

# Agenda

West Dunbartonshire  
Health & Social Care Partnership

## West Dunbartonshire Health & Social Care Partnership Board

**Date:** Wednesday, 2 May 2018

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**Time:** 14:00

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

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**Contact:** Nuala Quinn-Ross, Committee Officer  
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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  
Chris Jones  
John Kerr  
Neil Mackay  
Diana McCrone  
Anne MacDougall  
Kim McNabb  
Janice Miller  
Peter O'Neill  
Selina Ross  
Julie Slavin  
Alison Wilding

Senior Management Team – Health & Social Care Partnership

Date of issue: 19 April 2018

# WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

WEDNESDAY, 2 MAY 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 MEETING 7 - 11

Submit, for approval as a correct record the Minutes of Meeting of the Health & Social Care Partnership Board held on 14 February 2018.

### 4 DELIVERING THE NEW 2018 GENERAL MEDICAL SERVICES CONTRACT 13 - 21

- (a) Presentation by the Head of Community Health and Care on “Setting the Scene”, and
- (b) Submit report by the Clinical Director:-
  - (1) outlining the content of the proposed new 2018 General Medical services (GMS) Contract in Scotland;
  - (2) outlining the Memorandum of Understanding (MoU) between Scottish Government, British Medical Association, Integration Authorities and NHS Boards;
  - (3) outlining the requirement for Primary Care Improvement Plans (PCIP) to be developed by 1 July 2018;
  - (4) providing an update on the development of the West Dunbartonshire PCIP; and
  - (5) providing an update on the result of the poll of General Practitioners.

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**11 WEST OF SCOTLAND REGIONAL PLANNING 91 - 94**

Submit report by the Interim Head of Strategy, Planning & Health Improvement presenting an update on the West of Scotland Regional Planning programme of work.

**12 UPDATE ON REVIEW OF SEXUAL HEALTH SERVICES 95 - 102**

Submit report by the Chief Nurse informing of the sexual health service transformational change and any changes that may impact on West Dunbartonshire.

**13 EQUALITY OUTCOMES AND MAINSTREAMING PROGRESS UPDATE REPORT 103 - 122**

Submit report by the Health Improvement Lead presenting the Equality Mainstreaming Report prepared with respect to the obligations placed on Integration Joint Boards by the Equality Act 2010.

**14 MINUTES OF MEETINGS FOR NOTING 123 - 141**

Submit for information, the undernoted Minutes of Meetings:-

- (a) Minutes of Meeting of the West Dunbartonshire HSCP Audit Committee held on 20 September 2017;
  - (b) Minutes of Meeting of the Health & Social Care Partnership Joint Locality Group for Clydebank held on 12 December 2017;
  - (c) Minutes of Meeting of the Health & Social Care Partnership Joint Locality Group for Dumbarton and Alexandria held on 12 January 2018; and
  - (d) draft Minutes of Meeting of the Clinical & Care Governance Group held on 26 March 2018.
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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, 14 February 2018 at 2.00 p.m.

- Present:** Bailie Denis Agnew and Councillors Marie McNair and 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; Diana McCrone, NHS Staff Side Co-Chair of Joint Staff Forum; Anne MacDougall, Co Chair of WD HSCP Public Engagement Network for the Clydebank area; Neil Mackay, Chair of Locality Group – Alexandria & Dumbarton; Janice Miller\*, Lead Allied Health Professional; Peter O'Neill\*, WDC Staff Side Co-Chair of Joint Staff Forum; Selena Ross, Chief Officer of WD CVS; and Kim McNabb, Representative of Carers of West Dunbartonshire.
- Attending:** Serena Barnatt, Head of People and Change; Jo Gibson, Head of Health & Community Care; Wendy Jack, Interim Head of Strategy, Planning & Health Improvement; Julie Lusk, Head of Mental Health, Learning Disability & Addictions; Nigel Ettles, Principal Solicitor and Nuala Quinn-Ross, Committee Officer.
- Apologies:** Apologies for absence were intimated on behalf of Barbara Barnes, John Kerr and Rona Sweeney.

\*Note: arrived later in the meeting.

**Councillor Marie McNair in the Chair**

### DECLARATIONS OF INTEREST

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

## **CHAIR'S REMARKS**

The Chair, Councillor McNair, welcomed Jo Gibson, the newly appointed Head of Health & Community Care, replacing Chris McNeill, and Wendy Jack, the Interim Head of Strategy, Planning & Health Improvement, replacing Soumen Sengupta, to the Partnership Board meeting.

## **VARIATION OF ORDER OF BUSINESS**

After hearing Councillor McNair, Chair, the Partnership Board agreed to vary the order of business as hereinafter minuted.

## **ADULT MENTAL HEALTH SERVICES TRANSFORMATION**

A report was submitted 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.

A presentation was given by Michael Smith, Associate Lead Medical Director, Mental Health Services on the Adult Mental Health Strategy 2018 – 2023 for the NHS Greater Glasgow and Clyde Health Board, following which he was heard in answer to Members' questions.

Officers were then heard in further elaboration of the presentation, in further explanation of the report and in answer to Members' questions. Thereafter, the Partnership Board thanked the Associate Lead Medical Director for his informative presentation and agreed to note the progress made to date on the draft five year strategy.

Note:- Janice Miller and Peter O'Neill arrived during the above presentation.

## **MINUTES OF PREVIOUS MEETINGS**

The following Minutes were submitted and approved as a correct record:-

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

## **PUBLIC PERFORMANCE REPORT JULY TO SEPTEMBER 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 second quarter of 2017/18 (July to September 2017).



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

- (1) to approve the publication of the Partnership Public Performance Report for July to September 2017;
- (2) that a programme of informal briefing sessions for Board Members be arranged to discuss HSCP matters in more detail; and
- (3) that a further report on performance would be presented to the next meeting of the Partnership Board.

### **PREPARING FOR 2018-2021 STRATEGIC PLAN**

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

The Interim Head of Strategy, Planning & Health Improvement was heard in further explanation of the report.

The Chief Officer, Interim Head of Strategy, Planning & Health Improvement and the Principal Solicitor were then heard in answer to Members' questions. Thereafter, the Partnership Board agreed:-

- (1) to approve the proposed Strategic Planning Group (SPG) as a sub-committee of the Partnership Board;
- (2) that Allan Macleod be appointed as the Chair to the Strategic Planning Group;
- (3) that the Chief Officer establish the new arrangements by the first quarter of 2018/19 and present a report to a future meeting advising on new arrangements;
- (4) that regular reports be received from the Strategic Planning Group on progress to both deliver the current Strategic Plan and to develop the next Strategic Plan; and
- (5) that a representative from the Pharmacy Community be invited to join the Strategic Planning Group.

## **PREPARATION FOR IMPEMENTATION OF CARERS (SCOTLAND) ACT**

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

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

- (1) that the Chief Officer work with relevant Health Board and Council leads to undertake the necessary process for revising and securing approvals for an updated Integration Scheme, with a report being provided to the Partnership Board in May 2018; and
- (2) that the Chief Officer present a report with recommendations on the required Local Carers Strategy and Local Carers Eligibility Criteria to the Partnership Board in May 2018.

## **ADJOURNMENT**

Having heard the Chair, Councillor McNair, the Partnership Board agreed to a short adjournment.

The meeting resumed at 3.34 p.m. with all those Members noted in the sederunt being present.

## **FINANCIAL PERFORMANCE REPORT AS AT PERIOD 9 (31 DECEMBER 2017) AND 2018/19 BUDGET SETTING ASSUMPTIONS UPDATE**

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

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

After discussion and having heard officers 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 West Dunbartonshire Council and NHS Greater Glasgow and Clyde and direction back to our partners to deliver services to meet the strategic priorities approved by the HSCP Board;
- (2) to note that the revenue position for the period 1 April 2017 to 31 December 2017 is reporting an overspend of £1.038m (-0.95%);
- (3) to note the projected 2017/18 outturn position of £1.277m (-0.86%) and the potential impact on the projected outturn reserves position;

- (4) to note the update on the 2018/19 budget setting process and the potential level of savings required to be met; and
- (5) to 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 6 March 2018.

Note:- Selena Ross left the meeting during discussion on the above item of business.

### **REVIEW OF FINANCIAL REGULATIONS**

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

After discussion and having heard officers in further explanation of the report and in answer to Members' questions, the Partnership Board agreed to approve the revised Financial Regulations.

### **WORKFORCE AND ORGANISATIONAL DEVELOPMENT SUPPORT PLAN UPDATE**

A report was submitted 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.

After discussion and having heard the Head of People & Change in further explanation of the report, the Partnership Board agreed to endorse the Workforce and Organisational Development Strategy update for 2017 and the revised support plan for 2018.

### **MINUTES OF MEETINGS FOR NOTING**

The undernoted Minutes of Meetings were submitted for information:-

- (1) Minutes of Meeting of the West Dunbartonshire HSCP Health and Safety Committee held on 31 October 2017;
- (2) Minutes of Meeting of the SMT Clinical & Care Governance Group held on 29 November 2017; and
- (3) Minutes of Meeting of the Joint Staff Forum held on 14 December 2017.

The meeting closed at 4.42 p.m.

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**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE**  
**PARTNERSHIP BOARD : 2 MAY 2018**

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**Subject: Delivering the New 2018 General Medical Services Contract**

**1. Purpose**

**1.1** The purpose of the report is to :

- Outline the content of the proposed new 2018 General Medical Services (GMS) Contract in Scotland;
- Outline the Memorandum of Understanding (MoU) between Scottish Government, British Medical Association, Integration Authorities and NHS Boards;
- Outline the requirement for Primary Care Improvement Plans (PCIP) to be developed by 1 July 2018;
- Update members on the development of the West Dunbartonshire PCIP;
- Update members on the result of the poll of General Practitioners.

**2. Recommendations**

**2.1** The Integration Joint Board is asked to:

- (i) Note the Paper;
- (ii) Note that the full Scottish General Practices' Committee (SGPC) met on 18 January 2018 and accepted the contract on behalf of the profession;
- (iii) Instruct the Chief Officer to progress the necessary actions within West Dunbartonshire and jointly with the five other Greater Glasgow and Clyde HSCPs to develop **the Primary Care Improvement Plan** as set out in section 4.2, and present this to the IJB in August 2018 for approval.
- (iv) Note the emerging thinking from the work undertaken so far in creating West Dunbartonshire's Primary Care Improvement Plan.

**3. Background**

**3.1** A strong and thriving general practice is critical to sustaining high quality universal healthcare and realising Scotland's ambition to improve our population's health and reduce health inequalities.

**3.2** On 13 November 2017, the Scottish Government published the draft 2018 General Medical Services Contract in Scotland.

**3.3** The benefits of the proposals in the new contract for patients are to help people access the right person, at the right place, at the right time in line with

the Scottish Government Primary Care Vision and Outcomes. In particular this will be achieved through:

- a. Maintaining and improving access;
- b. Introducing a wider range of health and social care professionals to support the Expert Generalist (GP);
- c. Enabling more time with the GP for patients when it is really needed, and
- d. Providing more information and support for patients.

**3.4** The benefits of the proposals in the new contract for the profession are:

- A refocusing of the GP role as Expert Medical Generalist;
- Phase 1 of Pay and Expenses, including new workload formula and increased investment in general practice;
- Manageable Workload
  - additional Primary Care staff to work alongside and support GPs and practice staff to reduce GP workload and improve patient care and
  - Improving infrastructure and reducing risk: including management/ownership of premises, shared responsibility as data controller for information sharing and responsibilities for new staff.

**3.5** The draft contract is the culmination of negotiations between the Scottish GP Committee (SGPC) of the British Medical Association (BMA) and the Scottish Government. The formal negotiations were informed and supported by a range of other forums including GMS Reference Group (jointly chaired by Andrew Scott, Director of Population Health, Scottish Government and John Burns, Chief Executive NHS Ayrshire & Arran) and tri-partite meetings between Scottish Government, BMA, and nominated Chief Officers of Integration Authorities.

**3.6** The draft contract is set out in the following documents:

- Contract Framework
- Premises Code of Practice
- Draft Memorandum of Understanding
- Letter describing the Memorandum of Understanding

**3.7** The new contract will support significant development in primary care. A draft Memorandum of Understanding between Integration Authorities, SGPC, BMA, NHS Boards and Scottish Government, sets out agreed principles of service redesign, ring-fenced resources to enable change to happen, new national and local oversight arrangements and agreed priorities. The initial implementation requirements are set out in the MoU for the first three years (April 2018 - March 2021).

**3.8** The MoU recognises the statutory role of Integration Authorities in commissioning primary care services and service redesign. It also recognises

the role of NHS Boards in service delivery, employers and partners to General Medical Service contracts.

**3.9** The MoU provides reassurance that partners are committed to working collaboratively and positively in the period to March 2021 and beyond to deliver real change in local health and care systems that will reduce workload and risk for GPs and ensure effective multi-disciplinary team working for the benefit of patients.

**3.10** Implementation of the new contract and MoU were subject to the new contract being approved by the SGPC following a poll of the profession. The outcome of this poll was announced on 18 January 2018 with a 72% vote in favour and subsequent approval by the SGPC.

#### **4. New GP Contract**

**4.1** The aims of the new contract are to achieve:

##### **Sustainable funding:**

- New funding formula that better reflects GP workload from 2018 with additional investment of £23 million. Nationally, 63% of practices gain additional resources;
- Practice income guarantee that means the 37% of practices who are not gaining additional resources will see their funding maintained at current levels;
- A new minimum earnings expectation will be introduced from April 2019. This will ensure that GPs in Scotland earn at least £80,430 (whole-time equivalent – and includes employers' superannuation).

##### **Manageable workload:**

- GP practices will provide fewer services under the new contract to alleviate practice workload. New primary care services will be developed and be the responsibility of IJBs / NHS Boards.
- There will be a wider range of professionals available in and aligned to practices and the community for patient care. New staff will be employed mainly through NHS Boards and attached to practices to support development of the Expert Medical Generalist role;
- Priority services include Pharmacotherapy support, treatment and care, and vaccinations ;
- Changes will happen in a planned transition over three years commencing in 2018/19 and there will be national oversight involving Scottish Government, SGPC and Integration Authorities and local oversight involving IJBs, NHS Boards and the profession, including Local Medical Committees.

**Reduced risk:**

- GP owned premises: new interest-free sustainability loans will be made available, supported by additional £10 million annual investment;
- GP leased premises: over time there will be a planned programme to transfer leases from practices to NHS Boards;
- New information sharing agreement, reducing risk to GP contractors with NHS Boards as joint Data Controllers.

**Improve being a GP:**

- Move to recognise the GP as the Expert Medical Generalist (EMG) and senior clinical decision maker. In this role the GP will focus on three main areas: undifferentiated presentations; complex care in the community; and whole system quality improvement and clinical leadership;
- GPs will be part of, and provide clinical leadership to, an extended team of Primary Care professionals;
- GPs will be more involved in influencing the wider system to improve local population health in their communities. GP Clusters will have a clear role in quality planning, quality improvement and quality assurance;
- GPs will have contractual provision for regular protected time for learning and development.

**Improve recruitment and retention:**

- GP census will inform GP workforce planning;
- Explicit aim to increase GP numbers with a workforce plan due to be published in early 2018.

**4.2** Key aspects of the new contract and MoU requiring early action are summarised below.

**Development of Primary Care Improvement Plan:**

- IJBs will set out a Primary Care Improvement Plan to identify how additional funds are allocated in line with the Contract Framework;
- The Plan will outline how these services will be introduced before the end of the transition period at March 2021, establishing an effective multi-disciplinary team model at Practice and Cluster level;
- These plans will be developed in collaboration with local GPs and others and should be developed with the GP Subcommittee (or representatives of, by agreement locally) as the formally agreed advisors on general medical service matters. Any specific contractual elements must be agreed with the Local Medical Committee.
- IJBs have a statutory duty and the infrastructure established to consult in relation to Strategic Planning, and stakeholders should be engaged in the plan's development;



- Local and Regional Planning will recognise the statutory role of IJBs as commissioners. IJBs will give clear direction to the NHS Board on its function to secure these primary care services;
- In developing and implementing these plans, IJBs should consider population health needs and existing service delivery;
- Integration Joint Boards will be accountable for delivery and monitoring progress of the local Plan
- Where more than one IJB is covering a NHS Board area, the IJBs must collaborate in relation to effective and efficient use of resources.

### **Key Priorities**

Existing work has shown the benefits from working with a wider multi-disciplinary team aligned to General Practice. The MoU outlines the priorities over a three year period (April 2018-March 2021);

- The priority for services and staff are:
  - i. Vaccination services (staged for types of vaccinations but fully in place by April 2021)
  - ii. Pharmacotherapy services – made up, by 2021, of level one core (acute prescribing, repeats, discharge letters, medication compliance reviews); followed by level two additional advanced (medication review, resolving high risk medication problems); level three additional specialist (polypharmacy reviews, specialist clinics)
  - iii. Community treatment and care services (e.g. minor injuries and dressings, phlebotomy, ear syringing, suture removal, chronic disease monitoring) with phlebotomy delivered as a priority in the first stage;
  - iv. Urgent care (advanced practitioners, nurses and paramedics) undertaking home visits and unscheduled care;
  - v. Additional professionals for multi-disciplinary team dependent on local geography, demographics and demand (e.g. physiotherapists focusing on musculoskeletal, mental health services)
  - vi. Community Link Workers
- New staff will be employed predominantly through the NHS Board and work in models and systems agreed between each HSCP and local GPs;
- New staff should, where appropriate, be aligned to GP practices or groups of practices (e.g. clusters).
- Where appropriate, reconfigured general medical services should continue to be delivered in or near GP practices.
- Existing practice staff continue to be employed by practices; and
- Practice Managers will contribute to the development of the wider Practice Teams.

### **Improving Together Cluster Framework:**

GP Clusters are professional groupings of general practices that should meet regularly with each practice represented by their Practice Quality Lead. The

2017 Scottish Government document - Improving Together - is a quality framework for GP Clusters that shapes continuous improvement of the quality of care that patients receive and states:

- Cluster purpose is to improve the quality of care within the practices and extrinsically through localities;
- Clusters priorities for 2018/19 will support the current Transitional Quality Arrangements;
- Clusters will provide advice in the development and implementation of Primary Care Improvement Plan(s);
- Practices will provide activity and capacity information to enable quality improvement work to progress and deliver;
- Clusters will be supported by Local Intelligence Support Team (LIST) analysts and Healthcare Improvement Scotland support to HSCPs;
- The peer review process for Clusters is still being negotiated.

### **Funding:**

Over the period of implementation, across Scotland, £250m of new funds will be invested in support to General Practice. The funds will support the new practice funding formula, national support arrangements, premises support and the development of the multi-disciplinary team.

- The Scottish Draft Budget proposals for 2018/19 published in December 2017 confirmed a first phase of funding of £110m for 2018/19;
- A letter was circulated in November 2017 to Practices setting out the implications from the new proposed funding formula and allocating the £23m. No practice has a reduction in funding;
- A proportion (to be confirmed) of the £110m for 2018/19 will be allocated using the NRAC formula to support the development of multi-disciplinary teams in line with the MoU. Primary Care Improvement Plans will set out how these funds will be used.

### **The Wider Role of the Practice:**

- Practice core hours will remain as 8am – 6.30pm (or in line with existing local agreements);
- Practices can opt in to provide Out of Hours services and there will be a new enhanced services specification;
- Practices will continue with extended hours enhanced service where they chose to do so; The intention is that there will be no more new enhanced services but as there is no alternative to delivering many of the current enhanced services, there is no intention of reducing these and the funding to practices would continue to be available. Any further changes will need to be carefully planned with a rate of change that ensures patient safety, quality of service and practice stability.
- Role and training of Practice Nurses – with the introduction of dedicated treatment and care services, General Practice nurses will be enabled to

support holistic and person centred care supporting acute and chronic disease management enabling people to live safely and confidently at home;

- Role of Practice Managers and Receptionists will change. It is recognised that Practice Managers and other practice staff already have a wide range of skills that will continue to be essential for the future. In addition they will work more closely with the wider primary care system including GP clusters, NHS Boards, HSCPs and emerging new services;
- Information technology investments – it is intended that all GP practices will transition to a new clinical IT system by 2020;
- The contract will set out the roles and responsibilities of GPs and NHS Boards in relation to information held in GP records. The contract will recognise that contractors are not the sole data controllers of the GP patient's record but are joint data controllers along with their contracting NHS Board.
- Practices will be required to provide activity, demand and workforce data (through the new SPIRE system unless practices wish to collect the information themselves) and to participate in discussions at cluster level on sustainability and outcomes.

### **4.3 Implementation in the HSCP**

**4.3.1** Under the new contract there is a requirement to develop a Primary Care Improvement Plan (PCIP) for each HSCP which must be agreed by the GP Sub Committee. The MoU acknowledges that where more than one HSCP is covering a NHS Board area, the HSCPs will collaborate in relation to effective and efficient use of resources.

**4.3.2** HSCPs have responsibility for commissioning primary care services which integrate with locality services and are responsive to local needs and work with GP Clusters. The responsibility for the GMS Contract sits with the NHS Board. The changes envisaged in the new contract with implementation of the priority developments, changes to the role of GPs, training and role of Practice staff, premises, quality planning, improvement and assurance arrangements are significant and will require coordination across the Greater Glasgow and Clyde area in order to be efficient and effective .

**4.3.3** Within West Dunbartonshire a steering group has been set up to develop a local PCIP. The membership includes:

**Jo Gibson - Head of Health and Community Care (Chair)**

**Ken Ferguson – Clinical Director**

**Dr Alex Potter – Red Wing, Clydebank, GP Sub Committee**

**Dr Katrina Moffat – Orange Wing, Clydebank**

**Anna Crawford – Primary Care Facilitator**

**Fiona Rodgers – Senior Nurse, Adult Community Nursing Services**

**Dr Kathryn McLachlan – Cluster Quality Lead, Alexandria**

**Mary Angela McKenna - Integrated Operations Manager, Community Older People's Team**

**Wendy Jack – Head of Planning, Strategy and Health Improvement**  
**Pamela Macintyre - Prescribing Lead**  
**Dr Saied Pourghazi – Cluster Quality Lead, Dumbarton**  
**Janice Miller – Head of Service MSK Physiotherapy Service**  
**Dr Alison Wilding – Cluster Quality Lead, Clydebank**  
**George Murphy – Public Engagement Officer**  
**Andy Brady – Specialist Paramedic, Scottish Ambulance Service**

This group will continue to meet regularly over the next 2-3 months to engage with the wider primary care community and the public, and to finalise the West Dunbartonshire HSCP Primary Care Improvement Plan which will be presented for approval to the IJB in August 2018.

- 4.3.4** The West Dunbartonshire PCIP will be developed in conjunction with the other IJBs across NHS Greater Glasgow & Clyde and will reflect local priorities along with Board-wide consistency where appropriate and required.
- 4.3.5** A set of workstreams have been developed, based on the key service areas of the MoU. Options are being developed across each of these workstreams. It is anticipated that the plan for the first year will be relatively modest, involving piloting different approaches, and building the knowledge and commitment need prior to full roll out.

## **5. People Implications**

- 5.1** The benefits of the proposals in the new contract for patients are to help people access the right person, at the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes.

## **6. Financial Implications**

- 6.1** The implementation of the 2018 General Medical Services contract for Scotland will see £250million per annum phased investment in support of General Practice. This is part of an overall commitment of £500million per annum investment in Primary and Community Health and Care services by the end of this parliament. As yet, we have not received formal notification from Scottish Government on the allocation, but it is estimated that West Dunbartonshire could receive funding in the region of £900k in year one. Any new funding will replace any other existing primary care funding programmes, such as the Primary Care Transformation Fund and the Primary Care Mental Health Fund.

## **7. Professional Implications**

- 7.1** The new contract will support the development of new roles within multi-disciplinary teams working in and alongside GP Practices. The contract also plans the transition of the GP role into an Expert Medical Generalist. These changes will require local and national workforce planning and development.

## **8. Locality Implications**

- 8.1** The wellbeing of people and communities is core to the aims and success of Community Planning. Primary Care Improvement Plans, delivered as an integral part of Integration Authorities Strategic Commissioning Plans will contribute to support this wellbeing agenda.

## **9. Risk Analysis**

- 9.1** The implementation of the new contract will only be possible with full engagement of all IJBs, NHS Board, GP Sub Committee and LMC. Achieving implementation of the Primary Care Improvement Plans will require a clear three year programme and funding profile. The new contract seeks to address GP primary care sustainability.

## **10. Impact Assessments**

- 10.1** There are no equality implications arising from the report.

## **11. Consultation**

- 11.1** Stakeholders are being engaged in the development of the Primary Care Improvement Plan.

## **12. Strategic Assessment**

- 12.1** Not applicable

**Author:** Ken Ferguson, Clinical Director West Dunbartonshire HSCP  
**Date:** 27 March 2018

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**Person to Contact:** Ken Ferguson

**Appendices:** Nil

**Background Papers:** New 2018 General Medical Services (GMS) Contract Memorandum of Understanding (MoU) between Scottish Government, British Medical Association, Integration Authorities and NHS Boards

**Wards Affected:** All



**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE****PARTNERSHIP BOARD : 2 MAY 2018**

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**Subject: 2017/18 Annual Accounts Audit Process****1. Purpose**

- 1.1 To provide the HSCP Board, with an overview of the preparation of the 2017/18 Annual Accounts for the HSCP Board identifying legislative requirements and key stages.

**2. Recommendations****2.1** Members are asked to:

- Note the contents of the report; and
- Agree to delegate authority to the 20 June 2018 Audit Committee to approve the unaudited annual accounts, including the annual governance statement for submission to the HSCP Board's external auditors, Audit Scotland, by 30 June 2018.

**3. Background**

- 3.1 The legislative issues and key stages detailed below in section 4, were presented to the 14 March 2018 HSCP Audit Committee for their information and approval to present to the HSCP Board for noting and to agree to delegate authority to approve the 2017/18 unaudited annual accounts.
- 3.2 The West Dunbartonshire Integrated Joint Board (WDIJB), known as the West Dunbartonshire Health and Social Care Partnership Board (HSCP), is a legal entity in its own right. The HSCP Board is required by law to produce its draft Statement of Accounts for audit by 30 June each year.
- 3.3 Integrated Joint Boards are specified in legislation as a "section 106" body under the terms of the Local Government Scotland Act 1973 and as such are expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.

**4. Main Issues**

- 4.1 The annual accounts for the HSCP Board will be prepared in accordance with appropriate legislation and guidance. An overview of the process is set out below.
- 4.2 **Financial Governance & Internal Control:** the regulations require the Annual Governance Statement to be approved by the HSCP Board or a committee of the HSCP whose remit include audit & governance. This will

assess the effectiveness of the internal audit function and the internal control procedures of the HSCP Board. Under the approved Terms of Reference the Audit Committee meets this requirement.

- 4.3 Unaudited Accounts:** the regulations state that the unaudited accounts are submitted to the External Auditor no later than 30th June immediately following the financial year to which they relate. Scottish Government guidance states that best practice would reflect that the HSCP Board or committee whose remit includes audit and governance should consider the unaudited accounts prior to submission to the external auditor.
- 4.4 Right to Inspect and Object to Accounts:** the public notice period of inspection should start no later than 1st July in the year the notice is published. This will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts.
- 4.5 Approval of Audited Accounts:** the regulations require the approval of the audited annual accounts by the HSCP Board or a committee of the HSCP whose remit include audit & governance. This will take account of any report made on the audited annual accounts by the “proper officer” i.e. Chief Financial Officer being the Section 95 Officer for the HSCP Board or by the External Auditor by the 30th September immediately following the financial year to which they relate. In addition any further report by the external auditor on the audited annual accounts should also be considered.
- 4.6** The Audit Committee will consider for approval the External Auditors report and proposed audit certificate (ISA 260 report) and the audited annual accounts at its meeting on 26 September 2018.
- 4.7 Publication of the Audited Accounts:** the regulations require that the annual accounts of the HSCP Board be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts.
- 4.8** The annual accounts of the HSCP Board must be published by 31st October and any further reports by the External Auditor by 31st December immediately following the year to which they relate.
- 4.9 Key Documents:** the regulations require a number of key documents (within the annual accounts) to be signed by the Chair of the HSCP Board, the Chief Officer and the Chief Financial Officer, namely:

<b>Document</b>	<b>Signatory</b>
Management Commentary	Chair of the HSCP Board Chief Officer
Statement of Responsibilities	Chair of the HSCP Board Chief Financial Officer
Remuneration Report	Chair of the HSCP Board Chief Officer



Annual Governance Statement	Chair of the HSCP Board Chief Officer
Balance Sheet	Chief Financial Officer

## **5. People Implications**

5.1 There are no people implications.

## **6. Financial Implications**

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

## **7. Professional Implications**

7.1 None

## **8. Locality Implications**

8.1 None

## **9. Risk Analysis**

9.1 No risk analysis was required.

## **10. Impact Assessments**

10.1 None

## **11. Consultation**

11.1 This report was presented to the 14 March 2018 Audit Committee and was shared with the HSCP Board's external auditors.

## **12. Strategic Assessment**

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

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

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

**Author: Julie Slavin – Chief Financial Officer**

**Date: 4 April 2018**

**Person to Contact:** Julie Slavin – Chief Financial Officer,  
Hartfield Clinic, Dumbarton G82 2DS  
Telephone: 01389 812350  
e-mail: [julie.slavin@ggc.scot.nhs.uk](mailto:julie.slavin@ggc.scot.nhs.uk)

**Appendices:** None

**Background Papers:** **Audit Committee Terms of Reference**

**Wards Affected:** None

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE****PARTNERSHIP BOARD : 2 MAY 2018**

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**Subject: Public Performance Report October to December 2017**

**1. Purpose**

- 1.1** To present the Partnership Board with the Health & Social Care Partnership's Public Performance Report for the third quarter of 2017/18 (October to December 2017).

**2. Recommendations**

- 2.1** The Partnership Board is recommended to approve the Partnership Public Performance Report for October to December 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 third quarterly Public Performance Report for 2017/18 is appended here for consideration (Appendix 1).

**4. Main issues**

- 4.1** The Public Performance Report for October – December 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).

**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 third 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:** Wendy Jack – Interim Head of Strategy, Planning & Health Improvement West Dunbartonshire Health & Care Partnership

**Date:** 5<sup>th</sup> April 2018

**Person to Contact:** Wendy Jack – Interim Head of Strategy, Planning & Health Improvement, Garshake Road, Dumbarton.  
E-mail: [wendy.jack@west-dunbarton.gov.uk](mailto:wendy.jack@west-dunbarton.gov.uk)  
Telephone: 01389 776864

<b>Appendix:</b>	West Dunbartonshire Health & Social Care Partnership Public Performance Report October – December 2017
<b>Background Papers:</b>	<p>HSCP Board Report (August 2016): Strategic Plan 2016-2019</p> <p>HSCP Board Report (August 2017): Annual Performance Report 2016/17</p> <p>HSCP Board Report (November 2015): Workforce &amp; Organisational Development Strategy &amp; Support Plan</p> <p>Scottish Government (2015) National Framework for Clinical and Care Governance:  <a href="http://www.gov.scot/Resource/0049/00491266.pdf">http://www.gov.scot/Resource/0049/00491266.pdf</a></p> <p>Audit Scotland (2010) Best Value Toolkit: Public Performance Reporting: <a href="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</a></p>
<b>Wards Affected:</b>	All



# Public Performance Report

## October – December 2017

# West Dunbartonshire

## Health and Social Care Partnership



## Introduction

Welcome to West Dunbartonshire Health and Social Care Partnership's third 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](http://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/](http://www.wdhscp.org.uk/contact-us/headquarters/).

**Wendy Jack**

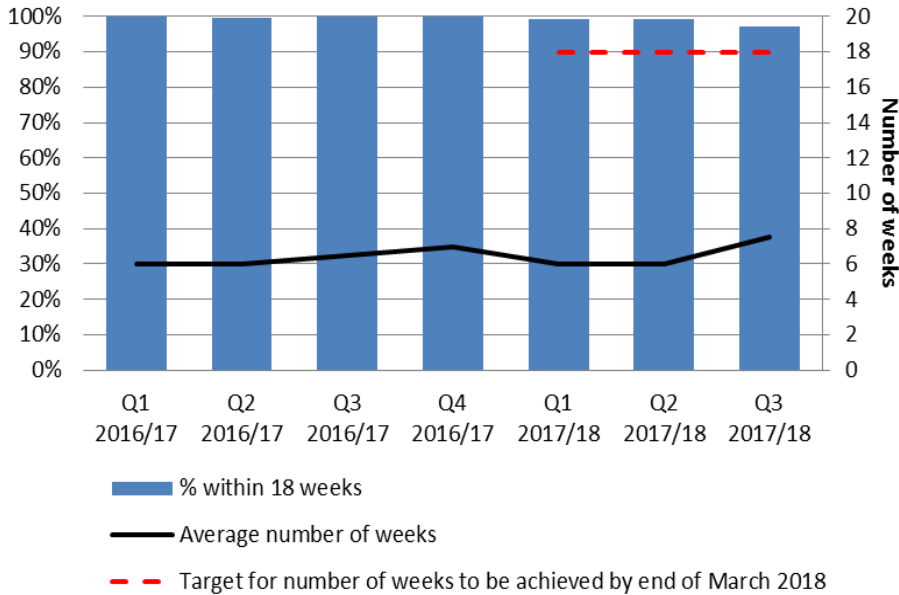
**Interim Head of Strategy, Planning & Health Improvement**

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.

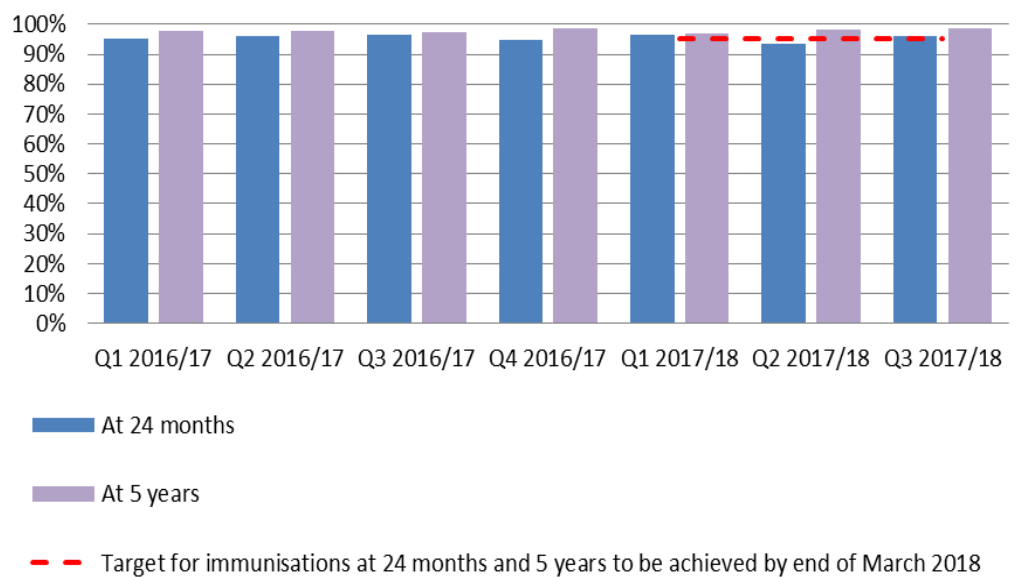
Supporting Children and Families

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



87 children and young people were referred to CAMHS in Qtr3 2017/18, an increase of two from the previous quarter. The average time for referral to treatment continues to be well below the 18 week target at 6 weeks.

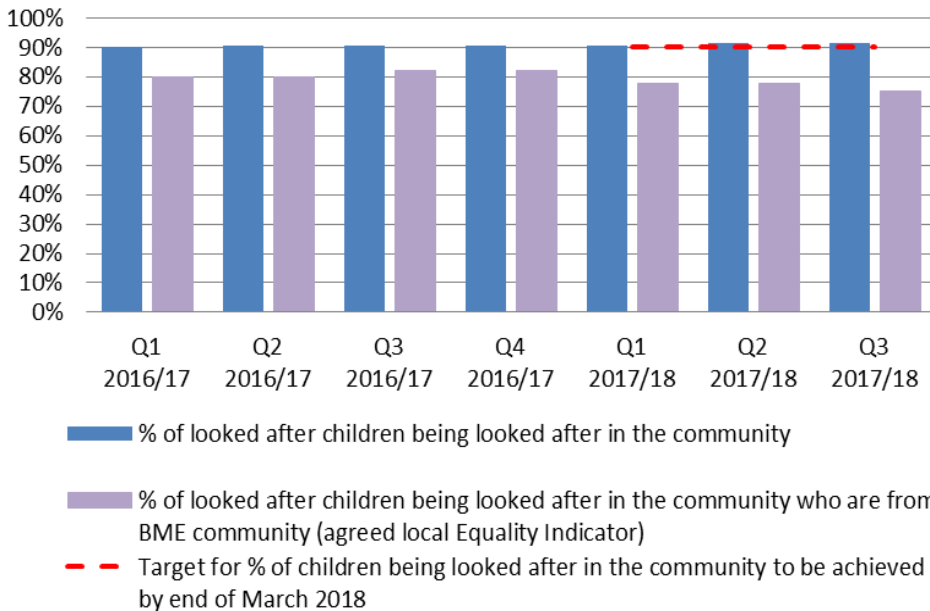
% Measles, Mumps & Rubella (MMR) immunisations at 24 months and 5 years



250 children had an MMR immunisation at 24 months (96.2%) and 261 children had an MMR immunisation at 5 years (98.5%) in Qtr3 2017/18. There have been 1,566 immunisations during April to December 2018.



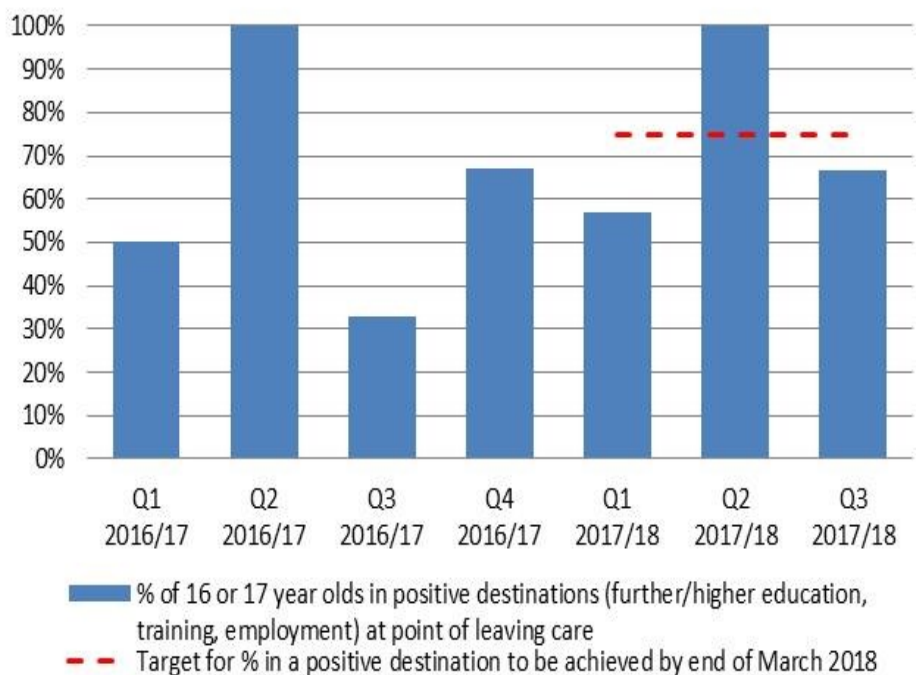
**Children Looked After in the Community**



434 of the 475 looked after children were looked after in the community (91.4%) in Qtr3 2017/18.

Of the 8 looked after children who happened to be BME (Black & Minority Ethnic), 6 were looked after in the community (75%) in Qtr3 2017/18.

**Looked after children entering positive destinations**

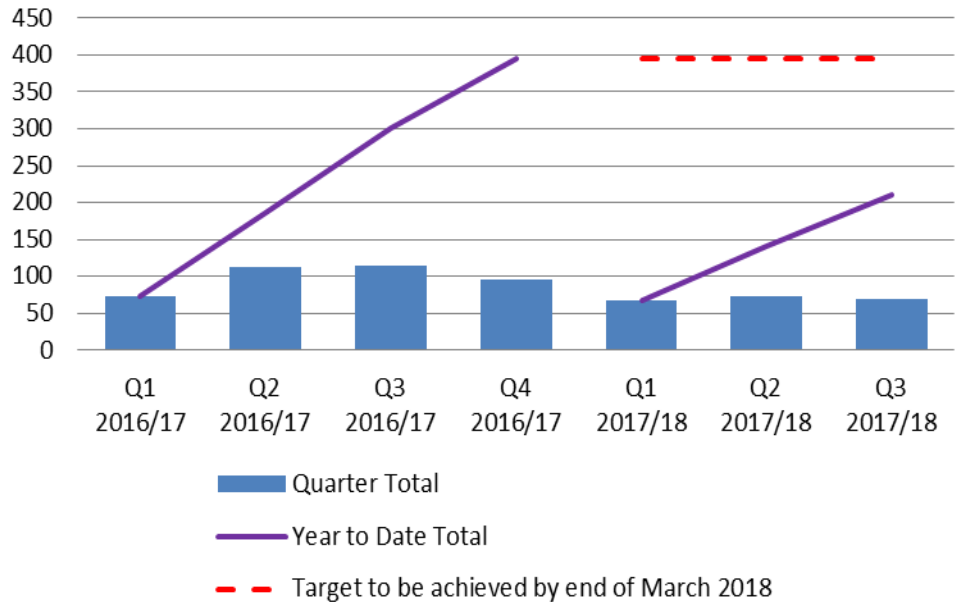


67% of children leaving care in Qtr3 2017/18 entered a positive destination.

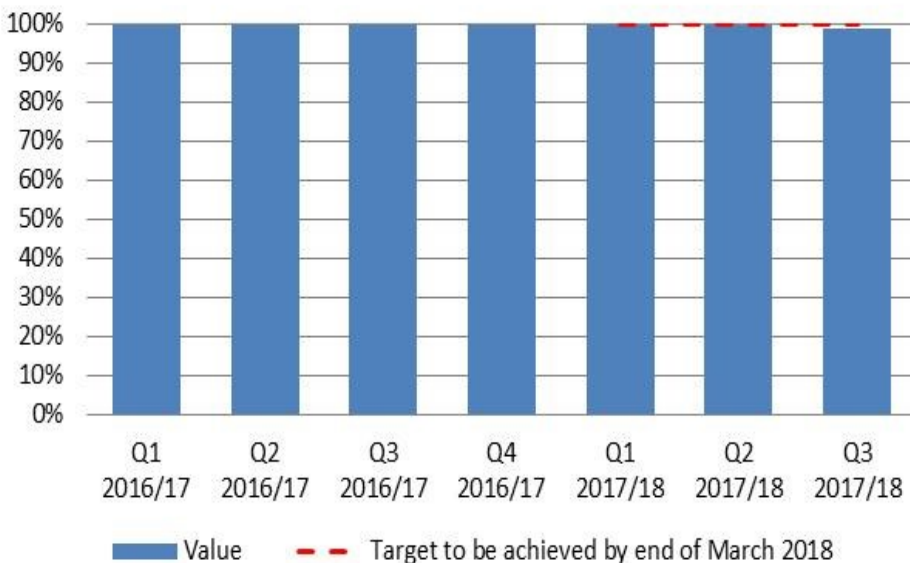
This indicator relates to a very small number of children and therefore the percentage can fluctuate significantly.

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

66 children were referred to the Scottish Children's Reporter (70 referrals) on care and welfare grounds during Qtr3 2017/18.



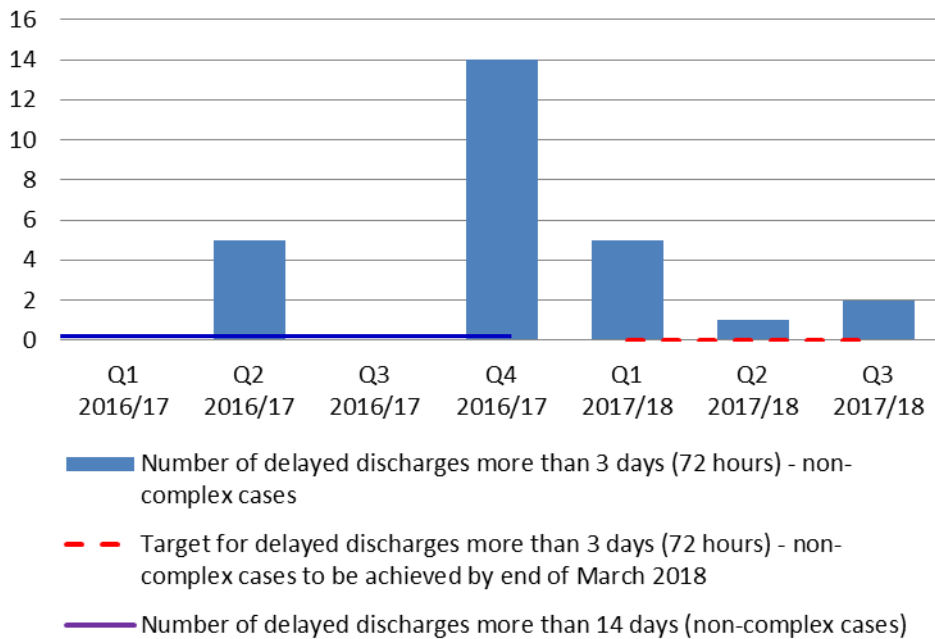
**% of all children aged 0-18 years with an identified "named person" as defined within the Children's and Young People's Act 2014**



18,565 children (99.2%) had an identified named person in Qtr3 2017/18.

Supporting Older People

Delayed Discharges more than 3 days - non-complex cases

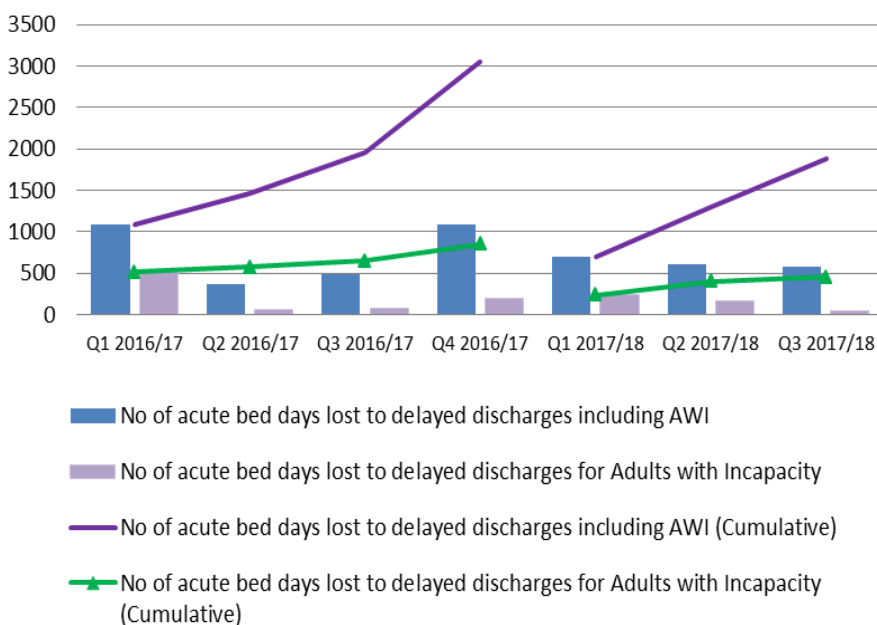


The Scottish Government changed the way delayed discharges are counted from 1st July 2016.

The previous figure for delays of more than 14 days has been included in the chart for context/ comparison.

There were 2 delays of more than 3 days for non-complex cases at the census point in Qtr3

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

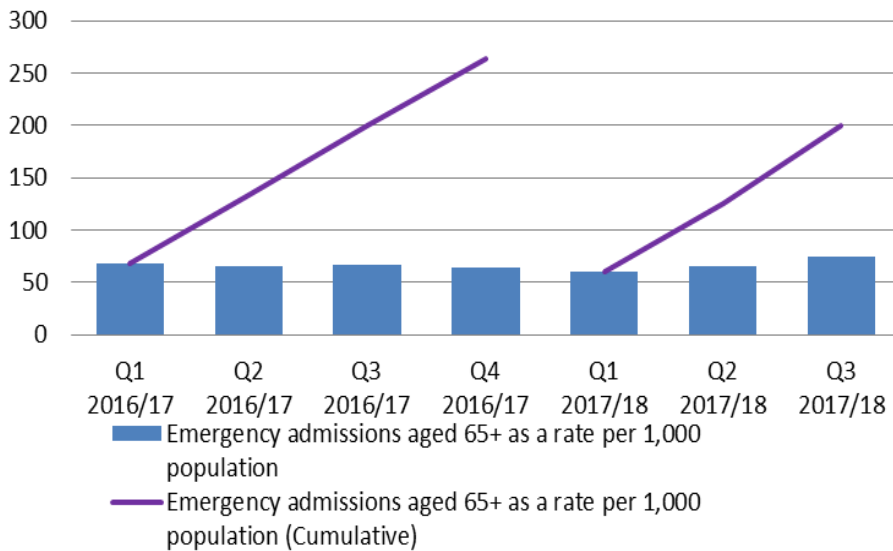


576 bed days were lost to delayed discharge for people aged 65 and over in Qtr3 2017/18. 53 of these bed days were lost to delayed discharge for Adults with Incapacity (AWI).

Year to date, April to December 2017, a total of 1,876 bed days were lost, which is a reduction of 4% on the 1,954 lost during the same period in 2016/17.

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**



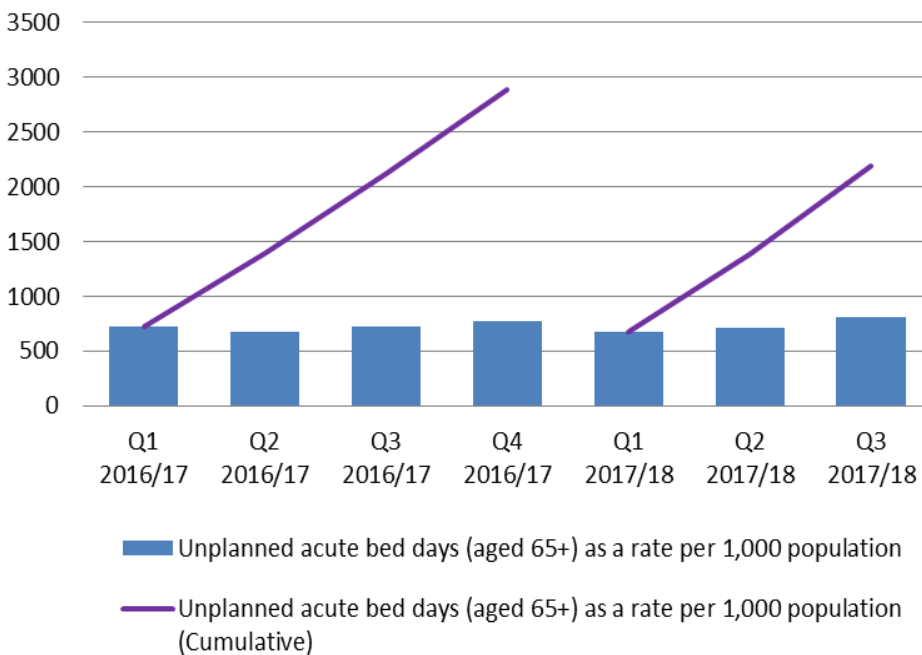
There were 1,188 emergency admissions of people aged 65 and over in Qtr3 2017/18.

Year to date, April to December 2017, there have been a total of 3,181 admissions.

During the same period in 2016/17 there were 3,160 emergency admissions.

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

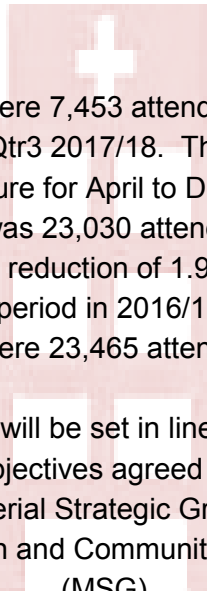
**Unplanned acute bed days aged 65 and over**



There were 12,778 unplanned acute bed days used by people aged 65 and over in Qtr3 2017/18.

Year to date, April to December 2017, 34,778 bed days were used. This is an increase of 3.6% on the 33,567 unplanned acute bed days used during the same period in 2016/17.

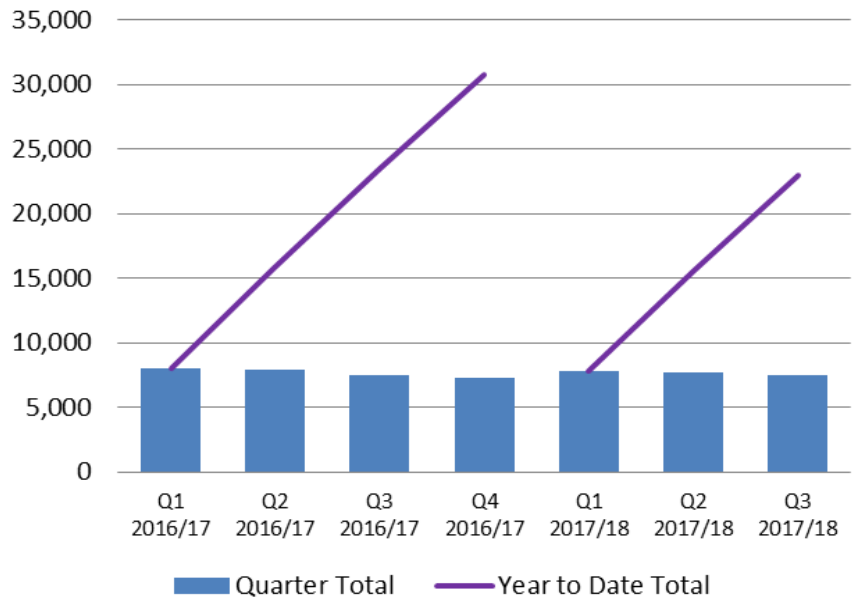
Targets will be set in line with the local objectives agreed with the Ministerial Strategic Group for Health and Community Care (MSG).



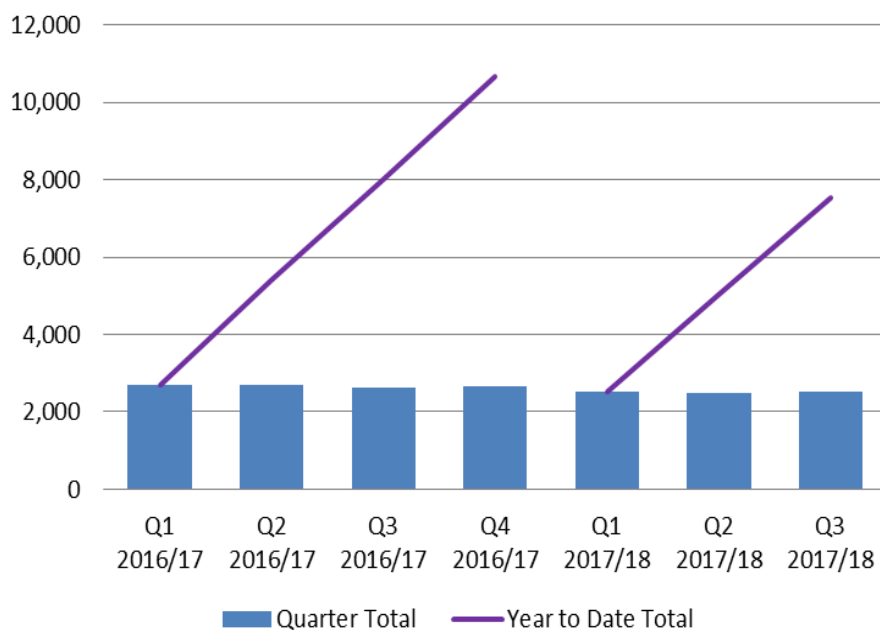
There were 7,453 attendances at A&E in Qtr3 2017/18. The year to date figure for April to December 2017 was 23,030 attendances. This is a reduction of 1.9% on the same period in 2016/17 when there were 23,465 attendances.

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)**



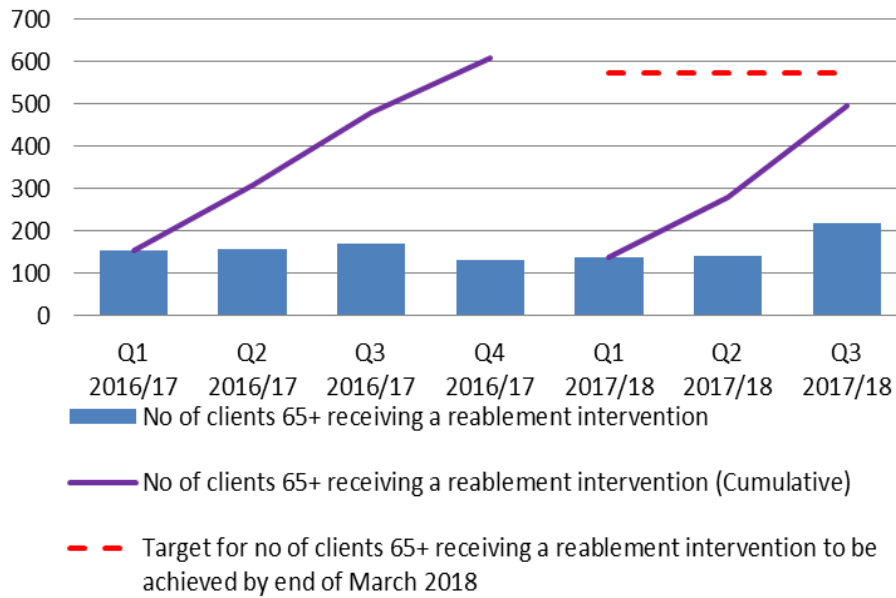
**Emergency Admissions - All ages**



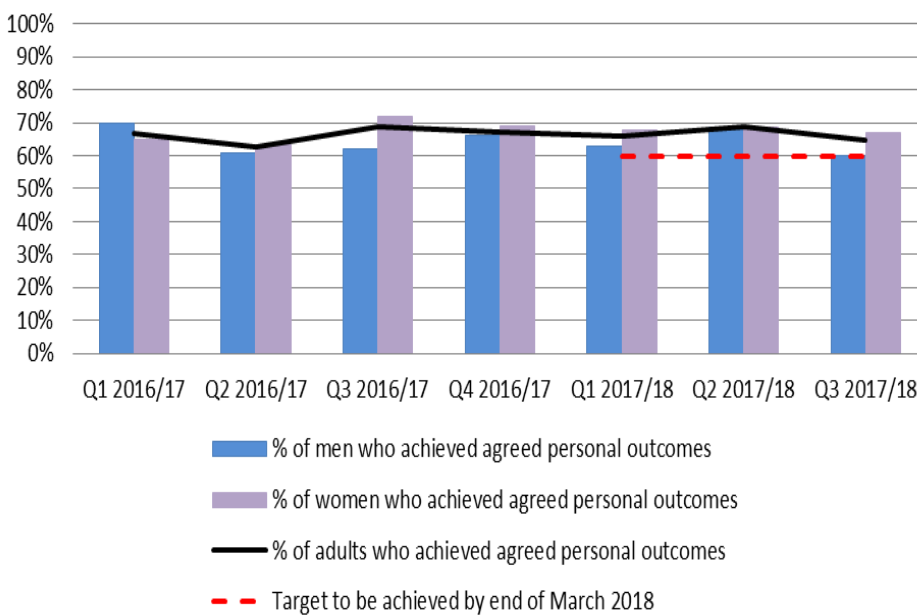
There were 2,519 emergency admissions (all ages) during Qtr3 2017/18. Year to date, April to December 2017 there have been 7,540 emergency admissions. This is a reduction of 5.9% on the 8,012 admissions during the same period 2016/17.

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

**Number of people receiving a reablement intervention**

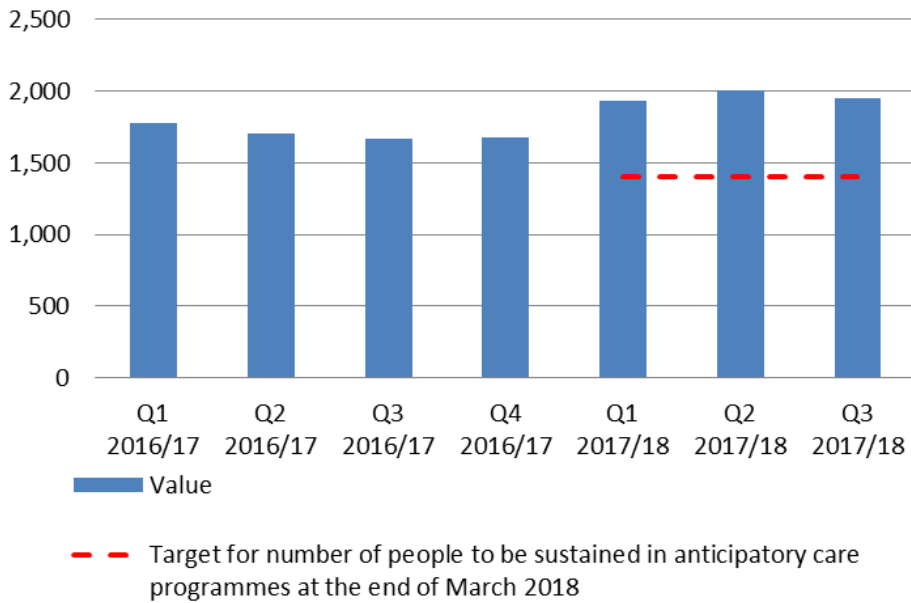
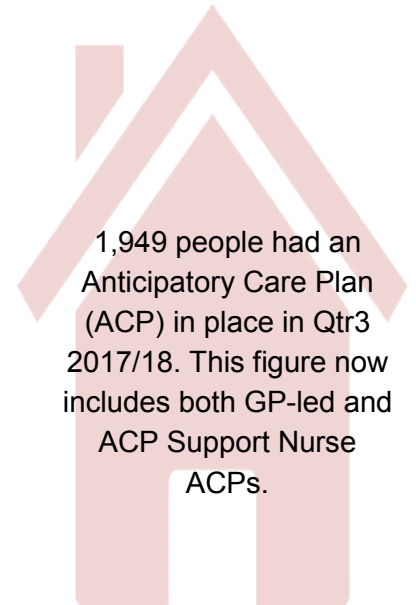


**Percentage of adults with assessed care at home needs and a reablement package who have reached their agreed personal outcomes**



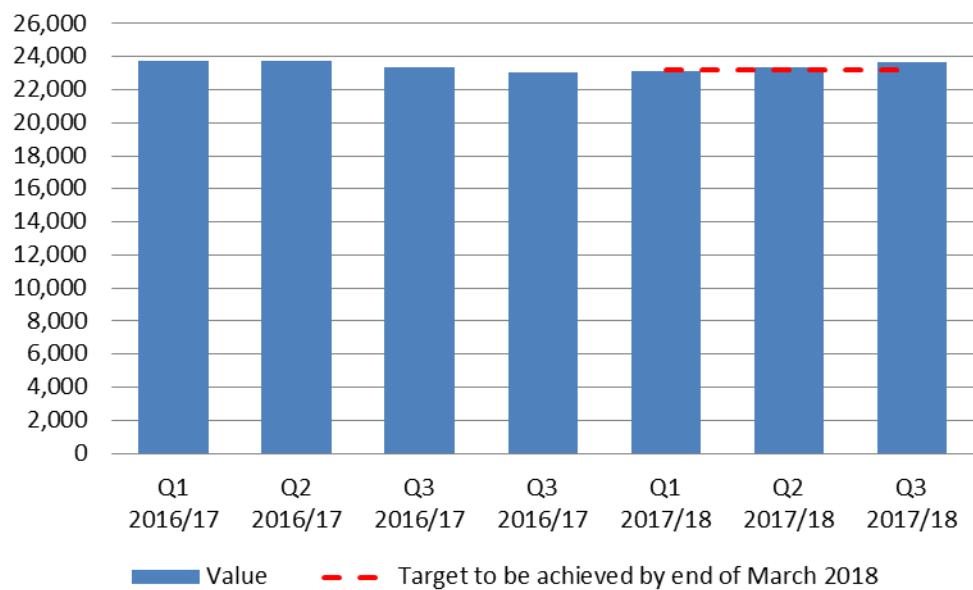
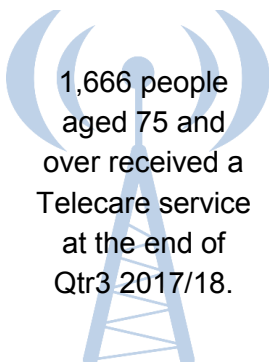
141 of the 218 people (64.7%) who received a reablement service achieved their agreed personal outcomes in Qtr3 2017/18: 60% of men and 66.9% of women.

**Number of people in anticipatory care programmes**

1,949 people had an Anticipatory Care Plan (ACP) in place in Qtr3 2017/18. This figure now includes both GP-led and ACP Support Nurse ACPs.

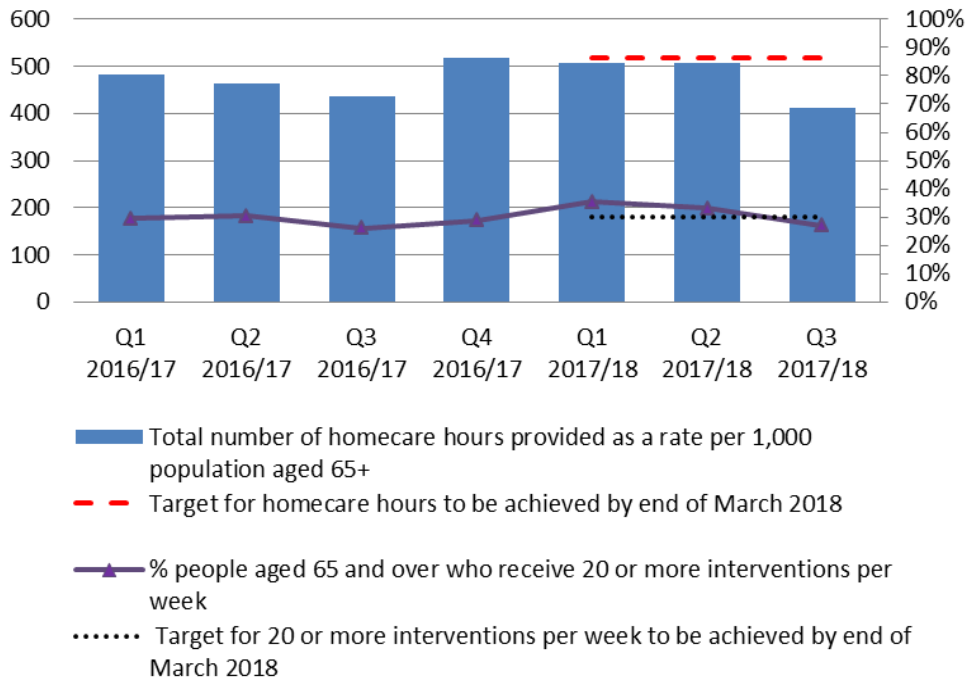
**Number of people aged 75+ receiving Telecare - Crude rate per 100,000 population**

1,666 people aged 75 and over received a Telecare service at the end of Qtr3 2017/18.



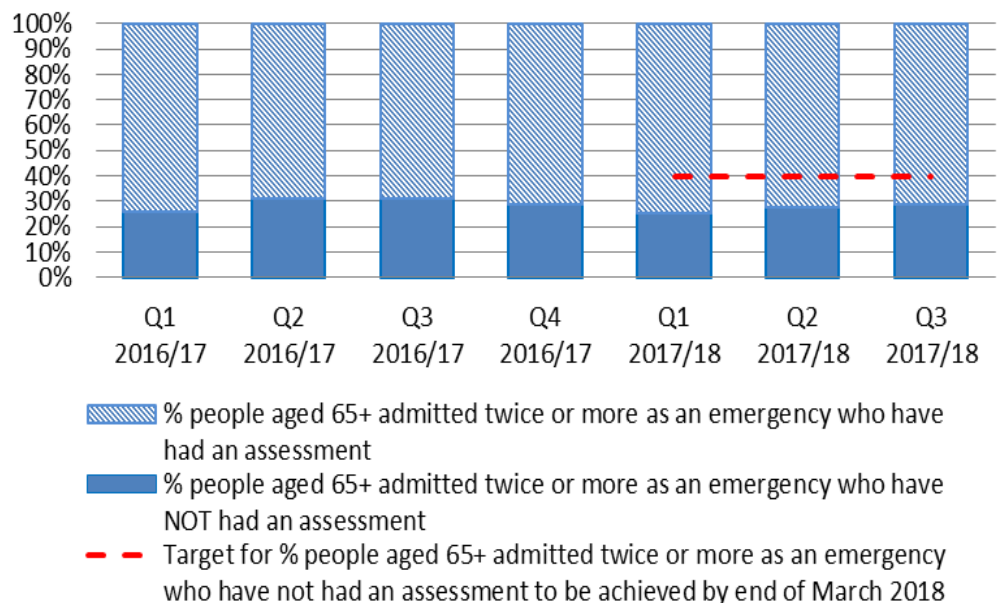
**Homecare hours and interventions**



6,662 hours of homecare per week were provided to 1,231 people aged 65 and over in Qtr3 2017/18. This equates to a rate of 412 hours per 1,000 population.

334 people received 20 or more interventions per week (27.1%) in Qtr3 2017/18.

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

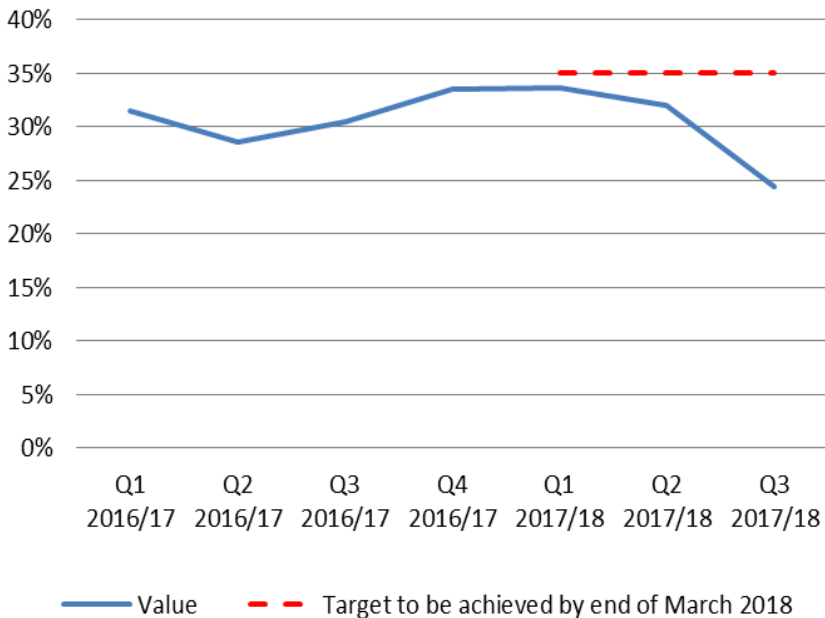


672 people (71.2%) aged 65 and over admitted to hospital twice or more received an assessment of their needs in Qtr3 2017/18.

272 people (28.8%) did not have an assessment.



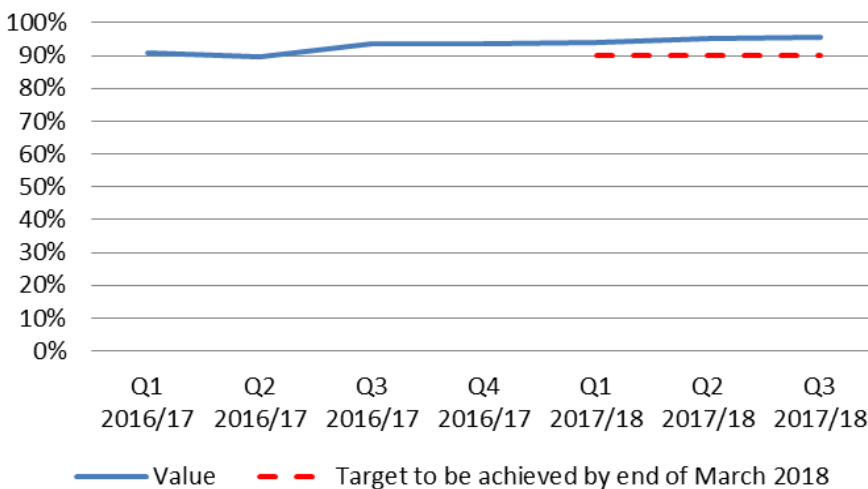
**% people with intensive needs 65+ receiving care at home (10+ hrs)**



194 people aged 65 and over with intensive needs received 10 or more hours of care at home in Qtr3 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**

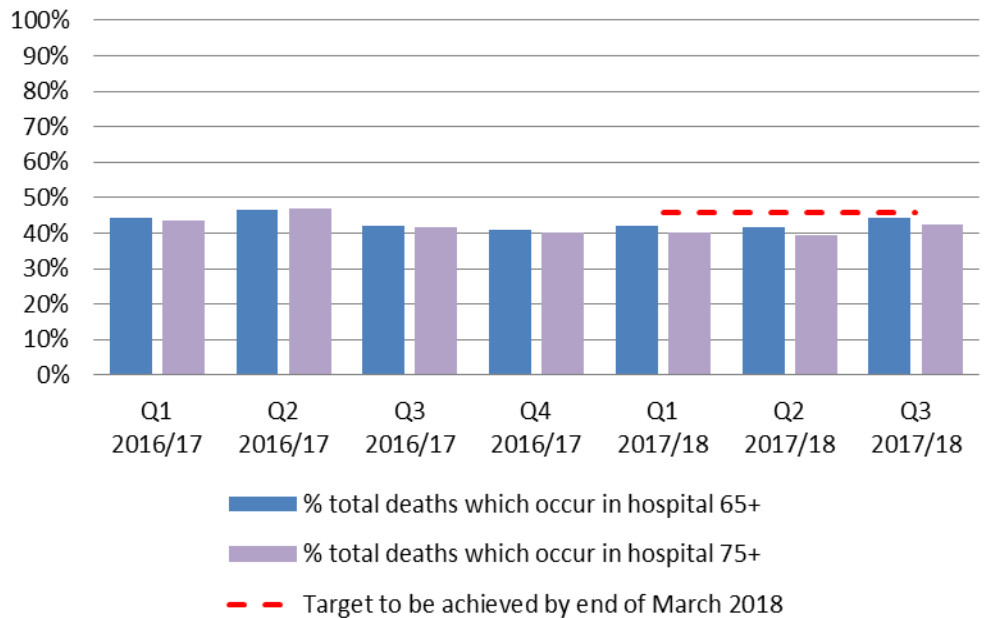


1,176 of 1,231 people (95.5%) aged 65 and over received personal care at home in Qtr3 2017/18.

\*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.

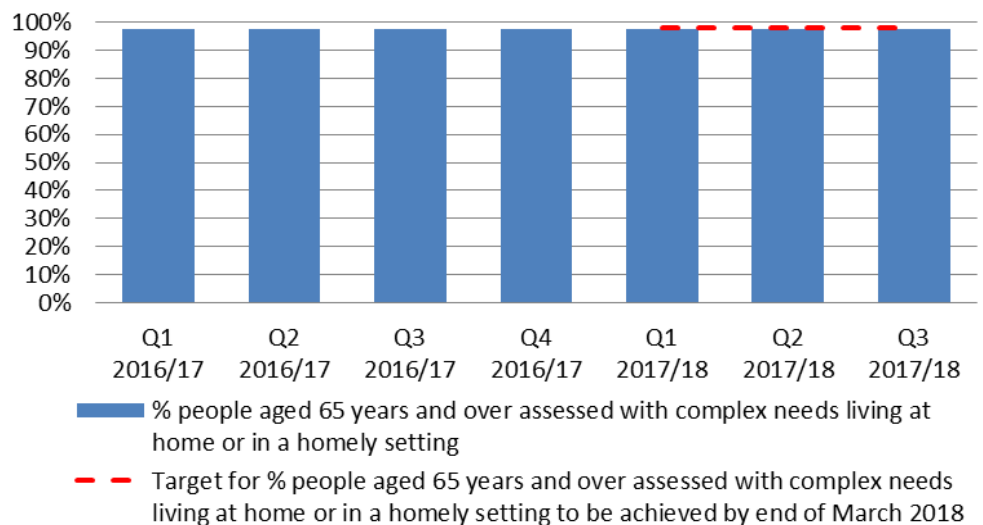
**Percentage of total deaths which occur in hospital - Rolling year**

44.3% of all people aged 65 and over who died between January and December 2017 died in hospital.  
 42.6% of those aged 75 and over died in hospital.



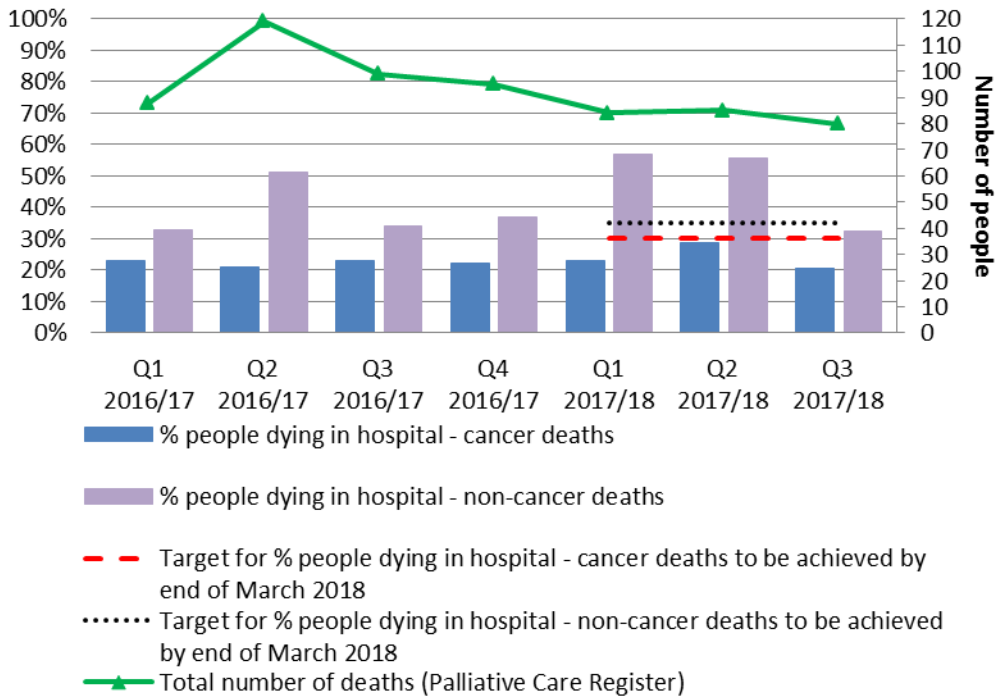
**Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting \***


774 people (97.5%) aged 65 and over with complex needs were living in a homely setting in Qtr3 2017/18.



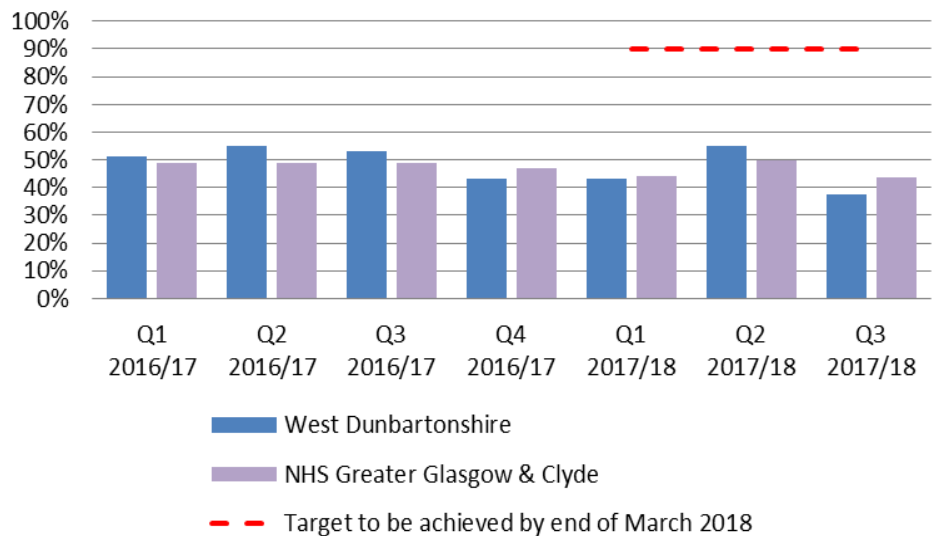
\*A change in the 2015/16 guidance for the collection of Continuing Care data will affect comparability with previous figures. Scottish Government are currently examining options to resolve this and this may result in an update to the data presented here.

**Percentage of people on the Palliative Care Register dying in hospital**



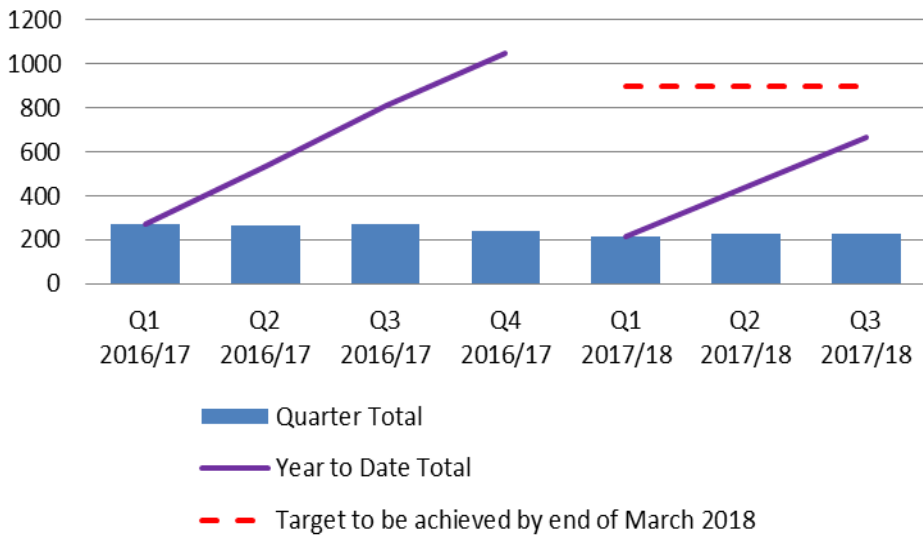
  
 80 people on the Palliative Care Register died in Qtr3 2017/18, 75% of whom were supported to die at home or in a homely setting.

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



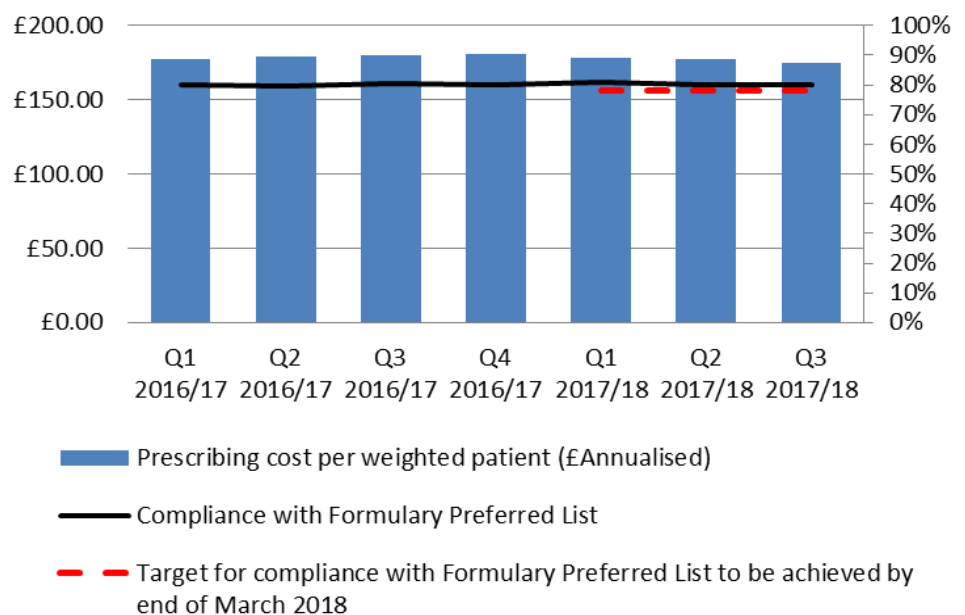
1,465 people from West Dunbartonshire and 16,961 people from across NHS Greater Glasgow & Clyde were referred to the MSK service in Qtr3 2017/18.

**Number of people receiving Homecare Pharmacy Team support**



435 people were referred to the Homecare Pharmacy Team in Qtr3 2017/18. 96 people declined the support and 80 people were being supported by other service teams.

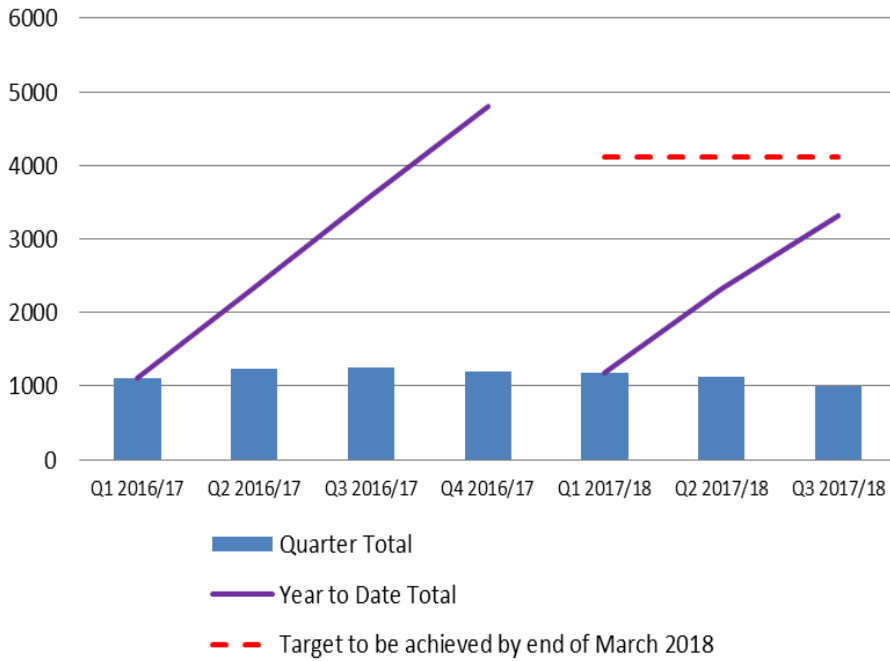
**Prescribing cost and compliance with Formulary Preferred List**



Compliance with the Formulary Preferred List was 80.2% in Qtr3 2017/18.

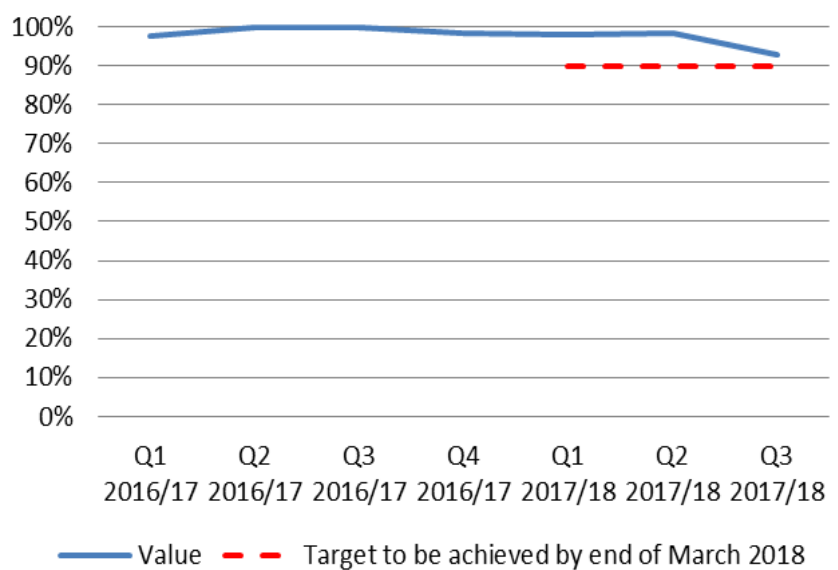
WDHSCP's prescribing cost target is the average cost across NHS Greater Glasgow & Clyde as calculated at the end of March 2018.

**Number of respite weeks provided to all client groups**



336 people received respite in Qtr 3 2017/18 equating to 998.65 weeks. 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.

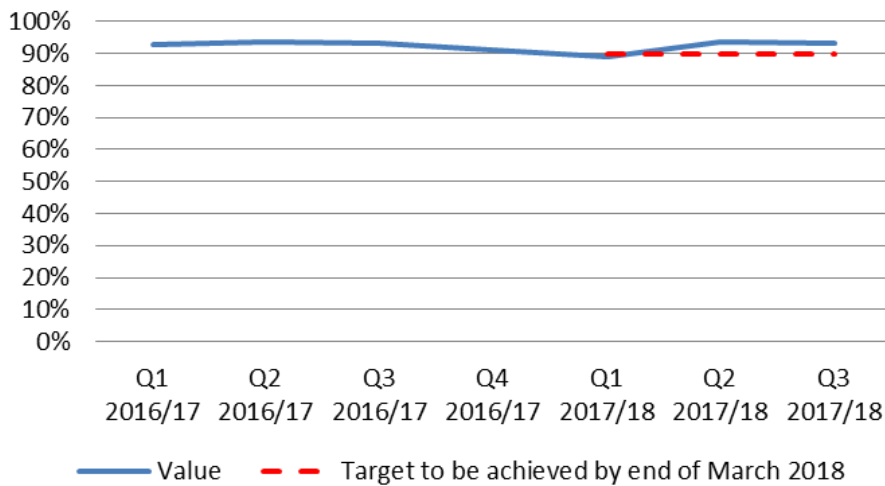
**Percentage of carers who feel supported to continue in their caring role**



38 of the 41 carers (92.7%) asked as part of their Carer Support Plan felt supported to continue in their caring role during Qtr 3 2017/18.

**Supporting Safe, Strong and Involved Communities**

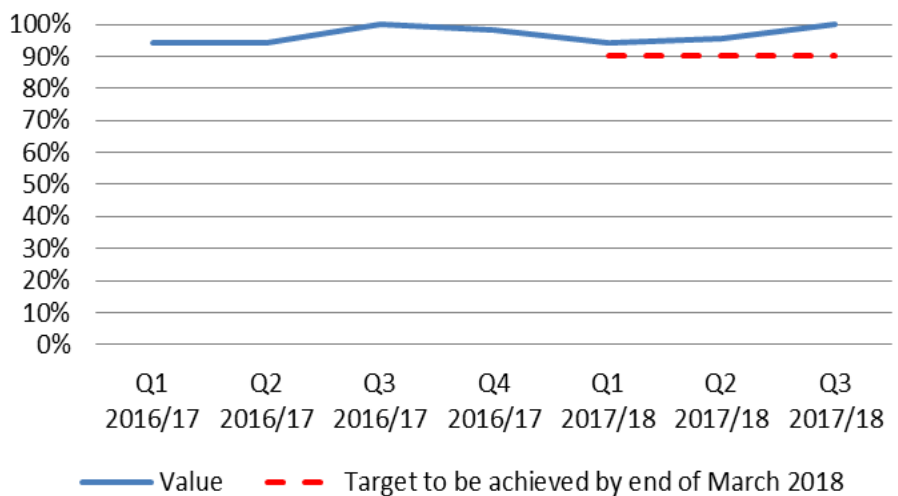
**Percentage of people waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery**



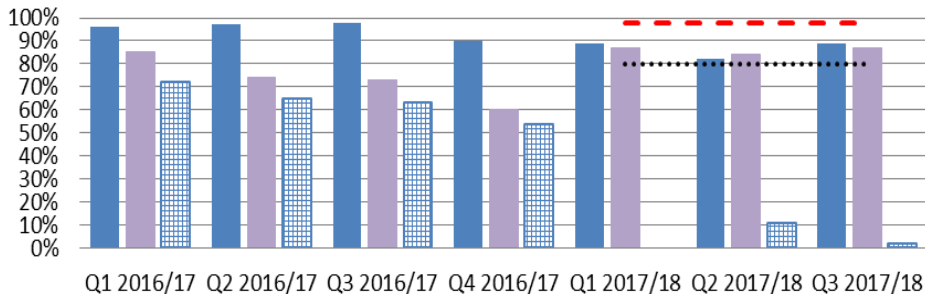
238 of 255 people (93.3%) received treatment within 3 weeks of referral in Qtr3 2017/18.

59 of 59 people (100%) started Psychological Therapies treatment within 18 weeks of referral in Qtr3 2017/18.

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



**Criminal Justice**



- % Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling
- % Community Payback Orders attending an induction session within 5 working days of sentence
- % Unpaid work and other activity requirements commenced within 7 working days of sentence
- Target for % Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling to be achieved by end of March 2018
- Target for % Community Payback Orders AND % unpaid work and other activity requirements within timescales to be achieved by end of March 2018

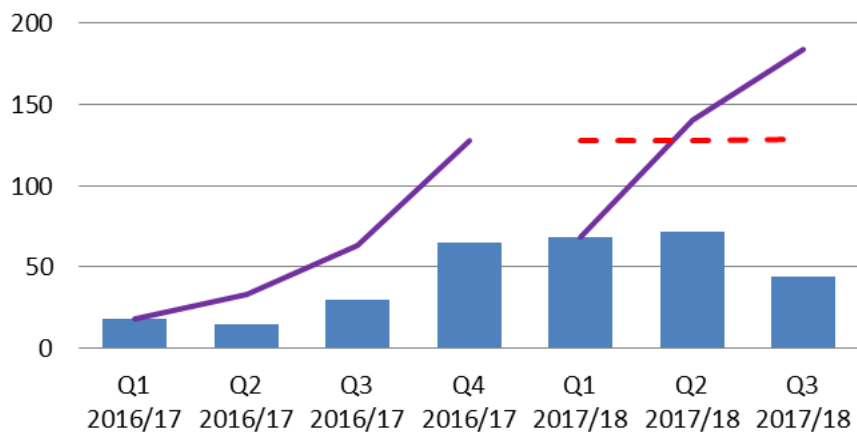
185 of the 207 (89%) Social Work Reports were submitted on time in Qtr3 2017/18.

58 of the 67 (87%) new Community Payback Orders attended induction within the timescale in Qtr3 2017/18.

2 of the 87 (2%) of unpaid work orders were commenced within 7 days in Qtr3 2017/18.

Work is underway to address this poor performance.

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

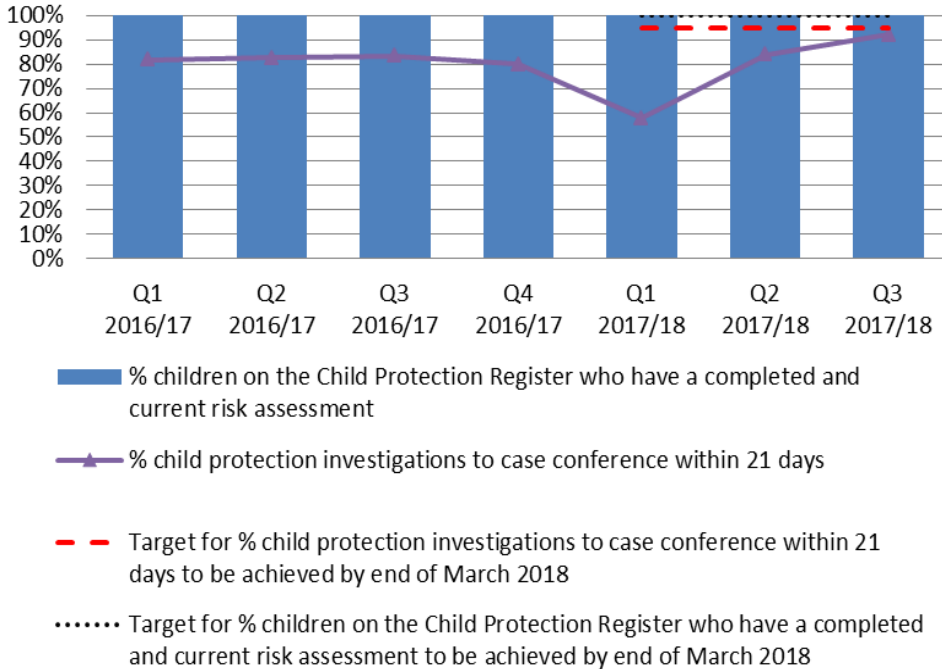


25 children were referred to the Scottish Children's Reporter (44 referrals) on offence grounds during Qtr3 2017/18.

- Quarter Total
- Year to Date Total
- Target to be achieved by end of March 2018



**Child Protection**

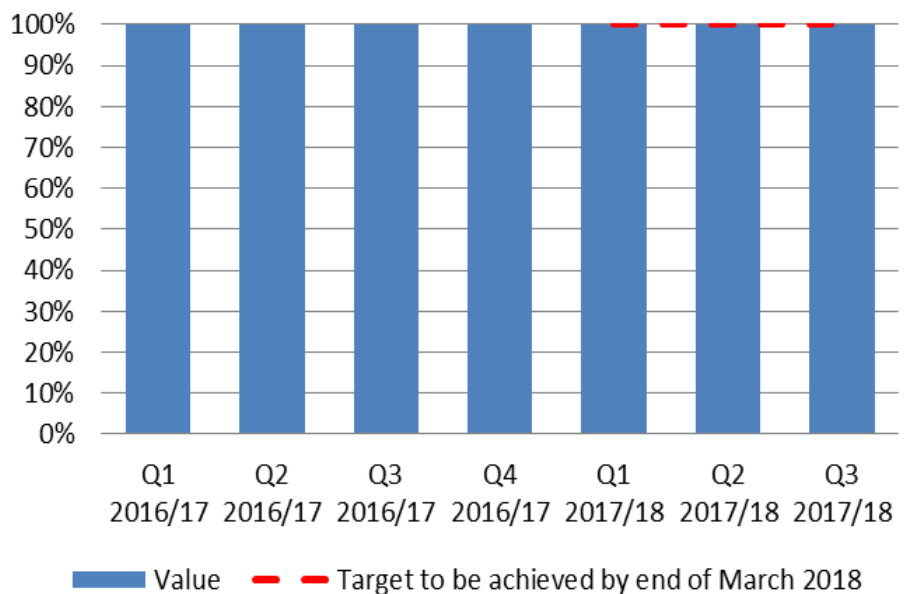


There were 59 children on the Child Protection Register at the end of Qtr3 2017/18.

59 out of 64 (92.2%) case conferences were carried out within 21 days during Qtr3 2017/18.

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

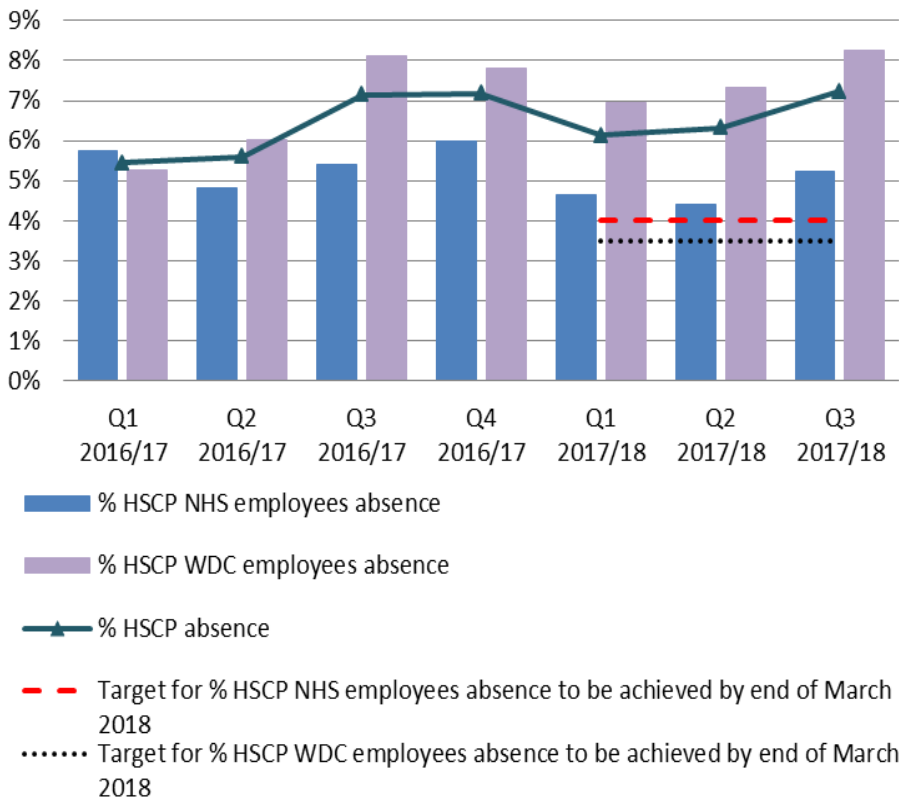
All Adult Support and Protection clients had a current risk assessment and care plan in Qtr3 2017/18.





Our Staff

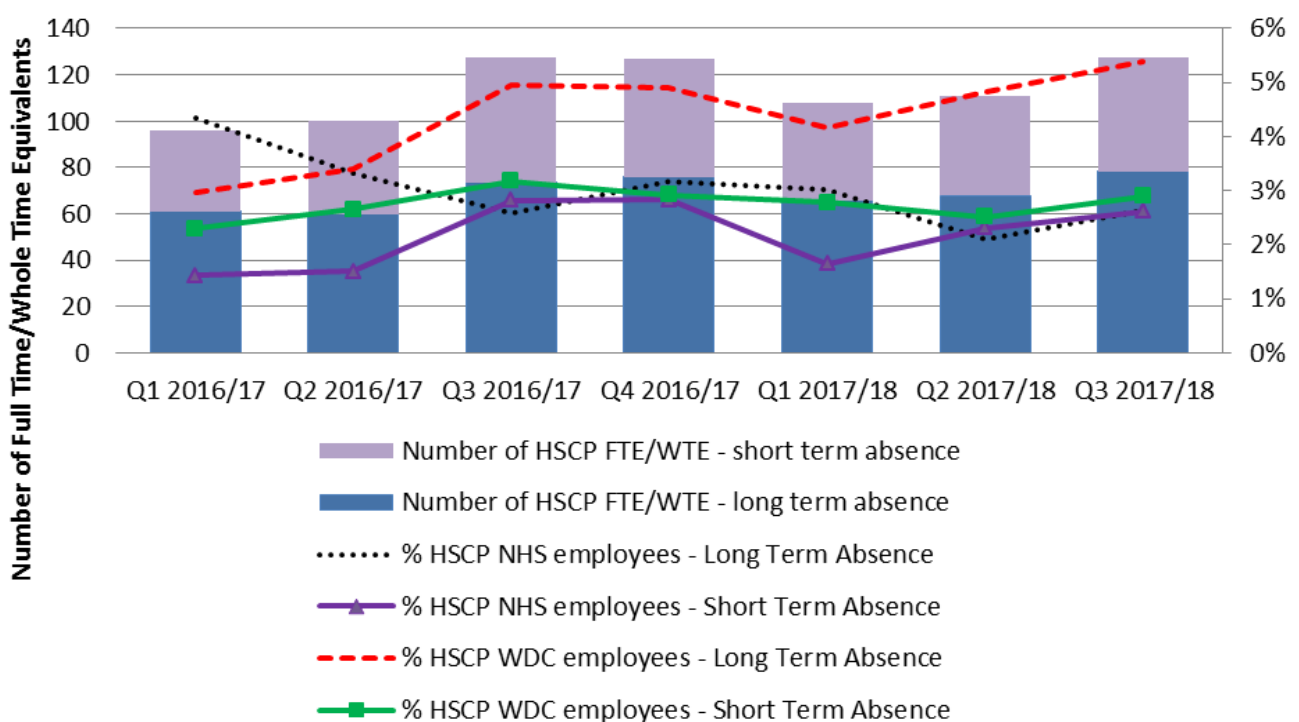
HSCP staff absence



There were 731 NHS employees (610.08 Whole Time Equivalent) and 1,437 WDC employees (1154.69 Full Time Equivalent) working within the HSCP during Qtr3 2017/18.

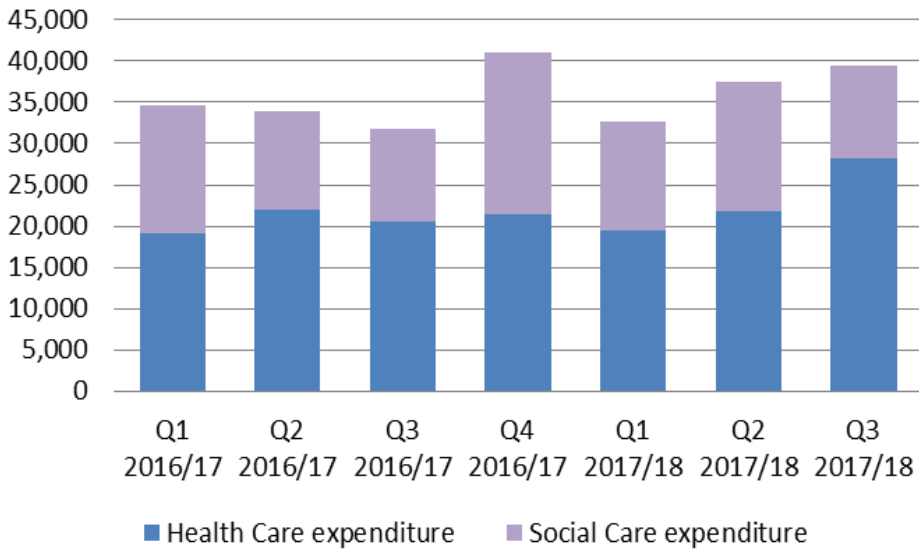
Overall HSCP absence was 7.23% in Qtr3 2017/18: 8.27% WDC employees and 5.25% NHS employees.

Long term and short term absence



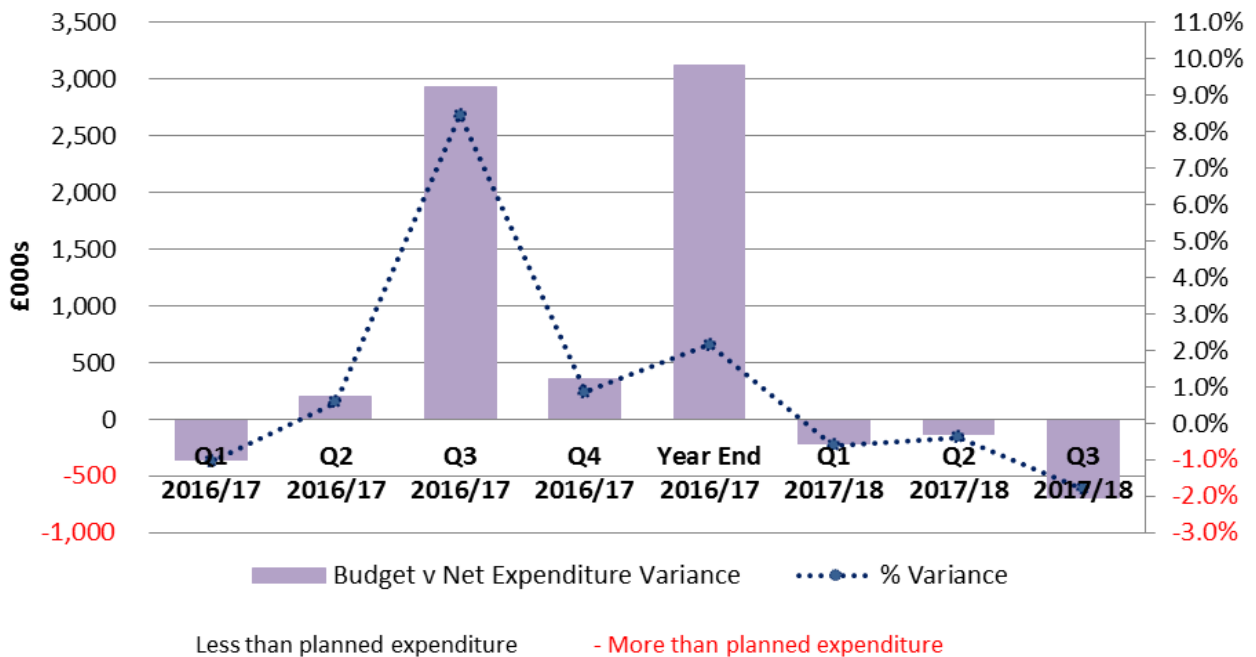
Our Finance

Health and Social Care Net Expenditure £000's



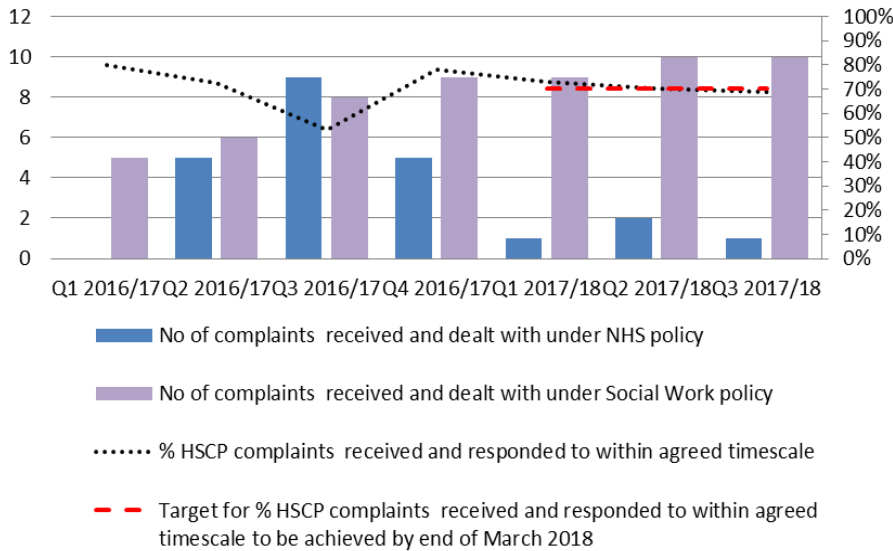
HSCP Expenditure to the end of December 2017 of £109.8m against a budget of £108.7m (not including Set-Aside).

Budget v Net Expenditure Variance



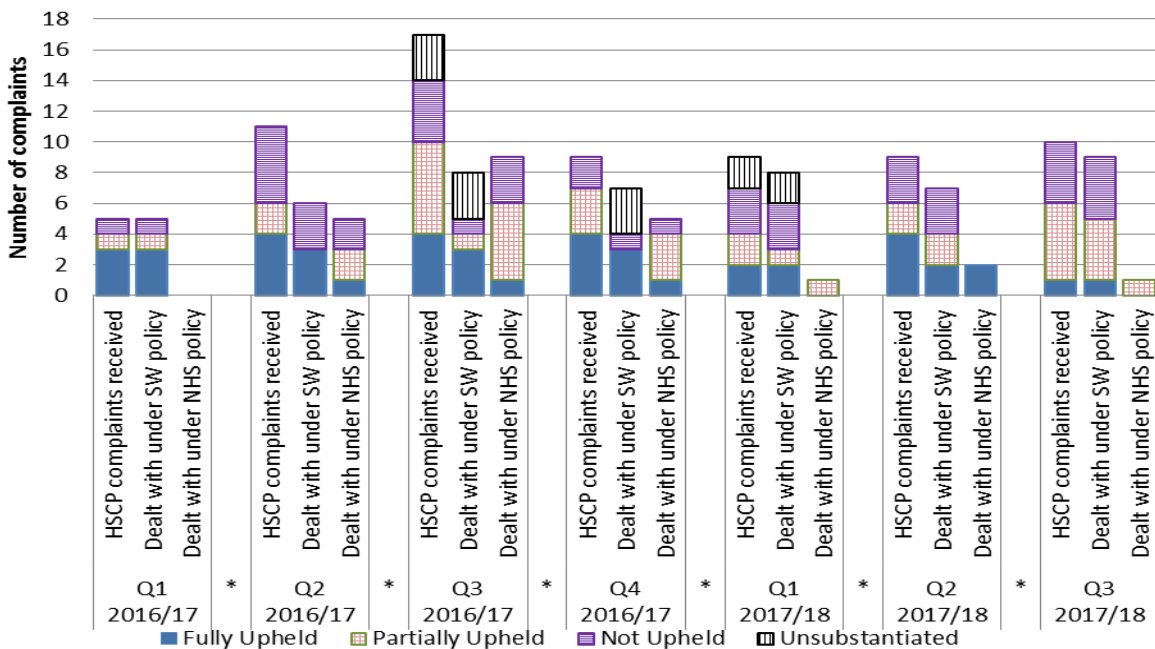
Complaints

Complaints responded to within agreed timescales



10 complaints were dealt with through the Social Work Complaints policy and 1 through the NHS policy in Qtr3 2017/18. 4 complaints were responded to outwith the timescales.

Complaints

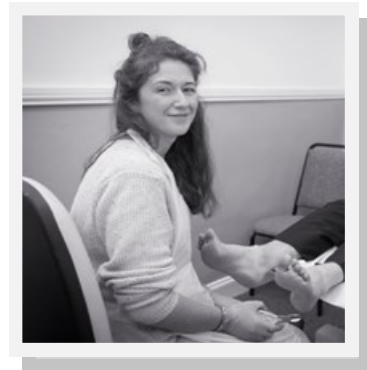


The upheld complaint in Qtr3 2017/18 related to failure to achieve standards and this is being addressed through improvement actions and monitoring within the relevant service area.

Awarding Successful Partnership: Age Scotland Awards 2018:  
Patrick Brooks Award for Best Working Partnership

The Toe-to-Toe Foot care partnership between West Dunbartonshire Community & Volunteering Services (WDCVS), West Dunbartonshire Health and Social Care Partnership and the Podiatry Team at NHS Greater Glasgow and Clyde has been celebrated at the Age Scotland Awards for its impact on vulnerable people in the community.

The partnership developed a volunteer-run nail clipping service for vulnerable local residents; to address the shift of NHS podiatry services only to those with a clinical need.



The service extends traditional provision by:

- providing longer appointment times
- working to recognise and reduce social isolation
- encouraging an active lifestyle
- signposting towards other relevant services
- NHSGCC podiatry trained volunteers
- linking with West College Scotland to offer Podiatry students volunteering and valuable hands on experience

Since its launch in February 2017, the self-sustaining service has benefited over 300 people, offering regular appointments, and has expanded from 2 to 6 trained volunteers, 3 mornings a week.

Over 90% of clients have return for a repeat appointment; citing the personal nature and welcoming atmosphere during appointments.

*“Due to my health problems taking care of my feet is vital for maintaining my mobility. I’m very pleased with the service and hope it continues to be available in the future”*

NHS podiatry services in Clydebank have seen a reduction in waiting times from 16 - 18 weeks to less than 4 weeks - with emergency cases often seen within 48 hours.

*“With non-clinical cases now being seen by toe-to-toe we have seen a huge reduction in demand on NHS Podiatry services. We can better target*

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE****PARTNERSHIP BOARD : 2 MAY 2018**

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**Subject: Draft Carers Strategy in line with Carers' (Scotland) Act 2016**

**1. Purpose**

- 1.1** To present the Partnership Board with a refresh of the Local Carers Strategy in line with the Carers (Scotland) Act 2016 that commenced on 1 April 2018.

**2. Recommendations**

- 2.1** The Partnership Board is asked to review the refresh of the Carers' Strategy including the development of local Eligibility Criteria.
- 2.2** The Partnership Board is recommended to approve the draft refresh of the Carers Strategy 2018 for publication.

**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 - commenced 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 Integration Joint Boards (IJBs) including providing a joint duty for both health boards and local authorities to create local carer strategies as well as the publication of local eligibility criteria.
- 3.3** The HSCP has a suite of activity which relates to Getting it Right for West Dunbartonshire; our Getting it Right for Carers approach reflects our ongoing commitment to ensuring we provide timely information and support to carers. The current West Dunbartonshire Carers Strategy covers 2015 – 2022 and was required to be refreshed to align to the new Act as well as to local priorities agreed locally by carers and their representative organisations.
- 3.4** In preparation for the refresh of the Carers Strategy, the Health and Social Care Partnership hosted a number of carers' engagement events culminating in a Carers Co-Production Event on 30th November 2017, chaired by Beth Culshaw, Chief Officer of the Health and Social Care Partnership and Marie McNair, Chair of the Partnership Board. Attendees at the event included adult carers, young carers, 3<sup>rd</sup> sector partners and HSCP managers coming together to learn and hear from carers about their own experiences of caring in West Dunbartonshire.

- 3.5** All local events were jointly facilitated by the Health and Social Care Partnership, Carers of West Dunbartonshire, Y Sort it and CVS who were able to share the progress of the last year preparing for the new Act and to seek adult and young carers views on the priorities for the refresh of the local Carers Strategy (under the auspices of Partnership Agreements agreed with both those organisations by the Partnership Board).
- 3.6** Additionally this provided carers with an opportunity to test the new draft Eligibility Criteria developed with carer representatives locally.

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

- 4.1** Health and Social Care Partnership Officers have been working for over a year to refresh the local Strategy including the development of local Eligibility Criteria to ensure alignment with legislative requirements as well as local priorities.
- 4.2** This Carers' Strategy refresh has been informed by the learning from the national work streams linked to pilots supported by Scottish Government to test the provisions in the Act. Including the pilot areas linked to the development of local Carers Strategies and local Eligibility Criteria. (Members will note that the pilot in West Dunbartonshire was 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).
- 4.3** The next key elements of work that are being progressed with the Carers Development Group concern the development of a Short Break Statement and the publication of a timescale for preparing a support plan for the carer of a terminally ill person. Both of these will be presented during the 2019 calendar meetings 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 acknowledged 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). A detailed financial plan will be developed over the next year to ensure a robust financial framework for the delivery of the priorities as laid out within the refresh of the Strategy.

#### **7. Risk Analysis**

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

## **8. Equality Impact Assessment (EIA)**

**8.1** Equality Impact Assessments has been completed as part of the development of the Carers Strategy including 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 in November 2017; an on-line carers survey; and a 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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West Dunbartonshire Health & Care Partnership

**Date:** 3<sup>rd</sup> April 2018

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**Appendices:** None

**Background Papers:** Carers Strategy refresh 2018

**Wards Affected:** All.







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

**West Dunbartonshire  
Health and Social Care Partnership**

**Strategy for Carers  
Refresh 2018**

***Getting it Right for Every Carer***

**Strategy for Carers 2012 – 2022**

Document Title:	Getting it Right for Every Carer	Owner:	W Jack
Version No.	Version 2	Superseded Version:	Version 1
Date Effective:	3 <sup>rd</sup> April 2018	Review Date:	3 <sup>rd</sup> April 2019

## INTRODUCTION

West Dunbartonshire is pleased to present our “Getting it Right for Every Carer Strategy”, refresh for 2018, which has been developed in full recognition of the role and contribution carers make, not only to the person they support and to our communities. Our support and appreciation for carers and young carers in West Dunbartonshire is fundamental to ensuring that those in need of care receive it when required.

West Dunbartonshire Health and Social Care Partnership Board was established on the 1st July 2015 as the Integration Authority for West Dunbartonshire. It 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 (which are described in full within its approved Integration Scheme).

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

- Mission is to improve the health and wellbeing of those living in 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.

Getting it Right for Every Carer is a key strategic priority for the Health and Social Care Partnership and acknowledges its purpose is to identify the priorities for developing support networks and options for carers who provide unpaid caring responsibilities to family, relatives, friends or neighbours regardless of age.

Carers reflect the diversity of Scotland's population. There are carers who work, carers who cannot work due to the impact of their caring role, carers can be of any age and include older carers and young carers under 16, lone parent carers, lifelong carers, student carers, BME

carers, LGBT carers, carers in remote and rural areas and many other types of carer. Just as carers come from all walks of life, so too are the people they care for. It is not straightforward to categorise caring situations or the impact this may have on the individuals.

To support all carers, West Dunbartonshire HSCP focuses on encouraging all partners to identify carers, assess their needs and ensure that supports are provided and that enhanced and targeted services meet the needs of the most vulnerable carers in West Dunbartonshire.

The Chief Officer and the Senior Management Team would like to thank everyone who contributed to the development of this Carers Strategy; and all those staff and colleagues who continue to work so hard to deliver high quality services to the communities of West Dunbartonshire.

An electronic version of this Getting it Right for Carers' Strategy – alongside further information about the work of the Health & Social Care Partnership and its Board – can be accessed at: [www.wdhscp.org.uk](http://www.wdhscp.org.uk)

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## 1. Getting it Right for Every Carer

*Anybody can become a carer at any time, sometimes for more than one person. In West Dunbartonshire, carers are now, and will remain, fundamental to strong families and partnerships and to resilient and cohesive communities. The lives of carers and the cared-for are closely intertwined, but they are not the same.*

West Dunbartonshire Health and Social Care Partnership's (HSCP) vision for the provision of carers' services across the West Dunbartonshire is to provide and commission services that improve the outcomes for carers and young carers who live in West Dunbartonshire.

Carers provide care to family members, other relatives, partners, friends and neighbours of any age affected by physical or mental illness (often long-term), disability, frailty or substance misuse. Sometimes the cared-for person will have more than one condition. Some carers care intensively or are life-long carers. Others care for shorter periods. The carer does not need to be living with the cared-for person to be a carer.

The Carers (Scotland) Act 2016 has defined "carer" as an individual who provides or intends to provide care for another individual. Carers can be any age, from children to older people, and from every community and culture. Some carers may be disabled or have care needs themselves.

"Young Carer" as a carer who is under 18 years old or is 18 years old and is still in school.

"Adult Carer" as a carer who is a least 18 years old but is not a young carer.

Although there are important distinctions to be drawn between young carers and adult carers, there are similarities in the caring experiences. There are also important transition issues, especially with regard to support for older young carers aged over 18.

We believe that by working together, and in partnership with carers and carers' organisations, we can support them to maximise their potential and develop the knowledge and skills they require to continue in their caring role.

The Carers (Scotland) Act 2016 commences on 1st April 2018. The implementation of the Act has required a significant programme of preparation with carers, staff groups and wider community organisations and representatives.

As a partnership working with carers, their families and carers' organisations, we have focused the development of this Strategy and our preparation for the Act through the West Dunbartonshire Carers Development Group; a long established multi-agency group with carer and staff representation across our communities.

To identify the key priorities for West Dunbartonshire as outlined in this Strategy, the HSCP alongside Carers of West Dunbartonshire and Y Sort It have hosted local events, on-line surveys and focus groups for carers and carers' representatives to come together to plan, review and deliver effective and timeous carer supports.

The focus of the refresh of the Carers' Strategy reflects the requirements of the Scottish Government as they relate to carers' services and lays out the continuing commitment of West Dunbartonshire Community Health and Care Partnership (HSCP) to work with carers as partners rather than as recipients of health and social care services.

## 2. Policy Context

Since the inception of the local Carers Development Group there has been an increasing focus nationally in addressing the needs of carers through support to carers via carers' assessments and by recognising carers as partners in the provision of care and support.

The importance of supporting carers and enabling people to live independently at home are both well established aspects of the Scottish Government's approach to health and social care.

The Scottish Government recognises the crucial contribution which unpaid carers make to Scottish society and acknowledges that the levels of unpaid care will grow. As well as understanding the importance of supporting young carers and of relieving them of inappropriate caring roles that can impact on their health, well-being and development.

The Carer (Scotland) Act 2016 contributes to the Scottish Government's vision of a healthier and fairer Scotland, and sits within the wider policy landscape including: integration of Health and Social Care; GP contract; National Clinical Strategy; new social security powers; and Fair Work agenda.

The Carers (Scotland) Act 2016 seeks to ensure better and more consistent support for both adult carers (745,000 approximately identified in Scotland) and young carers (44,000 approximately identified in Scotland) so that they can continue to care in better health and to have a life alongside caring.

Currently there is approximately 17% of Scotland's population in an adult caring role and 5% of children and young people (age 4-17) who are young carers.

The Carer (Scotland) Act 2016 Act covers a range of areas relating to supporting carers including a number of new duties and requirements:

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.
A duty to provide support to carers that meet local eligibility criteria
Requires IJBs to involve carers in carers' services
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
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

The HSCP Scheme of Establishment clearly states the HSCP's commitment to engaging with carers within the wider context of its responsibilities for strategic planning and service performance management (i.e. to ensure that the HSCP plans and delivers services that meet the needs of the communities that it serves).



### 3. Identification of Carers

West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. According to the National Records for Scotland, the 2016 population for West Dunbartonshire is 89,860; an increase of 0.3 per cent from 89,590 in 2015. The population of West Dunbartonshire accounts for 1.7 per cent of the total population of Scotland.

The upward shift in the age range of the population means that there is an increasing older people's population which will have an impact for carers of all ages; as carers get older they take on more caring responsibility. Consultation and engagement with partners and carers presented the HSCP with overwhelming results that older people wish to be considered as active citizens playing a role within their own communities and that carers wish to be active in the review and planning of local services.

It is estimated that there are approximately 13,000 carers living in West Dunbartonshire.<sup>[1]</sup> It is not straightforward to categorise caring situations. For example, a person with dementia may also be frail and elderly or a person with a learning disability may also have a mental ill health. Many children and young people are carers, they may, for example, look after a parent who is ill, disabled or who is addicted to drugs or alcohol.

In preparation for the Carers Act the HSCP identified approximately 1,320 carers mid-2017 and 54% of these carers lived with the cared for person. There are a total of almost 3,800 carers known to the third sector organisations<sup>[4]</sup>, of those 48% of carers are themselves aged 65 and over and 70% of the cared for are aged 60 and over. There is an expected increase of 24% in the over 65 population over the next 10 years.

The number of young carers appears to remain consistent over the next ten years with no real changes in the predicted numbers of carers of young people.

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Carers of West Dunbartonshire 2012

#### 4. Assessing the needs of carers

There is considerable research and local practice knowledge of the physical and emotional stresses related to caring and evidence of the ill-health experienced by carers as a result. Many carers say that it is a privilege to care for a loved-one and that caring brings rewards and a great deal of satisfaction.

However, being a carer means that a loved-one, friend or neighbour is ill or frail or has a disability or a substance misuse problem. This can have a significant impact on carers' lives. Sometimes carers look after family members and others in very difficult and challenging circumstances, and because they feel obliged rather than because it is what they want to do.

As a Health and Social Care Partnership (HSCP), providing services to the cared-for person, we should never assume that people want or choose to be carers and we should also not make assumptions about the time commitment people have for caring.

The HSCP is committed to a unifying approach to working with carers in West Dunbartonshire and ensuring that carers have access to advice, information and support. As such the HSCP works with patients and clients to provide a high quality of care and recognises the need to support carers to continue in their caring role.

West Dunbartonshire Adult Carer Support Plan	Informal assessment and planning may be enough for some carers and other may need additional information to contribute to the formal assessment for an Adult Carer Support Plan
	Assessment and information gathering is a shared responsibility and should involve carers, practitioners and carers representatives as appropriate.
	The processes and systems of assessment and information gathering need to be simple, accessible and user friendly.

West Dunbartonshire Young Carers Statement	Informal assessment and planning may be enough for some carers and other may need additional information to contribute to the formal assessment for a Young Carer Statement.
	Assessment and information gathering is a shared responsibility and should involve carers, practitioners and carers representatives as appropriate.
	The processes and systems of assessment and information gathering need to be simple, accessible and user friendly.

Carers, whatever their circumstances, should be able to enjoy the same opportunities in life as other people without caring responsibilities. They should also be able to achieve their full potential as citizens.

Carers have consistently highlighted that they can derive considerable benefit from support in their caring role and that services delivered to patients and carers can help them enjoy a quality of life out-with their caring responsibilities, and enable them to sustain the caring they provide.

The HSCP aims to build on and improve support to carers, it is necessary to articulate a clear vision of the future for carers. To achieve consistent expectations of what carers can reasonably and safely provide, when supporting loved ones at home, and greater flexibility in responding to the needs of individuals. For young carers, in particular, we aim to identify and reduce the numbers of young carers undertaking inappropriate roles; by raising awareness of young carers to improve their ability to access help and support.

The HSCP will work to support carers of all ages with their caring role through assessing their needs for health and social care services. Carers have a vital role in the way in which we develop social and health care services in West Dunbartonshire and we are extremely fortunate to have regular dialogue with carers.

It has been well documented that carers need; access to good information, to be able to seek assistance timeously, to know how to access support and how to make the best use of it. This is true both for carers of people receiving services and for carers unknown to services.

All carers, including young carers, have the right to an assessment to identify the help that they may need to go on caring. The HSCP works in partnership with all agencies in a family centred approach to assessing and meeting needs of carers of all ages and promoting inclusion whenever possible.

Those carers who choose not to have their needs formally assessed will, as far as possible, be provided with information, advice and signposted towards available community supports. It is necessary to maintain a focus on the provision of timely, accurate and good quality assessment, information and advice not only when someone is new to caring but also whenever information and advice is needed.

Young carers often have mixed feelings about their caring role. For some it can be a positive and rewarding experience, giving them a sense of purpose, building confidence and self esteem. However they may feel angry, guilty or frustrated when caring gets in the way of the life they would like to lead.

Young carers and their families need an assessment which will take account of both their individual needs and the needs of the family as a whole. Many families do not realise that there is help available, and take it for granted that they must just "get on with it". They are also often very reluctant to talk to anyone about their problems as they think it will reflect badly on their ability to cope. Parents sometimes fear that if they talk to anyone or ask for help, their child will be taken away from them. A young carer may assume that their family will be broken up, that they will lose control over decision making or that they may be prevented from providing care at all.

The HSCP works with people using our services to offer more flexibility, choice and control over their support so that they can live at home more independently. It is important that our local services create arrangements which will facilitate more choice and control over service provision and promote the opportunities for patients/clients.

This will include ensuring built in flexibility by the introduction of framework agreements that enable individuals to access these services via Self-Directed Support (SDS) options. Direct payments for social care have enabled people who use them to achieve greater independence. We have a duty to offer a direct payment to eligible people assessed as needing community care services, this payment can be used to purchase all defined community care services and support, except long term residential accommodation.

#### **5. Carers in need of support**

The Health and Social Care Partnership ensures all carers are offered an assessment by the HSCP or by local carer organisations; any carer who appears to have a need for support should be offered an assessment.

All carers are entitled to an assessment regardless of the amount or type of care they provide, their financial means or their level of need for support. A carer does not necessarily have to live with the person being cared for or be caring full-time to have an assessment.

There are a range of support services which can be offered to carers following an assessment of need:

<b>Support for carers</b>	
<p>Access to personalised, flexible short breaks provision is crucial. Short breaks (also known as respite services) are a key support for carers. There has been significant investment to increase these services in West Dunbartonshire in recent years. The HSCP is committed to ensuring flexible initiatives based on individuals' assessed needs and circumstances to support carers to have time away from caring.</p>	All carers
<p>The HSCP is committed to providing the right type of information at the right time to carers, depending on their particular circumstances. Carers want up-to-date information. All HSCP services and partners play an important role in providing information that can help carers to understand and deal with difficult or challenging circumstances.</p>	All carers
<p>In recognition of the key role carers play in providing care, they have access to opportunities for building their confidence and capacity in their caring role. This addresses the broad spectrum of the emotional impact and practical demands of caring, including moving and handling awareness, managing medication and managing carers' own health and well-being.</p>	All carers
<p>The HSCP and the third sector partners have been providing key carer support services within West Dunbartonshire for several years. The organisations have a long standing effective partnership with the HSCP as part of their service level agreements and strategic partnership agreements. Through partnership with the third sector, opportunities continue to be offered to carers to develop their skills and knowledge; encompassing condition specific training and more general issues.</p>	All carers

<p>The HSCP is committed to identifying, assessing and supporting carers in a personalised and outcome-focused way and on a consistent and uniform basis (including the provision of short breaks or respite).</p>	<p>All carers</p>
<p>The emphasis for the HSCP is on early intervention and preventative support; by identifying the most vulnerable carers based on assessment of their need taking account of the nature and level of risk. By working in partnership across services, our preventative approach supports early identification of the most vulnerable within our communities and their carers, thus supporting access and availability to the necessary supports that enable continued quality-of-life and in turn to prevent crisis.</p>	<p>All carers</p>
<p>By aligning the development of supported self and carer's support, we aim to bring together our investment from a range of key policy developments to facilitate and expand opportunities for models of co-production and community capacity building.</p>	<p>All carers</p>



## 6. Carers As Partners

The Health and Social Care Partnership has a strong track-record of engaging and building relationships with carers through existing and established forums, local organisations and carers groups. There are a range of local carer specific support groups as well as carers' representatives within community groups working West Dunbartonshire. Carers' issues are broadly represented across a number of planning and improvement structures within West Dunbartonshire, including the community planning structures.

The participation of everyone in the community is important to the planning and delivery of the best possible services for West Dunbartonshire. The HSCP needs the voices of users of services, families and their carers from across our communities to help constantly improve the care provided. Recognising that time is precious, the Local Engagement Network (LEN) has been developed as a dynamic forum for citizens to engage, share experiences and help to make sure that every user of services can gain the maximum benefit from the services provided by West Dunbartonshire Health and Social Care Partnership.

Throughout 2017, a number of carer specific Local Engagement Network meetings and on-line carers' survey were hosted by the HSCP, CVS and local carer organisations to hear from carers; ensuring that carers are treated as equal partners and that they have access to a range of services which will support them with their caring role. These sessions asked carers to identify local priorities for carers; to consider and agree the local eligibility criteria; support the development of the short breaks statement as well as develop the Adult Carer Support Plans and Young Carers Statements; as well as an opportunity for the HSCP to share the progress on the local implementation of the Carers (Scotland) Act.

This culminated in Carer Co-Production Event in November 2017 hosted by the HSCP Board Convenor Councillor Marie McNair and HSCP Chief Officer Beth Culshaw alongside Carers of West Dunbartonshire, Y Sort it and the National Coalition of Carers.



The focus of the Co-Production event was to:

- Share the stories of carers within West Dunbartonshire via video clips
- Listen to carers on key consultation areas within the groups
- Support carers to continue in their caring role
- Celebrate where good practice exists and where carers feel supported and empowered
- Identify where there are issues or concerns for carers
- Ensure we have appropriate and timeous support for carers.

Additionally for the past ten years, statutory and voluntary partners and practitioners have come together alongside carers in the local Carers Development Group to deliver on the joint Carers Implementation Plan to agree joint working, share good practice and meet the needs of carers in a collaborative and constructive way.

The Third Sector Interface has been an active partner within West Dunbartonshire for a number of years, prior to the integration of health and social work. This joint working is seen as part of a wider integrated approach between third sector and statutory services on issues such as carers' support and carers' assessments accessed via the carers' centres and signposting carers to appropriate services across the system.

Being a carer is complex not just practically but also emotionally and the true voice of carers is vital to our planning, review and delivery of service alongside our partners; and we continue to be grateful to the carers who give up their time to help guide us to provide appropriate and timeous supports for all carers.

## **7. Measuring Success**

The HSCP already has an established Carers' Development Group; the membership of the Group was refreshed in 2017 led by the local Carers Lead to ensure all partners and stakeholders were represented; carers from a variety of carer experiences; local carer organisations working with adult and young carers; the Third Sector Interface; HSCP operational managers from all services adults, older people and children; Primary Care and the Council's Education service.

In 2017, this group was successful in a bid to Scottish Government for a pilot to cement our current carers support within our local Community Hospital Discharge service. This is a long standing partnership between operational community health and social care services and Carers of West Dunbartonshire with carers' support services at the centre of admission and discharge planning processes.

The Carers Development Group also worked together to complete and return the Scottish Government's self evaluation Carers Toolkit for West Dunbartonshire; ensuring success was measured and areas for development were identified and progressed as a partnership.

Joint reporting protocols were established between the HSCP and third sector partners to ensure continued monitoring of the numbers of carers' assessment being carried out, the type of carer support required as well as having the opportunity for identifying trends and gaps for more detailed analysis.

Continued performance is evidenced through outputs relating the numbers of carers identified, numbers of carers with support plans, the number of people receiving a short break and total numbers of respite provided. Outcomes for carers are recorded and reported via carer's support plans; for example percentage of carers who feel supported and capable to continue in their role as a carer. Specific targets relate directly to the impact of additional

investment for example tracking the number of weeks of respite provided for carers of older people with Dementia.

<b>Key Achievements in 2017 – 2018</b>	
Reviewing of our local recording systems across HSCP and partners	Completed
Reviewing Adult Carers Support Plan with partners and carers	Completed
Reviewing Young Carer Statement with partners and carers	Completed
Drafting Eligibility Criteria for consultation with carers and practitioners	Completed
Mapping current information available for carers, professionals and practitioners	Completed
Engagement with carers and carers representatives	Completed
Awareness raising with practitioners, GPs and staff across community health and care	Completed
Identify Older Carers as part of the Early Discharge process	Completed
Identify Carers of people diagnosed with Dementia	Completed
Carer pathways between GPs and carers services in third sector	Completed
A programme of carer awareness training has been delivered to frontline and support staff, GPs, nurses and specialist services	Completed

As well as working towards meeting the requirements of the Carer (Scotland) Act there has been significant progress made to ensure carers are able to continue in their caring role, however the HSCP is not complacent.

## 8. Action Points

The priorities identified and specified within this Strategy and within other work-streams for the HSCP affect carers in our communities and impact on a range of community health and social care services.

The implementation of this Strategy will be led by a partnership approach by the HSCP with carers, the third and independent sector whose expertise as a collective will be invaluable to ensure the implementation plan is realistic, achievable and inextricably linked to the needs of carers in West Dunbartonshire.

In developing effective strategies to support carers, a wider range of partners, beyond health and social care, need to respond to the needs of carers with the aim of enabling carers to continue to live fulfilled lives, notwithstanding their caring responsibilities. Making a reality of the aspirations of the HSCP for carers is only likely if local partners develop robust joint commissioning strategies across care groups which are developed and monitored in conjunction with carers and their representative organisations.

Notwithstanding though, the financial impact of waiving of charges for carers has not been quantified. There is a risk this may place significant pressure on West Dunbartonshire HSCP, finance colleagues are working to further explore the potential impact of waiving of charges for carers.

Additional resources are required to undertake carers' assessments, Self-Directed Support and care management and this will require to be regularly monitored by the Carers' Development Group and will be reported into the HSCP SMT with any capacity requirements identified. There is local work required to develop a financial, governance and Carefirst solution to offer SDS options to carers eligible for local authority support.

The HSCP will continue to working to identify carers in need of support whilst acknowledging there is risk that the expectations of carers around eligibility criteria cannot be supported by available resources and / or allocated funding. There has been a formal consultation with carers on the eligibility criteria to create a greater shared understanding on how their needs can be best met.

Key Work streams	Actions
Identification of Carers	<p>Continue our programme to raise awareness with staff, stakeholders and partners of what it means to be a carer as an adult and as a young person</p> <p>Work across and with our communities to help them to understand the support available to carers particularly vulnerable carers</p>
Assessing the needs of carers	<p>Continue our programme to raise awareness with staff, stakeholders and partners of the needs of carers as adults and young people</p> <p>Implement our new Tier 1 and Tier 2 Carers Assessments to ensure all carers are able to identify and describe their needs</p> <p>Implement Young Carer Statement across partner agencies working with young people</p>
Carers in need of support	<p>Refresh current mapping of carers support available across communities and identify gaps</p> <p>Continue to raise awareness of single point of access across adults and older people's services</p> <p>Continue to review the information, advice and signposting available to carers</p>

Key Work streams	Actions
Carers as Partners	<p>Continue to work with carers and their representatives within the review, planning and delivery of local services</p> <p>Continue to seek opportunities to work with carers and their representatives on specific and targeted programmes of work e.g. hospital discharge and addictions issues</p>
Measuring Success	<p>Review the data being gathered as part of the Carers Census as well as existing performance measurers</p> <p>Continue to monitor carers experiences through a variety of methods including focus groups, surveys and complaints</p>
Financial Framework	Develop a robust financial framework linked to additional and existing funding available for carers

Carers as partners are fundamental to the local approach going forward alongside partners from across community health and care services. This Strategy continues to focus on good quality and timeous information and support for carers at all stages of their caring journey.

## Appendix 1

### Eligibility Criteria

#### WDHSCP Draft Local Eligibility Criteria in response to Carers (Scotland) Act 2016

Part 3 of the Carers (Scotland) Act 2016 introduces an explicit duty for LA's to support carers who meet local eligibility criteria.

When setting its local eligibility criteria a LA is required to:

- consult and involve appropriate persons and representatives of carers organisations
- publish criteria by 31/3/18
- review criteria

West Dunbartonshire Health and Social Care Partnership is committed to ensuring carers can access support to ensure they are able to continue in their caring role and consequently believe that the best option for carers and their cared for people is to have an eligibility criteria which reflects this position.

The eligibility criteria to be adopted within West Dunbartonshire for carers; ensures that no carer will be excluded from receiving support from a range of opportunities, wider agencies and support organisations following assessment; thus supporting a preventative and early intervention approach to supporting carers.

In West Dunbartonshire, carers are able to access support as appropriate to their assessed needs and the forthcoming legislation will enhance the existing position and will support current practice. It is believed that the proposed eligibility criteria in West Dunbartonshire will ensure there are no barriers to carers accessing support and services.

All carers are offered a carers' assessment and support offered will be based on assessed need.

Threshold; a person needs to be a carer; this can be of any age.

The support offered can include for example respite; care at home services; Technology Enabled Care; onward referral to third sector and community support services for adults, children and young people.

West Dunbartonshire HSCP undertook a process of consultation and involvement with carers to determine carers wishes and views thus ensuring that any local eligibility criteria met the needs of local carers. The local eligibility criteria will be published by 31<sup>st</sup> March 2018 as stipulated by the Scottish Government and required by the Carers (Scotland) Act 2016. It will be monitored and reviewed after implementation in April 2018 to ensure it continues to meet the needs of our local carers and again as stipulated by the Scottish Governments and as required by the Carers (Scotland) Act 2016.

The local eligibility criteria for West Dunbartonshire:

Step 1	Tier One	Carer Conversation is recorded within the cared for persons Single Shared Assessment (SSA)	Workers should have a conversation with the carer and record this conversation within the SSA of the cared for person which should then be input into Carefirst. This conversation and subsequent record will contain relevant questions around the caring role that the carer is undertaking detailing the type of support being provided by the carer.  The final question will be -  Is there a requirement for Adult Carers Support Plan or Young Carer Statement?  If the answer to this is YES the worker should then move onto completing a Tier 2 Adult Carer Support Plan.
Step 2	Tier Two	Adult Carer Support Plan or Young Carer Statement	Tier 2 Adult Carer Support Plans or Young carer Statements should be completed after a Tier 1 Carer Conversation has taken place and it has been identified that the carer needs or has requested a full Adult Carer Support Plan. This Tier 2 form will contain more detail than the initial Tier 1 Carer Conversation within the SSA of the cared for person and will detail the support required for the carer and the personal outcomes that the carer wants to meet. This form will be loaded into Carefirst.  What support is required from <ul style="list-style-type: none"> <li>• statutory sector</li> <li>• third sector</li> <li>• independent sector</li> <li>• self-management / social prescribing?</li> </ul>
Step 3	Outcomes	Adult Carer Support Plan or Young Carer Statement	Will be captured by the Tier 2 Adult Carer Support Plan or Young Carer Statement as above.  What level of support will be provided by: <ul style="list-style-type: none"> <li>• statutory sector</li> <li>• third sector</li> <li>• independent sector</li> </ul>

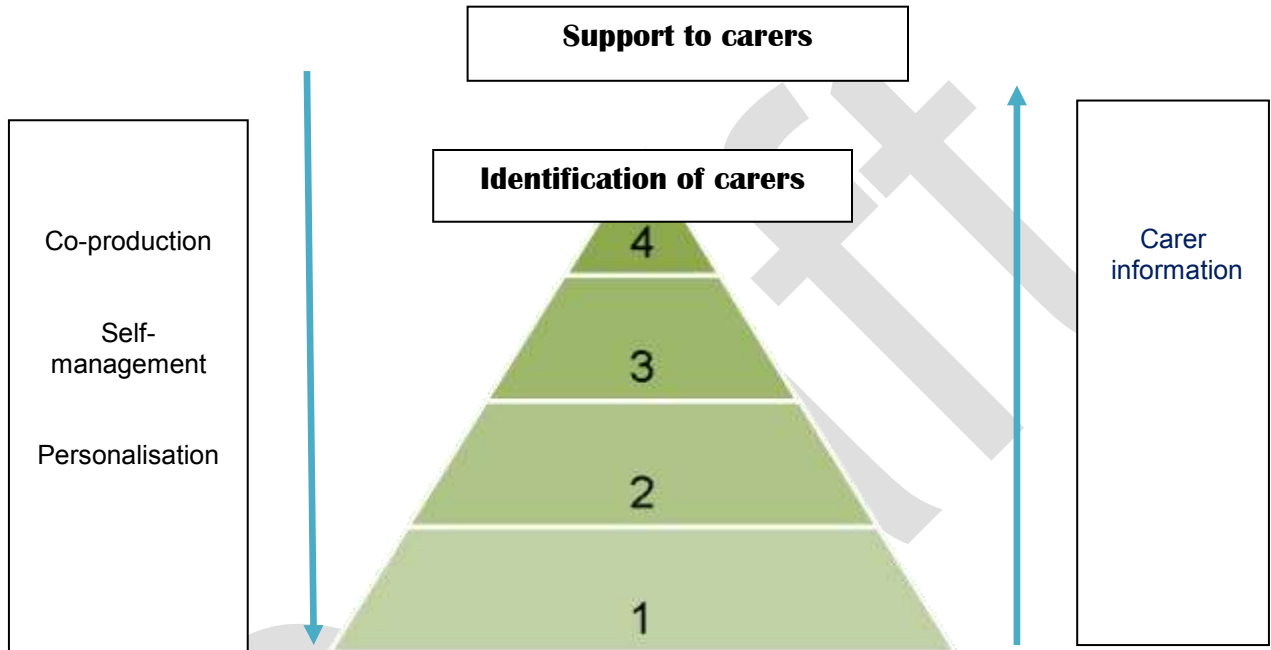


Step 4	Service	Self-Directed Services	Workers will explain how carers can have their support arranged i.e. the 4 self-directed support options and will assist the carer to choose from the 4 Self Directed Support options available.
Step 5	Service Review	Adult Carer Support Plan or Young Carer Statement	The Tier 2 Adult Carer Support Plan or Young Carer Statement will remain in place until a review is undertaken. Review of support will normally take place annually <b>or</b> when there has been a significant change to the carers or to the cared for persons circumstances. The review of the ACSP can be done by statutory services or third sector partners.

Draft

**Appendix 2**

**Model for Enabling Carers in West Dunbartonshire**



If you have any comments on this Strategy please send them to:

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Draft



## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE

### PARTNERSHIP BOARD : 2 MAY 2018

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**Subject: Progress on the West Dunbartonshire Housing Contribution Statement and Development of Joint Working with Housing.**

#### 1. Purpose

- 1.1 This report presents the Board with an update on progress on the joint working between the West Dunbartonshire Health and Social Care Partnership and West Dunbartonshire Council Housing Services in delivering agreed outcomes as set out in the Housing Contribution Statement adopted in May 2016.

#### 2. Recommendations

- 2.1 It is recommended that the Health and Social Care Partnership Board:-
- i) Notes the progress on the Housing Contribution Statement and in developing positive joint working arrangements between the HSCP and Housing Services.
  - ii) Notes that the Housing Contribution statement will be subject to a full review as part of the HSCP Strategic Plan Review due to be carried out in April 2019.

#### 3. Background

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 established the legal framework for integration of health and social care services. Guidance, in particular the Housing Advice Note issued in September 2015, advises on Housing's role in the integration process.
- 3.2 The Scottish Government emphasises the role of Housing in the Integration of Health and Social Care and cites the contribution it makes to meeting the Scottish Government's National Health and Wellbeing Outcomes, in particular, Outcome 2:
- People, including those with disabilities, long term conditions, or those who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.*
- 3.3 Housing Contribution Statement (HCS) is the aspect of the Strategic Plan which acts as a "bridge" between the Integration Authority's Strategic Plan and the Council's Local Housing Strategy which is a key strategic housing plan.

**3.4** The Housing Contribution Statement echoes the Strategic Plan in highlighting key areas where Housing and the HSCP will be working together in the coming period to:

- Establish a housing support service enabling long term clients to be supported within West Dunbartonshire
- Continue to develop plans for new and refurbished housing
- Develop Services at Points of Transition
- Provide preventative interventions and supports
- Ensure rapid access to assessment, and provision of aids and adaptations
- Seek to develop supported housing solutions for younger adults with complex needs.

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

**4.1** The Housing Contribution statement was drawn up jointly between the HSCP and West Dunbartonshire Council in compliance with Scottish Government guidance and agreed by the HSCP Board in May 2016.

**4.2** Since the approval of the Housing Contribution Statement, the WDC Local Housing Strategy *More Homes Better Homes 2017- 2022* (LHS) has been approved. The LHS undertakes to work with the HSCP to develop housing support services for those with particular needs, around the principles of Forward Planning, Choice and Prevention.

**4.3** Key theme 5 of the LHS, *Addressing Particular Housing Needs*, contains the following key actions which reflect those in the HSCP Strategic Plan:

- Develop housing support services to enable long term clients to be supported within West Dunbartonshire
- Develop plans for new and refurbished housing
- Develop Services at Points of Transition
- Provide preventative interventions and supports
- Ensure rapid access to assessment, and provision of aids and adaptations
- Seek to develop supported housing solutions for younger adults with complex needs
- Supporting the housing sector to sustain the tenancies of vulnerable households through early social work interventions, promoting payment of rent, signing up for benefits and other assistance.

**4.4** The HSCP works with Housing Services across a range of areas; some areas where there is strong evidence of positive partnership working are highlighted below:-

- The development of supported accommodation at Davidson Road, Alexandria in conjunction with The Richmond Fellowship
- HSCP representation on the Housing Providers Forum, where the Council meets with Scottish Government and housing association colleagues. There is now a shared recognition that the wider housing sector must be involved in supporting the delivery of the health and social care integration agenda
- HSCP involvement in the preparation of the Council's annual Strategic Housing Investment Plan (SHIP) which sets out the funding priorities for affordable housing over the next five years. The WDC SHIP 2018/19 – 2022/23 approved by the Council in November 2017 assumes the provision of around 10% of specialist housing in each project in the new build programme, the detail of which will be the subject of consultation with the HSCP
- All new affordable housing supported through our Strategic Housing Investment Plan meets the West Dunbartonshire Affordable Housing Standard which incorporates the Housing for Varying Needs(HfVN) Standard
- The refurbishment of a tenement in Montrose St in partnership with care provider Key Housing for younger people with learning difficulties
- A Care Leavers Protocol has been agreed as part of newly revised Housing Allocations Policy and will prevent any young care leaver presenting as homeless in West Dunbartonshire
- The Funding of two Occupational Therapist posts from the Housing Revenue Account (HRA) to improve the medical assessment process and the provision of disabled adaptations
- The introduction into the Council's new build programme of bespoke specialist bungalow properties at Brucehill, Second Avenue and in the forthcoming St Andrew's School project.

**4.5** The HSCP has started work in preparation of the next Strategic Plan which is not due until April 2019. Work will start soon on the strategic needs assessment which will inform the plan and in turn the associated revised Housing Contribution Statement.

**4.6** Monitoring of performance on the issues contained in the HCS will be carried out jointly by Housing Services and the HSCP and will form part of the annual review of the Local Housing Strategy reported to Housing and Communities Committee each May.

## **5. People Implications**

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

## **6. Financial Implications**

**6.1** There are no direct financial implications to this report though development of integrated working will provide opportunities for more cost effective service delivery in a number of areas.

## **7. Risk Analysis**

**7.1** There are no known risks associated with this report.

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

**8.1** The Strategic Plan includes a specific section concerning Equalities and the approach proposed to address pertinent requirements of legislation.

## **9. Consultation**

**9.1** This report was the subject of consultation between Housing Development and HSCP.

## **10. Strategic Assessment**

**10.1** The Housing Contribution Statement assists in the delivery of all five of the Council's Strategic Priorities.

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**Date:** 3<sup>rd</sup> April 2018

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**Appendix:** None

**Background Papers:** West Dunbartonshire Draft Housing Contribution Statement - March 2016



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

West Dunbartonshire Local Housing Strategy *More Homes  
Better Homes* 2017 – 2022 November 2016

West Dunbartonshire Council Strategic Housing  
Investment Plan 2018/19 – 2022/23 November 2017

Housing Advice Note: Statutory Guidance to Integration  
Authorities, Health Boards and Local Authorities on their  
responsibilities to involve housing services in the  
integration of Health and Social Care, to support the  
achievement of the National Health and Wellbeing  
Outcomes. Scottish Government September 2015

**Wards Affected:** All



**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE****PARTNERSHIP BOARD : 2 MAY 2018**

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**Subject: West of Scotland Regional Planning**

**1. Purpose**

- 1.1** To present the Partnership Board with an update on the West of Scotland Regional Planning programme of work.

**2. Recommendations**

- 2.1** The Partnership Board is asked to:

- Direct the Chief Officer to work with relevant Partnership Leads and Regional Planning Leads to undertake the necessary process for developing a West of Scotland Regional Plan which reflects the needs of people across the region and within West Dunbartonshire.
- Direct the Chief Officer to bring the West of Scotland Regional Plan to the Partnership Board for consideration.

**3. Background**

- 3.1** Regional planning in the West of Scotland, with the focus on acute and tertiary services is no longer fit for purpose, due to changes within demographics as well as local organisation of services linked to the Joint Bodies Act. As such the task to prepare a Regional Delivery Plan requires a different and more inclusive approach across a range of partners; to meet this need a West of Scotland Regional Planning process has been put in place to co-ordinate planning across the Region.
- 3.2** The West of Scotland planning programme describes the collective ambition of the West of Scotland as to improve the health and care for people across the Region. It has a particular focus on keeping people well, early intervention and developing better, more integrated care organised around the individual needs of the patients served. It builds on the many examples of excellent care already provided across the Region and reflects our local aspiration to deliver the National Health and Social Care Delivery Plan providing better health, better care and better value.
- 3.3** The West of Scotland partners include Health and Social Care Partnerships (15); NHS Territorial Boards (5); NHS National Boards (5); National Education Scotland and National Shared Services.
- 3.4** To deliver the first strategic plan in Spring 2018, a comprehensive programme has been put in place including System Leadership through a Regional Programme Board and Forward Programme Plan to deliver a West of Scotland Regional Plan.

- 3.5** In recognising the importance of key stakeholders in developing a Regional Plan; Partnership Boards and their executive and non executive members came together in September 2017. The session was to consider the emerging story for the region in terms of the key messages arising from:
- the key messages arising from the population needs assessment;
  - the key messages from the gap analyses on workforce, demand and performance;
  - analyses, finance and infrastructure;
  - the case for change;
  - the common purpose that unites us as a region;
  - the potential interventions in care models and a stratified model for designing services;
  - the programme structure to support the development of the Regional Delivery Plan.
- 3.6** The Health Needs Assessment for the West of Scotland currently being progressed has identified a significant number of analyses which have been undertaken to support the work for the service model and provision for health and care services for the region. For example an ongoing review of activity by admission category and by specialty; changes in activity; beds, bed days used and length of stay; projected position by 2020, 2025 and 2035; performance data including waiting times and waiting list information, outpatient measures and day case rates.
- 3.7** As with the Health Needs Assessment, additional analyses have been undertaken to consider the demand for and use of services. The focus to date has been primarily on health but this will be extended to include the social care provision for the Plan as it develops.

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

- 4.1** One of the challenges will be defining the role of the region in care that is delivered outside of hospital. It is hoped that one of the roles of the regional planning programme will be in facilitating sharing of best practices, developing common and consistent elements of care models across the region and determining how best to ensure the money is available to implement these new ways of care.
- 4.2** Importantly, there are specific areas where the regional work will be united in addressing common purpose; however there will also be work to plan and/or deliver these objectives at a local level. In other words, the Partnership Board continues to have primary responsibility for joining up health and social care in our communities, while the national programmes plan for shared services across the nation.
- 4.3** The West of Scotland Regional Plan should define how this common purpose will be planned and delivered at local, regional and national levels with a guiding principle that we should be as local as possible and as regional as necessary where there is a compelling case for regional or national work.

- 4.4 The HSCP Strategic Plan will continue to be progressed locally and the HSCP work will influence and be influenced by the development of the Regional Delivery Plan but not exclusively.
- 4.5 There will inevitably be tension between organisations within the region as each partner aims to balance achieving individual organisation targets and regional goals that may sometimes pull in opposite directions. For example, the Partnership Board has primary responsibility for meeting the needs of local people and has made significant progress in developing and delivering on our Strategic Plan. At a regional level the planning programme will be exploring the potential for some common elements of care models that can be described regionally and delivered locally which will require to be taken into account at local level.
- 4.6 It is important to consider the service provision across the region as part of the analyses and planning processes, the Partnership Board will need to ensure that the limited resources available are used equitably, that is, determined by genuine need, and fairly distributed against socio-economic gradients for West Dunbartonshire.

## **5. People Implications**

- 5.1 No specific implications associated with this report.

## **6. Financial and Procurement Implications**

- 6.1 No specific implications associated with this report.

## **7. Risk Analysis**

- 7.1 HSCP Officers have been and continue to actively participate in regional planning processes described in this report so that the Partnership Board will be best placed to appropriately to meet its duties and responsibilities.

## **8. Equality Impact Assessment (EIA)**

- 8.1 Equality Impact Assessments will be completed as part of the development of West of Scotland Regional Plan.

## **9. Consultation**

- 9.1 No specific implications currently associated with this report, however consultation will need to continue by regional planners with all stakeholders.

## **10. Strategic Assessment**

- 10.1 The Strategic Plan 2016-19 recognises the importance of working with and effectively across a regional planning landscape to deliver improved health and care outcomes within West Dunbartonshire.

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West Dunbartonshire Health & Care Partnership

**Date:** 4<sup>th</sup> April 2018

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**Appendices:** None

**Background Papers:** None

**Wards Affected:** All.

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE****PARTNERSHIP BOARD : 2 MAY 2018**

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**Subject: Update on Review of Sexual Health Services**

**1. Purpose**

**1.1** To inform the Health and Social Care Partnership Board about the sexual health service transformational change and any changes that may impact on West Dunbartonshire.

**2. Recommendations**

**2.1** The Partnership Board is asked to note the findings of the report.

**3. Background**

**3.1** Sandyford Sexual Health Service (SHS) is a service that serves the whole of NHS Greater and Glasgow Clyde and is currently hosted within Glasgow City HSCP. The service provides universal sexual health services for the population as well as complex and specialist services to specific population groups.

**3.2** The Sandyford vision is that there is a good and positive sexual wellbeing experience, where people can access specialist sexual health services when they require to. The focus will be on supported self-management, early intervention and prevention of poor sexual health. In February 2017, Glasgow City HSCP commenced a review of Sandyford sexual health services. This review aimed to:-

- Improve the use of existing resources and release efficiencies through service redesign
- Encourage self-management by supporting differently
- Ensure Sandyford services target the most vulnerable groups.

**3.3** A programme board was established in May 2017 and 4 workstreams were identified. These were:-

- Clinical Services – this group was to develop a service specification detailing the services Sandyford would offer and to specify the services that they would no longer offer, and detail where they would be met in the future.
- Accessibility – to develop proposals to deliver sexual health services to the right people in the right place at the right time and ensure these services are accessible to the most vulnerable people.

- Young People – engage with young people to deliver an efficient and cost effective service model for young people which is acceptable to them
- Workforce and Localities - to develop proposals for a revised team structure for the service to be delivered across localities. Includes medical, nursing, administrative and management arrangements.

#### **4. Main Findings**

**4.1** This review has developed key principles to take forward under each of the workstream headings.

#### **4.2 Clinical Services**

In order to maintain the public health function of reducing transmission of sexually transmitted infections and unwanted/unplanned pregnancy Sandyford must continue to provide open access in a timely fashion. NHS Greater Glasgow and Clyde currently have the third lowest rate of teenage pregnancies in Scotland, but at the local HSCP level West Dunbartonshire has the highest rate in the board.

##### Key Principles

- The new model of service will provide the same level of urgent care activity or higher than the current model.
- Urgent sexual health care should be available within 48 hours
- Most clients need timely access to routine sexual health care.

#### **4.3 Accessibility**

The majority of clients use a central telephone number to access the services. This can result in long queues, long waiting times on the phone and abandoned calls. This can result in “Did Not Attend” (DNA) as people find it difficult to get through to cancel appointments. The ability for patients to access the services is causing concern and there is little prospect of improving this unless the service changes to achieve this.

##### Key Principles

- The service needs to better support clients who are able to self-manage their sexual health needs in order that access for the most vulnerable people is improved
- Outreach provision of sexual health services is supported in principle and evidence shows that it increases the reach to priority groups or vulnerable people



- Services will be provided during daytime hours with the exception of Steve Retson, Termination of Pregnancy Assessment (TOPAR) and Young People services.

#### **4.4** Young People

Young people drop in clinic slots are provided in all of Sandyford services on most days. These clinics are staffed by a wide range of staff of varying grades but this could be dependent on which staff are available at each location on the day. The numbers of young people who attended all Sandyford services has decreased every year from 2011-2015. For example in 2011, children aged 13-15 who attended the services were 159 boys and 1845 girls; in 2015 these numbers were 53 boys and 687 girls.

##### Key Principles

- Young people refers to all young people up to and including 17 years of age
- If a young person is receiving aftercare/throughcare services, they should continue to be provided care beyond the age of 18 by Sandyford's young people service until they have been clinically assessed as being suitable to be managed by adult services.
- Services need to be open and accessible at times that suit young people attending school

#### **4.5** Workforce and Localities

Sandyford has a highly specialised clinical workforce with a mix of consultant and speciality grade doctors, training grade doctors, advanced nurse practitioners (ANP), specialist sexual health nurses, sexual health advisors (SHA), Biomedical Scientists (BMS), Healthcare Support Workers (HSW) and administrative staff who are all trained to work with patients with specialist sexual health presentations. In recent years a national issue has been the ability to recruit speciality doctors, which has resulted in the development of ANPs.

The nursing workforce has predominantly been a band 6 grade and this is being reviewed to introduce more skill mix with the band 6 role extended into non-medical prescribing and fitting of Intrauterine Device (IUD).

##### Key Principles

- The service requires a highly skilled, flexible workforce providing the appropriate level of service
- Clients should be able to have their needs addressed through the efficient and effective use of the specialist staff resource.

## **5. Review Recommendations**

### **5.1 Model**

The review recommends that there should be a three tier model which would comprise of:-

#### Tier 3

One specialist service which will deliver routine scheduled, emergency urgent/undifferentiated care and all specialist services.

#### Tier 2

A few larger connecting services which will offer routine scheduled, emergency and urgent/undifferentiated care

#### Tier 1

A number of smaller, local services which will offer routine scheduled and emergency care.

### **5.2 Service Locations**

The proposed future model will consist of one specialist service (tier 3), four tier 2 services which will cover East, South, West and North East) and a number of tier 1 services, which have still to be determined. The proposed locations for the tier 1 and tier 2 services will be subject to further discussion and engagement with HSCPs, community and service user representatives and will be support by an Equality Impact Assessment (EqIA).

It is expected that the review board will be taken to the Glasgow City Integration Joint Board (IJB) for final approval in December 2018

## **6. Consultation**

**6.1** A development group will be established to develop detailed implementation plans and timescales to realise the proposals put forward by the review board.

**6.2** Consultation will be ongoing for a further three months.

**6.3** The proposed locations for all Sandyford Tier 1 and Tier 2 services will be subject to further discussion and engagement with HSCPs, primary care colleagues, community and service user representatives

**6.4** In light of the new GP contract – is there an opportunity to work with Primary Care on the management of some undifferentiated presentations without shifting the work directly to GP practices?

## **7. Financial and Procurement Implications**

**7.1** This will be part of ongoing discussions with Sandyford.

**8. Risk Analysis**

8.1 This will be carried out by Sandyford

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

9.1 This will be carried out by Sandyford

**10. Environmental Sustainability**

10.1 Not applicable

**11. Strategic Assessment**

11.1 Not applicable

**Name** Wilma Hepburn  
**Designation** Chief Nurse  
**Date:** 2 May 2018

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**Person to Contact:** Wilma Hepburn  
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**Appendices:** Appendix 1  
Current Sandyford Service Model  
Appendix 2  
Sandyford Locations Attended by West Dunbartonshire  
Residents in 2017

**Background Papers:** This section should provide details of all documents referred to within the report but not if the document is included as an appendix to the report nor has been published elsewhere.

**Wards Affected:** All.



## Appendix 1

### Current Sandyford Service Model

The service covers a large geographical area with a large number of sites with varying service provision based on availability of sites in HSCP premises. The community sites vary in their size and frequency of opening times and do not all provide all services.

Sandyford Central is the main service based near the city centre, providing routine and urgent integrated sexual health services, and a range of specialist booked appointment clinics. Sandyford Central is open 5 week days and Mon-Thurs evenings.

Sandyford Hub services are provided under the leadership of a specialist sexual health nurse, and with a multi-disciplinary team. Each Hub runs for 3-5 days, and has a mix of routine and urgent sexual health services and specialist service provision. The level of service provided is dependent on local communities and resource / accommodation availability. Each hub has a specialist young people's clinic at least once a week.

Sandyford Satellite services are provided over a single 8-hour daytime session. Two satellite services are provided in the evening due to lack of community accommodation in the morning. Service provision at the satellites is more generic with onward referral to Hubs or Sandyford Central for complex need or more specialist requirement.

Sandyford Central at Sauchiehall Street

#### Hubs

Sandyford East at Parkhead  
Sandyford East Renfrewshire at Barrhead  
Sandyford Greenock  
Sandyford North at Springburn  
Sandyford Renfrewshire at Paisley  
Sandyford South East at Govanhill  
Sandyford South West at Pollok  
Sandyford West Dunbartonshire at the Vale of Leven

#### Satellites

Sandyford Castlemilk  
Sandyford Clydebank  
Sandyford Drumchapel  
Sandyford Easterhouse  
Sandyford Johnstone  
Sandyford Kirkintilloch

## Sandyford locations attended by West Dunbartonshire residents in 2017

(Total 3209)

<b>Name of Service</b>	<b>Numbers Aged Under 20</b>	<b>Numbers Aged Over 20</b>
Castlemilk	0	2
Central	<b>207</b>	<b>1587</b>
Clydebank	<b>148</b>	<b>595</b>
Drumchapel	13	112
East	0	18
East Dunbartonshire	0	3
East Renfrewshire	0	10
Easterhouse	0	5
Greenock/Bogleston	0	38
Johnstone	1	5
North	0	26
Renfrewshire	5	118
South East	3	10
South West	0	7
West Dunbartonshire	<b>144</b>	<b>978</b>

## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE

### PARTNERSHIP BOARD : 2 MAY 2018

#### Subject: Equality Outcomes and Mainstreaming Progress Update Report

#### 1. Purpose

- 1.1 To present the Partnership Board with the Equality Mainstreaming Report prepared with respect to the obligations placed on Integration Joint Boards by the Equality Act 2010.

#### 2. Recommendation

- 2.1 The Partnership Board is asked to note the progress in relation to the equalities outcomes and approve the publication of the attached mainstreaming report in line with the statutory timescales.

#### 3. Background

- 3.1 The Equality Act 2010 strengthens, harmonises and streamlines 40 years of equalities law in relation to the nine “protected characteristics” of age; disability; gender; race; religion and belief; sexual orientation; gender reassignment; pregnancy and maternity; and marriage and civil partnership . The Equalities and Human Rights Commission (EHRC) in its role as regulator, scrutinises and enforces the implementation of Equalities Duties.
- 3.2 Given its legal status, the Partnership Board – alongside the Council and the Health Board is obliged to play its part in addressing the general public sector duties outlined in the Equality Act 2010, i.e. to have due regard to:
- Eliminate discrimination, harassment and victimisation.
  - Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - Foster good relations between people who share a protected characteristic and those who do not.
- 3.3 As recognized within the WDHSCP Strategic Plan 2016/19, Integration Joint Boards (IJBs) are included in the listed bodies under the Equality Act 2010 (Specification of Public Authorities) (Scotland) Order 2015 and became subject to the general duties on 1 April 2015; and Amendment Regulations making them subject to three specific duties came into force on 11 June 2015.
- 3.4 The IJB is also subject to the Equality Act 2010 (Authorities subject to the Socio-economic Inequality Duty) (Scotland) Regulations 2018) which came into force on the 1st April 2018. This requires the IJB to have due regard to the narrowing of inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.
- 3.5 For the breadth of responsibilities which each IJB is accountable for, the specific duties are to:

- Report on mainstreaming the equality duty every two years.
- Assess and review policies and practices.
- Publish equality outcomes every four years and report progress every two years.

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

- 4.1** The Partnership Board, Council and Health Board continue to integrate – i.e. mainstream- concern for equality into the strategic planning performance management of work of the Partnership Board: and the day-to-day operational activities of WDHSCP.
- 4.2** The Mainstreaming Report confirms that, streamlined equality impact assessment processes are a routine element of all reports considered by and any decisions recommended to the HSCP Partnership Board and its Audit Committee.
- 4.3** In line with legislative requirements and timescales West Dunbartonshire Partnership Board published their initial set of equality outcomes and mainstreaming report in April 2016.
- 4.4** As required by the legislation by the 30<sup>th</sup> April 2018, each Integrated Joint Board must publish a report on the progress it has made to the three general public sector duties integral to its functions and the progress it has made to achieve with regards to its specific outcomes as identified in the April 2016 report.
- 4.5** This Equalities Outcomes and Mainstreaming Report has been prepared to report on the progress made to the three general public sector duties and the progress made to achieve with specific outcomes as identified in the April 2016 report. The report also confirms the additional equality outcomes which have been added to the HSCP suite of equality measures in line with the continued commitment in the previous 2016 mainstreaming report, using the best practice approach identified by the EHRC Measuring up series of reports.

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

- 5.1** In relation to specific equalities duties concerning the employment of staff, those remain the responsibility of the Health Board and the Council; and so this requirement does not apply to the HSCP Board. The HSCP will continue to meet its obligations around these areas by implementing the relevant organisational policies and procedures as appropriate as confirmed within its approved Workforce & Organisational Development Strategy.

#### **6. Financial and Procurement Implications**

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

#### **7. Risk Analysis**

- 7.1** This Equality Outcomes and Mainstreaming Report has been prepared to report on the progress made to the three general public sector duties and the progress



made to achieve with specific outcomes as identified in the April 2016 report and in order that the Partnership Board is able to appropriately meet specified milestones in relation to the Equalities Act.

## **8. Equality Impact Assessment (EIA)**

**8.1** The attached Mainstreaming Report confirms that streamlined equality impact assessment processes are a routine element of all reports considered by and any decisions recommended to the HSCP Board and its Audit Committee.

## **9. Environmental Sustainability**

**9.1** There are no specific environmental sustainability issues in relation to this report

## **10. Consultation**

**10.1** The approach to equalities mainstreaming has benefitted from engagement with local protected characteristics groups independently undertaken through the local West Dunbartonshire Community and Volunteer Service (WDCVS). The approach articulated here - and the equality outcomes specified within the mainstreaming report – reflects the feedback and strong support provided; and has also informed the HSCP Participation and Engagement Strategy.

## **11. Strategic Assessment**

**11.1** The Strategic Plan 2016/19 already affirms the Partnership Board's commitment to integrate – i.e. mainstream – its obligations in respect of the equality duties into its approach to strategic planning and performance management; and into the day-to-day operational activities of the HSCP.

**Author:** Ailsa King Health Improvement Lead

**Date:** 18 April 2018

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**Person to Contact:** Wendy Jack – Interim Head of Strategy, Planning & Health Improvement, email [Wendy.Jack@west-dunbarton.gov.uk](mailto:Wendy.Jack@west-dunbarton.gov.uk)

**Appendices:** WDHSCP Board: Equality Outcomes and Mainstreaming Progress Report April 2018

**Background Papers:** WDHSCP IJB Board Equality Act 2010 Mainstreaming Report Board Paper 25th of May 2016

EHRC - Guidance for Scottish Public Sector Authorities  
<https://www.equalityhumanrights.com/en/commission-scotland/public-sector-equality-duty-scotland>

**Wards Affected:** All



**West Dunbartonshire  
Health & Social Care Partnership**

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**West Dunbartonshire Health & Social Care Partnership Board  
Equality Outcomes and Mainstreaming Progress Report  
April 2018**

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Draft - April 2018

Document Title:	WDHSCP Board Equality Act (Scotland) Mainstreaming Report	Owner:	Head of Strategy, Planning & Health Improvement
Version No.	v1	Superseded Version:	N/A
Date Effective:	31/03/2018	Review Date:	31/03/2020

## 1. BACKGROUND

- 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 (WDHSCP).
- 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.
- 1.4 The Equality Act 2010 strengthens, harmonises and streamlines 40 years of equalities law in relation to the nine "protected characteristics" of age; disability; gender; race; religion and belief; sexual orientation; gender reassignment; pregnancy and maternity; and marriage and civil partnership (noting that the latter refers only to the need to eliminate discrimination in the area of employment). The Equalities and Human Rights Commission (EHRC) in its role as regulator, scrutinises and enforces the implementation of Equalities Duties.
- 1.5 Given its legal status, the Partnership Board - alongside the Council and the Health Board – is obliged to play its part in addressing the general public sector duties outlined in the Equality Act 2010, i.e. to have due regard to:
- Eliminate discrimination, harassment and victimisation.
  - Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - Foster good relations between people who share a protected characteristic and those who do not.
  - As recognized within the WDHSCP Strategic Plan 2016/19, Integration Joint Boards (IJBs) are included in the listed bodies under the Equality Act 2010 (Specification of Public Authorities) (Scotland) Order 2015 and became subject to the general duties on 1 April 2015; and Amendment Regulations making them subject to three specific duties came into force on 11 June 2015.
  - The IJB is also subject to the Equality Act 2010 (Authorities subject to the Socio-economic Inequality Duty) (Scotland) Regulations 2018) which came into force on the 1<sup>st</sup> of April 2018. This requires the IJB to have due regard to the narrowing of inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

- 1.6 For the breadth of responsibilities which each IJB is accountable for, the specific duties are to:
- Report on mainstreaming the equality duty every two years.
  - Assess and review policies and practices.
  - Publish equality outcomes every four years and report progress every two years.
- 1.7 In relation to specific equalities duties concerning the employment of staff, these remain the responsibility of the Health Board and the Council; and so this requirement does not apply to the Partnership Board. WDHSCP will continue to meet its obligations around these areas by implementing the relevant organisational policies and procedures as appropriate as confirmed within its approved Workforce & Organisational Development Strategy.
- 1.8 In relation to specific equalities duties concerning procurement, WDHSCP will continue to meet its obligations around these areas by implementing the organisational relevant policies and procedures of the Council and Health Board as per the Financial Regulations agreed for the Partnership Board.
- 1.9 In line with legislative requirements and timescales West Dunbartonshire IJB published their initial set of equality outcomes and mainstreaming report in April 2016.
- 1.10 As required by the legislation by the 30<sup>th</sup> of April 2018 each IJB must publish a report on the progress it has made to the three general public sector duties integral to its functions and the progress it has made to achieve with regards to its specific outcomes as identified in the April 2016 report.
- 1.11 This report provides the relevant update on the progress from May 2016- April 2018.

## **2. MAINSTREAMING: PROGRESS TO 2016-2018**

- 2.1 The Partnership Board, Council and Health Board continue to integrate – i.e. mainstream – concern for equality into the strategic planning performance management of work of the Partnership Board; and the day-to-day operational activities of WDHSCP. The intent of the Equality Act to protect groups from discrimination, harassment or victimisation readily fits with the over-arching priorities and commitments set out within the WDHSCP Strategic Plan to the delivery of quality person centred supports and services. This reflects local recognition of the fact that the requirements of the Equality Act dovetail with – and so should sensibly be addressed through - the national Integration Planning Principles and the [new national Health and Care Standards](#) , and the need to take account of the particular needs, characteristics and circumstances of different service users.

2.2 Since its formation in July 2015 and adoption of the mission, purpose and values (which themselves fit well with the inclusive nature of equalities responsibilities), the Partnership Board has sought to further integrate its approach to the equalities duties – and promoting diversity - into its core business in line with the intentions and expectations of the EHRC. The WDHSCP Strategic Plan committed to an on-going approach to mainstreaming across five core inter-related and inter-overlapping dimensions of organisational activity - illustrated as follows.



2.3 Progress during 2016/17 and 2017/18 has included:

### 2.3.1 Strategic Planning

The first three year [WDHSCP Strategic Plan 2016-19](#) was developed with regards to the strategic commissioning process advocated by Audit Scotland; and benefitted from on-going engagement with a full range of local stakeholders (including the third sectors and community groups). It was subject to an equality impact assessment prior to its being approved by the Partnership Board at its meeting on the 17<sup>th</sup> of August 2016. The Strategic Plan included a dedicated Equalities Section, in expectation of this second equalities mainstreaming report.

Streamlined *equality impact assessment processes* are a routine element of all reports considered by and any decisions recommended to the Partnership Board and its Audit Committee. This enables the Partnership Board to evidence compliance with the specific equality duty to “assess and review policies and practices” as appropriate.

The Strategic Plan also addresses a range of policies and legislation which have sought to improve person centred care and the specific impact on protected characteristic groups, including the Community Justice Act, the Carers (Scotland) Act 2016, the Community Empowerment Act, Getting It Right for Every Child; the Children and Young People (Scotland) Act 2014; and the Self-Directed Support Act.

### 2.3.2 Participation and Engagement

This approach to equalities mainstreaming has continued to benefit from engagement with local protected characteristics groups independently undertaken through the local West Dunbartonshire Community and Volunteer Service (WD CVS). The approach articulated here - and the initial and newly identified equality outcomes specified reflects the feedback and strong support provided.

The revised public engagement structures for the HSCP with the development and mainstreaming of the [locality engagement networks \(LENs\)](#) within the two defined localities

(Alexandria & Dumbarton; and Clydebank) has worked with West Dunbartonshire Community and Volunteer Service (the local Third Sector Interface) to adopt a networked approach based on extensive consultation locally. This has enabled a renewed emphasis on increasing representation and diversity. [A \(co\)produced local Participation and Engagement Strategy 2016-2019](#) for the HSCP that applies the National Standards for Community Engagement and reflects the requirements of the Equalities Act was published in May 2016.

Examples of local engagement workshops carried out recently have included sessions covering carers, adults with complex needs including physical disability and young peoples' health and social care issues. This approach has been able to highlight where improvements can be made to cross cutting equalities issues e.g. in relation to the protected characteristic of age to improve transition planning and processes for young people moving from childrens' to adult services. Access to leisure has been another area where strong partnerships with the local leisure trust and Visibility have led to improvements in safe gym access for sight-impaired residents at times which suited residents which has led to improved community connectedness in leisure.

### 2.3.3 Equalities in Practice

#### Disability and Equality of Opportunity

*HSCP Learning Disability Housing Support Services support adults living with learning disabilities and communication difficulties, to live as independently as they can to ensure that their day to day health and social care needs are met.*

*An improvement programme changed the paper client case files which clients were largely unable to read, to introduce client designed Digital Passports.*

*The digital passports have enabled service users to explain to the staff supporting them, how they wish to have their support provided and to inform them what they are able to do for themselves, by demonstrating this in their own support plan videos which are produced and stored on the service user's iPads for staff to watch and follow.*

#### Sex and Equality Impact

*HSCP Mental health services have improved the access to and the range of Psychological Therapies group work available. More robust monitoring of uptake highlighted that males were less likely to attend groups despite referral rates being on a par with referrals of females. Work is ongoing to establish reasons for this through engagement with service users.*

#### Age

*BOBATH Scotland and the HSCP Adult care team worked together to implement a cerebral palsy pathway for adults meaning that more proactive care and support can be provided. This pathway*

- *Raised awareness amongst professionals of the additional challenges that adults with cerebral palsy face as they age.*
- *Raised awareness amongst service users regarding what options they have to take control of managing their own condition*



### 2.3.4 Workforce Development

Although the employer-related public sector duties for equalities are retained by the Health Board and Council, the Partnership Board is committed to a comprehensive and integrated approach to workforce development. The Partnership Board endorsed the three year HSCP Workforce and Organisational Development Strategy in 2015 having been assured that it had been subject to an equality impact assessment. A key element of that Strategy is a commitment to integrated staff and practice governance – and an explicit component of which is that all staff are treated fairly and consistently. The Strategy commits to the use of an integrated Staff Governance and Practice Governance Framework that the HSCP updates annually in partnership with local trade unions (NHS and Council) through its local Staff Partnership Forum. The annual support plan for 2017/18 to deliver this framework was approved in November 2017. It continues to increase opportunities for a range of local people to move into or back into the health and care sector through the development of a Care Academy with West College Scotland (Clydebank campus) and through both the West Dunbartonshire Council and NHSGGC apprenticeship programmes. This has enabled more women returners to return to employment, more males to enter the sector and continued to support young people to gain vocational qualifications.

### 2.3.5 Clinical and Care Governance

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured, supporting staff in continuously improving the quality and safety of care and ensuring that wherever possible poor performance is identified and addressed. The HSCP's local arrangements for clinical and care governance have been developed with an appreciation of the requirements of the Equalities Act in assuring and improving the care and support provided to all service users – but particularly those who are particularly vulnerable or “at risk”. Public Protection provides a range of measures which can be used together to take steps to decide whether someone is an adult at risk of harm, balancing the need to intervene with an adult's right to live as independently as possible; or where a child needs protection from harm. It also encompasses the effective and robust management of High Risk Offenders (including those subject to Multi-Agency Public Protection Arrangements – MAPPAs – and Serious Violent Offenders). Public protection is an integral part of all delivery of adults and children's services within the HSCP. The IJB continues to contribute to the implementation of Equally Safe - Scotland's Strategy on Violence against Women and Girls. In 2017 as part of the response to the Joint Inspection of Children's Services in West Dunbartonshire to strengthen strategic plans in recognition of national policy directives on prevention of domestic abuse, the [NHSGGC Director of Public Health \(DPH\) focused the West Dunbartonshire component of the DPH report for 2017-2019](#) on the evidence base on the prevention of domestic abuse.

The IJB continues to appropriately utilise the disclosure scheme for domestic abuse; and raise awareness of third party reporting of hate crime. Training programmes are in place as part of the work of the local Child Protection Committee, Adult Support and Protection Committee and MAPPAs overseen by a newly developed single co-ordinator under unified public protection processes.

### 2.3.6 Performance Reporting

An initial set of IJB equality outcomes as per the requirements of the specific duties were approved in March 2016 and integrated into the standard HSCP performance reporting framework. This means that they have been included in [annual and public performance reports](#) which are scrutinised by the IJB Audit and Performance Committee.



To ensure a mainstreaming approach, equality outcomes have been aligned with the national outcome measures for integration as well as the corresponding national outcomes for children and young people as well as criminal justice as defined by the Scottish Government.

The EHRC defines an equality outcome as a result which a public body aims to achieve in order to further one or more of the three needs of the general equality duty: to eliminate discrimination, advance equality of opportunity and foster good relations. By focusing on outcomes rather than objectives, this specific duty aims to achieve practical improvements for those who experience discrimination and disadvantage. In practice therefore, it is helpful to think of equality outcomes as results intended to achieve specific and identifiable improvements in people's life chances.

The EHRC's [Measuring Up? series](#) of reports, including Measuring Up 6 which focused on the outcomes of IJBs continues to emphasise the importance of identifying and utilising robust equality outcomes that are clear, measureable and there was a clear rationale for their selection.

As per the commitment outlined in the first West Dunbartonshire IJB mainstreaming report an ongoing process has been established to identify further equality outcomes for the other relevant protected characteristics groups, including improving the necessary data collection systems within the HSCP.

The learning from EHRC measuring up reports and the EHRC self-assessment toolkit has continued to prove helpful in informing the process underpinned by recognition that equality outcomes are results intended to achieve specific and identifiable improvements in people's life chances – so the emphasis has been on identifying measures that are meaningful in practice

The key steps in identifying the two new equality outcomes - following those set out within the EHRC self-assessment toolkit - are summarised as follows:

- Identifying equality issues – involvement

The HSCP consults with a variety of stakeholders - including equality groups - about the key performance indicators included within its strategic planning process. These have been adopted by the Partnership Board and have been well received as priority areas for the HSCP. This approach to equalities mainstreaming has benefitted from further specific engagement with local protected characteristics groups independently undertaken through the local West Dunbartonshire Community and Volunteer Service (WD CVS).

- Identifying equality issues – gathering evidence

A range of evidence was reviewed, including: Census data (2011); National Records of Scotland data; West Dunbartonshire Social and Economic Profile; Social Care Services Scotland (2017) resource; NHSGGC Equalities in Health resources; WDHSCP service monitoring and performance management data; West Dunbartonshire Community Planning Partnership resources, including Citizen's Panel reports; Scottish Government's Equality Evidence resources; and EHRC resources.

- Using evidence and involvement information

There are protected characteristic groups who make up a small proportion of the West Dunbartonshire population – but who are just as entitled to the same commitment for quality services and support. The West Dunbartonshire information in the Scottish Commission for Learning Disability (SCLD) Learning Disability Statistics Scotland, 2017 illustrates that 530 people with learning disability are known to local specialist services. This equates to 7.2 adults known per 1,000 population which is higher than the Scottish average of 5.2 adults known per 1,000 equivalent. One of the aspects of [Keys the Life](#), the Scottish learning disability strategy published in 2013 is to ensure that people with learning disabilities are able to be as active citizens as they can be with one element of this being in relation to employment opportunities. Whilst unemployment rates in West Dunbartonshire are decreasing, unemployment rates remain above the Scottish average.

A focus of IJB work however, through a number of partnerships including through the HSCP Work Connect programme which is part of the West Dunbartonshire Strategic Skills framework is to ensure that meaningful employment opportunities are available to all residents. National documents including the 2016 [Mapping the Employability Landscape for People with Learning Disabilities](#) highlight that Scotland a whole still faces some challenges in relation to the employment of people with learning disability. The employment rate for adults with a learning disability is estimated to be in the range of 7% to 25%, which is well below the disability employment rate of 42% and the overall employment rate of 73%. The Scottish Commission for Learning Disability Employment Task Group which is due to report to the Minister for Employability and Training in April 2018 specifically highlighted the need for local areas to improve the recording and reporting of learning disabilities information in relation to employment.

While people with learning disabilities constitute a relatively small proportion of the West Dunbartonshire population and a small proportion of people with disabilities that does not mean that they should be invisible when monitoring outcomes, especially in relation to being active citizens and in meaningful employment where appropriate.

The review of evidence and involvement information identified that it would be helpful – and possible – to monitor more closely the proportion of people known to learning disability services who are in appropriate employment opportunities with regard to the protected characteristic of disability.

Census data shows that West Dunbartonshire has one of the highest percentage of unpaid carers in Scotland and the highest percentage of the population who are providing 35 hours of care each week. The crucial contribution which unpaid carers make to Scottish society is recognised with the acknowledgement that the levels of unpaid care will grow; therefore the importance of supporting all carers including young carers in the implementation year of the Carers (Scotland) Act is vital.

A key local priority then - in line with implementation of the requirements of the Carers (Scotland) Act - is to appropriately develop services and supports that respond to the personal outcomes, identified and changing needs of the increasing number of carers within the West Dunbartonshire population – and this is strongly supported by engagement with local community and carer groups. A specific element of this is the need to continue to provide a range of supports and services in line with local eligibility criteria especially at key transition points e.g. from young carer to adult carer. The review of evidence and involvement information identified that it would be helpful – and possible – to monitor uptake of adult carer support plans and young carer statements with regard to the protected characteristic of age.

Draft - April 2018

### 3. SETTING CLEARLY DEFINED OUTCOMES

Equality Outcome	Question to be answered	Performance Measure	Information Source	Protected Characteristic	Link to Headline outcomes of health and social care standards	Link to HSCP Health And Wellbeing Outcomes or National Outcomes for Children and Criminal Justice	Link to Wider Theme	Link to General Equality Duty
<p><b>( Equality outcome from 2016/17)</b> All Looked after children are cared for in the most homely setting</p>	Is there a difference between the percentage of BME Looked after children who are looked after in the community and the wider looked after children population?	Percentage of children being looked after in the community	CareFirst	Race	I experience high quality care and support that is right for me.	Our children have the best possible start in life and are ready to succeed <b>or</b> We have improved the life chances for children, young people and families at risk.	Shifting the Balance of Care (NHSGGC)  Improve life chances for children and young people. (WDC)	Advance equality of opportunity
<p><b>( Equality outcome from 2016/17)</b> All Older People are supported to live in their community</p>	Is there a difference between the percentage of men and women who have assessed care at home needs and a reablement package and a reablement package who have reached their agreed personal outcomes	Percentage of adults with assessed care at home needs and a reablement package who have reached their agreed personal outcomes	CareFirst	Sex	I experience high quality care and support that is right for me	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	Reshaping care for older people (NHSGGC).  Improve care for and promote independence with older people. (WDC)	Advance equality of opportunity

<p><b>New Equality Outcome from 2017/18</b> All People with learning disabilities known to the HSCP are enabled to access employment where appropriate</p>	<p>Are all appropriate learning disabilities clients able to access open and non open employment opportunities?</p>	<p>Percentage of adults over the age of 16 who are known to specialist HSCP learning disability services who have employment opportunities</p>	<p>Collected locally by HSCP Learning Disability Services for central publication by Scottish Commission for Learning Disability <a href="https://www.sclد.org.uk/evidence-and-research/2015-report/">https://www.sclد.org.uk/evidence-and-research/2015-report/</a></p>	<p>Disability</p>	<p>I experience high quality care and support that is right for me</p>	<p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p>	<p>Support independent living (WDHSCP Adult commissioning priorities ) Keys to Life Strategy</p>	<p>Advance equality of opportunity</p>
<p><b>New Equality Outcome from 2018/19</b> All appropriate IJB have a duty to prepare an adult care and support plan (ACSP) or young carer statement (YCS) for anyone they identify as a carer, or for any carer who requests one</p>	<p>Is there a difference in uptake by age of adult care and support plan or young carer statement for eligible people in West Dunbartonshire?</p>	<p>Percentage of people who have been identified as a carer who have a support plan in place</p> <p><b>Young Carer Statement</b> Eligible number of young carers and number who have a young carer statement in plan and percentage</p> <p><b>Adult care and support plan</b> Eligible number of adult carers and number who have an adult care and support plan and percentage)</p>	<p>CareFirst</p>	<p>Age</p>	<p>I experience high quality care and support that is right for me</p>	<p>People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and Well-being.</p>	<p>Carers Support (WDHSCP Adult commissioning priorities )</p>	<p>Advance equality of opportunity</p>

The rationales for not specifying equality outcomes for the other protected characteristics at this stage are summarised as follows:

- Religion and Belief

A specific equality outcome concerning religion and belief has not been included at this stage due to sparseness of the data collected in relation to this protected characteristic. The intention is that a specific “religion and belief” related outcome measure will be identified for equality monitoring prior to the 2020 update of these equality outcomes, alongside strengthening the necessary local data collection.

- Sexual orientation

A specific equality outcome concerning religion or belief has not been included at this stage due to sparseness of the data collected in relation to this protected characteristic. The intention is that a specific “sexual orientation” related outcome measure will be identified for equality monitoring prior to the 2020 update of these equality outcomes, alongside strengthening the necessary local data collection.

- Gender reassignment

Currently, there is no robust and recommended question with which to collect information on gender identity in surveys or other data sources. The HSCP continues to promote and implement the [NHSGGC Gender Reassignment Policy](#); and raise awareness of third party reporting for hate crime.

- Maternity and pregnancy

Supporting pregnant employees working within the HSCP remain the responsibility of the Health Board and the Council. WDHSCP will continue to support local staff by implementing the relevant organisational policies and procedures as appropriate. The HSCP has a leading role on behalf of Community Planning partners in the local implementation of the national [Pregnancy and Parenthood in Young People Strategy 2016-2026](#).

#### 4. REPORTING ON PROGRESS ON EQUALITY OUTCOMES

The most recent data related to each of the identified equality outcomes at the time of finalising this report is as set out below.

Protected Characteristic - Sex	Baseline Q4 2015/16	Progress Update Q2.2017/18
Number of men with assessed Care at Home needs and a reablement package who have reached their agreed personal outcomes	23	22
Number of women with assessed Care at Home needs and a reablement package who have reached their agreed personal outcomes	32	75
Percentage of men with assessed Care at Home needs and a reablement package who have reached their agreed personal outcomes	78%	68.8%
Percentage of women with assessed Care at Home needs and a reablement package who have reached their agreed personal outcomes	44%	68.8%

The HSCP continues to have a strong focus on reablement meaning that a greater number and proportion of overall care at home clients over the course of the last two years have been supported using this approach. The difference between the baseline and current percentage of men and women with a reablement package who have reached their agreed personal outcomes reflects the work carried out by the service to ensure that a range of individualised options are available to clients to support them to achieve what is important to them. There are ongoing challenges to the delivery of reablement given the complex needs of clients accessing care at home services however work is ongoing to continue to ensure that the current proportion of care at home service users who reach their agreed personal outcomes broadly represents the breakdown by sex of the overall care at home client base.

Protected Characteristic - Race	Baseline Q3 2015/16	Progress Update Q2 2017/18
	Value	Value
Number of looked after children	376	404 (quarter 3 2016/17 data )
Number of looked after children who are from BME communities	5	8
Balance of Care for looked after children: % of children being looked after in the Community	90.4%	91.2%
Percentage of children being looked after in the community who are from BME communities	80%	77.8%%

The number of looked after children overall in West Dunbartonshire has increased over the last two years with the number of BME looked after children ranging from only 4 to a maximum of 11 individuals over the course of the two years of data. The emphasis for the service continues to be to supporting all looked after children within the most appropriate setting for their needs. Given the very small numbers of looked after children who are from a BME community, slight changes in the number have had a more significant impact on the percentage of BME children who are looked after in the community.

The baseline figures and measures for the additional equality outcomes are also included below

Protected Characteristic – Disability	Baseline 2016/17
	Value
Number of adults over the age of 16 who are known to specialist HSCP learning disability services	530
Percentage of adults over the age of 16 who are known to specialist HSCP learning disability services who have employment opportunities	3.2%
The small numbers involved mean that any changes will have a more significant impact on the percentage.	

Protected Characteristic – Age	Baseline 2018/19
	Value
Number of young carers known to the HSCP eligible for a Young Carers Statement	Nil as Baseline year
Number of young carers who have a Young Carers Statement in place	Nil as Baseline year
Percentage of eligible young carers known to the HSCP who have a Young Carers Statement in place	Nil as Baseline year
Number of adult carers known to the HSCP eligible for an adult care and support plan	Nil as Baseline year
Number of adult carers known to the HSCP eligible for an Adult Care and Support Plan	Nil as Baseline year
Percentage of eligible adult carers known to the HSCP who have an adult-care and support plan in place	Nil as Baseline year

The equality outcome measures identified here are included in the core HSCP performance reporting internally and to the HSCP Board as part of its mainstream governance processes. They have been included in the subsequent annual performance reports

The equality outcome measures have also been included in the public performance reporting section of the HSCP website ([www.wdhscp.org.uk](http://www.wdhscp.org.uk)) to provide transparency and ease of accessibility.

The process whereby additional equality outcomes are identified and included in the suite of measures will continue over the coming reporting cycles. This approach will thus further reinforce the commitment to mainstreaming equalities by the West Dunbartonshire HSCP Board and within the HSCP.



Equality Strategies Policies and HSCP response –appendix 1

Strategy	Key points for health and Social Care response within the strategy	HSCP response 2016/18
1. <a href="#">New Scots Refugee Integration Strategy 2018 - 2022</a>	<ul style="list-style-type: none"> <li>Services are more responsive to the needs of refugees and asylum seekers.</li> </ul>	<ul style="list-style-type: none"> <li>West Dunbartonshire has welcomed 89 Syrian refugees under the vulnerable persons scheme since 2015. The HSCP is an integral part of the West Dunbartonshire council planning group meaning that health and social care supports of refugees have been able to be planned in advance and according to need.</li> <li>Continued to ensure staff are aware of how to access interpreting support provided by West Dunbartonshire Council and NHSGGC</li> </ul>
2. <a href="#">Equally Safe - A Delivery Plan for Scotland's Strategy to Prevent Violence Against Women and Girls</a> (2017)	<ul style="list-style-type: none"> <li>Develop an action plan to strengthen the health sector response to gender based violence</li> <li>Review the potential for inclusion of gender based violence in the Public Protection responsibilities of Health and Social Care Partnerships and NHS Boards</li> </ul>	<ul style="list-style-type: none"> <li>Co-ordinate implementation of the recommendations of DPH (2017-2019 )report on domestic abuse</li> <li>Continue to chair the Argyll and Bute and West Dunbartonshire Violence against women partnership and ensure the HSCP response to gender based is strengthened.</li> </ul>
3. <a href="#">British Sign Language (BSL) National Plan 2017-2023</a>	<ul style="list-style-type: none"> <li>Increase the availability of accurate and relevant health and social care information in BSL and will work with BSL users* to determine where this information should be located.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure nationally produced information for BSL users is promoted locally, once available on screening, immunisation and general health and social care information</li> <li>Continue to involve BSL users in HSCP matters including in relation to adult social care</li> </ul>
4. <a href="#">Scotland's National Action Plan to Prevent and Eradicate FGM</a> (2016)	<ul style="list-style-type: none"> <li>Review Violence Against Women and Girls strategies and action plans to explicitly include actions to prevent the practice of FGM and provide services to those affected by FGM</li> </ul>	<ul style="list-style-type: none"> <li>Ensure FGM included in Violence against women partnership, child protection committee and CSE strategy group chaired by the HSCP head of childrens' health care and criminal justice and chief social work officer and senior staff within the HSCP.</li> </ul>

	<ul style="list-style-type: none"> <li>• Implement an FGM prevention plan to prevent harm and support women and girls at risk of harm</li> </ul>	
5. <a href="#">Race Equality Framework for Scotland 2016-2030</a>	<ul style="list-style-type: none"> <li>• Improve national data gathering of ethnicity data on health and social care</li> <li>• Promoting race equality from prevention to treatment and aftercare,</li> <li>• Involving minority ethnic communities in developing holistic, user friendly health and social care</li> <li>• Scotland's health and social care workers are better able to tackle racism and promote equality and community cohesion.</li> </ul>	<ul style="list-style-type: none"> <li>• Utilise data as available to ensure services are ethnicity proofed.</li> <li>• Continue to involve minority ethnic communities within HSCP involvement processes and wider CPP involvement processes.</li> <li>• Continue to promote <a href="#">Police Scotland 3<sup>rd</sup> party hate crime</a> reporting sites within West Dunbartonshire</li> </ul>
6. <a href="#">A Fairer Scotland for Disabled People - Our Delivery Plan to 2021 for the United Nations Convention on the Rights of Persons with Disabilities</a>	<ul style="list-style-type: none"> <li>• Support services that promote independent living, meet needs and work together to enable a life of choices, opportunities and participation.</li> <li>• Health and social care support services are designed to meet – and do meet –the individual needs and outcomes of disabled people</li> </ul>	<ul style="list-style-type: none"> <li>• Renewed focus on Self-directed Support</li> <li>• Redesigning adult social care.</li> <li>• Increasing access to independent living to improve the lives of young disabled people in particular at transition points in education and employment.</li> </ul>

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

At a Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit Committee held in Council Chamber, Clydebank Town Hall, Dumbarton Road, Clydebank, on Wednesday 20 September 2017 at 2.00 p.m.

**Present:** Allan MacLeod (Chair), Councillor Marie McNair (Vice Chair), Baillie Denis Agnew; Councillor John Mooney and Rona Sweeney.

**Attending:** Beth Culshaw, Chief Officer of the Health & Social Care Partnership; Julie Slavin, Chief Financial Officer; Jackie Irvine, Head of Children's Health, Care and Criminal Justice Services; Soumen Sengupta, Head of Strategy, Planning and Health Improvement; Colin McDougall, Chief Internal Auditor; Serena Barnatt, Head of People and Change; Peter Lindsay, Senior Audit Manager; Zahrah Mahmood, Senior Auditor and Zoe Maguire, Auditor (Audit Scotland); and Nuala Borthwick, Committee Officer (West Dunbartonshire Council).

**Apologies:** An apology for absence was intimated on behalf of Audrey Thompson.

**Allan MacLeod in the Chair**

**DECLARATIONS OF INTEREST**

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

**MINUTES OF PREVIOUS MEETING**

The Minutes of Meeting of the Health and Social Care Partnership Audit Committee held on 22 June 2017 were submitted and approved as a correct record.

**COMMITTEE ACTION LIST**

A note of the Audit Committee's Action List was submitted for consideration and comment.

Having heard the Chair and the Chief Finance Officer in elaboration of the Action List, the Committee agreed to note the actions contained therein.

### **LOCAL CODE OF GOOD GOVERNANCE REVIEW**

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

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

- (1) to note the summary outcome of the recent self-evaluation process undertaken considering how the HSCP Board meets the approved Local Code of Good Governance;
- (2) to approve the improvement actions identified to strengthen compliance with the adopted Governance Framework principles;
- (3) that an additional column be added to the Annual Review of Code of Good Governance – Summary, detailed within Appendix 2 of the report, to include the total number of criteria per subsection for future reporting; and
- (4) to note that the Chief Officer would consider an external annual evaluation with participation from Board Members in future years.

### **KEY SOURCES OF ASSURANCE FOR INTERNAL AUDIT ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2017**

A report was submitted by the Chief Internal Auditor presenting two key sources of assurance, from the Health and Social Care Partnership's partner organisations, that informed the Chief Internal Auditor's Annual Report for 2016/2017 for the Health and Social Care Partnership Board and supported the Governance Statement included in the 2016/17 Annual Accounts.

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

- (1) to propose to NHS Greater Glasgow and Clyde that a clause relating to information sharing be written into future procurement agreements with providers of audit services; and
- (2) to note the contents of the report.

## **AUDIT SCOTLAND: WEST DUNBARTONSHIRE INTEGRATED JOINT BOARD - DRAFT ANNUAL AUDIT REPORT 2016/17**

A report was submitted by the Chief Financial Officer presenting the Annual Audit Report and Auditor's letter, for the audit of the financial year 2016/17, as prepared by the Health and Social Care Partnership Board's external auditors, Audit Scotland.

After discussion and having heard the Chief Financial Officer and Senior Audit Manager, Audit Scotland, in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to note the contents of the Annual Audit Report to the Integrated Joint Board and the Controller of Audit for the financial year ended 31 March 2017;
- (2) to welcome the achievement of an unqualified report covering the HSCP Board's first full financial year;
- (3) to note the issues raised, recommendations and agreed management actions contained within the appendices to the report relating to the audited Annual Accounts;
- (4) that authority be delegated to the Chair of the HSCP Board, the Chief Officer and Chief Financial Officer to accept and sign the final 2016/17 Annual Accounts on behalf of the Partnership Board; and
- (5) to thank the Chief Financial Officer, her team and the team from Audit Scotland for their hard work in delivering the 2016/17 accounts closure process.

## **AUDITED ANNUAL ACCOUNTS 2016/17**

A report was submitted by the Chief Financial Officer presenting the audited Annual Accounts for the year ended 31 March 2017 as delegated by the HSCP Board on 23 August 2017 and highlighting matters of interest.

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

- (1) to approve the audited Annual Accounts for 2016/17;
- (2) to acknowledge the work of the Chief Financial Officer and assistance from Audit Scotland in finalising the Partnership Board's Audited Annual Accounts; and
- (3) to note the contents of the report.

Note:- Peter Lindsay and Zahrah Mahmood, Audit Scotland left at this point in the meeting.

## **AUDIT PLAN PROGRESS REPORT**

A report was submitted by the Chief Internal Auditor providing an update:-

- (1) on the planned programme of audit work for the year 2017/18 in terms of the internal audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde that may have an impact upon the West Dunbartonshire Health and Social Care Partnership Board; and
- (2) on the agreed actions of the audit of the Partnership Board's Governance, Performance and Financial Management arrangements.

After discussion and having heard the Chief Internal Auditor in further explanation of the report and in answer to Members' questions, the Committee agreed to note the progress made in relation to the Audit Plan for 2017/18.

Note:- Rona Sweeney left the meeting during discussion of the above item of business.

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

A report was submitted by the Head of Strategy, Planning & Health Improvement providing routine updates on the most recent Care Inspectorate assessments for one independent sector residential older peoples' Care Home located within West Dunbartonshire.

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

Note:- Rona Sweeney returned to the meeting during consideration of the above item of business.

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

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

After discussion and having heard officers in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to note with slight concern the Care Inspectorate rankings for both Dunn Street Respite Service and Sense Scotland Supported Living Glasgow 1 Service with one remaining unchanged in a number of years and the other showing a consistent fall in grades;
- (2) that a report would be submitted to the next meeting, following engagement with the newly appointed Link Care Inspector, to provide re-assurance to Members on work being undertaken to improve grades at the above independent sector support services; and
- (3) to otherwise note the contents of the report.

### **CARE INSPECTORATE REPORTS FOR CHILDREN AND YOUNG PEOPLE'S SERVICES OPERATED BY WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP**

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

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

Note:- Rona Sweeney left the meeting during discussion of the above item of business.

### **CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S RESIDENTIAL CARE SERVICES OPERATED BY WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP**

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

After discussion and having heard officers in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) that a report with an action plan to improve Care Inspectorate grades at Mount Pleasant House would be presented to the next meeting of the Committee; and
- (2) to note the contents of the report.

## **DRAFT STRATEGIC RISK REGISTER**

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

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

- (1) to note the content of the updated draft Strategic Risk Register; and
- (2) to endorse the updated draft Strategic Risk Register for onward recommendation to the West Dunbartonshire Health & Social Care Partnership Board at its next meeting on 22 November 2017.

## **AUDIT SCOTLAND – SELF DIRECTED SUPPORT 2017 PROGRESS REPORT**

A report was submitted by the Head of Strategy, Planning and Health Improvement providing information on the recently published Audit Scotland progress report on Self-Directed Support.

The Head of Strategy, Planning & Health improvement was heard in further explanation of the report.

The Auditor, Audit Scotland was then heard in further explanation of the Audit Scotland Progress Report, as detailed within Appendix 1 to the report, and in answer to Members' questions.

Following discussion and having heard officers in answer to Members' questions, the Committee agreed:-

- (1) to note the findings of the Audit Scotland report on Self-Directed Support; and
- (2) to note the Partnership Board's intention to revise and update its existing Self-Directed Support Policy which will be reported to the Partnership Board upon completion.

The meeting closed at 15.45 p.m.



## West Dunbartonshire Health & Social Care Partnership

**Meeting:** HSCP Clydebank Locality  
**Date:** Tuesday 12<sup>th</sup> December, 2017.  
**Time:** 10.00 – 12.00  
**Venue:** Conference Room, Clydebank Health Centre

### DRAFT MINUTE

**Present :-**

<b>Name</b>	<b>Designation</b>
Dr. Alison Wilding	GP, Red Wing (Chair)
Dr. Eddie Crawford	GP, Orange Wing
Pamela McIntyre	Prescribing Lead
Dr. Neil Murray	GP, Green Wing
Jane McNiven	Practice Manager, Green Wing
Anna Crawford	Primary Care Development Lead
Fiona Rodgers	Senior Nurse
Dr. Arun Rai	GP, Purple Wing
Dr. Neil Chalmers	GP, Yellow Wing
Wendy Jack	Planning & Improvement Manager
Mags Simpson	Senior Nurse Children & Families
Patricia Rhodie	Integrated Operations Manager Addictions
Marie Rooney	Integrated Operations Manager Mental Health
Karen McGroarty	West Dunbartonshire Carers Centre
Gillian Kirkwood	YSort-it Manager
Gillian Notman	Change & Redesign Manager East Dunbartonshire HSCP

**Apologies :-**

<b>Name</b>	<b>Designation</b>
Dr. Anthony Kearney	GP, Old Kilpatrick Medical Practice
Dr. Ralph Cunningham	GP, Blue Wing
Pamela Ralphs	Planning Manager, Acute
Kirsteen MacLennan	Integrated Operations Manager CAT/HD
Brian Polding Clyde	Development Officer
Jackie Irvine	Head of Child Health, Care & Criminal Justice
Mary Angela McKenna	Integrated Operations Manager COPT
Maggie Ferrie	Practice Nurse, Blue Wing
Selina Ross	West Dunbartonshire Community Volunteer Services

<b>Item</b>	<b>Description</b>	<b>Action</b>
1.	Welcome & Introductions	

**2. Minutes & Matters Arising :-**

Minutes of the meeting on 24<sup>th</sup> October 2017 were approved.

Group discussed same day prescription requests from Mental Health and Addictions Services and the requirement to telephone the GP if the prescription is required with 24 Hours. This is defined within the NHS Greater Glasgow & Clyde Policy Relating to the Management of Medicine (following Review by Specialist Service). M Rooney agreed to take to consultants within Mental Health Service and feedback.

**MR**

**3. Mental Health & Addictions Workplans :-  
Mental Health**

Workplan has been updated and a list of key contacts within Mental Health circulated. The team are progressing work around documentation and an S-BAR (situation, background, assessment and recommendation) template should be available on EMIS within next few months.

Physical Health Check development is ongoing and there is a meeting within Mental Health and Addiction Services in December 2017 to further develop this.

The Mental Health Team is holding a development session on the 9<sup>th</sup> January 2018 to explore the referral and activity within the Primary Care Mental Health Team. A Crawford to invite GPs to attend.

**AC**

Patient information leaflet to signpost to self management support is being developed by West Dunbartonshire Community Volunteering Service and will be shared with practices.

**Addictions**

P Rhodie advised the Community Addictions Team is now the Alcohol & Drug Recovery Service (ADRS). The joint Addictions & Mental Health meeting in December 2017 will inform the work plan going forward.

HIV lunchtime session will be organised by A Crawford and the SCI Gateway referral for information only is now active.

**4. Children's Services Workplan :-**

M Simpson advised J Irvine is discussing information sharing at JAT meetings for young people attending St Peters the Apostle with Education.

A group has been set up to develop a corporate approach to Pre-five immunisations and is work ongoing, M Simpson will update as information becomes available.

**5. Technology Enabled Care Update :-**

Technology Enabled Care (TEC) video is available on the West Dunbartonshire website. COPD Nurse Service is working with local GP practice to identify patients who would benefit from input from the service.

The numbers of patients taking up the Florence service is increasing. There will be an evaluation of the system to assess its impact. The

outcome of the evaluation will inform the HSCPs decision to renew the licence agreement.

The HSCP has had approval to use TEC funding to employ a technician, the post holder will keep up to date on equipment available and support the installation of equipment within people's homes.

P Macintyre will send link to the TEC video to A Crawford to forward on.

**PMac**

## **6. Carers Development Session :-**

W Jack advised that the Carers Scotland Act comes into effect in April 2018, HSCPs will be required to:

- Identify carers (adult & young) in community and provide good public information
- Meet duties regarding GIRFEC for Young Carers
- All carers will have access to services (West Dunbartonshire services, third sector, etc) there will be no eligibility criteria
- Provide short breaks (Statutory duty), HSCP is in process of delivering this
- Present local carers strategy by April 2018 – if you have any local priorities please inform W Jack
- Create pathways around needs of carers

Karen McGroarty from West Dunbartonshire Carers Service provided a presentation on service provision, joint working with the HSCP and the on-going work of the Carers Centre.

The Carers Centre work jointly with Hospital Discharge Team, Community Learning Disabilities Team, Palliative Care Team and District Nursing in order to share information and create links.

The Carers Centre provides support and services including

- Development of Adult Carers Support Plan if carer has an identified need
- **Support and Education for Alcohol Related Challenges in the Home SEARCH Project.**
- Assist with information and support for palliative care services and Power of Attorney
- Workshops including 'Time for Me', Men's wellbeing, Long Term condition specific
- Various support groups e.g. Dementia, Long Term Conditions, Carers Network, Learning Disability, Walking Group, etc
- There are Referral forms available or carers / professional can contact the service on 0141 941 1550.

## **7. Y Sort-it :-**

Gillian Kirkwood, Service Manager at Y Sort It gave presentation and circulated information on the service which supports young people from aged 8 to 25. The service has been available within West Dunbartonshire since 2000 and is registered as a charity & limited company. All company directors aged between 16 – 25. Around 7% of young people in Scotland have caring responsibilities.

In 2013 Y Sort It was successful in a lottery bid to set up a young carers network which it delivers through one-to-one support and supports Young Carers Statements (in school & youth centre). The service is currently supporting 131 young carers (target for this year was 100)

Y Sort It work closely with education and have young carer champions in local high schools. There is also partnership working with the Carers Centre, Additions Services and Social Work.

Some of the support provided to young carers from Y Sort It includes:

- Raising profile of young carers within media
- Respite (vary from 2 hours to 4 nights residential)
- Recognising the multiple and varying roles of Young Carers within the household
- Looking to develop a system where young people can complete their own carers assessment on line
- Provide advocacy for young people
- Work with families but focus on young carer
- Encourage friendships & peer support

**8. Local Engagement Network :-**

A Crawford circulated information from S Ross on two sessions held in Clydebank and Dumbarton on services for people with Dementia.

Feedback included :-

- Improvement of communication, information around dementia for carers
- Public information around self directed support
- Positive feedback around support services
- Post Diagnostic Support, W Jack to discuss with F Downie

**WJ**

**9. Date of Next Meeting :-**

- Tuesday 20<sup>th</sup> February 2018.

**West Dunbartonshire Health & Social Care Partnership****Meeting:** Dumbarton and Alexandria Locality Group**Date:** 12 January 2018**Time:** 10.00 am**Venue:** Seminar Room, Vale Centre for Health and Care**DRAFT MINUTE**

**Present:**

Saied Pourghazi	-	GP, Levenside Practice (Chair)
Fiona Wilson	-	GP, Oakview
Kathryn McLachlan	-	GP, McLachlan Practice
Jane Young	-	GP, Riverbank
Gillian Bonar	-	Practice Manager
William Wilkie	-	Lead Optometrist
Marjorie Johns	-	Planning Manager Acute
Jennifer Perry	-	GP, Alcluith
Pamela Macintyre	-	Prescribing Lead
Jane Cumberland	-	Practice Manager, McLachlan Practice
Alison Walsh	-	GP, Lennox Practice
Neil Mackay	-	GP, Bank Street Practice
Kelly Connor	-	Nurse Team Leader, Older People Mental Health Team
Fraser Downie	-	Integrated Operations Manager, Mental Health
Kirsteen MacLennan	-	Integrated Operations Manager, Hospital Discharge Team
Anna Crawford	-	Primary Care Development Lead
Mary Angela McKenna	-	Integrated Operations Manager, Older Peoples Team
Mags Simpson	-	Senior Nurse, Children's Services

**Apologies:** Lynne McKnight, John Kerr, Selena Ross, Jackie Irvine

<b>Item</b>	<b>Description</b>	<b>Action</b>
1.	<b>Welcome &amp; Introductions</b> S Pourghazi opened the meeting and apologies were noted.	
2.	<b>Matters Arising</b> <ul style="list-style-type: none"> <li>• <b>Breast Clinic</b></li> </ul> M Johns provided an update on the significant event highlighted within the Breast Clinic and breach of waiting times for urgent referrals. It was noted that sickness absence was the reason for the delay as staff were unable to backfill. It was reported that in future staff will be re-directed to cover the service rather than allow waiting times to increase. Service is back to providing	

appointments within 14 days.

A Crawford to ask if S Ross is unable to attend future meeting if depute could be identified as input from Community Volunteering Service / Representation from Local Engagement Network is a valuable to wider Service discussions

Add Flu to section 11 of the minutes.

### **5 Year Plan – Mental Health**

5 Year Mental Health Plan is due to go to Chief Officers in next 3-4 weeks who will agree if HSCPs will adopt.

There is a review of all Mental Health Services and how 3<sup>rd</sup> sector can better support patients and the community.

The issue previously highlight about staff requesting down grading referrals was discussed at the Mental Health Development Group. And this should have stopped.

The service is moving towards link workers, Single Point of Access, sign posting / local worker within Practices. This has worked well in others areas.

Online Cognitive Behaviour Therapy, Cruise Bereavement, Stepping Stones were discussed, there are good services available however this could be supported with improved pathways. A Crawford to catch-up with F Downie to plan session at future locality meeting.

### **3. Cluster Update Report**

S Pourghazi advised that Dr Ken Ferguson, Clinical Director has been invited to attend joint Cluster Meeting for Alexandria / Dumbarton

A Walsh to discuss work within Mental Health with F Downie

**AW/FD**

### **4. Frailty Work Plan**

F Wilson updated the group on the work within the sub group and discussion patients with frailty level 5 and below. F Wilson reminded group of the Health and Wellbeing Directory available on practice desktops and provided an overview of the work within the Acute including assessment of frailty at the front door and the need for Geriatric Assessment. Kanthi Karunatatine, Consultant, Medicine for Elderly is promoting the Dalhousie Clinical Frailty Scale within Acute Service and advised of funding for a Nurse role to support frailty management within the hospital linking to Primary Care. GP to attend Acute Frailty Steering Group. A Crawford shared a copy of the Acute Frailty Scale for information.

The Frailty pilot is underway and the ACP Support Nurse is reviewing patients highlighted by the 2 practices (Oakview and

Levenside).

**5. COPD Work Plan Update**

COPD nurse Service is reviewing practice patients to identify patients at risk of exacerbations and admission to hospital with a view to COPD nurse undertaking a full Nursing and COPD Assessment.

In addition the COPD Support Nurse is promoting the use of the SPICT (Supportive and Palliative Care Indicator Tool) within practice to help to identify Palliative COPD patients and improve Anticipatory care Planning.

The cluster are looking to develop areas of improvement within palliative care for COPD patients to take forward.

The group were encouraged to refer to the Pulmonary Rehabilitation Service, COPD TEC and Smokefree Services.

S Pourghasi to ask Practice registrar to contact J Young to update on the audit work being progressed within Levenside.

**SP**

Identified need more education for patient to support their decision making in taking the medication.

Group discussed the COPD referrals activity over Christmas to support acute to manage the increase in respiratory activity. COPD Nurses have been reviewing patients developing self management and care plans where appropriate and feeding back to practices.

**6. Technology Enabled Care TEC (COPD and Frailty)**

In December 1 person was added to COPD TEC service, with 6 patients declining. Evaluation of service planned to understand why people decline. Florence Licence available until November 2018. If HSCP can't demonstrate benefit / use of TEC service may stop. Florence can be used for other patient groups and HSCP is reviewing this.

4 clients are utilising the Enhanced Assessment Kit which is in place for 6 weeks. 14 people have been supported to stay at home following use of the kit.

The Link to the YouTube video demonstrating the TEC kit to be sent to GPs and Practice nurse.

**7. Local Engagement Network**

Local Engagement Networks took place in November 2017 and considered dementia services within West Dunbartonshire. The session was held at both localities.

The groups looked at

- How well people felt they were supported, how people access services,
- What does the Link Worker provision look like,
- What community supports work well? What would you change if you could? And
- What current activities could be halted to allow service improvements to be made?

Most of the Frailty TEC will be used in patients' homes who have Dementia this is to support them to live longer at home.

## **9. Any other Business**

P Rhodie highlighted the minimum pricing of alcohol and potential impact this may have on communities and services if implemented. 22 units of cheap cider can sell for about £3 if minimum £0.50 per unit is implemented the same alcohol will cost approximately £12. Services need to be responsive to patients who may have withdrawn, consultation is ongoing with suggested implementation in May 2018.

P Rhodie is attending the national event at the end of January promoting the new national drug and alcohol strategy.

### **Learning Event**

A Learning event is being organised by the Alexandria / Dumbarton Cluster on Wednesday, 2<sup>nd</sup> May 2018 and will focus on sharing the developments and learning from local priorities, location and agenda to be developed. Practices, pharmacy and community staff are asked to hold the date.

## **10. Date of Next Meeting**

Friday, 9<sup>th</sup> March 2018 in the Seminar Room, Vale Centre for Health and Care.

- Business Meeting – 8:45 am
- Main Meeting – 10.00 am

### **Future Meeting Dates 2018**

- Friday, 11<sup>th</sup> May 2018
- Friday, 13<sup>th</sup> July 2018
- Friday, 14<sup>th</sup> September 2018
- Friday, 9<sup>th</sup> November 2018



## CLINICAL AND CARE GOVERNANCE GROUP DRAFT MINUTE

## WEST DUNBARTONSHIRE HEALTH &amp; SOCIAL CARE PARTNERSHIP

*Name of Meeting: Clinical & Care Governance Group*

**Date and Time:** 26 March 2018, 12 Noon

**Venue:** Hartfield Boardroom

Item	Description	Person Responsible
1.	<p>Attendance:</p> <p>Beth Culshaw, Chief Officer  Ken Ferguson, CD  Jo Gibson, Head of Community Health &amp; Care  Julie Lusk, Head of Mental Health, Addictions and Learning Disability  Wilma Hepburn, Lead Nurse Adviser  Janice Miller, MSK Physiotherapy Lead  Sheila Downie, SCC</p> <p>Lorna Fitzpatrick (Minute)</p>	
2.	<p>Apologies:</p> <p>Jackie Irvine, CSWO  Lynette Cameron</p>	
3.	<p>Minute of Previous Meeting</p> <p>The Minute of the meeting held on 29 January 2018 was accepted as an accurate record.</p>	
4.	<p>Matters Arising</p> <p>Homeless Services – Carry forward to next meeting</p> <p>Janice Miller to routinely provide a full update of waiting times within MSK Services for inclusion under Safe Care/ Risk Management.</p> <p>Community Older People's Team Electronic Systems – Beth has had a discussion with Jackie Pender but no conclusion has been reached. Add to agenda for next meeting.</p> <p>SLT Issues. There needs to be clarity and Sheila will pick up with Jackie Irvine and Julie Slavin. The staff remain in post and therefore the risk sits with Education. An update to be provided for next Clinical and Care Governance meeting.</p> <p>Sheila Downie will contact Clare for clarity.</p> <p>Julie Lusk confirmed that one of the SCIs has been closed and provided an update on the current situation. There is one outstanding SCI where the consultant has not yet investigated. The consultant has now resigned and David Gerber has agreed to complete. However, it was agreed that Julie Lusk would escalate appropriately.</p> <p>Check that Lynette has removed specialist children's services from her report.</p>	<p>KF/LF</p> <p>JM</p> <p>LF</p> <p>JJ/LF</p> <p>SD</p> <p>JL</p> <p>LF</p>



	<p>that this would be a useful local development. Stepping Stones are keen to provide support but these are very early days.</p> <p>PNA arrangements in relation to each of these services. Wilma described the process for monitoring and described the various working relationships. Wilma and Julie are meeting with Linda Hall shortly to review the arrangements and consider the current process.</p> <p>Capital Development for Davidson Road. Eight additional flats are available for development and people have been identified as future occupants. This is part of an interim five year plan as it is proposed that the people will get more independent and can move on to the next stage of tenancy. In terms of wider capital planning, Julie has provided names from Community Care to be part of the planning group. One issue arising as part of recent discussions was where does homelessness fit in. Julie is taking a lead on these matters.</p>	
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**SAFE CARE / RISK MANAGEMENT**

6.	<p>Clinical Risk Update / Fatal Accident Inquiries / Fiscal cases / Review of Risk Register / Outstanding SCIs and SCRs</p> <p>Exception Reports:</p> <ul style="list-style-type: none"> <li>• Children and Families</li> </ul> <p>Sheila Downie presented the paper and read out the key points. Additionally, Annie Ritchie and Beth Culshaw will have a meeting to discuss the outstanding staffing issues.</p> <p>How we manage workloads – the discussion we had was that this time last year there was nine vacancies and now there is only one. This needs to cover all services.</p> <p>Jackie Pender is looking at extracting the reports from CareFirst. This will look at operational pressures and the impact on services.</p> <p>There is a shortage of Clinical Psychologists and extra sessions have been offered throughout Glasgow.</p> <p>There is one paragraph in the report “The increase in both demand and complexity locally alongside the reduction in resources continues to place significant pressure on the service ability to continue to meet its statutory requirements” where Beth asked for clarity and more detail. Sheila Downie will raise this issue with Annie Ritchie.</p> <p>It was agreed that an additional column should be added to the existing Children’s Services Risk Register to indicate where it is appropriate to include an item on the Partnership Risk Register. Sheila pointed out that items 7 and 8 relating to Tier 3 CAMHS show a breach in waiting times and should be escalated.</p> <p>Circulate the Risk Register Policy. <b>Action Lorna</b></p> <p>Baselining the High Level Risk Register – Heads of Service to submit their risk registers to this meeting.</p> <ul style="list-style-type: none"> <li>• District Nursing</li> </ul> <p>The content of the exception report was noted.</p>	SD LF
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	<ul style="list-style-type: none"> <li>• Prescribing The content of the exception report was noted..</li> <li>• MSK Physio. Janice Miller flagged up an issue with TrakCare where patients are sitting un-vetted on a waiting list which is not being reviewed. Janice has asked her staff to review the people who are on this list. Wilma advised that this should be included on DATIX. Janice is trying to resolve the issue and will keep this group updated. Janice will share the information with Beth who will escalate at a meeting she has tomorrow.</li> <li>• Jo Gibson provided a brief update. She has a member of staff whose registration has lapsed – this has been resolved and she is now back at work.</li> </ul> <p>Wilma will circulate the guidance which details that where registration has lapsed, staff will be paid at Band 2 or 3 and they can be given work but may not treat patients.</p> <p>A care home in Cardross in A&amp;B where we had clients. We have had mixed messages about the quality of care and have sought to escalate concerns. The Care Inspectorate did an uninvited visit on Thursday, standards were unacceptable and they recommended a closure. Seven residents have been moved to different homes with agreement from the families. Head of Quality at the Care Inspectorate wants to meet urgently with Jo Gibson.</p> <p>Beds at Crosslet. We bought 71 beds (standard recommendations). There are two issues – one around wellbeing of staff and back problems. The second issue is that they have guard rails that come up but they get stuck. Manufacturers have been contacted and replacements have been provided but they too are stuck. Beds are still under warranty. Jo will provide a report for circulation. We need to be clear about what risks are presented for both staff and patients. Wilma asked how incidents are being monitored. Are they using Figtree. Important that incidents are all recorded.</p> <p>Board Clinical Governance Forum</p> <p>Wilma will share the agenda and Minute with this group.</p>	
<b>REDUCING HARM FROM MEDICINES</b>		
7.	<p>Medication Issues</p> <p>No outstanding issues.</p>	P Macintyre
<b>SCOTTISH PATIENT SAFETY PROGRAMME</b>		
8.	<p>Scottish Patient Safety Programme (SPSP)</p> <p>For information</p>	L Cameron
<b>CLINICAL EFFECTIVENESS / QUALITY IMPROVEMENT</b>		
9.	<p>NICE/SIGN Guidelines – for information</p> <ul style="list-style-type: none"> <li>• Primary Care Improvement Plan</li> </ul> <p>Workstreams are being developed and staff have attended the Boardwide meeting. There is still a lack of clarity around some of the issues but a more in depth review will take place over the next two months. The funding letter has not yet been issued but it might be around £900,000 for West</p>	L Cameron JG

	<p>Dunbartonshire but this might be swallowed up by existing work. Jo will circulate the presentation.</p> <ul style="list-style-type: none"> <li>Quality Assessment – Care Inspectorate Grades for independent Providers</li> </ul> <p>The content of the report was noted.</p>	
<b>PERSON CENTRED CARE</b>		
10.	<p>Complaints/FOI/Feedback</p> <p>SPSO Case</p> <p>The content of the letter was noted.</p>	<p>W Jack</p> <p>L Cameron</p>
<b>VULNERABLE CHILDREN AND ADULTS</b>		
11.	<p>Child Protection / Adult Support and Protection</p> <p>ASP Minute was reviewed and noted. It was noted that the Minute was still marked as draft and the last meeting was in February 2018. Julie advised that the advert for the chair of the Adult Support and Protection Committee is being finalised and hope to appoint shortly.</p>	
<b>INFECTION CONTROL</b>		
12.	<p>Summary of any outbreaks / Update on environmental audits / Update on CAAS Inspections</p> <p>No update available.</p>	All
<b>GENERAL BUSINESS</b>		
13.	<p>Any other business</p> <p>There was no further business.</p> <p>Beth recorded thanks to Ken Ferguson for his contribution and wished him well in the future.</p> <p>Ken Ferguson will circulate the schedule for reporting.</p>	
14.	<p>Date and Time of Next Meeting</p> <p>28<sup>th</sup> May 2018, 12 Noon, Hartfield Clinic</p>	