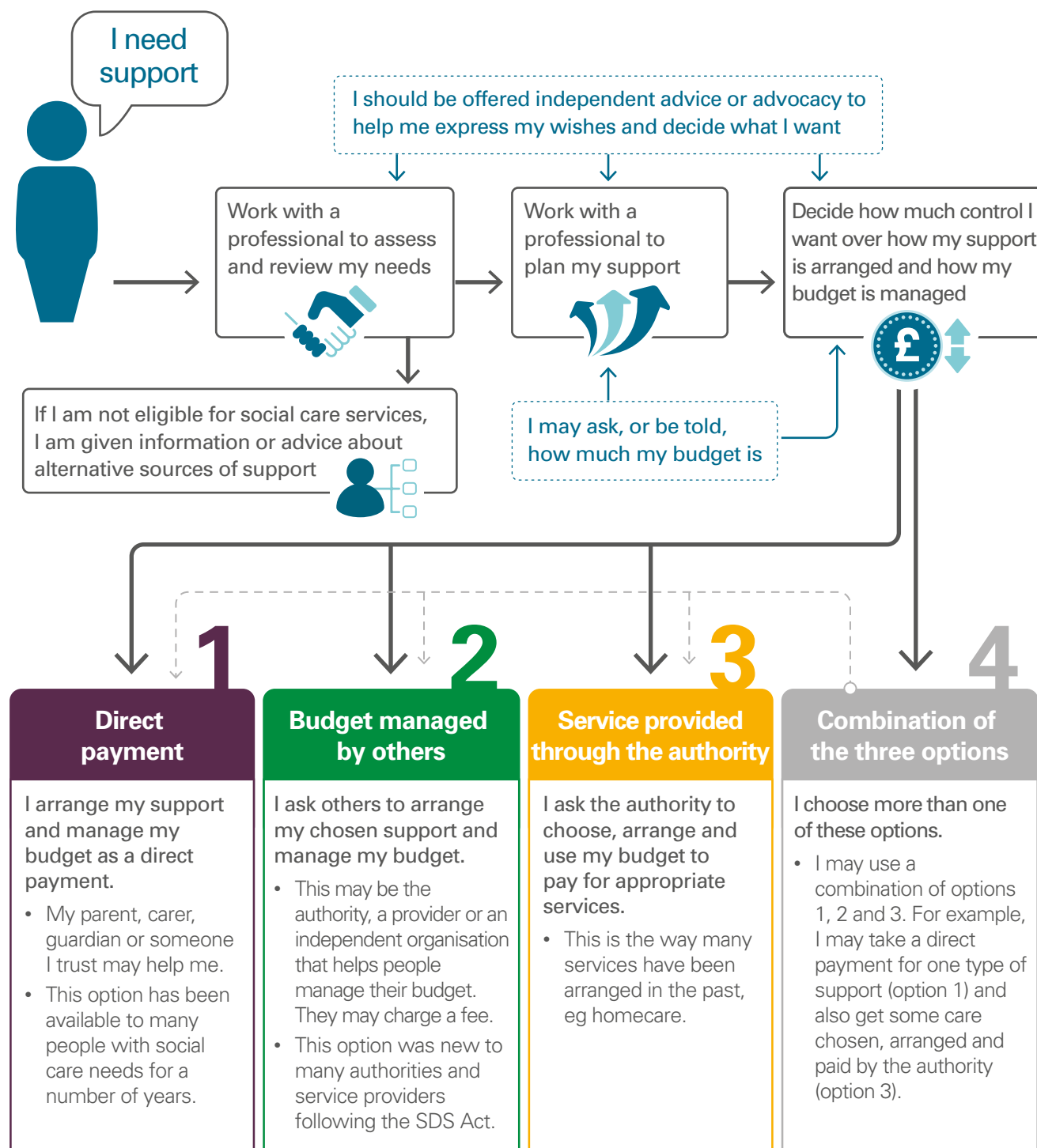
- their personal outcomes, that is how they want their life to improve
- what support would best help them to achieve their personal outcomes, which may be support or activities already run within communities, rather than formal services
- how much money the authority will spend on their services
- how much control they want over arranging and managing their support and budget.

19. Authorities may choose whether, and how much, to charge for services, or what contribution people should make to their budget. Social Work Scotland estimated that income from charging for non-residential social care services was nearly £51 million in 2013/14, less than two per cent of councils' total spending on social care services.¹¹

Exhibit 1

How authorities work with individuals to assess their needs and arrange support

Each person should be able to choose their support and how much control they want.




Source: Audit Scotland

20. Personal outcomes are individual so they can be a whole range of things. Some professionals talk about personal outcomes being 'what makes a good life for you'. They include things like:

- being more part of the family and being able to do everyday things with the children
- being able to live at home
- getting help with personal care (for example getting into or out of bed, going to the toilet, washing, dressing, eating)
- keeping in touch with friends and family
- being able to work or to take part in the activities I've always enjoyed
- living independently by getting help with managing day-to-day tasks and finances
- feeling safe from harm
- getting the food I like, prepared the way I like it
- having some time to myself or getting a break from my caring role.

21. The best way to achieve personal outcomes is also very individual. Each of the outcomes above can be met in different ways. For example, given the choice over getting a short break, a carer may prefer to:

- have the person they care for supported by a support worker for a couple of hours a week so the carer can do something they can benefit from, like going shopping, having friends round or resting
- take the person they care for on outings or a holiday, with a personal assistant to help
- have a short break with friends while the person they care for is looked after by someone else
- have someone on overnight duty once a week to be able to get a full night's sleep.

22. [Supplement 1: Case study of Thomas](#)  gives an example of how self-directed support might work when personal outcomes are identified and support is tailored to an individual.

More reliable data is needed on the number of people choosing each SDS option

23. To monitor progress in implementing SDS, national data is needed on how many people are being offered the SDS options, and how many are choosing each option. The Scottish Government and other national partners are working with authorities to develop this data and authorities are working to improve their recording systems. Authorities had to change how they collect and record the information and some have been slower than others to make the

changes, resulting in incomplete data. This work should have been part of the implementation plans for earlier in the strategy in order to understand progress and demonstrate the impact of the strategy and legislation.

24. The most recent data estimates that in 2015/16:

- at least 53,300 people made an informed choice regarding their services and support, resulting in an estimated 27 per cent of all adults receiving non-residential care services
- 11 per cent chose option 1 (direct payment), nine per cent chose option 2 (budget managed by others), 75 per cent option 3 (service provided through the authority) and five per cent option 4 (a combination of options 1, 2 and 3)
- the combined individual budgets for these 53,300 people amounted to £383 million.¹²

25. Progress with SDS should also be measured in terms of whether people are being offered choice and control, and how well their chosen options are helping them to achieve their personal outcomes and improve their quality of life. The national *Health and Care Experience Survey 2015/16* provides some information and SDS Scotland has pilot-tested a survey methodology in three authority areas to provide more detailed information.^{13, 14}

The number of people receiving direct payments (SDS option 1) is rising

26. Many people have been entitled to receive direct payments for at least ten years and data on the number of people receiving direct payments has been collected since 2000. It shows an increase of over 100 per cent between 2010 and 2016, from 3,680 to 7,530 people ([Exhibit 2, page 16](#)).¹⁵ Not all of these people had necessarily been offered direct payments as one of four SDS options, as some payments were arranged before the SDS legislation came into effect. In 2016, 38 per cent of people receiving direct payments were older people (aged 65 or over), while 75 per cent of adults receiving non-residential care were in this age group.

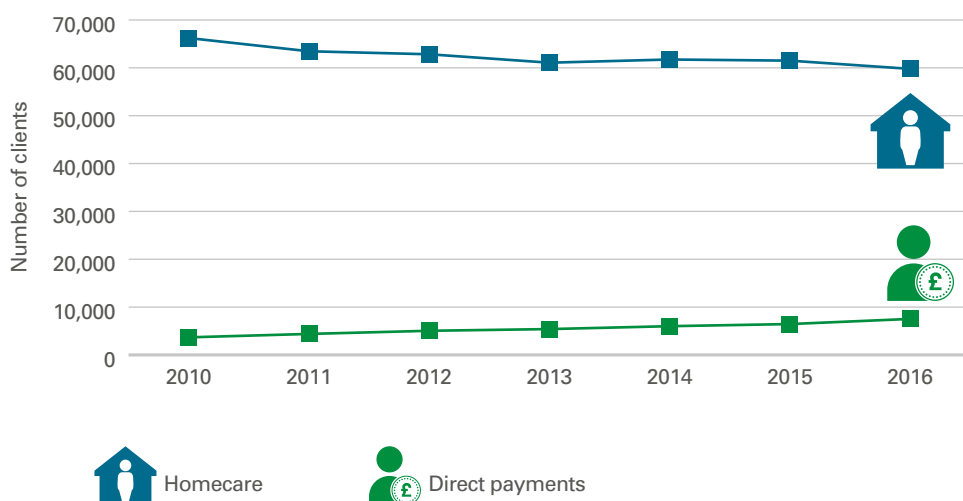
27. At the same time, the numbers of people living in care homes or receiving homecare services through their authority fell between 2010 and 2016. Across Scotland there was:

- a decrease of four per cent in the number of care home placements, to just under 35,000 ¹⁶
- a decrease of ten per cent in the number of homecare clients, to just under 60,000.

Exhibit 2

Number of people getting homecare and receiving direct payments, 2010 to 2016

The number of people using direct payments rose by 3,850 as the number of homecare clients fell by 6,450.



Source: *Social Care Services, Scotland, 2016*, Scottish Government, November 2016

28. The number of people using direct payments ranges from under 50 per 100,000 population (Angus, Dundee, Falkirk and Renfrewshire) to over 250 per 100,000 in some rural and island areas (Highland, Moray, Orkney and Western Isles) and in Edinburgh ([Exhibit 3, page 17](#)). This may in part reflect the nature of rural and island communities but there are other factors at play too.

29. The variation between authorities is not necessarily a clear indication of progress with implementing self-directed support because there can be many reasons for using direct payments. For example, people may choose direct payments because they get the information and advice they need to help them manage their budget and arrange their own support successfully. Or it could mean that the authority cannot provide the services they need under options 2 or 3, leaving people to employ personal assistants or make other specific local arrangements for themselves.

Most people receiving social care services rate them highly

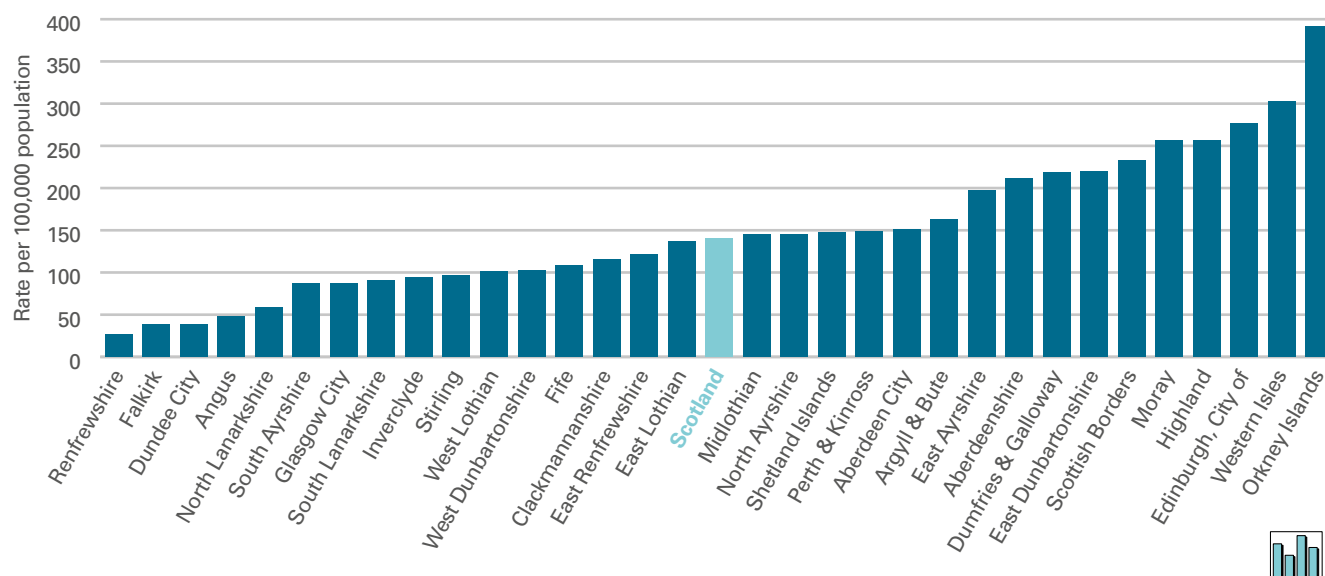
30. The national *Health and Care Experience Survey 2015/16* found that 81 per cent of people receiving formal social care services rated their overall help, care or support services as either excellent or good.¹⁷ In addition:

- 85 per cent said that people took account of the things that matter to them
- 84 per cent felt the help, care or support they received had improved or maintained their quality of life
- 79 per cent felt they had a say in how their help, care or support was provided.

Exhibit 3

Variation in number of people with direct payments per 100,000 population, 2015/16

The rate of direct payments varies between authorities from under 50 to over 250 per 100,000 population.



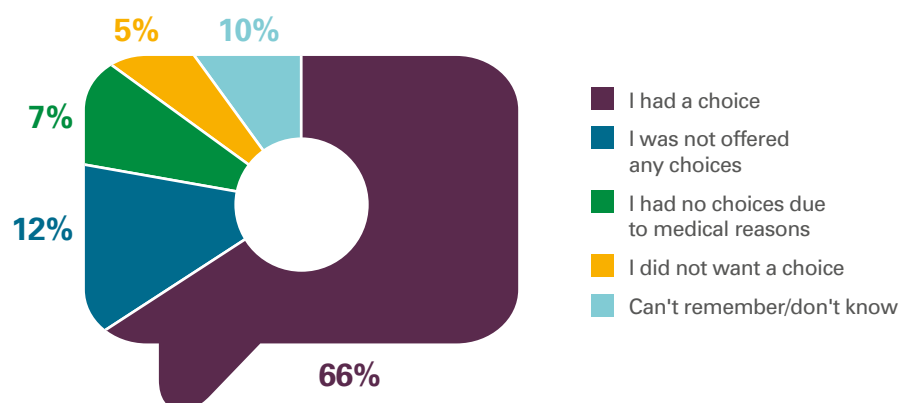
Source: *Social Care Services, Scotland, 2016*, Scottish Government, November 2016

31. The 2015/16 survey asked for the first time whether or not respondents had a choice in how their social care was arranged. Two-thirds said they did have a choice ([Exhibit 4](#)).

Exhibit 4

Choice in how social care was arranged, 2015/16

Two-thirds of people felt they had a choice about how their social care was arranged in 2015/16.



Source: *Health and Care Experience Survey 2015/16*, Scottish Government, May 2016

SDS is helping to meet people's needs in new and effective ways

32. There are many examples of people's needs being met in new ways as a consequence of self-directed support, and this has significantly improved the quality of their lives ([Case study 1](#)). New approaches to meeting people's personal outcomes should be possible within any one of the four SDS options, although most of the stories we found were with options 1, 2 or 4.

“ I am the boss.

Supported person employing three personal assistants with a direct payment

I can get rid of them if I don't like them.

Supported person choosing his support staff

It has given me independence, enabled me to feel productive and valued once again, and has improved my quality of life.

Supported person

”

“ We've already been able to have a more flexible relationship with the service provider we were using. I don't think this would have happened without SDS. Our service was always at their convenience before.

Family member of someone with support needs

”

Case study 1



Margaret has been able to arrange flexible support with a direct payment and help from a local agency

Margaret is an older person living in a house on a croft on the Western Isles. She needs some extra support as she has suffered two strokes and is no longer as physically mobile as she once was. She has two daughters – one lives on the mainland and the other lives a couple of miles away. The latter was helping to support her mother and taking her to appointments and shopping.

Margaret was assessed for social care assistance after her husband (who had previously been receiving support) passed away. She now receives seven hours' help a week from two personal assistants (PAs). One assistant spends an hour each Monday and Tuesday to help around the house. The second spends five hours on a Thursday to take her shopping and out to lunch. She has built up a good relationship with both PAs.

Margaret gets the support she needs. Although her daughter who lives locally still helps look after her mother, there is now less reliance, and therefore less stress, on her trying to fit this in while working full time.

Voluntary Action Harris charges an £18 a month fee to organise payslips and general employment of the two PAs, which has taken the burden from Margaret's daughter.

Source: Audit Scotland

33. A number of parents responded to our user survey with positive experiences of SDS.

“ My disabled daughter's life has changed completely due to SDS. She now has a healthy lifestyle which includes a timetable of fitness classes, gym and swim activities that she attends along with her carers. She attends clubs to socialise with friends, goes to the cinema and bowling etc. She now leads the life of other 30-year-old girls. Prior to SDS she stayed home and watched videos! The transformation in her life has improved her health and wellbeing massively.

Parent

”

34. There are many examples of where SDS has allowed a relatively small budget to make a big difference to the life of someone with social care needs and their carers, family and friends. A little support can also have a great impact in improving carers' lives.

“ We may not get loads of support, 15 hours a week, but it's good respite, at times that are good for my son and for us. He gets to choose what he wants to do.

Parent

”

“ My life as a carer has also changed for the better. Now that my daughter has SDS, I have free time to pursue a life of my own. I have time to meet with friends, catch up with household work, pursue some of my own interests and generally have time for myself.

Parent

”

35. Authorities and the Scottish Government currently fund agencies and organisations to help people find and employ personal assistants (PAs), or make other suitable arrangements. This help can make a big difference ([Case study 1, page 18](#)). Individuals and carers we heard from spoke about how helpful support organisations were in providing information and general support to those with budgets under SDS options 1 or 2.

“ Having a proper budget and being able to find a small organisation to manage the support has been a godsend. I don't have to worry about organising shifts etc and they are very creative and positive.

Carer

”

Not everyone is getting the choice and control envisaged in the SDS strategy

36. Different groups of people receiving social care services are experiencing different levels of choice and control. Our case study work, stakeholder interviews and a user experience survey in three authority areas, found two main groups of people who have less choice and control than other people over

the support and care they receive.¹⁸ These are people who do not have carers, personal assistants or friends and family to support them, and people aged 85 and over. These two groups can also overlap.

37. Evidence from our case studies and third sector organisations shows that people with mental health problems may also experience less choice and control over the way they receive social care services. Mental health conditions can fluctuate over time and more flexible approaches are therefore needed in order to provide the right support at the right time. With careful planning, SDS should be flexible enough to meet an individual's changing needs ([Case study 2](#)).

Case study 2

With careful planning, SDS can work well for people with mental health conditions




Matthew was very unwell for around five years and was eventually diagnosed with paranoid schizophrenia. At this time he was told he could not go back to his flat and so he moved in with his mum. As he began to feel better, he and his support team agreed he would move to supported accommodation, where he has continued to improve due to the different kinds of help he receives.

Matthew chose SDS option 2, with support organised and paid for through his provider. He now has his own flat which is quiet and in an area close to his mum. Support workers have helped him to get into a routine with paying his rent, keeping his flat tidy and ensuring he takes his medication. He also feels that he always has someone to talk to if he is feeling unwell.

Matthew is really interested in football and his support package has allowed him to go to Manchester as part of a supported group to watch Manchester United. He is also now a volunteer coach at a Scottish Premiership football club.

Matthew really feels that he is developing and achieving his goals. He is looking to cut down his current support hours of ten hours a week and planning an independent trip to Newcastle to watch a football match.

Source: Audit Scotland

38. In our 2016 [Social work in Scotland](#)  report we highlighted the challenge of ensuring smooth transitions from children's to adult services.¹⁹ In our focus groups and survey we heard from carers of young adults about difficulties in the transition between the two separate services with SDS, and in particular the different legislation and budget arrangements.

“ Transition has been stressful and the process has been drawn out and incomplete.
Parent

Transition to adult services is only a few months away and there is no plan.
Parent



39. Research carried out by Learning Disability Alliance Scotland (LDAS) looked at the difference that SDS made to people with learning disabilities. It found that people who had a self-directed support budget had more control over their support package and their plans but this had not yet led to significantly better outcomes.²⁰

40. It is up to individual authorities to decide the detail of their social care policies and this can lead to frustrations among individuals and carers about differences in the way that social care and SDS is implemented between areas. This includes both how assessments are made and what people's individual budgets can be spent on.

“ I also hear of other people who do get mileage and expenses paid in their budget. There does not seem to be one rule for all when it comes to what you can spend it on.

Parent

Depending on the level of support needs, where you live and what service you can find, it is a bit of a lottery.

Parent

”

41. Frustrations about lack of choice or flexibility are not exclusive to particular user groups. We heard through our focus groups and user survey that some individuals and carers in all user groups feel that they don't ultimately have choice and control over the support they get. Fewer than half of our survey respondents felt that they could change their support if they needed to.

42. Some people feel they have been denied the opportunity to access more effective ways to improve their quality of life. The ways in which people feel they are denied choice and control can be quite subtle, for example being told about SDS by their social worker then told: 'You probably don't want to do that'. Or people can feel they were pushed down a certain route to suit the local authority or to fit in with the provider rather than the person needing support.

“ The council were horrendous to deal with and at every point tried to talk us out of SDS.

Daughter of older person

”

43. It would be unrealistic to expect everyone to have choices in all circumstances. For example, some people may be unable to have the support they wish because:

- their social worker prevents it for good reasons, eg to protect the individual
- what they want does not exist or they cannot find it where they live
- the cost of what they want is more than their budget.

In these circumstances, people and professionals need to work together to find suitable, alternative solutions where possible.

Part 2

Assessing needs and planning support



Key messages

- 1** Social work staff are positive about the principles of personalisation and SDS but a significant minority lack understanding or confidence about focusing on people's outcomes, or do not feel they have the power to make decisions with people about their support.
- 2** People using social care services and their carers need better information and help to understand SDS and make their choices. Many of those we heard from in our survey and focus groups were not aware of SDS before they were assessed. People need the information in the right format and at the right time and place.
- 3** The process of getting access to SDS options 1 and 2 can be long and bureaucratic. When this happens people feel frustrated about the process.
- 4** Front-line staff who feel equipped, trusted and supported are better able to help people choose the best support for them. What makes this possible for staff is effective training, support from team leaders or SDS champions, and permission and encouragement from senior managers to use their professional judgement to be bold and innovative.
- 5** Creative types of support can introduce some risks or uncertainty for supported people, carers, providers and staff. This means there can be difficult decisions to make. Authorities must also think about how they spend public money when people want to spend their budget on more creative types of support. People and professionals must work together to find an appropriate balance between the risks and the potential benefits in terms of a person's outcomes.

**social
work staff
need more
support to
help people
be creative
about their
social care**

Support is not consistently targeted at people's personal outcomes but this is improving

44. Social workers and social work staff have a pivotal role in assessing and reviewing people's support needs and planning the right support with them. If they do not identify, agree, record and review people's personal outcomes with them, staff cannot be sure that support is targeted at the right things or whether it is making the best difference to the quality of people's lives.

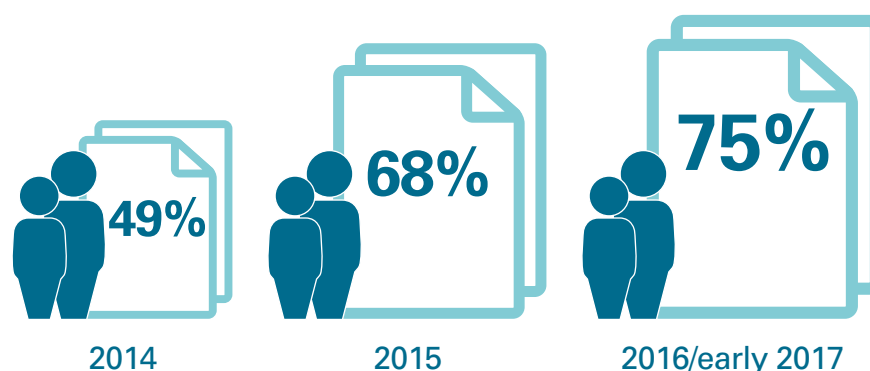
45. The front-line staff we met were generally positive about personalisation and SDS. However, several expressed concerns that not all staff understood what personal outcomes are, and therefore did not identify outcomes and use them to help develop individuals' support plans. For example, they might record something like 'needs five hours a week of homecare' as an outcome. What the person might actually need is to get help to live at home, and there may be other ways of achieving that besides homecare.

46. An increasing proportion of support plans set out the individual's desired outcomes ([Exhibit 5](#)). The Care Inspectorate reviewed 1,465 support plans across 15 authorities during its most recent programme of inspections of older people's services and found that in 2016 and early 2017, 75 per cent of plans set out the individual's desired outcomes. Our survey of social work staff shows that two-thirds of respondents felt confident or very confident supporting people to identify their outcomes.

Exhibit 5

Percentage of older people's support plans that set out the individual's outcomes, 2014 – 2016/17

An increasing percentage of support plans include the individual's outcomes.



Source: Care Inspectorate

People using social care services and their carers need better information and help to understand SDS

47. In the national *Health and Care Experience Survey 2015/16*, 76 per cent of people receiving formal social care services said they were aware of the help, care or support options available to them. Many of the individuals using social care services and their carers that we heard from in our survey and focus groups were not aware of their rights under SDS before they were assessed. In some cases their social worker explained it to them. Others were told about it through external support and information organisations or friends and relatives.

48. We also heard from a number of individuals and carers that, even at the point of assessment, there was a lack of information and support. Fewer than half of our user survey respondents said they had the information they needed to make decisions about their support. When asked what could be done to improve their experience of SDS, survey respondents said they wanted more information.

Authorities and national and local organisations have produced a range of information. However, this may not be available for people in the right format or at the time and place where it is needed. Some people say it is too much to take in all at once.

“ More information available about support services available, ways of using the direct payment and more help with support planning. I was given no information from my social worker and had to find out about services myself.

Supported person

More training for everyone – people using SDS, their families and social workers as there is still not enough informed information freely available.

Family member of service user with Alzheimer's Disease

We were given a list of organisations to select support from, when queried if we could use organisations not on the list, social worker did not know the answer!!

Family member

”

49. There are also some fears and misunderstandings about what SDS is. For some of the focus group participants and survey respondents, there was a fear that SDS would result in a reduction to services they were already getting. This came from a general awareness that public service budgets are decreasing.

“ It feels like a way of reducing costs.

Carer

Don't ask for it [SDS] as you will be reassessed and money and support taken away from you.

Supported person

”

The process of accessing SDS options 1 and 2 can be long and bureaucratic

50. Through our user survey, focus groups and discussions with third-sector organisations, we were told that people have to be determined and persistent to access SDS options 1 or 2 because the process can be lengthy, with many stages and forms to fill in. The amount of time taken to get an SDS budget and arrange the chosen support varies. There are many reasons for this, including the complexity of support needs, availability of suitable support, size of the budget to be approved, and whether people feel they have been offered an adequate budget or services. But if people applying for SDS are already at crisis point, any unnecessary delay in getting support puts added pressure on them, their carers and family members.

“ I manage an SDS budget for my son who has [severe physical and learning disabilities]. I found the process of getting a social worker and an assessment for my son to be laborious and the procedures invoked to be opaque. The whole process between initial calls to social work and payment of a small budget of £1,500 took almost two years.

Parent

”

“ It has been messy and over one year just filling the forms and completing the assessments and I still have yet to get a decision from the resource allocation group about budget for my son.

Parent

Applying for this took over a year and caused me more stress that I didn't need.

Parent

”

51. Many people who told us their stories through our survey and focus groups were happy with their final outcomes but found the process of requesting support and accessing SDS frustrating and bureaucratic. In some cases, they felt there was a lack of openness around the processes and felt that decisions were made behind closed doors.

“ You have to be knowledgeable about it and stand your ground about what you and your young person want from it as councils will be budget led rather than needs led. It was not easy getting the support for our daughter as we are aware it is a significant package however it has changed her life.

Parent

The process by the council is long, unwieldy and bound in secrecy, for example we are not told how the budget was calculated and how the budget decision was reached.

Parent

I feel voiceless and apologetic – that I should be grateful for getting anything.

Parent

”

Front-line staff who feel equipped, trusted and supported are better able to help people choose the best support for them

52. We met front-line staff who are well informed about SDS. Over half of respondents in our social work staff survey felt confident or very confident in their understanding of self-directed support and explaining it to people. These well-informed staff feel confident about discussing with people what makes a good life for them, helping to identify outcomes, thinking creatively about how to achieve them, and discussing budget and SDS options. They:

- had attended training courses designed to inform them and give them space to reflect
- have team leaders, or SDS champions, or both of these, they can call on when they need help
- feel they have permission from their senior managers to think differently and use their professional judgement to be bold and innovative.

These staff feel equipped, trusted and supported ([Case study 3, page 26](#)).

Case study 3



East Ayrshire Health and Social Care Partnership is supporting staff to help people be creative

- Practitioners were regularly reminded by managers and directors that they had permission to do the right thing for people and be innovative.
- Good examples were shared with the Integration Joint Board and SDS steering group, often inviting people themselves to come and tell their stories.
- Peer mentors were in place to help staff who had less experience working with SDS.
- Two dedicated finance officers would help social work practitioners with the finance parts they were less comfortable with, and would meet people who use social care services to discuss their budget.

Source: Audit Scotland

53. We also met front-line staff who are well informed about SDS but do not feel so confident or feel a bit constrained. They feel their training has been good and have SDS experts to consult when they need. But they feel their team leaders and managers may override their recommendations if they try to be creative and some feel that financial pressures take precedence over creativity. These staff do not feel their senior managers are encouraging them to be creative. Some communicate this to the people or carers they work with:

“ In my view, social workers have become gate keepers for resources – they know the decisions being made at head office are wrong, and in some cases counter to the legislation, but they have no power to do anything.

Parent



54. Some front-line staff find it difficult to consider anything other than relatively standard services, such as homecare, because their priority is to make sure they keep people safe and well. But given the choice, people with support needs may opt for alternatives that have some risks but achieve better outcomes for them. Alternative solutions can also be cheaper in the long run. It is important therefore that staff consider not only the risks but also the benefits, both in terms of outcomes and costs.

Offering people choice and control is challenging authorities' position on taking risks

55. Creative types of support can introduce some risks or uncertainty for supported people, carers, providers and staff. Giving people more control over their budgets and support can also introduce risks. This means there can be difficult decisions to make and not everyone involved will necessarily agree. Social work staff must use their professional judgement but must also consider

a person's right to make their own decisions as they work together to balance the risks with the potential benefits. Being too cautious about taking risks can constrain people's choices disproportionately; not being cautious enough can go against authorities' duty of care to people. If something goes wrong, it is the authorities that are held responsible or have to meet additional costs.

56. Authorities are also responsible for spending public money properly. They are rightly concerned with how much they are spending on social care and what they are spending the money on. But as people choose more creative types of support to improve the quality of their lives with SDS, social work staff are often faced with difficult decisions ([Exhibit 6](#)). If people disagree with decisions, authorities may face negative media coverage or other public challenge.

Exhibit 6

Challenging scenarios in relation to risk

Authorities and staff face difficult decisions when balancing people's rights to choice and control with their other responsibilities.

- Asma is a lone parent with two children. Her son has complex support needs and requires round the clock supervision to keep him safe. A social work assessment concluded that Asma needed some respite to help her continue caring for her son. It also recommended that her son would benefit from regular contact with his extended family. However, none of the respite options available were suitable for her son, and Asma has no family living in the UK. A support agency had previously helped her use her respite budget to organise a trip overseas to visit her parents, siblings and extended family. She was able to spend quality time with her daughter while her family cared for her son and got to know him better. Asma wants to do the same again next year.
- Ruby is eight years old. She is diagnosed with autism and physical disabilities and attends a special school. Her parents receive a small direct payment to help them with holiday periods when she is not at school. They want to spend it on family visits to the cinema and going out for pizzas. It would only pay for Ruby's cinema tickets and pizza, not the other family members. Although it is not for care and support, they feel these family outings meet her outcomes of spending quality time with the family and expanding her experiences beyond her familiar routines, and it gives some respite to her parents.
- George is 78. He had a series of strokes which have left him less mobile and almost without the use of one hand. He lives alone and has homecare visits three times a day to help with personal care and meal preparation. George chose SDS option 2 because he wanted to choose his support but did not want to employ personal assistants himself. He has recently fallen a few times after tripping on his worn living room carpet. He wants to save his Saturday homecare budget, when his sister can help him instead, and spend the money on a new carpet.

Source: Audit Scotland

57. It is for councils and integration authorities to decide how best to meet their priorities and responsibilities. But there is a risk that the pressures from rising demand and limited budgets cause senior managers, councillors and board members to be more cautious about what they spend public money on. This is potentially at the expense of better outcomes for people, and possibly at more financial expense in the longer term. For example, a man with mental health problems found that playing golf helped him to manage his symptoms. Had the authority not been willing to pay for his annual golf club membership he is likely to have had ongoing crises, requiring professional help and possibly a hospital admission. But the authority risks being criticised in the local media for paying someone's golf club membership fee.

58. Authorities have developed their own local guidance on what people can spend their SDS budgets on, to reflect their own local circumstances and decisions ([Case study 4](#)). This means it depends where you live whether you get certain types of support.

Case study 4



NHS Highland and Highland Council issued letters to people using social care services, and carers, about what they can and cannot spend their direct payments on

They did this in response to what was considered inappropriate spending, and to achieve greater consistency of understanding about what is allowed. Staff explained that, previously, budgets could be used to buy items like iPads or garden equipment, to get help with cleaning, or to pay for transport. The letter clarifies that these are not normally permitted without very clear justification in terms of agreed outcomes. Staff and service users interpreted this as a change in the rules, although it was intended only to provide clarification.

For some front-line staff, this perceived tightening of rules has led to further confusion over what they can include in support packages. One front-line worker said: 'At the moment social workers think "I don't know if we can do that..." and the person thinks "I don't know if I can do that..." so we end up not doing it. We're not sure what we're allowed to do.'

Source: Audit Scotland

Authorities have chosen varying approaches to how they set and approve people's individual budgets

59. Our 2014 SDS report set out the risks and benefits of two main approaches to setting individual budgets. The majority of councils were using a Resource Allocation System (RAS), which allocates budgets based on a scoring system for people's assessed support needs. Each point scored is worth a fixed amount of money. Other councils were using an equivalency model, where people are given budgets based on the equivalent value of the services they would have got before SDS. Since then, some authorities have refined their RASs or equivalency calculations. Whatever the approach they use, they have approval processes to check and authorise each budget and support plan.

60. Authorities use team leaders, managers and panels – or a combination of these – to scrutinise and approve budgets and support plans. This is to ensure that budgets are spent appropriately and decision-making is consistent across the authority. In 2014, we found that Perth and Kinross Council was alone in its delegated approach to allocating budgets and the authority continues to do this now ([Case study 5](#)). One team in Highland is trialling a similar delegated authority approach to allow social workers to authorise packages costing up to £150 a week.

61. Having delegated authority for budgets makes front-line staff feel trusted and empowered to make professional judgements, seeking help or supervision only when they need it. Staff in Perth and Kinross were positive about this but were also very aware of the authority's limited budget and felt the pressure to be careful about how much spending they approve.

Case study 5



Staff in Perth and Kinross have delegated authority to approve individual budgets of up to £200 a week

In Perth and Kinross, social work staff agree a support plan with an individual and then calculate how much it will cost. If it falls within a low cost band, they approve the spending themselves:

- up to £200 a week – front-line staff are allowed to authorise
- between £200 and £400 a week – a team leader can authorise
- over £400 a week – a service manager must authorise, and may call a panel meeting to consider it before final approval.

Front-line staff reported feeling confident in being able to authorise care and support arrangements for their clients, and in ways designed to meet outcomes. Staff feel they can authorise spending on almost any type of support, activity or individual item that helps to meet an individual's agreed outcomes.

To monitor spending and manage the budget, the system provides team leaders with weekly statistics on budgets approved by staff in their team. This allows benchmarking and identifies any staff approving excessive packages.

Finance managers had initially feared that staff would approve packages just under the maximum level, but the average package approved is well below that. Front-line staff identified several factors which have helped them reach this position:

- team leaders have been checking work and outcomes to make sure they are outcomes
- good examples are constantly shared as they are developed
- a buddy system pairs people who are less confident about outcomes with people who have more experience
- team leaders challenge their staff about their decisions.

Source: Audit Scotland

Part 3

Commissioning for SDS



Key messages

- 1** Authorities are experiencing significant pressures from increasing demand and limited budgets for social care services. Councils' total spending on all services decreased by five per cent in real terms between 2011/12 and 2015/16. At the same time, their spending on social work services alone increased by 8.6 per cent.
- 2** Within the context of these pressures, authorities' approaches to commissioning can restrict how much choice and control people may have. Authorities do not have clear plans for deciding how to re-allocate money from one type of service to another as more people choose alternative services. There also needs to be flexibility in provider contracts or agreements so that not everyone gets the same service, which may not be the best way to achieve people's outcomes.
- 3** SDS option 2 is not yet fully developed. Option 2 was introduced in the SDS Act as a new way for people to control their support without having to manage the money. Of all the options, it is the most different between authorities in the extent to which people can choose their support and their provider.
- 4** Changes to the types of support available to people are happening slowly. Day centres are the main type of service that has seen changes to provide more personalised support. While there is investment in developing new, alternative and preventative types of support within local communities, it is too soon to see the potential long-term benefits from this.
- 5** Choice and control within a support service can often mean demand for greater flexibility from staff. This can have an impact on their health and wellbeing and their work-life balance, making recruitment and retention, already difficult, even harder.

changes to
social care
provision are
happening
slowly

Authorities are experiencing significant pressures from increasing demand and limited budgets for social care services

62. Councils spent £3.4 billion on social work services in 2015/16.²¹ We recently estimated that social work spending would need to increase by 16-21 per cent between 2015 and 2020 if councils and integration authorities continue to provide services in the same way as before.²² Authorities have responded to the pressures from rising demand and limited budgets in the following ways:

- Significantly reducing spending on other services. Social work spending increased by 8.6 per cent in real terms (taking account of the effects of inflation) between 2011/12 to 2015/16. At the same time, councils' total spending on services decreased by five per cent (in real terms).²³ Integration authorities now plan health and social care services with a combined budget.
- Reducing the workforce either by not replacing staff who have left or through voluntary severance and early retirement schemes.
- Tightening their eligibility criteria so that fewer people qualify for social care support. The proportion of older people supported in care homes in Scotland has decreased from 38.4 to 33.3 per 1,000 population between 2010/11 and 2015/16; the proportion of people receiving homecare has also decreased, from 60.8 to 49.0 per 1,000 population.²⁴
- Reducing the size or scope of people's individual budgets. This has been seen in Glasgow particularly, where the personalisation programme has met its targets of reassessing thousands of people and making overall savings of 20 per cent. This was not only through reducing individual budgets but by reviewing eligibility and doing targeted reviews of specific types of need and support.
- Decreasing the scale of their in-house services and expanding their use of services provided by the third and private sectors, which are generally cheaper to provide, often as a result of competitive procurement. In addition, three authorities have set up arm's-length external organisations (ALEOs) to run as separate service providers (Aberdeen City, Glasgow and Scottish Borders). In 2016, almost a third (32 per cent) of homecare hours were provided to people solely receiving authority services, compared to nearly half (47 per cent) in 2010. The proportion varies across authorities. For example, in Perth and Kinross the percentage of homecare hours provided to people solely receiving authority services fell from 44 per cent in 2010 to 11 per cent in 2016, in West Dunbartonshire, the authority has continued to provide over 80 per cent of services from 2010 to 2016.²⁵

Authorities' approaches to commissioning can restrict people's choices

63. Commissioning is at the heart of developing and delivering health and social care services. It is the process that determines what services are available to people when they need social care. However, it is about much more than authorities organising and buying services; it also involves planning services for ten to 15 years ahead that will:


- meet future demands
- give people the choice and flexibility to direct their own support
- make effective use of authorities' limited resources, such as money, skills and equipment.

This long-term, strategic approach can help provide joined-up health and social care services. Well-planned investment in social care can help prevent or delay admissions to relatively expensive hospital or residential care, or help people return to daily life afterwards, in line with Scottish Government priorities.

64. The SDS Act makes councils responsible for promoting a variety of types of support and a range of providers so that people have genuine choice about what social care services they receive. Authorities' actions to promote different types of support and a range of providers should be part of their approach to strategic commissioning. All integration authorities have produced strategic commissioning plans. However, the plans do not make it clear how decisions will be made about re-allocating money from one service to another as more people choose alternatives to existing services.²⁶ These decisions are especially difficult within the context of the demand and budget pressures. Changing or withdrawing services that some service users are happy with is also a challenge. But without clear criteria for making these decisions, there is a risk that social care services and support are not developed as planned and some people will not get the support they need in the future.

Contracts need to address personal outcomes

65. When authorities buy social care services or support they normally have a contract, service level agreement or grant agreement. As support is targeted at a person's individual outcomes, there needs to be flexibility in the contracts or agreements so that not everyone gets a standard service. An individual may want to vary the support they get, who provides it and when they get it. An example is choosing what time you want help to get up in the morning and go to bed at night.

66. A standard contracted service may not be the best way to achieve some people's outcomes. If authorities contract providers to successfully meet people's outcomes, rather than simply to provide a fixed number of support hours, people and providers would be able to work together more flexibly and creatively to personalise the support and target the individual's personal outcomes. Authorities, providers and service users would have to agree the best support within the budget available. Our case study of Thomas ([Supplement 1](#) ) shows how this can work.

SDS option 2 is not yet fully developed

67. If sufficient flexibility and choice is not available through SDS option 3 (the authority arranges the support, often as part of a standard contract), and someone does not want to take a direct payment (option 1), then option 2 may be the answer. Option 2 was introduced in the SDS Act as a new way for people to control their support without having to manage the money. Someone else arranges their chosen support and administers their budget on their behalf, usually a third sector organisation or the authority itself. There were few examples of option 2 when we reported in 2014, and we recommended further guidance on the practical issues relating to option 2. COSLA and the Scottish Government worked with CIPFA to produce further guidance on resource implications and management considerations of SDS for councils.²⁷

68. In practice, option 2 looks quite different from one authority to another. At one end of the scale it looks very like option 1 (direct payments) but without the responsibility for handling the money and arranging the services. At the other it is very like option 3 (services provided through the authority) except you get to choose the provider. The closer it is to option 1, the more scope there is for flexibility, choice and control over the type of support.

69. Many authorities have framework agreements with providers, which means they have a contract, with agreed terms, but no commitment to buy services. Contracts are often awarded through competitive tendering so that every provider with a framework agreement must offer their services at the agreed price per hour of support and to specified quality standards. People who choose option 2 can select a provider with a framework agreement and make an individual contract with that provider for the support they want. The individual contract must be within the terms of the framework agreement.

70. However, if people who choose option 2 want to use a provider that does not have a framework agreement, or arrange services that are not in the framework agreement, their choices may be constrained. Some authorities, for example Glasgow, confine people on option 2 to providers with framework agreements. Others, for example Perth and Kinross, use framework agreements but will arrange individual contracts with other providers that people choose, if appropriate. Authorities must be clear about both the benefits and constraints in the way they use framework agreements ([Exhibit 7, page 34](#)). They must also consider the need to sustain and develop a range of provision that gives people choices.

Changes to the types of support available to people are happening slowly

71. When we reported in 2014, councils were in the process of identifying exactly how much they were spending on different elements of their services, including both in-house and bought from the third and private sectors. Case study authorities reported more changes in the types of services and range of provision between 2010 and 2016. But changes are happening slowly and it is more difficult for authorities to allocate a budget to new developments within the current demand and financial pressures.

72. Day centres are the main type of service that has seen changes. This is happening in all five case study areas. To attend day centres, typically people are transported by bus or taxi from their homes or residential care. At the centres, staff help them to take part in a range of activities, often with other people receiving support. However, some people are choosing alternatives to day centres or are being referred to community-based activities instead. But not everyone chooses to stop attending a day centre. When day centres close altogether, it can be disappointing and disruptive for people who want to remain and do not want alternatives.

“ Things are better now than the day centre, better when you are out with your support. I am the boss of the support and tell them what I want to do.

Man with learning disabilities

Over many years, the council has worked well with service users and their carers...to provide first class services for the learning disabled in the area, including day centre and respite services.

Recent developments, linked to the rollout of Self Directed Support, have led to the authority indicating that 'services will become less financially sustainable'...We are very concerned that the services will be closed or reduced significantly.

Parent

”

Exhibit 7

Flexibility of framework agreements for option 2

Authorities must strike a balance between the advantages of rigid framework agreements and the benefits of additional flexibility.

	Advantages	Disadvantages
Having framework agreements	<ul style="list-style-type: none"> • People have a list of providers to choose from, each of which has a contractual commitment to agreed quality standards and price • Having an agreement in place beforehand makes the process quicker and easier when people choose their providers/services • For an authority with large numbers of service users and providers, it can save a lot of administration time 	<ul style="list-style-type: none"> • It may be more difficult to develop flexible support or outcomes-focused contracts in future within a fixed framework agreement
Set minimum quality standards	<ul style="list-style-type: none"> • Authorities, and people who need support and their carers, have a contractual assurance about the financial stability of the providers and the minimum quality of services they can expect • Authorities can introduce standards into the agreement over and above the national care standards, eg length of time to reply to requests or complaints, frequency and timing of payments, or information that must be provided to service users 	<ul style="list-style-type: none"> • None
Set maximum price per hour	<ul style="list-style-type: none"> • Authorities, and people who need support and their carers, know the services will cost them no more than the maximum price 	<ul style="list-style-type: none"> • High-quality or specialist providers may not be able to provide a service for under the maximum price • Providers may use the maximum price even if they could provide the service for less • Having a price based on hours makes it hard to progress to outcomes-based contracts
Set a fixed price per hour	<ul style="list-style-type: none"> • Providers need not compete on the basis of price, leaving them to concentrate on the nature and quality of services when they tender for a framework agreement 	<ul style="list-style-type: none"> • There may be less incentive for providers to compete on quality if they are paid the same price whether the quality of service is at the minimum standard or higher
No set price limits	<ul style="list-style-type: none"> • Providers can strike their preferred balance of costs and quality and make this known. People can then choose a provider knowing what cost and quality is being offered 	<ul style="list-style-type: none"> • In areas where there is a shortage of providers, the prices may be higher than in other areas because there is little competition

Cont.

Exhibit 7 (continued)

	Advantages	Disadvantages
Offering framework agreements through competitive tender	<ul style="list-style-type: none"> Providers are incentivised to keep costs down because they are not guaranteed to be on the list, even if they meet minimum quality standards and maximum price requirements Authorities can choose to go through a regular, single tendering exercise, which saves on the costs of irregular, individual exercises 	<ul style="list-style-type: none"> Additional flexibility that allows people on option 2 to choose alternative providers incurs extra costs for the authority, mainly in staff time, to arrange a contract with a provider Providers not selected may go out of business, reducing choices for people
Open list of framework providers or frequent opportunities to apply	<ul style="list-style-type: none"> New providers or additional provision can be made available to people whenever it is created If people choose a non-framework provider, that provider can then apply for a framework agreement 	<ul style="list-style-type: none"> There is an administrative overhead for authorities each time a provider applies for a framework agreement Reduces the competitive element as there is not a single competitive tender
Closed list or infrequent opportunities to apply	<ul style="list-style-type: none"> Reduces the administrative overheads for the authority, which can be significant in areas with many providers Incentivises providers to keep their quality standards high and costs down, or risk being excluded from the framework with limited opportunity to get back on the list 	<ul style="list-style-type: none"> If people are only permitted to choose a framework provider under option 2, the only way they can choose a non-framework provider is to take a direct payment (option 1), with the additional responsibilities, as well as the flexibility, that entails May limit developments or innovation from providers if they cannot immediately apply for a framework agreement.

Source: Audit Scotland

73. Where day centres can be adapted or expanded to develop other community-based facilities, it can be a very positive move ([Case study 6, page 36](#)). Although this is not a new approach, personalisation and self-directed support are helping to encourage changes like this.

Authorities are developing more community-based activities and facilities

74. The SDS strategy intends that people who are assessed, whether they are eligible or not, should be signposted or referred to community-based supports, activities or facilities if these will meet their needs. Often, community-based services can help prevent or delay people from needing more health or social care support later. In all five case study areas, authorities were working to develop this type of preventative service. For example, in Glasgow, each of the three localities has local area coordinators. In Perth and Kinross, each locality has an early intervention team to put people in touch with community-based support before they reach the point of needing more health or social care support, or both of these. For example, there is a choir for people who suffer from chronic obstructive pulmonary disease (COPD). While it is a fun and sociable activity, it also alleviates the symptoms of participants' illness.

Case study 6



Expanding day centres into community-based facilities can benefit communities and supported people

In Brora, Highland, a day centre for people with learning disabilities lost a few service users when they chose other types of support or moved away. The community took over the centre and expanded its activities to include the whole community. It is now set up as a social enterprise, with some core funding from the authority to employ a coordinator. It is now a very inclusive centre where anyone is welcome, and is also open during evenings to give young people a place to go.

Perth and Kinross had a traditional day centre which transported people in from surrounding areas by bus. Staff now go out to provide support rather than having everyone transported to the centre. The authority is looking at how it can use the free space now available in the centre, for example by introducing community cafes.

Source: Audit Scotland

75. In some rural or remote areas, authorities are working closely with local communities. This is not necessarily to develop additional choices or preventative services, but to find ways of providing support to people who otherwise would have none. Individual, local solutions are being developed and greatly improving the quality of some people's lives ([Case study 7](#)).

Case study 7



Local solutions grow from local communities

Macaulay College is a company set up for the benefit of the community based on the Isle of Lewis. The project is run by a couple and started in 2010. It currently has 24 students – all adults with additional needs – aged 16 to late 50s. It provides various activities including animal care, a wood workshop and ceramics.

Boleskine is a rural village in Highland where a group of people were receiving no support services because the integration authority and independent sector could not recruit support staff. A small pool of potential carers wanted to help in their own community but didn't want to work for the council or a private or third-sector provider. The authority (NHS Highland) asked Highland Home Carers, an independent provider, to help by giving care workers help with employment administration. Now people are able to take a direct payment and buy their care services from local people. There is a similar initiative on the Black Isle in Highland.

Source: Audit Scotland

Providers are at different stages in changing their services to give people more choice and control

76. There is variation among providers in the extent to which they have prepared for SDS. A recent survey of third-sector providers found that 48 per cent had increased training in personalisation and many felt that their workforce also needed regular refresher training.²⁸ The most common and pressing skills shortage among their staff is a lack of understanding of outcomes.

77. Individual staff providing social care have a significant influence on the flexibility and quality of care that people who use the services experience. Choice and control within a support service can often mean demand for greater flexibility from staff. This can cause tensions, as it can mean unpredictable or fragmented shift patterns, rapid and unscheduled changes in rotas, or staff having to be on unpaid standby. These have implications for the staff, for their health and wellbeing and their work-life balance, making recruitment and retention, already difficult, even harder.

78. If providers do not become more flexible then people who need support may be prevented from choosing or finding the support that will improve their quality of life. Social care staff also have a right to reasonable working terms and conditions.

Workforce shortages are making it difficult to develop a range of services

79. Many authorities and providers have difficulties recruiting staff, either for in-house services or the organisations they have contracts with. Social care is not widely seen as a positive career choice for younger people, especially in areas where there are other better-paid jobs, such as working in a supermarket. This low pay along with antisocial hours and difficult working conditions are reasons why providers have difficulty in recruiting staff. The cycle of continually recruiting and training staff is costly and could potentially have an impact on the quality of services provided.²⁹ The Scottish Government and authorities recognised this problem and agreed to begin addressing it by jointly investing in the living wage for social care workers from October 2016, and this commitment has continued into 2017/18. But where employment rates are high, for example in Perth and Kinross where unemployment is 1.2 per cent, there are still difficulties in recruiting and retaining social care workers and the authority is trying new ways to make people aware of social care as a potentially positive career, including targeted advertising.³⁰

80. In the Western Isles, there is a relatively large proportion of older people in the population, therefore older people are looking after other older people. It is difficult to recruit younger carers, and also male carers, from these communities. This is not sustainable, and the authority is trying to recruit younger people into the caring profession through joint work with Skills Development Scotland.

Part 4

Implementing the national SDS strategy



Key messages

- 1** The Scottish Government took an inclusive approach to developing the SDS Act and guidance. Since 2011/12, it has spent £60.37 million on supporting SDS implementation and has committed another £9.51 million in 2017/18. When dedicated funding comes to an end, there is a potential threat to the provision of independent information, advice and advocacy, which helps individuals to choose and control their support.
- 2** SDS implementation stalled during integration of health and social care services. Changing organisational structures and the arrangements for setting up, running and scrutinising new integration authorities inevitably diverted senior managers' attentions. Some experienced staff are also being lost through early retirement and voluntary severance schemes as the pressures on budgets mount.
- 3** The Scottish Government and COSLA have produced a 2016-2018 implementation plan for the ten-year strategy, which they developed in collaboration with partner organisations following a period of consultation and review. It reflects the experience and lessons learned from implementing SDS up to that point. The plan sets out actions for the partners that target six significant remaining challenges.
- 4** Our evidence – from people who need support and their carers and families, social work staff and managers in authorities, and third and private sector organisations – shows many examples of positive progress in many different ways. But there is no evidence that authorities have yet made the transformation required to fully implement the SDS strategy.
- 5** The Scottish Government should provide joined-up, strategic leadership across the range of its policies to ensure that SDS becomes a core part of how people with health and social care needs are supported to improve their quality of life.

Scottish Government, COSLA and other partners are targeting six significant challenges

The SDS strategy set out an ambitious vision for changing social care by 2020

81. In the SDS strategy, the Scottish Government and COSLA set out a vision they shared with many people who need support and who provide support. Social care would be transformed so that people could choose how they live their lives and, if they want, control how their support is provided. The strategy set out seven success measures:

- Better quality of life for individuals.
- Radical increase in uptake of SDS and direct payments.
- A sustainable network of advocacy and peer support organisations.
- A sustainable network of independent support organisations for training and supporting personal assistants.
- A proficient body of trained, experienced personal assistant employers.
- An appropriate workforce of trained personal assistants, with regulated employment conditions.
- Improved partnership working between people receiving support, public bodies and third and private sector providers.

82. The SDS Act was part of the strategy and was intended to speed up some of the major changes required to successfully implement SDS. In 2014, we reported that at every stage of developing the SDS Bill, regulations and statutory guidance, the Scottish Government consulted with and involved:

- councils
- people who use services, and their carers
- organisations representing people who use services
- third and private sector providers
- other relevant organisations.

Participants saw it as a very positive and inclusive approach.

The Scottish Government has spent, or committed, almost £70 million to help implement SDS

83. The Scottish Government has spent £60.37 million between 2011/12 and 2016/17 supporting SDS implementation. It has committed another £9.51 million in 2017/18 ([Exhibit 8, page 40](#)). It is working with partners to monitor and evaluate the projects it has funded and has published evaluation reports. It has also contracted Inspiring Scotland, a third sector organisation that facilitates and supports innovative projects, to help funded organisations manage and evaluate their projects and share the learning, and to report back to the government.

Exhibit 8

Scottish Government funding for SDS implementation

The Scottish Government has spent £60.37 million and forecasts another £9.51 million in 2017/18.

(£ millions)	2011/12	2012/13	2013/14	2014/15 ¹	2015/16	2016/17	2017/18
Support in the right direction fund	1.00	1.50	2.60	2.30	2.90	2.86	2.96
Innovation fund	1.00	1.80	1.90	1.60	1.20	1.20	1.23
Local authority transformation	1.20	6.80	11.00	6.00	3.52	3.52	3.52
Other (including national strategic partners)	0.00	0.20	1.90	2.10	1.00	1.27	1.80
Total	3.20	10.30	17.40	12.00	8.62	8.85	9.51

Note: 1. The SDS Act came into force in April 2014.

Source: Scottish Government



84. The *Support in the Right Direction* programme funds 34 independent organisations to support people to identify their personal outcomes and make informed decisions about their support. The government reports that in the six months from October 2015 to March 2016:

- 3,200 people were supported to access their existing community resources
- 2,400 individuals received training and development support
- 1,000 people received brokerage support, ie support from an external agency to buy services.
- 950 people were helped to set up and manage their care packages
- 800 people were helped to employ and manage personal assistants.³¹

The *Innovation Fund* programme is helping 21 third sector social care providers to develop their ability to deliver flexible and creative support and develop their staff.³²

85. The Scottish Government has given no indication yet of what support, if any, it will give from 2018/19 onwards to further support SDS implementation. The third sector organisations involved fear that with no future funding they will be unable to continue supporting people, and authorities feel unable to take over the additional cost of funding them. This poses a potential threat to the provision of independent support for individuals. The Scottish Government should work together with COSLA, providers and people who need support to agree very soon what independent help people will need in future and how this should be funded.

86. When developing implementation plans for the remaining years of the SDS strategy, the Scottish Government should work with COSLA and other partners to agree how any future financial support should be allocated. As part of that process, they should take into account how authorities' local commissioning strategies will inform future spending priorities.

The Scottish Government and partners underestimated the scale of the changes needed and the challenges in implementing SDS

87. The Scottish Government and partners underestimated the scale of the changes needed and the challenges in implementation, some of which could not have been foreseen in the early years of the strategy. The underestimated work includes:

- the time and costs involved in reviewing and changing systems and processes, such as changing computer software to incorporate ways of recording and reporting individual outcomes
- developing resource allocation systems to allocate people their individual budgets
- training and supporting staff on SDS and on identifying outcomes with people who need support
- involving staff from finance, procurement, audit, and other council services
- developing new and more flexible service provision while demand for existing services was rising and budgets were decreasing, making it difficult to release money to pay for new developments.

88. Work that was not anticipated includes:

- training and supporting a range of health professionals who contribute to, or influence, SDS implementation within the new integration authorities
- having to tighten individual budgets and eligibility criteria as a result of sustained budget pressures
- working with a smaller workforce and losing experienced staff through voluntary severance and early retirement.

89. At the same time, not long after the SDS Act came into effect, the Scottish Government team began to have less direct engagement with authorities and third sector organisations in order to take a more strategic role in leading the implementation of SDS. This resulted in a feeling among those implementing SDS that it now had a lower profile in the Scottish Government and that implementation lost its momentum during integration. However, the team is now working with its partners to give a clear direction for the next stages of the strategy.

SDS implementation stalled during the formal integration of health and social care

90. The Public Bodies (Joint Working) (Scotland) Act 2014 required councils and NHS boards to integrate their health and social care services by April 2016. This meant that the senior managers who took the lead in implementing SDS in councils became involved in changes to organisational structures and arrangements for setting up, running and scrutinising the new health and social care integration authorities. The integration work had the effect of diverting the attention of managers already preoccupied with the challenges of increased pressure on budgets. In addition, some experienced staff have left, or are leaving, through voluntary severance and early retirement schemes, leaving gaps in knowledge and in relationships with supported people, carers, and third and private sector organisations.

91. With integration arrangements now in place, more professionals with healthcare backgrounds have only recently been introduced to social care and SDS. They will need training and help to understand the practicalities of SDS and its potential to help people avoid or delay hospital stays or return to daily life afterwards.

The Scottish Government, COSLA and its partners are targeting six significant challenges

92. The Scottish Government and COSLA have produced a 2016-2018 implementation plan for the strategy, which they developed in collaboration with partner organisations.³³ They include Self Directed Support Scotland, Social Work Scotland, Scottish Social Services Council, Coalition of Care and Support Providers in Scotland, Scottish Care, Care Inspectorate and Healthcare Improvement Scotland. The plan was developed following a period of consultation and review and reflects the experience and lessons learned from implementing SDS up to that point. It identifies four strategic outcomes and the actions partners will take to help achieve each outcome ([Exhibit 9, page 43](#)). The actions include specific activities to address six significant ongoing challenges:

- developing good flexible commissioning and procurement arrangements
- supporting people to achieve their agreed outcomes creatively while balancing any associated risks
- managing demand and expectations by using resources, such as money, people and buildings, effectively and developing a shared understanding of how to meet future demand in the context of reduced public funding
- increasing awareness and understanding of SDS among the workforce, supported people, carers and communities
- keeping SDS as a high priority within other public sector reform policies and strategies, especially the new integrated arrangements
- making systems and processes easier and clearer so they work best for people who need support rather than the organisations who help to provide it.

93. These are broad areas and they include addressing the challenges identified in this report. They also give a clear guide to help authorities, and third and private sector organisations, move forward after the recent stalling of progress.

Authorities have not yet made the transformation required to fully implement SDS

94. Our evidence – from people who need support and their carers and families, social work staff and managers in authorities, and third and private sector organisations – shows many examples of positive progress in many different ways, but there is no evidence that authorities have made the transformation required to fully implement the SDS strategy. More people need to be better informed and empowered to choose and control their support; a significant minority of social work staff need further training and support to help them develop their skills, knowledge and confidence; commissioning needs to drive changes in services to give people choices and flexibility.

Exhibit 9

Strategic outcomes 2016-2018

- **Supported people have more choice and control:** Citizens are engaged, informed, included and empowered to make choices about their support. They are treated with dignity and respect and their contribution is valued.
- **Workers are confident and valued:** People who work in health and social care have increased skills, knowledge and confidence to deliver self-directed support and understand its implications for their practice, culture and ways of working.
- **Commissioning is more flexible and responsive:** Social care services and support are planned, commissioned and procured in a way that involves people and offers them real choice and flexibility in how they meet their personal outcomes.
- **Systems are more widely understood, flexible and less complex:** Local authorities, health and social care partnerships and social care providers have proportionate, person-centred systems and participatory processes that enable people who receive care and support to live their lives and achieve the outcomes that matter to them.

Source: *Self-directed Support Strategy 2010-2020: Implementation Plan 2016-2018*, Scottish Government and COSLA, 2016

95. The four outcomes in the implementation plan are difficult to measure and monitor ([Exhibit 9](#)). Evidence needs to come from:

- people who receive social care support
- their carers and families and communities
- the workforce, including front-line staff and managers in authorities
- support providers and their representative organisations
- national and community-based organisations and groups who support and represent people
- the bodies that regulate and scrutinise health and social care
- research and evaluation.

96. In our 2014 report, we acknowledged that it was too soon to expect to see a major impact. We recommended that the Scottish Government and its partners develop a strategy to measure and report on progress towards the intended outcomes of the SDS strategy. The Scottish Government, COSLA and their partners now have detailed actions and success measures. These are set out in the implementation plan and should be reported regularly. Now that health and social care integration is established, and there are clear expectations on the new authorities to report on their performance, the Scottish Government and authorities should also agree how to report the progress and impact of the significant changes still expected in implementing self-directed support.

97. Councils, health boards and the new integration authorities are working on a number of national policies, targets and reviews. Consistent and coordinated policy guidance and expectations from the Scottish Government and COSLA will help them to deliver on these major policies. The Scottish Government should work with COSLA and other partners to provide joined-up, strategic leadership across the range of its relevant policies to ensure that SDS becomes a core part of how people with health and care needs are supported to improve their quality of life.

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Self-directed support

2017 progress report

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