

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board Audit Committee

Date: Wednesday, 19 June 2019

Time: 14:00

Venue: Ceremony Room, Clydebank Town Hall, Dumbarton Road, Clydebank

Contact: Nuala Borthwick, Committee Officer
Tel: 01389 737594 nuala.borthwick@west-dunbarton.gov.uk

Dear Member

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

The business is shown on the attached agenda.

Yours faithfully

JULIE SLAVIN

Chief Financial Officer of the
Health & Social Care Partnership

Distribution:-

Voting Members

Marie McNair (Chair)

Allan Macleod (Vice-Chair)

Denis Agnew

John Mooney

Rona Sweeney

Audrey Thompson

Senior Management Team – Health & Social Care Partnership

Mr C. McDougall

Ms Z. Mahmood

Date of issue: 6 June 2019

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

AUDIT COMMITTEE

WEDNESDAY, 19 JUNE 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 MEETING 5 - 9

Submit for approval, Minutes of Meeting of the West Dunbartonshire Health & Social Care Partnership Board Audit Committee held on 13 March 2019.

**4 CHILDREN AND FAMILIES FIELDWORK SERVICES 11 - 14
- UPDATE**

Submit report by the Head of Children's Health, Care and Criminal Justice/Chief Social Work Officer providing information on details of agreement with Trade Union representatives regarding Children and Families Fieldwork Services in response to a Collective Grievance submitted on 6 February 2019.

**5 INTERNAL AUDIT ANNUAL REPORT FOR THE YEAR To follow
ENDED 31 MARCH 2019**

Submit report by the Chief Internal Auditor in relation to the above.

**6 LOCAL CODE OF GOOD GOVERNANCE REVIEW AND 15 - 29
ANNUAL GOVERNANCE STATEMENT**

Submit report by the Chief Financial Officer providing information on:-

- (a) the outcome of the self-evaluation undertaken of the Health and Social Care Partnership's compliance with its Code of Good Governance; and

- (b) the Annual Governance Statement for inclusion in the HSCP Board's Unaudited Annual Accounts.

7 2018/19 UNAUDITED ANNUAL ACCOUNTS To follow

Submit report by the Chief Financial Officer on the above.

8 AUDIT PLAN PROGRESS REPORT To follow

Submit report by the Chief Internal Auditor in relation to the above.

9 SELF EVALUATION OF INTEGRATION ARRANGEMENTS 2019 31 - 34

Submit report by the Interim Head of Strategy, Planning & Health Improvement providing an update on the Health and Social Care Partnership Board progress under integration as required by the Scottish Government.

10 CARE INSPECTORATE REPORTS FOR SUPPORT SERVICES OPERATED BY THE INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE 35 - 41

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

11 CASTLE VIEW CARE HOME – ADULT SUPPORT & PROTECTION LARGE SCALE INVESTIGATION 43 - 51

Submit report by the Head of Health & Community Care providing information on:-

- (a) the recently conducted Adult Support & Protection Large Scale Investigation relating to Castle View Care Home; and
- (b) progress made in relation to the resultant Improvement Plan.

**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 13 March 2019 at 2.00 p.m.

Present: Bailie Denis Agnew, Councillor Marie McNair, Mr Allan MacLeod and Ms Rona Sweeney.

Attending: Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Wendy Jack, Interim Head of Strategy, Planning & Health Improvement; Julie Lusk, Head of Mental Health, Addictions & Learning Disability; Colin McDougall, Chief Internal Auditor; Jo Gibson, Head of Community Health & Care Services; Jonathan Hinds, Head of Children's Health, Care & Criminal Justice Services (Chief Social Work Officer) and Craig Stewart, Committee Officer.

Also Attending: Ms Zahrah Mahmood, Senior Auditor, Audit Scotland.

Apologies: Apologies for absence were intimated on behalf of Councillor John Mooney and Ms Audrey Thompson.

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.

STRATEGIC RISK REGISTER

A report was submitted by the Chief Officer providing an update on the status of the Integrated Joint Board Strategic Risk Register.

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

- (1) to note the content of the report and the Risk Register;

- (2) that, going forward, the Audit Committee would review the HSCP Risk Register annually with six monthly updates to the Committee if any categories changed;
- (3) that a Members' workshop would be scheduled within the next six months to enable greater scrutiny of the strategic risks and the impact of mitigating actions; and
- (4) that, following the Members' workshop, a revised Risk Register would be prepared for review by the Partnership Board.

HSCP ABSENCE

A report was submitted by the Head of People and Change providing an update on the current performance of the HSCP in relation to absence with analysis and information relating to overall attendance performance for West Dunbartonshire HSCP.

After discussion and having heard the Chief Officer, the Chief Internal Auditor and the Head of Mental Health, Addictions & Learning Disability in further explanation of the report and in answer to Members' questions, the Committee agreed to note the proactive approach being taken by the HSCP Senior Management Team and the proposal to consolidate this by the appointment of additional Human Resources assistance for a fixed period, with a report to come back to Committee in six months with an update on progress.

PERFORMANCE AND ASSURANCE REPORTING FRAMEWORK: ADULT SUPPORT AND PROTECTION, FEBRUARY 2019

A report was submitted by the Public Protection Co-ordinator providing an update on the performance and assurance reporting framework of adult support and protection.

After discussion and having heard the Head of Mental Health, Addictions & Learning Disability, the Committee agreed to note the content of the Performance and Assurance Reporting Framework, specifically noting the improvements in timescales both to adult protection Inquiry and Investigation processes.

SPECIALIST LEARNING DISABILITY INPATIENT SERVICES PERFORMANCE REPORT

A report was submitted by the Head of Mental Health, Addictions & Learning Disability providing an update on the performance of Specialist Learning Disability Inpatient Services admission and discharge activity for 2018.

After discussion and having heard the Head of Mental Health, Addictions & Learning, the Committee agreed to note the information contained in the Specialist Learning Disability Services report and the information specifically relating to West Dunbartonshire.

CARE INSPECTORATE REPORTS FOR SUPPORT SERVICES OPERATED BY WEST DUNBARTONSHIRE HSCP

A report was submitted by the Head of Mental Health, Addictions & Learning Disability providing an update on the most recent Care Inspectorate inspection reports for the Housing Support Services operated by West Dunbartonshire HSCP Learning Disability Services.

After discussion and having heard the Head of Mental Health, Addictions & Learning Disability and the Chief Officer in further explanation of the report and in answer to Members' questions, the Committee agreed to note the content of the report.

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

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

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

- (1) to congratulate everyone involved in the service for the year on year improvement; and
- (2) otherwise to note the content of the report with satisfaction.

CARE INSPECTORATE INSPECTION PROCESS FOR OLDER PEOPLE'S CARE HOMES OPERATED BY 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 three independent sector residential older people's Care Homes located within West Dunbartonshire.

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 content of the report.

2018/19 ANNUAL ACCOUNTS AUDIT PROCESS

A report was submitted by the Chief Financial Officer providing an overview of the preparation of the 2018/19 Annual Accounts for the HSCP Board identifying legislative requirements and key stages.

After discussion and having heard the Chief Financial Officer and the Chief Internal Auditor in further explanation of the report and in answer to a Member's question, the Committee agreed:-

- (1) to note the contents of the report;
- (2) to approve the Governance Statement being considered as a standalone document in line with CIPFA's Practical Guidance for Audit Committees; and
- (3) that this report be presented to the HSCP Board on 8 May 2019, seeking delegated authority for the Audit Committee to approve the unaudited annual accounts, for submission to the HSCP Board's external auditors, Audit Scotland, by 30 June 2019.

AUDIT SCOTLAND: WEST DUNBARTONSHIRE INTEGRATED JOINT BOARD ANNUAL AUDIT PLAN 2018/19

A report was submitted by the Chief Financial Officer presenting the Annual Audit Plan produced by the HSCP Board's external auditors, Audit Scotland, for the audit of the financial year ending 31 March 2019.

After discussion and having heard the Chief Financial Officer and Ms Zahrah Mahmood, Senior Auditor, Audit Scotland in further explanation of the report and in answer to Members' questions, the Committee agreed to note Audit Scotland's 2018/19 Annual Audit Plan.

AUDIT PLAN 2018/19 PROGRESS REPORT AND AUDIT PLAN 2019/20

A report was submitted by the Chief Internal Auditor:-

- (a) providing an update on the planned programme of audit work for the year 2018/19 in terms of internal audit work undertaken;
- (b) providing an update on the progress on the agreed actions from the audit of the Partnership Board's Governance, Performance and Financial Management Arrangements;
- (c) providing an update on the progress on the agreed actions arising from the Annual Report to the Integrated Joint Board and the Controller of Audit for financial years ended 31 March 2017 and 31 March 2018 from the External Auditors; and

- (d) providing details of the planned programme of work for 2019/20.

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

- (1) to note the progress made in relation to the Audit Plan for 2018/19; and
- (2) to approve the Audit Plan for 2019/20.

ADJOURNMENT

Having heard Councillor McNair, Chair, the Committee agreed that the meeting be adjourned for a short comfort break.

The Committee reconvened at 3.40 p.m. with all Members listed in the sederunt in attendance.

EXCLUSION OF PRESS AND PUBLIC

The Committee agreed the following resolution:-

"That under Section 50A(4) of the Local Government (Scotland) Act, 1973 the press and public be excluded from the meeting for the following item of business on the grounds that it may involve the likely disclosure of exempt information as defined in Paragraph 6 of Part 1 of Schedule 7A of the Act."

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

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement providing an update on the most recent Care Inspectorate inspection report for one independent sector residential older people's Care Home located within West Dunbartonshire.

After discussion and having heard the Head of Community Health & Care Services in elaboration and in answer to Members' questions, the Committee agreed to note the content of the report and the terms of the discussion that had taken place in respect of this matter.

The meeting closed at 5.08 p.m.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP**Audit Committee: 19 June 2019**

Subject: Children and Families Fieldwork Services - Update**1. Purpose**

- 1.1** To present the Audit Committee with:
- Details of agreement with Trade Union representatives regarding Children and Families Fieldwork Services in response to a Collective Grievance submitted on 6 February 2019.

2. Recommendations

- 2.1** The Audit Committee is asked to:
- Note the management response to a collective grievance submitted by members of the Children and Families Fieldwork Team, issues identified and actions to be progressed.

3. Background

- 3.1** In January 2019, managers within the Children and Families Fieldwork Service highlighted a number of workload pressures. Subsequently a meeting was held between senior HSCP management and Trade Union representatives on 5 February to discuss their concerns and identify resolutions.
- 3.2** A number of issues were raised around workload, capacity, health & safety, staffing and resources and HSCP management asked for specific details to allow solutions to be developed. A collective grievance was received the following day. A series of meetings between management and Trade Union representatives took place from 6 March to 29 May 2019 to examine the details of grievance and seek to resolve issues raised. A number of actions were progressed to address recruitment, workload, accommodation and wider resources for staff.
- 3.3** Between 7 and 28 May, Unison balloted members on strike action, with a majority of staff voting to support both strike and industrial action.
- 3.4** UNISON representatives met with members following the meeting of 29 May and recommended to members to accept the offer, with a vote confirming acceptance. Dates of proposed industrial action consequently will not now go ahead.

4./

4. Main Issues

4.1 Within the general themes of the grievance, the actions taken and commitments made to-date are summarised in Table 1, below.

Table 1: Management response

Issue	Management response
Recruitment/Vacancies	<ul style="list-style-type: none"> • Commitment to recruit 12.5 FTE social workers (4FTE already recruited). • Commitment to explore recruitment of social work assistants to address recruitment challenges. • Two agency workers currently in place with robust efforts to secure more. These efforts will continue until vacancies are filled.
Accrual of Time off in Lieu (TOIL) and unused Annual Leave	<ul style="list-style-type: none"> • To address workload (up to 31/8/19): subject to being needs driven and managed, agree to offer [1] up to 14 hours TOIL; and [2] where over 14 hours TOIL accrued give employees choice of actual time back or receive payment at overtime rates. • TOIL balances over 14 hours paid • Carry-forward of unused annual leave from 2018/19 authorised to end of June 2019. • Managers will support their teams to take appropriate breaks across the year and avoid situations where leave cannot be taken.
Health and safety issues	<ul style="list-style-type: none"> • Comprehensive policies in place within the local authority and NHS for lone working and managers have been reminded of these as well as the requirement to undertake risk assessments. • Managers provided with information on available resources to support staff wellbeing.
Accommodation including space for family contact	<ul style="list-style-type: none"> • Bridge Street, Dumbarton will be reconfigured with the whole ground floor dedicated to HSCP children and families and criminal justice. With generic C&F touchdown space to be made available immediately/as soon as practicably organised. • Agreement that the former Vale based team and manager(s) will be based here as soon as practicably possible. • A defined, separate entrance will be developed for children & families contact, in addition to a dedicated contact space with access to toilet/baby changing facilities, dedicated parking space for children to be dropped off/collected and out of hours access. • Agreed similar reconfiguration of space in Aurora House Clydebank for HSCP children and families and criminal justice teams. • A review of suitable premises across West Dunbartonshire will be undertaken in conjunction with teams and UNISON with consideration of professional and client needs and demand. Specifically exploring contact space in the Vale, Clydebank and potential suitability of Hartfield with a report back by 31 August 2019.
Review of staffing establishment	<ul style="list-style-type: none"> • Staffing establishment in each team to be reviewed, informed by demand analysis and statutory duties in addition to new posts being developed as referenced above. Commitment to add to establishment if this is required based on external professional support.

	<ul style="list-style-type: none"> Managers are developing proposals around how best to utilise £250,000 for reinvestment across Children and Families.
Support and supervision	<ul style="list-style-type: none"> Local managers to review current systems and frequency of staff supervision and develop an action plan which also supports the newly recruited staff.

4.2 Additional Activity: the overall indicative timescale for review is by 31 August 2019 with relevant actions being implemented as they are agreed. UNISON will nominate representatives to sit on working group(s) relating to duty, accommodation and establishment. This will include representatives beyond Children and Families teams.

4.3 Working groups will review and redesign current ways of working, including around Duty systems and supervision, to ensure they are efficient, effective and meet the needs of our communities. This work will be informed by benchmarking/comparing best practice with social work teams in other areas and, as previously advised, by external input from highly experienced senior social work professionals who will consider our models for service delivery.

4.4 A review of wider support systems for practitioners will aim to support agile working across West Dunbartonshire which supports Health & Safety, professional practice and accessibility to services.

4.5 Opportunities will be offered for existing paraprofessionals to be supported to undertake social work qualification.

4.6 The Chief Social Work Officer and Fieldwork managers are meeting weekly to look at key issues (staffing, absence, caseloads and performance) and to develop a regular reporting process.

4.7 As is the case with other parts of the HSCP, effective communications and working with partnership colleagues have been enhanced by regular Trade Union Liaison groups. A Service JCC will be established with Terms of Reference to be agreed, supported by the facility time agreement.

4.8 Throughout this process, professional liaison has taken place with the Chief Social Work Advisor to the Scottish Government and the Care Inspectorate. This will continue as the above activity is taken forward in partnership with teams and union representatives.

5. People Implications

5.1 Progress to recruit to vacant and additional posts will be reviewed on an ongoing basis.

6. Financial Implications

6.1 A detailed financial profile of the actions agreed will be developed which will include recovery actions and a monitoring timetable.

7. Professional Implications

7.1 None.

8. Risk Analysis

8.1 Provision of statutory social work services requires sufficient, appropriately qualified staff – a review of staffing establishment and skill mix will inform service design and planning to continue to meet statutory duties.

9. Impact Assessments

9.1 There are no issues identified.

10. Consultation

10.1 This report was prepared in conjunction with the Chief Officer and Senior Management Team.

10.2 Work to agree the above activity within the management response included consultation with Trade Union representatives, operational managers and staff.

10.3 Working groups, led by operational managers and including practitioners and other professionals will include relevant consultation with affected staff and managers.

11. Strategic Assessment

11.1 Provision of statutory social work services is a core function of the HSCP and support the Partnership Board and officers to pursue the strategic priorities of the Strategic Plan.

Jonathan Hinds

Head of Children's Health, Care and Criminal Justice

Chief Social Work Officer

5 June 2019

Person to Contact: Jonathan Hinds – Head of Children's Health, Care and Criminal Justice/Chief Social Work Officer, 16 Church Street, Dumbarton, G82 1QL, Telephone: 01389 737753
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Appendices: None.

Background Papers: None

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP**Audit Committee: 19 June 2019**

Subject: Local Code of Good Governance Review and Annual Governance Statement**1. Purpose**

- 1.1** To present to the Audit Committee with:
- The outcome of the self-evaluation undertaken of the Health and Social Care Partnership's compliance with its Code of Good Governance; and
 - The Annual Governance Statement for inclusion in the HSCP Board's Unaudited Annual Accounts.

2. Recommendations

- 2.1** The Audit Committee is asked to:
- Note the outcomes of the annual self-evaluation, the issues identified and improvement actions; and
 - Approve the Annual Governance Statement.

3. Background

- 3.1** *Delivering Good Governance in Local Government: Framework*, published by CIPFA in association with Solace in 2007, set the standard for local authority governance in the UK. CIPFA and Solace reviewed the Framework in 2015 to ensure it remained 'fit for purpose' and published a revised edition in spring 2016. *Delivering Good Governance in Local Government: Framework* (CIPFA/Solace, 2016) has applied to annual governance statements prepared for the financial year 2016/17 onwards.
- 3.2** Whilst the Framework is written in a local authority context, most of the principles are applicable to the HSCP Board, particularly as legislation recognises Integrated Joint Board's as a local government body under Part VII of the Local Government (Scotland) Act 1973, and therefore subject to the local authority accounting code of practice.
- 3.3** The concept underpinning the Framework is that it assists local government bodies in taking responsibility for developing and shaping an informed approach to governance, aimed at achieving the highest standards in a measured and proportionate way. The Framework is intended to assist organisations individually in reviewing and accounting for their own unique approach. The overall aim is to ensure that:
- resources are directed in accordance with agreed policy and according to priorities;

- there is sound and inclusive decision making; and
 - there is clear accountability for the use of those resources in order to achieve desired outcomes for service users and communities.
- 3.4** The HSCP Board at 31 May 2017 approved the Local Code of Good Governance and on 20 June 2018 noted the outcome of the self-evaluation process and the improvement actions identified to strength compliance with the adopted Governance Framework principles.
- 3.5** The annual governance statement is a significant document within the HSCP Board's annual accounts which recognises, records, assesses and publishes the governance arrangements as defined in the CIPFA/SOLACE Framework.
- 3.6** The statement requires to be approved by the HSCP Audit Committee in line with the terms of reference. As reported to the March meeting, the Chief Internal Auditor has commenced a review of the effectiveness of the committee and while not yet complete, the Audit Committee approved that in recognition of CIPFA guidance, the annual governance statement should be considered as a standalone document.

4. Main Issues

- 4.1** The annual self-evaluation review for 2018/19 has been carried out by the Chief Financial Officer and considered by the Senior Management Team. The review concluded that current practice is mainly compliant against the 7 principles (90 sub-principles); a summary of the review is attached at Appendix 1. However there are areas for improvement and associated actions as detailed in Appendix 2.
- 4.2** As indicated in last year's review the formation of the Strategic Planning Group was identified as an improvement action across many of the code's principles to demonstrate; openness, define outcomes and benefits and facilitate effective stakeholder engagement in the development of the new Strategic Plan for 2019 – 2022. This group was supported by three staff engagement events (approx. 200 staff attended), 30 stakeholder consultation events and an online consultation with 51 responses. For the 2018/19 review this would move a number of sub-principles from generally compliant to fully compliant.
- 4.3** For those areas remaining generally compliant, including progress on the methodology on quantifying and releasing "Set Aside" resources and financial planning there has been progress and good partnership working, however there still requires a formalised agreed approach, including a robust commissioning plan and a due diligence exercise, which will also feed through to a financial plan.
- 4.4** The main new improvement action identified in the review is around the strengthening of procurement practice to ensure compliance with financial regulations. The May HSCP Board approved a procurement report including the continuation of contracts secured under Scotland Excel framework

agreements and authorising WDC Tendering Committee, in their role as the contracting body, to consider the of procurement processes for external providers.

4.5 The Governance Statement, attached at Appendix 3 details the key elements of the HSCP Board's governance framework, review of the local code and improvement actions, the annual assurance statements of the senior management team and overall opinion.

4.6 The work of internal audit, external audit and external inspection agencies is also reflected in the statement as well as the reliance of the HSCP Board on WDC and NHSGGC systems of internal control. This Annual Governance Statement will be published within the unaudited Annual Accounts for the year ended 31 March 2019 and will be examined by external audit, with the outcome of the audit expected by mid September.

5. People Implications

5.1 None.

6. Financial Implications

6.1 None.

7. Professional Implications

7.1 None.

8. Risk Analysis

8.1 The risk of failure of not annually reviewing the local code and sources of assurance for governance arrangements could impact on the HSCP Board's ability to produce a meaningful Governance Statement.

9. Impact Assessments

9.1 There are no issues identified.

10. Consultation

10.1 This report was prepared in conjunction with the Chief Officer and Senior Management Team.

11. Strategic Assessment

11.1 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
25 May 2019

Person to Contact: Julie Slavin – Chief Financial Officer, Church Street,
Dumbarton, G82 1QL, Telephone: 01389 737311
E-mail julie.slavin@ggc.scot.nhs.uk

Appendices: Appendix 1 – Local Code Review Summary
Appendix 2 – Improvement Action Plan
Appendix 3 - 2018/19 Draft Governance Statement

Background Papers: Delivering Good Governance Framework
Full Review of the Local Code, including sources of
assurance

Wards Affected: All

Annual Review of Code of Good Governance - Summary June 2019

No. of sub-principles	A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law				Change from June 2018	
		Fully Compliant	Generally Compliant	Non Compliant	Fully Compliant	Generally Compliant
4	Behaving with Integrity	4	0	0	1	-1
4	Demonstrating strong commitment to ethical values	4	0	0	1	-1
5	Respecting the rule of law	4	1	0	-1	1
B. Ensuring openness and comprehensive stakeholder engagement						
4	Openness	4	0	0	1	-1
3	Engaging comprehensively with institutional stakeholders	3	0	0	1	-1
6	Engaging stakeholders effectively, including individual citizens and service users	6	0	0	3	-3
C. Defining outcomes in terms of sustainable economic, social, and environmental benefits						
5	Defining outcomes	2	3	0	0	0
4	Sustainable economic, social and environmental benefits	0	4	0	0	0
D. Determining the interventions necessary to optimise the achievement of the intended						
2	Determining interventions	1	1	0	1	-1
8	Planning interventions	5	3	0	2	-2
4	Optimising achievement of intended outcomes	0	4	0	0	0
E. Developing the entity's capacity, including the capability of its leadership and the individuals within it						
4	Developing the entity's capacity	2	2	0	0	0
7	Developing the capability of the entity's leadership and other individuals	6	1	0	1	-1
F. Managing risks and performance through robust internal control and strong public financial management						
3	Managing Risk	1	2	0	-2	2
5	Managing performance	3	2	0	0	0
5	Robust internal control	3	2	0	-1	1
3	Managing Data	3	0	0	2	-2
2	Strong public financial management	1	1	0	1	-1
G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability						
2	Implementing good practice in transparency	2	0	0	0	0
5	Implementing good practices in reporting	5	0	0	1	-1
5	Assurance and effective accountability	3	2	0	-2	2
90	TOTAL	62	28	0	9	-9
90	TOTAL - June 2018 Review	53	37	0		

Annual Review of Code of Good Governance
Improvement Action Plan 2019

OUTSTANDING ACTIONS (June 2018)

Improvement Action	Lead Officer	Due Date	Review May 2019
Complete Records Management Plan.	Head of Strategy, Planning & Health Improvement	June 2018	COMPLETE - Submitted to Keeper of Records Scotland - completed Feb 2019
Refresh and update local Self Directed Support arrangements.	Head of Strategy, Planning & Health Improvement	March 2018	Update Report to June 2018 HSCP Board. Refreshed the Care Manager Guidance and the SDS assessment tool is being piloted across all community service areas. Awaiting final Care Inspectorate inspection report.
Develop medium term financial plan.	Chief Financial Officer	November 2018	Scenario planning underway – needs to reflect the commissioning intentions driven by the new Strategic Plan
Strengthening performance reports against the Scottish Government's Best Value framework.	Chief Financial Officer and Head of Strategy, Planning & Health Improvement	March 2018	Considered WDC Best Value Report and Audit Scotland Template for IJBs. Will be complete by end of June 2019.
In partnership with NHSGGC, Scottish Government and GGC IJBs agree on methodology that allows Set Aside resources to be quantified and reflect actual activity to comply with legislation on the use of this resource in shifting the balance of care.	Chief Financial Officer	June 2018	Data sets have been agreed in 2018/19; however each HSCP must develop a robust Commissioning Plan to allow NHSGGC to consider how resources can be released.

Develop a protocol with NHSGGC auditors to share internal audit report findings with Chief Financial Officer and Chief Internal Auditor.	Chief Internal Auditor	December 2017	New NHSGGC auditors in place and protocol agreed.
Review the effectiveness of the Audit Committee and the Terms of Reference	Chief Internal Auditor	December 2018	Initial work has commenced, however delayed by other WDC priorities. Should be completed by December 2019.
Review the effectiveness of the new Strategic Planning Group	Chief Officer & Head of Strategy, Planning and Health Improvement	March 2019	The Strategic Needs Assessment and Strategic Plan have been successful agreed. The Strategic Planning Group will agree and implement the Commissioning Plan in the coming year.
Consider long term financial planning in the context of projections and assumptions made by HSCP Board's funding partners.	Chief Financial Officer	June 2019	Will flow from the Medium Term Plan. However the Scottish Govt must provide more than 1 year budget settlements.

NEW ACTIONS (June 2019)

Improvement Action	Lead Officer	Due Date
Develop a robust Commissioning Plan driven by new Strategic Plan 2019 - 2022	Head of Strategy, Planning & Health Improvement	August 2019
Increase the % of spend by HSCP Board with 3 rd party providers being compliant with Financial Regulations and have robust service specifications and contract monitoring arrangements in place.	Chief Financial Officer and Head of Strategy, Planning & Health Improvement	April 2020
Ministerial Strategic Group Review on the Progress of Integration Action Plan – from May 2019 Self Evaluation	Chief Officer	Multiple actions

ANNUAL GOVERNANCE STATEMENT

Introduction

The Annual Governance Statement explains the HSCP Board's governance arrangements as they meet the requirements of the "Code of Practice for Local Authority Accounting in the UK" (the Code) and reports on the effectiveness of the HSCP Board's system of internal control, including the reliance placed on the governance frameworks of our partners.

Scope of Responsibility

The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

To meet this responsibility the HSCP Board continues to have in place robust arrangements for the governance of its affairs and the effectiveness of its functions, including the identification, prioritisation and the management of risk.

In discharging this responsibility the Chief Officer has put in place arrangements for governance which includes a system of internal control. The system is intended to manage risk to a reasonable level and to support the delivery of the HSCP Board's policies, aims and objectives. Reliance is also placed on Greater Glasgow and Clyde Health Board and West Dunbartonshire Council's systems of internal control that support compliance with both partner organisations' policies and promotes the achievement of each organisation's aims and objectives, as well as those of the HSCP Board.

The Chief Internal Auditor reports directly to the HSCP Board's Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit Committee on any matter.

The Governance Framework and Internal Control System

The governance framework is comprised of systems and processes and cultures and values by which the HSCP is directed and controlled. The system of internal control is based on an ongoing process designed to identify, prioritise and manage the risks facing the organisation. It enables the HSCP Board to monitor and evaluate the achievements of the strategic objectives laid out within its Strategic Plan and consider whether these have been delivered in an appropriate and cost effective manner.

The HSCP Board adopted governance arrangements are consistent with the Chartered Institute of Public Finance and Accounting (CIPFA) and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government". Based on the framework's seven core principles a Local Code of Good Governance is in place which is reviewed annually and evidences the HSCP Board's commitment to achieving good governance and demonstrates how it complies with the recommended CIPFA standards. A copy of the code is available [here](http://wdhscp.org.uk/media/1793/wdhscp-local-code-of-good-governance.pdf) on the HSCP website:

<http://wdhscp.org.uk/media/1793/wdhscp-local-code-of-good-governance.pdf>

The main features of the HSCP Board's governance framework and system of internal control is reflected in its Local Code, with the key features summarised below:

- The HSCP Board comprising of a Chair, five other voting members and a number of professional and stakeholder non-voting members, is the key decision making body;
- The HSCP Board is formally constituted through the Integration Scheme which sets out the local governance arrangements, including definition of roles, workforce, finance, risk management, information sharing and complaints;
- The HSCP Board has two governance sub-committees; Audit Committee and the Strategic Planning Group;
- The new Strategic Planning Group developed the Strategic Plan 2019 - 22 setting out the strategic vision and priorities;
- The scope, authority, governance and strategic decision making of the HSCP Board and Audit Committee is set out in key constitutional documents including the terms of reference, code of conduct, standing orders and financial regulations;
- A register of interests is in place for all Board members and senior officers;
- The Performance Management Framework commits to regular performance and financial reporting. Each meeting of the HSCP Board receives performance and finance reports, which have already been scrutinised by the Senior Management Team. Additionally the HSCP Board now has in place a programme of development sessions, enabling members to interrogate performance and policy in greater detail;
- The Participation and Engagement Strategy sets out the HSCP Board's approach to engaging with stakeholders. Our Local Engagement Networks (LENs) allow for both targeted and general engagement across localities;
- The Risk Management Strategy, including the risk management policy and strategic risk register (underpinned by operational risk registers), are scrutinised annually by the Audit Committee with level of risk, its anticipated effect and mitigating action endorsed before being referred to the HSCP Board;
- The Reserves Policy is reviewed as part of the annual budget setting process and has identified a reasonable level of both general and earmarked reserves;
- Capital Project Boards, chaired by the Chief Officer have been tasked with the planning, scrutiny and delivery of significant capital investment by West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for a new Residential Care Home and Health and Care Centre in Clydebank;
- A performance appraisal process is in place for all employees and staff who are also required to undertake statutory and mandatory training to reinforce their obligations to protect our service users, including information security; and
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings, recommendations and associated action plans by Audit Scotland, Ministerial Strategic Group, our external and internal auditors and the Care Inspectorate.

The governance framework described, operates within the system of internal financial controls, including management and financial information, financial regulations, administration (including segregation of duties), management supervision and a system of delegation and accountability. Development and maintenance of these systems is undertaken by the Council and the Health Board as part of the operational delivery arrangements of the HSCP. In particular these systems include:

- Financial regulations and codes of financial practice;
- Procurement regulations which recognise the complexities of health and social care services for vulnerable service users;
- Comprehensive budgeting systems;
- Clearly defined capital expenditure guidelines;
- Programme of internal audits; and
- Senior officer led joint working groups, planning groups and project boards.

Compliance with Best Practice

The HSCP Board's financial management arrangements conform to the governance requirements of the CIPFA statement *"The Role of the Chief Financial Officer in Local Government (2010)"*. To deliver these responsibilities the Chief Financial Officer must be professionally qualified and suitably experienced and lead and direct a finance function that is resourced and fit for purpose.

This requirement was further endorsed by the recent Ministerial Strategic Group for Health and Community Care – "Review of Progress with Integration of Health and Social Care". The accompanying self-evaluation, completed in May 2019, in partnership with HSCP Board members and senior managers of the HSCP, WDC and NHSGGC, concluded that this was well established.

The HSCP Board complies with the requirements of the CIPFA Statement on *"The Role of the Head of Internal Audit in Public Organisations 2010"*. The HSCP Board's appointed Chief Internal Auditor has responsibility for the internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service generally operates in accordance with the CIPFA *"Public Sector Internal Audit Standards 2013"*.

The HSCP Board's Audit Committee operates in accordance with CIPFA's *"Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities"*.

Review of Adequacy and Effectiveness

The HSCP Board is committed to continuous improvement and is responsible for conducting at least annually, a review of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Chief Officer and the Senior Management Team who have the responsibility for the development and maintenance of the governance environment and the work of internal and external audit and other review agencies including the Care Inspectorate.

The HSCP Board adopted "The Code of Practice for Local Authority Accounting", recommendation that the local code is reviewed each year in order that it can inform the Governance Statement. This review considers the sub-principles underpinning the seven key principles and considers examples of current good practice, systems, processes, policies, reports in place and current developments. For the June 2019 review the HSCP 19th June Audit Committee agreed that there were no areas assessed to be non-compliant and more than half were considered fully compliant. In the areas assessed as generally compliant an Action Plan was produced detailing the improvement action and the lead officer responsible, (see section "Governance Issues 2018/19 and Further Actions" below).

The full report can be found at <http://wdhscp.org.uk/about-us/health-and-social-partnership-board/financial-governance/audit-committee-meeting-papers/>

Other reviews to improve effectiveness include:

- The establishment and operation of the Strategic Planning Group;
- A refreshed remit and membership of the Clinical and Care Governance Group;
- A Charging Policy Review Group; and
- Joint Working Review Group with WDC reviewing the delivery and performance of Children's Services, including residential placements.

Also supporting the review of the HSCP Board's governance framework are the processes of West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.

Within the council each member of the Corporate Management Team presents an annual statement on the adequacy and effectiveness of control (including financial control), governance and risk management arrangements within their service area. Through the delegation of operational responsibility for the delivery of all social care services to the HSCP these statements were provided by the HSCP's Chief Officer, Chief Financial Officer and Senior Management Team. These responses are considered as part of the review of the HSCP Board's and WDC's governance arrangements and inform the Chief Internal Auditor's Annual Report. Some of the key improvements noted in 2018/19 are:

- As required by the Integration Scheme the production and implementation of a successful financial recovery plan to reduce the 2018/19 projected overspend;
- The HSCP Finance team supported the operational heads of service and WDC corporate procurement colleagues in the production of a service expenditure mapping template to inform the HSCP's priorities within the WDC Procurement Pipeline;
- Implementation of revised complaints handling procedures, including reporting;
- The Senior Management Team and Chair of the HSCP Board reviewed the format, content, scoring and mitigating actions of all known strategic risks to produce an updated Strategic Risk Register ; and
- Audit of frequent A&E attendees to assess what HSCP services are or could be available, with plans now in place to support particular individuals suffering with mental ill-health or Chronic Obstructive Pulmonary Disease (COPD).

Within the health board a similar process is in operation where service managers and Chief Officers complete a "Self Assessment Checklist" covering all the key areas of the internal control framework.

Update on Previous Governance Issues

As highlighted in the previous two years governance statements, differences in the approval process for budget setting for WDC and NHS GGC has led to delays in the HSCP Board being able to approve its Annual Revenue Budget, including savings options.

Progress has been made each year since 2016/17 as Chief Officers and Chief Financial Officers of the six Glasgow area partnerships worked closely with NHS GGC finance colleagues to agree on the key elements of Scottish Government funding settlements. Notwithstanding the work continuing around "Set Aside" budgets, the HSCP Board was able to consult publicly on savings options throughout April 2018 and set its 2018/19 Annual Revenue Budget on 2nd May 2018. For the new financial year 2019/20 this has been further improved upon as the budget was conditionally approved at an additional meeting of the HSCP Board on 28th March 2019, based on the indicative funding allocation from NHS GGC, formally approved by their Board on the 6 April 2019.

The ongoing focus will now be on working with the council, health board and Scottish Government on future funding settlements to allow for medium to long term financial planning, closely aligned to the Strategic Plan 2019-22 priorities and informed by the (in draft) Commissioning Plan, due to be presented to the August 2019 HSCP Board for consideration.

Governance Issues 2018/19 and Further Actions

As referred to under “Review of Adequacy and Effectiveness” above the Local Code was reviewed at the 19th June 2019 Audit Committee. The overall assessment was that there were improvements in overall compliance with the principles of the code, due to the progress of the Improvement Actions identified in last year’s review. However some of these improvements will require time to fully develop including:

- A refresh and update to Self Directed Support arrangements;
- Strengthening performance reports against the Scottish Government’s Best Value Framework; and
- Review of the effectiveness of the Audit Committee

The review also included the HSCP Board’s Improvement Actions for 2019/20:

Improvement Action	Lead Officer	Due Date
Develop a robust Commissioning Plan driven by new Strategic Plan 2019 - 2022	Head of Strategy, Planning and Health Improvement	August 2019
Increase the % of spend by HSCP Board with 3rd party social care providers being compliant with Financial Regulations (incorporating procurement regulations) and have robust service specifications and contract monitoring arrangements in place	Chief Financial Officer & Head of Strategy, Planning and Health Improvement	April 2020
Ministerial Strategic Group Review on the Progress of Integration Action Plan – from May 2019 Self Evaluation	Chief Officer	Full agreement required from partners

These three improvement actions are summarised headings for what are complex workstreams, supporting and enhancing the current governance framework. Each workstream will necessitate significant application of time and resource from the HSCP senior management team in partnership with the council and the health board. The HSCP Board and Audit Committee will receive regular reports throughout the coming year to allow scrutiny and approval of progress. Each area will also feed into the review of the current Integration Scheme, required to be refreshed every five years under the provisions of the Public Bodies (Joint Working) Act (Scotland) 2014 and scheduled to be completed by July 2020.

Further areas for improvement to support the governance arrangements and demonstrate best value are also detailed in the annual assurance statements completed by the senior management team (as detailed above in **Review of Adequacy and Effectiveness**). These include:

- Working with WDC procurement team to maximise procurement compliance levels underwritten by clear commissioning intentions;
- Reduce absence to both support staff wellbeing and contain costs; and
- Effective utilisation of performance and benchmarking information to inform service transformational change.

Compliance with financial regulations in the area of procurement of social care services is a key priority area for the HSCP Board in evidencing best value in a climate of financial challenge. Throughout 2018/19 there has already been significant analysis undertaken by the HSCP, WDC procurement colleagues and internal audit, mapping actual expenditure against service delivery. This has been progressed in tandem with the roll-out of procurement training across the HSCP as well as distinct, targeted sessions with the senior management team and the extended management team.

West Dunbartonshire Council's 2018/19 Annual Procurement Report concludes that across an analysis of spend totalling £154.5m (this includes approx. £40m of HSCP revenue spend); approximately 77% complied with financial regulations. The improvement target is to reach 90% by the end of 2020.

The HSCP Board on 8th May 2019 considered a procurement update report on the £40.1m of projected spend in 2019/20 with external bodies, including:

- The continuation of those social care placements (care homes, fostering, residential schools) currently procured through the National Care Contract and Scotland Excel Frameworks (approximate value £18.6m);
- The authorisation to initiate procurement processes for social care services; and
- Approve the role of the WDC Tendering Committee in the recommended award of any such contract in the council's role as the contracting body for those services commissioned by the HSCP Board.

The Chief Internal Auditor will present to the June 2019 Audit Committee the findings of the recently completed audit on "Social Work Tendering and Commissioning". This audit was requested by the HSCP senior management team to be part of the 2018/19 Audit Plan, to re-enforce their commitment to continuous improvement and in recognition of non-compliant practice in particular areas of social care.

The audit highlighted that the service areas are dedicated to meeting service users' needs and to ensure that appropriate care is provided in a timely fashion. The review also highlighted that opportunities exist to strengthen internal controls and enhance the service provided.

A total of seven recommendations were identified, of which five were deemed medium risk and two low risk.

As stated above significant groundwork has already commenced and many of the recommendations have been pre-empted, including framework compliance. Progress will be monitored, reported and scrutinised by the HSCP Audit Committee throughout the coming year.

Conclusion and Opinion on Assurance

The Chief Internal Auditor's 2018/19 Annual Report to the HSCP Board's June Audit Committee highlighted the focus on procurement activity following the review undertaken by Audit Scotland and the compliance actions undertaken by the council. Improvement plans are now in place to increase compliance and management processes.

Overall the Chief Internal Auditor's evaluation of the control environment concluded that; based on the audit work undertaken, the assurances provided by the Chief Officers of the HSCP Board, West Dunbartonshire Council and Greater Glasgow and Clyde Health

Board, the review of the local code and knowledge of the HSCP Board's governance, risk management and performance monitoring arrangements:

"It is my opinion, based on the above, that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31st March 2019 within the Council and the Health Board over which the Partnership Board requires to receive assurances and within the Health & Social Care Partnership Board itself."

Assurance and Certification

Whilst recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the HSCP Board's system of governance.

We consider the internal control environment provides reasonable and objective assurance that any significant risks impacting on our principal objectives will be identified and actions taken to mitigate their impact and deliver improvement.

Allan Macleod
HSCP Board Chair

Date: 19th June 2019

Beth Culshaw
Chief Officer

Date: 19th June 2019

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Audit Committee: 19th June 2019**

Subject: Self Evaluation of Integration Arrangements 2019**1. Purpose**

- 1.1 The purpose of this report is to provide members with an update on the Health and Social Care Partnership Board progress under integration as required by Scottish Government.

2. Recommendations

- 2.1 The Audit Committee is asked to note the content of the Self Evaluation Review of Integration completed with partners. The improvements identified will be developed into an action plan following a local workshop with HSCP Board members and the SMT, supported by colleagues from Scottish Government.

3. Background

- 3.1 In November 2018 Audit Scotland published the results of the second of three national performance audits of health and social care integration following the Introduction of the Public Bodies (Joint Working) (Scotland) Act, 2014. The audit examined the impact public bodies are having as they integrate health and social care services. <http://www.audit-scotland.gov.uk/report/health-and-social-care-integration-update-onprogress>

- 3.2 The Audit Scotland report made a number of recommendations in six topic areas:

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

- 3.3 In February 2019, the Ministerial Strategic Group (MSG) for Health and Community Care published the results of a national 'review of progress of integration' committed to by the then Cabinet Secretary for Health and Sport in a Parliamentary debate in May 2018.

- 3.4 The MSG made 25 proposals (22 to be taken forward directly by Integration Authorities), with specific and ambitious timescales, under the following headings:

- Collaborative leadership and building relationships
- Integrated finances and financial planning
- Effective strategic planning for improvement
- Governance and accountability arrangements
- Ability and willingness to share information and
- Meaningful and sustained engagement.

- 3.5** In the context of the Report and the 25 proposals, there was an expectation that Health Boards, Local Authorities and Integration Joint Boards should take this important opportunity to collectively evaluate their current position in relation to the findings of the MSG Review, and take action to make progress. It was expected that this self evaluation would involve partners in the third and independent sectors and others as appropriate to local circumstances.
- 3.6** Scottish Government wished to ensure compatibility with other self-evaluations such as the Public Services Improvement Framework (PSIF) or those underpinned by the European Foundation for Quality Management (EFQM) and reflect the National Performance Framework Outcomes. As such the self evaluation template wholly focused on the 25 proposals made in the MSG report on progress with integration. The template asked Partnerships to identify their rating against each of the rating descriptors for each of the 25 proposals.

4. Main Issues

- 4.1** In response, HSCP Board members were asked to complete an electronic survey, scoring their understanding of progress against integration as well as areas for improvement. This sought to establish perceptions of West Dunbartonshire's progress in relation to each of the 22 proposals made by the MSG. The survey was based on a self-evaluation template developed to assess how integration arrangements are considered to be working in a local authority area.
- 4.2** A Development Session with HSCP Board members and the HSCP SMT was arranged for 8th May to facilitate a discussion; to ensure a robust approach to the self-evaluation and a rounded view from all stakeholders as well as an opportunity for all partners to review the feedback from the on-line survey.
- 4.3** The output from the joint Development Session, the data from the on- line survey completed by Board members and contributions from the Health Board and Council formed the basis of a jointly developed Self Evaluation Action Plan which was submitted to the Scottish Government on 17th May.
- 4.4** On-going discussions are in place with both the council and the health board to further inform and consolidate our efforts to progress this agenda. Within the council, the Performance Management Review Group considered the review to date and agreed that it would be beneficial for the council strategic leadership team and HSCP senior management team to have a workshop for develop the action plan. The health board's June Finance and Planning Committee considered a paper reflecting the 6 Glasgow partnerships progress on integration and noted the positive responses.
- 4.5** HSCP Board Members recognised the progress made against requirements of integration in West Dunbartonshire; most members reflecting that systems and processes are established or well-established under the terms of integration.
- 4.6** Particularly of note has been the progress made against the integration of budgetary management and joint working with finance within both the Council and NHS Greater Glasgow and Clyde. There are good working relationships across the sector and there was a desire for these to be developed further specifically

relating to commissioning and procurement; key activities for the HSCP in the coming year.

- 4.7 The MSG considered the returns from all 31 Integrated Joint Boards at its meeting on 31 May and we await feedback, with any formal response presented to the next HSCP Board.

5. People Implications

- 5.1 There are no people implications associated with this report.

6. Financial and Procurement Implications

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

7. Risk Analysis

- 7.1 There are no risks associated with this report.

8. Equalities Impact Assessments (EIA)

- 8.1 None required

9. Consultation

- 9.1 None required.

10. Strategic Assessment

- 10.1 The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2019 - 2022 priorities' are:

- Children and young people reflected in Getting It Right for Every Child.
- Continual transformation in the delivery of services for adults and older people as reflected within our approach to integrated care.
- The safety and protection of the most vulnerable people within our care and within our wider communities.
- Support people to exercise choice and control in the achievement of their personal outcomes.
- Manage resources effectively, making best use of our integrated capacity.

- 10.2 The strategic priorities above emphasises the importance of meeting the needs of the most vulnerable in our communities whilst reflecting the principles of integrated working.

Name: Wendy Jack
Designation: Interim Head of Strategy, Planning and Health Improvement
Date: 22nd May 2019

Person to Contact: Wendy Jack
Interim Head of Strategy, Planning and Health Improvement

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Appendices: None

Background Papers: MSG Self Evaluation Template 2019

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit Committee: 12 June 2019

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

1. Purpose

- 1.1 To provide the Audit Committee with an up-date on the most recent Care Inspectorate inspection reports for 9 independent sector support services operating within the West Dunbartonshire area.

2. Recommendations

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

3. Background

- 3.1 The Scottish Government published new Health and Social Care Standards in 2017, in effect from April 2018, for assessing registered care services.
- 3.2 The Care Inspectorate have introduced new ways of inspecting the quality of care and support based on the new standards. They are more rights-based, person-led and outcome-focused than the previous standards. They have changed from assessing in relation to four quality themes: care and support, environment, staffing and management & leadership to five 'key questions'. The 'key questions' are 'how well do we support people's wellbeing', 'how good is our leadership', 'how good is our staff team', 'how good is our setting' and 'how well is our care and support planned'.
- 3.3 Inspection reports will continue to evaluate and report the quality using the existing six point scale from 1 – unsatisfactory to 6 – excellent. This new inspection approach began with care homes for older people as of July 2018. There is no date set for rolling out the new process for all other service providers
- 3.4 The Care Inspectorate reports detailed in this report still focuses on the four quality themes: care and support, environment, staffing and management & leadership. This will not change until the Care Inspectorate roll out their new process of inspecting the quality of care and support to all support services.
- 3.5 The independent sector support services reported here are within the areas of Care at Home and Housing Support Services. The services are :
- RNIB (West Dunbartonshire) Supported Tenancies and Alternative Day Opportunities – the service is provided across West Dunbartonshire.
 - C- Change Scotland – the service is provided in the Clydebank area.
 - Scottish Autism West of Scotland Outreach – the service is provided across West Dunbartonshire.
 - Cornerstone Baxter View – this service is based in Dumbarton.

- Dalmuir Park Housing Association Sheltered Housing Service – the service is provided in Dalmuir.
- Caledonia Social Care (West) – this service is provided in Clydebank.
- Barnado’s Scotland Fostering Glasgow – this service is provide to children and young people from West Dunbartonshire.
- The Adolescent & Children’s Trust - this service is provide to children and young people from West Dunbartonshire.
- Living Ambitions Limited, Glasgow North and West.

4. Main Issues

RNIB (West Dunbartonshire) Supported Tenancies and Alternative Day Opportunities

4.1 RNIB (West Dunbartonshire) Supported Tenancies and Alternative Day Opportunities provide a combined Housing Support and Care at Home service. The service is offered to adults with learning disabilities and/or visual impairment who live independently at home. The service was inspected on 16 January 2019. The table below summarises the movement in grades for each of the four themes awarded to RNIB (West Dunbartonshire) Supported Tenancies and Alternative Day Opportunities over the last 3 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
16.01.19	4 – Good	Not assessed	4 – Good	Not assessed
22.01.18	5 – Very Good	Not assessed	Not assessed	5 – Very Good
03.03.17	5 – Very Good	Not assessed	Not assessed	4 - Good

4.2 The grades awarded to RNIB (West Dunbartonshire) Supported Tenancies and Alternative Day Opportunities show a slight dip from previous inspections. This was in relation to staff making sure recordings are fully reflecting the good outcomes achieved for service users and also a suggestion that staff require some training and more time to fully understand the importance of the new health and social care standards in promoting outcome focused service provision. There were no requirements detailed in this inspection report for remedial action by the service.

C-Change Scotland

4.3 C-Change Scotland is a combined Housing Support and Care at Home service. The service is offered to adults and young people with learning disabilities and/or physical disabilities or mental health issues. The service was inspected on 16 January 2019. The table below summarises the movement in grades for each of the four themes awarded to C-Change Scotland over the last 3 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
16.01.19	5 – Very Good	Not assessed	Not assessed	5 – Very Good
16.03.18	5 – Very Good	Not assessed	5 – Very Good	Not assessed
01.03.17	5 – Very Good	Not assessed	Not assessed	5 – Very Good

- 4.4 The grades awarded to C-Change Scotland show that the service continues to maintain the high grades they received since 2017. There were no requirements detailed in this inspection report for remedial action by the service.

Scottish Autism – West of Scotland Outreach

- 4.5 Scottish Autism – West of Scotland Outreach is a combined Housing Support and Care at Home service. The service is offered to adults and children who have autism. The service was inspected on 12 October 2018. The table below summarises the movement in grades for each of the four themes awarded to Scottish Autism – West of Scotland Outreach over the last 3 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
12.10.18	5 – Very Good	Not assessed	Not assessed	5 – Very Good
13.09.17	5 – Very Good	Not assessed	4 – Good	Not assessed
28.11.16	5 – Very Good	Not assessed	Not assessed	4 – Good

- 4.6 The grades awarded to Scottish Autism – West of Scotland Outreach show that the service has improved grades since the last inspection in September 2017. There were no requirements detailed in this inspection report for remedial action by the service.

Cornerstone – Baxter View

- 4.7 Cornerstone Baxter View provides a combined Housing Support and Care at Home service. The service is offered to adults with learning disabilities, autism or acquired brain injury who have their own tenancy within Baxter View. The service was inspected on 15 February 2019. The table below summarises the movement in grades for each of the four themes awarded to Cornerstone – Baxter View over the last 3 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
15.02.19	6 – Excellent	Not assessed	Not assessed	6 - Excellent
27.02.18	6 – Excellent	Not assessed	Not assessed	5 – Very Good
21.03.17	6 – Excellent	Not assessed	Not assessed	5 – Very Good

- 4.8 The grades awarded to Cornerstone Baxter View show that the service has improved the very high grades awarded to them in their last inspection in February 2018. There were no requirements detailed in this inspection report for remedial action by the service.

Dalmuir Park Housing Association Sheltered Housing Service

- 4.9 Dalmuir Park Housing Association Sheltered Housing Service is combined Housing Support and Care at Home service. The support is offered to people who live in Dalmuir Park Sheltered Housing properties. The service was inspected on 10 April 2019. The table below summarises the movement in grades for each of

the four themes awarded to Dalmuir Park Housing Association Sheltered Housing Service over the last 3 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
10.04.19	5 – Very Good	Not assessed	5 – Very Good	Not assessed
19.04.18	5 – Very Good	Not assessed	Not assessed	5 – Very Good
04.05.17	5 – Very Good	Not assessed	Not assessed	5 – Very Good

- 4.10** The grades awarded to Dalmuir Park Housing Association Sheltered Housing Service show that the service is maintaining the high grades they have received since 2014. There were no requirements detailed in this inspection report for remedial action by the service.

Caledonia Social Care (West)

- 4.11** Caledonia Social Care (West) provides a care at home service to adults living in their own home. Caledonia Social Care (West) was previously part of Alzheimer’s Scotland. The Care at Home service was registered separately as Caledonia Social Care (West) in April 2017. This is the first since inspection since their new registration.

- 4.12** Due to the service’s new registration all reports and grades awarded under the previous management team are no longer available from the Care Inspectorate. This means that there are no grades to benchmark against.

- 4.13** The service was inspected on 24 January 2019. The table below summarises the grades awarded on this inspection :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
24.01.19	4 – Good	Not assessed	5 – Very Good	4 - Good

- 4.14** There were no requirements detailed in this inspection report for remedial action by the service.

Barnardo’s Scotland Fostering – Glasgow

- 4.15** Barnardo’s Scotland Fostering – Glasgow provides a Fostering Service. The service offers a fostering and family placement service for children and young people from birth to 18 years of age assessed as not being able to live within their families. The service was inspected on 9 October 2018. The table below summarises the movement in grades for each of the four themes awarded to Barnardo’s Scotland Fostering – Glasgow over the last 3 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
09.10.18	5 – Very Good	Not assessed	Not assessed	4 - Good
07.09.17	4 – Good	Not assessed	Not assessed	3 – Adequate
30.11.15	5 – Very Good	Not assessed	5 – Very Good	4 - Good

- 4.16** The grades awarded to Barnardo’s Scotland Fostering – Glasgow show that the service has improved their grades since the inspection in September 2017. There were no requirements detailed in this inspection report for remedial action by the service.

The Adolescent & Children’s Trust

- 4.17** The Adolescent Children’s Trust provides a Fostering Service. The service offers a fostering and family placement service for children and young people from birth to 18 years of age. The service was inspected on 14 December 2018. The table below summarises movement in grades for each of the four themes awarded to The Adolescent Children’s Trust over the last 3 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
14.12.18	5 – Very Good	Not assessed	Not assessed	4 - Good
06.10.17	5 – Very Good	Not assessed	4 – Good	Not assessed
09.10.15	5 – Very Good	Not assessed	5 – Very Good	4 - Good

- 4.18** The grades awarded to The Adolescent Children’s Trust show that the service is maintaining the grades they have received since 2015. There were no requirements detailed in this inspection report for remedial action by the service.

Living Ambitions Limited, Glasgow North and West

- 4.19** Living Ambitions Limited, Glasgow North and West is a combined housing support and care at home service. This service is offered to people with learning disabilities and physical disabilities. The service was inspected on 23 October 2018. The table below summarises the movement in grades for each of the four themes awarded to Living Ambitions Limited, Glasgow North and over the last 3 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
23.10.18	3 – Adequate	Not assessed	3 – Adequate	3 - Adequate
09.10.17	4 – Good	Not assessed	4 – Good	4 – Good
09.11.16	4 – Good	Not assessed	Not assessed	4 - Good

- 4.20** The grades awarded to Living Ambitions Limited, Glasgow North and West show that the grades have reduced since their last inspection in October 2017. This inspection detailed two requirements :-

- The provider must ensure that any treatment or intervention people experience is safe and effective, and make sure all staff have appropriate training and ongoing competency assessments in administration of medication and medication recording, to ensure that safe medication practices are adopted and maintained. The provider must evaluate the impact of the training received to demonstrate that training has been effective in improving practice.
Timescale to meet requirement : 31 March 2019
- To enable people experiencing care to have confidence in people because they are trained, competent and skilled, able to reflect on their practice and follow their professional and organizational codes, provider must ensure that all staff employed in the provision of care are fit to carry out the role they are to perform. In particular, this includes ensuring that those social service workers required to register with the Scottish Social Services Council (or other regulatory body) to carry out the role they are to perform, as so registered.
Timescale to meet requirement : 31 January 2019

The provider has implemented the changes required with the required timescales.

5. People Implications

5.1 There are no people implications associated with this report.

6. Financial and Procurement Implications

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

7. Risk Analysis

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

8. Equalities Impact Assessments (EIA)

8.1 None required

9. Consultation

9.1 None required.

10. Strategic Assessment

10.1 The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2019 – 22 priorities' are:

- Early Intervention;
- Access;
- Resilience;
- Assets;
- Inequalities

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

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Date: 17 May 2019

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Appendices: None

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

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Health & Social Care Audit Committee: 12th June 2019**

Subject: Castle View Care Home – Adult Support & Protection Large Scale Investigation**1. Purpose****1.1** The purpose of this report is to advise the Committee of:

- The recently conducted Adult Support & Protection Large Scale Investigation relating to Castle View Care Home
- Progress made in relation to the Improvement Plan

2. Recommendations**2.1** It is recommended that Members consider and note the contents of this report.**3. Background****3.1** The main aim of the Adult Support & Protection (Scotland) Act 2007 is to keep adults safe and protect them from harm. The Act defines an adult at risk as someone aged 16 years or over who:

- Is unable to safeguard their own well-being, property, rights or other interests; and
- Is at risk of harm; and
- Because they are affected by disability, mental disorder, illness or physical mental infirmity, are more vulnerable to being harmed than adults who are not so.

3.2 A Large Scale Investigation (LSI) is a multi-agency response to circumstances where there may be two or more adults at risk of harm within a care service.**3.3** Between 22nd January 2019 and 18th February 2019, concerns were identified in relation to 6 residents of Castle View. Of the concerns: 2 were raised by Hospital staff; 2 by family members of residents of Castle View and 2 by WDHSCP staff.**3.4** In accordance with WDHSCP Protocol for Large Scale Investigations of Adults at Risk of Harm, a Large Scale investigation Inquiry Meeting was convened, within 5 working days of the 3rd ASP referral being received (19th February 2019)**3.5** The full timeline which was adhered to while undertaking the Large Scale Investigation is detailed in Appendix A.

3.6 At the time of the investigation, there were 58 residents in Castle View, 5 of whom were Argyll & Bute residents, with 53 from West Dunbartonshire. A team of 16 West Dunbartonshire HSCP staff and 5 Argyll & Bute HSCP staff were involved in the review of all residents' care in Castle View. This team comprised both Social Work and Health Staff. In accordance with legislation, Social Workers designated as Council Officers led this process.

3.7 An LSI oversight group, consisting of membership from West Dunbartonshire HSCP, Argyll & Bute HSCP, Care Inspectorate, Scottish Care, WDC Legal, GP and acute staff convened on 3 occasions to maintain oversight of the LSI process and findings.

4. Main Issues

4.1 Of the 58 reviews completed, 40 reviews (69%) were *generally* positive in relation to the care and support provided in Castle View. 2 residents reported to be unsatisfied with the care they were receiving, which countered their families' reports of no concerns. These 2 individuals were referred to advocacy for further support to articulate their views.

4.2 Of the 40 *generally* positive reviews, there were 2 cases where HSCP staff did not identify any areas for improvement.

4.3 Thirteen areas for improvement were identified, as detailed in Appendix B.

4.4 A team of Council Officers, District Nursing and Quality Assurance staff continue to work with HC-One/ Castle View Staff to support the required improvement.

4.5 An oversight group, comprising HSCP and Care Inspectorate staff, meet on a weekly basis to monitor the progress of improvement.

4.6 Fortnightly meetings with HC-One/ Castle View Management are held to monitor progress against the action plan.

4.7 As a result of the findings of the investigation, the Care Inspectorate have amended Castle Views grades from 5 to 3s, with the exception of Environment.

4.8 A voluntary moratorium remains in place, whereby Castle View are currently not receiving new admissions to the care home. This will be lifted when appropriate improvement has been demonstrated.

5. People Implications

5.1 There are no personnel issues with this report.

6. Financial Implications

- 6.1** There are neither financial nor procurement implications arising directly from this report.

7. Professional Implications

- 7.1** There are no implications arising directly from this report.

8. Locality Implications

- 8.1** There are no implications arising directly from this report.

9. Risk Analysis

- 9.1** There is a risk that failure to implement actions contained within the improvement plan may result in residents of Castle View not receiving better-quality care.
- 9.2** Impact of diversion of resources in the performance of HSCP teams.

10. Equality Impact Assessments

- 10.1** There are no issues.

11. Consultation

- 11.1** The improvement plan has been shared and discussed at family meetings convened by West Dunbartonshire HSCP within Castle View Care Home on 24th April 2019.

12. Strategic Assessment

- 12.1** The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan priorities for 2019 -22 are:
- Early intervention
 - Access
 - Resilience
 - Assets
 - Inequalities

The strategic priorities above emphasise the importance of quality assurance of all service providers, and the HSCP's commitment to work with independent sector providers within an agreed assurance framework.

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Appendices: a – Timeline
b – Improvement Plan

Background Papers: Nil

Wards Affected: All

Appendix A

Timeline

Date	Action
19 February	LSI Inquiry meeting convened, within 5 working days of the 3 rd ASP referral being received
20 February	Meeting with Castle View Manager and Area Quality Director to notify them of decision to move to LSI
21 February	LSI Planning meeting convened
21 February	Meeting with Castle View / HC One to formally confirm LSI and agree voluntary moratorium
22 February – 8 March	Reviews of all residents undertaken
25 February	Family meetings
27 February	LSI Oversight Group meeting
28 February -11 March	Nursing Assessment of all residents (with appropriate legal powers(consent/legal proxy/s47))
5 March	Critical challenge session convened for all reviewing staff
13 March	LSI Oversight Group meeting
14 March	Feedback to HC –One / Castle View management of high level emerging themes
14 March	Castle View confirm extension of voluntary moratorium
21 March	LSI Outcome meeting
26 March	Draft findings issued to Castle View
28 March	Meeting with HC-One / Castle View
2 April	Review of HC-One / Castle View's response to findings
2 April	Improvement Plan received
16 April	Initial Improvement Plan Overview meeting
17 April	Meeting with HC-One / Castle View
17 April	Confirmation from Care Inspectorate that service grades reduced from 5s to 3s, with the exception of Environment.
24 April	Family meetings to share improvement plan
As at 6 th June	Voluntary Moratorium remains in place.

Issue

Action By Home

1. Area for Improvement : Record Keeping	
<p>To ensure effective record keeping processes are in place.</p> <p>Guarantee clear processes are established which support the identification and subsequent action relating to resident's changing needs</p>	<ul style="list-style-type: none"> Residents' name and date of birth to be completed on all documents held within the care and support plan Daily records should have oversight by a registered nurse. HC-One ensure that Nursing Assistants reminded by HC-One anagement of the limits of their role and accountability. Clear process in place for referrals to be cascaded to clinical staff
2. Area for Improvement : Tissue Viability (maintaining and managing skin health)	
<p>To ensure that all staff are fully trained, relevant to their role, in all aspects of tissue viability.</p>	<ul style="list-style-type: none"> Evidence that staff can demonstrate safe wound assessment and management and moving and handling techniques Ensure any wound management, and associated recording, is delegated safely within competencies.
3. Area for Improvement : Infection Control	
<p>Assurance that appropriate infection control protocols and practice are in place.</p>	<ul style="list-style-type: none"> Ensure staff are familiar with and adhere to appropriate infection control procedures
4. Area for Improvement :DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) Forms	
<p>Where appropriate, residents should have an up to date and accessible DNACPR form</p>	<ul style="list-style-type: none"> Clear processes which ensure, monitor and record that DNACPRs are in date, and are available should professionals require it.

Issue

Action By Home

5. Area for Improvement : Personal Care	
To ensure that all residents receive a consistently high level of personal care, appropriate to their care needs.	<ul style="list-style-type: none"> • Clear processes which identify, monitor and record housekeeping, laundry, and routine for personal care • Ability to recognise the point where reluctance for personal care potentially becomes self-neglect
6. Area for Improvement : Food, Fluids & Nutrition	
To ensure that all residents receive diet and fluids appropriate to their assessed need.	<ul style="list-style-type: none"> • Clear processes which identify, monitor and record how residents' dietary requirements, choices and requests are being supported
7. Area for Improvement: Adult Support & Protection (ASP)	
To ensure that the home has a systematic approach to identifying, managing and reporting risk for residents, as laid out through relevant Adult Support and Protection legislation, guidance and procedures	<ul style="list-style-type: none"> • Ensure the appropriate level of recording and referral of ASP concerns and monitoring of risk
8. Area for Improvement : Risk Assessment for use of lap belts	
To ensure the use of lap belts is carried out within Mental Welfare Commission (MWC) Guidelines and that risk assessment and consultations are undertaken and recorded in resident files.	<ul style="list-style-type: none"> • Clarity provided on how the use of lap belts is assessed with full consultation with relevant parties, as well as, monitored and reviewed in accordance with the Mental Welfare Commission pathway

Issue

Action By Home

9. Area for Improvement : Adults with Incapacity (AWI)/ Power of Attorney (POA)	
To ensure information on individual residents' Capacity, Power of Attorney and Guardianship arrangements is accessible	<ul style="list-style-type: none"> • Introduce a monitored process for ensuring POA information is up to date and available
10. Area for Improvement : Staffing	
To ensure the home has an appropriate mix of trained and skilled staff across all disciplines	<ul style="list-style-type: none"> • Assurance on how staff are trained, skilled and supported to meet the needs of the individuals in their care • Clarity on the culture of challenge, change and leadership across the staffing group
11. Area for Improvement : Socialising Opportunities for Residents	
Ensure all residents receive a range of choices of social opportunities which are appropriate to their abilities and needs.	<ul style="list-style-type: none"> • Develop a dynamic, evidence based plan for activities in and outside the home.
12. Area for Improvement : Contact Details	
Ensure residents have up to date contact details, accessible to staff at all times.	<ul style="list-style-type: none"> • Develop an ongoing, monitored process for recording all residents' contact information and ensuring it is maintained and up to date
13. Area for Improvement : Care plans	
Ensure care plans are accessible and person centered, and are reviewed in consultation with relevant others, as appropriate.	<ul style="list-style-type: none"> • Ensure and evidence involvement of families and residents input in to care planning and plans

Issue

Action By Home