

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board

Date: Wednesday, 14 February 2018

Time: 14:00

Venue: Council Chamber, Clydebank Town Hall, Dumbarton Road, Clydebank

Contact: Nuala Quinn-Ross, Committee Officer
Tel: 01389 737210 Email: nuala.quinn-ross@west-dunbarton.gov.uk

Dear Member

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

The business is shown on the attached agenda.

Yours faithfully

BETH CULSHAW

Chief Officer of the
Health & Social Care Partnership

Distribution:-

Voting Members

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

Non-Voting Members

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

Senior Management Team – Health & Social Care Partnership

Date of issue: 1 February 2018

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

WEDNESDAY, 14 FEBRUARY 2018

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 MEETINGS 7 - 17

Submit, for approval as correct record, Minutes of:-

- (a) Meeting of the West Dunbartonshire Health & Social Care Partnership Board held on 22 November 2017; and
- (b) Special Meeting of the West Dunbartonshire Health & Social Care Partnership Board held on 20 December 2017.

4 ADULT MENTAL HEALTH SERVICES TRANSFORMATION 19 - 22

- (a) Submit report by the Head of Mental Health, Addictions and Learning Disability providing an update on the Draft Five Year Strategy for Adult Mental Health Services in Greater Glasgow & Clyde; and
- (b) a presentation will be given by Michael Smith, Associate Lead Medical Director, Mental Health Services on the above.

**5 PUBLIC PERFORMANCE REPORT 23 - 48
JULY TO SEPTEMBER 2017**

Submit report by the Head of Strategy, Planning & Health Improvement presenting the Health & Social Care Partnership's Public Performance Report for the second quarter of 2017/18 (July to September 2017).

6/

6 PREPARING FOR 2018-2021 STRATEGIC PLAN 49 - 58

Submit report by the Head of Strategy, Planning & Health Improvement presenting a proposed enhancement of its strategic planning arrangements to support the development of its third (2019-2022) Strategic Plan over the course of the coming year.

7 PREPARATION FOR IMPEMENTATION OF CARERS' (SCOTLAND) ACT 59 - 62

Submit report by the Head of Strategy, Planning & Health Improvement presenting an update on the Carers (Scotland) Act which will commence on 1 April 2018.

8 FINANCIAL PERFORMANCE REPORT AS AT PERIOD 9 (31 DECEMBER 2017) AND 2018/19 BUDGET SETTING ASSUMPTIONS UPDATE 63 - 89

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

- (a) the financial performance as at period 9 to 31 December 2017; and
- (b) the 2018/19 budget setting assumptions.

9 REVIEW OF FINANCIAL REGULATIONS 91 - 108

Submit report by the Chief Financial Officer presenting for review amendments to the current Financial Regulations of the West Dunbartonshire Health & Social Care Partnership Board.

10 WORKFORCE AND ORGANISATIONAL DEVELOPMENT SUPPORT PLAN UPDATE 109 - 124

Submit report by the Head of People and Change presenting the Health & Social Care Partnership Workforce and Organisational Development Strategy Support Plan update for 2017 and revised support plan for 2018.

11/

11 MINUTES OF MEETINGS FOR NOTING

125 - 139

Submit for information, the undernoted Minutes of Meetings:-

- (a) Minutes of Meeting of the West Dunbartonshire HSCP Health and Safety Committee held on 31 October 2017;
 - (b) Minutes of Meeting of the SMT Clinical & Care Governance Group held on 29 November 2017; and
 - (c) Minutes of Meeting of the Joint Staff Forum held on 14 December 2017.
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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Meeting of the West Dunbartonshire Health & Social Care Partnership Board held in the Council Chamber, Clydebank Town Hall, Dumbarton Road, Clydebank, on Wednesday, 22 November 2017 at 2.00 p.m.

Present: Bailie Denis Agnew and Councillor John Mooney*, West Dunbartonshire Council; Allan Macleod, Rona Sweeney and Audrey Thompson, NHS Greater Glasgow and Clyde Health Board.

Non-Voting Members: Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Kenneth Ferguson, Clinical Director for the Health & Social Care Partnership; Barbara Barnes, Chair of the Local Engagement Network – Alexandria & Dumbarton; Wilma Hepburn, Professional Nurse Advisor; Jackie Irvine, Chief Social Work Officer; Jamie Dockery – Housing Strategy Officer (substitute for John Kerr); Diane McCrone, NHS Staff Side Co-Chair of Joint Staff Forum; Neil Mackay*, Chair of Locality Group – Alexandria & Dumbarton; Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum; Christopher Jones, Professional Advisor and Kim McNabb, Representative of Carers of West Dunbartonshire.

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

Apologies: Apologies for absence were intimated on behalf of Councillor Marie McNair, John Kerr, Anne McDougall and Janice Miller.

***Note:-** Arrived later in the meeting.

Allan Macleod in the Chair

VALEDICTORY – CHRIS MCNEILL

The Chair, Allan Macleod, informed the Board that this would be the last meeting that Chris McNeill, Head of Community Health & Care would be attending as she

would be retiring shortly from the Council. He then invited the Chief Officer to say a few words.

The Chief Officer, acknowledged Chris' contribution, not just to West Dunbartonshire Council but to the Greater Glasgow and Clyde Health Board area. The Chief Officer then commended Chris' passion and contribution to the people of West Dunbartonshire and wished her well in her retirement.

DECLARATIONS OF INTEREST

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the West Dunbartonshire Health & Social Care Partnership Board held on 23 August 2017 were submitted and approved as a correct record.

MEMBERSHIP OF THE PARTNERSHIP BOARD

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

Having heard the Chair, the Partnership Board noted the appointment of Christopher Jones as a non-voting member of the Partnership Board, replacing Martin Perry. The Chair thanked Mr Perry for his participation and the contribution he had made.

PRESENTATION ON PERFORMANCE OF THE HEALTH AND SOCIAL CARE PARTNERSHIP

The Head of Strategy, Planning and Health Improvement and the Chief Finance Officer provided a presentation highlighting current performance levels of the Health and Social Care Partnership for the first quarter of 2017/18.

Note:- Councillor Mooney and Neil McKay arrived during discussion on the above item of business.

PUBLIC PERFORMANCE REPORT APRIL TO JUNE 2017

A report was submitted by the Head of Strategy, Planning & Health Improvement presenting the Health & Social Care Partnership's Public Performance Report for the first quarter of 2017/18 (April to June 2017).

After discussion and having heard officers in further explanation of the report and in answer to Members' questions, the Partnership Board agreed that the Partnership Public Performance Report for April to June 2017 be published.

MOVING FORWARD TOGETHER: NHS GREATER GLASGOW & CLYDE'S HEALTH AND SOCIAL CARE TRANSFORMATIONAL STRATEGY PROGRAMME

A report was submitted by the Head of Strategy, Planning & Health Improvement advising of work being carried out by NHS Greater Glasgow and Clyde to develop a Transformation Strategy for services within the Health Board area.

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

- (1) to note the ongoing involvement of officers from the HSCP in work to develop the Moving Forward Together Strategy;
- (2) that authority be delegated to the Chief Officer to identify two appropriate members to represent the Partnership Board and HSCP on the Stakeholder Reference Group; and
- (3) otherwise to note the contents of the report.

REGIONAL PLANNING WITH REGARD TO THE SCOTTISH GOVERNMENT'S HEALTH AND SOCIAL CARE DELIVERY PLAN

A report was submitted by the Head of Strategy, Planning & Health Improvement advising of work being led by the Chief Executive of NHS Ayrshire and Arran in his capacity as Regional Implementation Lead (West of Scotland) to develop a regional plan for the West of Scotland in accordance with the national Health and Social Care Delivery Plan.

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

- (1) that authority be delegated to the Chief Officer to engage with regional planning arrangements on the Partnership Board's behalf and keep the Partnership Board apprised of progress; and
- (2) otherwise to note the contents of the report.

CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2016 - 2017

A report was submitted by the Chief Social Work Officer presenting the West Dunbartonshire Chief Social Work Officer's Annual Report for the period 1st April 2016 to end of March 2017.

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

- (1) to note the contents of the Chief Social Work Officer's Annual Report with its associated appendices; and
- (2) to note that the Chief Social Work Officer's Annual Report with its associated appendices had been presented to West Dunbartonshire Council on the 25 October 2017.

FREEDOM OF INFORMATION POLICY

A report was submitted by the Head of Strategy, Planning & Health Improvement seeking approval of a new Freedom of Information Policy, as detailed within the appendix to the report.

After discussion and having heard the Head of Strategy, Planning & Health Improvement in further explanation of the report, the Partnership Board agreed to approve the new Freedom of Information Policy for the Partnership Board.

STRATEGIC RISK REGISTER - UPDATE

A report was submitted by the Head of Strategy, Planning & Health Improvement seeking approval of the updated Strategic Risk Register, as detailed within the Appendix to the report.

After discussion and having heard the Head of Strategy, Planning & Health Improvement in further explanation of the report, the Partnership Board agreed to approve the updated Strategic Risk Register as detailed within the report.

CLIMATE CHANGE REPORT

A report was submitted by the Head of Strategy, Planning & Health Improvement seeking approval of the Climate Change Report for formal submission to the Scottish Government in advance of the 30 November 2017 deadline.

After discussion and having heard the Head of Strategy, Planning & Health Improvement in further explanation of the report, the Partnership Board agreed that the Climate Change Report be formally submitted to the Scottish Government in advance of the 30 November 2017 deadline.

AUDITED ANNUAL ACCOUNTS 2016/17

A report was submitted by the Chief Financial Officer presenting the Annual Audit Report, prepared by the HSCP Board's external auditors, Audit Scotland and the Annual Accounts for the year ended 31 March 2017.

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

- (1) to note the previous recommendation of the HSCP Board of 23 August 2017 to remit the approval of the Annual Report and Accounts to the 20 September 2017 Audit Committee for the financial year 2016/17;
- (2) to note the contents of the Annual Report to the Integrated Joint Board and Controller of Audit for the financial year ending 31 March 2017; and
- (3) to note the achievement of a qualification free set of HSCP Board accounts.

2017/18 BUDGET UPDATE AND FINANCIAL PERFORMANCE REPORT AS AT PERIOD 6 (30 SEPTEMBER 2017)

A report was submitted by the Chief Financial Officer providing:-

- (1) an update on the 2017/18 revenue budget position;
- (2) an update on the financial performance as at period 6 to 30 September 2017;
- (3) an update on the Scottish Living Wage extending to sleepovers; and
- (4) an update on the 2018/19 budget setting process.

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

- (1) to note the updated position in relation to budget movements on the 2017/18 allocation by WDC and NHSGGC;
- (2) to note the progress of work around identification of set-aside budget resources and activity;
- (3) to note that the revenue position for the period 1 April 2017 to 30 September 2017 was reporting an overspend of £0.343m (-0.49%);
- (4) to note the recommendations in 2016/17 Annual Accounts Report that if full resolution cannot be found within current budget resources then reserves may be utilised to smooth out cost pressures; and

- (5) to note the update on the 2018/19 budget setting process and the potential level of savings required to be met.

UNSCHEDULED CARE (WINTER) PLAN 2017/18

A report was submitted by the Head of Strategy, Planning & Health Improvement seeking approval of the Unscheduled Care (Winter) Plan, as detailed within the appendix to the report.

After discussion and having heard the Head of Strategy, Planning & Health Improvement and the Head of Community Health & Care in further explanation of the report and in answer to Members' questions, the Partnership Board agreed to approve the Unscheduled Care (Winter) Plan.

Note:- Selina Ross and Barbara Barnes left during discussion on the above item of business.

WEST DUNBARTONSHIRE LOCAL OUTCOME IMPROVEMENT PLAN

A report was submitted by the Head of Strategy, Planning & Health Improvement seeking endorsement of the West Dunbartonshire Local Outcome Improvement Plan 2017-2027.

After discussion and having heard the Chief Officer and the Head of Strategy, Planning & Health Improvement in further explanation of the report and in answer to Members' questions, the Partnership Board agreed to endorse the West Dunbartonshire Local Outcome Improvement Plan 2017-2027.

WORKFORCE AND ORGANISATIONAL DEVELOPMENT SUPPORT PLAN UPDATE

A report was submitted by the Head of People and Change seeking endorsement of the Workforce and Organisational Development Strategy update for 2017 and revised support plan for 2018, as detailed within appendix 1 to the report.

The Partnership Board agreed that the report be continued to a future meeting for the Head of People and Change to be present to allow a fuller discussion on the contents of the report.

MINUTES OF MEETINGS FOR NOTING

The following Minutes of Meetings were submitted for information:-

- (1) Minutes of Meeting of the West Dunbartonshire HSCP Board Audit Committee held on 20 September 2017.

- (2) Minutes of Meeting of the Clinical & Care Governance Group held on 27 September 2017.
- (3) Minutes of Meeting of the Health & Social Care Partnership Joint Locality Group for Clydebank held on 22 August 2017.
- (4) Minutes of Meeting of the Health & Social Care Partnership Joint Locality Group for Dumbarton and Alexandria held on 1 September 2017.
- (5) Note of the West Dunbartonshire Local Engagement Network Physical Disability/Adults with Complex Needs Service Providers and Service Users Workshops: September 2017.

It was noted that in the documents presented to the Partnership Board there had been an error. The document presented for the Joint Staff Forum held on 17 October 2017 was a copy of the agenda for that meeting. The Partnership Board thereafter agreed that the Minutes for the meeting be distributed by email to all Members for their information.

PROGRAMME OF DATES FOR FUTURE MEETINGS OF THE PARTNERSHIP BOARD AND AUDIT COMMITTEE

It was noted that the next meeting of the Health & Social Care Partnership Board would be held on **Wednesday, 31 January 2018 at 2.00 p.m.** in Committee Room 3, Council Offices, Garshake Road, Dumbarton.

Thereafter Members agreed the undernoted programme of dates for future meetings of both the Partnership Board and Audit Committee (venues for meetings to be confirmed following the move to the new Council offices):-

Health & Social Care Partnership Board:-

Wednesday, 2 May 2018 at 2.00 p.m.
Wednesday, 8 August 2018 at 2.00 p.m.
Wednesday, 14 November 2018 at 2.00 p.m.

Health & Social Care Partnership Audit Committee:-

Wednesday, 14 March 2018 at 2.00 p.m.
Wednesday, 20 June 2018 at 2.00 p.m.
Wednesday, 26 September 2018 at 2.00 p.m.
Wednesday, 12 December 2018 at 2.00 p.m.

Having heard the Chair, Mr MacLeod it was noted that the meeting of the Health & Social Care Partnership Audit Committee scheduled to be held on Wednesday, 13 December 2017 may require to be changed due to budget settings. It was agreed that any changes would be communicated to Members in the next few days.

The meeting closed at 4.22 p.m.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Special Meeting of the West Dunbartonshire Health & Social Care Partnership Board held in Committee Room 3, Council Offices, Garshake Road, Dumbarton, on Wednesday, 20 December 2017 at 2.03 p.m.

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

Non-Voting Members: Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Kenneth Ferguson, Clinical Director for the Health & Social Care Partnership; Wilma Hepburn, Professional Nurse Advisor; Jackie Irvine, Chief Social Work Officer; Diane McCrone, NHS Staff Side Co-Chair of Joint Staff Forum; Anne MacDougall, Chair of Local Engagement Network – Clydebank; Janice Miller, Lead Allied Health Professional; Selena Ross, Chief Officer of WD CVS and Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum.

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

Apologies: Apologies for absence were intimated on behalf of Barbara Barnes and Rona Sweeney.

Councillor Marie McNair in the Chair

CHAIR'S REMARKS

The Chair, Councillor McNair, welcomed Lynne McKnight, Integrated Operations Manager to the meeting, in the interim period, substituting for Chris McNeill's role as Chris had now retired.

DECLARATIONS OF INTEREST

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

2018/19 ANNUAL REVENUE BUDGET SETTING AND CONSULTATION PROCESS

A report was submitted by the Chief Financial Officer:-

- (1) providing an update on the projected 2017/18 outturn position and the potential impact on the reserve balances;
- (2) advising on progress on the 2018/19 budget setting exercise and the projected budget gap;
- (3) advising on savings options generated by the Senior Management Team to address the gap; and
- (4) advising on proposals on further options available to fully close the projected gap.

The Chief Officer was heard in further explanation of the report. Thereafter the Chief Officer and the Chief Financial Officer were heard in elaboration of the report and in answer to Members' questions.

Councillor McNair moved:-

This Health & Social Care Partnership notes with concern the current projected position on the 2018/19 budget.

It is clear however that we are at a very early stage in the process of setting budget.

The HSCP notes the recommendation from the Chief Financial Officer that it will not be until January when the final funding gap will be known.

In addition the Scottish Government budget is not due to be agreed until 19 February 2018.

This HSCP notes the budget saving options produced by officers, but does not agree to put them out for consultation at this time.

The uncertainty surrounding the final funding gap means that consultation on current figures is pointless.

This HSCP believes that it is our priority to improve people's health, than take action that will detrimentally affect it.

This decision will avoid causing stress and anxiety to our service users by consulting on options, a great many of which are unlikely to be agreed.

The HSCP agrees to receive a further report on the way forward when the budget figures are more certain and reliable.

Following discussion, the Partnership Board agreed the above motion, with an addendum that a letter expressing concern be sent to the Scottish Government at a future point in time deemed to be appropriate by the Chief Officer in consultation with the Chair.

CHAIR'S REMARKS

The Chair, Councillor McNair wished the Partnership Board and officers a healthy and happy Christmas and a prosperous New Year.

The meeting closed at 2.29 p.m.

DRAFT

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Health & Social Care Partnership Board: 14th February 2018**

Subject: Adult Mental Health Services Transformation**1. Purpose**

- 1.1 To present the Partnership Board with an update on the on Draft Five Year Strategy for Adult Mental Health Services in Greater Glasgow & Clyde.

2. Recommendations

- 2.1 The Partnership Board is asked to note the progress to-date.

3. Background

- 3.1 Over the past two decades Adult Mental Health Services in Greater Glasgow and Clyde have been subject to transformational change with a pronounced shift in the balance of care significantly reducing the level of inpatient beds and reinvesting progressively in a community and specialist services with a subsequent improvement in quality. The current service delivery model for mental health within NHSGGC was set out in an original framework and re-iterated in the subsequent NHSGGC Clinical Service Review of 2012-13.

- 3.2 Provision of mental health services have largely been planned and in some cases managed at a GGC level. Glasgow City HSCP, on behalf of all six Partnerships, leads on the strategic planning for Mental Health and manages the inpatient services. This paper outlines the intent behind a new five year strategy which will lead to significant change across the system. West Dunbartonshire HSCP staff have been working with Glasgow City HSCP and our Partnership colleagues to help shape the new strategy and are now considering the detailed implications locally of the proposed changes.

- 3.3 It is anticipated that the final strategy will be put to Glasgow City IJB by the end of March, which will have been informed by the contribution of West Dunbartonshire HSCP. West Dunbartonshire's HSCP Board will receive a further update at its May 2018 meeting, with a local plan in response, alongside the financial framework.

4. Main Issues

- 4.1 HSCPs in the NHSGGC area are working together to develop a whole system five-year strategy for mental health because:
- The adult mental health system is operating under unsustainable pressure with 3% annual growth demand and bed occupancy frequently operating at over 100%.

- There is no prospect of an easing of these pressures in the short to medium term.
- Implementing conventional efficiencies and seeking modest incremental change will not be sufficient to meet financial targets while maintaining safe and effective services.
- There is still some scope for system-wide pooling and consolidation of resources, including performance improvement, pathway redesign and innovative forms of support.
- Cross-system interdependencies are strong and complex, and need to be coordinated in a GGC-wide context.

4.2 The strategy being prepared requires system wide engagement by all HSCPs, and of the NHSGGC Board. The following principles underpin the 5 year strategy:

- A whole-system approach to Mental Health across the NHS GG&C Board area, recognising the importance of interfaces with primary care, Acute, public health, health improvement, social care and third sector provision.
- A model of stepped/matched care responding to routine clinical outcome measurement and with an emphasis on using low-intensity interventions whenever appropriate.
- A focus on minimising duration of service contact consistent with effective care, while ensuring prompt access for all who need it – the principle of “easy in, easy out”.
- Identification and delivery of condition pathways, based on the provision of evidence-based and cost-effective forms of treatment.
- Attention to trauma and adversity where that influences the presentation and response to treatment.
- Prevention and early intervention.
- Recognition of the importance of recovery-based approaches, including peer support.
- Meaningful service user and carer engagement and involvement to help guide the implementation process.
- A workforce development approach that supports staff through the change process and equips staff with the necessary training and skills for the future.
- A robust risk management process to inform and guide the implementation process.

4.3 The “care needed” means timely access to the full range of interventions recommended by NICE, SIGN, the Matrix and other accepted care standards in Scotland. Using a “stepped” or “matched” care model, services tailor the intensity of care provided to meet patient needs. To this end, five levels of care were identified:

- Public health interventions.
- Open access services that did not require referral and supported self-care.
- Early responses and brief interventions.
- Longer-term multi-disciplinary ongoing care.
- Intensive treatment and support.

- 4.4** An “unscheduled care” element is also needed to respond to crises and emergency needs, for all conditions and setting.
- 4.5** Mental Health services can be considered to be a “complex adaptive system” in which each service element is dependent on many others to function properly. Changes in one part of the system are likely to have consequences elsewhere, and those inter-dependencies need to be identified and managed carefully. To address the challenge ahead, the 5 year strategy is concentrating on the following 7 strands of work:
- Unscheduled care, including crisis responses, home treatment, and acute Mental Health inpatient care.
 - Recovery-oriented care including inpatient provision and a range of community based services, including local authority and third sector provision.
 - Well-being-orientated care including working with children’s services to promote strong relational development in childhood, protecting children from harm and enabling children to have the best start.
 - Productivity initiatives in community services to enhance capacity while maintaining quality of care.
 - Medium-long term planning for prevention of mental health problems.
 - Bed modelling - Short Stay mental health beds: underpinning the first three strands is the need to estimate the number and type of hospital beds that the system needs to provide in order to deliver effective care.
 - Shifting the Balance of Care - Rehabilitation and Long Stay Beds: moving away from hospital wards to community alternatives for people requiring longer term, 24/7 care, with residual mental health rehabilitation hospital beds working to a consistent, recovery-focussed model.

5. People Implications

- 5.1** A requirement for staff engagement is acknowledged within the draft strategy to support staff through the change process. The proposals will have implications across acute and community services.

6. Financial and Procurement Implications

- 6.1** There will be a supporting financial framework when our local plan is brought back to the HSCP Board in May.

7. Risk Analysis

- 7.1** These will be assessed in the coming period and reflected in our local plan. It is evident that the proposals are likely to see a reduction in the available in-patient beds available as plans move towards more community based services.

8. Equality Impact Assessment (EIA)

8.1 Equality Impact Assessments will be completed as part of the completion of the strategy and the local plan.

9. Consultation

9.1 This will be reflected within the local plan.

10. Strategic Assessment

10.1 The Strategic Plan 2016-19 recognises the importance of improving mental health outcomes within West Dunbartonshire.

Author: Julie Lusk - Head Mental Health, Addictions & Learning Disabilities
West Dunbartonshire Health & Care Partnership

Date: 22nd January 2018

Person to Contact: Julie Lusk - Head Mental Health, Addictions & Learning Disabilities; West Dunbartonshire Health & Care Partnership
E-mail: Julie.Lusk@ggc.scot.nhs.uk

Appendices: None

Background Papers: None

Wards Affected: All.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Health & Social Care Partnership Board: 14th February 2018**

Subject: Public Performance Report July to September 2017

1. Purpose

- 1.1 To present the Partnership Board with the Health & Social Care Partnership's Public Performance Report for the second quarter of 2017/18 (July to September 2017).

2. Recommendations

- 2.1 The Partnership Board is recommended to approve the Partnership Public Performance Report for July to September 2017 for publication.

3. Background

- 3.1 The Health & Social Care Partnership's Strategic Plan 2016-2019 was approved by the Partnership Board at its August 2016 meeting.
- 3.2 As the Partnership Board will recall, the strategic performance framework for the Strategic Plan reflects two key principles articulated within the National Framework for Clinical and Care Governance, namely that:
- Values of openness and accountability are promoted and demonstrated through actions.
 - All actions are focused on the provision of high quality, safe, effective and person-centred services.
- 3.3 Building on the Annual Performance Report 2016/17 (received by the Partnership Board at its August 2017 meeting), the second quarterly Public Performance Report for 2017/18 is appended here for consideration (Appendix 1).

4. Main issues

- 4.1 The Public Performance Report for July – September 2017 focuses on those key strategic performance indicators for the Partnership where performance data is available for that specific time period. It has been augmented with data on key aspects of workforce and financial performance (the latter of which have been previously reported to the Partnership Board by the Chief Financial Officer for that period). Its metrics also been updated to reflect requirements for reporting from the Ministerial Strategic Group for Health and Community Care with respect to Understanding Progress Under Integration (Appendix 2); with the specific submission requested by the Ministerial Strategic Group reflecting the performance data reported here.

4.2 The Public Performance Report has already been formally scrutinised internally by the Partnership's Senior Management Team as part of the internal performance management regime. Once considered by the Partnership Board, this second quarterly Public Performance Report will be published on the Health & Social Care Partnership's website and cascaded to stakeholders.

5. People Implications

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

6. Financial and Procurement Implications

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

7. Risk Analysis

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

8. Equality Impact Assessment (EIA)

8.1 None required.

9. Consultation

9.1 None required.

10. Strategic Assessment

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

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

Date: 29th December 2017

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

Attached: West Dunbartonshire Health & Social Care Partnership
Public Performance Report July – September 2017

Letter from Scottish Government and COSLA:
Understanding Progress Under Integration (November
2017)

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

HSCP Board Report (August 2017): Annual Performance
Report 2016/17

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

Scottish Government (2015) National Framework for
Clinical and Care Governance:

<http://www.gov.scot/Resource/0049/00491266.pdf>

Audit Scotland (2010) Best Value Toolkit: Public
Performance Reporting: [http://www.audit-
scotland.gov.uk/docs/best_value/2010/bv_100809_public
performance_reporting_toolkit.pdf](http://www.audit-scotland.gov.uk/docs/best_value/2010/bv_100809_public_performance_reporting_toolkit.pdf)

Wards Affected: All

Public Performance Report

July – September 2017

West Dunbartonshire

Health and Social Care Partnership



Introduction

Welcome to West Dunbartonshire Health and Social Care Partnership's second Public Performance Report for 2017/18.

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

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

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

Mr Soumen Sengupta

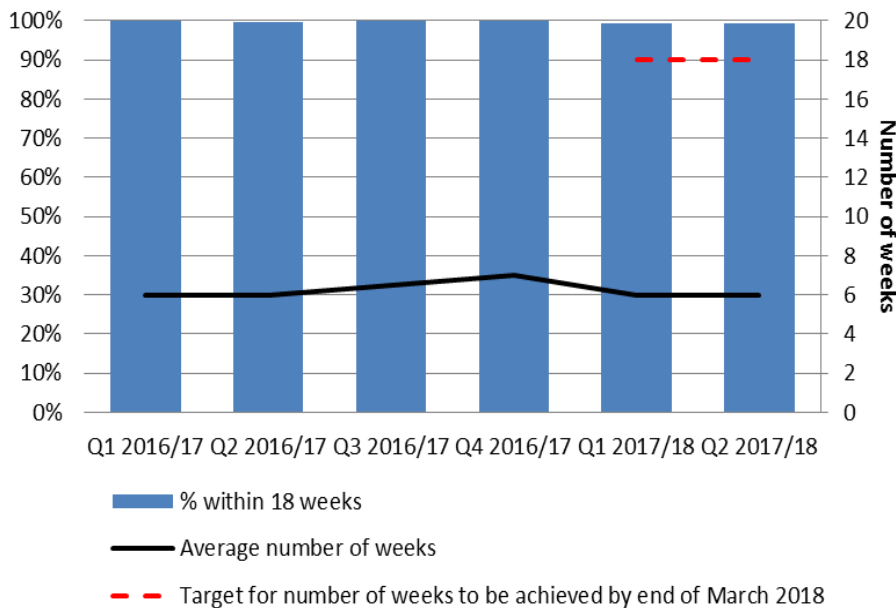
Head of Strategy, Planning & Health Improvement

The West Dunbartonshire Health and Social Care Partnership Board's:

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

Supporting Children and Families

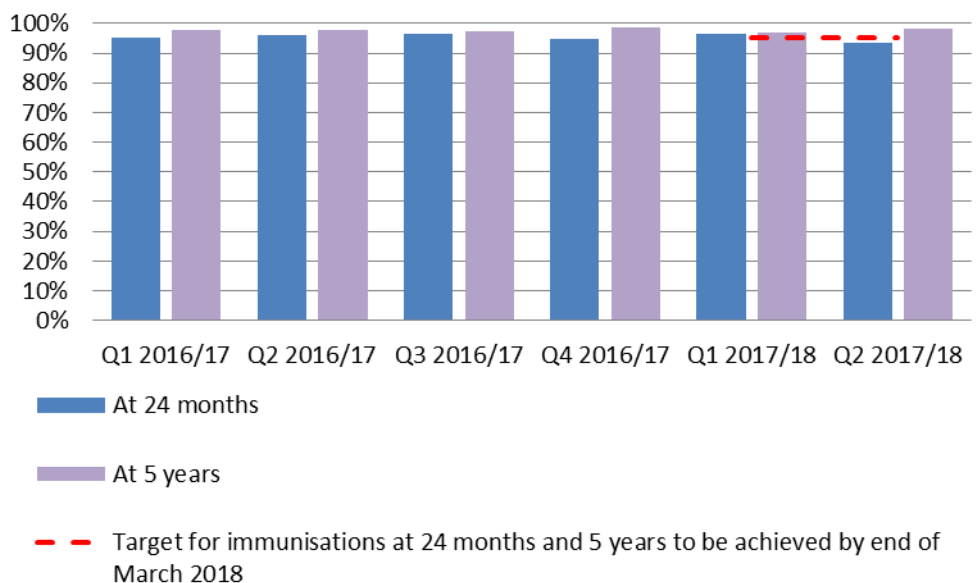
Child and Adolescent Mental Health Service (CAMHS) Referral to Treatment



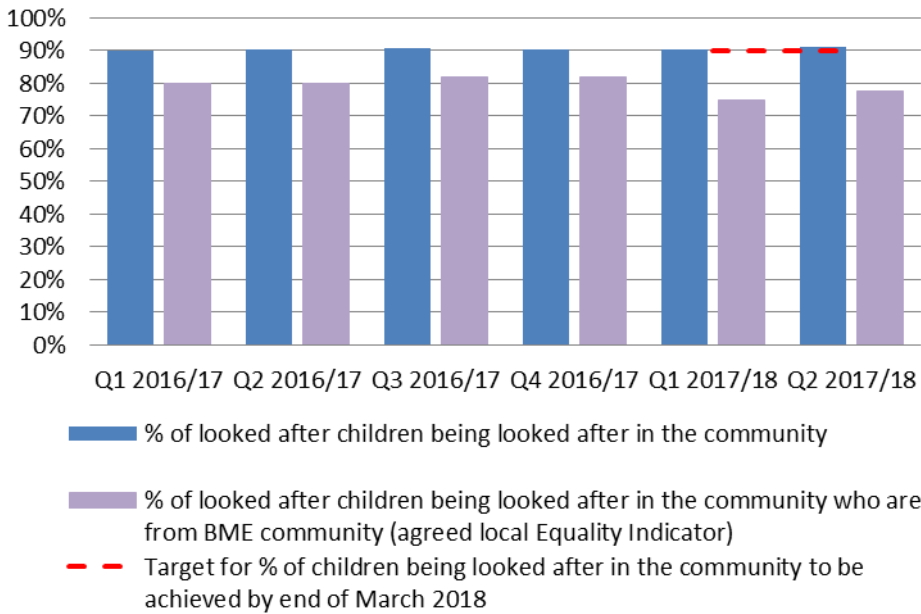
85 children and young people were referred to CAMHS in Qtr2 2017/18, a reduction of 17 on the previous quarter. The average time for referral to treatment continues to be well below the 18 week target at 6 weeks.

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

221 children had an MMR immunisation at 24 months (93.6%) and 278 children had an MMR immunisation at 5 years (98.2%) in Qtr2 2017/18.



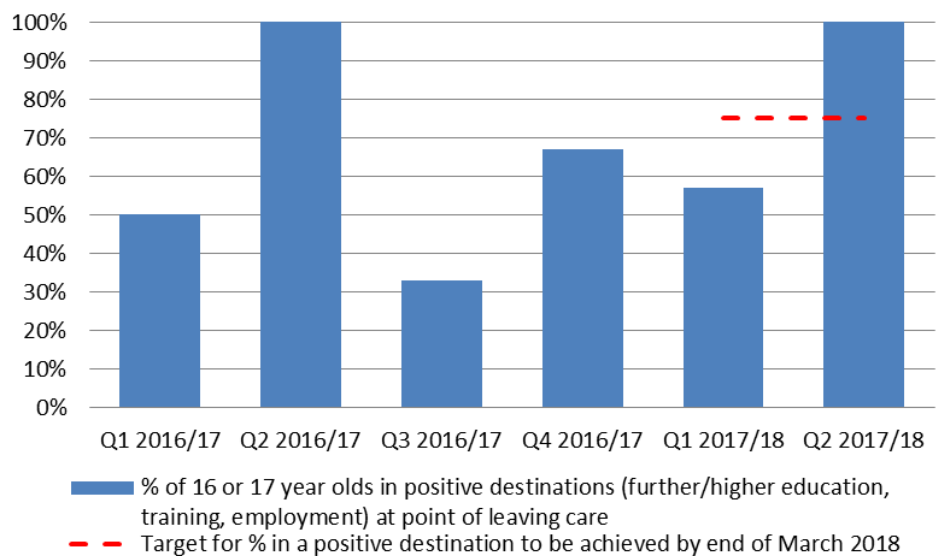
Children Looked After in the Community



402 of the 441 looked after children were looked after in the community (91.2%) in Qtr2 2017/18.

Of the 9 looked after children who happened to be BME (Black & Minority Ethnic), 7 were looked after in the community (77.8%) in Qtr2 2017/18.

Looked after children entering positive destinations



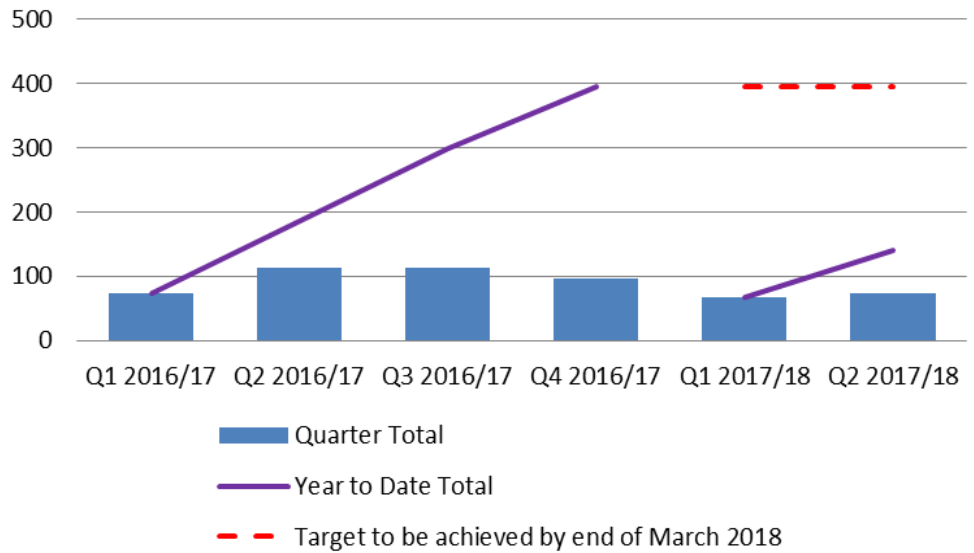
All of the children (100%) who left care in Qtr2 2017/18 entered a positive destination.

This indicator relates to a very small number of children and therefore the percentage can fluctuate significantly.

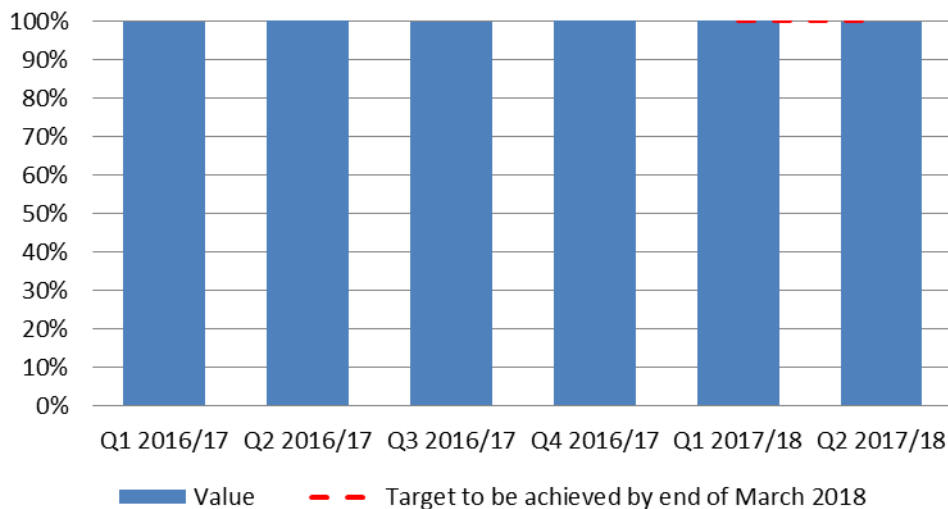
* 2016/17 quarterly figures revised at year end

Number of referrals to the Scottish Children's Reporter on care and welfare grounds

67 children were referred to the Scottish Children's Reporter (73 referrals) on care and welfare grounds during Qtr2 2017/18.



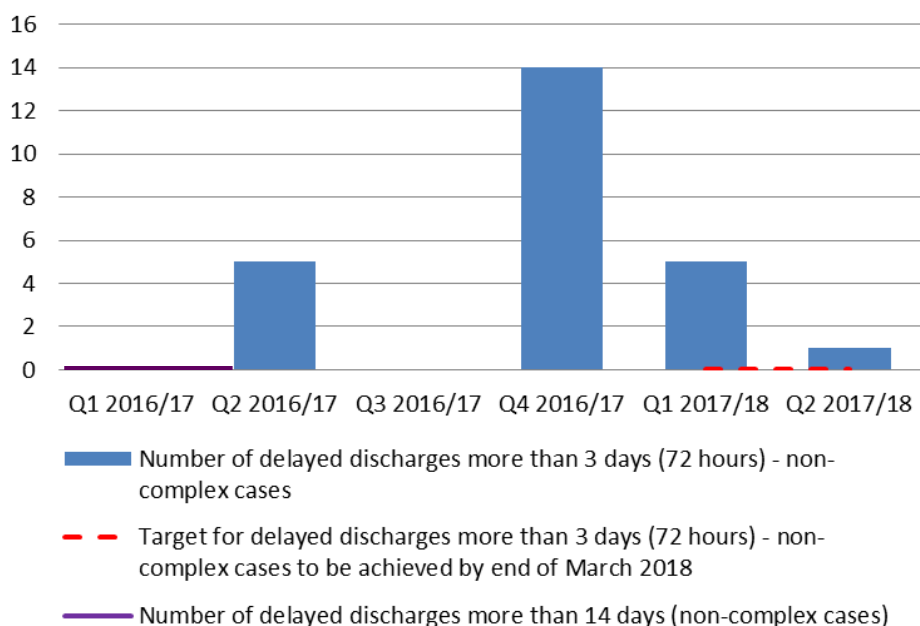
% of all children aged 0-18 years with an identified "named person" as defined within the Children's and Young People's Act 2014



18,652 children (99.7%) had an identified named person in Qtr2 2017/18.

Supporting Older People

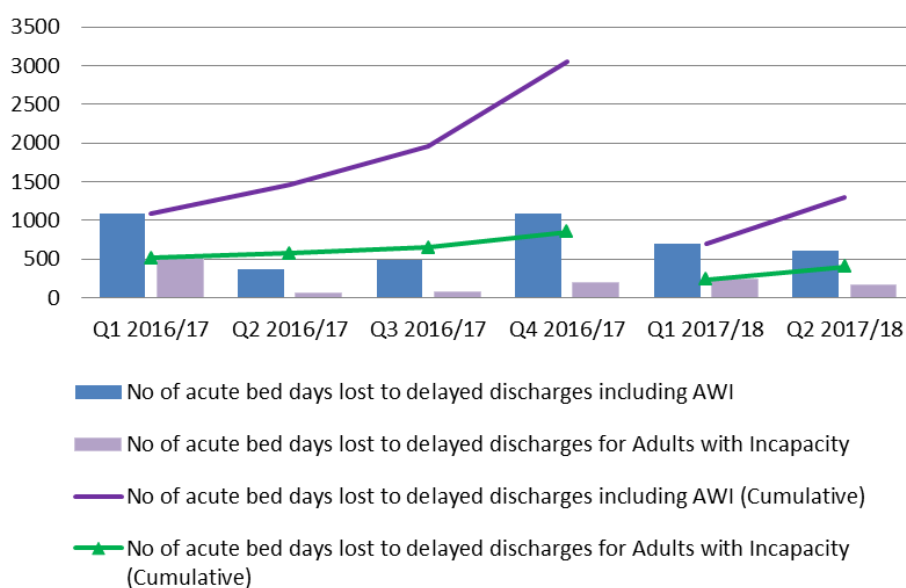
Delayed Discharges more than 3 days - non-complex cases



The Scottish Government changed the way delayed discharges are counted from 1st July 2016. The previous figure for delays of more than 14 days has been included in the chart for context/ comparison.

There was 1 delay of more than 3 days for non-complex cases at the census point in Qtr2 2017/18.

Acute bed days lost to delayed discharge (aged 65 and over)

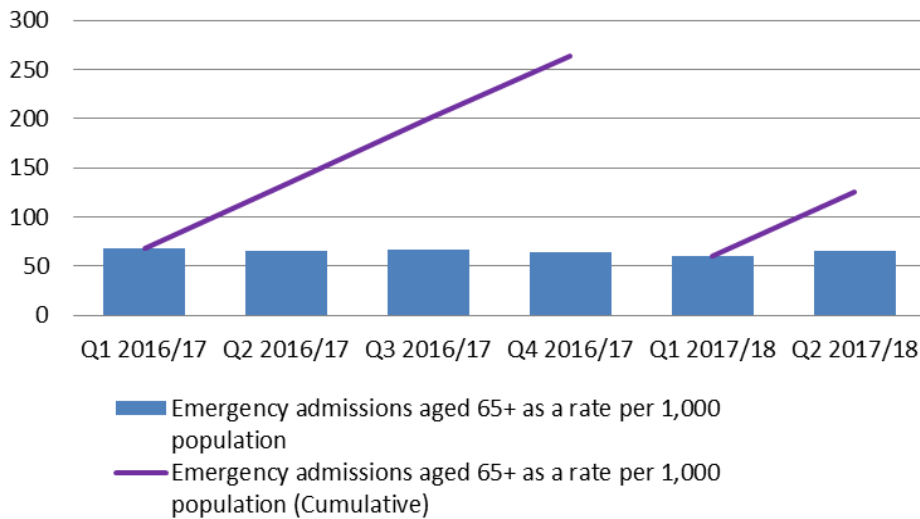


603 bed days were lost to delayed discharge for people aged 65 and over in Qtr2 2017/18. 162 of these bed days were lost to delayed discharge for Adults with Incapacity (AWI).

During the same period in 2016/17, there were 374 bed days lost, 57 of which were for AWI.

Targets will be set in line with the local objectives agreed with the Ministerial Strategic Group for Health and Community Care (MSG).

Emergency Admissions aged 65 and over

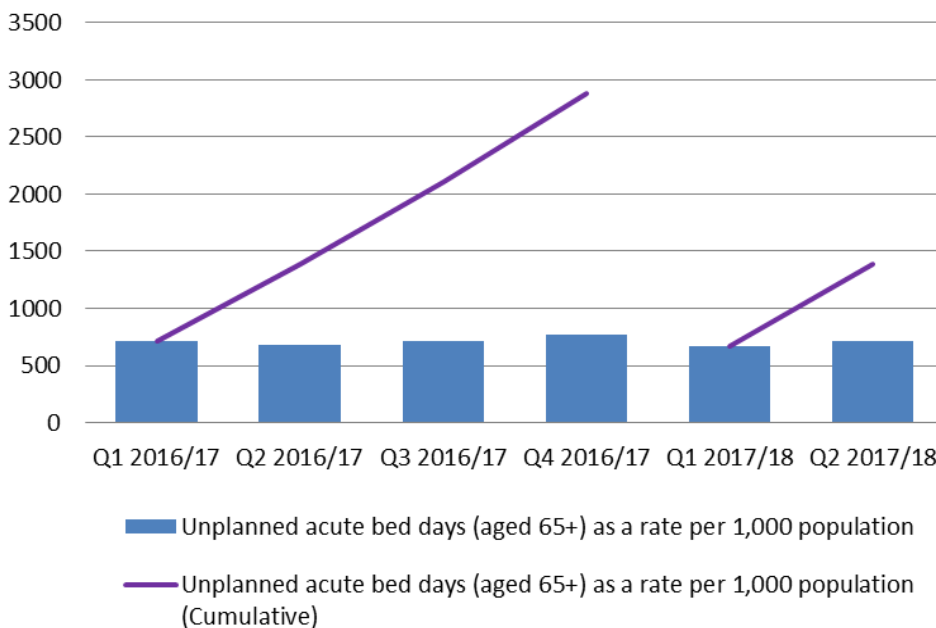


There were 1,040 emergency admissions of people aged 65 and over in Qtr2 2017/18: a rate of 65 per 1,000 population.

During the same period in 2016/17, there were 1,032 emergency admissions: a rate of 65 per 1,000 population.

Targets will be set in line with the local objectives agreed with the Ministerial Strategic Group for Health and Community Care (MSG).

Unplanned acute bed days aged 65 and over



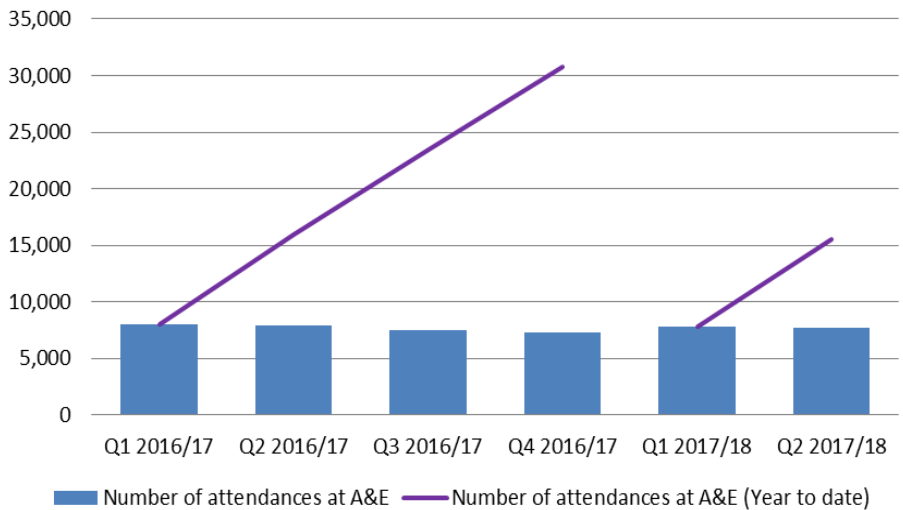
There were 11,357 unplanned acute bed days used by people aged 65 and over in Qtr2 2017/18: a rate of 715 per 1,000 population.

During the same period in 2016/17, there were 10,733 unplanned acute bed days used: a rate of 675 per 1,000 population.

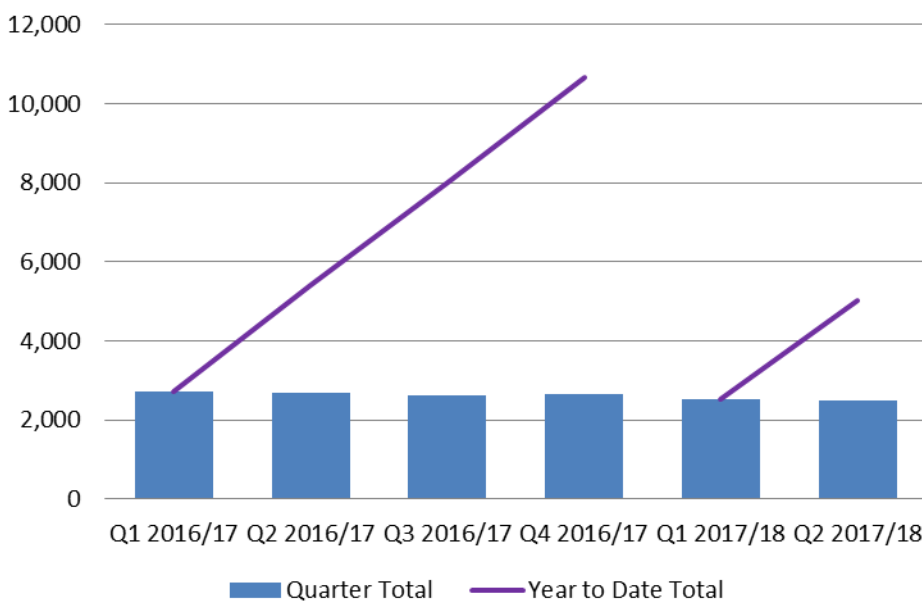
Targets will be set in line with the local objectives agreed with the Ministerial Strategic Group for Health and Community Care (MSG).

Numbers of attendance rather than rates of attendance is being reported in line with the monitoring of our Unscheduled Care objectives. There were 7,721 attendances at A&E in Qtr2 2017/18. During the same period in 2016/17, there were 7,924 attendances. Targets will be set in line with the local objectives agreed with the Ministerial Strategic Group for Health and Community Care (MSG).

Number of attendances at Accident and Emergency (Emergency Departments and Minor Injury Units)

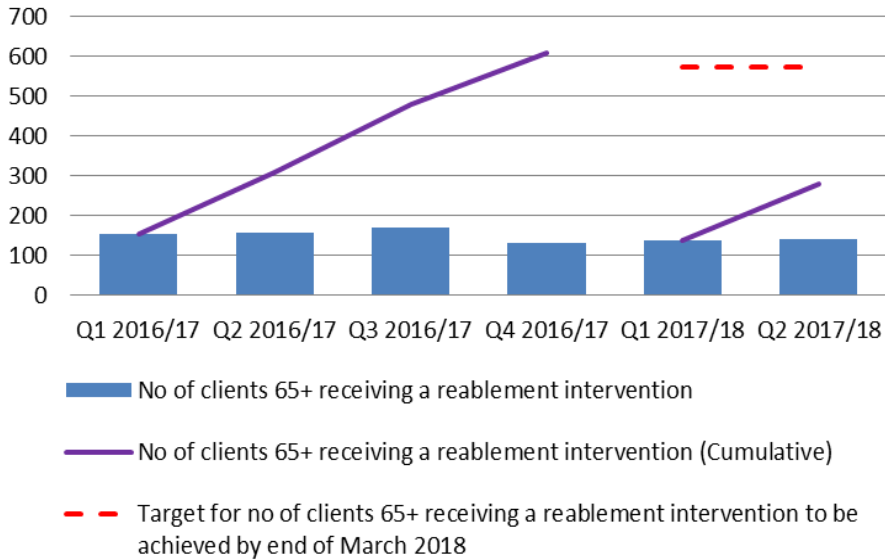


Emergency admissions - All ages



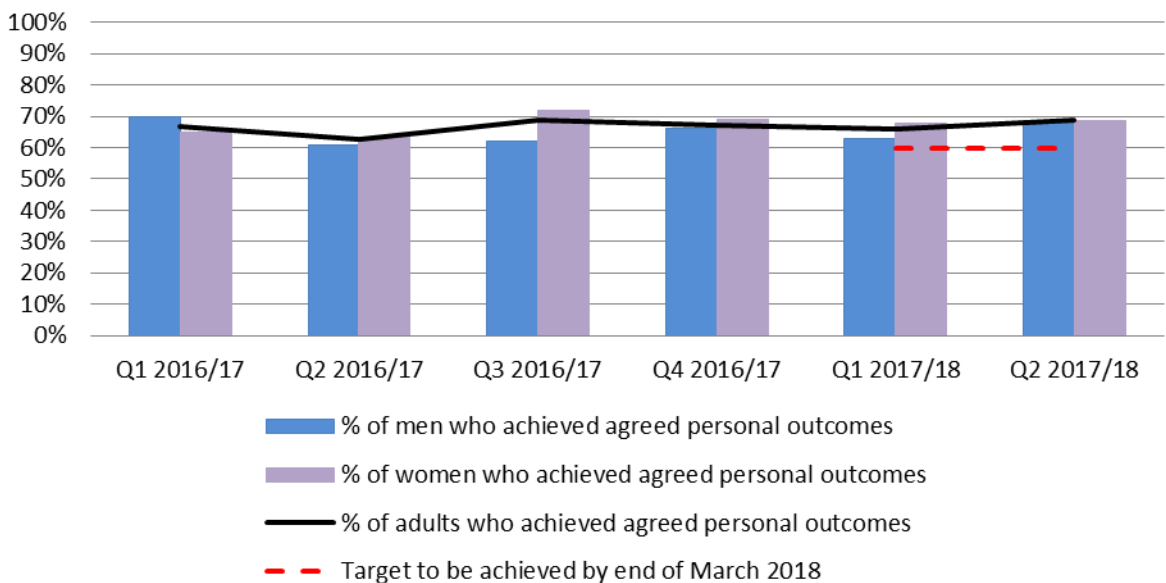
There were 2,492 emergency admissions (all ages) in Qtr2 2017/18. During the same period in 2016/17, there were 2,692 admissions. Targets will be set in line with the local objectives agreed with the Ministerial Strategic Group for Health and Community Care (MSG).

Number of people receiving a reablement intervention

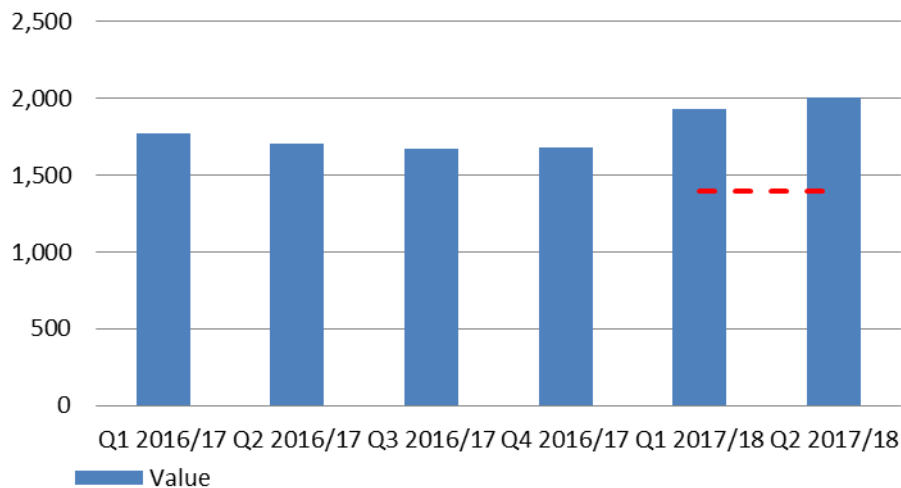


97 of the 141 people (68.8%) who received a reablement service achieved their agreed personal outcomes in Qtr2 2017/18: 68.8% of men and 68.8% of women.

Percentage of adults with assessed care at home needs and a reablement package who have reached their agreed personal outcomes



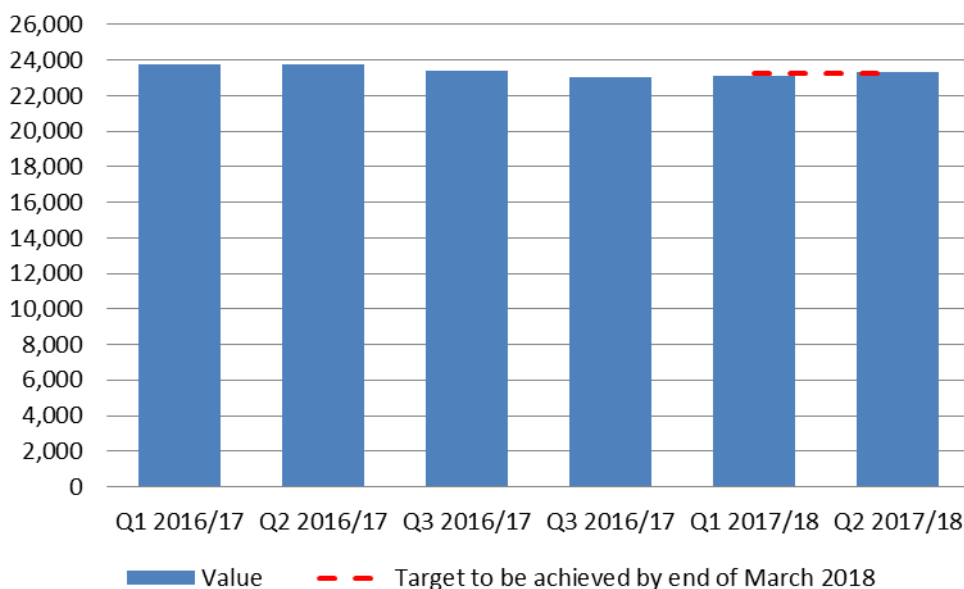
Number of people in anticipatory care programmes



2,003 people had an Anticipatory Care Plan (ACP) in place in Qtr2 2017/18. This figure now includes both GP-led and ACP Support Nurse ACPs.

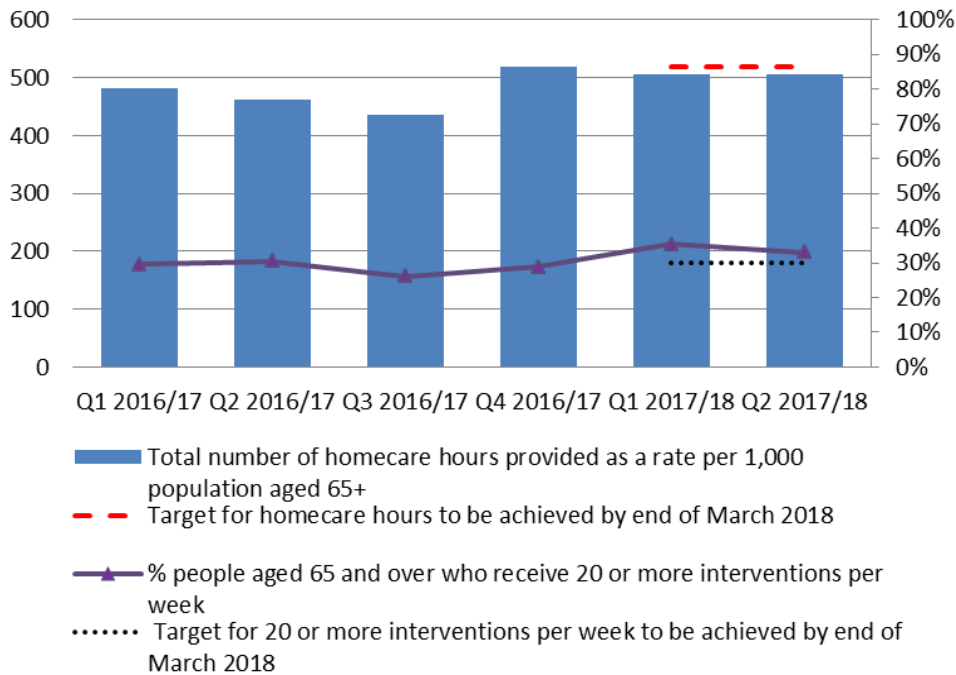
--- Target for number of people to be sustained in anticipatory care programmes at the end of March 2018

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



1,645 people aged 75 and over received a Telecare service at the end of Qtr2 2017/18.

Homecare hours and interventions

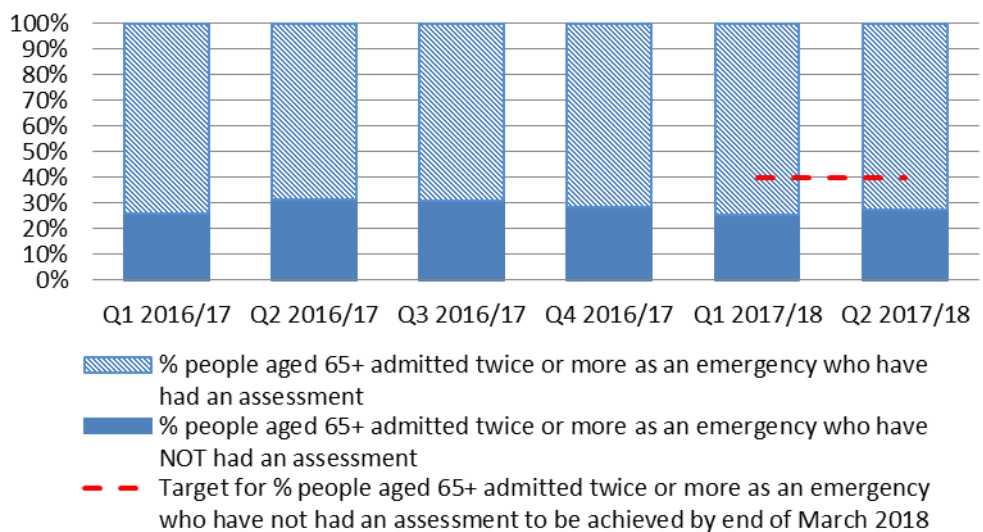


8,190 hours of homecare per week were provided to 1,317 people aged 65 and over in Qtr2 2017/18. This equates to a rate of 505.8 hours per 1,000 population. 436 people received 20 or more interventions per week (33.1%) in Qtr2 2017/18.

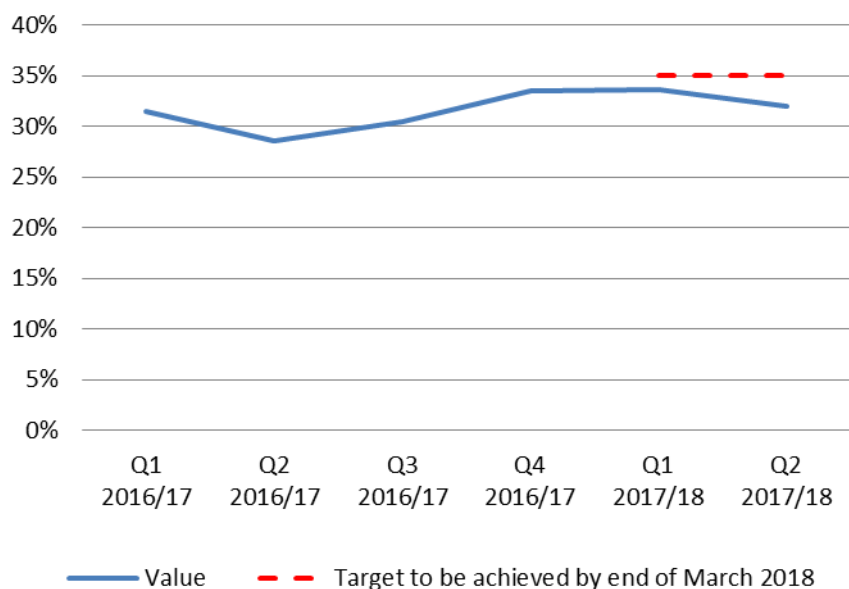
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment

621 people (72.3%) aged 65 and over admitted to hospital twice or more received an assessment of their needs in Qtr2 2017/18.

238 people (27.7%) did not have an assessment.



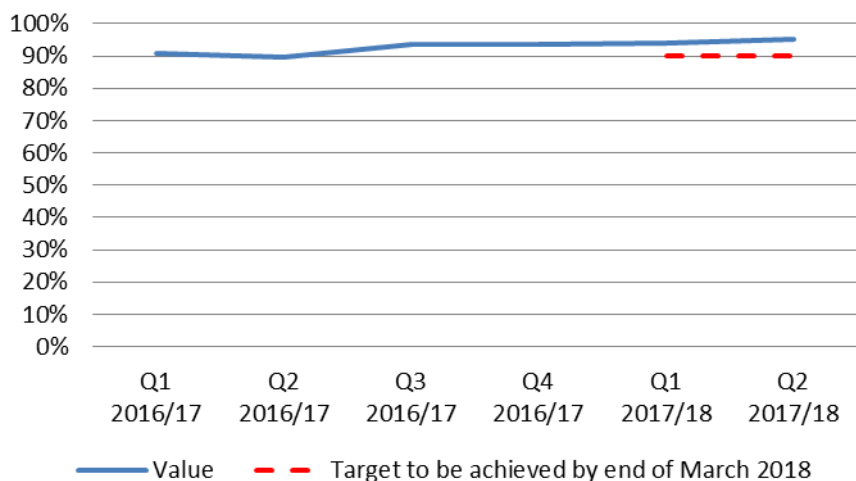
% people with intensive needs 65+ receiving care at home (10+ hrs) *



284 people aged 65 and over with intensive needs received 10 or more hours of care at home in Qtr2 2017/18.

This indicator is published by the Local Government Benchmarking Framework and measures volume of home care in isolation from other services. People with the most intensive needs receive complex packages of care utilising a range of community supports including home care, meal deliveries, day care, community health input and Telecare. These supports combine to reduce the reliance on traditional high volumes of home care and provide a more targeted response to the person's needs.

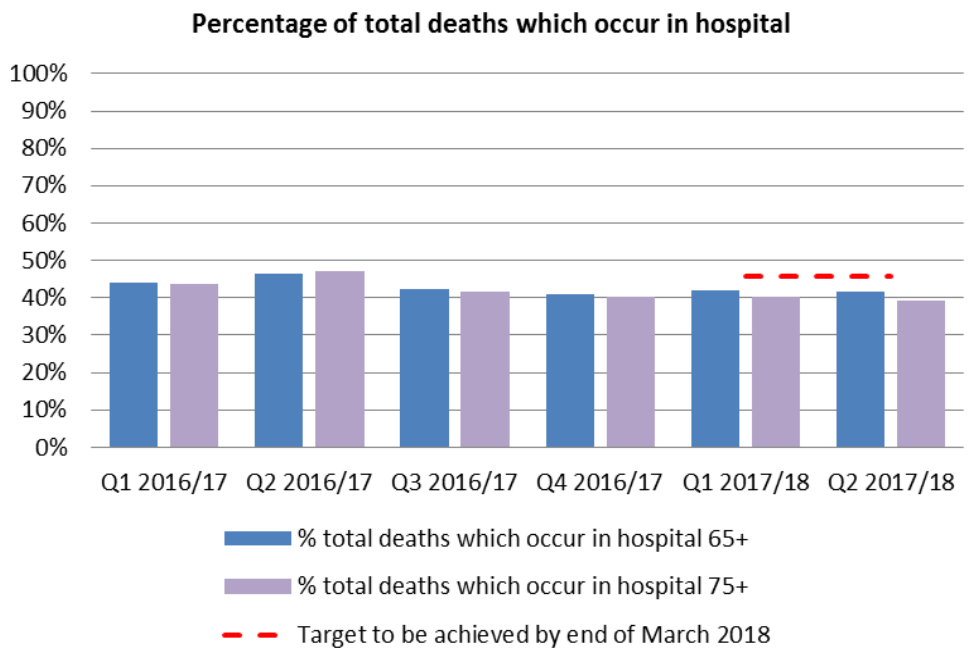
Percentage of care at home clients (65+) receiving personal care



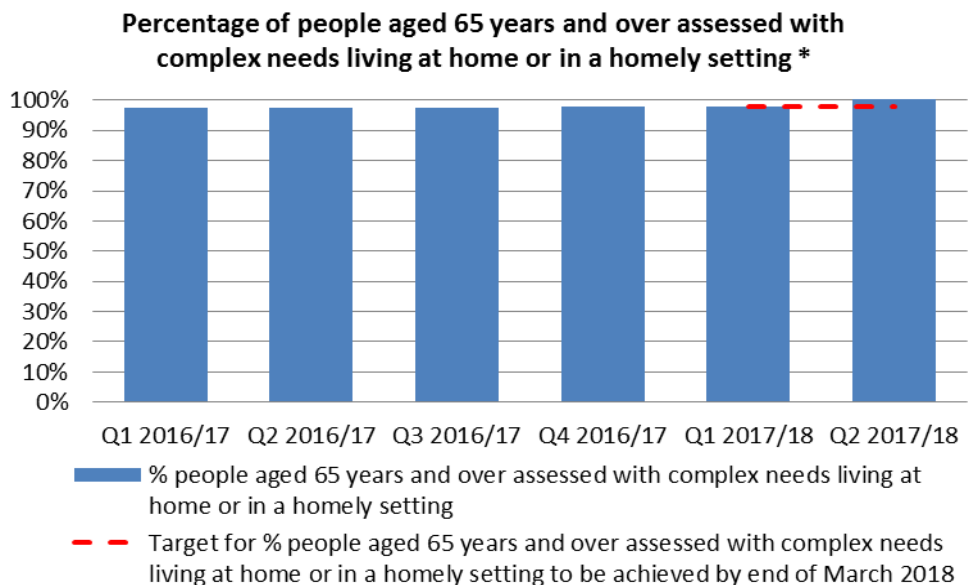
1,253 of 1,317 people (95.1%) aged 65 and over received personal care at home in Qtr2 2017/18.

*A change in the 2015/16 guidance for the collection of Continuing Care data will affect comparability with previous figures. Scottish Government are currently examining options to resolve this and this may result in an update to the data presented here.

41.7% of all people aged 65 and over who died in Qtr2 2017/18 died in hospital.
 39.4% of those aged 75 and over died in hospital: the lowest percentage since January 2011.

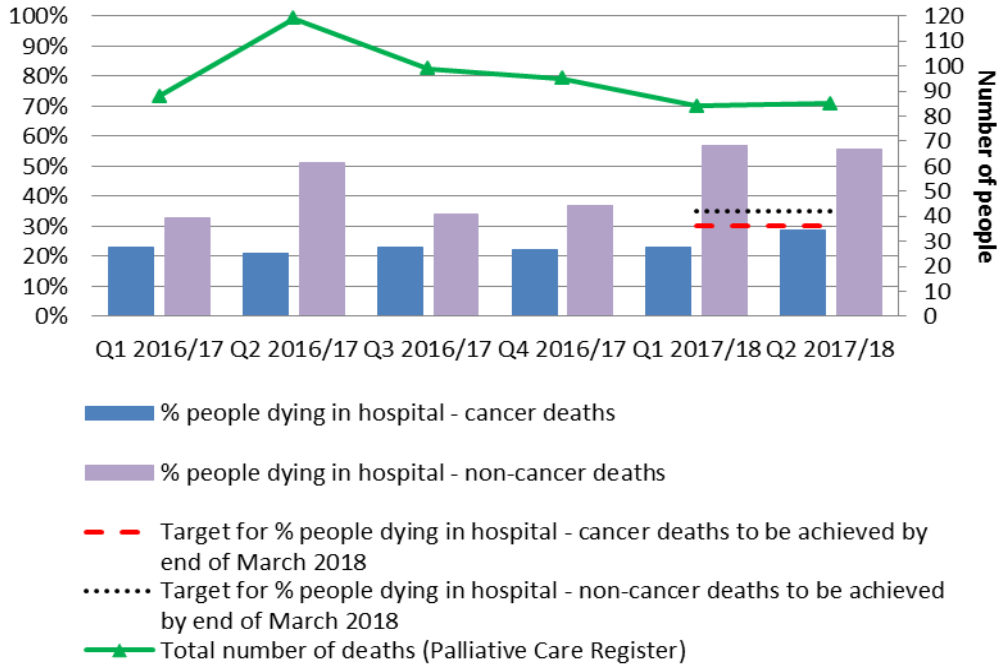



868 people (97.7%) aged 65 and over with complex needs were living in a homely setting in Qtr2 2017/18.



*A change in the 2015/16 guidance for the collection of Continuing Care data will affect comparability with previous figures. Scottish Government are currently examining options to resolve this and this may result in an update to the data presented here.

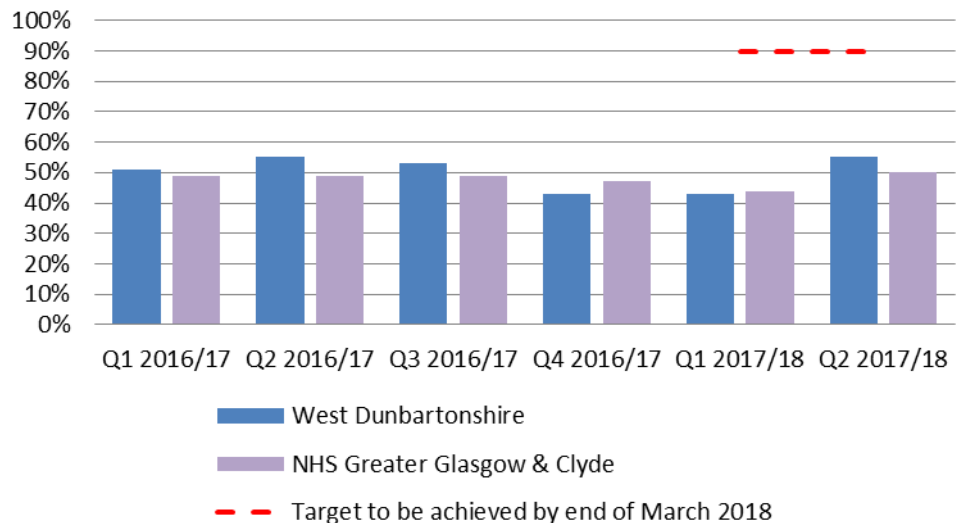
Percentage of people on the Palliative Care Register dying in hospital



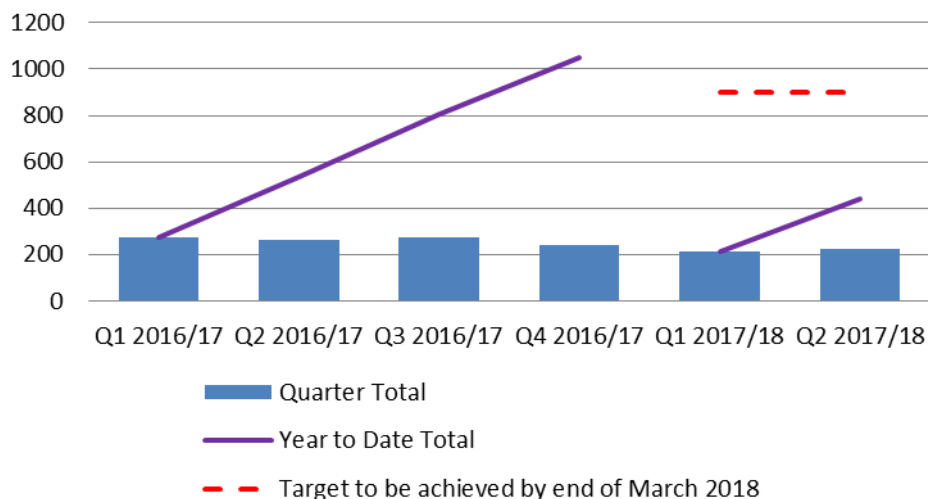

 85 people on the Palliative Care Register died in Qtr2 2017/18, 60% of whom were supported to die at home or in a homely setting.

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

1,610 people from West Dunbartonshire and 17,795 from across NHS Greater Glasgow & Clyde were referred to the MSK service in Qtr2 2017/18.



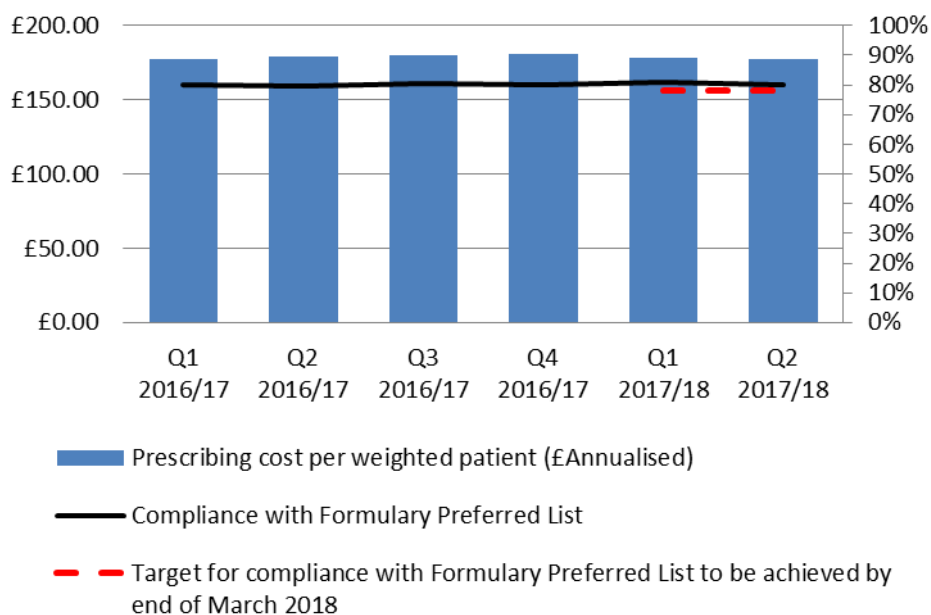
Number of people receiving Homecare Pharmacy Team support



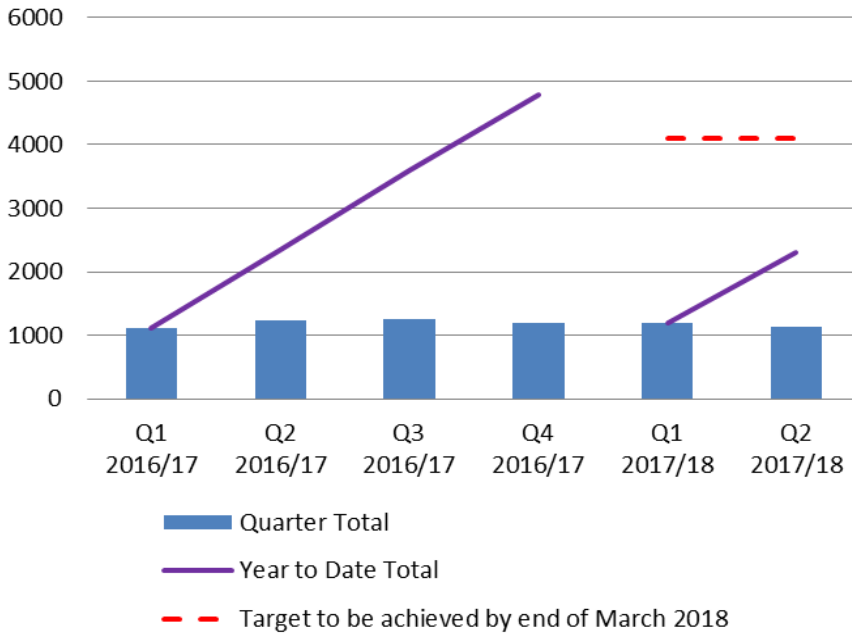
443 people were referred to the Homecare Pharmacy Team in Qtr2 2017/18. 89 people declined the support and 100 people were being supported by other service teams.

Compliance with the Formulary Preferred List was 80% in Qtr2 2017/18. WDHSCP's prescribing cost target is the average cost across NHS Greater Glasgow & Clyde as calculated at the end of March 2018.

Prescribing cost and compliance with Formulary Preferred List

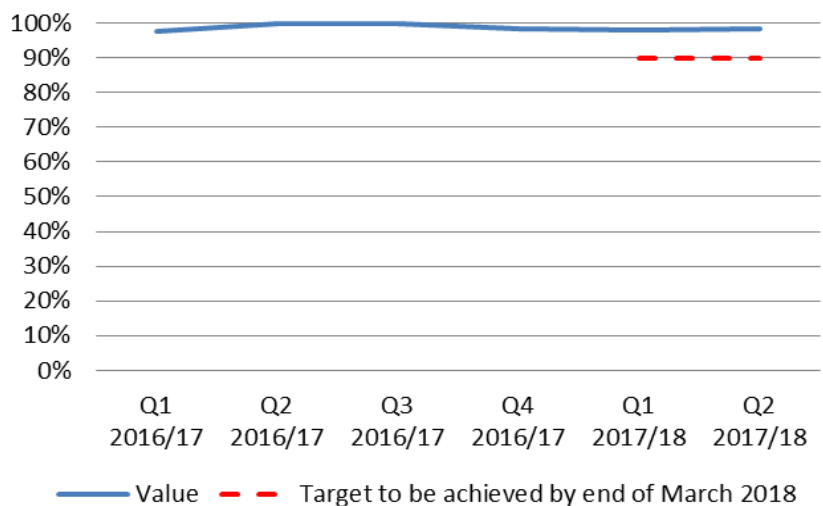


Number of respite weeks provided to all client groups



406 people received respite in Qtr2 2017/18. Targets have been reviewed in light of a revised methodology for inclusion of respite which must now be clearly identified in the cared for person's care plan.

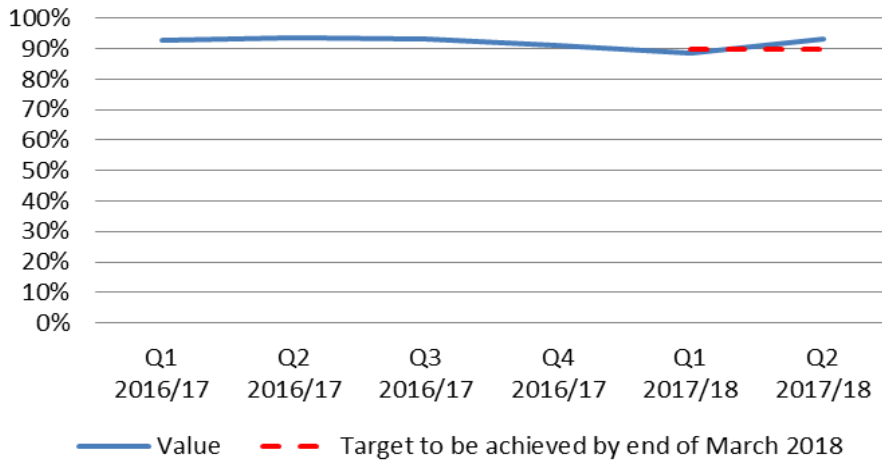
Percentage of carers who feel supported to continue in their caring role



66 of the 67 carers (98.5%) asked as part of their Carer Support Plan felt supported to continue in their caring role during Qtr2 2017/18.

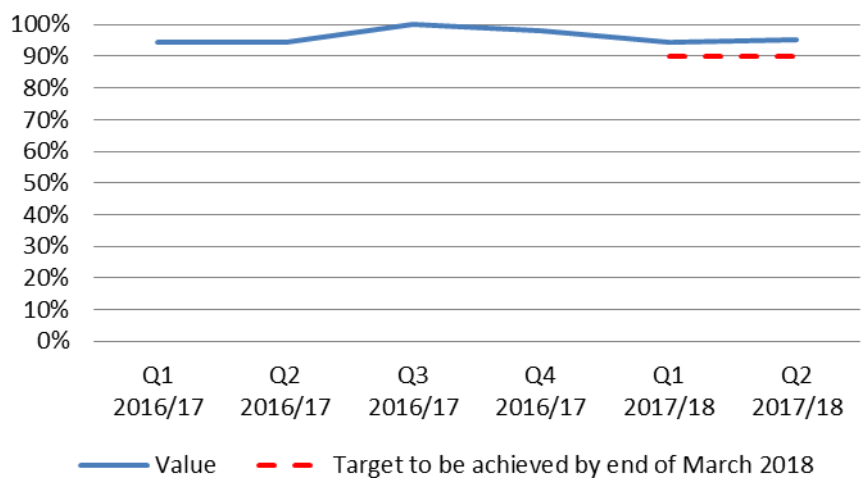
Supporting Safe, Strong and Involved Communities

Percentage of people waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery



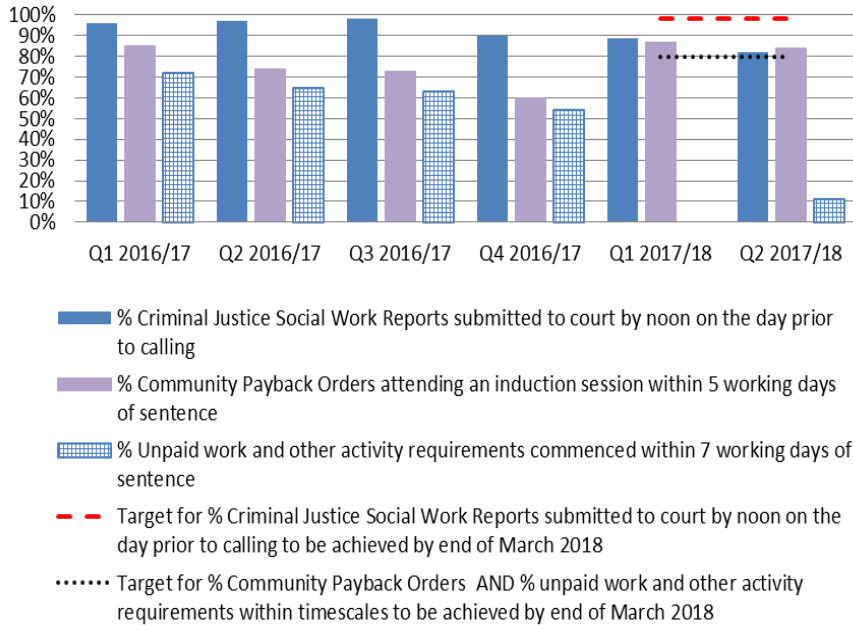
214 of 229 people (93.4%) received treatment within 3 weeks of referral in Qtr2 2017/18.

Percentage of people who started Psychological Therapies within 18 weeks of referral



62 of 65 people (95.4%) started Psychological Therapies treatment within 18 weeks of referral in Qtr2 2017/18.

Criminal Justice



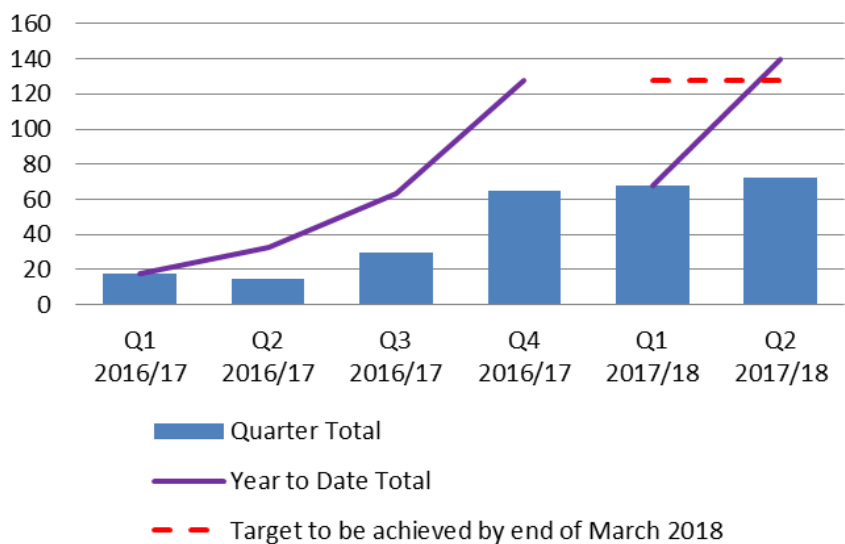
103 of the 125 (82%) Social Work Reports were submitted on time in Qtr2 2017/18.

75 of the 89 (84%) new Community Payback Orders attended induction within the timescale in Qtr2 2017/18.

8 of the 75 (11%) of unpaid work orders were commenced within 7 days in Qtr2 2017/18.

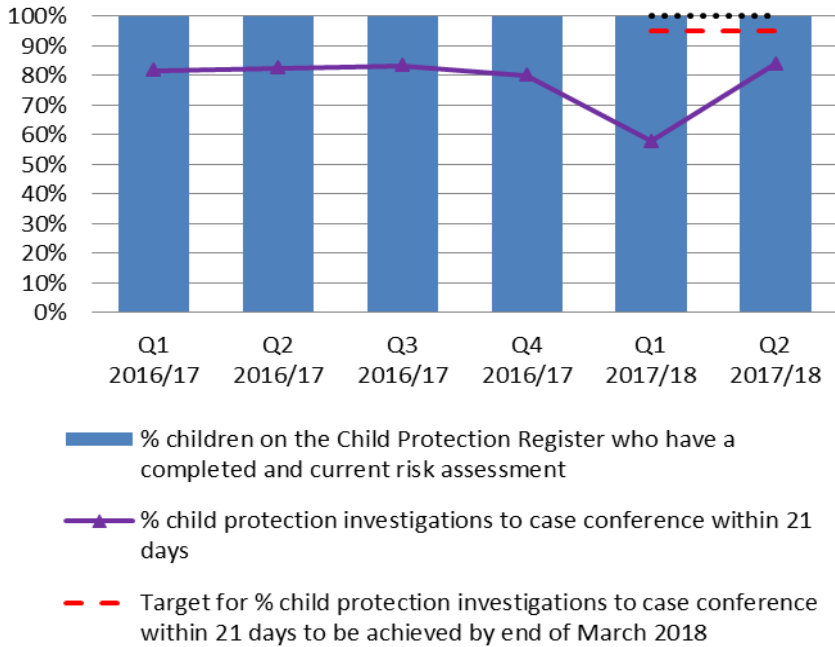
Work is underway to understand and address this poor performance. A high volume of new unpaid work orders and 2 vacant posts may have been contributing factors.

Number of referrals to the Scottish Children's Reporter on offence grounds



28 children were referred to the Scottish Children's Reporter (72 referrals) on offence grounds during Qtr2 2017/18.

Child Protection

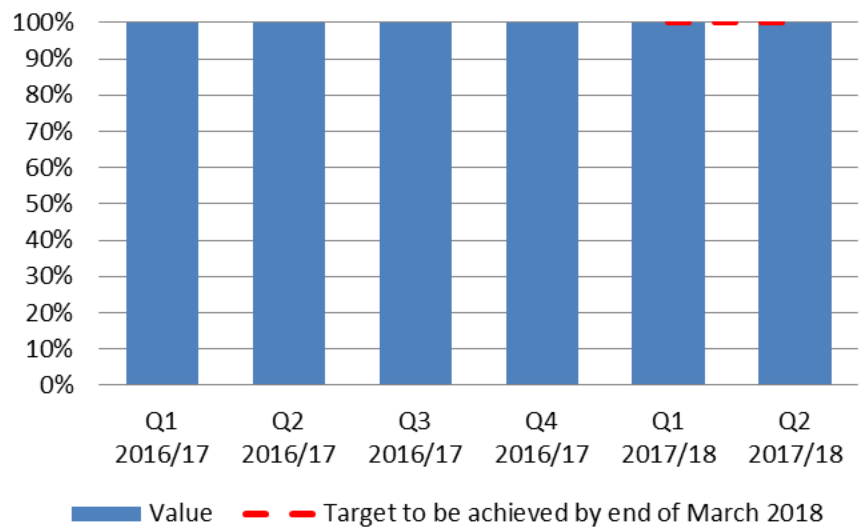


There were 55 children on the Child Protection Register at the end of Qtr2 2017/18.

42 out of 50 (84%) case conferences were carried out within 21 days during Qtr2 2017/18. Performance is being closely monitored to address any impact of higher registration numbers.

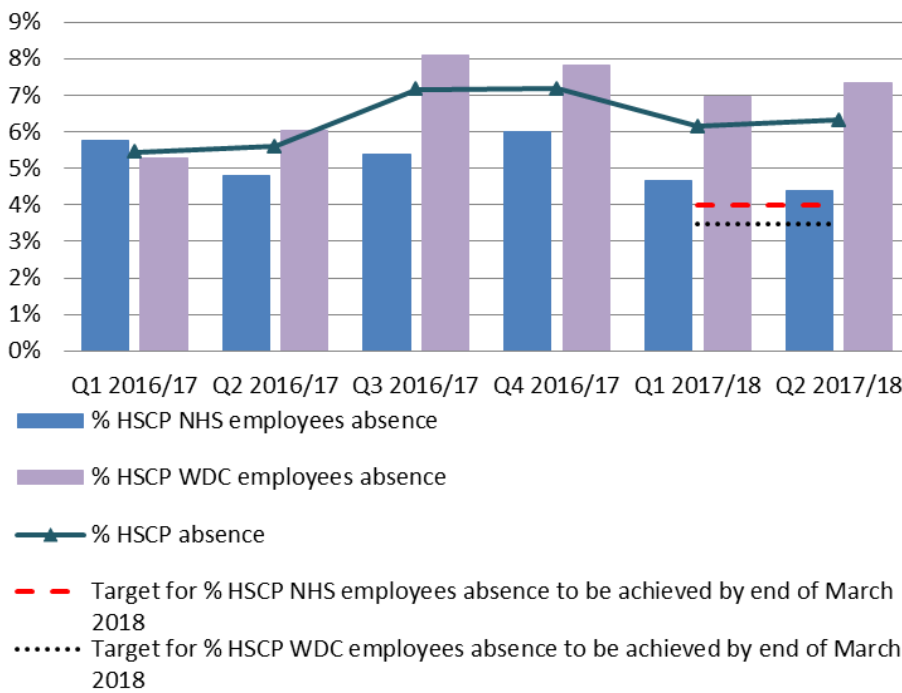
% Adult Support and Protection clients who have current risk assessments and care plan

All 5 Adult Support and Protection clients had a current risk assessment and care plan in Qtr2 2017/18.



Our Staff

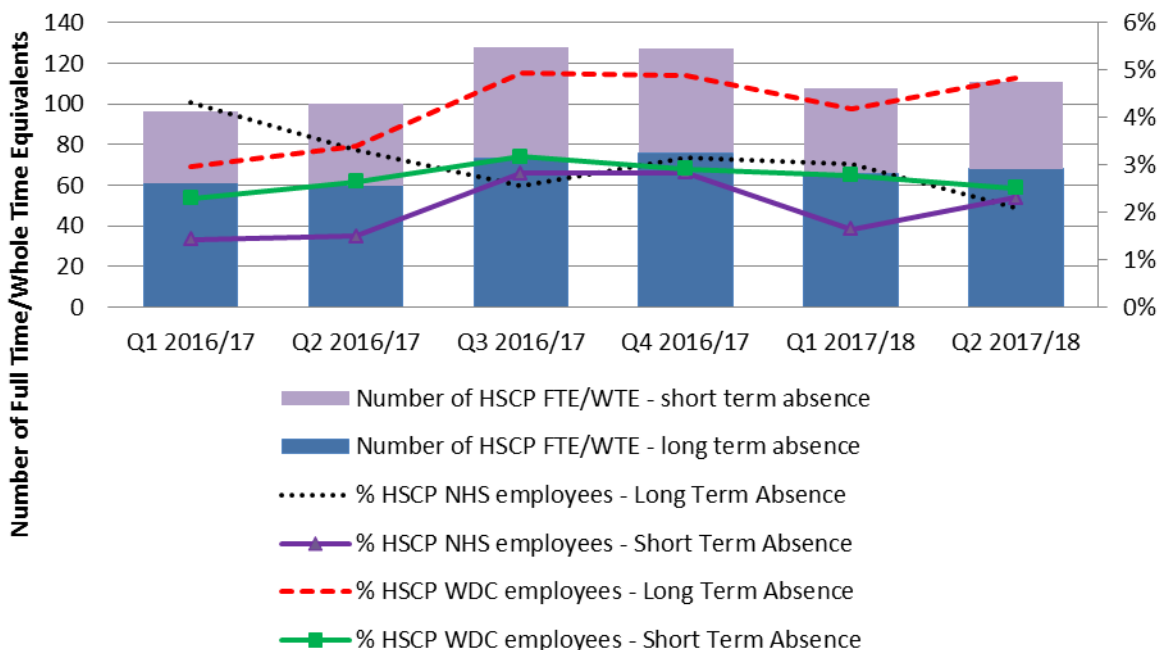
HSCP staff absence



There were 728 NHS employees (608.62 Whole Time Equivalent) and 1,422 WDC employees (1144.33 Full Time Equivalent) working within the HSCP during Qtr2 2017/18.

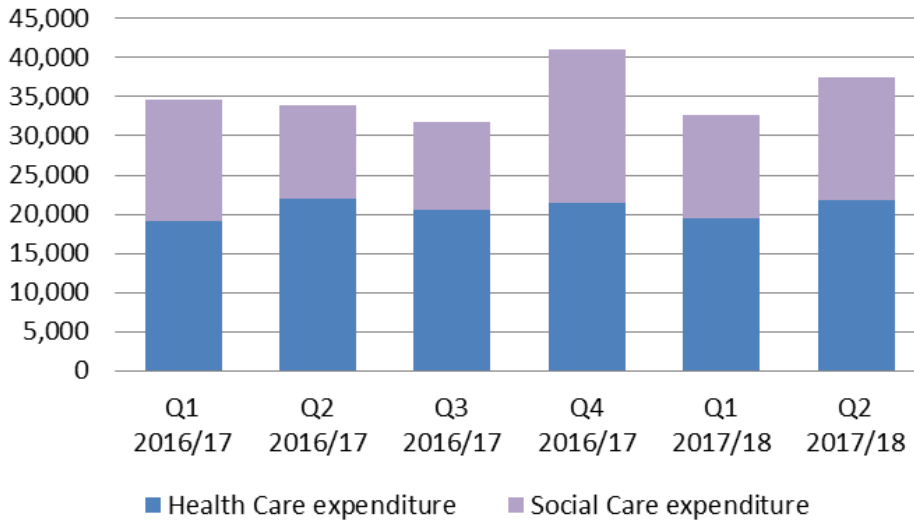
Overall HSCP absence was 6.32% in Qtr2 2017/18: 7.34% WDC employees and 4.4% NHS employees.

Long term and short term absence



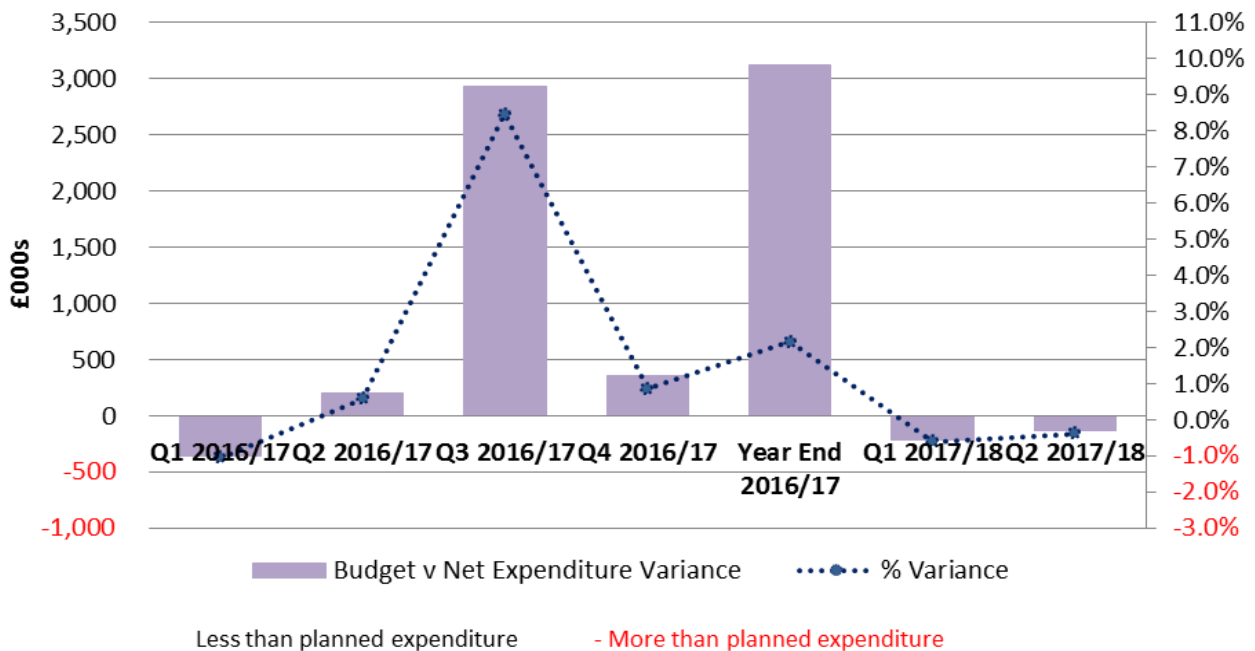
Our Finance

Health and Social Care Net Expenditure £000's



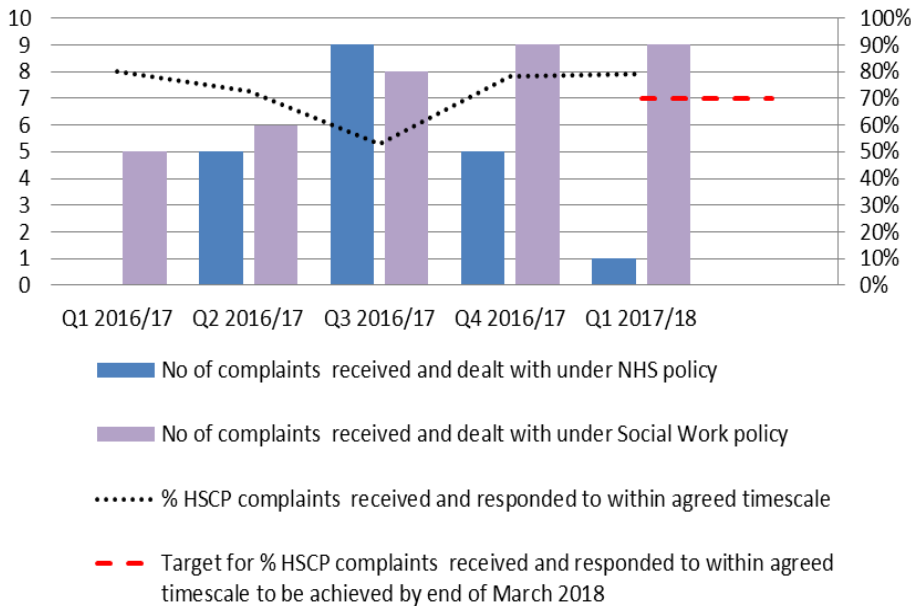
HSCP Expenditure to the end of September 2017 of £70.32m against a budget of £69.97m (not including Set-Aside).

Budget v Net Expenditure Variance



Complaints

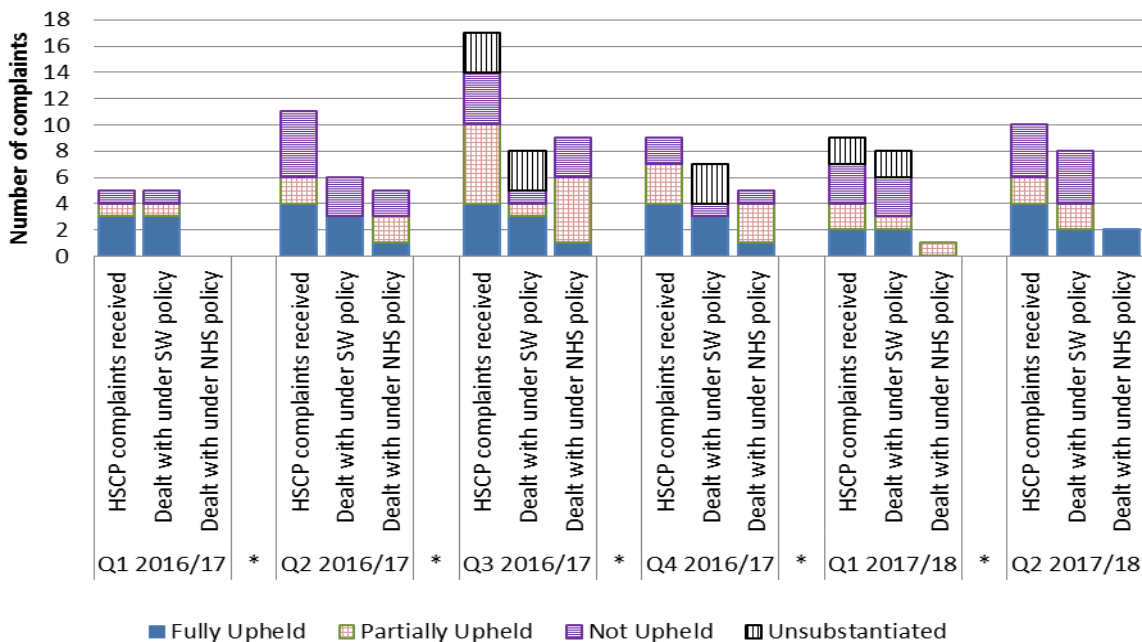
Complaints responded to within agreed timescales



6 complaints were dealt with through the Social Work Complaints policy and 2 through the NHS policy in Qtr2 2017/18.

3 complaints were responded to outwith the timescales. These were between 2 and 10 days late and were due to administrative delays.

Complaints



Of the 4 upheld complaints in Qtr2 2017/18, 2 concerned Employee Conduct, 1 Employee Attitude/Communication and 1 Service Delivery. Any learning from these complaints is being considered within the relevant service areas.

Service Improvement Linked to Performance

Community Telehealth and Telecare: Chronic Obstructive Pulmonary Disease



Within West Dunbartonshire the prevalence of people with Chronic Obstructive Pulmonary Disease (COPD) is 3.02% compared to 2.57% in Greater Glasgow and Clyde and numbers continue to increase. Our COPD Nursing Service is a targeted approach to reducing the impact of COPD. Uniquely, West Dunbartonshire HSCP is combining the use of telehealth with telecare (community alarm) for patients with COPD and since January 2017 the community COPD Nursing Service has offered patients combined telecare and telehealth monitoring.

Mrs M (76) has managed her COPD well, with good family support enabling her to continue to live at home alone for over 12 years. However in the last year her condition has deteriorated and she has required additional support from the COPD Nursing Service. Combining telehealth and telecare in one package, Mrs M now uses the Florence system in combination with a community alarm to better self-manage her COPD: giving her the knowledge that nursing staff are only a text away if she needs them during the day; and that her community alarm provides extra support and assurance, particularly during evenings and weekends. She knows that the community alarm staff understand her condition, have received specific training and will use a bespoke algorithm to ensure that she gets help when she needs it.

"It's great, I feel I have extra support to stay at home particularly when my chest is bad."

"We are less anxious now knowing my mum is able to get a nurse or carer support with a text or press of a button".

Previously Mrs M would have contacted NHS 24 or emergency services during an exacerbation, but by using Florence and the Community Alarm together she and her family have felt more secure for her to stay at home. Clinically, this supports starting treatment without delay and assists with better symptom management. Daily contact during these periods enables her to be maintained safely in the community with a variety of support options at any time of day or night. Since commencement in early 2017 Mrs M has had 3 exacerbations successfully managed at home by the COPD Nursing Service without interventions from secondary care or attendance at A&E.

Celebrating Success recognition for Residential Care for Older People

Residential Care and Day Services for Older People won the HSCP Award for 'Delivering a new model of Residential Services for Older People' at this year's NHS GG&C Celebrating Success Awards. Phil MacDonald (Integrated Operations Manager, Residential and Day Services) and Margaret Kelly (Care Manager, Crosslet House) received the award from our Chief Officer, Beth Culshaw and NHS GGC Chief Executive, Jane Grant. Phil said "It's great that our team is being recognised for the hard work being put in to improve the services for our residents". The project redesign has already seen the successful migration of residents from our old care homes and day services in Dumbarton, into the new Crosslet House building in Dumbarton. The next phase of the project is the build of the Clydebank Care Home at Queen's Quay, scheduled to open in 2019.



For more information on our services and their performance please visit
<http://www.wdhscp.org.uk/about-us/public-reporting/>

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Health & Social Care Partnership Board: 14th February 2018**

Subject: Preparing for 2018-2021 Strategic Plan**1. Purpose**

- 1.1** To present the Partnership Board with a proposed enhancement of its strategic planning arrangements to support the development of its third (2019-2022) Strategic Plan over the course of the coming year.

2. Recommendations

- 2.1** The Partnership Board is asked to:

- Approve the proposed Strategic Planning Group (SPG) as a sub-committee of the Partnership Board.
- Identify which of the voting members is to be Chair of the SPG.
- Direct the Chief Officer to establish the new arrangements by the first quarter of 2018/19.
- Receive regular reports from the SPG on progress to both deliver the current Strategic Plan and to develop the next Strategic Plan.

3. Background

- 3.1** The Public Bodies (Joint Working) (Scotland) Act 2014 established the need for Integration Authorities to establish a Strategic Planning Group for the purpose of developing, finalising and reviewing their strategic plans, in accordance with section 32 (11) of the Act 2014. In effect, this provides for the partners and relevant stakeholders who prepared the Integration Scheme, and are party to the integrated arrangements, to be involved in the development of strategic commissioning planning.

- 3.2** This requirement has been interpreted in varied ways across IJBs nationally, with little consistency of approach. When the integration arrangements were established for West Dunbartonshire in 2015, it was recognised that all stakeholders that the robust partnerships and networks that existed provided a sufficient mechanism to deliver upon this requirement through the use of existing strategic planning structures based around community planning priorities. This pragmatic mechanism has efficiently delivered two comprehensive Strategic Plans for the West Dunbartonshire Health & Social Care Partnership Board; with Audit Scotland (and the Partnership Board's own Chief Internal Auditor) having confirmed the appropriateness of the Partnership Board's overall compliance with statutory and good governance requirements.

- 3.3** In accordance with best practice, work has already begun to plan how to develop the Partnership Board's third Strategic Plan (2019-2022), with a view to the Partnership Board receiving it during the first quarter of 2019/20.

- 3.4** Just as for other areas of the Partnership Board’s responsibilities, officers have sought to reflect upon scope to strengthen local strategic planning arrangements in accordance with a commitment to continuous improvement. This has involved both a consideration of the learning from other IJBs in Scotland (including the reports from Audit Scotland on integration that have been presented to the Audit Committee; the insights derived from local experience of recent inspection processes (e.g. the Joint Inspection of Children and Young People’s Services previously report to the Partnership Board); and reflections of the capacity for the local integration arrangements to be further developed in light of the greater level of maturity that has been achieved (as evidence through the assessment of the local Code of Good Governance that was previously presented to the Partnership Board).
- 3.4** Consequently, this report proposes to build on the existing arrangements and now establish a distinct Strategic Planning Group (SPG) as a formal sub-committee of the Partnership Board, with one of the voting members of the Partnership Board to be nominated and confirmed as Chair of the SPG (so that an equivalent arrangement is in place to that of the Audit Committee, which is the other existing sub-committee of the Partnership Board).
- 4. Main Issues**
- 4.1** The role, remit and relationship – as well as the relationship to the Partnership Board – of the proposed new SPG are detailed within the appended drafted Terms of Reference.
- 4.2** The Act states that the SPG must include representatives of groups prescribed by the Scottish Ministers in regulations as having an interest. These Terms of Reference have been developed to reflect the inclusivity and robust nature of the partnership working that has matured locally, and so invites a membership that exceeds the statutory minimum and which reflects well established local community planning practice.
- 4.3** The SPG’s objectives are proposed as to:
- Deliver a partnership approach when developing and supporting local engagement and communication with partners.
 - Communicate and share information locally to ensure effective delivery of the national health and wellbeing outcomes in West Dunbartonshire.
 - Review information provided through national and local strategies, plans and reports and strategic needs assessment information, when developing the Partnership Board’s strategic proposals, policy documents and plans.
 - Identify gaps in the evidence base or in the mechanisms identified to address the gaps and suggest solution based approaches to deal with these gaps.
- 4.4** Work has already begun to develop the necessary Strategic Needs Assessment to underpin the planning for the next Strategic Plan. It is proposed that subject to approval of the recommendations within this report, that the initial findings of the Strategic Needs Assessment would provide a rational focus for the first SPG meeting (to be held by the first quarter of 2018/19).

4.5 Moving forward, the SPG would provide a useful forum to support the further development of the HSCP's local Market Facilitation Plan; and the medium-term financial strategy.

5. People Implications

5.1 The membership of the proposed SPG will include trade union/staff side representation.

6. Financial and Procurement Implications

6.1 No specific implications associated with this report.

7. Risk Analysis

7.1 No specific implications associated with this report.

8. Equalities Impact Assessment (EIA)

8.1 Not required for this report.

9. Consultation

9.1 The membership of the proposed SPG extends beyond the statutory minimum of stakeholder groups that require to be involved.

9.2 The membership of the proposed SPG includes service user and carers representatives.

10. Strategic Assessment

10.1 The proposed Strategic Planning Group would sensibly build upon the Partnership Board's current arrangements; and further support the Partnership Board's commitment to delivering a Strategic Plan for 2019-2022 that is fit for the future needs of local communities.

Author: Soumen Sengupta - Head of Strategy, Planning & Health Improvement
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Date: 29th December 2017

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Appendices: Proposed Terms of Reference for Strategic Planning Group

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

Wards Affected: All.

**West Dunbartonshire
Health & Social Care Partnership**

West Dunbartonshire Health and Social Care Partnership (HSCP)

Strategic Planning Group

Terms of Reference

Document Title:	HSCP Strategic Planning Group Terms of Reference	Owner:	Chief Officer
Version No	v1	Superseded	N/A
Date Effective		Version	

PURPOSE

West Dunbartonshire Health and 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 and Social Care Partnership (HSCP). The Health and Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health and Social Care Partnership.

The West Dunbartonshire Health and Social Care Partnership Board's:

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

West Dunbartonshire Health and Social Partnership has established a strategic planning process which reflects the wide remit of review and execution of planning and performance functions across the partnership. This approach reflects the inclusivity and robust nature of our partnership approach in West Dunbartonshire creating a mechanism which informs strategic planning and scrutinises performance across the partnership.

The Public Bodies (Joint Working) (Scotland) Act 2014 established the need for Integration Authorities to establish a Strategic Planning Group for the purpose of developing, finalising and reviewing their strategic plans, in accordance with section 32 (11) of the Act 2014.

In effect, this provides an opportunity for partners and relevant stakeholders, who prepared the Integration Scheme and are party to the integrated arrangements, to be involved in the development and delivery of strategic commissioning planning.

By locally enabling and empowering our internal and external partners to be involved in making informed decisions, based on evidence based practice and local and national data, this strategic planning approach delivers analysis based on wide stakeholder influence linked to agreed prioritisation and actions within the planning process.

The legal stipulations of the Act reflect that the remit of West Dunbartonshire Strategic Planning Group should:

- Be involved in the development and monitoring of the Strategic Plan;
- Be involved in the development and monitoring of the Annual Performance Report;
- Have their views considered by the Board when the HSCP Strategic Plan is reviewed.

In West Dunbartonshire, to support these requirements, the Strategic Planning Group provides the opportunity for all members to be informed about wider key engagement, planning and strategic tasks, including:

- Gaining knowledge and understanding of all parts of the NHS system from acute services, secondary and primary care as well as delegated housing functions;
- Gaining knowledge and understanding of the corporate functions required to support the delivery of frontline services including financial management and workforce planning.

As such, members will be able to provide informed views during the development, implementation and review of HSCP Strategic Plan; and a monitoring and governance process for plans and reports destined for the HSCP Board.

OBJECTIVES

- Deliver a partnership approach when developing and supporting local engagement and communication with partners;
- Communicate and share information locally to ensure effective delivery of the national health and wellbeing outcomes in West Dunbartonshire;
- Review information provided through national and local strategies, plans and reports and strategic needs assessment information, when developing the HSCP Board's strategic proposals, policy documents and plans;
- Identify gaps in the evidence base or in the mechanisms identified to address the gaps and suggest solution based approaches to deal with these gaps.

MEMBERSHIP

The Act states that the Strategic Planning Group must include representatives of groups prescribed by the Scottish Ministers in regulations as having an interest.

Within West Dunbartonshire, the wider membership better represents the interests of a wide variety of local providers and stakeholder groups in relation to health and social care services, reflecting well established community planning practice.

The membership of the group will be composed of:

The Chair of the group being one of the Voting Members of the HSCP, either

- Elected Council Members
- Non-Executive NHS Greater Glasgow and Clyde Board Members.

The Vice Chair of the group is the Chief Officer of the HSCP.

HSCP Senior Officers

- Chief Financial Officer
- Head of Service Community Health and Care Services
- Head of Service Children's Health and Care and Criminal Justice
- Head of Service Mental Health, Learning Disabilities and Addiction
- Head of Service for Performance and Health Improvement
- Head of People and Change.

Clinical/professional leads on behalf of the HSCP Board

- Clinical Director
- Professional Nurse Advisor
- NHSGGC Acute Division Medical Clinician (professional advisor)
- Lead Allied Health Professional
- Prescribing Lead
- Senior Mental Health Officer
- Locality Group Chairs for each Locality
- GP Cluster Leads for each cluster.

Public Protection Leads

- Chair of Adult Protection Committee
- Chair of Child Protection Committee
- Chief Social Work Officer
- Representative from Chief Officers' Group.

HSCP Operational Managers across all services

- Community Health and Care
- Addictions, Learning Disability and Mental Health
- Children's Health and Care
- Criminal Justice.

Key statutory performance, planning and health improvement functions:

- Planning and Improvement Manager
- Information Manager
- Health Improvement Manager.

Key strategic planning partners

- Strategic Housing Authority
 - Qualified housing professional employed by the Council or wider Housing sector
 - Representative from West Dunbartonshire Housing Providers Forum
 - Representative from West Dunbartonshire Tenants and Residents Association.
- NHSGGC
 - Representation from NHSGGC Acute Planning
 - Representation from AHP Lead and Chief Nurse from acute (in respect of Unscheduled Care).

Key strategic planning partners out with HSCP Board membership

- WDC Chief Education Officer
- Strategic Community Justice Partnership
 - Police Scotland.

Staff side across Council and NHS employed staff groups from

- Joint Staff Forum.

Key community, voluntary and independent sector partners and providers

- Local Engagement Network Chairs representing each Locality
- Chief Officer of West Dunbartonshire CVS (Third Sector Interface)
- Local Integration Lead Scottish Care/Independent Sector
- Service Manager for Carers of West Dunbartonshire
- Manager Y Sort it
- Equality Network.

Invitations to be offered to other providers and contractors

- Optometry
- Dentistry.

A standing invitation would be offered to:

- Link Inspector of Care Inspectorate
- Representation from Health Care Improvement Scotland
- Representation from the Scottish Health Council
- Representation from Audit Scotland team linked to HSCP Board.

Members of the public will be able to register their intention to attend the meeting, along with questions or comments that they wish to be raised.

REPORTING

The Chief Officer will take steps to provide assurance to the HSCP Board on the development and completion of the Strategic Plan and Annual Performance Report.

This group is a formal sub-committee of the HSCP Board; and formal record of outputs of meetings will be provided to HSCP Board as routine. As a sub-committee of the HSCP Board, the minutes of the Strategic Planning Group all material/ presentations being made available via the HSCP website.

MEETINGS

Strategic Planning Groups will be held six monthly.

Members and attendees will be provided with relevant information to make informed contributions to the Strategic Planning Group's discussions.

Support and information will be provided to the Group by the Health and Social Care Partnership and wider partners.

As a public forum, each meeting will include opportunity for relevant questions and comment from the floor.

In order to ensure wide ranging influence, individual members represent stakeholder groups, structures and organisations, professions or localities and are responsible for ensuring good communication between the Strategic Planning Group and the area/ organisation/ profession/ locality they represent.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Health & Social Care Partnership Board: 14th February 2018**

Subject: Preparation for Implementation of Carers' (Scotland) Act

1. Purpose

- 1.1** To present the Partnership Board on an update on the Carers (Scotland) Act which will commence on 1 April 2018. The Act relates to both adult and young carers.

2. Recommendations

2.1 The Partnership Board is asked to:

- Direct the Chief Officer to work with relevant Health Board and Council leads to undertake the necessary process for revising and securing approvals for an updated the Integration Scheme, with a report to be provided to its May 2018 meeting.
- Direct Chief Officer to bring a report with recommendations on the required Local Carers Strategy and Local Carers Eligibility Criteria to its May 2018 meeting.

3. Background

3.1 The Carers (Scotland) Act was passed on 4th February 2016. It gained Royal Assent on 9th March 2016. The implementation of the provisions in the Carers Act - which are designed to support carers' health and wellbeing - will commence on 1st April 2018; and build on the aims and objectives set out in the National Carers and Young Carers Strategy 2010-2015.

3.2 The Act covers a range of areas relating to supporting carers including a number of new duties and requirements which impact on the Integration Joint Boards (IJBs) – i.e. the Act:

- Changes the definition of a carer to a carer as “an individual who provides or intends to provide care for another individual”.
- Gives IJBs a duty to prepare an adult care support plan (ACSP) or young carer statement (YCS) for anyone they identify as a carer, or for any carer who requests one. The ACSP and YCS replace the existing Carer Assessment.
- Gives IJBs a duty to provide support to carers that meet local eligibility criteria.
- Requires IJBs to involve carers in carers' services.
- Requires IJBs to establish and maintain advice and information services for carers.
- Introduces the requirement for a timescale for preparing a support plan for the carer of a terminally ill person.

- Provides a joint duty for both health boards and local authorities to create local carer strategies.
- Introduces the requirement for carers to be involved in the hospital discharge procedures of the person they care for.
- Provides a requirement for an adult carer support plan or young carer statement to include emergency plans.
- Provides a requirement that the IJBs when determining whether to provide support to a carer, must consider whether the support should take the form of or include a break from caring
- Provides a requirement for Scottish Ministers to prepare a Carers Charter.

3.3 The Carers (Scotland) Act 2016 (Commencement No. 1) Regulations 2017 brings into effect consequential amendments to update legal references in the Public Bodies (Joint Working) (Scotland) Act 2014. A consequence of this is that IJBs have now been identified as lead organisations for implementation with responsibility for duties previously highlighted as local authority; and so the Carers Act will also now have to be explicitly and expeditiously incorporated into all Integration Schemes.

4. Main Issues

4.1 It has been confirmed that the only changes required to the Integration Scheme will be to the names of the legislation listed in the schedules (although the effect of these changes will have to be explained). However this still necessitates a statutory review process involving the Council and the Health Board to make and formally agree the pertinent updates to the Integration Scheme for West Dunbartonshire, before then submitting that updated Integration Scheme to Scottish Government by the 2nd March 2018 for Parliamentary approval prior to the Act's commencement on the 1st April 2018.

4.2 HSCP Officers have then been working in partnership to prepare for the commencement of the Act, primarily through the local Carers' Development Group; and in particularly close conjunction with Carers of West Dunbartonshire, Y-Sort-It and West Dunbartonshire CVS (under the auspices of Partnership Agreements agreed with both those organisations by the Partnership Board).

4.3 The Scottish Government is developing and issuing statutory guidance on the Carers' Act. However, rather than waiting until all of the guidance has been issued, the Carers' Development Group has developed an Act Implementation Plan, which covers the key activities and responds to the guidance as it is published in relation to:

- Part 1 – Key Definitions carer, young carer, adult carer, personal outcomes, identified personal outcomes and identified needs.
- Part 2 - Carers Assessment Process.
- Part 3 - Duty on LA to set Local eligibility Criteria.
- Part 4 - Engagement with and involvement of Carers.
- Part 5 – Local Carers Strategy.
- Part 6 - Information and advice for Carers.

- Part 7 – General Provision; scope financial and other assistance in relation to carers in line with the Act taking account of implementation.
- Performance Information relating to recording and reporting of carer information.

4.4 This work has been informed by the learning from the national pilots supported by Scottish Government to test some of the provisions in the Act. These pilots have been underway in nine areas of Scotland. West Dunbartonshire was one of those pilot areas, testing provisions in relation to carer involvement in hospital discharge planning; focusing on recording carer needs across the partnership including acute, community hospital discharge planning and local carer services.

4.5 Two key elements of work that are being progressed with the Carers Development Group concern the development of a joint (i.e. Council and Health Board) local Carers Strategy; and the development of local eligibility criteria with respect to support for adult and young carers. Both of these will be presented to the (next) May 2018 meeting of the Partnership Board for scrutiny and with a recommendation to approve.

5. People Implications

5.1 No specific implications associated with this report.

6. Financial and Procurement Implications

6.1 It is acknowledge that the Act does place additional demands on HSCP budgets at a time of continuing fiscal austerity; and that much of these have as yet not been fully quantified nationally (e.g. the financial impact of waiving of charges for carers).

6.2 As previously reported to the Partnership Board at its December 2017 meeting by the Chief Financial Officer, the 2018/19 Scottish Government Financial Settlement announced on the 14th December 2017 announcement included reference to an additional £66 million (for the whole of Scotland) to support additional investment in social care in recognition of a range of pressures local authorities are facing, including the Carers (Scotland) Act. the Chief Financial Officer explained, it had already been there would be an element of “new” monies from the Scottish Government to support implementation of the Act. So whilst this announcement is very welcome, whether West Dunbartonshire’s share of this funding is sufficient to cover the actual cost of local implementation (and indeed the expectations of local carers) will only be clear once further details are made available and financial modelling completed.

7. Risk Analysis

7.1 HSCP Officers have been and continue to take forward the work described in this report so that the Partnership Board will be best place to appropriately meet its duties and responsibilities under the new Act.

8. Equality Impact Assessment (EIA)

8.1 Equality Impact Assessments will be completed as part of the development of both the local Carers Strategy and the local eligibility criteria.

9. Consultation

9.1 Engagement has been an on-going element of the Carers' Development Groups Implementation Action Plan. This has included a well attended and very successful HSCP hosted Carers Event on 30th November 2018; an on-line carers survey; and a very stimulating and insightful carers' focused HSCP Local Engagement Network (LEN) session jointly facilitated with Carers of West Dunbartonshire and Y-Sort-It.

10. Strategic Assessment

10.1 The Strategic Plan 2016-19 recognises the importance of working with and effectively supporting carers in order to delivery improved health and care outcomes within West Dunbartonshire.

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Date: 29th December 2017

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Appendices: None

Background Papers: Carers (Scotland) Act 2016:
<http://www.legislation.gov.uk/asp/2016/9/contents/enacted>

The Carers (Scotland) Act 2016 (Commencement No. 1)
Regulations 2017:
<http://www.legislation.gov.uk/ssi/2017/94/made>

Wards Affected: All.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 14 February 2018

Subject: Financial Performance Report as at Period 9 (31 December 2017) and 2018/19 Budget Setting Assumptions Update

1. Purpose

1.1 To provide the Health and Social Care Partnership Board with:

- An update on the financial performance as at period 9 to 31 December 2017; and
- An update on the 2018/19 budget setting assumptions.

2. Recommendations

2.1 The HSCP Board is recommended to:

- Note the updated position in relation to budget movements on the 2017/18 allocation by WDC and NHSGGC and direction back to our partners to deliver services to meet the strategic priorities approved by the HSCP Board;
- Note that revenue position for the period 1 April 2017 to 31 December 2017 is reporting an overspend of £1.038m (-0.95%);
- Note the projected 2017/18 outturn position of £1.277m (-0.86%) and the potential impact on the projected outturn reserves position;
- Note the update on the 2018/19 budget setting process and the potential level of savings required to be met; and
- Approve that the social care savings options presented to the Special Meeting of the HSCP Board on 20 December 2017 be released for consultation for a period of 4 weeks from the 6 March 2018.

3. Background

3.1 The 22 November 2017 HSCP Board was presented with a full update of the financial performance as at 30 September 2017 (Period 6) which was projecting a full year overspend of £0.570m. This position was updated to a projected overspend of £1.280m based on Period 8 figures, in a report to a special meeting of the HSCP Board on 20 December 2017 on the “2018/19 Annual Budget Setting and Consultation Process”.

3.2 The report gave members a full picture as to how 2017/18 financial performance could impact on both the closing reserves position and the burdens it creates for the 2018/19 opening budget position. This coupled with anticipated funding levels from our partner organisations and new burdens

from continuing demographic demand, pay awards and other inflationary pressures could result in an anticipated funding gap of approximately 5% in 2018/19.

- 3.3** A suite of savings options was included within the report with the recommendation that they be publically consulted on in tandem with West Dunbartonshire Council's budget consultation process.
- 3.4** However it was acknowledged that funding assumptions required to be further refined based on the potential impact of the 14 December 2017 Scottish Government financial allocation offers to local authorities and health boards. Therefore a motion was approved to postpone any public consultation on savings.

4. Main Issues

- 4.1** This report will provide HSCP Board members with a fuller update on the 2017/18 financial performance position and the potential impact the 2018/19 Scottish Government's funding allocation expectations could have on the HSCP's funding gap. However it should be noted that neither West Dunbartonshire Council nor NHSGGC Health Board have finalised their budget offers to the HSCP Board at this time.

4.2 2017/18 Financial Performance Revenue Expenditure as at Period 9 (31 December 2017)

4.3 Greater Glasgow and Clyde Health Board Allocation

- 4.4** The agreed NHSGGC 2017/18 roll forward budget allocation to the HSCP Board was £84.413m. The budget changes up to period 6, including Social Care Fund, resulted in an adjusted budget of £87.834m being reported to the November 2017 HSCP Board.
- 4.5** Since the previous reported budget the following budget adjustments have taken place from Period 7 to Period 9 revising the net expenditure budget to £88.137m.

	£000
Revised 2017/18 HSCP Budget at Period 6	87,834

Additional Allocations of:

Children's Services Community Practice Teacher - (Non-Recurring)	32
Primary Care Transformation Funding - (Non-Recurring)	115
Technology Enabled Care (TEC) 2 nd instalment - (Non-Recurring)	132
Specialist Children CAMHS Innovation Fund - (Non-Recurring)	17
Smoking Prevention Funding - (Non-Recurring)	75
Tobacco Core Team Funding - (Non-Recurring)	17

Deductions of:	
FHS GMS Funding Adjustments - (Recurring)	- 49
Violence Reduction Admin Post t/f to Glasgow HSCP – (Recurring)	-11
Live Active Fund of PHI post to Corporate – (Non-Recurring)	-25

Revised 2017/18 HSCP Budget at Period 9	<u><u>88,137</u></u>
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4.6 West Dunbartonshire Council Budget Allocation

4.7 At the meeting of West Dunbartonshire Council on 22 February 2017, Members agreed the revenue estimates for 2017/2018, including a total net West Dunbartonshire Health & Social Care Partnership budget of £60.673m.

4.8 Budget changes up to Period 6 revised the net expenditure budget to £60.614 million. There have been no further movements up to Period 9.

4.9 Summary Position

4.10 The WDHSCP revenue position is reporting for the period 1 April to 31 December 2017 an overspend of £1.038m (-0.95%).

4.11 The projected overspend of £1.277m (-0.86%) is based on figures presented as at 31 December 2017 and any known material variations.

4.12 The summary position is reported within the following table and the significant variances affecting the overall position reported above are highlighted within sections 4.13-4.24 of this report. Detailed breakdowns of costs at care group level are reported in Appendix 1 and impact on Reserves in Appendix 2.

	Annual Budget	YTD Budget	YTD Actuals	Variance	Variance	Forecast	Full Year Variance	Variance
	£000's	£000's	£000's	£000's	%	Full Year	£000's	%
Health Care	92,484	72,338	72,538	(200)	-0.28%	92,764	(280)	-0.30%
Social Care	87,019	57,783	58,573	(790)	-1.37%	88,080	(1,061)	-1.22%
Expenditure	179,503	130,121	131,111	(990)	-0.76%	180,844	(1,341)	-0.75%
Health Care	(4,347)	(3,151)	(3,151)	0	0.00%	(4,347)	0	0.00%
Social Care	(26,404)	(18,241)	(18,193)	(48)	0.26%	(26,468)	64	-0.24%
Income	(30,751)	(21,392)	(21,344)	(48)	0.22%	(30,815)	64	-0.21%
Health Care	88,137	69,187	69,387	(200)	-0.29%	88,417	(280)	-0.32%
Social Care	60,615	39,542	40,380	(838)	-2.12%	61,612	(997)	-1.64%
Net Expenditure	148,752	108,729	109,767	(1,038)	-0.95%	150,029	(1,277)	-0.86%

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

4.13 Significant Variances – Health Services

4.14 The overall net position at 31 December 2017 is £0.200m overspent, this includes the previously approved application of earmarked reserves to cover the HSCP Board's share of the CHCP 2015/16 £3.6m savings shortfall. As reported to the November Board there are financial challenges meeting elements of approved 2016/17 savings around Mental Health and School Nursing staff restructuring and the cost of carrying displaced staff. As part of the HSCP Board's financial strategy and reserves policy, all efforts will be made to secure efficiencies in-year, however reserves will require to be applied to smooth out the impact of unachieved savings programmes. The key areas are:

- **Adult Community Services** – is continuing to report an overspend of £0.224m due to nursing costs for a specialist care package and EQUIPU pressure for aids provided at hospital discharge. The 2018/19 budget construction exercise has taken cognisance of an element of these pressures, however alternative or redesign of service delivery also requires to be undertaken to manage costs.
- **Mental Health – Adult Community and Elderly Services** is reporting an overspend of £0.074m. This is mainly due vacancy slippage and delay in achieving 2016/17 workforce service redesign savings.
- **Child Services – Specialist and Community** are reporting an overall current overspend of £0.160m, mainly due to unachieved staff savings as referred to in 4.14 above and the cost of covering maternity leave in SLT services.
- **Planning and Health Improvement** - is reporting an underspend of £0.133m mainly due to delay in application of discretionary funding commitments. Any unallocated funds with commitments rolling over into 2018/19 will be transferred to reserves.
- **Hosted Services – MSK Physiotherapy and Retinal Screening** – reporting underspends of £0.051m and £0.064m respectively. These are due to staff vacancies and maternity leave but with drives on waiting times initiatives there has been some enhancement to staffing, however recruitment to temporary posts can be challenging. Any underlying underspends have been highlighted as potential savings options for 2018/19.

4.15 GP Prescribing for Partnerships in 2017/18

4.16 There had been and continues to be significant work being undertaken by the Prescribing Efficiency Group to mitigate the 2017/18 inflationary cost and demand pressures on drugs. However it is recognised at a national level that the additional costs of drugs on short supply and the level of off-patent savings has reached a level that cannot be managed by efficiency

programmes. At a NHSGGC Board level, projections at December 2017 estimated an £8.5m prescribing budget deficit.

- 4.17** The 2017/18 budget allocation from NHSGGC maintained GP Prescribing budgets at 2016/17 “cash levels”; and the “risk sharing agreement”, where the Board continues to manage the budget collectively on behalf of all partnerships, would continue until the end of the financial year.
- 4.18** Therefore with risk sharing in place the budget position for the 6 HSCPs’ is shown as breakeven. However the latest figures produced in January 2018, which covers the cost of actual prescriptions filled up 31 October 2017, all 6 partnerships are reporting overspends totalling £3.544 million.
- 4.19** For WDHSCP it is £0.383m overspent with £0.228m of this being attributed to short supply and off-patent pressures. The remaining pressure is being investigated by the prescribing advisors, but it is a hugely complex task and will require to be supported by our Prescribing Group, led by the HSCP Board’s Clinical Director.
- 4.20** This current position will impact significantly on the cost of prescribing in 2018/19 and will be exacerbated by further inflationary pressure, with a planning assumption of approx. 5% increase (or £11.5m across HSCPs) being considered. With the ending of the risk sharing arrangement for partnerships, prescribing costs represent the greatest financial risk to the on-going success of the HSCPs and this is acknowledged by the Scottish Government.
- 4.21** **Significant Variances – Social Care**
- 4.22** The net overspend position at 31 December 2017 is £0.838m (-2.12%). This is a significant increase from the position presented in the last full financial report in November 2017 of £0.343m (-0.49%) overspend. However the HSCP Board had early sight of this additional pressure at the Special Meeting of the Partnership Board on 20 December 2017, which was presented with a report on the 2018/19 Annual Revenue Budget Setting and Consultation Process.
- 4.23** It was reported that the greatest pressure within social care services was mainly due to significant increase in demand within Children and Family Services for placements within fostering, kinship care and residential schools. The numbers have stabilised in the last month will remain as a pressure into 2018/19 and are reflected within the budget assumptions.
- 4.24** The additional demand for older people community services over winter is also adding to the financial pressures and could yet increase as the full impact of supporting people in their own home and maintaining our delayed discharge targets works through the last 3 months of the financial year. These and other key variances are detailed below:

- **Residential Schools** – is reporting an overspend of £0.341m (was £0.073m at P7) and is a combination of a couple of new high cost placements in secure residential schools coupled with some children in remaining in secure placements longer than anticipated as more appropriate and supportive services are being commissioned within the community. This is an extremely volatile budget and the childcare managers review alternatives to high cost placements on a weekly basis.
- **Community Placements** – is reporting a current overspend £0.497m (was £0.110m at P7) due to the significant increase in the number of Kinship Care (40+) and Fostering placements (28 new placements from October) than originally budgeted. The kinship pressure was reflected in the 2018/19 budget setting exercise. However the sharp increase in the level of children being placed in foster care was unexpected and further analysis required to be undertaken. It is now deemed prudent that an element of this pressure should be reflected in 2018/19 budget considerations.
- **Residential Accommodation for Younger People** – is reporting an overspend of £0.124m related to additional staff costs in our children's homes covering absence and vacancies. There are some long term sick absence cases, which are being sensitively managed and other short term cases that are under review by senior management.
- **Residential Accommodation for Older People** - is reporting a year to date overspend £0.383m, attributed to the delay in the opening of the new Dumbarton Care Home and the knock on impact of some double running costs and higher than anticipated staff cover costs due to staff absence for long term medical conditions. Significant work is being undertaken by the older people budget managers to minimise absence covered by the use of overtime and agency staff.
- **Homecare** - is reporting an overspend of £0.230m mainly due to payments to external providers, transport costs and a shortfall in income against budget, which is a continuation of a 2016/17 budget variance. The appointment of two new co-ordinators to review all current packages and scheduling efficiencies through the implementation of CM2000 has started to positively impact on the cost of premium rate overtime.
- **Sheltered Housing** – is reporting an underspend of £0.085m due to staff vacancies, with currently 6 posts out to advert.
- **Other Services (incl. Social Care Fund)** – are reporting cumulative underspends of £0.219m. This figure is net of the amount already planned to be added to this year's reserve balance to support the development of a new frailty model and the cost of increasing sleepovers to living wage levels.
- **Additional Support Needs Client Packages** – across clients with mental health issues, learning and physical disabilities there is an accumulation of underspends totalling £0.420m. The reductions in numbers of high cost

learning disability clients' accounts for £0.246m of this underspend. However the additional costs in 2018/19 to enhance sleepovers to living wage levels and anticipated increase in demand in young people with additional support needs transition into adult services will impact on future commitments.

4.25 Housing Aids and Adaptations and Care of Gardens

4.26 Housing Aids and Adaptations and Care of Gardens services for social care are also part of the HSCP Board total resource for 2017/18.

4.27 The budgets are currently held within West Dunbartonshire Council's – Regeneration, Environment and Growth Directorate and are managed on behalf of the HSCP Board. The 2017/18 budget based on existing resources for Care of Gardens is £0.500m and Aids and Adaptations is £0.250m.

4.28 The summary position for the period to 31 December 2017 is reported in the table below and reports an overall projected spend of £0.790m against the full year budget, resulting in an overspend of £0.040m. The model for this service is being considered as part of the council's savings options, currently out for public consultation.

	Budget	Actual	Variance	Forecast
Care of Gardens	500,000	540,167	-40,167	540,000
Aids & Adaptations	250,000	133,059	116,941	250,000
Total	750,000	673,226	76,774	790,000

5. 2017/18 Capital Expenditure

5.1 The progress to date of the individual "live" schemes funded by WDC and NHSGGC for the Health Social Care Partnership is detailed below.

5.2 As previously reported to the Partnership Board, the Scottish Government approved the Outline Business Case for the Clydebank Health and Care Centre on 16 October 2017 and requested that the Full Business Case be worked up and submitted to the Capital Investment Group (CIG) with a target date of August 2018.

5.3 The Project Board of the 10 January 2018 was updated with the key milestones that Hub are progressing to Stage 2 design development on the basis of utilising WDC's District Heating System, but with a backup gas central heating option. Site boundary matters have been clarified with Dawn/CRL and a programme of key dates for both the Health and Care Centre and the Clydebank Care Home will be created to allow for project interdependencies to be clearly visible and closely tracked.

5.4 The summary of the social care capital expenditure position is detailed in Appendix 3 and any significant variances affecting the overall position

reported are monitored routinely as part of the Council's capital planning process.

- 5.5** Planning consent for the new Clydebank Care Home was agreed by WDC Planning Committee on 31st May 2017. This project is currently tracking on budget based on latest cost estimates, however this position does not reflect the outcome of the tender process.
- 5.6** Two tenders were received on 6 December 2017. The tender process comprises of both a Quality and Commercial Review. The quality review is complete and the commercial review is progressing and should be complete in the next few weeks. However the HSCP Board should be aware that there is a financial risk that the remaining capital budget allocation for the construction of the Clydebank Care Home may not match up to the tender price and may require a request to re-profile the council's capital plan.
- 5.7** As covered in section 5.3 above, the key dates for both projects are being summarised into a working document to ensure that the key milestones and interdependencies are visible to all relevant parties involved in the Clydebank Health and Care Quarter Developments.
- 5.8** However as reported to the previous Partnership Board all efforts will be made by the Project Board to compress the programme to maintain a construction site start date of April 2018.
- 5.9** **Aids & Adaptations** – As reported to the November Board the £0.064m underspend from 2016/17 was brought forward into 2017/18 with approval given to transfer to the Care Homes project. At this stage full spend of the capital budget is anticipated, but the final impact of winter pressure is still a risk as successful measures to minimise delayed discharge impact on community based services.

6. 2018/19 Annual Revenue Budget Setting Assumptions Update

- 6.1** As referred to in section 3.2 above, the finance report to the Special Meeting of the HSCP Board on 20 December 2017 contained a number of assumptions around the budget setting process including the continuation of the Scottish Government laying down specific directions on levels of financial allocation offers to Integration Joint Boards' (IJBs) from local authority and health board partners. The table below is extracted from that report to provide members with a summary of the reported position at that time. This position has been refined and the revised position is included in the Summary section below at 6.16 – 6.20.

WEST DUNBARTONSHIRE HSCP - 20 December 2017				
2018/19 PROJECTED SAVINGS GAP AND SAVINGS OPTIONS				
	2018/19 Revised Projected Pressures	Full Year Effect of Savings Options	2018/19 Part Year Effect of Savings Options	2018/19 Potential Shortfall
Health Care	1,316	-1,346	-823	493
Social Care	2,201	-2,774	-1,750	451
Total	3,517	-4,120	-2,573	944

West Dunbartonshire Council Budget Allocation Assumptions

6.2 West Dunbartonshire Council also assumed that these directions would continue and contained within its own budget assumptions that the funding allocation to the HSCP Board would reduce by £1.560m in 2018/19. Coupled with this funding challenge were the additional burdens facing the HSCP including:

- demographic pressure;
- living wage commitments;
- inflationary increases (including national care home contract);
- previously agreed savings targets (care home modernisation); and
- continuation of 2017/18 pressure in children's community based services.

6.3 The 14 December 2017 letter from the Cabinet Secretary for Finance and the Constitution to COSLA is attached as Appendix 4. It is a detailed letter that covers all aspects of local government finance in the context of continuing austerity and the challenges in bringing together a balanced package of measures.

6.4 Unlike 2017/18 there are no specific funding directions on the level of savings that local authorities could pass on to IJBs. However as presented in the report of 20 December 2017 there is reference to an additional £66m to support additional expenditure on social care, including the implementation of the Carers (Scotland) Act 2016, continuation of living wage increases and the application of this to sleepovers.

6.5 There has been no formal communication to IJBs on individual allocations, however the detailed Local Government Finance Settlement 2018/19 has split the £66m across local authorities and for West Dunbartonshire it amounts to £1.180m or a 1.79% share. The table below details the current assumed split of the £66m (from COSLA). At this time the demands from the implementation of the Carers Act is unknown, therefore allocation is shown

equal to cost. Some early work has been carried out on the basic increase to SLW, however provider engagement and negotiation will further inform.

Funding	Scotland £m	WDHSCP £m (1.79%)	Estimated Pressure £m
SLW Day Rate £8.75	30	0.537	0.611
SLW Sleepovers £8.75	10	0.179	0.160
Carers Act 2016	19	0.340	0.340
FPC Uplift	2	0.035	0.035
UK Govt Consequential	5	0.089	0.000
TOTAL	66	1.180	1.146

- 6.6** While welcome, the previous finance report made clear that in calculating the potential funding gap on social care and trying to minimise the impact of savings options a level of funding was already assumed to cover these additional burdens.
- 6.7** The full detail of the settlement continues to be worked through by the council's s95 officer, however the initial evaluation presented to West Dunbartonshire Council on 20 December 2017 reduced the council's 2018/19 funding gap from £2.708m to £1.099m after including an additional burden of £1.6m for removal of the public sector pay gap (this includes an allocation to the HSCP). Notification from the Scottish Government on 24 January 2018 on a revised (correction of calculation error) 2018/19 financial settlement for local authorities, benefitted WDC by approximately £0.400m, thus reducing the budget gap further.
- 6.8** The Council agreed to launch its public consultation process and revisit the savings target applied to the HSCP Board if there is an improved financial settlement offer from the Scottish Government in late February 2018.
- 6.9** The Council will meet on 5 March 2018 to agree on its 2018/19 – 2020/21 budget levels, including savings options and council tax levy.

Greater Glasgow and Clyde Health Board Budget Allocation Assumptions

- 6.10** With regards to the assumptions around the potential budget offer from NHSGGC, it was based on the continuation of a flat cash offer on 2017/18 recurrent budget levels. That coupled with pay award, inflationary pressure, current 2017/18 budget pressures continuing into 2018/19 and the most significant – the removal of the prescribing risk sharing arrangement, concluded a potential funding gap of close to 5%.
- 6.11** The 14 December 2017 letter from the Scottish Government's Director of Health Finance to Health Board Chief Executives is attached at Appendix 5. Similar to the letter to COSLA there are no specific funding directions for the

health boards in relation to budget offers to IJBs. However there are significant expectations around maintaining levels of spend within Mental Health and Alcohol and Drug Partnerships before any additional funding is released to drive forward current strategies.

- 6.12** Again additional investment is welcome; however it will further restrict the level of controllable budget available to the HSCP Board to consider savings options against.
- 6.13** The letter also confirms what was already assumed in our 2018/19 budget assumptions, that the baselining of the £355m Social Care Fund to be passed through to Integration Authorities on a recurring basis.
- 6.14** One significant change from the budget assumptions presented to the December meeting is the 1.5% cash terms uplift which will be applied to territorial boards. However it is offered against the potential significant increase to pay ranging from 3% for salaries up to £30,000 to £1,600 for those earning over £80,000.
- 6.15** Early budget allocation figures from NHSGGC confirm that a share of this 1.5% uplift will apply to all delegated budgets, excluding Family Health Services (GMS and Other) as these are mainly non cash limited.
- 6.16** **Summary Position**
- 6.17** A significant amount of financial information has been presented in this report covering the impact the current 2017/18 financial pressures will have on both health and social care in 2018/19, coupled with further information on potential levels of funding that may be offered by our partners in cognisance of Scottish Government financial settlement information.
- 6.18** Attached at Appendix 6 is a revised table of pressures reflective of the information covered in this report. For Health Care the burdens have increased by £0.727m to reflect the removal of the 1% pay cap (section 6.14) and continuing increasing pressures related to current volatility in GP prescribing (section 4.20). However the assumption of a “flat cash” uplift has been revised to include the HSCP’s share (£0.952m) of the 1.5% budget uplift (section 6.14).
- 6.19** The application of the above has reduced the budget gap, from £1.316m to £1.091m. However the savings options generated to cover the anticipated gap are impacted by the Scottish Government’s requirement that additional funding for mental health will only be provided on the basis of a real terms increase to 2017/18 levels.
- 6.20** With regards to Social Care the additional pressures in community placements for young people, (section 4.23-4.24) and the potential cost of the National Care home contract being increased by 3.33% (as advised by COSLA) has increased the burdens by £0.470m, to £2.671m. Even if all of the savings options, previously presented in the December 2017, were

acceptable they could not be fully achieved in 2018/19, leaving a final gap which could not be supported within available general reserves (see table below).

2018/19 PROJECTED SAVINGS GAP AND SAVINGS OPTIONS				
	2018/19 Revised Pressures - Feb 2018	Full Year Effect of Savings Options - Dec 2017	2018/19 Part Year Effect of Savings Options - Dec 2017	2018/19 Potential Shortfall
	£000	£000	£000	£000
Health Care	1,091	-1,346	-823	268
Social Care	2,671	-2,774	-1,750	921
Total	3,762	-4,120	-2,573	1,189
Exclude Mental Health - saving options		-454	-136	
Total - Revised	3,762	-3,666	-2,437	1,325
Projected available reserves at close of 2017/18				804

6.21 As stated in 4.1 above WDC have still to formally approve their budget allocation to the HSCP Board on the 5 March 2018. Therefore there is still scope for the HSCP Board to negotiate with the council around support for the level of burdens. This may be considered if additional government support was directed to local authorities when the Scottish Budget is debated in late February.

7. People Implications

7.1 Any staffing implications of savings options will be subject to the consultation processes of WDC & NHS GGC, where appropriate.

8. Financial Implications

8.1 Other than the financial position noted above, there are no other financial implications known at this time.

9. Professional Implications

9.1 The Chief Financial Officer for the HSCP Board has a statutory duty (Sect.95 responsibility) to set a balanced budget.

9.2 The Chief Officer for the HSCP Board must ensure that the Strategic Plan meets the Best Value requirements for economy, efficiency and effectiveness.

10. Locality Implications

10.1 The 2018/19 Savings Options presented for consideration detail any specific locality implications.

11. Risk Analysis

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

The main risks for 2018/19 are:

- Significant potential reduction to funding from both partner organisations as financial austerity continues to impact on their own funding strategies in the short to medium term;
- The removal of the 1% pay award cap and the cost pressures if unfunded;
- The end of the risk sharing arrangement for GP Prescribing. As referred to above (section 4.20) the continuing cost of drugs on short supply, less than anticipated off-patent savings and prescribing efficiency programmes failing to realise full savings, will place significant cost pressures on HSCP Boards;
- Continuing volatility in demand pressures across the range of community services supporting children and young people; and
- Savings options not all considered acceptable to the HSCP Board or not fully deliverable.

12. Impact Assessments

12.1 Equality impact assessments of each saving option are carried out and will be made available to members as part of the background papers when the 2018/19 Annual Budget Setting Report is presented to the HSCP Board in March 2018.

13. Consultation

13.1 This report has been provided to the Health Board Assistant Director of Finance and the Council's Head of Finance and Resources.

14. Strategic Assessment

14.1 Proper budgetary control and sound financial practice are cornerstones of good governance and support the Partnership Board and officers to pursue the strategic priorities of the Strategic Plan.

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

Julie Slavin – Chief Financial Officer

Date: 30 January 2018

Person to Contact: Julie Slavin – Chief Financial Officer, Hartfield Clinic,
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Appendices:

- Appendix 1 – 2017/18 Financial Update as at Period 9
- Appendix 2 – Projected Reserves Position as at 31/03/18
- Appendix 3 – WDC Capital Expenditure Update as at Per 9
- Appendix 4 – Letter from Cabinet Secretary for Finance & Constitution to COSLA
- Appendix 5 – Letter from Director of Health Finance to Chief Executives of Health Boards
- Appendix 6 – Revised Assumptions 2018/19 Funding and Pressure

West Dunbartonshire Health & Social Care Partnership
Financial Year 2017/18 period 9 covering 1 April to 31 December 2017

Appendix 1

	Annual Budget £000's	Year to date Budget £000's	Actual £000's	Variance £000's	Variance %	Forecast Full Year	Variance £000's
Health Care Expenditure							
Planning & Health Improvements	897	654	521	133	20%	747	150
Children Services - community	2,483	1,904	2,001	(97)	-5%	2,603	(120)
Children Services - specialist	1,588	1,191	1,254	(63)	-5%	1,663	(75)
Adult Community Services	9,785	7,626	7,850	(224)	-3%	10,055	(270)
Community Learning Disabilities	547	410	418	(8)	-2%	547	0
Addictions	1,849	1,379	1,377	3	0%	1,849	0
Men Health - Adult Inpatient	0	0	0	(0)	0%	0	0
Mental Health - Adult Community	4,290	3,253	3,078	175	5%	4,290	0
Mental Health - Elderly Inpatients	3,124	2,374	2,622	(249)	-10%	3,124	0
Family Health Services (FHS)	24,816	18,719	18,719	0	0%	24,816	0
GP Prescribing	19,250	14,988	14,989	(1)	0%	19,250	0
Other Services	1,715	1,688	1,672	16	1%	1,790	(75)
Resource Transfer	15,161	12,941	12,941	0	9%	15,161	0
Hosted Services	6,981	5,211	5,097	115	2%	6,871	110
Expenditure	92,484	72,338	72,538	(200)	0%	92,764	(280)
Income	(4,347)	(3,151)	(3,151)	0	0%	(4,347)	0
Net Expenditure	88,137	69,187	69,387	(200)	0%	88,417	(280)

	Annual Budget £000's	Year to date Budget £000's	YTD Budget £000's	Variance £000's	% Variance %	Forecast Full Year	Variance £000's
Social Care Expenditure							
Strategy Planning and Health Improvement	1,066	769	722	47	6%	1,003	63
Residential Accommodation for Young People	3,652	2,551	2,675	(124)	-5%	3,818	(166)
Children's Community Placements	3,472	2,590	3,130	(540)	-21%	4,191	(720)
Children's Residential Schools	637	694	1,035	(341)	-49%	1,091	(454)
Childcare Operations	3,867	2,834	2,877	(43)	-2%	3,924	(57)
Other Services - Young People	3,951	2,622	2,557	65	2%	3,864	87
Residential Accommodation for Older People	7,518	5,429	5,758	(330)	-6%	7,961	(442)
External Residential Accommodation for Elderly	12,578	9,426	9,499	(73)	-1%	12,675	(97)
Homecare	13,904	9,527	9,647	(119)	-1%	14,063	(159)
Sheltered Housing	1,948	1,214	1,129	85	7%	1,837	111
Day Centres Older People	1,214	841	886	(46)	-5%	1,275	(61)
Meals on Wheels	75	56	52	4	7%	70	5
Community Alarms	347	239	252	(14)	-6%	368	(21)
Community Health Operations	2,655	1,910	1,920	(10)	-1%	2,669	(14)
Residential - Learning Disability	14,482	7,837	7,526	311	4%	14,067	415
Day Centres - Learning Disability	1,949	1,381	1,369	12	1%	1,933	16
Physical Disability	3,007	2,041	2,020	22	1%	2,979	29
Addictions Services	1,825	1,265	1,240	24	2%	1,793	33
Mental Health	3,893	2,541	2,449	92	4%	3,771	122
Criminal Justice	1,978	1,272	1,266	6	0%	1,970	8

HSCP - Corporate	3,000	745	564	181	24%	2,759	242
Expenditure	87,019	57,783	58,573	(790)	-1.4%	88,080	(1,062)
Income	(26,404)	(18,241)	(18,193)	(47)	0%	(26,468)	63
Net Expenditure	60,615	39,542	40,380	(838)	-2.1%	61,612	(997)

	Annual Budget £000's	Year to date Budget £000's	Actual £000's	Variance £000's	Variance %	Forecast Full Year	Variance £000's
Consolidated Expenditure							
Older People Residential, Health and Community Care	36,120	26,740	27,346	(607)	-2.3%	36,909	(789)
Homecare	13,904	9,527	9,647	(119)	-1.3%	14,063	(159)
Physical Disability	3,007	2,041	2,020	22	1.1%	2,979	29
Children's Residential Care and Community Services (incl specialist)	19,649	14,387	15,528	(1,142)	-7.9%	21,154	(1,505)
Strategy Planning and Health Improvement	1,963	1,423	1,243	180	12.6%	1,750	213
Mental Health Services - Adult & Elderly Community and Inpatients	11,307	8,167	8,149	18	0.2%	11,185	122
Addictions	3,674	2,644	2,617	27	1.0%	3,641	33
Learning Disabilities - Residential and Community Services	16,978	9,628	9,313	315	3.3%	16,548	430
Family Health Services (FHS)	24,816	18,719	18,719	0	0.0%	24,816	0
GP Prescribing	19,250	14,988	14,989	(1)	0.0%	19,250	0
Hosted Services	6,981	5,211	5,097	115	2.2%	6,871	110
Criminal Justice	1,978	1,272	1,266	6	0.5%	1,970	8
Resource Transfer	15,161	12,941	12,941	0	0.0%	15,161	0
HSCP Corporate and Other Services	4,715	2,433	2,236	197	8.1%	4,548	167
Gross Expenditure	179,503	130,121	131,111	(990)	-0.8%	180,844	(1,341)
Income	(30,751)	(21,392)	(21,344)	(48)	0.2%	(30,815)	64
Total Net Expenditure	148,752	108,729	109,767	(1,038)	-0.95%	150,029	(1,277)

RESERVES POLICY - 2% TARGET FOR UNEARMARKED RESERVES**£2.494m****PROJECTED RESERVES POSITION 31/03/18: UNEARMARKED RESERVES****£0.801m**

Earmarked Balance:	Opening Bal	Drawdown	Additions	Final Bal	Movement
Integrated Care Fund	555,324	-334,400	435,893	656,817	
Delayed Discharge	170,937	-170,937	85,454	85,454	
GIRFEC NHS	174,612	-40,000		134,612	
GIRFEC Council	14,836			14,836	
Criminal Justice - transitional funds	60,300	-17,000		43,300	
DWP Conditions Management	184,153	-20,000		164,153	
TEC (Technology enabled care) project	117,648	0		117,648	
Cluster lead funding	25,500	0		25,500	
SMT Leadership development fundng	3,000	-3,000		0	
Social Care Fund -Living wage	832,516		390,000	1,222,516	
Social Care Fund - Service Redesign and Transformation	1,000,000	-168,978	900,000	1,731,022	
Physio waiting times initiative	75,000			75,000	
CHCP 15-16 savings	274,000	-280,000		-6,000	
	3,487,826	-1,034,315	1,811,347	4,264,858	777,032

Unearmarked Balance:	Opening Bal	Drawdown	Additions	Final Balance	Movement
General Reserves	2,080,797	-1,277,000	0	803,797	-1,277,000

Total Reserves:	Opening Bal	Drawdown	Additions	Final Balance	Movement
Earmarked & Unearmarked	5,568,623	-2,311,315	1,811,347	5,068,655	-499,968

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

APPENDIX 3

MONTH END DATE

31 December 2017

PERIOD

9

Budget Details	Project Life Financials					
	Budget	Spend to Date	Forecast Spend	Forecast Variance		
	£000	£000	%	£000	£000	%
Special Needs Adaptations & Equipment						
Project Life Financials	655	437	67%	655	0	0%
Current Year Financials	655	437	67%	655	0	0%
Project Description	Reactive budget to provide adaptations and equipment for HSCP clients					
Project Lifecycle	Planned End Date	31-Mar-18	Forecast End Date	31-Mar-18		
Main Issues / Reason for Variance						
No issues to report at this time						
Mitigating Action						
None required at this time						
Anticipated Outcome						
Reactive equipment provided as required						

Budget Details	Project Life Financials					
	Budget	Spend to Date	Forecast Spend	Forecast Variance		
	£000	£000	%	£000	£000	%
Project Life Financials	25,263	13,760	54%	25,263	0	0%
Current Year Financials	6,845	332	5%	840	6,005	0%
Project Description	0					
Project Lifecycle	Planned End Date	00-Jan-00	Forecast End Date	00-Jan-00		
Dumbarton Care Home	Planned Opening Date	31-Mar-15	Opening Date	07-Jul-17		
Opening Dates						
Clydebank Care Home Opening	Planned Opening Date	31-Mar-15	Forecast Opening Date	30-Sep-19		
Dates						
Main Issues / Reason for Variance						
<p>Dumbarton Care Home achieved practical completion on 28th April 2017 with retention due April 2018. All residents now in new home with provision of day care from 7th July. Transition of staff and residents now complete. HSCP completed reimbursement of spend to date on loose FF&E (£0.136m). WDC continue to work with Hub West and Morgan Sindall to agree statement of final account. Principals meeting held 13 November to close outstanding matters. WDC are awaiting agreed actions to be addressed by HWS and Morgan Sindall. Planning consent was granted on 31st May at Planning Committee with conditions which are subject to ongoing work to discharge. This project is currently tracking an overspend based on latest cost estimates, however this position will be reflected upon evaluation of tender returns received on 6 December. It is anticipated that work will commence on-site by end of April 2018, subject to the outcome of the tender process. Delay in achieving planning consent (linked to Masterplan Phase 1 which had to be determined first) and finalising more specific detail to tender (taking account of lessons learned from Dumbarton Care Home and site-specific matters and district heating) has subsequently changed the forecast end date. Budgets will be required to be re-profiled due to amended programme of build, resulting in budget moved to 18/19.</p>						
Mitigating Action						
<p>In relation to Clydebank consideration is being given by officers to compress the tender evaluation period such that the contract can be awarded at earliest opportunity. Due to the complexity of both the relationships and co-dependencies with other neighbouring projects being developed at the same time the ability to mitigate within the project scope of control is limited – corporately, mitigation rests with delivery of programmes for overall Queens Quay Masterplan and in particular District Heating System.</p>						
Anticipated Outcome						
New Care home provision in Clydebank currently delayed as indicated by the overall forecast end date above.						



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Councillor Alison Evison
COSLA President
Verity House
19 Haymarket Yards
Edinburgh
EH12 5BH

Copy to: The Leaders of all Scottish local authorities

14 December 2017

Dear Alison,

Today I set out the Scottish Government's draft spending and tax plans for 2018-19. Further to my announcement I write now to confirm the details of the local government finance settlement for 2018-19.

Details of the indicative allocations to individual local authorities for 2018-19 are also being published today as set out in Local Government Finance Circular No. 5/2017.

This settlement is set against the context of the continuing austerity imposed on Scotland by the UK Government, which means that by 2019-20 the Scottish Government's fiscal block grant allocation will be £2.6 billion (8.0%) lower in real terms than it was in 2010-11.

I have considered carefully the representations and evidence COSLA have presented on behalf of local government and have welcomed the constructive approach with which you have approached our negotiations.

I have noted the issues COSLA have said are important for local government and have tried where possible to address these in this settlement. I recognise the continuing financial pressures local government, along with the rest of the public sector, is facing in a very challenging fiscal environment. However, I believe that the outcome, presented in the measures set out in this letter, is the best that could be achieved in the circumstances and continues to provide a fair settlement for local government to enable them to meet our shared ambitions for the people and communities we serve.

Turning now to the detail of the package of measures, the total revenue funding to be provided through the settlement for 2018-19 will be £9630.8 million, which includes distributable non-domestic rates incomes of £2,636 million.

The core Capital funding is set at £726.4 million but with the inclusion of the expansion of Early Years provision as set out below this increases the Capital funding within the settlement to £876.4 million.



The total funding which the Scottish Government will provide to local government in 2018-19 through the settlement is therefore £10,507.1 million. This includes;

- Baseline from 2018-19 of the £130 million additional revenue investment I announced earlier this year at Stage 1 of the Budget Bill for 2017-18;
- £52.2 million revenue and £150 million capital to deliver on our joint agreed ambitious programme for the expansion of Early Years provision;
- £11 million of revenue to support the initial expansion of Early Years set out in the 2014 Act provisions;
- £24 million for the full year cost of our contribution to the Teachers' pay offer; and
- £66 million to support additional investment in social care in recognition of a range of pressures local authorities are facing.

I have also had to look very seriously at the capital allocation to Local Government, in particular the calculation of the share commitment which guarantees that Local Government will receive a fixed percentage of the overall Scottish capital budget each year until 2019-20, based on the position as at the 2015 Spending Review. However, I believe that the context has changed since this commitment was originally made, including the introduction of additional funding streams outwith the settlement which local authorities will directly benefit from.

For 2018-19 the calculation of the capital share allocation takes into account, at least in part, the additional funding streams outwith the settlement, except in the case of Early Years which is additional to the share allocation. The value of the capital funding I have made available to local government exceeds the percentage commitment made and equates to 31 per cent. Taking into account the Early Years grant, the percentage increases to 36 per cent.

The commitment to repay £150 million of re-profiled capital from an earlier settlement remains and this will be repaid in full in 2019-20.

For 2018-19 local authorities will continue to have the flexibility to increase Council Tax by up to a maximum of 3%. This local discretion will preserve the financial accountability of local government, whilst also potentially generating around £77 million to support services.

The revenue allocation delivers a flat cash settlement for local government for 2018-19 compared to 2017-18, including the additional resources to meet our commitments on the expansion of Early Years, teachers pay and support for social care. Taken together with the additional spending power that comes with the flexibility to increase Council Tax (worth around £77 million next year) the total funding (revenue and capital) delivers an increase in the overall resources to support local government services of 1.6%.

In my response on 12 September to the Barclay Review of non-domestic rates I made clear that there were certain recommendations that I wished to engage further on before coming to a conclusion, including the removal of charity relief for council arm's-length external organisations (ALEOs). In these discussions I heard a strong and consistent message from local government and other stakeholders about the importance of this benefit, to sports, leisure and culture facilities in particular, and of keeping the costs of these services affordable especially in disadvantaged and vulnerable communities.

As a result I confirmed on 28 November that charity relief will continue to be applicable to qualifying properties currently occupied by council ALEOs. However I am aware that some

councils are planning to increase the numbers of ALEOs or the number of properties occupied by existing ALEOs. To mitigate against this it is my intention to offset any further charity relief benefit awarded in respect of both new council ALEOs and additional properties occupied by existing ALEOs since my announcement, by implementing an equal compensating reduction in General Revenue Grant for the councils in question.

In addition, a new relief for public sector and private sector day nurseries is proposed. This will offer 100% relief for properties wholly or mainly used to provide day nursery care for pre-school children. The relief will be applicable under EU State aid rules.

We will require local authorities to achieve a pupil:teacher ratio of 13.7, and ensure that places are provided for all probationers who require one under the Teacher Induction Scheme. This is supported by a continued funding package of £88 million, made up of £51 million to maintain teacher numbers and £37 million to support the Teacher Induction Scheme. In order to support delivery of this commitment the Scottish Government will work with COSLA to consider how the use of existing or additional data on unfilled posts and teacher vacancies could be better utilised to inform how delivery of this commitment is measured. As in previous years teachers whose posts are funded through the Attainment Scotland Fund, including Pupil Equity Funding, are additional and do not contribute towards the delivery of this commitment. An additional £24 million is also be included in the settlement to cover the additional full year cost of the teachers' pay offer for 2017-18.

We have committed to provide certainty to local authorities over the quantum of multi-year funding for the expansion of early learning and childcare to support authorities in planning for and implementing the delivery of the commitment.

I understand the Deputy First Minister has been very encouraged by the constructive discussions which are taking place through the Early Learning and Childcare Finance Working Group to reach a shared understanding of the costs arising from the expansion. It is right and proper that Scottish Government and local authority colleagues take the time to challenge and refine cost estimates for this significant investment in the education and care of our youngest children, so that we can all be assured that we make best use of public funds.

On that basis, we are content to agree to the proposal made by COSLA leaders that we should agree revenue and capital funding for 2018-19 (adds £52.2 million and £150 million respectively) in our draft spending plans announced today and to continue to work closely together to agree funding levels for 2019-20 onwards in early 2018. For 2018-19 the £52.2 million includes revenue funding for free lunches and implementation of the additional graduate commitment (from August 2018). There is also a further additional £11 million included in 2018-19 for implementation of the 2014 Act provisions.

In 2018-19 an additional £66 million is included in the settlement allocations to support additional expenditure by local government on social care in recognition of a range of pressures they and integration authorities are facing, including support for the implementation of the Carers (Scotland) Act 2016, maintaining our joint commitment to the Living Wage (including our agreement to now extend it to cover sleepovers following the further work we have undertaken) and an increase in the Free Personal and Nursing Care payments. This funding is provided directly to local authorities and is in addition to the £355 million baselined provision transferred from NHS Boards to Integration Authorities. I will look to local authorities to continue to prioritise their financial support for social care.

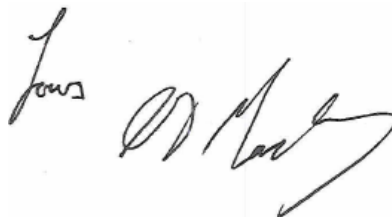
The Scottish Government is fully committed to further engagement with COSLA as we seek to make local taxation as a whole fair and progressive. We will work with COSLA to consider your objectives for local tax reform and our commitments for local government to retain the net incomes from the Crown Estate for the benefit of island and coastal communities.

I can also restate my commitment to our partnership working and can confirm my intention that this will again be a sanction free settlement.

The measures set out in the settlement offer must be viewed as a package to protect our shared priorities. In order to access all of the benefits involved, including those priorities supported by specific financial benefits, local authorities must agree to deliver all of the measures set out in the package and will not be able to select elements of the package.

Any individual authority not intending to agree the offer and accept the full package of measures and benefits should write to me by no later than 19 January 2018. For those authorities not agreeing the offer a revised, and inevitably less favourable, offer will be made.

I have carefully considered the representations made to me by COSLA and this is reflected in the detail of the settlement and the package of measures included. My aim throughout our discussions has been to reach an agreement with councils around the implementation of these commitments. I now invite local authorities to agree the terms of the settlement which I consider delivers the best outcome for local government that can be achieved in the circumstances.



DEREK MACKAY



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Chief Executives, NHS Scotland

Copy to: NHS Chairs
NHS Directors of Finance
Integration Authority Chief Officers

Issued via email

Our Ref: A19675337

14 December 2017

Dear Chief Executives

Draft Budget 2018-19 – Indicative Allocation

Following the announcement of the Scottish Government’s Draft Budget for 2018-19 by the Cabinet Secretary for Finance and the Constitution in Parliament today, I am writing to provide details of the funding settlement for Health Boards and the indicative 2018-19 baseline budget for Territorial and National Boards. A breakdown of the total is provided in the annex to this letter.

A central component of the settlement for the Portfolio is that it will allow for progress to be made in delivering the commitment that more than half of frontline spending will be in community health services by the end of this parliament. The funding in 2018-19 is designed to support a further shift in the share of the frontline NHS budget dedicated to mental health and to primary, community and social care. The Cabinet Secretary for Health and Sport expects NHS Boards and Integration Authorities to contribute to this Programme for Government commitment and it will be essential that this is clearly evidenced as part of plans for 2018-19.

Investment in Reform

Funding for reform will increase by £175 million, to £303 million in 2018-19.

	2017-18 (£m)	2018-19 (£m)	Increase for 2018-19 (£m)
Transformational Change Fund	25.0	126.0	101.0
Primary Care	60.0	110.0	50.0
Mental Health	30.0	47.0	17.0
Trauma Networks	5.0	10.0	5.0
Cancer	8.0	10.0	2.0
Total Investment in reform	128.0	303.0	175.0

The components of these lines and the approach to allocating reform funding will be set out by individual policy areas in advance of the new financial year.

Baseline Funding

Territorial Boards will receive a cash terms uplift of 1.5%. In addition to this, those Boards furthest from NRAC parity will receive a share of £30 million, which will mean that no Board is further than 0.8% from NRAC parity in 2018-19.

The four patient facing National Boards, (Scottish Ambulance Service, NHS24, Golden Jubilee and The State Hospital) will each receive a cash terms uplift of 1.0%. In addition, the Scottish Ambulance service will receive a further £6 million to support the implementation of their strategy. NHS National Services Scotland, Healthcare Improvement Scotland, NHS Education for Scotland and NHS Health Scotland will receive a flat cash settlement.

The National Board savings requirement of £15 million in 2017-18 will be made recurring in 2018-19. This savings requirement is not yet reflected in the National Board baseline allocation and will be agreed in advance of the new financial year.

When combining the £175 million increase in investment in reform, with an increase of £179 million in baseline funding for NHS Boards, the total additional funding for frontline NHS Boards will amount to £354 million (3.7 per cent) in 2018-19.

Pay Policy

The Scottish Government has set out its 2018-19 pay policy, which recommends a 3% pay increase for public sector workers earning £30,000 or less and a cap of 2% on the increase in the pay bill for staff earning more than £30,000. In addition, there will be a cap on the pay increase for highest paid, with a maximum cash increase of £1,600 for those earning above £80,000.

The pay settlement for NHS staff will of course be subject to the NHS pay reviews process as in previous years.

Core Areas of Investment

Transformational Change

The transformational change fund of £126 million will provide support to the regional delivery plans for implementation of new service delivery models, improved elective performance and investment in our digital capability.

Mental Health

Through our new Mental Health Strategy, we are shifting the balance of care towards mental health, increasing the level of investment in mental health services and improving support in the crucial period from birth to young adulthood. To support this, in 2018-19 a further £17 million will be invested, which will go towards the commitment to increase the workforce by an extra 800 workers over the next 5 years; and for transformation in CAMHS. In order to maximise the contribution from this direct investment, this funding is provided on the basis that it is in addition to a real terms increase in existing 2017-18 spending levels by NHS Boards and Integration Authorities. As a result therefore, it is expected that NHS Boards and Integration Authorities ensure that total spending on mental health and CAMHS services in 2018-19 will increase as a minimum by £17 million above inflation. Directions regarding the use of £17 million will be issued in year.

Primary Care

Investment in the Primary Care Fund will rise to £110 million in 2018-19. This will support the transformation of primary care by enabling the expansion of multidisciplinary teams for improved

patient care, and a strengthened and clarified role for GPs as expert medical generalists and clinical leaders in the community.

Social Care

As in 2017-18, Territorial NHS Boards are required to transfer £350 million from baseline budgets to Integration Authorities to support social care. A further £5 million will be allocated in 2018-19 on a recurring basis to Boards to be transferred to Integration Authorities in relation to war pensions and guaranteed income payments.

As part of the settlement for Local Government, £66 million has been provided to Local Authorities recognising a range of pressures in relation to Social Care. This funding will be allocated directly to Local Authorities from the Scottish Government and will not pass through NHS Board baselines.

NHS Boards should ensure that 2018-19 budget settlements for Integration Authorities are in place in advance of the new financial year.

Alcohol and Drug Partnerships

In 2018 a refreshed alcohol framework will be in place which will continue to take on Scotland's often problematic relationship with alcohol misuse. This renewed focus on alcohol and drugs will be backed by additional investment of £20 million in treatment and support services and further detail will be provided on this before the start of the financial year. This funding is not included in Board baseline budgets and is in addition to the £53.8 million that was allocated to Board baselines in 2017-18. Our expectation is that following the budget we will, as last year, write outlining the allocation by Board area and associated Ministerial expectations.

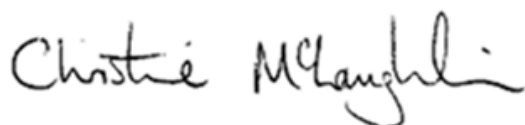
Capital Funding

We will continue to prioritise funding for existing commitments and Boards should assume an unchanged initial capital formula allocation.

Annual Plan

We will shortly set out the requirements for an annual plan, which will replace the previous Local Delivery Planning process and will link into the Regional and National Delivery Plans. This will set out a number of principles to be delivered in relation to finance and wider performance.

Yours sincerely



CHRISTINE MCLAUGHLIN
Director of Health Finance
Scottish Government

Annex

2018-19 Draft Budget Funding Allocations

	2017-18 Budget Bill	Recurring Allocation Adjustments	Total 2017-18 Allocation	Uplifts	Total 2018-19 Allocation	Distance from NRAC parity
	£m	£m	£m	£m	£m	%
Territorial Boards						
Ayrshire and Arran	683.6	-0.3	683.3	11.6	694.9	(0.8%)
Borders	197.7	-0.1	197.6	3.0	200.6	1.1%
Dumfries and Galloway	284.9	-0.1	284.8	4.3	289.1	2.8%
Fife	624.7	-0.2	624.5	12.1	636.6	(0.8%)
Forth Valley	496.7	-0.1	496.6	10.3	506.8	(0.8%)
Grampian	902.4	-0.2	902.1	18.5	920.6	(0.8%)
Greater Glasgow & Clyde	2,123.5	-0.9	2,122.6	31.8	2,154.5	1.8%
Highland	592.6	-0.2	592.4	12.0	604.3	(0.8%)
Lanarkshire	1,135.9	-0.4	1,135.5	20.7	1,156.1	(0.8%)
Lothian	1,356.0	-0.6	1,355.4	29.0	1,384.3	(0.8%)
Orkney	46.7	0.3	47.0	0.7	47.7	(0.4%)
Shetland	47.5	0.4	47.9	0.7	48.7	(0.4%)
Tayside	721.3	-0.2	721.1	13.7	734.8	(0.8%)
Western Isles	71.6	0.3	72.0	1.1	73.0	11.3%
Total	9,285.1	-2.3	9,282.8	169.4	9,452.0	
Special Boards						
National Waiting Times Centre Board	51.9	1.5	53.4	0.5	54.0	
Scottish Ambulance Service	229.3	0.0	229.3	8.6	237.9	
NHS National Services Scotland	324.7	3.5	328.2	0.0	328.2	
Healthcare Improvement Scotland	24.7	0.1	24.7	0.0	24.7	
The State Hospital	34.4	0.0	34.4	0.3	34.8	
NHS 24	65.2	0.4	65.6	0.7	66.3	
NHS Education for Scotland	420.0	0.0	420.0	0.0	420.0	
NHS Health Scotland	18.4	0.0	18.4	0.0	18.4	
Total	1,168.6	5.5	1,174.1	10.1	1,184.3	
TOTAL	10,453.7	3.2	10456.9	179.5	10,636.3	
Investment in Reform				175.0		
Total additional funding for frontline Boards				354.5		

REVISED ASSUMPTIONS 2018/19 FOR PRESSURES AND FUNDING

Appendix 6

HEALTH CARE	West Dun - 2018/19 revised pressure assumptions £'000	West Dun - 2018/19 original pressure assumptions £'000	Movement in assumptions £'000	Comments
Prescribing	946.0	656.0	290.0	Based on 5% increase
Non Pay	40.0	40.0	-	Based on 1% increase
Pay	599.8	350.0	249.8	Based on 2.4% increase
Demographic Pressure	120.0	-	120.0	Equipment supporting older people in home after discharge
Purchase of Healthcare	160.0	120.0	40.0	Based on current pressure
Resource Transfer	225.3	150.0	75.3	Based on 1.5% increase
Expenditure Burdens	2,091.1	1,316.0	775.1	-
HCH Income	(41.8)	-	(41.8)	Based on 1.5% increase
Other Operating Income	(6.5)	-	(6.5)	Based on 1.5% increase
Income Adjustments	(48.3)	-	(48.3)	-
Potential Budget Gap	2,042.8	1,316.0	726.8	-
Budget eligible for uplift i.e. excl FHS	951.8	-	951.8	Based on 1.5% increase of £63.451.8m 17/18 recurring budget
Budget Gap - Savings Efficiencies Required	1,091.0	1,316.0	(225.0)	
Budget Gap - as a % of 17/18 Controllable Budget	3.76%	4.53%		i.e. Excludes FHS, Prescribing, Resource T/fer & Social Care Fund

SOCIAL CARE	West Dun - 2018/19 revised pressure assumptions £'000	West Dun - 2018/19 original pressure assumptions £'000	Movement in assumptions £'000	Comments
Funding reduction WDC	1,560.0	1,560.0	-	Cannot be confirmed until 5 March 2017
Clydebank Care Home previously approved saving	487.0	487.0	-	Cannot be confirmed until 5 March 2017
Children's Community Placements	788.0	438.0	350.0	Based on current pressure
Fostering Fees	190.0	-	190.0	Still being scoped and benchmarked
National Care Home Contract	152.0	76.0	76.0	Assume 3.5% in line with SLW increase (offer currently 3.33%)
Resource Transfer	-	146.0	(146.0)	Based on 1.5% increase
Further Burdens across services	193.0	193.0	-	Based on transitions
Total Expenditure	3,370.0	2,900.0	470.0	-
Base Budget Revisions	(699.0)	(699.0)	-	Management action and service redesign
Budget Gap - Savings Efficiencies Required	2,671.0	2,201.0	470.0	
Budget Gap - as a % of 17/18 Controllable Budget	4.40%	3.63%		

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Health and Social Care Partnership Board: 14th February 2018**

Subject: Review of Financial Regulations**1. Purpose**

- 1.1 To present for review amendments to the current Financial Regulations of the West Dunbartonshire Health & Social Care Partnership Board.

2. Recommendation

- 2.1 The Partnership Board is recommended to:

- Approve the revised Financial Regulations.

3. Background

- 3.1 The Financial Regulations are a key component of the HSCP Board's governance arrangements. They set out the expectations on and the responsibilities of the Board and senior officers in relation to the proper administration of the Board's finances, as well as approving the role of Internal Audit and its rights of access across the Partnership Board.
- 3.2 At the initial meeting of the Partnership Board on 1 July 2015, the HSCP Board approved a report establishing its "Financial Processes and Procedures" which laid out the governance arrangements for a range of matters in relation to financial management and accountability. These were based on the model regulations developed jointly by the national health and social care Technical Finance Working Group.
- 3.3 The Financial Regulations were approved at the 19 August HSCP Board and these regulations provide a framework for the Partnership Board and senior officers to ensure proper administration of the Partnership Board's finances.
- 3.4 It is a requirement of the Chief Financial Officer to review the Financial Regulations and present to the HSCP Board any recommended changes.
- 3.5 The Financial Regulations of the HSCP Board will not supersede those of West Dunbartonshire Council or the Standing Financial Instructions of NHS Greater Glasgow & Clyde; it is an overarching document which will operate alongside Partners regulations.

4. Main Issues

- 4.1 The review of the Financial Regulations took cognisance of the current Financial Regulations of West Dunbartonshire Council and the Standing

Financial Instructions of NHS Greater Glasgow & Clyde as well as those of other Integrated Joint Boards.

4.2 It is the Chief Financial Officer's opinion that the current Financial Regulations require minimal change or updating and are sufficiently robust and provide the HSCP Board with a written framework which governs its financial affairs.

4.3 The recommended changes are referenced below for consideration:

- Section 1.4 – now includes a reference to the Local Code of Good Governance approved at the September 2017 Audit Committee;
- Section 2.3 – highlights the responsibility of the HSCP Board to secure value for money;
- Section 2.7 – confirms the responsibility of the Chief Financial Officer to provide each HSCP Board with budget monitoring reports; and
- Section 3.5 – now includes the responsibility of the HSCP Board to approve the use of reserves in line with the Reserves Policy.

4.4 A new section is included dealing with Board Member Expenses. This section formally sets out the current practice around the payment of allowances and expenses for voting members through their respective organisations of West Dunbartonshire Council and NHS Greater Glasgow & Clyde. For non-voting members, who are not covered by the organisation which they represent at the HSCP Board, it clarifies the position in relation to payment of reasonable expenses.

5. People Implications

5.1 None.

6. Financial Implications

6.1 The Financial Regulations are a key component of the Board's governance arrangements. They set out the expectations on and the responsibilities of the HSCP Board and senior officers in relation to the proper administration of the Board's finances, as well as approving the role of Internal Audit and its rights of access across the Health & Social Care Partnership Board

7. Professional Implications

7.1 The Financial Regulations explicitly cover responsibilities relating to the Chief Officer, Chief Financial Officer and the Accountable Officers of both West Dunbartonshire Council and NHS Greater Glasgow & Clyde.

8. Locality Implications

8.1 There are no locality implications associated with this report.

9. Risk Analysis

- 9.1** The approval of the attached Financial Regulations will ensure the HSCP Board complies with the requirements of Section 95 of the Local Government (Scotland) Act 1973, which states that relevant authorities "shall make arrangements for the proper administration of their financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs."

10. Impact Assessments

- 10.1** None required

11. Consultation

- 11.1** The proposed revisions will be shared with the Health Board Director of Finance and the Council Section 95 Officer.

12. Strategic Assessment

- 12.1** Proper budgetary control and sound financial practice are cornerstones of good governance and support the Partnership Board and officers to pursue the strategic priorities of the HSCP Strategic Plan.
- 12.2** This report links to the strategic financial governance arrangements of both the Health Board and the Council.

Author: Julie Slavin - Chief Financial Officer
West Dunbartonshire Health & Social Care Partnership.

Date: 17th November 2017

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Appendices: Appendix 1: Revised Financial Regulations

Background Papers: HSCP Board Reports August, September & November 2015

Wards Affected: All

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board
Financial Regulations

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The Health & Social Care Partnership Board positively promotes the principles of sound corporate governance within all areas of its affairs. These Financial Regulations are an essential component of the governance of the Health & Social Care Partnership Board.

Document Title:	WDHSCP Board Financial Regulations	Owner:	Chief Financial Officer
Version No.	Final v1	Superseded Version:	N/A
Date Effective:	13/12/2017	Review Date:	01/04/2019

WHAT THE REGULATIONS COVER

- 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 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 These financial regulations should be read in conjunction with **the Partnership Board's Financial Processes and Procedures (July 2015); Local Code of Good Governance**; Standing Financial Instructions of NHS Greater Glasgow and Clyde Health Board; relevant policies of West Dunbartonshire Council.
- 1.5 The Regulations set out the respective responsibilities of the Chief Officer and the Chief Financial Officer of the Partnership Board.
- 1.6 It will be the duty of the Chief Officer assisted by the Chief Financial Officer to ensure that these Regulations are made known to the appropriate persons within the Partnership Board; and to ensure that they are adhered to.
- 1.7 If it is believed that anyone has broken, or may break, these Regulations, this must be reported immediately to the Chief Financial Officer, who may then discuss the matter with the Chief Officer, Health Board Chief Executive,

Council Chief Executive, Health Board Director of Finance or Council 95 Officer as appropriate to decide what action to take.

- 1.8 These Regulations will be the subject of regular review by the Chief Financial Officer in consultation with the Health Board Director of Finance and the Council Section 95 Officer; and where necessary, subsequent adjustments will be submitted to the Partnership Board for approval.

FINANCIAL MANAGEMENT AND PERFORMANCE

- 2.1 The Integration Scheme sets out the detail of the integration arrangement agreed between NHS Greater Glasgow and Clyde Health Board and West Dunbartonshire Council. In relation to financial management it specifies:

- The financial management arrangements including treatment of budget variances.
- Reporting arrangements between the Partnership Board, the Health Board and the Council.
- The method for determining the resources to be made available by the Health Board and the Council.
- The functions which are delegated to the Partnership Board by the Health Board and the Council.

Responsibilities of the Chief Officer

- 2.2 The Chief Officer is the accountable officer of the Partnership Board in all matters except finance.

- 2.3 The Chief Officer will discharge their duties in respect of the delegated resources by:

- Ensuring that the Strategic Plan meets the requirement for economy, efficiency and effectiveness.
- Giving directions to the Health Board and the Council that are designed to ensure resources **secure value for money** and are spent in accordance with the plan; it is the responsibility of the Chief Officer to ensure that the provisions of the directions enable them to discharge their responsibilities in this respect within available resources.

- 2.4 The Chief Officer will also hold an operational role in the Health Board and the Council for the management of the delegated services (except for the management of NHS acute hospital services which is retained within the Health Board) 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.

2.5 In this operational role the Chief Officer has no “accountable officer” status but is:

- Accountable to the Health Board Chief Executive for financial management of the operational budget.
- Accountable to the Section 95 Officer of the Council for financial management of the operational budget.
- Accountable to the Health Board Chief Executive and the Council Chief Executive for ensuring that integrated service delivery is conducted within the operational service delivery framework established by the Health Board and Council for their respective functions, ensuring both those organisations can also discharge their governance responsibilities.

Responsibilities of the Chief Financial Officer

2.6 The Chief Financial Officer is the accountable officer for financial management and administration of the Partnership Board. The Chief Financial Officer will be line managed by the Chief Officer, and professionally supervised and formally supported by the Council Section 95 Officer and the Health Board Director of Finance.

2.7 The Chief Financial Officer will discharge their duties in respect of the delegated resources by:

- Establishing financial governance systems for the proper use of the delegated resources.
- Ensuring that the Strategic Plan meets the requirement for best value in the use of the Partnership Board’s resources.
- Providing each meeting of the Partnership Board with budget monitoring reports along with explanations for any significant variations from budget and actions planned to deal with them.

Responsibilities of the Health Board Accountable Officer, Health Board Director of Finance and Council Section 95 Officer

2.8 The Health Board Accountable Officer and the Council Section 95 Officer are responsible for providing the Partnership Board with assurance that its delegated resources are appropriately robust to allow it to carry out its delegated services and functions, both prior to the approval of its Strategic Plans and at the start of each financial year. They are also responsible for assuring their respective organisations of that resources are being used in accordance with the Strategic Plan; and of the systems and monitoring arrangements for financial performance management in compliance with the Integration Scheme.

- 2.9 The Health Board Director of Finance and the Council Section 95 Officer will provide specific advice and professional support to the Chief Officer and Chief Financial Officer to support the production of the Strategic Plan; and to provide support to the Partnership Board to ensure that adequate systems of internal control are established and maintained.

FINANCIAL PLANNING

Strategic Plan and Integrated Budget

- 3.1 In accordance with its Integration Scheme, the Health & Social Care Partnership Board is responsible for the production, approval and monitoring of a Strategic Plan for those integrated services delegated to it. The resources within scope of the Strategic Plan are:

- The payment made by the Council to the Partnership Board in respect of all of the functions delegated by Council to the Partnership Board.
- The payment made by the Health Board to the Partnership Board in respect of all of the functions delegated by Health Board to the Partnership Board.
- The amount set aside by the Health Board to the Partnership Board in respect of NHS acute hospital services for the West Dunbartonshire population.

- 3.2 The Health Board and Council will provide indicative three year rolling funding allocations to the Partnership Board to support its strategic planning process.

Such indicative allocations will remain subject to annual approval by both organisations.

- 3.3 The Chief Officer and the Chief Financial Officer will develop revenue estimates for the integrated budget based on the Strategic Plan and present it to the Health Board and Council for consideration and agreement as part of each organisation's annual budget setting process. The revenue estimates will be evidence-based, with full transparency on its assumptions and take account of:

- **Activity Changes.** The impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and for other planned activity changes.
- **Cost Inflation.** Pay and supplies cost increases.
- **Efficiencies.** All savings (including increased income opportunities and service rationalisations/cessations) should be agreed between the Partnership Board, the Council and the Health Board as part of the annual rolling financial planning process to ensure transparency.

- **Performance on outcomes.** The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by the Council and the Health Board.
- **Legal requirements.** Legislation may entail expenditure commitments that should be taken into account in adjusting the payment.
- **Transfers to/from the notional budget for hospital services** set out in the Strategic Plan.
- **Adjustments to address equity.** The Council and the Health Board may choose to adjust contributions to smooth the variation in weighted capita resource allocations across partnerships. Information to support this will be provided by ISD and ASD.

3.4 The Strategic Plan will determine the allocation of resources with respect to operational delivery of integrated services. Strategic Plans will take account of all resources available to the Chief Officer, including capital assets owned by the Health Board on behalf of Scottish Ministers, and the Council.

Limits on Expenditure

3.5 No expenditure will be incurred by the Partnership Board unless it has been included within the approved integrated budget and Strategic Plan except:

- Where additional funding has been approved by the Health Board and/or Council; and the integrated budget and Strategic Plan has been updated appropriately;
- Where a supplementary budget has been approved by the Partnership Board;
- In emergency situations in terms of any scheme of delegation;
- Where the application of reserves (as defined within the reserves policy) has been approved by the Partnership Board; and
- Is provided in paragraph 3.6 below (Virement).

3.6 Virement is defined by CIPFA as “the transfer of an under-spend on one budget head to finance additional spending on another budget head in accordance with the Financial Regulations”. In effect virement is the transfer of budget from one main budget heading (e.g. employee costs, supplies and services) to another; or a transfer of budget from one service to another. Where resources are transferred between the two operational arms of the integrated budget this will require in-year balancing adjustments to the allocations from the Partnership

Board to the Council and the Health Board, i.e. a reduction in the allocation to the body with the under-spend and a corresponding increase in the allocation to the body with the overspend.

3.7 Virements require approval by the Chief Financial Officer and the Partnership Board; and they will be permitted subject to any Scheme of Delegation of the Partnership Board as follows:

- Virement must not create additional overall budget liability. One off savings or additional income should not be used to support recurring expenditure or to create future commitments including full year effects of decisions made part way through a year.
- The Chief Officer will not be permitted to vire between the integrated budget and those budgets that are managed by the Chief Officer, but are outwith the scope of the Strategic Plan, unless agreed by the Council and the Health Board.

Budgetary Control

3.8 It is the responsibility of the Chief Officer and Chief Financial Officer to report regularly and timeously on all budgetary control measures, comparing projected outturn with the approved financial plan, to the Partnership Board and other bodies as designated by the Health Board and Council.

3.9 The Health Board Director of Finance and the Council Section 95 Officer will, along with Chief Financial Officer, put in place a system of budgetary control which will provide the Chief Officer with management accounting information for both arms of the operational budget and for the Partnership Board in aggregate.

3.10 It is the responsibility of the Chief Financial Officer, in consultation with the Health Board Director of Finance and the Council Section 95 Officer to agree a consistent basis and timetable for the preparation and reporting of management accounting information.

3.11 The Integration Scheme specifies how in year over-spends or under-spends will be treated. Where it appears that any heading of income or expenditure may vary significantly from the Financial Plan, it will be the duty of the Chief Officer and the Chief Financial Officer, in conjunction with the Health Board Director of Finance and the Council Section 95 Officer to report in accordance with the appropriate method established for that purpose by the Partnership Board, Health Board and Council, the details of the variance and any remedial action required.

Reports to the Partnership Board

- 3.12 All reports to the Partnership Board and sub-committees thereof must specifically identify the extent of any financial implications. These must have been discussed and agreed with the Chief Financial Officer prior to lodging of reports.

LEGALITY OF EXPENDITURE

- 4.1 It will be the duty of the Chief Officer to ensure that no expenditure is incurred, or include within the Strategic Financial Plan unless it is within the power of the Partnership Board as per the Integration Scheme. In cases of doubt the Chief Officer should consult the respective legal advisers of the Health Board and Council before incurring expenditure. The legality of expenditure on new service developments, initial contributions to other organisations and responses to emergency situations which require expenditure must be clarified prior to being incurred and with reference to Schemes of Delegation.

REVIEWING THE FINANCIAL REGULATIONS

- 5.1 The Partnership Board will consider and approve any alterations to these Financial Regulations. The Partnership Board may also withdraw these financial regulations. If so, this will come into force from the first working day after the end of the Partnership Board meeting at which the change or withdrawal was approved.

RESERVES

- 6.1 Legislation, under Section 106 of the Local Government (Scotland) Act 1973 as amended, empowers the Partnership Board to hold reserves which should be accounted for in the financial accounts and records of the Partnership Board.
- 6.2 The Partnership Board will develop a reserves policy and a reserves strategy which will include the level of reserves required and their purpose. This will be agreed as part of the annual budget setting process and will be reflected in the Strategic Plan.

VAT

- 7.1 HM Revenues & Customs (HMRC) has confirmed that there is no requirement to have a separate VAT registration for the Partnership Board, as it will not be delivering any services within the scope of VAT. This situation should be kept under review by the Chief Financial Officer should the operational activities of the Partnership Board change and a need to register be established. HMRC guidance applies to Scotland, will allow a VAT neutral outcome.

PROCUREMENT OF SERVICES

- 8.1 Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014/285 provides that the Partnership Board may enter into a contract with any other person in relation to the provision of goods and services to the Partnership Board for the purpose of carrying out the functions conferred in it by the Act. The Partnership Board should take advice from the Chief Financial Officer when considering any such direct procurement exercise.
- 8.2 As a result of specific VAT and accounting issues associated with Partnership Board contracting directly for the provision of goods and services, the Chief Officer is required to consult with the Health Board Director of Finance, the Council's Section 95 Officer and the Chief Financial Officer prior to any direct procurement exercise being undertaken.

FINANCIAL REPORTING

Accounting Procedures and Records

- 9.1 All accounting procedures and records of the Partnership Board will be as specified in applicable legislation and regulations. Financial Statements will be prepared following the Code of Practice on Local Authority Accounting in the UK. Statements will be signed as specified in regulations made under Section 105 of the Local Government (Scotland) Act 1973.
- 9.2 The financial statements must be completed to meet the audit and publication timetable specified in regulations made under section 105 of the Local Government (Scotland) Act 1973. It is the primary responsibility of the Chief Financial Officer to meet these targets; and of the Chief Officer to provide any relevant information to ensure that the Health Board and Council meet their respective statutory audit and publication requirements for their individual and group financial statements. The Chief Financial Officer will agree the financial statements timetable with the external auditors of the Partnership Board, Health Board and Council.
- 9.3 The accounts of the Partnership Board will be hosted by West Dunbartonshire Council.

INTERNAL AUDIT

- 10.1 It is the responsibility of the Partnership Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources; and which are consistent with good practice governance standards in the public sector. This will include determining who will provide the internal audit service for Partnership Board and appointing a Chief Internal Auditor.
- 10.2 The internal audit service should be provided by one of the internal audit teams from the Health Board or Local Authority.
- 10.3 The Chief Internal Auditor from either the Health Board or Council will be appointed to undertake this role for the Partnership Board in addition to their role as Chief Internal Auditor of their respective Authority.
- 10.4 The appointed Internal Audit Service will undertake their work in compliance with the Public Sector Internal Audit Standards.
- 10.5 The Partnership Board will establish a standing Audit Committee to focus on financial and internal audit on behalf of the Partnership Board. It will be the responsibility of the Partnership Board to agree the membership having regard to the agreed remit, skills and good practice for a public sector audit committees. It is anticipated that voting members of the Partnership Board will serve in this capacity. The Chief Officer, Chief Financial Officer and appointed Chief Internal Auditor will be required to attend meetings of the Audit Committee.
- 10.6 Before the start of each financial year, the Chief Internal Auditor will consult with the Chief Officer and Chief Financial Officer in the preparation of a strategic and risk-based audit plan, which the Chief Internal Auditor will then submit to the Audit Committee at the start of the financial year. The scope of interest of such internal audit plans will be:
 - 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 from the internal auditors of the Health Board, Council and the Partnership Board.
- 10.7 The Chief Internal Auditor for the Partnership Board will report to the Chief Financial Officer and the Audit Committee on the approved annual risk-based audit plan; delivery of the audit plan and any recommendations; and will provide an annual internal audit report, including the audit opinion.

- 10.8 The Chief Financial Officer will work with the internal auditors of the Health Board, Local Authority and the Partnership Board to ensure that there is clarity and consistency of appropriate scrutiny of the work of the Partnership Board and the Health & Social Care Partnership; and that the internal audit plans of the three audit committees provide necessary assurance to all three of the bodies.
- 10.9 The Chief Internal Auditor will ensure that the Partnership Board's annual internal audit plan and internal audit report are shared with the Health Board's Audit Committee and Council's Audit & Performance Review Committee through the reporting arrangements in those bodies for internal audit.
- 10.10 Reports on each internal audit engagement will be submitted to the Chief Officer and Chief Financial Officer.

EXTERNAL AUDIT

- 11.1 The Accounts Commission will appoint the External Auditors to the Partnership Board as specified under Section 13 of the legislation.

RISK MANAGEMENT AND INSURANCE

Responsibility for Insurance and Risk

- 12.1 The Partnership Board, while having legal personality in its own right, has neither replaced nor assumed the rights or responsibilities of either the Health Board or the Council as the employers of the staff delivering integrated services; or for the operation of buildings or services under the operational remit of those staff. The Council and the Health Board will continue to indemnify, insure and accept responsibility for the staff that they each employ; their particular capital assets that integrated services are delivered from or with; and the respective services themselves that each has delegated to the Partnership Board.
- 12.2 The Partnership Board will make appropriate insurance arrangements for all activities of the Partnership Board in accordance with its locally approved risk management policy and strategy. The Chief Financial Officer will arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all normal insurable risks arising from the activities of the Partnership Board and for which it is the general custom to insure. This will include the provision of appropriate insurance in respect of voting members of the Partnership Board acting in a decision making capacity. The Chief Officer and the Chief Finance Officer will put in place appropriate procedures for the notification and handling of any insurance claims made against the

Partnership Board.

Risk Management

- 12.3 The Chief Officer will be responsible for developing and implementing the Partnership Board's approved risk management policy and strategy. This will include arrangements for maintaining and reporting on a strategic risk register that will identify, assess and prioritise risks related to the preparation and delivery of the Strategic Plan; and identify and describe processes for mitigating those risks. This will then be presented to the Partnership Board's Audit Committee for scrutiny and the Health & Social Care Partnership Board for approval on an annual basis; and then shared with the Council and Health Board.
- 12.4 The Health Board and Council will continue to identify and manage within their own risk management arrangements any risks they have retained under the Integration Scheme. The NHS Board and Council will continue to report on the management of such risks, alongside the impacts of the integration arrangements.
- 12.5 The Health Board Director of Finance and the Council Section 95 Officer will ensure that the Partnership Board's Audit Committee, Chief Officer and Chief Financial Officer have access to professional support and advice in respect of risk management.

ECONOMY, EFFICIENCY AND EFFECTIVENESS (BEST VALUE)

- 13.1 The Chief Officer will ensure that arrangements are in place to maintain control and clear public accountability over the public funds delegated to the Partnership Board. The Partnership Board has a duty to put in place proper arrangements for securing Best Value in the use of resources and delivery of services.
- 13.2 It will be the responsibility of the Chief Officer to deliver the arrangements put in place to secure Best Value. This will be incorporated into the process of strategic planning, in order to establish the systematic identification of priorities; and the implementation of the Strategic Plan with respect to services delivered within the Health and Social Care Partnership so as to realise Best Value.

BOARD MEMBERS EXPENSES

- 14.1 Payment of voting board members allowances, including travel and subsistence expenses will be the responsibility of the members' individual Council (West Dunbartonshire Council) or Health Board (NHS Greater Glasgow and Clyde Health Board), and will be made in accordance with their own schemes.

- 14.2 Non-voting members of the Partnership Board will be entitled to the payment of reasonable travel and subsistence expenses relating to approved duties. Non-voting members are required to submit claims on the Partnership Board's agreed expenses claim form and as far as practicable to provide receipts in support of any expenses claimed. The costs relating to expenses incurred by the non-voting members of the Partnership Board will require to be funded within existing budget resources.
- 14.3 The Chief Financial Officer will ensure that a record of all expenses paid under the Scheme, detailing name, amount and nature of payment.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
Health & Social Care Partnership Board: 14 February 2018

Subject: Workforce and Organisational Development Support Plan Update

1. Purpose

- 1.1** To present the Health & Social Care Partnership Workforce and Organisational Development Strategy Support Plan update for 2017 and revised support plan for 2018.

2. Recommendations

- 2.1** The Partnership Board is recommended to endorse the Workforce and Organisational Development Strategy update for 2017 and revised Support plan for 2018.

3. Background

- 3.1** Members will recall that it is a responsibility within the Integration Scheme – and an action endorsed by the Partnership within its first Strategic Plan – that the Chief Officer develops a joint strategy and support plan for workforce and organisational development in relation to staff working within the HSCP on behalf of the Council and the Health Board.
- 3.2** The first integrated Workforce & Organisational Development Strategy 2015-18 - with a Support Plan 15-16 for the West Dunbartonshire Health & Social Care Partnership was endorsed by the Partnership Board on the 18th November 2015.

4. Main Issues

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

4.4 It was agreed at the HSCP Partnership Board on 18th November 2015 that an annual update on the delivery of the support plan for 2015/16 would be reported annually to the Partnership Board for the lifetime of the Workforce and OD strategy.

5. Options Appraisal

Not applicable.

6. People Implications

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

6.2 This Workforce and Organisational Development Strategy recognise the legal responsibility on the employing organisations to ensure that all of their respective staff working within the HSCP is appropriately registered.

7. Financial and Procurement Implications

7.1 This Workforce and Organisational Development Strategy has been developed with an understanding of the financial environment that HSCP services are operating – both currently and anticipated in the future. It will be used to inform the wider financial planning activities for the HSCP and shape the future Strategic Plans.

7.2 The actions within the support plan 2018 will be delivered within the existing resources available to the HSCP.

8. Risk Analysis

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

9. Equality Impact Assessment (EIA)

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

10. Environmental Sustainability

Not applicable.

11. Consultation

11.1 Service Teams across the HSCP were consulted as part of the development of the updated Workforce and Organisational Development Support Plan.

11.2 The local Joint Staff Partnership Forum have been consulted and informed about the updated support plan.

12. Strategic Assessment

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

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

Date: 8th January 2018

Person to Contact:

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Appendices: Workforce and Organisational Development Strategy & Support Plan 2017 and 2018.

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

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

Wards Affected: All

West Dunbartonshire HSCP Workforce and OD Support Plan Annual Update

The HSCP agreed the following actions; these have been developed to respond to the previous priorities over the course of 2017 (so as to support the delivery of the overall HSCP Strategic Plan. This is not an exhaustive list of all of the workforce and organisational development activities that have been undertaken across and within service areas, but rather key actions of particular relevance to the delivery of the Strategic Plan. These actions address issues regarding the workforce where improvements are required or where planning is required to manage particular issues.

The HSCP has drawn upon expertise and combination of support from the Human Resource, Learning and Organisational Development functions of both the Council and the Health Board to deliver as much joint activity as possible, as well as activities which are delivered directly by specialist expertise from service areas.

The current HSCP Workforce and Organisational Development strategy covers 2015-18. As part of the process of developing the Workforce and Organisational Development Strategy it was agreed that a Support Plan would be developed and on an annual basis and progress would be reported along with a refreshed plan being provided for the following year. The Workforce and Organisational Development Strategy supports the delivery of HSCP Strategic Plan.

This document contains update on progress for 2017 along with a refreshed Workforce and Organisational Development Support Plan for 2018.

West Dunbartonshire HSCP Workforce and OD Support Plan 17 Progress Update

Primary Theme	Action	Lead	Update on Progress
Capable Workforce	Continuing to build on existing workforce and internal strategy to meet demands by training staff and explore opportunities to build capacity to meet increasing demands of MHO's amongst social care staff.	Head of Mental Health, Addictions & Learning Disabilities Head of Health & Community Care	Rolling programme of training to assist with training. 1 x individual currently undertaking training. 2 x individuals completed training during 16/17.
	Dementia champions will work with staff to further raise awareness of Dementia and available resources. Uptake will be monitored.	Head of Mental Health, Addictions & Learning Disabilities Head of Health & Community Care	As part of Dementia Friendly West Dunbartonshire, Promoting Excellence training at Informed and Advanced levels are being delivered across staff groups within HSCP, Council and wider partners. This programme is led by CVS, Scottish Care and the HSCP with other partners including Police Scotland, Fire Scotland, Glasgow West College and RNIB. Cohorts of Dementia Champions have been trained by SSSC and are delivering the Informed and Advanced levels supported by a trained.

Primary Theme	Action	Lead	Update on Progress
Capable Workforce	Dementia champions will work with staff to further raise awareness of Dementia and available resources. Uptake will be monitored.	Head of Mental Health, Addictions & Learning Disabilities Head of Health & Community Care	Dementia Ambassador supported by SSSC . Staffs across HSCP frontline and support services have been trained as well as WDC staff in housing services, working 4 u and wider HEEDs.
	Ensure PDPs in place across workforce.	All Heads of Service	Process for reporting on NHS KSF and PDP's in place in NHS and currently at 68% for KSF and 61% for PDP.(Aug 2017). Council have rolled out Be the Best Conversations and all staff are being managed in accordance with this process. For Social Work staff this is part of regular supervision sessions.
	Monitor and support registration status of staff.		Line managers have systems in place in accordance with registration polices
	Continue to support new agile technologies to assist the workforce, improve productivity and free up additional capacity from existing resource		Rolled out digital dictation , improved efficiency of Mental Health Services Development work completed on improving client records.

Primary Theme	Action	Lead	Update on Progress
Capable Workforce	Continue to support new agile technologies to assist the workforce, improve productivity and free up additional capacity from existing resource	All Heads of Service	Number of staff has been provided laptops to support new ways of working and offices of the future. Over 600 Care at Home staff issued with mobile phones as part of rollout of CM2000.
Capable Workforce	Continue to deliver on-going programme of data protection awareness sessions tailored to the staff working within the HSCP	Head of Strategy, Planning & Health Improvement	WDC has developed a Data awareness module on e Learn this year and staff will have to complete these annually. NHS Safe information handling. Learn Pro module completed every 3 years for NHS Staff. Newly recruited staff continue to attend the WDC IT Security and Data Protection awareness sessions held by Security Officer and Data Protection Officer.
Capable Workforce	Undertake a review of CM2000 post implementation	Head Of Health and Community Care	Roll out of CM 2000 fully implemented. External audit progressing actions.
	Update Staff Governance and Practice Governance Framework	Head of People & Change	Staff Governance and Practice Framework updated in partnership with Trade Union Colleagues and agreed through Joint Staff Forum.

Primary Theme	Action	Lead	Update on Progress
Capable Workforce	Continue to develop and implement CSE curricular programme across all secondary schools in line with Integrated Children's Service Plan Refresh. In addition to continue multiagency awareness sessions across the year.	Head of Children's Health, Care & Criminal Justice Services	CSE training sub group have delivered extensive training to multi-agency groups during 2016/17. Currently being evaluated.
	Develop Approaches to perpetrators of domestic abuse		SACRO have been successful in funding bid for this work. In early development stages
	To provide multiagency workshops post implementation for Getting It Right for Every Child, whilst practice beds in.		All completed in terms of Named Person service. Some further multi-agency development sessions are planned. Acknowledged through Joint Inspection that practice is well embedded across all services.
	Ongoing delivery of sexual health and relationship training for appropriate staff from HSCP and community planning partners working with looked after and accommodated children and young people.	Head of Strategy, Planning & Health Improvement	4 x Training Sessions successfully delivered and evaluated.
	Continue to support training through the Public Protection Co-ordinator and awareness of staff on Adult Support and Protection (ASP) Procedures	Head of Mental Health, Addictions & Learning Disabilities	Reviewed the current level of ASP training being undertaken to ensure this reflects the requirements of the Council.

Primary Theme	Action	Lead	Update on Progress
Capable Workforce	Deliver HSCP-wide Clinical and Care Governance Symposium, with invitations including NHS external contractors.	Head of Strategy, Planning & Health Improvement	Half-day Clinical & Care Governance Symposium organised and delivered in November 2016 at Clydebank Town Hall. Over 120 staff participated and feedback strongly positive. All material from the event made available to all on the HSCP website.
Sustainable Workforce	Create career pathways to encourage retention among key staff groups	All Heads of Service	1x Nurse in Addictions completed Nurse prescribing. 3 x Mental Health Practitioner Posts developed as part of psychological therapies 5x Support Workers developed in Learning Disability Care Academy working in partnership with Clydebank College to support placements in care at home and elderly residential care. All students who successfully complete the course are offered a guaranteed interview on our supply list.
	Encourage opportunities for Modern Apprenticeships; nursing internships; and volunteering		Modern Apprentices: 2 x Mental Health 10 x Community Care

Primary Theme	Action	Lead	Update on Progress
Sustainable Workforce	Build on existing capacity within the volunteer and third sector workforce while ensuring the maintenance of quality and standards of service.	Head of Strategy, Planning & Health Improvement	Developed and agreed Strategic Partnership Agreements with West Dunbartonshire CVS and Carers of West Dunbartonshire, which provide a framework for co-producing capacity and quality. External Inspection of Services for Children and Young People in West Dunbartonshire highlighted similar strong partnership working with third sector, notably Y-Sort-It.
Healthy Organisational Culture	Continue to Implement Health Working Lives programme of activities	Head of Strategy, Planning & Health Improvement	Work completed and Council and HSCP still hold Gold award. This work has been incorporated into Employee Well Being Group.
	Leads HSCP integrated Health & Safety Committee and oversee actions across services.	Head of People & Change	<p>Group meets and has representation and input from Safety Reps from Trade Unions and management representation to cover all service areas. Learning shared across services through incident/Riddor reports.</p> <p>Key Actions for 16/17: NHS – Heads of Service/ to review and implement NHS GGC Action Plan following recent HSE inspection.</p> <p>WDC – roll out of Fig tree completed, which has improved reporting and analysis of trends.</p>

Primary Theme	Action	Lead	Update on Progress
Healthy Organisational Culture	Implement staff absence action plan.	All Heads of Service	Action Plan agreed for HSCP and services working towards reducing absence.
	Roll out I Matter for NHS teams and explore if further roll out can be used for WDC staff.	Head of People and Change	I Matter have been rolled out for NHS Staff and integrated team, full roll out to be commencing by April 2018.
	Talent management and succession planning within the workforce to mitigate the impact of future skills loss associated with an ageing workforce profile	All Heads of Service	<p>Succession Planning is supported as part of Personal Development Discussions.</p> <p>Workforce trends and areas potential high risk are identified as part of annual workforce planning review for each HOS and appropriate interventions are discussed and agreed.</p> <p>Number of staff have completed or undergoing Leadership and management development activities to support Career Development to build skills and capability to meet current organisational requirements.</p>

Primary Theme	Action	Lead	Update on Progress
Healthy Organisational Culture	On-going support for HSCP Board members	Head of People and Change	Paper to HSCP Board in May 2017 outlining proposals for Board Development and induction. Senior OD Advisor working with Chief Officer to support Board development
	Ensure workforce changes associated with service redesigns are undertaken in compliance with HR policies and procedures	All Heads of Service	Criminal Justice Redesign completed and all staff in post. Crosslet House open and workforce changes were in accordance with policy and working in Partnership with Trade Unions.

West Dunbartonshire HSCP Workforce and OD Support Plan Priorities 2018

Primary Theme	Action	Lead
Capable Workforce	Continuing to build on existing workforce and internal strategy to meet demands by training staff and explore opportunities to build capacity to meet increasing demands of MHO's amongst social care staff.	Head of Mental Health, Addictions & Learning Disabilities/ Head of Health & Community Care
	Dementia champions will work with staff to further raise awareness of Dementia and available resources. Uptake will be monitored	
	Ensure PDPs in place across workforce.	All Heads of Service
	Monitor and support registration status of staff and progress any improvements from outcome of internal audit report.	
	Monitor and support SSSC registration of staff in Care at Home Service	Head of Health and Community Care
	Continue to deliver on-going programme of data protection awareness sessions tailored to the staff working within the HSCP	Head of Strategy, Planning & Health Improvement
	Consider further how to develop functionality of CM2000 and actions arising from external audit.	Head Of Health and Community Care

Primary Theme	Action	Lead
Capable Workforce	Update Staff Governance and Practice Governance Framework.	Head of People & Change
	Develop Approaches to perpetrators of domestic abuse	Head of Children's Health, Care & Criminal Justice
	Prepare and implement outcomes arising from information Sharing Bill in 2019, including implications from Part 4 and 5 and guidance associated with this.	
	Ongoing delivery of self harm and sexual health and relationship training for appropriate staff from HSCP and community planning partners working with looked after and accommodated children and young people.	Head of Strategy, Planning & Health Improvement
	Review of training and implementation of training for staff across the Council for Adult support and protection to be completed by Public Protection Officer.	Head of Mental Health, Addictions & Learning Disabilities.
Sustainable Workforce	Create career pathways to encourage retention among key staff groups	All Heads of Service
	Encourage opportunities for MAs; nursing internships; and volunteering	
	Build on existing capacity within the volunteer and third sector workforce while ensuring the maintenance of quality and standards of service.	Head of Strategy, Planning & Health Improvement
	Scope out analyse age profile of Childrens Residential workforce due to concerns about aging workforce.	Head Of Children's Health, Care & Criminal Justice Services

Primary Theme	Action	Lead
Healthy Organisational Culture	Contribute and implement actions from Council Employee Wellbeing Group.	All Heads of Service
	Lead HSCP integrated Health & Safety Committee and oversee actions across services.	Head of People & Change
	Implement HSCP staff absence action plan.	All Heads of Service
Effective Leadership and Management	Support teams with team development to support current or new ways of working	Head of People & Change
	Complete roll out of I Matter.	
	Talent management and succession planning within the workforce to mitigate the impact of future skills loss associated with an ageing workforce profile	All Heads of Service
	On-going support for HSCP Board members	Head of Strategy, Planning & Health Improvement
	Ensure workforce changes associated with service redesigns are undertaken in compliance with HR policies and procedures	All Heads of Service

West Dunbartonshire Health & Social Care Partnership

Meeting: West Dunbartonshire HSCP Health and Safety Committee

Date: 31st October 2017

Time: 10:00 am

Venue: Managers Meeting Room Garshake

DRAFT MINUTE

Present: Serena Barnatt (SB) Chair, Head of People and Change
 Janice Miller (JM)MSK Physiotherapy Service Manager
 Lynne McKnight (LMcK) IOM Care at Home
 Mary Angela McKenna (MAMcK), IOM COPT
 Jacqueline Lyttle, H&A Practitioner, NHS
 Billy McEwan (BMcE), HS Officer, WDC
 Karen Goodwin (KG), H&S Officer, WDC
 Jacquie McGinn (JMcG), Health Improvement Manager
 Sheila Downie (SD), Specialist Childrens Services
 Wilma MacCorquodale (WMcC), IOM, Res/Daycare Older People
 Andy McCallion (AMcC), UNISON
 Val Jennings, (VM), UNISON
 Shirley Furie, (SF) GMB
 Jim Devaney, (JD), Fire Safety Officer
 Viv Warner (VW), Minutes

Apologies: Stevie Gallacher – Karen Goodwin and Billy McEwan deputising
 Fiona Heggie – Retinal Screening
 Kenny McColgan – UNISON

- | Item | Description |
|--|--|
| 1. Welcome & Introductions | SB opened the meeting and apologies were noted. |
| 2. Minutes of Previous Meetings | HSCP H&S Committee – Minutes from last meeting were agreed to be an accurate record of the meeting and action tracker covered.
NHS GGC Board H&S Forum – Minutes noted.
Joint (Corporate) H&S Committee – Minutes noted. |

3. Matters Arising

3.1 Agile Working Checklist for Management Manual

JMcG provided an update on the work of the group she had convened to look at Agile Working Checklist for Health and Safety Manuals

It had been confirmed we could proceed with work we want to do locally and this would not cut across NHS Board wide group. SB had agreed we would share our final draft once work is completed.

JMcG advised first meeting of the group was really a brain storm of issues and the group wanted to take time to get it right. The group are also looking at processes in place across NHS and Local Government as best practice examples. There are some issues that are arising about IT in general which would not sit with Health and Safety Group and would be feedback to Jacqui Pender who is HSCP lead for these matters.

VJ asked if there were any Trade Union Reps on the group and it was agreed that VJ would send nomination to JMcG. SB agreed to contact KMCC

It was agreed to keep item on the group for updates and BMcE to be invited to the group.

Actions:

VJ to seek TU nominations and advise JMG.

BMcE to join group

JMcG to provide update at next meeting

SB to contact KMCC about NHS TU involvement on the group.

3.2 Alcohol/Substance Training

WDC have been discussing testing through Employee Liaison Group. Approach taken is there will be need to have reasonable suspicion for testing to occur and it will not be random testing. BMcE/KG to feedback at next meeting.

Within the NHS still progressing with proposal and nothing has been confirmed. EW to feedback at the next meeting.

Actions:

BMcE – to provide update at next meeting

EW – to provide update at next meeting

3.3 Joint H&S Report Update

Reviewing last minutes SG had met with EW to look at both reports but quite different formats. Looking at top three issues across both services. It was agreed that JM to send EW & SG copy of joint HR report to guide development of joint H&S report. HR report sent. This had been completed. Agreed carry forward to next meeting still awaiting draft report. EW and BMcE to progress and bring back draft for next meeting.

Actions:

BMcE and EW to meet and bring draft report to next meeting.

3.4 Violence Reduction Group

NHS Violence and Reduction Group are looking for rep from each service area on the group. Currently there is no one represented from West Dunbartonshire HSCP. Given highest number of incidents are in Mental Health, it was suggested that FD seeks a rep from his service and confirms to EW.

Actions:

FD to confirm rep on group to EW

3.5 Update Figtree

KD provided update and advised HS1 had gone live last month. SB asked about further development of Figtree and managers were feeding back it would be helpful if they could run their own reports similar to Datix. KG advised this was an area identified as part of further development of Figtree but reports could be accessed through H&S team just now.

Actions:

SB to keep agenda as matter of arising for updates.

3.6 Fire Training

NHS – stats still remain low at 25% all service reps were asked to take back to management team meetings and ensure e-Learning Module is completed.

SB welcomed JD to the group who is newly appointed Fire Safety Officer for WDC. JD provided group information about the support he could provide. JD advised he had completed Fire Safety training at several care homes and he is currently identifying if staff are out of date with training and progressing this with care home management team.

Fire risk assessments started with sheltered housing. Will feed back when assessments done.

JD raised issues around scooters being left in escape routes and the way they are being charged. It was agreed JD to liaise with housing colleagues and LMCK.

Actions:

Contact details for JD to be provided for SB to circulate.

All Service Reps to take back to service areas the need to increase uptake of Fire Safety Training for NHS Staff.

JD to liaise with housing colleagues and LMK with regards to scooters.

4. Health & Safety Action Plan

Action plan attached to agenda and JL was asked to go through main actions. They were:

- Moving and Handling training must be up to date
- Risk assessments for using sharps
- Riddor review
- Skin health
- Planned survey of needlestick

It was noted VMCI was retiring. SB to seek nomination for group and check with Kenneth Fleming if this is still required.

Actions:

SB asked all Managers to task the action plan back to SMT meeting for service areas to ensure actions taken forward as appropriate.

SB to contact KF to check ongoing requirement to have contact

SB to seek nomination for H&S Action Plan

5. Standing Items

H&S Proforma Update Reports

- i. Updates were provided by each of service areas on their proformas and questions were invited after each report. There was clarity sought on a few items and these were as follows:
- ii. A query was raised in relation to Reliance and some areas have not rolled out. SB directed managers to Lone Working Policy and guidance on HR Connect which advises that other systems can be put in place and examples of this can be found in mental health. If managers are unsure they should contact EW for advice.
- iii. Incident reporting it was confirmed that for reporting on FIGTREE it is the responsibility of the manager to report the incident. DATIX requires person to whom the incident has happened to report the incident.
- iv. **H&S Reports (July – Sept)**
JL and KG provided highlists from report for Council and NHS. 3 x Riddor reportable incidents for the Council.
- v. **Learnpro Needlestick**
1 x needlestick during this period in Specialist Children’s Services.
- vi. **Datix Group – Annual Report**
Annual Report Noted. Fraser is rep on the group. Janice advised she has overdue incidents but these are not showing up on her manager’s view. Fraser agreed to feed this back through Datix Users Group.

Actions:

SD was looking for some training on Health and Safety Manuals. Agreed SD to liaise with JL.

FD to feedback JM concerns through Datix Users Group

6. WDC Health & Safety Corporate Plan 2017-18

For noting, KG advised next phase is to have local plans for HSCP Work underway and KG agreed to circulate to the group.

Actions:

KG to send SB for circulation and feedback on draft to be sent to KG and final draft to be brought to next meeting.

7. For Noting:

There were two items for noting, Violence & Aggression Annual Report (NHS) and Water Systems Policy (NHS)

Dates of Next Meeting

6 February 2018 – Hartfield Clinic, Managers' Meeting Room

Actions:

CMC to circulate dates of meeting for 2018 to the group.

West Dunbartonshire Health & Social Care Partnership

Meeting: SMT Clinical & Care Governance Group
Date: 29 November 2017
Time: 9.30am
Venue: Managers' Meeting Room, Garshake Road

Draft Minute

Present: Beth Culshaw, Chief Officer (Chair)
 Jackie Irvine, CSWO
 Pamela Macintyre, Lead Prescribing Adviser
 Wilma Hepburn, Lead Nurse Adviser
 Aileen O'Gorman, MSK Physiotherapy
 Serena Barnatt, Head of People and Change
 Julie Lusk, Head of Mental Health
 Soumen Sengupta, Head of Strategy

Apologies: Lynnette Cameron
 Ken Ferguson

In Attendance: Lorna Fitzpatrick (Minute)

1. **Welcome & Introductions**
 Beth Culshaw welcomed members to the group and introductions were made.
2. **Minute of Meeting Held on September 2017**
 The Minute was accepted as an accurate record of the meeting.
3. **Matters Arising**
 - i. The issues around Homeless People are ongoing and Julie Lusk will provide an update at next meeting. JL
 - ii. Lorna to email Ken Ferguson for an update on GP Out of Hours Services. KF
 - iii. Standby – there is no update available. We have opted in to continue with the contract for at least one year. Update will be provided at the next meeting. JI
 - iv. Clinical and Care Governance. Ken Ferguson has previously circulated a paper and comments have been fed back. It was agreed that each service area would complete a template and provide an update to the Clinical and Care Governance

Group. Report will also be put to the HSCP Board meeting. It was agreed to share the template with Pamela Macintyre.

Action: LF

- v. After discussion, it was agreed that the recent report on pressure ulcers would be shared with nurses in Glasgow. Partnership Clinical Governance Group meets every two months and Janice and Wilma will routinely feed back any relevant issues to this group, and agree with KF submission to the PCCG. JM, WH and KF

4. Quality Assessment

- i. Mental Health Visit Report
The Mental Welfare Commission for Scotland Report on the visit to Fruin and Katrine wards was discussed. All recommendations have been noted and agreed. Action has been taken where possible.
- ii. Quality Assessment Report
Soumen Sengupta introduced the Report which covers Care Inspectorate Grades for Independent Providers. The Care Inspectorate regulates and inspects care services in Scotland, which are subject to routine inspections at least once per year. It was agreed to produce an amalgamated report covering all inspections with this group. Soumen Sengupta's team will prepare the report and each head of service should feed in relevant information to enable completion of the report. It was agreed that Pamela Macintyre would review the low grade at Greenlaw Grove where West Dun has one resident. SS PM

5. Risk Management

- i. Clinical & Care Governance Report
Bring forward to next meeting. KF
- ii. Clinical Incident Report
The report was presented to inform the SMT Clinical and Care Governance Group of the nature and range of patient clinical incidents that have been reported through the DATIX system across all services during July to September 2017. The paper provides an overview of:
- Significant Clinical Incident (SCI) Activity
 - Clinical Incidents Reported
 - Any new issues identified by Clinical Risk Team for consideration
- Heads of Service provided an update on all outstanding issues. In particular, there was discussion around those entries which refer to Adult Autism Team. There is no adult autism team in West Dunbartonshire and Julie Lusk is JL

seeking clarity to establish whether or not this is an error within the report.

6. Service User Feedback

- i. FOI and Complaint reports will be circulated.

7. Continuous Improvement

- i. New Intervention in MSK Physio
Aileen O’Gorman presented the paper which presents the case for the use of Extracorporeal Shockwave Therapy in the MSK Physiotherapy Service. ESWT is a treatment for MSK conditions, especially tendonopathies, fasciopathies, calcific tendons, trochanteric syndrome and degenerative joint pain. It is an adjunct to treatment when the standard treatment is not resolving the symptoms. A standard operating procedure has been developed, identified staff trained, referral criteria agreed, patient information developed and a patient consent form drawn up.

The equipment is currently installed at Stobhill and current clinical evidence is mixed. There are small numbers involved and the plan is to continue to review evidence. It was agreed that a future report detailing patient numbers and evaluation would be produced in six months’ time.

JM/
AO’G

8. For Noting

- i. AWI Draft Report
Internal Audit produced the report which details the audit conducted on Guardianship Cases with Mental Health Officer involvement. The report also has details of the agreed action plan which was produced following the audit. There were no high risk factors identified. After discussion, it was noted that some delays are outwith our control and influence and it was agreed to feed this back and include a note within the action plan.

It was agreed that comments already fed back will be shared with Beth Culshaw.

Action: Include an update on next Agenda -LF

9. Standing Items

- i. Outstanding SCIs and SCRs
The outstanding Children’s SCR will be presented at the next meeting of Chief Officers Group for Public Protection. The draft response will also be presented for sign off.

10. Review of Clinical and Care Governance

Proposal is to take a report to Partnership Board in January. A

review of the Clinical and Care Governance should also be undertaken.

Date of Next Meeting

Monday 29th January 2018, 1.30pm

West Dunbartonshire Health & Social Care Partnership

Meeting: Joint Staff Forum

Date: 14 December 2017

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

Venue: Meeting Room 6, Third Floor, Council Offices,
Garshake Road, Dumbarton

DRAFT MINUTE

Present: Beth Culshaw, Chief Officer, HSCP
Peter O'Neill (Chair), WDC, Unison
Serena Barnatt, Head of People & Change
Annie Ritchie, Fieldwork Manager, HSCP
Gillian Gall, People and Change Manager
Janice Miller, Head of Service, MSK Physio
Robert MacFarlane, IOM, Learning Disability
Phil MacDonald, IOM, Residential & Day Services
Elaine Smith, WDC, HSCP, Unison
Diana McCrone, Unison, NHS
Dianne Markham, Unison, WDC
Julie Ballantyne, Unison, NHS
Mags Simpson, Senior Nurse, Children & Families
Soumen Sengupta, Head of Strategy, HSCP
Shirley Furie, SHS and GMB Rep
Teresa Community Alarm Team, GMB
Lynne McKnight, IOM, Care at Home
Julie Slavin, CFO, HSCP

Item	Description	Action
1.	Welcome & Introductions The Chair welcomed the group and introductions were made.	
2.	Minute of Meeting held on 17 October 2017 The Minute of the meeting held on 17 October was agreed as an accurate record.	
3.	Items and Minutes from Other Meetings for noting: a) APF Agenda The content of the APF Agenda was noted. There was a discussion around the replacement of eKSF and the pressures that this might cause with reports due to be signed off by the end of December. b) JCF Minute The content of the JCF Minute was noted. Diana McCrone	

asked what the Employee Wellbeing Strategy is. It covers a wide range of strands of work. Serena will provide an update outside this meeting.

c) Employee Liaison Group Minute
The content of the JCF Minute was noted.

d) HSCP Health & Safety Committee
The content of the Health & Safety Committee was noted. Two points to note is the focus on the HSCP Action Plan for Health and ensuring these are complete. A check list for equipment given to staff with mobile devices has been developed.

e) Staff Health Strategy
Beth Culshaw presented the strategy and the content was noted. There was a discussion around how this would interact with Council activity and whether or not a development session should be organised.

f) Personal Relationships at Work
Serena Barnatt introduced the paper which has previously been put through the Area Partnership Forum. The policy has been approved but there might be some slight rewording of the guidance.

4. Matters Arising

It was agreed to include matters arising immediately after the Minute item on future agendas.

A series of meetings has been established with Andy McCallion and Carron O'Byrne.

Carron is picking up a discussion with Trade Union colleagues re Criminal Justice Services.

The group was updated on the Learning Disability Management Review. Previously, it has been agreed to confirm and formalise a situation that has been in place for a long time. It had been agreed previously that this agreement would progress with the opportunity to take up union representation if required.

Otherwise, there are no matters arising not covered elsewhere on the agenda.

5. Finance

One Hour Briefing

6. Service Updates:

a) Children Services and Criminal Justice

- Out of Hours Review
This work is being covered by Jackie Irvine and a proposal relating to adult and older people is being taken to a meeting on 8th February.
- Immunisation and School Nursing
Pre 5 immunisation service continues as before. A paper is going to APF in January. Staff continue to manage pre-5 immunisations and will review developing teams locally. This work will be led from the NHS Board.

School Nursing Review Group met in September with a further meeting due in the next month or two. Recruitment to posts continues but these are very small numbers.

b) Community Care

- Ethical Care Charter
Lynne McKnight updated the group on the current situation. A further meeting has been arranged and matters in principle have been agreed. All other stages have been agreed. A discussion re external services has been arranged. A round of discussions, setting an hourly rate based on achieving living wage, has taken place. Just under 10% of services in West Dunbartonshire are externalised. It is important that standards are achieved across the board, both internally and externally.

After discussion, it was agreed that the draft plan will be circulated to this group. Lynne will go ahead with a meeting with Convenors and bring any update to JSF.

c) Mental Health, Learning Disability and Addictions

- Unscheduled Care Review
After discussion, it was agreed that a further update would be provided to the next meeting by Julie Lusk.

g) Health Improvement

- Smoking Cessation
Soumen Sengupta presented the papers. The template for cost savings is to create consistency and an audit trail around planning for cost savings. The proposal is to create a unitary smoking cessation service bringing together HSCP Smokefree services in Inverclyde, West Dunbartonshire, East

Dunbartonshire, Renfrewshire and East Renfrewshire with Smokefree services in Public Health Directorate. The intention is to standardise working across pharmacy; community; maternity; acute prisons and mental health services.

7. Staff Relocations

Beth Culshaw confirmed the programme of work underway to move staff out of Garshake Road.

Annie Ritchie updated the group on the work being undertaken at Aurora House to make it fit for purpose.

8. Partnership Development Session

Diana McCrone talked about the partnership training module and suggested that the JSF had a development session. It was suggested that a small group be developed to manage the planning of the session. After discussion, it was agreed that the planning group would be:

- Peter O'Neill
- Diana McCrone
- Serena Barnatt
- Annie Ritchie
- Lynne McKnight

Serena Barnatt will seek the support of Ann Marie Murdoch to support the development of the session.

SB

Lorna to set up meeting at the end of January.

LF

9. Standing Items:

a) HSCP Board Meeting

Items are currently being collated for the meeting on 31 January. A list of reports will be shared in due course. There is a proposal to change the Board meeting to the morning but this clashes with the Area Partnership Forum.

b) HR Report

Gillian Gall will prepare an updated report which will be circulated.

GG

10. AOCB

National Workforce Plan – part two is still awaited and will be produced in January. Guidance is awaited and a full refresh is due early next year to link in with the strategic plan and the financial plan. There is still a lot of debate nationally. Guidance will be circulated as soon as it is available.

There was no further competent business.

11. Date of Next Meeting

Proposed Dates:

- Middle of February – Lorna to review
- 10 April 2018
- 10 July 2018
- 9 October 2018

All meetings to be held in the Committee Room at Hartfield Clinic, Latta Street starting at 10.00am (staffside pre-meeting at 9.30am).