Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board

Date: Wednesday, 14 November 2018

Time: 14:00

Venue: Civic Space, Council Offices, 16 Church Street, Dumbarton

---

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

Dear Member

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

The business is shown on the attached agenda.

Yours faithfully

BETH CULSHAW

Chief Officer of the
Health & Social Care Partnership

Distribution:-

Voting Members

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

Non-Voting Members

Barbara Barnes
Beth Culshaw
Wilma Hepburn
Carron O'Byrne
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: 1 November 2018

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

WEDNESDAY, 14 NOVEMBER 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 - 14**

Submit, for approval as a correct record the Minutes of Meeting of the Health & Social Care Partnership Board held on 8 August 2018.

4 UPDATE FROM CHIEF OFFICER

The Chief Officer will provide an update on recent business of the Health and Social Care Partnership.

5 AUDITED ANNUAL ACCOUNTS 2017/18 **15 - 17**

Submit report by the Chief Financial Officer informing that the 2017/18 Audited Annual Accounts for the year ended 31 March 2018, after presentation of an unqualified audit opinion, were duly approved by the 26 September 2018 West Dunbartonshire Health and Social Care Partnership Board Audit Committee.

6 FINANCIAL PERFORMANCE REPORT AS AT PERIOD 6 (30 SEPTEMBER 2018) **19 - 38**

Submit report by the Chief Financial Officer providing an update on the financial performance as at period 6 to 30 September 2018.

7 2019/20 BUDGET SETTING PROCESS **39 - 72**

Submit report by the Chief Financial Officer providing an update on the 2019/20 budget setting process.

8 PUBLIC PERFORMANCE REPORT APRIL TO JUNE 2018 73 - 88

Submit report by the Interim Head of Strategy, Planning & Health Improvement presenting the Public Performance Report for the first quarter of 2018/19 (April to June 2018).

9 ANNUAL CHIEF SOCIAL WORK OFFICERS REPORT APRIL 2017 TO MARCH 2018 89 - 171

Submit report by the Chief Social Work Officer presenting the West Dunbartonshire Annual Chief Social Work Officer's Report for the period 1st April 2017 to 31st March 2018.

10 MENTAL HEALTH IMPLEMENTATION PLAN 2018-19 173 - 183

Submit report by the Head of Mental Health, Addictions and Learning Disability providing an update on the West Dunbartonshire HSCP Mental Health Implementation plan in line with the requirements of Action 15 of the Scottish Government Mental Health Strategy 2017- 2027 for the period 2018-2019.

11 NHS GREATER GLASGOW AND CLYDE AND WEST DUNBARTONSHIRE WINTER PLANS 185 - 205

Submit report by the Head of Health and Community Care providing an overview of the plans being developed to prepare for additional pressures in unscheduled care over winter.

12 NHSGGC MUSCULOSKELETAL (MSK) PHYSIOTHERAPY SERVICE 207 - 208

Submit report by the MSK Physiotherapy Service Manager providing an update on the progress of the national MSK web based access tool.

13 CLYDEBANK HEALTH AND CARE CENTRE 209 - 210

Submit report by the Head of Health and Community Care providing an update on the Clydebank Health and Care Centre Full Business Case.

14/

14 CLIMATE CHANGE REPORT 2017/18 **211 - 238**

Submit report by the Interim Head of Strategy, Planning & Health Improvement presenting the Climate Change Report prepared in accordance with the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.

15 MINUTES OF MEETINGS FOR NOTING **239 - 266**

Submit for information, the undernoted Minutes of Meetings:-

(a) Minutes of Meeting of the WD HSCP Board Audit Committee held on 20 June 2018;

(b) Minutes of Meeting of the Clinical & Care Governance held on 6 August 2018;

(c) Minutes of Meetings of the Local Engagement Events held on 4 and 5 October 2018; and

(d) Minutes of Meeting of the Joint Staff Forum held on 10 October 2018.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Meeting of the West Dunbartonshire Health & Social Care Partnership Board held in the Civic Space, Council Offices, Church Street, Dumbarton, on Wednesday, 8 August 2018 at 2.10 p.m.

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

*Note:- Arrived later in the meeting.

Non-Voting Members: Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Barbara Barnes, Co-Chair of the WD HSCP Public Engagement Forum and Chair of the Locality Engagement Network for the Alexandria & Dumbarton area; Wilma Hepburn, Professional Nurse Advisor; Carron O'Byrne, Interim Head of Children's Health Care & Criminal Justice Services; 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; Kim McNabb, Representative of Carers of West Dunbartonshire; Jackie McRory, Substitute for John Kerr, Housing Strategy Manager; Janice Millar, MSK Physiotherapy Service Manager and Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum.

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; Jacqui McGinn, Health Improvement and Inequalities Manager; Nigel Ettles, Principal Solicitor and Nuala Quinn-Ross, Committee Officer.

Apologies: Apologies for absence were intimated on behalf of Councillor John Mooney; Selena Ross, Chief Officer of WD CVS and Alison Wilding, Chair of the HSCP Locality Core Group for the Clydebank Area.

CHAIR'S REMARKS

Mr Allan MacLeod, newly appointed Chair, welcomed all those present to the meeting and thanked Councillor McNair, former Chair, for her contribution to the Partnership Board. He acknowledged Councillor McNair's effectiveness in her role, the work she had undertaken to effect change and looked forward to working together in a collective approach.

CHAIR/VICE CHAIR

In accordance with Standing Order 3, the Partnership Board noted that from 1 July 2018, the start of the fourth year of the Health & Social Care Partnership Board, that:-

(1) Mr Allan MacLeod had assumed the position of Chair and Councillor Marie McNair had assumed the position of Vice Chair on the West Dunbartonshire Health & Social Care Partnership Board;

(2) Councillor Marie McNair had assumed the position of Chair and Mr Allan MacLeod had assumed the position of Vice Chair on the West Dunbartonshire Health & Social Care Partnership Board Audit Committee; and

(3) Councillor Marie McNair had assumed the position of Chair on the Strategic Planning Group.

Note:- Baillie Agnew arrived during discussion of the above item of business.

MEMBERSHIP

In accordance with Standing Order 2, the Partnership Board noted that the membership of the West Dunbartonshire Health & Social Care Partnership Board would be as follows:-

Voting Members

Marie McNair, Denis Agnew, Allan MacLeod, John Mooney, Rona Sweeney and Audrey Thompson.

Non-Voting Members

Barbara Barnes, Beth Culshaw, Wilma Hepburn, Chris Jones, John Kerr, Neil Mackay, Diana McCrone, Anne MacDougall, Kim McNabb, Janice Miller, Carron O'Byrne, Peter O'Neill, Selina Ross, Julie Slavin and Alison Wilding.

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 & Social Care Partnership Board held on 2 May 2018 were submitted and approved as a correct record subject to the following amendments:-

(1) that Janice Miller, MSK Physiotherapy Service Manager be added to the sederunt;

(2) that the item entitled “Update on Review of Sexual Health Services” be amended to read:

A report was submitted by the Professional Nurse Adviser informing of the sexual health service transformational change and changes that may impact on West Dunbartonshire; and

(3) that the item entitled “Minutes of Previous Meeting” be amended by adding:-

Subject to it being noted that the Trade Unions had expressed opposition to any budget cuts which affected staffing levels.

ANNUAL PUBLIC PERFORMANCE REPORT 2017/18

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement presenting the third Annual Public Performance Report for the Health & Social Care Partnership, including a complaints management overview for the full year.

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

(1) to approve the Annual Public Performance Report for publication; and

(2) that a report on the complaints process and details of lessons learned be submitted to the next meeting of the Partnership Board.

Note:- Jackie McRory left at this point in the meeting.

STRATEGIC PLAN 2016 – 2019; ANNUAL REVIEW 2018 – 2019

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement presenting an annual review of the Strategic Plan 2016 - 2019 in preparation for the development of a new Strategic Plan 2019 - 2022.

After discussion and having heard the Interim Head of Strategy, Planning & Health Improvement in further explanation of the report and in answer to Members' questions, the Partnership Board agreed to approve the Strategic Plan 2016 – 2019; Annual Review 2018 – 2019.

FINANCIAL PERFORMANCE REPORT AS AT PERIOD 3 (30 JUNE 2018)

A report was submitted by the Chief Financial Officer providing an update on the financial performance as at period 3 to 30 June 2018.

After discussion and having heard the Chief Financial Officer and the Head of Health & Community Care 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 2018/19 allocation by WDC and NHSGGC and direction back to our partners to deliver services to meet the strategic priorities approved by the HSCP Board;

(2) to note the additional funding sources from the Scottish Government to support service delivery and redesign in Primary Care, Alcohol and Drugs Partnership, GP Out of Hours and Mental Health including Action 15 draft implementation plan;

(3) to note that the revenue position for the period 1 April 2018 to 30 June 2018 had reported an overspend of £0.239m (-0.65%);

(4) to note the projected 2018/19 outturn position of £0.977m (-0.65%) and the potential impact on the reserves position if new demand is not managed within existing resources;

(5) the implementation of the Scottish Government's direction to pay the Scottish Living Wage, effective from 1 September 2018 to both internal and external adult care staff providing sleepover support, with additional expenditure being funded from reserves;

(6) to note the update on the capital position and the projected timelines for completion; and

(7) to note that an action plan would be submitted to the next meeting of the Partnership Board.

WEST DUNBARTONSHIRE LOCAL PRIMARY CARE IMPROVEMENT PLAN

A report was submitted by the Head of Health & Community Care presenting the Year 1 Draft Primary Care Improvement Plan in line with the new GP Contract 2018 and the Memorandum of Understanding April 2018.

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 draft Primary Care Improvement Plan for implementation.

ADJOURNMENT

Having heard the Chair, Mr MacLeod, the Partnership Board agreed to a short adjournment.

The meeting resumed at 4.39 p.m. with all those Members noted in the sederunt being present, with the exception of Barbara Barnes.

HEALTHY CHILDREN PROGRAMME PROGRESS REPORT

A report was submitted by the Head of Children's Health Care & Criminal Justice Services providing an overview and update on the work streams and progress made within the Healthy Children Programme.

After discussion and having heard the Interim Head of Children's Health Care & Criminal Justice Services in further explanation of the report and in answer to Members' questions, the Partnership Board agreed:-

(1) to note the contents of the report and the significant progress made to date; and

(2) that an update report be submitted to the Partnership Board in 6 months' time.

NHSGGC PUBLIC HEALTH STRATEGY; TURNING THE TIDE THROUGH PREVENTION

A report was submitted by the Interim Head of Strategy, Planning and Health Improvement advising on the key areas for the new NHSGGC Public Health Strategy; Turning the Tide Through Prevention.

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

(1) to note the NHSGGC Public Health Strategy setting the strategic direction for Public Health across NHSGGC and that this would be submitted to the forthcoming NHSGGC Board meeting on 21 August 2018;

(2) to note the National Public Health Priorities published in June 2018 agreed by COSLA Health & Social Care Board and Scottish Ministers; and

(3) to note the West Dunbartonshire strategic direction and focus of approaches which will contribute to the high level priorities in both National and NHSGGC policies.

MOVING FORWARD TOGETHER

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement seeking agreement on the continued delivery of the transformational change programme within NHS Greater Glasgow and Clyde – Moving Forward Together.

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

(1) to note the contents of the transformational change programme;

(2) to support the principles of Moving Forward Together and to support moving to the next stage of development;

(3) to note the ongoing involvement of officers to develop the Moving Forward Together Strategy; and

(4) that a standing item of business be added to future agendas of the Partnership Board to discuss progress.

ANNUAL CLINICAL AND CARE GOVERNANCE REPORT 2017/18

A report was submitted by the Professional Nurse Advisor providing an update on the Clinical and Care Governance progress and the improving quality in care.

After discussion and having heard the Professional Nurse Advisor in further explanation of the report and in answer to Members' questions, the Partnership Board agreed to note the contents of the report.

NHSGGC MUSCULOSKELETAL PHYSIOTHERAPY SERVICE

A report was submitted by the MSK Physiotherapy Service Manager providing an annual update from the NHSGG&C Musculoskeletal (MSK) Physiotherapy Service which is hosted by West Dunbartonshire HSCP.

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

(1) to note the contents of the report; and

(2) that a report providing an update on the progress of a National Information Access Portal be provided to a future meeting;

ANNUAL REPORT AND ACCOUNTS 2017/2018 PROCESS

A report was submitted by the Chief Financial Officer providing an update on the progress of the 2017/18 Annual Accounts process.

The Partnership Board agreed:-

(1) to note that following Partnership Board approval on 2 May 2018, the 2017/18 draft Annual Report and Accounts were approved by the 20 June 2018 Audit Committee and passed to external audit ; and

(2) that authority be delegated to the WD HSCP Board Audit Committee to formally approve the audited accounts on 26 September 2018, prior to submission to the Accounts Commission by 30 September 2018 in line with the approved Terms of Reference.

MINUTES OF MEETINGS FOR NOTING

The undernoted Minutes of Meetings were submitted for information:-

(1) Minutes of Meeting of the West Dunbartonshire HSCP Board Audit Committee held on 14 March 2018;

(2) Draft Minutes of Meeting of the Strategic Planning Group held on 21 June 2018;

(3) Minutes of Meeting of the Local Engagement Event held on 5 June 2018;

(4) Minutes of Meeting of the Local Engagement Event held on 7 June 2018; and

(5) Draft Minutes of Meeting of the Joint Staff Forum held on 11 July 2018, (the Partnership Board agreed to note the Trade Unions' position as recorded within these minutes).

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

Members agreed the undernoted programme of dates for future meetings of both the Partnership Board and Audit Committee, all meetings starting at 2.00 p.m.:-

Health & Social Care Partnership Board

2019	2020
Wednesday, 20 February 2019	Wednesday, 19 February 2020
Wednesday, 8 May 2019	Wednesday, 20 May 2020
Wednesday, 7 August 2019	Wednesday, 5 August 2020
Wednesday, 13 November 2019	Wednesday, 4 November 2020

2021

Wednesday, 27 January 2021
Wednesday, 19 May 2021

Health & Social Care Partnership Audit Committee:-

2019	2020
Wednesday, 13 March 2019	Wednesday, 1 April 2020
Wednesday, 12 June 2019	Wednesday, 17 June 2020
Wednesday, 25 September 2019	Wednesday, 23 September 2020
Wednesday, 11 December 2019	Wednesday, 9 December 2020

2021

Wednesday, 31 March 2021
Wednesday, 16 June 2021

VALEDICTORY

The Chair, Mr MacLeod, advised the Partnership Board that this would be the last meeting Dr Neil Mackay would be attending. The Chair thanked Dr Mackay for his commitment and contribution to the Partnership Board and wished him well for the future.

The meeting closed at 5:28 p.m.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

14 November 2018

Subject: Audited Annual Accounts 2017/18

1. Purpose

1.1 To inform the Health and Social Care Partnership Board that the 2017/18 Audited Annual Accounts for the year ended 31 March 2018, after presentation of an unqualified audit opinion, were duly approved by the 26 September 2018 Audit Committee.

2. Recommendations

2.1 The Board is recommended to:

- Note the previous recommendation of the HSCP Board of 8 August 2018 to remit the approval of the Annual Report and Accounts to the 26 September 2018 Audit Committee for the financial year 2017/18; and

- Note the reported outcome of an unqualified audit opinion for the Annual Accounts for the year ending 31 March 2018.

3. Background

3.1 The Annual Report and Accounts for the West Dunbartonshire HSCP Board were prepared in accordance with appropriate legislation and guidance. An overview of the process, legislative requirements and key stages was set out in the previous report to the HSCP Board of 8 August 2018.

4. Main Issues

4.1 The Annual Report prepared by the Board's external auditors, Audit Scotland, confirms that the Annual Report and Accounts are unqualified, meet legislative requirements, have no significant issues and confirm sound governance.

4.2 This is laid out in the Audit Certificate (ISA 260) which was signed by Fiona Mitchell-Knight, Audit Director, Audit Scotland on 28 September 2018, following approval of annual accounts at the 26 September Audit Committee and can be found here: http://www.wdhscp.org.uk/media/2082/2017-18-annual-accounts-approved-audit-committee-260918.pdf

4.3 The Annual Accounts of the IJB must be published by 31 October and any further reports by the External Auditor by 31 December immediately following the year to which they relate. Accordingly a signed copy of the 2017/18 Annual Accounts and Audit Report can found on the WD HSCP website.

4.4 The Chief Financial Officer would like to extend thanks to colleagues from Audit Scotland for their advice and assistance during the audit of the accounts. Also to accountancy and finance staff within the partnership and both partner organisations, acknowledging the high quality, detailed work involved in the year end closure.

5. People Implications

5.1 None associated with this report.

6. Financial Implications

6.1 After the application of unearmarked reserve balances to offset the 2017/18 reported year end overspend of £1.231m, the HSCP Board still achieved a surplus of £0.574m in 2017/18, which has been earmarked for specific projects and will be retained and utilised in accordance with the Integration Scheme and Reserves Policy.

7. Professional Implications

7.1 Integrated Joint Boards are specified in legislation as 'section 106' bodies under the terms of the Local Government Scotland Act 1973, and consequently are expected to prepare their financial statements in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.

8. Locality Implications

8.1 None associated with this report.

9. Risk Analysis

9.1 The Annual Accounts identify the usable funds held in reserve to help mitigate the risk of unanticipated pressures from year to year.

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 This report has been completed in consultation with the HSCP Board's external auditor's Audit Scotland.

12. Strategic Assessment

12.1 This report is in relation to a statutory function and as such does not directly affect any of the strategic priorities.

Author: Julie Slavin – Chief Financial Officer,

Date: 29 October 2018

Person to Contact:	Julie Slavin – Chief Financial Officer, Hartfield, Latta Street, Dumbarton G82 2DS. Telephone: 01389 812350 e-mail: julie.slavin@ggc.scot.nhs.uk
Appendices:	None
Background Papers:	Audit Committee June 2018 – Draft Unaudited Annual Accounts Audit Committee September 2018 – Item 5 - Final audited Annual Accounts and Item 6- Annual Audit Report http://www.wdhscp.org.uk/media/2076/wd-hscp-board-audit-committee-26-09-18-to-follow.pdf Audit Scotland – Good Practice Note on Improving the Quality of Local Authority Annual Accounts
Wards Affected:	All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

14 November 2018

Subject: Financial Performance Report as at Period 6 (30 September 2018)

1. Purpose

1.1 To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 6 to 30 September 2018.

2. Recommendations

2.1 The HSCP Board is recommended to:

- Note the updated position in relation to budget movements on the 2018/19 allocation by WDC and NHSGGC and direction back to our partners to deliver services to meet the strategic priorities of the HSCP Board;
- Note that revenue position for the period 1 April 2018 to 30 September 2018 is reporting an overspend of -£0.238m (-0.31%);
- Note the projected 2018/19 outturn position of -£0.487m (-0.32%) and the potential impact on the reserves position if new demand is not managed within existing resources;
- Accept the recalculated 2018/19 notional set aside budget of £18.210m, on the basis that work continues on moving to using actual costs and activity data from April 2019
- Note the analysis of the earmarked reserve balances; and
- Note the update on the capital position and the projected timelines for completion.

3. Background

3.1 The 2017/18 Annual Accounts and the initial 2018/19 Financial Performance Reports presented to the August HSCP Board, provided details of the extremely challenging budget position, within Children and Families linked to the significant increases in the number of community placements (kinship, fostering, residential) and older people demographic pressures around care home placements and care at home demands.

3.2 The 2018/19 budget setting process identified all known pressures at the time as well as estimating future demand requiring to be closed by a suite of savings options.

3.3 At this mid-point in the financial year the projected overspend of -£0.487m (Section 5) has improved form the August reported position of -£0.977m as cost containment measures and savings programmes are closely monitored. The HSCP Board will be kept fully updated on projections and proposals to mitigate any budget shortfall, including the application of reserves.

4.0 2018/19 Approved Budget and Financial Performance

4.1 Greater Glasgow and Clyde Health Board Allocation

4.2 On 2 May 2018 the HSCP Board accepted the 2018/19 NHSGGC indicative budget allocation of £87.610m (excluding set aside budget), based on a 1.5% uplift (£0.943m) on the 2017/18 recurring budget (excluding Family Health Services) and a proportionate share (£0.360m estimate) of UK Government's "consequential" funding to the Scottish Government committed to cover the 3% agreed pay settlement.

4.3 This pay uplift funding has now been confirmed as £0.388m in the 18 October letter from NHSGGC Assistant Director of Finance (Appendix 1), together with budget transfers linked to the cessation of the GP Prescribing "risk sharing arrangement" and a new notional set aside budget for 2018/19 of £18.210m, recalculated based on agreement of cross party working group.

4.4 The 2017/18 set aside budget of £17.066m had remained unchanged since 2015/16. The proposed budget of £18.210m is based on the 2017/18 activity data and uprated by 1.5% in line with the Scottish Government 2018/19 financial settlement. The group will continue to work towards moving to using actual costs and activity from 1 April 2019.

4.5 The budget amendments as per this letter are reflected in the table 1 below, tracking the change in the budget reported to the August 2018 HSCP Board. The revised budget as at Period 6 is now £89,624m:

Table 1: 2018/19 Budget Reconciliation - Health

Description	**£000**	**£000**
Revised 2018/19 HSCP Budget as at Period 3		**87,827**
Adjustments to Period 6:		
Scottish Government Funding:		
Veterans Allocation	100	
Alcohol & Drug Funding	311	
Primary Care Improvement Fund (70%)	487	
Mental Health Action 15 (70%)	141	
Revised AFC Pay Uplift	28	
GMS Recurring Adjustments	887	
Prescribing Tariff Return to Scottish Government	(396)	
Prescribing Rebates and Discounts Budget Transfer	(260)	
GP Property Income Budget Transfer to Estates	414	
Minor non recurring adjustments	85	
Revised 2018/19 HSCP Budget as at Period 6		**89,624**

4.6 West Dunbartonshire Council Budget Allocation

4.7 At the meeting of West Dunbartonshire Council on 5 March 2018, members agreed the revenue estimates for 2018/2019, including the budget contribution to the HSCP Board of £63.422m, based on the original assumption of a 1% pay, with additional budget resources being held corporately until pay negotiations are concluded for local government employees. This was accepted at the 2 May 2018 HSCP Board meeting.

4.8 This budget position remained unchanged as per the August HSCP Board report, with Table 2 below reflecting the current budget adjustments up to Period 6, resulting in a revised budget of £63.389m.

Table 2: 2018/19 Budget Reconciliation – Social Care

Description	**£000**	**£000**
Revised 2018/19 HSCP Budget as at Period 3		**63,422**
Adjustments to Period 6:		
Strategic Partners Budget Saving WDC	(7)	
Mobile Phone New Contract Savings	(25)	
Homecare Pool Car Budget Savings	(1)	
Revised 2018/19 HSCP Budget as at Period 6		**63,389**

4.9 Scottish Government Funding 2018/19 and beyond

4.10 The Scottish Government has an ambitious programme of reform in both primary care and mental health services. Integration Joint Boards received a number of letters setting out the levels of funding available in 2018/19 and funds received to date are reflected in the revised budget allocations detailed in Table 1 above.

4.11 The Scottish Government asked that Integration Authorities each develop plans for both Primary Care Improvement Fund (PCIF) and Mental Health Action 15 high level themes and by the end of September provide an update on the utilisation of the 70% upfront funding received and an indication if any of the remaining 30% would be required by the end of the financial year, or rolled forward to 2019/20.

4.12 The required templates were returned to the Scottish Government by the required deadline with the request that additional funding of £0.162m (from £0.209m available) for PCIF and none for Action 15, given that the recruitment of additional mental health workers will take time over the next 4 years.

5. Financial Performance 2018/19

5.1 Summary Position

5.2 The WDHSCP reported revenue position for the period 1 April to 30 September 2018 is an overspend of -£0.238m (-0.31%).

5.3 This current overspend is projected to the 31 March 2019 and after adjustments for all known material factors is estimated to outturn at approximately -£0.487m (-0.32%). This is a significant improvement on the projection based on the 1st quarter's performance of £0.977m (-0.65%)

5.4 This projection assumes that current demand pressures could continue until the end of the financial year, i.e. it recognises that once particular types of care packages are in place (e.g. kinship care orders) they could remain in place for a significant time period, however they are somewhat mitigated by the natural ending of some packages of care, revision of 2018/19 estimated burdens and recovery plan actions detailed below.

5.5 The Integration Scheme, a key document within the financial governance framework, states that a recovery plan must be put in place (with the agreement of partners) to mitigate any projected overspend. The Chief Officer and Chief Financial Officer have first met with Heads of Service and operational managers and agreed that:

- Vacancy control procedures remain in place, i.e. all vacancies must be brought to SMT for discussion and approval;
- Overtime authorisation procedures refreshed and premium rate overtime only to be utilised if impacting on the delivery of front line services;
- All requests for the purchase of IT or mobile devices to be approved by the Head of Service and Chief Financial Officer;
- Any current underspends in non-staffing budgets to be secured as far as possible, with essential spend only on any administrative or general supplies;
- Income maximisation where possible i.e. financial assessments carried out timeously and grant income secured;
- Savings related to budgets ringfenced for service redesign models of Frailty and Alternatives to Care be used to help offset older people services pressure and community placements; and
- Review of approved savings targets for 2018/19 and accelerate if possible.

5.6 The utilisation of Reserves will also form part of the recovery plan, but all efforts will be made to minimise the impact on general reserves given that the available balance brought forward from 2017/18 of £1.705m, is below the ambitious 2% target of net expenditure of £2.5m contained within the Reserves Policy. A review of the potential utilisation of reserve balances is covered in section 5.22 below.

5.7 The summary position is reported within the Table 3 below and the significant variances affecting the overall projected position reported above are

highlighted within sections 5.8 – 5.20 of this report. Detailed breakdowns of costs at care group level are reported in Appendix 2.

Table 3: Summary Financial Information as at 30 September 2018

	Annual Budget £000's	YTD Budget £000's	YTD Actuals £000's	Variance £000's	Variance %	Forecast Full Year	Full Year Variance £000's	Variance %
Health Care	93,826	44,498	44,498	0	0.00%	93,826	(0)	0.00%
Social Care	89,610	39,285	39,705	(420)	-1.07%	90,463	(853)	-0.95%
Expenditure	**183,435**	**83,782**	**84,203**	**(420)**	**-0.50%**	**184,288**	**(853)**	**-0.46%**
Health Care	**(4,202)**	**(2,172)**	**(2,172)**	**0**	0.00%	**(4,202)**	0	0.00%
Social Care	**(26,220)**	**(3,743)**	**(3,926)**	**183**	-4.89%	**(26,586)**	366	-1.40%
Income	**(30,423)**	**(5,914)**	**(6,097)**	**183**	**-3.09%**	**(30,788)**	**366**	**-1.20%**
Health Care	89,624	42,326	42,326	0	0.00%	89,624	(0)	0.00%
Social Care	63,389	35,542	35,780	(238)	-0.67%	63,876	(487)	-0.77%
Net Expenditure	**153,013**	**77,868**	**78,106**	**(238)**	**-0.31%**	**153,500**	**(487)**	**-0.32%**

Members should note that NHS Health financial convention of reporting overspends as negative variances (-) and underspends as positive variances (+) has been adopted for all financial tables within the report. Also unadjusted for the impact of Resource Transfer and Social Care Fund resources shown within Health expenditure and both expenditure and income within Social Care.

5.8 Significant Variances – Health Services

5.9 The overall net position at 30 September 2018 is breakeven. It is anticipated that at this mid-point of the financial year the outturn can also be held at this position, with the caveats:

- 3% turnover target can be met in full;
- achievement of approved 2018/19 savings; and
- short supply prescribing volatility and applied discount and tariff rates can be contained within the 3% budget increase and prescribing efficiency programmes.

5.10 As previously reported there continues to be financial challenges meeting elements of the approved 2016/17 savings around Mental Health and School Nursing staff restructuring of £0.111m and £0.114m respectively and the £0.046m staffing skills mix saving within Community Older People's Team. This compounds the pressure to achieve a breakeven position and can only be realised by securing non-recurring efficiencies in-year and maximising the benefit of discretionary funding until the school nursing review is finalised and the impact of the investment in mental health services is assessed.

5.11 As detailed within section 5.5 above, cost containment processes are in place and all efforts will be made to minimise the use of general reserves balances. The key areas are:

- **Adult Community Services –** is reporting a current overspend of £0.150m due to additional cost related to a specialist care package. There has been a review of this package and there is work ongoing with family around potential adjustments.

- **Mental Health – Adult Community and Elderly Services –** although recognised as a pressure in sect 5.10 above, these services are currently reporting a small combined underspend of £0.011m. This is mainly due to turnover and will be closely monitored as work continues on the delivery of 5 year Mental Health Strategy for Adult Mental Health Services within NHSGGC and the additional Action 15 investment by the Scottish Government.

- **Child Services – Specialist and Community** are reporting a current overspend of £0.137m, mainly due to unachieved school nurse savings as referred to in 5.10 above and also cost of health visitors after national review. Additional resources should be forthcoming to help alleviate much of the health visitor pressure.

- **Planning, Health Improvement and Other Services-** are reporting an underspend of £0.223m mainly due to delay in application of discretionary funding commitments and the finalisation of pay award funding.

- **Learning Disability and Addictions –** are reporting small current underspends of £0.025m and £0.028m respectively, which will be applied to turnover targets.

5.12 GP Prescribing for Partnerships in 2018/19

5.13 With the ending of the risk sharing arrangement for partnerships, prescribing costs represent the greatest financial risk to the on-going success of the HSCPs mainly due to the scale of the budget and the volatility of global markets and complicated contract arrangements with Community Pharmacy Scotland around drug tariffs, demonstrated by the requirement to return funding to the Scottish Government (refer to Appendix 1).

5.14 The Prescribing Efficiency Group and prescribing personnel throughout HSCPs' and NHSGGC have again committed to an ambitious efficiency target of £11.1m to be achieved through 12 programmes aimed at reducing waste and promoting efficient prescribing. There will be some investment required to generate these savings and an Invest to Save amount of £2.5m is included for across the six partnerships' budgets.

5.15 The actual activity data runs two months behind the actual reporting period; therefore the estimated position as at 30 September is based on July figures. On a budget of £19.011m there is a small current overspend of £0.005m,

which assumes that all efficiency programmes will deliver by the end of the financial year. However there has been notification of Propranolol Hydrochloride (Beta Blocker) going onto short supply from 1 August 2018. If this was to continue until the end of the financial year it could potentially cost an additional £1.7m across the 6 partnerships or £0.100m of local pressure. Further reports will update on the possible projected position.

5.16 **Significant Variances – Social Care**

5.17 The net overspend position at 30 September 2018 is -£0.238m (-0.67%). This is a standstill position on the actual overspend reported as at 30 June of £0.239m overspend. The reasons for this current position are explained in more detail below. This current standstill position has a positive impact on the projected year end overspend (see section 5.3 above) estimated to be approximately -£0.487m (-0.77%) by the end of the financial year.

5.18 The main demand pressures are a continuation of those detailed in the latter part of 2017/18, related to increased community placements supporting children and families in crisis and supporting older people at home or in a homely setting. There is also an element of risk around £0.190m of the approved savings of £0.597m, covered in the August report. However the projection assumes that any slippage can be covered non-recurrently.

5.19 The current key variances are detailed below:

- **Community Placements –** is reporting a current overspend £0.284m, as the trend displayed in the latter part of 2017/18 linked to the increase in kinship and foster placements continues, despite the 25% increase to the 2018/19 budget. If the current numbers remain and the assumptions around some children returning home or being adopted do not follow through then the projected overspend could be in the region of £0.569m.

- **Residential Accommodation for Younger People –** is reporting an overspend of £0.078m related to additional staff costs in our children's homes covering absence and vacancies and £0.073m for residential school placements. Review of staffing ratios, shift patterns and the employment of peripatetic staff should reduce the need for premium rate overtime in our children's houses and alternatives to residential school places are reviewed in partnership with Education colleagues on a monthly basis.

- **Other Services Young People –** this group of services including "throughcare", respite, self directed support and payments to other bodies is reporting an underspend of £0.118m mainly due to the £0.250m from the previous Includem contract to directed to alternative intensive family support not yet being fully utilised.

- **Residential Accommodation for Older People -** is reporting a year to date overspend £0.410m, across both internal and external provision. Staffing ratios in the new Dumbarton Care Home are operating above

budgeted levels due to a combination of home layout and cover arrangements. Also the number of external placements is staying fairly steady over admissions and discharges and not releasing the anticipated saving in reducing the number of placements overall.

- **Homecare -** is reporting an overspend of £0.191m mainly due to increased demand during morning period and 2:1 support for frailer clients. However there has been an improvement on the scheduling of these hours and reducing some of the premium rate overtime costs. However it is essential that CM2000 is fully utilised to maximise delivery hours within the existing workforce. There is also a shortfall in income against budget as more personal care is delivered replacing chargeable practical care. Success in keeping delayed discharge numbers low inevitably increase pressure in care at home services as immediate care is provided.

- **Frailty Team –** the previous HSCP Board received an update on the remit and objectives of the new frailty team supporting people at home. An amount of £0.750m was earmarked from recurring Social Care resources to fund this service redesign, which is currently helping offset the pressure in older people detailed above by £0.281m.

- **Additional Support Needs Client Packages –** across clients with learning disabilities, physical disabilities, mental health and addiction issues there is a current underspend of £0.320m due to continual review of current packages, living wage resources not fully utilised, the natural ending of a couple of high value packages and a delay in the transition of a high cost package from a hospital setting.

5.20 Utilisation of Reserve Balances 2018/19

5.21 One of the key contributory factors supporting financial sustainability and planned service change within the HSCP is the creation and maintenance of reserve balances. As WD HSCP Board has the same legal status as a local authority i.e. a section106 bodies under the Local Government (Scotland) Act 1973 it is able to hold reserves which should be accounted for in the financial accounts and records of the Partnership Board. Detailed below in Table 4 is an extract from the 2017/18 Audited Annual Accounts summarising the closing reserves position.

Table 4: Reserves Balances extracted from 2017/18 Annual Accounts

Reserves	Balance as at 31 March 2018 £000
Total WDC Council	(2,425)
Greater Glasgow & Clyde Health Board Earmarked Reserves	(2,012)
Total Earmarked Reserves	(4,437)
Total Unearmarked Reserves	(1,705)
Total General Fund Reserves	(6,142)

5.22 As covered in section 5.5 above the projected overspend has reduced from £0.977m to £0.487m since the August report and all efforts will be made to minimise this position throughout the remainder of 2018/19. However remaining shortfall will initially be required (as per the Integration Scheme) to be funded from available unearmarked reserves. As current projections stand this would reduce the available balance from £1.705m to £1.218m, approximately 1% of controllable net expenditure.

5.23 As there is little opportunity to add to unearmarked reserves from current budget resources it would be prudent to examine the current levels of earmarked reserves and consider reclassifying as unearmarked reserves to bring the available balance closer to the 2% target level.

5.24 The details of this initial review are contained in Appendix 3 for consideration by the HSCP Board and will be further reviewed later in the financial year when the outturn position is closer to being finalised and potential additions to earmarked reserves from Scottish Government funding streams are assessed. There could be the potential to transfer in the region of £0.657m to unearmarked reserves, which could cover the current projected overspend and increase the balance to £1.875m.

5.25 **Scottish Living Wage Progress**

5.26 The Scottish Government's commitment to pay all adult social care workers the Scottish Living Wage (SLW) was part of the conditions around the application of the 2016/17 Social Care Fund. Included in the HSCP Board's 2018/19 budget settlement from WDC was an amount of £0.716m, to fund the next stage of this commitment i.e. £8.75/hour for both day and sleepover rates.

5.27 The August HSCP Board approved the proposal that the extension of sleepover hours to both WDC employees and external providers be implemented on 1 September 2018, in line with the COSLA agreement and to satisfy the Scottish Government direction to implement within 2018. However as the original funding from the Scottish Government did not include the cost of extending to local government employees, it was agreed that an element of the earmarked reserves held from previous year's Social Care Fund allocations could be utilised, estimated to be £0.060m part year. COSLA will continue to lobby the Scottish Government for additional resources for the cost of extending to local government employees

5.28 Communication is ongoing with some of our providers on reaching agreement on the 2018/19 living wage uplift. All external care at home providers have accepted, as have those residential providers with the uplift linked to the National Care Home Contract (NCHC). Those outstanding are mainly involved in the provision of support for clients with learning disabilities and negotiations will be linked to the ongoing programme of review on commissioning and procurement of social care services. The HSCP Board will be updated through future reports.

5.29 As part of our commitment to modernise services and consider the use of technology to replace some traditional sleepovers, operational managers will continue to review all current care packages to better support the needs of our service users and demonstrate effective use of limited financial resources.

5.30 **Housing Aids and Adaptations and Care of Gardens**

5.31 The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services which should be delegated to the IJB and should be considered as an addition to the HSCP's budget allocation of £63.422m for 2018/19.

5.32 These budgets are currently held within West Dunbartonshire Council's – Regeneration, Environment and Growth Directorate and are managed on behalf of the HSCP Board.

5.33 The summary position for the period to 30 September 2018 is reported in table 5 below. Expenditure on Aids and Adaptations is expected to outturn on budget. There is not expected to be any further expenditure on Care of Gardens after the cessation of trading of Greenlight Environmental. The Board will be updated on any alternative arrangements regarding future provision of this service.

Table 5: Financial Performance as at 30 September 2018

	Budget	Actual	Variance	Forecast
Care of Gardens	321,125	217,670	103,455	217,670
Aids & Adaptations	250,000	153,791	96,209	250,000
Total	**571,125**	**371,461**	**199,664**	**467,670**

6. **2018/19 Capital Expenditure**

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

6.2 The HSCP Capital Project Board receive monthly updates on the key milestones and the project interdependencies of the new Clydebank Health and Care Centre and the Clydebank Care Home; flagship builds integral to the Queen's Quay Masterplan.

6.3 The Full Business Case (FBC) has been progressing through a number of internal approval processes, concluding with final approval by NHSGGC Board on 16 October 2018, releasing for submission to the Scottish Government Capital Investment Group (CIG) in October 2018. Completion of the project is expected to be April 2021.

6.4 As reported to the August HSCP Board, the latest financial assessment of costs has confirmed there is likely to be a revenue gap of approximately

£0.125m. The main reason is the increase in the building industry standard inflation indices applied to the design. The responsibility of covering any shortfall sits with the HSCP Board, therefore all efforts will be made to negate this cost or the shortfall will require being built into the 2021/22 budget pressures.

6.5 The summary of the social care capital expenditure position is detailed in Appendix 4 and any significant variances affecting the overall position reported are monitored routinely as part of the Council's capital planning process.

6.6 As previously reported, a "Letter of Intent" (LOI) was issued on 27 June 2018 to the preferred contractor CCG Limited. This LOI allowed CCG to undertake on-site investigation and design works, including the carrying out "due diligence" checks on the design based on known Care Inspectorate requirements and amend accordingly. This formal contract award letter was awarded on 28 September with work commencing on site by 29 October 2018, in lieu of remediation works being completed. A 78 week build time is anticipated which would estimate the new care home should be complete by 24 April 2020.

7. People Implications

7.1 None.

8. Financial Implications

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

9. Professional Implications

9.1 The Chief Officer and Chief Financial Officer are required by the Integration Scheme to agree a financial recovery plan (section 5.5 – 5.6 above).

10. Locality Implications

10.1 None.

11. Risk Analysis

11.1 The main financial risks to the ongoing financial position relate to further increases in demand, failure to deliver the full financial benefit of approved savings programmes, prescribing volatility similar to that experienced in 2017/18.

12. Impact Assessments

12.1 None.

13. Consultation

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

14. Strategic Assessment

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

Julie Slavin – Chief Financial Officer
Date: 29 October 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

Appendices:

Appendix 1 – Revised budget offer letter of 18 October 2018 from Assistant Director of Finance NHSGGC

Appendix 2 – 2018/19 Financial Update as at Period 6

Appendix 3 – Analysis of Earmarked Reserves position

Appendix 4 – WDC Capital Expenditure Update as at Per 6

Greater Glasgow and Clyde NHS Board

JB Russell House
Gartnavel Royal Hospital
1055 Great Western Road
GLASGOW
G12 0XH
Tel. 0141-201-4444
www.nhsggc.org.uk

Date: 18 October 2018
Our Ref: JH

Enquiries to: James Hobson
Direct Line: 0141-201-4774
E-mail: James.Hobson@ggc.scot.nhs.uk

Dear Beth

2018/19 Devolved Budget Allocation to West Dunbartonshire Health & Social Care Partnership – month 6 update

Further to Mark White's letter of 1 May setting out the Board's initial financial allocation to the HSCP for 2018/19 I am writing to update the allocation following confirmation of the additional Agenda for Change pay uplift funding.

This updated allocation also takes account of a number of other recurring and non recurring budget movements and shows the Board's allocation to the HSCP at 30 September 2018 including changes to the primary care prescribing allocation following full delegation of all central prescribing budgets and incorporating national tariff changes which have required the Board to return funding to Scottish Government.

The financial details of the allocation are included in appendix 1 to this letter.

Set Aside Budget

The 2018/19 Set Aside Budget has been recalculated following based on updated information from ISD received in September 2018 and the calculations are included in appendix 2 to this letter. This will remain a notional budget in 2018/19.

The Board is currently working with HSCPs and Scottish Government colleagues to review the basis for calculation using current activity levels and actual budgets and to agree details of how it will work in practice with a view to moving to using actual costs and activity from 1 April 2019.

The allocations are summarised below:

	£000
Hospital, Community and Primary Care Health Services	89,624
Notional Set Aside budget	18,210
Total 2018/19 allocation at month 6	**107,834**

I hope this now enables the HSCP to finalise its financial plans for 2018/19.

Yours sincerely

James Hobson
Assistant Director of Finance

Appendix 1 – Financial Allocation 2018/19

Spend Categories	West Dunbartonshire Hscp
	£000s
Net total rollover budget (as previously advised)	**86,307**
Budget Eligible for HCH uplift	**62,895**
Uplifts	
Scottish Government allocation to Health Boards @1.5%	**943**
AFC Pays uplift additional funding	**388**
Other Recurring allocations	
General Medical Services Recurring	**1,384**
Prescribing - Delegation of central budgets including rebates and discounts .	**(260)**
Prescribing - Budgets returned to Scottish Government (tariff adjustment)	**(396)**
Veterans allocation	**100**
Legacy unachieved partnership savings	**(280)**
Return of GP property income budgets to Estates & Facilities Directorate & other minor adjustments	**414**
Recurring Budget as at 15.10.2018	**88,601**
Other Non Recurring Allocations	
Alcohol & Drugs Partnership	**311**
Primary Care Improvement Fund - Tranche 1	**487**
Mental Health Strategy 2017-27 - Action 15	**141**
Public Dental Service	
Other non recurring allocations	**84**
Total Budget as at 15.10.2018	**89,624**

Appendix 2 – West Dunbartonshire HSCP Set Aside Budget 2018/19

	2014/15			2015/16			2016/17				3 year average activity			Cost Base	
	Total in scope IP treatment			Total in scope IP treatment			Total in scope IP treatment			2016/17 Costs				2016/17 uplifted by 1% to 2017/18	2017/18 uplifted by 1.5% to 2018/19
Specialty	SMR Discharges	SMR OBD	A&E attendances	SMR Discharges	SMR OBD	A&E attendances	SMR Discharges	SMR OBD	A&E attendances	£000	SMR Discharges	SMR OBD	A&E attendances	£000	£000
Accident & Emergency	78	94		73	79		121	130		82	91	101		79	80
General Medicine	10,845	34,038		11,209	27,350		10,232	26,294		8,230	10,762	29,227		7,843	7,960
GP other than Obstetrics	6	7		5	5		9	6		3	7	6		14	15
Rehabilitation	11	480		7	303		5	200		63	8	328		79	81
Respiratory	322	2,430		774	3,253		1,235	4,849		1,592	777	3,511		1,637	1,662
Sub Total	11,262	37,050		12,068	30,990		11,602	31,478		9,970	11,645	33,173		9,653	9,798
Geriatric Assessment	1,136	22,258		2,249	22,047		2,815	24,914		5,670					0
Geriatric Long Stay	90	3,873		59	1,361		18	749		180					0
Geriatric Medicine	1,226	26,131		2,308	23,408		2,833	25,663		5,851	2,122	25,067		5,922	6,011
Inpatients Total	12,488	63,181		14,376	54,398		14,435	57,141		15,821	13,767	58,240		15,575	15,809
A&E Outpatients			23,987			22,347			23,591	1,994			23,308	2,366	2,402
Total Set aside budget	**12,488**	**63,181**	**23,987**	**14,376**	**54,398**	**22,347**	**14,435**	**57,141**	**23,591**	**17,815**	**13,767**	**58,240**	**23,308**	**17,941**	**18,210**

West Dunbartonshire Health & Social Care Partnership **APPENDIX 2**

Financial Year 2018/19 period 6 covering 1 April to 30 September 2018

Health Care Expenditure	Annual Budget £000's	Year to date Budget £000's	Actual £000's	Variance £000's	Forecast Full Year £000's	Projected Outturn £000's
Planning & Health Improvements	738	344	308	36	618	121
Children Services - community	2,482	1,321	1,439	(118)	2,660	(178)
Children Services - specialist	1,615	808	826	(19)	1,653	(38)
Adult Community Services	9,534	4,977	5,122	(146)	9,794	(260)
Community Learning Disabilities	555	278	253	25	555	0
Addictions	1,840	915	887	28	1,789	51
Men Health - Adult Inpatient	0	0	0	0	0	0
Mental Health - Adult Community	4,440	2,160	2,050	110	4,440	0
Mental Health - Elderly Inpatients	3,211	1,606	1,705	(99)	3,211	0
Family Health Services (FHS)	25,756	13,127	13,127	0	25,756	0
GP Prescribing	19,206	9,577	9,577	0	19,206	0
Other Services	2,443	913	637	276	2,246	197
Resource Transfer	14,938	4,959	4,959	0	14,938	0
Hosted Services	7,069	3,515	3,609	(94)	6,961	108
Expenditure	93,827	44,498	44,498	0	93,827	(0)
Income	(4,202)	(2,172)	(2,172)	0	(4,202)	0
Net Expenditure	**89,625**	**42,326**	**42,326**	**0**	89,625	(0)

Social Care Expenditure	Annual Budget £000's	Year to date Budget £000's	Actual £000's	Variance £000's	Forecast Full Year £000's	Projected Outturn £000's
Strategy Planning and Health Improvement	956	487	458	30	897	59
Residential Accommodation for Young People	3,749	1,734	1,775	(41)	3,831	(82)
Children's Community Placements	4,340	2,183	2,490	(307)	4,953	(614)
Children's Residential Schools	767	696	768	(73)	912	(145)

Childcare Operations	3,781	1,880	1,910	(30)	3,842	(61)
Other Services - Young People	3,765	1,531	1,409	121	3,522	243
Residential Accommodation for Older People	7,618	3,548	3,737	(189)	8,000	(382)
External Residential Accommodation for Elderly	12,949	6,680	7,020	(340)	13,629	(680)
Homecare	13,953	6,339	6,523	(184)	14,321	(368)
Sheltered Housing	1,930	788	747	41	1,851	79
Day Centres Older People	1,253	570	573	(3)	1,260	(7)
Meals on Wheels	58	23	21	1	55	2
Community Alarms	361	155	180	(24)	414	(53)
Community Health Operations	2,656	1,334	1,332	3	2,651	5
Residential - Learning Disability	13,960	4,494	4,521	(26)	14,013	(53)
Day Centres - Learning Disabilty	1,964	955	959	(3)	1,971	(7)
Physical Disability	3,130	1,394	1,441	(47)	3,224	(94)
Addictions Services	1,769	792	724	68	1,634	135
Mental Health	3,905	1,675	1,625	50	3,805	100
Criminal Justice	2,076	868	863	5	2,066	10
HSCP - Corporate	4,669	1,159	630	529	3,611	1,058
Expenditure	**89,610**	**39,285**	**39,705**	**(420)**	**90,463**	**(853)**
Income	(26,220)	(3,743)	(3,926)	183	(26,586)	366
Net Expenditure	**63,389**	**35,542**	**35,780**	**(238)**	**63,876**	**(487)**

Consolidated Expenditure	**Annual Budget £000's**	**Year to date Budget £000's**	**Actual £000's**	**Variance £000's**	**Forecast Full Year £000's**	**Projected Outturn £000's**
Older People Residential, Health and Community Care	36,359	18,074	18,732	(658)	37,654	(1,296)
Homecare	13,953	6,339	6,523	(184)	14,321	(368)
Physical Disability	3,130	1,394	1,441	(47)	3,224	(94)
Children's Residential Care and Community Services (incl specialist)	20,498	10,152	10,618	(466)	21,374	(875)
Strategy Planning and Health Improvement	1,694	832	766	66	1,514	180

Mental Health Services - Adult & Elderly Community and Inpatients	11,556	5,441	5,379	61	11,455	100
Addictions	3,609	1,707	1,612	95	3,423	186
Learning Disabilities - Residential and Community Services	16,479	5,727	5,732	(5)	16,539	(60)
Family Health Services (FHS)	25,756	13,127	13,127	0	25,756	0
GP Prescribing	19,206	9,577	9,577	0	19,206	0
Hosted Services	7,069	3,515	3,609	(94)	6,961	108
Criminal Justice	2,076	868	863	5	2,066	10
Resource Transfer	14,938	4,959	4,959	0	14,938	0
HSCP Corporate and Other Services	7,112	2,072	1,267	805	5,857	1,254
Gross Expenditure	183,436	83,782	84,203	(420)	184,289	(853)
Income	(30,423)	(5,914)	(6,097)	183	(30,788)	366
Total Net Expenditure	**153,014**	**77,868**	**78,106**	**(238)**	**153,501**	**(487)**

ANALYSIS OF CURRENT LEVELS OF EARMARKED RESERVES AND POSSIBILITY OF TRANSFERRING AN ELEMENT TO UNEARMARKED BALANCES

APPENDIX 3

West Dunbartonshire Council Earmarked Reserve	Balance as at 31 March 2018 £000	Earmarked Reserves - Notes	Possible transfer to Unearmarked Reserves £000
GIRFEC Council	(13)	£7k already commited in 18-19	0
Criminal Justice - Transitional Funds	(71)	Ring Fenced Scottish Government Grant will be used for Transition Officers post funding	0
Carers Funding	(37)	For information sessions and possible development of an app for Carers. Further Carers Funding received in 2018/19.	37
Social Care Fund - Living Wage	(1,223)	£390k substainabilty to fund sleepover increase to £8.75 per hour and oncosts. Once settlement is reached with providers for 2018/19 and the cost of sleepovers for WDC staff is finalised, a further assessment will be required.	400
Service Redesign and Transformation	(1,081)	This is required to support the HSCP Board's strategic objectives and aid in transforming services and shifting the balance of care. Current plans include: additional support for Domestic Abuse; transition to new Clydebank Care Home e.g. transport, double running costs, additional training; CM2000 support; Learning Disability redesign and Commissioning support.	100
Total WDC Council	**(2,425)**		**537**
Greater Glasgow & Clyde Health Board Earmarked Reserve			
Integrated Care Fund	(540)	Was Scottish Government Earmarked Recurring funding, with conditions of spend - expenditure linked to ICF Plan. However this is now mainlined funding and although there are still reporting requirements around Ministerial Steering Group 6 Essential Actions we are exploring merging with Delayed Discharge and Social Care Funding to assist with funding Frailty Framework, Home Care and Care Home pressures. Planned drawdown part year 18/19 and 19/20 will see this Reserve reduce.	120
Delayed Discharge	(103)	Was Scottish Government Earmarked Recurring funding, with conditions of spend - expenditure linked to DD Plan and may now also assist with wider review of Beds work within WD HSCP. See ICF comment above.	0
GIRFEC NHS	(130)	Scottish Government Earmarked Non Recurring funding. Conditions of spend -Information Sharing/Technology Portal development in relation to GIRFEC "Getting it right for every child" for HSCP's - further planned spend via NHSGGC in 18/19 will require drawdown from this Reserve.	0
DWP Conditions Management	(179)	Ring Fenced non recurring income from Department of Work and Pensions to cover exit costs of Condition Management Joint Project between DWP and NHS, hosted by WD HSCP. Funding from DWP equivalent to Redundancy payments - however NHS has no redundancy policy, therefore funding aligned to alternative posts and Pay Protection for affected employee's. Drawdown required year on year varies dependant on placement of displaced staff.	0
TEC (Technology Enabled Care) Project	(173)	Scottish Government Non Recurring Grant funding for Technology Enabled Care Project. Fixed Term Post and purchase of equipment and text bundles will see Reserve reduce in 18/19 and should be fully drawn down by 19/20.	0
Primary Care Transformation Fund including Cluster Lead Funding	(265)	Scottish Government Earmarked funding for Primary Care Implementation Plan. Reserve will support 18/19 part year plans and implementation and expansion of plans from 19/20 onwards.	0
Physio Waiting Times Intiative	(125)	Reserve created from in year staff underspends within Hosted MSK Physiotherapy Service to ensure delays/pressures in waiting times can be addressed. Additional hours and use of Locum's will be funded from this Reserve in 18/19.	0
Retinal Screening Waiting List Grading Initiative	(60)	Reserve created from in year underspend within Hosted Retinal Screening Service to allow for funding of fixed term post and additional hours in 18/19 and 19/20 to address Grading Backlog. Approved savings in 2018/19 has removed the capacity to underspend this year.	0
GP Premises Improvement Funding	(47)	This Reserve was a transfer of funding from NHSGGC in relation to Board funding to be made available for GP Practices within HSCP areas to make bids in 2018/19 for Premises improvement works. The amounts allocated back to IJBs was estimated based on GP data, so the amount required by across NHSGGC is still being considered as allocation will be linked to need.	0
MSK Ortho Project	(359)	Scottish Government Non Recurring Project funding - Conditions of spend - specific targets and outcomes in relation to MSK Physiotherapy Services - delivered through dedicated staffing - Reserve draw down in 18/19 and 19/20 to fund staff costs.	0
MSK Govan SHIP Project Funding	(31)	Scottish Government Non Recurring Project funding - Conditions of spend - specific targets and outcomes in relation to MSK Physiotherapy Services - delivered through dedicated staffing - Reserve draw down in 18/19 to fund fixed term post.	0
Board Earmarked Reserves	**(2,012)**		**120**
Total Earmarked Reserves	**(4,437)**		**657**

WEST DUNBARTONSHIRE COUNCIL

APPENDIX 4

GENERAL SERVICES CAPITAL PROGRAMME

ANALYSIS OF PROJECTS AT RED AND GREEN ALERT STATUS

MONTH END DATE **30 September 2018**

PERIOD **6**

Budget Details	Project Life Financials					
	Budget	Spend to Date		Forecast Spend	Forecast Variance	
	£000	£000	%	£000	£000	%
Special Needs Adaptations & Equipment						
Project Life Financials	709	364	51%	709	0	0%
Current Year Financials	709	364	51%	709	0	0%
Project Description	Reactive budget to provide adaptations and equipment for HSCP clients					
Project Lifecycle	Planned End Date		31-Mar-19	Forecast End Date		31-Mar-19
Main Issues / Reason for Variance						
No issues to report at this time						
Mitigating Action						
None required at this time						
Anticipated Outcome						
Reactive equipment provided as required						

Replace Elderly Care Homes / Day care Centres						
Project Life Financials	27,463	14,093	51%	27,463	0	0%
Current Year Financials	8,146	294	4%	2,222	5,924	73%
Project Description	Design and construction of replacement elderly care homes and day care centres in Dumbarton and Clydebank areas					
Project Lifecycle	Planned End Date		31-Mar-15	Forecast End Date		24-Apr-20
Dumbarton Care Home Opening Dates	Planned Opening Date		31-Mar-15	Actual Opening Date		07-Jul-17
Clydebank Care Home Opening Dates	Planned Opening Date		31-Mar-15	Forecast Opening Date		24-Apr-20

Main Issues / Reason for Variance

In relation to Dumbarton Care Home (Crosslet House), practical completion was achieved on 28 April 2017 with retention due April 2018. WDC continue to work with Hub West and Morgan Sindall to agree statement of final account and close all outstanding matters such that the Making Good Defect Certificate can be issued and the final retention can be paid, target date 30 November 2018. In relation to Clydebank Care Home it is anticipated that work will commence on-site by end of October 2018 subject to all contractual obligations being fulfilled. The nominated site transfer date was 28 August 2018 and the conveyancing activity has been finalised with the documents delivered to Council Officers early October 2018. Once these documents are signed the Council will own the land. Remediation works are underway within the Clydebank Town Hall service yard and adjacent care home development site due to complete through October 2018. We have experienced a delay in programme and capital expenditure as we were not in a position to take ownership of the land until remediation works completed. To mitigate further Programme delay, a Letter of Intent was issued to the preferred tenderer on 27 June 2018 to progress full technical design. This was followed by the award letter issued to CCG 28 September 2018 on the basis of a site start 29 October 2018. As a result of programme slippage out with direct control of the project we are forecasting further rephasing is required over the subsequent project life, with programmed completion date of 24 April 2020.

Mitigating Action

Due to the complexity of both the relationships and co-dependencies with other neighbouring projects being developed at the same time the ability to mitigate within the project scope of control is limited – corporately, mitigation rests with delivery of programmes for overall Queens Quay Masterplan and in particular District Heating System. In an attempt to mitigate programme delay the Letter of Intent was issued 27 June 2018 to allow the full technical design to progress. This has included CCG & WDC carrying out due diligence check on the design based on known Care Inspectorate requirements and amendments made accordingly. This action will lead on to warrant submission and the purification of planning submission.

Anticipated Outcome

New Care home provision in Clydebank currently delayed as indicated by the overall forecast end date above.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

14 November 2018

Subject: 2019/20 Budget Setting Process

1. Purpose

1.1 To provide the Health and Social Care Partnership Board with an update on the 2019/20 budget setting process.

2. Recommendations

2.1 The HSCP Board is recommended to:

- Note the progress on the 2019/20 budget setting process, initial planning assumptions and the expected timeline in relation to our partner bodies budget offers.

3. Background

3.1 The Scottish Government plans to announce the 2019/20 financial settlements for our partner bodies during the week beginning 10 December 2018. Until then information will continue to be gathered from numerous groups including CoSLA, Health Board Chief Executives and Integration Joint Board representatives on impacts of known legislative and policy changes.

3.2 On 26 September the Scottish Government, NHS Scotland and COSLA issued a joint statement (Appendix 1) confirming their shared responsibility for ensuring the successful integration of Scotland's health and social care services and their duty to empower Integration Authorities. It also stressed the "*need to step up the pace.....to act together and in our individual roles to accelerate progress".*

3.3 This was followed by the publication of the Scottish Government's Medium Term Health and Social Care Financial Framework (Appendix 2) covering the period to 2023/24. This framework is "*predicated on the assumption that funding the UK Government has promised will be delivered as a true net benefit to the Scottish Government's budget".* It also clearly states that while investment is necessary, it must be matched with reform, which includes shifting the balance of care and delivering efficiencies.

3.4 At this time there is no information as to whether there will be specific funding directions to Integrated Joint Boards included within these offers, similar to 2017/18 e.g. maintain funding at previous year's cash level or cap savings targets or a more general direction around their commitment to Health and Social Care Integration.

3.5 The differing budget setting processes and funding settlement parameters of local authorities and health boards are well documented and have been a contributing factor in the difficulties experienced by the HSCP Board in setting its budget before the start of financial year. Early planning in advance of each financial year is essential to consider the short to medium term budget and funding assumptions of our partner organisations and their impact on projected budget pressures of the services delivered under the strategic direction of the HSCP Board.

4. 2019/20 Budget Setting Progress

4.1 The SMT are working in partnership with the finance team to inform initial 2019/20 to 2021/22 budget projections which include reflecting current pressures which will impact on future years, known transition and demographic pressures, estimations of cost and funding linked to Scottish Government policy, including further increase to living wage levels, the Carers Act, extension of free personal care to under 65's, Primary Care Improvement, Mental Health Action 15 and full year impact of 2018/19 approved savings options.

4.2 **Social Care**

4.3 With regards to potential funding for social care, the opening position is based on the indicative budget estimates set by WDC on 5 March 2018 for 2019/20 and 2020/21 council services, including the requisition payment to the HSCP Board. These indicative estimates included a savings target for the HSCP of £1.560m for each of the years, reflecting the original savings assumptions agreed by Council in October 2017 but subsequently reversed for 2018/19 only.

4.4 The Strategic Lead – Resources has discussed a draft Long Term Financial Plan with the Council Leader's Budget Working Group which revises assumptions on the funding settlements, pay award and savings options. This will be presented to elected members on 28 November 2018 at full council meeting. These revised assumptions impact on the level of saving directed to the HSCP Board, but until the details of the Scottish Government funding settlement is known and the 2018/19 pay deal for local government employees is settled the original savings target is factored into HSCP budget setting assumptions.

4.5 At the end of September Heads of Service were issued with details of 2018/19 approved budget savings and the 2019/20 impact (Appendix 3), together with a savings options template to populate with proposals reflecting up to a 5% reduction (approx £3.5m) in existing budget levels. The 5% target is a planning assumption which has considered all of the factors detailed in section 4.1 above including the possibility that funding to support policy changes may not be fully funded.

4.6 This planning assumption is extremely challenging and will be refined as budget negotiations continue, but it is prudent to develop a range of proposals at this level, will provide HSCP Board members with choice for both 2019/20 and future years as indicative funding levels continue to assume efficiency targets.

4.7 More detail on budget planning assumptions and the collated savings options will be presented to both a HSCP voting members budget session and a Joint Staff Forum by the end of November for discussion with a view to presenting a range of proposals at the December Audit Committee.

4.8 As stated in 3.1 above the Scottish Government will issue actual details of the 2019/20 financial settlement mid-December. This will be considered by WDC at its meeting on 19 December, including its plans on a public budget consultation exercise. The final 2019/20 budget setting meeting will take place on 27 March 2019.

4.9 <u>Health Care</u>

4.10 With regards to potential future funding settlements to the HSCP Board from NHSGGC, this will not be considered until after the December budget announcement by the Scottish Government. Initial budget planning scenarios considered by the health board will be presented initially to the Finance and Planning Committee in February 2019.

4.11 Early planning assumptions include a continuation of the 1.5% budget uplift received in 2018/19. However at this stage it is unclear as to whether the Scottish Government will provide additional funding to cover the second and third years of the 9% over 3 years pay deal as they did in 2018/19 from the UK Government's "consequential" funding. Given that approximately 75% of the health budget is staffing costs (excluding family health services and resource transfer), then if not fully funded this could result in a budget gap of approx £0.400m. This coupled with prescribing volatility, general inflationary pressures and the unknown impact of Brexit on future prices, remain the greatest financial risks to the HSCP Board.

4.12 Based on these initial assumptions and in line with the position for Social Care described in sections 4.5 to 4.7 above, the Heads of Service were issued with details of 2018/19 approved budget savings and the 2019/20 impact (Appendix 4), together with a savings options template to populate with proposals reflecting up to a 5% reduction (approx. £1.5m) of the controllable budget i.e. excluding FHS and resource transfer.

4.13 Again this is an extremely challenging task, complicated further by Scottish Government expectations that funding of mental health and addiction services require to be maintained.

4.14 In contrast to local authority budget setting requirements, health boards do not have to approve their new year budget before the 31 March. Historically this

is done in June, however in order to satisfy the legal requirements of the HSCP Board being considered a section 106 body, the expectation will be that at least agreement can be reached on an indicative budget offer prior to the end of March 2019.

5. People Implications

5.1 None.

6. Financial Implications

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

7. Professional Implications

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

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

8. Locality Implications

8.1 None.

9. Risk Analysis

9.1 There are a number of risks in relation to the current and future years, including:

- Continuing volatility in demand pressures across the range of community services;
- Approved savings options not delivering the projected value required to cover the funding gap;
- Continued reduction to the level of general reserves or the inability to replace the projected 2018/19 application;
- Scottish Government not providing sufficient funding for planned increases to Scottish Living Wage;
- Delivery of targets and outcomes such as delayed discharge and waiting times;
- Managing demand and the impact of legislative changes e.g. Carers Act and Free Personal Care for under 65s;
- Implications from consumption of hosted services if current arrangements are revised;
- A repeat of the short supply prescribing pressures of 2018/19 and inability to deliver on efficiency programmes; and
- Possible impact on staff recruitment, drug prices and drug availability as a consequence of Brexit.

10. Impact Assessments

10.1 None.

11. Consultation

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

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.

Julie Slavin – Chief Financial Officer
Date: 29 October 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

Appendices:

Appendix 1 – Joint Statement

Appendix 2 – Scottish Government Medium Term Health and Social Care Financial Framework

Appendix 3 – 2018/19 Approved Social Care Savings and 2019/20 impact

Appendix 4 – 2018/19 Approved Health Care Savings and 2019/20 impact

APPENDIX 1

Cabinet Secretary for Health and Sport
Jeane Freeman MSP

Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0300 244 4000
E: scottish.ministers@gov.scot

NHS Board Chairs
Local Authority Leaders
Integration Joint Board Chairs and Vice Chairs
NHS Board Chief Executives
Local Authority Chief Executives
Integration Joint Board Chief Officers
Chief Executive, SCVO
Chief Executive, Health and Social Care Alliance
Chief Executive, CCPS
Chief Executive, Scottish Care

26 September 2018

Dear colleagues

The Scottish Government, NHS Scotland and COSLA share responsibility for ensuring the successful integration of Scotland's health and social care services. We are therefore delighted to send to you today a joint statement, attached to this letter, setting out our shared commitment to integration as leaders in the public sector.

This statement is the first output from our review of integration, which is now underway via the Ministerial Strategic Group for Health and Community Care. It frames our joint ambitions for integration and sets the context for recommendations that will follow from the review.

We look forward to continuing to work with you all to deliver integration, and, through it, better care for people using health and social care services in Scotland.

JEANE FREEMAN
Cabinet Secretary for Health and Sport

COUNCILLOR ALISON EVISON
COSLA President

DELIVERING INTEGRATION

We need to step up the pace of integrating health and social care. Truly integrated services, focused on the needs of citizens – individuals, carers and families, and on the health and wellbeing of local communities – require our leadership and personal commitment. We need to act together and in our individual roles to accelerate progress.

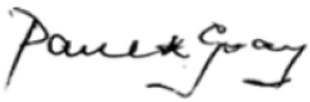
There are challenges that we must address. We will work together, and with our local populations as well as partners in the third and independent sectors, to understand public expectations and better meet needs for health and social care, which go hand-in-hand with improvements in life expectancy and the availability of new medicines and technologies. We are already making progress. We recognise that we are jointly responsible for tackling these challenges and that we need to adapt, compromise and support one another to deliver integration for the people of Scotland.

The Public Bodies (Joint Working) Act 2014 puts in place governance and financial arrangements, and a set of outcomes, for us to work within to achieve integration. We share a duty to empower Integration Authorities, to hold ourselves and one another to account in order to make integration work. We will learn from one another and adopt good practice. We will also work collaboratively and in partnership beyond the statutory sector to deliver improvements.

We commit to delivering together because that is the right way to deliver better services for our citizens.

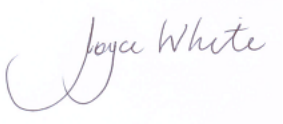
CABINET SECRETARY FOR HEALTH AND SPORT

COSLA PRESIDENT



DIRECTOR GENERAL, SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATES AND CHIEF EXECUTIVE, NHSSCOTLAND

CHIEF EXECUTIVE, COSLA



CHAIR, SOLACE 26 SEPTEMBER 2018

APPENDIX 2

Scottish Government
Riaghaltas na h-Alba
gov.scot

Scottish Government Medium Term Health and Social Care Financial Framework

October 2018

Scottish Government Medium Term Health and Social Care Financial Framework

October 2018

The Scottish Government, Edinburgh 2018

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-78851-999-1

Published by The Scottish Government, October 2018

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS431126 (10/18)

Contents

Introduction

Our NHS celebrated its 70th Birthday this year and it is clear that our most cherished of public services has had to evolve, changing to reflect advances in medicine and the changing needs of our people. Our NHS, and the wider health and social care system, will need to continue to adapt, recognising changing demands and that people are living longer, thanks in no small part to the NHS and the care and treatment it has provided.

Our staff do an outstanding job, day in and day out. The vast majority of people get a fantastic and timely service, demonstrated in high satisfaction levels. For example - 90% of Scottish inpatients say NHS hospital care and treatment was good or excellent.

Planning for the future of our health and social care services requires a clear financial context which outlines the challenges facing the system, but at the same time looks at our approach to addressing these pressures – through a combination of investment and reform.

This Financial Framework aims to consider the whole health and social care system and how this supports the triple aim of better care, better health and better value. It outlines that investment, while necessary, must be matched with reform to drive further improvements in our services - considering the health and social care landscape at a strategic level. It has been developed with input from NHS Boards, COSLA, Local Government and Integration Authorities.

Context

This framework and supporting data will be updated as reform plans evolve, allowing local systems to develop plans within an overall set of financial parameters and alongside workforce and service considerations. Throughout this document, 2016/17 is used as the baseline year for data, reflecting that this is the latest year of published information from the NHS Cost Book and Local Government Local Financial Returns.[1]

Determining the factors which contribute to the wider financial context we will operate within is far from simple, not least as the Scottish Government does not have all the flexibility and levers to manage and plan its finances, as much of this remains reserved to the UK Government.

Additionally, our public finances continue to face the impact of the financial constraints imposed on us by the UK Government's austerity approach – a £2.6 billion real terms reduction in the our discretionary block grant between 2010/11 and 2019/20.

1 For NHS Costs Book see: http://www.isdscotland.org/Health-Topics/Finance/Costs/ and for Local Financial Returns see: https://beta.gov.scot/publications/scottish-local-government-financial-statistics-2016-17/pages/9/

Perhaps the greatest threat to our future finances is the damage caused by Brexit. The economic damage of Brexit could reduce Scotland's GDP by £12.7 billion by 2030 compared with staying in the EU[2] and it is impossible to ignore the risk it creates to some of the planning assumptions in this framework.

The UK Government funding announcement for NHS England in June 2018 included projections through to 2023/24[3] – and indicated associated Barnett resource consequentials for the devolved administrations. The funding assumptions in this document cover the same time period and are predicated on the assumption that the funding the UK Government has promised will be delivered as a true net benefit to the Scottish Government's budget. Clearly any actions by the UK Government which did not deliver this additional funding as a net benefit would have potential consequences on funding for Scotland's public services.

It should also be noted that the funding announced by the UK Government for NHS England in June fell some way short of the resource required to address the fundamental challenges facing the health and social care services in England. It did not, for example, touch on necessary funding for social care and public health services.

Health and Social Care Delivery Plan

The *Health and Social Care Delivery Plan*[4] set out a framework for the delivery of services, bringing together the National Clinical Strategy and our key reform programmes, such as Health and Social Care Integration. Its aim is to ensure that Scotland provides a high quality service, with a focus on prevention, early intervention and supported self-management, and if people need hospital services, they are seen on a day case basis where appropriate, or discharged as soon as possible.

Over the last ten years there has been significant investment in the health service – with the health budget having increased to a record level. Striking progress against key challenges to our nation's health and healthcare has been seen, with steady falls in mortality from the 'Big Three' – cancer, heart disease and stroke.

Bold action has been taken in Scotland in public health improvement, including major and innovative developments such as the ban on smoking in public places, raising the age for purchasing tobacco from 16 to 18 and the introduction of a minimum unit price for alcohol. Those aged 65 and over are entitled to free personal care when they need it, with extension to those under 65 who need it being delivered by April 2019, and there is free nursing care for anyone at any age who requires these services.

The Integration of Health and Social Care aims to ensure that people are supported at home to live independently for as long as possible, ensuring that people's care needs are anticipated and planned appropriately. This is focused on the key areas of reducing the inappropriate use of hospital services and shifting resource to primary and community care.

We recognise that like other health and social care systems around the world, we do face inflationary pressures, which could be exacerbated by the uncertainty that is being created by Brexit. Achieving long-term financial sustainability and making best use of resources is critical to delivering on the Delivery Plan's objectives.

The guiding principle underpinning this framework is simple – that we continue to deliver a service for our patients that is world class and that takes forward our ambition that everyone is able to live longer, healthier lives at home, or in a homely setting.

2 Scottish Government, Scotland's Place in Europe: People, Jobs and Investment

3 UK Government, UK Government's 5-year NHS funding plan

4 Scottish Government, Health and Social Care Delivery Plan, December 2016. http://www.gov.scot/Resource/0051/00511950.pdf

Health and Social Care Expenditure

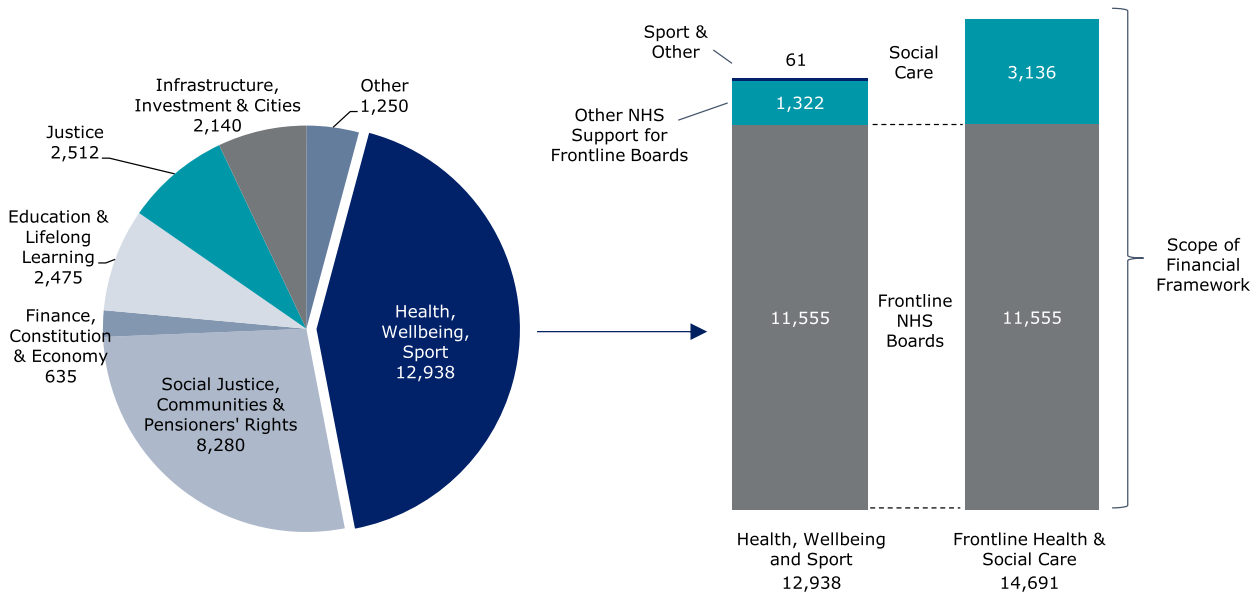
Scottish Government Expenditure

The total Scottish Government budget was £30.2 billion[5] in 2016/17, with funding for the Health and Sport portfolio at record levels of £12.9 billion. Health expenditure is the largest component of the Scottish Government's budget, with spending on the NHS accounting for 43% of total Government expenditure, compared to 37% in 2010/11. Given that there has been a reduction to Scotland's fiscal budget by 8.4% in real terms between 2010/11 and 2019/20, this proportion is expected to increase in future years due to the protection to health spend, with the Scottish Government's commitment to increase the health budget by £2 billion over the lifetime of the current parliament and passing on further Barnett resource consequentials arising from the funding settlement for the NHS in England.

The majority of health expenditure is accounted for by the 18 frontline NHS Boards (£11.6 billion), which comprise the 14 territorial NHS Boards, as well as NHS24, the Golden Jubilee Hospital, the State Hospital and the Scottish Ambulance Service. The analysis within this framework document is focused on frontline NHS Board expenditure plus Local Government net expenditure on Social Care (£3.1 billion in 2016/17). Together, this accounts for £14.7 billion in expenditure in 2016/17 on health and social care. More than £8 billion of this total is now managed by 31 Integration Authorities, which have responsibility for commissioning health and social care services for their local populations. Integration Authorities' budgets are comprised of approximately £5 billion from frontline NHS Boards and £3 billion from Local Authorities.

It should be noted that there is health expenditure delivered through NHS National Services Scotland, Healthcare Improvement Scotland, NHS Education for Scotland and NHS Health Scotland, and also through activity administered centrally within the Scottish Government, including capital expenditure. For the purposes of this document, this expenditure is not included in our analysis.

FIGURE 1. SCOTTISH GOVERNMENT REVENUE BUDGET 2016/17 (£m)

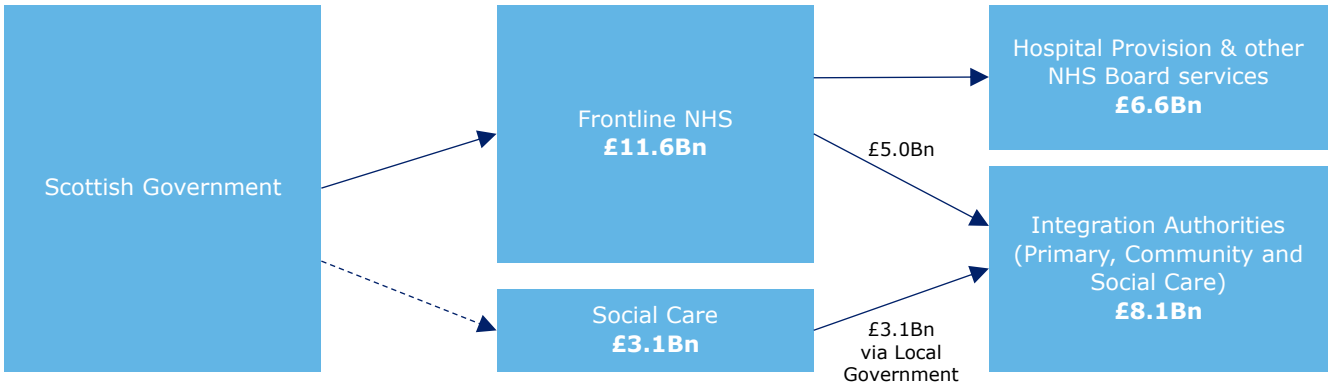


Source: Scottish Government. Draft Budget 2016-17

5 Scottish Government, Total Departmental Expenditure Limit, Draft Budget 2016/17

Figure 2 below illustrates how funding for health and social care is allocated within Scotland following the creation of Integration Authorities.

FIGURE 2. HEALTH AND SOCIAL CARE FUNDING FLOWS IN SCOTLAND

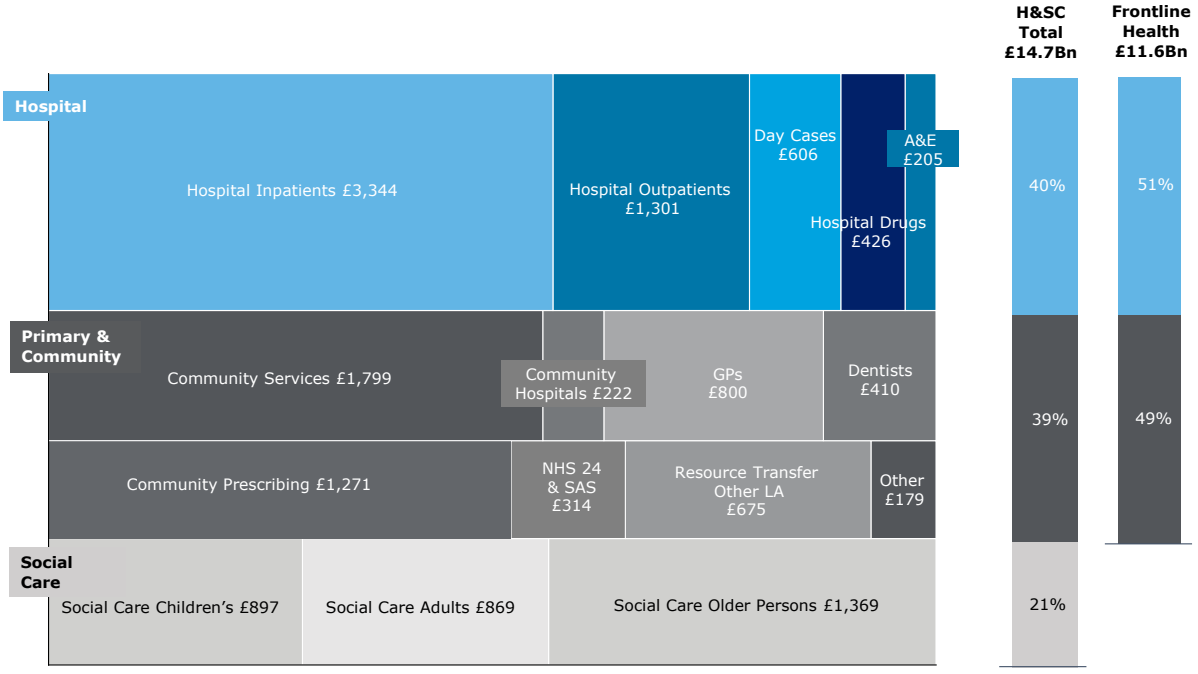


Health and Social Care Expenditure

Figure 3 provides an overview of the composition of health and social care expenditure in Scotland in 2016/17. It illustrates that the majority of NHS expenditure is concentrated on the hospital sector (51%), with the largest area of expenditure on inpatient hospital services (£3.3 billion). Areas of significant expenditure include £2 billion spent on community health services (the provision of district nurses, community hospital services and teams), £1.3 billion on the provision of hospital outpatient appointments, £1.3 billion on GP prescribed drugs and a similar amount on social care support for the elderly.

Overall, the NHS budget accounts for approximately 79% of joint health and social care expenditure. Approximately 60% of frontline health board budgets are delegated to Integration Authorities, covering at least adult primary care and most unscheduled adult hospital care. All of adult social care budgets are also included in Integration Authorities' budgets and some also have responsibility for children's services.

FIGURE 3. HEALTH AND SOCIAL CARE EXPENDITURE 2016/17 (£m)



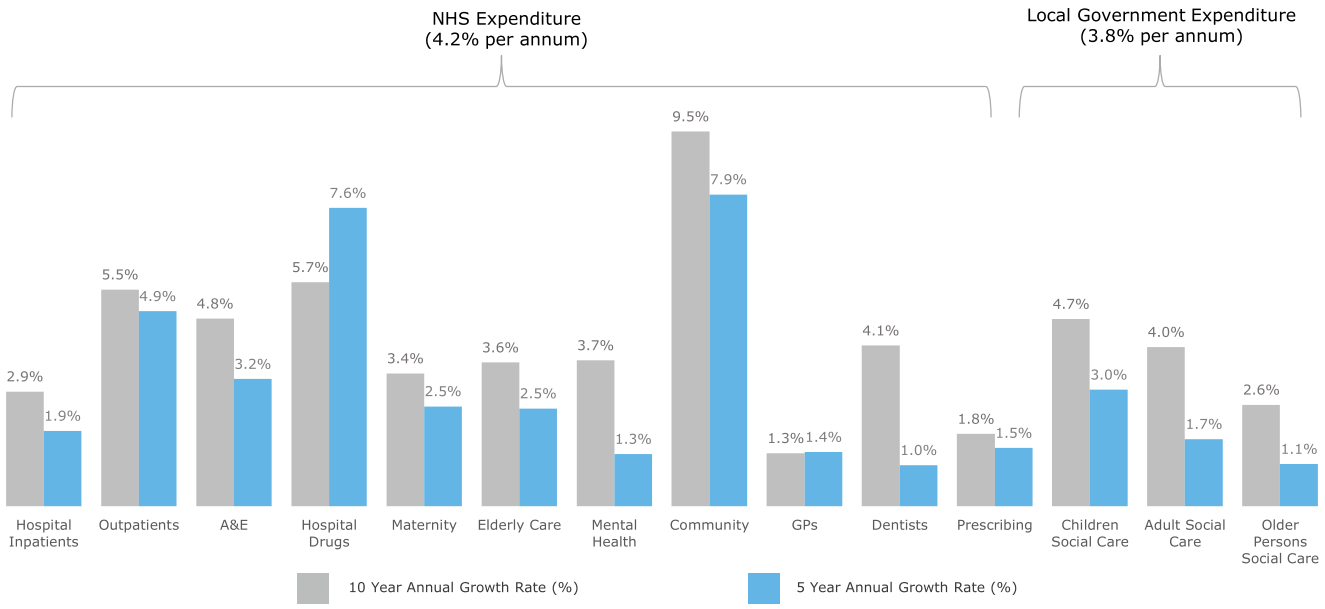
Source: ISD Scotland Cost Book 2016/17, Net Local Authority Expenditure 2016/17

Historical Expenditure Trends

One of the aims of this framework is to provide an estimate of the future resource requirements across health and social care. To provide some context, historical expenditure trends in both health and social care have been examined. NHSScotland and Local Authority expenditure data has been collected in a consistent format for over ten years, and provide some indication of long term trends.[6]

Figure 4 illustrates average annual expenditure growth rates for each major category of health and social care in Scotland from 2006/07 to 2016/17.[7] Overall, NHS expenditure has increased by 4.2%, and social care by 3.8% year on year over the past ten years. However, this rate of growth has slowed in the last five years to 3.2% and 1.8% for the NHS and social care respectively. This largely reflects the real terms reduction in the overall Scottish Government budget as a result of decisions taken by the UK Government, and specifically for Social Care, the use of eligibility criteria to manage resources.

FIGURE 4. HEALTH AND SOCIAL CARE HISTORICAL EXPENDITURE TRENDS (2006/07 – 2016/17)



Historic trends show a significant increase in the level of community health services spend over the past ten years. Specific policy decisions to invest in community services have contributed to expenditure in this area growing on average by 9.5% year on year.[8] Although we have seen growth in spending on community services, this does not yet represent a shift in the overall balance of care: expenditure on hospital services has also been growing significantly, with high rates of growth in outpatient (5.5%), Accident and Emergency (4.8%) and hospital drug expenditure (5.7%). Expenditure on hospital drugs has increased significantly in the last five years, growing at 7.6% year on year, as new and innovative drugs for cancer and other conditions become more widely available.

6 Recognising that historical expenditure trends cannot fully capture the impact of wage increases or future policy changes.

7 Mental health, maternity and elderly care includes elements of both hospital and community service provision.

8 Part of this growth can also be explained by increases in resources which are allocated to Integration Authorities to fund services provided by Local Authorities for services related to care of the elderly, Learning Disabilities and mental health and to facilitate discharge from hospitals. Total NHS Scotland expenditure on these resources was £689 million in 2016/17.

Expenditure on GP prescribing has shown a slower growth profile over the period, primarily due to a reduction in the price of certain drugs, as well as more generic drugs becoming available to the NHS.

Social care expenditure has also increased in all categories, however in the last five years adult social care spend has risen broadly in line with GDP.[9]

Historical Activity Growth and Trends in Productivity

Over the last few years, activity levels across the health and social care sector have generally increased, particularly in relation to hospital outpatient attendances and elderly care at home hours delivered (Box 1 below). The increase in care at home hours is largely as a result of the policy to keep people at home for longer.

BOX 1. ACTIVITY LEVELS ACROSS HEALTH AND SOCIAL CARE

2.1m (+10%) additional elderly care at home hours delivered from 21.6m in 2010/11 to 23.7m today

1.8m (+21%) additional hospital outpatient attendances from 8.5m per year to 10.3m

140,000 (+17%) additional hospital inpatient cases from 830,000 per year to 970,000

98,000 (+6%) additional A&E attendances from 1.6m per year to 1.7m

67,000 (+16%) additional hospital day cases from 420,000 per year to 490,000

No change in elderly residential care home places since 2010/11 remaining at 30,000 places

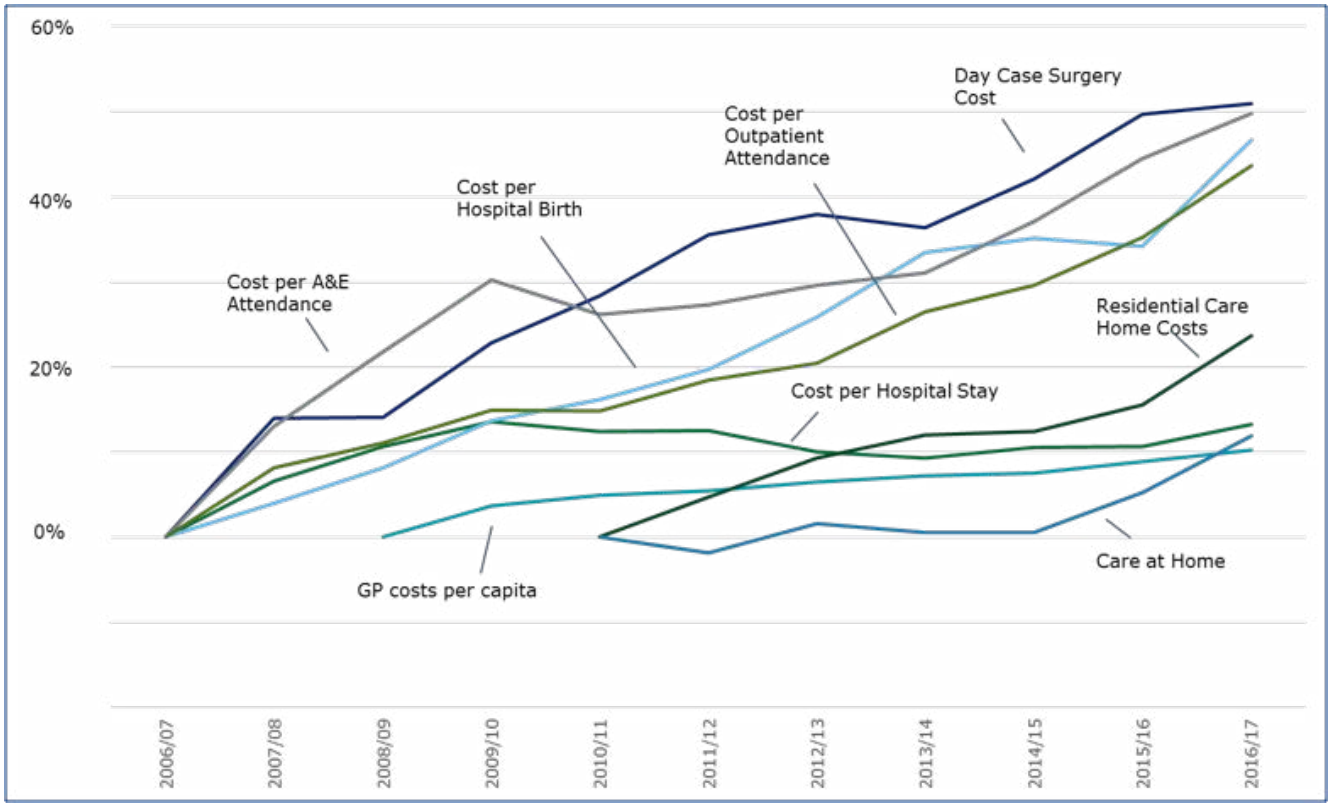
5,000 (-5%) fewer inpatient births in Scottish Hospitals from 102,000 to 97,000 episodes per year

There are now 1.8 million more outpatient attendances in Scotland compared to ten years ago whilst most other hospital activity metrics have also increased.

It is also important to consider whether health and social care services are more productive than they were ten years ago. Gains in productivity would mean that health and social care services are delivering more with the money they receive, and increasing productivity will be critical to ensuring the future sustainability of the system. Figure 5 provides an indication of how unit costs have changed over the past ten years based on a selection of available metrics for some of the largest areas of spend.

9 It should be noted that unmet need has not been quantified in any of the categories in the Figure 4 graph.

FIGURE 5 UNIT COST GROWTH (%)[10]



This illustrates that unit costs have increased by around 50% over the past ten years for certain hospital services. For example, the cost of an A&E attendance was £82 in 2006/07 and is now £123; likewise an outpatient attendance has increased from £81 to £116 over the same period. The increase in outpatient costs is partly due to the fact that more complex activity is now being done on an outpatient basis than was the case 10 years ago. The increase in A&E attendance costs is partly due to investment in emergency services to support delivery of the four hour target, with the Scottish Government providing specific investment over the last few years to improve capacity and resilience in this area. Inpatient hospital costs have not followed a similar pattern with costs per case only 13% higher over the period, as shorter lengths of stay have enabled hospitals to reduce the number of beds they have needed whilst still seeing more patients. Historically, there is less robust primary and social care data, however, work is underway to provide more of this data. Analysis illustrates that GP costs per capita and care at home unit costs have grown less significantly over the period.

Productivity is complex to assess, particularly within a health and social care context, as activity statistics on their own can often hide other benefits, such as the quality of care. The incline from 2016 in residential care and care at home partly reflects policies relating to the Living Wage.

10 Care at home costs is for people aged 65+.

Summary

Expenditure and activity are at record levels and growth trends across the developed world indicate that the level of funding will only need to increase. However, with greater pressures on the system, this will also require change in the way services are delivered. Many of these initiatives are described in the Health and Social Care Delivery Plan and are being driven forward through the integration of health and social care. Delivering improvements in productivity will also be key, ensuring that high quality services are delivered to the population of Scotland whilst managing within the available resources.

Future Demand for Health and Social Care

Drivers of Demand Growth

There are numerous studies which consider the factors driving expenditure on health and social care. Many of these studies have attempted to quantify future demand based on forward projections of need, including analysis carried out by the Health Foundation, the Fraser of Allander Institute, as well as the International Monetary Fund (IMF) and Organisation for Economic Co-operation and Development (OECD). Most of these studies conclude that the demand for health and social care will increase faster than the rate of growth of the wider economy and that over time, the share of GDP spent on these services will gradually increase. The factors for this growth can be broadly classified into three areas:

Price Effects: the general price inflation within health and social services;

Demographic Change: this includes the effect of population growth on the demand for health and social care services as well as the impact of a population living longer; and

Non Demographic Growth: this relates to demand-led growth, generated by increased public expectations and advances in new technology or service developments, for example, expenditure on new drugs.

In May 2018, the Institute for Fiscal Studies and the Health Foundation reported that UK spending on healthcare would require to increase in real terms by an average of 3.3% per year over the next 15 years in order to maintain NHS provision at current levels, and that social care funding would require to increase by 3.9% per year to meet the needs of a population living longer and an increasing number of younger adults living with disabilities.

Our analysis and assumptions are in line with these assessments and take into account the Scottish Government's twin approach of investment and reform, recognising the increasing demand and expectations placed upon our frontline services and being clear that the status quo is not an option.

Future demand forecasts therefore assume the following rates of growth and reform for health services in Scotland:

- price effects will move in line with UK Government GDP deflator projections and will reflect the impact of the NHS pay deal[11] (combined impact of 2.2-2.4% each year over the next five years);
- demographic factors will on average increase the demand for healthcare by 1% year on year;
- non-demographic growth will contribute 2-2.5% growth year on year within the healthcare sector; and
- benefits realised from savings and reform will amount to 1.3% each year and will be retained locally.

Based on these assumptions and their interaction with variable and fixed costs, future demand projections for health have been based on an annual growth rate of 3.5%

11 In terms of the GDP deflator, it is recognised that short term price pressures will also be influenced by changes in pay policy, most notably the recent lifting of the public sector pay cap.

Taking into consideration the various estimates of social care growth, pressures in the social care sector are likely to be slightly higher than in healthcare for various reasons, including pay a strong focus on the very elderly, where demographic pressures are at their greatest. For the purposes of modelling, a rate of 4.0% has been used.

Summary

National and international studies point to the fact that health and social care demand will continue to grow in Scotland, as is the case throughout the developed world. While recognising the significant additional investment planned in health and social care, if the system does not adapt or change, then there will be a net increase of £1.8 billion over the period - driven by growth in the population, public demand and price pressures. In the following sections, the policies and measures in place to address this challenge are set out, including how they will influence the future shape of health and social care expenditure.

Future Shape of Health and Social Care Expenditure

Government Spending Policy Commitments

The Scottish Government has made a number of policy commitments to be delivered in this parliament in relation to health and social care expenditure, that will influence the future shape of the budget, as well as drive reform across the system. Over the medium to long term this will influence the setting in which care is delivered, as well as redirect resources to priority areas for expenditure. The financial implications of these commitments are important to understand and plan for over the next 5-7 years and beyond.

The focus of the financial framework is on the main health and social care expenditure commitments, as set out below:

- over the course of this parliament, baseline allocations to frontline Health Boards will be maintained in real terms, with additional funding over and above inflation being allocated to support the shift in the balance of care. This means that health expenditure will be protected from the impact of rising prices and will continue to grow in excess of GDP deflator projections;
- over the course of the next five years, hospital expenditure will account for less than 50% of frontline NHS expenditure. This relates to the policy commitment to '*shift the balance of care*', with a greater proportion of care provided in a setting close to a person's home rather than in a hospital;
- funding for primary care will increase to 11% of the frontline NHS budget by 2021/22.[12] This will amount to increased spending of £500 million, and about half of this growth will be invested directly into GP services. The remainder will be invested in primary care services provided in the community; and
- the share of the frontline NHS budget dedicated to mental health, and to primary, community, and social care will increase in every year of the parliament. For adults, and in some cases for children, these services, along with unscheduled hospital care, are now managed by Integration Authorities.

The analysis below considers how these commitments will influence the future shape of health expenditure through to 2021/22 and the associated implications for future funding growth.

Future Shape of the Frontline Health Budget

Modelling was undertaken to assess what existing baseline spending for frontline Boards may look like in 2021/22, taking into account the commitments outlined above. Figure 6 illustrates the results, comparing the current position with that projected in five years' time. It illustrates that at present 50.9% of frontline health expenditure is allocated to the hospital sector, with 34.0% spent on community services, 8.1% on mental health[13] and 6.9% on GP services (funded directly by the General Medical Services contract).

In the future, it is estimated that the baseline budget for frontline Boards will be at least £1.5 billion higher at £13.1 billion. This reflects the impact of increased spending in line with inflation, supporting the shift in the balance of care, and providing additional support to improve waiting times. Within this overall position, the share of expenditure on hospital services will comprise less than half of frontline spending, with a corresponding increase in funding for community health services. In addition, there is

12 Letter to Health and Sport Committee - February 2017

13 Mental health expenditure is incorporated in both the hospital and community service expenditure lines, but is presented separately in the charts on the next page for clarity of presentation.

expected to be further funding flowing from the commitment to pass on Barnett resource consequentials in full, and this will also be prioritised towards supporting the shift in the balance of care.

FIGURE 6. FUTURE SHAPE OF FRONTLINE HEALTH EXPENDITURE

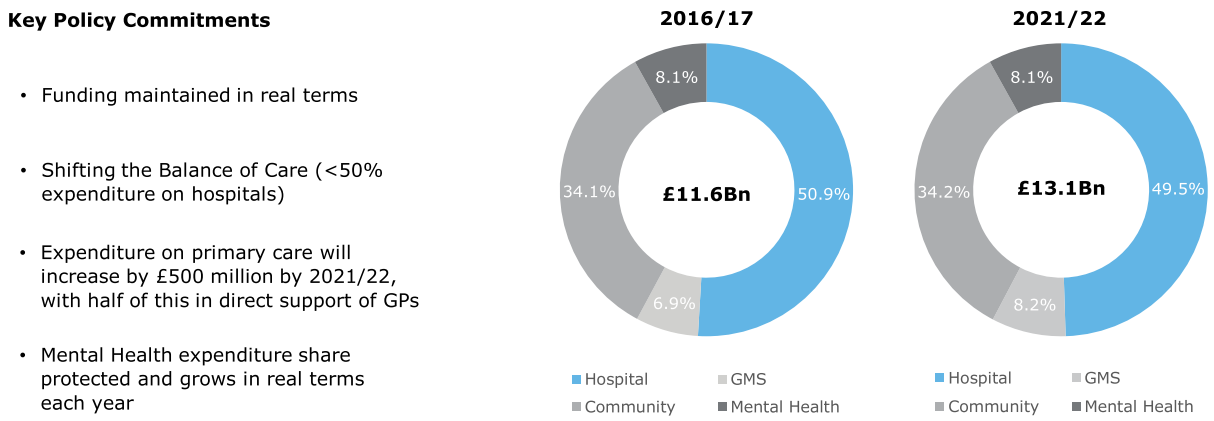
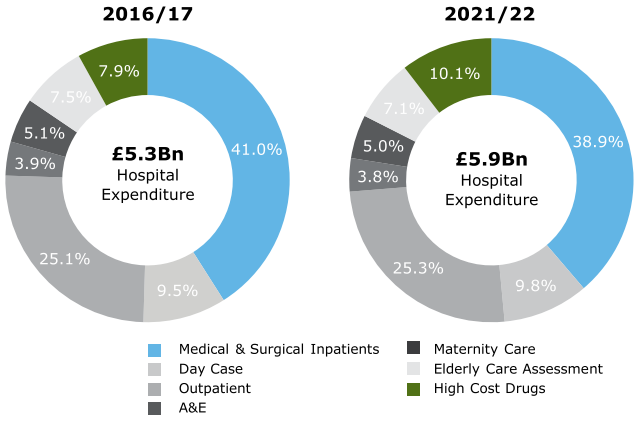


Figure 7 illustrates the main components of current hospital expenditure, with medical and surgical inpatient services accounting for the majority of expenditure (41%), followed by outpatient services (25%) and day case surgery (9.5%). In five years' time the hospital budget would be larger, standing at £5.9 billion, but the composition of spend will likely be different.

FIGURE 7. FUTURE SHAPE OF HOSPITAL EXPENDITURE



Summary

The analysis illustrates how we plan to reshape expenditure patterns across the health and social care sector, with a gradual rebalancing of expenditure towards care delivery outwith a hospital setting. There is evidence that health and social care is being reformed and that there will be significant investment to support this over the next five years. We know ultimately that the outcomes in many circumstances are better, with fewer interventions, when care is delivered in a community setting. Health and Social Care Integration focuses on delivering care in the right place, at the right time, ensuring both the quality and sustainability of care.

Early evidence from Integration Authorities suggests that achieving this shift to primary and community care can be delivered, given the opportunities to deliver care in different settings and in different ways, however it will require appropriate investment in reform and a change in the way services are delivered across Scotland.

Through the Ministerial Strategic Group for Health and Community Care, partnerships have shared projections for their performance on the Delivery Plan objectives over the period to the end of 2018/19 and these show improvements in a number of areas. For example, for unplanned bed days, there is already an overall 7% reduction projected against the 2016/17 baseline, which is consistent with the Delivery Plan objective for a 10% reduction by end 2020. This includes a 16% reduction in days lost to delay.

Reforming Health and Social Care

Introduction

The actions required to address the challenges facing the health and social care system in Scotland are set out in the Health and Social Care Delivery Plan. The Delivery Plan brings together earlier reform programmes – such as the National Clinical Strategy, and other reform initiatives – into a framework that is designed to provide focus and acceleration for reform. Its actions are designed to set us on the right course to address the financial pressures facing the health and social care sector by reforming the way care is delivered, as well as reshaping the future balance of expenditure across care settings.

This framework has been developed to support plans at a local, regional and national level in identifying the financial impact of various policy initiatives and how they will contribute to system sustainability. The analysis provides a high level indication of the scale and type of factors that will help reform the health and social care system. Further work will be carried out at a local and regional level to develop these into more detailed delivery plans.

Reform Activities

Five specific areas of activity have been modelled as contributing to the reform of health and social care delivery across Scotland and these are summarised below:

Shifting the Balance of Care

This is one of the key policy commitments of the Health and Social Care Delivery plan and underpins our longer-standing commitment to integrating health and social care. Many activities currently undertaken in hospital could be delivered in primary, community and social care settings so a patient is seen closer to home. There is also evidence which highlights the variance in care levels across Scotland, for example, with hospital admission rates and A&E attendance rates varying widely across geographical areas.

The Financial Framework assumes potential productive opportunities through reduced variation across A&E attendance rates, outpatient follow up rates and hospital inpatient lengths of stay. These estimates are based on the health and social care system improving performance to the national average and provide a high level view of the potential scale of savings that this can deliver. Local systems will then use these high level assumptions to reflect local circumstances building on evidence about variation.

While it will be challenging given existing pressures in the system, shifting care out of a hospital setting requires investment in primary, community and social care service provision, and it is assumed that approximately 50% of savings released from the hospital sector would be redirected accordingly under the direction of Integration Authorities through their strategic commissioning plans.

Regional Working

This activity relates to better collaboration to improve services, including greater regional approaches to the planning and delivery of services. This will help drive change in how clinical networks are formed and help to reduce duplication in services and functions. The National Clinical Strategy[14] also envisages a range of reforms so that healthcare across the country can become more coherent, comprehensive and sustainable. It sets out, for example, a framework for how certain specialist acute services should be provided on a wider regional footprint.

Based on evidence from other healthcare systems it is assumed that productivity savings of just over 1% could be delivered through effective regional working.

Public Health and Prevention

Scotland, in common with many developed societies face challenges associated with lifestyle behaviours, and wider cultural factors that can prevent positive health choices being made. Addressing these requires a concerted, sustained and comprehensive approach and a number of health improvement actions have been set out in relation to smoking, exercise, diet and alcohol. These initiatives, alongside the promotion of self-care, and helping to stop people entering the health system through prevention and shared decision making (i.e. Realistic Medicine) are important themes within the Health and Social Care Delivery Plan. For example, in the East of Scotland, work is being undertaken to deliver a prevention programme to reduce the incidence or reversal of type-2 diabetes in the region dramatically. The region is taking forward a comprehensive approach to health-based interventions such as weight-loss support and advising on self-management of the condition, and more widely, the promotion of active travel and targeted interventions for children and young people. The work links into the Scottish Government's Diet and Healthy Weight Strategy.

It is not yet possible to fully quantify how these policies will ultimately impact upon the health and social care sector but it is important to capture the potential. As a result, a 1% reduction in demand is included in the financial framework from the implementation of these initiatives, starting towards the end of the five year period.

Once for Scotland

The Health and Social Care Delivery Plan also sets out how taking a 'Once for Scotland' approach can continue to deliver more effective and consistent delivery of services, building on the principles of the National Clinical Strategy. For the purposes of the financial framework a 0.25% reduction in cost is assumed, to reflect potential savings in this area. These savings estimates could increase further in the future through advances in technology.

14 A National Clinical Strategy for Scotland. 2016.

Annual Savings Plans

These relate to the operational delivery of productivity and efficiency savings that all health and social care organisations manage on an annual basis. They typically consist of a number of improvement initiatives, from reducing the reliance on bank and agency staff, to making savings on medical or surgical consumable purchases, right through to changing how services are delivered.

The financial framework has included a target of 1% year on year against these plans, although there is potential for further savings to be delivered in this way. For example, a study by NHS England estimated that historical savings in the NHS were around 0.8% year on year, but that it was considered feasible for providers to deliver efficiency savings as high as 1.5-3% year on year.[15]

15 Five Year Forward View. Health Select Committee Briefing on technical modelling and scenarios. May 2016.

Bridging the Financial Challenge

The Financial Framework provides an indication of the potential approach and type of initiatives that would create a financially balanced and sustainable health and social care system. This presents a macro level view across Scotland and within this framework, local systems will put in place local level delivery plans and developments. These plans and developments will vary in each part of the country, depending on the requirements and arrangements put in place.

Figure 8 illustrates how all of the assumptions on these reform initiatives and ongoing efficiency savings would combine to address the financial challenge over the coming years. Taking account of assumed Barnett resource consequentials through to 2023/24, total funding will be £4.1 billion higher than in 2016/17 and this is presented in figure 8. This is split between an inflationary growth in funding, and additional investment for reform. Based on this modeling there would remain a residual balance of £159 million across the health and social care system in 2023/24.[16] We would anticipate further updates to the assumptions on the reform activities mentioned above in order to address the residual balance over the period.

FIGURE 8. SYSTEM REFORM BRIDGING ANALYSIS

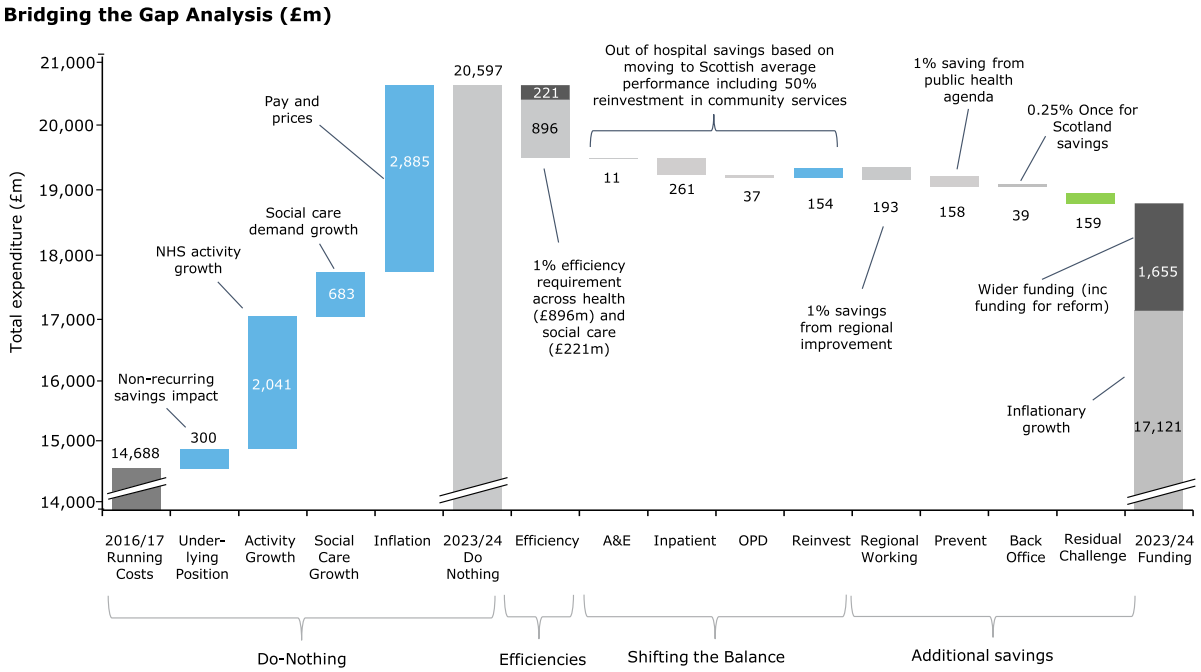


Figure 8 illustrates that from a starting point in 2016/17, with running costs of £14.7 billion, the health and social care system would require expenditure of £20.6 billion in 2023/24 if the system did nothing to change. Reform programmes have however already begun, particularly the integration of health and social care, which will help to address this 'do nothing' challenge. More progress is nonetheless needed to drive forward reform and address the residual savings balance. This will require further work across the health and care system to identify new ways to provide services to the population of Scotland.

Future iterations of the Financial Framework will include assessments of local and regional delivery plans in achieving these ambitions.

16 Presumed real terms (GDP) uplift to health and social care funding.

Summary

The Health and Social Care Delivery Plan brings together a number of policy initiatives that have been designed to reform how care is delivered to the people of Scotland. These will not only support the delivery of high quality care, but will help the system to manage the predicted growth in demand for health and social care over the next five years. There are challenges associated with this, for example, savings assumed through preventative plans may not deliver as anticipated, while the challenges are different across localities due to varying pressures.

In addition, although initial plans are in place, delivering on this agenda will require further change beyond the scope of this framework. Building on progress already underway through integration, there will need to be proportionately less care delivered in hospitals and there is an expectation that new digital technology will change care delivery models.

The System Bridging Reform Analysis does however provide a clear framework from which, regions, NHS Boards and Integration Authorities can build plans. It draws out the significant additional investment through to 2023/24, but highlights that this investment must be used to support the reform that is required across the health and social care system to ensure ongoing sustainability.

ISBN: 978-1-78851-999-1

This document is also available on The Scottish Government website:
www.gov.scot

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS431126 (10/18)

SUMMARY SOCIAL CARE APPROVED SAVINGS AS AT 2 MAY 2018

APPENDIX 3

Proposal	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 (£)	Savings achieved in 2020/21 (£)	Staffing Impact (Whole Time Equivalents)	Projection of Savings Achieved by 31 March 2019	Recurring /Non Recurring
Redesign of HSCP Management	50,000	100,000	100,000	2.00	50,000	recurring
Cease night shift cover in three WDC sheltered housing complexes	65,000	130,000	130,000	3.50	65,000	recurring
Rationalise Social Worker complement within Adult Care Team (Physical Disability)	11,625	23,250	23,250	0.50	11,625	recurring
Redesign of overnight care at home cover	8,033	8,033	8,033	0.34	8,033	recurring
Rationalise administrative support within Children and Families Team	41,000	82,000	82,000	4.00	41,000	recurring
Increase Blue Badge Charges	29,315	29,315	29,315	n/a	29,315	non-recurring
Reduce provision of external residential beds	150,000	400,000	750,000	n/a	150,000	recurring
Revise community based support provided externally by Includem.	150,000	150,000	150,000	n/a	150,000	recurring
Reconfigure diversionary activities for addictions and youth justice clients externally provided by Alternatives.	41,730	41,730	41,730	n/a	41,730	recurring
Move to Core and Cluster Model of Housing Support for Adult Learning Disability clients. Phase 1 - refurbishment of WDC flats	50,000	60,000	60,000	n/a	10,000	recurring
Move to Core and Cluster Model of Housing Support for Adult Learning Disability clients. Phase 2 - New Build Bungalow	0	40,000	180,000	n/a	0	n/a
TOTAL VALUE	**596,703**	**1,064,328**	**1,554,328**	**10.34**	**556,703**	

Impact of 2018/19 approved savings already factored into 2019/20 and 2020/21 Budget Setting Assumptions	**467,625**	**490,000**

SUMMARY HEALTH CARE APPROVED SAVINGS AS AT 2 MAY 2018

APPENDIX 4

Proposal	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 £	Savings achieved in 2020/21 £	Staffing Impact (Whole Time Equivalents)	Projection of Savings Achieved by 31 March 2019	Recurring /Non Recurring
Rationalisation of HSCP Senior Management Team support including non pay budgets	100,000	100,000	100,000	2.50	100,000	recurring
Rationalise community children's services support	17,000	150,000	150,000	0.30	8,000	recurring
Rationalisation of staffing complement within Hospital Discharge Team and Community Older People's Team	46,000	46,000	46,000	1.00	22,000	non-recurring
Re-organisation of health centre clerical and caretaker support.	34,772	34,772	34,772	1.47	34,772	recurring
Rationalise Specialist Children's Services staffing complement	18,800	33,800	33,800	n/a	18,800	recurring
Rationalisation of Health Improvement Team staffing complement	25,000	25,000	25,000	1.00	25,000	recurring
Rationalise Prescribing Support	3,500	3,500	3,500	n/a	3,500	recurring
Mainstreaming of Integrated Care Fund initiatives	81,000	81,000	81,000	n/a	81,000	recurring
Diabetic Retinal Screening - external contract management saving.	43,000	43,000	43,000	n/a	43,000	recurring
Increase current 2% turnover target by 1%	250,000	250,000	250,000	n/a	250,000	dependent on turnover
TOTAL SAVINGS	**619,072**	**767,072**	**767,072**	**6.27**	**586,072**	

SUMMARY HEALTH CARE APPROVED SAVINGS AS AT 2 MAY 2018

Appendix 3

Proposal	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 £	Savings achieved in 2020/21 £	Staffing Impact (Whole Time Equivalents)	Projection of Savings Achieved by 31 March 2019	Recurring /Non Recurring
Impact of 2018/19 approved savings already factored into 2019/20 and 2020/21 Budget Setting Assumptions		**148,000**	**0**			

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

14th November 2018

Subject: Public Performance Report April to June 2018

1. Purpose

1.1 To present the Partnership Board with the Health & Social Care Partnership's Public Performance Report for the first quarter of 2018/19 (April to June 2018).

2. Recommendations

2.1 The Partnership Board is recommended to approve the Partnership Public Performance Report for April to June 2018 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 Public Performance Report 2017/18 (received by the Partnership Board at its August 2018 meeting), the first quarterly Public Performance Report for 2018/19 is appended here for consideration (Appendix 1).

4. Main issues

4.1 The Public Performance Report for April to June 2018 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 first 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: 15th October 2018

Person to Contact: Wendy Jack – Interim Head of Strategy, Planning & Health Improvement, Aurora House, Clydebank.
E-mail:wendy.jack@west-dunbarton.gov.uk
Telephone: 01389 776864

Attached:	West Dunbartonshire Health & Social Care Partnership Public Performance Report April to June 2018
Background Papers:	HSCP Board Report (August 2016): Strategic Plan 2016-2019 HSCP Board Report (August 2018): Public Performance Report 2017/18 HSCP Board Report (November 2015): Workforce & Organisational Development Strategy & Support Plan Scottish Government (2015) National Framework for Clinical and Care Governance: http://www.gov.scot/Resource/0049/00491266.pdf Audit Scotland (2010) Best Value Toolkit: Public Performance Reporting: http://www.audit-scotland.gov.uk/docs/best_value/2010/bv_100809_public_performance_reporting_toolkit.pdf
Wards Affected:	All

West Dunbartonshire
Health & Social Care Partnership

Public Performance Report

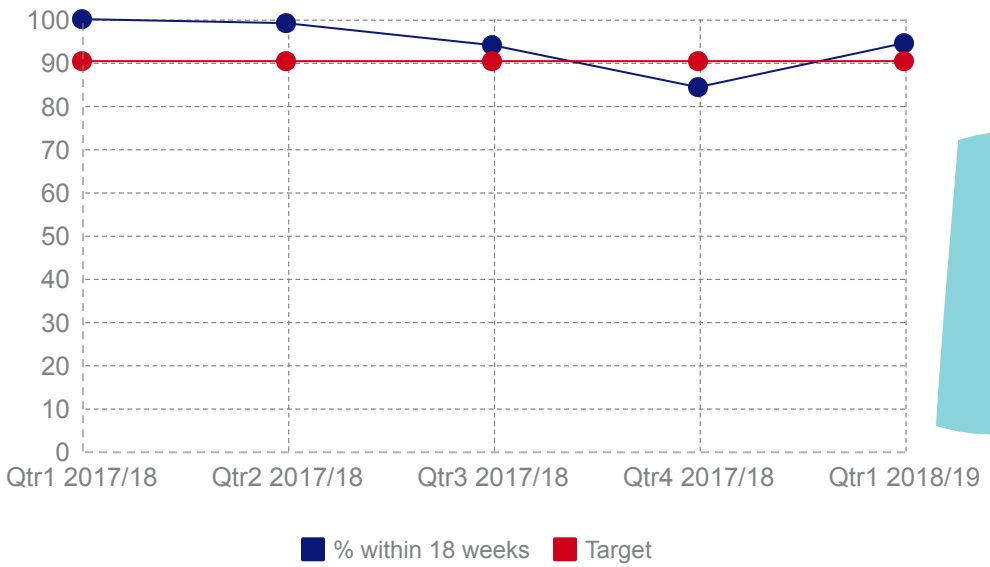
April - June 2018

Welcome to West Dunbartonshire Health and Social Care Partnership's first Public Performance Report for 2018/19.

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.

Child and Adolescent Mental Health Services within 18 weeks



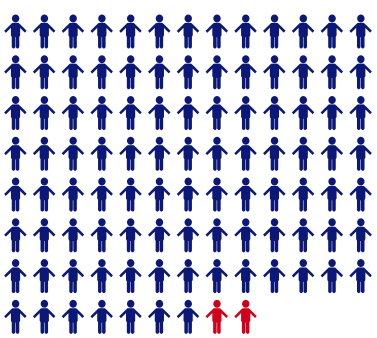
- **116 referrals**
- **Longest wait 29 weeks**
- **Average wait 8 weeks**

The proportion of children and young people receiving treatment within 18 weeks has seen a significant improvement from 84.2% in March 2018 to 94.2% in June 2018 and the average waiting time has decreased from 9 to 8 weeks, well within the 18 week target timescale. However, the longest wait has risen from 26 weeks at March to 29 weeks in June. The prioritisation of the increasing number of urgent referrals has resulted in some children and young people with less urgent needs experiencing longer waits. Referrals in April –June 2018 are 14% higher than in the same period 2017.

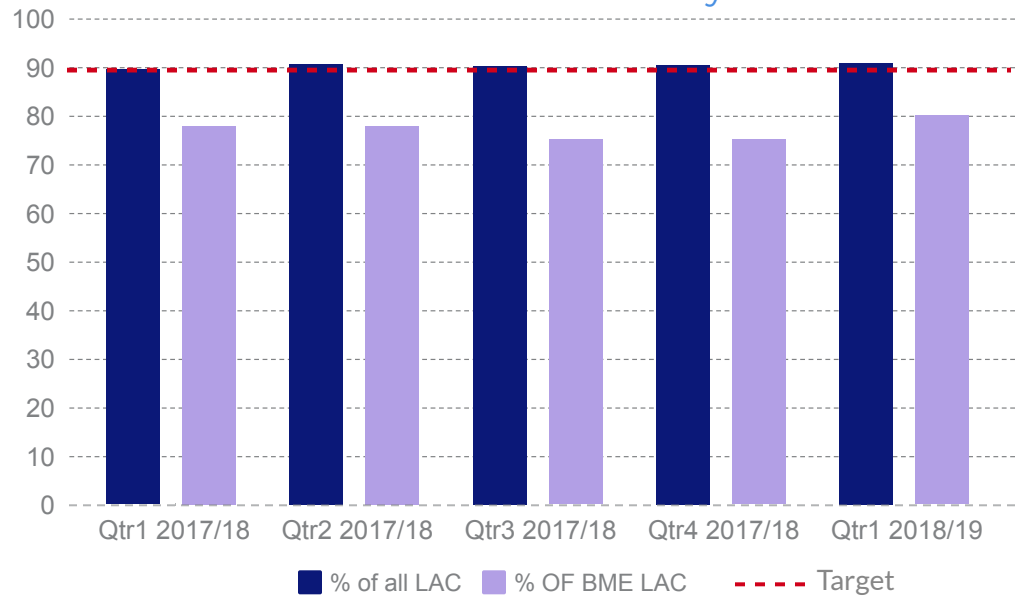
97.2% of children had an MMR at 24 months.

Target 95%

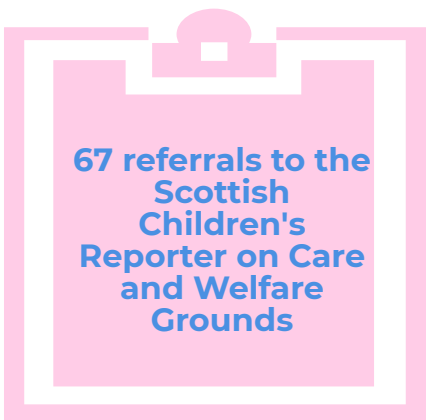
97.8% of children had an MMR at 5 years.



Percentage of Looked After Children (LAC) who are looked after in the community



387 of the 426 looked after children (90.8%) are being looked after in the community. 8 of the 10 looked after children (80%) who were from Black Minority Ethnic (BME) communities were looked after in the community. There has a been a 10% rise in the number of looked after children (LAC) since June 2017, however we have maintained our target of 90% of looked after children being looked after within their own communities and not in residential settings. As part of our local Equalities Indicators we continue to monitor that the number of Black Minority Ethnic (BME) children who are looked after are being looked after within the community in a similar proportion. As the number of BME looked after children within West Dunbartonshire is very low, small changes may mean percentages fluctuate more significantly. Our data continues to show similar trends for BME children as the total looked after children population.

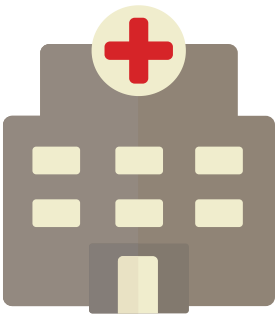


Supporting Older People

674 bed days lost to delayed discharge for people aged 65+

7 delayed discharges of more than 3 days for non-complex cases at June 2018

134 bed days lost to delayed discharge for people aged 65+ - Adults with Incapacity



1,110 emergency admissions for people aged 65+

12,163 unplanned acute bed days for people aged 65+

2,640 emergency admissions for people of all ages

17,380 unplanned acute bed days for people of all ages

8,541 attendances at Accident and Emergency

The Ministerial Steering Group (MSG) for Health and Community Care is closely monitoring the progress of HSCPs across Scotland in delivering reductions in: delays in hospital discharge; unnecessary hospital admissions; attendances at accident and emergency (A&E); and shifting the balance of care from hospital to community settings. In light of the integration of health and social care services significant improvements in ways of working and efficiencies are expected.

Targets have been developed collaboratively across NHS Greater Glasgow and Clyde and our progress towards these annual targets will be detailed in our Quarter 2 report.

98% of carers asked as part of their Adult Carers Support Plan felt able to continue in their caring role

Target 90%

1,852 people have an Anticipatory Care Plan in place

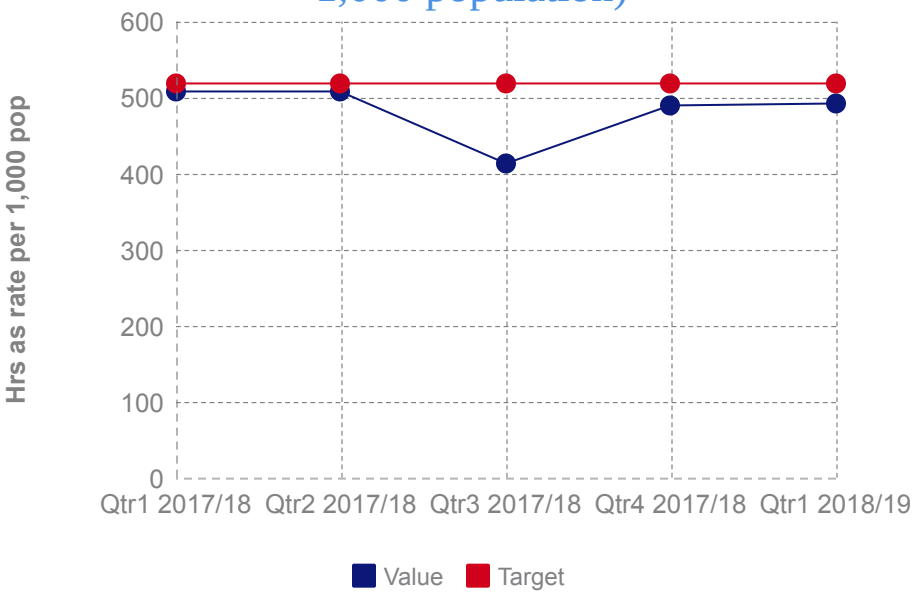
Target 1,400

2,211 people have a Community Alarm/Telecare

295 installations

216 referrals

Number of homecare hours received 65+ (Rate per 1,000 population)



8,006 hours of home care per week

1,295 people receiving home care

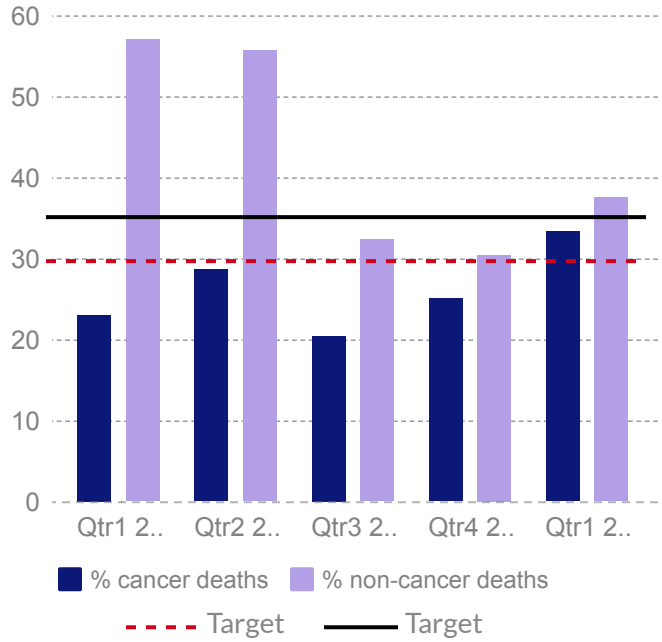
Target 90%

92.2% receiving personal care

Target 30%

33.7% receiving 20 or more visits per week

% of Patients Dying in Hospital (Palliative Care Register)



65% of people supported to die at home

There has been an increase in the proportion of people on the Palliative Care Register dying in a hospital setting during April – June 2018. While every effort is taken to identify and respect a person's choice in relation to their preferred supports and place of death, which is recorded within their Anticipatory Care Plan, an individual's needs and the management of their condition within a homely setting may change. Our services are responsive to these changing needs and will support the person in the most sensitive and appropriate way.

1,662 referrals for musculoskeletal physiotherapy services (MSK)

40% of patients are seen within 4 weeks for MSK assessment and treatment

Target 90%

226 people supported with their medication

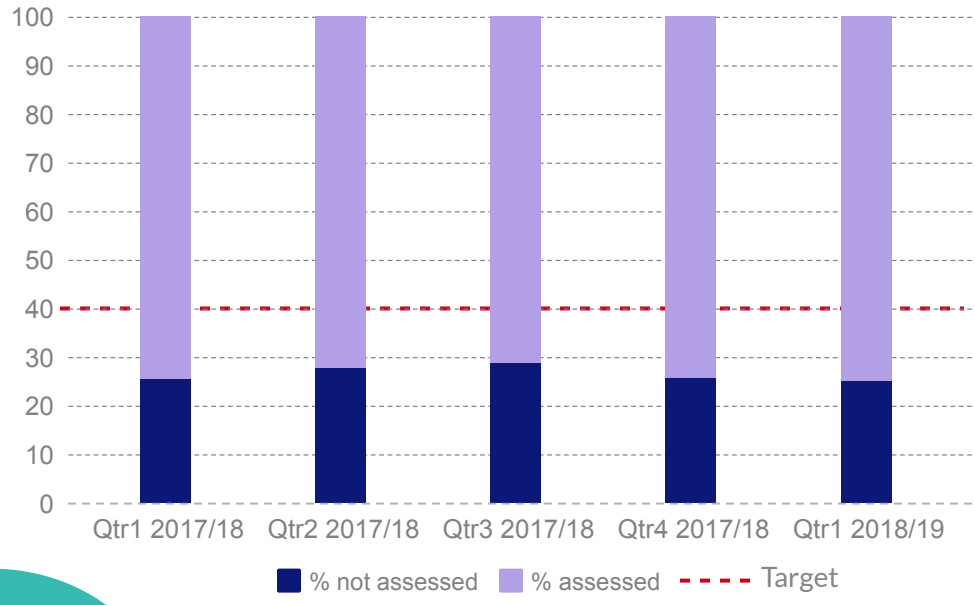
Target 225

79.8% compliance with Formulary Preferred List

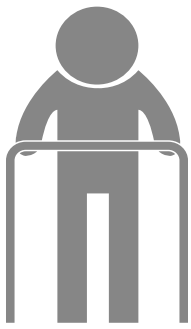
Target 78%

£171.93 prescribing cost per weighted patient

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



60% of people achieved their agreed personal outcome



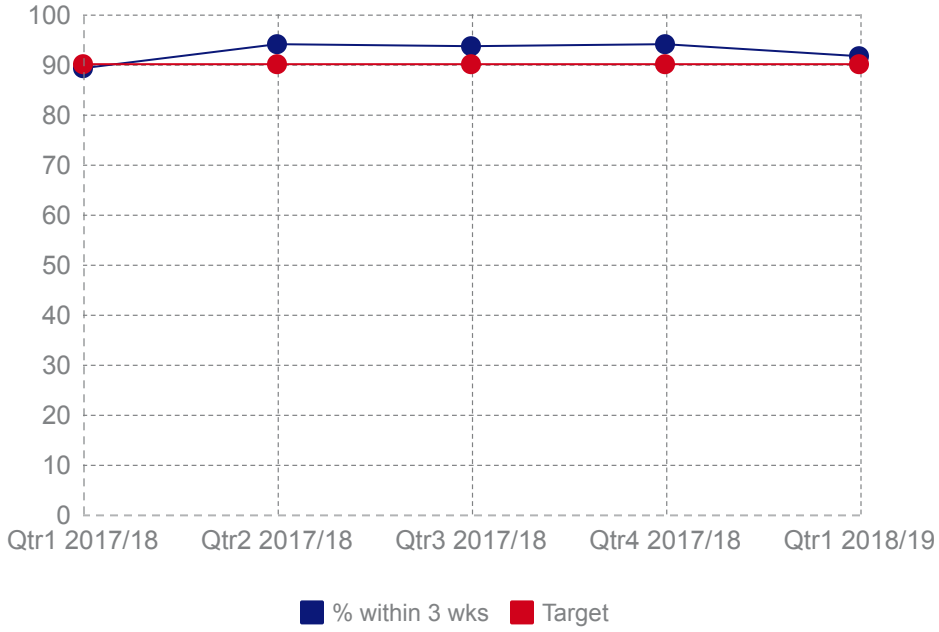
154 people received reablement service

60.8% of men

60.2% of women

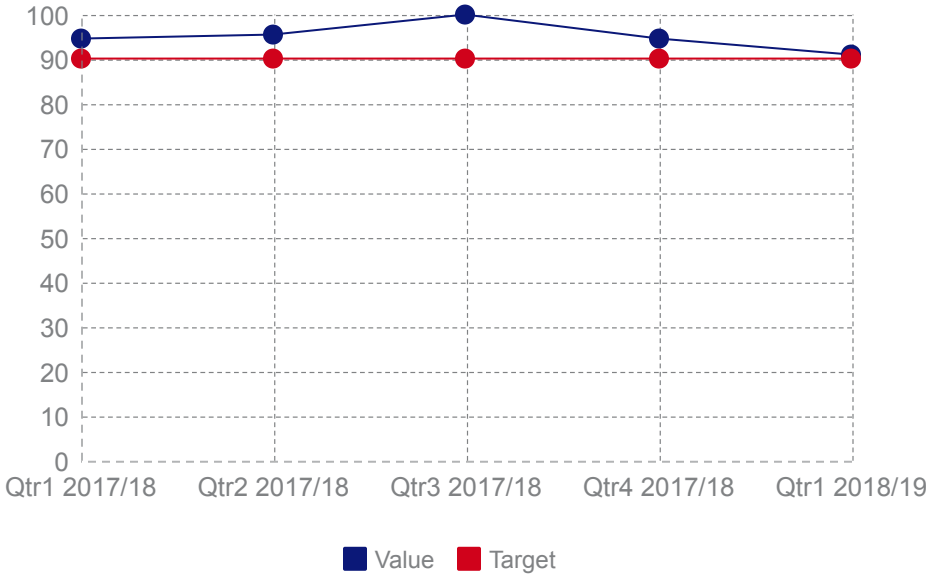
Supporting Safe, Strong and Involved Communities

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

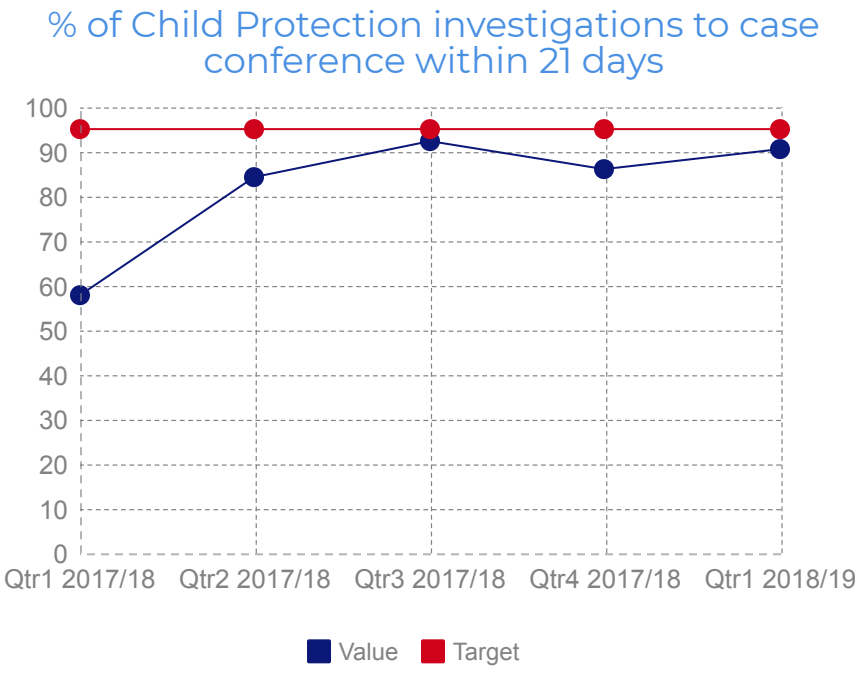


243 referrals for drug or alcohol treatment

% of people who began Psychological Therapies treatments within 18 weeks of referral



69 people started treatment within 18 weeks



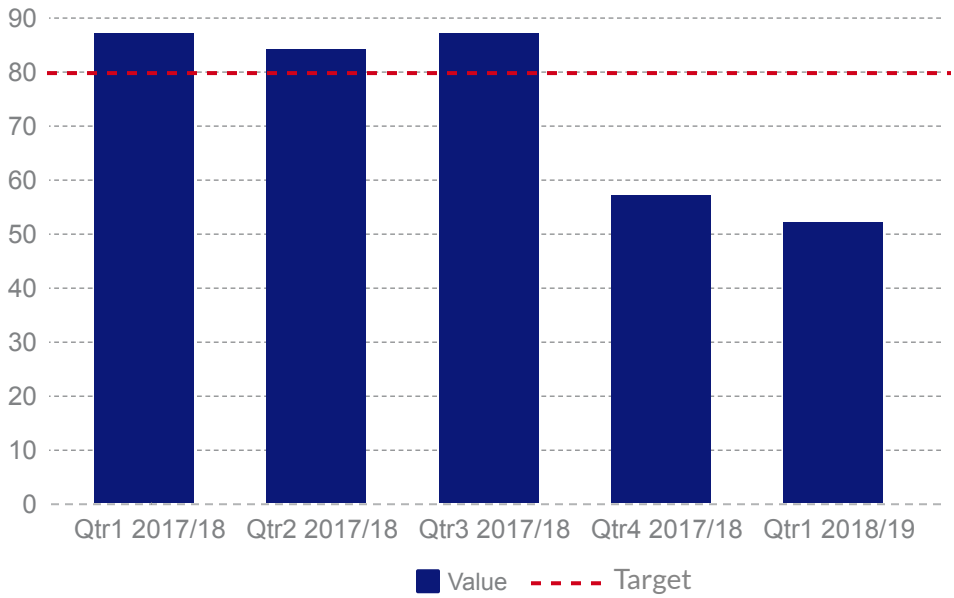
- **53 children on the Child Protection Register**
- **83 referrals**
- **68 investigations**
- **38 case conferences within 21 days**

Performance against the 21 day target has improved from 86% in March 2018 to 90.5% in June 2018 although we are still below the 95% target. Of the 4 case conferences which were held outwith the timescale, 2 were one day late. The local HSCP-led and multi-agency Child Protection Committee continues to monitor activity and registrations and the variance over the course of the year.

All Adult Support and Protection clients have a current risk assessment and care plan

121 referrals to the Scottish Children's Reporter on offence grounds

% of Community Payback Orders attending an induction session within 5 working days of sentence



93% of Criminal Justice Social Work reports submitted to court by noon on the day prior to calling

Target 95%

27% of Unpaid Work and other activity requirements commences within 7 working days of sentence

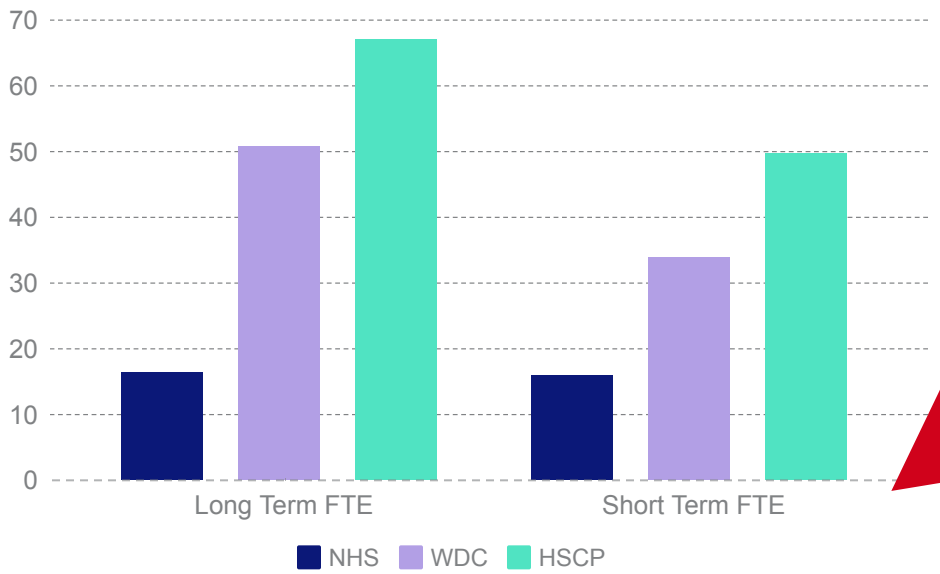
Target 80%

Each service user with a Community Payback Order is offered a date of induction within 2 working days of the order being implemented, however only 51 out of 98 presented for the inductions on the date of their appointment this quarter. The main reason for induction not taking place was non-attendance of the service user without explanation. Only 8 appointments were missed due to service reasons and in the main this was due to staff absence or staff holiday. In these instances a follow up appointment was offered within a day or two of the cancelled appointment.

Of the 84 Unpaid Work Orders this quarter, 61 failed to commence placements within 7 working days. The failure to commence within timescale of 49 of the placements was due to: the service user being ill, in custody, on an order already and currently completing an unpaid work placement; or simply failing to attend on the date of the unpaid work order commencing. In the 12 cases that the delay was a result of the criminal justice team being unable to provide a suitable work placement, this was due to the specific needs of the individuals, some of whom required a very specialist placement. This could be as a result of the individual having a disability or due to the nature of the offence that has been committed. In these circumstances additional time is required to complete an assessment of the suitability of placements available and of individuals already working on these placements.

Our Organisation

Full time equivalent staff absence

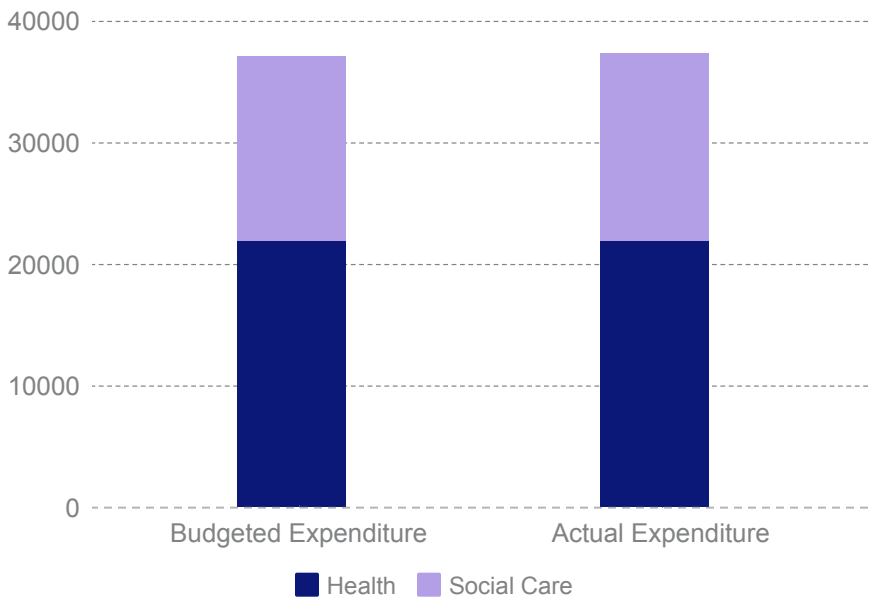


6.6% absence HSCP staff = 116.65 Full Time Equivalent

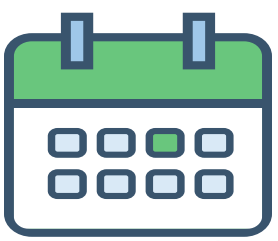
5.28% NHS Staff
7.29% WDC Staff

Compared to Quarter 1 2017/18

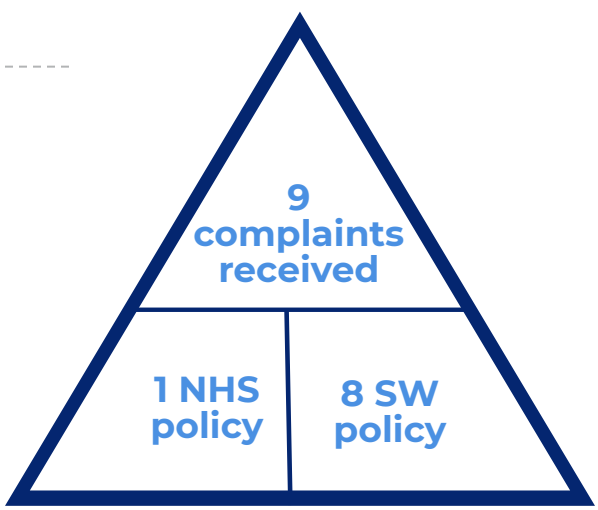
Health and Social Care Net Expenditure £000s



£239,000 overspend at June 2018



78% of complaints responded to within 20 working days



Peer immunisers from West Dunbartonshire HSCP recently celebrated their phenomenal achievements last year in immunising their colleagues with the flu vaccination to help minimise infections within our local communities.

Beth Culshaw, Chief Officer, said: “I am so proud of our staff – to get so many people to have their flu jab is just amazing and reflects the many years of prioritising the importance of flu vaccination as part of our strategy to approach winter.”

This small group of nurses managed to immunise a fantastic 520 people across the HSCP and this year they are hoping to reach 650 people, an ambitious total that is almost all of the staff working within the HSCP.

The team are enthusiastic about ensuring their colleagues are all protected and become flu heroes this winter.

Pamela MacIntyre, Lead for Prescribing said: “We’ve almost made it a habit for staff to have their flu jab here at the clinic. When October comes around, staff know that it’s flu season again and we’ll be out and about making sure that as many of them as possible get their flu jab."

“People get their jab here with us because it’s so much easier than making an appointment with your GP – then you usually need to get time off work – whereas here you can get the flu jab in the clinic and it only takes moments.”

Pictured: Fiona Rodgers, Jo Gibson, Rhona Galbraith, Adette Gilliland, Katie Morgan, Beth Culshaw and Pamela MacIntyre

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

14 November 2018

Subject: Annual Chief Social Work Officers Report April 2017 to March 2018

1. Purpose

1.1 The attached report presents the West Dunbartonshire Annual Chief Social Work Officer's Report for the period 1st April 2017 to 31st March 2018.

2. Recommendations

2.1 The HSCP Board are asked to:

(i) Note the contents of the attached report and note that the this report will be made widely available within the HSCP, Council and externally as appropriate to the Scottish Government

3. Background

3.1 The Scottish Government's Clinical and Care Governance Framework states that all aspects of the work of Integration Authorities, Health Boards and local authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care. The national framework has been developed on the understanding that Integration Authorities will build on the existing professional and service governance arrangements already in place within Health Boards and Local Authorities.

3.2 It is a statutory requirement that every local authority should appoint a professionally qualified Chief Social Work Officer. This requirement and the statutory guidance were initially set out in the Social Work (Sc) Act 1968. The particular qualifications are set down in regulations. A review took place in 2016 by the Office of the Social Work Advisor to the Scottish Government in respect of the National Guidance for CSWO's and this was published in July 2016.

3.3 With respect to the governance of social care, the Chief Social Work Officer reports to the Council on the delivery of safe, effective and innovative social work services and the promotion of values and standards of practice. The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of social work and social care services, not only those provided directly by the HSCP but also those commissioned or purchased from the voluntary and private sector. Social work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.

3.4 The purpose of this report is to provide Council with information on the statutory work undertaken on the Council's behalf during the period 1st April 2017 to 31st March 2018. This report will be posted on the Council website, the Health and Social Care Partnership website and will be shared with the Chief Social Work Advisor to the Scottish Government.

4. Main Issues

4.1 The attached report covers the following areas:

- Chief Social Work Officers Summary or Performance, Key Challenges, Developments and Improvements.
- Local Authority Overview and Delivery Landscape.
- Partnership Working – Governance and Accountability Arrangements
- Resources
- Workforce
- Regulation, Inspection and Quality Assurance
- Statutory Functions
- Service Quality and Performance
- Planning for Change, Key Challenges and Opportunities

4.2 The purpose of the report is to report on key challenges and pressures for the social work service delivered within the HSCP and to comment on performance and key achievements.

5. People Implications

5.1 The people implications arising from this report relate to the impact on staff in terms of the increasing demand upon social workers in carrying out their role.

6. Financial and Procurement Implications

6.1 Financial implications have been highlighted within the attached annual report in terms of the rise in demand and the associated pressure on some areas of the budget as well as the challenges in terms of austerity and achieving ever increasing savings.

7. Risk Analysis

7.1 The CSWO annual report as attached highlights risks associated with the rise in demand for children and families social work services.

7.2 Effective clinical and care governance arrangements need to be in place to support the delivery of safe, effective and person-centred health and social care services within integrated services and the CSWO is assured that they are.

8. Equality Impact Assessment (EIA)

8.1 There is no requirement to carry out an EIA in respect of this report which has the sole purpose of advising Council of the delivery of social work services within the context of the HSCP.

9. Strategic Environmental Assessment

9.1 This is not required.

10. Consultation

10.1 The CSWO Annual Report has been compiled with contributions from staff and managers across the service and reflects the commitment of the staff of the Health & Social Care Partnership**.** There is no specific requirement to consult on what is in effect a report based on the professional view and assurance of the CSWO as a statutory officer of the Council.

11. Strategic Assessment

11.1 The key messages and learning from the work detailed within the CSWO Annual Report provide assurance that the strategic duty to provide social work services is being robustly and professionally delivered in line with statutory requirements.

Author: Jonathan Hinds
Chief Social Work Officer
Head of Children's Health, Care and Criminal Justice

Date: 11th October 2018

Person to Contact: Beth Culshaw – HSCP Chief Officer.
Hartfield Clinic
Latta Street
Dumbarton
Telephone: 01389 22325
e-mail: beth.culshaw@ggc.scot.nhs.uk

Appendix 1: West Dunbartonshire Chief Social Work Officer Annual Report 2017 - 2018

Wards Affected: All

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

Chief Officer: Beth Culshaw

WEST DUNBARTONSHIRE

CHIEF SOCIAL WORK OFFICER's ANNUAL REPORT 2017-2018

CONTENTS

Appendices		
1.	West Dunbartonshire HSCP Strategic Needs Assessment 2018	
2.	Regulatory Inspection Outcomes	
3.	Performance and Assurance Reporting Framework (PPCOG)	
4.	HSCP Local Government Benchmarking Framework Indicators 2016 to 2017	
5.	West Dunbartonshire HSCP Performance Indicator Summary Report 2017 to 2018	

Foreword

It is my pleasure to provide my sixth Chief Social Work Officer's report for West Dunbartonshire. I would like to acknowledge all the colleagues who have supported me in the provision of relevant material for inclusion in this report.

The requirement for each Council to have a Chief Social Work Officer (CSWO) was initially set out in the Social Work (Sc) Act 1968 and further supported by Section 45 of the Local Government etc (Scotland) Act 1994. The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of social work and social care services, not only those provided directly by the Council or HSCP but also those commissioned or purchased from the voluntary and private sector. Social work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.

The purpose of this report is to provide Council with information on the statutory work undertaken on the Council's behalf during the period 1st April 2017 to 31st March 2018. This report will be posted on the Council website, the Health and Social Care Partnership website and will be shared with the Chief Social Work Advisor to the Scottish Government.

Jackie Irvine
Chief Social Work Officer
Hartfield Clinic
Latta Street
Dumbarton
G82 2DS

1. Chief Social Work Officers Summary or Performance, Key Challenges, Developments and Improvements.

1.1 In the past year further progress has been made in the operational delivery of health and social care services in line with the benefits and the efficiencies to be achieved from integration.

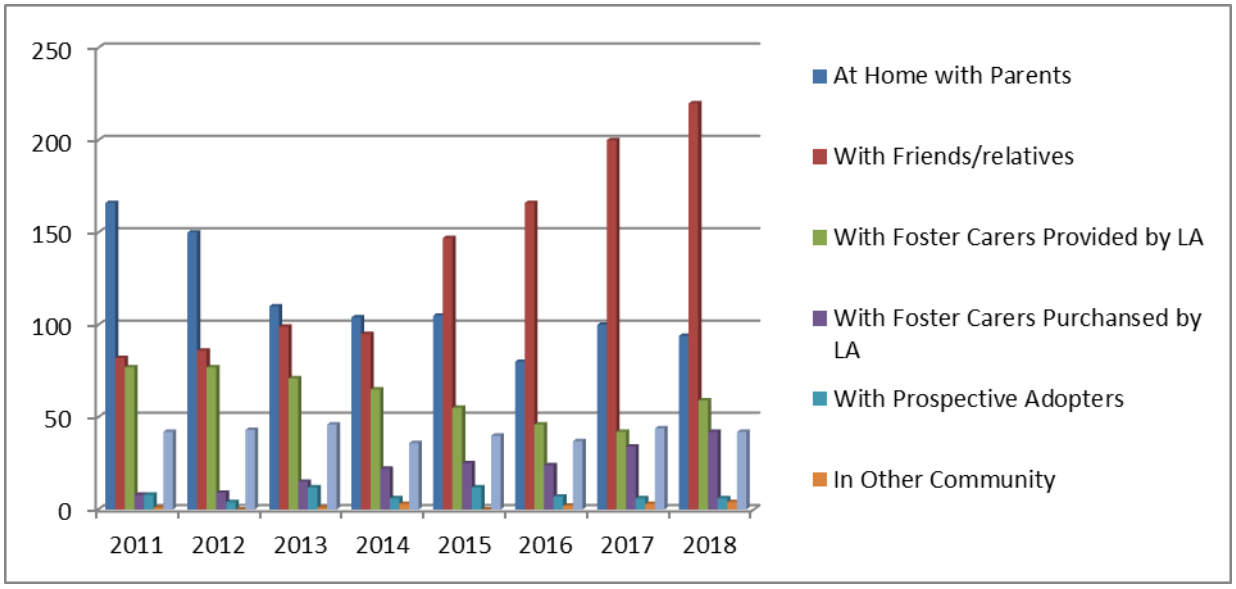
1.2 It is acknowledged by the Senior Management Team of the HSCP that West Dunbartonshire has benefited from the history of partnership and integrated working. In this regard a significant amount of joint arrangements were already in place

1.3 In terms of overall demand we have continued to see child protection and child welfare referrals rise within the period that this report covers. Further detail of this rising demand and is provided in Section 7 of this report.

1.4 Whilst the response to this demand clearly illustrates good practice, in that the children and families teams are responding to those in need of care and support it also causes a likewise increase in the number of looked after children in West Dunbartonshire and this has a direct impact on the need for resources in the form of accommodating children and staff time.

The impact and rise in looked after children can be best illustrated by table 1 below.

Table 1- Looked After Children



1.5 As a result there has been considerable over spend in the budgets associated with caring for children away from home in addition to a rising number of kinship placements. There is further detail of this in Section 4 below.

1.6 Demand for Criminal Justice services as determined by the level of Community Payback Orders (CPOs) issued by the local Sheriff Court is significant. This is understood in terms of the level of deprivation and poverty experienced in West Dunbartonshire however with a stretched budget position in 2016/17 our performance in respect of Unpaid Work Placements issued as a condition of CPOs has been particularly poor.

To mitigate against this and turn performance around we have taken the following actions:

- Completed a re-design of the service to ensure efficient and effective case allocation;
- Are now in a position to advertised for additional staff given that we received a slight increase in our grant from the Scottish Government for 2018/19;
- Our new Criminal Justice Service Manager has implemented a revised allocation policy and overviews performance against demand on a weekly basis;
- Established regular meetings with the local Sheriff's to advise of actions taken and seek their views and feedback about improvements we have made and the impact they are experiencing.

I am pleased to report therefore that there has been significant progress in respect of our performance since the beginning of this year.

1.7 Section 8 of this report provides detail of our overall performance and there are a number of high performing areas across the services provided by the HSCP and evidence of service user satisfaction in the quality and type of services they receive with clear evidence of clear improvements and successes.

2. Local Authority Overview and Delivery Landscape

Integration

2.1 The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership (WD HSCP), which is the joint delivery vehicle for those services delegated to the Integration Joint Board; and through the Chief Officer, who is responsible for the operational management of the Health & Social Care Partnership. These arrangements for integrated service delivery have been conducted within an operational service delivery framework established by the Health Board and Council for their respective functions, ensuring both organisations can continue to discharge their governance responsibilities.

2.2 West Dunbartonshire HSCP brings together the full complement of service including Children's Social Work and Criminal Justice Services.

2.3 The Strategic Plan for 2017-2018 is one of the main requirements of the HSCP Integrated Joint Board and was developed in consultation with community representatives and key stakeholders. The Strategic Plan describes the priorities for the HSCP and sets out clearly the agreed outcomes and priorities for action, resource allocation and spend against the national health and well-being indicators.

2.4 As Chief Social Work Officer, I fully support and endorse the work that has been undertaken in establishing a clear construct for the HSCP and the Strategic Plan for 2017-2018.

2.5 In addition it is my professional view that this full complement of services within the HSCP is essential both from a collaborative point of view but also ensures all services are mindful of the contribution they make across the range of public protection requirements which are a statutory function in respect of social work delivery.

Demographics

2.6 West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. According to the National Records for Scotland, the 2017 population for West Dunbartonshire is 89,610; a decrease of 0.3 per cent from 89,860 in 2016. The population of West Dunbartonshire accounts for 1.7 per cent of the total population of Scotland.

2.7 In West Dunbartonshire, 17.6% of the population are aged 0-15 which is slightly higher than Scotland which sits at 16.9%. In the next age group 10.3 per cent of the population are aged 16 to 24 years. This is smaller than Scotland where 10.9 per cent are aged 16 to 24 years. Persons aged 65 and over make up 18.2 per cent of West Dunbartonshire which is slightly lower than the proportion of people aged 65 and over in the Scotland population which is 18.7 per cent.

2.8 National and local evidence indicates that the population of West Dunbartonshire is ageing due to a combination of factors: that the number of births within the area is dropping; the number of people migrating to other council areas within the 15 – 44 age group is increasing; and the number of deaths registered annually is falling.

2.9 West Dunbartonshire's Social and Economic Profile 2017 shows that we have seen relatively large increases in our share of the 20% most deprived data zones in Scotland, showing the biggest increase in relative deprivation from 2012.

2.10 In relation to income deprivation, West Dunbartonshire has the 2nd highest rate of income deprived population in Scotland with a percentage of 18% lower than Glasgow City at 20%.Source SIMD 2016 http://www.gov.scot/Resource/0051/00513914.pptx

2.11 Child Poverty also remains persistently high with the latest figures showing that 26% of children in West Dunbartonshire are affected by child poverty (Source End Child Poverty Now 2018). Work continues to implement to Child Poverty (Scotland) Act 2017 to give all our children the best start in life. This work is being taken through the Nurtured Delivery and Improvement Group of the Community Panning Partnership.

2.12 Of particular note is that Universal Credit full service is scheduled to be rolled out in West Dunbartonshire in October 2018 and that the Scottish Government Welfare Reform (Further Provision) (Scotland) Act 2012 - Annual Report - 2017 (Scottish Government 2017) highlights that West Dunbartonshire is projected to have the highest reduction in welfare spending per individual adult by 2020/21 of all Scottish Local authorities.

2.13 Our Strategic Needs Assessment (Appendix 1) and recent work with NHS ISD reflects that we have high levels of people with long term and complex conditions, often linked to the history of heavy industry in the area, with related diseases affecting people at a relatively young age. Because of this, our commitment to work together in shifting the balance of care and support is delivered to people from hospital to community settings and most importantly in people's homes; thereby supporting a whole population approach to improved health and wellbeing.

Commissioning

2.14 A review of Commissioning and Procurement processes is being undertaken across the HSCP in partnership with West Dunbartonshire Council. The model of commissioning in West Dunbartonshire was an established Market Facilitation Consortium model of market analysis across all health and social care services from within the statutory, independent and third sector. The Consortium provides a framework for all partners; with clarity of roles, responsibilities, expectations and opportunities for each sector partner described within the context of market facilitation.

2.15 In partnership with West Dunbartonshire CVS, as the local third sector interface (TSI), and Scottish Care the approach was developed as a model of local market facilitation across older people, adults, and children's services – with the shared emphasis on improving quality and outcomes. This reinforces the expectations of the national clinical and care governance framework in relation to co-ordination across a range of services, including procured services, in order to place people and communities at the centre of all activity relating to the governance of clinical and care services.

2.16 To ensure a measurable approach a Contract Management Framework is being developed; further clarifying the responsibilities and roles of strategic commissioning and contract management within the entire HSCP across all services alongside the Council's Procurement Team.

2.17 The approach will be embedded with Service Managers supporting a streamlined and consistent contract monitoring approach across the HSCP and wider partners. This aligns more clearly to the direction of travel for the Care Inspectorate inspection processes in terms of a self-evaluation and quality improvement framework.

3. Partnership Working – Governance and Accountability Arrangements

Role and Function of the CSWO

3.1 It is a statutory requirement that every local authority should appoint a professionally qualified Chief Social Work Officer. This requirement and the statutory guidance was initially set out in the Social Work (Sc) Act 1968. The particular qualifications are set down in regulations. A recent review took place in respect of the National Guidance and this was published in July 2016.

3.2 The revised statutory guidance was issued to local authorities by Scottish Ministers under section 5 of the 1968 Act. This guidance is for local authorities and is also relevant to bodies and partnerships to which local authorities have delegated social work functions. In recognising the democratic accountability which local authorities have clarity and consistency about the role and contribution of the CSWO are particularly important given the diversity of organisational structures and the range of organisations and partnerships with an interest in the delivery of social work services.

3.3 The role of the Chief Social Work Officer relates to all social work services, whether they be provided by the local authority or purchased from the voluntary or private sector, and irrespective of which department of the Council has the lead role in providing or procuring them.

3.4 The recent guidance is intended to support local authorities in effectively discharging their responsibilities for which they are democratically accountable and to help local authorities maximise the role of the CSWO and the value of their professional advice – both strategically and professionally. It is also aimed at assisting Integrated Joint Boards (IJBs) to understand the CSWO role in the context of integration of health and social care brought in by the Public Bodies (Joint Working) (Sc) Act 2014.

3.5 There is a small number of duties and decisions, which relate primarily to the curtailment of individual freedom and the protection of both individuals and the public, which must be made either by the Chief Social Officer or by a professionally qualified social worker to whom the responsibility has been delegated by the Chief Social Work Officer and for which the later remains accountable. These include:

- Deciding whether to implement a secure accommodation authorisations in relation to a child, reviewing such placements

and removing a child from secure accommodations if appropriate;

- Transferring a child on a supervisions order in cases of urgent necessity;
- Acting as a guardian to an adult with incapacity where the guardianship functions relate to personal welfare of the adult;
- Decisions associated with the management of drug treatment and testing orders;
- Carrying out functions as the appropriate authority in relation to a breach of a supervised release order, or to appoint someone to carry out these functions.

Partnership Working – Systems and Structures

3.6 As CSWO I have chaired the following area wide meetings; Child Protection Committee (CPC), the Nurtured Delivery and Improvement Group (DIG) and the Violence Against Women Strategy Group (VAWSG), the latter of which I chaired on behalf of West Dunbartonshire and Argyll and Bute local authorities as a joint strategy group.

3.7 In order to ensure that I am effective in carrying out my duties with respect to assurance and accountability of the full range of social work functions I also attended the following meetings: the Community Planning West Dunbartonshire (CPWD), the Public Protection Committee, The Safe and Strong Delivery and Improvement Group, West Dunbartonshire Council, the Integrated Joint Board (IJB), the Audit Committee of the IJB and the Clinical and Care Governance Senior Management Team as well as the Clinical and Care Governance Forum.

3.8 It is important to note the voluntary and third sector is represented at most of these partnership groups and as such the vehicle for engagement with the Third Sector is via West Dunbartonshire Community Voluntary Services (WDCVS).

Community Justice Reform

3.9 With effect from April 2016 the responsibility for planning and delivery of community justice has been the responsibility of local community justice partners. As such statutory partners are required to produce a local plan for community justice, a Community Justice Outcomes and Improvement Plan. This has been the focus of partners in 2017-18 in addition to embedding the structure for reporting the CPWD Board via the Safer Delivery and Improvement Group.

3.10 The introduction of the Community Justice (Scotland) Act 2016 sets out a duty on the named community justice statutory partners to reduce/prevent reoffending by:

- Ensuring that improved processes for assessment of need and access the relevant services is implemented for those 16 years and older involved within, or on the edges of, the criminal justice system;
- Preparing and publishing a local plan that details how they will improve community justice outcomes;
- Submitting an annual report on progress to Community Justice Scotland, having first consulted with third sector, community bodies and any other persons as they consider appropriate.

3.11 The rationale driving the national strategy for community justice is that the issues underpinning offending are complex, beyond the power of any single agency to resolve and may have aspects which have particular importance in certain localities, for instance the persistently high levels of reported domestic violence in West Dunbartonshire

Locality Engagement Networks (LENs)

3.12 We have continued to develop our locality arrangements – in tandem with our support for the development of local primary care quality clusters - to provide forums for professionals, communities and individuals to inform service redesign, transformational change and improvement.

3.13 This includes strengthened development of our Local Engagement Networks (LENs) for each locality area, through engagement with carers, patients, service users and their families. Each LENs looks at issues around distinct community health and social care services and gives people the chance to share thoughts on how the service could be improved.

3.14 This year's LENs has focused on Physical Disability and Adults with Complex Needs one for service users and one for service providers, People living with Dementia and their Carers, NHSGGC Moving Forward Together and West Dunbartonshire Primary Care Improvement Plan (PCIP). Also for the PCIP the Public Involvement Officer engaged with the Community Care Forum, Seniors Forum, Parenting Group, Patients Group and Recovery Groups to seek their views on the plan.

Quality Assurance

3.15 As CSWO I am able to monitor, influence and improve the quality of social work services through my representation on the above

groups, within the local partnership arrangements and through my leadership role. A key role in assuring myself, the Council and the IJB, of the quality and effectiveness of the social work contribution and delivery, is to hear about the experience that partners and users have and to address any deficits in delivery as identified through these processes and also through our complaints process.

Clinical and Care Governance

3.16 In committing to improving quality, efficiency and effectiveness of our services, the Clinical and Care Governance Framework for the HSCP focuses on ensuring that the care we provide is person-centred, safe, and clinically cost effective. We continue, through self-assessment and self-evaluation, and performance and service review, to analyse our long term outcomes and define our success by showing a clear direction of travel and progress across our improvement agenda.

3.17 With the introduction of the Health and Care Standards for Scotland from 1st April 2018 and the introduction of the public sectors Duty of Candour reporting requirements we have ensured that this is built into our Clinical and Care Governance reporting at a local level and that our staff and services fully understand the requirements of both the standards and the Duty of Candour.

3.18 The Duty of Candour introduces a new organisational duty of candour on health, care and social work services as from 1st of April 2018, to ensure that organisations are open, honest and supportive when there is an unexpected or unintended incident resulting in death or harm, as defined in the Act. This duty requires organisations to follow a duty of candour procedure which will include notifying the person affected, apologising and offering a meeting to give an account of what happened. The procedure also requires the organisation to review each incident and offer support to those affected; people who deliver and receive care.

3.19 As CSWO I have been instrumental along with the HSCP Senior Management Team in developing our local Clinical and Care Governance arrangements fit for the new structure of delivering social work services and our local framework works effectively in learning from good practice across the integrated partnership. In addition to our Clinical and Care Governance Senior Management Team we also hold regular Clinical and Care Governance Forums with a wider range of managers and staff to examine some of the key issues in relation to health and care support and address the organisational development aspects of this.

4. Resources

4.1 Financial performance is an integral element of the HSCPs overall performance management framework, for both health and Council funding with regular reporting and scrutiny by the Partnership Board and its Audit Committee. The 2017/18 financial performance reports demonstrate that in challenging economic times the requirement to deliver services for best value is being met, whilst maintaining quality and securing continuous improvement.

West Dunbartonshire Integrated Joint Board Health & Social Care Partnership	2017/18 Gross Expenditure £000	2017/18 Gross Income £000	2017/18 Net Expenditure £000
Older People Residential, Health and Community Care	37,656	(7,113)	30,543
Homecare	14,219	(652)	13,567
Physical Disability	2,972	(190)	2,782
Children's Residential Care and Community Services (including specialist)	21,879	(978)	20,901
Strategy Planning and Health Improvement	1,674	(77)	1,597
Mental Health Services - Adult & Elderly Community and Inpatients	11,133	(2,099)	9,034
Addictions	3,093	(172)	2,921
Learning Disabilities - Residential and Community Services	16,225	(485)	15,740
Family Health Services (FHS)	24,952	(990)	23,962
GP Prescribing	19,887	0	19,887
Hosted Services - MSK Physio	6,052	(275)	5,777
Hosted Services - Retinal Screening	745	(4)	741
Criminal Justice	1,962	(1,961)	1
HSCP Corporate and Other Services	1,978	(986)	992
IJB Operational Costs	283	0	283
Cost of Services Directly Managed by West Dunbartonshire HSCP	**164,710**	**(15,982)**	**148,728**
Set aside for delegated services provided in large hospitals	17,066	0	17,066
Assisted garden maintenance and Aids and Adaptions	927	0	927
Total Cost of Services to West Dunbartonshire HSCP	**182,703**	**(15,982)**	**166,721**
Taxation & Non-Specific Grant Income (contribution from partners) **Note 6**		(167,295)	(167,295)
(Surplus) or Deficit on Provisions of Services Total Comprehensive Income and Expenditure			**(574)**

4.2 The key messages from our first full year of operation during the financial year 2017/18 are:

- On a total budget allocation of £167.295m for our funding partners WDC and NHSGGC, we have ended the year with a surplus of £0.574m after taking account of planned additions to reserves;

Within social care the cost of:

- Community and residential placements for children and young people exceeded the budget by £1.80m. Of this total the cost of kinship and fostering placements accounts for £0.709m, due to an unprecedented increase in numbers. The number of kinship placements increased by 43 and the number of fostering placements 17. Due to difficulties across Scotland in attracting foster carers to sign with local authorities the majority of these new places had to be arranged with external fostering agencies at a higher cost.

- Children placed within residential schools due to emotional, behavioural or physical disabilities exceeded the budget by £0.736m. This is an extremely volatile budget and secure placements can cost in excess of £0.200m per child. Childcare managers review these packages on a weekly basis for alternative, appropriate community based support;

- Older people supported through care at home services or in residential or nursing care exceeded the budget by £0.430m and £0.626m respectively and can be attributed to demographic demand and continued improved performance on anticipatory care planning and reduction to bed days lost through delayed discharge;

- All other adult services including learning and physical disability and mental health and addiction services collectively underspent by £0.943m, due to many factors including a reduction in a small number of high tariff, complex mental health and learning disability clients in receipt of high cost packages and the cost of rolling out the living wage being less than anticipated as it does not require to be applied to the cost of sleepovers until the end of 2018;

4.3 Even with mitigating actions the likelihood of downgrading the “extreme” financial risks around efficiency targets and future funding is not possible in the current climate of financial austerity and short term funding allocations. However working in partnership with Chief Officers, Chief Financial Officers, COSLA and NHS Boards this has been recognised at the highest level within the Scottish Government.

4.4 The delivery of all 2018/19 HSCP Board approved savings is also a risk. The approved savings options have to release cost efficiencies of £0.597m within social care and £0.619m in health care services. Some savings are related to a small reduction in staffing and the achievement of turnover savings, but only where it is practicable to do so and does not have a detrimental impact on front line delivery.

4.5 There are a number of risks which may impact on the successful implementation of the Carers’ Act. The financial impact of waiving of charges for carers has not been quantified. There is a risk this may place significant financial pressure on the future budget plans.

4.6 Local work is underway to explore further the potential impact of waiving of charges. There may be additional resources required to undertake carers’ assessments, Self-Directed Support and care management. A working group has been being established

to review and monitor approach and impact on services. The expectations of carers and the delivery of an open eligibility criteria needs to be reviewed in terms of financial impact and supported within available resources and / or allocated funding. There is a need for clear financial modelling within the first year of the Carers' Act to better understand how this change could impact the current planned commitments.

4.7 The Scottish Government's extension to Free Personal and Nursing Care to those under 65 is due to commence on 1st April 2019. This is a complex piece of legislation and it is simply not a case of extending a current policy by incorporating another age band. Extending free personal care to under 65s could have important benefits for many people who are charged for these services and could mean an increase in demand for these services.

4.8 By April 2019 all IJBs need be able to provide free personal care to all eligible adults at no cost. The HSCP Board (through delegated authority of WDC) would need to have a clear and unambiguous charging policy to ensure it is clearly laid out what free personal care actually means i.e. what is included and what is not. This would include the provision of good quality information on their charging policies so that service users, their carers and their families understand how their charges are calculated and how we will collect them.

4.9 Over the coming year the HSCP Board will be reviewing and establishing systems and processes to ensure high standards of conduct and effective governance, and establishing a culture of openness, support and respect of:

- Waiving of charges;
- Assessment - personal care v non personal care;
- Financial Assessments for those in residential care;
- Residential Care Contracts;
- Monitoring and Accountability processes; and
- Review and monitoring processes.

5. Workforce

5.1 The first integrated Workforce & Organisational Development Strategy was developed for 2015-18. This included a Support Plan for 2015-16 for the West Dunbartonshire Health & Social Care Partnership.

5.2 The support plan was developed to support the delivery of the overall Strategic Plan. A commitment was provided to the Partnership Board on 18th November 2015 that annual updates would be provided on the Support Plan for the lifetime of the Workforce and Organisational Development Strategy (2015-18). The support plan provides a framework to address priorities and update on progress on the previous year and any areas of concern.

5.3 The update for 2017/18 was approved by the Joint Staff Forum and Partnership Board in 2018, this covered a number of areas where progress had been made during 2016/17 and identified priority areas for 2018. It highlights that the provision of Mental Health Officers continues to be a risk and we will continue with our programme to support staff with training to build capacity and capability to meet future demand. This will continue to be a priority for our Workforce and OD plan for 2018/19.

5.4 We utilise supervision sessions to discuss career development, learning interventions, and profession specific training to support staff and partners in their roles. One example is the training being delivered on self-harm and relationship training for appropriate staff and community planning partners working with looked after and accommodated children and young people.

5.5 The ageing workforce within Care at Home Services presents a challenge with over 22% of the workforce over 60, and trend analysis for this group in particular shows staff are choosing to work longer. How we support older people in the workforce is one of the areas that our Employee Wellbeing Group are addressing.

5.6 In relation to the Health and Social Care Partnership we are currently supporting a number of staff on leadership programmes both at national level such as Leading for the Future, Collaborative Leadership and a number of leadership opportunities which are offered both through the NHS and Council to support staff in frontline leadership and management roles. The managers currently undertaking training are from different levels of management and professional backgrounds. These courses create opportunities for staff to share good practice and facilitate better understanding of respective roles within an integrated setting.

5.7 The Scottish Social Services Council (SSSC) are the main regulatory agency for social care staff. The next group of staff to be registered are the Home Care workforce. The expectation is to ensure these staff achieve the minimum qualification to full fill their registration requirements. This is being phased in over time to allow support staff to achieve these qualifications within the set time period from the date they register. The Register opened for this group of staff on 2nd October 2017 and work is well underway in preparing and ensuring compliance with the registration of the Home Care Workforce. .Awareness raising sessions have been delivered with more planned later on in the year to help staff to understand the requirements of registration. These sessions will be delivered jointly with Joint Trade Unions.

5.8 An internal audit was undertaken to look at systems in place to ensure staff have up to date registration with SSSC. As a direct result a module has been developed within our electronic HR system and the CSWO has asked that all mangers now use this system. Managers can update registration for staff and run reports. This provides assurance that there is one recording system across the entire Council for staff resisted with the SSSC.

5.9 Within the HSCP all staff for the first time took part in a survey using a system called iMatter. This allows us to undertake s consolidated staff survey of social work and health staff. Ownership for the Team Action plans lies with the Teams and is aimed at making improvements to how the team operates and identify what is important to the staff. There are significant benefits to implementation of a single approach to staff engagement across the HSCP, reflecting a further development in respect of integration.

6. Regulation, Inspection and Quality Assurance

Role of the CSWO

6.1 As CSWO I have the overall responsibility to ensure that the social work service workforce continues to operate within the standards and codes of practice as set out by the Scottish Social Services Council (SSSC) in order to maintain their professional registration.

6.2 The Care Inspectorate's role is to register care services and to inspect all care and social services with the aim of encouraging and driving improvement in those services where they have detailed either recommendations and or requirements in certain aspects of care. All inspection findings and reports are reported to the HSCP Audit Committee along with any details of improvement actions and progress.

6.3 We work closely with the Care Inspectorate in discharging our responsibilities to ensure that service provision, both provided and commissioned, are of the highest standard. The Quality Assurance team within the HSCP has a clear role in proactively monitoring the quality of care delivered and ensuring that the response to individual concerns about service delivery are responded to quickly and effectively.

6.4 Following the Joint Inspection of Services for Children and Young People in West Dunbartonshire as reported in February 2017 we have continued to progress our Improvement Action Plan and engage with our link Inspector regarding the approaches we are taking to improve practice and outcomes.

Regulated Services - Grades and Outcomes

6.5 Our performance in this area across all regulatory services has gone from strength to strength. There has been a strong emphasis and robust approach taken to improving our grades both by the Senior Management Team of the HSCP and the Integrated Joint Board via the Audit Committee. Whilst performance overall is reassuring there can be no place for complacency and there are a few areas where further improvement is still required.

6.6 We are in the process of preparing for the thematic inspection of Self Directed Support which comes at a good time for West Dunbartonshire as we are about to embark on reviewing our local guidance and training and the learning from this inspection will be an opportunity to review our approach and processes.

6.7 One particular service which has achieved grades of 'Excellent' across all quality indicators inspected has been our Throughcare service. In February 2017 the Adult Placement part of this service achieved the highest grades achievable and this then followed with the Housing Support element of the service in March 2018 achieving grades of 'excellent' as well. It is recognised that this strength and quality has only been achieved by the hard work,

commitment and dedication of the whole staff team, and they are to be congratulated.

6.8 For further details across all inspections and grades, requirements and recommendations carried out between 1st April 2017 and the end of March 2018 please see **Appendix 2** - Regulatory Inspection Outcomes. There are some inspections that have taken place in this period but still require to formally report, therefore they have not been included.

7. Statutory Functions

Public Protection Chief Officers Group (PPCOG)

7.1 The Public Protection Chief Officers Group (PPCOG) is chaired by the Chief Executive of the Council with key representation from the Director of Nursing (NHS GGC), the Divisional Commander (Police Scotland) and the Chief Officer (HSCP). The PPCOG is responsible for the strategic co-ordination of all public protection services in West Dunbartonshire.

7.2 In the past year they have received regular updates from the Child Protection Committee in respect of the analysis and findings of the National Child Protection Improvement Programme (CPIP).

7.3 The Cabinet Secretary for Education and Lifelong Learning announced in Parliament on the 26th of February that the Scottish Government would undertake a Child Protection Improvement Programme (CPIP). The core objective was to identify where recommendations for sustainable improvement could be made, building upon the observable improvements in practice that had already been made in recent years and to seek to further embed Scotland's unique approach to child wellbeing: Getting It Right For Every Child (GIRFEC).

7.4 Recommendation of the CPIP Systems Review states:

"Chief Officers should be supported by the National Child Protection Leadership Group and Child Protection Committees Scotland to strengthen delivery of their responsibilities, as set out in National Guidance for Child Protection in Scotland (2014), and to identify where further work may be required."

7.5 The Public Protection Chief Officers Group (PPCOG) has for some years held regular development sessions in order to learn from elsewhere and to review the purpose and function of the group in terms of assurance and governance. The most recent development session followed on from the discussion and debate at the national leadership event. The PPCOG are now revisiting the membership of the group as well as key aspects in respect of the Child Protection Committee (CPC) and the Adult Protection Committee (APC).

7.6 Essential to the continuing developmental focus will be the consideration given to the revision of the Child Protection Committees (2005) Guidance which was presented in draft at the leadership event in May 2018, with the final version to be produced shortly following this opportunity for consultation.

7.7 The Performance and Assurance Reporting Framework, as attached at **Appendix 3**, was initially developed in 2013. This provides an account and assurance of all performance against targets for; child protection, high risk offenders, vulnerable adults and adults at risk. The main purpose of the report

is to ensure that the PPCOG review; performance, outcome and demand levels and take any necessary action required or request the provision of further analysis and review.

Child Protection

7.8 Across the past 3 years there has been a noticeable rise in the number of child concern and protection referrals coming into the children and families social work service of the HSCP. These statistics and activity levels have been monitored and analysed on a quarterly basis for a number of years, for the purpose of reporting to the PPCOG and for the CSWO to monitor demand in comparison to resources and address any risks that may occur in this respect.

7.9 With regards to the detail of the rise in child protection referrals received by the children and families service in the last 2 years, this has risen from a full year effect of; 330 in 2016/17 to 423 in 2017/18. This represents an increase of 28%. While this shows a continual increase this is considerably lower than the increase experienced in 2016/17 which was 64%.
This is illustrated in the charts below:

Chart 1

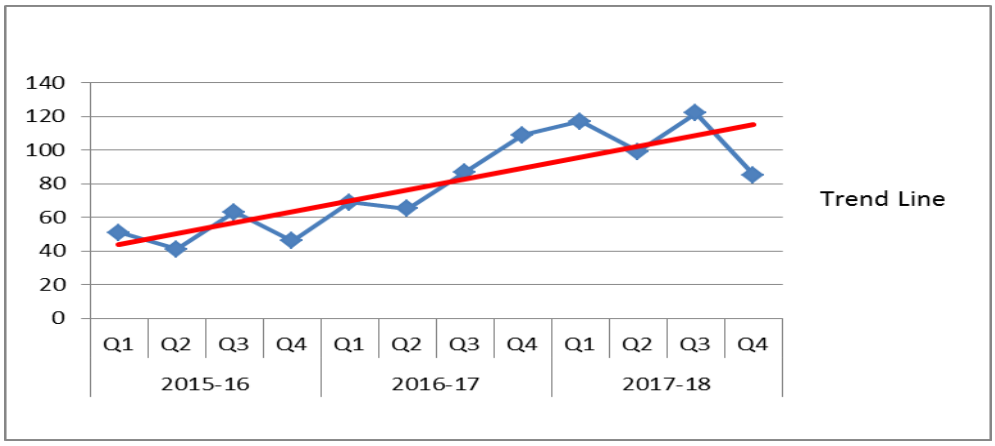
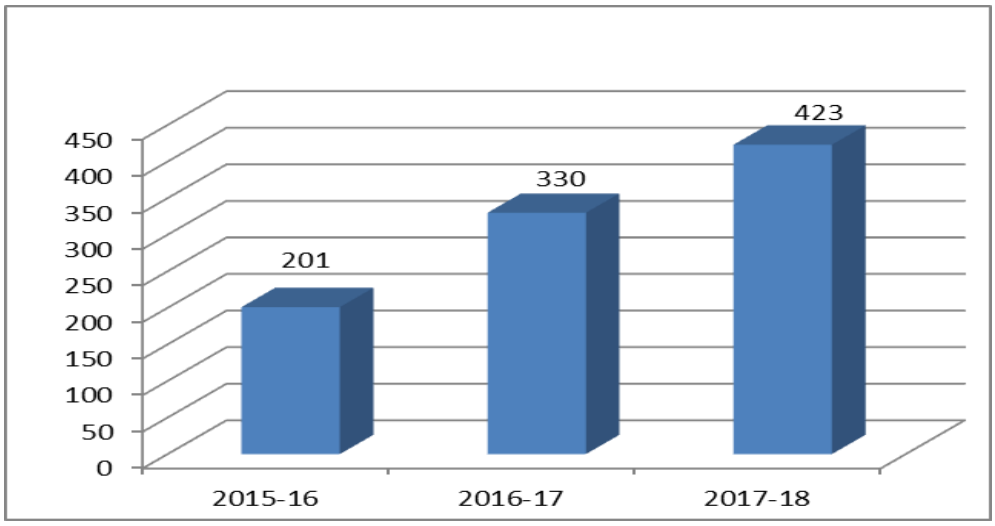


Chart 2



7.10 With regards to the number of referrals that led to a child protection investigation this follows a similar upward trajectory which is reassuring in terms of good practice and ensuring that these referrals are assessed and interventions are based on the level of risk and need identified.

7.11 Similarly and in line with expectation given the rise in referrals and investigations, children placed on the Child Protection Register (CPR) have followed a similar pattern. In 2016/17 a total of 123 children were placed on the CPR across the year compared to 111 in 2017/18. This is not however a static picture as children are also removed from the CPR throughout the year.

7.12 From analysis it is starkly evident that the reason for registration is predominantly due to 'domestic abuse' and 'neglect' the latter of which reflects the national picture, however is set in an area where we are the second highest local authority area for reported incidents of domestic abuse.

7.13 From analysis of this rise in referrals and activity we have identified that there are a number of contributing factors; poverty, our robust Initial Referral Discussion (IRD) multi-agency process, impact of reflective practice and more consistent practice overall.

i) Poverty – families who may previously not have come to the attention of the statutory social work service and other agencies now are, due to the level of pressure they are experiencing from both reduced income and reduced benefits;

ii) The introduction of the Initial Referral Discussion (IRD) process has led to increased collective multi-agency identification of child concern cases. This reflects good practice and is in line with National Guidance. Identifying and allocating the cases which other services have concerns about is extremely important in order that we are able to intervene early and prevent further concern or harm occurring.

iii) Reflective practice – we undertake reflective reviews of both local cases and some more high profile national cases. This has led to changes to local practice and an increased recognition that children and families need our support earlier and as such we have intervened earlier to prevent and reduce risk.

iv) A clear focus of the managers now holding the Team Leader role has been to ensure there is more consistent practice across the social work teams by jointly improving our approach to assessment of referrals. Again this reflects good practice and illustrates that we have learnt from past cases, and that this learning leads to a change in practice in order to improve outcomes for children, as expected by the Care

Inspectorate. These changes have been supported by other professionals, and there is a reported increase in confidence in the approach of the current management structure.

7.14 The CPC Improvement Action Plan details the various areas for development and improvement for the CPC. This is a 'live' plan and as such is a standing agenda item on the CPC, to which progress is noted every two months and additional improvement areas or actions are added following either case file audit, reflective case reviews, the outcome of national Significant Case Reviews or via self- evaluation. This plan recently been reviewed and we are in the process of finalising our Annual Report.

Domestic Violence

7.15 Domestic Violence continues to present a significant challenge for the residents and services within West Dunbartonshire. During 2017/18 West Dunbartonshire was identified as having the highest prevalence rate in Scotland.

7.16 Prior to this and following our Joint Inspection of Children's services by the Care Inspectorate, reported in February 2017 the Chief Social Work Officer commissioned a specific report by the department of Public Health (DPH) on the prevalence in West Dunbartonshire and a literature review in respect of tried and tested interventions. This report is available on the DPH website for further information.

7.17 The focus in the past has traditionally one of 'reaction' to the impact and effects of domestic abuse however the Community Planning Partnership has in 2017/18 made this one of the top priorities for the Local Outcome Improvement Plan (LOIP) and the concerted effort is now also balanced with 'preventing' domestic abuse.

7.18 Through the implementation of a Domestic Abuse Summit there has been an increased awareness raising campaign, engaging staff and services as well as local businesses and the community. This will be a continued focus in the year ahead however it is recognised that to make a significant impact on the prevalence of domestic abuse within West Dunbartonshire may take 10 to 20 years.

Adult Support and Protection (ASP)

7.19 The Adult Protection Committee (APC) continues to meet on a quarterly basis, has an independent chair as required by statute and attendees include a representative from Police Scotland, Trading Standards, Care Inspectorate, Mental Welfare Commission, adult social work services, community Health, Advocacy Services, Scottish Care, Children and Families Fieldwork Manager, CSWO and the Scottish Fire and Rescue Service.

7.20 A key component of the quality assurance work undertaken by the APC continues to be the completion of regular case file audits for the purpose of learning and improvement. The new Public Protection post holder has made a significantly impact on the extent of analysis and improvement in respect of; performance monitoring and analysis, provision of training for staff and other agencies and providing advice to staff and managers about specific complex cases.

7.21 The self-evaluation and training working group has merged with the training sub group of the Child Protection Committee and work is underway to provide large scale awareness training on both child protection and adult protection, thereby reducing the time out of work for training. The outcome from quality assurance audit work is considered by the Training Sub Group in order to consider what additional training and development is required. In addition this group develops and maintains a comprehensive multi-agency training strategy to ensure that appropriate training on child protection and adult protection is available to staff from the wide variety of organisations and at different levels of training as appropriate to role and function.

7.22 Referrals for adults at risk has decreased slightly from 413 in 2016/17 to 347 in 2017/18, whilst vulnerable adult referrals have risen slightly from 725 in 2016/17 to 743 in 2017/18. These figures and further detail pertaining to adult support and protection targets and activity is illustrated within Appendix 3.

Criminal Justice – the Management of High Risk Offenders

7.23 Multi Agency Public Protection Arrangements (MAPPA) is a model of sharing information and creating and reviewing risk management plans. MAPPA places statutory duties on responsible authorities to share information and work together to assess and manage the risk of certain categories of offender. Since the establishment of MAPPA in 2007 the focus has been on registered sex offenders and a the small number of restricted patients.

7.24 With effect from April 2016 the remit of MAPPA extended to other offenders who are assessed as posing an imminent risk of serious harm to the public. The extension to include this category required an extensive commitment to the training of social workers and front line managers in order to enhance their knowledge and skills in the assessment of risk of serious harm. The number of offenders falling into this category is small but their assessment and management is by definition complex and demanding.

7.25 The level of risk of MAPPA cases are assessed on a multi-agency basis through a process of assessment and continual review, with MAPPA level 3 being the highest and Level 1 being the lowest. There have been no level 3 MAPPA cases in 2017/18 and a small number of level2 MAPPA cases. The total number of offenders managed within the community in 2017/18 was 79 with the vast majority of these being assessed as MAPPA level 1 cases.

Mental Health Officer Service

7.26 Throughout the period 2017/2018, the MHO service has maintained a reasonably consistent level of resource. The core Mental Health Officer team currently has a full staffing compliment. During the 2017/2018 period, two MHOs who had been with the team for a combined period of 15 years retired from the service. Authorisation was secured to recruit to these vacant posts, and this was successfully achieved on first advert on each occasion. However whilst one qualified MHO has joined the organisation from another local authority area, two have departed and a further two less experienced MHOs opted to relinquish the role in early 2018.

7.27 Despite an overall decrease in numbers of whole time equivalent MHOs employed by the organisation, this has not had a marked impact on the effective delivery of the service. This is testimony to the dedication and commitment of our staff, and continuing efforts to refine areas of practice and productivity. The local authority's Internal Audit team undertook a review of an element of service delivery relating to the provision of MHO reports to accompany guardianship application (Adults with Incapacity (Scotland) Act 2000). As a result of this exercise, enhanced processes were developed and implemented with a view to providing accurate reporting data and identifying ways in which outcomes in this area could be improved.

7.28 The audit service review was welcomed and has proven to be helpful alongside a broader consideration of how the MHO service can more effectively and efficiently meet its statutory obligations on behalf of the organisation. To further progress this area of work, the service is currently being supported by the organisation's Public Involvement Officer in undertaking a broad consultation exercise in respect of the experience of service users, carers, and partner agencies who have/have had involvement with the MHO service. It is anticipated that this exercise will be completed and a report submitted in late 2018/early 2019.

8. Service Quality and Performance

Overall Performance

8.1 The following performance reports are attached for information as they cover key requirements in respect of social care performance and Appendices 3 and 4 are reported externally. All performance reports as attached illustrate a wide range of performance indicators. These provide in the main a very positive reflection of the quality of social care service delivery within West Dunbartonshire's Health and Social Care Partnership.

Appendix 2: Regulatory Inspection Outcomes as referred to in Section 6 of this report.

Appendix 3: Performance and Assurance Reporting Framework as developed for the West Dunbartonshire Public Protection Chief Officer's Meeting as previously referred to in section 7.7 of this report.

Appendix 4: HSCP Local Government Benchmarking Framework Indicators for 2016 to 2017.

Appendix 5: WD HSCP Key Performance Indicator Summary 2017 to 2018.

In addition to these performance reports this section will illustrate a few key highlights in terms of service delivery, recognition and improved outcomes.

Adult Care Team

8.2 Over the past 18 months, West Dunbartonshire HSCP's Adult Care Team partnered Bobath Scotland to develop and deliver an innovative project to better support Adults living with Cerebral Palsy in West Dunbartonshire.

The partnership aimed to understand the specific challenges facing Adults with cerebral palsy in their local communities and seek to develop and deliver a local response to these, by embedding the knowledge and strategies developed by Bobath within routine care planning and local support.

All individuals with a diagnosis of Cerebral Palsy who were known to West Dunbartonshire HSCP's Adult Care Team were offered the opportunity to opt in to the project – 17 did so. This is significant as the individuals were seen within West Dunbartonshire and were not required to travel to the national specialist centre in Glasgow, ensuring a truly person-centred approach.

Carers were also provided with dedicated information and training sessions and indicated that they particularly valued the information provided relating to the impact of the ageing process on the experience of Cerebral Palsy as well

as the demonstration of moving and handling techniques to promote the safety of both Carers and those that they care for.

The longer term impact of the project has been to build understanding and skills, and to redesign existing resource to better support Adults with Cerebral Palsy to live as independently as possible in the West Dunbartonshire community.

The project has been recognised during Scottish Parliamentary debate as an example to be followed and the blueprint of the work is now being rolled out to other HSCP's and local authority areas. The Adult Care Team were finalists in West Dunbartonshire Council's Staff Awards in relation to the work undertaken in partnership with Bobath.

Community Hospital Discharge Team

8.3 The Community Hospital Discharge Team – which does not operate a waiting list – receives an average of 66 new referrals per week. The team are focussed on ensuring safe and timely discharge to home or a homely setting and offer a multi-disciplinary response to presenting need.

The team was commended by NHSGGC in relation to their efforts throughout the winter period, with no individuals delayed in hospital in the peak of winter; and especially in their exemplary response and continuation of service throughout the severe snow in March 2018.

This year, the Community Hospital Discharge Team participated in a Scottish Government pilot in relation to Section 28 of the Carers Act (Carer involvement in hospital discharge of cared-for person) from which learning and good practice was shared on a Scotland-wide basis prior to the Act's commencement in April 2018.

By continuing to focus on timely and appropriate hospital discharge the number of acute bed days lost to delayed discharge for West Dunbartonshire residents improved by 29.5% between 2016/17 and 2017/18.

Avoiding Hospital Admissions – Falls and Frailty

8.4 In 2017 /18 almost 2,000 level one falls conversations were recorded within health and care teams including social workers and community occupational therapists and just over 1,000 level two multi factorial falls assessments were completed resulting in 241 home exercise programmes being delivered. Work continues with Scottish ambulance to increase referrals to the Community Older Peoples team for assessment after a fall to reduce need for hospital admission wherever possible.

Our recent efforts have focused on identifying and managing frailty of older people who have a health and or social care intervention in the community.

The use of the Clinical Frailty scale has been imbedded in practice and to date almost 3,000 Frailty screens have been completed within the integrated health and social care teams. Providing a greater understanding of the potential needs of the older population.

In addition the Community Alarm team are about to introduce two TEC projects. One supporting our Primary Care colleagues by installing digital GSM alarm units for COPD patients, and the other will use new digital alarm units and sensors including GPS. By installing this equipment it will facilitate a more detailed picture of needs. The move to new digital alarm systems is an exciting time for the community alarm team.

New Care Home – Crosslet House

8.5 Our new build Crosslet House Care Home in Dumbarton was handed over to West Dunbartonshire Council on 28 April 2017, when a period of outstanding works was completed and furniture/fittings were brought into the building in preparation for residents to move in. The first residents moved into Crosslet House on 7th June 2017, with phased transfer of residents from the old Dumbarton care homes being completed on 23rd June 2017.

There are currently 70 residents at Crosslet, with capacity to increase occupancy to 84 residents. The design of the building provides an opportunity for residents to spend time in their flats, whilst coming together in shared spaces to meet others and engage in activities. The day services area of Crosslet House provides the flexibility of activity areas, dining areas and break out spaces, which fits with the modern day services model providing opportunity for choice both within the building and in the local community.

The new Clydebank Care Home and Day Service should be open in Spring 2020, when the 3 residential homes and 2 day care services in Clydebank will migrate into the new building, with similar models of service provision to that of Crosslet House.

Sensory Impairment Team:

8.6 Led by a senior social worker this team of social workers, rehabilitation worker and resource worker we have significantly reduced waiting times for assessment and interventions - from over 1 year to an average of 2 weeks wait. New sensory impairment specific assessment tools have been introduced and the team have been proactive in reaching out to the third and independent sector and teams within the HSCP to raise awareness and promote good links. In addition to this they have completed a number of training courses to enhance their skills such as the BSL and Rehabilitation course.

Corporate Parenting-West Dunbartonshire Champion's Board

8.7 Our Champions Board continues to develop from strength to strength with the essential funding from Life Changes Trust in September 2017. A Co-ordinator

was identified in July/August 2017 and the funding period will run from 1st November 2017 to 31st October 2020.

The aim of our Champions Board is to create opportunities for all of our Care Experienced young people, to get to know, and to build strong, positive, meaningful and lasting relationships with some of their many Corporate Parents.

Between August/September 2017 and the end of March 2018, around 30 young people had engaged with the Co-ordinator of the Champions Board and by 12th March 2018 they had created a 'Dear parent' letter which presented to Joyce White OBE, Chief Executive of West Dunbartonshire Council in June 2018. The idea of this letter was based on 'Dear parent' letters which schools usually send out to 'all parents', however their 'Dear parent' letter was aimed at Corporate Parents rather than biological parents.

Young people have taken part in many activities in relation to engaging with the Champions Board, including badminton, KanJam (a Frisbee based game!) Christmas pantomime, meals out, go-karting and much more.

We have employed 3 care experienced young people as 'lead young people' to the Champions Board. One young person is employed on a full time basis to work alongside the Co-ordinator and all care experienced young people, along with another two young people employed on a part time basis. One of the part time workers focuses on working with those young people within our 3 residential houses, and the other works with those young people who are looked after at home and works with our Alternative To Care (ATC) team.

The level of engagement between care experienced young people and some of their 'more senior' Corporate Parents has been fantastic. The Chief Executive, Chief Officer (HSCP) and Chief Education Officer are all currently mentoring our 3 care experienced lead young people to the Board, and many others have offered to meet either individually, or as a group to work closely with care experienced young people from across all areas of the care sector.
The Champions Board team of staff have very positive visions for its future and have already achieved some excellent outcomes, including free access to swimming and gym facilities for all care experienced young people in West Dunbartonshire, and 20 free driving lessons each, for around 10 care experienced young people, through our partners Working 4 You.

<u>Young People's Achievements</u>

8.8 Several young people, who work with our Throughcare and Aftercare Services team, undertook a "cooking on a budget" course at West College Clydebank.
The group, supported by Throughcare staff, attended the college over a period of a few weeks and learned all about food hygiene, food preparation, planning menus etc. The course ended with the students producing a three course celebration meal which was served in the Colleges training restaurant

to invited family and guests. The course was a piece of partnership working between Throughcare, Working 4 You and West College Clydebank.

Young people working within this service also completed an 'Inspiring Young Leaders' programme which was run over the course of a few weeks, and included talks and workshops from external speakers and guests. All young people 'graduated' with their certificate on the final day of the course.

Young people from our three Children's Houses have had some incredible achievements across the year. These include the following:

- A young person completing a 'Sportathon' event, throughout the night, with her peers from school, raising money for Sport relief;
- Young people performing, at a very high level, in a local gymnastics class;
- Young people receiving awards at school for their 'attendance' and 'talents for writing';
- Young people and a staff member taking part in a fundraising event for a national charity;
- Young people completed a mentoring/coaching course and Fire Reach course, with Scottish Fire and Rescue Service, and also working with Police Scotland Youth Volunteers;
- A young person met with the First Minster and Deputy First Minister to receive her SQA award for learning in diverse circumstances, and achieving the top grade in her Nat 5 exam;
- Another young person met the First Minister at an event, and inviting the First Minister to dinner at one of our houses – which she accepted! The First Minister then invited some young people and staff to attend First Ministers questions at Holyrood;
- A young person representing Scotland at a home nations football tournament (and scoring a goal!).

These are just some of the achievements from some of our very talented care experienced young people – well done to all.

Transition

8.9 The Transitions Advisory Group (TAG) has now been in place since early 2017, supporting the transition of young people with additional support needs from education and children's services to adult services within the HSCP. This replaced the previous transitions group which was mainly focussed on young people with a learning disability.

The TAG consists of a fixed group of managers from mental health, learning disability, adult services, children's services, specialist education and educational psychology. Each case is presented by education and social work and fully discussed by the TAG membership, reaching agreement in respect of the adult service that will support the transition plan; thereafter

children's services, education and the appropriate adult service work collaboratively to take the transition plan forward, including the realignment of any budgetary requirements via the appropriate resource group.

A transitions audit is planned for early 2019 as part of the rolling programme of audit within children's services, in which we will look at the effectiveness of the transitions planning process and subsequent outcomes for young adults within adult services. In addition, further work as part of the refresh of the autism strategy will better inform the transitions process for young people with an autism or Asperger's diagnosis.

We are developing clearer transition processes for young people and their families moving from Children Services to Adult Services. Improvements have been introduced to streamline the process and to begin the transition process at an earlier stage to allow for more robust care planning, simplifying the resource allocation process and identification of which area of adult service is best qualified to meet their needs. It is anticipated these changes will result in less anxiety and greater assurances for young people with additional support needs and their families regarding the nature of their support as they make the often difficult transition from children's to adult services.

Self-Directed Support

8.10 We continue to embrace the principles and requirements of the Social Care (Self-Directed Support) (Scotland) Act 2013 by ensuring service users and their families are fully informed of the range of options they have available in terms of the nature of the support they receive.

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

We have taken cognisance of the Audit Scotland report which was presented to our Partnership Audit Committee and recognise that there is further improvement to be made in this area across children's and adult services. We welcome the opportunity of being one of the first six areas to undergo a thematic inspection of SDS which will inform out learning and need for improvement moving forward. This coincides with our intention to revise our local guidance and training.

Parental Capacity Assessments

8.11 A review of the current addictions parental capacity assessment found that it failed to capture GIRFEC principles and SHANARI wellbeing indicators. A small working group representative of all staff care groups developed the Child Wellbeing Assessment, a final draft of which has just been circulated for comment. This will sit on the care first platform and will be used consistently across all adult services in West Dunbartonshire HSCP where adults involved in services have caring responsibilities for children.

Carers Act 2016

8.12 WDHSCP works in partnership with third sector organisations, Carers of West Dunbartonshire (adult carers), Y Sort-it (young carers) and West Dunbartonshire Community Volunteering Service (WDCVS) to provide carer services across West Dunbartonshire. Following a review and revalidation of West Dunbartonshire Carers Development Group there was a renewed focus on taking forward and preparing for the implementation of the Carers Act 2016, which came into effect in April 2018. This partnership approach works to plan services, identify carers and focus resources to ensure adult and young carers are equal partners in the planning and delivery of care and support.

Several large scale carer's events took place through 2017/18 to consult with carers on their needs and how they wanted support services to respond to both their needs but also the requirements of the Carers Act.

9. Planning for Change, Key Challenges and Opportunities

Demography and Health Inequalities

9.1 West Dunbartonshire's Social and Economic Profile 2017 shows that we have seen relatively large increases in our share of the 20% most deprived data zones in Scotland, showing the biggest increase in relative deprivation from 2012. Our Strategic Needs Assessment reflects that we have high levels of people with long term and complex conditions, often linked to the history of heavy industry in the area, with related diseases affecting people at a relatively young age. Because of this, we are invariably experiencing high levels of demand for both health and social care services as delivered by the HSCP. Whilst we are commitment to working together in shifting the balance of care and supporting a whole population approach to improved health and wellbeing we are also facing significant resource challenges in meeting this level of need, particularly within the current financial climate.

9.2 Mental Health Strategy 2018-2023

We are currently working with colleagues across Greater Glasgow and Clyde NHS Board and the six HSCPs to develop the transformation required in order to meet the requirements of the Mental Health Strategy for 2018-2023. This work is well underway in line with the Scottish Government principles; empowering individuals and communities, to integrate service provision, to prioritise expenditure on public services which prevent negative outcomes and to be more efficient.

Locally we are that we are looking at the priority need for mental health development in West Dunbartonshire to incorporate extra support to GP practices, Early Interventions (AIMS) and how we link mental health to the justice collaborative to ensure that people moving out of prison care are provided with support in relation to mental health care, housing and support.

Adverse Childhood Experiences (ACEs)

9.3 In May this year a small working group of staff form across agencies delivered two local events to raise awareness in West Dunbartonshire of the impact of ACEs not only on children but importantly on the lifelong effects to both an individual's emotional and physical health. The aim of the event was to engage people from all support services to better understand some of the challenges presented by having a high ACEs score but also to provide a positive understanding of the potential to overcome these adversities with appropriate support.

From this event a local ACEs Hub has been formed of over 30 people from a wide range of services. Phase two of this development work is to extend the opportunity to staff and services to view the ACEs DVD and engage in a discussion with a panel to consider how we can work differently to support people who have experienced ACEs in a much more asset based approach.

The Permanence and Care Excellence Programme (PACE)

9.4 West Dunbartonshire is in Phase One of taking forward the Permanence and Care Excellence Programme (PACE) with the Permanence Consultant at the Centre for Excellence for Looked after Children (CELCIS). This work will examine our performance data in respect of permanence and consider where our processes need to be adjusted in order to meet appropriate milestones for the child/ren in our care. This work will not only involve our social work children and families services but also; Legal Service, the Scottish Children's Reporter Administration and Children Hearing Scotland.

The Data Sharing Agreement has been signed to enable our data to be shared to explore data and track the journey of our children. The next stage will involve a two day improvement, learning and development scheduled for late September. From this we will agree our local strategy and identify PACE champions who will review progress and plan next steps.

Financial Challenges

9.5 Social work services is very much a demand led service exclusively in respect of the needs of older people and children as outlined above. As such many of the most vulnerable citizen's require a range of support needs and these can be fairly complex and therefore costly.

The Social Care budget remains under pressure, mainly due to the increased level of demands for services.

The HSCP is planning forward to achieve the required level of in-year savings which brings significant challenge, in addition to delivering a balanced position against budget for the current financial year. The Chief Officer continues to manage and review the budget across all service areas in conjunction with the senior management team.

In addition to demand as described above, there is also pressure in light of the economic uncertainty in the next few years which has an automatic impact on service delivery and in addition the more vulnerable citizens of West Dunbartonshire are inevitably feeling the effects of austerity measures especially with regards to the reform of the benefits system and the introduction of Universal Credit.

As outlined in Section 4 there is also financial risk associated with; the introduction of new legislation, waving charges, extension of free personal and nursing care, duties under the Carer's Act and Self Directed Support.

The HSCP as a whole provides significant front line services and support to the communities of West Dunbartonshire. It is important therefore in my role as Chief Social Work Officer, to continue to champion the protection of front line services for vulnerable communities wherever possible above all other

back office functions. This applies both within the HSCP but also to the Council as a whole. If we are to improve the life chances of some of our most vulnerable children, families and adults in the years to come then we need to prioritise those services that impact directly on the lives of these people.

Impact of Continuing Care

9.6 The requirement to accommodate children and young people in their existing/current placement until the age of 21, should they wish to do so, came into effect with the Children and Young People (Sc) Act 2014. Whilst there was some provision made within the Scottish Government's Financial Memorandum to provide additional funding to the Local Authority, there was no certainty at that time what the full impact would be on Local Authority expenditure.

For West Dunbartonshire the demand for continuing care is far out-stripping the resource allocated and therefore adding significant pressure on a service which is already under significant demand and brings with it continued financial risk.

Since introduction of this duty on Local Authorities there has been no attempt made by the Scottish Government to review and analyse the true cost of Continuing Care. The national CSWO meeting agreed that this was now a pressing issue for all Local Authorities and requires the support of COSLA in addressing this.

Jackie Irvine
Chief Social Work Officer
West Dunbartonshire Council and HSCP
July 2018

West Dunbartonshire Health & Social Care Partnership Strategic Needs Assessment 2018

Adults & Older People

Summary

21st June 2018

For further information contact

WDHSCP Health Improvement Team

wdhscp@ggc.scot.nhs.uk

01389 776990

1 Acknowledgements

Written by: Health Improvement Team, WDHSCP
Contributions from

Diane Stockton, Head of Evaluation and Scottish Burden of Disease Study, NHS Health Scotland and Grant Wyper, Senior Researcher, NHS National Services Scotland to the Burden of diseases section.

Craig Waugh, Principal Information Analyst NHS ISD Local Intelligence Support Team (LIST) to the diseases section.

With special thanks to:
Colleagues from West Dunbartonshire Council, Housing Strategy and Development Team and the West Dunbartonshire HSCP, Performance and Information Team

Thanks are also due to the many other people in both West Dunbartonshire Council and West Dunbartonshire HSCP who provided valuable comments at key stages of the project.

For further information on the data and statistics used within this document, please contact West Dunbartonshire Health and Social Care Partnership
http://www.wdhscp.org.uk/

2 Introduction

Strategic Planning

The Public Bodies (Joint Working) (Scotland) Act 2014 established the need for Integration Authorities to set up a Strategic Planning Group for the purpose of developing, finalising and reviewing their strategic plans, in accordance with section 32 (11) of the Act 2014. Strategic planning is central to the role that Integration Authorities have in commissioning and helping redesign local health and care services (Audit Scotland 2016).

The need to change models of local health and care services is being driven predominantly to meet changing needs. People are living longer and the number of people with long-term conditions such as diabetes, and complex needs, such as multiple long-term conditions, is increasing (Audit Scotland 2016).
A recent report by Audit Scotland (2018) sets out the challenges faced by public services and acknowledges longer term robust planning is even more crucial, this necessitates looking to the future, taking into account factors such as how the landscape is changing and may further change considering not only the demographic changes, but changes to public spending and policy (Audit Scotland 2018).

National Policy Context

The National Health and Social Care Delivery Plan recognises that if Health and Social Care is to be transformed in the next few years, change must be at a pace and emphasises that partnership working is fundamental to this process planning with partners both across and outside of the public sector (Scottish Government 2016a).

The national plan sets out an ambition to work across boundaries to plan and deliver services that will meet the triple aim aspiration of providing better health, better care and better value:

"*we will increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention*". (Scottish Government 2016a)

The National Clinical Strategy emphasises the need to fully understand the drivers for change giving a high level perspective on why change is needed & direction that change should take in order to maximise patient value from the available resources. A key area identified is planning and delivery of primary care services around individuals and their communities (Scottish Government 2016b).

The very recent report from Chief Medical Officer (CMO) reaffirms the message that a radical change is required in order to effectively meet the needs of the public and demands of the future (Scottish Government 2018).

The overarching message from the CMO is clear in that it is not only about providing high quality healthcare but importantly and in parallel to this it is about addressing the wider determinants that impact on health; the need to give <u>equal</u> priority to the causes such as socio-economic factors, as to health conditions (Scottish Government 2018).

<u>Epidemiological Approach</u>

This Strategic Needs Assessment (SNA) will take a 'population view' by using an epidemiological approach to describe:

- Why some population groups or individuals are at greater risk of disease e.g. socio-economic factors, health behaviours
- Whether the burden of diseases are similar across the population of West Dunbartonshire
- Health & Social Care provision in the community, including the patterns of service use across West Dunbartonshire Health & Social Care Partnership (WDHSCP).

Sections will be structured around Population View, Individual Behaviours and Burden of disease and Health & Social Care provision in the Community.

Trends and projections will be analysed and considerations put forward to provide a broad rationale for planning HSCP services and to anticipate needs for future services. The findings will therefore contribute to WDHSCP strategic planning processes and the forthcoming refresh of the WDHSCP Strategic Plan due April 2019.

The concept of using an epidemiological approach for a ‘population view’ underpins the discipline of health & care needs assessment (Ben-Shlomo, 2013, Bhopal, 2008). Planning based on demographic changes, risk factors combined with trends in health status and disease patterns over time can strengthen strategic planning processes by predicting future service needs (Ben-Shlomo, 2013, Rose et al, 2009, Bhopal, 2008).

3 Summary Report of Key Findings

Section 1 – Population View

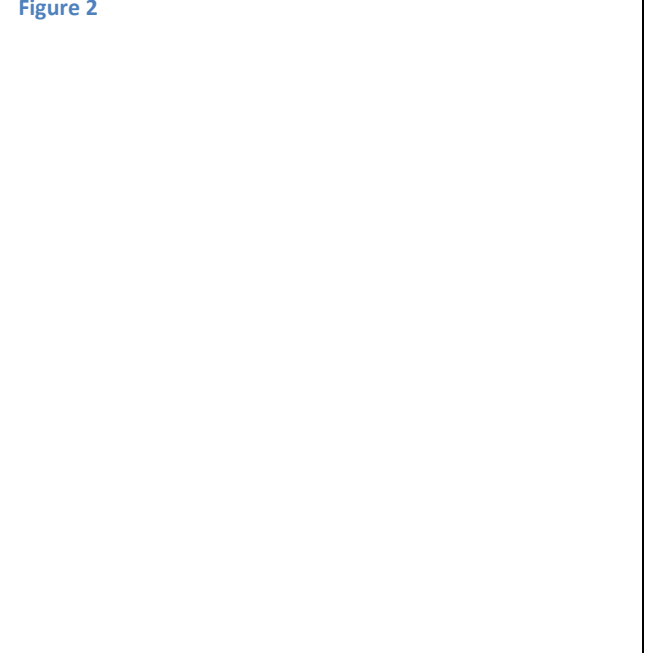
Demographics

Current Population

Figure 1

National Records of Scotland (2017)

Figure 2

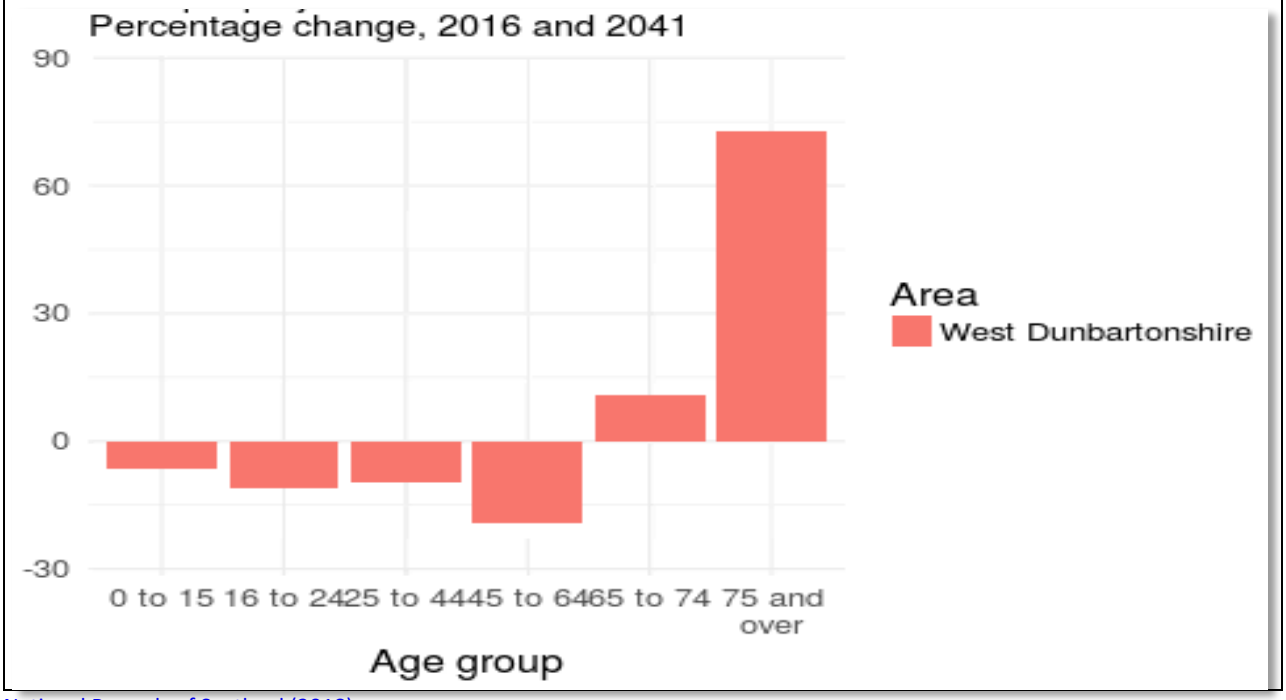


National Records of Scotland (2018)

- The trend over the last ten years has seen a decreasing population in West Dunbartonshire as illustrated in figure 1.
- There is a declining live birth rate and a decreasing working age population.
- There is an ageing population with an increasing proportion of over 75's – Mid Year 2016 NRS statistics estimate that there are 7051 over 75's.
- The current population gender split widens with increasing age e.g. more females than males from the age of 25 upwards.
- There is a very small minority ethnic population.

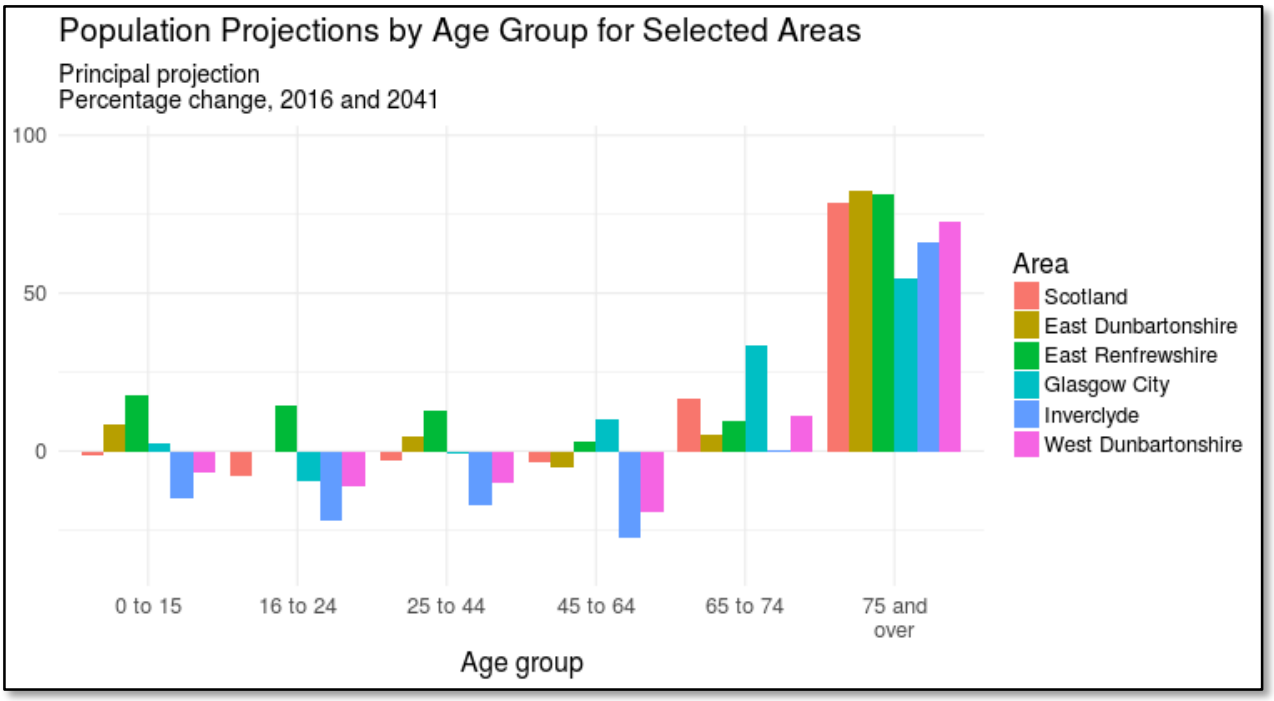
Projected Population

Figure 3



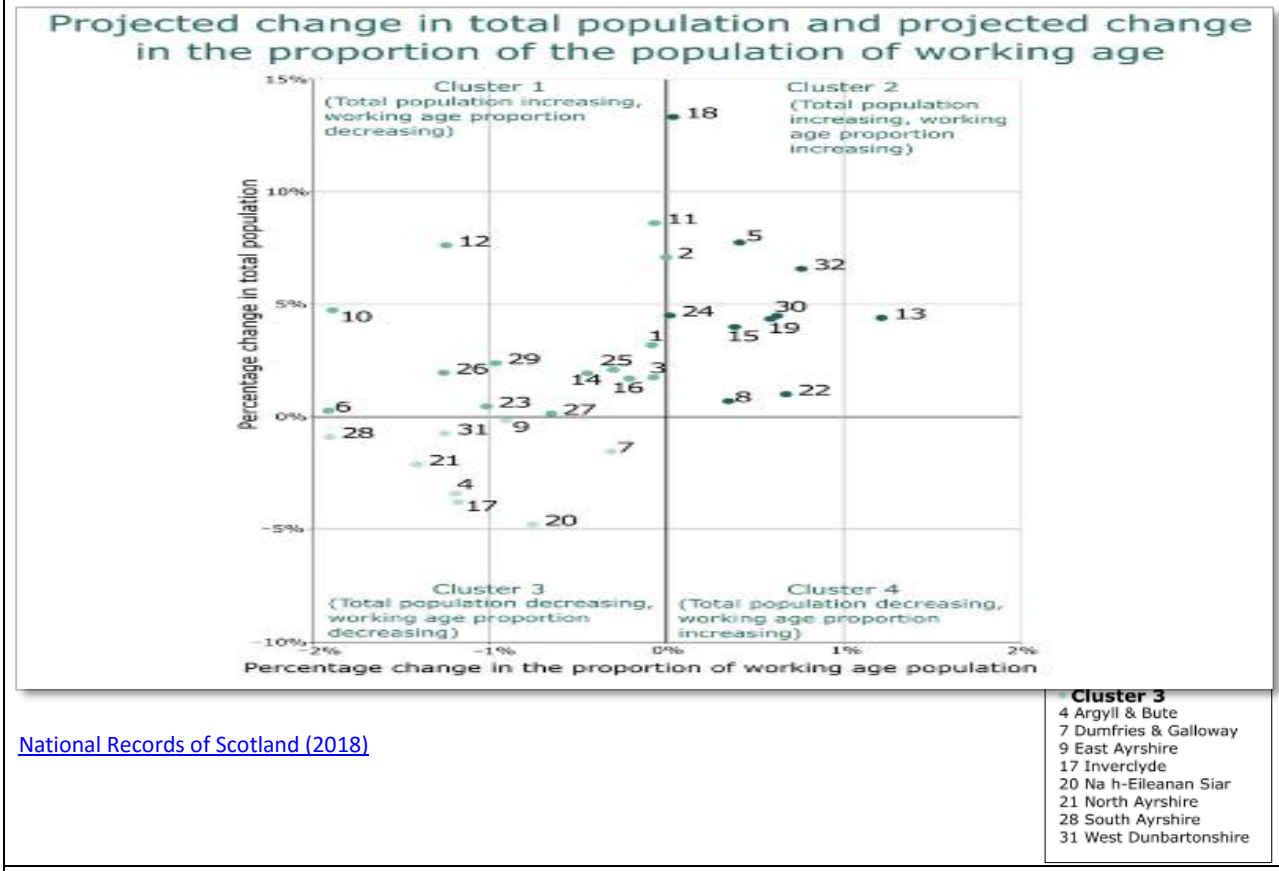
National Records of Scotland (2018)

Figure 4



National Records of Scotland (2018)

Figure 5



National Records of Scotland (2018)

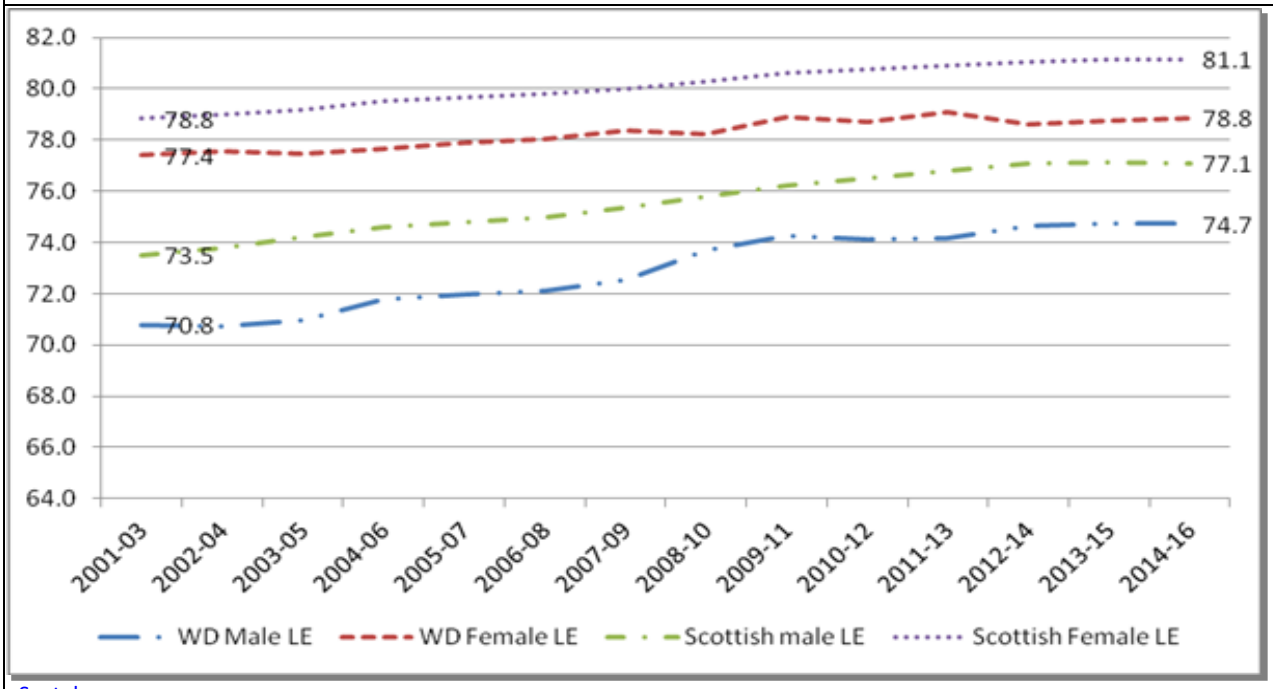
- Overall the population projections indicate changes to the three key life stages of children, adults and older people. For example there is a decrease in the projected proportion of children and working age group and an increase in the proportion of people for pensionable age.
- There are only eight local authorities in this position as Figure 5 illustrates with one other in NHSGGC, which is Inverclyde.

Considerations

- The HSCP need to consider the current and projected demographic changes in order to develop current services and anticipate future service demands. This has implications for both the costs of services and revenue generated.
- The HSCP need to consider how the public spending funding formula will reflect future policy and demographic changes.
- The HSCP need to shift from silo planning to whole system approach to planning in order to reflect the totality of the financial envelope and to target resources effectively.

Life Expectancy

Figure 6



Scotpho

- Overall life expectancy in West Dunbartonshire is poor in comparison with Scotland as a whole.
- Female life expectancy ranks the worst in Scotland at 78.8years.
- Male life expectancy is third lowest behind Glasgow City and Dundee City at age 74.7 years.
- Healthy Life Expectancy is lower in comparison to Scotland and is second lowest for both males and females.
- West Dunbartonshire ranks second bottom for mortality rates compared to Scotland as a whole.
- The main cause of death in West Dunbartonshire is cancer, followed by circulatory disease.

Scottish Index of Multiple Deprivation (SIMD)
West Dunbartonshire is • The third highest in Scotland with a local share of the datazones in the 20% most deprived datazones in Scotland. • The second highest in Scotland with a local share of the datazones in the 20% most income deprived datazones in Scotland. • The second highest in Scotland with a local share of the datazones in the 20% most employment deprived datazones in Scotland.
Considerations
• The HSCP needs to continue to drive forward with community planning partners the local Community Planning determinants oriented approach to address the fundamental causes of health inequalities in line with legislation e.g. the Community Empowerment Act and the Fairer Scotland Duty. • The HSCP along with WDC Education, Attainment and Learning and WDC Housing and Employability need to continue their focus on early years, poverty, domestic abuse and public protection. • The transformation of primary care services should reflect the distribution of the most deprived SIMD areas within West Dunbartonshire.as part of prioritisation of activity.

Housing
In West Dunbartonshire • Projected figures show that that one in five household Heads will be 75+ in 2039. • The number of single adult dwellings has increased with the number of households predicted to continue to increase up to the year 2034. • Percentage of dwellings in A-C Council tax bandings is higher than the Scottish average. • There is a higher percentage of Social rented housing than the Scottish Average (36% compared to 23%). • Applicants assessed as homeless have increased by 10% from the previous year compared to a Scottish decrease.
Considerations
• The HSCP needs to continue to work with the WDC Housing and Communities Strategic Area and Registered Social landlords through the review of the Housing Contribution Statement to support individuals to stay within their own homes. • The HSCP need to continue to work in partnership with the WDC Housing and Communities Strategic Area to support appropriate allocations, shared capital programme build through the Strategic Housing Investment Plan (SHIP) and Joint medical assessments via dedicated Housing Occupational Therapists. • The HSCP need to consider the structure and age of households specifically the increase in 75 + households. • The HSCP need to continue to maximise the roll out of tele-health and tele-care given the number of single adult dwellings.

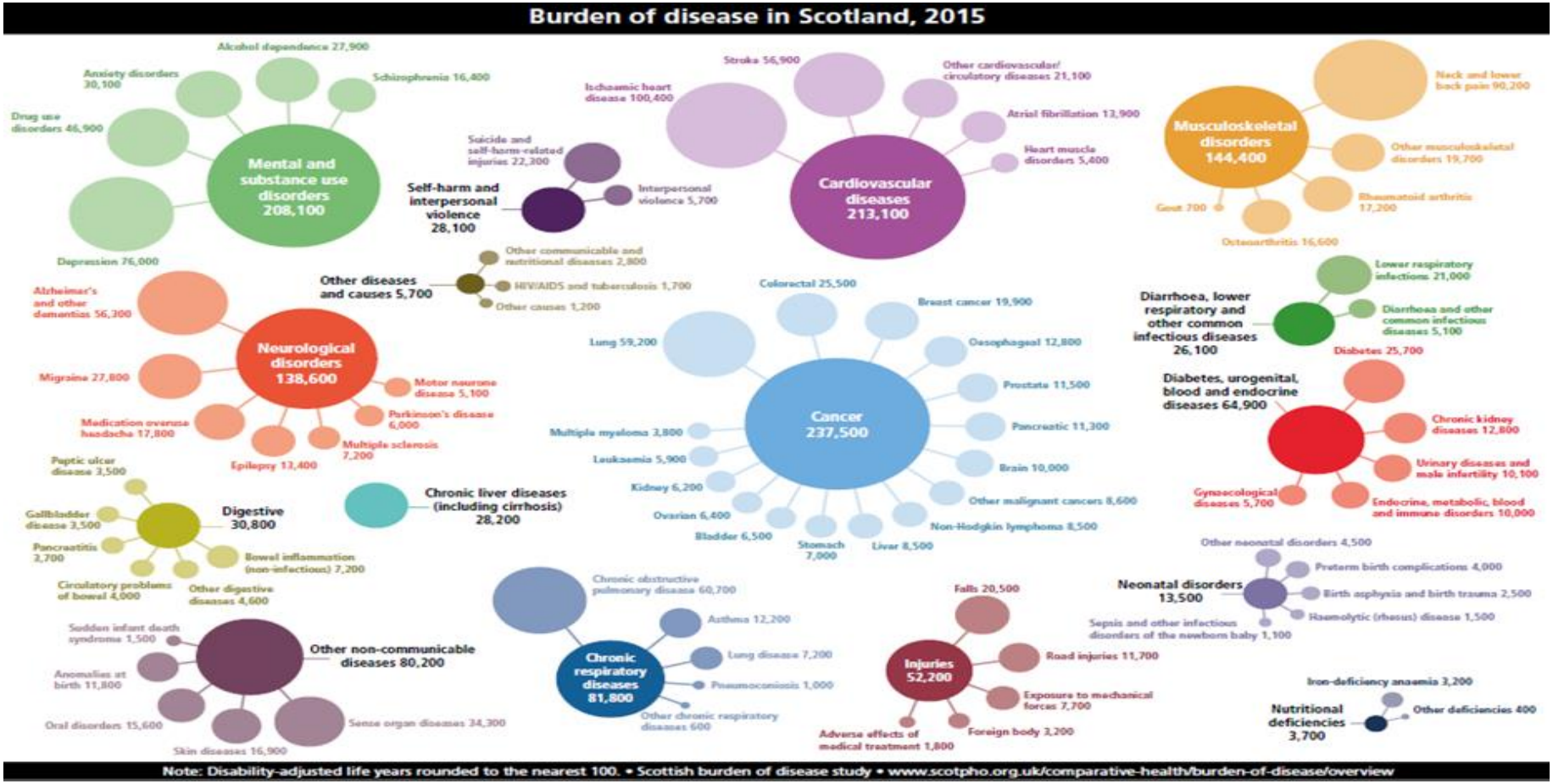
Equalities **Physical Disability**
• Levels of physical disabilities within West Dunbartonshire are similar to national levels. • Physical disabilities increase with age. • Sensory impairment is more prevalent amongst people aged over 60, with the number projected to increase.
Learning Disability and Autism
• Life expectancy is increasing for people with learning disabilities; however it still remains shorter by 20 years when compared to the general population. • West Dunbartonshire has a learning disability population of 7.2 per 1,000 of the population which is the 7th highest across all Scottish local authority areas. • There are 530 individuals known to specialist learning disability services, with more males than females, the 21-34 years age range is the largest group (180 individuals).

Domestic Abuse
• In West Dunbartonshire the reported rate of domestic abuse to the Police has remained consistently among the highest in Scotland with the latest rates (2016/17) placing West Dunbartonshire at the top.
Considerations
The HSCP as a public sector body has a duty to meet the responsibilities of the Equality Act 2010. The HSCP has to consider the differing needs of people with 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 HSCP and WDC, through the assessment of need for and the provision of aids and adaptations, should continue to support the increased focus on providing care at home. • The HSCP should ensure the transition from children's to adult services is person centred and managed efficiently and effectively. • The HSCP should ensure local information on sensory health is accessible and includes prevention and self-care elements. • The HSCP should consider carers needs reflecting the growing number of individuals with a physical and learning disability and ensure that the information on available support services is appropriate and accessible. • The impacts of domestic abuse are far reaching across public services; as such the HSCP needs to continue to co-ordinate the domestic abuse task force across community planning partners and the implementation of the recommendations of the NHSGGC Director of Public Health report on gender based violence in West Dunbartonshire.

Section 2 - Individual Behaviours
• Smoking prevalence rates are the highest in Scotland (25.5%). • Accurate alcohol consumption data for West Dunbartonshire is difficult to obtain. The Citizens' Panel Survey data showed that in 2007, the majority of Panel members (81%) stated they drank alcohol. This declined slightly in 2010, 2012 and 2013 and in the 2015 survey 75% report drinking alcohol. However, the 2015 findings also show that there are a higher proportion of Panel members from the rest of West Dunbartonshire who drink (85%, compared to 60% in the regeneration areas), (Hexagon Research and Consulting, 2015). • 40% of over 60s do not take part in any physical activity. • Active travel for cycling and walking remains lower than the Scottish average by 5%. • NHSGGC rates for overweight and obesity are lower than the Scottish average, however being overweight and obese increases with age.
Considerations
• The HSCP need to continue to build partnerships with NHSGGC Quit your Way smoking cessation services and contribute to the implementation of the national Tobacco Control Strategy (2018). • The HSCP continues to lead on Ministerial priorities of substance misuse prevention, treatment and recovery via Community Planning West Dunbartonshire Alcohol and Drug Partnership, co-ordinating and delivering through the Improvement Plan • The HSCP need to continue to promote across CPP positive health behaviour change as integral part of self care and self management e.g. promoting the NHS inform local social prescribing information and support platform. • The HSCP needs to work across the CPP alongside third sector partners to implement the forthcoming Diet and Obesity Strategy due out in 2018, in particular addressing the obesity risk factors for cancer and type 2 diabetes as described in the earlier section. • The HSCP needs to continue to work alongside WD leisure and WDC Working 4 U. to support lifestyle changes

Figure 7

This infographic illustrates what conditions we are living with, and dying from, in Scotland. The size of each “bubble” is proportionate to the rate of death and disability caused by that condition. You can view the image in more detail at: http://www.scotpho.org.uk/media/1450/sbod2015-bubbles.pdf



The Scottish Burden of disease epidemiology study is based on an internationally recognised approach used to quantify the difference between the ideal of living to old age in good health and the situation where healthy life is shortened by illness, injury, disability and early death. These estimates for the first time provide a clearer picture of the conditions that cause ill-health and mortality in Scotland with projections of disease burdens to 2026. These estimates can support planners around decisions on where prevention and service activity should be focused and demands likely to face services in the future.

For the purpose of this Strategic Needs Assessment the national Burden of disease team have provided estimates for West Dunbartonshire based on the methodology below:

1. Years Lost to Disability (YLD) represents the estimated expected health loss suffered due to disability in 2016 (or 2026) only. YLD is a population-level summary metric of the average disability suffered (graded between 0 to 1) for individuals suffering from a given condition.

2. Years of Life Lost (YLL) represents the estimated expected health loss due to premature death in 2016 (or 2016) only. YLL is a population-level summary metric of the number of potential years of life lost by summing the differences between the remaining life expectancy at each residents age of death.

3. YLL results are based upon an average of the YLL across the years 2014 to 2016 of death registrations of individual's living in West Dunbartonshire. These records were obtained using NRS deaths data. A three-year average was used to smooth out any inconsistencies in a given year so that any unusual spikes in increased/decreased mortality for individual conditions were not carried forward in projections.

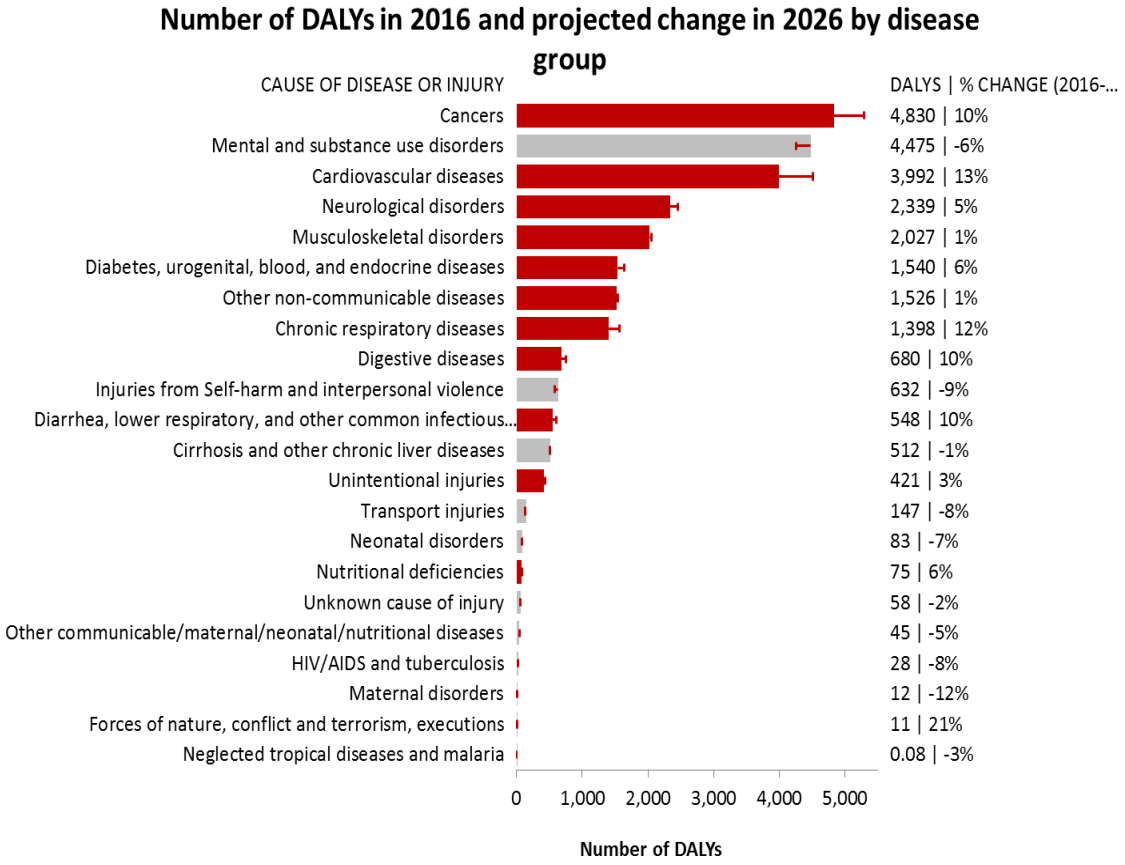
4. YLD was firstly estimated at Scotland level for each 5-year sex-specific age-group across each of the SIMD deciles. This was estimated for each individual condition. For example YLD was estimated for conditions such as stroke, ischemic heart disease, diabetes and lower respiratory infections. For purpose of display and small numbers these were aggregated to higher disease groups. Expected YLD has been calculated for each of these age-sex-SIMD specific groups based on the relative size of the 5-year age-sex-SIMD decile population of the region compared to that of the Scotland equivalent. Therefore all YLD estimates take into account differences in deprivation, age and gender in West Dunbartonshire.

5. All projections were made assuming that YLD rates and YLL rates remained constant. Therefore the projected scenario is based upon changes to the population only.

6. NRS population estimates for 2016 and projected population estimates for 2026 were used to estimate the population of West Dunbartonshire.

The figure below illustrates the West Dunbartonshire Burden of disease Projected changes ranked according to the biggest burden. When looking at the broad group of diseases, in rank order cancer causes the biggest burden, followed by Mental health & substance misuse, and Cardiovascular disease. These three groups cover the largest overall burden with projected 2026 changes of 10% for cancers and 13% for cardiovascular disease as illustrated.

Figure 8



Health Scotland/ISD Burden of disease Team (2018)

For the purpose of this Strategic Needs Assessment the following section on diseases will be structured under the Burden of disease categories and ranked according to the overall burden.

Additional Note regarding GP data referenced below

It should be noted that the GP data used in the sections below is snapshot data at a specific time period. In particular it should be noted that the "rule of halves" in relation to long term conditions states that among those with a chronic disease, like hypertension, half are diagnosed, half of those diagnosed are treated, and half of those treated are treated adequately. Therefore the data should be used with caution.

Figure 9

ISD Scottish Cancer Registry

Figure 10

ISD Scotland (2015)

- The main cause of death in West Dunbartonshire is cancer.
- Cancer is ranked as the top Burden of disease nationally and ranked top within the Burden of disease estimates for West Dunbartonshire with a projected 10% increase by 2026.
- The top 3 types of cancer prevalent in West Dunbartonshire are breast, colorectal and prostate.
- The incidence (new cases) of all cancers by age is projected to increase nationally by 33.5% by 2027.

Considerations
• The HSCP should continue to support interventions focused on risk factors for cancer e.g. tobacco use, obesity, poor diet and lack of physical activity in line with the six public health priorities for Scotland. • The HSCP should continue to ensure the uptake of national screening programmes for breast and bowel cancer and continue to raise awareness of the National Detecting Cancer Early programme. • The HSCP should maximise the benefits of the forthcoming Macmillan Patient Cancer Journey programme co-ordinated locally by WDC Housing and Communities Strategic Area to ensure all those living with cancer are holistically supported. • The HSCP should ensure the future needs of carers are considered reflecting projections and Burden of disease estimates. • The HSCP needs to plan for increased demand on services from individuals with complex health and care needs who may be at varying stages of the disease and consider this as part of the transformation of primary care services.

Mental Health and Substance Misuse Disorders

Mental Health

- The snapshot extract from GP registers shows that the rate of depression in West Dunbartonshire (82.9 per 1000) is higher than the Scottish rate (73 per 1000). There are locality differences with Clydebank having a higher rate than Alexandria/Dumbarton (difference of 5.9).
- Although suicide rates for West Dunbartonshire are lower than Scotland as a whole suicide remains a significant issue in West Dunbartonshire.

Substance Misuse Disorders

- Alcohol hospital related stays for West Dunbartonshire are higher than the Scottish average and increasing which is in contrast to the Scottish position.
- Alcohol liver disease is increasing.
- Alcohol related death rates are slowly decreasing however this masks an increase in deaths in the 45 plus age group.
- Drug related hospital stays for West Dunbartonshire are higher than the Scottish average.
- Drug related deaths in West Dunbartonshire follow the national trend with the largest number of deaths for males aged 35-44.

Considerations

- The HSCP should deliver on areas of responsibility outlined in newly developed 5-year NHSGGC Mental Health Improvement Plan.
- Suicide prevention activities should continue to be promoted across CPP alongside the Public Protection infrastructure in line with CPP Safe thematic group's local outcomes and the forthcoming National Suicide Prevention Plan.
- The HSCP needs to continue to lead and co-ordinate work with partners to deliver on the ADP Ministerial priorities set out around prevention, treatment and recovery.

Cardiovascular Disease

Figure 11

Figure 12

Figure 13

In West Dunbartonshire

- The snapshot extract from GP registers shows that the rate of CHD in West Dunbartonshire (45.1 per 1000) is higher than the Scottish rate (39.8 per 1000).
- The snapshot extract from GP registers shows that the prevalence of Stroke in Clydebank (27.8 per 1000) is higher than the Alexandria/Dumbarton rate (22.8 per 1000) with a difference of 5 per 1000.
- Hypertension prevalence in West Dunbartonshire is higher in Dumbarton/Alexandria locality than Clydebank.
- Nationally there is a predicted rapid growth in Hypertension with a faster rate in

males.
- Nationally there is a predicted accelerated growth in heart failure with a notably faster rate in males.

Considerations

- Without considerable changes in risk factors, such as smoking, diet and physical inactivity, the ageing population will result in a sizeable increase in cardiovascular disease.
- The HSCP need to plan for the future age related health and care demands of the projected increase in cardiovascular disease patients.
- Consideration needs to be given to preventing risk factors where there is a predicted rapid growth such as hypertension, for males.

Neurological Disorders

Dementia

- The prevalence of dementia in West Dunbartonshire reflects the Scottish rate (8 per 1000 population).
- Clydebank prevalence (9.2 per 1000 population) is higher than Dumbarton/Alexandria (7.1 per 1000 population).
- Nationally there is projected increase for individuals diagnosed with dementia (17% by 2020), with and projected accelerated growth in the 70+ age group.

Considerations

- The HSCP need to continue to ensure that people's dementia care needs are better anticipated so that fewer people are inappropriately admitted to hospital or long-term social care.
- Early diagnoses and a patient centred approach to self-care, self-management should be delivered in line with WD Dementia Improvement Plan.
- The HSCP need to consider carers needs reflecting the national projected increase in dementia diagnosis.

Diabetes

- The prevalence of diabetes (type 1 and 2) is higher in West Dunbartonshire (56 per 1000 population) than the Scottish average (50.9 per 1000 population).
- Nationally there is a projected steady rapid growth in type 1 diabetes, which is higher for males.
- NHSGGC projections indicate an increase by almost 40% for type 2 diabetes.

Considerations

- The HSCP need to consider the projections within the transformation of primary care services and promote initiatives that support healthy lifestyle choices e.g. Live Active Scheme; evidence shows three in five cases of Type 2 diabetes can be prevented or delayed with healthy lifestyle change, risk factors include: obesity, lack of physical activity, poor diet and stress.

Chronic Respiratory Diseases
• The asthma prevalence rate in West Dunbartonshire (63.3 per 1000 population) remains lower than the Scottish rate (63.9 per 1000 population) however there is a steady upward trend in West Dunbartonshire. • COPD prevalence in West Dunbartonshire (29.6 per 1000 population) remains above the Scottish rate 23.8 per 1000 population). Clydebank (32.3 per 1000 population) prevalence is higher than that of Dumbarton/Alexandria (27.5 per 1000 population). • There is a national predicted steady, rapid growth for COPD with female prevalence higher and growing faster than males.
Considerations
• The HSCP should continue to commit to the COPD nurse programme as part of the transformation of primary care services • The HSCP should continue to signpost into NHSGGC Quit your way smoking cessation services, WDCVS Link Up and the forthcoming primary care Link worker programme.

Section 4 Health and Social Care provision in the Community
End of Life Care
In 2016/17 87.9% of patients receiving end of life care spent the last 6 months of life in the community.
Considerations
• In line with the Implementation of the Strategic Framework for Action on Palliative and End of Life Care (Scottish Government, 2015) commitments, continue to work with HSCP staff groups to improve their identification and care co-ordination of those who can benefit from palliative and end of life care through ongoing educational training • The HSCP should ensure that the capacity of palliative care community services is resourced appropriately to meet the expected increased demand and also meet the needs of end of life care patients. • Staff Groups continue to use tools such as the Gold Standards Framework (GSF) Palliative Care Prognostic Indicator tool to highlight patients for consideration for the Palliative Care. • Work to raise both community and individual awareness of the discussion of bereavement, death, dying and care at the end of life. • Work with the ISD LIST Team to support improvements in the collection, analysis, interpretation and dissemination of data and evidence relating to needs, provision, activity, indicators and outcomes in respect of palliative and end of life care.
Carers
• In West Dunbartonshire there are a higher proportion of adults who provide unpaid care (21.4%) in comparison to Scotland as a whole (18.5%).
Considerations
• The HSCP will revise and implement the West Dunbartonshire Carers Strategy, in partnership with carers, the third and independent sector to ensure the strategy is realistic, achievable and linked to local needs of carers. • Continue to raise awareness with staff as to what it means to be a carer as an adult and as a young person and work with our communities to help them to understand the support available to carers, particularly vulnerable carers. • Continue to raise awareness with staff, stakeholders and partners to the needs of carers as adults and young people. • Implement the new Tier 1 (Carer Conversations) and Tier 2 (Adult Carer Support Plans) to ensure all carers are able to identify and describe their needs. • Implement Young Carer Statements across partner agencies working with young people. • Refresh current mapping of carers support available across communities and identify gaps. • Continue to raise awareness of single point of access across adults and older people's services and continue to review the information, advice and signposting available to carers. • Continue to work with carers and their representatives within the review, planning and delivery of local services. • Continue to seek opportunities to work with carers and their representatives on specific and targeted programmes e.g. hospital discharge and addictions issues. • Develop a robust financial framework linked to additional and existing funding available for carers.

High Health Gain

- 'High Health Gain Individuals' account for 50% of the HSCP total resource consumption and use a disproportionately high level of health and social care services.

Considerations

- The HSCP should continue to use data to help identify High Health Gain patients, to facilitate anticipatory care planning and additional preventative support measures in line with the new GP contract and the transformation of primary care services.
- The HSCP and Primary Care need to continue to understand the complexities around High Health Gain Individuals and maximise the range of intelligence and data available through ISD Scotland, and the NHS ISD Local Intelligence Support Team (LIST).

Unscheduled Care - A&E Attendances, Emergency Admissions

In West Dunbartonshire

- In 2016/17 30,792 West Dunbartonshire residents attended A&E services, 57% from the 16 – 64 age range and 21.5% were from the 65+ age range. There was a higher attendance rate (33.4 per 1000 population) from Dumbarton/Alexandria compared to Clydebank (24.7 per 1000 population).
- Across all age ranges West Dunbartonshire has a higher emergency admission rate compared to Scotland.
- West Dunbartonshire consistently has a higher rate of multiple emergency admissions for the 85+ age group compared to Scotland.
- West Dunbartonshire has a higher rate of Emergency bed days (across all age ranges) compared with Scotland but the overall rate for West Dunbartonshire has been declining since 2012/13.

Considerations

- The HSCP needs to continue to work with all partnerships across NHSGGC as well as acute.to look at pathways for a range of conditions across primary and secondary care to prevent unnecessary A and E attendances.
- The HSCP needs to continue to closely review and report on unscheduled care.in line with the six integration indictors being tracked by Ministerial Strategic Group for Health and Community Care Group (MSG) nationally.
- The HSCP needs to continue to scrutinise figures and usage of beds and bed days lost to ensure that, in line with the vision for Moving Forward Together that the right care is provided at the right time, every time.
- The HSCP needs to continue with the transformation of primary care services to focus on multidisciplinary team working, to reduce pressures on services and ensure improved outcomes for patients with access to the right professional

Appendix 2

REGULATORY INSPECTION OUTCOMES

The Care Inspectorate regulates and inspects care services in Scotland, which are subject to routine inspections at least once per year.

From 1 April 2015, the Care Inspectorate amended their inspection process. If any building based Adult service (i.e. Care Homes or Day Centres) is performing poorly, had been awarded the Grade 2/weak or had requirements in their previous inspection then their next inspection will be a 'follow up' inspection.

This 'follow up' inspection will focus on the requirements made in the previous inspection instead of covering the four quality themes (Quality of Care and Support, Quality of Environment, Quality of Staffing and Quality of Management and Leadership). The grades awarded at the previous inspection may change if the Inspector has evidence to support any adjustment. 'Follow up' inspections will allow the Care Inspectorate to track improvement and gain assurance that services are making the right changes.

The Care Inspectorate do not intend to make further requirements or revise grades on these follow up visits, although Inspectors have some discretion to do so if they consider that sufficient evidence is noted.

Below are the outcomes from the Care Inspectorate activity for West Dunbartonshire registered services between 01 April 2017 and 31 March 2018.

1. Children and Young People's Services

Blairvadach Children's House was inspected on 21 June 2017. The following grades were awarded:

- Quality of Care and Support — Grade 4/ Good
- Quality of Management and Leadership — Grade 4/Good

There were no requirements and no recommendations.

Inspectors noted that the introduction of an improved system to identify themes relating to behaviours allowed for better analysis of the presenting behaviours of some young people and helped identify more effective interventions to support the young people in times of crisis.

Burnside Children's House was inspected on 20 March 2018. The following grades were awarded:

- Quality of Care and Support — Grade 5/Very Good

- Quality of Management and Leadership Grade 5/Very Good

There were no requirements and no recommendations.

Inspectors noted that they found many positive outcomes for young people. When reviewing personal plans for the young people they found that very good assessment of young people's needs led to highly supportive, nurturing practices within the service.

Craigellachie Children's House was inspected on 22 September 2017. The following grades were awarded:

- Quality of Care and Support Grade 4/Good
- Quality of Staffing Grade 4/Good

There was one requirement and one recommendation.

The requirement detailed that the service:

i) Must ensure that the Care Inspectorate is notified when it breaches any conditions of registration.

The recommendation stated the service should:

i) Ensure all staff receives regular supervision in line with the provider's policy and takes steps to promote an outward looking approach to staff development.

Since the inspection training has been identified for all staff delivering the service.

Throughcare and Aftercare Housing Support Service was inspected on 27 February 2018. The following grades were awarded:

- Quality of Care and Support Grade 6/ Excellent
- Quality of Staffing Grade 6/ Excellent

There were no requirements and no recommendations.

Inspectors noted that the service had established an impressive range of networks to ensure the needs of the young people they supported were being prioritised and that staff in the service are committed to supporting and advocating for the young people to achieve the best outcomes for them.

2. Adult and Older People's Services.

WDC Home Care was inspected on 15 March 2018. The following grades were awarded:

- Quality of Care and Support Grade 5/Very Good
- Quality of Staffing Grade 5/Very Good

There were no requirements and two recommendations.

The recommendations stated the service should:

i) That Dementia training at the skilled level is completed by all staff.

ii) Ensure that service users and relatives know how to access care plans and also provide clear information about the time bands used for support.

Since the inspection the service has begun to address both recommendations.

WDC Sheltered Housing was inspected on 15 March 2018. The following grades were awarded:

- Quality of Care and Support Grade 5/Very Good
- Quality of Staffing Grade 5/Very Good

There were no requirements and one recommendation.

The recommendation stated the service should:

i) Dementia training at skilled level should be completed by all staff.

Since the inspection the service has been addressing this recommendation.

WDC Learning Disability Service was inspected on 24 November 2017. The following grades were awarded:

- Quality of Care and Support Grade 5/Very Good
- Quality of Staffing Grade 4/Good
- Quality of Management and Leadership Grade 5/Very Good.

.

There were no requirements and one recommendation.

The recommendation detailed that the service:

i) Should take timely and appropriate action to improve information, communication and technology systems to allow all staff to be supported better in their role and operational functions.

The inspector commented on the positive work undertaken to address the requirements and recommendations detailed in their previous inspection. Since this inspection the service has been actively addressing the recommendation.

Boquhanran House was inspected on 29 September 2017. The following grades were awarded:

- Quality of Care and Support Grade 5/Very Good
- Quality of Staffing Grade 4/Good

There were no requirements and five recommendations.

The recommendations stated the service should:

i) Adopt best practice when monitoring residents who may be a risk of developing dehydration and malnourishment. Associated monitoring charts should be fully completed, targets identified as far as fluid intake and recording amounts taken by each resident.

ii) Ensure staff is given regular opportunities to meet their supervisors and that appropriate records of these meetings are maintained.

iii) Provide staff with first aid training to ensure the wellbeing of residents both in the care home and when on outings.

iv) Produce a training plan detailing how they will roll out further dementia training for staff.

v) Ensure there are regular staff meetings to enable staff to contribute to the on-going development of the service.

The service has been actively addressing these recommendations.

Frank Downie Day Care was inspected on 28 February 2018. The following grades were awarded:

- Quality of Care and Support Grade 5/Very Good
- Quality of Management and Leadership Grade 5/Very Good.

There were no requirements and no recommendations.

Inspectors noted that the staff supported people to be as independent as possible by encouraging people to fully participate in designing and deciding each day's activities and outings. There was very good interaction between staff and people using the centre.

Frank Downie House was inspected on 11 October 2017. The following grades were awarded:

- Quality of Care and Support Grade 5/Very Good
- Quality of Management and Leadership Grade 5/Very Good.

There were no requirements and five recommendations.

The recommendations stated the service should:

i) Adopt best practice when monitoring residents who may be a risk of developing dehydration and malnourishment. Associated monitoring charts should be fully completed, targets identified as

far as fluid intake and recording amounts taken by each resident.

ii) Ensure staff training plans are up to date so that staff receive appropriate training to meet residents' needs.

iii) Ensure staff is given regular opportunities to meet their supervisors and that appropriate records of these meetings are maintained.

i) Produce a training plan that includes details of how they will roll out further dementia training to staff.

ii) Provide staff with first aid training to ensure the wellbeing of residents both in the care home and when on outings.

Since the inspection the care home has been actively addressing these recommendations.

Mount Pleasant House was inspected on 19 July 2017. The following grades were awarded:

- Quality of Care and Support Grade 3/Adequate
- Quality of the Environment Grade 3/Adequate
- Quality of Staffing Grade 3/Adequate
- Quality of Management and Leadership Grade 3/Adequate.

There was one requirement and one recommendation.

The requirement stated the service should:

i) Ensure staff undertake suitable and sufficient training that informs and supports their role and this training be refreshed within the required timescale to protect residents.

The recommendation stated the service should:

i) Implement the findings of a recent Kings Fund Environmental Audit to ensure the home is dementia friendly and homely.

Since this inspection the home has addressed the requirement and recommendation from the report.

Mount Pleasant House was inspected again by the Care Inspectorate on 21 December 2017. The following grades were awarded:

- Quality of Care and Support Grade 4/Adequate
- Quality of the Environment Grade 4/Adequate
- Quality of Staffing Grade 4/Adequate
- Quality of Management and Leadership Grade 4/Adequate.

There was one requirement and two recommendations.

The requirement detailed that the service should:

i) Ensure all care plans and related documentation is accurate, up-to-date, signed and dated reflecting the care needs and outcomes achieved for each resident.

The recommendations stated the service should:

i) Where a resident id in need of dietary support the care plan should include strategies and practice guidance for staff.
ii) Ensure regular audits are carried out on all aspects of service delivery and that action plans are devised to address any identified areas for improvement.

The service has been actively addressing the requirement and recommendations.

Queen Mary Day Care was inspected on 11 April 2017. The following grades were awarded:

- Quality of Care and Support Grade 5/Very Good
- Quality of Management and Leadership Grade 5/Very Good.

There were no requirements and one recommendation.

The recommendation stated:

i) Staff should be trained in delivering meaningful activities and should be trained at skilled level in Dementia.

The service has been actively addressing the recommendation.

Since the inspection the requirement and three recommendations have been addressed and changes implemented by the service.

Performance and Assurance Reporting Framework Public Protection Chief Officers Group: Annual Progress 2017/18

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

Safe

Key Performance Targets

1. Child Protection

Performance Indicator	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18					
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
Percentage of child protection investigations to case conference within 21 days	81.8%	81.8%	82.6%	83.3%	80%	57.8%	84%	92.2%	86%	79.2%	95%				Of the 221 case conferences held during 2017/18, 175 were within 21 days
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				

2. Adult Support and Protection

Adults at Risk - Referrals

Performance Indicator	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18					
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
Percentage of Adults at	85%	84%	88%	88%	81%	74%	89%	90%	79%	83%	85%				Target amended from

Performance Indicator	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18					
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
Risk enquiries completed within 5 working days from point of referral															100% to 85% at the meeting on 4th September 2017. 289 out of 347 inquiries were completed within 5 working days.

Adults at Risk - Investigations

Performance Indicator	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18					
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
Percentage of Adults at Risk Investigations started within 6 working days from point of referral (West of Scotland Guidelines requirement is 8 working days)	87%	85%	100%	82%	87%	85%	71%	60%	83%	74%	80%				40 out of 54 investigations were started within 6 working days. Following the West of Scotland Guidelines this would have been 80% (43 of 54).
Percentage of Adults at Risk Case Conferences held within 20 working days from point of referral	86%	100%	100%	80%	67%	50%	50%	60%	33%	48%	75%				11 of 23 conferences were held within 20 working days.
Percentage of Adult Support and Protection clients aged 16 to 18 who have current risk assessment and care plan	100%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%				No service users within this age bracket.

3. Criminal Justice

Registered Sex Offenders and Restricted Patients

Performance Indicator	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18					
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
Percentage of Level 3 MAPPA cases reviewed no less than once every six weeks	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	90%				
Percentage of Level 2 MAPPA cases reviewed no less than once every twelve weeks	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%				
Percentage of Referrals for Level 2 meeting must be held within 20 days of receipt of referral by the MAPPA coordinator or their administrator	100%	100%	N/A	100%	100%	100%	100%	100%	100%	100%	100%				

Monitoring Indicators

1. Child Protection

Performance Indicator	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of Child Protection referrals	330	69	65	87	109	117	99	122	85	423	
Number of Child Protection investigations	281	63	68	60	90	82	59	106	63	310	
Number of children investigated	278	62	67	60	89	80	59	102	63	304	
Number of children investigated - Male	140	40	30	26	44	41	31	43	35	150	1 unborn child in Quarter 4.
Number of children investigated -	133	20	36	33	44	39	28	59	27	153	1 unborn child in Quarter

Performance Indicator	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Female											4.
Number of children involved in pre-birth case discussions but not progressing to pre-birth conference	0	0	0	0	0	0	0	0	0	0	
Number of children involved in pre-birth case conference	22	4	9	2	7	6	4	3	6	19	
Number of children registered pre-birth (as distinct from live child registration)	12	0	6	2	4	2	3	0	2	7	
Number of Child Protection investigations resulting in a case conference (No of case conferences held)	170	31	32	39	68	71	43	70	47	231	
Number of children on the Child Protection Register at year end	71	39	53	75	71	60	55	59	70	70	
Number of children on the Child Protection Register - Male (At Quarter End)	35	22	30	43	35	29	26	28	29	29	
Number of children on the Child Protection Register - Female (At Quarter End)	34	17	23	31	34	31	29	31	41	41	
Number of children with temporary registration (At Quarter End)	0	4	0	0	0	5	0	0	0	0	
Average length of time on Child Protection Register (Days) - All	112	94	100	121	112	131	134	149	152	152	
Average length of time on Child Protection Register (Days) - Male	118	78	112	138	118	142	144	177	171	171	
Average length of time on Child Protection Register (Days) - Female	112	114	86	101	112	122	124	125	145	145	
Percentage of children remaining on the Child Protection register for more than 18 months	0%	0%	0%	0%	0%	0%	1.8%	1.7%	2.9%	2.9%	
Number of Child Protection registrations	123	22	31	35	35	23	31	25	32	111	
Number of Child Protection de-	80	11	17	13	38	34	36	21	21	112	

Performance Indicator	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
registrations											
Number of de-registrations where child moved into a formal placement	12	2	2	3	5	7	7	7	2	23	
Number of de-registrations where child returned home or at home with parents	62	9	14	8	31	24	16	10	15	65	
Number of de-registrations where child living with kinship carer	3	0	1	2	0	1	8	3	4	16	
Number of comprehensive medical assessment clinics held	2	N/A	N/A	N/A	2	4	1	1	4	10	
Number of comprehensive medical assessment appointments held	3	N/A	N/A	N/A	3	4	2	1	6	13	
Number of referrals to comprehensive medical assessment clinic by social workers	1	N/A	N/A	N/A	1	3	4	1	2	10	
Number of referrals to comprehensive medical assessment clinic by health visitors	2	N/A	N/A	N/A	2	1	2	0	1	4	
Average waiting time from referral from CPU to Medical (Weeks)	8	N/A	N/A	N/A	8	11	20	12	12	14	
Number of referrals to comprehensive medical assessment clinic where reason is Neglect	N/A	N/A	N/A	N/A	N/A	4	6	1	3	14	
Number of Child Protection referrals aged 0-2 years	58	16	9	16	17	27	14	20	8	69	
Number of Child Protection referrals aged 3-4 years	48	9	9	12	18	20	12	20	13	65	
Number of Child Protection referrals aged 5-8 years	94	17	20	25	32	22	24	39	26	111	
Number of Child Protection referrals aged 9-11 years	70	12	13	22	23	25	25	21	21	92	
Number of Child Protection referrals aged 12 years and over	60	15	14	12	19	23	24	22	17	86	

2. Adult Support and Protection

Adults at Risk Referrals

Performance Indicator	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of Adults at Risk Referrals	413	104	107	104	98	93	98	90	66	347	
Number of Adults at Risk Referrals by Type of Harm Reported	553	136	148	145	124	112	121	98	84	415	
Number of Adults at Risk Referrals that do not meet the 3 point test known and supported by other services	86	22	24	27	13	21	18	27	14	80	

Adults at Risk - Investigations

Performance Indicator	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of Adults at Risk Investigations	52	18	9	17	8	13	14	15	12	54	
Number of Adults at Risk Orders applied for	0	0	0	0	0	3	0	0	1	4	
Number of Adults at Risk Orders granted	0	0	0	0	0	3	0	0	1	4	

Vulnerable Adults - Referrals

Performance Indicator	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of Vulnerable Adult Referrals	725	170	206	167	182	173	191	165	214	743	

3. Criminal Justice

Registered Sex Offenders and Restricted Patients

Performance Indicator	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of Level 3 MAPPA cases reviewed	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	There were no level 3 MAPPAs in 2017-18.
Number of Level 2 MAPPAs Reviewed	29	9	7	7	6	3	7	2	4	16	
Total number of Registered Sex Offenders being managed at Level 2 and 3 in the community (Snapshot)	18	4	4	6	4	4	5	3	4	4	
Total number of Registered Sex Offenders being managed at all levels in the community (Snapshot)	68	85	74	62	68	70	71	75	79	79	
Total number of Restricted patients being managed in the community (Snapshot)	1	1	1	1	1	1	1	1	1	1	
Number of wanted/missing registered sex offenders (Snapshot)	0	0	0	0	0	0	0	0	0	0	
Number of breaches of licence by all levels who were recalled to prison	1	0	0	1	0	0	0	0	0	0	
Number of Referrals for Level 2 meeting must be held within 20 days of receipt of referral by the MAPPA coordinator or their administrator	3	1	0	1	1	1	2	0	0	3	
Number of Offenders, if in the community the Level 3 MAPPA must be held within 5 working days of receipt of referral by the MAPPA co-ordinator or their administrator	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Percentage of Offenders, if in the community the Level 3 MAPPA must be held within 5 working days of receipt of referral by the MAPPA co-ordinator or their administrator	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

Performance Indicator	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of Male MAPPA cases	68									79	
Number of Female MAPPA Cases	0									0	
Number of MAPPA Cases aged under 18 years	1									0	
Number of MAPPA Cases aged 18 to 30 years	15									16	
Number of MAPPA Cases aged 31 to 60 years	40									45	
Number of MAPPA Cases over 61 years	12									18	

Serious Violent Offenders

Performance Indicator	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Total number of violent offenders assessed as requiring high or very high levels of supervision in the community	9	9	10	11	9	8	8	1	2	2	Figure provided by MAPPA Unit.

Appendix 4: HSCP Local Government Benchmarking Framework Indicators 2016/17

Performance Indicator	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	
	Value	Value	Value	Value	Value	Value	Note
The gross cost of "children looked after" in residential based services per child per week £	£3,008.94	£1,994.98	£2,946.15	£2,374.54	£2,292.62	£2,022.36	We are ranked 2nd in Scotland for this measure and our cost per week is substantially lower than the Scotland figure of £3,404.36.
The gross cost of "children looked after" in a community setting per child per week £	£52.15	£143.79	£155.63	£159.38	£185.70	£164.66	We are ranked 4th in Scotland for this measure and our cost per week is substantially lower than the Scotland figure of £312.73.
Balance of Care for looked after children: % of children being looked after in the Community	88.35%	87.01%	90.51%	89.12%	89.81%	89.98%	The HSCP's focus, along with community planning partners, on early intervention in the lives of children, young people and their parents and/or carers continues our shift to preventing crisis, and reducing risk, through assessment and appropriate intervention. We recognise that some of our children may need to be cared for away from home. As per our Community Planning West Dunbartonshire Corporate Parenting Strategy, we have strived to increase the proportion of children and young people who are looked after in the community: this has increased from 88.35% in 2011/12 to 89.98% in 2016/17. We are ranked 12th in Scotland and are slightly higher than the Scotland figure of 89.87%. As part of our equalities monitoring, 82% of looked after children who are from a black ethnic minority (BME) community were looked after in the community at the end of March 2017. Although this is lower than the overall figure, the numbers involved are very small, meaning the percentage fluctuates more significantly.
% of Child Protection registrations re-registered within 18 months		8.06%	4.62%	0%	3.9%	7.03%	We are ranked 20th in Scotland on this measure. The Scotland figure is 6.46%.
% of looked after children who had more than one placement in the last year (August - July)	15.45%	18.93%	19.51%	20.98%	20.66%	17.02%	We are ranked 5th in Scotland on this measure. Scotland is significantly higher at 21.19%.
Home care costs for people aged 65 or over per hour £	£15.67	£17.64	£18.47	£20.91	£22.03	£24.24	We are ranked 22nd in Scotland. The Scotland figure is £22.64.

Performance Indicator	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	
	Value	Value	Value	Value	Value	Value	Note
Self directed support spend for people aged over 18 as a % of total social work spend on adults	1.59%	1.45%	1.41%	1.8%	2.19%	2.37%	Expenditure on Self-Directed Support (SDS) Options 1 and 2 has increased by 82% since 2013/14 and has also increased as a proportion of adult social care spend from 1.39% to 2.37%. However, high satisfaction with social care services may also mean that clients are less motivated to actually take up SDS direct payments or individual service funds relative to other areas. This may go some way to explaining why our increased SDS expenditure has not been reflected in our ranking of 27th. The Scotland figure is 6.49%.
Percentage of people aged 65 or over with intensive needs receiving care at home	44.27%	42.52%	40.71%	39.32%	35.71%	33.53%	We are ranked 18th in Scotland on this measure. At the end of March 2017, 286 people with intensive needs were receiving 10 or more hours of homecare. This indicator is published by the Local Government Benchmarking Framework and measures volume of service rather than appropriate targeting or alternative supports which may augment homecare such as telecare. A change in the 2015/16 guidance for the collection of NHS 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.
Net Residential Costs Per Capita per Week for Older Adults (65+)	£554.19	£430.41	£415.97	£460.43	£466.13	£479.97	The HSCP is significantly higher than the Scotland figure of £372.36 and this is reflected in our ranking which has moved from 29th since 2014/15 to 28th in 2016/17. The LGBF Overview Report 2014/15 recognises that 'variation in net costs between councils will be largely influenced by the balance of LA funded/self-funded residents within each area, and the scale of LA care home provision and associated running costs'. The latter would include the degree to which staff employed within care homes are paid at least the National Living Wage. West Dunbartonshire local authority care homes are a significant provider of residential care placements with all of our staff paid at least the National Living Wage.

Appendix 5: West Dunbartonshire HSCP Key Performance Indicator Summary 2017/18

The Ministerial Steering Group (MSG) for Health and Community Care is closely monitoring the progress of HSCPs across Scotland in delivering reductions in: delays in hospital discharge; unnecessary hospital admissions; attendances at accident and emergency (A&E); and shifting the balance of care from hospital to community settings. In light of the integration of health and social care services significant improvements in ways of working and efficiencies are expected.

During 2017/18 West Dunbartonshire HSCP has been working with colleagues across NHS Greater Glasgow and Clyde to develop targets for these reductions and these will be applied from 2018/19. The first set of key performance indicators below fall within the MSG objectives and performance status has been set on the basis of a comparison with our performance in 2016/17.

Performance Indicator	2016/17	2017/18	
	Value	Value	Status
Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	3,047	2,291	
Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	849	461	
Emergency admissions aged 65+ as a rate per 1,000 population	263	273	
Unplanned acute bed days (aged 65+) as a rate per 1,000 population	2,883	3,102	
Number of emergency admissions (All ages)	10,680	9,984	
Number of attendances at Accident and Emergency (Emergency Departments and Minor Injuries Units)	30,788	30,422	

Performance Indicator	2016/17	2017/18		
	Value	Value	Target	Status
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	84.2%	90%	
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	6	7	18	
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	95.6%	94.9%	95%	
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.6%	97.7%	95%	
Balance of Care for looked after children: % of children being looked after in the Community	90.4%	90.4%	90%	
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	62%	78%	75%	
Percentage of all children aged 0-18 years with an identified "named person" as defined within the Children's and Young People's Act 2014	100%	100%	100%	
Number of delayed discharges over 3 days (72 hours) non-complex cases	14	4	0	
Percentage of total deaths which occur in hospital 65+	41.1%	42.6%	45.9%	
Percentage of total deaths which occur in hospital 75+	40.2%	41.7%	45.9%	
Number of clients 65+ receiving a reablement intervention	610	632	575	
Percentage of adults with assessed Care at Home needs and a reablement package who have reached their agreed personal outcomes	66%	64.7%	60%	
Number of patients in anticipatory care programmes	1,678	1921	1,400	
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	23,058	23,139	23,230	
Total number of homecare hours provided as a rate per 1,000 population aged 65+	517.9	488	518	
Percentage of people aged 65 and over who receive 20 or more interventions per week	28.9%	34.2%	30%	
Percentage of people aged 65 or over with intensive needs receiving care at home	33.5%	32.2%	35%	
Percentage of homecare clients aged 65+ receiving personal care	93.7%	92.1%	90%	

Performance Indicator	2016/17	2017/18		
	Value	Value	Target	Status
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	98.1%	98%	98%	
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	29%	26.9%	40%	
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	22.3%	24.4%	30%	
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	39.2%	42.5%	35%	
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	51.2%	43%	90%	
Number of clients receiving Home Care Pharmacy Team support	1,048	941	900	
Prescribing cost per weighted patient	£181.10	£173.07	£178.32	
Compliance with Formulary Preferred List	80.2%	80.2%	78%	
Total number of respite weeks provided to all client groups	4,795.1	4,449.25	4,110	
Percentage of carers who feel supported to continue in their caring role	99%	97.4%	90%	
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	92.7%	92.4%	90%	
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	96%	90%	98%	
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	71%	79%	80%	
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	64%	15%	80%	
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	
Percentage of child protection investigations to case conference within 21 days	81.8%	79.2%	95%	
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%	
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	96.8%	96.4%	90%	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

14 November 2018

Subject: Mental Health Implementation Plan 2018-19

1. Purpose

1.1 To present the Board with an update on the West Dunbartonshire HSCP Mental Health Implementation plan in line with the requirements of Action 15 of the Scottish Government Mental Health Strategy 2017- 2027 for the period 2018-2019.

1.2 The proposals in the Mental Health Implementation Plan were approved by West Dunbartonshire HSCP Audit Committee on 26 September 2018 and the report was submitted in final form to the Scottish Government thereafter.

2. Recommendations

2.1 The Board is asked to approve the following recommendation:

The Head of Mental Health, Addictions and Learning Disability will form a multi-agency working group to progress the actions contained in West Dunbartonshire HSCP Mental Health Implementation Plan. This will enable the recruitment process to begin and will further develop cross partnership working to ensure that the aims and objectives from the strategy are developed across services and with partner agencies.

3. Background

3.1 As part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support the employment of 800 additional mental health workers across key settings such as GP practices, police station custody suites, prisons and accident and emergency departments. This detail is set out under Action 15 of the Mental Health Strategy.

The funding to support Action 15 commences this year (£12 million for 2018-2019) and will rise incrementally to £35 million in 2021-2022. The Scottish Government requested that each HSCP submit their final action plan detailing how they intend to use their allocated funds to deliver on Action 15 by September 2018. The plan for West Dunbartonshire HSCP was submitted to the Scottish Government by the required date.

4. Main Issues

4.1 West Dunbartonshire HSCP will continue to work in collaboration with NHSGG&C and partner HSCP's to develop a five year mental health strategy across mental health community and inpatient services.

In order to implement the actions for the year 2018/2019 the Head of Mental Health, Addictions and Learning Disability Services will form a steering group to implement the proposals. The work from this group will complement the ongoing work of the PCIP, the wider NHSGG&C delivery plan and the HSCP Strategic plan. The steering group will support the development of further partnership work across the HSCP to support the objectives of increasing the mental health workforce and support across areas such as Prison Health Care, Criminal Justice and ACES development work.

5. Options Appraisal

The Head of Mental Health, Addictions and Learning Disability worked in collaboration with the Chief Financial Officer, Chief Officer and partner HSCP leads from across NHSGG&C to agree the final options for investment of Action 15 funds.

6. People Implications

6.1 The application of additional funding from Action 15 will increase the mental health workforce across West Dunbartonshire HSCP. There will be opportunities for staff not currently employed in the area of mental health to move into posts as part of their personal development. Trade union partners will continue to be fully involved in the process.

7. Financial Implications

7.1 The finance allocated from the Scottish Government to West Dunbartonshire HSCP has been released with 70% allocation as planned. The remainder of the finance will be allocated in November on the basis that IJBs are able to evidence their full 100% spend for 2018/2019 as detailed in HSCP financial plans returned to the Scottish Government. The allocation for West Dunbartonshire is as follows:

- 2018-2019 £201,000
- 2019-2020 £311,000
- 2020-2021 £439,000
- 2021- 2022 £585,000

8. Risk Analysis

8.1 The Scottish Government will continue to monitor the use of Action 15 funding across partnerships to ensure appropriate spend in line with the strategy requirements. Key performance indicators will also be implemented locally to assess new models of care for effectiveness and best value.

9. Equalities Impact Assessment (EIA)

9.1 The Scottish Government have specifically stated the actions underpinning the Mental Health Strategy all aimed at reducing inequalities for people with mental ill health across Scotland. The strategy is further underpinned by Human Right Legislation and the particular requirement of ensuring that the PANEL principles are at the fore of any service and patient care. (Participation, Accountability, Non-discrimination, Empowerment and Legality.)

10. Environmental Sustainability

10.1 There is no environmental sustainability assessment required.

11. Locality Implications

11.1 The implementation of Action 15 funding will see an increased workforce delivering mental health services across the area in a variety of settings. The development of a stepped model of care will further enable local mental health services to work in broader partnership across the HSCP and with Council partners and third sector to develop services and care provision to support the shift in balance of care from hospital to community.

12. Consultation

12.1 Full consultation has been undertaken in respect of the delivery of the Mental Health Strategy.

13. Strategic Assessment

13.1 The implementation of the Mental Health Strategy and the funding arising from Action 15 sets out the National context and vision for the delivery of mental health services across Scotland from 2017-2027. At a local level the implementation of the national strategy will enable West Dunbartonshire HSCP to deliver a whole system approach to mental health care. This supports the work of the West Dunbartonshire Strategic Plan where the mission is to “improve the health and wellbeing of the residents of West Dunbartonshire” and supports the HSCP core values of Protection, Improvement, Efficiency, Transparency, Fairness, Collaboration, Respect and Compassion.

Author: Julie Lusk, Head of Mental Health, Addictions and Learning Disability

Date: 11 October 2018

Person to Contact: Julie Lusk
Head of Mental Health, Addictions and Learning Disability
West Dunbartonshire HSCP
Hartfield Clinic
Latta Street
Dumbarton
G82 2DS
E-mail: julie.lusk@ggc.scot.nhs.uk
Tel: 01389 812325

Appendices: Mental Health Implementation Plan

Background Papers: None

Wards Affected: ALL

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire HSCP

Mental Health Implementation Plan 2018-2019

Our Vision

West Dunbartonshire Health and Social Care Partnership's Strategic Plan for 2016 to 2019[1] sets out our vision for the future of health and social care services:

Our mission is to improve the health and wellbeing of residents of West Dunbartonshire and our 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.

The HSCP core values that underpin our work are: Protection, Improvement, Efficiency, Transparency, Fairness, Collaboration, Respect and Compassion.

Our Approach to Mental Health Services

West Dunbartonshire Health and Social Care Partnership are one of six HSCP's currently working collaboratively with NHS Greater Glasgow and Clyde to develop a 5 year Mental Health Strategy across both community and inpatient services. This piece of work was commissioned by the Chief Officers of the 6 HSCP areas and the aim of this work is to adopt a whole system approach to the Strategic Planning of Adult Mental Health services, given the interdependent relationship across the six Health and Social Care Partnership areas.

Our Commitment to Scottish Government's Mental Health Strategy 2017 – 2027[2]

As part of this development West Dunbartonshire HSCP will further work to the Summary of Actions as detailed in the Scottish Government Mental Health Strategy 2017-2017. These actions are:

- Prevention and Early Intervention
- Access to treatment and joined up services
- The physical wellbeing of people with mental health problems
- Rights, information use and planning
- Data and measurement

In adopting this approach we expect to provide services that will enable residents of West Dunbartonshire to be able to access the right help at the right time, expect recovery orientated care and have equal access to physical healthcare all underpinned by a human rights based approach using the PANEL principles (Participation, Accountability, Non-Discrimination, Empowerment and Legality) to reduce inequalities such as social isolation, stigma and discrimination all of which have a detrimental impact on mental health.

We will achieve this through working with local partners, carers groups and board wide colleagues to form a whole system approach to mental illness across all care groups across West Dunbartonshire HSCP. Services will be delivered based on recovery focussed principles and we will build on existing pieces of work that includes Adverse Childhood Experiences (ACES), harm reduction and work with housing partners to support equality around housing allocations and homelessness. The development of a stepped model of care will enable us to shift the balance of care from hospital to community and will enable us to provide a relevant level of care using a broad range of services and supports at varying levels on a needs assessed basis.

1 West Dunbartonshire HSCP Strategic Plan 2016 - 2019

2 http://www.gov.scot/Publications/2017/03/1750

Our Commitment to Action 15

Action 15 “Increases the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, and every police station custody suite and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings”

As part of West Dunbartonshire’s commitment to delivering on Action 15 we have undertaken an overview of our services to establish not only what services we require to further build upon to deliver our plan but also what services we need to create to achieve the shift of the balance of care. Consideration will also be given to what initiatives we need to contribute to at a Board wide level from our financial allocation. We remain in a consultation process with NHSGG&C to obtain clarity around some of the board wide proposals that have been put forward. Therefore the plan for West Dunbartonshire in terms of Board wide proposals is anticipatory at this stage and may be subject to change at the point of our final financial submission in September.

Link to the with Primary Care Improvement Fund

West Dunbartonshire HSCP has engaged effectively with multi-disciplinary colleagues including local GP’s to develop current primary care practice and redesign processes to incorporate a more structured approach for people with mental health needs to ensure quicker access to a variety of services. The development of this work is reflected through the West Dunbartonshire HSCP Primary Care Improvement Plan and will also be included as part of the proposals within this report in respect of our allocation of Action 15 funds. We fully acknowledge the importance of robust physical health screening for people with mental health needs to ensure equality of access to wider health pathways particularly due to the risk of diagnostic overshadowing, in the way that physical health problems can be regarded simply as a link to specific mental health diagnosis or to the effects of psychiatric medication. We plan to use some of our allocated funds to support this area of health in conjunction with the context of the Primary Care Improvement Plan.

Interface with Alcohol and Drugs Partnership

West Dunbartonshire Mental Health Services already have close working links with the Alcohol and Drug Partnership. West Dunbartonshire ADP has strong representation from partners such as Police, Housing, Homeless, Working for U (Welfare Rights Team) and Employability and Prison services. We will continue to support recovery focussed principles as directed by the Scottish Government policy “The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services” and await the refresh of the current “Road to recovery” drugs strategy. The anticipated financial investment allocated to the new strategy will further support the work proposed for our Action 15 funds and will further demonstrate our commitment to supporting those with mental health issues resulting from the use of drugs and alcohol to suppress many issues including trauma arising from adverse childhood experiences ACES.

Interface with Children’s Services

West Dunbartonshire HSCP fully supports the need for early intervention and prevention. Recognition is given to the increasing mental health needs of children and young people and the impact of trauma in adulthood is linked with the exposure to childhood adversity and trauma and adverse childhood experiences (ACEs). We propose to use some of our Action 15 allocation to support children and young people experiencing childhood trauma and other

mental health disorders to access support locally. We have already established close working links across our HSCP teams to implement initiatives that support CAPSM (Children Affected by Parental Substance Abuse) and our mental health teams are members of our local Child Protection Committee and Special Needs in Pregnancy programmes working in collaboration with multi-agency professionals across West Dunbartonshire.

Our interface with Children's services will be further strengthened in particular with our CAMHS service once we have clarification of Scottish Government of their plans for specific funding to improve mental health services for children.

Interface with Criminal Justice Services

West Dunbartonshire HSCP recognises the need for support to be provided to people known to justice services. We fully acknowledge the prevalence of mental health problems within the justice population and the impact this has on individuals who have co-morbidity issues and who face high risk of social exclusion as they transfer from the prison service to the community. Through action 15 we intend to support the actions that will be contained in the refreshed Scottish Government Justice Strategy and work with partners to ensure that metal health outcomes for those involved in the justice system are supported locally in line with human rights principles.

Proposals for Action 15 spend.

Proposal	Service Descriptor	Outcome	Strategic Links
ACES relationship development in childhood	Proposal in conjunction with West Dunbartonshire HSCP Health Improvement Team and Children's Health Team to contribute to part fund a Band 6 Early Intervention ACES Practitioner. This new post would form a platform upon which to develop an ACES support team considering the gap in existing local services from Primary/Secondary School Counselling to that of entry to higher level more specialist services.	To support the ACES agenda and development work across primary care, mental health/health improvement and also education.	Prevention and Early Intervention
Physical Wellbeing of people with Mental Health Problems	Proposal to employ a nurse to provide physical health and wellbeing care to people with severe and enduring mental illness.	Ensuring equitable access to the provision of screening programmes to ensure the take up of physical health screening amongst people with a mental health diagnosis is as good as the take up by people without a diagnosis.	Prevention and Early Intervention
Unscheduled Care	This service will be purchased at board wide level from our Action 15 financial allocation and will enhance the existing work of the West Dunbartonshire HSCP Crisis team. Included in this will be the need for access to psychiatric liaison services (in and out of hours) for the Vale of Leven Hospital and also for Argyll and Bute as per their SLA with West Dunbartonshire HSCP.	Delivering an efficient out of hour's service to support the need for planned and unplanned Mental Health support and assessment.	Access to treatment and joined-up, accessible services.

Development of a Recovery Oriented System of Care.	Working with Third Sector and people with a lived experience to develop a recovery focussed pathway including the development of Peer Support Workers.	Support discharge of people from the CMHTS; this service provides a self-referral route for the public, by-passing primary care services that would offer a compassionate, non-medical model of community capacity building, self-management and resilience.	Prevention and Early Intervention
Psychological Interventions in Prison	It is anticipated that this service will be purchased at board wide level and will assist us support the use of psychological therapies within the prison population on a GG&C scale.	To provide support to those individuals in contact with the justice system who may have multiple health issues including addictions, learning disability and homelessness issues.	Prevention and Early Intervention.
Improve Pathways between Primary Care GP's and the Mental Health Network of Services	To develop a mental health practitioner team linked to health centres for the purpose of triaging all routine referrals including self-referrals to Mental Health and Addictions (Single Point of Access). To undertake assessments and brief interventions as required and to signpost to partner agencies using the step up and step down process to ensure the right level of care at the right time and no more.	Providing support to GP's and ensuring a streamline easy access pathway of care. To appropriately assess and make more appropriate use of partner services thus supporting the GP work by protecting the GP resource.	Access to treatment and joined-up, accessible services.
Project Management Support	To contribute to the support from a board wide project management team to ensure the Mental Health Strategy is embedded across all service areas of the HCP with evidence links to partner strategic requirements.	To support the implementation of the Adult Mental Health Strategy including the generation and analysis of data to improve service user outcomes while reducing spending	Rights, information use and planning. Data and Measurement

Financial Planning
A detailed financial plan for this programme of work will be developed by September 2018. The plan will make links to other sources of Scottish Government funding as this becomes available.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

14 November 2018

Subject: NHS Greater Glasgow and Clyde and West Dunbartonshire Winter Plans

1. Purpose

1.1 This report provides an overview of the plans being developed to prepare for additional pressures in unscheduled care over winter. There has been detailed joint working across the Greater Glasgow & Clyde HSCPs, and with acute colleagues over recent months, and our Chief Officer, Beth Culshaw has been jointly chairing a system-wide Unscheduled Care group.

1.2 The wider draft Winter Plan for NHS Greater Glasgow and Clyde (NHSGGC) is attached as Appendix 1. This draft was submitted to Scottish Government as a high level plan on 2 October as requested by the Cabinet Secretary. A more detailed plan is due to be submitted at the end of October.

1.3 This paper describes in more detail, the plans that are being put in place in West Dunbartonshire, in addition to the wider NHSGGC plan, in order to prepare for additional demand on health and social care over the winter period.

2. Recommendations

2.1 The Board is asked to note the contents of the NHS GGC draft Winter Plan and note that a more detailed version will be submitted to Scottish Government.

2.2 The Board is asked to approve the plans being put in place across West Dunbartonshire to prepare for winter.

3. Background

3.1 Unscheduled care activity is commonly understood to refer to A&E attendances and hospital admissions. Whilst levels have historically been seen to rise over the winter months, across Glasgow and Clyde, this increased demand has not abated since last winter. Experience this summer has seen sustained peaks in A&E attendances.

3.2 NHS GGC hospitals receive an average of over 10,000 admissions per month. Analysis of how this demand changes over previous winters indicates that we should anticipate a seasonal increase during the December and January period of a further 4% in unplanned admissions per month.

3.3 This modelling would indicate a need for approximately 115 additional acute beds to meet the additional demand. Additional capacity is being identified in each of the acute sectors to address this.

3.4 As shown in the table below, alongside the increase in admissions, the volume of Boarded patients effectively doubles during the Winter Period. This refers to patients being accommodated in hospital wards other than the specialty to which they have been admitted. In addition, delayed discharges have recently increased and will be an area of focus for this winter.

Average Weekly Figures	DEC 16 – FEB 17	JUN 17 – AUG 17	DEC 17 – FEB 18	JUN 18 – AUG 18
Boarding	266	138	288	138
Delayed Discharges	117	98	89	129

3.5 Analysis of trends from last winter indicated an early surge in December. A&E Performance started to dip as attendances increased, reaching a peak of 16% above the mean for the period (Week ending 17 December). At the same time, admissions surged to 9% above the mean.

3.6 Whilst it is not possible to predict how demand will transpire this winter, it is recognised that building the resilience to address demand will require a coordinated approach across primary, community and acute services. Throughout this year and based on analysis of demand and lessons from last winter, a cross system programme of work has been developed. The aim was to address variation in process and pathways across NHSGGC and develop common approaches to managing demand before, during and after hospital admission.

3.7 As part of this work and in collaboration with local partners, providers and staff, West Dunbartonshire has developed a series of plans to ensure performance across the HSCP remains high.

4. Main Issues

Summary of Proposals

4.1 The key initiatives that will support the system to perform well are summarised below:

4.2 Development of Focussed Intervention Team (Frailty and Complex Needs)

The term frailty describes a compromised ability to return to equilibrium following a stressor event in an individual's life. Although research has largely

focussed on the over 65 age group, 'frailty' reflects, and is impacted by, biological and environmental factors and is not purely reflective of chronological age. When considering the development of this team, it became clear that mortality, multi-morbidity and long term conditions (and the association between these) must be considered for those in middle-age as well as the older population. This is particularly important in West Dunbartonshire, where both the healthy life expectancy and life expectancy of residents is lower than the Scottish average. This is detailed below:

Group Indicator	Count	Rate	West Dunbartonshire Difference From Scotland (2011)
Male Life Expectancy		74.6 Years	-3%
Male Healthy Life Expectancy		59.0 Years	-7%
Female Life Expectancy		78.9 Years	-3%
Female Healthy Life Expectancy		60.8 Years	-7%

4.3 Managing frailty is an increasingly urgent issue for health and social care services. Recent research has identified that:

- 3% of 37-73 year olds are living with frailty
- 38% of 37-73 year olds were considered pre-frail
- 10% of those aged over 65 years are living with frailty
- 25-50%of those aged 85 years and over are living with frailty

4.4 Implicit in the progression of frailty is the pre-frail status where – if addressed, factors may be modifiable, if not reversible. Inclusion of those aged under 65 is important when considering that whilst the prevalence of frailty and multi-morbidities increases with age, the absolute number of people with multiple conditions is greater in the under 65 population. It is recognised that the combination of ageing, co-morbidity and a relatively minor health event such as a urinary tract infection can disproportionately and adversely affect an older person's resilience and their ability to recover to their previous level of health. This compromised ability often manifests in what is described as 'frailty syndromes' such as:

- Falls
- Immobility
- Delirium
- Incontinence
- Susceptibility to side effects of medication e.g. confusion or hypotension.

4.5 Research suggests only half the people with frailty syndromes receive effective healthcare interventions and recommendations; the British Geriatric Society state "Frailty should be identified with a view to improving outcomes and avoiding unnecessary harm." Hospitals admit older people more frequently than any other age group. These admissions are often unplanned for this age group and if more older people are also frail they are more susceptible to healthcare associated infections, falls and difficulties in

maintaining good nutrition, hydration and skin care. As a result, frail older people have longer stays, are more likely to be discharged to Residential Care, have higher readmissions rates and higher mortality rates.

In response, West Dunbartonshire HSCP are creating a Focused Intervention Team (Frailty and Complex Needs) who will work across 3 areas:

- Community Supports - to enable community led initiatives to provide alternatives to health and social care services that will promote health and well-being
- Anticipatory care - to enable a person-centred proactive approach for individuals requiring services and to support conversations, set personal goals to ensure timely access to the right service
- Rapid response (responding within 2 hours to a GP or community team referral) to assess and put plans in place, if medically appropriate, to maintain a person in their own home, following exacerbation of symptoms or change in frailty scores

The team will be made up of a range of professionals including:

- Registered Nursing
- Dietetics
- Physiotherapy
- Care at Home
- Pharmacy
- Occupational Therapy
- Specialist nursing, eg COPD nurses
- Care Home Liaison nursing

Working closely with the existing teams in West Dunbartonshire, including GPs, Community Older People's Team, Adult Care Team, Hospital Discharge Team, Care at Home, this new team will provide extended hours, working 9am until 8pm Monday to Friday and 9-4 at weekends and bank holidays. This will ensure assessment and rehabilitation can continue outside normal working hours.

The purpose of the team is to:

- To develop a model of identifying people with complex care needs, including frailty
- To enhance current service delivery and develop new ways of working to support people with a complex care/frailty diagnosis to live at home/in a homely setting and as independently as they can
- To build on the advanced practice already developing in West Dunbartonshire including the work of ACP nurses/Integrated teams/GP Frailty pilot and ensure processes and systems are in place for those who require anticipatory plans to prevent unnecessary unscheduled admissions to hospital

Through this development we expect:

- To improve the experience and outcomes for people with complex care needs/ frailty
- To reduce unnecessary attendances at Emergency Departments and Acute Assessment Units
- To deliver a more co-ordinated and integrated approach within the Community
- To improve links and communication with the independent and third sector
- To ensure people receive the right service at the right time by the right person

Recruitment for the team is underway and induction and launch are planned for November/ December 2018.

4.6 Creating additional care home capacity at Crosslet House

In preparation for the winter period, plans are underway to facilitate the opening of 14 additional residential beds at Crosslet House, Dumbarton. Work is underway with the Care Inspectorate to ensure registration is in place. The final date for the opening of the two 7 bedded flats is dependant on a number of factors and is yet to be finalised.

4.7 Reviewing the support needs of people who frequently attend hospital

In preparation for winter, the HSCP is in the process of reviewing all clients/ patients who have attended A&E regularly or who have had a number of hospital admissions over the past year. The purpose of this work is to better understand and anticipate the needs of these patients and to put more effective supports in place for them.

4.8 Supporting Care Homes

Significant work is being carried out to support both our in-house and our independent care homes in preparing for winter. One aspect of this work has been the development of the red bag scheme, which ensures that every client who is admitted to hospital from a care home, will have their key belongings and care plan packed safely in a customised red bag. This initiative has the dual purpose of ensuring that personal belongings such as clothing, glasses and medication are much less likely to get lost, whilst also giving acute hospital staff quick access to the care plan for each particular client; ensuring their needs and personal wishes can be better met. In addition to this initiative a monitoring framework, which ensures that each client who is admitted to hospital from a care home is reviewed, has been established. This allows us to quickly understand the reasons for hospital admission and to take any action appropriate to support the client back safely to the care home.

4.9 Increasing the recording of Anticipatory Care Plans (ACPs)

West Dunbartonshire has been working on the provision of ACPs for a number of years. GPs, District Nursing staff and ACP nurses have been completing ACPs / eKIS (Emergency Key Information Summaries) since 2012.

Criteria have evolved over this period, with the most recent criteria focussing on:

- those with two or more long term conditions
- housebound (or those who are care home residents)
- local practice intelligence

A holistic nursing assessment and the eKIS template within EMIS is completed and appropriate referrals to services made to meet the needs identified. These patients are then either maintained on a District Nursing caseload or reviewed annually, depending on the plan of care following the assessment.

The work to identify and respond to increasing levels of frailty also continues. A subgroup was established in 2016 and has piloted systems to identify frailty in the over 65 population and has implemented a number of processes across HSCP teams. The Clinical Frailty Scale (Rockwood) has been adopted by all community teams. This 9 point scale gives an indicator of level of frailty ranging from fit to end of life. This has become integral to assessment and to date the integrated teams have completed over 3,000 frailty screenings using the Rockwood Clinical Frailty Scale. These are recorded on EMIS within GP practices in Dumbarton and Alexandria enabling sharing on eKIS with acute partners. A pilot with two GPs practices has now concluded, the findings of which will be invaluable in setting the direction of future work including the work of the new Focused Intervention Team.

4.10 Developments in Primary Care including the Provision of Community Link Practitioners

4.10 As reported to the IJB earlier in the year, a number of developments have been agreed for West Dunbartonshire in line with the new GP contract. Recruitment is now underway which will see additional roles in place including Community Link Practitioners, Pharmacy, Healthcare Assistants and Physiotherapists. In total, 11 additional posts will be in place by early 2019.

4.11 Promotion of Flu Vaccination Programme

West Dunbartonshire has a history of achieving very high levels of flu vaccination across the population. Work is underway at the current time to ensure staff and patients alike have the opportunity to get vaccinated against flu this winter.

5. Options Appraisal

6. People Implications

6.1 The report makes reference to a number of developments which have implications for staff. The additional posts being created through the Focused Intervention Team and the developments in Primary Care have been developed with staff side participation and recruitment is now underway.

In addition, a total of 4 existing posts that currently sit elsewhere in the HSCP are being moved into this team to allow greater expertise, service flexibility and staff support.

7. Financial and Procurement Implications

7.1 The budget for the Focused Intervention Team was agreed at the IJB's budget setting meeting 5 March 2018. This is recurring funding,

The funding for the developments in primary care is ring fenced money from Scottish Government and the allocation of this resource was agreed by the IJB at its meeting on 8 August 2018.

All changes to staffing have been developed in collaboration with staff side representatives and with support from Human Resources.

7. Equalities Impact Assessment (EIA)

7.1 There is no equalities impact from these developments. These plans seek to ensure that people who are vulnerable, due to disability, ill-health or age, are supported to receive the most effective care for them.

8. Risk Analysis

8.1 Due to the volatile nature of attendances during the winter months, data will be closely monitored.

9. Environmental Sustainability

9.1 No impact.

10 Consultation

10.1 All components of West Dunbartonshire's winter plan have been subject to consultation with staff, GPs, third and independent sectors, and staff side representatives.

11 Strategic Assessment

11.1 At its meeting on 25 October 2017, the Council agreed that its five main strategic priorities for 2017 - 2022 are as follows:

- A Strong local economy and improved employment opportunities.
- Supported individuals, families and carers living independently and with dignity.
- Meaningful community engagement with active empowered and informed citizens who feel safe and engaged.
- Open, accountable and accessible local government.
- Efficient and effective frontline services that improve the everyday lives of residents.

11.2 The proposals included in this report are in support of all five strategic priorities.

Name: **Jo Gibson**
Designation: Head of Health and Community Care
Date: 17 October 2018

Person to Contact: Jo Gibson – Head of Health and Community Care
Jo.Gibson@ggc.scot.nhs.uk
Telephone: 01389 812303

Appendices: Appendix 1 – NHS Greater Glasgow and Clyde Winter Plan

Background Papers: Not applicable

APPENDIX 1

NHS Greater Glasgow & Clyde

Draft Winter Plan

2018/19

Winter Plan 2018/19

Executive Summary

1. Preparation for winter is captured in the Board's Winter Plan. This document is designed to provide assurance to the Board and the Scottish Government that effective arrangements are in place to respond to the projected level of demand over the winter months.

2. The Cabinet Secretary wrote to NHS Boards and Integrated Joint Boards on the 31 August calling for submission of approved Winter Plans by the 30 October 2018, with a high level outline plan to be submitted by the 2 October 2018.

3. The preparations have drawn on lessons learnt from last winter, a continued focus on Unscheduled Care, the Board's corporate objectives to deliver the Emergency Care A&E standard and to achieve a 10% reduction in emergency admissions through a whole system programme of improvement. There has also been a focus on improving discharge rates earlier in the day and at weekends.

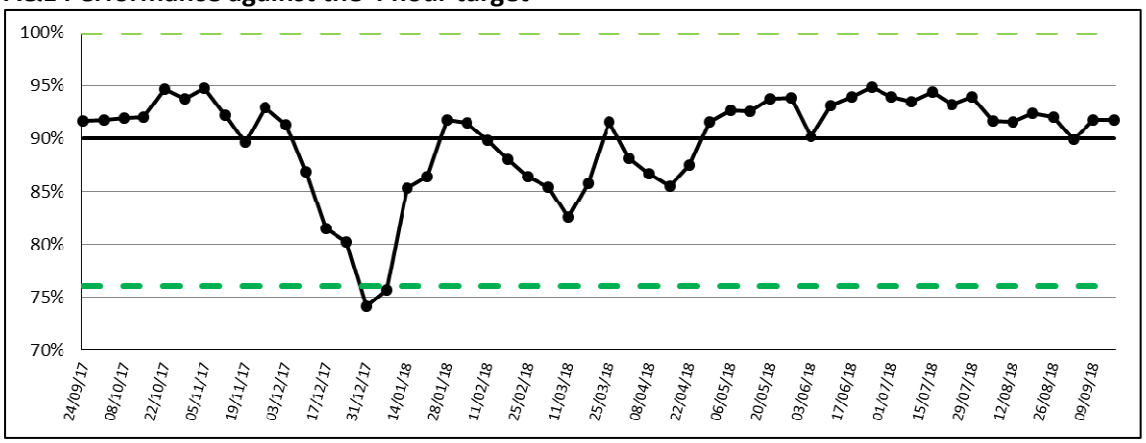
4. Our services were significantly challenged last winter with an early surge in demand in December, the severe weather conditions of the 'Beast from the East' and late presentation of high rates of Flu in March. Demand over the summer months, particularly within A&E and the assessment units has been high with attendances rates sustained at increased levels compared to last year. Total ED presentations are up by nearly 5% on last year.

5. This plan recognises that additional acute bed capacity and measures in community and primary care will be required to deliver care during the winter period. Effective delivery of Unscheduled Care within the established performance parameters will require robust governance, effective processes and integrated responses from across primary, community and acute services.

Projected Demand and Performance

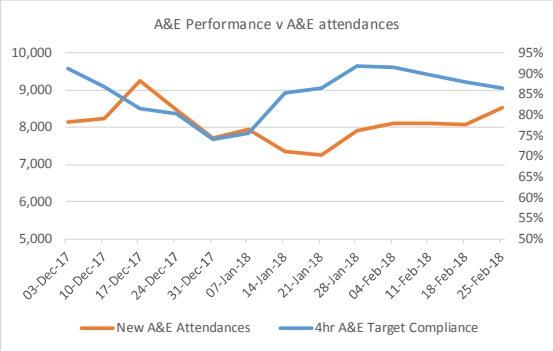
6. Unscheduled care activity has not abated since last winter. Experience this summer has seen sustained peaks in A&E attendances of 8% over a monthly mean of 21,600. Weekly performance against the 4 hour target has been sustained at 90% or more. Performance on different sites has been more variable, particularly on a day to day basis.

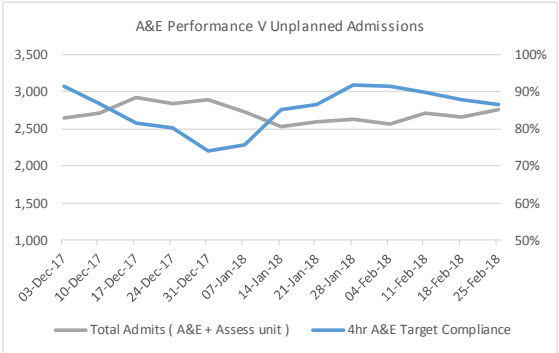
A&E Performance against the 4 hour target



7. Demand at the 'Front Door', through A&E and our Assessment Units, translates into a mean of 10,103 admissions per month. Our analysis of previous winters indicate that we should anticipate a seasonal increase during the December and January period of a further 4% in unplanned admissions per month.

8. Analysis of weekly trends from last winter indicates the extent to which the resilience of our 'System' is supported by the winter short term step up in capacity. The 2017/18 plan provided for the step up to be enacted from January. Our experience was of an early surge in December. A&E Performance started to dip as attendances increased reaching a peak of 16% above the mean for the period (Week ending 17 Dec). At the same time, admissions surged to 9% above the mean.





9. During the 2017/18 winter months, an additional 124 acute beds over the base capacity were funded across the North, South and Clyde sectors. This was based on modelling work which considered monthly trend analysis with projections based on 2%, 5% and 8% increases with the additional capacity provided broadly meeting the 5% increase. This was not always sufficient to deal with the demand last year.

10. Employing a similar methodology but building in the learning from last winter indicates our plans need additional beds within a range of 115 to 150 beds. Our aim is to better utilise intermediate care beds and out of hospital capacity to offset pressure within the acute system. The final configuration of additional capacity is still to be confirmed and will reflect a combination of acute and intermediate care beds.

Preparedness for Surge Demand and Additionality

11. Additional winter bed surge capacity will be required this winter and this capacity should be in place by December. It is recognised that building the resilience to address demand will require a coordinated approach across primary community and acute. Throughout this year and based on analysis of demand and lessons from last winter, a cross system programme of work has been developed. The aim was to address variation in process and pathways across NHSGGC and develop common approaches to managing demand before and after hospital admission.

12. These actions build on the range of quantifiable actions that we know will strengthen our preparedness:

Key Quantifiable Actions	**Impact**
Extending medical and nurse staffing in A&E and Assessment Units	Ensure sufficient senior clinical decision makers are available at critical times during early evenings and weekends.
Strengthened Clinical Co-ordination and Flow Management	Ensure appropriate clinical experience shapes prioritisation of patient flow throughout the hospital, with the authority to expedite obstacles and place patients in the most appropriate locations.
AHP capacity to expedite assessment, treatment and discharge planning	Reduce avoidable delays in the patient journey ensuring appropriate care and discharge planning; facilitate 7 day discharge.
Boarding teams	Strengthen continuity of care and senior decision-making for patients who at times of peak pressure cannot be accommodated in a specialty ward appropriate to their condition.
Additional Bed Capacity	115 to 150 beds (to be confirmed)
Enhanced Medical HDU cover	Increase the capacity of Medical HDU at critical periods enabling more effective patient flow and step down.
Support Staff to ensure rapid turnover of beds	Reduce the delays in making beds available following discharge of patients.
Extended Pharmacy cover	Enable provision of Pharmacy support outside of regular working hours to facilitate early discharge.
Additional SAS Transport	Increase flexibility and responsiveness of ambulance transport for transfers between hospitals.

Point of Care Flu Testing	Enable rapid identification and appropriate cohorting of patients from point of admission.
Intermediate Care Beds	Additional Surge Capacity commissioned on block and spot purchasing basis (to be confirmed)
Red Cross Ambulance Transport	HSCP commissioned to support additional discharges
Community Respiratory Team extension	Deliver 7 day service
Community nursing & Home Care Services	Enhanced cover over holiday periods with contingencies for periods of peak activity.
Mental Health Services	Adult, Community Mental Health Teams, Out of Hours and Acute Hospital Liaison Support in place for anticipated levels of demand.

13. Further work is underway following a cross system Winter Planning workshop on the 20 September. Facilitated by the Health Improvement Scotland Improvement Hub this focused on identifying actions which reduce demand to the Acute Assessment Units. A follow up event in November will confirm how these will be operationalised by early winter.

i. Stratification of demand utilising the principles of *Realistic Medicine* to avoid over treatment and unnecessary admission
ii. Improvement in utilisation of alternatives to admission
iii. 7 day service provision – strengthening supporting infrastructure
iv. Improved communication between GP and hospital based consultants
v. The right care at the right level at time of presentation
vi. Development of 72 hour supported community care "breathing space" for people who don't need acute care
vii. A 'How are you service?' targeted at patients at risk of admission

Resilience Preparedness

14. Business continuity plans take account of the critical activities of NHSGGC and HSCPs. They include analysis of the effects of disruption and the actual risks of disruption, and are based on risk assessed worst case scenarios. Plans prioritise activities, assess the risks and identify how they will be supported and maintained during service disruption. Business Impact analysis has been completed for each critical service to identify minimum staffing levels to maintain service delivery.

15. The HSCP and Acute Business Continuity Plan framework has been developed to ensure coordination and consistency across sectors. Each plan has an escalation process, with roles and responsibilities identified through relevant action cards. The plans focus on recovery time objectives set for a return to normal operation. GP Practices and Pharmacy continuity plans include a 'buddy system' should there be any failure in their ability to deliver essential services.

16. Plans have been tested in recent months with the severe weather and updated from lessons learned. Internal exercises to validate plans are run by individual services to ensure fitness for

purpose. A further cross system table top exercise to test Escalation Plans is scheduled for early November.

17. Business continuity arrangements within NHSGGC are networked effectively with Local and Regional Resilience Partnerships and will contribute to the West of Scotland Regional Resilience Mass Fatalities Group work plan.

18. NHSGGC leads are meeting in October with Local Authority and Funeral Director representatives to agree a contingency plan which will include cross city transport to maximise mortuary space where needed.

Staffing

19. Staffing rotas for the Winter Period and specifically the Festive Public Holidays are being finalised and will be confirmed by the end of October. Annual leave is actively managed all year including over the winter period, with leave in key services managed according to the demand projections and clinical priorities. There is an absence management process in place and this is applied as business as usual.

20. The Staff Banks and Recruitment service provide both pro-active and reactive activity to help mitigate risks as a result of winter demands and pressures across NHSGGC. The Board has successfully recruited over 450 newly qualified nurses, in post substantively from October. All of whom are registered with the Bank at time of starting. Band 2 Healthcare Support Worker recruitment is underway with the aim to recruit approximately 150 - 200 individuals. Closer working with the Universities has led to a change of process, signing student nurses to the bank prior to the winter period, enabling more responsive support at key periods. Retirees have also been targeted during August and September to promote bank opportunities.

21. A key pressure area is in the Clyde Sector. Owing to the level of demand and an increased number of vacancies, a targeted recruitment campaign has taken place for substantive and bank staff, this included action from the NHSGGC Employability team and local engagement with job centres and workforce employability programmes for Healthcare Support Worker posts.

22. Fill rates will be reported on a daily basis to support shift monitoring, with staff linked into the 'Huddle' reports each morning. Dedicated resource and actions for fill priorities will be confirmed with each sector.

23. The review of the Adverse Weather Policy is underway. A partnership group has been commissioned by the Scottish Government Workforce Directorate to develop a "Once for Scotland" policy. The policy will be approved in November, allowing NHS Boards to incorporate within local policies.

24. The HR Connect site is in place and is updated regularly throughout winter for both bank workers and services. In extreme weather and other high demand situations this will include instructions and guidance for bank staff. Bank workers will be alerted to updates on the website through e-mail and text to ensure regular viewing of this.

Unscheduled Care/Elective Care Preparedness

Clinically Focussed and Empowered Management

25. From November, management teams will step up to enhanced winter cover arrangements. Each Sector has empowered and clinically engaged local site management with a duty manager of the day focused on managing and coordinating services across the hospital system focused on delivering safe high quality care. There are management cover arrangements at weekends and Public Holidays; a senior manager on call overnight and weekends with enhanced nursing also in place in evenings and weekends. These arrangements are mirrored in each HSCP with locality management structures to ensure systems for dialogue and escalation across the whole system.

26. System wide Director level communication and coordination is in place with daily Chief Operating Officer calls between Acute and IJB Chief Officers.

27. A focus over the summer months within the hospital management structures has been to review and revise arrangements for Consultant in Charge, Flow Hubs and Escalation Policies. The review has enabled us to create visual representation of the core processes undertaken across the hospital system. We have created a model of the Daily Demand and Capacity Cycle to illustrate the various stages and coordination of processes that currently enable us to establish the status of the hospital and estimate the anticipated demand and capacity requirements. In addition we have developed our local escalation policies to ensure that they reflect the required levels of decision making and associated actions to maintain and improve patient flow. During the winter months there will be a focus on increased ward rounds and earlier clinically appropriate discharge from hospital

28. The NHSGGC 6 Essential Actions Programme reflects the following key priorities and work has been progressed across all of the following areas in collaboration with Acute and HSCPs:

    - High volume Admissions – we have identified the highest volume patient conditions resulting in attendance and admission within each HSCP. Subgroups have been formed to focus on a specific condition with the ambition to reduce attendance, admission and hasten discharges.

    - Frequent attendance - HSCPs are undertaking a review of frequent attendees to Accident and Emergency Departments. This data has been shared with GP Practices and Cluster Quality Leads (CQLs) to initiate action and additional meetings held between GGC UCC Programme Manager and Glasgow City to ensure there is planned action to reduce these. Additionally the HSCPs are promoting the “know who to turn to” campaign, to divert patients away from ED.

    - Daily Dynamic Discharge – All Sectors have established DDD working groups to ensure compliance with DDD and aligned to the Exemplar Ward processes. We have undertaken a number of IT improvements to help the ward teams, creating Electronic weekend handover which is targeted to safely track patient tasks and expedite discharges over the weekend and during the out of hours period. We are also promoting the uptake of Criteria Lead Discharges, Discharge Lounge utilisation and overall compliance with Estimated Dates of Discharge to improve the end to end process.

    - Day of Care Survey (DoCS)– NHSGGC completed the National Day of Care Survey in April this year and Sector Action Plans have been progressed to act on the recommendations made in each of the hospital specific reports. We will also participate in the next national DoCS scheduled in GGC for 25/10/2018. On the 02/09/2018, the QEUH conducted an additional mini DoCS to analyse differences between weekend and weekday inpatients - to understand

and measure patient discharge status and the impact this might have on Monday flow and ED performance. Action planning is underway utilising the findings.

- Improving Ambulance Turnaround Times – At a system level, we have an established forum with the Scottish Ambulance Service to resolve issues such as delayed turnarounds and address other priorities. At a sector level work is ongoing to improve performance and the "safe to sit" programme is being piloted at the RAH aimed at reducing delays caused when waiting for trollies. Both GRI and QEUH have conducted visual audits of turnaround times and have identified action plans to address any potential delays in the handover process.

Optimising Patient Flow

29. The proposed uplift in winter surge bed capacity will be complemented by additional measures by the Acute Sector and HSCPs to:

    - Reduce the length of stay and expedite discharge and improve time of day of discharge
    - Maximise the turnover of HSCP intermediate care beds
    - Reduce admissions into hospital
    - Provide alternatives to hospital admission
    - Increase in pharmacy support focussed on discharge planning, only prescribing and ordering to meet clinical need and stock management on wards

30. Reducing length of stay and expediting discharge will be enabled by the actions described above in the sections relating to Clinically Focused and Empowered Management (Consultant in Charge, Flow Hubs and Escalation Policies) as well as the continued focus on the principles of the 'Six Essential Actions' and Daily Dynamic Discharge activities.

31. Our plan envisages a trajectory to improve discharge rates as follows:

	Current average	Improvement	Target	By When
Discharge Pre Noon	18%	5%	23%	December
Weekend Discharge	19%	5%	24%	December
Delayed Discharge	129	Winter 17/18 levels	89	December

[Figures based on weekly average over period Jun-Aug 2018]

32. Throughout this year, the HSCPs have worked together to develop a joint action plan reflecting agreed actions common across all 6 partnerships. The objective is to reduce activity by 10% for Attendances, Admissions and Occupied Bed Days. The plan is complemented by individual HSCP plans which focus on local needs with initiatives to address them.

    The plan is made up of a combination of detailed activity in relation to particular clinical conditions as well as a range of enabling activity, designed to impact across a number of clinical pathways. Work on these streams will continue throughout the winter and add value on a phased basis.

    The following sections describe the areas of work that can be expected to have impact over this winter.

- **COPD Pathway** – One of several high volume pathways, COPD has been targeted for attention in recognition of a lower proportion of patients being discharged within 24 hours across NHS GG&C than other Boards. The COPD24 pathway will introduce a Multi-Disciplinary Team approach to managing patients within the first 24 hours of presentation. The pathway is supported by a digital dashboard enabling identification of COPD patients and information to be shared digitally across care providers. Care bundles for Admission and Discharge are being finalised for use across all sites and services. Based on the successful Glasgow City community respiratory service, an agreed service model is being developed to secure similar outcomes in each HSCP.

- **Reducing admissions from Care Homes** – The Red Bag scheme is being progressively rolled out across the NHS GG&C with wide scale adoption by late October. The red bag is used to transfer standardised paperwork, medication and personal belongings and stays with the resident throughout their hospital episode and is returned home with resident. This is a simple process for supporting communication and information sharing across care homes and acute services at times of unscheduled care. Evaluation will be facilitated with the Care Home's dashboard tool introduced earlier this year which identifies and enables monitoring of admissions to hospital from Care Homes. HSCPs are also working closely with care homes, GPs and others to improve clinical support to residents and reduce admissions to hospital

- **Frailty** – HSCPs have agreed a single approach to identify people with frailty in the community and review current service delivery to develop new pathways and ways of working to support people with a frailty diagnosis to live at home or homely setting as independently as they can.

  Permission has been granted to adopt the Rockwood et al Dalhousie University Clinical Frailty Scale; West Dunbartonshire HSCP is an early adopter of this tool. The tool itself is easy to apply and provides a common language across services in describing and understanding the person's level of frailty. Going forward it is anticipated that the Frailty score will determine the requirement for engagement in Anticipatory Care Planning and population of the Key Information Summary.

- **Anticipatory Care Plans (ACP)** – HSCPs have confirmed a standardised approach should be implemented with robust monitoring to track improvement. A well-completed Key Information Summary covers enough useful information to achieve the goals of an ACP. HSCPs are encouraging full use of KIS functionality within EMIS as a practical proxy for an ACP, acknowledging the function of the ACP as a patient held record but noting the 32 pages can be difficult to ensure widespread use. The approach is to target at those with the most fragile health needs and therefore most likely end up being seen by OOH or admitted to hospital. This includes, but is not limited to:

  - Housebound patients
  - Dementia patients
  - Nursing home patients
  - Patients with fragile significant conditions such as severe COPD, bronchiectasis, CF, MND and MS

- **Delayed Discharge** – Continues to be a priority for HSCPs with processes to systematically review and expedite delays. Anticipatory structures aim to ensure that potential areas of need, particularly in respect of the adults with incapacity (AWI) are best met and delays

minimised**.** Identification and targeting of homecare clients who lack capacity and promotion of Powers of Attorney is part of this process. Access to TrakCare allows early identification of patients known to Social Services. Learning has been pooled across HSCPs to identify best practice and a seminar is scheduled for mid October to focus on questions such as:

- Access to digitised AHP record/ assessment through Clinical Portal/TrakCare/EMIS
- Access to dashboards re inpatients.
- Electronic referrals - reducing time between referral sent to and received by hospital team.
- Accurate reports that provide managers with statistical data to support core tasks such as allocation and managing staff resources.
- Improvements in care pathways with SAS to increase number of patients not conveyed to hospital
- Engagement with OOH services to identify better pathways that manage risk, including NHS24 and SAS
- Better anticipatory care planning & eKIS – more robust use of escalation plans with GP involvement
- Making sure care at home prioritise hospital discharge. Investment in this service and focus on recruitment and retention to sustain performance
- Availability of beds for under 65s with complex needs – with a view to explore joint commissioning
- Dedicated MHO input re delayed discharges
- Additional resources to manage increased demand such as District Nursing, rehabilitation equipment and aids and adaptions

Out of Hours Preparedness

33. The Out of Hours Winter Preparations have been developed having incorporated the lessons learned from the review of last year.

34. There has been considerable work done on a Board wide review of Health and Social Care Out of Hours Services which takes into account local lessons and the recommendations of the Ritchie Report. Actions which will be taken forward this winter include additional pharmacists in Out of Hours services, which also host CPN telephone support.

35. Capacity across the interface between NHS24 and GP Out of Hours has been reviewed. Rostering of Out of Hour's services is informed by predicted levels of demand. High Risk shifts are highlighted with additional staff identified. All rosters are reviewed at regular intervals to manage any additional issues. During the winter months, these reviews will be conducted more frequently to enable mitigation of risks and ensure resilience.

36. Work is also progressing on processes to manage demand more effectively with a cross system work stream focused on 'Redirection', utilising resources such as System Watch which has informed winter capacity planning.

Preparation for & Implementation of Norovirus Outbreak Control Measures

37. The Board's standard operating procedure is available via the Infection Prevention & Control Team icon on all desk tops. This includes an 'Outbreak' procedure with resources/guidance and the escalation plan for acute care. There is close working with local Infection Prevention and Control staff (LIPC) and all receiving units to ensure policy and procedure are up to date.

38. Communication processes within our hospitals are in place with daily position of bed closures including external issues such as nursing home closures. Board Directors receive a daily email which is cascaded through appropriate forum such as the daily 'huddles'.

39. The Press office is included in this communication and attend any outbreak control meeting where it is decided if information requires to be given to the wider public. The Health Protection Team are also represented at this meeting and can issue information to GPs and nursing homes.

40. Cover over the Public Holidays will be in place with on call microbiology and LIPC nurses to review closed wards over weekends and festive periods to facilitate prompt opening of closed wards.

Seasonal Flu, Staff Protection & Outbreak Resourcing

41. Last year, 15,500 staff received the flu vaccine equating to a rate of roughly 40%. The ambition for 2018/19 is to achieve a rate of 60%.

42. Led by the Occupational Health team with close support from the Public Health Protection Unit, the 2018/19 campaign has been launched with communication media updated and a dedicated web page in place with all the relevant information for staff. Peer immunisation is recognised as being highly effective and will be a central feature of this year's campaign. To date we have a higher uptake of volunteers to support delivery and have active support by Clinical leads to encourage uptake. Large onsite drop in clinics are planned from the beginning of October to further facilitate access.

43. Outside of hospital, the Public Health Protection Unit will support Primary Care on diagnosis, anti-viral treatment and flu immunisation. Care homes are also supported to promote vaccination and encourage uptake in residents and staff. Routine surveillance, utilising the Health Protection Scotland weekly reports is embedded into daily practice. Local outbreaks in locations such as schools, prisons and care homes are actively managed to minimise the spread and potential impact on secondary care.

44. Last year, Point of Care Testing was introduced across sites contributing to the rapid identification of patients on admission, allowing appropriate management. Plans are being finalised to build on our experience targeting services where impact was most apparent.

45. The table below summarises the flu vaccine-uptake rates in NHSGGC last flu season (2017/18) a significant proportion of the vulnerable population in NHSGGC remained unprotected from the risks and complications of influenza last season. Those practices that achieved a good flu vaccine uptake are encouraged to continue the work this season.

Eligible Groups	Average Uptake Rate	Range	National Uptake Target

65 yrs and over	73.9%	55.3 - 89.1%	75%
< 65 yrs & 'at risk'	45.6%	24.2 – 68.5%	75%
Children 2 – 5 yrs	54.7%	10.2 – 93.1%	65%
Pregnant Women (not in another clinical risk group)	54.2%	14.29 – 100%	

Communications

46. All year round, NHSGGC promotes "Know Who To Turn To" messages on our corporate social media platforms. We will continue this throughout the winter period with specific messaging for out of hours and the holiday season. We will supplement this with the following activity:

    - For the first time, a regional approach is being promoted to winter communications with a West of Scotland on air and online radio campaign planned for the January-February period across the NHSGGC, Forth Valley, Ayrshire and Arran and Lanarkshire areas. Each board is making a contribution to the campaign which is also being supported financially by NHS 24. The key messages for the campaign will be to 'Meet the experts' and encourage people to make use of the local 'experts' within minor injuries units, pharmacies and mental health for speedy access.
    - This radio campaign will be backed by a suite of Meet the Experts videos to be published on NHSGGC's social media channels which already have a proven record in promoting alternatives to ED. The videos cover minor injuries, mental health, pharmacies and self-care.
    - A social media Countdown to Christmas campaign will encourage people to be prepared for the holiday period. We will also support the NHS 24 Be Health Wise campaign through our social media channels and website.
    - A special winter edition of Health News, our digital magazine, will be published in November to 30,000 subscribers with key messages about winter health and self care, accessing services over the holiday period and flu vaccination messages. This will be promoted also via Facebook and twitter (combined direct audience of a further 30,000 followers).
    - A winter booklet on accessing services over the holiday season will be produced in print and online. Approximately 80,000 copies are distributed to GP surgeries, dentists, pharmacies and opticians and the online version is published on our website and via social media. The online version is also shared with our health and social care partnerships and NHS 24 to promote on their websites. The publication of the booklet will be accompanied by a media release.
    - We will support the national flu campaign with local press releases and case studies. We will work with the Board's Immunisation Programme Manager to deliver a staff campaign to increase uptake of the flu vaccination programme amongst healthcare workers. This is launching in October. (We have shared our staff campaign across Scotland and have already had interest of other boards seeking to use our campaign with their staff).
    - A proactive media statement will be issued to all media before the holiday period signalling that we expect to be busy and asking people only to attend ED if it is an emergency. This

worked well last year and created a better opportunity to set the media tone rather than reactive statements responding to variation in performance.

- Our communication escalation plan will allow us to respond to service pressures and support colleagues in managing demand; our social media channels allow us to rapidly respond to emergency situations and we can issue urgent messages to the public, to GPs, to staff to respond to situations as they emerge if necessary.

Conclusions

47. This Winter Plan has been developed under the oversight of the Unscheduled Care Steering Group with cross system ownership from across the Acute Division and HSCPs.

48. This plan reflects the progressive improvement in governance, processes, and patient pathways across the Acute Division and HSCPs. The aim is to deliver safe, effective care across all our services for patients requiring emergency healthcare, whilst maintaining planned care.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

14 November 2018

Subject: NHSGGC Musculoskeletal (MSK) Physiotherapy Service

1. Purpose

1.1 The purpose of this report is to update the Partnership Board on the progress of the national MSK web based access tool.

2. Recommendations

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

3. Background

3.1 The MSK Physiotherapy Service continues to link with the work developing a new national web based access tool. This tool would allow patients to enter their symptoms online and following specific questions, gain access to relevant exercises, advice and support to self-manage their problem or provide an onward referral to physiotherapy if appropriate

4. Main Issues

4.1 The full development of this tool has taken considerable time and has recently involved input from the eHealth team in NHSGG&C. Work has been completed around system security and referral interface assessments however these documents require final sign off by the Scottish Government.

4.2 They are currently awaiting further advice from the Scottish Government legal desk regarding hosting of the tool before we can proceed further with testing of the tool.

4.3 The developer within the team has had his secondment extended to March 2019 but further funding is required to pilot the tool.

4.4 The MSK Physiotherapy Service has agreed to pilot the tool when avaiable. This pilot will include patient feedback but further work will be required to measure the impact the tool has on demand into the service.

5. People Implications

There are no people implications arising from this report.

6. Financial and Procurement Implications

There are no financial or procurement implications arising from this report.

7. Risk Analysis

There are no foreseeable risks associated with piloting the tool but there is the risk that the tool could increase demand for MSK Physiotherapy due to unmet need.

8. Equalities Impact Assessment (EIA)

Not required at this stage.

9. Consultation

Not required.

10. Strategic Assessment

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

Name: Janice Miller
Designation: MSK Physiotherapy Service Manager
Date: October 2018

Person to Contact: Janice Miller
MSK Physiotherapy Service Manager
West Dunbartonshire HSCP
West Dunbartonshire HSCP HQ,
Hartfield Clinic
Latta St
Dumbarton
G82 2DS
Tel: 01389 812341
Email: Janice.miller@ggc.scot.nhs.uk

Appendices: None

Background Papers: None

Wards Affected: All

ITEM 13

WESTDUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

14 November 2018

Subject: Clydebank Health and Care Centre

1. Purpose

1.1 The purpose of this report is to provide an update on the Clydebank Health and Care Centre Full Business Case.

1.2 The Full Business Case was completed in September 2018 and submitted to NHS Greater Glasgow and Clyde to be considered at a number of key governance committees.

1.3 This report provides an update of the outcome of these discussions

2. Recommendations

2.1 The Board is asked to note the outcome of the NHS Greater Glasgow and Clyde governance processes and note that the Full Business Case will now be considered for approval by Scottish Government.

3. Background

3.1 The Board's Audit Committee previously approved the Full Business Case for delivering improvements in integrated health and social care services in Clydebank at its meeting in September 2018. The Full Business Case was then submitted to NHS GGC for consideration.

3.2 The FBC was approved by the Project Board (which is chaired by the Chief Officer of the HSCP as Senior Responsible Officer); and considered by the Board's Capital Planning Group members with a recommendation to submit to the NHS GGC CMT for approval.

3.3 The Full Business Case constitutes the next key milestones in the development of this new facility and the integrated services that will be based within it. It has been prepared in accordance with the recently revised Scottish Capital Investment Manual (SCIM) guidance.

3.4 The Integration Joint Board (IJB) has been kept appraised of and is supportive of the scheme, recognising the significant contribution that this would make to the delivery of integration objectives for Clydebank.

4. Main Issues

4.1 The Full Business case was considered by NHS GGC's Corporate Management Team on 13th September. The CMT agreed to approve the FBC.

4.2 The Full Business Case was then considered by NHS GGC's Finance and Performance Committee on 2nd October 2018. They agreed to approve the FBC.

4.3 The Full Business Case was then considered by NHS GGC's Board on 16th October. The Board agreed to approve the FBC.

4.4 That concludes the decision making processes for the FBC locally. The FBC is now submitted to Scottish Government for consideration and we anticipate a decision in January / February 2019.

Name Jo Gibson
Designation: Head of Health and Community Care
Date: 30th October 2018

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

14 November 2018

Subject: Climate Change Report 2017/18

1. Purpose

1.1 To present the Partnership Board with the Climate Change Report prepared on its behalf in accordance with the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.

2. Recommendation

2.1 The Partnership Board is asked to approve the Climate Change Report prior to formal submission to the Scottish Government in advance of the 30th November 2018 deadline.

3. Background

3.1 The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015, came into force in November 2015, requiring all public bodies classed as 'major players' to submit a climate change report to the Scottish Government using a standardised online template by 30 November each year.

3.2 Integration Joint Boards (IJBs) appear on schedule 1 within the Order as 'An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c)'.

3.3. In order to comply with the duty to prepare a Climate Change Report, the Head of Strategy, Planning & Health Improvement has prepared a Climate Change Report 2017/18 for consideration and approval by the IJB prior to formally submitting it to the Scottish Government by the deadline of 30th Nov 2018. (see report appended).

4. Main Issues

4.1 Following dialogue with Scottish Government, Health Facilities Scotland and the Sustainable Scotland Network (SSN) involving the six HSCPs in the Greater Glasgow and Clyde area it has become clear that due to the nature of IJBs – and specifically the fact that they are not directly responsible for staff or capital estates, and locally do not directly procure services – very few areas of the standardised template are directly relevant to IJBs. HSCP contributions to the requirements of the Order will properly be captured within the distinct reports that the NHS Health Board and the Council are separately obliged to submit. It has also been accepted that a degree of proportionality should be applied to the completion of the reports. The content of the appended report then consequently reflects this.

5. People Implications

5.1 None.

6. Financial Implications

6.1 None.

7. Professional Implications

7.1 None.

8. Locality Implications

8.1 None.

9. Risk Analysis

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

10. Impact Assessments

10.1 None.

11. Consultation

11.1 None.

12. Strategic Assessment

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

Author: Karen Marshall, Improvement Lead, Planning and Improvement Team.

Date: 12th October 2018.

Person to Contact: Wendy Jack – Interim Head of Strategy, Planning & Health Improvement, 2nd Floor Aurora House, 3 Aurora Avenue, Clydebank G81 1BF.
Telephone: 01389 776864
e-mail: wendy.jack@west-dunbarton.gov.uk

Appendices:	Climate Change Report – West Dunbartonshire Health and Social Care Partnership Board (IJB)
Background Papers:	Public Sector Climate Change Reporting – Scottish Government http://www.gov.scot/Topics/Environment/climatechange/publicsectoraction/publicsectorreporting Climate Change Reporting webpages http://www.keepscotlandbeautiful.org/sustainabilityclimate-change/sustainable-scotland-network/climatechange-reporting/ Audit Committee (June 2017): Climate Change Reporting and Integration Joint Boards
Wards Affected:	All

TABLE OF CONTENTS

Required

Recommended Reporting: Reporting on Wider Influence

APPENDIX 1

PART 1: PROFILE OF REPORTING BODY

1(a) Name of reporting body
West Dunbartonshire

1(b) Type of body
Integrated Joint Boards

1(c) Highest number of full-time equivalent staff in the body during the report year
0

1(d) Metrics used by the body			
Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.			
Metric	**Unit**	**Value**	**Comments**
Other (Please specify in the comments)	other (specify in comments)	0	West Dunbartonshire Integrated Joint Board does not report on any performance in relation to climate change or sustainability.

1(e) Overall budget of the body	
Specify approximate £/annum for the report year.	
Budget	**Budget Comments**
167295000.00	This is the total budget allocation for the financial year April 2017 to March 2018. West Dunbartonshire's Integrated Joint Board budget consists of financial allocations and budgets delegated from West Dunbartonshire Council and NHS Greater Glasgow and Clyde, which the HSCP Board then delegates back to the Council and the Health Board with directions for them to deliver health and social care services.

1(f) Report year	
Specify the report year.	
Report Year	**Report Year Comments**
Financial (April to March)	

1(g) Context
Provide a summary of the body’s nature and functions that are relevant to climate change reporting.

The Public Bodies (Joint Working) Act (Scotland) 2014 sets out the arrangements for the integration of health and social care across the country. The Scottish Government-approved Integration Scheme for West Dunbartonshire details the body corporate arrangement by which NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council agreed to formally delegate health and social care services for adults and children to a third body, which is described in the Act as an Integration Joint Board. The Integration Joint Board for West Dunbartonshire is known as the West Dunbartonshire Health & Social Care Partnership Board.

The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership (WD HSCP), which is the joint delivery vehicle for those integrated services delegated to it (except for any NHS acute hospital services, as these are managed directly by the Health Board). These arrangements for integrated service delivery are conducted within an operational service delivery framework established by the Health Board and Council for their respective functions, ensuring both those organisations can continue to discharge their retained governance responsibilities.

At the 17th August 2016 West Dunbartonshire Health & Social Care Partnership Board meeting, members approved the second HSCP Strategic Plan. Our Strategic Plan (2016-2019) sets out our commissioning priorities for the next three years with a clear commitment to the delivery of effective clinical and care governance and Best Value. It has been shaped by our Annual Performance Report for 2015/16; our strategic needs assessment, which illustrates the growing complexity of need and demand within our diverse local communities; our active engagement with stakeholders at locality, community planning and national levels; and our understanding of the broader policy and legislative context.

West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. According to the National Records for Scotland, the 2015 population for West Dunbartonshire is 89,590; a decrease of 0.1 per cent from 89,710 in 2014. The population of West Dunbartonshire accounts for 1.7 per cent of the total population of Scotland. National evidence indicates that the population of West Dunbartonshire is aging to a combination of factors. that the number of births in the area is dropping, the number of people migrating to other council areas is within the 15-44 age group is increasing and the number of deaths registered annually is falling.

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

2(a) How is climate change governed in the body?
Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements.
The accountability and responsibility for climate change governance in relation to the delivery of Council and Health Services lies with West Dunbartonshire Health & Social Care Partnership Board's partner statutory bodies i.e. West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. These partners have governance and decision making structures in place to support sustainability planning and a range of climate change adaptations and improvements. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements. With respect to NHS Greater Glasgow and Clyde: the Health Board has in place a Sustainability, Planning and Implementation Group, chaired by the director of Property Management who is also the Boards Sustainability Champion. With respect to West Dunbartonshire Council: issues relating to climate change are predominantly reported to the Infrastructure Regeneration and Economic Development Committee or the Housing and Communities Committee.

2(b) How is climate change action managed and embedded by the body?
Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body (JPEG, PNG, PDF, DOC)
The accountability and responsibility for the management of decision making for climate change action in relation to Health Board Services (including community health and social care) lies with West Dunbartonshire IJB's partner statutory bodies i.e. West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements. With respect to NHS Greater Glasgow & Clyde: NHS Greater Glasgow and Clyde Sustainability Manager is responsible for sustainability and environmental issues. He provides professional support (including technical and managerial advice) to the Health Board to identify, plan, develop and implement strategies an policies in relation to climate change. He monitors the Health Boards Performance and NHS objectives for sustainable development and environmental management including performance reporting. With respect to West Dunbartonshire Council: the Council's senior leadership team includes the Chief Executive, two Strategic Directors, a Chief Officer (HSCP), and twelve Strategic Leads who collaborate to oversee all of the Council's activities.

2(c) Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?		
Provide a brief summary of objectives if they exist.		
Objective	**Doc Name**	**Doc Link**

West Dunbartonshire Health & Social Care Partnership Board does not have specific climate change mitigation and adaption objectives. However reference is made to the objectives contained in the plans of West Dunbartonshire Council and NHS Greater Glasgow and Clyde.		

2(d) Does the body have a climate change plan or strategy?
If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.
The accountability and responsibility for the management of decision making for climate change action in relation to Health Board Services (including community health and social care) lies with West Dunbartonshire IJB's partner statutory bodies ie West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements. Please see associated documents within these partners reports.

2(e) Does the body have any plans or strategies covering the following areas that include climate change?				
Provide the name of any such document and the timeframe covered.				
Topic area	**Name of document**	**Link**	**Time period covered**	**Comments**
Adaptation	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Business travel	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Staff Travel	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Energy efficiency	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Fleet transport	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Information and communication technology	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Renewable energy	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Sustainable/renewable heat	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.

Waste management	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Water and sewerage	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Land Use	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Other (state topic area covered in comments)	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.

2(f) What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?
Provide a brief summary of the body's areas and activities of focus for the year ahead.
The accountability and responsibility for climate change governance in relation to the delivery of Council and Health Services lies with West Dunbartonshire Health & Social Care Partnership Board's partner statutory bodies i.e. West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. These partners have governance and decision making structures in place to support sustainability planning and a range of climate change adaptations and improvements. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements.

2(g) Has the body used the Climate Change Assessment Tool(a) or equivalent tool to self-assess its capability / performance?
If yes, please provide details of the key findings and resultant action taken.

The accountability and responsibility for climate change governance in relation to the delivery of Council and Health Services lies with West Dunbartonshire Health & Social Care Partnership Board's partner statutory bodies i.e. West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. These partners have governance and decision making structures in place to support sustainability planning and a range of climate change adaptations and improvements. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements.

2(h) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

The accountability and responsibility for climate change governance in relation to the delivery of Council and Health Services lies with West Dunbartonshire Health & Social Care Partnership Board's partner statutory bodies i.e. West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. These partners have governance and decision making structures in place to support sustainability planning and a range of climate change adaptations and improvements. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements.

PART 3: EMISSIONS, TARGETS AND PROJECTS

3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year							
Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint /management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the year which is used as a baseline to the end of the report year, provide an explanation in the comments column. (a) No information is required on the effect of the body on emissions which are not from its estate and operations.							
Reference Year	**Year**	**Scope1**	**Scope2**	**Scope3**	**Total**	**Units**	**Comments**
Baseline carbon footprint	2017/18				0	tCO2e	N/A

3b Breakdown of emission sources									
Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor(a) leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.									
Total	**Comments – reason for difference between Q3a & 3b.**	**Emission source**	**Scope**	**Consumption data**	**Units**	**Emission factor**	**Units**	**Emissions (tCO2e)**	**Comments**
0.0									N/A

3c Generation, consumption and export of renewable energy					
Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.					
	Renewable Electricity		**Renewable Heat**		
Technology	**Total consumed by the organisation (kWh)**	**Total exported (kWh)**	**Total consumed by the organisation (kWh)**	**Total exported (kWh)**	**Comments**

Tidal					N/A

3d Targets										
List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included.										
Name of Target	**Type of Target**	**Target**	**Units**	**Boundary/scope of Target**	**Progress against target**	**Year used as baseline**	**Baseline figure**	**Units of baseline**	**Target completion year**	**Comments**
										N/A

3e Estimated total annual carbon savings from all projects implemented by the body in the report year			
Total	**Emissions Source**	**Total estimated annual carbon savings (tCO2e)**	**Comments**
0.00	Electricity		N/A
	Natural gas		N/A
	Other heating fuels		N/A
	Waste		N/A
	Water and sewerage		N/A
	Business Travel		N/A
	Fleet transport		N/A

	Other (specify in comments)		N/A

3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year											
Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.											
Project name	**Funding source**	**First full year of CO2e savings**	**Are these savings figures estimated or actual?**	**Capital cost (£)**	**Operational cost (£/annum)**	**Project lifetime (years)**	**Primary fuel/emission source saved**	**Estimated carbon savings per year (tCO2e/annum)**	**Estimated costs savings (£/annum)**	**Behaviour Change**	**Comments**
											N/A

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year	
If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.	

Total	Emissions source	Total estimated annual emissions (tCO2e)	Increase or decrease in emissions	Comments
0.00	Estate changes			N/A
	Service provision			N/A
	Staff numbers			N/A
	Other (specify in comments)			N/A

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead			
Total	**Source**	**Saving**	**Comments**

0.00	Electricity		N/A
	Natural gas		N/A
	Other heating fuels		N/A
	Waste		N/A
	Water and sewerage		N/A
	Business Travel		N/A
	Fleet transport		N/A
	Other (specify in comments)		N/A

3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead				
If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and direction.				
Total	**Emissions source**	**Total estimated annual emissions (tCO2e)**	**Increase or decrease in emissions**	**Comments**
0.00	Estate changes			N/A

	Service provision			N/A
	Staff numbers			N/A
	Other (specify in comments)			N/A

3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint	
If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").	
Total	**Comments**
	N/A

3k Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and projects.
Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

PART 4: ADAPTATION

4(a) Has the body assessed current and future climate-related risks?
If yes, provide a reference or link to any such risk assessment(s).
Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

4(b) What arrangements does the body have in place to manage climate-related risks?
Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.
Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information. However, WD Health and Social Care Partnership Board will consider and discuss whether climate change risks/issues should be taken into account in future strategic service planning and development.

4(c) What action has the body taken to adapt to climate change?
Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action.

Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?	
If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1,B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter “N/A” in the ‘Delivery progress made’ column for that objective. (a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled “Climate Ready Scotland: Scottish Climate Change Adaptation Programme” dated May 2014.	

Objective	Objective reference	Theme	Policy / Proposal reference	Delivery progress made	Comments
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment		N/A	Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment		N/A	Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment		N/A	Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks		N/A	Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks		N/A	Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.
Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks		N/A	Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.
Understand the effects of climate change and their impacts on people, homes and communities.	S1	Society		N/A	Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society		N/A	Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.
Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society		N/A	Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

4(e) What arrangements does the body have in place to review current and future climate risks?
Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).
Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

4(f) What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?
Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).
Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

4(g) What are the body's top 5 priorities for the year ahead in relation to climate change adaptation?
Provide a summary of the areas and activities of focus for the year ahead.
Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

4(h) Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to adaptation.

Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

PART 5: PROCUREMENT

5(a) How have procurement policies contributed to compliance with climate change duties?
Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.
The West Dunbartonshire Health and Social Care Partnership Board (IJB) has not and does not as its usual practice procure services directly. Any procurement required by the Health and Social Care Partnership is undertaken through the arrangements and in accordance of the relevant policies of either West Dunbartonshire Council and NHS Greater Glasgow and Clyde (as appropriate). Both these bodies will submit a Public Bodies Climate Change Report that will address this. Please refer to these reports for this information.

5(b) How has procurement activity contributed to compliance with climate change duties?
Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.
The West Dunbartonshire Health and Social Care Partnership Board (IJB) has not and does not as its usual practice procure services directly. Any procurement required by the Health and Social Care Partnership is undertaken through the arrangements and in accordance of the relevant policies of either West Dunbartonshire Council and NHS Greater Glasgow and Clyde (as appropriate). Both these bodies will submit a Public Bodies Climate Change Report that will address this. Please refer to these reports for this information.

5(c) Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.
The West Dunbartonshire Health and Social Care Partnership Board (IJB) has not and does not as its usual practice procure services directly. Any procurement required by the Health and Social Care Partnership is undertaken through the arrangements and in accordance of the relevant policies of either West Dunbartonshire Council and NHS Greater Glasgow and Clyde (as appropriate). Both these bodies will submit a Public Bodies Climate Change Report that will address this. Please refer to these reports for this information.

PART 6: VALIDATION AND DECLARATION

6(a) Internal validation process
Briefly describe the body's internal validation process, if any, of the data or information contained within this report.
The accountability for climate change governance in relation to the delivery of the delegated services remains with West Dunbartonshire Council and NHS Greater Glasgow and Clyde. Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information. However, this report and associated cover paper will be presented to the West Dunbartonshire HSCP Partnership Board in November 2018 for approval prior to submission to Sustainable Scotland Network

6(b) Peer validation process
Briefly describe the body's peer validation process, if any, of the data or information contained within this report.
The accountability for climate change governance in relation to the delivery of the delegated services remains with West Dunbartonshire Council and NHS Greater Glasgow and Clyde. Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information. However, this report has been consulted on with colleagues across other HSCP's prior to submission.

6(c) External validation process
Briefly describe the body's external validation process, if any, of the data or information contained within this report.
The accountability for climate change governance in relation to the delivery of the delegated services remains with West Dunbartonshire Council and NHS Greater Glasgow and Clyde. Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

6(d) No validation process
If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.
Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

6e - Declaration		
I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.		
Name	**Role in the body**	**Date**

RECOMMENDED – WIDER INFLUENCE

Q1 Historic Emissions (Local Authorities only)
Please indicate emission amounts and unit of measurement (e.g. tCO2e) and years. Please provide information on the following components using data from the links provided below. Please use (1) as the default unless targets and actions relate to (2). (1) UK local and regional CO2 emissions: **subset dataset** (emissions within the scope of influence of local authorities): (2) UK local and regional CO2 emissions: **full dataset:**
Select the default target dataset

Table 1a - Subset													
Sector	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**Units**	**Comments**
													N/A

Table 1b - Full													
Sector	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**Units**	**Comments**

Q2a – Targets								
Please detail your wider influence targets								
Sector	**Description**	**Type of Target (units)**	**Baseline value**	**Start year**	**Target saving**	**Target / End Year**	**Saving in latest year measured**	**Latest Year Measured**	**Comments**
									N/A

Q2b) Does the Organisation have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.
The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with West Dunbartonshire Council and NHS Greater Glasgow and Clyde. Please refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

Q3) Policies and Actions to Reduce Emissions

Sector	Start year for policy / action imple - mentation	Year that the policy / action will be fully imple - mented	Annual CO2 saving once fully imple - mented (tCO2)	Latest Year measured	Saving in latest year measured (tCO2)	Status	Metric / indicators for monitoring progress	Delivery Role	During project / policy design and implementation, has ISM or an equivalent behaviour change tool been used?	Please give further details of this behaviour change activity	Value of Investment (£)	Ongoing Costs (£/ year)	Primary Funding Source for Implementation of Policy / Action	Comm
														N/A

Please provide any detail on data sources or limitations relating to the information provided in Table 3
Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

Q4) Partnership Working, Communication and Capacity Building.
Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.

Key Action Type	Description	Action	Organisation's project role	Lead Organisation (if not reporting organisation)	Private Partners	Public Partners	3rd Sector Partners	Outputs

OTHER NOTABLE REPORTABLE ACTIVITY

Q5) Please detail key actions relating to Food and Drink, Biodiversity, Water, Procurement and Resource Use in the table below.				
Key Action Type	**Key Action Description**	**Organisation's Project Role**	**Impacts**	**Comments**
				N/A

Q6) Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template
Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

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 the Civic Space, Council Offices, 16 Church Street, Dumbarton, on Wednesday 20 June 2018 at 2.03 p.m.

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

Attending: Beth Culshaw, Chief Officer of the Health & Social Care Partnership; Julie Slavin, Chief Financial Officer; Serena Barnatt, Head of People and Change; Jackie Irvine*, Head of Children's Health, Care and Criminal Justice Services; Wendy Jack, Interim Head of Strategy, Planning and Health Improvement; Julie Lusk, Head of Mental Health, Addictions and Learning Disability; Colin McDougall, Chief Internal Auditor; Lynne McKnight, Integrated Operations Manager – Care at Home and Nuala Quinn-Ross, Committee Officer.

*Note:- Arrived later in the meeting.

Also Attending: Zahrah Mahmood, Senior Auditor and Marie McFadden, Trainee Auditor, Audit Scotland.

Apologies: Apologies for absence were intimated on behalf of Councillor John Mooney and Audrey Thompson.

Allan MacLeod in the Chair

DECLARATIONS OF INTEREST

Councillor McNair declared an interest in Item 13 - Care Inspectorate Reports for Support Services Operated by the Independent Sector in West Dunbartonshire, being an employee of Key Housing.

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health & Social Care Partnership Board Audit Committee held on 14 March 2018 were submitted and approved as a correct record.

COMMITTEE ACTION LIST

Having heard the Chief Financial Officer in further explanation of the Audit Committee's Action List, the Committee agreed to note the contents of the Action List.

VARIATION IN ORDER OF BUSINESS

After hearing the Chair, Mr MacLeod, the Committee agreed that the business be varied as hereinafter minuted.

LOCAL CODE OF GOOD GOVERNANCE REVIEW

A report was submitted by the Chief Financial Officer advising on the outcome of the annual self-evaluation exercise on the Board's compliance with its Code of Good Governance.

Having heard the Chief Financial Officer in further explanation of the report and in answer to a Members' question, the Committee agreed:-

(1) to note the outcomes of the recent self-evaluation process undertaken and the updated Improvement Action Plan; and

(2) to approve the new improvement actions identified to strengthen compliance with the adopted Governance Framework principles.

Note:- Jackie Irvine arrived during discussion on the above item of business.

INTERNAL AUDIT ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2018

A report was submitted by the Chief Internal Auditor Annual providing an independent opinion on the adequacy and effectiveness of West Dunbartonshire's Health and Social Care Partnership Board's internal control environment that can be used to inform its Governance Statement.

Having heard the Chief Internal Auditor in further explanation of the report and in answer to Members' questions, the Committee agreed to note the contents of the report.

UNAUDITED ANNUAL REPORT AND ACCOUNTS 2017/18

A report was submitted by the Chief Financial Officer providing an overview of the unaudited annual report and accounts for the HSCP Board for the period 1 April 2017 to 31 March 2018 and outlining the legislative requirements.

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 2017/18 unaudited annual report and accounts, subject to audit review;

(2) that Councillors Gail Casey and Jonathan McColl be added to the table of Voting Board Members 2017/18, detailed within the unaudited annual report; and

(3) to note that a recommendation would be submitted to the West Dunbartonshire Health and Social Care Partnership Board at its meeting of 8 August 2018 seeking delegated authority for the West Dunbartonshire Health and Social Care Partnership Board Audit Committee to formally approve the audited accounts at its meeting on 26 September 2018, prior to submission to the Accounts Commission, in line with the approved Terms of Reference.

AUDIT PLAN PROGRESS REPORT

A report was submitted by the Chief Internal Auditor advising on progress made in relation to the Audit Plan for 2017/18 and other action plans.

After discussion and having heard officers 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 and other action plans.

CARE INSPECTORATE REPORT FOR CHILDREN & YOUNG PEOPLE'S SERVICES OPERATED BY WEST DUNBARTONSHIRE HSCP

A report was submitted by the Chief Officer highlighting the recent excellent inspection results which the Throughcare and Aftercare Housing Support Service, had achieved.

After discussion and having heard the Chief Officer and 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:-

(1) to note that there were no requirements or recommendations from this inspection with the service managing to improve its previously 'very good' grades to 'excellent' grades;

(2) that the Committees' appreciation be conveyed to all staff and young people involved in the inspection; and

(3) to note that at the time of the previous validation inspection (March 2016), the inspection process at that time only allowed the service to retain its previous grades of "very good" (fives) but did not allow the opportunity for those grades to be improved on.

CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S RESIDENTIAL CARE SERVICES OPERATED BY WEST DUNBARTONSHIRE HSCP

A report was submitted by the Integrated Operations Manager providing information on the most recent inspection reports for one of the Council's Older People's Residential Care Home Services.

The Integrated Operations Manager – Care at Home was heard in further explanation of the report and in answer to a Members' question. Thereafter the Committee agreed:-

(1) to note the contents of the report; and

(2) to note the work undertaken to ensure grades awarded reflect the quality levels expected.

CARE INSPECTORATE REPORTS FOR HOME CARE AND SHELTERED HOUSING SERVICES PROVIDED BY WEST DUNBARTONSHIRE HSCP

A report was submitted by the Head of Health and Community Care providing information on recent inspection reports for Home Care and Sheltered Housing Services.

The Integrated Operations Manager – Care at Home was heard in further explanation of the report. Thereafter the Committee agreed:-

(1) to note the contents of the report; and

(2) to note the work undertaken to ensure the grades awarded reflect the levels of quality expected.

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

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

After discussion and having heard the Head of Children's Health, Care and Criminal Justice Services and the Interim Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) that officers would monitor the operations of Sunningdale Care Home; and

(2) otherwise to note the contents of the report.

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

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement providing a routine up-date on the most recent Care Inspectorate inspection reports for ten independent sector support services operating within the West Dunbartonshire area.

After discussion and having heard the Interim Head of Strategy, Planning and Health Improvement and the Integrated Operations Manager – Care at Home in further explanation of the report and in answer to Members' questions, the Committee agreed to note the contents of the report.

UPDATE REPORT ON INDEPENDENT SECTOR PROVIDER SENSE

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement providing an update on the Care Inspectorate report for Independent sector provider "Sense Scotland" Graded "Adequate", and outlining the current status and any actions or activities in place to address this grading.

After discussion and having heard Head of Children's Health, Care and Criminal Justice Services and the Interim Head of Strategy, Planning and Health Improvement in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) to note the work being undertaken to support Sense Scotland Supported Living Glasgow 1 & Surrounding Area to make improvements with meeting the assessed needs of the service user and the support and development of their staff; and

(2) that a report be submitted to the next meeting of the Committee providing an update on the progress being made by Sense Scotland.

THE NEW NATIONAL HEALTH AND SOCIAL CARE STANDARDS

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement providing an overview of the new National Health and Social Care Standards implemented by the Scottish Government from 1st April 2018 and to highlight the preparatory work within the HSCP to prepare for the implementation of the new National Health and Social Care Standards.

Having heard the Head of Children's Health, Care and Criminal Justice Services and the Interim Head of Strategy, Planning and Health Improvement Head of Strategy, in further explanation of the report, the Committee agreed:-

(1) to note the preparations made towards the implementation of the new National Health and Social Care Standards; and

(2) that a further report be submitted to the Committee when the final quality framework is published by the Scottish Government.

SELF DIRECTED SERVICES

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement providing an update on progress to refresh Self Directed Services Guidance in terms of preparation for inspection and assurance of care and financial governance.

After discussion and having heard the Chief Officer and the Interim 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 contents of the report; and

(2) that regular updates be provided as to progress on the refreshed Guidance and the assurance that care and financial governance will be in place; and

(3) that once the refresh of the Self Directed Services Guidance was completed, it would be submitted to the next available meeting of either the Board of Committee.

RECORD MANAGEMENT PLAN UPDATE

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

After discussion and having heard the Chief Financial Officer and the Interim 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 contents of the report; and

(2) that a report presenting a further update would be submitted to a future meeting of the Committee, once an invitation had been received from the Keeper of Records requesting the submission of a Records Management Plan.

DUNN STREET UPDATE

A report was submitted by the Head of Mental Health, Addictions and Learning Disability providing a further update of the work being undertaken to support the improvement of Care Inspectorate Grades at Dunn Street Respite Care Unit, Clydebank.

After discussion and having heard the Head of Mental Health, Addictions and Learning Disability in further explanation of the report and in answer to Members' questions, the Committee agreed to note the work being undertaken to support Quarriers make improvements with their clinical and care governance processes and standards of care delivery.

COMMUNITY CONNECTIONS

A report was submitted by the Head of Mental Health, Addictions and Learning Disability advising on the outcomes of the Care Inspectorate unannounced inspection to the Learning Disability Community Connections housing support service on 9 March 2018.

Having heard the Head of Mental Health, Addictions and Learning Disability in further explanation of the report, the Committee agreed to note the outcome of the inspection report, the one outcome recommendation and the improvement in grade in relation of quality of staffing from grade 4 to grade 5.

ORAL HEALTH UPDATE

A report was submitted by the Health Improvement and Inequalities Manager providing an update following previous March Audit Committee on local oral health improvement activities contributing to the ongoing collaborative work between the HSCP, WDC and NHSGGC Oral Health Directorate (OHD).

Having heard the Head of Children's Health, Care & Criminal Justice Services in further explanation of the report and in answer to a Members' question, the Committee agreed:-

(1) to note the work undertaken locally to improve oral health specifically for children; and

(2) to note the continued work with the NHSGGC OHD to make best use of the totality of resources to improve oral health outcomes.

VALEDICTORY

The Chair, Allan Macleod, informed the Committee that this would be the last meeting that Jackie Irvine, Head of Children's Health, Care & Criminal Justice Services would be attending as she would be taking up a new post within Edinburgh City Council. He then invited the Chief Officer to say a few words.

The Chief Officer acknowledged Jackie's contribution to West Dunbartonshire Council, the West Dunbartonshire Health & Social Care Partnership Board - Audit Committee and the Integrated Joint Board. The Chief Officer advised that in addition to her new post, Jackie had just been appointed the President of Social Work Scotland, thereafter she thanked Jackie and wished her well for the future.

The meeting closed at 3.33 p.m.

West Dunbartonshire Health & Social Care Partnership

Meeting: **Senior Management Team**
Clinical & Care Governance Meeting

Date: **Monday 6th August (Moved from Monday 30th July)**

Time: **12 Noon**

Venue: **Boardroom, Hartfield Clinic, Latta Street, Dumbarton**

Draft Minute

Item	Description	Action

1. Welcome and Introductions

Janice Miller (Chair), Lead MSK Physio
Wendy Jack, Interim Head of Strategy, Planning & HI
Jacqui Pender (part of meeting),
Julie Slavin (part of meeting), Chief Financial Officer
Kirsteen MacLellan, Integrated Operations Manager
Patrician Rhodie, Integrated Operations Manager
Wilma Hepburn, Lead Nurse Advisor
Carron O'Byrne, Head of Children's Services, CSWO
Phillip O'Hare, Clinical Risk Co-ordinator
Jo Gibson, Head of Community Health & Care
Kate McLachlan (minute)

Apologies:
Beth Culshaw, Chief Officer
Serena Barnatt, Head of People and Change
Julie Lusk, Head of Mental Health

2. Minutes of Previous Meeting

Minute agreed as accurate record.

3. Matters Arising

Web presence – Wendy met with NHS24 regarding this. NHS24 Operating procedures shared with Jacqui McGinn to take forward.

Board Clinical Governance Forum - Wilma linking with Anne Mitchell regarding ANP's – this will be on-going work

Outstanding Clinical Incident – Patricia advised that all outstanding issues have been dealt with.

4. Presentation – Portal Data Sharing

Jacqui Pender circulated a paper to the group on data sharing.

West Dunbartonshire HSCP went live in 2017 sharing data between Health & Social Care via clinical portal. East Dun and Renfrewshire are also live.
West Dun has agreed to share their assessment.

Currently all staff are unable to see all of the patient's information. NHS staff have different access to social services (council) staff. Jacqui highlighted this to the group as it needs to be progressed by Chief Officers.

Jo advised the group that Geoff Huggins is now manager of e-health. Jo suggested we get in touch with Jeff Huggins to see if West Dun can take this forward to ensure all staff can see available information.

Wilma advised GPs have access to portal.
Helena Renwick is the project lead. Wilma suggested that a group is set up to try to get all areas connected and discussing these issues and to take issues forward. Jo suggested that the group could come under the Unscheduled Care group and this would be the best way forward.

Action: Jo Gibson
Jo to discuss with Beth. Beth is on the unscheduled care group.

Also to discuss linking in with Geoff Huggins.

Concerns were raised by Jacqui regarding staff are who not finishing off client assessments on Carefirst and discussed issues arising from this with the group.
Jacqui suggested adding onto Carefirst "*abandoned for clean-up"* but record can still be referred to. Assessments are being started and not finished. All questions are not being answered on Carefirst for assessments to be closed off. There are also duplicate records being raised. Some records are going back to 2016.

Action: Jacqui P IOM
Jacqui to go through all Integrated Operations Managers for them to raise with staff. 447 awaiting authorisation currently on Carefirst.
Her report will break it down by team and by worker. HoS will be copied into this report.
After that it will be followed up at C&G Governance meeting and to be taken to SMT general meeting to highlight.

Governance Leads Update/Reports/Assurance

5. Report from Adult and Older Peoples Services
Jo provided annual report from her services.
Wendy advised that an updated risk register is to be presented to the Audit Committee in the next few weeks.

.

Action:
Adverse weather. A discussion is to take place with the SMT regarding doing a lessons learned exercise from the recent adverse weather and impact on staff and services. Does Beth know if there has been any lessons learned projects completed?

Action:
Winter Plan – Jo and Wendy to discuss. Jo & Wendy
To be picked up at next SMT.

Ongoing issues in Bo house. When rain comes in residents have to be moved. Maybe need to close Bo House sooner to try to address issues being raised with problems with old building.

Carron discussed the Role of CSWO in relation to involvement with adult care groups. Guidance is not clear. Carron suggest that CSWO should meet with Heads of Service to discuss. Wilma suggested meeting with Carron also in role as CSWO to link in with Nursing.

Action:
Kate to arrange a meeting with HoS and Carron in her role as CSWO to discuss(individually) Kate
Carron to attend Jo's team meeting (Kate to find out date of next team meeting date) Kate

i. Client Accounts

Kirsteen spoke to her report.
Kirsteen is seeking permission to speak to corporate finance in regard to client accounts and staff accessing clients funds e.g. for shopping – there is no onus at the moment for staff to submit receipts for goods purchased with money being taken from client bank accounts.
Wendy suggested we could get transformation money which sits with Stephen West to assist in taking forward resolutions to risks attached to client accounts.
A member of staff has already received a prison sentence for exploitation of a client account. No formal processes/governance has been put in place since this has happened.
Group approved that Kirsteen should go ahead and explore with corporate finance the possibility of getting an on-line system to make this more secure. Wendy keen to explore transformational funds to help with the costs that may be incurred by HSCP.

Action: Short life working group to be set up to discuss solutions to risks attached to client accounts. Membership agreed at this group: Julie Slavin (for first meeting) Cheryl Harvey, Finance; Kirsteen MacLellan, Lynn McKnight, Julie Lusk (to appoint a rep); Jean Cameron or (frank McCollum if Jean unavailable), Children's Services. Kirsteen will lead on this. — Kirsteen

ii. ACT/COPT Admin – for SMT meeting

Safe Care/Risk Management

6. a) Exception Reports
MSK report noted. Adults and Older People's report covered in annual report.

b) Clinical Incidents Report
Noted.

c) Update on outstanding SCI

SCI's have dropped significantly. Phillip would like managers to double check that systems are being updated where necessary in case anything is being missed. (Julie Lusk's service).

Action:
Patricia Rhodie to check this and report back to Philip. — Patricia/HoS

Philip advised that there shouldn't be any deaths still on the system after one week. If it is not a death with an adverse effect then it shouldn't be recorded on Datix.

d) CNORIS Annual Report
Noted.

Reducing Harm From Medicines

7. Medication Issues

No update available.

Clinical Effectiveness/Quality Improvement

8. Care Inspectorate Reports for Independent Providers

For noting.

Person Centred Care

9. Complaints Feedback from Services – paper attached
Paper noted.

Last quarter's complaints report is going to the next Audit Committee. Wendy asked managers to look at the report which is being submitted in regard to when complaints are not upheld when it is due to a staff attitude. Questions may be asked of managers at the Audit Committee about complaints. A detailed list of complaints can be provided to HOS from Laura, so that HOS are aware of outstanding.

Kirsteen discussed consent in regard to answering councillor enquiries. This is still not clear.

Action: Wendy to arrange for Jacqui Pender to circulate a mandate to be issued in all 3rd party correspondence?) — Wendy
Kate to speak to secretaries to ensure that Laura is notified of councillor enquiries at the point they are received to ensure all are logged and fed back to Beth. — Kate

Vulnerable Children and Adults

10. Child Protection/Adult Support and Protection
For noting.

Infection Control

11. Summary of any outbreaks/Update on Environmental Audits/Update on CAAS Inspections
No report.

Clinical Governance Workplan

12. Carron to do a service report for children & families and criminal justice for the next C&G meeting in September.

Items for Clinical Director report:

- Consent to treatment order to be included in our Clinical Director Report.
- Duty of Candour.

13. Scottish Health Awards – paper attached
For noting

14. Scottish Public Service Awards – paper attached
For noting

Date of Next Meeting: 8 October 2018 at 12 noon

West Dunbartonshire Local Engagement Networks

Mental Health & Addictions

Concord Centre Dumbarton 4th October 2018 and

Dalmuir CE Centre Clydebank 5th October 2018

At the Concord Centre the Chair of the Dumbarton/Alexandria Local Engagement Network (LEN) welcomed everyone to the session. Along with service users there was representation from Dumbarton Area Council on Alcohol (DACA), Alternatives, Mental Health Network (Greater Glasgow), West Dunbartonshire Community Care Forum, Mental Health Who Cares and Lomond Patients Group.

The session started with a presentation from Jane Burrows (Addiction Nurse Team Leader) based at the Dumbarton Joint Hospital.

There are four different levels of service delivery, these enable clients to be referred to and access appropriate types of support. We work with partners to provide help and support to people affected by addiction:

Tier 1 – Primary Care e.g. GP & Social Work services, Criminal Justice Services.

Tier 2 – Community Drug & Alcohol Services e.g. Alternatives , DACA, FAST-support.

Tier 3 – Community Addiction Teams – Community Treatment & Support.

Tier 4 – Hospital In Patient & Day Unit Services.

Drug Treatment & Testing Orders (DTTO) is an alternative to custody and referral is made via the Court.

Our aim is to

- Reduce the harm associated with substance misuse, regain and sustain a stable lifestyle and/or achieve and maintain abstinence.
- Improve physical and mental health
- Access education, training and employment services

- Participate in meaningful activities as members of the community
- Improve family and other relationships

Jane went on to speak about how to access Addiction Services, the services they provide and when clients are ready to move on.

Moving on:

Clients who have reached their goals, and are continuing with Opioid Replacement Therapy (ORT) prescribing, can be transferred to their G.P. for ongoing prescribing and support.

There are currently 8 Shared Care Clinics based within GP practices in Dumbarton Health Centre & the Vale Centre for Health & Care. 7 of these clinics are supported by staff from the addiction service and are worked jointly with the GP.

Clydebank has 2 shared care clinics which are supported by the team.

Kate Hamill then gave a presentation on the work of the Future Addiction Services Team (FAST).

- The remit of The FAST Team supports service users to promote & strengthen recovery. The FAST Team includes a Recovery Coordinator (with lived experience) and 6 Volunteer Recovery Volunteers.
- This linked support also offers a pathway to mutual aid and self-help groups out with traditional office hours. Additionally the volunteer team offer a first base contact for community members entering programmes, meeting and greeting and supporting through the early stages of introduction to service provision.

FAST also run two weekly Recovery Cafes in Clydebank and Dumbarton;

- Provides lunch and peer support;
- Delivers programme of activities, including Complimentary Therapies, Beauty Therapies Arts and Crafts;
- Welfare Reform drop in service to support people who have trouble accessing benefits;
- Outdoor activities;

Kate went onto talk about service users meetings, quarterly social evenings and supporting and encouraging recovery related local and national initiatives and events.

Margaret Muir then spoke on the work and services provided by Work Connect.

Partnership working with Addiction Services

- Recovery Café Tea in the Park Dalmuir-Every Wednesday 12-4pm
- Work Connect support delivery and provide employability support on site with dedicated Employment Support Worker who will build positive relationships, providing
- Support & Guidance, Access to Work Experience opportunities across 3 sites-Tea in the Park (TITP), Slipway, New Pavilion Café

Work Experience/Volunteering Opportunities

- Work Connect has over 25 opportunities, providing real work experience/ volunteering opportunities internally and with external partners in Catering, Horticulture, Social Care, local Charities.
- Addiction services have been allocated places within the Slipway Catering Facility where service users with an interest in the catering industry can access hands on experience, building confidence and self esteem, developing communication skills , providing customer service and gaining Food Hygiene certification.

The above presentations were also presented at the Clydebank session with Jacqui McGinley (Harm Reduction/BBV Nurse) talking through the Addiction Services presentation.

Along with service users, DACA, Alternatives and Stepping Stones were in attendance. Observing were two inspectors from the Care Inspectorate.

In both sessions we had discussions with service users asking 3 questions;

1. How do you find accessing services?
2. What are the positives about the services?
3. What could we do better?

- The amount of time it took to get an appointment (*in Addictions our target is within 21 days, we are accountable, sometimes it is unavoidable, if the target is missed the team want to know why).*
- Access to Goldenhill Mental Health Services when I'm still using drugs, my mental health illness led to my addiction, now I can't get treatment for my mental health condition. (*Mental Health Services need you to be abstinent before they can treat your mental health condition).*
- There is a link that some people who have had a lot of trauma in their life go on to have a mental health condition or addiction or both.
- I've had a lot of trauma in my life, I needed help, GP could not help me, I hope things are getting better because I needed help. I was addicted to cocaine there is no substitute, no replacement.

- Before I went to prison I could not talk to my GP, but with getting involved with services I can start communicating.
- Job centres are starting to understand the issues of Mental Health and Addictions
- Referred to Alternatives Safe as Houses saved my life.
- Went to Mental Health, they thought I was after more money
- I've started getting treated with a bit of dignity
- The peer support at Alternatives and welfare rights have helped me
- I've had positive support from all the services I've used as part of my recovery.
- Part of recovery is social and part is medical, the hard part is starting clean.
- We need better communication between the services
- Directory of services needed
- I was ill with a mental health condition, now I have an addiction I can't access Community Mental Health Services
- They separate people for Mental Health then Addiction, the protocol has to change
- (DACA) sometimes our referrals we spend more time on their mental health condition
- I wouldn't talk about my addiction, but with peer support I have overcame my fear
- Access to Welfare Rights has stopped me committing crime
- I was clean for a year and then I relapsed, but I wanted the life I had in that year back. Partnership working between Addiction Services and Alternatives (Safe as Houses) I'm getting my life back.
- FAST group is helping me tremendously
- Once my script wasn't signed, that should not happen

Conclusion:

It was heartening to hear service users talking positively about services they receive. The Addiction Teams will discuss with their teams the points raised by service users.

The inspectors from the Care Inspectorate thanked us for letting them observe the session, they thought it was a fantastic morning, and they also said it was great to hear how all the services statutory and 3rd sector all linked up.

West Dunbartonshire Health & Social Care Partnership

Meeting: **Joint Staff Forum**

Date: **10 October 2018**

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

Venue: **Boardroom, Hartfield Clinic, Latta Street, Dumbarton**

DRAFT MINUTE

Present: David Smith, Unison, WDC
Diana McCrone, Unison, NHSGGC
David Scott, GMB
Richard O'Malley, Unite
Beth Culshaw, Chief Officer, HSCP (Chair)
Serena Barnatt, Head of People & Change
Julie Lusk, Head of Mental Health
Julie Slavin, Chief Financial Officer
Wendy Jack, Interim Head of Strategy, Planning & HI
Carron O'Byrne, Interim CSWO
Mary Angela McKenna, HSCP
Lynne McKnight, HSCP
Mags Simpson, HSCP
Gillian Gall, HSCP

Apologies:

In Attendance: Lorna Fitzpatrick (Minute)

Item	Description	Action
1.	**Welcome & Introductions** The Chair welcomed the group to the meeting and introductions were made.	
2.	**Minute of Meeting held on 11 July 2018** The Minute was accepted as an accurate record of the meeting held on 11th July.	
3.	**Matters Arising** There were no matters arising not covered elsewhere on the agenda. It was agreed that Tommy McWilliams will be added to the Health & Safety Committee distribution list.	SB

4. Items and Minutes from Other Meetings for noting:

a) APF Agendas

The content of the APF agendas was noted.

Moving Forward Presentation

Diana McCrone noted that there is a huge emphasis on reducing the number of hospital beds being used and that people should be treated in their own homes where possible. There are few details of any significant financial transfer.

The first steering group takes place on Friday and the various streams will be discussed then. After that, Beth Culshaw will have a clearer idea about shifting the balance of care and what the expected outcomes are. Beth Culshaw will lead with Jonathan Best on the Planned Care stream and will provide routine updates to the Joint Staff Forum.

Pay Protection

Serena Barnatt updated the group on the technical guidance shared with the APF around pay protection. Acute will take forward meetings first with partnerships following. Work will take place area by area. Serena Barnatt will advise the group once dates for Partnerships are known. SB

eESS Update – Paper Attached

Serena Barnatt advised on the introduction of this workforce management system which is being rolled out nationally for the NHS. This is a system not dissimilar to HR21. Training is being rolled out across partnerships with implementation expected in November 2018.

b) JCF Minute

Taxi Update

There has been a review of taxi usage, particularly within home care. Lynne McKnight updated the group on the work that has been done and there is every effort being made to ensure that shared cars are available. This is challenging due to the high numbers but it is being tackled where possible. At all times services will be aware of achieving Best Value. Both these points were welcomed

by all at the table.

c) HSCP Health & Safety Committee

The Committee next meets in October and Serena Barnatt confirmed that the distribution list will be updated to include Tommy McWilliams.

Reliance is a system related to safety in people's homes and health visitors have a button which sends an alert when activated. Awareness is being raised and this is an ongoing agenda item.

Agile Mobile Working Devices – this joint piece of work with trade unions is about people using hand held or laptops within people's homes using dynamic risk assessments. It was agreed that a presentation will come to the next meeting of the Joint Staff Forum and guidance will be posted on the Intranet. SB

Health & Safety Action plan arose out of the HSCP inspection and this remains a standing item on the H&S agenda.

Statutory & Mandatory Training – there are figures on the HR Report. There is now a requirement to complete a refresher for Fire Safety Training every two years for Council employees. This remains a standing item on H&S agendas.

To reflect the importance of it, Beth Culshaw confirmed that staff wanting to attend external courses or conferences must evidence that they have already completed ALL their statutory and mandatory training, including Fire Safety

This training is made available to all new employees and Fire Safety training is part of the Skills Passport for council employees.

5. Finance

Julie Slavin, Chief Financial Officer, presented some highlights from her most recent report:

- The HSCP will report to IJB in November based on period 5 figures.

- There was a projected overspend of just under £1m at period 3reflecting in particular overspends in childcare, fostering etc. Delays in recruitment to the frailty team and Alternatives to Care will help reduce this projection in year.

- Our older demographic puts significant pressure on our budget and care home budgets are also overspent.

- Pressure in Home Care has reduced in recent months. CM2000 is vital to efficient scheduling.

- Projected overspend has reduced reflecting work undertaken in childcare, and alternatives to care.

- It is anticipated the next report to the IJB will reflect a slightly improved situation for the reasons given earlier.

- Council reviews their budgets earlier than the Health Board. Council set their three year budget last year and this is subject to change depending on Scottish Government settlement.

- £1.6m savings target for 2019/20 which might reduce or increase, depending on the SG settlement.

- Council have fully funded pay awards and there is an expectation this will continue.

- Full year savings impact of 18/19 approved savings also needs to be factored in.

- This equates to just under £500k in social care and £148k in Health Care.

- Social Care – for 2019/20 budget approx. £3.5m additional cost pressure – includes Living Wage, Carers Act, Personal Care for under 65s.

- Heads of Service have been issued with their figures and a target of up to 5% for savings.

- It is important to have as many options as possible available. The Board would like to see options over and above targets.

- Financial settlements over the next three years will be challenging. Therefore it is important that we consider savings over a longer period.

HEALTH

- SG has not yet confirmed that the 9% pay award (over three years) will be fully funded over the next three years.

- We are assuming a 1.5% uplift.
- Pay award for next year will cost £0.75m.
- GP Prescribing is no longer risk-shared with the Board.
- Brexit. Difficult to estimate the impact on budgets and demand.

There was discussion around pressures within care homes and home care. If the planned frailty model works as we hope, this will affect those pressures. So some of the redesign work is designed to reduce pressures.

The intention now is to go to public consultation and present initial savings options at Audit Committee in December.

New Care Home. There are two big capital spends – Clydebank Care Home and Clydebank Health & Care Centre. The Care Home will not now open until May 2020. There are some pressures within existing care homes and for them to function effectively for another 18 months is a challenge, given some estate issues. Staffside will be involved in any review. There are three care homes and there are big pieces of equipment which may or may not last and there is also the risk of flooding in one of the homes.

Senior managers are thinking all this through in relation to the completion of the new care home.

Sales of Dumbarton homes are already factored into the Council's capital plan.

Julie Lusk will get an update on what is planned for the new Oaks Care Home. JL

WD has huge and unpredictable challenges and the partnership is working very hard to work in an innovative manner to address these.

There was a suggestion that front line staff are not listened to and the Chair recommended that this should be moved up the line whenever this occurs. It was agreed that all people should be heard.

Consultation re savings – the information that goes out should be set out in a clear fashion to enable people to understand fully the detail of the proposals.

It was confirmed that alongside the online consultation, focus groups would also be available for people.

There is no requirement to consult on Health Savings but the partnership did so last year and will do so again. This was recognised as good practice by Audit Scotland.

6. Service Updates:

a) **Children Services and Criminal Justice**

- School Nursing Review Update

  The review has not yet concluded and has been fed back to HSCPs. A job description for the new band 6 school nurse is being worked on and band 5 and band 3 job descriptions will flow from that. The current workforce is being reviewed. SG announced that they are going to recruit a further 250 school nurses but there is not much detail available yet. There are difficulties around recruitment of school nurses and this is being reviewed locally.

- Vaccination Programme and School Immunisation Delivery Update

  Two community clinics have been rolled out and are going well. Staff nurses are all involved in the rotas and have been taken out of HV duties for the first six weeks of implementation. Will now roll out to the Vale Centre for Health in January.

  Staff moves are underway and a draft HR implementation plan is in place along with the development of new job descriptions.

  Staff nurses in HV teams will receive a letter by next week to inform them of the workforce change project and that will outline the opportunity for a one to one with their manager and HR.

  People are given the option to sign up to the new job description or will be reviewed under redeployment rules.

b) **Health & Community Care**

- Frailty and Complex Needs Team

  Mary Angela McKenna updated the group on the proposed Frailty and Complex Needs Team

development. Funding is available for a Frailty Team to address the increase in frailty and to allow older people to live at home for as long as possible. Work has taken place over the last two years to define frailty and to establish what interventions should follow. That definition is now clear and is shared widely.

It has been noted that there are younger people with complex needs, and frailty does not apply just to older people.

A decision has been taken to establish this new team which should provide good outcomes and present value for money. It will dovetail with existing referral pathways and discharge arrangements.

The presentation detailing the plans for the team is appended to this Minute. This describes the composition of the proposed team and the skills that would be available. This would be extended to a seven day service from 8.00am until 8.00pm in the evening on weekdays and from 8.00am to 4.00pm at weekends.

Hospitals will be able to refer into the team.

Outcome measures will be managed within the team.

Meetings have been taking place with staff with input from staffside colleagues and HR. The proposal has been shared and work is continuing.

Workshops are planned for October to engage with all the various groups affected by the proposal.

There are several streams of work in process re location, recruitment, links with other agencies etc.

The next stage is to provide updated information to staff and establish a list of FAQs for reference.

A budget of £750,000 recurrent has been set aside from the money provided to shift the balance of care.

West Dunbartonshire is the first area in the board area to take this forward.

Four members of staff are affected. There are still other discussions as to whether another two will be considered. There is no impact on Council Staff and Serena Barnatt confirmed that the proposals had been discussed with convenors and discussions are ongoing

with NHS staff affected by the change.

This ties in with the “Frailty at the Front Door” work being done within hospital settings where there is also a frailty practitioner.

The proposals were welcomed and it was acknowledged that it was encouraging to see a move forward in this new way of working.

This will be kept as a live item on this agenda to provide regular updates. JG

- Ethical Care Charter

This item was deferred to the next meeting LMcK

c) **Mental Health, Learning Disability and Addictions**

- Mental Health Strategy Update (Action 15)

Julie Lusk updated the group on the Action 15 monies. Total posts for WD are up to 14.8 posts and this will include purchasing NHSGGC wide services. Feedback from Scottish Government is awaited.

Next stage is to set up a working group to look at how we recruit into posts in WD.

For the remainder of this year, the funding will enable us to recruit one Band 6 for this year to support and work with the Community Link Workers within local GP practices. Other support will be bought in from NHSGGC.

This is still at a very early stage and the job profile will be reviewed shortly.

This is a five year process and Julie Lusk welcomed staffside involvement.

The JSF will be updated regularly.

- Mental Health Administration Review

Julie Lusk provided an update. The first phase has been implemented and there are still one or two issues. Implementation of the next stage is under review and staffside are involved in the working groups.

Julie Lusk provided a brief update on the background to the review. This is an NHS only review as Local

Authority staff were not within scope.

d) **Strategy, Planning & Health Improvement**

- Smoking Cessation Review

  The review has been enacted again and WD is actively participating in this process. Updates will continue to be provided to the JSF.

- Management Arrangements - Care Contract Team.

  Wendy Jack confirmed making some changes to care contract team. There is a temporary Grade 8 post in the service and the proposal is to delete that and have the team reporting to another Grade 8 post.

7. Standing Items:

a) HSCP Board Meeting

The reports going to the next meeting were discussed and staff were reminded that this is a public meeting and colleagues are welcome to attend.

b) HR Report – attached

Gillian Gall presented the paper which provides details of absence rates for the month of August 2018. Both NHS and WDC show an increase.

Michelle McAloon provided updated figures for the Council.

There was a discussion around the causes and the social demographic issues which will impact on our staff.

Wendy Jack agreed to share the Burden of Disease paper from the Strategic Planning Group. WJ

There was a discussion around the many and varied reasons for people not being at their work and the work being done to address some of those issues.

Julie Lusk updated on the rollout of the Head Torch work which will help to support colleagues with an underlying mental health or stress issue.

There was a discussion around the use of triggers within the Council. Discretion is available to managers and this is an

issue that is being raised through the appropriate forum.

Statutory and Mandatory Performance figures were covered and Gillian highlighted the Security and Threat numbers which should be reviewed within teams (NHS).

c) iMatter Update – verbal update — HoS

Engagement is ongoing and compliance is increasing on a week to week basis.

Serena reported on the fact that paper copies led to reduced compliance and this was discussed at the Staff Governance Committee. Home Care is leading on a piece of work with the Board and national team to explore possible ways forward.

8. Development Day — **DMcC PO'N**

Carry Forward to NEXT AGENDA

9. Staff Governance & Monitoring Framework

Paper copies were tabled and Gillian Gall requested that comments are made back to her by the end of October.

Agreed framework could be agreed subject to final comment. GG will circulate final draft once comments are received. — **GG**

Gillian Gall described the content of the report and the background to it.

10. AOCB

11. Date of Next Meeting

Proposed dates for 2019

23 January 10.00am
10 April 1.00pm
10 July 1.00pm
16 October 10.00am

With staffside pre-meetings half an hour before main meeting

Staffside to confirm to Lorna by the end of October that these dates do not clash with branch meetings.