

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board

Date: Wednesday, 20 February 2019

Time: 14:00

Venue: Council Chamber, Clydebank Town Hall, Clydebank

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

Dear Member

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

The business is shown on the attached agenda.

Yours faithfully

BETH CULSHAW

Chief Officer of the
Health & Social Care Partnership

Distribution:-

Voting Members

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

Non-Voting Members

Barbara Barnes
Beth Culshaw
Wilma Hepburn
Jonathan Hynds
Chris Jones
John Kerr
Diana McCrone
Anne MacDougall
Kim McNabb
Janice Miller
Peter O'Neill
Selina Ross Julie
Slavin Alison
Wilding

Senior Management Team – Health & Social Care Partnership

Date of issue: 7 February 2019

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

WEDNESDAY, 20 FEBRUARY 2019

AGENDA

1 APOLOGIES

2 DECLARATIONS OF INTEREST

Members are invited to declare if they have an interest in any of the undernoted items of business on this agenda and, if so, state the reasons for such declarations.

3 MINUTES OF PREVIOUS MEETINGS 7 - 18

Submit, for approval as a correct record the Minutes of Meeting of:-

- (a) the Health & Social Care Partnership Board held on 14 November 2018; and
- (b) the Health & Social Care Partnership Board Audit Committee held on 12 December 2018.

4 UPDATE FROM CHIEF OFFICER

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

5 FINANCIAL PERFORMANCE REPORT AS AT PERIOD 9 19 - 34 (31 DECEMBER 2018)

Submit report by the Chief Financial Officer providing an update on the financial performance as at period 9 to 31 December 2018.

6 2019/20 ANNUAL BUDGET SETTING UPDATE (to follow)

Submit report by the Chief Financial Officer providing an update on the 2019/20 Annual Budget Setting progress and interim funding assumptions by our partner organisations.

7 STRATEGIC COMMISSIONING PLAN 2019 – 2022 35 - 38

Submit report by the Interim Head of Strategy, Planning & Health presenting a consultation draft of the Strategic Commissioning Plan 2019 – 2022.
(Please note that the Appendix to the above report is to follow.)

8 PREPARATION FOR IMPLEMENTATION OF CARERS' (SCOTLAND) ACT 39 - 91

- (a) Submit report by the Interim Head of Strategy, Planning & Health providing an update on the activity relating to the Carers (Scotland) Act 2016 following commencement on 1 April 2018; and
- (b) a presentation will be given by the Interim Head of Strategy, Planning & Health on the above.

9 PROGRESS ON THE WEST DUNBARTONSHIRE HOUSING CONTRIBUTION STATEMENT AND DEVELOPMENT OF JOINT WORKING WITH HOUSING SERVICES (to follow)

- (a) Submit report by the Housing Strategy Manager providing an update on the joint working between West Dunbartonshire Health and Social Care Partnership and West Dunbartonshire Council Housing Services in delivering agreed outcomes; and
- (b) a presentation will be given by the Strategic Lead, Housing and Employability on the above.

10 NHS GREATER GLASGOW AND CLYDE AND WEST DUNBARTONSHIRE WINTER PLAN UPDATE 93 - 99

Submit report by the Head of Health and Community Care providing an overview of the implementation of plans across West Dunbartonshire in order to ensure readiness for the additional pressures in unscheduled care often experienced over winter.

11 PUBLIC PERFORMANCE REPORT JULY TO SEPTEMBER 2018 101 - 116

Submit report by the Interim Head of Strategy, Planning & Health providing details of the Health and Social Care Partnership's Public Performance for the second quarter of 2018/19 (July to September 2018).

**12 WEST DUNBARTONSHIRE INTEGRATION JOINT BOARD 117 - 170
RECORDS MANAGEMENT PLAN**

Submit report by the Interim Head of Strategy, Planning & Health seeking approval of the draft Records Management Plan.

13 CRIMINAL JUSTICE SOCIAL WORK INSPECTION 171 - 175

Submit report by the Head of Children's Health, Care and Criminal Justice Services providing an update on the ongoing Criminal Justice Social Work Inspection for West Dunbartonshire.

**14 GENERAL DATA PROTECTION REGULATIONS (GDPR) 177 - 179
REQUIREMENTS FOR INTEGRATION JOINT BOARD (IJB)**

Submit report by the Interim Head of Strategy, Planning & Health providing an overview of the changes and accountabilities arising from new Data Protection laws.

**15 FREQUENCY OF MEETINGS OF THE HEALTH AND 181 - 182
SOCIAL CARE PARTNERSHIP BOARD**

Submit report by the Interim Head of Strategy, Planning & Health seeking approval to increase the frequency of Board meeting from four per annum to six per annum.

16 MINUTES OF MEETINGS FOR NOTING 183 - 202

Submit for information, the undernoted Minutes of Meetings:-

- (a) Minutes of Meeting of the WD HSCP Board Audit Committee held on 26 September 2018;
 - (b) Minutes of Meetings of the Local Engagement Network Events held on 4 and 5 October 2018; and
 - (c) Minutes of Meeting of WD HSCP Health and Safety Committee held on 23 October 2018.
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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Meeting of the West Dunbartonshire Health & Social Care Partnership Board held in the Civic Space, Council Offices, Church Street, Dumbarton, on Wednesday, 14 November 2018 at 2.00 p.m.

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

*Note:- Arrived later in the meeting.

Non-Voting Members: Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Carron O'Byrne, Manager - Looked After Children and Criminal Justice Service; Jonathan Hinds, Head of Children's Health Care and Criminal Justice Services; Anne MacDougall, Co-Chair of WD HSCP Public Engagement Network for the Clydebank area; Neil Mackay, Chair of Locality Group – Alexandria & Dumbarton; Janice Millar, MSK Physiotherapy Service Manager; Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum and Selina Ross, Chief Officer – WD CVS.

Attending: Jo Gibson, Head of Health and Community Care; Wendy Jack, Interim Head of Strategy, Planning & Health Improvement; Marie Rooney, Substitute for Julie Lusk; Nigel Ettles, Principal Solicitor and Nuala Quinn-Ross, Committee Officer.

Apologies: Apologies for absence were intimated on behalf of Serena Barnatt, Barbara Barnes, John Kerr, Diana McCrone, Kim McNabb, Rona Sweeney and Alison Wilding.

MR ALLAN MACLEOD IN THE CHAIR

CHAIR'S REMARKS

The Chair, Mr MacLeod, welcomed Mr Jonathan Hinds, the newly appointed Head of Children's Health Care and Criminal Justice Services to the meeting. He also advised that Marie Rooney, Integrated Operations Manager, was in attendance as a substitute member for Julie Lusk.

DECLARATIONS OF INTEREST

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health & Social Care Partnership Board held on 8 August 2018 were submitted and approved as a correct record.

It was agreed that there should be a cross reference in the Minutes to the Joint Staff Forum Minutes to reflect the view of staff partnership colleagues.

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

UPDATE FROM CHIEF OFFICER

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

The Chair, Mr MacLeod, advised that he had asked the Chief Officer to look at the governance arrangements for the Board, as quarterly meetings may not be appropriate going forward. He then advised that a report would be submitted to the Partnership Board meeting in February 2019 with further information.

AUDITED ANNUAL ACCOUNTS 2017/18

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

After discussion and having heard the Chief Officer and the Chief Financial Officer in further explanation of the report and in answer to Members' questions, the Partnership Board agreed to note the reported outcome of an unqualified audit opinion for the Annual Accounts for the year ending 31 March 2018.

FINANCIAL PERFORMANCE REPORT AS AT PERIOD 6 (30 SEPTEMBER 2018)

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

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

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

2019/20 BUDGET SETTING PROCESS

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

After discussion and having heard the Chief Officer and the Chief Financial Officer in further explanation of the report and in answer to Members' questions, the Partnership Board agreed to note the progress made on the 2019/20 budget setting process, initial planning assumptions and the expected timeline in relation to the Partnership Board's partner bodies budget offers.

PUBLIC PERFORMANCE REPORT APRIL TO JUNE 2018

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

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

- (1) to approve the publication of the Partnership Public Performance Report for April to June 2018; and
- (2) that a development session be arranged for Members to provide detailed information on performance reporting styles.

ANNUAL CHIEF SOCIAL WORK OFFICER'S REPORT APRIL 2017 TO MARCH 2018

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

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

- (1) to note the contents of the report; and
- (2) to note that the Chief Social Work Officers report will be made widely available within the HSCP, Council and externally as appropriate to the Scottish Government.

MENTAL HEALTH IMPLEMENTATION PLAN 2018-19

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

After discussion and having heard the Integrated Operations Manager in further explanation of the report, the Partnership Board agreed that authority be delegated to the Head of Mental Health, Addictions and Learning Disability to form a multi-agency working group to progress the actions contained within West Dunbartonshire HSCP Mental Health Implementation Plan. This will enable the recruitment process to begin and will further develop cross partnership working to ensure that the aims and objectives from the strategy are developed across services and with partner agencies.

NHS GREATER GLASGOW AND CLYDE AND WEST DUNBARTONSHIRE WINTER PLANS

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

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

- (1) to note the contents of the NHS GGC draft Winter Plan;

- (2) to note that a more detailed version of the NHS GGC draft Winter Plan will be submitted to the Scottish Government; and
- (3) to approve the plans being put in place across West Dunbartonshire to prepare for winter.

NHSGGC MUSCULOSKELETAL (MSK) PHYSIOTHERAPY SERVICE

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

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

- (1) to note the contents of the report; and
- (2) that the MSK Physiotherapy Service Manager write to the Scottish Government seeking an update on timelines for approval of the national MSK web based access tool.

CLYDEBANK HEALTH AND CARE CENTRE

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

After discussion and having heard the Head of Health and Community Care in further explanation of the report, the Partnership Board agreed:-

- (1) to note the outcome of the NHS Greater Glasgow and Clyde governance processes; and
- (2) to note that the Full Business Case will now be considered for approval by the Scottish Government.

CLIMATE CHANGE REPORT 2017/18

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

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

- (1) to approve the Climate Change Report; and

- (2) that the Climate Change Report be formally submitted to the Scottish Government in advance of the 30 November 2018 deadline.

MINUTES OF MEETINGS FOR NOTING

The undernoted Minutes of Meetings were submitted for information:-

- (1) Minutes of Meeting of the WD HSCP Board Audit Committee held on 20 June 2018;
- (2) Minutes of Meeting of the Clinical & Care Governance held on 6 August 2018;
- (3) Minutes of Meetings of the Local Engagement Events held on 4 and 5 October 2018; and
- (4) Minutes of Meeting of the Joint Staff Forum held on 10 October 2018.

The meeting closed at 4:28 p.m.

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

At a Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit Committee held in the Civic Space, Council Offices, 16 Church Street, Dumbarton on Wednesday 12 December 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: Beth Culshaw, Chief Officer; 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; Jonathan Hinds, Head of Children's Health Care and Criminal Justice Services and Nuala Quinn-Ross, Committee Officer.

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

Apology: An apology for absence was intimated on behalf of Serena Barnatt, Head of People and Change.

Councillor Marie McNair in the Chair

DECLARATIONS OF INTEREST

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health & Social Care Partnership Board Audit Committee held on 26 September 2018 were submitted and approved as a correct record.

Note:- Bailie Agnew arrived at this point in the meeting.

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 Integration Joint Board and the Controller of Audit for the financial years ended 31 March 2017 and 31 March 2018 from the External Auditors.

After discussion and having heard the Chief Officer and the Chief Internal Auditor in further explanation of the report and in answer to Members' questions, the Committee agreed to note the progress made in relation to the Audit Plan for 2018/19 and in progressing other action plans.

AUDIT SCOTLAND: HEALTH AND SOCIAL CARE INTEGRATION – UPDATE ON PROGRESS REPORT

A report was submitted 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.

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

- (1) to note the contents of the report including the recommendations across six areas;
- (2) to note that an update report, including an action plan, will be submitted to the next meeting of the Committee; and
- (3) to note further reports on progress of the recommendations across all partnership bodies tasked with actions will be submitted to future meetings of the Committee.

BUDGET SETTING AND CONSULTATION TIMELINE

A report was submitted 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.

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

- (1) to note the suggested timeline and that officers investigate the proposal to amend the future agreed HSCP Board and HSCP Audit Committee dates to allow time to consider budget offers from partner organisations; and
- (2) that appropriate time be allowed to consult with the public on potential savings options developed based on these budget offers.

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

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

After discussion and having heard the Chief Officer and the Head of Children's Health Care and Criminal Justice Services in further explanation of the report and in answer to Members' questions, the Committee agreed to note the contents of the report and the work undertaken to ensure grades awarded reflect the high quality levels expected by the HSCP.

CARE INSPECTORATE INSPECTION PROCESS FOR OLDER PEOPLE'S CARE HOMES OPERATED BY INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE

A report was submitted 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.

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

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

A report was submitted by the Interim Head of Strategy, Planning 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.

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

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

A report was submitted 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.

After discussion and having heard officers in further explanation of the report and in answer to Members' questions, the Committee agreed to note the contents of the report and work undertaken to ensure grades awarded reflect the quality levels expected.

UPDATE ON THE PROGRESS MADE AT SUNNINGDALE

A report was submitted 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.

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

UPDATE ON THE PROGRESS MADE AT CLYDE COURT CARE HOME

A report was submitted 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.

After discussion and having heard officers in further explanation of the report, the Committee agreed to note the contents of the report.

UPDATE ON THE PROGRESS MADE AT CAREWATCH

A report was submitted 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.

After discussion and having heard the Interim Head of Strategy, Planning and Health Improvement in further explanation of the report, the Committee agreed to note the contents of the report.

SENSE SCOTLAND SUPPORTED LIVING UPDATE

A report was submitted 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.

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

CHAIR'S REMARKS

The Chair, Councillor McNair, wished all those present a happy Christmas and was looking forward to seeing everyone back in the New Year.

The meeting closed at 3.15 p.m.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

20 February 2019

Subject: Financial Performance Report as at Period 9 (31 December 2018)**1. Purpose**

- 1.1 To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 9 to 31 December 2018.

2. Recommendations

- 2.1 The HSCP Board is recommended to:

- Note the updated position in relation to budget adjustments to the 2018/19 approved budget allocation by WDC and NHSGGC and direction back to our partners to deliver services in line with the strategic priorities of the HSCP Board;
- Note that revenue position for the period 1 April 2018 to 31 December 2018 is reporting an overspend of -£0.305m (-0.26%);
- Note the projected 2018/19 outturn position of -£0.228m (-0.15%) and the potential impact on the reserves position if new demand is not minimised by recovery plan actions; and
- Note the update on the capital position and the projected timelines for completion.

3. Background

- 3.1 Financial Performance reports presented to the HSCP Board throughout 2018/19 have continued to detail the extremely challenging budget position, within Children and Families linked to the significant increases in the number of community placements (kinship, fostering, residential) and older people demographic pressures around care home placements and care at home demands.
- 3.2 The risk to achieving financial balance in 2018/19 is being minimised by the actions of the agreed recovery plan. However a number of the actions will only release resource for the current financial year, which adds significant budget pressure to 2019/20 budget estimates and the scale of the budget gap requiring to be closed by savings or additional investment.

4.0 2018/19 Approved Budget and Financial Performance**4.1 Greater Glasgow and Clyde Health Board Allocation**

- 4.2 The November 2018 HSCP Board agreed to accept a 2018/19 set aside notional budget of £18.210m based on the analysis undertaken by the cross

party working group. As further work continues on a robust methodology to measure actual activity, it is likely that the 2018/19 outturn will equal budget.

- 4.3** On 2 May 2018 the HSCP Board accepted the 2018/19 NHSGGC indicative budget allocation of £87.610m (excluding set aside budget), based on a 1.5% uplift and a proportionate share of UK Government’s “consequential” funding to the Scottish Government committed to cover the 3% agreed pay settlement.
- 4.4** The November HSCP Board report confirmed the additional funding for the pay award as £0.388m, which was slightly better than the anticipated £0.360m.
- 4.5** Table 1 below tracks further changes in the budget from October to the end of December 2018. The revised budget as at Period 9 is now £90.757m.

Table 1: 2018/19 Budget Reconciliation - Health

Description	£000	£000
Revised 2018/19 HSCP Budget as at Period 6		89,624
Adjustments to Period 6:		
Scottish Government Funding:		
Tec Project Scale Up	11	
Primary Care Improvement Fund – Tranche 2	162	
GMS Adjustments	411	
FHS – Other Adjustments	451	
MSK Minor Adjustments	7	
Learning Disability Adjustment	11	
Health Improvement Tobacco Prevention	75	
Speech & Language Therapy	5	
Revised 2018/19 HSCP Budget as at Period 9		90,757

4.6 West Dunbartonshire Council Budget Allocation

- 4.7** The 2 May 2018 HSCP Board accepted WDC’s 2018/19 budget allocation of £63.422m, based on the original assumption of a 1% pay, with additional budget resources being held corporately, up to the maximum value of 3% (£0.769m), until pay negotiations are concluded for local government employees.
- 4.8** Pay negotiations are still ongoing, with the latest offer being 3.5% uplift for 2018/19, followed by 3% in both 2019/20 and 2020/21. The impact of any settlement over 3.0% will have to be funded from within the HSCP’s current budget resources. The additional cost of 0.5% is approximately £0.223m across all service areas. This has been factored into the projected outturn position detailed within this report.

Table 2: 2018/19 Budget Reconciliation – Social Care

Description	£000	£000
Revised 2018/19 HSCP Budget as at Period 6		63,389
Adjustments to Period 9:	1	
Revised 2018/19 HSCP Budget as at Period 9		63,390

4.9 Scottish Government Funding 2018/19 and beyond

4.10 As reported to the November Board the funding templates were returned to the Scottish Government for both Primary Care Improvement Fund (PCIF) and Mental Health Action 15 funding. As detailed in Table 1 above the request for additional funding of £0.162m for PCIF has been received. The treatment of any unspent funds has still to be confirmed by the Scottish Government, but it is likely that HSCP Board's will carry forward a proportion in earmarked reserves in line with the programme of spend over the next 4 years.

5. Financial Performance 2018/19

5.1 Summary Position

5.2 The WDHSCP reported revenue position for the period 1 April to 31 December 2018 is an overspend of -£0.305m (-0.26%). While a slight increase in from the previous report of £0.238m (-0.31%) it is an improvement when expressed in percentage terms against the phased budget. This positive movement comes against a challenging three months between September and December within Children and Family Services, covered in more detail below.

5.3 This current overspend is projected to the 31 March 2019 and after adjustments for all known material factors, including potential pay award pressure and the continued application of recovery plan factors (detailed in 5.5 below) is estimated to outturn at approximately -£0.228m (-0.15%). This is further improvement on the second quarter's projection of -£0.487m (-0.32%)

5.4 This projection assumes that many new demand pressures could continue until the end of the financial year, i.e. kinship care orders and secure placements; however these high cost packages are being reviewed on a weekly basis with a view to minimising costs where possible.

5.5 The previously approved recovery plan includes:

- Vacancy control procedures remain in place, i.e. all vacancies must be brought to SMT for discussion and approval;
- Overtime authorisation procedures refreshed and premium rate overtime only to be utilised if impacting on the delivery of front line services;

- All requests for the purchase of IT or mobile devices to be approved by the Head of Service and Chief Financial Officer;
- Any current underspends in non-staffing budgets to be secured as far as possible, with essential spend only on any administrative or general supplies;
- Income maximisation where possible i.e. financial assessments carried out timeously and grant income secured;
- Savings related to budgets ringfenced for service redesign models of Frailty and Alternatives to Care be used to help offset older people services pressure and community placements; and
- Review of approved savings targets for 2018/19 and accelerate if possible.

5.6 The utilisation of reserves also form part of the recovery plan, but all efforts will be made to minimise the impact on general reserves given that the available balance brought forward from 2017/18 of £1.705m, is below the ambitious 2% target of net expenditure of £2.5m contained within the Reserves Policy. However there is potential to release a proportion of current earmarked reserves, as detailed in the November report. The annual accounts process will follow through this action. The full year projection is adjusted for any ringfenced funding streams that must be earmarked against future financial years spend e.g. MSK Physio Ortho Project, PCIF, Action 15, Criminal Justice and GP Premises Improvement Fund.

5.7 The summary position is reported within the Table 3 below and the significant variances affecting the overall projected position reported above are highlighted within sections 5.8 – 5.20 of this report. Detailed breakdowns of costs at care group level are reported in Appendix 1.

Table 3: Summary Financial Information as at 31 December 2018

	Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Variance	Forecast	Full Year Variance	Variance
	£000's	£000's	£000's	£000's	%	Full Year	£000's	%
Health Care	95,047	66,086	66,086	(0)	0.00%	95,047	0	0.00%
Social Care	90,578	61,576	62,005	(430)	-0.70%	90,972	(395)	-0.44%
Expenditure	185,624	127,662	128,092	(430)	-0.34%	186,019		0.00%
Health Care	(4,289)	(3,164)	(3,164)	0	-0.01%	(4,289)	0	0.00%
Social Care	(27,188)	(6,562)	(6,687)	125	-1.90%	(27,355)	166	-0.61%
Income	(31,477)	(9,726)	(9,851)	125	-1.29%	(31,644)	166	-0.53%
Health Care	90,757	62,923	62,923	(0)	0.00%	90,757	0	0.00%
Social Care	63,390	55,013	55,318	(305)	-0.55%	63,618	(228)	-0.36%
Net Expenditure	154,147	117,936	118,241	(305)	-0.26%	154,375	(228)	-0.15%

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

5.8 Significant Variances – Health Services

5.9 The overall net position at 31 December 2018 is breakeven. It is anticipated that at this advanced point of the financial year the outturn can also be held at this position, with the caveats:

- 3% turnover target can be met in full;
- All current underspends linked to vacancies and discretionary spend are maintained; and
- Short supply prescribing volatility does not exceed the current projection.

5.10 As previously reported there continues to be financial challenges meeting elements of the approved 2016/17 savings around Mental Health and School Nursing staff restructuring of £0.111m and £0.114m respectively and the £0.046m staffing skills mix 2018/19 saving within Community Older People's Team. This compounds the pressure to achieve a breakeven position and can only be realised by securing non-recurring efficiencies in-year and maximising the benefit of discretionary funding until the school nursing review is finalised and the impact of the investment in mental health services is assessed.

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

- **Adult Community Services** – is reporting a current overspend of £0.170m due to additional cost related to a specialist care package. There has been a review of this package and there is work ongoing with family around potential adjustments which may benefit the 2019/20 budget position.
- **Mental Health – Adult Community and Elderly Services** – although recognised as a pressure in sect 5.10 above, these services are currently reporting a combined breakeven position. This is mainly due to turnover and will be closely monitored as work continues on the delivery of 5 year Mental Health Strategy for Adult Mental Health Services within NHS GGC and the additional Action 15 investment by the Scottish Government.
- **Child Services – Specialist and Community** are reporting a current overspend of £0.226m, mainly due to unachieved school nurse savings as referred to in 5.10 above and incremental drift of budgeted salary points over actual salary costs. It does not include the potential additional cost of the re-grading of health visitors after national review from Band 6 to Band 7. If applied to all current posts from December 2018 it could cost an additional £0.022m, however representations are being made to the Scottish Government for additional funding to support meeting national target numbers.

- **Planning, Health Improvement and Other Services-** are reporting underspends of £0.317m mainly due to additional turnover, a delay in application of discretionary funding commitments and the finalisation of pay award funding.
- **Learning Disability and Addictions** – are reporting small current underspends of £0.023m and £0.054m respectively, due to vacancy, maternity leave and secondment savings.

5.12 GP Prescribing for Partnerships in 2018/19

- 5.13** With the ending of the risk sharing arrangement for partnerships, prescribing costs represent the greatest financial risk to the on-going success of the HSCPs due to the scale of the budget (£19.2m), the volatility of global markets and complicated contract arrangements with Community Pharmacy Scotland around drug tariffs.
- 5.14** The actual activity data runs two months behind the actual reporting period; therefore the estimated position as at 31 December is based on October figures. The NHSGGC Central Prescribing and Finance Teams have been working on a spreadsheet tool which can be adapted for each individual HSCP to aid reporting to our HSCP Boards. This tool will be refined in the coming months as decisions are made as to how best to deal with the complexity of data.
- 5.15** In October short supply risks have increased around a number of drugs, estimated to cost an additional £2.4m across NHSGGC area, with Naproxen (anti-inflammatory) contributing approximately 50% of this pressure. As the uncertainty over the impact of Brexit continues it is highly likely that short supply costs will grow.
- 5.16** Taking this and other known factors into account, the current projected overspend for WD GPs is approximately £0.158m. It is anticipated, that based on the overall projections across the health care budget, this level of overspend could be covered. However the HSCP Board should be aware that there are currently representations being made by the national CFO group and NHS Board's Directors of Finance to the Scottish Government to accelerate negotiations with Community Pharmacy Scotland (CPS) over the potential "clawback" of excess profit margins.
- 5.17** Based on the latest Quarter 2 survey there is an estimate that CPS has accumulated c£40m in excess profit margin, of which (under current arrangements) 50% should be returned to health boards and in turn HSCPs. For NHSGGC this could amount to £4.5m of which WDHSCP share could be approx £0.300m.
- 5.18** This would of course cover the projected overspend and potentially allow a contribution to a prescribing risk reserve. However it should be emphasised that neither this amount nor its recovery is guaranteed in this financial year.

5.19 Significant Variances – Social Care

- 5.20 The net overspend position at 31 December 2018 is -£0.305m (-0.55%). The reasons for this current position are explained in more detail below. The projected year end overspend (see section 5.3 above) is estimated to be approximately -£0.228m (-0.36%) by the end of the financial year.
- 5.21 The main demand pressures continue to be related to increased community placements supporting children and families and residential placements. This increase in costs is also impacting on WDC Education Services budget as many residential school placements are funded on a 50/50 basis. A short life working group has been established to explore this increasing complex position and to identify what other current supports are available that could be directed at reducing this increased demand. The HSCP Board will be updated on this work later in the year.
- 5.22 The current key variances are detailed below:
- **Community Placements** – is reporting a current overspend £0.697m, as the trend displayed in the latter part of 2017/18 linked to the increase in kinship and foster placements continues. In the last three months the number of kinship placements has increased by 23 to 240 and fostering (internal & external) as increased by 17 to 122 placements. Based on these numbers the projected outturn is estimated to be £0.930m and increase of over £0.300m on the last reported position.
 - **Residential Accommodation for Younger People** – is reporting overspends of £0.127m related to additional staff costs in our children’s homes covering absence and vacancies and £0.654m for residential and secure placements. While staffing ratios have included the employment of peripatetic staff to reduce the need for premium rate overtime the levels of sickness absence have continued to increase the need for additional staff cover. As detailed in 5.21 above; current residential and secure care placements, as well as being reviewed on a monthly basis, are now the subject of a short-life working group. There have been 2 additional secure screenings required in January in the interests of both the young person and the wider community at a cost of approx £5,000/week.
 - **Other Services Young People** – this group of services including “throughcare”, respite, self directed support and payments to other bodies is reporting an underspend of £0.188m mainly due to the £0.250m from the previous Includem contract to be reinvested in alternatives to care projects not yet being fully utilised.
 - **Residential Accommodation for Older People** - is reporting a year to date overspend £0.237m, an improvement of approximately £0.200m on the previously reported position. While additional staffing costs continue impact due to sickness and changes to staffing ratios it has been partially

offset by additional income from both self-funders and house sales income from charging orders. The approved saving of £0.150m in external placements has been challenged by the increasing demand for nursing placements, so this has been covered by unapplied social care funding.

- **Homecare** - is reporting an overspend of £0.307m mainly due to increased demand during morning periods and 2:1 support for frailer clients, reflective of the increasing 75 years and over population. As previously reported, as part of the recovery plan premium rate overtime (double time) should only be for exceptional circumstances and be pre-approved by the Chief Officer. Success in keeping delayed discharge numbers low inevitably increase pressure in care at home services as immediate care is provided.
- **Sheltered Housing** – is reporting an underspend of £0.134m due to an over achievement of the approved phased 2018/19 saving and additional income from rent.
- **Frailty Team** – the previous HSCP Board received an update on the remit and objectives of the new frailty team supporting people at home. An amount of £0.750m was earmarked from recurring Social Care resources to fund this service development. As the team is being recruited the budget resource is currently helping offset the pressure in older people detailed above by £0.488m.
- **Additional Support Needs Client Packages** – across clients with learning disabilities, physical disabilities, mental health and addiction issues there is a current saving of £0.361m. This is mainly due to review of current packages (approved as part of the 2018/19 budget exercise), living wage resources not fully utilised, the natural ending of a small number of high value packages and a delay in the transition of a high cost package from a hospital setting.
- **Strategy, Planning and Social Care Fund** – in line with the recovery plan, the Strategy, Planning and Health Improvement Team have a current year saving of £0.070m from vacancy management and securing savings in discretionary funding streams. Social Care funding directed by the Scottish Government to progress integration has come with elements of targeted resources for the living wage, carers and demographic pressures as well as investment in new integrated ways of working. Since 2016/17 some of this resource has been directed to HSCP Board Reserves to underwrite transformation and future demographic pressure. In 2018/19 £0.476m of this is being directed at the various social care pressures detailed above. It mainly comes from some consequential resource and living wage sustainability funds over that already directed to our external providers.

5.23 Housing Aids and Adaptations and Care of Gardens

- 5.24** The Housing Aids and Adaptations and Care of Gardens budgets are in scope as part of the minimum level of adult social care services which should be

delegated to Integrated Joint Boards and should be considered as an addition to the HSCP's budget allocation of £63.422m for 2018/19.

- 5.25** These budgets are held within West Dunbartonshire Council's – Regeneration, Environment and Growth Directorate and are managed on behalf of the HSCP Board.
- 5.26** The summary position for the period to 31 December 2018 is reported in table 5 below. Expenditure on Aids and Adaptations is expected to outturn on budget. There is not expected to be any further expenditure on Care of Gardens after the cessation of trading of Greenlight Environmental. The Board will be updated on any alternative arrangements regarding future provision of this service.

Table 5: Financial Performance as at 31 December 2018

	Budget	Actual	Variance	Forecast
Care of Gardens	321,125	235,404	85,721	235,404
Aids & Adaptations	250,000	187,500	62,500	250,000
Total	571,125	422,904	148,221	485,404

6. 2018/19 Capital Expenditure

- 6.1** The progress to date of current capital projects funded by WDC and NHSGGC for the Health Social Care Partnership are detailed below.
- 6.2** The HSCP Capital Project Board receive monthly updates on the key milestones and the project interdependencies of the new Clydebank Health and Care Centre and the Clydebank Care Home; flagship builds integral to the Queen's Quay Masterplan.
- 6.3** With regards to the new Clydebank Health and Care Centre, the Scottish Government's Capital Investment Group (CIG) approved the Full Business Case **on 13 November 2018, after** considering the Key Stage Review (KSR) report. Stage 2 works are progressing, which include market testing on re-pricing the model, aiming for financial close in early summer, dependent on the key dates of partners within the governance approval process. With completion estimated to be ??
- 6.4** As previously reported there was an identified revenue gap of approximately £0.125m which sits with the HSCP Board. This shortfall will be confirmed at the point of financial close and will be factored into future year's budget requirement.
- 6.5** The summary of the social care capital expenditure position is detailed in Appendix 2 and any significant variances affecting the overall position

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

- 6.6** The Aids, Adaptations and Equipment budget of £0.709m is currently projected to be fully spent, however further analysis is being undertaken on the totality of expenditure across both revenue and capital allocations to ensure this budget resource is maximised. If capital slippage is identified, a request will be made to WDC to allow for any unspent funds to be rolled forward into 2019/20.
- 6.7** As previously reported, CCG are the appointed contractor for the construction on the Clydebank Care Home and Day Centre, with work commencing on site on 29 October 2018. The overall capital resources for the build is £14.089m with a 78 week build time which would estimate the new care home should be complete by the end April 2020 with the new facility being operational in June.
- 6.8** The latest update to the 23 January project board confirmed that good progress is being made by the contractor and predicted timescales are on track.

7. People Implications

- 7.1** None.

8. Financial Implications

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

9. Professional Implications

- 9.1** The Chief Officer and Chief Financial Officer are required by the Integration Scheme to agree a financial recovery plan.

10. Locality Implications

- 10.1** None.

11. Risk Analysis

- 11.1** The main financial risks to the ongoing financial position relate to further increases in demand, failure to deliver the full financial benefit of approved savings programmes and prescribing volatility from short supply.

12. Impact Assessments

- 12.1** None.

13. Consultation

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

14. Strategic Assessment

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

Julie Slavin – Chief Financial Officer

Date: 26 January 2019

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Appendices: Appendix 1 – Revenue position to P9 and projected outturn.
Appendix 2 – Capital position to P9 and projected outturn.

West Dunbartonshire Health & Social Care Partnership
Financial Year 2018/19 period 9 covering 1 April to 31 December 2018

Appendix 1

	Annual Budget £000's	Year to date Budget £000's	Actual £000's	Variance £000's	Forecast Full Year £000's	Projected Outturn £000's
Health Care Expenditure						
Planning & Health Improvements	813	516	454	62	640	173
Children Services - community	2,482	1,972	2,155	(184)	2,660	(178)
Children Services - specialist	1,615	1,211	1,253	(42)	1,671	(56)
Adult Community Services	9,545	6,265	6,436	(171)	9,815	(270)
Community Learning Disabilities	566	416	393	23	566	0
Addictions	1,840	1,379	1,326	54	1,766	74
Men Health - Adult Inpatient	0	0	0	(0)	0	0
Mental Health - Adult Community	4,440	3,218	3,073	145	4,440	0
Mental Health - Elderly Inpatients	3,211	2,498	2,641	(143)	3,211	0
Family Health Services (FHS)	26,705	19,916	19,916	0	26,705	0
GP Prescribing	19,206	14,465	14,567	(102)	19,364	(158)
Other Services	2,610	1,356	1,014	342	2,391	219
Resource Transfer	14,938	7,438	7,438	0	14,938	0
Hosted Services	7,076	5,436	5,421	15	6,879	197
Expenditure	95,047	66,086	66,086	(0)	95,047	(0)
Income	(4,289)	(3,164)	(3,164)	0	(4,289)	0
Net Expenditure	90,757	62,923	62,923	(0)	90,757	(0)

	Annual Budget £000's	Year to date Budget £000's	Actual £000's	Variance £000's	Forecast Full Year £000's	Projected Outturn £000's
Social Care Expenditure						
Strategy Planning and Health Improvement	935	801	723	78	831	104
Residential Accommodation for Young People	3,369	2,657	2,785	(127)	3,539	(170)
Children's Community Placements	4,412	3,299	3,997	(697)	5,342	(930)
Children's Residential Schools	1,147	560	1,215	(654)	2,020	(873)
Childcare Operations	3,814	2,781	2,836	(56)	3,888	(74)
Other Services - Young People	3,831	2,594	2,350	244	3,506	325
Residential Accommodation for Older People	7,739	5,416	5,611	(195)	8,001	(262)
External Residential Accommodation for Elderly	13,429	10,072	10,129	(57)	13,505	(76)
Homecare	13,953	9,735	10,022	(287)	14,336	(383)
Sheltered Housing	1,930	1,206	1,124	82	1,823	107
Day Centres Older People	1,253	899	893	6	1,245	8
Meals on Wheels	58	39	33	5	51	7
Community Alarms	361	235	280	(45)	424	(63)
Community Health Operations	2,686	1,960	1,971	(11)	2,700	(14)
Residential - Learning Disability	13,977	8,812	8,694	119	13,819	158
Day Centres - Learning Disability	1,964	1,441	1,453	(12)	1,980	(16)
Physical Disability	3,180	2,039	2,082	(43)	3,238	(58)
Addictions Services	1,648	1,236	1,114	122	1,485	162
Mental Health	4,026	2,555	2,451	104	3,888	139
Criminal Justice	2,077	1,280	1,267	12	2,061	16

HSCP - Corporate	4,789	1,959	975	984	3,291	1,499
Expenditure	90,578	61,576	62,005	(430)	90,972	(395)
Income	(27,188)	(6,562)	(6,687)	125	(27,355)	166
Net Expenditure	63,390	55,013	55,318	(305)	63,618	(228)

	Annual Budget £000's	Year to date Budget £000's	Actual £000's	Variance £000's	Forecast Full Year	Variance %
Consolidated Expenditure						
Older People Residential, Health and Community Care	37,000	26,093	26,478	(385)	37,564	102%
Homecare	13,953	9,735	10,022	(287)	14,336	103%
Physical Disability	3,180	2,039	2,082	(43)	3,238	102%
Children's Residential Care and Community Services (incl specialist)	20,669	15,074	16,591	(1,517)	22,625	109%
Strategy Planning and Health Improvement	1,748	1,317	1,177	140	1,471	84%
Mental Health Services - Adult & Elderly						
Community and Inpatients	11,677	8,271	8,165	106	11,539	99%
Addictions	3,488	2,615	2,440	175	3,252	93%
Learning Disabilities - Residential and Community Services	16,507	10,669	10,540	130	16,365	99%
Family Health Services (FHS)	26,705	19,916	19,916	0	26,705	100%
GP Prescribing	19,206	14,465	14,567	(102)	19,364	101%
Hosted Services	7,076	5,436	5,421	15	6,879	97%
Criminal Justice	2,077	1,280	1,267	12	2,061	99%
Resource Transfer	14,938	7,438	7,438	0	14,938	100%
HSCP Corporate and Other Services	7,399	3,314	1,989	1,326	5,682	77%
Gross Expenditure	185,624	127,662	128,091	(430)	186,019	100.2%
Income	(31,477)	(9,726)	(9,851)	125	(31,644)	100.5%
Total Net Expenditure	154,147	117,936	118,241	(305)	154,375	100.1%

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

APPENDIX 2

MONTH END DATE

31 December 2018

PERIOD

9

Budget Details	Project Life Financials					
	Budget	Spend to Date	Forecast Spend	Forecast Variance		
	£000	£000	%	£000	£000	%
1 Special Needs Adaptations & Equipment						
Project Life Financials	709	490	69%	709	0	0%
Current Year Financials	709	490	69%	709	0	0%
Project Description	Reactive budget to provide adaptations and equipment for HSCP					
Project Lifecycle	Planned End Date	31-Mar-13	Forecast End Date	31-Mar-19		
Main Issues / Reason for Variance						
No issues to report at this time						
Mitigating Action						
None required at this time						
Anticipated Outcome						
Reactive equipment provided as required						
Budget Details	Project Life Financials					
	Budget	Spend to Date	Forecast	Forecast Variance		
	£000	£000	%	£000	£000	%
3 Replace Elderly Care Homes / Day care Centres						
Project Life Financials	27,463	14,818	54%	27,463	0	0%
Current Year Financials	8,146	1,019	13%	2,222	5,924	0%
Dumbarton Care Home	Planned Opening	31-Mar-15	Actual Opening Date	01-Jun-17		
Opening Dates	Date					
Clydebank Care Home	Planned Opening	31-Mar-15	Forecast Opening	30-Jun-20		
Opening Dates	Date		Date			
Main Issues / Reason for Variance						
Dumbarton Care Home achieved practical completion on 28 April 2017 with retention due April 2018, however this is yet to be released. WDC continue to work with Hub West and Morgan Sindall to agree statement of final account and close all outstanding matters such that the Making Good Defect Certificate can be issued and the final retention can be paid. This is anticipated at this time by end of February 2019.						
With regards to Clydebank Care Home, CCG are now in full possession of the site with works progressing on programme. The remediation works are complete within the Clydebank Town Hall service yard and phase 1 of the adjacent care home development site is complete. Phase 2 of the remediation works will be satisfied with the completion of the care home build and will be subject to a further verification report. We have experienced a delay in the original programme and capital expenditure costs. As the project has now commenced on site there is greater certainty on the spend forecast. It is anticipated that works will be complete on site by the end April 2020 with transition of residents into the home over a 6 week period.						
Mitigating Action						

Due to the complexity of both the relationships and co-dependencies with other neighbouring projects being developed at the same time the ability to mitigate within the project scope of control is limited – corporately, mitigation rests with delivery of programmes for overall Queens Quay Masterplan and in particular District Heating System. Now that the contract has been awarded there will be greater control over the project and it's spend.

Anticipated Outcome

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

TOTAL PROJECTS

HSCP

Project Life Financials	28,172	15,308	54%	28,172	0	0%
Current Year Financials	8,855	1,509	17%	2,931	5,924	202%

WESTDUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

20 February 2019

Subject: Strategic Commissioning Plan 2019 - 2022

1. Purpose

- 1.1** To present the Partnership Board with a consultation draft of the Strategic Commissioning Plan 2019 – 2022.

2. Recommendations

- 2.1** The Partnership Board is recommended to note the process of consultation on the Health and Social Care Strategic Commissioning Plan 2019 – 2022 and recommend the final draft is presented to the Board in March 2019.

3. Background

- 3.1** The Public Bodies (Joint Working) (Scotland) Act 2014 states that in order for responsibilities and resources to be formally delegated in practice to an integration joint board, a local Strategic Commissioning Plan must first be prepared and approved by it.
- 3.2** At the July 2015 meeting, the Health and Social Care Partnership Board approved its first Strategic Plan for 2015/16; with the 17 August 2016 HSCP Partnership Board meeting agreeing the second Strategic Plan 2016 – 2019.
- 3.3** In 2018, the development of a new Plan for 2019 – 2022 was tasked by the HSCP Partnership Board to HSCP officers; with a requirement for the draft to be presented and the proposed priorities to undergo a process of consultation with citizens, staff, partners and wider stakeholders.

4. Main Issues

- 4.1** The current draft Strategic Commissioning Plan describes the priorities and actions for the next three years 2019 – 2022; as well as providing the integrated performance framework for the HSCP Annual Performance Report. The Strategic Planning Group has reviewed the Strategic Needs Assessment which forms the basis of the Strategic Commissioning Plan in terms of prioritisation of activities and this is reflected within the draft Plan.
- 4.2** The development of the third Strategic Commissioning Plan reflects the on-going, participative and community planning approach endorsed by the Partnership Board at its July 2015 and August 2018 meetings. Throughout 2018 – 2019 events with staff and partners have been undertaken to review the vision for the Health and Social Care Partnership and develop the

programme of transformation linked to whole systems change as required by demographics presented and described in the Burden of Disease Strategic Needs Assessment.

- 4.3** Considerable engagement with stakeholders and partners has been underpinned by HSCP senior leadership within community planning structures including the Independent Delivery and Improvement Group; the Nurtured Delivery and Improvement Group; the Alcohol and Drug Partnership; Local Engagement Network as well as the Strategic Planning Group. Additionally within service specific work streams linked to the Primary Care Improvement Plan; Mental Health Improvement Plan, NHS Greater Glasgow and Clyde Whole System Planning, Unscheduled Care and Winter Planning and the delivery of the Community Justice Partnership.
- 4.4** The membership of the Delivery and Improvement groups and wider stakeholder groups have been able to take forward key local programmes of work whilst the Strategic Planning Group more broadly incorporates the entire statutory stakeholder consultees specified for the Strategic Commissioning Plan. These complementary structures ensure a robust and ongoing engagement and involvement process for the Health and Social Care Partnership across the whole system in West Dunbartonshire.
- 4.5** The Scottish Government guidance highlights that there is a need within strategic commissioning plans to specify the total resources available across health and social care to deliver the outcomes and objectives articulated within said strategic plans. Given the budget setting processes of the partner organisations, the Strategic Commissioning Plan is necessarily high level in scope to reflect the uncertainties regarding the financial allocations that will be made to the Partnership Board over each of the financial years.
- 4.6** Over the next few weeks specific Strategic Commissioning Plan consultation events have been planned for staff groups from all teams and areas of service; open meetings to encourage public participation as well as an on-line survey for all interested parties. The Senior Management Team and strategic commissioning partners will host these events, and participants will have the opportunity to influence the priorities within the Plan as well as gaining an insight into the breadth of work already underway and that planned for the next three years.

5. People Implications

- 5.1** No specific implications associated with this report.

6. Financial and Procurement Implications

- 6.1** The Strategic Commissioning Plan includes a dedicated section pertaining to this.

7. Risk Analysis

7.1 The HSCP Partnership Board has a duty to implement Best Value, i.e. to make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost. Within the context of the Chief Financial Officer's 2018/19 Annual Revenue Budget Report, the Partnership Board should have regard to economy, efficiency, effectiveness, the equal opportunities requirements, and contributing to the achievement of sustainable development in taking forward the commissioning priorities articulated within the Strategic Commissioning Plan 2019 – 2022.

8. Equalities Impact Assessment (EIA)

8.1 An Equalities Impact Assessment is underway for the attached Strategic Commissioning Plan as part of the development of the new plan 2019 – 2022.

9. Environmental Sustainability

9.1 It has been confirmed that there is no requirement for a Strategic Environmental Assessment.

10. Consultation

10.1 Both on-going engagement and formal consultation is being undertaken in support of the development of the Strategic Commissioning Plan 2019 – 2022 through processes outlined above and this reflects ongoing participation and engagement to update activities and programmes of work.

11. Strategic Assessment

11.1 The Strategic Commissioning Plan 2019 – 2022 sets out how the Partnership Board does and will plan and deliver services for the West Dunbartonshire area using the integrated budgets under its control.

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

Date: 6th February 2019

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Designation Interim Head of Strategy, Planning & Health Improvement, Aurora House, Clydebank

Appendices: Health and Social Care Partnership Strategic Plan 2019 - 2022.

Background Papers: None

Wards Affected: All council Wards.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

20 February 2019

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

1. Purpose

- 1.1** To present the Partnership Board with a follow up report to update members on the activity relating to the Carers (Scotland) Act 2016 following commencement on 1 April 2018. The Act relates to both adult and young carers.

2. Recommendations

2.1 The Partnership Board is asked to:

- Note the progress made to implement the requirements of the Carers Act.
- Approve the draft HSCP Short Breaks Statement prepared with partners.
- Approve the draft Carers Strategy 2019 – 2022 prepared with partners and carers across West Dunbartonshire and seek for officers to bring further reports during 2019 on progress against the actions.

3. Background

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

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

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

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

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

4. Main Issues

- 4.1** HSCP Officers have been working in partnership to prepare for the commencement of the Act since 2016, primarily through the local Carers' Development Group; and in particularly close conjunction with Carers of West Dunbartonshire, Y-Sort-It and West Dunbartonshire CVS (under the auspices of Partnership Agreements agreed with both those organisations by the Partnership Board).
- 4.2** The Scottish Government developed and issued statutory guidance on the Carers' Act. The Carers' Development Group developed an Act Implementation Plan, which covers the key activities and has been reported to this committee throughout the year as the HSCP and partners have responded to the guidance as it is published.
- 4.3** The HSCP Carers Assessment Process has been in place since April 2018 for Adult Carer Support plans based on the Tier 1 and Tier 2 assessment processes which ensures a Carers' Conversation is undertaken and carers' needs are identified and support is offered. Ongoing work between the HSCP and partners is seeking to ensure the Young Carer Statement is GIRFEC compliant and aligns to local processes and procedures within HSCP, Education and third sector partners.
- 4.4** West Dunbartonshire agreed that within the context of the duty to set Local Eligibility Criteria, West Dunbartonshire would propose at least for year one of the Act to have no barriers to carers accessing advice, support and information as such there no eligibility criteria for carers. It was agreed that this would be reviewed in April 2019 to assess impact on services and accessibility for carers. A further report will be presented during 2019 to provide an update on the review of the Policy.

- 4.5** Specific performance information relating to recording and reporting of carer data is required as part of the Act, as such, carers and their representatives have had access to the available information each carer organisation is required to provide for the Scottish Government Carers' Census, in line with the identification of all carers and the assessment of their needs.
- 4.6** Throughout 2018 there have been events and sessions with carers and carer representatives to engage and involve carers in the development of the HSCP Short Breaks Statement, the provision of information and advice for carers by all partners and the priorities carers wish to be reflected within the HSCP Carers Strategy.
- 4.7** All of this work has been informed by the learning from the national and local pilots supported by Scottish Government to test some of the provisions in the Act, including case studies linked to the Waving of Charges for carers.
- 4.8** This report presents two key elements of work that have been progressed with the Carers Development Group that concern the development of a joint (i.e. Council and Health Board) HSCP Carers Strategy and the HSCP Short Breaks Statement prepared with partners.
- 4.9** The Short Breaks Statement has been prepared with partners and carers across West Dunbartonshire; West Dunbartonshire's Short Breaks Services Statement provides information about short breaks for carers and the person or people they care for. The Carers Scotland Act 2016, seeks for each area to lay out provision of Short Breaks within the Short Breaks Statement. The Health and Social Care Partnership has agreed the definition of a Short Break as any form of service or assistance which enables the carer(s) to have periods away from their caring routines or responsibilities.
- 4.10** The aim of the Short Break Statement is to help carers and people with support needs to understand:
- What is a Short Break
 - Who can access Short Breaks
 - What Short Breaks are available in West Dunbartonshire
 - How carers and cared for people access Short Breaks and find further information
- 4.11** The purpose of this Short Breaks Services Statement is to provide information to carers and cared for people so that they:
- Know they can have a break in a range of ways
 - Are informed about Short Breaks that are available
 - Have choice in the support they access

- Can identify what a Short Break means for them, and how they can be supported to meet their needs and achieve their outcomes

4.12 As described earlier in this report, the Eligibility Criteria adopted within West Dunbartonshire for carers; ensures that no carer will be excluded from receiving support from a range of opportunities, wider agencies and support organisations following assessments. As such, based on the needs recorded within the Adult Carers Support Plan or Young Carers Statement, carers have choice in the support they can access and a range of ways they can access a short break. The Short Break Statement describes for carers all elements of identification of need, assessment and accessing a short break or respite.

4.13 The draft Carers Strategy 2019 – 2022 has been prepared with partners and carers across West Dunbartonshire and reflects key actions and activities prioritised by carers and their representatives.

4.14 The Strategy aligns to the priorities of the Strategic Plan of Early Intervention; Access; Resilience; Assets and Inequalities. The actions linked to the priorities have been developed over the last year with carers, carer representatives and the wider community and partners. This three year plan sets an innovative tone to the support the HSCP and partners are offering to carers particularly in terms of partnership working across the sector.

4.15 There will be an annual reporting structure for the Strategy action which will ensure that members are informed and updated as to progress.

5. People Implications

5.1 No specific implications associated with this report.

6. Financial and Procurement Implications

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

6.2 As previously reported to the Partnership Board there is an additional £66 million - for the whole of Scotland - to support additional investment in social care in recognition of a range of pressures local authorities are facing, including the Carers (Scotland) Act 2016. As the Chief Financial Officer already reported this reflects new monies for carers and to support implementation of the Act.

6.3 We are of course still mindful that whilst this announcement is very welcome, we are unclear as to whether West Dunbartonshire's share of this funding is sufficient to cover the actual cost of local implementation and indeed the expectations of local carers and there are ongoing discussions locally to ensure we are consistently funding support services for carers.

7. Risk Analysis

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

8. Equality Impact Assessment (EIA)

8.1 Equality Impact Assessments will be completed as part of the development of both the local Carers Strategy and Short Breaks Statement.

9. Consultation

9.1 Engagement has been an on-going element of the Carers' Development Groups Implementation Action Plan. This has included focused HSCP Local Engagement Network (LEN) session jointly facilitated with Carers of West Dunbartonshire and Y-Sort-It.

10. Strategic Assessment

10.1 The Strategic Plan 2019 – 22 recognises the importance of working with and effectively supporting carers in order to deliver improved health and care outcomes within West Dunbartonshire.

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Appendices: Carers Strategy 2019 -2022
Short Breaks Statement December 2019

Background Papers: Carers (Scotland) Act 2016:
<http://www.legislation.gov.uk/asp/2016/9/contents/enacted>
The Carers (Scotland) Act 2016 (Commencement No. 1) Regulations 2017:
<http://www.legislation.gov.uk/ssi/2017/94/made>

Wards Affected: All.



West Dunbartonshire Health and Social Care Partnership

Draft Local Carers Strategy

January 2019

Document Title:	Local Carers Strategy	Owner:	
Version No.	V1	Superseded Version:	
Date Effective:	April 2019	Review Date:	April 2020



Foreword

West Dunbartonshire Health and Social Care Partnership is pleased to present our Local Carer's Strategy. This strategy recognises the significant contribution that unpaid carers make to the health and wellbeing of the citizens of West Dunbartonshire and the value that we, as West Dunbartonshire Health and Social Care Partnership, place on the role that carers play across our communities.

The publication of this strategy is our response to the implementation of the Carers (Scotland) Act 2016 enacted on 1st April 2018. This Act requires each local authority and relevant health board to prepare a statutory local carers strategy as well as extending and enhancing the rights of unpaid carers, a position that the Health and Social Care Partnership welcomes.

Our strategy seeks to take into account those areas of a carer's life that may be impacted by their caring role and we seek to identify the provision of a variety of support in order that they can continue in that role should they wish to do so. Our aim is that they are enabled to have a life alongside caring.

This new duties in the Carers (Scotland) Act 2016 applies to local authorities and relevant health boards but is delegated to integration joint boards under the Public Bodies (Joint Working) Scotland Act.

It is our ambition that the role of unpaid carers is recognised, that their views are heard and used in designing and delivering services, not only for themselves but for those that they care for. We know that undertaking a caring role can often be a demanding and complex task and we hope that this strategy offers opportunities to lighten the load.

We acknowledge the demographic and financial challenges that we face and we recognise that unpaid carers are key to the sustainability of the health and social care system. Whilst funding is limited we will ensure we target what funding we have to the areas that need it most.

The implementation of this strategy will be taken forward in a partnership approach. The Health and Social Care Partnership, carers, the third sector and the independent sector, will ensure that the implementation plan is realistic, achievable and inextricably linked to the needs of carers in West Dunbartonshire.

We are committed to ensuring that young carers are seen as children and young people first and foremost and that any caring responsibilities that they undertake are appropriate and have regard to their age and maturity.

Beth Culshaw
Chief Officer
West Dunbartonshire Health and Social Care Partnership

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Carers Strategy at a glance

How can this strategy help carers?

Area of Life	Issues	How this strategy might help
Health & Wellbeing	<ul style="list-style-type: none"> • Mental health (stress, worry, depression) • Sleep & energy levels • Physical health 	<ul style="list-style-type: none"> • Respite/Short Break • Reassessment of need • Support groups and activities for carers • Information and advice
Relationships	<ul style="list-style-type: none"> • Strained relationships 	<ul style="list-style-type: none"> • Counselling • Respite/Short Break • Additional services for the cared-for person
Finance	<ul style="list-style-type: none"> • Reduced income • Additional costs • Debt or money worries 	<ul style="list-style-type: none"> • Support to maintain employment • Access to benefits such as Carers Allowance • Help with heating/travel costs
Life Balance	<ul style="list-style-type: none"> • Reduced ability to socialise • Feeling too tired/stressed 	<ul style="list-style-type: none"> • Respite/Short Break • Additional services for the cared-for person
Future Planning	<ul style="list-style-type: none"> • Careers advice • Training opportunities • Socialisation 	<ul style="list-style-type: none"> • Support groups and activities for carers • Information and advice
Employment and training	<ul style="list-style-type: none"> • Unable to work • Reduced hours • Restricted opportunity 	<ul style="list-style-type: none"> • Additional help with care • Support from employers • Flexibility and understanding
Living Environment	<ul style="list-style-type: none"> • Adaptations • Location 	<ul style="list-style-type: none"> • Information and advice • Link to relevant services to support
Education	<ul style="list-style-type: none"> • Access to education • Restrictions on positive destinations • Ability to engage with education 	<ul style="list-style-type: none"> • Information on opportunities available • Young carers supported in schools, colleges and universities • Additional help with care to enable participation in education

What we want carers in West Dunbartonshire to be able to say as a result of this strategy.

“I am supported to identify as a carer and am able to access the information I need”

“I am supported as a carer to manage my caring role”

“I am respected, listened to and involved in planning the services and support which both I and the person I care for receive”

“I am supported to have a life alongside caring if I choose to do so”

1. The Carers (Scotland) Act 2016

The Carers (Scotland) Act 2016 seeks to give adult and young carers new rights, whilst bringing together all the rights carers currently have, within previous legislation.

West Dunbartonshire Health and Social Care Partnership is committed to delivering all aspects and requirements of the Act particularly in relation to:

- identifying both adult and young carers living within our communities
- understanding the care that they provide and their support needs
- providing comprehensive and easily accessible information and advice on the type of support available as well as how and where to get it

The Carers Act brings changes to how carers can access support through 'Adult Carer Support Plans' and 'Young Carers Statements'.

The Carers Act requires a focus on assessing the needs of the carer separately from the needs of the cared for individual.

New duties and powers	
Adult Carer Support Plans and Young Carers Statements	Adult Carer Support Plans will replace the old carers' assessments and consider a range of areas that impact on a carer. Young Carer Statements must be in place for children and young people.
Eligibility Criteria	Eligibility criteria for access to social care services for carers must be published. However, not all support offered to carers will be subject to the criteria.
Carer Involvement	Carers must be involved in both the development of carers services and in the hospital discharge processes for the people they care for.
Local Carers Strategies	Local Carers' strategies, such as this one, must be produced and reviewed within a set period.
Information and Advice	An information and advice service must be provided for relevant carers, with information and advice about rights, advocacy, health and wellbeing (amongst others).
Short Breaks Statements	To prepare and publish a statement on short breaks available in Scotland for carers and cared for persons.

2. Who are our carers?

A carer¹ can come from all walks of life; be any age, including young children; employed, in education or neither; and have other responsibilities in terms of family to look after. The lives of children and young people within a family environment who are not the direct care-giver can nonetheless be significantly impacted by the caring situation.

A carer can provide care for a few hours a week or 24/7. The care they provide can be light touch or intensive. Some carers have to care for more than one person, which presents unique challenges. They may have had a caring role their whole life or it may be for only a short time.

The Adult Carer Support Plan process can be accessed by

- carers who reside in the area of the local authority who provide or intend to provide care for cared-for persons in that area
- carers who do not reside in the authority's area but who provide or intend to provide care to cared-for persons in that area

The “cared-for person” can often be a family member, friend or neighbour. They can also be young or old and have a range of care needs including support within the home, help with getting out and about, and help with end of life care. Some cared for people may have multiple care needs.

Many people providing care do not see themselves as a ‘carer’. They are first and foremost a husband, wife, son, daughter, or friend, who is undertaking acts of kindness, perhaps sometimes seen as a duty, for their loved one.

As the types of carer are varied, the approaches we take to support them must also be diverse and flexible.

¹ The term carer used throughout this strategy refers to those in an unpaid caring role.

3. Understanding the impact of the caring role

The National Carer Organisations has produced a Best Practice Framework for Local Eligibility Criteria for Unpaid Carers. In it they have identified seven areas of a carer's life which may be impacted by their caring role.

Each of the seven areas may not be impacted upon for all carers and not every carer will be impacted upon to the same degree, but the areas are relevant for consideration for all carers both young carers and adult carers and in all circumstances.

Health & Wellbeing

The impact could be on mental health, physical health or wellbeing and could range from feeling a bit worried about things to depression; from a general feeling of tiredness to serious joint and/or muscle damage; or from perhaps having to assist with lifting and moving the cared-for person.

Relationships

Caring for a loved one can often be upsetting particularly if the person is physically deteriorating or their personality is changing. This can affect the carer's emotions and in some cases their experience can be similar to grief or feeling bereaved. Relationships with family and friends can become strained.

Finance

The act of caring can incur additional expenses with the cost of transport and/or parking whilst attending medical appointments. Having to buy specialist equipment or products, replacing clothing, turning up the heating or doing more laundry all bring added expense. If the cared-for person was the main earner and their condition has meant that they have had to give up work this affects the overall household income. Some carers told us that they had taken out a loan or fallen behind with bill payments as a direct result of their caring responsibilities.

Life Balance

Dedicating time to caring can mean that the carer often cannot find time to socialise or even just have some "me time" to do things that they want to do for themselves. Often carers put the needs of the cared-for person first and don't have the time or the energy to fully consider their own needs leading to these being neglected.

Future Planning

In some situations it can be difficult for a carer to make any plans whether these are short, medium or long term plans. This can be in any area of their life from their career, their education and development, or even their social life. Even a simple invitation to a night out at the weekend may be impossible to accept. For some, future planning may include ensuring care will continue for the cared-for person should the time come when the carer is no longer around to do it themselves.

Employment and Training

Caring can affect the carer's ability to work and access to training opportunities. It can also impact on their choice as to what type of employment they do or training they undertake, where they work and how many hours they do. They may be forced to delay starting work or training at all, have to give up work or a course, take early retirement, or reduce their working hours as a result of their caring role. They may not be able to focus on career development, or apply for promoted posts and may be restricted to particular jobs in certain areas that allow them to continue to provide care. Carers told us that not all employers understand the caring role or are flexible enough to accommodate it.

Living Environment

In some cases a carer may have to adapt their home to accommodate the needs of the cared for person and this can fundamentally change a carers own living situation. Other carers do not live with the person that they care for but their living environment can still be impacted upon.

Impact on Young Carers

In addition to the principles noted above, the assessment of the impact of caring upon a young person is considered within the context of the eight well being indicators for children (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included). For example, caring responsibilities may impact negatively upon a young carer's participation in education and their educational attainment, especially if professionals in school are unaware of the situation within which they live.

Children and young people have reported that conflicting emotions were linked to the caring role. As well as the feelings of worry and loneliness that might be expected there were also feelings of happiness and pride at being able to support a loved one.

Children and Young people identified concerns about bullying and a lack of understanding from both their peers and their teachers as barriers to young carers seeking support. There were also concerns around knowing where and who to seek support from and concerns that they may be taken away from their parents or that they may be placed in residential care.

4. Strategic Priorities

Supporting carers is a key strategic priority for the Health and Social Care Partnership and their strategic partners.

The West Dunbartonshire Health and Social Care Partnership Strategic Plan 2019 – 2022 agreed five priorities across all areas of service; in addition each one can be linked to support for carers and recognises the commitment to person centred planning, self directed support and, where possible, living independently at home.

Early Intervention	<ul style="list-style-type: none">• Identification of carers of all ages and offer of assessment
Access	<ul style="list-style-type: none">• Clear pathways into support services and good up to date information
Resilience	<ul style="list-style-type: none">• Peer support services, training and advice• Support services for carers
Assets	<ul style="list-style-type: none">• Work in partnership with carers and carer organisations to identify carer needs
Inequalities	<ul style="list-style-type: none">• Access to good health and well-being information• All carers feel included and listened to

There is a recognition that services across health, social care, education, third and independent sectors need to better support children, young people and adults in a caring role including, in some areas, improving practices and culture.

Our commitment to our carers will be monitored, measured and delivered through the commitment to the National Health and Wellbeing Outcomes; in particular “People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing.”

The new national Health and Social Care Standards also aim to ensure that people across Scotland receive the same high standard of care and support, delivered in a way which reflects their own personal needs and circumstances. These new national Health and Social Care Standards sit beneath five overarching principles (dignity and respect; compassion; included; responsive care and support; and wellbeing). They set out what people should experience every time they use health and/or social care services.

Partners across all service areas recognise the significant role of unpaid carers and that their views are included, their health and wellbeing will be nurtured and the impact of their caring role on their everyday lives reduced as far as possible. This will be reported and monitored through the Strategic Planning Group and the Health and Social Care Partnership Board.

4.1 Early intervention and identifying carers

A key focus of the West Dunbartonshire Health and Social Care Partnership is the identification of carers and providing support linked to the type and level of care they provide. It is well documented that many carers do not recognise themselves as carers, therefore providing good information in a variety of settings is vital to ensuring that there are more opportunities for people in West Dunbartonshire to identify themselves as carers.

Identifying carers and asking carers to identify themselves is dependent on carers recognising:

- caring activities can often be seen as just a part of the relationship and the term 'carer' can seem alien to people
- caring often starts at a low intensity so can go unnoticed
- accepting the identity of carer means acknowledging the other person needs care, which can be difficult
- there may be a general lack of awareness of the role of a carer

As a Health and Social Care Partnership, alongside partners, it is our responsibility to ensure practitioners and staff are able to identify adult and young carers; as well as informing carers of their right to identify themselves as a carer if they so wish and what this would mean for them.

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

West Dunbartonshire's Health and Social Care Partnership Strategic Needs Assessment reports high levels of people with long term and complex conditions. This can be linked to the history of heavy industry in the area, with related diseases affecting people at a relatively young age.

Strategic Priorities
1. West Dunbartonshire Health and Social Care Partnership and partner agencies, will deliver awareness raising events throughout the area both at specific carer events and with participation in other events.
2. West Dunbartonshire Health and Social Care Partnership and partner agencies, will seek to improve the identification of young carers by working collaboratively and in partnership.
3. West Dunbartonshire Health and Social Care Partnership and partner agencies will brief and train our staff across the partnership to better enable them to identify and support carers.

4.2 Access and clear pathways into support services

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

Carers have consistently highlighted that they can derive considerable benefits from their caring role and that services delivered to patients and carers can help them enjoy a quality of life out-with their caring responsibilities, thus enabling them to sustain the caring roles they provide. It is noted by all partners that individuals may not choose to be carers and assumptions about caring roles should not be made by practitioners.

The Health and Social Care Partnership seeks to build on and improve access to support for carers. It recognises that it is necessary to be consistent about what we expect carers to reasonably and safely provide when supporting loved ones at home.

We also need greater flexibility in responding to the needs of individuals. For young carers in particular, we seek to reduce the numbers of young carers undertaking inappropriate caring roles by raising awareness of young carers and by improving their ability to access help and support.

West Dunbartonshire Adult Carer Support Plan	<ul style="list-style-type: none">• Informal assessment and planning may be enough for some carers whilst others may need additional information to contribute to the formal assessment of an Adult Carer Support Plan• Assessment and information gathering is a shared responsibility and should involve carers, practitioners and carers representatives as appropriate• The processes and systems of assessment and information gathering need to be simple, accessible and user friendly
West Dunbartonshire Young Carers Statement	<ul style="list-style-type: none">• Informal assessment and planning may be enough for some carers whilst others may need additional information to contribute to the formal assessment of a Young Carer Statement• Assessment and information gathering is a shared responsibility and should involve carers, practitioners and carers representatives as appropriate• The processes and systems of assessment and information gathering need to be simple, accessible and user friendly

The Health and Social Care Partnership works to support carers of all ages with their caring roles through assessing their needs for health and social care services.

Step 1 Tier One	Carer Conversation is recorded within the cared for persons Self Directed Support assessment tool	Carer conversation is between the worker and the carer; this conversation and subsequent record will contain relevant questions around the caring role that the carer is undertaking detailing the type of support being provided by the carer and type of support the carer is seeking.
Step 2 Tier Two	Adult Carer Support Plan or Young Carer Statement	Tier 2 Adult Carer Support Plans or Young carer Statements is completed after a Tier 1 Carer Conversation has taken place and it has been identified that the carer needs or has requested a full Adult Carer Support Plan.
Step 3 Outcomes	Adult Carer Support Plan or Young Carer Statement	All carer outcomes are captured by the Tier 2 Adult Carer Support Plan or Young Carer Statement as above.
Step 4 Service	Self-Directed Support	All partners are able to ensure carers are informed about how carers can have their support arranged i.e. the 4 self-directed support options and will assist the carer to choose from the 4 Self Directed Support options available.
Step 5 Service Review	Adult Carer Support Plan or Young Carer Statement	The Tier 2 Adult Carer Support Plan or Young Carer Statement will remain in place until a review is undertaken. Review of support will normally take place annually or when there has been a significant change to the carers or to the cared for persons circumstances. The review of the Adult Carer Support Plan or Young Carer Statement can be done by statutory services or third sector partners.

It has been well documented that carers need access to good information and access to timeously assistance as well as knowing how to access support and how to make the best use of it. This is true both for carers of people receiving social care or health care services and for carers unknown to social care or health care services.

All carers, including young carers, have the right to an assessment to identify the help that they may need to continue in their caring role. The Health and Social Care Partnership works in partnership with all agencies in a family centred way when assessing and meeting the needs of carers of any age and also promotes inclusion whenever possible.

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

The Carers (Scotland) Act does not prescribe specific timescales for assessments to be completed except for cases which involve those carers caring for those with a terminal illness. In West Dunbartonshire the timescales for completion of an Adult Carer Support Plan or Young Carer Statement vary due to the urgency, complexity and risk of each individual case.

The preparation of the Adult Carer Support Plan or Young Carer Statement will always be prepared as quickly as it appropriate with a focus on achieving the right outcomes for the carer based on their individual situation rather than adherence to a particular timescale. Young carers and their families need an assessment which will take account of both their individual needs and the needs of the family as a whole.

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

Strategic Priorities
4. All staff within the Health and Social Care Partnership and partner agencies will ensure carers are listened to with the overall purpose of establishing their outcomes and then needs.
5. All staff within the Health and Social Care Partnership and partner agencies will ensure that after identification of needs all carers have access to information, advice and support.
6. All staff within the Health and Social Care Partnership and partner agencies will ensure that young carers have access to advice and information. By developing a tiered approach to service delivery from the pro-active and comprehensive availability of information and advice for young carers with low level needs; through to support for those with moderate needs and support from a specialist and individualised service to promote the young person's resilience for those with high level needs.
7. All staff within the Health and Social Care Partnership and partner agencies will recognise carer's strengths and limitations and the resources and assets that exist in their immediate network and wider.
8. The Health and Social care Partnership will review the assessment tools and the processes to ensure emergency arrangements and future planning so that carers can successfully plan for periods of transition or crisis.

4.3 Assets and planning for carers

The Health and Social Care Partnership and partners are mindful that for some carers much of the time their caring role can be a positive and rewarding experience, giving them a sense of purpose, building confidence and self esteem. However from time to time carers may feel angry, guilty or frustrated when caring gets in the way of the life they would like to lead. For young carers specifically, they are also often very reluctant to talk to anyone about their problems as they think it will reflect badly on their ability to cope.

As such, the identification of person centred support for carers from a variety of places can often help carers to continue in their caring role. One important source of support is ensuring that carers have access to Short Breaks.

The purpose of a Short Break is to support the caring relationship and promote the health and well-being of the carer, the supported person, and other family members affected by the caring situation.

Carer Short Breaks can take any number of forms in order to achieve the carer's desired outcomes. The purpose is for carers to have a life outside or alongside their caring role, supporting their health and wellbeing. This can also benefit the cared-for person and others (e.g. family members) and may sustain the caring relationship.

West Dunbartonshire Health and Social Care Partnership promotes an individual, creative, personalised, person centred approach to short breaks that will meet the individual nature of the needs of each carer (and the cared for person). It should be noted that there are important distinctions to be drawn between young carers, young adult carers and adult carers whilst recognising that there are similarities in the caring experiences.

For carers planned respite is not always an option and as such the Health and Social Care Partnership and partners can provide access to emergency support for carers; providing carers with a jointly agreed contingency plan and peace of mind should an emergency situation arise. An emergency plan sets out the practical arrangements for these unexpected situations. By writing it down and involving others, creating an emergency plan can give the carer and the person they you care for peace of mind and help avoid a crisis.

A key stage for young carers is the point at which they transition from being a young carer to an adult carer. This age group is often characterised by life transitions such as the transition to college, university and work; living away from home; wanting to reduce the caring role; or not wanting to be a carer at all. These may impact upon and change the caring role and the need for support, the Health and Social care Partnership is committed to ensuring that this is reflected in the Young Carer Statement. When a young carer transitions,

the Young Carer Statement is considered relevant until an Adult Carer Support Plan has been carried out.

For all carers who are seeking to create their own package of care based on their assessment of need; carers are able to access Self Directed Support as a means to assist people who may need support to have maximum choice and control over how this support is planned and provided. The Social Care (Self-directed Support) (Scotland) Act 2013 provides a framework for transparency and clarity in how partnership and collaborative practice can be effective in supporting practice to work creatively and resourcefully. This approach is embedded in the Carers (Scotland) Act to support carers to make an informed choices on how their individual budget is used to meet the outcomes they have agreed.

The Health and Social Care Partnership works with service users to offer more flexibility, more choice and more control over their support so that they can live at home more independently. It is important that our local services create arrangements which will facilitate more choice and control over service provision and promote the opportunities for patients and clients. This includes the use of technology for the cared for person and for carers to support the caring role.

Strategic Priorities
9. All staff within the Health and Social Care Partnership and partner agencies will ensure carers have information and advice on access to short breaks and respite.
10. All staff within the Health and Social Care Partnership and partner agencies will ensure carers have information and advice on accessing the four options of self directed support.
11. All staff within the Health and Social Care Partnership and partner agencies will ensure that the use of Telecare options is explored to further assist with the caring role.
12. The Health and Social care Partnership and partners will ensure that dedicated Information and advice is available to all carers and that this will continue to be developed and managed thus ensuring that it is continuously updated and improved.
13. We will give consideration to those caring for the terminally ill ensuring that they plan for their life after caring, including young carers who may be left without a parent or other significant adult in their lives.

4.4 Equalities and carers as partners

Recognising that carers, young and old, come from all areas of our wider population, the Health and Social Care Partnership seeks to engage with them in a variety of ways that is appropriate to a carers' needs, capacity and in a format which is familiar.

The Health and Social Care Partnership is particularly keen to increase the identification of young carers in West Dunbartonshire. It is not only our responsibility to educate practitioners and staff to assist in this but also to inform young carers and people who support them of their right to identify themselves if they so wish and what the benefits of identification may mean.

The Health and Social Care Partnership, with partners, has undertaken a series of awareness raising events to help the wider population understand the needs of adult and young carers and the challenges that they face. Moving forward, we will continue to maximise every opportunity at other events to raise the profile of carers and enable people across West Dunbartonshire to identify as a carer.

Young carers in West Dunbartonshire have identified through consultation and engagement events the key supports that would be most helpful for them to maintain their caring role; these relate to time and space within school environment; having someone to talk to and having planned time away from their caring role.

All partners recognise that engaging with carers of all ages is vital in ensuring that services and support which are delivered are high quality and appropriate.

Equal Partners in Care is a joint project between National Health Service Education Scotland and the Scottish Social Services Council aimed at achieving better outcomes for all involved in the caring relationship.

This project has a set of core principles which were developed in consultation with a wide range of stakeholders and are based on key outcomes. These are very relevant to this strategy and as such we have adopted these as the best practice we will work to.

The 'Equal Partners in Care' Principles are:

- carers are identified
- carers are supported and empowered to manage their caring role
- carers are enabled to have a life outside of caring
- carers are fully engaged in the planning and shaping of services
- carers are free from disadvantage or discrimination relating to their role
- carers are recognised and valued as equal partners in care

The principles of equality, diversity and human rights are the basic rights for all carers. Carers reflect the diversity of Scotland's population. We will work to ensure that carers are aware of their rights under this legislation and that no carer is disadvantaged due to age;

disability; gender reassignment; marriage and civil partnership; pregnancy and maternity, race; religion or belief; or sex or sexual orientation, in line with the Equality Act 2010.

All children and young people have an established set of rights and principles based on the United Nations Convention on the Rights of the Child. These say that nobody should treat a child or young person unfairly and that when adults make a decision about a child or young person it is what's best for the child or young person that should be the most important thing to consider. The child or young person must have their say too.

As an adult or young carer, being aware of their rights and those of the person they care for can help both get fair access to things that most people take for granted.

Strategic Priorities
14. The Health and Social Care Partnership and partners will seek to ensure that we sensitively identify young carers within schools via awareness raising, training and continuous professional development building on the principles of Getting it Right for Every Child.
15. The Health and Social Care Partnership and partners will continue to maximise every opportunity at other events to raise the profile of carers and enable people across West Dunbartonshire to identify as a carer.
16. The Health and Social Care Partnership and partners will ensure that carers are involved in planning services and support for both carers and cared-for people.
17. The Health and Social Care Partnership and partners aim to involve young carers in every step of the implementation of the new Strategy as was done with the development of the new Young Carer Statement.
18. The Health and Social Care Partnership and partners will continue to be committed to the core principles of Equal Partners in Care.

5. Financial Information

The Health and Social Care Partnership's strategic priorities for carers ensure that carers are supported to have a life alongside caring if they choose to do so.

This strategy will be monitored through the Strategic Planning Group and Health and Social Care Partnership Board with regular reporting.

The Scottish Government has allocated funding for the implementation of the Carers Act through its annual financial settlements to both local authorities and health boards, with the recommendation that this funding was transferred to Health and Social Care Partnerships.

In 2017/18 the Scottish Government allocated a total of £107 million to support health and social care integration. Of this total £2 million was identified to support the implementation of the Carers Act. The Health and Social Care Partnership's share of this amounted to £39,000 and was directed towards Carers Engagement Events.

In 2018/19 the Scottish Government's increased its investment in Integration by £66m, and of this total £19m was to be directed to the enactment of the Carers Act from 1st April 2018. The Health and Social Care Partnership's share for 2018/19 is £340,000 and the detail of how this will be spent is reported to the Health and Social Care Partnership Board through the Financial Performance Reports. Any funds remaining by the end of the 2018/19 financial year will be considered as part of the Annual Accounts in line with the approved Reserves Policy.

Further funding from the Scottish Government is anticipated in the 2019/20 budget settlement to local authorities.

Strategic Priorities
19. The Health and Social Care Partnership and partners will ensure the use of Best Value of spend linked to carers services and commissioning approach.

6. Action Plan

The Health and Social Care Partnership has developed this Local Carers Strategy which lays out our aspirations for supporting carers in their caring role.

We have identified some statements we would wish carers in West Dunbartonshire to be able to meet.
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We have the feedback from our consultation and engagement with carers, with staff and other relevant stakeholders.
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We have a profile of the carers in West Dunbartonshire and a sense of the scale of the number of carers we have yet to identify.
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We have an understanding of the impact that the caring role can have and we know the support that is currently available to carers.

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

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

The Health and Social Care Partnership will continue to work to identify carers in need of support whilst acknowledging there is risk that the expectations of carers cannot be supported by available resources and / or allocated funding.

The Health and Social Care Partnership Strategic Priorities	Actions
1. West Dunbartonshire Health and Social Care Partnership and partners agencies will deliver awareness raising events throughout the area both at specific carer events and with participation in other events.	Partners continue the programme of awareness with staff, stakeholders and partners as to what it means to be a carer.
	Continue our programme to raise awareness with staff, stakeholders and partners to the needs of carers as adults and young people.
2. West Dunbartonshire Health and Social Care Partnership and partners agencies will seek to improve the identification of young carers by working collaboratively and in partnership.	Implement Young Carer Statements across partner agencies working with young people.
3. West Dunbartonshire Health and Social Care Partnership and partners agencies will brief and train our staff across the partnership to better enable them to identify and support carers.	All partners will work across our communities and with our communities to support them to understand the support available to carers, particularly vulnerable carers.
4. All staff within the Health and Social Care Partnership and partner agencies will ensure carers are listened to with the overall purpose of establishing their outcomes and their needs.	Continue to work with carers and their representatives within the review, planning and delivery of local services.
	Continue to seek opportunities to work with carers and their representatives on specific and targeted programmes of work e.g. hospital discharge and addictions issues.
5. All staff within the Health and Social Care Partnership and partner agencies will ensure that after identification of need all carers have access to information, advice and support.	Refresh current mapping of carers support available across communities and identify gaps.
	Continue to review the information, advice and signposting available to carers.

The Health and Social Care Partnership Strategic Priorities	Actions
<p>6. All staff within the Health and Social Care Partnership and partner agencies will ensure that young carers have access to advice and information; by developing a tiered approach to service delivery from the pro-active and comprehensive availability of information and advice for young carers with low level needs; through to support for those with moderate needs and support from a specialist and individualised service to promote the young person’s resilience for those with high level needs.</p>	<p>Continue to review the information, advice and signposting available to young carers.</p>
	<p>Continue to develop with key partners the transition process for young carers becoming adult carers.</p>
<p>7. All staff within the Health and Social Care Partnership and partner agencies will recognise carer’s strengths and limitations and the resources and assets that exist in their immediate network and wider.</p>	<p>The Health and Social Care Partnership will implement the principles of the Self Directed Support asset based assessment tool into Tier 2 carers assessments.</p>
<p>8. The Health and Social Care Partnership will review the assessment tools and the processes to ensure emergency arrangements and future planning so that carers can successfully plan for periods of transition or crisis.</p>	<p>The Health and Social Care Partnership will implement the principles of the Self Directed Support asset based assessment tool into Tier 2 carers assessment.</p>
<p>9. All staff within the Health and Social Care Partnership and partner agencies will ensure carers have information and advice on access to short breaks and respite.</p>	<p>The Health and Social Care Partnership Short Break Services Statement will be reviewed in 2020 following a year of implementation.</p>
<p>10. All staff within the Health and Social Care Partnership and partner agencies will ensure carers have information and advice on accessing the four options of</p>	<p>The Health and Social Care Partnership will continue to work with partners on raising awareness of Self Directed Support for carers e.g. ShopMobility and Carers of West</p>

The Health and Social Care Partnership Strategic Priorities	Actions
self directed support.	Dunbartonshire.
	Monitor the numbers of carers taking up Option 1 under Self-Directed Support.
11. All staff within the Health and Social Care Partnership and partner agencies will ensure that the use of Telecare options is explored to further assist with the caring role.	The Health and Social Care Partnership will monitor the increased use of Telecare options to support carers.
12. The Health and Social Care Partnership and partners will ensure that dedicated information and advice is available to carers and will continue to develop and managed this thus ensuring that it is continuously updated and improved.	Health and Social Care Partnership will continue to review public information available on line, in print and on social media.
	The Health and Social Care Partnership will continue to fund care representative organisations to provide up to date information on variety of carer issues.
13. We will give consideration to those caring for the terminally ill ensuring that they plan for their life after caring, including young carers who may be left without a parent or other significant adult in their lives.	The Health and Social Care Partnership and partners will develop a Palliative Care Statement for carers caring for those with end of life and palliative care needs.
14. The Health and Social Care Partnership and partners will seek to ensure that they sensitively identify young carers within schools via awareness raising, training and continuous professional development building on the principles of getting it Right for Every Child.	Develop a pathway and protocol for transition planning from Young to Adult Carer, including response to and provision for 16 and 17 year old young carers.
15. The Health and Social Care Partnership and partners will continue to maximise every opportunity at other events to raise the profile of carers and enable people across West Dunbartonshire to identify as a carer.	Maximise opportunities for carers to access support groups and activities

The Health and Social Care Partnership Strategic Priorities	Actions
16. The Health and Social Care Partnership and partners will ensure that carers are involved in planning services and support for both carers and cared-for people.	Continue to monitor carers' experiences through a variety of methods including focus groups, surveys and feedback.
	Monitor numbers of carers involved in service planning through participation and engagement.
17. The Health and Social Care Partnership and partners will aim to involve young carers in every step of the implementation of the new strategy as was carried out when developing the new Young Carer Statement.	All partners ensure engagement of young carers in commissioning and planning of services aimed at young carers.
18. The Health and Social Care Partnership and partners will continue the commitment to the core principles of Equal Partners in Care.	The Health and Social Care Partnership and partners will continue to promote and deliver Equal Partners in care training across communities and professional groups within West Dunbartonshire.
19. The Health and Social Care Partnership and partners will ensure the use of Best Value of spend linked to carers services and commissioning approach.	Review the data being gathered as part of the Carers Census as well as existing performance measures.
	Develop a robust financial framework linked to additional and existing funding available for carers.
	The Health and Social Care Partnership will ensure commissioned services are adapted to account for new legislation.
	Carers to be involved in future commissioning of carer support services.

7. Acknowledgements

West Dunbartonshire Health and Social Care Partnership expresses its thanks and appreciation to all participants who have worked hard to ensure that the West Dunbartonshire Local Carers Strategy is as comprehensive as it can be and covers carers of all ages.

Most importantly, carers from across West Dunbartonshire area were involved to assist with this work. It was important that the local Carers Strategy was written taking into account the views and voices of a range of carers in West Dunbartonshire as this would lead to a better informed document.

West Dunbartonshire's Carers Strategy will be jointly reviewed in 2020 by both Health and Social Care Partnership and partners as required by the Carers Act (Scotland) 2016. An annual report on progress will be produced for the Health and Social Care Partnership Board to ensure robust monitoring and review of the Strategy.

Further information on this local carers Strategy can be obtained by contacting West Dunbartonshire Health and Social Care Partnership as detailed below.

West Dunbartonshire Health and Social Care Partnership
Church Street
Dumbarton
G82 1QL

Email: wdHealth and Social care Partnership @west-dunbarton.gov.uk

<http://www.wdHealth and Social care Partnership .org.uk/carers/>

This Strategy was produced by a short life working group of the overarching West Dunbartonshire Carers Development Group. Membership of the short life working group was taken from the Carers Development Group and supplemented by others chosen by the Carers Development Group who had an interest in being involved in this work.

- West Dunbartonshire Health and Social Care Partnership
- Carers of West Dunbartonshire
- Y Sort-it Young Carers service
- West Dunbartonshire Community Volunteering Service
- Greater Glasgow and Clyde Health Board
- Adult carers living in West Dunbartonshire
- Young carers living in West Dunbartonshire

Support for carers available in West Dunbartonshire	
<p>Short Breaks - Access to personalised, flexible short breaks provision is crucial. Short breaks (also known as respite services) are a key support for carers. The Health and Social Care Partnership is committed to ensuring flexible initiatives based on individuals' assessed needs and circumstances that support carers to have time away from their caring responsibilities.</p>	All carers
<p>Information and Advice - The Health and Social Care Partnership is committed to providing the right type of information at the right time to carers, depending on their particular circumstances. All Health and Social Care Partnership services and partners play an important role in providing information that can help carers to understand and deal with difficult or challenging circumstances.</p>	All carers
<p>Health and Wellbeing - In recognition of the key role carers' play, they have access to opportunities for building their confidence and capacity in their caring role. This can address the emotional impact and practical demands of caring. Specific training e.g. moving and handling awareness and managing medication can be tailored to assist the carer to manage the cared for persons needs as well as supporting them to manage their own health and well-being.</p>	All carers
<p>Partnership Working - The Health and Social Care Partnership and other third sector partners have been providing key carer support services within West Dunbartonshire for several years. Through partnership with the third sector, opportunities continue to be offered to carers to develop their skills and knowledge and these include condition specific training as well as more general issues.</p>	All carers
<p>Outcome focused - The Health and Social Care Partnership is committed to identifying, assessing and supporting carers in a person centred and outcome-focused way which is consistently applied to all carers (including the provision of short breaks or respite).</p>	All carers
<p>Early identification - The emphasis for the Health and Social Care Partnership is on early intervention and preventative support. By working in partnership across services, our approach supports early identification of the most vulnerable within our communities and their carers, thus supporting access and availability to the necessary supports that enable continued quality-of-life and in turn prevents crisis.</p>	All carers
<p>Self Directed Support - By aligning the development of self-directed support and carer's support, we aim to bring together our investment from a range of key policy developments to facilitate and expand opportunities for models of co-production and community capacity building.</p>	All carers

8. For further information on carers services in West Dunbartonshire contact:

Carers of West Dunbartonshire
84 Dumbarton Road,
Clydebank,
G81 1UG
Tel – 0141 941 1550
Fax – 0141 941 1546
Email – clydebankcc@carerswd.org
Website – www.carerswd.org
Twitter – [www.twitter.com/CarersofWestDun](https://twitter.com/CarersofWestDun)

Young Carers - Y Sort It
5 West Thomson Street
Clydebank
G81 3EA
Tel 0141 941 3308
Email - info@ysortit.com
Website - <https://ysortit.wordpress.com/>

WDCVS - West Dunbartonshire Community Volunteering Service
Arcadia Business Centre, Miller Lane,
Clydebank,
West Dunbartonshire,
G81 1UJ
Tel 0141 941 0886
Website - info@wdcvs.com



West Dunbartonshire Health and Social Care Partnership

Draft Short Breaks Services Statement

As at December 2018

This statement supports carers to have access to choice of services and confirms our commitment to ensuring that all “West Dunbartonshire Carers, regardless of their age, can access Short Breaks and can have a life alongside their caring responsibilities”.

Document Title:	Short Breaks Services Statement	Owner:	
Version No.		Superseded Version:	
Date Effective:	December 2018	Review Date:	December 2019



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Introduction

West Dunbartonshire Health and Social care Partnership's Short Breaks Services Statement provides information about short breaks for carers and the person or people they care for. The Carers (Scotland) Act 2016 requires each local area to set out the provision of short breaks within a Short Breaks Services Statement.

West Dunbartonshire Health and Social Care Partnership is committed to ensuring that Short Breaks are provided to carers to ensure that they can have a break from their caring role and to support them to continue in their caring role.

The **aim** of the statement is to help carers and people with support needs to understand:

- what is a Short Break
- who can access a Short Break
- what Short Breaks are available in West Dunbartonshire
- how carers and the cared for person can access Short Breaks and find further information

The **purpose** of this Short Breaks Services Statement is to provide information to carers and those that they care for so that they:

- know they can have a break in a range of ways
- are informed about what Short Breaks are available
- have choice in the support they access
- can identify what a Short Break means for them, and how they can be supported to meet their needs and achieve their outcomes

Short Breaks are for everyone

Although there are important distinctions to be drawn between young carers, young adult carers and adult carers, there are similarities in the caring experiences.

Similarly it is recognised that breaks from caring responsibilities are key to carers of all ages.

However, the type of short break taken must be based on the personal outcomes that the carer wants to achieve as detailed in their Adult Carer Support Plan or Young Carer Statement. Short breaks exist that suit all age groups but are specific and person centred to meet the needs of each individual carer. West Dunbartonshire Health and Social Care Partnership is committed to ensuring that short breaks are for every type of carer regardless of their age. This Short Breaks Services Statement should be read with this in mind.

The content of this statement has been informed by what carers have told us in our consultation about our Local Carers Strategy and other development work.

Who is a Carer?

Section 35 of the Carers (Scotland) Act 2016 requires local authorities to prepare and publish a statement setting out information about Short Breaks Services available for local carers and cared-for people. This Short Breaks Services Statement covers carers of any age.

Young Carers- usually under 18

A Young Carer is a carer who is under 18 years old or is 18 years old and is still in school. A young carer is more than just a young person who provides unpaid care. They are children and young people first, with rights to live a full life and not miss out on their childhood. Short Breaks have a role to play in ensuring young carers can benefit from the same experiences and opportunities as their friends and peers, and this Short Breaks Services Statement reflects this.

Young Adult Carers – usually 18 to 25

Young Adult Carers are usually aged from 18 to 25. There are important transition issues for this group of carers especially with regard to the support available for them.

Adult Carers – usually 26 or over

An Adult Carer is a carer who is 18 years old or above but usually tend to be aged 26 and upwards and can often be much older people caring for a relative or friend.

What is a Short Break?

Short breaks mean different things to different people but a common definition can be found below.

A Short Break is any form of service or assistance which enables the carer(s) to have periods away from their caring routines or responsibilities

There are many **purposes of a short break** but they all provide opportunities for:

- a life outside or alongside a carers' caring role to support their health and wellbeing
- promoting the health and well-being of the carer, the supported person, and other family members affected by the caring situation
- benefiting the cared-for person and others including family and friends
- sustaining and supporting the caring relationship
- providing a break from a carer's normal routine or caring role
- ensuring young carers have a life outside or alongside their caring role including the right to be a child first

"Making a Statement" guidance describes a Short Break as something which can take any number of forms in order to achieve the carer's desired outcomes.

The **delivery of short breaks** may:

- be for short periods (a few hours) or extended periods (a few days)
- take place during the day or overnight
- involve the person with support needs having a break away from home, allowing the carer time for themselves
- allow the carer a break away with replacement care in place if required
- allow the carer and the person they care for to have a break together, providing a break from the demands of their daily caring routines

West Dunbartonshire Health and Social Care Partnership promotes an individual, creative, personalised, person centred approach to short breaks that will meet the individual needs of each carer (and the cared for person). This is in line with the human rights approach to the National Health and Care Standards as well as the Self Directed Services legislation.

Assessing the needs of Carers in West Dunbartonshire

Carers of all ages may require a break from time to time to support their ability to continue in their caring role.

Carers have the right to accurate and timely advice. They should also be able to easily access the information and support available in the community as laid out in the Carers (Scotland) Act 2016.

In order to identify each carer's personal outcomes support staff from the Health and Social Care Partnership, the Carers Centre, Y Sort it or other community services, will work with each carer to identify and record their needs.

Within West Dunbartonshire, a **Carers Conversation** is considered a Tier 1 carer assessment conversation which supports and encourages carers to identify themselves to services. Carers may not be in need of support or services at this time. If carers choose not to have a formal Tier 2 Adult Carers Support Plan they will still be offered information on health and wellbeing, recreation and wider services.

Tier 2 adult carers conversations are recorded within an **Adult Carer Support Plan** or for children and young people a **Young Carer Statement**. The carer's needs will be recorded in a support plan and shared with services where appropriate, and where permission has been granted to ensure the correct support services are put in place, including short breaks and respite.

Carers will be offered support based on their assessed need and the personal outcomes which they have identified with the assessor.

Examples of personal outcomes for a carer might be that the carer:

- has more opportunities to enjoy a life outside/alongside of their caring role
- feels supported in their caring role
- feels improved confidence and morale in their caring role
- experiences an increased ability to cope with their caring role
- feels more included and less lonely as a result of increased social circles, connections and activities
- experiences a sense of improved health and wellbeing
- experiences an improved quality of life
- has confidence in the support in place in case of breakdown and crisis in their caring role

The carers outcomes are recorded within the Adult Carers Support Plan and Young Carer Statement and form the basis of the support available for a carer including short breaks and access to respite.

Charging for Respite and Short Breaks

The Carers (Scotland) Act 2016 ensures that all charges are waived if a short break directly benefits the carer's outcomes as identified in the Adult Carer Support Plan or Young Carer Statement.

Short Breaks often benefit both carers and the cared-for person and as such some respite is chargeable.

West Dunbartonshire's Health and Social Care Partnerships Charging Policy 2018/19 includes details of all charges levied for services and there is a section specifically relating to Carers. Below are some examples of how charges may/may not be waived.

Examples of Charging

<p>Example 1 Residential care for the cared for person as the client</p>	<p>A carer has an identified need as a break from caring. It has been assessed that the way to provide this break would be that the cared for person goes into residential care for a week.</p> <p>If the cared for person going into residential care is for the primary benefit of giving the carer a break, the charges for the residential care are waived.</p>
<p>Example 2 Replacement care in care for person as the client's own home</p>	<p>A carer has an identified need as a break from caring. It has been identified that the way to provide this break would be the cared for person to have paid care provided for them in their own home at regular intervals or for a short period of time.</p> <p>If the cared for person is to have care provided in their home for the primary benefit of giving the carer a break, the charges for the care at home are waived.</p>
<p>Example 3 Short breaks with the client</p>	<p>A carer has an identified need as a break from caring. It has been identified that the way to provide this break would be for the carer to go on a break with the cared for person.</p> <p>If the short break also meets the cared for persons assessed outcome in their SDS Assessment and/or Specialist Assessment, then charges are not waived for the cared for person. In these circumstances, the cost of the break for the carer will be waived.</p> <p>If the short break does not meet the cared for persons assessed outcome in their SDS Assessment or their Specialist Assessment, then charges are waived for the cared for person and the carer.</p>

<p>Example 4 Charges not waived for client as the cared for person</p>	<p>If the cared for person is going into residential care for a short period of time is to meet the cared for persons own assessed outcomes from their Single Shared Assessment or Specialist Assessment, e.g. to have a break from the carer, the charges for the residential care are not waived.</p> <p>If the cared for person is going to have replacement care in their own home to meet their own assessed outcomes from their Single Shared assessment or Specialist Assessment, e.g., to have additional support outside of what is normally provided by the carer, the charges are not waived.</p> <p>A carer has an identified need as a break from caring. As a result, the cared for person has a review or re-assessment of their outcomes. This review or re-assessment highlights additional outcomes for the cared for person that are not part of the carer's assessed need. Therefore the charges are not waived.</p>
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Short Breaks available in West Dunbartonshire

West Dunbartonshire Health and Social Care Partnership and partners provide access to a range of services for carers (and for those they care for), across all client groups. This support can be based on one to one support as well as support within groups and shared settings. The Health and Social Care Partnership works closely with third sector partners to provide access to services.

The Health and Social Care Partnership has published its **Eligibility Criteria for Carers** which ensures that there is no barrier to any carer seeking to access support, advice and information to support them in their caring role.

Carers caring for someone who resides in West Dunbartonshire are eligible for appropriate supports as identified by the completion of an assessment in the form of an Adult Carer Support Plan.

The eligibility criteria adopted within West Dunbartonshire for carers ensures that no carer will be excluded from receiving support from a range of opportunities, wider agencies and support organisations following the completion of either an Adult Carer Support Plan or Young Carers statement. Carers are supported within a context of prevention and early intervention.

Based on the needs recorded within the Adult Carer Support Plan or Young Carer Statement, carers have choice in the support they can access and a range of ways they can access a short break.

Some examples of the support available to carers:

Day Care and Support Services	Day care can take many different forms and is provided by the Health and Social Care Partnership and their partners.
Breaks in the home of another individual or family	Overnight breaks provided by paid or volunteer carers in their own home.
Breaks provided at home	A care attendant or sitting service; individual support provided in the home of the cared-for person for periods of a few hours or overnight.
Time for me Project	A break for carers who are caring for an adult who has a disability.
Out of the Blue Project	A break for carers to do things which other people take for granted, but which can be just too difficult to combine with their caring responsibilities; going to a wedding or family event; attending GP or hospital appointments; or training and learning events. A limited number of overnight sessions are available.

Technological Enabled Care	A range of technology enable aids can be used to support vulnerable people to continue living in their own home and allowing them to remain independent.
Breaks in care homes	With or without nursing care some care homes have a small number of places set aside specifically for short breaks.
Breaks in specialist/dedicated respite accommodation	Based in accommodation which is used only for short breaks.
Hospital/Hospice based respite	For people who need medical supervision because of complex or intense health care needs.
Family Placement Respite	Short breaks provided by individuals who are paid, and professionally regulated, to provide short-term support in the person's own home.
Y Sort-It	A range of short breaks and respite for young people based on their assessed need.
Befriending	Involves a paid worker or volunteer assisting someone with care and support needs to have access to activities.
Supported Holiday Breaks	Opportunities for individuals to plan and arrange their own holidays, with assistance in meeting any support they might have whilst away from home.

If a carer is unable to care for the person due to unforeseen circumstances, then they can access **Emergency Respite**. It is important for carers to have access to emergency support if they need replacement care at short notice.

West Dunbartonshire Health and Social Care Partnership and third sector partners are committed to ensuring emergency plans are prepared in advance and that they include any options for emergency respite cover. This will be particularly important for any carers that are at increased risk due to their own health needs or caring circumstances.

For those cared for people who are in need of additional support to enable them to access a break, there is scope to commissioned services to meet specific needs based on assessment. **Specialist services** and support would include the range of specialist short break services and support which can cater for cared-for people with more complex care requirements.

Replacement Care as a statutory support may be subject to local eligibility criteria, and carers may be prevented from taking up a Short Break if there is limited access to appropriate replacement care. It is important to promote different ways that statutory services can help carers to access a short break. Sometimes replacement care will enable a carer to access universal service, so no extra Short Break funding will be needed. Sometimes replacement care will be needed to enable access to a Local Authority funded Short Break. And sometimes a formal, funded Short Break won't be needed if the right care is given to the cared-for person.

Case Studies

All case studies were identified by Carers of West Dunbartonshire.

Case Study 1

One carer and her husband, who has a visual impairment, used their "Time for Me" Grant to stay at the Blind Veteran's Centre in Llandudno. This is a training and rehabilitation centre. Blind veterans can visit the facility during which their visual impairment is assessed and they and their family are given advice about how training and rehabilitation can support them. As well as helping with fitness and mobility, they give veterans with sight loss the skills they need to live an independent life. Veterans can go back to Llandudno for holidays, respite and nursing care.

Case Study 2

C is 78 and cares for her 79 year old partner (J) who has Chronic Obstructive Pulmonary Disease and poor mobility. J is in a lot of pain and discomfort which affects his mood. The seating in the house was inadequate for J's needs and was causing both of them pain when they tried to re-position him. This resulted in him spending increasing amounts of time in bed which was affecting their relationship as both felt isolated. An occupational therapy assessment carried out and identified more appropriate seating for J. The "Time for Me" grant together with match funding from two other sources enabled us to purchase this for the couple.

Case Study 3

Mrs M cares for her husband who has Alzheimer's disease. He requires maximum support and care with all aspects of daily living. Mrs M has not had a holiday in 2 years and had come to a point where without a break she did not feel able to carry on. Mrs M was awarded a "Time for Me" grant which helped her to go on a bus tour whilst her husband was in respite. Mrs M felt she had "total relaxation" whilst away and was able to do things that she wanted e.g. take long walks. Mrs M also said it allowed her time to think about and plan for the future away from the every day challenges.

Who to contact for information about Short Breaks

West Dunbartonshire Health and Social Care Partnership Respite Co- ordinator	Y Sort It	Carers of West Dunbartonshire
All carers and cared for people	All young people including Young Carers and Young Adult Carers	All adult and older people carers and cared for people
Respite booking service 118 Dumbarton Road Clydebank G81 1UG	5 West Thomson Street Clydebank G81 3EA	84 Dumbarton Road, Clydebank, G81 1UG
0141 562 2321 0141 562 2326	0141 941 3308	0141 941 1550
Website www.wdhscp.org.uk	Website https://ysortit.wordpress.com/ #ysortit	Website www.carerswd.org #CarersofWestDun
Email respite@west-dunbarton.gov.uk	Email info@ysortit.com	Email clydebankcc@carerswd.org

Appendix 1 Eligibility Criteria for Carers

Adult Carers

Adult Carers must be caring for someone living within the West Dunbartonshire area.

Adult Carers must have a Tier 2 Adult Carer Support Plan in place.

The Adult Carer Support Plan must detail the assessed need of the carer and evidence that a short break will meet the personal outcomes that the carer has identified.

Young Carers

If the young carer is a pre-school child, the health board for the area in which the child resides is responsible for the preparation of the Young Carer Statement

BUT

If the young carer is not a pre-school child, it is the local authority for the area in which the child resides that is responsible for the preparation of the Young Carer Statement.

Some authorities delegate the Young Carer Statement assessment function to the third sector.

The “responsible local authority” for young carer support is the local authority where the cared-for person resides.

Appendix 2 Carers assessment process in West Dunbartonshire

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

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

Appendix 3 Glossary

Some of the words used in this Short Breaks Services Statement may be unfamiliar to you so we have included a more detailed definition to assist with reading the document.

ACCESS	The availability of services – ‘getting the care you need’.
CARER	An individual who provides or intends to provide unpaid care for another individual (the cared-for person) because of their age, physical or mental illness, substance misuse or disability. This excludes someone paid or employed to carry out that role, or someone who is a volunteer.
CARED-FOR PERSON	Either a child (under the age of 18) or an adult (over the age of 18) with a need for care and support – they receive care or support from carers, paid staff or others. Unless stated otherwise, in this policy, it also means that the person has been assessed and found to have eligible needs.
ELIGIBILITY CRITERIA	A comprehensive set of rules through which WDHSCP can assess your needs as a carer. They are designed to ensure the limited public resources available are targeted at those with the greatest level of need. It also enables WDHSCP to demonstrate fairness, consistency and transparency in how we make decisions and spend money.
ELIGIBLE NEED	A need which is considered to be appropriate to be met by the allocation of some Social Work resource or funding, by the application of eligibility criteria.
IDENTIFIED NEED	An area of an individual’s life which they currently need support with. Not all identified needs will require, or be eligible for, input from Social Work.
INDEPENDENT SECTOR	Individuals and organisations contributing to needs assessment, design, planning, commissioning and delivery of health and social care, who are wholly or partially independent of West Dunbartonshire Health and Social Care Partnership.. This may include care homes, private hospitals and home care providers for example.
OUTCOMES	The impact or end-result of services, support or activity on a person’s life. These are usually focused on your quality of life as a carer, and defined as the steps you need to take to improve aspects of your life relating to your own safety and security. These will be identified and described when developing your Adult Carer Support Plan or Young Carer Statement.
PERSONAL OUTCOME	The specific goal or aim of a carer or young carer which is unique to the carer or young carer and their situation.
PERSON-CENTRED	An approach to working with people which respects and values the uniqueness of you as a person, putting your needs and aspirations firmly at the centre of the process.
RESPITE	Used to describe a break from caring. West Dunbartonshire Health and Social Care Partnership staff, partners and carers themselves more often take the view that ‘Respite’ is associated with

	institutional services or for emergency situations. We prefer to use 'Short Breaks', which we believe is a more positive term and more in line with the flexibility and creativity you as carers want.
SELF-DIRECTED SUPPORT	<p>The support that individuals and families have after making an informed choice on how resources can be used to meet the outcomes they have agreed. There are four options that West Dunbartonshire Health and Social Care Partnership has a duty to offer:</p> <ol style="list-style-type: none"> 1. We make a direct payment to the supported person in order that the person can then use that payment to arrange their support. 2. The supported person chooses their support and the partnership makes arrangements for the support on behalf of that person. 3. West Dunbartonshire Health and Social Care Partnership selects appropriate support and makes arrangements for its provision. 4. A combination of options 1,2 and 3 for elements of a person's support.
SHORT BREAK/S	<p>A short break is any form of service or assistance which enables carers to have sufficient and regular periods away from their caring routines or responsibilities.</p> <p>It is designed to support the caring relationship and promote the health and wellbeing of the carer, the supported person, and other family members affected by the caring situation.</p>
SINGLE SHARED ASSESSMENT	<p>Reviewing someone's health and care needs, considering the circumstances of an individual, and his/her family or community when looking at future plans. An assessment is carried out with you and staff from West Dunbartonshire Health and Social Care Partnership to consider your needs and will form either the Adult Carer Support Plan or Young Carer Statement. It will enable you to find out if you are eligible for support in your own right, including possible Short Breaks.</p>
SOCIAL CARE (Self-directed Support) (Scotland) ACT 2013	<p>A process to allow individuals who require support greater choice and control about how they are supported.</p>
STRATEGY	<p>A plan of action designed to achieve a long-term or overall aim.</p>
TRANSITION	<p>The process or a period of changing from one state or condition to another.</p>
WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP	<p>Set up in April 2015, it is responsible for the planning, funding and delivery of a range of community health services and social work/social care services for older people, adults, children and families and people in the Criminal Justice System in the West Dunbartonshire Council area.</p>
YOUNG CARER	<p>Someone aged 18 or under who provides or intends to provide unpaid support or care for a family member, partner, child, or friend because of their age, physical or mental illness, substance misuse, or disability.</p>

Acknowledgements

This Short Breaks Services Statement was produced by a short life working group of the overarching West Dunbartonshire Carers Development Group.

The Carers Development Group sought membership for the short life working group from their membership alongside those who had a particular interest and knowledge in this area.

Consequently a wide range of participants were involved from

- West Dunbartonshire Health and Social Care Partnership
- Carers of West Dunbartonshire
- Y Sort-it Young Carers
- West Dunbartonshire Community Volunteering Service

In addition, and most importantly, carers from across West Dunbartonshire area were involved to assist with this work. It was important that the short breaks services statement was written taking into account the views and voices of a range of carers in West Dunbartonshire as this would lead to a much more informed document. Consequently, both Adult Carers and Young Carers living in West Dunbartonshire were asked to assist with writing this Short Breaks Services Statement

West Dunbartonshire Health and Social Care Partnership and their partners have written this short breaks services statement with both Young and Adult Carers in mind.

As well as informing carers about short breaks this Short Breaks Services Statement should also help practitioners (including care support workers, link workers, service providers, GPs, Health and Social Care Partnership staff) to identify Short Break outcomes and opportunities.

Our thanks and appreciation go to all participants who have worked hard to ensure that the first West Dunbartonshire Health and Social Care Partnership Short Breaks Services Statement is as comprehensive as it can be and covers breaks for Adult Carers and Young Carers.

This Short Breaks Services Statement will be reviewed annually in December 2019 following initial publication in December 2018. The review will be undertaken by a short life working group made up of key Health and Social Care Partnership Staff, representatives from Carers of West Dunbartonshire, Y Sort-it and a selection of carers appointed by these organisations. Findings of the review process will be fed back to the overarching Carers Development Group.

Feedback, monitoring and review

If you require more information on this Short Breaks Services Statement please contact:

West Dunbartonshire Health and Social Care Partnership Headquarters
Hartfield Clinic,
Latta Street,
Dumbarton,
G82 2DS,
Tel - 01389 737000
Email - wdhscp@west-dunbarton.gov.uk

Other information in relations to Carers is available on the West Dunbartonshire Health and Social Care Partnership website
<http://www.wdhscp.org.uk/carers/>

Alternatively you can contact directly the local carers services detailed below

Carers of West Dunbartonshire
84 Dumbarton Road,
Clydebank,
G81 1UG
Tel – 0141 941 1550
Fax – 0141 941 1546
Email – clydebankccc@carerswd.org
Website – www.carerswd.org
Twitter – www.twitter.com/CarersofWestDun

Young Carers - Y Sort It
5 West Thomson Street
Clydebank
G81 3EA
Tel ☐ 0141 941 3308
Email - ✉ info@ysortit.com
Website - <https://ysortit.wordpress.com/>

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

20 February 2019

Subject: NHS Greater Glasgow and Clyde and West Dunbartonshire Winter Plan Update

1. Purpose

- 1.1** This report provides an overview of the implementation of plans across West Dunbartonshire in order to ensure readiness for the additional pressures in unscheduled care often experienced over winter. There has been detailed joint working across the Greater Glasgow & Clyde HSCPs, and with acute colleagues over recent months, and our Chief Officer has been jointly chairing a Partnership-wide Unscheduled Care group.
- 1.2** West Dunbartonshire's Winter Plan and the wider Winter Plan for NHS Greater Glasgow and Clyde (NHSGGC) were considered by this Partnership Board at its meeting in November.
- 1.3** This paper describes in more detail, the progress of implementation of these plans, the pressure being placed on the system, and our process for ensuring ongoing monitoring and timely response to changes in demand.

2. Recommendations

- 2.1** The Board is asked to note the contents of the Winter Plan Update.

3. Background

- 3.1** Unscheduled care activity is commonly understood to refer to A&E attendances and hospital admissions, although an impact is often felt in terms of demand on primary, community and social care also. Over recent years, levels of demand have been seen to rise over the winter months,
- 3.2** West Dunbartonshire's role in managing unscheduled care can be described as two-fold, to ensure local services and plans are implemented and working to maximum capacity to consume as much demand as possible locally, and to play our full part as a component of the NHSGGC system, to ensure that together, we are managing the system to its best possible performance. At the time of writing this report, the local West Dunbartonshire system has, though prepared for it, not seen an increased demand locally. However, the acute hospitals have all experienced, to varying degrees, quite significant levels of increase in both hospital attendance and admissions.

4. Main Issues

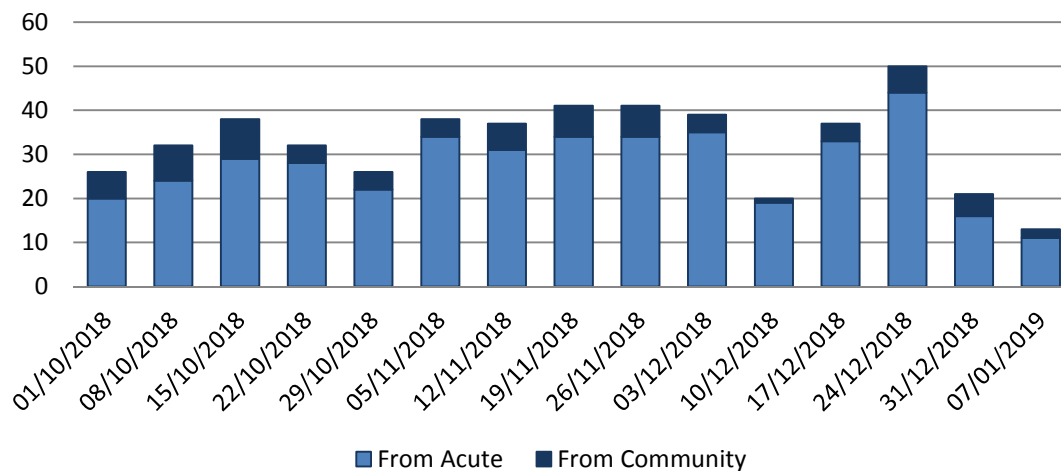
An overview of performance and demand on local services is provided below.

4.1 Demand on local community services.

Demand on services has remained relatively constant, with a slight decrease in demand seen in the first week of the New Year.

Week Ending	01/10/2018	08/10/2018	15/10/2018	22/10/2018	29/10/2018	05/11/2018	12/11/2018	19/11/2018	26/11/2018	03/12/2018	10/12/2018	17/12/2018	24/12/2018	31/12/2018	07/01/2019
Older People's Team	65	89	101	73	86	68	73	75	78	80	60	68	56	75	41
Adult Care Team	24	40	55	32	27	38	33	32	29	41	26	36	31	35	31
Hospital Discharge Team	34	62	22	49	52	50	45	57	63	47	43	46	45	47	12

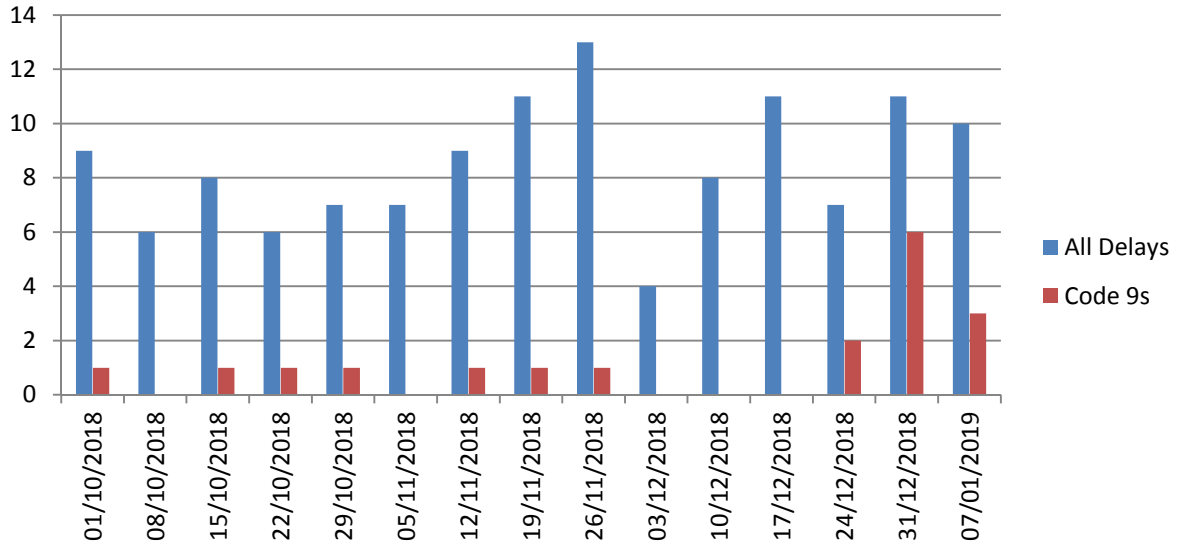
Referrals to Care at Home



4.2 Delayed Discharges

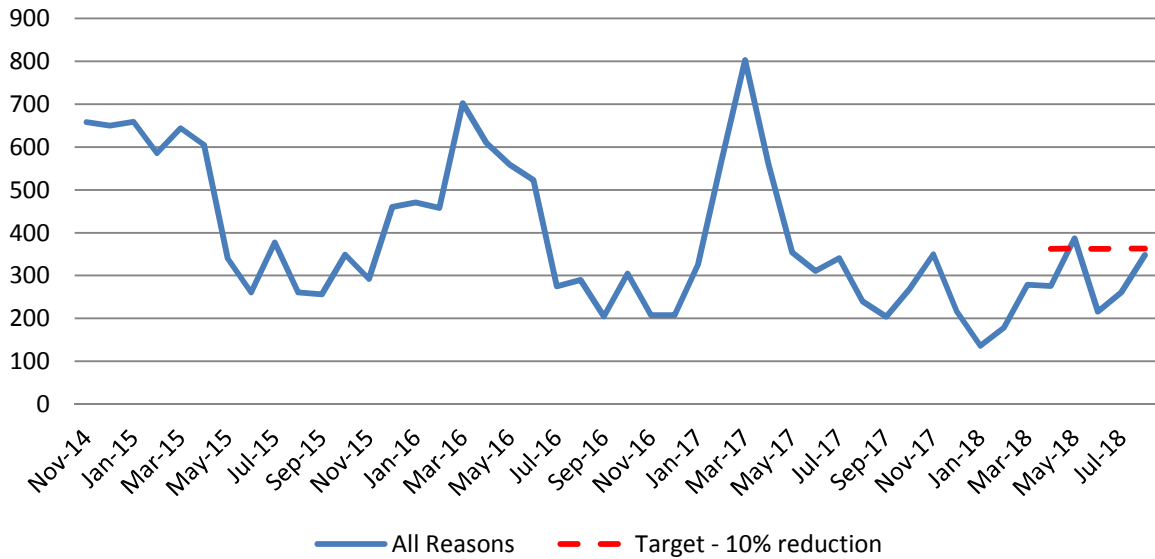
Delayed Discharges are an important indicator of potentially significant pressure on the system. Over this period, West Dunbartonshire has continued to see a downward trend on this measure. Teams work very proactively to monitor residents who have been admitted to hospital, to engage early with them and the acute ward teams, to discuss and facilitate discharge as soon as is possible.

WD Delayed Discharges - Acute and Mental Health



- Note Code 9s relate to adults who are deemed to lack capacity, and statutory legislation applies.

West Dunbartonshire Delayed Discharge Bed Days All Reasons Nov 2014 - Aug 2018 (Source: ISD)



Delayed discharges are monitored on a daily basis with each person's needs identified and key steps tracked. The most common reason for a person's discharge to be delayed is either due to requirements relating to the legislation

that protects Adults with Incapacity, or due to families needing time to make the right choice for their loved one.

4.3 Additional Capacity Available

To ensure West Dunbartonshire had the capacity to cope with an increase in demand, some surge capacity was created in the community teams, meaning that we could at short notice, increase the levels of staffing in the teams, or increase their operating hours into evenings and weekends. In addition, an additional seven beds of inhouse care home capacity have been made ready. This additional capacity has to date, not been required.

4.4 Flu Vaccination Rates

HSCP staff and GP practices have had comprehensive plans in place throughout the autumn to roll out flu vaccinations. To date, 601 staff across the partnership have been vaccinated against flu, representing a level of uptake greater than the Board area, in excess of 80%.

4.5 Development of Focussed Intervention Team (Frailty and Complex Needs)

As reported to the Board in November, West Dunbartonshire HSCP is creating a Focused Intervention Team (Frailty and Complex Needs) who will work across 3 areas:

- Community Supports - to enable community led initiatives to provide alternatives to health and social care services that will promote health and well-being
- Anticipatory care - to enable a person-centred proactive approach for individuals requiring services and to support conversations, set personal goals to ensure timely access to the right service
- Rapid response (responding within 2 hours to a GP or community team referral) to assess and put plans in place, if medically appropriate, to maintain a person in their own home, following exacerbation of symptoms or change in frailty scores

The team will be made up of a range of professionals including:

- Registered Nursing
- Dietetics
- Physiotherapy
- Care at Home
- Pharmacy
- Occupational Therapy
- Specialist nursing, e.g. COPD nurses

Recruitment is well underway for the new team, with phased implementation from March 2019.

4.6 Reviewing the support needs of people who frequently attend hospital

In preparation for winter, the HSCP carried out a review of all clients/ patients who have attended A&E regularly or who have had a number of hospital admissions over the past year. The purpose of this work is to better understand and anticipate the needs of these patients and to put more effective supports in place for them. For example, one of these activities involved reviewing patients who have a diagnosis of COPD (Chronic Obstructive Pulmonary Disease). West Dunbartonshire is demonstrating a reduction in people being admitted to hospital with COPD, and a reduction in the length of stay in hospital for those who are admitted.

4.7 Supporting Care Homes

Significant work is being carried out to support both our in-house and our independent care homes in preparing for winter. One aspect of this work has been the development of the red bag scheme, which ensures that every client who is admitted to hospital from a care home, will have their key belongings and care plan packed safely in a customised red bag. This initiative has the dual purpose of ensuring that personal belongings such as clothing, glasses and medication are much less likely to get lost, whilst also giving acute hospital staff quick access to the care plan for each particular client; ensuring their needs and personal wishes can be better met. In addition to this initiative a monitoring framework, which ensures that each client who is admitted to hospital from a care home is reviewed, has been established. This allows us to quickly understand the reasons for hospital admission and to take any action appropriate to support the client back safely to the care home. There has been a reduction of approximately 30% in admissions to hospital from West Dunbartonshire Care Homes over the last year.

5. Ongoing Monitoring

It is vital that we remain prepared to respond should the impact of unscheduled care demand change. Members of the Senior Management Team meet every Tuesday, with representatives across NHSGGC, to share information and update on capacity and pressures. Every Wednesday, members of the SMT meet with operational managers locally to track demand, understand service capacity and pressures and oversee plans to improve people's care and their use of the system.

National information sources and local dashboards are used to track current and predicted demand, and to respond accordingly.

6. People Implications

6.1 The report makes reference to a number of developments which have implications for staff.

7. Financial and Procurement Implications

- 7.1** The budget for the Focused Intervention Team was agreed at the IJB's budget setting meeting on 5 March 2018. This is recurring funding,

All changes to staffing have been developed in collaboration with staff side representatives and with support from Human Resources.

8. Equalities Impact Assessment (EIA)

- 8.1** There is no equalities impact from these developments. These plans seek to ensure that people who are vulnerable, due to disability, ill-health or age, are supported to receive the most effective care for them.

9. Risk Analysis

- 9.1** Due to the volatile nature of attendances during the winter months, data will be closely monitored.

10. Environmental Sustainability

- 10.1** No impact.

11 Consultation

- 11.1** All components of West Dunbartonshire's winter plan have been subject to consultation with staff, GPs, third and independent sectors, and staff side representatives.

12 Strategic Assessment

- 12.1** At its meeting on 25 October 2017, the Council agreed that its five main strategic priorities for 2017 - 2022 are as follows:

- A Strong local economy and improved employment opportunities.
- Supported individuals, families and carers living independently and with dignity.
- Meaningful community engagement with active empowered and informed citizens who feel safe and engaged.
- Open, accountable and accessible local government.
- Efficient and effective frontline services that improve the everyday lives of residents.

- 11.2** The proposals included in this report are in support of all five strategic priorities.

Author: Jo Gibson, Head of Health and Community Care

Date: 26 January 2019

Person to Contact: Jo Gibson – Head of Health and Community Care
Jo.Gibson@ggc.scot.nhs.uk
Telephone: 01389 812303

Appendices: None

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**20 February 2019**

Subject: Public Performance Report July to September 2018**1. Purpose**

- 1.1** To present the Partnership Board with the Health & Social Care Partnership's Public Performance Report for the second quarter of 2018/19 (July to September 2018).

2. Recommendations

- 2.1** The Partnership Board is recommended to approve the Partnership Public Performance Report for July to September 2018 for publication.

3. Background

- 3.1** The Health & Social Care Partnership's Strategic Plan 2016-2019 was approved by the Partnership Board at its August 2016 meeting.
- 3.2** As the Partnership Board will recall, the strategic performance framework for the Strategic Plan reflects two key principles articulated within the National Framework for Clinical and Care Governance, namely that:
- Values of openness and accountability are promoted and demonstrated through actions.
 - All actions are focused on the provision of high quality, safe, effective and person-centred services.
- 3.3** Building on the annual Public Performance Report 2017/18 (received by the Partnership Board at its August 2018 meeting), the second quarterly Public Performance Report for 2018/19 is appended here for consideration (Appendix 1).
- 4. Main issues**
- 4.1** The Public Performance Report for July to September 2018 focuses on those key strategic performance indicators for the Partnership where performance data is available for that specific time period. It has been augmented with data on key aspects of workforce and financial performance (the latter of which have been previously reported to the Partnership Board by the Chief Financial Officer for that period).

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

5. People Implications

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

6. Financial and Procurement Implications

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

7. Risk Analysis

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

8. Equality Impact Assessment (EIA)

8.1 None required.

9. Consultation

9.1 None required.

10. Strategic Assessment

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

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

Date: 20 February 2019

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

Attached: West Dunbartonshire Health & Social Care Partnership Public Performance Report July to September 2018

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

HSCP Board Report (August 2018): Public Performance Report 2017/18

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

Scottish Government (2015) National Framework for Clinical and Care Governance:
<http://www.gov.scot/Resource/0049/00491266.pdf>

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

Wards Affected: All

July - September 2018

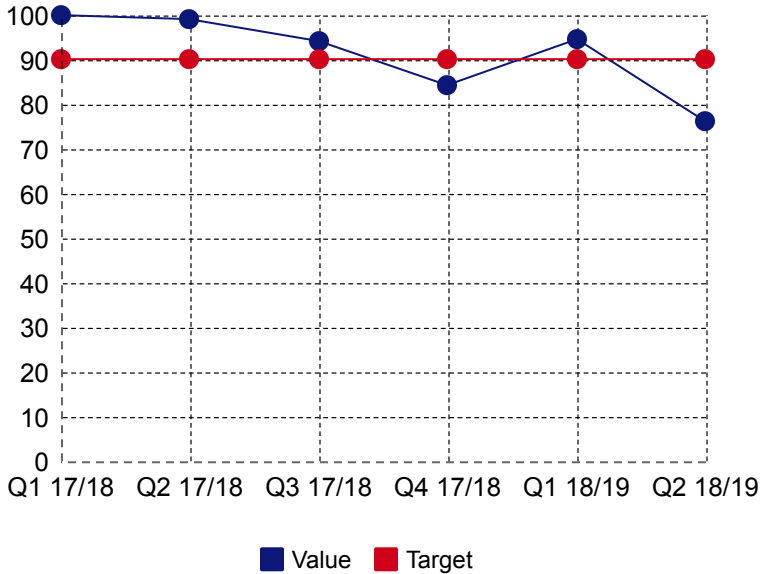
Welcome to West Dunbartonshire Health and Social Care Partnership's second Public Performance Report for 2018/19.

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

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

Supporting Children and Families

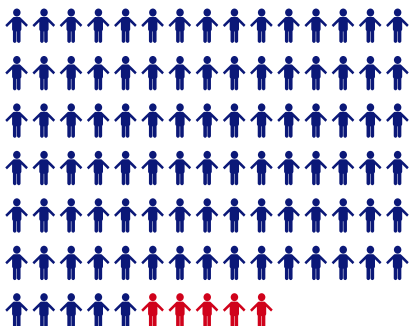
Child and Adolescent Mental Health Services within 18 weeks



- 90 referrals
- Longest wait 28 weeks
- Average wait 10 weeks

Performance against the 18 week target dropped below 80% during September 2018 due to inability to recruit to ongoing staff vacancies. While the longest wait has decreased from 29 weeks in April –June 2018 to 28 weeks in July-September 2018, the average wait has increased from 8 to 10 weeks. The prioritisation of the increasing number of urgent referrals has resulted in some children and young people with less urgent needs experiencing longer waits. Increased staff capacity from October 2018 should result in reduced waiting times going forward.

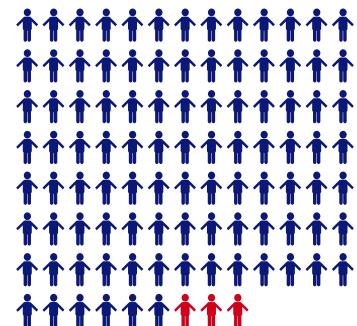
95% of children had an MMR at 24 months



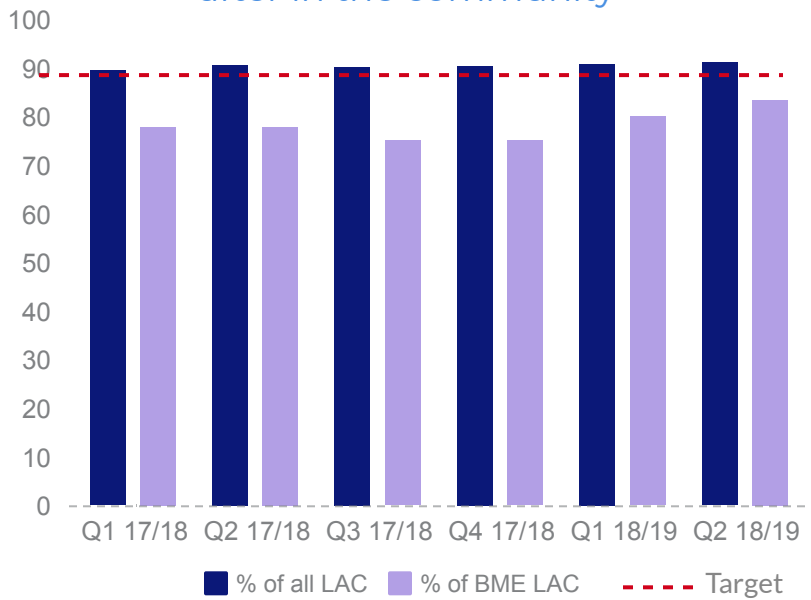
Target 95%



97% of children had an MMR at 5 years

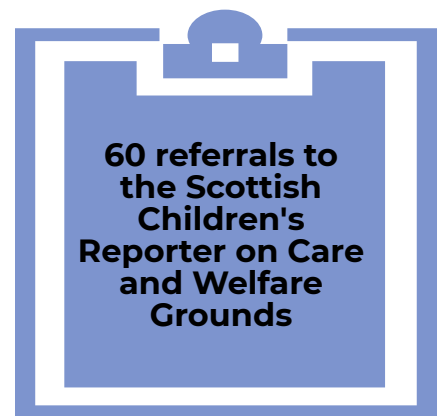
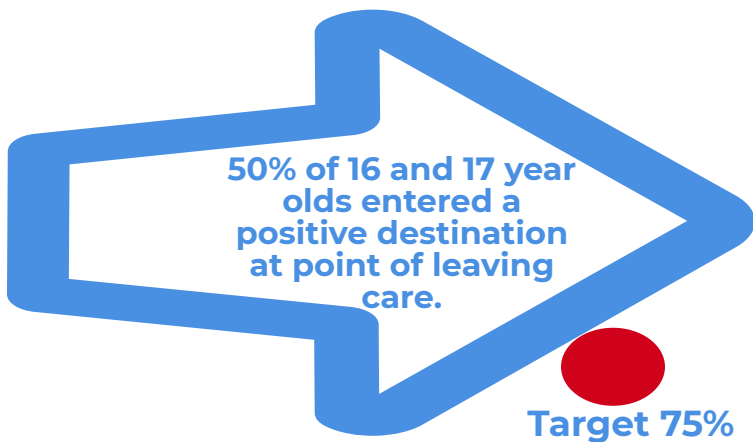


Percentage of Looked After Children (LAC) who are looked after in the community



411 of the 451 looked after children (91.1%) are being looked after in the community. 10 of the 12 looked after children (83.3%) who were from Black Minority Ethnic (BME) communities were looked after in the community.

As part of our local Equalities Indicators we continue to monitor that the number of Black Minority Ethnic (BME) children who are looked after are being looked after within the community in a similar proportion. As the number of BME looked after children within West Dunbartonshire is very low, small changes may mean percentages fluctuate more significantly. Our data continues to show similar trends for BME children as the total looked after children population.

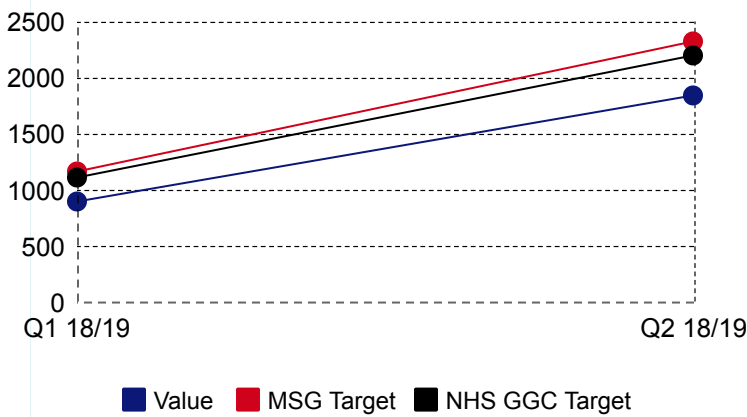


Supporting Older People

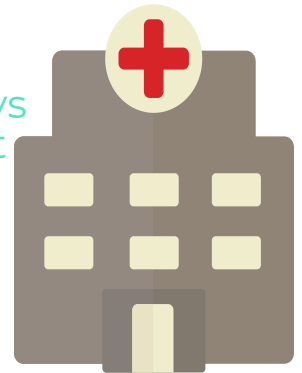
The Ministerial Steering Group (MSG) for Health and Community Care is closely monitoring the progress of HSCPs across Scotland in relation to unscheduled care. Within the HSCP we are monitoring our performance against locally set MSG targets and against NHS Greater Glasgow and Clyde's target 10% reduction in unscheduled bed days, unnecessary hospital admissions and A&E attendances across the health board area.

During the first 6 months of 2018/19 we have seen significant progress in reducing the number of bed days lost to delayed discharges. With 1,831 bed days lost we exceeded both the MSG and NHS GGC targets and delivered a 9% decrease on the same period in 2017/18. Targets for emergency admissions and unscheduled bed days are proving more challenging. However while there has been a 3.8% increase in emergency admissions on April-September 2017 there has been a 6.3% decrease in unscheduled bed days.

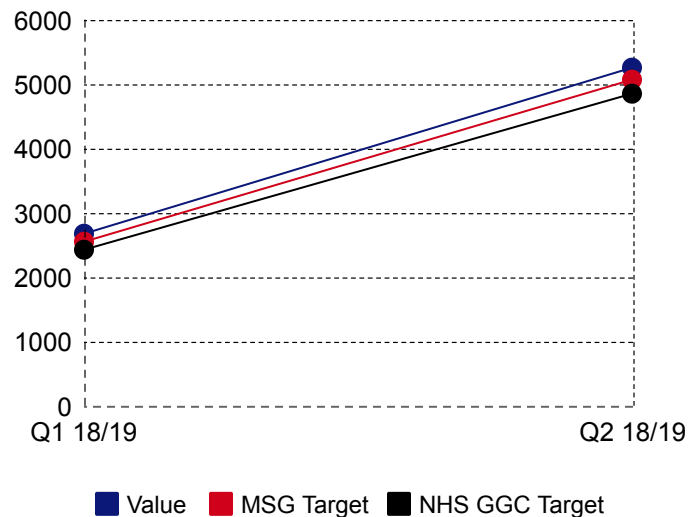
Bed days lost to delayed discharge: All reasons



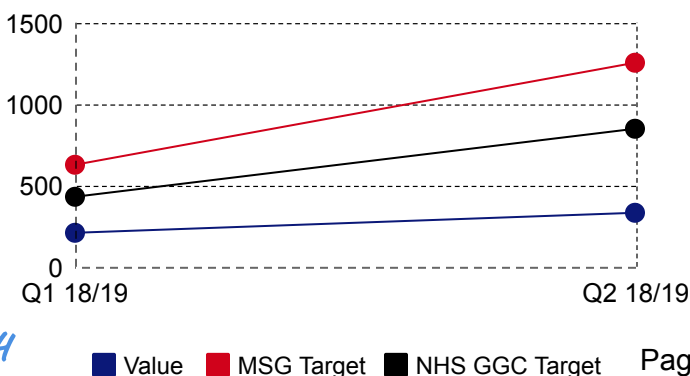
8 delayed discharges of more than 3 days at census point (non-complex cases)



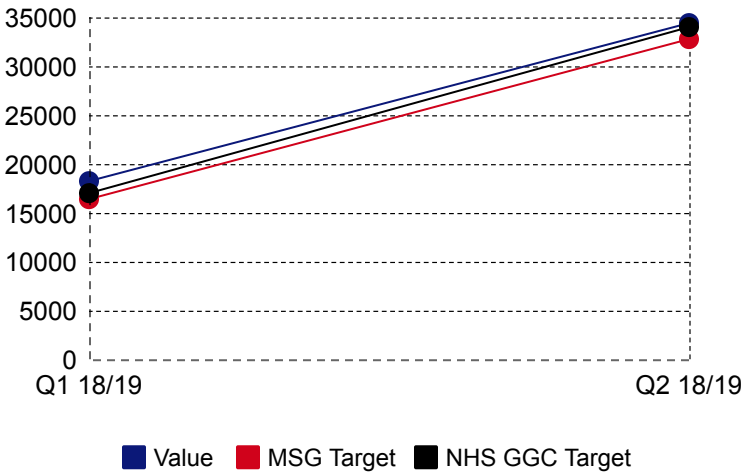
Emergency admissions: All ages



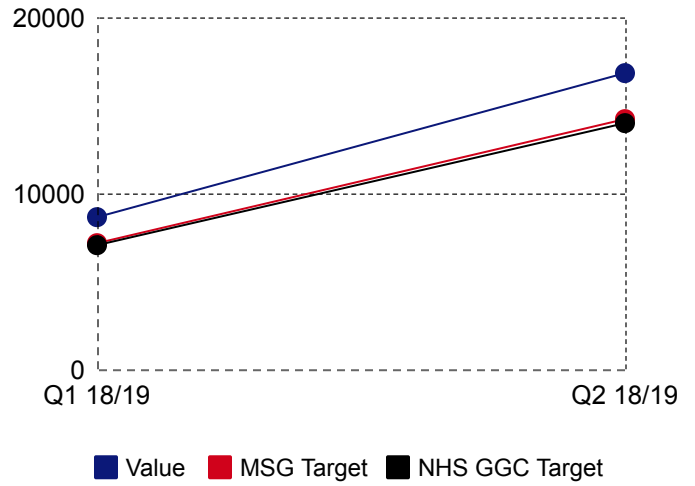
Bed days lost to delayed discharge: Complex cases



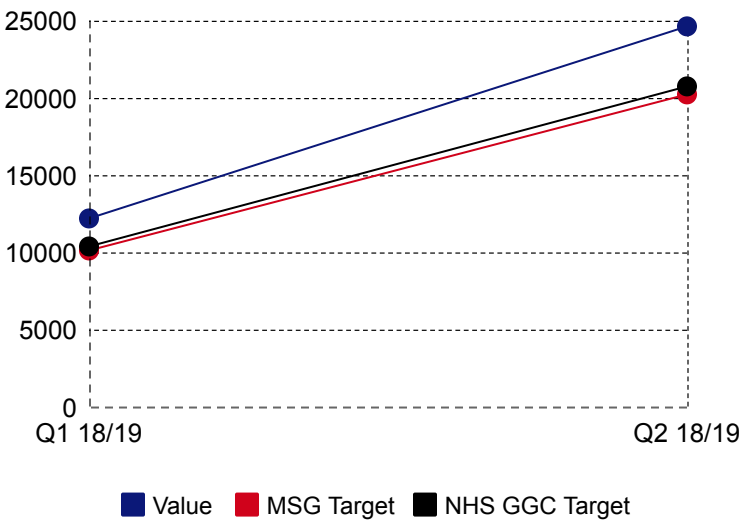
Unscheduled acute bed days: All ages



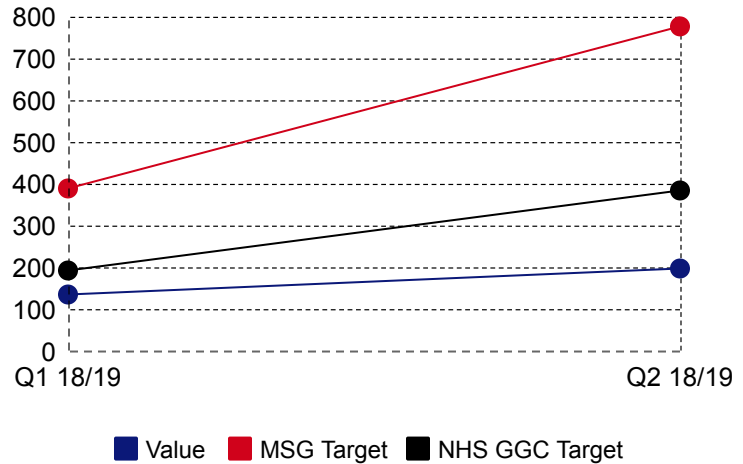
A&E attendances: All ages



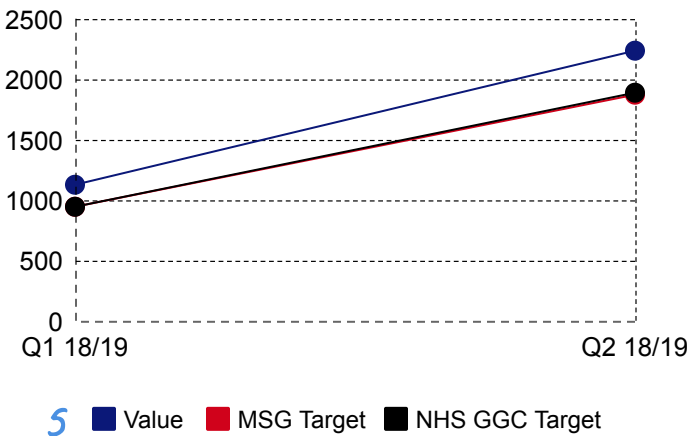
Unplanned acute bed days aged 65+



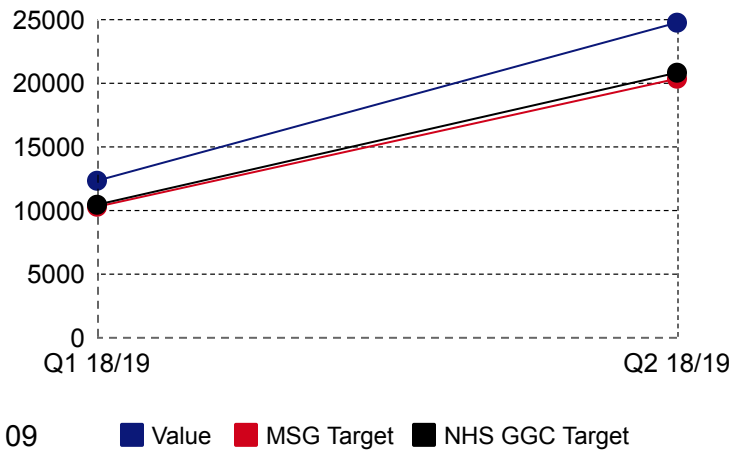
Acute bed days lost to delayed discharge - Adults with Incapacity 65+



Emergency admissions aged 65+



Unplanned acute bed days aged 65+





100% of carers asked as part of their Adult Carers Support Plan felt able to continue in their caring role

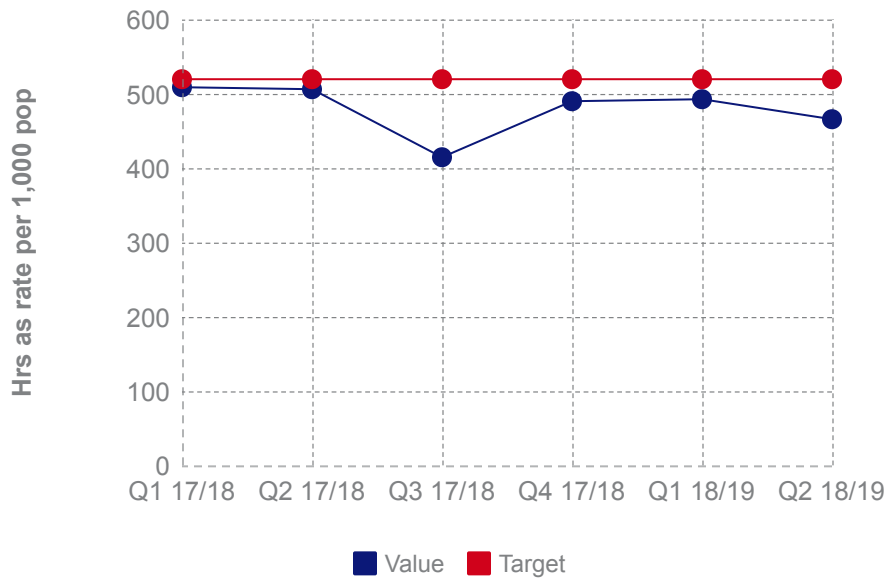
Target 90%



1,732 people have an Anticipatory Care Plan in place

Target 1,400

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



2,215 people have a Community Alarm/Telecare

7,566 hours of home care per week

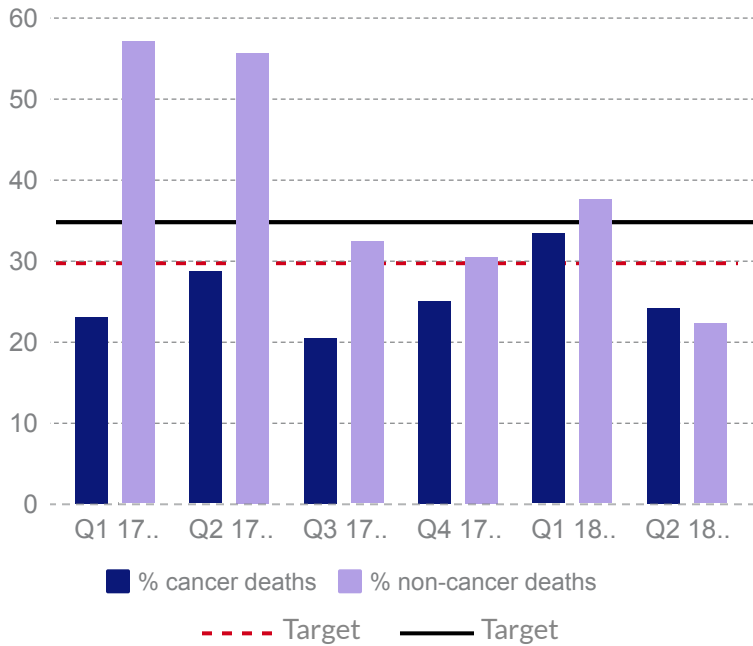



30.3% receiving 20 or more visits per week


1,296 people receiving home care

94.8% receiving personal care

% of Patients Dying in Hospital (Palliative Care Register)

77% of people supported to die at home




78% of people aged 65+ admitted twice or more as an emergency have had an assessment

1,532 referrals for musculoskeletal physiotherapy services (MSK)




36% of patients are seen within 4 weeks for MSK assessment and treatment

● **Target 90%**




227 people supported with their medication

Target 225

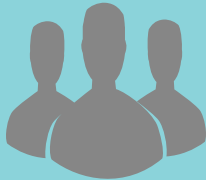


79.13% compliance with Formulary Preferred List

Target 78%



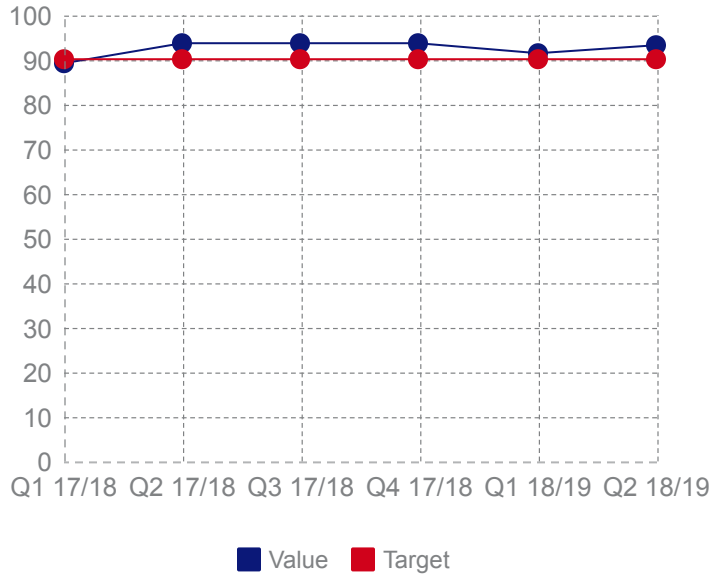
£170.03 prescribing cost per weighted patient



123 people received a reablement service
58% achieved their agreed personal outcomes

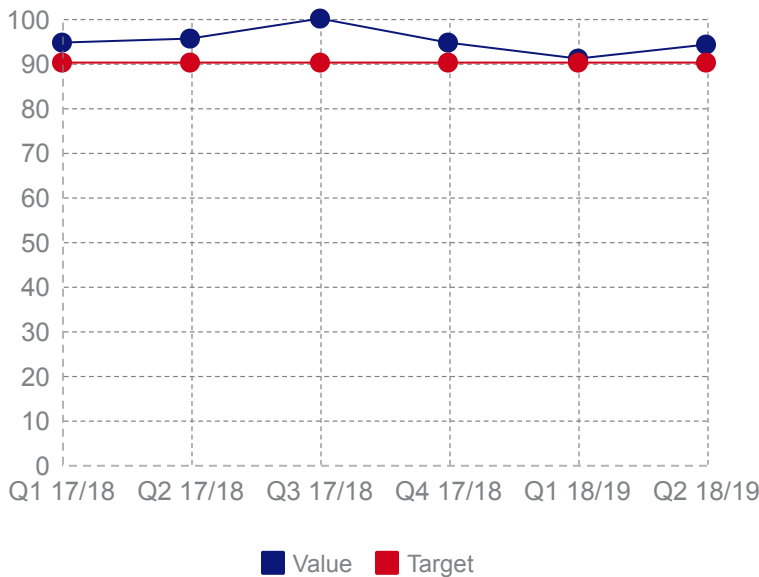
Supporting Safe, Strong and Involved Communities

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

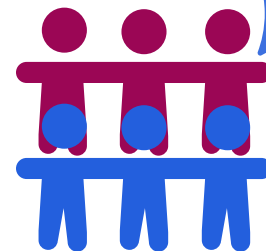


213 referrals for drug or alcohol treatment

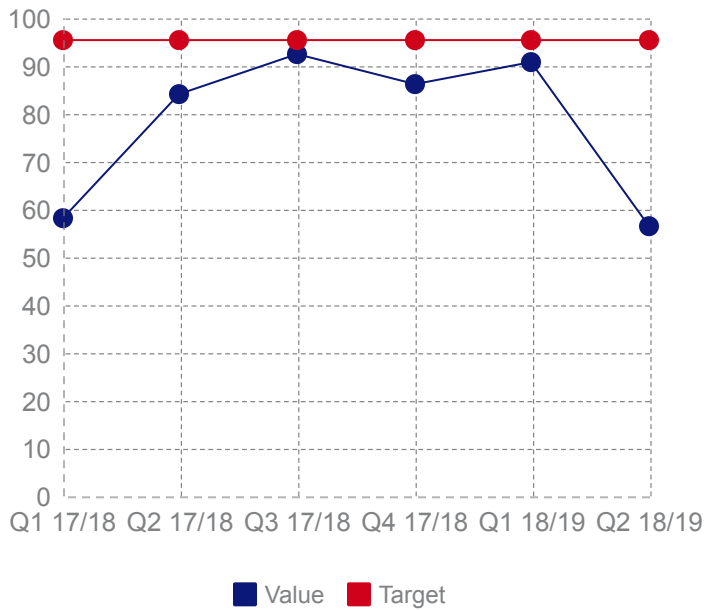
% of people who began Psychological Therapies treatments within 18 weeks of referral



60 people started treatment within 18 weeks



% of Child Protection investigations to case conference within 21 days



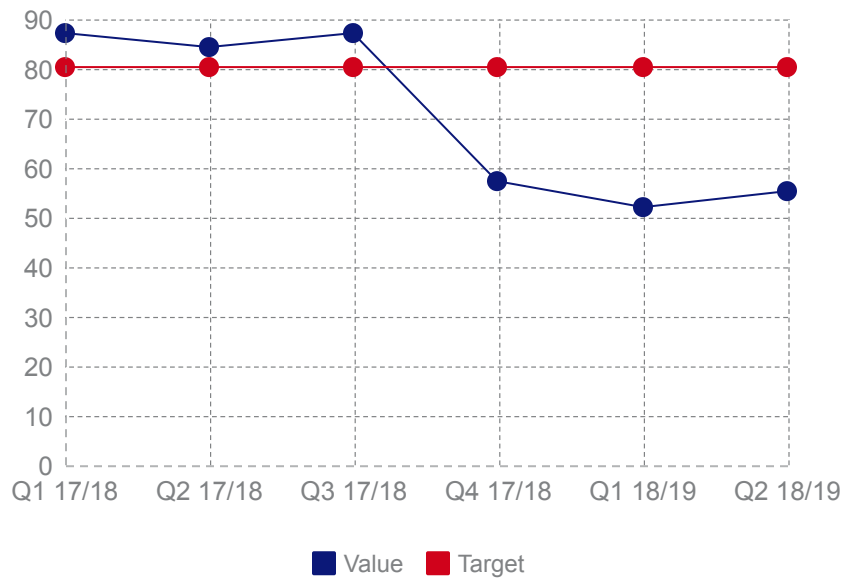

- **58 children on the Child Protection Register**
- **103 referrals**
- **61 investigations**

Performance in relation to Child Protection investigations proceeding to case conference has dropped significantly during July and September 2018, with 18 of 32 case conferences occurring within the 21 day timescale. Annual leave may have impacted on diary availability particularly in relation to multi-agency conferences.

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


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

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

91% of Criminal Justice Social Work reports submitted to court by noon on the day prior to calling

Target 98%



35% of Unpaid Work and other activity requirements commences within 7 working days of sentence

Target 80%

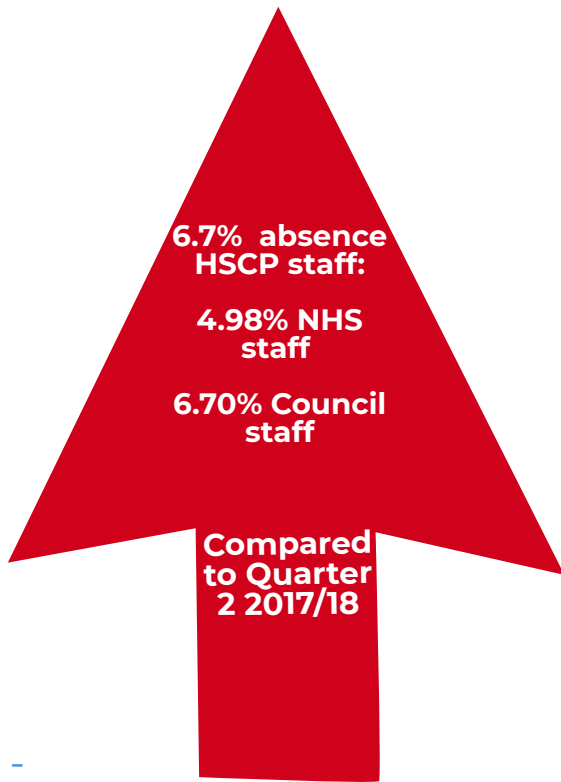
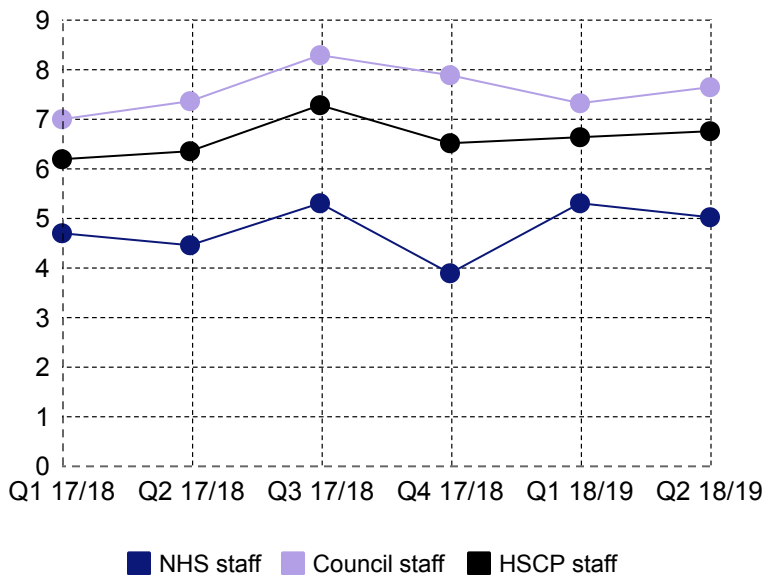
Performance in relation to Community Payback Orders has improved slightly at 55% between June and September 2018, with 58 of the 106 orders inducted within timescale. In July 2018 a new duty system was implemented to replace the existing waiting list. This new process allows us to identify service users from point of sentence and provide instructions for them to attend within the 5 working day timescale. Implementation of the new process should result in improvements going forward.

Late inductions during July to September 2018 have contributed to the late commencement of unpaid work placements. Of the 89 unpaid work requirements, 31 commenced within 7 days, however it should also be noted that this indicator is based on service user compliance, not placement offered, so is largely outwith our control.

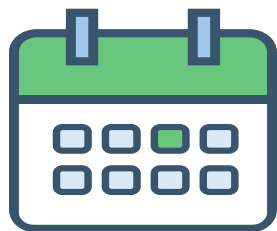
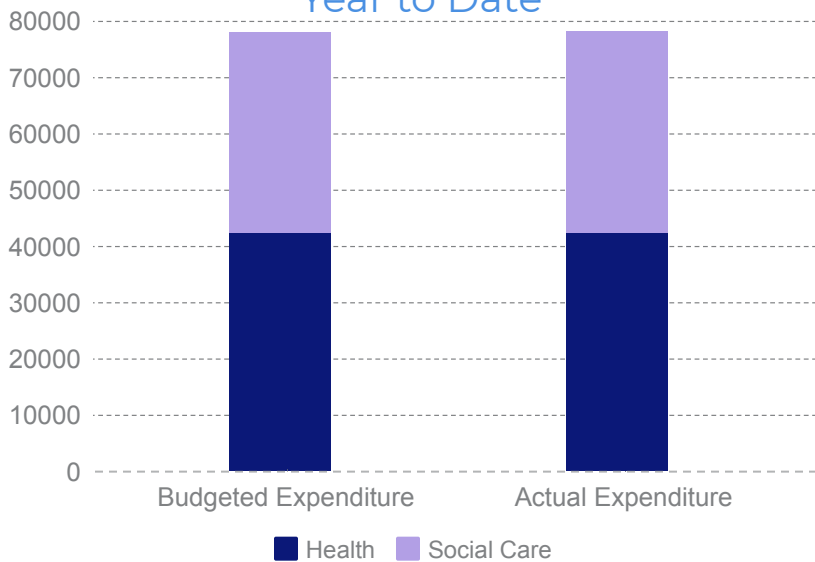
Of the 158 Social Work Reports due, 143 were submitted on time. Those not submitted on time were mainly due to service users failing to attend appointments or social workers unable to gain access to prisons within timescales.

Our Organisation

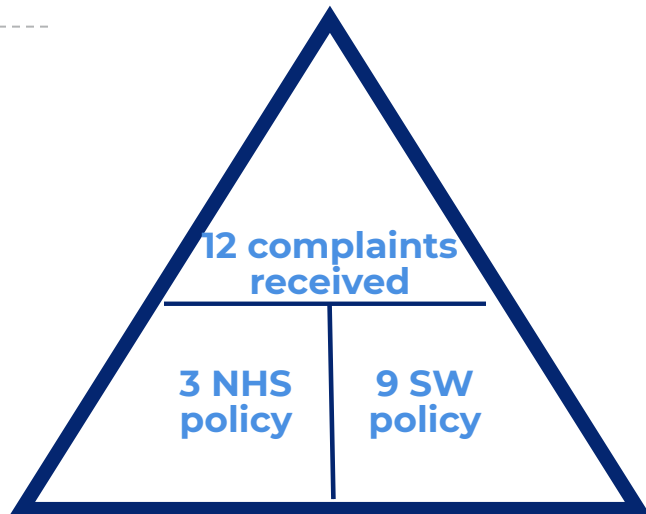
Full time equivalent staff absence



Health and Social Care Net Expenditure £000s - Year to Date



67% of complaints responded to within 20 working days



Crosslet House and Day Services have received an outstanding first report from the Care Inspectorate. The care home, which provides both residential and day services to older people in West Dunbartonshire, was graded very good in all areas inspected for both services.

Inspectors praised residential staff for the quality of care and support provided to residents. They also highlighted flexible meal times which gave residents greater choice. The partnership between the home, local nursery and primary school was also commended for helping residents connect with their community. The home's activity coordinators were praised for their enthusiasm and for providing a range of stimulating activities and outings for residents.

Inspectors were impressed with the layout of the home, including the fact that residents have their own spacious bedroom with wet floor shower and toilet facility. The views residents enjoyed of the outdoor space were also noted in the report.

Inspectors said staff promoted independence and a caring environment for residents. Residents were happy to discuss with the inspectors how happy and settled they were in their new environment and praised the manager for her leadership and for building a management team supported by excellent care workers.

Inspectors praised the quality of care and support offered to residents who attended day services, in particular the daily activities which are carefully planned to ensure people's choices and wishes are respected. Staff were praised for offering and promoting a safe environment where visitors had the confidence and encouragement to join in activities which are led by staff who had the knowledge and experience to support visitors.

"There is excellent hard working staff here that do their utmost to keep us active and entertained" Councillor Marie McNair, Chair of WDHSCP Audit Committee, said: "This is an excellent first report for the management and staff at Crosslet Care Home. It is very clear both residents and day service visitors are receiving a wonderful inclusive service which is helping them to lead healthy and active lives. This report is testament to the hard work and commitment of our dedicated staff and it is pleasing to see inspectors praising their care and support in the report. I would like to congratulate everyone at the home for this excellent inspection."

Allan MacLeod, Vice Chair of WDHSCP Audit Committee, said: "This report is true recognition for everyone connected with Crosslet House. Both residents and day services visitors are being nurtured, and encouraged to lead active and fulfilling lives with the support and guidance of our dedicated staff. I would like to thank everyone at the home for their part in achieving this great report."



WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

20 February 2019

Subject: West Dunbartonshire Integration Joint Board Records Management Plan

1. Purpose

- 1.1** Integration Joint Boards are required to submit a Records Management Plan to the Keeper of the Records of Scotland. The Records Management Plan sets out how West Dunbartonshire Integration Joint Board's records will be created and managed in line with national policy. This is a responsibility which all public bodies must fulfil.

2. Recommendations

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

- Approve the draft Records Management Plan.
- Delegate responsibility to the Chief Officer, to finalise the West Dunbartonshire Health and Social Care Partnership Board's Records Management Plan in collaboration with the Keeper of the Records of Scotland.

3. Background

3.1 Legislation

The Integration Joint Board is obliged to submit and maintain a Records Management Plan as defined in and in accordance with Part 1 of the Public Records (Scotland) Act 2011. The Act requires named public authorities to submit a RMP to be agreed by the Keeper of the Records of Scotland.

Every authority to which this Part applies must:

- Prepare a plan (a "records management plan") setting out proper arrangements for the management of the authority's public records,
- submit the plan to the Keeper for agreement, and
- ensure that its public records are managed in accordance with the plan as agreed with the Keeper.

An authority's records management plan must:

- identify the individual who is responsible for management of the authority's public records, and
- (if different) identify the individual who is responsible for ensuring

- compliance with the plan,
- Include provision about the procedures to be followed in managing the authority's public records, maintaining the security of information contained in the authority's public records, and the archiving and destruction or other disposal of the authority's public records.

3.2 Content of the Records Management Plan and Memorandum of Understanding

NHS Greater Glasgow and Clyde and West Dunbartonshire Council already have agreed Record Management Plans in place. Integration Joint Boards were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014.

Formal notification was received in September 2018 from National Records Scotland that the Keeper was inviting West Dunbartonshire Integration Joint Board to submit its Records Management Plan by the 4th January 2019. The HSCP wrote to the Keeper to request an extension to allow the Records Management Plan to come to the Board members for approval. The Keeper has agreed to extend the submission date to the 28th February 2019.

The attached Records Management Plan and Memorandum of Understanding sets out the arrangements for the management of the Integration Joint Board's records and the relationship with NHS Greater Glasgow and Clyde and West Dunbartonshire Council's respective Records Management Plans.

As the Health and Social Care Partnership Board does not hold any personal information about either patients/clients or staff, the Record Management Plan relates to the Integration Joint Board committees (Integration Joint Board, Audit and Risk Committee and Strategic Planning Group) and plans and policies such as the Annual Performance Report and the, Strategic Plan. All of this information is already in the public domain via the Health and Social Care Partnership area on West Dunbartonshire Council's website:

<http://www.wdhscp.org.uk/about-us/>
<http://www.wdhscp.org.uk/about-us/public-reporting/>

West Dunbartonshire Council's Business Classification Scheme is used to organise the Health and Social Care Partnership Board's records, as all of the integration joint board records are currently managed and stored by West Dunbartonshire Council. In terms of evidence that the Health and Social Care Partnership Board meets the requirements of each element of the Record Management Plan, the link to West Dunbartonshire Council's Records Management Plans are used where appropriate. This follows the advice given by National Records of Scotland, who provided guidance and support throughout the drafting of the Record Management Plan and the Memorandum of Understanding.

4. Main issues

4.1 Information underpins the Integration Joint Board's over-arching strategic objective and helps it meet its strategic outcomes. Its information supports it to:

- Demonstrate accountability.
- Provide evidence of actions and decisions.
- Assist with the smooth running of business.
- Help build organisational knowledge.

Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the Health and Social Care Partnership with:

- Better decisions based on complete information.
- Smarter and smoother work practices.
- Consistent and collaborative workgroup practices.
- Better resource management.
- Support for research and development.
- Preservation of vital and historical records.

5. People Implications

None required.

6. Financial and Procurement Implications

None required.

7. Risk Analysis

7.1 Statutory agencies are more accountable to the public than ever before through the increased awareness of openness and transparency within government. Knowledge and information management is now formally recognised as a function of government similar to finance, IT and communications. It is expected that the Integration Joint Board is fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally. As such, the Integration Joint Board must comply with the Public Records (Scotland) Act 2011. Breach of this could incur penalties.

8. Equality Impact Assessment (EIA)

8.1 The main issue in relation to equalities is ensuring that the Records Management Plan is accessible.

9. Consultation

9.1 None required.

10. Strategic Assessment

10.1 None required.

Author: Jacqueline Pender – Information Manager West Dunbartonshire Health & Social Care Partnership

Date: 22 February 2019

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

Attached: West Dunbartonshire Integration Joint Board's Records Management Plan
Memorandum of Understanding
West Dunbartonshire Council's Record Management Plan

Wards Affected: All

**West Dunbartonshire Integration
Joint Board
Records Management Plan**

Submitted in accordance with the Public Records (Scotland) Act 2011

This plan is fully endorsed by the Chief Officer of West Dunbartonshire Integration Joint Board who will ensure compliance with the Public Records (Scotland) Act 2011 through the corporate implementation of this Records Management Plan.

Signed by:

Beth Culshaw, Chief Officer, West Dunbartonshire Integration Joint Board

Document Control Information

Revision	Date	Revision Description
1.0	20/02/2019	Submitted to West Dunbartonshire Integration Joint Board

DRAFT

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Records Management Plan

Summary

This Records Management Plan (RMP) conforms to the model Records Management Plan as set out by the Keeper of the Records of Scotland, in accordance with the provisions of the Public Records (Scotland) Act 2011. This RMP covers West Dunbartonshire Integration Joint Board, referred to as 'the IJB' throughout.

The RMP outlines and evidences the IJB's policies and procedures regarding the creation, use, management and disposal of the public records it creates and uses in pursuance of its statutory functions.

In line with the model plan, the IJB's RMP addresses 14 elements:

Element 1: Senior management responsibility

Element 2: Records manager responsibility

Element 3: Records management policy statement

Element 4: Business classification

Element 5: Retention schedule

Element 6: Destruction arrangements

Element 7: Archiving and transfer arrangements

Element 8: Information security

Element 9: Data protection

Element 10: Business continuity and vital records

Element 11: Audit trail

Element 12: Competency framework for records management staff

Element 13: Assessment and review

Element 14: Shared Information

The IJB is fully committed to compliance with the requirements of the Public Records (Scotland) Act, 2014 which came into force on the 1st January 2016. The IJB will therefore follow procedures that aim to ensure that all of its officers employees of constituent authorities supporting its work, contractors, agents, consultants and other trusted third parties who create public records on behalf of the authority, or manage public records held by the authority, are fully aware of and abide by this plan's arrangements.

About the Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the act) came fully into force in January 2013. The Act requires names public authorities to submit a Records Management Plan (RMP) to be agreed by the Keeper of the Records of Scotland. Integration Joint Boards were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014. This document is the Records Management Plan of West Dunbartonshire Integration Joint Board.

This RMP sets out and evidences proper arrangements for the management of the IJB's public records and is submitted for agreement by the Keeper of the Records of Scotland under Section 1 of the Public Records (Scotland) Act 2011. It will be reviewed by the IJB annually.

<http://www.nas.gov.uk/recordKeeping/publicRecordsActIntroduction.asp>

<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/22476.aspx>

About Integration Joint Boards

The integration of health and social care is part of the Scottish Government's programme of reform to improve care and support for those who use health and social care services. It is one of the Scottish Government's top priorities.

The Public Bodies (Joint Working) (Scotland) Act provides the legislative framework for the integration of health and social care services in Scotland.

It will put in place:

- Nationally agreed outcomes, which will apply across health and social care, in service planning by Integration Joint Boards and service delivery by NHS Boards and Local Authorities.
- A requirement on NHS Boards and Local Authorities to integrate health and social care budgets.
- A requirement on Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

About West Dunbartonshire Integration Joint Board

The West Dunbartonshire Integration Joint Board was established under the Public Bodies (Joint Working) Scotland Act 2014. From 1st July 2015 West Dunbartonshire IJB became formally responsible for the planning and oversight of delivery of health and social care functions delegated to it by Greater Glasgow and Clyde NHS Board (the Board) and West Dunbartonshire Council (the Council).

These include adult health and social care services, children's health and social care services and criminal justice services. The area covered by West Dunbartonshire IJB is coterminous with the West Dunbartonshire Local Authority.

The IJB operates as a body corporate (a separate legal entity), acting independently of the Board and the Council. The IJB consists of six voting members appointed in equal number by the Board and the Council, with a number of representative members who are drawn from the third sector, independent sector, staff, carers and service users. The IJB is advised by a number of professionals including the Chief Officer, Medical Director, Nurse Director and Chief Social Work Officer.

The IJB's key functions are to:

- Prepare a Plan for integrated functions that is in accordance with national and local outcomes and integration principles
- Allocate the integrated budget in accordance with the Plan
- Oversee the delivery of services that are within the scope of the Partnership.

Information underpins the IJB's over-arching strategic objective and helps it meet its strategic outcomes. Its information supports it to:

- Demonstrate accountability.
- Provide evidence of actions and decisions.
- Assist with the smooth running of business.
- Help build organisational knowledge.

Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the IJB make:

- Better decisions based on complete information.
- Smarter and smoother work practices.
- Consistent and collaborative workgroup practices.
- Better resource management.
- Support for research and development.
- Preservation of vital and historical records.

In addition we are more accountable to the public now than ever before through the increased awareness of openness and transparency within government. Knowledge and information management is now formally recognised as a function of government similar to finance, IT and communications. It is expected that the Board is fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally.

Review

Section 5 (1) of the Act requires authorities to keep their plans under review to ensure its arrangements remain fit for purpose.

RMP Principles

What does the Records Management Plan cover?

Records management covers records of all formats and media. This includes paper and computer records; cassette, video and CD records. Records management is needed throughout the lifecycle of a record, and the process begins when the decision to create the record is taken.

Why is records management important?

Records are vital for the effective functioning of the IJB: they support the decision-making; document its aims, policies and activities; and ensure that legal, administrative and audit requirements are met.

For records to perform their various functions, some form of management is needed. Management includes control over what is created, development of effective and efficient filing systems to store records, and procedures for retention of records.

Records management principles

Security – Records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled and audit trails will track all use and changes. Records will be held in a robust format which remains readable for as long as records are required.

Accountability – Adequate records are maintained to account fully and transparently for all actions and decisions in particular:

- To protect legal and other rights of staff or those affected by those actions
- To facilitate audit or examination
- To provide credible and authoritative evidence

Quality – Records are complete and accurate and the information they contain is reliable and its authenticity can be guaranteed.

Accessibility – Records and the information within them can be efficiently retrieved by those with a legitimate right of access, for as long as the records are held by the organisation.

Retention and disposal – There are consistent and documented retention and disposal procedures, including provision for permanent preservation of archival records.

Training – that all staff are informed of their record-keeping responsibilities through appropriate training and guidance and if required further support as necessary.

West Dunbartonshire IJB Records Management Plan

The context of this plan is that most records including employment, service user and internal policies and procedures will continue to be managed in the parent body organisations, i.e. the Council and the Board and as such will be covered by their respective record management plans.

As such, this RMP relates to the IJB committees (Integration Joint Board, Audit and Risk Committee and Strategic Planning Group) and plans and policies such as the Annual Performance Report and the, Strategic Plan. All of this information is already in the public domain via the IJB and Health and Social Care Partnership pages on the Council's website.

<http://www.wdhscp.org.uk/about-us/>

<http://www.wdhscp.org.uk/about-us/health-and-social-partnership-board/health-and-social-care-partnership-board-meeting-papers/>

The West Dunbartonshire IJB Records Management Plan (RMP) is effective from 20th February 2019. The plan will be continuously reviewed and updated. Reports will be submitted annually to the newly established Records Management Planning Group, before formal ratification by the Integration Joint Board.

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 1: Senior management responsibility: Section 1(2)(a)(i) of the Act specifically requires a RMP to identify the individual responsible for the management of the authority's public records. An authority's RMP <u>must</u> name and provide the job title of the senior manager who accepts overall responsibility for the RMP that has been submitted.</p> <p>It is vital that the RMP submitted by an authority has the approval and support of that authority's senior management team. Where an authority has already appointed a Senior Information Risk Owner, or similar person, they should consider making that person responsible for the records management programme. It is essential that the authority identifies and seeks the agreement of a senior post-holder to take overall responsibility for records management. That person is unlikely to have a day-to-day role in implementing the RMP, although they are not prohibited from doing so.</p> <p>As evidence, the RMP could include, for example, a covering letter signed by the senior post-holder. In this letter the responsible person named should indicate that they endorse the authority's record management policy (See Element 3).</p> <p>https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-1</p>	<p>The Chief Officer, Beth Culshaw has senior responsibility for all aspects of the IJB's Records Management, and is the corporate owner of this document.</p> <p>The Chief Officer is also the IJB's Senior Information Risk Owner (SIRO).</p> <p>The Chief Officer Chairs the Joint Management Team, which has strategic responsibility for the Health and Social Care Partnership.</p>	<p>Job profile and objectives of Chief Officer</p> <p>Board Records Management Policy, which identifies roles and responsibilities.</p> <p>Roles and responsibilities of the SIRO</p>	<p>Not applicable at this point but will continue to be reviewed</p>

RMP Element Description	West Dunbartonshire (IJB) Compliance Statement	Evidence	Further Development
<p>Element 2: Records manager responsibility:</p> <p>Section 1(2) (a)(ii) of the Act specifically requires a RMP to identify the individual responsible for ensuring the authority complies with its plan. An authority's RMP must name and provide the job title of the person responsible for the day-to-day operation of activities described in the elements in the authority's RMP. This person should be the Keeper's initial point of contact for records management issues. It is essential that an individual has overall day-to-day responsibility for the implementation of an authority's RMP. There may already be a designated person who carries out this role. If not, the authority will need to make an appointment. As with element 1 above, the RMP must name an individual rather than simply a job title. It should be noted that staff changes will not invalidate any submitted plan provided that the all records management responsibilities are transferred to the incoming post holder and relevant training is undertaken. This individual might not work directly for the scheduled authority. It is possible that an authority may contract out their records management service. If this is the case an authority may not be in a position to provide the name of those responsible for the day-to-day operation of this element. The authority must give details of the arrangements in place and name the body appointed to carry out the records management function on its behalf. It may be the case that an authority's records management programme has been developed by a third party. It is the person operating the programme on a day-to-day basis whose name should be submitted.</p> <p>Read further explanation and guidance about element 2 – https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-2</p>	<p>The Operational Officer responsible for records management is:</p> <p>Jacqueline Pender Information Manager</p> <p>Who will be able to access and manage IJB information on a daily basis</p> <p>Responsibilities include:</p> <ul style="list-style-type: none"> • Managing the IJB's records; • Reviewing and implementing operational policies and procedures in line with the RMP; 	<p>The MoU accompanying this document nominates this role to West Dunbartonshire Council, as the lead with operational responsibility.</p> <p>Job descriptions for the role are included as evidence to demonstrate that the named individuals have the skills required and can access all IJB records.</p> <p>The MoU sets out that the IJB's records are created and managed by the partner body, West Dunbartonshire Council. It indicates that the CO is satisfied that the partner body has appropriate records management arrangements in place.</p> <p>The MoU confirms that the partner authority, West Dunbartonshire Council creates, holds and manages into disposal all the IJB's records</p>	<p>Not applicable at this point but will continue to be reviewed</p>

RMP Element Description	West Dunbartonshire In(IJB) Compliance Statement	Evidence	Further Development
<p>Element 3: Records management policy statement:</p> <p>The Keeper expects each authority's plan to include a records management policy statement. The policy statement should describe how the authority creates and manages authentic, reliable and useable records, capable of supporting business functions and activities for as long as they are required. The policy statement should be made available to all staff, at all levels in the authority. The statement will properly reflect the business functions of the public authority. The Keeper will expect authorities with a wide range of functions operating in a complex legislative environment to develop a fuller statement than a smaller authority. The records management statement should define the legislative, regulatory and best practice framework, within which the authority operates and give an overview of the records management processes and systems within the authority and describe how these support the authority in carrying out its business effectively. For electronic records the statement should describe how metadata is created and maintained. It should be clear that the authority understands what is required to operate an effective records management system which embraces records in all formats.</p> <p>The records management statement should include a description of the mechanism for records management issues being disseminated through the authority and confirmation that regular reporting on these issues is made to the main governance bodies. The statement should have senior management approval and evidence, such as a minute of the management board recording its approval, submitted to the Keeper. The other elements in the RMP, listed below will help provide the Keeper with evidence that the authority is fulfilling its policy.</p> <p>Read further explanation and guidance about element 3 –</p> <p>https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-3</p>	<p>West Dunbartonshire Council and NHS GG&C work in partnership, governed by the West Dunbartonshire Integration Joint Board (IJB).</p> <p>West Dunbartonshire IJB is responsible for planning health and care services for the West Dunbartonshire population.</p> <p>The context of this plan is that most records including employment, service user and internal policies and procedures will continue to be managed in the parent body organisations, i.e. West Dunbartonshire Council and NHS GG&C and as such will be covered by their respective record management plans.</p> <p>The records covered by this plan constitute IJB business in terms of:</p> <ul style="list-style-type: none"> • IJB Meetings- agendas and papers, including Directions • IJB Strategies and Policies, including the Annual Report and Strategic Plan <p>All of this information is already in the public domain via the IJB's pages on West Dunbartonshire HSCP website</p> <p>http://www.wdhscp.org.uk/about-us/</p> <p>http://www.wdhscp.org.uk/about-us/health-and-social-partnership-board/health-and-social-care-partnership-board-meeting-papers/</p>	<p>West Dunbartonshire Council RMP See attached</p> <p>NHS Greater Glasgow & Clyde: http://live.nhs.gov.uk/media/243288/nhs-gg-c-rmp-v21-july-2017.pdf</p>	<p>Not applicable at this point but will continue to be reviewed</p>

RMP Element Description	West Dunbartonshire (IJB) Compliance Statement	Evidence	Further Development
<p>Element 4: Business classification</p> <p>The Keeper expects an authority to have properly considered business classification mechanisms and its RMP should therefore reflect the functions of the authority by means of a business classification scheme or similar.</p> <p>A business classification scheme usually takes the form of a hierarchical model or structure diagram. It records, at a given point in time, the informational assets the business creates and maintains, and in which function or service area they are held. As authorities change the scheme should be regularly reviewed and updated.</p> <p>A business classification scheme allows an authority to map its functions and provides a structure for operating a disposal schedule effectively.</p> <p>Some authorities will have completed this exercise already, but others may not. Creating the first business classification scheme can be a time-consuming process, particularly if an authority is complex, as it involves an information audit to be undertaken. It will necessarily involve the cooperation and collaboration of several colleagues and management within the authority, but without it the authority cannot show that it has a full understanding or effective control of the information it keeps.</p> <p>Although each authority is managed uniquely there is an opportunity for colleagues, particularly within the same sector, to share knowledge and experience to prevent duplication of effort.</p> <p>All of the records an authority creates should be managed within a single business classification scheme, even if it is using more than one record system to manage its records. An authority will need to demonstrate that its business classification scheme can be applied to the record systems which it operates.</p> <p>Read further explanation and guidance about element 4 - https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-4</p>	<p>As the IJB has only been in operation since 1st July 2015, the type and volume of record keeping specific to the IJB is evolving rapidly.</p> <p>The IJB will follow the corporate Business Classification Scheme (BCS) adopted by West Dunbartonshire Council which identifies its high-level functions and activities. These functions cut across the divisional structures of the Council, enabling the BCS to remain relevant in the event of structural changes to the organisation. West Dunbartonshire Council's BCS will be updated to include IJB records.</p> <p>This has been discussed and agreed as a sensible approach by West Dunbartonshire Council.</p>	<p>West Dunbartonshire Council's BCS to be reviewed to take account of IJB's requirements.</p> <p>WDC Information Asset Register (IAR) which will incorporate BCS is currently under review and will be available by the end of March.</p>	<p>West Dunbartonshire Council's BCS to be reviewed to take account of IJB's requirements.</p>

RMP Element Description	West Dunbartonshire (IJB) Compliance Statement	Evidence	Further Development
<p>Element 5: Retention schedules</p> <p>Section 1(2) (b)(iii) of the Act specifically requires a RMP to include provision about the archiving and destruction or other disposal of the authority's public records.</p> <p>An authority's RMP <u>must</u> demonstrate the existence of and adherence to corporate records retention procedures. The procedures should incorporate retention schedules and should detail the procedures that the authority follows to ensure records are routinely assigned disposal dates, that they are subsequently destroyed by a secure mechanism (see element 6) at the appropriate time, or preserved permanently by transfer to an approved repository or digital preservation programme (See element 7).</p> <p>The principal reasons for creating retention schedules are:</p> <ul style="list-style-type: none"> • to ensure records are kept for as long as they are needed and then disposed of appropriately • to ensure all legitimate considerations and future uses are considered in reaching the final decision. • to provide clarity as to which records are still held by an authority and which have been deliberately destroyed. <p>"Disposal" in this context does not necessarily mean destruction. It includes any action taken at the agreed disposal or review date including migration to another format and transfer to a permanent archive.</p> <p>A retention schedule is an important tool for proper records management. Authorities who do not yet have a full retention schedule in place should show evidence that the importance of such a schedule is acknowledged by the senior person responsible for records management in an authority (see element 1). This might be done as part of the policy document (element 3). It should also be made clear that the authority has a retention schedule in development.</p> <p>An authority's RMP <u>must</u> demonstrate the principle that retention rules are consistently applied across all of an authority's record systems.</p> <p>Read further explanation and guidance about element 5 – https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-5</p>	<p>A retention schedule is a list of records for which pre-determined disposal dates have been established.</p> <p>The IJB <u>must</u>, however, be able to demonstrate it remains responsible for its records under the partner body schedule. It must be able to demonstrate that disposal periods set against its records under the partner schedule were taken by the Board, in collaboration with the partner body. The partner body's retention policies and procedures (and records manager(s)) will assist the Board in making business-based disposal decisions against its records. These must take into consideration the IJB's statutory obligations.</p> <p>As the records will be created and managed by West Dunbartonshire Council, the IJB will follow what is agreed and in place in West Dunbartonshire Council</p> <p>The Business Classification Scheme used by West Dunbartonshire Council will determine how long documents should be retained.</p>	<p>West Dunbartonshire Council's Retention Schedule:</p> <p>http://intranet.west-dunbarton.gov.uk/transformation/regulatory/legal/records-management/retention-schedule/</p>	<p>To be reviewed to take account of IJB requirements</p>

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 6: Destruction arrangements</p> <p>Section 1(2) (b)(iii) of the Act specifically requires a RMP to include provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP <u>must</u> demonstrate that proper destruction arrangements are in place.</p> <p>A retention schedule, on its own, will not be considered adequate proof of disposal for the Keeper to agree a RMP. It must be linked with details of an authority's destruction arrangements. These should demonstrate security precautions appropriate to the sensitivity of the records. Disposal arrangements must also ensure that all copies of a record – wherever stored – are identified and destroyed.</p> <p>Read further explanation and guidance about element 6 – https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-6</p>	<p>It is not always cost-effective or practical for an authority to securely destroy records in-house. Many authorities engage a contractor to destroy records and ensure the process is supervised and documented.</p> <p>As such, the destruction of IJB records, in all formats, will be undertaken by West Dunbartonshire Council.</p> <p>All IJB Records will be held electronically on West Dunbartonshire Council's system so no hard copies will require destruction.</p> <p>Electronic destruction policies will be determined at a later date. At this stage there is only a limited volume of records specific to the IJB.</p>	<p>West Dunbartonshire Council's Record Management Plan:</p> <p>See attached</p>	<p>WDC destruction arrangements to take account of IJB requirements.</p>

RMP Element Description	West Dunbartonshire Integration IJB Compliance Statement	Evidence	Further Development
<p>Element 7: Archiving and transfer arrangements</p> <p>Section 1(2)(b)(iii) of the Act specifically requires a RMP to make provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP <u>must</u> detail its archiving and transfer arrangements and ensure that records of enduring value are deposited in an appropriate archive repository. The RMP will detail how custody of the records will transfer from the operational side of the authority to either an in-house archive, if that facility exists, or another suitable repository, which <u>must</u> be named. The person responsible for the archive should also be cited.</p> <p>Some records continue to have value beyond their active business use and may be selected for permanent preservation. The authority's RMP <u>must</u> show that it has a mechanism in place for dealing with records identified as being suitable for permanent preservation. This mechanism will be informed by the authority's retention schedule which should identify records of enduring corporate and legal value. An authority should also consider how records of historical, cultural and research value will be identified if this has not already been done in the retention schedule. The format/media in which they are to be permanently maintained should be noted as this will determine the appropriate management regime.</p> <p>Read further explanation and guidance about element 7-</p> <p>https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-7</p>	<p>All IJB Records will be held electronically on West Dunbartonshire Council's system so no hard copies will be archived.</p> <p>Electronic archiving policies will be determined at a later date. At this stage there is only a limited volume of records specific to the IJB.</p> <p>In terms of a procedure, the IJB will follow the Council's plans.</p>	<p>West Dunbartonshire Council's Record Management Plan: see attached</p>	<p>The agreed arrangement for the IJB's records to be included in the archiving and transferring arrangements established by West Dunbartonshire Council.</p>

RMP Element Description	West Dunbartonshire (IJB) Compliance Statement	Evidence	Further Development
<p>Element 8: Information Security</p> <p>Section 1(2) (b)(ii) of the Act specifically requires a RMP to make provision about the archiving and destruction or other disposal of the authority's public records.</p> <p>An authority's RMP must make provision for the proper level of security for its public records.</p> <p>All public authorities produce records that are sensitive. An authority's RMP must therefore include evidence that the authority has procedures in place to adequately protect its records. Information security procedures would normally acknowledge data protection and freedom of information obligations as well as any specific legislation or regulatory framework that may apply to the retention and security of records.</p> <p>The security procedures must put in place adequate controls to prevent unauthorised access, destruction, alteration or removal of records. The procedures will allocate information security responsibilities within the authority to ensure organisational accountability and will also outline the mechanism by which appropriate security classifications are linked to its business classification scheme.</p> <p>https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-8</p>	<p>Information security is the process by which an authority protects its records and ensures they remain available. It is the means by which an authority guards against unauthorised access and provides for the integrity of the records. Robust information security measures are an acknowledgement that records represent a risk as well as an asset. A public authority should have procedures in place to assess and contain that risk.</p> <p>The IJB will rely on West Dunbartonshire Council arrangements in terms of systems, devices, information sharing platforms etc.</p> <p>All staff will remain employees of either the Council or the Board. As such they will be subject to the policies and procedures of their employer, i.e. Council and Board Security Policies.</p>	<p>West Dunbartonshire Council CICTA and Security Policy</p> <p>http://intranet.west-dunbarton.gov.uk/media/5393/aup-policy-review-2015_new.doc</p> <p>NHS GGC Security Policy</p> <p>http://www.nhsggc.org.uk/media/2_36731/it-</p>	<p>Not applicable at this point but will continue to be reviewed.</p>

RMP Element Description	West Dunbartonshire(IJB) Compliance Statement	Evidence	Further Development
<p>Element 9: Data protection</p> <p>The Keeper will expect an authority's RMP to indicate compliance with its data protection obligations. This might be a high level statement of public responsibility and fair processing.</p> <p>If an authority holds and process information about stakeholders, clients, employees or suppliers, it is legally obliged to protect that information. Under the Data Protection Act, an authority must only collect information needed for a specific business purpose, it must keep it secure and ensure it remains relevant and up to date. The authority <u>must</u> also only hold as much information as is needed for business purposes and only for as long as it is needed. The person who is the subject of the information <u>must</u> be afforded access to it on request.</p> <p>Read further explanation and guidance about element 9 - https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-9</p>	<p>The Information Commissioner has confirmed that the IJB can be a data controller albeit that it will not hold any personal records of service users/patients.</p> <p>The IJB is a public body which is subject to the Freedom of Information (Scotland) Act 2002 and has its own Publication Scheme and FOI policy. Most requests will be addressed directly by the parent bodies.</p> <p>Legislation changed on 25/05/18 which will increase rights of individuals and increase fines for data breaches.</p> <p>IJB Complaints- Jacqueline Pender is first point of contact</p> <p>IJB records are properly managed for the purposes of Data Protection</p>	<p>West Dunbartonshire IJB is not registered as a Data Controller on the ICO website.</p> <p>IJB Privacy Notice updated to reflect changes.</p>	<p>A revised Council & NHS Data Sharing Agreement has been developed and awaiting approval. This is due early 2019.</p>

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 10: Business continuity and vital records</p> <p>The Keeper will expect an authority's RMP to indicate arrangements in support of records vital to business continuity. Certain records held by authorities are vital to their function. These might include insurance details, current contract information, master personnel files, case files, etc. The RMP will support reasonable procedures for these records to be accessible in the event of an emergency affecting their premises or systems.</p> <p>Authorities should therefore have appropriate business continuity plans ensuring that the critical business activities referred to in their vital records will be able to continue in the event of a disaster. How each authority does this is for them to determine in light of their business needs, but the plan should point to it.</p> <p>Read further explanation and guidance about element 10 –</p> <p>https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-10</p>	<p>A business continuity and vital records plan serves as the main resource for the preparation for, response to, and recovery from, an emergency that might affect any number of crucial functions in an authority.</p> <p>The IJB's records will be subject to the policies and procedures of the partner body in relation to business continuity.</p> <p>The MoU sets out that the IJB's records are managed in accordance with West Dunbartonshire Council's Business Continuity and vital records arrangements.</p> <p>All services will continue to be provided or commissioned directly by Council or Board. As such there is no direct requirement for the IJB to have its own arrangements for business continuity of vital records.</p> <p>West Dunbartonshire Council have adequate business continuity arrangements to ensure the sustainability of health and social care services for which the IJB has overall responsibility.</p>	<p>West Dunbartonshire Council- Business Continuity:</p> <p>http://intranet.west-dunbarton.gov.uk/transformation/people-technology/health-and-safety/civil-contingencies/</p>	<p>Not applicable at this point but will continued to be reviewed.</p>

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 11: Audit trail</p> <p>The Keeper will expect an authority's RMP to provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to a particular record. For the purpose of this plan 'changes' can be taken to include movement of a record even if the information content is unaffected. Audit trail information must be kept for at least as long as the record to which it relates.</p> <p>This audit trail can be held separately from or as an integral part of the record. It may be generated automatically, or it may be created manually.</p> <p>Read further explanation and guidance about element 11 –</p> <p>https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-11</p>	<p>An audit trail is a sequence of steps documenting the movement and/or editing of a record resulting from activities by individuals, systems or other entities.</p> <p>The IJB's records are created by NHS GG&C and West Dunbartonshire Council and are managed via West Dunbartonshire Council.</p> <p>Personal records, policies and procedures and all other corporate records will be accessed by employees through the parent bodies information systems. As the IJB develops its own internal and external information systems consideration will be given to the need for audit trail arrangements.</p>	<p>West Dunbartonshire Council's RMP</p> <p>See attached</p>	<p>Not applicable at this point but will continued to be reviewed.</p>

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 12: Competency framework for records management staff</p> <p>The Keeper will expect an authority's RMP to detail a competency framework for person(s) designated as responsible for the day-to-day operation of activities described in the elements in the authority's RMP. It is important that authorities understand that records management is best implemented by a person or persons possessing the relevant skills.</p> <p>A competency framework outlining what the authority considers are the vital skills and experiences needed to carry out the task is an important part of any records management system. If the authority appoints an existing non-records professional member of staff to undertake this task, the framework will provide the beginnings of a training programme for that person.</p> <p>The individual carrying out day-to-day records management for an authority might not work for that authority directly. It is possible that the records management function is undertaken by a separate legal entity set up to provide functions on behalf of the authority, for example an arm's length body or a contractor. Under these circumstances the authority must satisfy itself that the supplier supports and continues to provide a robust records management service to the authority.</p> <p>https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-12</p>	<p>A competency framework lists the core competencies and the key knowledge and skills required by a records manager. It can be used as a basis for developing job specifications, identifying training needs, and assessing performance.</p> <p>The IJB will rely upon the records manager of the partner body for compliance under this element.</p> <p>Training for records management staff will remain the responsibility of the employing bodies West Dunbartonshire Council and NHS GG&C.</p>	<p>As outlined in WDC and NHS GG&C respective Records Management Plans and training records from eLearn or LearnPro systems</p>	<p>Not applicable at this point but will continued to be reviewed.</p>

RMP Element Description	West Dunbartonshire IJM Compliance Statement	Evidence	Further Development
<p>Element 13: Assessment and review</p> <p>Section 1(5) (i)(a) of the Act says that an authority must keep its RMP under review.</p> <p>An authority's RMP <u>must</u> describe the procedures in place to regularly review it in the future.</p> <p>It is important that an authority's RMP is regularly reviewed to ensure that it remains fit for purpose. It is therefore vital that a mechanism exists for this to happen automatically as part of an authority's internal records management processes.</p> <p>A statement to support the authority's commitment to keep its RMP under review must appear in the RMP detailing how it will accomplish this task.</p> <p>Read further explanation and guidance about element 13 – https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-13</p>	<p>The IJB relies on the partner authority to ensure that the systems, policies and procedures that govern its records are being regularly assessed.</p> <p>This record management plan will be reviewed annually.</p>	<p>Minutes of IJB meeting</p>	<p>Establish a RMP Planning Group to meet and review policy before formal ratification by IJB</p>

RMP Element Description	West Dunbartonshire IJB Compliance Statement	Evidence	Further Development
<p>Element 14: Shared Information</p> <p>The Keeper will expect an authority's RMP to reflect its procedures for sharing information. Authorities who share, or are planning to share, information must provide evidence that they have considered the implications of information sharing on good records management.</p> <p>Information sharing protocols act as high level statements of principles on sharing and associated issues, and provide general guidance to staff on sharing information or disclosing it to another party. It may therefore be necessary for an authority's RMP to include reference to information sharing protocols that govern how the authority will exchange information with others and make provision for appropriate governance procedures.</p> <p>Specifically the Keeper will expect assurances that an authority's information sharing procedures are clear about the purpose of record sharing which will normally be based on professional obligations. The Keeper will also expect to see a statement regarding the security of transfer of information, or records, between authorities whatever the format.</p> <p>https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-14</p>	<p>Information is held by the Council, Health Board and IJB.</p> <p>There is an existing information sharing protocol which is currently being updated to reflect changes to these arrangements.</p>	<p>Information Sharing Protocol – existing version</p> <p>https://www.nhsggc.org.uk/media/236748/124-nhsggc-protocol-for-sharing-information.pdf</p>	<p>A revised Council & NHS Information Sharing Protocol has been developed and awaiting approval. This is due early 2019.</p>

Overarching Memorandum of Understanding (MoU)

Between

West Dunbartonshire Integration Joint Board

And

West Dunbartonshire Council

Plan **In relation to the IJB's Records Management**

DRAFT: Dated 15th January 2019

Ratification Date

Review Date

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1. PARTIES, SCOPE AND PURPOSE

1.1 Name and details of the parties

Legal name of parties	Short name of the party	Head Office address	ICO Registration
West Dunbartonshire Integration Joint Board	"IJB"	16 Church Street, Dumbarton, G82	Not Registered
West Dunbartonshire Council	"Council"	16 Church Street, Dumbarton, G82	Z6969445

1.2 Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament in February 2014 and came into force on 1st April 2015 and provides the framework for the integration of health and social care services in Scotland. Roles and responsibilities of IJBs, including the need for a Records Management Plan are set out here: <https://www.gov.scot/Publications/2015/09/8274/2>

West Dunbartonshire IJB operates as a body corporate (a separate legal entity), acting independently of Greater Glasgow & Clyde Health Board and West Dunbartonshire Council.

Each of the Parties listed above are obliged to submit and maintain a Records Management Plan as defined in and in accordance with the Public Records (Scotland) Act 2011.

The Act requires named public authorities to submit a Records Management Plan (RMP) to be agreed by the Keeper of the Records of Scotland. Greater Glasgow & Clyde Health Board and West Dunbartonshire Council already have agreed Record Management Plans in place. IJBs were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014 and this Memorandum of Understanding sets out how each of these RMPs relate to each other.

1.3 Context

The majority of records including employment, service user and internal policies and procedures will continue to be managed in the parent body organisations, i.e. West Dunbartonshire Council (the Council) and Greater Glasgow & Clyde Health Board and as such will be covered by their respective record management plans.

The records covered by the IJB's records management plan constitute IJB business in terms of:

- IJB Meetings and related committees- agendas and papers, including Directions, Audit and Risk Committee and Strategic Planning
- IJB Strategies and Policies, including the Annual Report, Strategic Plan.

1.4 Purpose

This Memorandum of Understanding sets out the agreement between the IJB and the Council on how the process of depositing, storing and accessing the IJB's records of enduring value will operate.

1.5 Records Management

The Parties acknowledge and agree that the responsibility for creating and maintaining the IJB's records will be delegated to the Council.

The IJB will follow the corporate Business Classification Scheme (BCS) adopted by the Council and the Council's BCS has been updated to include IJB records. This has been discussed and agreed as a sensible approach by the Council.

As such, the IJB's Records Management Plan evidences compliance by referencing the Council's Records Management Plans.

1.6 Parties' Responsibilities

All of the IJB's records will be subject to the policies and procedures of the Council. The nominated officers within the Council will have operational responsibility and are able to access these policies and procedures, as well as undergo appropriate training, e.g. Data Protection, Information Security, etc.

IJB records are part of the Committee Management System and as such have permanent retention status, which comply with statutory obligations set out under the Public Records (Scotland) Act 2011 and all other relevant legislation. The IJB's records are managed in accordance with the Council's Business Continuity and vital records arrangements. The Council's Audit Trail arrangements will ensure that records are retrievable and offer certainty around version control. The IJB will rely on the Council to ensure that the systems, policies and procedures that govern its records are being regularly assessed. An annual review will be undertaken by a group nominated by the IJB to ensure this is carried out effectively.

2. CORPORATE RESPONSIBILITY

Corporate Responsibility

The IJB's Chief Officer has senior responsibility for all aspects of the IJB's Records Management and is also the IJB's "Senior Information Risk Owner ("SIRO). The Chief Officer is content that all IJB Records will be managed by West Dunbartonshire Council in line with Council policies and this is facilitated by this Memorandum of Understanding. In addition, the IJB's Chief Officer is satisfied that the Council has appropriate records management arrangements in place and that each has already been approved by the Keeper.

3. SIGN-OFF AND RESPONSIBILITIES

3.1 Name of Accountable Officer, etc.

The Accountable Officers for the Parties are:

Accountable Officer Name	Post title	Organisation
Beth Culshaw	Chief Officer	West Dunbartonshire Integration Joint Board
Joyce White	Chief Executive	West Dunbartonshire Council

3.2 Leads for Records Management

The lead for Records Management :

Name	Post title	Organisation
Jacqueline Pender	Information Manager	West Dunbartonshire Health and Social Care Partnership

3.3 Signatories

The following individuals (being authorised signatories) will sign this Memorandum of Understanding on behalf of the Parties:

Name of Party	West Dunbartonshire Integration Joint Board	
Authorised signatories	Title /Name	Beth Culshaw
	Role	Chief Officer
Head Office address	West Dunbartonshire Health and Social Care Partnership, 16 Church Street, Dumbarton, G82 1QL	

Name of Party	West Dunbartonshire Council	
Authorised signatories	Title /Name	Joyce White
	Role	Chief Executive
Head Office address	West Dunbartonshire Council, 16 Church Street, Dumbarton, G82 1QL	

3.4 Sign off

"We the undersigned agree to the details recorded in this Overarching Memorandum of Understanding; are satisfied that our representatives have carried out the necessary work to ensure that the IJB complies with the Public Records (Scotland) Act 2011. The IJB will submit and maintain a Records Management Plan to the Keeper. We agree to review this document on an annual basis."

Signature.....		Signature.....	
For and on behalf of West Dunbartonshire Integration Joint Board		For and on behalf of West Dunbartonshire Council	
Name	Beth Culshaw	Name	Joyce White
Date		Date	

Review Date: 20th February 2020

**West Dunbartonshire Council; and
West Dunbartonshire Licensing Board**

Records Management Plan

**Setting out proper arrangements for the management of
the authorities public records under Section 1 of the
Public Records (Scotland) Act 2011**

**November 2013
Updated February 2015 v1.1**

Document Control

Title	Records Management Plan
Prepared By	Records Management Officer
Approved By	Senior Information Risk Officer, Angela Wilson
Date of Approval	18 November 2013
Version Number	1.1
Review Frequency	Every year
Next Review Date	November 2015

Status Control

Version	Date	Status	Prepared by	Reason for Amendment
1.0	18 November 2013	Final	Heather Mackay	
1.1	10 February 2015	Final	Michael Butler	To update evidence and target dates for submission to Keeper National Records of Scotland

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INTRODUCTION

The Public Records (Scotland) Act 2011 (the Act) came into effect on 1 January 2013. It places an obligation on named authorities in Scotland to produce a Records Management Plan which sets out the arrangements for the effective management of all records.

West Dunbartonshire Council (WDC) and West Dunbartonshire Licensing Board (WDLB) are named authorities as defined in the Act and must submit a formal records management plan to the Keeper of the Records of Scotland (the Keeper). This Plan covers West Dunbartonshire Council and West Dunbartonshire Council Licensing Board. For the purposes of this Plan, where the word "Service" is used, it covers all departments within the Council and the Board.

Once submitted to the Keeper and approved, the Act only allows the Keeper to review an authority's plan after 5 years, unless there is reason to believe an agreed plan is not being complied with. The Keeper does, however, urge all authorities to comply with the spirit of the Act by regularly reviewing and updating their plans.

WDC and WDLB recognise that the effective management of its records, regardless of format, is essential in order to support its functions and services, to comply with legal, statutory, and regulatory obligations, and to demonstrate transparency and accountability. Records are a vital information asset and a valuable resource for the organisation's decision-making processes, policy creation and operations, and must be managed effectively from the point of their creation until their ultimate disposal.

As required by the Public Records (Scotland) Act 2011, the Keeper has developed a Model Records Management Plan. This sets out the criteria for named authorities to use when developing their respective records management plans. The Model Records Management Plan states that there are 14 elements that are necessary for records management plan compliance; 6 elements are compulsory, 8 elements are optional. To ensure records management best practice, WDC and WDLB will be incorporating all 14 elements, both compulsory and optional, as follows:

- Element 1: Senior Management Responsibility
- Element 2: Records Management Responsibility
- Element 3: Records Management Policy Statement
- Element 4: Business Classification
- Element 5: Retention Schedules
- Element 6: Destruction Arrangements
- Element 7: Archiving and Transfer Arrangements
- Element 8: Information Security
- Element 9: Data Protection
- Element 10: Business Continuity and Vital records
- Element 11: Audit Trail
- Element 12: Competency Framework for Records Management Staff
- Element 13: Assessment and Review
- Element 14: Shared Information

ELEMENT 1: SENIOR MANAGEMENT RESPONSIBILITY

<p>Introduction</p>	<p>This is a mandatory element of the Public Records (Scotland) Act 2011. This element must identify the person at senior level who has overall strategic responsibility for records management within the organisation.</p>
<p>Statement of Compliance</p>	<p>The Senior Responsible Officer for Records Management with West Dunbartonshire Council (WDC) is Angela Wilson, Senior Information Risk Officer (SIRO).</p> <p>The Senior Responsible Officer for Records Management with West Dunbartonshire Licensing Board (WDLB) is Peter Hessem, Head of Legal, Democratic and Regulatory Services.</p>
<p>Evidence of Compliance</p>	<p>Primary evidence to be submitted in support of Element 1 includes:</p> <ul style="list-style-type: none"> • Item 001: Records Management Policy • Item 002: West Dunbartonshire Council cover letter to the Keeper, National Records of Scotland. • Item 003: West Dunbartonshire Licensing Board cover letter to the Keeper, National Records of Scotland. <p>Supporting evidence to be submitted includes:</p> <ul style="list-style-type: none"> • Item 004: Briefing Report to CMT re: WDC Records Management Plan Jan 2015.
<p>Future Developments</p>	<p>There are no planned future developments in respect of Element 1. However, if the Senior Responsible Officer for records management were to change, policies and procedures would need to be examined in the light of these changes.</p>
<p>Assessment and Review</p>	<p>This element will be reviewed as soon as there are any changes in personnel.</p>
<p>Responsible Officer(s)</p>	<p>WDC SIRO, Angela A Wilson. West Dunbartonshire Licensing Board, Clerk, Peter Hessem.</p>

ELEMENT 2: RECORDS MANAGER RESPONSIBILITY

<p>Introduction</p>	<p>This is a mandatory element of the Public Records (Scotland) Act 2011. This element must identify an individual within the organisation, answerable to Senior Management, who has day-to-day operational responsibility for records management.</p>
<p>Statement of Compliance</p>	<p>The officer with operation responsibility for records management within West Dunbartonshire Council and West Dunbartonshire Licensing Board is the Records Management Officer, Michael Butler.</p>
<p>Evidence of Compliance</p>	<p>Primary evidence to be submitted in support of Element 2 includes:</p> <ul style="list-style-type: none"> • Item 001: Records Management Policy • Item 005: Records Management Officer job profile <p>Supporting evidence to be submitted includes:</p> <ul style="list-style-type: none"> • Item 006: Records Management Officer job advertisement
<p>Assessment and Review</p>	<p>This element will be reviewed as soon as there are any changes in personnel.</p>
<p>Responsible Officer(s)</p>	<p>Records Management Officer, Michael Butler.</p>

ELEMENT 3: RECORDS MANAGEMENT POLICY STATEMENT

<p>Introduction</p>	<p>This is a mandatory element of the Public Records (Scotland) Act 2011. The records management policy statement must demonstrate the importance of managing records within the organisation and serve as a mandate for the activities of the records manager. It is necessary in order to provide an overarching statement of the organisation's priorities and intentions in relation to recordkeeping, and deliver a supporting framework and mandate for the development and implementation of a RM culture.</p>
<p>Statement of Compliance</p>	<p>A Records Management Policy, reflective of the recordkeeping arrangements in place for the Service as a whole, has been established. It was approved by the SIRO.</p>
<p>Evidence of Compliance</p>	<p>Primary evidence to be submitted in support of Element 3 includes:</p> <ul style="list-style-type: none"> • Item 001: Records Management Policy. <p>Supporting evidence to be submitted includes:</p> <ul style="list-style-type: none"> • Item 007: Records Management Policy intranet page.
<p>Assessment and Review</p>	<p>This element will be reviewed by the Records Management Officer in December 2015 and then annually.</p>
<p>Responsible Officer(s)</p>	<p>Records Management Officer, Michael Butler.</p>

ELEMENT 4: BUSINESS CLASSIFICATION

<p>Introduction</p>	<p>An organisation must carry out a comprehensive assessment of its core business functions and activities, and represent these within a business classification system (BCS). Element 4 should confirm that an organisation has developed or is in the process of developing a BCS.</p>
<p>Statement of Compliance</p>	<p>WDC and WDLB have adopted the Scottish Council for Archives Records Retention Schedule (SCARRS) v2.0 model as the basis for its business classification schedule. SCARRS is developed in a structure that supports the business activities of the Service. It is envisaged that business classification, records retention and vital records will be incorporated into the one document to make it easier to classify documents and provide the necessary information on retention periods and whether it is a vital document for the users.</p> <p>The hierarchy is structured in 3 tiers:</p> <ul style="list-style-type: none"> • Level 1: functions • Level 2: activities • Level 3: transactions <p>The Service will expand upon this to include further levels (levels 4-6) detailing subgroupings of record types. When complete, the BCS will include the following information:</p> <ul style="list-style-type: none"> • function • activity • transaction • record subgroupings (levels 4-6) • retention and disposal information • access rights • responsible service <p>WDC headquarters will relocate from Garshake Road to Burgh Hall by June 2017. It is undergoing both an Office Rationalisation Project and a shift to a paper free work flow project. These projects will include reviewing file plans to include levels 4-6 of the Business Classification Scheme, as well as reviewing associated retention schedules and disposal arrangements.</p> <p>Each Head of Department will sign off the Scheme for their service to ensure it is fully developed and rolled out by the end of the Office Rationalisation Project.</p> <p>Departmental representatives on the DP/FOI Working Group will provide advice and assistance on records management issues to their service.</p>

	ICT will work with the RMO to produce a directory structure for all file servers across the Service. Work is ongoing in relation to the development of file naming conventions.
Functions	<p>Primary evidence to be submitted in support of Element 4 includes:</p> <ul style="list-style-type: none"> • Item 008: Business Classification Scheme, Record Retention and Vital Records. • Item 009: File Plan structure (BCS Levels 4-6).
Future Developments	Business Classification Scheme levels 4-6 will be developed as part of the Office Rationalisation Project.
Assessment and Review	This is ongoing requirement and will be under continuous review. Changes will be implemented as necessary.
Responsible Officer(s)	Records Management Officer, Michael Butler.

ELEMENT 5: RETENTION SCHEDULES

<p>Introduction</p>	<p>Retention schedules must demonstrate the evidence of and adherence to corporate records retention procedures. These procedures must show that the organisation routinely disposes of information, whether this is destruction or transfer to an archive for permanent preservation. A retention and disposal schedule which sets out recommended retention periods for records created and held by an organisation, is essential for ensuring that the organisation's records are not retained longer than necessary (in line with legal, statutory and regulatory obligations), storage costs are minimised (through the timely destruction of business information), and records deemed worthy of permanent preservation are identified and transferred to an archive at the earliest opportunity. It is envisaged that records retention, vital records and business classification will be incorporated into the one document to make it easier to classify documents and provide the necessary information on retention periods and whether it is a vital document for the users.</p>
<p>Statement of Compliance</p>	<p>WDC and WDLB have adopted the Scottish Council for Archives Records Retention Schedule (SCARRS) model as the basis to the Service's retention schedule.</p>
<p>Evidence of Compliance</p>	<p>Primary evidence to be submitted in support of Element 5 includes:</p> <ul style="list-style-type: none"> • Item 008: Business Classification Scheme, Record Retention and Vital Records. <p>Supporting evidence to be submitted includes:</p> <ul style="list-style-type: none"> • Item 010: West Dunbartonshire Retention Schedule intranet page.
<p>Assessment and Review</p>	<p>The Records Management Officer will be responsible for monitoring and reviewing the schedule every 6 months.</p>
<p>Responsible Officer(s)</p>	<p>Records Management Officer, Michael Butler.</p>

ELEMENT 6: DESTRUCTION ARRANGEMENTS

<p>Introduction</p>	<p>This is a mandatory element of the Public Records (Scotland) Act 2011. This element must evidence the arrangements that are in place for the secure destruction of confidential information. Clear destruction arrangements detailing the correct procedures to follow when destroying business information are necessary in order to minimise the risk of an information security incident and ensure that the organisation meets its obligations in relation to the effective management of its records, throughout their lifecycle.</p>
<p>Statement of Compliance</p>	<p>Destruction of records occurs at the end of retention periods as set out in the Service's Retention and Disposal Schedule.</p> <p>WDC and WDLB have a service level agreement with Greenlight Environmental for confidential destruction.</p> <p>Some sensitive personal documents, such as social care case files are destroyed onsite by a specialist destruction company, Shredall, who provide confidential destruction certificates.</p> <p>WDC and WDLB have also arranged for cut cross shredders to be placed in offices so confidential records can be quickly destroyed.</p> <p>Obsolete equipment, such as computers and CDs are destroyed by IT according to the Obsolete equipment policy.</p> <p>Data Protection and Information Security training has been provided so staff are aware of the importance of how to properly destroy confidential records.</p>
<p>Evidence of Compliance</p>	<p>Primary evidence to be submitted in support of Element 6 includes:</p> <ul style="list-style-type: none"> • Item 008: Business Classification Scheme, Record Retention and Vital Records. • Item 011: Service Level Agreement with Greenlight Environmental. <p>Supporting evidence to be submitted includes:</p> <ul style="list-style-type: none"> • Item 010: West Dunbartonshire Retention Schedule intranet page. • Item 012: Scanned copy of Shredall confidential waste certificate • Item 013: Obsolete equipment procedure. • Item 014: Obsolete equipment procedure form • Item 015: Data Protection/Information Security Training for those moving to Garshake 4th fl, Aurora House.

Future Developments	WDC and WDLB are in the process of undergoing office rationalisation. As part of this, staff will have to follow and adhere to thorough vacant building procedures. Staff will also have to be trained about confidential record destruction procedures in open plan offices.
Assessment and Review	Destruction procedures are constantly being evaluated due to office rationalisation in the organisation, and changes in record media.
Responsible Officer(s)	Records Management Officer, Michael Butler.

ELEMENT 7: ARCHIVING AND TRANSFER ARRANGEMENTS

Introduction	<p>This is a mandatory element of the Public Records (Scotland) Act 2011. This element must detail the processes in place within an organisation in order to ensure that records of long term historical value are identified and deposited with an appropriate archive depository. Arrangements for the transfer of material of enduring value to an archive should be clearly defined and made available to all staff in order to ensure that the records are transferred at their earliest opportunity and the corporate memory of the organisation is fully and accurately preserved.</p>
Statement of Compliance	<p>WDC and WDLB has an Archives where records of long term historical interest are held.</p>
Evidence of Compliance	<p>Primary evidence to be submitted in support of Element 7 includes:</p> <ul style="list-style-type: none"> • Item 016: WDC Archive Policy. <p>Supporting evidence to be submitted includes:</p> <ul style="list-style-type: none"> • Item 017: WDC Archive Collection internet page. • Item 018: WDC Archives internet page.
Assessment and Review	<p>The Archive policy is reviewed on a two yearly basis and is due for review in July 2016</p>
Responsible Officer(s)	<p>WDC and WDLB Archivist, Christopher Cassells</p>

ELEMENT 8: INFORMATION SECURITY

<p>Introduction</p>	<p>This is a mandatory element of the Public Records (Scotland) Act 2011. An organisation must make provision for the proper level of security of its records. There must be evidence of robust information security procedures that are well understood by all members of staff. Information security policies and procedures are essential in order to protect an organisation's information and information systems from unauthorised access, use, disclosure, disruption, modification, or destruction.</p>
<p>Statement of Compliance</p>	<p>WDC and WDLB has a number of information security policies and procedures in place.</p> <p>It has an Information Security Forum that meets every 3 months.</p>
<p>Evidence of Compliance</p>	<p>Primary evidence to be submitted in support of Element 8 includes:</p> <ul style="list-style-type: none"> • Item 019: Corporate Information and Communication Technology Acceptable Use and Security Policy, January 2013. • Item 020: ICT Security Officer role intranet page. • Item 021: Social Media Policy. • Item 022: Information Security Forum minutes. • Item 023: Information Security briefing
<p>Assessment and Review</p>	<p>The Information Security Forum meets every 3 months to discuss information risks and review any issues. ICT Security awareness training is tailored and delivered to service departments across the Council. Evaluation sheets are used to gauge the effectiveness of the delivery and to improve the content were it is identified. This is an on-going process.</p>
<p>Responsible Officer(s)</p>	<p>ICT Security Officer, Iain Kerr</p>

ELEMENT 9: DATA PROTECTION

<p>Introduction</p>	<p>An organisation must provide evidence of compliance with data protection responsibilities for the management of all personal data.</p>
<p>Statement of Compliance</p>	<p>WDC has a legal obligation to comply with the requirements of the Data Protection 1998, in relation to the management, processing and protection of personal data. WDC's Data Protection Policy is a statement of public responsibility and demonstrates the organisation's commitment to compliance with the Act and the safeguarding and fair processing of all personal data held. Legal Services section acts as data protection coordinator for WDC. WDC has submitted a notification to the Information Commissioner for inclusion in the Data Protection Public Register.</p>
<p>Evidence of Compliance</p>	<p>WDC's registration number in the ICO Data Protection register is Z6969445.</p> <p>Primary evidence to be submitted in support of Element 9 includes:</p> <ul style="list-style-type: none"> • Item 024: Data Protection Procedure, November 2011. • Item 005: Records Management Officer job profile. • Item 025: Information Commissioner's report re: DP Audit <p>Supporting evidence to be submitted includes:</p> <ul style="list-style-type: none"> • Item 026: Data Protection intranet page • Item 006: Records Management Officer job advertisement. • Item 027: CHCP DPA Presentation
<p>Assessment and Review</p>	<p>Data Protection training is tailored and delivered to service departments across the Council. Evaluation sheets are used to gauge the effectiveness of the delivery and to improve the content were it is identified. This is an on-going process.</p>
<p>Responsible Officer(s)</p>	<p>Records Management Officer, Michael Butler.</p>

ELEMENT 10: BUSINESS CONTINUITY AND VITAL RECORDS

<p>Introduction</p>	<p>A Business Continuity and Vital Records Plan should be in place in order to ensure that key records and systems are protected and made available as soon as possible in the event of, and following, an emergency. The plan should identify the measures in place for, respond to and recover from such an emergency.</p>
<p>Statement of Compliance</p>	<p>WDC employs a Business Continuity Officer and has identified their vital records and produced a Business Continuity Plan. Due to sensitivity of data, the BCP will not be provided as evidence.</p>
<p>Evidence of Compliance</p>	<p>Primary evidence to be submitted in support of Element 10 includes:</p> <ul style="list-style-type: none"> • Item 008: Business Classification Scheme, Record Retention and Vital Records. • Item 028: Business Continuity and Contingency Planning intranet page <p>Supporting evidence to be submitted includes:</p> <ul style="list-style-type: none"> • Item 007: RMP intranet page
<p>Assessment and Review</p>	<p>The policy, strategy and corporate plan are on the risk management website. Plans for each critical service are stored locally by each service and centrally by the Business Continuity Co-ordinator. All are updated annually.</p> <p>The Business Continuity plan is reviewed on an annual basis and the next review is due June 2015.</p>
<p>Responsible Officer(s)</p>	<p>Sandy McKenzie, Business Continuity Co-ordinator</p>

ELEMENT 11: AUDIT TRAIL

<p>Introduction</p>	<p>An audit trail is a sequence of steps documenting the movement and/or editing of a record resulting from activities, systems or other entities. An organisation's records management system must provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to a particular record.</p>
<p>Statement of Compliance</p>	<p>The Council's Electronic Document and Records Management system (EDRMS) provides electronic audit trails as evidence of viewing, modifying and deletion of records. ICT systems provide audit logs that monitors user permissions and file access history. Paper records are identified and maintained through paper record inventories.</p>
<p>Evidence of Compliance</p>	<p>Primary evidence to be submitted in support of Element 11 includes:</p> <ul style="list-style-type: none"> • Item 029: West Dunbartonshire Council Document Management System Audit screen. • Item 030: Email Good Practice Guide
<p>Assessment and Review</p>	<p>Each service is responsible for maintain paper records as they are created and modified. WDC is aiming to move away from paper records to electronic based systems. This is an on-going project as part of the rationalisation process of Council buildings.</p>
<p>Responsible Officer(s)</p>	<p>Records Management Officer, Michael Butler.</p>

ELEMENT 12: COMPETENCY FRAMEWORK FOR RECORDS MANAGEMENT STAFF

<p>Introduction</p>	<p>Core competencies and key knowledge and skills required by staff with responsibilities for records management should be clearly defined and made available within organisations so as to ensure that staff understand their roles and responsibilities, can offer expert advice and guidance, and can remain proactive in their management of recordkeeping issues and procedures. With core competencies defined, the organisation can identify training needs, assess and monitor performance, and use them as a basis from which to build future job descriptions.</p>
<p>Statement of Compliance</p>	<p>WDC will ensure that Record Management responsibilities are cascaded across the organisation and that appropriate staff are kept abreast of their services responsibilities.</p>
<p>Evidence of Compliance</p>	<p>Primary evidence to be submitted in support of Element 12 includes:</p> <ul style="list-style-type: none"> • Item 001: Records Management Policy. • Item 005: Records Management Officer job profile. <p>Supporting evidence to be submitted includes:</p> <ul style="list-style-type: none"> • Item 006: Records Management Officer job advertisement.
<p>Assessment and Review</p>	<p>Key staff have been identified within the various services in WDC who have responsibility for data protection, freedom of information and records management.</p>
<p>Responsible Officer(s)</p>	<p>Records Management Officer, Michael Butler.</p>

ELEMENT 13: REVIEW AND ASSESSMENT

<p>Introduction</p>	<p>Records management practices within an organisation must remain fit for purpose. Procedures should be clearly monitored , assessed and reviewed with a view to ensuring ongoing compliance and commitment to best practice recording keeping. An organisation's Records Management Plan must have mechanisms in place for regularly reviewing the contents of the Plan to ensure processes are operating successfully and identifying processes which require modification.</p>
<p>Statement of Compliance</p>	<p>Each of the policies and procedures in line with the requirements of the Public Records (Scotland) Act 2011 have been done so in consultation with colleagues across the organisation. Each new policy has been reviewed in detail in order to ensure compliance with all business as well as legal obligations.</p>
<p>Evidence of Compliance</p>	<p>Primary evidence to be submitted in support of Element 13 includes:</p> <ul style="list-style-type: none"> • Item 001: – Records Management Policy. <p>Supporting evidence to be submitted includes:</p> <ul style="list-style-type: none"> • Item 005 – Records Management Policy intranet page.
<p>Future Developments</p>	<p>Record management practices will be changed if required as part of the review of the plan.</p>
<p>Assessment and Review</p>	<p>All policies and procedures within the RMP will be reviewed throughout 2015.</p>
<p>Responsible Officer(s)</p>	<p>Records Management Officer, Michael Butler.</p>

ELEMENT 14: SHARED INFORMATION

Introduction	<p>Procedures for the efficient sharing of information both within an organisation and with external partners are essential for ensuring information security and recordkeeping compliance. Protocols should include guidance as to what information can be shared, who should retain the data, what levels of security are to be applied, who should have access, and what the disposal arrangements are.</p>
Statement of Compliance	<p>WDC operates in accordance with the Information Commissioner's Data Sharing Code of Practice.</p>
Evidence of Compliance	<p>Primary evidence to be submitted in support of Element 14 includes:</p> <ul style="list-style-type: none"> • Item 024: Data Protection Procedure, November 2011. • Item 031: Greater Glasgow and Clyde Protocol for Sharing Information between LAs and NGSGGC, September 2012. • Item 032: Information Sharing Protocol between the Chief Constable of Strathclyde Police and West Dunbartonshire Council (redacted). <p>Supporting evidence to be submitted includes:</p> <ul style="list-style-type: none"> • Item 025: Data Protection intranet page.
Future Developments	<p>Information sharing protocols will be implemented as necessary. They will be reviewed with the relevant partners / agencies to ensure that they are still relevant. Privacy Impact Assessments will be carried out if changes to the use of personal data is anticipated.</p>
Assessment and Review	<p>Element 14 will be reviewed in December 2015.</p>
Responsible Officer(s)	<p>Records Management Officer, Michael Butler. Partner Agencies (where appropriate)</p>

ANNEX A:**EVIDENCE TO BE SUBMITTED**

Please find a list of evidence to be submitted in support of each of the elements of the Records Management Plan below. This evidence will be submitted separate to this Records Management Plan, in electronic and paper format.

EVIDENCE ITEM REF NO:	DETAILS:	IN SUPPORT OF ELEMENT(s):	ATTACHED
001	Records Management Policy	1, 2, 12, 13	Attached
002	West Dunbartonshire Council cover letter to the Keeper, National Records of Scotland.	1	Attached
003	West Dunbartonshire Licensing Board cover letter to the Keeper, National Records of Scotland.	1	Attached
004	Briefing Report to CMT re: WDC Records Management Plan Jan 2015	1	Attached
005	Records Management Officer job profile	2, 9, 12, 13	Attached
006	Records Management Officer job advertisement	2, 9, 12	Attached
007	Records Management Policy intranet page	3, 10,13	Attached
008	Business Classification, Record Retention and Vital Records Scheme.	4, 5, 6, 10	Attached
009	Business Classification, Records Retention and Vital Records – File Plan Information	5, 6, 10	Attached
010	West Dunbartonshire Retention Schedule intranet page	5, 6	Attached
011	Service Level Agreement with Greenlight Environmental	6	Attached
012	Shredall confidential waste certificate	6	Attached
013	Obsolete computer equipment procedure	6	Attached
014	Obsolete computer equipment form	6	Attached
015	Data Protection/Information Security Training for those moving to Garshake 4 th fl, and Aurora House	6	Attached
016	Archive Policy	7	Attached
017	Archive Collection internet page	7	Attached
018	Archive internet page	7	Attached

019	Corporate Information and Communication Technology Acceptable Use and Security Policy, January 2013.	8	Attached
020	ICT Security Officer role intranet page.	8	Attached
021	Social Media Policy	8	Attached
022	Information Security Forum minutes	8	Attached
023	Information security briefing to Angela Wilson, SIRO	8	Attached
024	Data Protection Procedure, November 2011.	9, 14	Attached
025	Data Protection intranet page	9, 14	Attached
026	Information Commissioner's report re: DP Audit	9	Attached
027	CHCP DPA Presentation	9	Attached
028	Business Continuity and Contingency Planning intranet page	10	Attached
029	Document Management System Audit screen.	11	Attached
030	Email Good Practice Guide.	11	Attached
031	Greater Glasgow and Clyde Protocol for Sharing Information between LAs and NGSGGC, September 2012.	14	Attached
032	Information Sharing Protocol between the Chief Constable of Strathclyde Police and West Dunbartonshire Council (redacted).	14	Attached

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

20 February 2019

Subject: Criminal Justice Social Work Inspection**1. Purpose**

- 1.1 This report updates chief officers on the ongoing Criminal Justice Social Work Inspection for West Dunbartonshire.

2. Recommendations

- 2.1 The Board are asked to note content and the role of senior managers within the inspection.

3. Background

- 3.1 It has been over 10 years since any focused inspection of Criminal Justice Social Work has been undertaken in Scotland. In that time there has been significant change in Criminal Justice Social Work, in particular through the enactment of the Criminal Justice and Licensing (Scotland) Act 2010, introduction of Community Payback Orders in 2011 and MAPPA Extension to include violent offending.
- 3.2 The Care Inspectorate notified the Chief Executive of their intended Criminal Justice Social Work (CJSW) inspection commencing Monday 18 February 2019. Whilst CJSW have contributed to previous themed inspections this is the first time they have been inspected as a service.
- 3.3 The Care Inspectorate established a new strategic scrutiny team earlier in 2018 to develop an inspection regime to focus on scrutiny and assurance for CJSW and Community Justice, further information can be found at <http://www.careinspectorate.com/index.php/low-graphics/8-news/4609-blog-a-new-team-will-lead-on-scrutiny-and-assurance-of-community-justice-and-criminal-justice-social-work>.

4. Main Issues

- 4.1 Inspection will consider how well the Community Payback Orders national outcomes and standards are being applied and what difference they are making to the lives of individuals who are subject to them. Inspectors will focus on the following areas, using the quality indicator model in ['A guide to self-evaluation of community justice in Scotland'](#):
- Outcomes for individuals subject to Community Payback Orders, including performance measures against both local and national statistical data
 - Impact and experience for those subject to Community Payback Orders

- Key processes linked to Community Payback Orders, including quality of risk/needs assessment, planning and intervention
- Fulfilment of statutory duties, performance management and quality assurance
- Leadership of Criminal Justice Social Work

4.2 Capacity for Improvement

Inspectors will also focus on the service’s capacity for improvement and, in particular, the extent to which the Criminal Justice Social Work Service is prepared for forthcoming changes in relation to the proposed extension of Presumption against Short Sentences (PASS) from 3 to 12 months. The Care Inspectorate will also explore and comment on funding for Section 27, as a specific theme of the inspection.

The quality indicators included are:

- improving the life chances and outcomes of those with lived experience **(evaluated)**
- 2.1 impact on people who have committed offences **(evaluated)**
- 5.1 providing help and support when it is needed
- 5.2 assessing a and responding to risk and need **(evaluated)**
- 5.3 planning and providing effective intervention **(evaluated)**
- 5.4 involving people who have committed offences and their families
- 6.1 policies, procedures and legal measures
- 6.4 performance management and quality assurance
- 9.4 leadership of improvement and change **(evaluated)**

4.3 Criminal Justice Social Work Inspection: Timeline Overview

Stage 1: Notification, Preparation and Engagement			
Key Dates	Communication	Activity	Next Steps
06 November 2018	Notification of intended inspection from Care Inspectorate	Single point of contact identified, Pre Inspection Return (PIR) and Process Guidance issued by Care Inspectorate (09/11/18) CJSW Inspection Steering Group established -	Submission of PIR sections: 1. Structural Arrangements 2. Partnership Overview 3. Case Sample (6/11/16 – 6/11/18 all closed and open CPO’s). Complete.

		<p>scheduled weekly meetings. Task to complete PIR sections in progress (13/11/18). File readers identified</p> <p>CJSW Staff briefings (27/11/18 & 19/12/18)</p> <p>Care Inspectorate Senior Staff briefing (06/12/18)</p>	
14 December 2018	Pre Inspection Return submission to Care Inspectorate	Begin completion of self-evaluation based on Care Inspectorate Community Justice Framework	Staff and Partner engagement sessions December 18 until mid-January 19. Ongoing
Stage 2: Self-evaluation and supporting evidence			
01 February 2019	Self-evaluation and supporting evidence submission to Care Inspectorate		Care Inspectorate confirmation of files to be read received 07/01/19. Main sample contains 103 files with 20 reserves. Ongoing
Stage 3: Case file reading			
18-22 February 2019	Onsite: Proportionate sample of records	Findings will be analysed using set template	Support process as required. Ongoing
Stage 4: Onsite activity			
04 March 2019	Onsite: Details to be confirmed	Based on findings from Stages 2&3.	Support process as required. Ongoing
05 April 2019	Care Inspectorate briefing on findings to Senior Leads		
Stage 5: Published report			
To Be Confirmed			Ongoing

4.4 Ongoing and planned activities are noted on the Timeline Overview table above

Following notification CJSW have established a CJSW Inspection Steering Group focussing on both strategic and operational inspection activities. The Group is led by the CJSW Manager, supported by the Community Justice Coordinator and includes:

CJSW Management Team

- CJSW Business Support
- HSCP CareFirst Team
- Public Protection Coordinator
- HSCP SMT Management Team

4.5 As part of the Inspection preparation and process, the Care Inspectorate require involvement of all levels of staff and leaders. This includes requested meetings with the Chief Executive and senior managers at preparation and onsite activity stages.

5. People Implications

5.1 The process for inspection is resource intensive and reflective, the Inspection Steering Group and CJSW Team have monitoring processes in place. Otherwise, there are no personnel issues.

6. Financial and Procurement Implications

6.1 There are no financial or procurement implications at this time.

7. Risk Analysis

7.1 No requirement to carry out a risk analysis.

8. Equalities Impact Assessment (EIA)

8.1 No requirement to carry out an EIA.

9. Consultation

Focus groups with people receiving a service from CJSW and key partners is an integral part of the Inspection process, findings from this will be contained within the final report.

Name Jonathan Hinds
Designation Head of Children's Health, Care and Criminal Justice Services Chief Social Work Officer

Date: 22 January 2019

Person to Contact: Jonathan Hinds

Head of Children's Health, Care and Criminal Justice
Services
Chief Social Work Officer
West Dunbartonshire Health and Social Care Partnership

Tel: 01389 812301

Jonathan.Hinds@ggc.scot.nhs.uk

Appendices: None

Background Papers: None

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

20 February 2019

Subject: General Data Protection Regulations (GDPR) Requirements for Integration Joint Board (IJB)

1. Purpose

- 1.1** To provide the IJB with an overview of the changes and accountabilities arising from new Data Protection laws.

2. Recommendations

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

- Read and note the requirement to comply with the attached guidance.
- Approve the proposed arrangements for an appointment of a Data Protection Officer (DPO).
- Consider if they require GDPR awareness sessions and advise the Chief Officer who will make arrangements.

3. Background

The Data Protection Act 2018 sets out the framework for data protection law in the UK. It updates and replaces the Data Protection Act 1998, and came into effect on 25 May 2018.

It sits alongside the GDPR, and tailors how the GDPR applies in the UK for example by providing exemptions. It also sets out separate data protection rules for law enforcement authorities, extends data protection to some other areas such as national security and defence, and sets out the Information Commissioner's functions and powers.

The legislation introduces new rules on how we collect and process personal data to ensure individuals have greater control and privacy rights for their information we hold. It shortens timescales for certain processes and significantly increases penalties for failure to comply.

The new legislation also notably changes the fundamental relationship between data subjects and statutory authorities that are responsible for health and social care such that consent is no longer the legal basis for processing in most cases and instead specific statutory duties, powers and the need to manage health and social care systems (a new and specific provision) forms the fundamental legal basis for processing of personal data.

This is balanced by a need for greater transparency. Formal notifications of the nature of, reason for and parties involved in data processing and data sharing are mandatory. These are referred to as Privacy Notices.

Because the IJB is a statutory authority and Data Controller then it is subject to these new regulations. However, the IJB in practice handles very little personal data and the impacts on the IJB specifically, as opposed to the partner organisations, is anticipated to be quite limited.

There have been a wide range of activities across the Council and NHS aimed at putting suitable arrangements in place.

4. **Main issues**

Summary of changes for the Council and NHS

Within both organisations the following changes have been implemented to ensure compliance with the new legislation. A range of activities have been progressed to include internal communications, staff awareness and training, review of all documentation and the updating of privacy notices.

Breach notifications – Breaches of personal data must be notified to the Data Protection Regulator within 72 hours and if high risk then also the subject.

Fines – Higher fines apply if the rights of individuals are breached - 4% of global annual turnover or up to £17.5 Million.

Rights of the data subject – There are new rights for individuals to have their personal data erased entirely. We are required to justify any refusal.

Subject Access requests – We need to respond within 1 month (previously 40 days) and we can be fined if late in responding.

Privacy by design – Explicit principles were introduced for the minimum collection of personal data and strict rules on the collection, storage and recording of information. These changes will link to document management and file retention procedures.

Consent – We must be clear whether relying on consent, contractual obligations or statutory functions as a basis for processing. We should not however seek consent if there is a 'power imbalance' that restricts the subject's free choice but should instead look to our statutory functions as the fundamental legal basis for processing. If relying on consent it must be explicit, freely given and informed.

Privacy Notice – Data must be processed fairly and lawfully. We will need to inform the public what personal data we process, why and with whom we share the data. We are currently updating our Privacy Notice on the HSCP

website to reflect this.

Data Protection Officer – There is a new mandatory requirement for all public authorities to create a post of DPO. Both Council and NHS have separately appointed such a position.

Clear reporting processes and management of our systems – We must establish clear reporting, governance and compliance arrangements to evidence adherence to the act.

Key actions for the IJB

Privacy Notice – Our Privacy Notice is currently being updated for the IJB which will outline what personal data the IJB processes and why, the legal basis for processing, how this information is stored and retained and with whom it is shared.

Data Protection Officer – A Data protection Officer must be appointed meeting a certain criteria. There is no barrier to a Data Protection Officer acting for more than one statutory body. Given that any personal data processed by the IJB is likely to be held on Council Information systems and one of the primary roles of the DPO is the handling of Data Breaches then it is proposed that the IJB Data Protection Officer should be Mr Peter Hessett, who will also act as DPO for West Dunbartonshire Council.

5. People Implications

Resources are used from existing staff.

6. Financial and Procurement Implications

Potential financial implications for the organisations if the new act is not administered as this could lead to fines.

7. Risk Analysis

7.1 Financial and reputational risk for the organisation.

8. Equality Impact Assessment (EIA)

8.1 None required

9. Consultation

9.1 None required.

10. Strategic Assessment

10.1 None required.

Author: Wendy Jack – Interim Head of Strategy, Planning & Health Improvement

Date: 22 February 2019

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

Appendices: None

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**20 February 2019**

Subject: Frequency of Meetings of the Health and Social Care Partnership Board

1. Purpose

1.1 To present the Partnership Board with a proposal to increase the frequency of Board meetings from four per annum to six per annum.

2. Recommendations

2.1 The Partnership Board is asked to:

- Approve the proposal for a change in frequency of meetings for the Health and Social Care Partnership Board.

3. Background

3.1 Standing Orders state that the Integrated Joint Board shall meet as such place and such frequency as may be agreed by the Integrated Joint Board, known as the Health and Social Care Partnership Board.

3.2 As the Committee timetable for future meetings was agreed at the Partnership Board meeting of 8 August 2018 meeting, the Partnership Board is able to make changes without the need to suspend standing orders.

3.3 There is no proposal to change the frequency of the other meetings for example the HSCP Audit Committee as part of this change in procedure.

4. Main Issues

4.1 Since the inception of West Dunbartonshire's Partnership Board, we have seen an increasing volume and range of matters requiring consideration. To ensure that sufficient time is available for members of the Partnership Board to be able to effectively consider and scrutinise, it is proposed to increase Board meetings from four to six per year. Formal Partnership Board and Audit Committee meetings will continue to be complemented by a range of informal development sessions and workshops.

5. People Implications

5.1 No specific implications associated with this report.

6. Financial and Procurement Implications

6.1 The addition of two HSCP Board meetings may have a small financial impact with regard to printing of papers. However these costs are treated as a year end central support allocation provided to the committee administration budget.

6.2 An increase in the frequency of HSCP Board meetings may impact in terms of alignment with the approval of audited accounts in September.

7. Risk Analysis

7.1 HSCP Officers have been, and continue to, take forward the work described in the HSCP Strategic Plan and report progress to the Partnership Board which ensuring the HSCP is best placed to appropriately meet its duties and responsibilities.

8. Equality Impact Assessment (EIA)

8.1 There is no requirement for an Equality Impact Assessment.

9. Consultation

9.1 There is no requirement for consultation.

10. Strategic Assessment

10.1 The Strategic Plan 2019 – 22 recognises the importance of working with and effectively supporting carers in order to delivery improved health and care outcomes within West Dunbartonshire.

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

Date: 29th January 2019

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Aurora House, 3 Aurora Avenue, Clydebank, G81 1BF
E-mail: Wendy.Jack@west-dunbarton.gov.uk

Appendices: None

Background Papers: None

Wards Affected: All.

**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									
<i>Unscheduled Care</i>									
- 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

ITEM 12 - Mental Health Implementation Plan 2018-19

Circulated at meeting of 26 September 2018
WD HSCP Board - Audit Committee

APPENDIX 1									
Action 15 Mental Health - West Dunbartonshire Health and Social Care Partnership - Proposed Funding Plan									
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Collection Prevention Programme	8					0	0		
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Productivity									
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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 Local Engagement Networks

Mental Health & Addictions

Concord Centre Dumbarton 4th October 2018 and

Dalmuir CE Centre Clydebank 5th October 2018

At the Concord Centre the Chair of the Dumbarton/Alexandria Local Engagement Network (LEN) welcomed everyone to the session. Along with service users there was representation from Dumbarton Area Council on Alcohol (DACA), Alternatives, Mental Health Network (Greater Glasgow), West Dunbartonshire Community Care Forum, Mental Health Who Cares and Lomond Patients Group.

The session started with a presentation from Jane Burrows (Addiction Nurse Team Leader) based at the Dumbarton Joint Hospital.

There are four different levels of service delivery, these enable clients to be referred to and access appropriate types of support. We work with partners to provide help and support to people affected by addiction:

Tier 1 – Primary Care e.g. GP & Social Work services, Criminal Justice Services.

Tier 2 – Community Drug & Alcohol Services e.g. Alternatives , DACA, FAST-support.

Tier 3 – Community Addiction Teams – Community Treatment & Support.

Tier 4 – Hospital In Patient & Day Unit Services.

Drug Treatment & Testing Orders (DTTO) is an alternative to custody and referral is made via the Court.

Our aim is to

- Reduce the harm associated with substance misuse, regain and sustain a stable lifestyle and/or achieve and maintain abstinence.
- Improve physical and mental health
- Access education, training and employment services

- Participate in meaningful activities as members of the community
- Improve family and other relationships

Jane went on to speak about how to access Addiction Services, the services they provide and when clients are ready to move on.

Moving on:

Clients who have reached their goals, and are continuing with Opioid Replacement Therapy (ORT) prescribing, can be transferred to their G.P. for ongoing prescribing and support.

There are currently 8 Shared Care Clinics based within GP practices in Dumbarton Health Centre & the Vale Centre for Health & Care. 7 of these clinics are supported by staff from the addiction service and are worked jointly with the GP.

Clydebank has 2 shared care clinics which are supported by the team.

Kate Hamill then gave a presentation on the work of the Future Addiction Services Team (FAST).

- The remit of The FAST Team supports service users to promote & strengthen recovery. The FAST Team includes a Recovery Coordinator (with lived experience) and 6 Volunteer Recovery Volunteers.
- This linked support also offers a pathway to mutual aid and self-help groups out with traditional office hours. Additionally the volunteer team offer a first base contact for community members entering programmes, meeting and greeting and supporting through the early stages of introduction to service provision.

FAST also run two weekly Recovery Cafes in Clydebank and Dumbarton;

- Provides lunch and peer support;
- Delivers programme of activities, including Complimentary Therapies, Beauty Therapies Arts and Crafts;
- Welfare Reform drop in service to support people who have trouble accessing benefits;
- Outdoor activities;

Kate went onto talk about service users meetings, quarterly social evenings and supporting and encouraging recovery related local and national initiatives and events.

Margaret Muir then spoke on the work and services provided by Work Connect.

Partnership working with Addiction Services

- Recovery Café Tea in the Park Dalmuir-Every Wednesday 12-4pm
- Work Connect support delivery and provide employability support on site with dedicated Employment Support Worker who will build positive relationships, providing
- Support & Guidance, Access to Work Experience opportunities across 3 sites- Tea in the Park (TITP), Slipway, New Pavilion Café

Work Experience/Volunteering Opportunities

- Work Connect has over 25 opportunities, providing real work experience/ volunteering opportunities internally and with external partners in Catering, Horticulture, Social Care, local Charities.
- Addiction services have been allocated places within the Slipway Catering Facility where service users with an interest in the catering industry can access hands on experience, building confidence and self esteem, developing communication skills , providing customer service and gaining Food Hygiene certification.

The above presentations were also presented at the Clydebank session with Jacqui McGinley (Harm Reduction/BBV Nurse) talking through the Addiction Services presentation.

Along with service users, DACA, Alternatives and Stepping Stones were in attendance. Observing were two inspectors from the Care Inspectorate.

In both sessions we had discussions with service users asking 3 questions;

1. How do you find accessing services?
 2. What are the positives about the services?
 3. What could we do better?
- The amount of time it took to get an appointment (*in Addictions our target is within 21 days, we are accountable, sometimes it is unavoidable, if the target is missed the team want to know why*).
 - Access to Goldenhill Mental Health Services when I'm still using drugs, my mental health illness led to my addiction, now I can't get treatment for my mental health condition. (*Mental Health Services need you to be abstinent before they can treat your mental health condition*).
 - There is a link that some people who have had a lot of trauma in their life go on to have a mental health condition or addiction or both.
 - I've had a lot of trauma in my life, I needed help, GP could not help me, I hope things are getting better because I needed help. I was addicted to cocaine there is no substitute, no replacement.

- Before I went to prison I could not talk to my GP, but with getting involved with services I can start communicating.
- Job centres are starting to understand the issues of Mental Health and Addictions
- Referred to Alternatives Safe as Houses saved my life.
- Went to Mental Health, they thought I was after more money
- I've started getting treated with a bit of dignity
- The peer support at Alternatives and welfare rights have helped me
- I've had positive support from all the services I've used as part of my recovery.
- Part of recovery is social and part is medical, the hard part is starting clean.
- We need better communication between the services
- Directory of services needed
- I was ill with a mental health condition, now I have an addiction I can't access Community Mental Health Services
- They separate people for Mental Health then Addiction, the protocol has to change
- (DACA) sometimes our referrals we spend more time on their mental health condition
- I wouldn't talk about my addiction, but with peer support I have overcome my fear
- Access to Welfare Rights has stopped me committing crime
- I was clean for a year and then I relapsed, but I wanted the life I had in that year back. Partnership working between Addiction Services and Alternatives (Safe as Houses) I'm getting my life back.
- FAST group is helping me tremendously
- Once my script wasn't signed, that should not happen

Conclusion:

It was heartening to hear service users talking positively about services they receive. The Addiction Teams will discuss with their teams the points raised by service users.

The inspectors from the Care Inspectorate thanked us for letting them observe the session, they thought it was a fantastic morning, and they also said it was great to hear how all the services statutory and 3rd sector all linked up.

	<p>iii. Joint (Corporate) H&S Committee WDC Paper noted.</p>		
3.	<p>Reliance Group</p> <p>Escalation procedure has been shared with group and was very helpful and working well. Discussion about whether something could be developed for Homecare.</p> <p>Action – report by exception. Take off agenda.</p>	<p>LMcK</p> <p>FD/MS</p>	
3	<p>Matters Arising</p> <p>Violent incident report – SG presented paper on proposal for violent incident reporting. This is currently being double reported, once through the PPB system and then through figtree. Reporting is being done, although this needs to be consolidated to reduce work for staff.</p> <p>SG discussed Riddor incidents in relation to violence and aggression in both Learning Disabilities and children’s residential houses in that they should be reported through both systems.</p> <p>Proposal is where services have PPB incidents this should be reported through Care first and then run a business object report which will show any violent behaviour. SG confirmed this meets the Health and Safety requirements.</p> <p>There is on-going training for PPB who also run refresher courses for staff.</p> <p>Dan Hughes training is being brought into residential homes also.</p> <p>Action: FD to discuss with Robert/Adrian in relation to</p>	<p>FD</p>	

<p>contacting Frank McCollum, Team Leader, Children’s Services about taking this training into Learning Disabilities. This has been discussed by staff and trade unions through WDC Health and Safety Group. Agreed to progress proposal and recommendations in the paper.</p> <p>Agile/mobile working/mobile devices. It was agreed that the title should be changed to mobile device as agile is something different. JMcG highlighted that a discussion is on-going.</p> <p>JMcG advised that the subgroup has now completed their work. It now needs to be agreed with service managers how they want to launch it with their staff. Suggestion JMcG presents at next extended management team meeting. This needs to be implemented at a local level.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Service Managers to agree launch in their service areas. • To be promoted with HOS and service teams. Managers will take back to staff and this should now be included in Inductions and should also to be discussed at all team meetings. • Ensure it is built into Induction and JMcG to present at next extended SMT meeting. <p>THIS ITEM TO BE TAKEN OFF THE AGENDA.</p> <p>Alcohol/substance training – NHS Only Further update to be provided at the next meeting on testing proposals for the NHS</p>	<p>JMcG/ALL</p> <p>ALL</p> <p>JMcG</p> <p>EW</p>	
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	<p>Joint H &S report update(verbal) – SG SG gave a verbal update to the group.</p> <p>Violence Reduction Group FD is part of this group. JR noted that work is being carried out with prison services to see in what way they report incidents and how they are broken down and reported. Stalking Policy being reviewed and updated.</p> <p>Action: FD will provide any further updates from group.</p> <p>HSCP Health & Safety Operational Plan No comments received – SG will speak to John Duffy as to how this would be monitored. SG to feedback at next group. Action: SG to provide update at next meeting.</p> <p>Quarterly Health & Safety Committee Report - SG Group agreed they are happy to use the template that SG has issued to capture analysis of trends. This can be reviewed as we move forward if required. SG provided an update on an Audit being carried out for residential care for the elderly. Housing and DLO are also being audited. Couple of policies have been updated manual handling and DSE (Display Screen Equipment) policies.</p>	<p>FD</p>	
5.	<p>HSE Action Plan (NHS) BK and FR provided a presentation and update and HSE Action Plan. This presentation had also been provided to the SMT.</p>		

<p>- updates were requested from all service areas in terms of progress of plan. This is a high priority and all services confirmed they were aware of actions required and were progressing to ensure we are meeting targets particularly around sharps training.</p> <p>FR is the rep on the group at NHSGGC and regularly passes update and staff training data to Head of Service and direct reports.</p> <p>All Managers of teams in the HSCP with NHS staff have been alerted to ensure staff complete the relevant Learn pro modules and that they have a robust staff database to evidence completion of these modules on an on-going basis. This is inclusive of Moving and Handling assessments. FR contacted CR who confirmed that the Falls component of the HSE Action Plan is specific to Acute.</p> <p>Mary Angela asked what are partnerships doing around falls.</p> <p>Action: Fiona to speak to Cameron Rae in relation to Falls training within HSCP partnerships and what is being done locally and forward to Mary Angela (Kirsteen).</p> <p>Moving and handling – each service manager needs to identify who manages moving and handling assessors and that staff are being assessed annually. There should be an 18 month’s refresher training for staff that are competent. Moving and Handling inspectors are targeting areas in NHS to check that staff are regularly assessed.</p> <p>BK to attend one of Julie’s team lead meetings and also in children’s services to discuss local training logs. Manager’s to invite BK along to team leads meetings to discuss and to ensure mandatory training is logged.</p>	<p>FR</p>	
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	<p>Action: Brian to liaise with Services to arrange to meet with team leads.</p> <p>Brian advised undertaking test of change in relation to sharps compliance given staff out of scope could now be removed from the list.</p> <p>BK looking at correct target for compliance for each service area.</p> <p>Action: BK to be invited to next meeting to provide an update.</p> <p>To be kept as a standing item on this meeting's agenda.</p>	<p>BK</p> <p>KMcL</p> <p>KMcL</p>	
	<p>Standing Items</p> <p>iv. H&S Proforma - Update Reports Reports were provided by all service areas.</p> <p>Children's services: Report noted.</p> <p>MSK Physiotherapy: Report noted.</p> <p>Retinal Screening Report noted.</p> <p>Adult Care & Hospital Discharge Report noted.</p> <p>Community Care/COPT/Prescribing Reports noted.</p> <p>Mental Health, Learning Disabilities and Addictions. One suicide and awaiting results from a post mortem.</p> <p>Residential care home issues are violence against</p>	<p>All leads</p>	

<p>staff.</p> <p>BS noted an interest in looking at PPB training to address issues that arise in care homes. NES have agreed that Mental Health are to use this training in their services. BS would like to be involved.</p> <p>Action: FD/BS to report back to group about this training to next H&S meeting.</p> <p>Quarterly Health & Safety Committee Report</p> <p>iii. LearnproNeedlestick(verbal)</p> <p>JR gave a verbal update to the group.</p> <p>This is a standing item on the agenda and is a part of the HSE Action Plan. Managers note that this needs to be completed as a matter of urgency.</p> <p>Action</p> <ul style="list-style-type: none"> All managers to ensure staff complete training. <p>Datix Group</p> <p>FD advised the group that he has been taken off the distribution list. FD has requested the minute from last Datix group and will send to group.</p> <p>Action: FD to send minute to group.</p> <p>Fire Training</p> <p>Update from LMcK in relation to Fire Training for homecare staff.</p> <p>LMcK advised that she has spoken to Jim Devanney about doing phased training with staff, perhaps at team meetings due to the high number of staff to be trained.</p> <p>Action: LMcK to follow up with Jim Devanney and</p>	<p>FD/BS</p> <p>ALL</p> <p>FD</p> <p>LMcK</p>	
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	<p>provide update at the next meeting.</p> <p>Update Figtree</p> <p>LMcK provided an update on outstanding HS1 forms from Homecare.</p> <p>SG discussed Incident Forms. There is now a better system in place for notification to Heads of Service if incidents have not been signed off to ensure there are no incidents outstanding but it is mandatory for incidents to be completed and signed off.</p> <p>It is the same process for any outstanding actions on Figtree – H&S admin are notified through system of any outstanding items.</p> <p>LMcK confirmed she had discussed with staff the importance of signing off the HS1 forms timeously.</p>																				
7.	<p>Statutory/Mandatory Training</p> <p>At last PAMG a decision was taken for fire training to take place every 2 years and there will be an e-learn module for this (for council).</p> <p>Fire Training must be 100% complete for both organisations.</p>	ALL																			
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