Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board Audit Committee

Date: Wednesday, 12 December 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 Audit Committee** as detailed above.

The business is shown on the attached agenda.

Yours faithfully

JULIE SLAVIN

Chief Financial Officer of the
Health & Social Care Partnership

Distribution:-

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

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

Date of issue: 30 November 2018

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

AUDIT COMMITTEE

WEDNESDAY, 12 DECEMBER 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 – 13**

Submit for approval as a correct record, the Minutes of Meeting of the Health & Social Care Partnership Board Audit Committee held on 26 September 2018.

4 AUDIT PLAN PROGRESS REPORT **15 – 40**

Submit report by the Chief Internal Auditor providing an update on:-

(a) the planned programme of audit work for the year 2018/19, and any remaining actions from the previous year, in terms of the internal audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde that may have an impact upon the West Dunbartonshire Health & Social Care Partnership Board;

(b) the agreed actions from the audit of the Partnership Board's Governance, Performance and Financial Management Arrangements; and

(c) the agreed actions arising from the Annual Report to the Integration Joint Board and the Controller of Audit for the financial years ended 31 March 2017 and 31 March 2018 from the External Auditors.

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5 AUDIT SCOTLAND: HEALTH AND SOCIAL CARE INTEGRATION – UPDATE ON PROGRESS REPORT **41 – 92**

Submit report by the Chief Financial Officer presenting Audit Scotland's second report, from a planned series of three national performance audits on health and social care integration following the enactment of the Public Bodies (Joint Working) (Scotland) Act 2014.

6 BUDGET SETTING AND CONSULTATION TIMELINE **93 – 96**

Submit report by the Chief Financial Officer providing a proposed timeline for presenting the 2019/20 budget estimates and opening a public consultation on potential savings options to close any budget gap.

7 CARE INSPECTORATE REPORT FOR CHILDREN & YOUNG PEOPLE'S SERVICES OPERATED BY WEST DUNBARTONSHIRE HSCP (BLAIRVADACH RESIDENTIAL HOME) **97 – 106**

Submit report by the Chief Officer providing information on the most recent inspection report for Blairvadach Residential Home which took place on 24 July 2018.

8 CARE INSPECTORATE INSPECTION PROCESS FOR OLDER PEOPLE'S CARE HOMES OPERATED BY INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE **107 – 110**

Submit report the Interim Head of Strategy, Planning and Health Improvement providing an update on the recent changes to how the Care Inspectorate will undertake inspections of all older people's Care Homes located within West Dunbartonshire.

9 CARE INSPECTORATE REPORTS FOR SUPPORT SERVICES OPERATED BY THE INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE **111 – 113**

Submit report by the Interim Head of Strategy, Planning and Health Improvement providing an update on the most recent Care Inspectorate inspection reports for one of the independent sector support services operating within the West Dunbartonshire area.

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10 CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S CARE HOME AND DAY CARE SERVICES OPERATED BY WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP **115 – 123**

Submit report by the Head of Health and Community Care providing information regarding the most recent inspection reports for two of the Council's Older People's Care Home Services and an update of work undertaken to address the requirement detailed in the Care Inspectorate report for Mount Pleasant House.

11 UPDATE ON THE PROGRESS MADE AT SUNNINGDALE **125 – 128**

Submit report by the Interim Head of Strategy, Planning and Health Improvement providing an update on the progress being made by Sunningdale Care Home after their Care Inspectorate report.

12 UPDATE ON THE PROGRESS MADE AT CLYDE COURT CARE HOME **129 – 131**

Submit report by the Interim Head of Strategy, Planning and Health Improvement providing an update on work undertaken by Clyde Court Care Home to address the reduction in grade and requirement detailed in their Care Inspectorate report.

13 UPDATE ON THE PROGRESS MADE AT CAREWATCH **133 – 135**

Submit report by the Interim Head of Strategy, Planning and Health Improvement providing an update on the progress being made by Carewatch (Inverclyde, Ayrshire, Dunbartonshire and Argyll & Bute) after their March 2018 Care Inspectorate report.

14 SENSE SCOTLAND SUPPORTED LIVING UPDATE **137 – 139**

Submit report by the Interim Head of Strategy, Planning and Health Improvement providing an update on work undertaken to address the requirement detailed in the February 2018 Care Inspectorate report for Sense Scotland Supported Living Glasgow 1 & Surrounding Area.

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 Council Chambers, Clydebank Town Hall, Dumbarton Road, Clydebank, on Wednesday 26 September 2018 at 2.00 p.m.

Present: Bailie Denis Agnew, Allan MacLeod, Councillor Marie McNair, Councillor John Mooney, Rona Sweeney* and Audrey Thomson.

*Note:- Arrived later in the meeting.

Attending: Julie Slavin, Chief Financial Officer; 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; Jo Gibson, Head of Health & Community Care and Nuala Quinn-Ross, Committee Officer.

Also Attending: Carol Hislop, Senior Audit Manager and Zahrah Mahmood, Senior Auditor, Audit Scotland.

Apologies: Apologies for absence were intimated on behalf of Beth Culshaw, Chief Officer; Serena Barnatt, Head of People and Change and Carron O'Byrne, Interim Chief Social Work Officer.

Councillor Marie McNair in the Chair

CHAIR'S REMARKS

Councillor McNair, newly appointed Chair, welcomed all those present to the meeting and thanked Mr Allan MacLeod, former Chair, for his contribution to the Audit Committee. She acknowledged Mr MacLeod's continued commitment to the Audit Committee and the Joint Board.

DECLARATIONS OF INTEREST

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health and Social Care Partnership Board Audit Committee held on 20 June 2018 were submitted and approved as a correct record.

Following discussion it was agreed that a report be submitted to the next meeting of the Committee providing an update on the progress being made by Sunningdale Care Home.

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.

CHAIR'S REMARKS

The Chair, Councillor McNair, advised that a recess would be required following the agreement of the Annual Accounts to allow for the Annual Accounts to be signed for completion and submitted to Audit Scotland.

AUDITED ANNUAL ACCOUNTS 2017/18

A report was submitted by the Chief Financial Officer presenting the audited Annual Accounts for the year ended 31 March 2018 as delegated by the HSCP Board on 8 August 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 Committee agreed to approve the audited Annual Accounts for the period 1 April 2017 to 31 March 2018.

Note:- Rona Sweeney arrived during discussion on the above item of business.

AUDIT SCOTLAND: WEST DUNBARTONSHIRE INTEGRATED JOINT BOARD - DRAFT ANNUAL AUDIT REPORT 2017/18

A report was submitted by the Chief Financial Officer presenting the Annual Report and Auditor's letter, for the audit of the financial year 2017/18, as prepared by the Health and Social Care Partnership Board's external auditors, Audit Scotland.

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

(1) to note contents of the Annual Report to the Integrated Joint Board and the Controller of Audit for the financial year ended 31 March 2018;

(2) to note the achievement of an unqualified audit opinion; and

(3) to note the issues raised, recommendations and agreed management actions detailed within the Appendices to the report, relating to the audited Annual Accounts.

ADJOURNMENT

Having heard the Chair, Councillor McNair, the Committee agreed to a short adjournment to allow the Annual Accounts to be signed.

The meeting resumed at 2.40 p.m. with all those Members noted in the sederunt being present.

AUDIT PLAN PROGRESS REPORT

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

(1) the planned programme of audit work for the year 2018/19, and any remaining actions from the previous year, in terms of the internal audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde that may have an impact upon the West Dunbartonshire Health & Social Care Partnership Board;

(2) the agreed actions from the audit of the Partnership Board's Governance, Performance and Financial Management Arrangements; and

(3) the agreed actions arising from the Annual Report to the IJB and the Controller of Audit for the financial year ended 31 March 2017 from the External Auditors.

After discussion and having heard the Chief Internal Auditor and the Chief Financial Officer 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 2018/19 and in progressing other action plans.

STRATEGIC RISK REGISTER

A report was submitted by Interim Head of Strategy, Planning & Health Improvement seeking approval of the updated Strategic Risk Register, as detailed within Appendix 1 to the report.

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

(1) that a report be submitted to the next meeting of the Joint Board providing details of how the Health and Social Care Partnership are preparing for Brexit;

(2) that a Members' Workshop be arranged to review the strategic risks; and

(3) following the Members' Workshop, a report be submitted to the Joint Board providing more details of the strategic risks and the positive impact of mitigating actions.

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

A report was submitted by the Head of Health & Community Care providing information regarding the most recent inspection reports for two of the Council's Older People's Residential Care Home Services and one Day Care Service.

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

(1) to note the contents of the report and the work undertaken to ensure grades awarded reflect the quality levels expected; and

(2) that a report be submitted to the next meeting of the Committee providing an update on the progress being made by Mount Pleasant House.

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 an up-date on the most recent Care Inspectorate inspection report for three independent sector residential older peoples' Care Homes located within West Dunbartonshire.

After discussion and having heard the Head of Health & Community Care 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 be submitted to the next meeting of the Committee providing an update on the progress being made by Clyde Court Care Home.

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 an up-date on the most recent Care Inspectorate inspection reports for five independent sector support services operating within the West Dunbartonshire area.

After discussion and having heard the Interim Head of Strategy, Planning & Health Improvement and the Head of Health & Community Care 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 be submitted to the next meeting of the Committee providing an update on the progress being made by Carewatch.

MENTAL HEALTH IMPLEMENTATION PLAN 2018-19

A report was submitted by the Head of Mental Health, Addictions and Learning Disability seeking approval of 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.

With the agreement of the Committee, the Action 15 Mental Health – West Dunbartonshire Health and Social Care Partnership – Proposed Funding Plan was distributed to those present, and is attached herewith as Appendix 1 to this minute.

After discussion and having heard officers in further explanation of the report and in answer to Members' questions, the Committee agreed to the draft Mental Health Implementation plan for the period 2018 – 2019 and in particular the details of how the HSCP intend to deliver on the commitment to Action 15 through increasing the mental health workforce across services and in conjunction with partner agencies.

UPDATE ON INSPECTION OF SENSE SCOTLAND

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement providing an update of work undertaken to address the requirement detailed in the Care Inspectorate report for Sense Scotland Supported Living Glasgow 1 & Surrounding Area.

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 Committee agreed:-

(1) to note the work 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 information on all services provided by Sense Scotland.

RECORDS MANAGEMENT PLAN UPDATE

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement presenting an update on the Partnership Board's requirement to prepare a Records Management Plan.

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

(1) to note the contents of report; and

(2) that a report be submitted to a future meeting providing details on the development and submission of a Records Management Plan.

FULL BUSINESS CASE FOR CLYDEBANK HEALTH AND CARE CENTRE

A report was submitted by the Head of Health & Community Care seeking approval for submission of the Full Business Case for the new Clydebank Health and Care Centre to the Finance and Planning, NHSGGC Board and Scottish Government Capital Investment Group.

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

(1) to approve the Full Business Cases for the Clydebank scheme for submission to the Finance and Planning Committee on 2nd October 2018 and NHS Board Meeting on 16th October 2018 and finally the Scottish Government Capital Investment Group 13th November 2018;

(2) to note that the preferred option is a new build integrated health and care facility as this has been assessed as value for money, affordable and achievable; and

(3) to note that this scheme is bundled together with Greenock and with the Mental Health 2 Ward scheme for procurement through the Hub West Design, Build, Finance and Maintain route.

The meeting closed at 4:26 p.m.

APPENDIX 1

Action 15 Mental Health - West Dunbartonshire Health and Social Care Partnership - Proposed Funding Plan

Action 15 Mental Health GG & C Wide Proposals

Project Proposals	WTE	Funding	Who	Start Date	2018/19 £000's	2019/20 £000's	2020/21 £000's	2021/22 £000's	2022/23 Indicative £000's
New Commitments									
Prevention and Early Intervention									
Computerised CBT Service	4	Recurring	GGC Wide	01/04/2019	0	38	93	111	115
Collection Prevention Programme	8					0	0		
- Mental Health and Suicide Prevention Training		Recurring	GGC Wide	01/01/2019	22	62	79	94	97
- Digital Support		Recurring	GGC Wide	01/01/2019	30	22	27	33	34
- Perinatal		Recurring	GGC Wide	01/04/2020	0	105	133	159	164
Bipolar Hub	4	Recurring	GGC Wide	01/04/2019	0	46	95	221	228
Dementia - Young Onset Dementia	2	Recurring	GGC Wide	01/01/2019	15	35	44	53	55
Productivity									
Unscheduled Care									
- Adult Liaison services to Acute Hospitals	6.5	Recurring	GGC Wide	01/01/2019	84	235	487	583	600
- Out of Hours CPNs	6	Recurring	GGC Wide	01/04/2019	0	158	258	309	318
Police Custody	4	Recurring	GGC Wide	01/04/2019	0	119	151	180	186
Borderline Personality Disorder	14	Recurring	GGC Wide	01/01/2019	363	344	435	521	537
Project Management Support	3	Recurring	GGC Wide	01/01/2019	29	85	108	129	133
Recovery									
Recovery Peer support workers	18	Recurring	GGC Wide	01/01/2019	109	286	326	525	541
Psychological Interventions in Prisons	11	Recurring	GGC Wide	01/01/2019	131	377	477	571	589
Sub Total	**80.5**				**782**	**1,910**	**2,712**	**3,490**	**3,595**

West Dunbartonshire - contribution to GGC wide projects based on NRAC share

		NRAC %			2018/19 £000's	2019/20 £000's	2020/21 £000's	2021/22 £000's	2022/23 £000's
West Dunbartonshire	6.6	8.19%			64	156	222	286	294

West Dunbartonshire - local projects

ACES relationship development in childhood	1.0			01/12/2018	6	17	18	18	19
Physical Wellbeing of people with MH problems	1.0			01/01/2019	12	48	49	51	52
Development of a Recovery Oriented System of Care	0.0	phased		01/12/2018	0	0	0	0	0
Improve Pathways between Primary Care GP's & MH Network	5.0	phased		01/12/2018	28	125	178	224	231
Total of West Dunbartonshire Local Proposals	**7.0**				**45**	**190**	**245**	**293**	**302**
Total WDHSCP GGC wide proposals + local proposals	**13.6**				**109**	**346**	**467**	**579**	**596**
Action 15 Grant Allocation from Scottish Government	**14.60**	**target wte**			**201**	**311**	**439**	**585**	***585***
Affordability of all programmes (+ Yes) & (- No)					**92**	**-35**	**-28**	**6**	**-11**
					CUMULATIVE AFFORDABILITY				**24**

Notes

1. Inflation increase of 3% has been applied as a planning assumption at this stage to future years for pay, contractual etc

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

AUDIT COMMITTEE: 12 DECEMBER 2018

Subject: Audit Plan Progress Report

1. Purpose

1.1 The purpose of this report is to provide an update to members on:

- The planned programme of audit work for the year 2018/19, and any remaining actions from the previous year, in terms of the internal audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde that may have an impact upon the West Dunbartonshire Health & Social Care Partnership Board;
- The agreed actions from the audit of the Partnership Board's Governance, Performance and Financial Management Arrangements; and
- The agreed actions arising from the Annual Report to the IJB and the Controller of Audit for the financial years ended 31 March 2017 and 31 March 2018 from the External Auditors.

2. Recommendations

2.1 It is recommended that the Audit Committee note the progress made in relation to the Audit Plan for 2018/19 and in progressing other action plans.

3. Background

3.1 This report provides a summary to the Partnership Board of recent Internal Audit activity, within the 2018/19 Audit Plan at the Council and the Health Board which may have an impact upon the delivery of the strategic plan.

3.2 This report details progress in addressing actions arising from a recent audit of the Partnership Board's Governance, Performance and Financial Management Arrangements and also the External Auditors Annual Report for both 2016/17 and 2017/18.

4. Main Issues

Progress on Audit Plan 2018/19 (and previous years)

West Dunbartonshire Council

4.1 Since 1st April 2018, the following Internal Audit reports have been issued to the Council, which are relevant to the Partnership Board:

Audit Title	Number and Priority of Recommendations		
	High	Medium	Low
Social Care Services reports:			
Employment Support (Social Work initiative for vulnerable people) (from 2017/18 Audit Plan)	1	5	3
Scottish Social Services Council Registration (from 2016/17 Audit Plan)	0	1	1
Use of Care First Functionality for Financial Management (from 2017/18 Audit Plan)	0	7	0
Corporate Reports			
2017/18 Audit Plan:			
Payroll – Overtime	0	2	0
ICT Procurement Controls	0	0	1
ICT Remote Access Controls	0	1	1
ICT Service Desk Controls	0	0	1
Data and Information Security – Governance and Practice	0	5	4
2018/19 Audit Plan:			
WeBuy	0	0	4
Main Accounting	0	0	1
Total	**1**	**21**	**16**

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

Category	Expected implementation timescale
High Risk: Material observations requiring immediate action. These require to be added to the department's risk register	Generally, implementation of recommendations should start immediately and be fully completed within three months of action plan being

	agreed
Medium risk: Significant observations requiring reasonably urgent action.	Generally, complete implementation of recommendations within six months of action plan being agreed
Low risk: Minor observations which require action to improve the efficiency, effectiveness and economy of operations or which otherwise require to be brought to the attention of senior management.	Generally, complete implementation of recommendations within twelve months of action plan being agreed

4.3 For Social Care audit assignments outstanding actions from one previously issued audit report are included at Appendix 1.

4.4 In addition, Appendix 1 also contains information on actions arising from audits carried out within the WDC audit plan which have a potential impact on the HSCP as follows:

Recently completed audit (all actions):
- WeBuy
- Main Accounting

Previously completed audits (outstanding actions):
- ICT Disaster Recovery/Business Continuity Controls;
- Purchasing Card Audit;
- Payroll – Overtime;
- ICT Remote Access Controls; and
- Data and Information Security – Governance and Practice.

4.5 Internal Audit will undertake follow up work to confirm the implementation of the recommendations.

NHS Greater Glasgow and Clyde

4.6 For the 2018/19 Internal Audit Plan, the recently appointed internal auditors, Scott Moncrieff have to date issued one audit report on Property Transactions Monitoring. This report concluded that all transactions were found to have been properly conducted.

Follow up work

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

WD Health & Social Care Partnership Board

4.8 In addition to the reviews referred to above, an audit has been carried out in March 2017 on the West Dunbartonshire Governance, Performance and Financial Management arrangements of the Health & Social Care Partnership Board. The report and agreed actions were presented to the HSCP Board at its special meeting on 22 March 2017. Progress on the agreed actions from this report is provided in Appendix 2.

External Auditors Annual Report 2016/17

4.9 Progress on actions arising External Auditors Annual Report for 2016/17 and 2017/18 is also included within Appendix 2.

5. People Implications

5.1 There are no personnel issues with this report.

6. Financial Implications

6.1 There are no financial implications with this report.

7. Risk Analysis

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

8. Equalities Impact Assessment (EIA)

8.1 There are no issues.

9. Environmental Impact Assessment

9.1 There are no issues.

10. Consultation

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

11. Strategic Assessment

11.1 The establishment of a robust audit plan will assist in assessing whether the Partnership Board and Officers have established proper governance and

control arrangements which contribute to the achievement of the strategic priorities of the HSCP Strategic Plan.

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

Date: **27 November 2018**

Person to Contact: Colin McDougall, Audit and Risk Manager
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Appendices: Appendix 1: Internal Audit Reports – WDC Internal Audit Team

Appendix 2: WDHSCP - Internal Audit Reports / External Audit Reports

Background Papers: None

Appendix 1
Internal Audit Reports WDC Internal Audit Team

Generated on: 27 November 2018

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

Social Care Services Reports

Project 134. Use of Care First Functionality for Financial Management (Report Issued May 2018)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
T&PSR/IAAP/624	1. System Functionality A review should be undertaken to determine if the personal budgeting screen could be utilised by other client teams and if it can't whether from a cost benefit analysis it is worth maintaining the functionality. In addition an analysis should be done by the teams on what information they	The Self Directed Support (SDS) policy is currently under review, in preparation for potential inspection. Terms of review maybe extended to consider the appropriateness of using CareFirst to assess client packages.		60%	31-Mar-2019	31-Mar-2019	Wendy Jack	As the rollout of SDS increases we will be identifying staff/teams to carry out testing of the screen to see if it is fit for purpose. An analysis of cost benefits will be carried out thereafter.

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
	currently use and need and whether the use of business objects could assist with this. (Medium Risk)							
T&PSR/IAAP/627	4. Upgrade to Civica Thought should be given to upgrading Civica to enable edits to be made to documents in the system. Alternatively thought should be given to how to improve the calculations produced by Care First to completely avoid the duplication of files. (Medium Risk)	Consideration will be given to upgrade, in the climate of competing budget priorities. Civica is used throughout the council. Consideration will be given again to check if other services out-with the HSCP are now in a position where they would find the package useful. An assessment will be carried out to assess use of staff time, to determine if this would be cost effective to purchase.		80%	31-Dec-2018	31-Dec-2018	Jacqueline Pender	Roll out of Civica continuing within HSCP. Feedback from training sessions has identified areas for development however these can be covered by the existing functionality.

Corporate Reports

Project 141. WeBuy (Report Issued November 2018)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
T&PSR/IAAP/664	1.Closing Old Outstanding Orders There is a need for a more pro-active process for ensuring We/Buy mismatches are cleared as soon as possible. The We/Buy admin team	A new process is now in place. Each week an e/mail will be forwarded to requisitioners advising them of their We/Buy mismatches. As part of this new process we are also		100%	31-Dec-2018	31-Dec-2018	Ann Duncan; Derek McLean	A new process is in place where the individual requisitioners are directly reminded weekly to complete the outstanding mismatch. The process also escalated mismatched that have not been

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
	should review the mismatch reports to identify mismatches that are not been cleared promptly. They should contact individual requisitioners of such mismatches identified and re-emphasise the need to action the mismatches. (Low Risk)	e/mailing users weekly regarding outstanding receipts and invoices.						rectified after 4 weeks of reminding, any post 4 month old will be escalated to finance so that VAT reclaim isn't lost after 6 months.
T&PSR/IAAP/665	2.WeBuy User Training Procurement should canvas all current and potential users of the We/Buy system to establish if there is a need for training in the use of the system. (Low Risk)	In progress and looking at options available and what training is required. It may be a more overall purchase to pay overview, rather than the use of the Pecos.		0%	31-Dec-2018	31-Dec-2018	Ann Duncan; Derek McLean	A survey of users of users is being developed to understand their knowledge of Webuy purpose and functions. This will cover requisitioner and approver tasks to build an understanding of targeted training. The survey will also determine knowledge of the overall P2P process.
T&PSR/IAAP/666	3.Training Register The training register should be reinstated and provide details of all We/Buy training provided. The register should show the following: • Date Course Provided; • Name of person(s); providing the course • Description of Course; and • Details of Participants.	Register now created and staff advised to update this when training users on We/Buy.		100%	31-Dec-2018	31-Dec-2018	Ann Duncan; Derek McLean	The training register has been created and is populated with recent training carried out

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
	(Low Risk)							
T&PSR/IAAP/667	4.Personal Information on Deactivated Suppliers The We/Buy administration team should review all deactivated suppliers in order to identify individual personal information retained on file. All such personal information should be removed. (Low Risk)	The Procurement Development team will include a check information held for of deactivated suppliers as part of their six monthly review of the We/Buy System		0%	31-Dec-2018	31-Dec-2018	Ann Duncan; Derek McLean	The next scheduled completion of this task is the end of November / start December and will be completed as planned.

Project 142. Main Accounting (Report Issued: November 2018)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
T&PSR/IAAP/683	1. Scheduled Review of Chart of Accounts An annual review of all accounts should be carried out to identify accounts that have had no transactions in the previous 12 months. The system user who set up or other persons responsible for an account with no transactions in the previous 12 months should be contracted to confirm the status of the account. Any accounts identified as no longer required should be deactivated. (Low Risk)	A one off major review of account codes and cost centres will be undertaken in 2018/19, with a similar review every three years thereafter.		0%	31-Mar-2019	31-Mar-2019	Adrian Gray	There are 2 milestones and the action is on target to be completed by the due date.

Project 120. ICT Disaster Recovery/Business Continuity Controls (Report Issued August 2017)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
CS/IAAP/520	2. DR Plans for the main telephony delivery systems have yet to be implemented/tested Management must set in place plans and timescales to effectively test DR arrangements for the main telephony systems. (Medium Risk)	ICT will develop the implementation plan for this test by the end of October		33%	31-Oct-2017	31-Dec-2018	Brian Miller	23/11/2018 - 1 milestone of 3 completed. Routing date delayed due to underlying network issue found as part of change control process. Resolution work scheduled to take place 8th/9th December (subject to agreement). Telephony replacement project started but cannot proceed until underlying network routing issue resolved. Potential for date to slip past 31st December due to outstanding routing issue and knock on effect.

Project 121. Purchasing Card Audit (Report Issued August 2017)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
CS/IAAP/528	2b. Terminating Purchase Cards when employees leave As part of the employee leaving process a procedure should be added to ensure that any purchase cards an employee holds are terminated. (Low risk)	Further development required with Workforce Management System to identify staff with CPC to have automated notifications where staff move location, section or terminate employment to ensure robust management of CPC distribution and manager notifications.		33%	30-May-2018	31-Mar-2019	Stella Kinloch	WMS upgrade due mid October 2018 system development scheduled for Nov 2018.

Project 128. Payroll - Overtime (Report Issued May 2018)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
T&PSR/IAAP/608	1. Overtime - Building Services/Repairs & Maintenance In relation to Building Services / Repairs & Maintenance, in order to continue to manage the level of overtime, it is recommended that consideration be given to: - Adopting a more flexible approach to working; and - Employing more personnel, paid at plain time, to cover the anticipated demand for services rather than paying some existing staff at enhanced rates. (Medium Risk)	Negotiations with TU's to introduce more flexibility into working patterns within service provision commenced in 2017 and it is hoped a positive outcome will be achieved in 2018/2019. This may introduce seasonal working, extended hours Mondays to Thursdays and Saturday mornings would be considered part of the standard week with all paid as standard time. If agreed it could mean a reduction in overtime costs for emergency repairs and overtime to complete projects and void house repairs. It would also allow better utilisation of resources for external project works with extended hours in Spring / Summer / Autumn and reduced hours in the Winter months (seasonal working). In addition, we will analyse if there are any benefits in employing additional staff to reduce expenditure on overtime as part of our regular workforce planning		42%		31-Mar-2019	Martin Feeney	This action has 7 milestones 3 of which are complete and the action is on track for completion by target date. Good progress has been made with analysis completed on available Information. A draft proposal is being prepared and this will be issued for consultation with TU's and workforce early November 2018.

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
		meetings where Building Services review resource requirements.						

Project 131. ICT Remote Access Controls (Report Issued May 2018)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
T&PSR/IAAP/613	1. Data handling Terms and Conditions required for 3rd party access to WDC information Management should develop a standard 3rd party suite of data handling terms and conditions to protect WDC information whilst 3rd party vendors carry out support activities. (Medium Risk)	ICT will assist Legal Services in the development data handling terms and conditions.		50%	30-Sep-2018	31-Mar-2019	Alan Douglas; James Gallacher; Iain Kerr; Patricia Kerr	This action has been put on hold indefinitely pending the output from the Scottish Government appointed supplier producing an appropriate procurement tool. In the meantime where instructed in respect of any Contract, Legal Services will include within the terms of any contract suitable terms relating to data handling which are GDPR / Data Protection Act 2018 compliant.

Project 133. Data and Information Security – Governance and Practice (Report Issued May 2018)

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
T&PSR/IAAP/617	2. Automation of vulnerability detection / resolution / reporting In order to enhance both the PSN and Cyber Essentials accreditation processes, an automated tool identifying, resolving and reporting on vulnerabilities should be acquired for implementation during the current financial year. (Low Risk)	Funding has been approved to acquire an enterprise level vulnerability scanning/discovery tool for a period of one year initially. A draft specification paper will be drawn up for review by the ICT board and subsequently published on PCS for quick quotes, and for implementation thereafter.		71%	31-Jul-2018	10-Jan-2019	Iain Kerr	ICT and Security officer met with vendors account manager on 23rd Nov to discuss issues with installation. The account manager acknowledged the problems and committed to having everything required in place before the Xmas break
T&PSR/IAAP/618	3. Attainment of Payment Card Industry (PCI) Data Security Standard The remaining specific actions, as detailed below, require to be completed so that WDC can achieve PCI compliance: 1. Provision and deployment of tablet devices for the receiving and processing of card payments; 2. Completion of Self-Assessment Questionnaire and submission thereafter to PCI DSS authorising body; and 3. Establishment of quarterly scans by an external provider. (Medium Risk)	Pilot devices are currently at testing stage and full deployment will take place when user sign off is received. Items 2 and 3 will be carried out once item 1 has been completed.		68%	30-Sep-2018	31-Dec-2018	Iain Kerr; John Martin; Brian Miller	Nov 18 - 2 of 3 milestones complete. Device testing restarted due to implementation of new system. Investigation into card not present machine to take place as alternative solution.

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
T&PSR/IAAP/620	5. Combined procurement approach for PSN / PCI / Cyber Essentials A coordinated procurement approach covering the compliance requirements for PSN, PCI and Cyber Essentials should be progressed. (Low Risk)	Although an exercise to carry out the PSN IT Health Check will progress this year, a regulated procurement exercise will follow for subsequent years to combine tests for each of the compliance regimes, initially over a three year period.		0%	31-Mar-2019	31-Mar-2019	Iain Kerr	Milestone dates have been changed pending results of current annual IT Health Check
T&PSR/IAAP/621	6. Supply Chain Cyber Security Policy Once the final Supply Chain Cyber Security Policy is issued by the Scottish Government, a process needs to be established to implement the laid down requirements. (Medium Risk)	Meetings will take place between Annabel Travers, Iain Kerr and Patricia Kerr to determine how the *Supply Chain Cyber Security Policy* will be processed and implemented. The process will be captured in a guidance document and published on the intranet with an email sent out to the CPU and ICT staff.		50%	31-Dec-2018	31-Dec-2018	Iain Kerr; Patricia Kerr; Annabel Travers	Oct 18. No update to date from SG.
T&PSR/IAAP/622	7. Update required to Acceptable Use Policy The Council's Acceptable Use Policy (AUP) should be reviewed and updated. (Low Risk)	The AUP will be reviewed as an Information Security policy, taking into account changes in working practices and legislation since the last review, input will be required from ICT, Legal and possibly procurement.		16%	31-Mar-2019	31-Mar-2019	Iain Kerr	There are 6 milestones for this action the first of which is underway and on target
T&PSR/IAAP/623	9. Information Governance Scheme An Information Governance Scheme should be	Whilst the relevant information exists on the Records Management page of the Staff		30%	31-Mar-2019	31-Mar-2019	Alan Douglas	On track.

Action Code	Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
	developed, approved and introduced. (Low Risk)	Intranet, it is believed that such an Information Governance Scheme will assist employees to understand the inter-relationships between various governance documents and internal and external requirements. The scheme will form a useful first port of call for Employees seeking to understand how information should be dealt with across the Council. It will require significant input from colleagues across the Council.						

Appendix 2

WDHSCP - Internal Audit Reports / External Audit Reports

Generated on: 27 November 2018

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

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

Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
1. Records management plan It is recommended that when a model plan is completed and published a Records Management Plan prepared for local approval by the Partnership Board in order to comply with the statutory requirement. (Low Risk)	This will be completed at the earliest opportunity, with WDHSCP officers having already engaged with Scottish Government officials on the drafting of the model Records Management Plan.		70%	31-Oct-2017	28-Feb-2019	Wendy Jack	The plan's submission date has been set by the Keeper of Records and is now 28th February 2019. This will allow the plan to be approved at the IJB in February 2019 prior to submission.

Project 2. WDHSCP External Audit Annual Report 2016/17

Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
1. Hospital Acute Services (Set Aside) Arrangements for the sum set aside for hospital acute services under the control of WDIJB are not yet operating as required by legislation and statutory guidance. A notional figure was included in the accounts under a transitional arrangement agreed by the Scottish Government. Risk: In future years the sum set aside recorded in the annual accounts will not reflect actual hospital use. Recommendation: NHSGGC and WDIJB should establish processes for planning and performance management of delegated hospital functions and associated resources in 2017/18.	A working group has been formed with NHSGGC finance colleagues, CFOs and the Scottish Government to establish processes for planning, quantifying and performance management of delegated hospital functions and associated resources in 2017/18.		80%	30-Jun-2018	31-Mar-2019	Wendy Jack; Julie Slavin	There has been a revised calculation undertaken for the 2018/19 Notional Set Aside budget using 17/18 and 18/19 data sets. To be fully compliant with the legislation the calculation must reflect the previous 3 years activity and cost and averaged out. Still in progress.
4. Medium to Long term Financial Plans There are no medium to long term financial plans in place. This is increasingly important as demand pressures increase, financial settlements continue to reduce and fundamental service redesign over a longer time frame becomes necessary.	This has been committed through further actions in our Annual Governance Statement and is now also included in our Improvement Action Plan as part of our review of the Local Code of Governance.		70%	28-Feb-2018	30-Nov-2018	Wendy Jack; Julie Slavin	Work is underway on the 2019/20 to 2021/22 social care budget in partnership with WDC Budget Working Group. The HSCP Board has had a budget planning session on 12 November and discussed a budget setting planning paper on 14 November. The Audit Committee will consider future timelines. These will

Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
Risk: WDIJB is not planning adequately over the medium to long term to manage or respond to significant financial risks. Services may be affected if their sustainability is not planned. Recommendation: A long term financial strategy (5 years +) supported by clear and detailed financial plans (3 years +) should be prepared Plans should set out scenario plans (best, worst, most likely).							form the basis of the Medium Term Strategy.
7. Value for Money While there is evidence of elements of Best Value being demonstrated by the joint board, there is no mechanism for formal review. Risk: Opportunities for continuous improvement are missed. Recommendation: The IJB should undertake a periodic and evidenced formal review of its performance against the Scottish Government Best Value framework	Work on developing links with Annual Performance Reporting to demonstrate that in a climate of financial austerity targets are on track.		30%	31-Jul-2018	31-Mar-2019	Wendy Jack; Julie Slavin	The existing HSCP governance structures, including the review of the Local Code will feature in this review. The CFO has approached neighbouring HSCPs for examples of Value for Money reviews undertaken.

Project 3. Annual Code of Good Governance (September 2017)

Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
6. Records management plan Complete Records Management Plan.		70%	30-Jun-2018	28-Feb-2019	Wendy Jack	The plan's submission date is now 28th February 2019. This will allow the plan to be approved at the IJB in February 2019 prior to submission.
9. Medium term financial plan Develop medium term financial plan.		70%	28-Feb-2018	30-Jun-2019	Julie Slavin	Work is underway on the 2019/20 to 2021/22 social care budget in partnership with WDC Budget Working Group. The HSCP Board has had a budget planning session on 12 November and discussed a budget setting planning paper on 14 November. The Audit Committee will consider future timelines. These will form the basis of the Medium Term Strategy.
11. Set Aside In partnership with NHSGGC, Scottish Government and GGC IJBs agree on methodology that allows Set Aside resources to be quantified and reflect actual activity to comply with legislation on the use of this resource in shifting the balance of care.		80%	30-Jun-2018	30-Jun-2019	Julie Slavin	There has been a revised calculation undertaken for the 2018/19 Notional Set Aside budget using 17/18 and 18/19 data sets. To be fully compliant with the legislation the calculation must reflect the previous 3 years activity and cost and averaged out. Still in progress.
12. Sharing protocol for internal audit reports Develop a protocol with NHSGGC auditors to share internal audit report findings with Chief Financial Officer and Chief Internal Auditor.		80%	31-Dec-2017	31-Dec-2018	Colin McDougall	An information sharing protocol has been drafted and has been circulated to Chief Auditors for comment.

Project 4. Annual Code of Good Governance (June 2018)

Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
1. Review of Audit Committee Review the effectiveness of the Audit Committee and the Terms of Reference		20%	31-Dec-2018	30-Jun-2019	Colin McDougall	Meeting to be arranged between the Chair and the Chief Internal Auditor.
2. Review of Strategic Planning Group Review the effectiveness of the new Strategic Planning Group		75%	31-Mar-2019	31-Mar-2019	Beth Culshaw; Wendy Jack	Consideration of the activity of the Strategic Planning Group will take place following year 1 of activity in 2019, with partners and wider stakeholders across all communities and service areas.
3. Long term financial planning Consider long term financial planning in the context of projections and assumptions made by HSCP Board's funding partners.		10%	30-Jun-2019	30-Jun-2019	Julie Slavin	Will follow on from the Medium Term Financial Strategy.

Project 5. WDHSCP External Audit Annual Report 2017/18

Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
1. Set Aside Arrangements for the sum set aside for hospital acute services under the control of WDIJB are not yet operating as required by legislation and statutory guidance. A notional figure was included in the accounts under an extension to the transitional arrangement agreed by the	The CFO will continue to be involved in both local and national discussions to develop arrangements for the sum set aside.		80%	30-Jun-2019	30-Jun-2019	Wendy Jack; Julie Slavin	There has been a revised calculation undertaken for the 2018/19 Notional Set Aside budget using 17/18 and 18/19 data sets. To be fully compliant with the legislation the calculation must reflect the previous 3 years activity and cost and averaged out. Still in progress.

Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
Scottish Government. **Risk:** In future years the sum set aside recorded in the annual accounts will not reflect actual hospital use. **Recommendation:** NHSGGC and WDIJB should continue to establish processes for planning and performance management of delegated hospital functions and associated resources in 2018/19							
2. Budget monitoring arrangements The year-end outturn report outlined an overspend of £1.231 million which was to be funded by reserves. In the same report, the accounts were presented which outlined a £0.574 million increase in the overall level of reserves. **Risk:** Budget reports may not provide sufficient information to enable members to review financial performance and make the necessary decisions. **Recommendation:** The IJB should strengthen their financial reporting by including details of reserve	An appendix on reserves will be included in future financial performance reports.		100%	30-Nov-2018	30-Nov-2018	Julie Slavin	The August and November HSCP Boards received information on Reserves. The November Board considered possible reclassification of some earmarked reserves to unearmarked. This will be monitored in future reports.

Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
movements, specifically to and from earmarked reserves.							
3. Financial recovery plan The Integration Scheme states that where an overspend is projected or incurred for the year, a financial recovery plan must be agreed by partners. No plan was drafted or reported to the Board. **Risk:** The lack of a financial recovery plan could impact on the Board's ability to make effective and informed decisions about the IJB's finances. **Recommendation:** Where an overspend is anticipated, a recovery plan should be formally agreed between the IJB and its	Where an overspend is anticipated, a recovery plan should be formally agreed between the IJB and its partners and submitted to the Board for approval.		60%	31-Dec-2018	31-Dec-2018	Julie Slavin	The SMT has agreed a suite of actions to minimise the current projected overspend. This was also presented to the 14 November 2018 HSCP Board with the recommendation that the Chief Officer/Chief Financial Officer discuss/agree with partner organisations Chief Executives.
4. Review of earmarked reserves Unearmarked reserves are currently below the prudential reserve target. Earmarked reserves total £4.437 million (72% of total reserves). From our review we identified a few instances where reserves were being earmarked despite not meeting the criteria. **Risk:** Unearmarked reserves do not represent a suitable	This was discussed at the August 2018 Board meeting, with an update requested for the next meeting.		100%	30-Nov-2018	30-Nov-2018	Julie Slavin	Review of earmarked reserves presented to the 14 November 2018 HSCP Board. The Board agreed to review the options as part of the year end process.

Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
level of contingency to mitigate the impact of unexpected events or emergencies. **Recommendation:** WDIJB should undertake a thorough review of its earmarked reserves to ensure they have been earmarked for known or predicted requirements.							
<u>5. Financial sustainability</u> In 2018/19 the Board agreed to deliver savings of £1.216 million. It faces cost pressures associated with community placements and prescribing and the level of unearmarked reserves is below their target. In addition, the IJB is currently projecting an overspend of £0.977 million for the 2018/19. **Risk:** Additional pressure on the IJB's finances, combined with the cost pressures associated with prescribing and community placements, may result in a balanced budget not being delivered. **Recommendation:** In addition to tracking progress against the agreed savings for the 2018/19 financial year, a medium to	The medium to long term plan will be discussed with the newly formed Strategic Planning Group, including partners' funding assumptions.		40%	31-Mar-2019	31-Mar-2019	Jo Gibson; Wendy Jack; Julie Lusk; Julie Slavin	HSCP Board have been provided information on savings progress and any under risk have been factored into the projection. Financial planning for 2019/20 budget is underway and initial savings options have been submitted by all Heads of Service for further review and discussion with HSCP board members and JSF.

Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
long term financial plan should be produced.							
6. GDPR requirements The IJB has not formally considered or reported on its responsibilities in relation to the new GDPR requirements. **Risk:** WDIJB is in breach of GDPR legislation and has not considered its responsibility for the safeguarding of personal data. **Recommendation:** WDIJB should formally consider and report on its responsibility in relation to the GDPR requirements, and if necessary identify and appoint a Data Protection Officer.	The Impact of GDPR has been considered at different levels throughout the WDIJB, however a formal report will be presented to the Board and any actions implemented accordingly.		30%	30-Nov-2018	30-Nov-2018	Wendy Jack	Wendy Jack, Interim Head of Service has contacted Peter Hessett, Data Protection Officer for West Dunbartonshire Council to ask if he will take on the role of Data Protection Officer for the IJB. If agreed we will take this to the next IJB in February, with a paper which will layout responsibilities of the IJB.
7. Best Value While there is evidence of elements of Best Value being demonstrated by the Joint Board, there is no mechanism for formal review and therefore it is not being reported through the Annual Performance Report. **Risk:** Non-compliance with the requirements outlining the content of the Annual	A formal review will be carried out to evidence the current good practice and areas for improvement.		30%	31-Jul-2019	31-Jul-2019	Wendy Jack; Julie Slavin	The existing HSCP governance structures, including the review of the Local Code will feature in this review. The CFO has approached neighbouring HSCPs for examples of Value for Money reviews undertaken.

Recommendation	Agreed Action	Status	Progress Bar	Original Due Date of Action	Actual Due Date of Action	Assigned To	Note
Performance Report. Also opportunities for continuous improvement are being missed. **Recommendation:** The IJB should undertake a periodic and evidenced formal review of its performance against the Scottish Government Best Value framework.							
8. Internal Audit (b/f 3) The internal auditors of NHSGGC do not share copies of individual internal audit reports with the IJB or attend meetings of the IJB's Audit Committee. **Risk:** Officers and Board members may be unable properly discharge their scrutiny and governance responsibilities. **Recommendation:** The WDIJB should develop a protocol with the auditors for all internal audit reports affecting the IJB to be made available to its Audit Committee.	Tender documentation issued as part of the re-tendering process for NHSGGC internal audit services noted that *"where their work is of relevance to Integration Joint Boards (IJBs), the Contractor may be called on to give appropriate assurances to the IJB Chief Internal Auditor"*. The IJB continues to engage with both NHSGGC and the internal audit department.		50%	31-Mar-2019	31-Mar-2019	Colin McDougall; Julie Slavin	An information sharing protocol has been drafted and has been circulated to Chief Auditors for comment.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 12 December 2018

Subject: Audit Scotland: Health and Social Care Integration – Update on Progress Report

1. Purpose

1.1 To present Audit Scotland's second report, from a planned series of three national performance audits on health and social care integration following the enactment of the Public Bodies (Joint Working) (Scotland) Act 2014.

2. Recommendations

2.1 It is recommended that the HSCP Audit Committee:

- Consider the contents of the report including the recommendations across six areas; and

- Agree to consider further reports on progress of the recommendations across all partnership bodies tasked with actions.

3. Background

3.1 Audit Scotland work in partnership with the Auditor General for Scotland and the Accounts Commission in assessing organisations application of public funds for efficiency, effectiveness and economy.

3.2 Under the direction of the Accounts Commission, Audit Scotland were tasked to undertake three national performance audits of health and social care integration following the introduction on the Act:

1. Health and Social Care Integration – published December 2015 and covers progress in the transitional year;
2. Update on Progress (Appendix 1) – published November 2018 and the subject of this report; and
3. How Resources are used – will report on the impact that integration has had on how health and social care resources are used.

4. Main Issues

4.1 The aim of the second audit is to "*examine the impact public bodies are having as they integrate health and social care services*". Integration can only make a meaningful difference to the people of Scotland with the commitment of Integration Authorities (IAs), Councils, Health Boards, Scottish Government and COSLA. Overall the report delivers four key messages:

- IAs have made improvements but are operating in an extremely challenging environment and there is much more to be done;
- Financial planning is not integrated, long term or focused on providing the best outcomes for people who need support. With financial pressures across the organisations making it difficult for IAs to make meaningful change;
- Strategic planning needs to improve with the removal of barriers such as: lack of collaborative leadership and strategic capacity; high turnover in leadership teams; complex governance and unsatisfactory data sharing arrangements; and
- Significant changes are required in the way services are delivered, with all partners working together to be more open and honest about the changes needed to sustain health and care services.

4.2 As detailed above, one of the key messages is that integration can work and that the Act can be used to advance change. Integration Authorities have started to introduce more collaborative ways of delivering services and have made improvements in several areas, including reducing unplanned hospital activity and delayed discharges.

4.3 A significant element of the report discusses the financial position and challenges facing IAs. Integration Authorities are responsible for directing almost £9 billion of health and social care resources, and like their partner organisations have had to find efficiency savings to maintain financial balance. Financial pressures coupled with increased service demands have led to many IAs struggling to achieve a balanced budget, requiring a combination of increased partner contributions and utilisation of reserves if available.

4.4 In 2017/18 IAs needed to achieve savings of £222.5m, an increase of 8.4% on the previous year and equivalent to 2.5% of the total allocation to IAs from councils and health boards. The savings target varied across IAs from 0.5% to 6.4% with a number of IJBs agreeing to budgets at the start of a financial year based on a level of unidentified savings. For WDHSCP Board the level of savings required to balance the 2017/18 annual budget was £3.8m or 2.6% of the available budget, excluding set aside.

4.5 The level of reserves also varied with 8 of the 31 IAs not holding any balance and the remaining holding a total of £125.5m or 1.5% of their total income. Exhibit 3 (pg 13) of the report displays the Scotland wide position, with WDHSCP being shown with the 3rd highest reserve balance of £6.1m or 3.7% of total income. However it should be noted that this is the total of both earmarked and unearmarked reserves.

Table 1: 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)

4.6 Another key element of financial resource is the set aside budget. The Act was intended to help shift resources away from the acute hospital system towards preventative and community based services. The report highlights that "*to date the set aside aspect of the Act is not being implemented*" and this must be addressed given that approximately £809m or 9% of IAs budget resource.

4.7 The report also progress IAs have made across the variety of performance targets from the nine national health and well being outcomes to the six national indicators set by Scottish Government. Examples of positive local performance are illustrated across a number of case studies.

4.8 There are sixteen report recommendations detailed over six main headings which require to be considered and actioned by IAs, councils, health boards, the Scottish Government and COSLA working together to deliver meaningful change:

- Commitment to collaborative leadership and building relationships;
- Effective strategic planning for improvement;
- Integrated finances and financial planning;
- Agreed governance and accountability arrangements;
- Ability and willingness to share information; and
- Meaningful and sustained engagement

4.9 All partner organisations will now need to take time to fully consider this report and come together to take forward recommendations to ensure health and social care services are well integrated and support people at the right time in the best setting.

5. People Implications

5.1 Workforce plans across the system require to be clearly aligned to strategic priorities.

6. Financial Implications

6.1 The HSCP Board, West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board should work together to view their finances as a collective resource.

7. Professional Implications

7.1 Partner organisations should ensure that there is appropriate leadership capacity in place to support integration.

8. Locality Implications

8.1 Continue to work with local communities to improve planning and service delivery.

9. Risk Analysis

9.1 Detailed in key messages.

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 The key messages and recommendations will be considered by all partners.

12. Strategic Assessment

12.1 None required.

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Appendices: **Appendix 1:** Health and Social Care Integration: Update on Progress Report – Audit Scotland

Background Papers: None

Wards Affected: All

Health and social care series

Health and social care integration

Update on progress

ACCOUNTS COMMISSION

AUDITOR GENERAL

Prepared by Audit Scotland
November 2018

The Accounts Commission

The Accounts Commission is the public spending watchdog for local government. We hold councils in Scotland to account and help them improve. We operate impartially and independently of councils and of the Scottish Government, and we meet and report in public.

We expect councils to achieve the highest standards of governance and financial stewardship, and value for money in how they use their resources and provide their services.

Our work includes:

- securing and acting upon the external audit of Scotland's councils and various joint boards and committees
- assessing the performance of councils in relation to Best Value and community planning
- carrying out national performance audits to help councils improve their services
- requiring councils to publish information to help the public assess their performance.

You can find out more about the work of the Accounts Commission on our website: www.audit-scotland.gov.uk/about-us/accounts-commission

Auditor General for Scotland

The Auditor General's role is to:

- appoint auditors to Scotland's central government and NHS bodies
- examine how public bodies spend public money
- help them to manage their finances to the highest standards
- check whether they achieve value for money.

The Auditor General is independent and reports to the Scottish Parliament on the performance of:

- directorates of the Scottish Government
- government agencies, eg the Scottish Prison Service, Historic Environment Scotland
- NHS bodies
- further education colleges
- Scottish Water
- NDPBs and others, eg Scottish Police Authority, Scottish Fire and Rescue Service.

You can find out more about the work of the Auditor General on our website: www.audit-scotland.gov.uk/about-us/auditor-general

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. We help the Auditor General for Scotland and the Accounts Commission check that organisations spending public money use it properly, efficiently and effectively.

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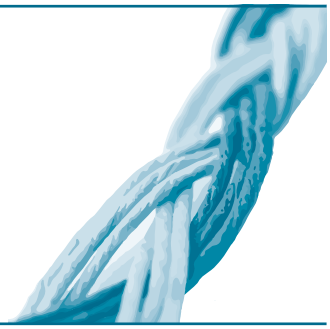

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When viewing this report online, you can access background data by clicking on the graph icon. The data file will open in a new window.

Audit team

The core audit team consisted of Leigh Johnston, Neil Cartlidge, Christopher Lewis and Lucy Jones, under the direction of Claire Sweeney.

Key facts

Savings Integration Authorities needed to achieve in 2017/18

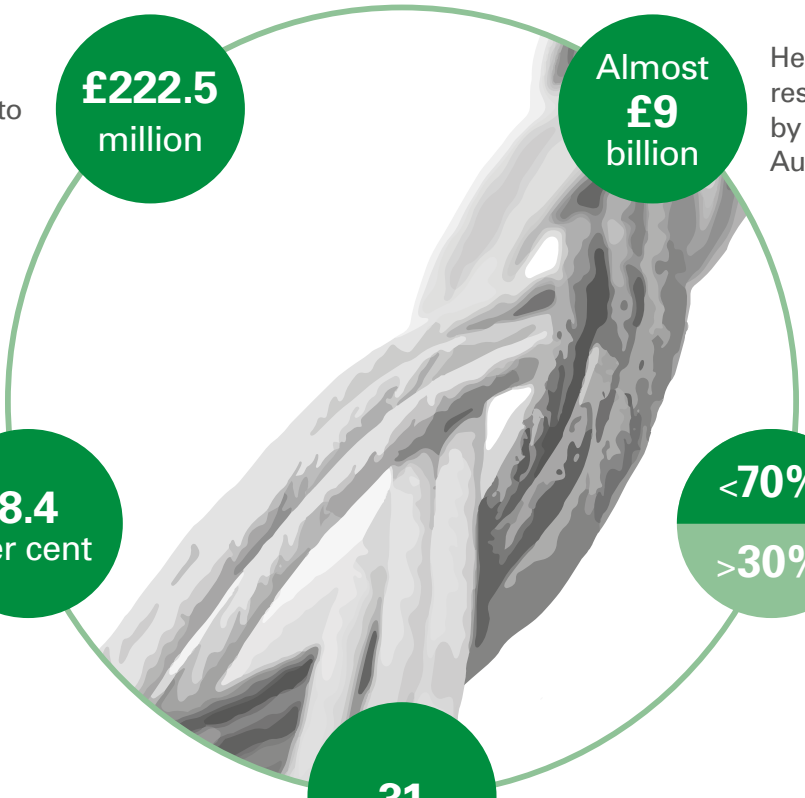
£222.5 million

Almost **£9 billion**

Health and social care resources directed by Integration Authorities

Increase in required savings from 2016/17

8.4 per cent



<70%

>30%

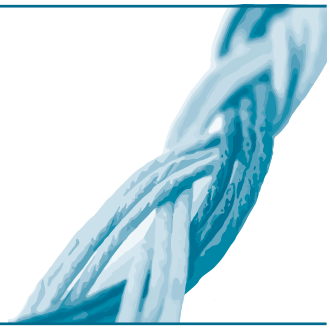
Integration Authority funding comes from the NHS

Funding comes from local authorities

31

Integration Authorities established through partnerships between the 14 NHS boards and 32 councils in Scotland

Summary



Key messages

1 Integration Authorities (IAs) have started to introduce more collaborative ways of delivering services and have made improvements in several areas, including reducing unplanned hospital activity and delays in discharging people from hospital. People at the end of their lives are also spending more time at home or in a homely setting, rather than in hospital. These improvements are welcome and show that integration can work within the current legislative framework, but IAs are operating in an extremely challenging environment and there is much more to be done.

2 Financial planning is not integrated, long term or focused on providing the best outcomes for people who need support. This is a fundamental issue which will limit the ability of IAs to improve the health and social care system. Financial pressures across health and care services make it difficult for IAs to achieve meaningful change. IAs were designed to control some services provided by acute hospitals and their related budgets. This key part of the legislation has not been enacted in most areas.

3 Strategic planning needs to improve and several significant barriers must be overcome to speed up change. These include: a lack of collaborative leadership and strategic capacity; a high turnover in IA leadership teams; disagreement over governance arrangements; and an inability or unwillingness to safely share data with staff and the public. Local areas that are effectively tackling these issues are making better progress.

4 Significant changes are required in the way that health and care services are delivered. Appropriate leadership capacity must be in place and all partners need to be signed up to, and engaged with, the reforms. Partners also need to improve how they share learning from successful integration approaches across Scotland. Change cannot happen without meaningful engagement with staff, communities and politicians. At both a national and local level, all partners need to work together to be more honest and open about the changes that are needed to sustain health and care services in Scotland.

several significant barriers must be overcome to speed up change

Recommendations

It is not possible for one organisation to address all the issues raised in this report. If integration is to make a meaningful difference to the people of Scotland, IAs, councils, NHS boards, the Scottish Government and COSLA need to work together to address six areas outlined below.

Commitment to collaborative leadership and building relationships

The Scottish Government and COSLA should:

- ensure that there is appropriate leadership capacity in place to support integration
- increase opportunities for joint leadership development across the health and care system to help leaders to work more collaboratively.

Effective strategic planning for improvement

Integration Authorities, councils and NHS boards should work together to:

- ensure operational plans, including workforce, IT and organisational change plans across the system, are clearly aligned to the strategic priorities of the IA
- monitor and report on Best Value in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

The Scottish Government should:

- ensure that there is a consistent commitment to integration across government departments and in policy affecting health and social care integration.

Integrated finances and financial planning

The Scottish Government should:

- commit to continued additional pump-priming funds to facilitate local priorities and new ways of working which progress integration.

The Scottish Government and COSLA should:

- urgently resolve difficulties with the 'set-aside' aspect of the Act.

The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to:

- support integrated financial management by developing a longer-term and more integrated approach to financial planning at both a national and local level. All partners should have greater flexibility in planning and investing over the medium to longer term to achieve the aim of delivering more community-based care.

Integration Authorities, councils and NHS boards should work together to:

- view their finances as a collective resource for health and social care to provide the best possible outcomes for people who need support.

Agreed governance and accountability arrangements

The Scottish Government and COSLA should:

- support councillors and NHS board members who are also Integration Joint Board members to understand, manage and reduce potential conflicts with other roles.

The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to:

- agree local responsibility and accountability arrangements where there is disagreement over interpretation of the Public Bodies (Joint Working) (Scotland) Act 2014 and its underpinning principles. Scenarios or examples of how the Act should be implemented should be used which are specific to local concerns. There is sufficient scope within existing legislation to allow this to happen.

Ability and willingness to share information

The Scottish Government and COSLA should:

- monitor how effectively resources provided are being used and share data and performance information widely to promote new ways of working across Scotland.

The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to:

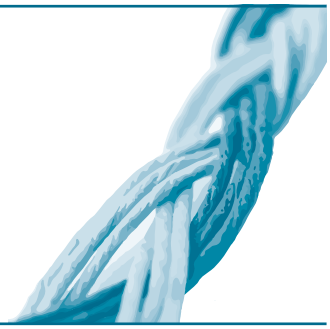
- share learning from successful integration approaches across Scotland
- address data and information sharing issues, recognising that in some cases national solutions may be needed
- review and improve the data and intelligence needed to inform integration and to demonstrate improved outcomes in the future. They should also ensure mechanisms are in place to collect and report on this data publicly.

Meaningful and sustained engagement

Integration Authorities, councils and NHS boards should work together to:

- continue to improve the way that local communities are involved in planning and implementing any changes to how health and care services are accessed and delivered.

Introduction



Policy background

1. The Public Bodies (Joint Working) (Scotland) Act, 2014 (the Act) is intended to ensure that health and social care services are well integrated, so that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care. The reforms affect everyone who receives, delivers and plans health and care services in Scotland. The Act requires councils and NHS boards to work together to form new partnerships, known as Integration Authorities (IAs). There are 31 IAs, established through partnerships between the 14 NHS boards and 32 councils in Scotland.

2. As part of the Act, new bodies were created – Integration Joint Boards (IJBs) (Exhibit 1, page 9). The IJB is a separate legal entity, responsible for the strategic planning and commissioning of the wide range of health and social care services across a partnership area. Of the 31 IAs in Scotland, 30 are IJBs and one area, Highland, continues with a Lead Agency model which has operated for several years. In Highland, the NHS board and council each lead integrated services. Clackmannanshire and Stirling councils have created a single IA with NHS Forth Valley. You can find more information about integration arrangements in our short guide.

3. Each IA differs in terms of the services they are responsible for and local needs and pressures. At a minimum, IAs need to include governance, planning and resourcing of social care, primary and community healthcare and unscheduled hospital care for adults. In some areas, partners have also integrated children's services and social work criminal justice services. Highland Lead Agency, Dumfries and Galloway IJB, and Argyll and Bute IJB have also integrated planned acute health services. IAs became operational at different times but were all established by April 2016. The policy context for IAs is continually changing, and many policies have an impact on IAs, such as the new GP contract and changes to payments for social care services.

About this audit

4. This is the second of three national performance audits of health and social care integration following the introduction of the Act. The aim of this audit is to examine the impact public bodies are having as they integrate health and social care services. The report sets out six areas which need to be addressed if integration is to make a meaningful difference to the people of Scotland. This audit does not focus in detail on local processes or arrangements and it complements the programme of strategic inspections by the Care Inspectorate and Healthcare Improvement Scotland.[1] Appendix 1 (page 41) has more details about our audit approach and Appendix 2 (page 42) lists the members of our advisory group who provided help and advice throughout the audit.

What is integration? A short guide to the integration of health and social care services in Scotland

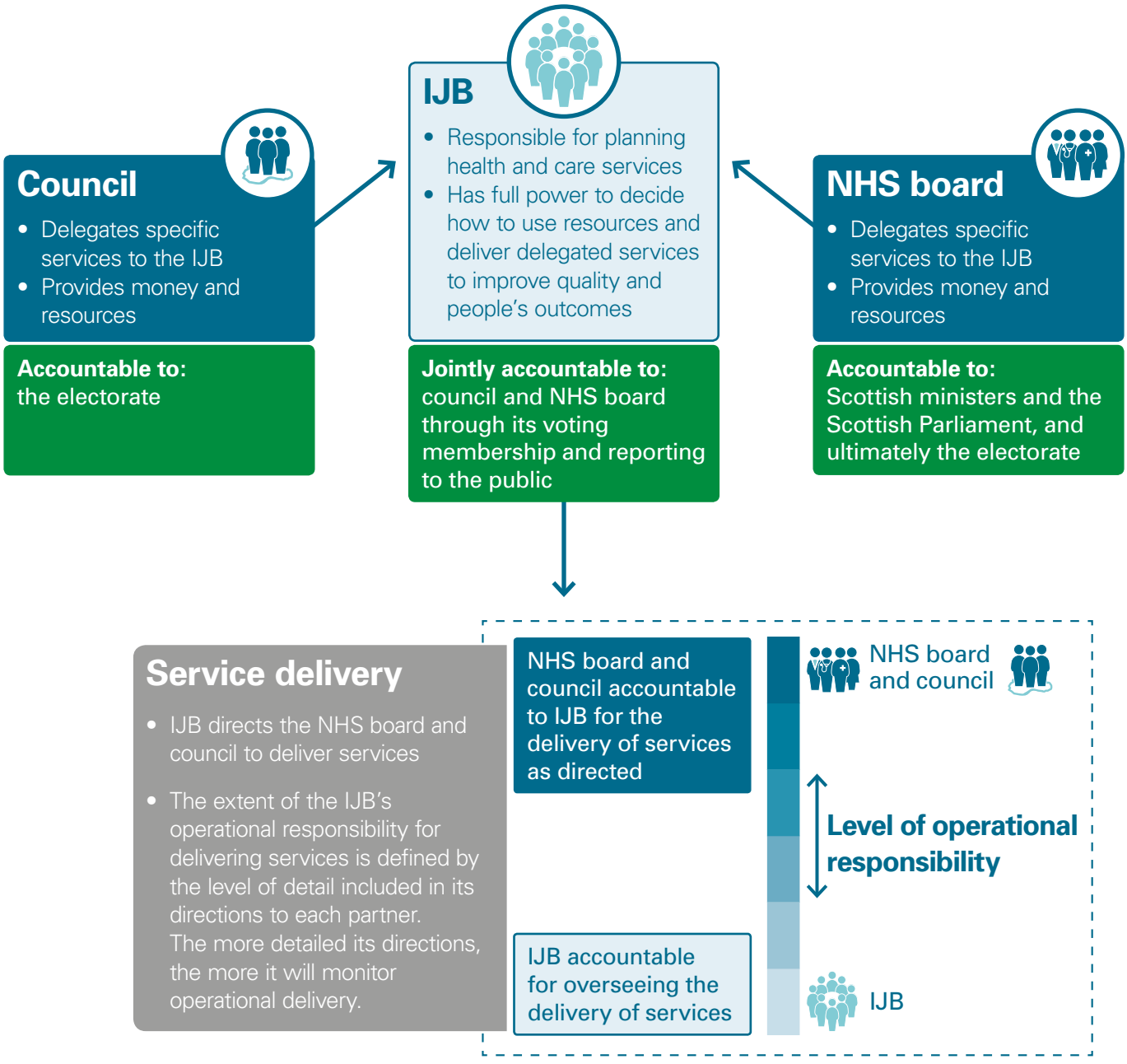
the reforms affect everyone who receives, delivers and plans health and social care services in Scotland

5. Appendix 3 (page 43) summarises progress against the recommendations in our first audit, which looked at transitional arrangements and highlighted several risks that needed to be addressed.[2] We will carry out a third audit in this series later in our work programme, which will report on the impact that integration has had and how health and social care resources are used.

Exhibit 1

Integration Joint Boards

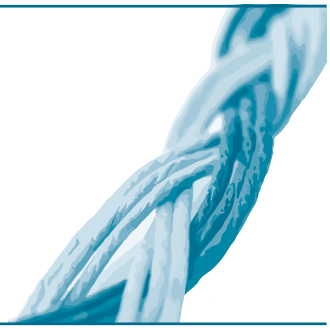
There are 30 Integration Joint Boards across Scotland.



Source: Audit Scotland

Part 1

The current position



Integration Authorities oversee almost £9 billion of health and social care resources

6. Our findings show that integration can work and that the Act can be used to advance change. Although some initiatives to integrate services pre-date the Act, there is evidence that integration is enabling joined up and collaborative working. This is leading to improvements in performance, such as a reduction in unplanned hospital activity and delays in hospital discharges. But there is much more to be done.

7. IAs are responsible for directing almost £9 billion of health and social care resources, money which was previously separately managed by NHS boards and councils (Exhibit 2, page 11). Over 70 per cent of this comes from the NHS, with the remainder coming from councils. As with councils and NHS boards, IAs are required to find efficiency savings from their annual budgets to maintain financial balance. Demands on services combined with financial pressures have led to many IJBs struggling to achieve this balance, with many needing additional financial contributions from partner organisations.

8. Each IA is underpinned by an integration scheme. This is the agreement between the council and the NHS board which shows how the IA will operate. For example, the scheme sets out arrangements for dealing with any budget overspends, which usually involves implementing a recovery plan. As local government bodies, IJBs can hold reserves if permitted by their integration schemes, although not all schemes allow this. Reserves are amounts of money that are built up from unspent budgets for use in future years. Generally, reserves are used for one of three purposes:

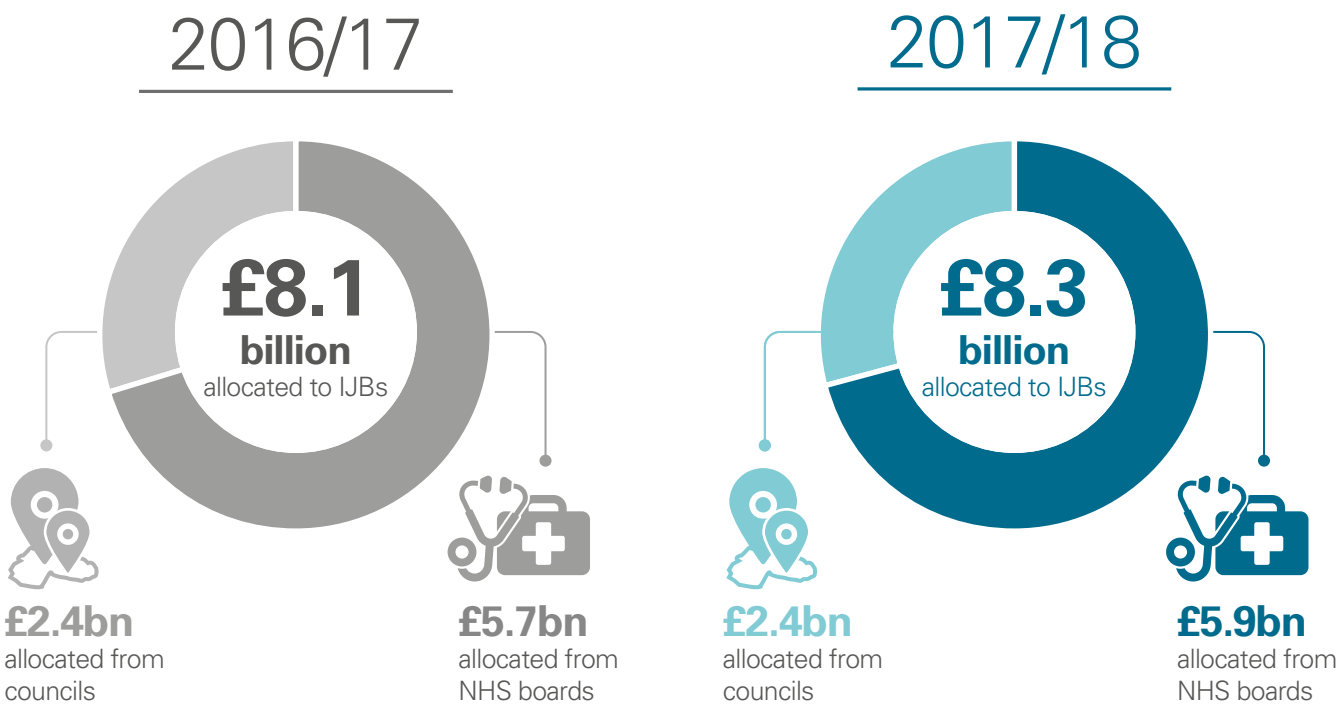
- as a working balance to help prevent the impact of uneven cash flows
- as a contingency to cushion the impact of unexpected events or emergencies
- held to fund known or predicted future requirements – often referred to as 'earmarked reserves'.[3]

there is evidence that integration is enabling joined up and collaborative working

Exhibit 2

Resources for integration

IAs are responsible for directing significant health and social care resources.



Lead Agency – the allocation for Highland Health and Social Care Services was:
£595 million in 2016/17 | £619 million in 2017/18

Note: Council allocations in 2016/17 and 2017/18 include criminal justice social work contribution.

Source: Audit Scotland, 2018

Financial pressures make it difficult for IAs to make sustainable changes to the way services are delivered

9. The Act was intended to help shift resources away from the acute hospital system towards preventative and community-based services. However, there is still a lack of agreement about whether this is achievable in practice – or whether rising demand for hospital care means that more resource is needed across the system. We have seen some examples of small-scale changes in the balance of care, which are explored further in Part 2 (page 23). These examples show that change can be achieved, but IAs now need to take the next steps to achieve wider-scale impact on outcomes over the coming years.

10. IAs needed to achieve savings of £222.5 million in 2017/18. This is an increase of 8.4 per cent on the previous year and is 2.5 per cent of the total allocation to IAs from NHS boards and councils. The level of savings, as a percentage of IA income, varied from 0.5 per cent in Moray, Orkney, Renfrewshire and South Lanarkshire, to 5.3 per cent in Shetland and 6.4 per cent in Highland Lead Agency. In several instances, budgets were agreed at the start of the financial year based on achieving savings which had yet to be identified.

Financial position

11. It is not easy to set out the overall financial position of IAs. This is due to several factors, including the use of additional money from partner organisations, planned and unplanned use of reserves, late allocations of money and delays in planned expenditure. This makes it difficult for the public and those working in the system to understand the underlying financial position.

12. In 2017/18, IJBs reported an overall underspend of £39.3 million. This represented 0.4 per cent of their total income allocation for the year.[4] However, this masks a much more complex picture of IJB finances. Appendix 4 (page 47) sets out more details about the financial position of IJBs in 2017/18. Many IAs have struggled to achieve financial balance at the year-end. The reasons for this vary but include rising demand for services, financial pressures and the quality of financial planning. In 2017/18, this resulted in several IJBs needing additional, unplanned allocations from their partners and adding to, or drawing on, reserves as follows:

- 17 needed additional money from NHS boards amounting to £33.3 million
- 11 needed additional money from councils amounting to £19.1 million
- eight drew on reserves amounting to £9.1 million
- 14 put money into reserves, amounting to £41.9 million.

13. Twenty-two IJBs are required by their integration schemes to produce a recovery plan if they forecast an overspend on their annual budget. Several IAs have had to produce recovery plans and are finding it harder to achieve the actions contained within them:

- In 2016/17, 11 IJBs needed to draw up a recovery plan. Of these, four IJBs achieved the actions set out in their recovery plans, but the remaining seven needed additional allocations from either their council or NHS board.
- In 2017/18, 12 IJBs needed to produce a recovery plan but only two achieved their recovery plans in full. In some cases, where additional allocations are required, the integration scheme allowed the NHS board or council to reduce the following year's allocation to the IJB by the same amount. In these circumstances there is a risk that IJBs will not have sufficient resources to deliver the services needed in future years.

14. An IA's integration scheme states how the IA will manage any year-end overspend and the responsibilities of the NHS board and council. For example, Fife IJB's integration scheme states that any overspend will be funded by partner bodies based on the proportion of their current year contributions to the IJB. In 2017/18, this meant that NHS Fife and Fife Council agreed to make additional contributions of 72 per cent and 28 per cent respectively.

15. The Highland Lead Agency model is also facing financial pressures. In 2017/18, NHS Highland overspent on adult social care services by £6 million. This was largely due to pressures on Highland Lead Agency adult social care services. This contributed to NHS Highland needing a loan of £15 million from the Scottish Government in 2017/18. Due to the way the Lead Agency model was established and the underlying agency agreement, the risks all rest with NHS Highland. Any increases in costs must be met by the NHS board.

16. Fourteen IJBs reported underspends in 2017/18 and these have arisen for a variety of reasons, for example: achieving savings earlier than expected; contingencies not being required; slippages in spending plans and projects; and staff vacancies.

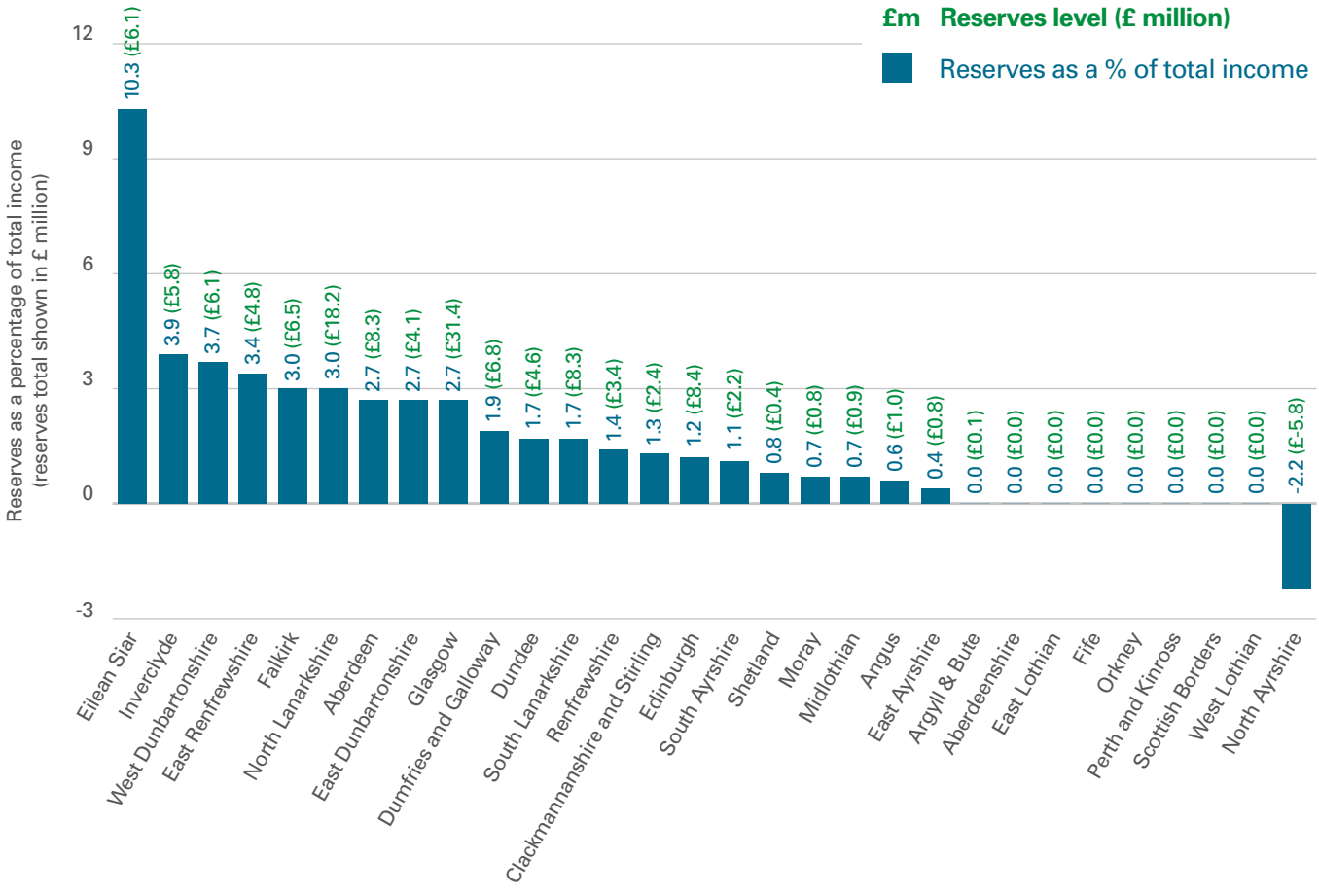
Reserves

17. The level of reserves held varies across IJBs, and not all integration schemes allow IJBs to hold reserves (Exhibit 3). In 2017/18, IJBs had built up reserves of £125.5 million, 1.5 per cent of their total income. This is not always a planned approach, and in some areas, reserves have arisen for several reasons including: the IJB receiving a late allocation of money; unspent strategic funding; staff vacancies; or year-end timing differences where money is received and allocated but unspent. Eilean Siar held the highest level of reserves as a percentage of its income at 10.3 per cent. The pressures on IJB budgets and the savings they need to achieve are significant, therefore the level of reserves in 2017/18 is not forecast to continue in future.

Exhibit 3

Reserves held by IJBs in 2017/18

There are significant differences in the levels of reserves held by IJBs.



Source: Integration Authority annual accounts, 2017/18

Hospital services have not been delegated to IAs in most areas

18. A key part of the reforms is that IJBs would direct some services provided directly within acute hospitals, to move care closer to people's homes and provide more joined-up care. Integration schemes, as approved by ministers, state that hospital services will be delegated to the IJB, as required under the Act. However, in practice, in most areas, the services have not been delegated. This has been a major source of debate and disagreement at a national and local level and is a fundamental issue which will hinder IJBs' ability to change the system.

19. The money for functions that are provided by large hospitals but are delegated to IJBs, such as unplanned care, is referred to as a 'set-aside' budget. Instead of paying this money to the IJBs along with payment for other delegated services, it is identified as a budget which should be directed by the IJB. The complexities around accurately preparing set-aside budgets has presented challenges to fulfilling this element of the Act. To date, the set-aside aspect of the Act is not being implemented. In line with Scottish Government guidance, NHS boards continue to manage the set-aside as part of their own resources.

20. In 2017/18, £809.3 million was included within IJBs' budgets for set-aside (where they were able to include a set-aside figure). This is 9.0 per cent of IJBs' income and is therefore a significant element of the health and social care budget that is not being directed by the IJBs. If IJBs are to use resources more strategically to prioritise prevention and care in a community setting, this issue needs to be resolved.

21. There are several reasons why all partners have struggled with this aspect of the Act, including fundamental issues in the data available to analyse set-aside-related activities. However, these technical issues do not appear to be the main issue. The main problem is a lack of common understanding and agreement on how to identify the set-aside budget and shared agreement on how to implement this aspect of the legislation.

Monitoring and public reporting on the impact of integration needs to improve

22. The context for integration is challenging, with many public bodies trying to work in partnership to achieve major changes while at the same time managing rising demand for services, financial pressures and continuing to deliver services and treat people. As we reported in *NHS in Scotland 2018*, the number of patients on waiting lists for treatment continues to rise while performance against targets is declining and an increasing number of NHS boards are struggling to deliver with the resources they have.[5] We have also reported that local government operates in an increasingly complex and changing environment with increasing levels of uncertainty.[6]

23. A significant number of measures are being used to monitor national and local progress which means IAs are reporting against a range of different measures to demonstrate progress (Exhibit 4, page 16). For the public to understand how the changes are working at a Scotland-wide level, these indicators need to be presented in a clear and transparent way.

24. It is important that the Scottish Government can demonstrate that resources provided have led to improvements in outcomes, in line with its national health and wellbeing outcomes. These outcomes are the Scottish Government's high-level statements of what health and social care partners are attempting to achieve through integration. These national outcomes are not being routinely reported at a national level, although IAs refer to them as part of their annual performance reports.

25. The Scottish Government introduced the National Performance Framework (NPF) in 2007 and launched a new framework in 2018. The NPF is made up of 11 national outcomes, each with indicators and aligned to the United Nations' sustainable development goals. There is a clear alignment between the aims of integration and several of the outcomes and indicators.[7]

26. The Ministerial Strategic Group for Health and Community Care brings together representatives from the Scottish Government, NHS, local government and IAs to monitor a set of six national indicators. These are used as indicators of the impact of IAs (Exhibit 5, page 18). These measures focus on the aim of integration helping to care for more people in the community or their own homes and reducing unnecessary stays in hospital. While these measures focus on health, performance can only improve with input from health and social care services. One of the six national indicators is supported by two measures: A&E attendances and achievement of the four-hour A&E waiting time target (3a and 3b at Exhibit 5, page 18).

27. Four of the indicators show improved performance, but there is significant local variation in performance between IAs. The performance measures do not themselves provide a direct indication of whether people's outcomes have improved, although they do represent key aspects of care which should ultimately improve people's lives.

Exhibit 4

Health and wellbeing outcomes and indicators

A significant number of measures are being used to monitor local and national progress.

National Performance Framework

Purpose

To focus on creating a more successful country, with opportunities for all of Scotland to flourish, through sustainable and inclusive economic growth

Values

We are a society which treats all our people with kindness, dignity and compassion, respects the rule of law, and acts in an open and transparent way

11 outcomes and 81 national indicators, for example:

- **Outcome:** We are healthy and active
- **Indicators:** Healthy life expectancy, mental wellbeing, healthy weight, health risk behaviours, physical activity, journeys by active travel, quality of care experience, work-related ill health, premature mortality
- **Sustainable development goals:** gender equality, reduced inequalities, responsible consumption and production, good health and wellbeing

9 national health and wellbeing outcomes

- People are able to look after and improve their own health and wellbeing and live in good health for longer
- People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
- People who use health and social care services have positive experiences of those services, and have their dignity respected
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- Health and social care services contribute to reducing health inequalities
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
- People using health and social care services are safe from harm
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
- Resources are used effectively and efficiently in the provision of health and social care services

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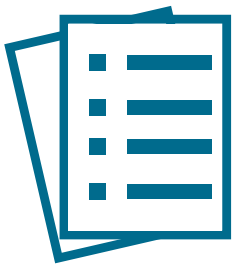
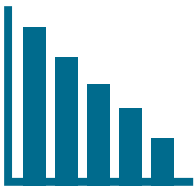
Exhibit 4 (continued)



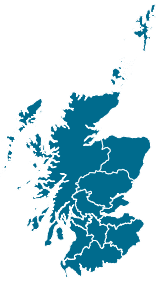
12 principles within the Act

- Be integrated from the point of view of the people who use services
- Take account of the particular needs of service users in different parts of the area in which the service is being provided
- Respect rights of service users
- Protect and improve the safety of service users
- Improve the quality of the service
- Best anticipate needs and prevent them arising
- Take account of the particular needs of different service users
- Take account of the particular characteristics and circumstances of different service users
- Take account of the dignity of service users
- Take account of the participation by service users in the community in which service users live
- Is planned and led locally in a way which is engaged with the community
- Make best use of the available facilities, people and other resources



6 national indicators

- Acute unplanned bed days
- Emergency admissions
- A&E performance (including four-hour A&E waiting time and A&E attendances)
- Delayed discharge bed days
- End of life spent at home or in the community
- Proportion of over-75s who are living in a community setting



Various local priorities, performance indicators and outcomes

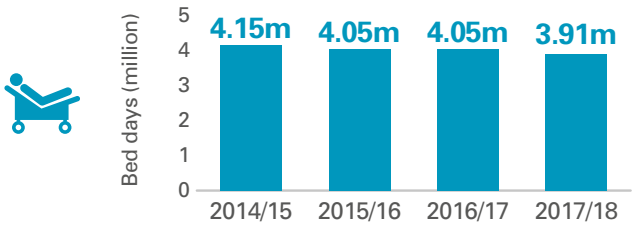
Source: Audit Scotland

Exhibit 5

National performance against six priority areas

National performance shows signs of improvement in some of the six key national indicators.

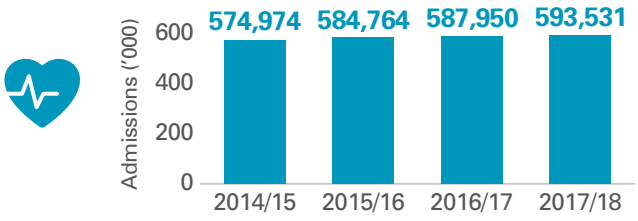
1. Acute unplanned bed days



Integration aims to reduce unplanned hospital activity

The number of acute unplanned bed days has reduced since 2014/15

2. Emergency admissions

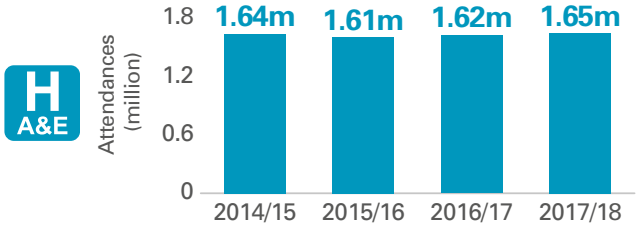


Integration aims to ensure that people's health and care needs are anticipated and planned appropriately, reducing unplanned hospital activity

The number of emergency admissions has risen each year since 2014/15

In 2017/18, local performance varied from 0.08 emergency admissions per head of population in NHS Orkney to 0.15 in NHS Ayrshire and Arran

3a. A&E attendances

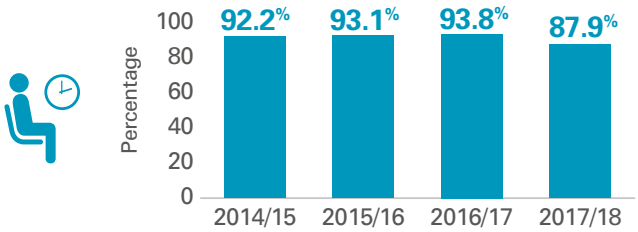


A&E attendances can be an indication of the degree to which community services are helping people receive care in the right place at the right time.

The number of A&E attendances has marginally increased since 2014/15

In 2017/18, local performance varied from 0.2 A&E attendances per head of population in NHS Grampian to 0.4 in NHS Greater Glasgow and Clyde

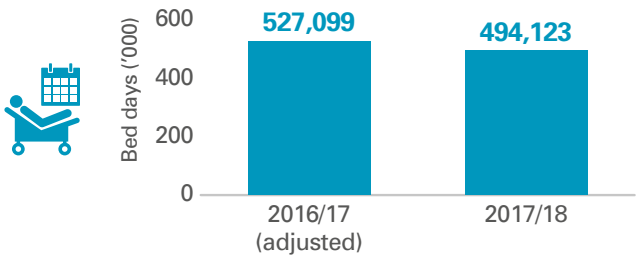
3b. Achievement of the four-hour A&E waiting time target



The achievement of the four-hour waiting time target has declined since 2014/15

Local performance varied in 2017/18 from 98.0% NHS Tayside to 75.4% NHS Lothian

4. Delayed discharge bed days (for population aged 18+)



Reducing delays in discharging people from hospital has been a long-standing aim for health and care services. With rising demand, some areas have struggled with this. Due to changes in data collection, comparable data is only available for two years.

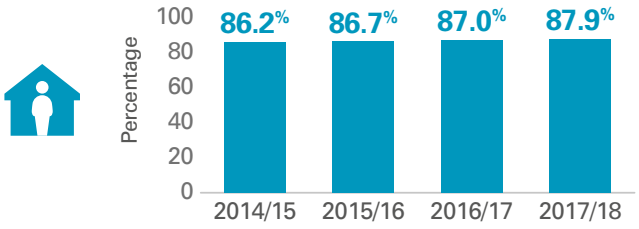
Delayed discharge rates have fallen since 2016/17

In 2017/18, local performance varied from 2.5% in Inverclyde to 26.5% in Eilean Siar delayed discharge bed days as a percentage of their population (18+)

Cont.

Exhibit 5 (continued)

5. End of life spent at home or in the community

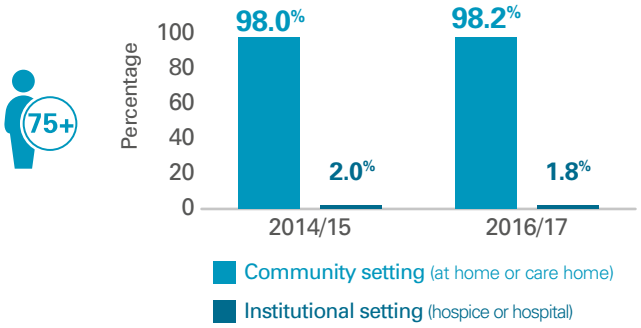


Integration aims to support people with health and care needs in their own home or in a community setting, especially at the end of life.

A gradual increase in the percentage of people's time spent at home or in a homely setting at the end of their life

In 2017/18, local performance varied from 95.1% of people's time spent at home or in a homely setting at the end of their life in Shetland to 85.2% in East Renfrewshire

6. Percentage of 75+ population in a community or institutional setting



Integration aims to shift the balance of care from an institutional setting to a community setting.

There has been a slight increase in the percentage of individuals aged over 75 who are living in a community setting. This is in line with the intentions of the Act.

Notes:

Indicator 1
1. These statistics are derived from data collected on discharges from non-obstetric and non-psychiatric hospitals in Scotland. Only patients treated as inpatients or day cases are included. The specialty of geriatric long stay is excluded.
2. Bed days for each year have been calculated based on the year in which the bed days were occupied. This differs from other analysis where length of stay or occupied bed days are reported by the year of discharge.
3. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency or urgent admission.
4. The Scotland total presented is the sum of all those resident in IA areas and excludes non-Scottish residents.
5. Approximately a quarter of IAs returned figures for people aged over 18 only. Where this is the case, bed days from 2016/17 for people aged under 18 in those partnerships have been applied to 2017/18 figures.
6. Based on data submitted to ISD in August 2018.

Indicator 2
1. ISD published data as at September 2018.

Indicator 3a
1. ISD published data as at August 2018.

Indicator 3b
1. ISD published data as at June 2018.
2. Performance for the month ending March for each year.

Indicator 4
1. ISD published data as at September 2018.
2. 2016/17 figures adjusted to reflect revised definitions across the whole year.

Indicator 5
1. ISD published data as at October 2018.

Indicator 6
1. Percentage of 75+ population in a community or institutional setting:
   - Community includes the following:
     - Home (unsupported) – refers to the percentage of the population not thought to be in any other setting, or receiving any homecare, on average throughout the year.
     - Home (supported) – refers to the percentage of the population estimated as receiving any level of homecare. Estimated from social care census carried out at the end of the reporting year (eg, Census carried out in March 2014 used to estimate home (supported) population during 2013/14).
     - Resident in a care home – based on care home census at the end of the reporting year (eg, Census at 31 March 2014 used to estimate 2013/14 care home population). The care home data is based on long-stay residents only. The proportion of incomplete long-stay residents aged 75+ cannot be calculated. Therefore, a scaling factor, based on the 65+ proportions, has been employed for the 75+ data. This assumes that there is the same degree of incompleteness in the census data returned for adults in each of the age bands.
   - Institutional includes the following:
     - Average population in hospital/hospice/palliative care unit throughout the year.
     - Hospital includes both community and large/acute hospitals.
     - Hospice activity is based on SMR records and will be incomplete as not all hospices submit this information.
2. Figures provided by ISD.

General
1. Population figures used taken from the National Records of Scotland mid-2017 estimates published in 2018.
2. Figures relate to all ages unless otherwise stated.

Source: Information Services Division (ISD) and Scottish Government

Integration Authorities' performance reports show local improvement

28. IAs are required to publish annual performance reports which contain information on local priorities and a range of local initiatives (Exhibit 6). These reports are an important way for IAs to inform the public about how well they have been performing against their stated priorities. The improvements that are set out in the performance reports are welcome and current pressures across the system have made them difficult to achieve. However, core indicators of performance are not improving in all areas of Scotland and nationally it is clear that there is much more to be done.

Exhibit 6

Examples of impact from integration

IAs have set out a number of local improvements in their performance reports.

Prevention and early intervention

Dumfries and Galloway

The D&G Handyvan provides information, advice and practical assistance with adaptations to people's homes. This is available to disabled people of any age and older people aged 60 and over. People are also supported to access financial assistance for major adaptations. This service helps people to feel more confident about continuing to live independently in their own home and to feel safe and secure in their home. People are less likely to have a fall, have improved health and wellbeing, and have a better quality of life. Often adaptations support people to be better connected with their friends and family and their wider community. 1,626 referrals were received during 2017/18. These resulted in 2,149 tasks being carried out by the service. 808 people were referred to prevent a fall, 577 people for home security, 16 people for minor adaptations and 225 people for small repairs.

Dundee

Social prescribing 'Sources of Support' (SOS) is one means of supporting people to better manage their health conditions. Link workers, working within designated GP practices, take referrals for people with poor mental health and wellbeing affected by their social circumstances and support them to access a wide range of non-medical services and activities that can help. In 2017/18, 256 patients were referred to three link workers and 220 people were supported. An external evaluation demonstrated that the service had a positive impact on both clients and on GPs themselves. 65 per cent of patient goals were met and 84 per cent had some positive outcome, including decreased social isolation, improved or new housing, financial and benefits issues being addressed, and increased confidence, awareness and self-esteem.

Outcomes from a GP perspective include reduced patient contact with medical services, providing more options for patients, raising awareness of non-clinical services, and increased GP productivity. 2017/18 saw a major scale-up of the SOS scheme through the Scottish Government Community Link Worker programme, extending the service from four GP practices to 16.

Delays in people leaving hospital

East Ayrshire

The Red Cross Home from Hospital Service supported about 1,700 people in 2017/18. The service is delivered across Ayrshire and Arran from University Hospitals Crosshouse and Ayr and supports people to be discharged as early as possible, reducing their length of stay and re-settling them in their home. Once home, the service helps to prevent falls and reduce social isolation, supporting people to regain their confidence, skills for living independently and organises telecare to support families to continue to care. A total of 1,730 bed days have been saved, equivalent to £302,750. 73 admissions to hospital have been avoided, and 625 bed days saved, equivalent to £109,375.

Perth and Kinross

There have been increases in staffing within social care discharge teams, Perth Royal Infirmary liaison services, and care home nursing. This, alongside improved funding procedures for care home placements, has supported speedier discharge to a care home setting or repatriation to such. There has been a reduction of 2,391 (12.5 per cent) delayed discharge bed days between 2016/17 and 2017/18 to 16,785.

Cont.

Exhibit 6 (continued)

Preventing admission to hospital

East Dunbartonshire

Rapid Response Service has established a different referral route for patients between A&E and the Community Rehabilitation Team to provide next-day response. During 2017/18, the service prevented approximately 33 per cent of people referred being admitted to hospital.

South Ayrshire

The Intermediate Care Team provide rapid multidisciplinary team support to people to support them to return home from acute hospital and to remain at home through GP referral. In particular, they have worked closely to establish pathways with the Combined Assessment Unit to prevent admission. The service provided by the Intermediate Care Team resulted in 674 hospital admissions being avoided and 301 early supported discharges during 2017/18. It is estimated locally that each avoided hospital admission saves five hospital bed days and each supported discharge saves three hospital bed days. Overall, it is estimated that the intervention provided by the Intermediate Care Team saved 3,370 bed days due to avoided admissions and 903 bed days due to early supported discharges.

Aberdeenshire

Set up in 2016, Aberdeenshire's Virtual Community Ward (VCW) aims to avoid unnecessary hospital admissions through bringing together multidisciplinary health and social care teams who provide care for patients who need regular or urgent attention. This GP-led approach involves the teams working closely together, generally meeting daily under a huddle structure. They identify and discuss vulnerable/at risk patients and clients, and coordinate, organise and deliver services required to support them. The VCW identifies individuals who need health and social care services at an earlier stage, which can improve patient outcomes and experience. Based on an evaluation carried out by the VCW team, 1,219 hospital admissions have been avoided because of the VCWs .

Referral/ care pathways

Aberdeenshire

During 2017/18 a test of change was carried out in one GP practice to trial people's first appointment with a physiotherapist rather than a GP. Ongoing evaluation suggests that this has been successful and has proved popular with patients who now have immediate access to a physiotherapist for assessment and advice. If follow up is required, this can be booked at the time. 221 people have been directed to the physiotherapist first; only 58 per cent required a face-to-face appointment and 26 per cent were discharged following telephone advice.

Renfrewshire

Over the past three years, the Primary Care Mental Health Team (Doing Well) has introduced a self-referral route to the service. This has led to a decrease in clients attending a GP to be referred to the mental health team. The number of self-referrals to the service has increased from 207 in 2013/14 to 1,237 in 2017/18. This self-referral route has successfully redirected work away from GP surgeries.

Midlothian

An advanced practitioner physiotherapist for Chronic Obstructive Pulmonary Disease (COPD) was appointed to support people attending hospital frequently because of their COPD to help them manage their symptoms at home and avoid admission to hospital. In the first year the service has worked with 65 patients and successfully avoided 30 hospital admissions. This delivered a potential reduction of 520 days spent in hospital by Midlothian residents and a much better patient experience. It was also a more cost-effective approach to delivering services for the partnership.

Cont.

Exhibit 6 (continued)

Reablement

Falkirk

A Reablement Project Team (RPT) was developed in Social Work Adult Services Assessment and Planning service in January 2017 to test out various reablement approaches and processes. The team consists of occupational therapists (with community care worker background) and social care officers. The reablement team support service users for up to six weeks. Individuals are reviewed on a weekly basis and care packages are adjusted as the person becomes more independent. Fewer people required intensive packages at the end of six weeks, which has freed up staff time and has reduced the use of external providers. Early indications suggest this work has led to a £200,000 reduction in purchasing care from external homecare providers.

Scottish Borders

The Transitional Care Facility based within Waverley Care Home is a 16-bed unit which allows older people to regain their confidence and independence so that they can return to their own homes following a stay in hospital. The facility is run by a multidisciplinary team of support workers, allied health professionals and social workers. 81 per cent of individuals discharged from Transitional Care return to their own homes and the hospital readmission rate for these individuals is six per cent.

Pharmacy

South Lanarkshire

The pharmacy plus homecare initiative has created an opportunity to amend consultant and GP prescribing practices. A reduction in prescribing can lead to less homecare visits. The IA estimates that savings could be in the region of £1,800 per patient (within the trial).

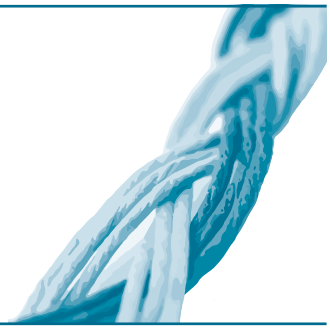
Angus

The Angus IA has improved how care homes manage medication. A new process developed by a Locality Care Home Improvement Group with GPs and pharmacy has led to zero medication waste in care homes.

Source: Audit Scotland review of Integration Authorities' Performance Reports, 2018

Part 2

Making integration a success

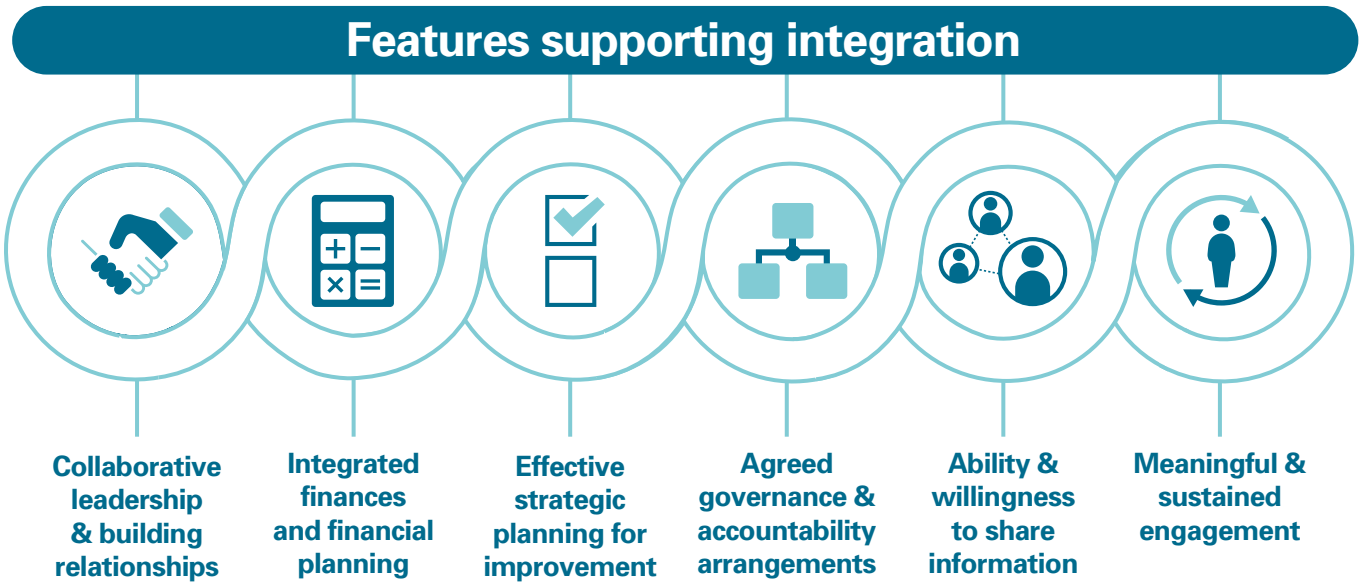


29. IAs are addressing some significant, long-standing, complex and inter-connected issues in health and social care. Our work has identified six key areas that, if addressed, should lead to broader improvements and help IAs to take positive steps toward making a systematic impact on health and care outcomes across their communities (Exhibit 7).

Exhibit 7

Features central to the success of integration

Six areas must be addressed if integration is to make a meaningful difference to the people of Scotland.



Source: Audit Scotland

A lack of collaborative leadership and cultural differences are affecting the pace of change

30. High-quality leadership is a critical part of the success of an organisation or programme of reform. Given the complexity of health and social care integration, it is important that leaders are highly competent, have capacity to deliver and are well supported. For transformation to succeed, the right leadership and strategic capacity need to be in place. Without this, the reforms will not succeed. We identified several risks in this area which need to be addressed:

- A significant number of IAs have had leadership changes with 57 per cent having had changes in their senior management team. As at October 2017, seven IJBs have a different Chief Officer (CO) in post than two years previously.

- There is significant variation in the role and remuneration of COs and Chief Financial Officers (CFO). Many have dual roles with positions held in partner organisations and there is a mix of full and part-time CFOs. This is a significant challenge, given the scale of the task facing IAs and the strategic role COs and CFOs have in directing change. In 2017/18, £3 million was spent on IJBs' CO remuneration and there are differences in salary levels, in part reflecting differences in roles and responsibilities.

- There is evidence of a lack of support services for IAs, in relation to HR, finances, legal advice, improvement, and strategic commissioning. This will limit the progress that they are able to make. It is important that the partner bodies support the IJB, including support services.

31. Top-down leadership which focuses on the goals of a single organisation does not work in the context of integration. NHS Education Scotland has described 'systems leaders' as having an ability to 'have a perspective from the wider system. They recognise that it is necessary to distribute leadership responsibilities to bring about change in a complex interdependent environment…They change the mind-set from competition to cooperation. They foster dialogue… which can result in new thinking… When leadership involves such a collective endeavour, the way people see their accountability matters.'[8] A lack of collaborative systems leadership and difficulties in overcoming cultural differences are proving to be significant barriers to change.

32. Leaders from all partners are operating in a complex and continually changing landscape and, without appropriate support in place, cannot fulfil their role effectively. Leaders need support if they are to deliver public services to improve wider outcomes and work collaboratively across organisational boundaries. This is hard to achieve, especially where there have been changes in key staff and local politicians, and in the context of the current financial and performance pressures. Accountability arrangements are important to encourage and incentivise the right kinds of leadership characteristics.

33. Cultural differences between partner organisations are proving to be a barrier to achieving collaborative working. Partner organisations work in very different ways and this can result in a lack of trust and lack of understanding of each other's working practices and business pressures. In better performing areas, partners can identify and manage differences and work constructively towards achieving the objectives of the IA. Overcoming cultural differences and improving understanding of each other's businesses will help partner organisations progress towards integration, particularly regarding integrated finances. Joint leadership development for people working in NHS boards, councils and IJBs can help with this. Exhibit 8 (page 25) provides an overview of the common leadership traits which are important in integrating health and social care services.

Exhibit 8

Traits of effective collaborative leaders

There are a number of leadership traits which are important in integrating health and social care services.

Influential leadership

- Clear and consistent message
- Presents a positive public image
- Ability to contribute towards local and national policy
- Shows an understanding of the value of services

Ability to empower others

- Encourages innovation from staff at all levels
- Non-hierarchical and open to working alongside others
- Respectful of other people's views and opinions
- Inspiring to others
- Creates trust
- Willing to work with others to overcome risks and challenges

Promotes awareness of IA's goals

- Confidence and belief in new technology to facilitate progress
- Facilitates planning of sustainable services
- Recruitment of staff to fit and contribute to a new culture
- Sets clear objectives and priorities for all
- Develops widespread belief in the aim of the integrated approach to health and social care

Engagement of service users

- People who use services feel able to contribute to change
- Ability to facilitate wide and meaningful engagement
- Open to and appreciative of ideas and innovation
- Ensures voices are heard at every level
- Transparent and inclusive

Continual development

- Encourage learning and development, including learning from mistakes
- Belief in training and understanding of who could benefit from it
- Encourage innovation, debate and discussion
- Driven to push for the highest quality possible

Source: Audit Scotland, 2018; from various publications by The Kings Fund; Our Voice; Scottish Government; Health and Sport Committee and the Scottish Social Services Council.

34. We have seen examples of good collaborative and whole-system leadership, including in Aberdeen City, where relationships have been built across the partnership. Although differences of opinion still exist and there is healthy debate, Aberdeen City is now better placed to implement widespread changes to improve outcomes. We saw:

- the promotion of a clear and consistent message across the partnership
- a willingness to work with others to overcome differences
- recruitment of staff to fit and contribute to a new culture
- development of openness and appreciation of ideas
- encouragement of innovation, learning and development, including learning from mistakes.

35. The Scottish Government and COSLA are co-chairing a group involving leaders from across councils and NHS boards. The aim of the group is to identify and overcome barriers to integration. The group has produced a joint statement on integration, confirming the shared responsibility of the Scottish Government, NHS Scotland and COSLA for ensuring the successful integration of Scotland's health and social care services. The statement acknowledges that the pace of integration needs to improve, and that the group needs to work together to achieve integration and to overcome challenges to better meet people's health and social care needs. The group is developing further support and training to support leadership for integration. The Scottish Government and COSLA are also co-chairing an Integration Review Reference Group. This group is reviewing progress on integration and will report its findings to the Ministerial Strategic Group for Health and Community Care. The group will conclude its work in January 2019. We will continue to monitor any actions resulting from the work of the group.

Integration Authorities have limited capacity to make change happen in some areas

36. IJBs are very small organisations, all of which have a CO and a CFO. Not all IJBs have the support they need, for example only half of IJBs have a full-time CFO and there have been difficulties in filling those posts in some areas. Each IJB has a chair and vice chair, but we have been told that many IJBs rely on its members working much more than contracted hours, and chairs and vice chairs have told us that they struggle to attend to IJB business during contracted time. Each IJB is made up of voting and non-voting members.

37. Typically, an IJB meets about six times a year. The IJB also has one or more Strategic Planning Group, which are consulted and give feedback on strategic plans and significant changes to integrated functions. For this structure to work, the IJB needs to draw on, and be supported by, skills and capacity from its partner NHS board and council. This can lead to a reliance on information and advice being provided by the statutory partner organisations which influences the decisions made by the IJB. In areas where information is being shared across the partnership, we can see that more progress is being made with integration. We saw this happening in Aberdeen City IJB, where senior officer and finance officer groups bring together staff from across partner organisations to share information and skills which are essential for joint decision-making. If this does not happen, the IJB has less capacity to make change and address challenges.

What is integration?
A short guide to the integration of health and social care services in Scotland

IJB membership
(page 10)

38. We saw several barriers affecting the way that IJBs are operating, and more action is needed to increase knowledge and understanding of those involved in the decision-making process:

- Topics for discussion at IJB and committee meetings are affected by problems with both the lack of time available and with people's knowledge.
- IJB papers are often lengthy and issued to members within timescales that do not allow for proper consideration.
- Papers are often technical and contain complicated financial information that lay representatives and representatives from voluntary sector bodies may struggle to understand.
- Officers are limited in the time available to provide IJBs with information. Many officers of the IJB fulfil their role alongside roles held within statutory partner bodies.
- High turnover of people in key positions in IJBs has affected the skills available and has led to a lack of continuity and extra time being spent in building trust and relationships.

Good strategic planning is key to integrating and improving health and social care services

39. In the past, health and social care services have not linked the resources they have to their strategic priorities or longer-term plans. IAs still have work to do to ensure that priorities are linked to available resources, and to demonstrate that new ways of working will be sustainable over the longer term. IAs can only achieve this change with the support and commitment of NHS boards and councils.

40. IJBs, with the support of council and NHS board partner bodies, should be clear about **how** and **when** they intend to achieve their priorities and outcomes, in line with their available resources; and ultimately how they intend to progress to sustainable, preventative and community-based services. This includes working with NHS boards and councils to: agree which services will be stopped or decommissioned to prioritise spend; plan effective exit strategies from current ways of delivering services; and being clear how they will measure improvements in outcomes. Exit strategies are an important element in the ability to move from one service provision to another.

41. Scenario planning will help IAs build a picture of what they will need in the future. This involves looking at current trends, such as the effects of an ageing population, current lifestyles and future advances in health and social care. IAs should then use this analysis to anticipate potential changes in future demand for services and any related shortfalls in available finances. Strategic planning groups of the IJB have a role to play in ensuring the needs of the community are central to service decisions (Case study 1, page 28).

Case study 1

Shetland Scenario Planning

As part of its Strategic Commissioning Plan, the Shetland IA identified a growing gap between service demand and resources. To support strategic planning, NHS Shetland hosted a session with health and social care staff, IJB representatives, NHS board representatives, councillors, community planning partners, third-sector organisations and representatives of people using services. It considered several high-level scenarios:

1. the lowest level of local healthcare provision that it could ever safely and realistically imagine being delivered on Shetland 5-10 years from now
2. a lower level of local healthcare provision in 5-10 years than it has now on Shetland – a 'step down' from where it is now in terms of local service delivery
3. a higher level of local healthcare provision in 5-10 years than it has now on Shetland – a 'step up' from where it is now in terms of local service delivery
4. a future that describes the highest level of local healthcare provision that it could ever realistically imagine being delivered on Shetland 5-10 years from now.

The group then concentrated on scenarios 2 and 3 and explored them in more detail.

This systematic approach towards strategic planning, involving a wide variety of stakeholders, allowed them to build consensus on the main priorities of the IJB. The key outputs from the scenario planning exercise involved clear actions that were linked to a wide range of plans and policies. The key messages from the scenario planning formed discussion points within the IJB meetings. Actions identified were then incorporated into the business programme and an action tracker is a standing agenda item.

Source: Shetland IJB, 2018

42. Although strategic planning is the statutory responsibility of the IAs, councils and NHS boards should fully support the IJB and provide the resources needed to allow capacity for strategic thinking. In addition, the Scottish Government has an important role to play in leading and enabling change to take place. There must be a consistent message and understanding of integration, but this is not always the case. For example, the current move towards some aspects of health planning taking place at a regional level is causing uncertainty for IAs. Many IAs are unclear as to how this fits with the need for local strategic planning and decision-making. For IAs to think long term, they must have confidence that Scottish Government policy will support integrated thinking.

43. Strategic planning also helps to encourage and promote joined-up working and a commitment to scaling up new ways of working. Angus IJB has shown a strong long-term commitment to its enhanced community support model. This has now been implemented in three of its four locality areas and therefore has the potential for long-term impact on people's outcomes (Case study 2, page 29).

Case study 2

Angus – Enhanced community support model

Angus IJB's Enhanced Community Support (ECS) workstream involves several multi-professional teams working together, including the third-sector. The teams provide care and support in people's own homes so that, where possible, hospital admission is avoided. As a result, staff can be more proactive, coordinate care and make referrals for additional support more quickly. The teams also hold weekly meetings to review the care that is being provided in a more coordinated way.

ECS has increased community and primary care capacity leading to an average of 37 empty hospital beds across Angus per day in 2017. This helped the IJB to close 21 of its 126 community hospital inpatient beds which are no longer needed. ECS has improved hospital readmission rates. It has also improved prevention and early intervention activity through an increase in the number of anticipatory care plans.

ECS has led to a more joined-up approach between the professional disciplines which has improved referral times and access to support. This has allowed people to be more independent, access local services and be supported to stay in their homes or a homely setting for longer.

The success of this approach has allowed the IJB to roll ECS out to three of its four localities, with plans to roll out to the final locality during 2018/19. The localities that have adopted this approach for the longest have seen improvements in the average length of stay and a reduction in the number of hospital admissions for people aged over 75.

Source: Angus IJB, 2018

44. A small number of IAs do not have detailed implementation/commissioning plans to inform their strategic plan. Of those which do, about half of these provide a link to resources. More needs to be done to show how the shift from the current ways of working to new models of care will happen and when positive changes to people's lives will be achieved.

45. Workforce pressures are a clear barrier to the implementation of integration plans and workforce planning is a particularly important element of strategic planning. Workforce planning remains the formal responsibly of councils and NHS boards. However, IJBs need to work closely with their partners to ensure that their plans for service redesign and improvement link with and influence workforce plans. IAs must be able to demonstrate what skills are required to ensure they can deliver services in the right place at the right time. IAs identify not being able to recruit and retain the workforce they need as a risk. The contribution of the third and independent sector should be part of workforce planning.

46. All three parts of the Health and Social Care National Workforce Plan have now been published, with the final part on the primary care workforce published in April 2018.[9] In our 2017 report, *NHS workforce planning*, we recommended that there is a need to better understand future demand and to provide a breakdown of the cost of meeting this demand.[10] We will publish a further report on workforce planning and primary care in 2019.

Housing needs to have a more central role in integration

47. Not enough links are being made between housing and health and social care which will improve outcomes and wellbeing. Housing services are an integral part of person-centred approaches and the wider delivery of health and social care integration. All IAs are required to include a housing contribution statement in their strategic plans and housing representation is mandatory on Strategic Planning Groups. Case study 3 illustrates strategic thinking within Glasgow City IJB which has used housing as a central aspect of health and social care. Three-quarters of IJBs reported some involvement of housing services in the planning of integrated health and social care services, although we found that the extent of this involvement varied greatly between partnerships.

Case study 3

The Glasgow Housing Options for Older People (HOOP) approach

The HOOP approach involves a small team working closely with social work, health and Registered Social Landlords (RSLs). The approach aims to: ensure a smooth transition for people from hospital to a homely setting; work closely with RSLs to prioritise people who are experiencing a delay in being discharged from hospital; develop knowledge of housing stock availability; and provide reciprocal information about RSLs tenants in hospital.

The team has worked on about 1,200 cases with surgeries in 19 sites across seven hospitals, six social work offices and six intermediate care units. The outcomes of the approach include helping:

- older people make informed choices along with their families, irrespective of tenure issues
- older people to return home or to community settings supported by a care package
- to reduce delayed discharge where there are housing issues
- prevent hospital admission and readmission, supporting older people with housing issues remain in the community
- secure appropriate accommodation for older people across the city suitable for their medical needs
- to increase knowledge of Glasgow's complex housing landscape among social workers and health professionals
- housing colleagues increase their knowledge about social work and health assistance to support older people returning home from hospital
- to future proof the city's new build investment by sharing information on customer needs and demand.

Source: Glasgow City IJB, 2018

Longer-term, integrated financial planning is needed to deliver sustainable service reform

48. Partners are finding it very difficult to balance the need for medium- to long-term planning, typically three to five years and five years plus, alongside annual settlements, current commitments and service pressures. We have called for longer-term financial planning in the health sector and local government for many years. While all IAs have short-term financial plans, only a third have medium-term plans and there were no longer-term plans in place at the time of our fieldwork. This is a critical gap as the changes under integration are only likely to be achieved in the longer term.

49. The Accounts Commission has previously reported that the 'Evidence from councils' annual audit reports generally demonstrates good medium-term (three to five years) financial planning, with some councils using scenario planning to provide a range of options'.[11] IAs should draw on the experience from councils to inform development of longer-term financial plans.

50. There is little evidence that councils and NHS boards are treating IJBs' finances as a shared resource for health and social care. This is despite the requirement to do this in the legislation, and budget processes set out in integration schemes describing budget-setting based on need. Partners must work with the IJBs to establish an approach to financial planning that considers the priorities of health and social care in the local community. Councils and NHS boards can be unwilling to give up financial control of budgets and IJBs can struggle to exert their own influence on the budget-setting process.

51. National data on the balance of spending between institutional care and care in the community is only available up to 2015/16. While this does not reflect any impact from IAs, it shows that the balance of spending changed little between 2012/13 to 2015/16 (Exhibit 9, page 32). Although this data is still collated, it is no longer published. This data should be publicly available and is a helpful indicator of whether IAs are influencing the shift of resources.

52. In October 2018, the Scottish Government published its *Medium Term Health and Social Care Financial Framework*.[12] The Framework is intended to help partners to improve strategic planning. It covers the period 2016/17 to 2023/24, and sets out trends in expenditure and activity, future demand and the future shape of health and social care expenditure.

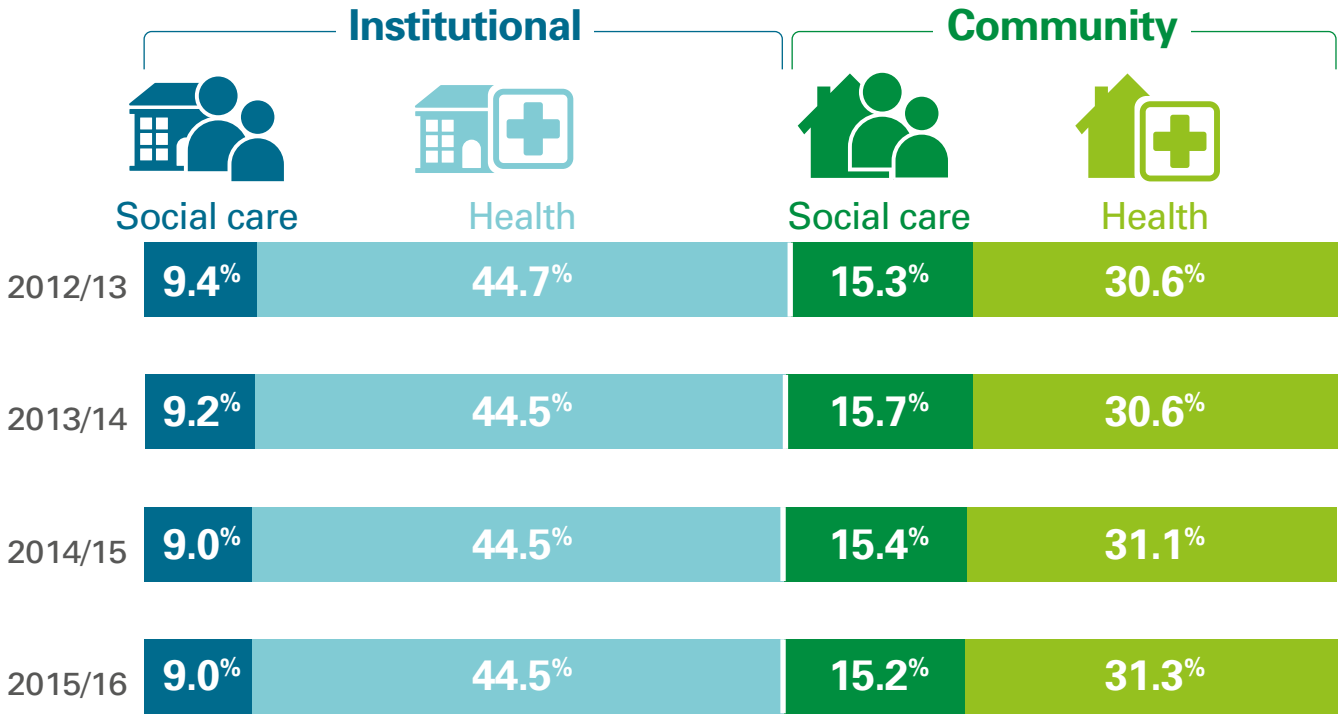
53. Attempts at integrating health and social care go back several years and it is not possible to identify the full cost of the reforms. This, in part, is due to the scale of the reforms and the interconnectedness with the rest of the health and social care system.

54. Due to ongoing financial pressures, most new service initiatives have been funded using additional financial support from the Scottish Government, rather than through the re-distribution of health and social care resources. Therefore, there should be an ongoing commitment from the Scottish Government to provide continued additional funding over coming years. This will provide financial stability to IAs while they implement new ways of working and plan how to redirect funding from current services.

Exhibit 9

The percentage of expenditure on institutional and community-based care

The percentage of expenditure on institutional and community-based care remained static between 2012/13 – 2015/16.



Source: Information Services Division, 2018

55. Major reforms have benefited from a degree of 'pump priming' money to help with change. In 2017/18, IAs total income included national funding which has been directed through NHS budgets, of:

- £100 million from the Integrated Care Fund to help shift the balance of care
- £30 million to help tackle delayed discharges
- £250 million to support payment of the living wage and help establish integration in its first year. This increased by £107 million in 2017/18.

56. The ring-fencing of funding intended to support delegated functions has not helped IAs' efforts to redirect resources, reducing their ability to use their resources flexibly. There are examples of small-scale transfers of resources and we appreciate that more time is needed for IAs to achieve this change (Case study 4, page 33). IAs need to demonstrate how they will sustain any improvements if specific dedicated funding is no longer available.

Case study 4

South Lanarkshire redirecting resources to provide more community-based care

In 2017, South Lanarkshire IJB decided to close 30 care of the elderly beds within Udston Hospital and invest in alternative community-based models of care. An assessment of need found that two-thirds of individuals on the ward could have been better cared for within a community setting. Recurring funding of about £1 million per annum was released as a result. The IJB planned for £702,000 of this to be redirected to community-based services, such as homecare and district nursing to build the area's capacity to support more people at home. To achieve this:

- engagement plans were developed to ensure people using care and their families, staff and elected members of the Udston area were involved in the changes
- financial modelling was undertaken to understand the profile of people on the ward and reallocate resources to more appropriate, alternative health and social services
- the IA worked in partnership with NHS Lanarkshire to ensure good governance.

The £702,000 provided a degree of financial flexibility to further develop intermediate care services and increase community-based rehabilitation services. The IJB plans to redesignate the Udston beds for use by step-down intermediate care patients to support a reduced reliance on the hospital and residential care.

Source: Bed Modelling in South Lanarkshire, IJB board paper, 30 October 2017

Agreeing budgets is still problematic

57. Fifteen IAs failed to agree a budget for the start of the 2017/18 financial year with their partners. This is partly down to differences in the timing of budget settlements between councils and NHS boards. It can also be due to a lack of understanding between councils and NHS boards of each other's financial reporting, accounting arrangements and the financial pressures faced by each. This lack of understanding can cause a lack of trust and reluctance to commit funds to an integrated health and social care budget.

58. There are difficulties with short-term and late budget settlements, but this should not preclude longer-term financial planning. IAs will only be able to plan and implement sustainable services if they are able to identify longer-term costs and funding shortfalls. This will also help to plan effective exit strategies from current services and larger-scale transfers of resources to community-based and preventative services.

It is critical that governance and accountability arrangements are made to work locally

59. Integrating services is a significant challenge, particularly when partners are dealing with current demand and constrained resources, while trying to better understand how services need to change. The Act should be a basis for all local partners to come together to implement changes. A perceived lack of clarity in the Act is adding to local disagreements and is delaying integration. This lack of clarity and misunderstanding is evident even among people working at senior levels and can impede good relationships.

60. Having a clear governance structure where all partners agree responsibility and accountability is vital. Disagreements can be particularly apparent when it is perceived that accountability for a decision rests with individuals who no longer have responsibility for taking them. Chief executives of councils and NHS boards are concerned that they will be held accountable for failures in how services are delivered when they are no longer responsible for directing those services. In practice, partners need to set out how local accountability arrangements will work. Integration was introduced to shift from a focus on what worked for organisations to what works for the person who needs a health and social care service. Applying this approach should help partners to implement the Act. In some areas partners are working through governance challenges as they implement the Act, and more should be done to share this experience.

61. Our first report on the integration of health and social care recommended that integration partners 'need to set out clearly how governance arrangements will work in practice…This is because there are potentially confusing lines of accountability...People may also be unclear who is ultimately responsible for the quality of care.' Clarity is still needed for local areas over who is ultimately responsible for service performance and the quality of care. In some instances, this uncertainty is hampering decision-making and redesign of services provision. Not enough has been done locally to address this.

62. IJBs have a commissioning role but most IJB COs also have delegated operational responsibility for those functions and services that are delegated to the IJB, with the exception of acute care. There are difficulties in understanding how the 'operational responsibility' aspect works in practice. Auditors report that members of IA leadership teams have differing views about governance, especially clinical governance, and roles and responsibilities. In some areas, councils and NHS boards are putting in place additional layers of reporting as if each were accountable for the actions of the IJB. The IJB approach was introduced in part to simplify arrangements, not to add complexity. There are also significant concerns about the impact of integration on the rest of the acute hospital system.

63. It is the IJB's role, through the CO, to issue directions to its partner council and NHS board about service delivery and allocation of resources. This can be made more difficult by disagreements about governance arrangements. It is complicated further by the reporting lines of the CO, who directly reports to both chief executives of the council and NHS board. COs have reported that it can be difficult to direct those who are effectively their line managers. This reinforces the need for strong relationship building and the establishment of a collective agreement over policy direction, funding arrangements and vision for integration.

Decision-making is not localised or transparent in some areas

64. The Act envisaged that decision-making would be devolved as locally as possible. In some areas, IAs, councils and NHS boards have not yet devolved decision-making in the spirit of the Act and locality plans and management structures are still in development. Officers, staff and local service providers have reported that this is because of a risk-averse response to integration that sees NHS boards and councils retain central control over decision-making. Decision-making by IAs is often influenced by statutory partners' priorities. Often, IJB members rely on their statutory partners for information, advice and policy formulation rather than taking the lead on planning and implementing new ways of providing services.

65. There are examples of IAs working hard to establish decision-making arrangements in their partnership. Aberdeen City has put in place governance systems to encourage and enable innovation, community engagement and participation, and joint working. This should leave it well placed for progressing integration and implementing new services in its community (Case study 5). We have also seen how IAs such as South Lanarkshire and Dundee City are beginning to develop locality-based approaches to service delivery (Case study 6, page 36).

Case study 5

Governance arrangements in Aberdeen City IA

Aberdeen City IJB worked with the Good Governance Institute to develop its risk appetite statement and risk appetite approach. The IJB wanted to consider which decisions and risks should, and importantly those which should not, be considered by the IJB. The idea was to ensure there was capacity for decisions to be made locally, so that staff could influence the outcomes of individuals by ensuring that care was tailored to individual needs. Staff and managers say they now feel trusted to make decisions and implement new ideas to benefit individuals in their communities.

The IJB considers that it has demonstrated an aspiration to develop and encourage innovation in local service provision, and local managers and staff understand that decision-making within localities and input of ideas is welcomed and encouraged within agreed risk parameters. Aberdeen City has worked hard to build relationships and trust throughout the partnership. It accepts that achieving its priorities will involve balancing different types of risk and that there will be a need to balance the relationship between different risks and opportunities. There is also an acceptance and tolerance that new ideas will not always be successful.

Source: Aberdeen City IJB, 2018

Case study 6

Locality approach in South Lanarkshire

In 2017, South Lanarkshire IJB realigned its management structure around its four localities. Each locality has a manager responsible for a range of multidisciplinary teams and a health and social care budget. Moving the management of services to a locality level has empowered local teams to review the models of care in their area to see what fits best for the local community. A public forum in each locality gives the local community a voice in shaping local services. Each locality has produced a local strategic needs assessment setting out local needs and priorities and directing attention towards more locally specific outcomes. A 'community first' model of care places the emphasis on developing more community capacity and support.

Staff report that multidisciplinary working and, where possible, co-location, has improved communication and learning across disciplines. They have better knowledge of skills within the wider integrated team, allowing the most appropriate professional to see people at the right time. Working with separate IT systems is a source of frustration and requires less efficient work arounds. Another challenge is balancing trying to change at pace with a need to maintain day-to-day workload. Teams have taken an incremental approach to change, starting with a small number of staff and people using the health and social care services, and, if the new model goes well, gradually increasing this until the change becomes normal practice.

Source: North Lanarkshire IJB, 2018

Best value arrangements are not well developed

66. As IJBs are local authority bodies, the statutory duty of Best Value applies to them. This means that IJBs, from the outset, must clearly demonstrate their approaches to delivering continuous improvement. In July 2017, IJBs submitted their first annual performance reports in accordance with statutory requirements. One of the reporting requirements is that they demonstrate Best Value in the delivery of services.

67. We found that some aspects of Best Value are widely covered within IJBs' annual performance reports and annual accounts, including financial planning, governance and use of resources. About half of all IJBs had a section in their annual performance reports setting out how they intended to demonstrate the delivery of Best Value. Overall the coverage varies between IJBs and is often not in enough detail to allow the public to judge the IJB's activity on continuous improvement.

IAs are using data to varying degrees to help plan and implement changes to services but there are still gaps in key areas

68. Information Services Division (ISD) is part of NHS National Services Scotland, a special NHS board. ISD provides Local Intelligence Support Team (LIST) analysts to each IA area, along with social care information known as SOURCE. Using a LIST analyst to tailor and interpret local data helps IAs to better understand local need and demand and to plan and target services. LIST also works with Community Planning Partnerships in several areas including care for prison leavers presenting to the Homeless Service and children affected by parental imprisonment.

69. Part of the work IAs are doing, supported by the LIST, is to better understand how to support the top two per cent of people using services who account for 50 per cent of hospital and GP prescribing expenditure. By doing this, they can better direct resources and take preventative steps to ensure these users receive more targeted care. This prevents unnecessary hospital admissions and improves personal outcomes through providing more appropriate care in a homely setting.

An inability or unwillingness to share information is slowing the pace of integration

70. There are several areas which need to further improve to help IAs and their council and NHS board partners make better use of data. These include:

- GP practices agreeing data-sharing arrangements with their IA
- IAs being proactive about sharing performance information, ideas and new practice with other IAs
- IAs and ISD agreeing data-sharing protocols for using data in national databases
- IAs identifying gaps in data about community, primary care and social care services and establishing how this information will be collected. This is something we have highlighted in several of our previous reports
- improving consistency in IAs' data, making comparisons easier.

71. Sharing of information, including both health and performance information, is a vital part of providing effective care that is integrated from the point of view of the people who use services. It is also vital in helping to anticipate or prevent need. Throughout our work we were told of examples where this was not happening in practice, because of local systems or behaviours. Examples include: GP practices being unwilling to share information from new service pilots with other IAs; IAs themselves being unwilling to share performance and good practice information with others; and difficulties in setting up data-sharing agreements between IAs and ISD. Different interpretations of data protection legislation are not helping with the ease with which information is being shared.

72. NHS and social care services are made up of many different specialties and localities, often with different IT systems, for example, systems to record X-ray results or record GP data. Many of these systems have been built up over years and commissioned separately for different purposes. Some services still rely on paper records.

73. This disjointedness has an impact on people who need care and on the ability of health and care professionals to provide the best support that they can. For example, people with multiple and complex health and care conditions can have to explain their circumstances to many different professionals within a short space of time. This can delay people getting the help they need, waste resources and gets in the way of care provision being more responsive to people's needs. Local data-sharing arrangements need to be in place so that professionals can appropriately share and protect the data they hold.

74. Time and money are being spent on fixing local IT problems when national solutions should be found. Local fixes are being put in place to help overcome data-sharing barriers. This includes bringing teams of staff together under one roof, so

they can discuss individual cases, rather than relying on electronic systems such as internal emails to communicate. Local areas are spending time and money implementing solutions which may continue to be incompatible in the future. There is a need for a coordinated approach to the solution, which includes the need to consider a national, single solution for Scotland.

75. New IT systems and technology are crucial to implementing new ways of working. For example, many areas are beginning to introduce virtual means of contacting people using care services, such as video links to people's homes so they do not have to visit a health or care centre. To do this successfully, a reliable communication infrastructure is needed, particularly in rural areas.

76. In April 2018, the Scottish Government published *Scotland's Digital Health & Care Strategy: Enabling, Connecting & Empowering*. As part of this, a new national digital platform is to be developed to enable the sharing of real-time data and information from health and care records as required, across the whole care system. We will monitor developments as part of our work programme.

Meaningful and sustained engagement will inform service planning and ensure impact can be measured

77. IAs were set up to have active public involvement, for example through the make-up of their boards and requirements that they publish and engage with communities about their plans. We found some good local examples of engagement. From our analysis of IA strategic plans, we saw evidence of community engagement that influenced the IA's priorities (Case study 7, page 39). Levels of ongoing engagement, and how much it shapes service redesign, are more difficult to judge, but several IAs explicitly mention the importance of engagement and see it as a priority.

78. Several third and independent sector organisations reported that they do not feel that IAs seek or value their input, although they have innovative ways to improve local services that will positively affect the lives of local people. Providers believe that service decisions are based on the funding available over the short term, rather than the needs of the community. Third-sector providers also report that there is often not time to attend engagement meetings, gather information for consultations or research lengthy committee papers. Therefore, IAs have a responsibility to help them become involved and to work with them earlier. IAs must discuss potential changes to services and funding with providers as early as possible.

79. Early engagement with staff, as with the public, has reduced since IAs published strategic plans. Staff want to know how they are contributing to the progress of integration. More communication and involvement will both help increase knowledge of the services available across partnerships and help overcome cultural differences and reluctance to accept change in ways of working.

80. Throughout this report we have recognised the challenging context IAs are operating in. This is inevitably having an impact on the extent to which they can meaningfully engage communities in discussions about improvements to services. IAs need to have in place wide-ranging and comprehensive arrangements for participation and engagement, including with local communities. Where local arrangements for engagement have been shown to work, these should continue. Engagement does not have to be managed and directed solely by the IA. If a local department or service has established relationships and means of engaging with third and independent sector providers which have proved successful, these should continue as before.

Case study 7

Edinburgh IJB: public engagement

The enhanced and proactive engagement approach adopted by Edinburgh IJB facilitated the involvement of the voluntary sector organisations in the co-production of strategic planning. Via the Edinburgh Voluntary Organisation Council, which sits on the IJB board as a non-voting member, the IJB invited the Lothian Community Health Initiatives' Forum (LCHIF) onto its Strategic Planning Groups (SPG). This allowed the LCHIF to get involved in developing the IJB's five strategic Commissioning Plans: Older People, Mental Health, Physical Disabilities, Learning Disabilities, and Primary Care.

LCHIF was subsequently invited to be part of the Older People's and Primary Care Reference Groups. Through involvement on the two reference groups, LCHIF and its members were able to contribute to the work that most reflected the services being delivered by them. The initial involvement of LCHIF on the SPG led to further engagement with other key influencing groups and networks which they felt ultimately benefited the sector, the forum and its members.

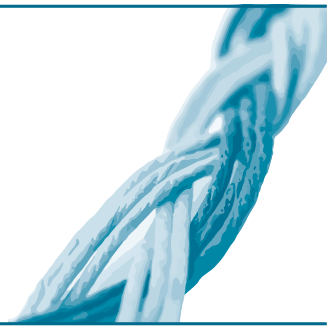
In addition to this involvement, the IJB has also embarked upon a review of its grants to the third-sector. This has been done in full collaboration and partnership with the third-sector. Through the SPG, a steering group was appointed, again with the involvement of LCHIF. This involvement contributed to a commitment being made to establish a grants forum in recognition of the ongoing dialogue that is required to ensure that prevention, early intervention and inequalities remains a priority for the IJB.

Source: Edinburgh IJB, 2018.

81. In September 2017, the Scottish Parliament's Health and Sport Committee published *Are they involving us? Integration Authorities' engagement with stakeholders*, an inquiry report on IAs' engagement with stakeholders.[13] The Committee also found a lack of consistency in stakeholder engagement across IAs. While some areas of good practice were cited, the Committee heard concerns over engagement being 'tokenistic', 'overly top down' and 'just communicating decisions that had already been made'. The Committee argued that a piecemeal approach to engagement with stakeholders cannot continue and that meaningful engagement is fundamental to the successful integration of health and social care services.

82. There is also a role for the Scottish Government in continuing to develop how learning from successful approaches to integration is shared across Scotland. IAs are not being proactive about sharing success stories and the principles behind the planning and implementation of new ways of working which have worked well. Much could be learnt from the work done to date in local areas and IAs should be encouraged to engage with each other and share knowledge and performance information.

Endnotes



1 More details about the joint inspections are available at the Care Inspectorate website.

2 *Health and social care integration*, Auditor General and Accounts Commission, December 2015.

3 *English local authority reserves,* Chartered Institute of Public Finance and Accountancy, June 2015.

4 This takes account of North Ayrshire IJB, which was the only IJB to have an accumulated negative reserve balance. This amounted to £5.8 million and was because of overspends in social care services that were not funded by additional allocations from the NHS board or council.

5 *NHS in Scotland 2018*, Auditor General, October 2018.

6 *Local government in Scotland: Challenges and performance 2018*, Accounts Commission, April 2018.

7 National Performance Framework, Scottish Government, June 2018.

8 *Systems thinking and systems leadership*, NHS Education for Scotland, 2016.

9 *National Health and Social Care Workforce Plan Part 3 – improving workforce planning for primary care in Scotland*, Scottish Government, April 2018.

10 *NHS workforce planning*, Auditor General, July 2017.

11 *Local government in Scotland: Challenges and performance 2018*, Accounts Commission, April 2018.

12 *Medium Term Health and Social Care Financial Framework*, Scottish Government, October 2018.

13 *Are they involving us? Integration Authorities' engagement with stakeholders*, Health and Sport Committee, Scottish Parliament, September 2017.

Appendix 1

Audit methodology

Our objective: To examine the impact public bodies are having as they work together to integrate health and social care services in line with the Public Bodies (Joint Working) (Scotland) Act 2014.

Our audit questions:

- What impact is integration having and what are the barriers and enablers to this change?
- How effectively are IAs planning sustainable, preventative and community-based services to improve outcomes for local people?
- How effectively are IAs, NHS boards and councils implementing the reform of health and social care integration?
- How effectively is the Scottish Government supporting the integration of health and social care and evaluating its impact?

Our methodology:

- Reviewed documents, such as integration schemes, IAs' strategic plans, IJBs' annual audit reports, annual performance reports, national performance data and other key documents including the Scottish Government's National Health and Social Care Financial Framework.
- Interviews, meetings and focus groups with a range of stakeholders including third-sector and independent sector providers. Our engagement involved hearing about experiences of engaging with IAs and how services had changed through integration.
- Interviews at four case study sites – Aberdeen City IJB, Dundee City IJB, Shetland Islands IJB and South Lanarkshire IJB. We met with:
  - Chief Officers and Chief Finance Officers
  - Chairs and vice-chairs of IJBs
  - NHS and council IJB members
  - Chief social work officers
  - IJB clinical representatives (GP, public health, acute, nursing)
  - IJB public representatives (public, carer and voluntary sector)
  - Heads of health and social care, nursing, housing and locality managers and staff
  - NHS and council chief executives and finance officers
  - IT, communications and organisational development officers.

Appendix 2

Advisory group members

Audit Scotland would like to thank members of the advisory group for their input and advice throughout the audit.

Member	Organisation
Alison Taylor	Scottish Government
Alistair Delaney	Healthcare Improvement Scotland
Allison Duncan	IJB Vice Chair
Eddie Fraser	IJB Chief Officer
Fidelma Eggo	Care Inspectorate
Gerry Power	Health and Social Care Alliance
Jeff Ace	NHS Chief Executive
John Wood	Convention of Scottish Local Authorities (COSLA)
Julie Murray	Society of Local Authority Chief Executives
Robin Creelman	IJB Vice Chair
Tracey Abdy	IJB Chief Finance Officer

Note: Members sat in an advisory capacity only. The content and conclusions of this report are the sole responsibility of Audit Scotland.

Appendix 3

Progress against previous recommendations

Recommendations	Progress
Scottish Government should:	
• work with IAs to help them develop performance monitoring to ensure that they can clearly demonstrate the impact they make as they develop integrated services. As part of this: – work with IAs to resolve tensions between the need for national and local reporting on outcomes so that it is clear what impact the new integration arrangements are having on outcomes and on the wider health and social care system.	IAs are reporting locally on outcomes but this is not being drawn together to give a national picture of outcomes for health and social care.
• monitor and publicly report on national progress on the impact of integration. This includes: – measuring progress in moving care from institutional to community settings, reducing local variation in costs and using anticipatory care plans – reporting on how resources are being used to improve outcomes and how this has changed over time – reporting on expected costs and savings resulting from integration.	We found there are a significant number of indicators and measures being used nationally and locally to understand whether integration is making a difference and to monitor changes. But, for the public to understand how the changes are working at a Scotland-wide level, these indicators need to be presented in a clear and transparent way. The Scottish Government has introduced a series of national outcomes for health and social care. The outcomes are not being routinely reported at a national level. The savings estimated to be made from integration were expected to derive from a reduction in unplanned bed days, fewer delayed discharges, improved anticipatory care and less variation in bed day rates across partnerships. The savings from these have not been specifically monitored by the Scottish Government, although actual and projected performance across these measures is reported to the Scottish Government's Ministerial Steering Group.
• continue to provide support to IAs as they become fully operational, including leadership development and sharing good practice, including sharing the lessons learned from the pilots of GP clusters.	Some leadership development has been commissioned from the Kings Fund by the Integration Division at Scottish Government but there is a lack of joint leadership development across the health and social care system to help to embed and prioritise collaborative leadership approaches. There is an appetite for examples of good practice from local partnerships but still a lack of good learning resources.

Cont.

Recommendations	Progress
Integration Authorities should:	
• provide clear and strategic leadership to take forward the integration agenda; this includes: – developing and communicating the purpose and vision of the IJB and its intended impact on local people – having high standards of conduct and effective governance, and establishing a culture of openness, support and respect.	We found that a lack of collaborative leadership and cultural differences are proving to be significant barriers to change in some areas.
• set out clearly how governance arrangements will work in practice, particularly when disagreements arise, to minimise the risk of confusing lines of accountability, potential conflicts of interests and any lack of clarity about who is ultimately responsible for the quality of care and scrutiny. This includes: – setting out a clear statement of the respective roles and responsibilities of the IJB (including individual members), NHS board and council, and the IJB's approach towards putting this into practice – ensuring that IJB members receive training and development to prepare them for their role, including managing conflicts of interest, understanding the organisational cultures of the NHS and councils and the roles of non-voting members of the IJB.	There is a lack of agreement over governance and a lack of understanding about integration which is acting as a significant barrier to progress in some areas. There are still circumstances where clarity is needed over who is ultimately responsible for service performance and the quality of care. In some instances, this uncertainty is hampering decision-making and redesigning how services are provided. Not enough has been done locally to address this.
• ensure that a constructive working relationship exists between IJB members and the chief officer and finance officer and the public. This includes: – setting out a schedule of matters reserved for collective decision-making by the IJB, taking account of relevant legislation and ensuring that this is monitored and updated when required – ensuring relationships between the IJB, its partners and the public are clear, so each knows what to expect of the other.	IAs have helped to improve engagement with the public and providers in the local area in some instances but there is more to do.
• be rigorous and transparent about how decisions are taken and listening and acting on the outcome of constructive scrutiny, including: – developing and maintaining open and effective mechanisms for documenting evidence for decisions – putting in place arrangements to safeguard members and employees against conflict of interest and put in place processes to ensure that they continue to operate in practice – developing and maintaining an effective audit committee – ensuring that effective, transparent and accessible arrangements are in place for dealing with complaints. – ensuring that an effective risk management system is in place.	We found that decision-making is not localised or transparent in some areas and risk management arrangements are not well developed.

Cont.

Recommendations	Progress
• develop strategic plans that do more than set out the local context for the reforms; this includes: – how the IA will contribute to delivering high-quality care in different ways that better meets people's needs and improves outcomes – setting out clearly what resources are required, what impact the IA wants to achieve, and how the IA will monitor and publicly report their progress – developing strategies covering the workforce, risk management, engagement with service users and data sharing, based on overall strategic priorities to allow the IA to operate successfully in line with the principles set out in the Act and ensure these strategies fit with those in the NHS and councils – making clear links between the work of the IA and the Community Empowerment (Scotland) Act and Children and Young People (Scotland) Act.	IAs are beginning to link their resources to strategic priorities but more needs to be done to show when their planned outcomes will be achieved. They also need to show how the shift from the current ways of working to new models of care will happen.
• develop financial plans that clearly show how IAs will use resources such as money and staff to provide more community-based and preventative services. This includes: – developing financial plans for each locality, showing how resources will be matched to local priorities – ensuring that the IJB makes the best use of resources, agreeing how Best Value will be measured and making sure that the IJB has the information needed to review value for money and performance effectively.	There is some evidence of small-scale transfers of resources, but most IAs have funded changes to services using ring-fenced funding, such as specific additional integrated care funding provided by the Scottish Government. This is instead of shifting resources from an acute setting, such as hospitals, to community settings such as local clinics and GP surgeries. While this may have achieved performance improvement in things such as delayed discharges, ring-fenced funding may not be available long term. Therefore, IAs need to ensure the financial sustainability of ongoing support for changes made. Financial planning is not integrated, or long term and financial pressures make meaningful change hard to achieve. Arrangements for understanding and measuring Best Value arrangements are not well developed.
• shift resources, including the workforce, towards a more preventative and community-based approach; it is important that the IA also has plans that set out how, in practical terms, they will achieve this shift over time.	We found there has been limited change in how resources are being used across the system at this stage – see above.

Cont.

Recommendations	Progress
Integration Authorities should work with councils and NHS boards to:	
• recognise and address the practical risks associated with the complex accountability arrangements by developing protocols to ensure that the chair of the IJB, the chief officer and the chief executives of the NHS board and council negotiate their roles in relation to the IJB early in the relationship and that a shared understanding of the roles and objectives is maintained.	We found a lack of agreement over governance and a lack of understanding about integration remain significant barriers in some areas. There are still circumstances where clarity is needed over who is ultimately responsible for service performance and the quality of care. In some instances, this uncertainty was hampering decision-making and redesigning how services are provided. In our opinion, not enough has been done locally to address this.
• review clinical and care governance arrangements to ensure a consistent approach for each integrated service and that they are aligned to existing clinical and care governance arrangements in the NHS and councils.	Auditors report that members of IA leadership have differing views about governance, especially clinical governance, and roles and responsibilities.
• urgently agree budgets for the IA; this is important both for their first year and for the next few years to provide IAs with the continuity and certainty they need to develop strategic plans; this includes aligning budget-setting arrangements between partners.	We found that at present, not all councils and NHS boards view their finances as a collective resource for health and social care. Some councils and NHS boards are still planning budgets around their own organisations rather than taking account of their IJBs local strategic priorities. The ambition for integration is that the health and social care resources in the local area would be brought together and used to deliver integrated services with improved outcomes for people. While this is happening in some areas, councils and NHS boards in other areas can be unwilling to give up financial control of budgets and IJBs can struggle to exert influence over their budgets. Some IAs have little or no involvement in the budget-setting process. At a very basic level IJBs struggle in some areas to agree budgets. Fourteen IJBs failed to agree a budget for the start of the 2017/18 financial year.
• establish effective scrutiny arrangements to ensure that councillors and NHS non-executives, who are not members of the IJB board, are kept fully informed of the impact of integration for people who use local health and social care services.	We have seen that IJB board papers are shared with council and NHS board partner organisations. In some areas though, rather than streamlining governance and scrutiny arrangements, councils and NHS boards are putting in place additional layers of reporting as if each were accountable for the actions of the IJB.
• put in place data-sharing agreements to allow them to access the new data provided by ISD Scotland.	IAs and ISD are have difficulties in agreeing data-sharing protocols for using national databases.

Appendix 4

Financial performance 2017/18

IJB	Position (pre-additional allocations) Overspend/ (underspend)	Additional allocation/ (reduction) Council	Additional allocation/ (reduction) NHS board	Use of reserves	Year-end position Deficit/ (Surplus)
	(£million)	(£million)	(£million)	(£million)	(£million)
Aberdeen City	2.1	0	0	2.1	0
Aberdeenshire	3.5	1.5	2.0	0	0
Angus	(0.4)	0	0	0	(0.4)
Argyll and Bute	2.5	1.2	1.4	0	0
Clackmannanshire and Stirling	2.2	0.6	0.6	1.1	0
Dumfries and Galloway	(2.5)	0	0	0	(2.5)
Dundee City	2.5	0	2.1	0.4	0
East Ayrshire	3	2.2	1.3	0	(0.5)
East Dunbartonshire	1.1	0	0	1.1	0
East Lothian	0.7	0.6	0.1	0	0
East Renfrewshire	(0.4)	0	0	0	(0.4)
Edinburgh	7.4	7.2	4.9	0	(4.7)
Eilean Siar	(3.0)	0	0	0	(3.0)
Falkirk	1.3	0	1.4	0.2	(0.3)
Fife	8.8	2.5	6.4	0	0
Glasgow City	(12.0)	0	0	0	(12.0)
Inverclyde	(1.8)	0	0	0	(1.8)
Midlothian	(0.7)	0.2	0	0	(0.9)
Moray	1.9	0	0	1.9	0
North Ayrshire	3.5	0	1.0	0	2.6
North Lanarkshire	(11.7)	0	0.6	0	(12.3)
Orkney	0.7	0.2	0.5	0	0
Perth and Kinross	(1.4)	(2.6)	1.3	0	0
Renfrewshire	4.8	2.7	0	2.1	0
Scottish Borders	4.5	0.3	4.2	0	0
Shetland	2.4	(0.3)	2.9	0	(0.2)
South Ayrshire	0.3	0	0	0.3	0
South Lanarkshire	(1.2)	0	1.0	0	(2.2)
West Dunbartonshire	(0.6)	0	0	0	(0.6)
West Lothian	1.8	0	1.8	0	0

Note: Arithmetic differences arising from roundings.
Source: Audited Integration Authority annual accounts, 2017/18

Health and social care integration

Update on progress

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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 12 December 2018

Subject: Budget Setting and Consultation Timeline

1. Purpose

1.1 To provide the Audit Committee with a proposed timeline for presenting the 2019/20 budget estimates and opening a public consultation on potential savings options to close any budget gap.

2. Recommendations

2.1 It is recommended that the HSCP Audit Committee:

- Consider the suggested timeline and agree on the proposal to amend the future agreed HSCP Board dates to allow time to consider budget offers from our partner organisations; and
- To allow time to consult with the public on potential savings options developed based on these budget offers.

3. Background

3.1 The November HSCP Board was presented with an update report on the 2019/20 budget setting process which detailed that the Scottish Government's financial settlement to both councils and health boards is scheduled to be released the week beginning 10 December 2018. However there is no information at this time on whether it will contain specific funding directions for Integration Authorities as in previous years.

3.2 The differing budget setting timetables for both councils and health boards also impacts on the annual budget setting process for Integration Authorities. Local authorities must set their budget by mid March to allow for the Council Tax to be set and communicated to their residents prior to the start of the new financial year. Health Boards have no statutory requirement to set their budget before the start of the financial year.

3.3 The Chief Financial Officer in partnership with the SMT continues to work through the 2019/20 to 2021/22 budget estimates to ensure they reflect all known current budget pressure, future demographic and inflationary pressure and known legislative changes. The potential funding gaps resulting from the application of a range of assumptions and draft savings options have been presented to HSCP Board members, the Joint Staff Forum and the extended senior management team in individual sessions throughout November.

4. Main Issues

4.1 As detailed in the November HSCP Board report until the Scottish Government release details of their 2019/20 funding settlement (anticipated to be only a one year settlement) and WDC and NHSGGC approve formal offers to the HSCP Board then the extent of any funding gap cannot be confirmed.

4.2 In the past month, although there continues to be considerable debate on how Brexit will impact on the UK economy, the UK Government in their latest budget statement have indicated that austerity measures will be reduced. The Fraser of Allander Institute report "Scotland's Budget Report 2018" (released 8 November 2018) stated that the outlook for public spending "*has improved and given the commitment to pass on health related consequential to the NHS, health spending is now on track to increase by around 2.7% per annum over the remaining three years of the parliament*". If this is indeed the case then this will improve the current assumptions around the 3% pay award being fully funded.

4.3 Local authorities Directors of Finance have also been refining their funding assumptions for 2019/20 and subsequent years. The Strategic Lead for Resources presented WDC's Long Term Financial Strategy to council on 28 November for consideration. The report is very clear that the projected position is "subject to amendment as assumptions continue to be clarified and revised between now and Council in February 2019", but with regards to the council's potential funding settlement to the HSCP Board the assumption is detailed below:

"In relation to the WD Health and Social Care Partnership (HSCP), the finance strategy assumes funding to the HSCP will reduce in line with assumptions on the funding reduction assumed from the Scottish Government to the Council – so for 2019/20 to 2021/22 – 1.5% each year"

4.4 If this is the case then the current savings target of £1.560m included in the HSCP Board's 2019/20 indicative revenue budget figure (as approved by WDC on 5 March 2018) would reduce by £0.613m to £0.947m.

4.5 Given the levels of uncertainty around future funding settlements the HSCP Board requested that a report on the timeline to consider the 2019/20 budget offer and a potential public consultation to consider any required savings options be presented.

4.6 With regards to the offer from NHSGGC, while there is significant work ongoing between corporate finance colleagues and the six HSCP's CFOs it is unlikely that there will be a formal, approved offer before the end of April 2019 (for 2018/19 offer was received 1 May 2018). However the offer from WDC will form part of their scheduled budget setting meeting on 27 February 2019 (see section 4.3 above). Prior to this WDC plan to consider an indicative budget position on 19 December and launch the public consultation tool on

any required savings options the following day and running to 13 February 2019.

4.7 The next scheduled HSCP Board meetings are 20 February and 8 May 2019 and an Audit Committee scheduled for 13 March 2019. The suggested proposal would be to swap the February Board and March Audit Committee dates around. Although WDC & NHSGGC will not yet have set their 2019/20 budgets, there will have been time to consider the impact of the Scottish Government's financial settlement offers.

4.8 This will allow a 20 February Audit Committee to consider a more informed budget estimate figure and the scale of any projected gap.

4.9 The 13 March HSCP Board would be in the position to consider the WDC final 2019/20 budget offer, any subsequent social care funding gap and a range of savings options designed to close this gap, being released for public consultation. While it is unlikely that NHSGGC will have made a formal offer by this date, consideration of the Scottish Government settlement will allow for a more informed presentation of the potential health care funding gap and potential savings options. There is no statutory obligation for Health Boards or Integration Authorities to publically consult on savings options, so in line with 2018/19 any potential health care savings options could be issued of information.

4.10 The HSCP Board scheduled for the 8 May 2019 could then consider the response to the public consultation, approve savings options and set the 2019/20 budget. This is in line with the 2018/19 budget approval which was confirmed on 2May 2018.

5. People Implications

5.1 None related to this report.

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 levels of future funding from our partners.

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 To be agreed.

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.

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Date: 27 November 2018

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Appendices: None

Background Papers: **2019/20** Budget Setting Progress Report – HSCP Board Paper -14 November 2018

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Audit Committee: December 2018

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

1. Purpose

1.1 The purpose of the report is to note the most recent inspection report for Blairvadach Children's House which took place on 24th July 2018.

2. Recommendations

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

There was one recommendation from the inspection, namely to reduce the number of young people living in the house from seven to six and to re register the service with the care inspectorate as such. This recommendation has now been fully implemented. The house has reduced two double rooms to single rooms which now ensure all young people have their own personal bedroom and space. The service has notified the Care Inspectorate with regards to re-registration to this effect.

3. Background

3.1 The service covered within this report is Blairvadach Children's House which was inspected on the 24th of July 2018. This was an unannounced inspection which took place over the course of three full days. The Inspector met with the service manager, individual staff and all young people resident in the house. He had already had contact with parents and social workers prior to the inspection and he also spoke with members of the West Dunbartonshire Champions Board.

As with previous inspections the focus was on a combination of two thematic areas:

- Quality of care and support
- Quality of environment

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

4. Main issues

4.1 Blairvadach Children's House

Blairvadach Children's House was inspected on the 24th July 2018

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

- Quality of Care & Support Grade 5 Very Good
- Quality of Environment Grade 3 Adequate

With regard to quality of care and support the inspection report highlights the improvements made in this category for young people since the last inspection. The inspector noted,

"*the manager and staff had made a concerted effort to promote regular house meetings, which enabled Young People to shape the environment and ensure their views led the service development plan*"

4.2 The Inspector found,

"In Blairvadach the young people experienced, warmth, kindness and compassion from the staff that care from them".

4.3 Although not assessed under "quality of staffing" the inspector commented that he observed staff flexibly responding to the needs of young people in an age appropriate manner and acknowledged the trusting relationships young people had with key staff. This illustrates the efforts and hard work of all the staff, showing great improvement over the last year.

4.4 The inspector was also impressed by

"The quality and quantity of participation in the young peoples care plans" and that the staff considered "the young people as experts in their own experiences, needs and wishes".

The Inspector went on to say that this was evidenced when several young people guided him through their personal plans and took pride in their progress.

4.5 The Inspector took time to speak to staff, young people and other agencies; and shared the following comments within the report:

- *"The best thing about here is the staff".*
- *"They (staff) are good at listening".*
- "*There are lots of activities".*
- *"The service makes a concerted effort to progress care plans and to communicate with everyone involved with the Young person. Family members in particular, appreciated this aspect of care and support".*

4.6 The inspector stated that overall the feedback was extremely positive however young people did share that they were unhappy with the environment and in particular having to share bedrooms.

As previously highlighted Blairvadach is now achieving single occupancy for all young people, this has led to a noticeable improvement in the environment and the young people's levels of satisfaction with the care they receive.

The HSCP's plan for Blairvadach is for the house is to relocate to an entirely new, location within West Dunbartonshire all with single occupancy. This plan has been underway for some time and will support our young people to remain within their own community.

This plan was shared with the inspector who commented; " *the plan to modernise and re-locate Blairvadach will complement the work of the committed staff team"*.

Plans around the re-location are continuing to progress, an option appraisal is being completed by a multi-agency programme board and will be presented at the SAMG for consideration on the 22nd Jan 2019.

There was no other recommendations or requirements.

4.7 The table below shows improvement made in "Care and Support" since the last inspection:

Blairvadach Children's House	Previous Grades						Current Grades					
	1	**2**	**3**	**4**	**5**	**6**	**1**	**2**	**3**	**4**	**5**	**6**
	June 2017						July 2018					
Care & support				**X**							**X**	
Environment				**N/A**					**X**			
Staffing				**X**					N/A			
Management & Leadership				**N/A**					N/A			

5. People Implications

5.1 There are no personnel issues.

6 Financial and Procurement Implications

6.1 There are no financial and/or procurement implications.

7. Risk Analysis

7.1 Risk assessment was not required.

8. Equalities Impact Assessment (EIA)

8.1 Not required for this report.

9. Consultation

9.1 Not required for this report.

10. Strategic Assessment

10.1 The Council's Strategic Plan 2012-17 identifies "improve life chances for children and young people" as one of the authority's five strategic priorities.

10.2 The provision of residential care is a statutory requirement.

10.3 Many of the young people who have experienced residential care, have gone on to be involved in the Councils Champions Board and are already involved in reviewing the Councils Corporate Parenting Strategy and policies that apply to residential care and its delivery.

Beth Culshaw
Chief Officer
Health & Social Care Partnership
Date: November 2018

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Appendices: a. Care Inspectorate Report 24th July 2018

Background Papers: The information provided in Care Inspectorate Inspection Reports Web-site address: - http://www.careinspectorate.com/

Wards Affected: All

eForms Document

SCSWIS Notifications
Change of Premises

Blairvadach Residential Home

CS2003000424

Important Information

Existing Conditions If the conditions of registration of your service have required you to notify the Care Inspectorate of specific events, or changes, within your service, you must continue to notify SCSWIS of these events or changes. Failure to do so will mean you are in breach of your conditions of registration with SCSWIS.

Where the subject of your notification will result in changes to the service's conditions of registration, you must complete and submit a formal application for variation of conditions of registration. This can be done using the eForms system. Please note that a three month notice period is required for such applications, which need to be approved by us before the changes can take effect.

Sensitive Information Before you submit your notification, please can you check that you have not included any sensitive personal information which is additional or irrelevant to the questions being asked. Failure to do so may mean that you are in breach of the Data Protection Act 1998. If you require advice on what information should be submitted then you should contact your SCSWIS Inspector.

NOTIFICATION EFORM GUIDANCE This list of notifications reflects the requirements of the Public Services Reform (Scotland) Act 2010, and The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 and The Social Care and Social Work Improvement Scotland (Applications and Registration) Regulations 2011. When completing the notification you should be aware of the provisions of the Public Services Reform (Scotland) Act 2010 and associated regulations; and, where appropriate, the Regulation of Care (Scotland) Act 2001. **It is a legal requirement for you to notify Social Care and Social Work Improvement Scotland (SCSWIS) of the matters listed in this eForm. Existing Conditions**
If the conditions of registration of your service have required you to notify the Care Commission of specific events, or changes, within your service, you must continue to notify SCSWIS of these events or changes. Failure to do so will mean you are in breach of your conditions of registration with SCSWIS.

Notification

What and/or who is the subject of the notification?
Blairvadach children house reducing temporary capacity from an 8 bedded house to a 6 bedded house.

What is the date when the notifiable event occurred/will occur? 24-10-2018

Please provide details of the event and your management of this:
Blairvadach children house reducing temporary capacity from an 8 bedded house to a 6 bedded house, this will be reviewed when Blairvadach is relocated in its new premises.

Additional Information

What date do you intend to change premises?	24-10-2018

Why do you propose to change premises?
Reducing the capacity to ensure that all young people have there own room.

What is the address of the proposed new premises?	This is not a new premises, change of registered young people
Town/City:	Rhu, Helensburgh
Postcode:	G84 8NN
Please provide the telephone number of the new premises if known.	01436820279
Please provide the fax number of the new premises if known.	

DeclarationThis report is, to the best of my knowledge, a true and accurate account.

Name:
Alexis Mulvenna

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 12 December 2018

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

1. Purpose

1.1 To provide the Audit Committee with an up-date on the recent changes to how the Care Inspectorate will undertake inspections of all older peoples' Care Homes located within West Dunbartonshire.

2. Recommendations

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

3. Background

3.1 The Scottish Government published new Health and Social Care Standards in 2017 which came into effect in April 2018.

4. Main Issues

4.1 The Care Inspectorate is rolling out a new way of inspecting the quality of care and support and help support improved services for people experiencing care based on the new standards. The new Health and Social Care Standards are more rights-based, person-led and outcome-focused than the previous standards.

4.2 They began this new inspection approach with care homes for older people as of July 2018.

4.3 The standards have changed from assessing registered providers of care services in relation to the four quality themes: quality of care and support, environment, staffing and management & leadership to five 'key questions'. The 'key questions' are 'how well do we support people's wellbeing', 'how good is our leadership', 'how good is our staff team', 'how good is our setting' and 'how well is our care and support planned'.

4.4 Inspection reports will continue to evaluate and report the quality using the existing six point scale from 1 – unsatisfactory to 6 – excellent.

4.5 If a service is awarded a Grade 2 - weak or less and/ or has requirements placed upon them following a full inspection then their next inspection may still be a follow up inspection. Any follow up inspection looks only at progress made in addressing issues highlighted in the previous report allowing the

Care Inspectorate to track improvement and gain assurance the service is making the right changes. The Care Inspectorate do not make further requirements or revise grades in follow up visits, though Inspectors have discretion to do so if they consider that sufficient evidence is evident.

4.6 In subsequent reports the table showing the grades services have been awarded will be as follows:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned

It will be necessary to continue, for a while, to use the table below in order to show, track changes or if standards are being maintained from previous inspections.

Inspection date	Care & Support	Environment	Staffing	Management & Leadership

5. People Implications

5.1 There are no personnel issues associated with this report.

6. Financial and Procurement Implications

6.1 The National Care Home Contract provides an additional quality payment, by the HSCP. Now care homes will qualify if they are awarded a grade of 5 - Very Good or 6 - Excellent for the Key Question 1 'how well do we support people's wellbeing'. There is a second additional quality payment if the home is awarded the high grade in Key Question 1 and a grading of 5 - Very Good or 6 - Excellent in any of the other four key questions.

6.2 The National Care Home Contract also accounts for providers receiving low grades of 1 - Unsatisfactory or 2 - Weak in their Care Inspectorate report. If either of these grades are awarded it may trigger the withdrawal of the quality funding component, resulting in a reduction of £20 per resident per week from the weekly fee payable.

6.3 There are no procurement implications.

7. Risk Analysis

7.1 Grades awarded to a service after a Care Inspectorate inspection are an important performance indicator for registered services. For any service assessed by the Care Inspectorate, failure to meet requirements within the time-scales set out could result in a reduction in grading or enforcement

action. Consistently poor grades awarded to any independent sector Care Home would be of concern to the Audit Committee, particularly in relation to the continued placement of older people in such establishments.

8. Equalities Impact Assessments (EIA)

8.1 There are no Equalities Impact Assessments associated with this report.

9. Consultation

9.1 None required.

10. Strategic Assessment

10.1 The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2016 – 19 priorities' are:

- To improve the health and wellbeing of West Dunbartonshire.
- 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.

10.2 The strategic priorities above emphasises the importance of quality assurance amongst independent sector providers of care and the HSCP's commitment to work with independent sector providers within an agreed assurance framework.

Name: Wendy Jack
Designation: Interim Head of Strategy, Planning and Health Improvement
Date: 08 November 2018

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Appendices: None

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

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 12 December 2018

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

1. Purpose

1.1 To provide the Audit Committee with an up-date on the most recent Care Inspectorate inspection reports for one independent sector support services operating within the West Dunbartonshire area.

2. Recommendations

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

3. Background

3.1 The Scottish Government published new Health and Social Care Standards in 2017 which came into effect in April 2018 and are more rights-based, person-led and outcome-focused than the previous standards.

3.2 The standards have changed from assessing registered providers of care services in relation to the four quality themes: quality of care and support, environment, staffing and management & leadership to five 'key questions' with quality indicators covering specific areas of care practice. The 'key questions' are 'how well do we support people's wellbeing', 'how good is our leadership', 'how good is our staff team', 'how good is our setting' and 'how well is our care and support planned'.

3.3 Inspection reports will continue to evaluate and report the quality using the existing six point scale from 1 – unsatisfactory to 6 – excellent.

3.4 This new inspection approach began with care homes for older people as of July 2018. There is no date set for rolling out the new process for all other service providers.

3.5 The Care Inspectorate reports detailed in this report continue to focus on the four quality themes: quality of care and support, environment, staffing and management & leadership. This will not change until the Care Inspectorate roll out their new process of inspecting the quality of care and support to all support services.

3.6 The independent sector support service reported here is within the areas of Mental Health Services. The service is:

- The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services – the service is provided is provided across West Dunbartonshire Council area.

3.7 Some providers operate multiple services across Scotland and register groups of their services with the Care Inspectorate on a 'Branch' basis rather than as individual services. In this report The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services, operate in this manner.

4. Main Issues

Mental Health Services

The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services

4.1 The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services is a combined Housing Support and Care at Home service. The service is offered to adults who have mental issues, learning disabilities, adults with alcohol related brain damage and acquired brain injuries. The service was inspected on 19 July 2018 and the report published on 05 September 2018. The table below summarises the movement in grades for each of the four themes awarded to The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services over the last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
19.07.18	5 – Very Good	Not assessed	Not assessed	5 – Very Good
16.08.17	5 – Very Good	Not assessed	6 – Excellent	Not assessed
09.09.16	5 – Very Good	Not assessed	Not assessed	5 – Very Good

4.2 The grades awarded to The Richmond Fellowship Scotland – East & West Dunbartonshire Supported Living Services in this inspection show that the service continues to maintain the high grades they have received since 2009. There were no requirements detailed in this inspection report for remedial action by the service.

5. People Implications

5.1 There are no people implications associated with this report.

6. Financial and Procurement Implications

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

7. Risk Analysis

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

8. Equalities Impact Assessments (EIA)

8.1 None required

9. Consultation

9.1 None required.

10. Strategic Assessment

10.1 The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2016 – 19 priorities' are:

- To improve the health and wellbeing of West Dunbartonshire.
- 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.

10.2 The strategic priorities above emphasises the importance of quality assurance amongst independent sector providers of care and the HSCP's commitment to work with independent sector providers within an agreed assurance framework.

Name: Wendy Jack
Designation: Interim Head of Strategy, Planning and Health Improvement
Date: 08 November 2018

Person to Contact: Brian Gardiner
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E-mail: brian.gardiner@west-dunbarton.gov.uk
Telephone: 01389 812309

Appendices: None

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

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 12 December 2018

Subject: Care Inspectorate Inspection Reports for Older People's Care Home and Day Care Services operated by West Dunbartonshire Health and Social Care Partnership

1. Purpose

1.1 To provide the Audit Committee with information regarding the most recent inspection reports for two of the Council's Older People's Care Home Services and an update of work undertaken to address the requirement detailed in the Care Inspectorate report for Mount Pleasant House.

2. Recommendations

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

3. Background

3.1 The Care Inspectorate began their new inspection process using a quality framework for care homes for Older People in July 2018.

3.2 The new framework is framed around quality indicators and six key questions.

3.3 Five of the six questions will be used for inspections at the time.
The key questions are 'how well do we support people's wellbeing', 'how good is our leadership', 'how good is our staff team', 'how good is our setting' and 'how well is our care and support planned '.

3.4 Inspection reports will continue to evaluate and report the quality using the existing six point scale from 1 – unsatisfactory to 6 – excellent.

3.5 Services covered in this Audit Committee report are:

- Frank Downie House
- Boquhanran House
- Mount Pleasant House

3.6 Boquhanran House and Frank Downie services were inspected using the new Framework.

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

4. Main Issues

4.1 Boquhanran House was inspected on the 14th August 2018.

4.1.2 The inspector commented it is the work that this skilled and experienced staff team do that has achieved very good outcomes for the people who live at Boquhanran House. Throughout the visit they experienced this as a very happy home where staff interacted well with residents and there was lots of laughter. Staff had a very good knowledge of each resident's care and support needs and tailored their care in a very person centred way. The service had good links with local health services to support peoples' wellbeing and very good team working was observed.

Staff and management continue to use their "My Home Life" training which promotes kind, person centred caring in all that they do.

4.1.3 The inspection awarded the following grades

- How well do we support people's wellbeing **- 5 (Very Good)**
- How well is our care and support planned **- 5 (Very Good)**

4.1.4 There were no requirements from the August 2018 inspection.

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

Boquhanran House: Current Grades 29th September 2017	
Care & Support	**5**
Environment	**Not Assessed**
Staffing	**4**
Management & Leadership	**Not Assessed**

Boquhanran House: Current Grades 14th August 2018	
How well do we support people's wellbeing?	**5**
How good is our leadership?	**Not Assessed**
How good is our staff team?	**Not Assessed**
How good is our setting?	**Not Assessed**
How well is our care and support planned?	**4**

4.2 Frank Downie House was inspected on 17th September 2018.

4.2.1 The inspector commented that residents experienced very good care and support which enabled them to make important choices and have control over their lives. Staff were observed to be very warm, caring and compassionate in their interactions with residents.

The care plans sampled were found to be very person centred with a good outline of residents' care needs, preferred routines and interests. Relatives said they worked closely with staff to ensure care planning was meeting the

specific needs of their loved one. Residents confirmed that staff respected their dignity and supported them in a way that made them feel comfortable.

4.2.2 The inspection awarded the following grades

- How well do we support people's wellbeing **- 5 (Very Good)**
- How well is our care and support planned **- 5 (Very Good)**

4.2.3 There were no requirements from the September 2018 inspection.

4.2.4 The tables below set out the grades for this care home over the last two full inspections**.**

Frank Downie House : Current Grades 11th October 2017	
Care & Support	**5**
Environment	**4**
Staffing	**4**
Management & Leadership	**Not Assessed**

Frank Downie House: Current Grades 17th September 2018	
How well do we support people's wellbeing?	**5**
How good is our leadership?	**Not Assessed**
How good is our staff team?	**Not Assessed**
How good is our setting?	**Not Assessed**
How well is our care and support planned?	**5**

4.3 Mount Pleasant House was inspected on 11th July 2018.

4.3.1 The inspection report stated the provider must ensure that all care plans and related documentation is accurate, up-to-date, signed and dated, and reflective of the care needs and outcomes to be achieved for each resident. An action plan relating to this requirement was presented at the September Audit Committee.

4.3.2 The provider is making good progress with the action plan. All care and support plans have been audited and a process for regular auditing is in place. Staff training, development and formal supervision frameworks have been set up to support the ongoing development and monitoring of Care and Support Planning.

5. People Implications

5.1 There are no personnel issues associated with this report.

6. Financial and Procurement Implications

6.1 There are no financial implications associated with this report.

7. Risk Analysis

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

8. Equalities Impact Assessments (EIA)

8.1 There are no Equalities Impact Assessments associated with this report.

9. Environmental Sustainability

9.1 N/A

10. Consultation

10.1 None required.

11. Strategic Assessment

11.1 The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2016 – 19 priorities' are:

- To improve the health and wellbeing of West Dunbartonshire.
- 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.

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Date: 12 December 2018

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Appendices: Appendix 1
Mount Pleasant House: December 2018 Audit Committee Action Plan Update

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

Wards Affected: All

Appendix

Mount Pleasant House: December 2018 Audit Committee Action Plan Update		
Requirement	**The provider must ensure that all care plans and related documentation is accurate, up-to-date, signed and dated, and reflective of the care needs and outcomes to be achieved for each resident.**	**Timescale**
Action	A full audit of Care & Support Plans will be undertaken by external manager who will work on 1 – 1 basis with Care Team Leaders and Depute Manager. All members of the management team will be made aware of the audit process. This will be followed up with Manager bi monthly audits.	Completed by end August 2018 Commence September 2018
Progress	All Care and Support Plans have been audited by the Care Home Depute Manager and an external manager. This was to ensure the audit process was clearly understood for future in-house auditing and clear standards were in place. These audits addressed the points raised in the July inspection. Whilst many care and support plans were found to be of a good standard and captured some elements of person centred care along with positive outcomes for individual residents others required more work to achieve this. Work has been undertaken to address the findings. Future expectations and the audit process have been discussed with all members of the management team and cascaded to the team through meetings and supervision sessions. Bi monthly audits of the care and support plans are now being undertaken by the Care Home and Depute Managers. This will ensure the improvements and good standards are maintained and each care and support plan is accurate, up to date and reflective of individual resident's needs and outcomes. Findings from the audits will continue to be discussed with the care team at meetings and supervision sessions. From January 2019 the Quality and Service Development Manager will undertake sample audits along with the management team.	Completed August 2018 Commenced October 2018 Ongoing

Action	Stress and Distress training has be organised to support the development of practice and recording. Four sessions will be delivered throughout September.	September 2018
Progress	Stress and Distress training sessions were delivered by the Care Home Liaison CPN. This training covered the recording of ABC charts and referral pathways. 57% of the care team members are now trained. In addition, the manager ran a couple of awareness sessions covering Approaches to Stress and Distress and Dementia Care. Further sessions are planned for December 2018 for those members of the care team who were unable to attend earlier sessions. Care Home and Day Care Services have an ongoing Dementia Training Framework which is aligned to the NES Promoting Excellence programme. This offers Informed Level and Skilled Level training to staff. 87% of Mount Pleasant staff have completed Informed Level and 8 members of the team have or are currently undertaking the Skilled Level training. All of the above training aim to raise staff awareness of different approaches to care and support planning for people who display stress and distressed behaviour. This is developing staff knowledge and practice and the additional support that was needed for one resident has notably decreased due to the application of strategies learned from recent training and development sessions. Care plan audits are showing recording has also improved.	September 2018 October 2018 Ongoing
Action	Care and Support Plan Staff Guidance will be issued to all staff and discussed in supervision.	
Progress	This has been issued to all care team members to provide guidance on completing care and support planning documentation and the different components of support needs and risk assessments. This supports both the approach and recording to care and support planning and care and support plan auditing is showing improvements in recording and planned interventions. The Care Home Manager ensures this is discussed at team and supervision meetings.	Ongoing
Action	Briefing sessions will be delivered to all care team members to refresh their knowledge of the Malnutrition Universal Screening Tool, referral process, resources and care and support planning recording to support people with dietary support needs.	

Progress	The Care Home Depute has delivered several sessions to care team members and a further session will be delivered in December to capture the staff that has still to attend. The Care and Support Plan Guidance also raises awareness of nutritional support needs and recording. The team are showing a better insight into the importance of recording nutritional sections of the care and support plan and improvements have been noted in audits.	Ongoing
Action	The formal supervision framework has been reviewed and all members of the management team will be supervised on a six weekly basis by the Care Home Manager. This is a short term measure to support improvements and ensure a consistent approach to practice, roles, remits and expectations of the team. The Quality and Service Development Manager will work alongside the Care Home Manager to progress and monitor the action plan. Regular updates will be sent to Head of Service. The knowledge and skills of the Mount Pleasant staff group will continue to be reviewed and developed in line with development plan related to modernising residential and day services	Ongoing Ongoing
Progress	The supervision framework is working well and this is evident in terms of the team being clear about their roles and expectations. Individual's knowledge and skills are continually reviewed through formal supervision. In addition, the team have introduced observation of practice, which provides the opportunity for reflective on specific areas of practice and feedback on what's working well and where any improvements may be made.	Ongoing

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Audit Committee: 12 December 2018

Subject: Update on the progress made at Sunningdale.

1. Purpose

1.1 To present the Audit Committee with an update on the progress being made by Sunningdale care home after their Care Inspectorate report.

2. Recommendations

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

3. Background

3.1 Sunningdale is an independent sector care home located in Balloch. The home is owned and managed by I & S Scotcare Ltd who operate this single care home for a maximum of 17 residential residents. The care home was inspected on 31 January 2018 and reported to committee on the meeting of 20 June 2018.

4. Main Issues

4.1 At their inspection of 31 January 2018 the Care Inspectorate awarded Sunningdale the grades of 4 – Good for the quality themes of care & support and staffing. This was a reduction from the grade of 5 – Very Good they had received in previous inspections since 2014.

4.2 Despite the reduction in grades the inspection report was positive and did not highlight any issues with service delivery that required remedial action.

4.3 The report did suggest two areas that the care home should look at to ensure all was up to date; look at the range of opportunities residents have to go on outings and review their policy of offering shared rooms.

4.4 The table below details the actions taken by Sunningdale to address the two recommendations included in their report. Staff from WDHSCP Quality Assurance have visited the care home, met the Manager and viewed evidence of the changes implemented.

Recommendation	Action taken	WDHSCP action
1. Provider to review their policy of offering shared bedrooms.	a) New policy and procedures developed by care home. Prospective residents or their families are	New amended procedures viewed by staff from WDHSCP Quality Assurance. They are more detailed,

	informed vacancies may be in a shared room. b) Consultation to take place with the resident and/or family currently in the shared room with a vacancy re potential new occupant of the shared room. c) New paperwork introduced to be signed by resident and/or family confirming issues re a shared room vacancy have been highlighted with them.	robust and have been introduced by the care home.
2. Provider to increase opportunities to go on outings and engage with local community.	a) Care home has increased the range and frequency of activities that occur out with the care home for residents to participate in. b) Increased consultation with residents as part of planning process for activities.	Staff from WDHSCP Quality Assurance have spoken with the care home for confirmation. This was evidenced by the example that groups of residents are participating in outings/activities of their choice rather than only the larger group activities on offer in the care home.

5. People Implications

5.1 There are no personnel issues.

6. Financial and Procurement Implications

6.1 There are no financial and/or procurement implications.

7. Risk Analysis

7.1 Grades awarded to a service after a Care Inspectorate inspection are an important performance indicator for registered services. For any service assessed by the Care Inspectorate, failure to meet requirements within the time-scales set out could result in a reduction in grading or enforcement

action. As such, poor grades awarded to any independent sector service would be of concern to the Audit Committee, particularly in relation to the continued referral of vulnerable people by the HSCP.

7.2 The issues identified in the inspection report were managed by the service.

8. Equalities Impact Assessments (EIA)

8.1 None required

9. Consultation

9.1 Staff from the Quality Assurance team have been in consultation with the Owner/Manager of the care home to confirm actions they have taken to address the issues mentioned in the report.

10. Strategic Assessment

10.1 West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2016 – 19 priorities are:

- To improve the health and wellbeing of West Dunbartonshire.
- 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.

10.2 The strategic priorities above emphasises the importance of quality assurance amongst independent sector providers of care and the HSCP's commitment to work with independent sector providers within an agreed assurance framework.

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Appendices:	**None**
Background Papers:	**None**
Wards Affected:	**All**

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Audit Committee: 12 December 2018

Subject: Update on the progress made at Clyde Court Care Home

1. Purpose

1.1 To present the Audit Committee with an update on work undertaken by Clyde Court Care Home to address the reduction in grade and requirement detailed in their Care Inspectorate report.

2. Recommendations

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

3. Background

3.1 Clyde Court Care Home is owned and managed by Four Seasons Health Care Limited and is located in Clydebank. The home can have a maximum of 65 nursing or residential residents. The care home was inspected on 26 June 2018 and reported to committee on the meeting of 26 September 2018.

4. Main Issues

4.1 At their inspection the Care Inspectorate awarded Clyde Court Care Home the grade of 3 – Adequate for the quality theme of care & support and 4 – Good for the theme of staffing. This was a reduction from the grade of 4 – Good they had received in previous inspections for the quality theme of care & support.

4.2 The inspection report also detailed a requirement in the inspection report for remedial action by the care home. It stated that the service had to ensure that they delivered responsive and effective support to manage resident's nutritional needs and risk assessments with eating and drinking. They were given to 30 November 2018 for the completion of this requirement. The Manager of the care home confirmed that the actions required have been completed within the timescale set by the inspectors.

4.3 In order to address the requirement that they deliver a responsive and effective support to manage resident's nutritional needs and risk assessments with eating and drinking Clyde Court Care Home have implemented the following actions:

- reviewed and amended documentation in care plans to enhance information required re nutrition and hydration;
- nutrition and hydration status of all new residents is assessed within 24hrs of admission;
- diet and fluid intake chart is completed for the first seven days;

- weekly weight is recorded for 4 weeks;
- daily report form changed to include fluid targets for those on food and fluid monitoring charts;
- greater involvement of Community Health Liaison Nurse when staff review each resident who has a 'MUST' score of 2 or more;
- Nursing, Care and Catering staff undertake Nutrition training;
- changed their 'Daily Report' at hand over meetings to include fluid targets for all residents on fluid and food intake monitoring;
- jugs of juice are available in all communal areas and for those residents who prefer to be in their own rooms;
- audit of dining experience for each unit to be undertaken each month.

4.4 The Management team of the home are responsible for completion of the monthly audit of the dining experience for residents. There have been workshops for all staff as refresher training with regard to SOAR Nutrition.

4.5 The Management team have confirmed that they have implemented these changes within the timescale given by the Care Inspectorate. They are confident that the changes actioned will result in their grade for the quality theme of care & support will improve to reflect the progress made. Staff from the Quality Assurance team continue to meet and be in contact with the Management team of the care home to monitor the changes identified and detailed above. They are reassured that on their next inspection visit the Inspectors will see positive changes that should impact on the grade awarded.

5. People Implications

5.1 There are no personnel issues.

6. Financial and Procurement Implications

6.1 There are no financial and/or procurement implications.

7. Risk Analysis

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

7.2 The issues identified in the inspection report were managed by the service.

8. Equalities Impact Assessments (EIA)

8.1 None required

9. Consultation

9.1 Staff from the Quality Assurance team have been in consultation with the Management team of Clyde Court Care Home to confirm actions they have taken to address the issues mentioned in the report.

10. Strategic Assessment

10.1 West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2016 – 19 priorities are:

- To improve the health and wellbeing of West Dunbartonshire.
- 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.

10.2 The strategic priorities above emphasises the importance of quality assurance amongst independent sector providers of care and the HSCP's commitment to work with independent sector providers within an agreed assurance framework.

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Appendices: **None**

Background Papers: **None**

Wards Affected: **All**

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Audit Committee: 12 December 2018

Subject: Update on the progress made at Carewatch.

1. Purpose

1.1 To present the Audit Committee with an update on the progress being made by Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) after their March 2018 Care Inspectorate report.

2. Recommendations

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

3. Background

3.1 Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) is a combined Housing Support and Care at Home service. The service is offered to adults and older people living in their own homes.

4. Main Issues

4.1 It was reported to The Audit Committee in September 2018 that the Care Inspectorate inspection report of 28 March 2018 for Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) awarded the grades of 3 – Adequate for the quality themes of care & support, staffing and management & leadership to the service. This was a slight reduction in, but similar to, grades awarded for all their inspections since 2015. In their inspection report of March 2017 they had grades of 4 – Good for the quality themes of care & support and management & leadership.

4.2 The March 2018 inspection report detailed a requirement to be addressed by the service. The service had to ensure their systems were fully implemented to assess, monitor and manage risks to people. The report also suggested staff undertake training to ensure risk assessments are fully utilised, inform care planning and are kept up-to-date. They were given to 31 July 2018 for the completion of this requirement.

4.3 The Manager of the service reviewed the documentation used in their care plans. They consulted other providers and carried out a consultation process with service users and staff re their risk assessments. The service then piloted the use of amended documentation and have extended this new documentation for all care plans. They also introduced a new 1 page profile page at the front of all care plans that includes desired outcomes and highlights key risks. Their ‘Care Planning and Risk Assessment’ guidance for staff has been updated to reflect the changes.

4.4 Additional training courses were sourced for all staff covering Moving & Handling and Risk Assessment. Additional Risk Assessment training has been undertaken by Senior staff and the Management team. This is being cascaded to all staff through direct practice observation and supervision.

4.5 The Manager of Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) has confirmed that they implemented the changes within the timescale given by the Care Inspectorate. They expect that the actions taken and changes made, will result in their grades improving at their next inspection. Staff from the Quality Assurance team have been in contact with the Manager to monitor the changes and are reassured that on their next inspection visit the Inspectors will see positive changes that should impact positively on the grades awarded.

5. People Implications

5.1 There are no personnel issues.

6. Financial and Procurement Implications

6.1 There are no financial and/or procurement implications.

7. Risk Analysis

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

7.2 The issues identified in the inspection report were managed by the service.

8. Equalities Impact Assessments (EIA)

8.1 None required

9. Consultation

9.1 Staff from the Quality Assurance team has been in consultation with the Owner/Manager of Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) to confirm appropriate remedial actions have been taken to address the requirement highlighted.

10. Strategic Assessment

10.1 West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2016 – 19 priorities are:

- To improve the health and wellbeing of West Dunbartonshire.
- 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.

10.2 The strategic priorities above emphasises the importance of quality assurance amongst independent sector providers of care and the HSCP's commitment to work with independent sector providers within an agreed assurance framework.

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Appendices: **None**

Background Papers: **None**

Wards Affected: **All**

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Audit Committee: 12 December 2018

Subject: Sense Scotland Supported Living Update

1. Purpose

1.1 To present the Audit Committee with an update of work undertaken to address the requirement detailed in the Feb 2018 Care Inspectorate report for Sense Scotland Supported Living Glasgow 1 & Surrounding Area.

2. Recommendations

2.1 The Audit Committee is asked to note the work undertaken by 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.

3. Background

3.1 Sense Scotland Supported Living Glasgow 1 & Surrounding Area provides an integrated housing support and care at home service to adults with sensory impairment and other disabilities. The service is provided to people living in their own homes.

4. Main Issues

4.1 Sense Scotland Supported Living Glasgow 1 & Surrounding Area supports one individual from West Dunbartonshire who resides in Glasgow and is being supported with a 24 hour package of care. As reported to Committee in July 2018, the service user and their family are happy with the care and support being provided by Sense Scotland Supported Living Glasgow 1 & Surrounding Area.

4.2 At their inspection of 20 February 2018 the Care Inspectorate awarded Sense Scotland Supported Living Glasgow 1 & Surrounding Area the grades of 3 – Adequate for the quality themes of care & support, staffing and management & leadership. They are the same themes award to the service over the last three inspections going back to June 2016.

4.3 The February 2018 inspection report stated that the service had to ensure staff received the support required to do their job safely, have the opportunity to reflect individually on their work practice, regular staff supervision to be in place and training to meet needs of the individuals they support. The provider was initially given to 30 April 2018 for the completion of this requirement. The manager of the service stated that they had implemented the changes required within the timescale.

4.4 The 29 August 2018 inspection was a 'follow up inspection. In 'follow up' inspections the Care Inspectorate do not make further requirements or revise/change grades awarded in the previous report, they only look at progress made on addressing the requirement detailed in the February inspection report. They reiterated the grades of 3 – Adequate for the quality themes of care & support, staffing and management & leadership.

4.5 Staff from WDHSCP Quality Assurance have been in contact directly with the Manager of the service concerning the inspection. As stated at 4.4 above, 'follow up' inspections by the Care Inspectorate will not result in a change of grades but review progress made to address concerns previously raised. In feedback given to the Manager of the service the inspector acknowledged the changes to the management structure had taken place in order to create a more stable and organised staff team. This they said allowed for an increased number of supervisors and had a significant role in sustaining standards and making improvements.

The Manager informed WDHSCP Quality Assurance staff that the inspector noted that the changes were beginning to have a positive impact on the issues highlighted in their Feb 2018 report. Also at the feedback the inspector acknowledged that this improvement was in its early days and they were embedding practices that supported high quality care by the service.

5. People Implications

5.1 There are no personnel issues.

6. Financial and Procurement Implications

6.1 There are no financial and/or procurement implications.

7. Risk Analysis

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

7.2 The issues identified in the inspection report were managed by the service.

8. Equalities Impact Assessments (EIA)

8.1 None required

9. Consultation

9.1 Staff from the Quality Assurance team has been in consultation with the Manager of the service to confirm appropriate remedial actions have been taken to address the requirement highlighted.

10. Strategic Assessment

10.1 West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2016 – 19 priorities are:

- To improve the health and wellbeing of West Dunbartonshire.
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Appendices: **None**

Background Papers: **None**

Wards Affected: **All**