Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board

Date: Wednesday, 7 August 2019

Time: 14:00

Venue: Council Chamber, Clydebank Town Hall, Clydebank

Contact: Gabriella Gonda, Committee Officer
Tel: 01389 737183 Email: gabriella.gonda@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
Chris Jones
John Kerr
Neil Mackay
Diana McCrone
Anne MacDougall
Kim McNab
Janice Miller
Peter O'Neill
Selina Ross
Julie Slavin
Alison Wilding

Senior Management Team – Health & Social Care Partnership

Date of issue: 25 July 2019

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

WEDNESDAY, 7 AUGUST 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 - 16

Submit for approval as correct records:-

(a) Draft Minutes of Special Meeting of the Health & Social Care Partnership held on 28 March 2019; and

(b) Draft Minutes of Meeting of the Health & Social Care Partnership held on 8 May 2019.

4 VERBAL UPDATE FROM CHIEF OFFICER

The Chief Officer will provide a verbal update on recent business of the Health & Social Care Partnership.

5 FINANCIAL PERFORMANCE AND UPDATE REPORT: P3 17 –33

Submit report by the Chief Financial Officer:-

(a) providing an update on the financial performance as at period 3 to 30 June 2019 and a projected outturn position to the 31 March 2020.

(b) seeking approval for the financial framework being developed to support the implementation of the Five Year Adult Mental Health Strategy across Greater Glasgow and Clyde.

6 ANNUAL REPORT AND ACCOUNTS 2018/2019 PROCESS 35 –37

Submit report by the Chief Financial Officer updating on the progress on the

2018/19 Annual Accounts process and request approval for next stages.

7 MEMBERSHIP OF THE PARTNERSHIP BOARD 39 - 40

Submit report by the Interim Head of Strategy, Planning and Health Improvement nominating new non-voting members to the Partnership Board.

8 APPOINTMENT OF A STANDARDS OFFICER 41 - 68

Submit report by the Chief Financial Officer on agreeing the appointment of a Standards Officer as required by the Ethical Standards in Public Life (Scotland) Act 2000 (Register of Interests) Regulations 2003.

9 STRATEGIC RISK REGISTER 69 - 82

Submit report by the Interim Head of Strategy, Planning and Health Improvement presenting the updated Strategic Risk Register for the Health & Social Care Partnership.

10 COMMISSIONING AND MARKET FACILITATION PLAN 2019 - 2022 83 - 109

Submit report by the Interim Head of Strategy, Planning and Health Improvement seeking approval to publish the draft Commissioning and Market Facilitation Plan and start the implementation process for the plan.

11 ANNUAL PUBLIC PERFORMANCE REPORT 2018/19 111 - 193

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

12 WEST DUNBARTONSHIRE HSCP ANNUAL CLINICAL AND CARE GOVERNANCE REPORT 2018-2019 195 – 209

Submit report by the Designation Chief Nurse providing an overview of the Annual Clinical and Care Governance Report.

13 THEMATIC REVIEW OF SELF-DIRECTED SUPPORT IN SCOTLAND; WEST DUNBARTONSHIRE LOCAL PARTNERSHIP REPORT 211 – 263

Submit report by the Interim Head of Strategy, Planning & Health Improvement presenting the Report from the Care Inspectorate Thematic Review of self-directed support in Scotland; West Dunbartonshire local partnership report.

14 INSPECTION OF CRIMINAL JUSTICE SOCIAL WORK SERVICES

To follow

Submit report by the Head of Children's Health, Care and Criminal Justice/ Chief Social Work Officer:-

a) advising about the recent inspection of criminal justice social work services by the Care Inspectorate, which focused on how well community payback orders (CPOs) are implemented and managed; and

b) outlining key themes of the improvement action plan, informed by the inspection report.

Note: Members are asked to note that the Inspection Report is due to be published on 6 August 2019 and will therefore be circulated at the meeting.

15 MINUTES OF MEETINGS FOR NOTING **265 – 293**

Submit for information, the undernoted Minutes of Meetings:-

(a) Minutes of Meeting of the WD HSCP Board Audit Committee held on 19 June 2019;

(b) Minutes of Meetings of the Local Engagement Network Events held on 6 June 2019;

(c) Minutes of Meeting of WD HSCP Health and Safety Committee held on 30 April 2019;

(d) Minutes of Meeting of the Clinical and Care Governance Forum held on 15 May 2019; and

(e) Minutes of Meeting of the Joint Staff Forum held on 7 May 2019.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Special Meeting of the West Dunbartonshire Health & Social Care Partnership Board held in the Council Chamber, Clydebank Town Hall, Dumbarton Road, Clydebank on Thursday, 28 March 2019 at 10.00 a.m.

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

Non-Voting Members: Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Jonathan Hinds, Head of Children's Health Care and Criminal Justice Services; Barbara Barnes, Co-Chair of the WD HSCP Public Engagement Network for the Alexandria & Dumbarton area; Anne MacDougall, Co-Chair of WD HSCP Public Engagement Network for the Clydebank area; Kim McNab, Service Manager of Carers for West Dunbartonshire; 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; Julie Lusk, Head of Mental Health, Addictions and Learning Disability; Nigel Ettles, Principal Solicitor and Nuala Borthwick, Committee Officer.

Also Attending: Brian Polding-Clyde, Scottish Care Representative.

Apologies: Apologies for absence were intimated on behalf of Councillor John Mooney, Rona Sweeney[1] and Alison Wilding, Chair of the Local Group for Clydebank area.

MR ALLAN MACLEOD IN THE CHAIR

DECLARATIONS OF INTEREST

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

[1] As corrected by West Dunbartonshire Health & Social Care Partnership Board at its meeting on 8 May 2019.

BUDGET UPDATE AND BUDGET SETTING 2019/2020

A report was submitted by the Chief Financial Officer providing an update on the anticipated and indicative budget offers from the Board's funding partners and a proposed 2019/20 revenue budget.

The Chief Financial Officer was heard in further explanation of the report and thereafter an updated Appendix 4, a letter from Greater Glasgow and Clyde NHS Board received on 26 March 2019 providing an updated indicative financial allocation for 2019/20, was circulated to Members of the Board.

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

(1) to note the current and projected reserves position and to approve the utilisation of transformational earmarked reserves for four fixed term posts;

(2) to accept the 2019/20 revenue budget contribution of £67.813m from West Dunbartonshire Council as agreed by West Dunbartonshire Council on 27 March 2019;

(3) to note the increases to charges levied across services as agreed by West Dunbartonshire Council at its Budget Setting meeting on 27 March 2019, including social care services and the impact on the budget gap had the recommendations not been accepted in full;

(4) to note the update to West Dunbartonshire Council's 10 Year Capital Plan from 2019/20 to 2028/29 and the programmes linked to the strategic priorities of the HSCP Board;

(5) to accept the 2019/20 allocation for Criminal Justice Social Work Services of £2.018m funded by Scottish Government grant via West Dunbartonshire Council;

(6) to accept the 2019/20 budget allocations for Housing Aids and Adaptations of £0.250m and the Care of Gardens budget of £0.440m, held and managed by West Dunbartonshire Council's Regeneration, Environment and Growth Directorate on behalf of the Health and Social Care Partnership Board;

(7) to approve the recommendation to close the social care funding gap of £0.700m from a proportion of the new investment in integration funding;

(8) to accept the 2019/20 indicative budget contribution of £91.113m from NHS Greater Glasgow and Clyde subject to formal approval by the Health Board on 16 April and any final adjustments to the recurring budgets at month 12;

(9) to approve an indicative 2019/20 Revenue Budget of £158.946m required to deliver the strategic priorities of the Health & Social Care Partnership Board;

(10) to approve the 2019/20 Set Aside budget of £18.673m, based on the 2018/19 budget with a 2.54% uplift;

(11) that a report would be provided to a future meeting of the Partnership Board on the impact of increases to the charges levied across services; and

(12) that a report would be provided to the next meeting of the Partnership Board on planned Service Redesign and Transformation to drive forward service redesign, service improvements and efficiencies.

ADJOURNMENT

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

The meeting resumed at 11.14 a.m. with all those Members noted in the sederunt being present.

STRATEGIC PLAN 2019 - 2022

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement presenting a revised version of the Strategic Plan following a process of consultation with stakeholders and partners.

The Interim Head of Strategy, Planning & Health Improvement was heard in further explanation of the report and thereafter she, the Chief Officer and the Head of Health and Community Care were heard in answer to Members' questions.

After discussion, the Partnership Board agreed:-

(1) to note the process of consultation with all partners and stakeholders on the draft Health and Social Care Partnership Strategic Plan 2019 – 2022;

(2) to approve the final draft of the Strategic Plan as presented to the Board; and

(3) to approve a process of development for a Commissioning Plan based on the priorities within the Strategic Plan which would be presented at a future meeting of the Partnership Board.

The meeting closed at 11.27 a.m.

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, 16 Church Street, Dumbarton on Wednesday, 8 May 2019 at 2.05 p.m.

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

Non-Voting Members: Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Barbara Barnes, Co-Chair of the WD HSCP Public Engagement Network for the Alexandria & Dumbarton area; Anne MacDougall, Co-Chair of WD HSCP Public Engagement Network for the Clydebank area; Kim McNab, Service Manager, Carers of West Dunbartonshire; Janice Miller, 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 & Community Care; Jonathan Hinds, Head of Children's Health, Care & Criminal Justice Services; Wendy Jack, Interim Head of Strategy, Planning & Health Improvement; Fraser Downie, Integrated Operations Manager; Val Tierney, Chief Nurse; Joyce Campbell, Business Partner – Strategic Procurement; Nigel Ettles, Principal Solicitor; and Scott Kelly, Committee Officer.

Mr Allan Macleod in the Chair

CHAIR'S REMARKS

Mr Macleod, Chair, welcomed Val Tierney, Chief Nurse, and Fraser Downie, Integrated Operations Manager, who were attending their first meeting of the Board.

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 MEETINGS

The Minutes of Meetings of the Health & Social Care Partnership Board held on 20 February 2019 (Ordinary) and 28 March 2019 (Special) were submitted and approved as correct records, subject to Rona Sweeney's apologies being recorded in the Minutes of the Special Meeting held on 28 March 2019.

Having heard Mr O'Neill and following discussion, the Board agreed:-

(1) to note that the Minutes of the Meeting of the Joint Staff Forum held on 30 January 2019 had not been available for submission to the Ordinary Meeting of the Board held on 20 February 2019 but that a copy of the draft Minutes had been submitted (tabled) at the present meeting; and

(2) to note: (i) that Mr O'Neill had stated that his comments at the Special Meeting held on 28 March 2019 in relation to possible industrial action had not been recorded in the Minutes; (ii) that Minutes of Board meetings were not verbatim records; and (iii) that in certain circumstances it may be appropriate for comments which related to matters of particular importance to be reflected in the Minutes of Board meetings.

VERBAL UPDATE FROM CHIEF OFFICER

The Chief Officer provided a verbal update on recent business of the Health & Social Care Partnership and the position was noted in relation to:-

- The work being carried out to close-off accounts for the previous financial year and the development of systems and processes in the new financial year.
- Changes in the management team.
- The monitoring of the impact of charges levied for such services as the Community Alarm service.
- The Strategic Plan and consideration of how good practices in other areas may be implemented in West Dunbartonshire.
- The pressures on the Health Board arising from unscheduled care, particularly over the Easter weekend.
- The Winter Plan.
- The action plan developed following the inspection of the Castle View care home.
- The impact of hosted services on the Partnership.
- The development of web-based access tool to assist people with musculoskeletal problems.
- Possible industrial action by employees in the Children and Families service.
- Forthcoming meetings taking place between the management team and Scottish Government officials.

FINANCE UPDATE

A report was submitted by the Chief Financial Officer providing an update on the interim 2018/19 projected position as at 31 March 2019 and the 2019/20 budget position.

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

(1) to note the updated position in relation to budget movements on the 2018/19 allocation by WDC and NHSGGC and direction back to our partners to deliver services to meet the strategic priorities approved by the HSCP Board;

(2) to note that the interim period 12 revenue position for the period 1 April 2018 to 31 March 2019 was reporting an underspend of £0.413m (0.27%);

(3) to note the projected impact of the interim outturn position on reserves;

(4) to note the interim period 12 capital position as at 31 March 2019; and

(5) to note that Greater Glasgow & Clyde Health Board approved their 2019/20 budget contributions to the six Glasgow HSCPs at their meeting of 16 April 2019.

PROCUREMENT OF CONTRACTS

A report was submitted by the Chief Officer seeking authorisation to initiate procurement processes, which may be awarded to third party providers.

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

(1) to authorise the initiation of the procurement processes, which may be awarded to third party providers, for the procurements set-out in Appendix 1 to the report;

(2) to authorise the continuation of the those social care placements currently procured through the National Care Home Contract and Scotland Excel's Framework Agreements;

(3) to note that on conclusion of the procurement processes, further reports will be submitted to the WDC Tendering Committee with recommendations on the award of the contracts and for noting on emergency placements; and

(4) to note that the 2019/20 annual value of the procurements set-out in Appendix 1 to the report was estimated at £40.121m.

2018/19 ANNUAL ACCOUNTS AUDIT PROCESS

A report was submitted by the Chief Financial Officer:-

(a) providing an overview of the preparation of the 2018/19 Annual Accounts; and

(b) seeking approval to remit the unaudited accounts to the Audit Committee for approval.

Having heard the Chief Financial Officer in further explanation of the report, the Board agreed:-

(1) to delegate authority to the Audit Committee to approve the unaudited annual accounts, for submission to the HSCP Board's external auditors, Audit Scotland, by 30 June 2019; and

(2) otherwise to note the contents of the report.

PUBLIC PERFORMANCE REPORT OCTOBER 2018 TO DECEMBER 2018

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement providing information on the Health & Social Care Partnership's Public Performance Report for the third quarter of 2018/2019 (October to December 2018).

After discussion and having heard officers in further explanation of the report and in answer to Members' questions, the Board agreed to approve the Partnership Public Performance Report for October to December 2018 for publication. The Board also agreed that a more detailed report would be submitted to the next meeting of the Board.

PREPARATION FOR IMPLEMENTATION OF CARERS (SCOTLAND) ACT 2016

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement presenting a re-drafted West Dunbartonshire Health & Social Care Partnership's local Carers Strategy 2019-2022.

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 Board agreed:-

(1) to approve the draft Carers Strategy 2019-2022 which had been prepared with partners and carers across West Dunbartonshire; and

(2) that officers bring an Annual Report in April 2020 on progress against the actions and performance indicators.

UPDATE ON THE LOCAL ELIGIBILITY CRITERIA FOR CARERS

A report was submitted by the Interim Head of Strategy, Planning & Health Improvement presenting an update on the local Eligibility Criteria for Carers which was published on 31 March 2018 in line with the Carers (Scotland) Act 2016.

Having heard the Interim Head of Strategy Planning & Health Improvement in further explanation of the report, the Board agreed:-

(1) to note the contents of the report referring to overview of the implementation of Carers Eligibility Criteria; and

(2) to a further review of the local eligibility criteria for carers with a report being presented to the Partnership Board at a future meeting in early 2021 in line with the Carers Act requirements.

WEST DUNBARTONSHIRE LOCAL PRIMARY CARE IMPROVEMENT PLAN

A report was submitted by the Head of Health & Community Care providing an update on the performance of the Primary Care Improvement Plan for 2018/19 (Year 1). There was submitted (tabled) a sheet which contained updated information in respect of: (i) the breakdown in expenditure for each of the Memorandum of Understanding requirements set out in section 6 of the Appendix to the report; and (ii) Table 2 in section 6.3 of the Appendix.

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

(1) for an update to be provided to the Board in six months' time; and

(2) otherwise to note the contents of the report.

WEST DUNBARTONSHIRE WINTER PLAN UPDATE

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

After discussion and having heard the Head of Health & Community Care and the Chief Officer in further explanation of the report and in answer to a Member's question, the Board agreed to note the contents of the Winter Plan Progress Report.

UPDATE ON THE MINISTERIAL STEERING GROUP TARGETS FOR WEST DUNBARTONSHIRE HSCP

A report was submitted by the Head of Health & Community Care presenting the proposed 2019/20 Ministerial Strategic Group targets for West Dunbartonshire HSCP and outlining actions intended to facilitate delivery of these targets.

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

(1) to note the 2019/20 Ministerial Strategic Group (MSG) targets;

(2) to note the terms of the discussion which had taken place in relation to the deliverability of certain of the targets, and to express particular concern at the deliverability of the target for A&E Attendances in the short-term; and

(3) to note the planned work underway to support delivery of these targets in West Dunbartonshire HSCP.

Note: Ms MacDougall and Ms Ross left the meeting during consideration of this item.

MINUTES OF MEETINGS FOR NOTING

The undernoted Minutes of Meetings were submitted and noted:-

(1) Minutes of Meeting of the Local Engagement Network Event held on 13 March 2019;

(2) Minutes of Meeting of the Local Engagement Network Event held on 19 March 2019; and

(3) Minutes of Meeting of WD HSCP Health and Safety Committee held on 29 January 2019.

VALEDICTORY

Mr Macleod, Chair, informed the Board that this would be the last meeting which Janice Miller, MSK Physiotherapy Service Manager, would be attending as she would be leaving the service in June 2019. On behalf of the Board, Mr Macleod thanked Ms Miller for her hard work over the years and wished her well in the future.

The meeting closed at 5.00 p.m.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 7 August 2019

Subject: Financial Performance and Update Report - Period 3 (30 June 2019)

1. Purpose

1.1 To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 3 to 30 June 2019 and a projected outturn position to the 31 March 2020.

1.2 To seek approval for the financial framework being developed to support the implementation of the Five Year Adult Mental Health Strategy across Greater Glasgow and Clyde.

2. Recommendations

2.1 The HSCP Board is recommended to:

- Note the updated position in relation to budget movements on the 2019/20 allocation by WDC and NHSGGC and direction back to our partners to deliver services to meet the strategic priorities approved by the HSCP Board;
- To approve the proposed financial framework (sect 4.8 – 4.13) which will support the implementation of the Five Year Adult Mental Health Strategy;
- Note that revenue position for the period 1 April 2019 to 30 June 2019 is reporting an overspend of -£0.235m (-0.59%);
- Note the projected outturn overspend position of -£0.954m (-0.60%) for 2019/20 and the potential impact on the reserves position if demand is not managed within existing resources and an agreed recovery plan;
- To approve the use of general, unearmarked reserves to underwrite the additional costs of addressing the Children and Families collective grievance; and
- Note the update on the capital position and projected completion timelines.

3. Background

3.1 The 2018/19 financial year was extremely challenging, especially within Children and Families community placements (kinship, fostering, residential) and supporting Older People at home. These budget pressures were a continuation from the previous financial year and additional resource was directed to minimise the gap through the budget setting process and then through agreed recovery plan.

3.2 A significant part of the 2019/20 budget setting process is identifying all known pressures as well as estimating future demand. This when taken in conjunction with pay inflation and other recognised demographic growth

resulted in budget gaps across both health and social care which were presented to the special meeting of the Board on 28 March. The Board agreed to a suite of management actions and the application of additional funding from release of continuing care resources and the Scottish Government's investment in integration funds.

3.3 At this early stage in the financial year the projected overspend contained within this report will be subject to change as the year progresses as cost containment and savings programmes are closely monitored. The HSCP Board will be kept fully updated on projections and proposals to mitigate any budget shortfall, including the application of reserves.

4. 2019/20 Approved Budgets and Additional Funding Commitments

4.1 Greater Glasgow and Clyde Health Board Allocation

4.2 On 28 March 2018 the HSCP Board accepted the 2019/20 indicative NHSGGC budget allocation of £90.569m (subject to final 2018/19 recurring budget adjustments) which included the partnership's full share of the 2.54% Scottish Government uplift. This was further increased by an estimated £0.564m related to the pending transfer of budget resource from the closure of GGC wide continuing care beds of which West Dunbartonshire received an NRAC share in line with the approved financial framework. This brought that approved indicative budget to £91.113m for 2019/20.

4.3 The NHSGGC Board ratified the 2.54% uplift at their meeting of 16 April 2019 when approving their 2019/20 Financial Plan. Since the March Board report there were additional recurring adjustments to the closing 2018/19 position which slightly increased the rollover budget and further budget adjustments between Month 1 to Month 3 revising the 2019/20 net expenditure budget to £91.614m as detailed in Table 1 below.

Table 1: 2019/20 Budget Reconciliation - Health

Description	**£000**
Anticipated Recurring Rollover Budget 28 March 2019	**88,940**
Add: 2.54% Scottish Government Uplift	1,629
2019/20 Indicative Budget (before Continuing Care)	**90,569**
Add Continuing Care Transfer	564
2019/20 Approved Indicative Budget	**91,133**
Month 1 to Month 3 Adjustments:	
Family Health Services Other – no impact on HSCP	416
Hep C Funding to Addictions	26
Additional 2.54% uplift on Continuing Care	14
Full year impact of recurring adjustments	25
Adjusted Month 3 2019/20 Budget as per August Report	**91,614**

4.4 As communicated to board members during the budget setting process, from the 1 April 2019 the employer's pension contribution rate to individual

employees was increased by 6% from 14.9% to 20.9%. The UK Government had previously committed to fund this increase; however a recent letter from the Scottish Government has indicated that the full value has yet to be received. At this time the advice from NHSGGC is to assume full funding will be forthcoming from the government, therefore no budget variance anticipated at this time. Further reports will provide updates.

4.5 The notional Set Aside Budget for 2019/20 was also detailed in the March report as £18.673m, inclusive of the 2.54% uplift. While significant work continues into the calculation of budgets and activity there is no formal agreement on when this resource will form part of the formal budget transfer. The Ministerial Strategic Group as part of its February review on the progress of integration expects this to be resolved by the end of 2019/20.

4.6 **West Dunbartonshire Council Budget Allocation**

4.7 The special meeting of 28 March also accepted the 2019/20 budget offer of £67.813m from West Dunbartonshire Council. This reflected the more favourable allocation to the HSCP Board in line with the additional Scottish Government funding received by the Council late in the budget setting timetable. It also included West Dunbartonshire's full allocation of the £160m additional investment in health and social care amounting to £2.794m (subject to change as School Counselling distribution not yet finalised). There has been no additional budget adjustments made to this original allocation of £67.813m as at Period 3.

4.8 **Scottish Government Funding 2019/20**

4.9 At this time there have been no formal 2019/20 budget allocation letters from the Scottish Government on Primary Care Improvement Fund, Mental Health and Alcohol and Drug Partnership (ADP) funding. The 2018/19 allocation letters provided information on indicative funding levels for future years, but given that HSCPs across Scotland struggled to spend their full allocations due to difficulties in recruitment of specialist staff from the limited pool available, the Scottish Government are assessing the levels of funding transferred to HSCPs' earmarked reserves in conjunction with year 2 of the spending plans.

Table 2: Scottish Government Funding Streams

SCOTTISH GOVERNMENT FUNDING	£m	£m	£m	£m	£m
	2018/19 Allocation	Received - 1st & 2nd tranche	Balance remaining with SG for future years	Transfer to Earmarked Reserves	Indicative 2019/20 Allocation as notified in 2018
Primary Care Improvement Fund	0.837	0.790	0.047	0.482	1.037
Mental Health Action 15	0.201	0.141	0.060	0.123	0.311
Alcohol and Drug Partnership	0.311	0.311	n/a	0.290	0.311
	1.349	**1.242**	**0.107**	**0.895**	**1.659**
% held in reserves based on received				72%	

5. Financial Framework for the Five Year Mental Health Services Strategy

5.1 Local investment in Mental Health Action 15 and the employment of additional mental health workers is closely aligned to NHSGGC's Five Year Adult Mental Health Services Strategy which was presented and approved by the six HSCP Boards early last year. This strategy is being taken forward by the Greater Glasgow and Clyde Mental Health Programme Board with the objective of delivering a whole systems approach to Adult Mental Health Services including:

- Adult Mental Inpatient Beds;
- Specialist Adult Mental Health Services;
- Perinatal Services;
- Trauma Services; and
- Unscheduled Care Services

5.2 The Strategy recognises that these services should continue to be delivered on a system wide basis to ensure access is equitable for all individuals who require them. In addition the strategy aims to standardise local services to ensure the same levels and types of interventions are delivered across the Board area.

5.3 Work is being progressed on an implementation programme which will be available later this year. This programme requires to be supported by a detailed financial framework (similar to the continuing care financial framework) to redistribute current mental health budgets to support this whole system approach.

5.4 The Strategy's financial premise is that resources will shift with service change, in particular shifting the balance of care by reducing reliance on high cost inpatient services and investing in community based infrastructure. This has been supported by the principles of the financial framework as follows:

- Support system wide and local planning and decision making;
- Offer a framework that is fair and equitable for all partners;
- Enable investments to be made which support delivery of the strategy, irrespective of where the budget is held;
- Support service re-design on a systems wide basis; and
- Support collaborative working across the partners and deliver the optimum use of the resources across Greater Glasgow and Clyde, including workforce planning.

5.5 The proposed financial framework will identify those budgets linked to disinvestment across the whole system and re-allocated across the six partnerships based on their share of NRAC (National Resource Allocation Committee) in the year the reallocation takes place. As stated above in 4.10 this is consistent with the approach of other system wide financial frameworks.

5.6 Individual HSCP's will then be able to use this funding to undertake local and board wide investment in line with the Five Year Strategy. Board wide investment will be funded jointly again on an NRAC basis.

6. Financial Performance 2019/20

6.1 Summary Position

6.2 The WDHSCP revenue position for the period 1 April to 30 June 2019 is reporting an overspend of -£0.235m (-0.59%). See Table 3 below.

6.3 The current overspend is projected to the 31 March 2019 and after adjustments for all known material factors is estimated to outturn at -£0.954m (-0.60%). See Table 2 below.

Table 3: Summary Financial Information as at 30 June 2019

	Annual Budget	YTD Budget	YTD Actuals	Variance	Variance	Forecast	Full Year Variance	Variance
	£000's	£000's	£000's	£000's	%	Full Year	£000's	%
Health Care	95,912	22,405	22,407	(2)	-0.01%	95,912	0	0.00%
Social Care	95,643	20,791	20,940	(149)	-0.72%	96,261	(618)	-0.65%
Expenditure	**191,555**	**43,196**	**43,347**	**(151)**	**-0.35%**	**192,173**	**(618)**	**-0.32%**
Health Care	**(4,298)**	**(1,056)**	**(1,056)**	0	0.00%	**(4,298)**	0	0.00%
Social Care	**(27,830)**	**(2,461)**	**(2,377)**	(84)	3.41%	**(27,494)**	(336)	1.21%
Income	**(32,128)**	**(3,517)**	**(3,433)**	**(84)**	**2.39%**	**(31,792)**	**(336)**	**1.05%**
Health Care	91,614	21,349	21,351	(2)	-0.01%	91,614	0	0.00%
Social Care	67,813	18,330	18,563	(233)	-1.27%	68,767	(954)	-1.41%
Net Expenditure	**159,427**	**39,679**	**39,906**	(235)	**-0.59%**	**160,381**	**(954)**	**-0.60%**

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.

6.4 This estimated projection assumes that current demand pressures could continue until the end of the financial year, i.e. it recognises that once particular types of care packages are in place (e.g. kinship care orders) they will inevitably remain in place for a significant time period. It also estimates the current demand for older people and adult care packages however this will change as it does not follow a distinct pattern of activity that can easily be factored into a year-end projection. Also the financial impacts of the Focussed Intervention Team and additional supports in Primary Care and Mental Health services supporting people in the community are not yet fully known.

6.5 This level of overspend is significant in that it is almost at the same level as the overspend projected at June 2018, however the 2019/20 budget added substantial additional resources to budget areas covered above, including

£1.1m to Children and Families. Budget managers are still working under many of the agreed actions of the 2018/19 recover plan, including strict vacancy control procedures, formal approval of premium rate overtime and essential spend only on I.T and other equipment. However further action plans are being developed to help address the current and projected pressure.

6.6 The Board may wish to note there is potential scope to alleviate some pressure in the short term from other funding streams (as detailed in Table 4 below). It is too early to accurately assess the new demand from the extension of free personal care for under 65s legislation, however we are currently assessing the level of personal care already delivered in current service packages which had not been subject to charge. This will be explored in future reports to the HSCP Board.

Table 4: Additional Investment in Health & Social Care 2019/20

Funding	WDHSCP	Committed	Comments
Free Personal & Nursing Care Under 65s	**£0.485m**	Still to be assessed	Could be applied to the cost of some current packages receiving personal care and no charges have ever been levied.
Investment in Integration (including SLW increase)	**£1.907m**	**£1.400m**	Scottish Living Wage and closing the gap.

6.7 The £0.507m balance of Investment in Integration funding was to be directed at service transformation to speed up the pace of integration and invest in community based services. It could be considered by the HSCP Board that some current positive performance demonstrates this and an element of the cost could be funded from this resource.

6.8 The application of reserves could also be required if the projected overspend cannot be reduced or contained within current budget limits. Detailed below is the unaudited Reserves position.

Table 5: Reserves Balances from 2018/19 Unaudited Annual Accounts

Movement in Reserves During 2018/19	Unearmarked Reserves Restatement Balance £000	Earmarked Reserves Restatement Balance £000	Total General Fund Reserves £000
Opening Balance as at 31st March 2018	(1,706)	(4,436)	(6,142)
Total Comprehensive Income and Expenditure (Increase)/Decrease 2018/19	(751)	(287)	(1,038)
Closing Balance as at 31st March 2019	(2,457)	(4,723)	(7,180)

6.9 Throughout 2018/19 the HSCP Board considered the transfer of an element of earmarked reserves to unearmarked general reserve to increase the financial sustainability of the partnership, given the reported pressures and also to bring the balance closer to the 2% target detailed within the Reserves Policy. This was completed as part of the annual accounts exercise and the unearmarked reserves balance was increased by £0.670m from three earmarked reserves balances, with the final balance (subject to audit) being £2.457m or approx 1.83% of the 2019/20 net expenditure budget, excluding Family Health Services.

6.10 The current projected overspend does not include the cost of the six additional social worker posts agreed within the Children and Families Team as recruitment is still ongoing. Given the posts are in response to a collective grievance it is requested that the Board agree that these additional costs and any other agreed actions are underwritten by general, unearmarked reserves. A full financial analysis will be presented to the next board meeting. In addition there will be update on the detailed proposals on the re-investment of the £0.250m, a recurring budget resource previously directed to an external provider.

6.11 The May HSCP Board also requested that the next financial performance report should include an update on the plans for the earmarked reserves. This is attached at Appendix 1. At this time there are plans around many of the earmarked funds however there is potential that some resource could be released from former Integrated Care or Delayed Discharge Funds to support additional expenditure in community based support as set aside arrangements remain outstanding.

6.12 The summary position reported in table 3 above and the significant variances affecting the overall projected position are reported in more detail below with breakdowns of costs at care group level reported in Appendix 2.

6.13 <u>Significant Variances – Health Services</u>

6.14 The overall net position at 30 June 2019 is breakeven. It is anticipated that at this early stage of the financial year the outturn can also be held at this position, assuming that the 3% turnover target, there is full achievement of the approved management actions agreed as part of the 2019/20 budget exercise and primary care prescribing is contained within the 5% uplift to budget.

6.15 There are some variations of spend against budget that can be attributed to phasing in the first quarter and this will be refined as the financial year progresses.

6.16 The significant potential outturn variations are detailed below:

- **Adult Community Services –** could overspend by £0.185m due to additional cost related to a specialist care package. There are plans to review this

package, with the family and with the specialist nursing provider which should reduce this projection.

- **Mental Health – Adult Community –** the increase in income received from Argyll and Bute at the end of 2018/19 will impact on 2019/20 as it is based on a rolling average. This will help offset some existing pay pressure and potentially over-recover income by £0.050m.

- **Child Services – Community –** the continuing delay in the school nursing review coupled with the unfunded cost of the health visitors regrading could cost £0.125m by the end of the year. This continues to be raised with Scottish Government representatives.

- **Planning, Health Improvement –** potential to underspend by £0.180m based on current vacancies and previous application of discretionary funding.

- **MSK Physio –** the additional demand for advanced physio practioners linked to primary care multi-disciplinary teams has resulted in greater than anticipated turnover. The partnerships are working together to minimise disruption to core staffing, however approximately £0.080m additional turnover is projected.

6.17 GP Prescribing for Partnerships in 2019/20

6.18 Primary care prescribing costs represent the greatest financial risk to the on-going success of the HSCPs mainly due to the scale of the budget, the volatility of global markets and complicated contract arrangements with Community Pharmacy Scotland around drug tariffs.

6.19 It is anticipated that partnerships will be in a position to issue GP practices with their 2019/20 budget allocation in the next few weeks, now that the 2018/19 final outturn position is known and current cost and volume data can be applied in tandem with efficiency targets. The NHSGGC Finance Manager and Central Prescribing Team are currently working through prescribing forecasts for 2019/20 based on early prescribing activity and drugs costs as well as factoring in the latest information on the payment structure to community pharmacists, including discount and clawback rates. At this time no variance is projected.

6.20 <u>Significant Variances – Social Care</u>

6.21 The net overspend position at 30 June 2019 is -£0.233m (-1.27%). The reason for this current position is explained in more detail below, however if the current demand pressure cannot be reduced the projected year end overspend could be in the region of -£0.954m (-1.41%).

6.22 As stated in sect. 6.4 – 6.5 above management action plans are being developed and the next report to the HSCP Board will provide an update on

progress. The application of reserves (Table 4 above) may require being part of the action plan.

6.23 The current key variances are detailed below:

- **Community Placements –** If the current numbers of kinship placements and both internal and external fostering placements remain and the assumptions around some children returning home or being adopted do not follow through then the projected overspend could be in the region of £0.500m.

- **Residential Accommodation for Younger People –** staffing pressures in our own children's houses is anticipated to cost an additional £0.080m by the end of the financial year, however staff absence needs to be closely monitored. The main pressure is coming from external residential school and secure places which is projected to overspend by £0.800m after the application of the full £0.400m additional resource agreed on 28 March budget setting meeting. The joint working group with Education is expected to report to the council's senior leadership group in the next couple of months. Again increases in placements must be investigated and alternative supports considered.

- **Residential Accommodation for Older People –** both internal and external placements are projecting underspends of £0.230m and £0.355m respectively. The closure of Boquhanran House is factored into the opening of the new Clydebank Care Home next year. There has also been a reduction in availability of nursing home placements; however the demand remains and projections are subject to change.

- **Care at Home –** demand for this service continues to increase and place pressure on both our internal and external resource. A conservative, projected outturn is an overspend of £0.600m. Success in keeping delayed discharge numbers low inevitably increase pressure in care at home services as immediate care is provided. An action plan which will include possible scheduling efficiencies facilitated by the use of CM2000, supported by the recruitment of a new post. The manager has reported that compliance levels are now at approximately 65% and also the use of premium rate overtime has reduced.

6.24 **<u>Housing Aids and Adaptations and Care of Gardens</u>**

6.25 The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services which should be delegated to IJBs and should be considered as an addition to the HSCP's Board's budget allocation of £67.813m for 2019/20.

6.26 These budgets are currently held within West Dunbartonshire Council's – Regeneration, Environment and Growth Directorate and are managed on behalf of the HSCP Board. The 2019/20 budget was approved by Council on the 27 March 2019; for Aids and Adaptations it is £0.250m (unchanged) and

for Care of Gardens £0.440m, reflecting the full year cost of the service now having to be delivered in-house after Greenlight Ltd ceased trading.

6.27 The summary position for the period to 30 June 2019 is reported in the table below and projects that expenditure will be in line with budget, which will be reported as part of WDC's outturn position.

Table 5: Financial Performance as at 30 June 2019

	Budget	Actual to Date	Forecast
Care of Gardens	440,000	125,005	440,000
Aids & Adaptations	250,000	56,000	250,000
Total	**690,000**	**181,005**	**690,000**

7. 2019/20 Capital Expenditure

7.1 The progress to date of the individual capital projects funded by WDC and NHSGGC for the Health Social Care Partnership is detailed below.

7.2 The HSCP Clydebank Health Quarter Capital Project Board held on 26 June was updated with the key milestones and project interdependencies of the new Clydebank Health and Care Centre and the Clydebank Care Home; flagship builds integral to the Queen's Quay Masterplan.

7.3 The Clydebank Health Centre variation was triggered on the 3 June and Hub Co. Ltd have submitted a draft variation programme that will deliver a Stage 2 submission to NHSGGC (after approval of project board) on 2 September with estimated Financial Close 26 November 2019. This would estimate a site mobilisation start date of mid Dec/Jan with a 74 week construction programme, estimated completion April/May 2021.

7.4 The latest financial assessment of costs has confirmed there is likely to be a gap of approximately £0.250m on the total £19.0m approved budget, based on the installation of a standalone gas fired heating system with the ability to convert over to District Heating when appropriate. The responsibility of covering any shortfall sits with the HSCP Board, therefore all efforts will be made to negate any additional cost or the shortfall will require being built into the 2021/22 budget pressures.

7.5 The summary of the social care capital expenditure position is detailed in Appendix 3 and any significant variances affecting the overall position reported are monitored routinely as part of the Council's capital planning process.

7.6 As reported to the May HSCP Board construction progress of the new Clydebank Care Home has been on track at approximately half way through the 78 week build. However at the 4 June progress meeting CCG intimated

that the build may need an extra 4 weeks to complete. Progress against the programme is being reviewed and further substantiation is requested. The Project Board may consider it prudent to prepare for this delay given that the transition process of moving residents from their current home into a new home must be planned with the greatest of care. This would slip the date from June 2020 to July 2020.

7.7 There is no variation to report on the Aids and Adaptations budget of £0.757m at this time, however there may be a request to carry forward some of the allocation, approximately £30k, that was added to the budget for the special adaptations required to the new learning disability accommodation planned at the St Andrew site in Clydebank.

8. People Implications

8.1 None.

9. Financial Implications

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

10. Professional Implications

10.1 None.

11. Locality Implications

11.1 None.

12. Risk Analysis

12.1 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 expected from Britain's exit from the European Union on 31 October 2019.

13. Impact Assessments

13.1 None.

14. Consultation

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

15. Strategic Assessment

15.1 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: 22 July 2019

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

Appendices:

Appendix 1 – Earmarked Reserves Update

Appendix 2 – 2018/19 Financial Update as at Period 3

Appendix 3 – WDC Capital Expenditure Update as at Per 3

ANALYSIS OF CURRENT LEVELS OF EARMARKED RESERVES

Appendix 1

West Dunbartonshire Council Earmarked Reserve	Balance as at 31 March 2019 £000	Earmarked Reserves - Notes
GIRFEC Council	(6)	Will be full spent in 2019/20
Criminal Justice - Transitional Funds	(71)	Ring Fenced Scottish Government Grant will be used for Transition Officers post funding
Carers Funding	(183)	Needs to be fully assessed as further £0.340m available in 2019/20 budget.
Social Care Fund - Living Wage	(773)	£0.450m transferred to General Reserves in 2018/19. As Procurement exercise continues and some Scottish Living Wage negotiations remain to be concluded it would be prudent to hold in reserve.
Service Redesign and Transformation	(971)	This is required to support the HSCP Board's strategic objectives and aid in transforming services and shifting the balance of care. Current plans include: additional support for Domestic Abuse (circa £0.100m); transition to new Clydebank Care Home e.g. transport, double running costs, additional training (TBC); CM2000 support (circa £0.070m); Learning Disability redesign (TBC) and Commissioning support (TBC). Also 4 posts as approved at 28 March Board - HR post fixed for 1 year and 3 Change/Transformation Support Posts for 2 years (circa £0.0225m)
Integrated Care Fund	(420)	Now mainlined funding and although there are still reporting requirements around Ministerial Steering Group 6 Essential Actions we are exploring merging with Delayed Discharge and Social Care Funding to assist with funding Frailty Framework, Home Care and Care Home pressures. £0.120m transferred to General Reserves in 2018/19.
Delayed Discharge	(103)	Was Scottish Government Earmarked Recurring funding, with conditions of spend - expenditure linked to DD Plan and may now also assist with wider review of Beds work within WD HSCP. See ICF comment above.
GIRFEC NHS	(99)	Scottish Government Earmarked Non Recurring funding. Conditions of spend -Information Sharing/Technology Portal development in relation to GIRFEC "Getting it right for every child" for HSCP's - further planned spend via NHSGGC in 19/20 will require drawdown from this Reserve.
DWP Conditions Management	(174)	Ring Fenced non recurring income from Department of Work and Pensions to cover exit costs of Condition Management Joint Project between DWP and NHS, hosted by WD HSCP. Funding from DWP equivalent to Redundancy payments - however NHS has no redundancy policy, therefore funding aligned to alternative posts and Pay Protection for affected employee's. Drawdown required year on year varies dependant on placement of displaced staff.
TEC (Technology Enabled Care) Project	(146)	Scottish Government Non Recurring Grant funding for Technology Enabled Care Project. Fixed Term Post and purchase of equipment and text bundles will see Reserve fully drawn down by 19/20.
Primary Care Transformation Fund including Cluster Lead Funding	(260)	Scottish Government Earmarked funding for Primary Care Implementation Plan. Reserve will support implementation and expansion of plans from 19/20 onwards.
Physio Waiting Times Intiative	(125)	Reserve created from in year staff underspends within Hosted MSK Physiotherapy Service to ensure delays/pressures in waiting times can be addressed. Additional hours and use of Locum's will be funded from this Reserve in 19/20.
Retinal Screening Waiting List Grading Initiative	(60)	Reserve created from in year underspend within Hosted Retinal Screening Service to allow for funding of fixed term post and additional hours in 19/20 to address Grading Backlog.
GP Premises Improvement Funding	(68)	The amounts allocated back to IJBs was estimated based on GP data, so the amount required by across NHSGGC is still being considered as allocation will be linked to need. Local funding may be required to enhance this fund.
Prescribing Reserve	(369)	Newly created in 2018/19 in preparation of the UK's exit from the European Union and anticipated increases in drug costs from short supply.
Mental Health - Action 15	(123)	Could be required in 2019/20 if the Scottish Government hold back an element of previously communicated indicative funding.
Primary Care Improvement Fund	(482)	Could be required in 2019/20 if the Scottish Government hold back an element of previously communicated indicative funding.
Alcohol and Drug Partnership	(290)	Could be required in 2019/20 if the Scottish Government hold back an element of previously communicated indicative funding.
Total Earmarked Reserves	**(4,723)**	

West Dunbartonshire Health & Social Care Partnership Appendix 2

Financial Year 2019/20 period 3 covering 1 April to 30th June 2019

Health Care Expenditure	Annual Budget £000's	Year to date Budget £000's	Actual £000's	Variance £000's	Forecast Full Year	Variance
Planning & Health Improvements	706	177	168	8	526	180
Children Services - community	2,953	699	792	(93)	3,078	(125)
Children Services - specialist	1,550	387	409	(22)	1,550	0
Adult Community Services	9,744	2,148	2,177	(30)	9,929	(185)
Community Learning Disabilities	595	149	135	13	595	0
Addictions	1,853	445	487	(42)	1,853	0
Men Health - Adult Inpatient	0	0	0	0	0	0
Mental Health - Adult Community	4,556	1,116	1,051	65	4,506	50
Mental Health - Elderly Inpatients	3,432	858	895	(37)	3,432	0
Family Health Services (FHS)	26,286	6,813	6,813	(0)	26,286	0
GP Prescribing	19,306	4,659	4,659	0	19,306	0
Other Services	2,369	579	653	(74)	2,369	0
Resource Transfer	15,088	2,517	2,517	0	15,088	0
Hosted Services	7,473	1,858	1,650	208	7,393	80
Expenditure	95,912	22,405	22,407	(2)	95,912	0
Income	(4,298)	(1,056)	(1,056)	0	(4,298)	0
Net Expenditure	**91,614**	**21,349**	**21,351**	**(2)**	91,614	0

Social Care Expenditure	Annual Budget £000's	Year to date Budget £000's	Actual £000's	Variance £000's	Forecast Full Year	Variance
Strategy Planning and Health Improvement	922	257	253	4	905	17
Residential Accommodation for Young People	3,780	932	952	(20)	3,860	(81)
Children's Community Placements	4,999	1,417	1,545	(129)	5,513	(514)
Children's Residential Schools	1,093	415	615	(200)	1,893	(800)
Childcare Operations	3,971	936	956	(19)	4,048	(77)
Other Services - Young People	4,090	734	734	0	4,089	1
Residential Accommodation for Older People	8,067	1,889	1,801	88	7,724	343
External Residential Accommodation for Elderly	13,816	3,819	3,684	136	13,273	543
Homecare	14,548	3,236	3,363	(127)	15,056	(508)
Sheltered Housing	1,873	384	374	11	1,839	34
Day Centres Older People	1,288	283	279	4	1,272	16
Meals on Wheels	59	8	5	3	46	12
Community Alarms	385	75	73	2	386	(1)
Community Health Operations	2,780	715	715	0	2,780	0
Residential - Learning Disability	14,805	2,640	2,640	0	14,805	0
Day Centres - Learning Disabilty	2,049	450	450	0	2,049	0
Physical Disability	3,197	640	639	0	3,196	0
Addictions Services	1,618	351	331	20	1,538	79
Mental Health	4,056	816	801	15	3,997	59
Criminal Justice	2,174	451	451	(0)	2,174	0
HSCP - Corporate	6,074	342	278	64	5,817	257
Expenditure	**95,643**	**20,791**	**20,939**	**(149)**	**96,261**	(618)
Income	(27,830)	(2,461)	(2,377)	(84)	(27,494)	(336)
Net Expenditure	**67,813**	**18,329**	**18,562**	**(233)**	**68,767**	(954)

Consolidated Expenditure	Annual Budget £000's	Year to date Budget £000's	Actual £000's	Variance £000's	Forecast Full Year	Variance
Older People Residential, Health and Community Care	38,012	9,321	9,108	213	37,249	763
Homecare	14,548	3,236	3,363	(127)	15,056	(508)
Physical Disability	3,197	640	639	0	3,196	0
Children's Residential Care and Community Services (incl specialist)	22,435	5,521	6,003	(482)	24,031	(1,596)
Strategy Planning and Health Improvement	1,628	434	421	12	1,431	197
Mental Health Services - Adult & Elderly Community and Inpatients	12,044	2,790	2,746	43	11,935	109
Addictions	3,471	796	818	(22)	3,392	79
Learning Disabilities - Residential and Community Services	17,449	3,239	3,225	13	17,449	0
Family Health Services (FHS)	26,286	6,813	6,813	(0)	26,286	0
GP Prescribing	19,306	4,659	4,659	0	19,306	0
Hosted Services	7,473	1,858	1,650	208	7,393	80
Criminal Justice	2,174	451	451	(0)	2,174	0
Resource Transfer	15,088	2,517	2,517	0	15,088	0
HSCP Corporate and Other Services	8,443	922	931	(10)	8,186	257
Gross Expenditure	191,555	43,196	43,346	(150)	192,173	(618)
Income	(32,128)	(3,517)	(3,433)	(84)	(31,792)	(336)
Total Net Expenditure	**159,427**	**39,679**	**39,913**	**(234)**	**160,381**	(954)

WEST DUNBARTONSHIRE COUNCIL **Appendix x**

GENERAL SERVICES CAPITAL PROGRAMME

MONTH END DATE **30 June 2019**

PERIOD **3**

Budget Details	Project Life Financials					
	Budget	Spend to Date		Forecast Spend	Forecast Variance	
	£000	£000	%	£000	£000	%
Special Needs Adaptations & Equipment						
Project Life Financials	757	17	2%	757	0	0%
Current Year Financials	757	17	2%	757	0	0%

Main Issues / Reason for Variance

No issues to report at this time

Mitigating Action

None required at this time

Anticipated Outcome

Reactive equipment provided as required

Replace Elderly Care Homes / Day care Centres						
Project Life Financials	27,463	17,472	64%	27,463	0	0%
Current Year Financials	8,824	1,175	13%	8,824	0	0%

Main Issues / Reason for Variance

Dumbarton Care Home achieved practical completion on 28 April 2017. There is one outstanding recorded defect yet to be rectified relating to the CHP engine and accordingly a small amount of retention has been withheld but forecast to be released this financial year. With regards to Clydebank Care Home, CCG have been in possession of the site since the end of October 2018 and are progressing well against programme generally, however, current contractor's report states an anticipated delay of 4 weeks however all efforts are being made to mitigate this. The contract completion date is 24 April 2020 and the target opening is late Summer 2020.

Mitigating Action

Due to the complexity of both the relationships and co-dependencies with other neighbouring projects being developed at the same time the ability to mitigate within the project scope of control is limited – corporately, mitigation rests with delivery of programmes for overall Queens Quay Masterplan and in particular District Heating System. 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.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD
7 August 2019

Subject: Annual Report and Accounts 2018/2019 Process

1. Purpose

1.1 To update the HSCP Board on the progress on the 2018/19 Annual Accounts process and request approval for next stages.

2. Recommendations

2.1 Members are asked to:

(a) Note that the 2018/19 draft Annual Report and Accounts were approved by the 19 June Audit Committee and passed to external audit ; and
(b) Agree to delegate authority to the Audit Committee to formally approve the audited accounts on 25 September 2019, prior to submission to the Accounts Commission by 30 September 2019 in line with the approved Terms of Reference.

3. Background

3.1 The HSCP Board is required by law to produce its draft Statement of Accounts for audit by 30 June each year. The annual accounts present the financial performance of the HSCP and include the level of usable funds which will be held in reserve to support specific projects and manage the financial risk associated with demographic and other service demand pressures.

3.2 The June Audit Committee considered the draft unaudited accounts, including the governance statement and after discussion and further explanation from the Chief Financial Officer agreed that they be passed to our appointed external auditors (Audit Scotland) for formal review.

3.3 The public notice period for the pre-audit inspection was for a period of 3 weeks from 21 June to 12 July 2019 and during this period no formal requests for further information were received.

4. Main Issues

4.1 Audit Scotland has commenced their audit process and it is anticipated that process will be completed in the coming weeks with “audit sign-off” expected during mid September 2019.

4.2 Regulations require approval of the audited annual accounts by the HSCP Board or a committee of the HSCP whose remit include audit & governance. This will take account of any report made on the audited annual accounts by the "proper officer" i.e. Chief Financial Officer being the Section 95 Officer for the HSCP Board or by the External Auditor by the 30th September immediately following the financial year to which they relate. In addition any further report by the external auditor on the audited annual accounts should also be considered.

4.3 Approval is sought from the HSCP Board to remit to the Audit Committee authority, in line with the Terms of Reference, the approval of the External Auditors report and proposed audit certificate (ISA 260 report) and the Audited Annual Report and Accounts at its meeting on 25 September 2019.

5. People Implications

5.1 There are no people implications.

6. Financial Implications

6.1 There are no financial implications.

7. Professional Implications

7.1 None

8. Locality Implications

8.1 None

9. Risk Analysis

9.1 No risk analysis was required.

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 None required.

12. Strategic Assessment

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

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

Julie Slavin – Chief Financial Officer
Date: 25 July 2019

Person to Contact: Julie Slavin – Chief Financial Officer,
WDC Offices, Church Street, Dumbarton G82 1QL
e-mail : julie.slavin@ggc.scot.nhs.uk

Appendices: None

Background Papers: Draft Unaudited Annual Accounts 2018/19
Audit Committee Terms of Reference

Wards Affected: None

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 8th August 2019

Subject: Membership of the Partnership Board

1. Purpose

1.1 To nominate new non-voting members to the Partnership Board.

2. Recommendation

2.2 The voting members of the Partnership Board are recommended to appoint the nominated non-voting members of the Partnership Board.

3. Background

3.1 The constitution of the Health & Social Care Partnership Board is established through the Public Bodies (Joint Working) (Scotland) Act 2014.

3.2 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 states that an Integration Joint Board's non-voting membership must include a registered medical practitioner employed by the Health Board and not providing primary medical services (as one of its professional advisors).

3.3 The Chief Officer is informing the Board that Janice Miller (Lead Allied Health Professional for NHS Greater Glasgow and Clyde hosted MSK Service) stepped down from the Partnership Board; the Chief Officer has identified Helen Little as her successor. Additionally Val Tierney (Chief Nurse) was recruited and has taken up post to replace Wilma Hepburn who retired from the NHS.

3.4 The Chief Officer is also informing changes to the Senior Management Team since the previous membership board paper in November 2017; the new non-voting members of the HSCP Partnership Board are Jonathan Hinds (Chief Social Work Officer) replacing Jackie Irvine who left to take up another post and Jo Gibson (Head of Health and Community Care) replacing Chris McNeill who retired from the HSCP.

4. Main Issues

4.1 The Partnership Board is asked to appoint Helen Little and Val Tierney as non-voting members and professional advisors to the Partnership Board.

5. People Implications

5.1 None.

6. Financial Implications

6.1 None.

7. Professional Implications

7.1 None.

8. Locality Implications

8.1 None.

9. Risk Analysis

9.1 The Council and the Health Board are obliged to ensure that the constitution of the Partnership Board is as prescribed in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

10. Impact Assessments

10.1 Not applicable.

11. Consultation

11.1 Not applicable.

12. Strategic Assessment

12.1 Not applicable.

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

Date: 2nd July 2019

Person to Contact: Wendy Jack
Head of Strategy, Planning & Health Improvement
West Dunbartonshire Health & Social Care Partnership.
E-mail: wendy.jack@west-dunbarton.gov.uk

Appendices: None

Background Papers: The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

7 August 2019

Subject: Appointment of a Standards Officer

1. Purpose

1.1 The purpose of this report is to agree the appointment of a Standards Officer as required by the Ethical Standards in Public Life (Scotland) Act 2000 (Register of Interests) Regulations 2003.

2. Recommendations

2.1 Members are asked to:

- Note the duties and responsibilities of the Standards Officer as detailed in Appendix 1;
- Approve the appointment (subject to the approval of the Standards Commission for Scotland) of the Strategic Lead (Regulatory) as the Standards Officer for the West Dunbartonshire Integration Joint Board; and
- Agrees to remit the Chief Officer to seek the Standards Commission's approval of the appointment.

3. Background

3.1 The West Dunbartonshire Health and Social Care Partnership Board (WDHSCP) or Integrated Joint Board (IJB) as referred to in legislation, is a devolved public body for the purposes of the Ethical Standards in Public Life (Scotland) Act 2000. The requirements of the 2000 Act and the Codes of Conduct which form part of the ethical standards framework apply to members of all IJBs as they do to other members of devolved public bodies. This is reflected in WDHSCP's Code of Conduct (Appendix 1) which obliges board members to comply with the Model Code of Conduct for Members of Devolved Public Bodies.

3.2 The Ethical Standards in Public Life (Scotland) Act 2000 (Register of Interests) Regulations 2003 requires that IJBs appoint a Standards Officer whose role is to keep the Register of Interests and provide advice and support in connection with Code of Conduct issues at a local level.

3.3 The Standards Commission was also established by the 2000 Act and is an independent body whose responsibility is to encourage high ethical standards in public life. It does this through the publication and enforcement of Codes of Conduct.

3.4 The Commissioner for Ethical Standards in Public Life in Scotland investigates complaints about the conduct of MSPs, local authority councillors and members of public bodies. The Commissioner also monitors how people are appointed to the boards of specified public bodies.

4. Main Issues

4.1 As a separate legal entity with no employees, the WDHSCP Board is proposing to appoint an employee of West Dunbartonshire Council as its Standards Officer.

4.2 While there are no specific requirement as to who should be appointed as the Board's Standards Officer it has been noted that other IJBs are appointing either the relevant head of the Council service responsible for committees or the Council solicitor who is clerking meetings of the IJB.

4.3 The 2003 Regulations are supplemented by advice issued by the Standards Commission (Appendix 2) which provides an outline of the roles and responsibilities (within the ethical standards framework) of a Standards Officer and the duties they may be expected to discharge. However the advice is not prescriptive as the Standards Commission recognises that governance and staffing arrangements are entirely a matter for the Board to determine.

4.4 The proposed appointment requires to be approved by the Standards Commission. They have agreed an approval process with the Scottish Government's Directorate for Health and Social Care Integration under which the Chief Officer of the IJB is requested to provide the following information:

- A summary of the Standards Officers key responsibilities;
- The name of the nominated individual;
- Whether the nominated individual is an existing Monitoring or Standards Officer; and
- The steps the Chief Officer has taken to assure themselves of the individual's suitability.

4.5 It is proposed to appoint the Strategic Lead (Regulatory) to the role of the WDHSCP Board's Standards Officer. The post holder (Peter Hessett) provides ongoing advice and support to the Board in connection with governance matters and is also the Council's Monitoring Officer. It is considered that Peter Hessett (in his capacity as Strategic Lead (Regulatory) / Council Monitoring Officer) is a suitable and appropriate person to be appointed to this role by the HSCP Board.

5. People Implications

5.1 None

6. Financial Implications

6.1 None

7. Professional Implications

7.1 The HSCP Board is required to appoint a Standards Officer in terms of the Ethical Standards in Public Life (Scotland) Act 200 (Register of Interests) Regulations 2003.

8. Locality Implications

8.1 None

9. Risk Analysis

9.1 Elements of the work of the Standards Officer are requirements of the Ethical Standards in Public Life (Scotland) Act 2000 and the IJB and its members are required to comply with this legislation.

10. Impact Assessments

10.1 None

11. Consultation

11.1 The Chief Officer, the Council's Corporate Management Team and the Board Administration of Greater Glasgow and Clyde NHS Board has been consulted in the preparation of this report.

12. Strategic Assessment

12.1 Compliance with the Ethical Standards in Public Life (Scotland) Act 2000 (Register of Interests) Regulations 2003 is a key cornerstone of good governance and support the Partnership Board and officers to pursue the strategic priorities of the Strategic Plan.

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

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

Author: **Julie Slavin – Chief Financial Officer**
Date: **15 July 2019**

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

Appendices:	Appendix 1- WDHSCP Board Code of Conduct Appendix 2 - Standards Commission for Scotland - Advice on the Role of a Standards Officer
Background Papers:	None
Wards Affected:	None

West Dunbartonshire
Health & Social Care Partnership

CODE of CONDUCT

for

MEMBERS

of

WEST DUNBARTONSHIRE

HEALTH & SOCIAL CARE PARTNERSHIP BOARD

CODE OF CONDUCT for MEMBERS of WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

CONTENTS

SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.

1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000, "the 2000 Act", provides for Codes of Conduct for local authority Councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant Code; and establishes a Standards Commission for Scotland, "The Standards Commission" to oversee the new framework and deal with alleged breaches of the Codes.

1.3 The 2000 Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for members was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.

The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Amendments & Savings) Order 2015 has determined that Integration Joint Boards are "devolved public bodies" for the purposes of the 2000 Act.

1.4 This Code for Integration Joint Boards (IJBs) has been specifically developed using the Model Code and the statutory requirements of the 2000 Act. As a member of West Dunbartonshire Health & Social Care Partnership Board - the IJB for West Dunbartonshire - it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct which has now been made by the West Dunbartonshire Health & Social Care Partnership Board ("the Partnership Board").

This Code applies when you are acting as a member of West Dunbartonshire Health & Social Care Partnership Board and you may also be subject to another Code of Conduct.

Appointments to the Boards of Public Bodies

1.5 Whilst your appointment as a member of an IJB sits outside the Ministerial appointment process, you should have an awareness of the system surrounding public appointments in Scotland. Further information can be found in the public appointment section of the Scottish Government website at http://www.appointed-for-scotland.org/.

Details of IJB membership requirements are set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 and further helpful information is contained in the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance, which also includes information on Equality Duties and Diversity.

Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government's equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present**.** In order to meet both of these aims, a board should ideally be

drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board's appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the IJB on which you serve and of wider diversity and equality issues.

1.6 You should also familiarise yourself with how the West Dunbartonshire Health & Social Care Partnership Workforce & Organisational Development Strategy operates in relation to succession planning, which should ensure that the Partnership Board has a strategy to make sure they have the members in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

Guidance on the Code of Conduct

1.7 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.

1.8 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should in the first instance seek advice from the Chair of the Partnership Board. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.

1.9 You should familiarise yourself with the Scottish Government publication "On Board – a guide for board members of public bodies in Scotland" and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance. These publications will provide you with information to help you in your role as a member of an IJB, and can be viewed on the Scottish Government website.

Enforcement

1.10 Part 2 of the 2000 Act sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex A**.

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

2.1 The general principles upon which this Code is based should be used for guidance and interpretation only. These general principles are:

Duty
You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of West Dunbartonshire Health & Social Care Partnership Board and in accordance with the core functions and duties of the Partnership Board.

Selflessness
You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

Integrity
You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

Objectivity
You must make decisions solely on merit and in a way that is consistent with the functions of West Dunbartonshire Health & Social Care Partnership Board when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship
You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that West Dunbartonshire Health & Social Care Partnership Board uses its resources prudently and in accordance with the law.

Openness
You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

Honesty
You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of West Dunbartonshire Health & Social Care Partnership Board and its members in conducting public business.

Respect
You must respect fellow members of West Dunbartonshire Health & Social Care Partnership Board and employees of related organisations supporting the operation of the Partnership Board and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of West Dunbartonshire Health & Social Care Partnership Board.

2.2 You should apply the principles of this Code to your dealings with fellow members of West Dunbartonshire Health & Social Care Partnership Board, employees of related organisations supporting the operation of the Partnership Board and other stakeholders. Similarly you should also observe the principles of this Code in dealings with the public when performing duties as a member of West Dunbartonshire Health & Social Care Partnership Board.

SECTION 3: GENERAL CONDUCT

3.1 The rules of good conduct in this section must be observed in all situations where you act as a member of West Dunbartonshire Health & Social Care Partnership Board.

Conduct at Meetings

3.2 You must respect the chair, your colleagues and employees of related organisations supporting the operation of the Partnership Board in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings. You should familiarise yourself with the Standing Orders for West Dunbartonshire Health & Social Care Partnership Board, which govern the Partnership Board's proceedings and business. The "Roles, Responsibilities and Membership of the Integration Joint Board" guidance, will also provide you with further helpful information.

Relationship with Partnership Board Members and Employees of Related Organisations

3.3 You will treat your fellow Partnership Board members and employees of related organisations supporting the operation of the Partnership Board with courtesy and respect. It is expected that fellow Partnership Board members and employees of related organisations supporting the operation of the Partnership Board will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation and the Health Board or local authority of the Partnership Board should be able to provide this information to any Partnership Board member on request.

Public bodies should promote a safe, healthy and fair working environment for all. As a member of West Dunbartonshire Health & Social Care Partnership Board you should be familiar with any policies of the Health Board and local authority of the Partnership Board as a minimum in relation to bullying and harassment in the workplace, and also lead by exemplar behaviour.

Remuneration, Allowances and Expenses

3.4 You must comply with any rules applying to the Partnership Board regarding remuneration, allowances and expenses.

Gifts and Hospitality

3.5 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term "gift" includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.

3.6 You must never ask for gifts or hospitality.

3.7 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in your Partnership Board. As a general guide, it is usually appropriate to refuse offers except:

(a) isolated gifts of a trivial character, the value of which must not exceed £50;

(b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or
(c) gifts received on behalf of the Partnership Board.

3.8 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision that West Dunbartonshire Health & Social Care Partnership Board may be involved in determining, or who is seeking to do business with the Partnership Board, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of West Dunbartonshire Health & Social Care Partnership Board then, as a general rule, you should ensure that the Partnership Board pays for the cost of the visit.

3.9 You must not accept repeated hospitality or repeated gifts from the same source.

3.10 As a member of a devolved public body, you should familiarise yourself with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality Requirements

3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of West Dunbartonshire Health & Social Care Partnership Board in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.

3.12 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain or for political purposes or used in such a way as to bring West Dunbartonshire Health & Social Care Partnership Board into disrepute.

Use of Health Board or Local Authority Facilities by Members of the Partnership Board

3.13 Members of West Dunbartonshire Health & Social Care Partnership Board must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the Health Board or local authority policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of West Dunbartonshire Health & Social Care Partnership Board.

Appointment to Partner Organisations

3.14 In the unlikely circumstances that you may be appointed, or nominated by West Dunbartonshire Health & Social Care Partnership Board, as a member of another body or organisation, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.

3.15 Members who become directors of companies as nominees of West Dunbartonshire Health & Social Care Partnership Board will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the Partnership Board. It is your responsibility to take advice on your responsibilities to the Partnership Board and to the company. This will include questions of declarations of interest.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called "Registerable Interests". You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the Partnership Board's Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.

4.2 The Regulations[1] as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. Annex B contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

Category One: Remuneration

4.3 You have a Registerable Interest where you receive remuneration by virtue of being:

- employed;
- self-employed;
- the holder of an office;
- a director of an undertaking;
- a partner in a firm; or
- undertaking a trade, profession or vocation or any other work.

This requirement also applies where, by virtue of your employment in a particular post, you are required to be a member of the West Dunbartonshire Health & Social Care Partnership Board.

4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.

4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, "Related Undertakings".

4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.

4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.

[1] SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.

4.8 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.

4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.

4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.

4.11 Registration of a pension is not required as this falls outside the scope of the category.

Category Two: Related Undertakings

4.12 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.

4.13 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.

4.14 The situations to which the above paragraphs apply are as follows:

- you are a director of a board of an undertaking and receive remuneration declared under category one – and
- you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

Category Three: Contracts

4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with West Dunbartonshire Health & Social Care Partnership Board:

(i) under which goods or services are to be provided, or works are to be executed; and
(ii) which has not been fully discharged.

4.16 You must register a description of the contract, including its duration, but excluding the consideration.

Category Four: Houses, Land and Buildings

4.17 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed.

4.18 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the

organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.

Category Five: Interest in Shares and Securities

4.19 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the body to which you are appointed and (b) the **nominal value** of the shares is:

(i) greater than 1% of the issued share capital of the company or other body; or
(ii) greater than £25,000.

Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

Category Six: Gifts and Hospitality

4.20 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Code.

Category Seven: Non–Financial Interests

4.21 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the Partnership Board to which you are appointed. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. This requirement also applies where, by virtue of your membership of a particular group, you have been appointed to West Dunbartonshire Health & Social Care Partnership Board.

4.22 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

SECTION 5: DECLARATION OF INTERESTS

General

5.1 The key principles of the Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of the Partnership Board. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions. For further detail on the declaration requirements of West Dunbartonshire Health & Social Care Partnership Board, you can refer to the Partnership Board's Standing Orders.

5.2 IJBs inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be

declared. Public confidence in West Dunbartonshire Health & Social Care Partnership Board and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.

5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the **objective test** ("the objective test") which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of West Dunbartonshire Health & Social Care Partnership Board. You will wish to familiarise yourself with the Partnership Board's standing orders and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance.

5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If a board member is unsure as to whether a conflict of interest exits, they should seek advice from the board chair in the first instance.

5.5 As a member of West Dunbartonshire Health & Social Care Partnership Board you might *also* serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between the Partnership Board and another body. Keep particularly in mind the advice in paragraph 3.15 of this Code about your legal responsibilities to any limited company of which you are a director.

Interests which Require Declaration

5.6 Interests which require to be declared if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.

5.7 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of West Dunbartonshire Health & Social Care Partnership Board. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or

the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of West Dunbartonshire Health & Social Care Partnership Board as opposed to the interest of an ordinary member of the public.

Your Financial Interests

5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code). If, under category one (or category seven in respect of non-financial interests) of section 4 of this Code, you have registered an interest as a

- Councillor or a Member of another Devolved Public Body where the Council or other Devolved Public Body, as the case may be, has nominated or appointed you as a Member of West Dunbartonshire Health & Social Care Partnership Board, or you have been appointed to the Partnership Board by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

you do not, for that reason alone, have to declare that interest.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the Partnership Board, or a committee of the Partnership Board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

Your Non-Financial Interests

5.9 You must declare, if it is known to you, any non-financial interest if:

(i) that interest has been registered under category seven (Non-Financial Interests) of Section 4 of the Code; or
(ii) that interest would fall within the terms of the objective test.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You do not have to declare an interest solely because you are a Councillor or Member of another Devolved Public Body or you have been appointed to the West Dunbartonshire Health & Social Care Partnership Board by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the Partnership Board, or a committee of the Partnership Board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

The Financial Interests of Other Persons

5.10 The Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

(i) a spouse, a civil partner or a co-habitee;
(ii) a close relative, close friend or close associate;
(iii) an employer or a partner in a firm;
(iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
(v) a person from whom you have received a registerable gift or registerable hospitality;
(vi) a person from whom you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

5.11 This Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of West Dunbartonshire Health & Social Care Partnership Board and, as such, would be covered by the objective test.

The Non-Financial Interests of Other Persons

5.12 You must declare if it is known to you any non-financial interest of:-

(i) a spouse, a civil partner or a co-habitee;
(ii) a close relative, close friend or close associate;
(iii) an employer or a partner in a firm;
(iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;

(v) a person from whom you have received a registerable gift or registerable hospitality;
(vi) a person from whom you have received registerable election expenses.

There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

There is only a need to withdraw from the meeting if the interest is clear and substantial.

Making a Declaration

5.13 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.

5.14 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words "I declare an interest". The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

Frequent Declarations of Interest

5.15 Public confidence in West Dunbartonshire Health & Social Care Partnership Board is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss this at the earliest opportunity with their chair.

Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

Dispensations

5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before West Dunbartonshire Health & Social Care Partnership Board and its committees.

5.17 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.

SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES

Introduction

6.1 In order for West Dunbartonshire Health & Social Care Partnership Board to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which West Dunbartonshire Health & Social Care Partnership Board conducts its business.

6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups. You should also familiarise yourself with the "Roles, Responsibilities and Membership" guidance for members of an IJB.

Rules and Guidance

6.3 You must not, in relation to contact with any person or organisation that lobbies do anything which contravenes this Code or any other relevant rule of West Dunbartonshire Health & Social Care Partnership Board or any statutory provision.

6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon West Dunbartonshire Health & Social Care Partnership Board.

6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of West Dunbartonshire Health & Social Care Partnership Board.

6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.

6.7 You should not accept any paid work relating to health and social care:-

(a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation; or
(b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the Partnership Board and its members.

This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the Partnership Board, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

Members of IJBs are appointed because of the skills, knowledge and experience they possess. The onus will be on the individual member to consider their position under paragraph 6.7.

6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the chair of West Dunbartonshire Health & Social Care Partnership Board in the first instance.

ANNEX A

SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE

(a) Censure – the Commission may reprimand the member but otherwise take no action against them;

(b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:

i) all meetings of the public body;
ii) all meetings of one or more committees or sub-committees of the public body;
iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.

(c) Suspension – for a period not exceeding one year, of the member's entitlement to attend all of the meetings referred to in (b) above;

(d) Disqualification – removing the member from membership of that public body for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of that public body be reduced, or not paid.

Where the Standards Commission disqualifies a member of a public body, it may go on to impose the following further sanctions:

(a) Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.

(b) Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members' code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

Full details of the sanctions are set out in Section 19 of the Act.

ANNEX B

DEFINITIONS AND EXPLANATORY NOTES

"Chair" includes Board Convener or any person discharging similar functions under alternative decision making structures.

"Code" code of conduct for members of devolved public bodies

"Cohabitee" includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

"Group of companies" has the same meaning as "group" in section 474(1) of the Companies Act 2006. A "group", within section 474(1) of the Companies Act 2006, means a parent undertaking and its subsidiary undertakings.

"Parent Undertaking" is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking's memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking**.**

"A person" means a single individual or legal person and includes a group of companies.

"Any person" includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

"**Public body"** means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

"Related Undertaking" is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

"Remuneration" includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

"Spouse" does not include a former spouse or a spouse who is living separately and apart from you.

"Undertaking" means:
a) a body corporate or partnership; or
b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

INTEGRITY IN PUBLIC LIFE

ADVICE ON THE ROLE OF A STANDARDS OFFICER

1. Introduction

1.1 The Standards Commission for Scotland (Standards Commission) acknowledges that, unlike the role of a Council's Monitoring Officer, the Standards Officer of a devolved public body has limited responsibilities as specified within The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Amendment Regulations 2003 (Scottish Statutory Instrument 2003/135). It may be that there is not an individual within a devolved public body who has the specific job title of 'Standards Officer'. This Advice Note is, therefore, aimed at any individual who is either solely or jointly responsible for undertaking the duties and responsibilities outlined below, regardless of whether or not they have the formal title of Standards Officer.

1.2 This Advice Note aims to assist Standards Officers by providing an outline of the role and responsibilities, within the ethical standards framework, of a Standards Officer operating within a Schedule 3 devolved public body and the duties they may be expected to discharge. However, it is not intended to be prescriptive as the Standards Commission recognises that governance and staffing arrangements are entirely a matter for each devolved public body to determine.

2. Background

2.1 The Standards Commission's functions are provided for by the Ethical Standards in Public Life etc. (Scotland) Act 2000 (the 2000 Act) as amended by the Scottish Parliamentary Commissions and Commissioners etc. Act 2010. The 2000 Act created an ethical standards framework whereby councillors and members of devolved public bodies are required to comply with Codes of Conduct, approved by Scottish Ministers, together with Guidance issued by the Standards Commission.

2.2 The role of the Standards Commission is to:

- Encourage high ethical standards in public life; including the promotion and enforcement of the Codes of Conduct and to issue guidance to councils and devolved public bodies.
- Adjudicate on alleged breaches of the Codes of Conduct, and where a breach is found, to apply a sanction.

2.3 Complaints about potential breaches of the Codes of Conduct are investigated by the Commissioner for Ethical Standards in Public Life in Scotland (CESPLS). Following the investigation, and where the CESPLS determines that a contravention of a Code of Conduct is established, the CESPLS will then submit a Report to the Standards Commission.

2.4 The Standards Commission will review the Report and determine whether to:

- direct the CESPLS to carry out further investigations;
- hold a hearing; or
- do neither.

2.5 If the decision of the Standards Commission is to hold a hearing, this process will be used to determine whether a councillor or member of a devolved public body has contravened either the Councillors' Code or the Members' Code. If the evidence presented to the Standards Commission's Hearing Panel supports, on the balance of probabilities, that a breach of the Code had occurred the Hearing Panel will then determine the level of sanction to be applied in accordance with the 2000 Act.

2.6 Individual Codes of Conduct have been created and approved for all devolved public bodies described within Schedule 3 of the 2000 Act. Codes of Conduct currently apply to the following categories of public bodies:

- National Bodies e.g. Scottish Legal Aid Board
- Regional Bodies e.g. Highlands and Islands Enterprise
- National Health Service Boards
- Health & Social Care Integrated Joint Boards
- Further Education Colleges
- National Parks
- Regional Transport Partnerships
- Community Justice Authorities

There are approximately 1400 Board Members appointed to Devolved Public Bodies.

3. Members of the Devolved Public Body

3.1 The Standards Officer is responsible for ensuring that appropriate training is given to Board Members on the Ethical Standards Framework, the Members' Code of Conduct and the guidance issued by the Standards Commission on the Model Code of Conduct. This includes ensuring training is provided on induction and also on a regular basis thereafter.

3.2 The Standards Officer should contribute to the promotion and maintenance of high standards of conduct by providing advice and support to members on the interpretation and application of the Code of Conduct.

3.3 Under Scottish Statutory Instrument 2003/135, the Standards Officer is responsible for ensuring the body keeps a Register of Interests. The Standards Officer should ensure

the Members' Register of Interests in maintained and that a reminder to update entries on the Register of Interests is issued to Members at least once a year.

3.4 The Standards Officer should be responsible for ensuring the Members' Register of Gifts and Hospitality is maintained. The Standards Officer should ensure that a reminder to update entries on the Register of Gifts and Hospitality is issued to Members at least once a year and that Members are aware of the duty to report any change in their circumstances within one month.

3.5 The Standards Officer should ensure the body has in place a consistent approach to obtaining and recording declarations of interest at the start of its meetings.

3.6 The Standards Officer may have an investigatory role if local resolution is attempted in respect of complaints or concerns made about a Member's conduct.

3.7 The Standards Officer should also ensure that officers are aware of / familiar with the requirements of the Member's Code of Conduct.

3.8 The Standards Officer may be required report to the Board from time to time on matters relating to the Ethical Standards Framework that may require review. The Standards Officer should report any concerns about compliance with the Code of Conduct to the Chief Executive.

3.9 The Standards Officer should provide support to the body's Governance or Standards Committee, if such a committee has been established.

4. The Standards Commission

4.1 The Standards Officer will be the principal liaison officer between the body and the Standards Commission and may assist the Standards Commission whenever necessary in connection with any complaints against a Member of the body and in all matters relevant to the Ethical Standards Framework.

4.2 The Standards Officer should be the point of contact for the Standards Commission and should advise the Standards Commission if they are leaving their post.

4.3 The Standards Officer should try to attend any events arranged by the Standards Commission in order to be kept up to date with all relevant developments in respect of the Ethical Standards Framework and to help keep the Standards Commission abreast of any issues or tends that emerge.

4.4 The Standards Officer should familiarise themselves with the content of the Standards Commission's professional briefings and should ensure these are circulated to Members. The Standards Officer should also regularly review the Standards Commission's decisions and advise Members of any relevant learning points that have arisen at recent Hearings.

4.5 The Standards Officer should respond to any relevant Standards Commission's consultations including any consultations in respect of proposed revisions to its guidance.

5. The CESPLS

5.1 The Standards Officer will be the principal liaison officer between the body and the CESPLS and should assist the CESPLS whenever necessary in connection with the investigation of complaints against a Member of the body. This includes providing information and evidence as requested and making arrangements for interviewing of any officers or other Members if CESPLS requires them as witnesses

5.2 If local resolution in respect of complaints or concerns made about a Member's conduct is deemed inappropriate in the circumstances or is unsuccessful, the Standards Officer may be responsible for reporting any alleged breach of the Code of Conduct to the CESPLS.

6. Other Standards Officers

6.1 The Standards Officer should try to develop relationships with other Standards Officers to share knowledge, experience and information about best practice and to see whether any joint training sessions for Members can be arranged.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health and Social Care Partnership Board: 7th August 2019

Subject: Strategic Risk Register

1. Purpose

1.1 To present the updated Strategic Risk Register for the Health & Social Care Partnership.

2. Recommendation

2.1 The Partnership Board is recommended to approve the updated Strategic Risk Register as attached.

2.2 The Partnership Board requested that officers provide an update on the current Social Care Partnership's Risk Management Strategy and Policy for presentation to the Audit Committee on 11th December 2019.

3. Background

3.1 Audit Scotland have emphasised that health and social care integration requires effective governance arrangements for the new joint bodies. Such governance arrangements include systems for managing risks.

3.2 The Health & Social Care Partnership Board Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a local risk strategy and policy for approval by the Partnership Board. The Partnership Board approved the West Dunbartonshire Health and Social Care Partnership's Risk Management Strategy and Policy at its August 2015 meeting.

3.3 At its June 2019 Audit Committee meeting, members of the Committee considered and then endorsed, following discussion, the strategic register for presentation to the Health and Social Care Partnership, which is now being presented for approval at this meeting of the Partnership Board.

3.4 Following the planned and formal review of strategic risks by the Senior Management Team, this annual update of the Strategic Risk Register was presented in draft for discussion with members of the Audit Committee in June.

4. Main Issues

4.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse

effects. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

4.2 The Integration Scheme confirms that a key element of the required risk management process is the preparation, scrutiny, approval and then annual review of the annual strategic risk register for the Health and Social Care Partnership. The Chief Officer is responsible for ensuring that suitable and effective arrangements are in place to manage the risks relating to the Health and Social Care Partnership. The Chief Financial Officer is responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance.

4.3 The attached Strategic Risk Register has been prepared in accordance with the aforementioned local Risk Management Policy and Strategy. Similarly, in accordance with that Policy and Strategy, standard procedures are applied across all areas of activity within the Health & Social Care Partnership in order to achieve consistent and effective implementation of good risk management.

4.4 As per the Risk Management Policy & Strategy, strategic risks represent the potential for the Partnership Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk. These are distinct from operational risks, which represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Health and Social Care Partnership's activities.

4.5 The Chief Officer has responsibility for managing operational risks as those are more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Operational risk registers are maintained by Heads of Service on behalf of the Chief Officer; and are the "building blocks" for the Strategic Risk Register. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the Partnership Board (as is the case for two areas of risk identified with the strategic risk register.

4.6 The strategic risks included here are all included in the previous iteration of the strategic risk register. There are new strategic risks that have been added following review by Heads of Service for the specific service areas.

4.7 The mitigating actions within the Report are recorded on Pentana, the Council's Risk Management Tool, to provide the Chief Officer with access to all actions and to allow for a quarterly report to the Audit Committee on the actions and progress to manage risks across the Health and Social Care Partnership.

5. People Implications

5.1 Key people implications associated with the identified strategic risks identified are addressed within the mitigating action column of the draft Strategic Risk Register.

5.2 The local Risk Management Policy and Strategy affirms that risk management should be integrated into daily activities, with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas.

6. Financial Implications

6.1 Key financial implications associated with the identified strategic risks identified are addressed within the mitigating action column of the draft Strategic Risk Register.

6.2 The local Risk Management Policy and Strategy affirms that financial decisions in respect of these risk management arrangements will rest with the Chief Financial Officer.

7. Professional Implications

7.1 Key professional implications associated with the identified strategic risks identified are addressed within the mitigating action column of the draft Strategic Risk Register.

7.2 The local Risk Management Strategy and Policy supports the regulatory frameworks within which health and social care professionals practice; and the established professional accountabilities that are currently in place within the NHS and local government. All health and social care professionals remain accountable for their individual clinical and care decisions.

8. Locality Implications

8.1 None

9. Risk Analysis

9.1 Audit Scotland have emphasised that health and social care integration requires effective governance arrangements for the new joint bodies. Such governance arrangements include systems for managing risks such as the preparation and maintenance of strategic risk registers.

9.2 It is the responsibility of Audit Committee to approve the Strategic Risk Register which is then presented to the Partnership Board for final approval as an appropriate Strategic Risk Register for the Health & Social Care Partnership that is prepared in accordance with the local Risk Management Policy & Strategy.

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 The Strategic Risk Register has been confirmed by the Health & Social Care Partnership Senior Management Team.

12. Strategic Assessment

12.1 The preparation, approval and maintenance of the attached Strategic Risk Register will prevent or mitigate the effects of loss or harm; and will increase success in the delivery of the Strategic Plan.

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

Date: 2nd July 2019

Person to Contact: Wendy Jack
Interim Head of Strategy, Planning & Health Improvement, West Dunbartonshire Health and Social Care Partnership
2nd Floor, Aurora House
3 Aurora Avenue
Clydebank G81 1BF
Tel: 01389 776865

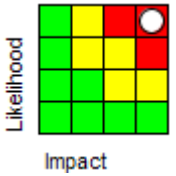
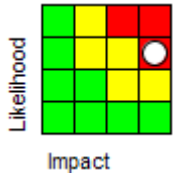
e-mail: wendy.jack@west-dunbarton.gov.uk

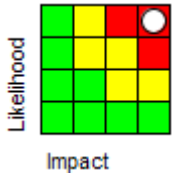
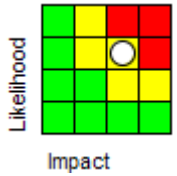
Appendices: West Dunbartonshire Health & Social Care Partnership Strategic Risk Register

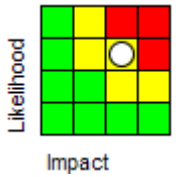
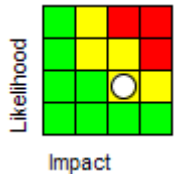
Background Papers:

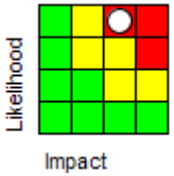
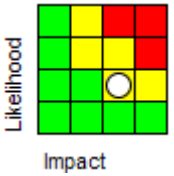
Wards Affected: All

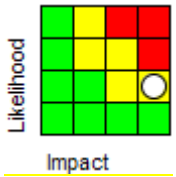
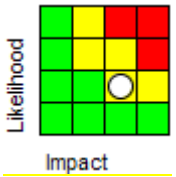
West Dunbartonshire HSCP Strategic Risk Register

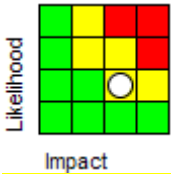
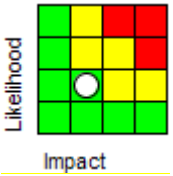
Financial Sustainability/Constraints/Resource Allocation	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to deliver HSCP priorities within allocated budget. Failure to operate within financial parameters in context of continuing and new demand; there is a risk of not being able to (safely) deliver service, decrease in quality or reduction of service; failure to adhere to registration requirements; and creates an, impact on staff resilience. Failure to deliver efficiency savings targets, as approved by HSCP Board, including as a consequence of savings proposals implemented by other sections/divisions of WDC or NHSGGC.	Beth Culshaw; Julie Slavin		44 Critical - Certain **Alert**		43 Critical - Very Likely **Alert**
Mitigating Actions					
A process of managing and reviewing budget by the Senior Management Team is in place; including application of earmarked reserves, analysis of monthly monitoring reports, securing recurring efficiencies, vacancy management, turnover targets and overtime restrictions.					
A recovery plan will be implemented to address areas of significant in-year overspend across all service areas. HSCP SMT, all budget managers/commissioners of service working with WDC and NHSGGC procurement teams on the priorities identified within the procurement pipeline, to ensure that externally purchased services are delivering Best Value.					
Continuation of work with corporate colleagues within WDC and NHSGGC on organisational savings programme and ensure that, where appropriate, the budget managers implement initiatives.					
To engage with forums/groups to identify proposals for eligibility criteria, financial savings and/or service redesign that may have a negative impact on HSCP services and/or budgets.					
Continue to work with Scottish Government, West Dunbartonshire Council, NHS Greater Glasgow and Clyde & Greater Glasgow and Clyde Board-wide Integrated Joint Boards to bring forward notification and approval of budget allocation before the start of the financial year to allow for early identification of actual funding gap to be filled by efficiency savings.					
A continued commitment to due diligence in all roles; communication and consideration within and between all areas of service; consultation and communication with the public; staff groups and representatives; Health and Social Care Partnership Board members including elected members.					
The delivery of a medium to long term budget strategy for the HSCP by end of 2019/20 and refreshed on an annual basis to reflect new budget settlements.					
Continued commitment to regular reporting to Health and Social Care Partnership Board and HSCP Audit Committee as set out in the Financial Regulations, Terms of					

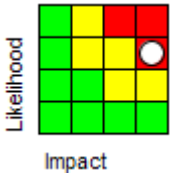
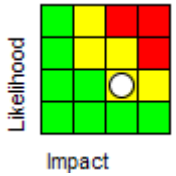
Reference and the Integration Scheme.					
With regards to set Aside Resources , agree a financial framework which reflects actual activity and associated budgets including a due diligence exercise, required as part of the overall process of agreeing set aside budgets, which addresses the significant financial gap identified in acute budgets based on figures provided by the health board to date.					
Develop a Commissioning Plan which will more clearly align finance and planning workstreams across all areas including unscheduled hospital bed usage.					
Procurement and Commissioning	**Risk Lead**	**Pre-Mitigation Assessment**	**Pre-Mitigation Risk**	**Post-Mitigation Assessment**	**Post-Mitigation Risk**
Failure to deliver contract monitoring and management of commissioned services; creates a risk to the financial management of the HSCP and there is a risk to delivery of high quality services and the delivery of quality assurance across all areas of service delivery Failure to manage contracting arrangements; there is a risk that the HSCP has commissioned services which may be out-with contract or contracts are not fit for purpose. Failure to manage contracting arrangements; there is a risk that the HSCP is unable to demonstrate Best Value. Failure to adhere to Financial Regulations and Standing Financial Instructions when commissioning services from external providers.	Wendy Jack		44 Critical - Certain **Alert**		33 Significant - Very Likely **Warning**
Mitigating Actions					
Regular Care Inspectorate reports on independent and third sector providers are presented to the HSCP Audit Committee.					
Regular Complaints reports are presented to the HSCP Audit Committee, following scrutiny at SMT.					
Continued commitment by Heads of Service and Integrated Operations Managers to work with procurement partners to progress the Procurement pipeline work, linking procurement and commissioning of internal and external services. Regular procurement reports will be presented to the HSCP Board jointly by Chief Finance Officer after presentation at WDC Tendering Committee.					
Continued commitment by Heads of Service and Integrated Operations Managers to ensure robust contract monitoring, service review and management as part of the procurement pipeline work linked to the development and review of service led service specifications, reporting mechanisms and the agreed terms and conditions of all contracts.					
Continued commitment by Heads of Service and Integrated Operations Managers to work with procurement colleagues and with service providers to negotiate finance and contractual arrangements including requirement to pay all adult social care workers the Scottish Living Wage. This will be managed on a priority based process agreed with the Heads of Service and the Chief Officer.					
All budget managers and commissioners of services to attend procurement training and have procurement progress as standing item on HOS team meetings.					

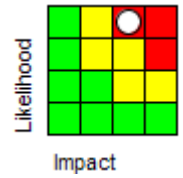
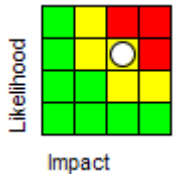
Performance Management Information	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of the organisational responsibilities.	Wendy Jack		33 Significant - Very Likely **Warning**		32 Significant - Likely **Warning**
Mitigating Actions					
Regular performance reports are presented to the HSCP Chief Officer and Heads of Services for their specific areas of responsibility; this ensures data and information can be considered in terms of legislative developments, financial reporting/governance and the need to prioritise use of resources effectively and anticipate demand.					
Regular performance reports are presented to the HSCP Board by Chief Officer and Heads of Services; providing members of the Board with a range of data and performance information collated from across health and social care systems; this supports governance and accountability; as outlined within the requirements of the Act.					
Quarterly Organisational Performance Review meetings are held with Chief Executives of WDC and NHSGGC.					
Development of robust management information available at service level for frontline staff for ongoing demand management and to support transformational change.					
The Commissioning Plan will support the links between finance and planning to meet demand and service delivery within the current financial envelope.					

Information and Communication	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to maintain a secure information management network; there is a risk for the HSCP that the confidentiality of information is not protected from unauthorised disclosures or losses. Failure to maintain a secure information management network; there is a risk for the HSCP if this is unmanaged of breaches as a result of a GDPR breach; power/system failure; cyber attack; lack of shared IT/recording platforms; as such being unable to manage and deliver services. inability to provide service.	Wendy Jack		34 Significant - Certain **Alert**		32 Significant - Likely **Warning**
Mitigating Action					
Continued commitment to information management by the Chief Officer and Heads of Service; Integrated Operational Managers and their direct reports must demonstrate adherence to both NHS and Council policies for ICT and data management and procedures; regular learning session on breaches if they occur by individual service areas.					
Confirmation of the appointment of Data Protection Officer for the HSCP Board to support governance arrangements.					
Continued training available for staff groups from both NHS and Council to reflect changes in Data Protection Legislation in May 2018; staff must demonstrate their attendance at Data Protection awareness sessions. Staff are supported to safeguard the data and information which is collected and stored in the course of delivering services and support; there are continued reminders of the need safeguard and manage information.					
Continued training available for staff groups from both NHS and Council with online courses available which staff must demonstrate they have completed via the Council's eLearn or NHS Learn-Pro courses. Staff within the HSCP will complete the course of their employing authority on either an annual (Council) or bi-annually (NHS) basis.					

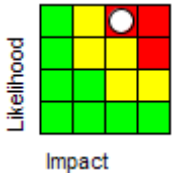
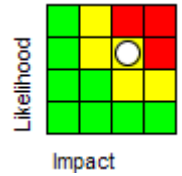
Public Protection – Legislation and Service Risk	**Risk Lead**	**Pre-Mitigation Assessment**	**Pre-Mitigation Risk**	**Post-Mitigation Assessment**	**Post-Mitigation Risk**
1. Legislative requirements Failure to meet legislative duties in relation to child protection, adult support & protection and multi-agency public protection arrangements (MAPPA). Failure to ensure that Guardianship cases are appropriately monitored, supported and reviewed by social workers. 2. Service risk and delivery requirements Failure to ensure compliance with relevant risk assessments and evidence-based interventions. Failure to ensure that staff are appropriately trained and adhere to standards for risk assessment and risk management across child, adult and public protection work. Failure to monitor commissioned and other partnership services which could impact on an individual's safety or risk to themselves or others. Failure to monitor and ensure the wellbeing of adults in independent or WDC residential care facilities. Failure of staff to recognise, report and manage risk.	Jonathan Hinds		42 Critical - Likely **Warning**		32 Significant - Likely **Warning**
Mitigating Action					
West Dunbartonshire's Child Protection and Adult Support and Protection Committees ensure child and adult protection procedures are followed and have a scrutiny role over compliance linked to implementation of relevant policies and procedures.					
The Chief Social Work Officer attends the North Strathclyde MAPPA Strategic Oversight Group; responsible manager attends the Management Oversight Group which monitors local compliance with national standards and legislative duties.					
The Chief Social Work Officer ensures child and adult protection plans as well as MAPPA risk management plans are regularly reviewed; themes and trends from local audit activity are reported to clinical and care governance structures, the Child and Adult Protection Committees and the MAPPA Strategic Oversight Group.					
The West Dunbartonshire Nurtured Delivery Improvement Group (DIG) – which includes the Chief Social Work Officer – continues to review progress to achieve the recommendations from the joint strategic inspection of children and young people's services (2017).					
The Chief Social Work Officer ensures appropriate systems and processes are in place to ensure that findings of external scrutiny (eg: Care Inspectorate) processes are acted upon timeously and appropriately.					
The Chief Social Work Officer oversees compliance with the PVG scheme.					
Operational teams regularly review their training and development needs, Business Continuity plans and operational risk registers.					
Review of children & families and criminal justice social work services reflects actions to reduce risk and uphold professional practice standards.					
Ensure staff are aware that whistleblowing policies and procedures are in place to ensure concerns can be raised and investigated.					

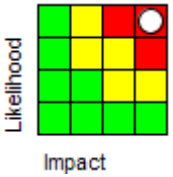
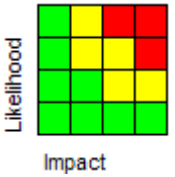
Outcomes of external scrutiny: inspection recommendations	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to deliver on recommendations within reports by Care Inspectorate following inspection of Self Directed Support (SDS) and Community Payback Orders (CPOs).	Jonathan Hinds		32 Significant - Likely **Warning**		22 Moderate - Likely **OK**
Mitigating Action					
Improvement action plans for SDS and CPOs have been developed, reflecting findings and recommendations from inspections including specific actions linked to improvement.					
Review groups for SDS and CPO improvement activity monitor achievement of objectives and service improvements.					
Regular performance and monitoring reports are presented to the HSCP Board/Audit Committee as appropriate to support governance and continued scrutiny.					
Staff development and training reflects learning from each inspection report to ensure consistent understanding of duties around delivery of SDS and CPOs.					

Delayed Discharge and Unscheduled Care	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to support timely discharge and minimise delayed discharge; creates risk for the HSCP to effectively manage patient, client and carer care. Failure to plan and adopt a balanced approach to manage the unscheduled care pressures and related business continuity challenges that are faced in winter; creates risk for the HSCP to effectively manage patient, client and carer care.	Jo Gibson		43 Critical - Very Likely **Alert**		32 Significant - Likely **Warning**
Mitigating Action					
A Management Action Plan has been developed to review activity and manage specific actions linked to improvement of planning for delayed discharge.					
A monthly performance report is provided to the Integrated Operations Managers; this includes updates on the early assessment model of care and support; effective use of the NHS acute Dashboard; delivery of rehabilitation in-reach within ward settings; provision and usage of Red bags; promotion of Power of Attorney arrangements; commissioning of services linked to free personal care for those under 65 years old and Adult with Incapacity requirements and; delivery of an integrated approach to mental health services.					
A local Flu Management Plan is being developed and will be implemented; this reflects the HSCP unscheduled care plan for community services which addresses the 12 critical areas outlined in the national Preparing for Winter Guidance.					
A Primary Care Improvement Plan has been developed to review activity and manage specific actions linked to improvement of planning for GP contracting arrangements; this supports effective multi-disciplinary team working within primary care and as part of management of delayed discharge.					
An Improvement Plan to deliver actions linked to Action 15 mental health monies has been developed to review activity and manage specific actions linked to improvement of planning for localised mental health arrangements; this supports effective multi-disciplinary team working within primary care and as part of management of delayed discharge.					
Formal and regular formal scrutiny by SMT and reported to joint NHS and HSCP scrutiny and planning groups linked to UC and winter planning.					
Public Information – as an HSCP, and as a collective approach within NHSGGC, there is a commitment to effective public information. This should serve to appropriately direct the public, serving to ensure they see the right person, at the right time, in the right place.					
A Management Action Plan has been developed to review activity and manage specific actions linked to unscheduled care. This encompasses a review process of frequent attenders data is undertaken on a regular basis; with follow up from the relevant integrated teams/primary care colleagues, as appropriate.					

Workforce Sustainability	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to have an appropriately resourced workforce to meet service demands, caused by the inability to recruit, retain or deploy the workforce with necessary skills, which could potentially lead to disruption of services .	Serena Barnatt		34 Significant - Certain **Alert**		33 Significant - Very Likely **Warning**

Mitigating Action
Preventative Controls
Continued commitment to the implementation of HSCP Workforce and Organisational Development Strategy and Support Plan.
Robust Operational Management Structures in place and Business Continuity Plans to support service delivery.
HR policies which reflect best practice and relevant employment legislation to support manager and staff development needs.
Attendance Management Polices and Staff Health and Well Being Strategies in place. Initiatives accessible to all staff such as Healthy Working Lives, Occupational Health Services and Counselling Services.
Staff Engagement and feedback through I Matter Survey and action planning.
Agreed processes for revalidation of medical and nursing workforce and Professional Registration .Policies and procedures in place to ensure staff are meeting professional bodies and organisational requirements for registration.
Direct Controls
Sickness absence reporting available to service managers through HR21, Micro strategy, SSTS and Workforce Information Departments.
Agency / Overtime reports
Health and Wellbeing Post approved for one year following report submitted to HSCP Audit and Performance committee.
HR reports provided to SMT and Joint Staff Forum on HR metrics
Workforce reporting integrated into HSCP Performance report to IJB
Statutory and Mandatory Training reports
I Matter reports
KSF/ PDP and Be the Best Conversations

Waiting Times	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to meet waiting times targets eg MSK Physiotherapy, Psychological Therapies, Child and Adolescent Mental Health Services and Drug and Alcohol Treatment.	Beth Culshaw		34 Significant - Certain **Alert**		33 Significant - Very Likely **Warning**
Mitigating Action					
Regular performance reports are presented to the HSCP Chief Officer and Heads of Services for their specific areas of responsibility; to review activity and manage specific actions linked to improvement of planning for localised arrangements.					
Promotion of self management and co-productive community services including access to online supports and advice and preventative					
Implementation of effective triage processes in place for patients across all areas.					
Regular performance data collection and monitoring is scrutinised to ensure effective and robust performance management and demand management.					
Consistent workforce and attendance management across all service areas.					
Additional Band 5 nurse post for 12 months for CAMHS agreed by Senior Management Team. This will be paid from reserves and this additionality beyond our Resource Allocation Model will support ongoing efforts to reduce our waiting times and our participation in the GGC-wide strategic review.					

Brexit	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Risks across services from BREXIT include difficulty in resourcing some medications, medical devices (instruments and equipment in Hospital) and clinical consumables including disposable and short life goods. There will be an impact on patients and service users and on recruitment to and retention of non-UK EU nationals given that EU citizens require to apply for settled status before 30 June 2021. Prescribing costs and procurement impact.	Beth Culshaw		44 Critical - Certain **Alert**		
Mitigating Action					
Establish register of staff that may be at risk, raise issue with Workforce Planning colleagues, core briefs for staff					

Continue to monitor Brexit status and implement advice and guidance from the Scottish Government to HSCP areas.
Work with independent contractors to ensure effective systems of demand management for medications and support in light of changes of supply chains.

WESTDUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

7th August 2019

Subject: Commissioning and Market Facilitation Plan 2019 - 2022

1. Purpose

1.1 The purpose of this report is to seek approval from the HSCP Partnership Board to publish the draft Commissioning and Market Facilitation Plan and start the implementation process for the plan.

2. Recommendations

2.1 The Partnership Board is recommended to approve the draft HSCP Commissioning and Market Facilitation Plan 2019 – 2022 and recommend an update report be presented to the Board in March 2020.

3. Background

3.1 As a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014, Integration Joint Boards are required to produce a Market Facilitation Plan. The 2014 Act requires that a Market Facilitation Plan is produced to set out Health and Social Care commissioning priorities and intentions for all HSCPs.

3.2 In March 2019, at a Special Meeting of the HSCP Partnership Board, the Health and Social Care Partnership Strategic Plan 2019 – 2022 was agreed with members.

3.3 This Commissioning and Market Facilitation Plan has been produced to complement the Strategic Plan and set out the health and social care commissioning priorities and intentions for West Dunbartonshire going forward over the duration of the Strategic Plan 2019 - 2022.

3.4 The Commissioning and Market Facilitation Plan commits the HSCP to a programme of communication with service providers, service users, carers and other stakeholders about the future shape of our local Health and Social Care market. By implementing the Plan, partners and providers can ensure that services are responsive to the changing needs of West Dunbartonshire service users.

3.5 The Commissioning and Market Facilitation Plan aims to identify what the future demand for care and support might look like and thereby help support and shape the market to meet our future needs. This requires structured activities and well planned engagement. Mature and constructive partnership working is critical in ensuring that providers create an innovative and flexible approach to service delivery. The document is, therefore, aimed at existing

and potential providers of health and social care services. It represents the beginning of communication to find the best ways to use available resources in the context of complex change and challenges.

3.6 With the development of the Commissioning and Market Facilitation Plan the HSCP is describing proposals to develop more fully the market across all sectors including statutory, third and independent providers. This draft Plan supports the development of the local market which will further extend the opportunities for choice, flexibility and innovation across communities and services.

4. Main Issues

4.1 The Strategic Planning Group has reviewed the Strategic Needs Assessment which forms the basis of strategic commissioning in terms of the prioritisation of activities and this is reflected within the draft Plan.

4.2 The Commissioning and Market Facilitation Plan reflects the on-going, participative and community planning approach endorsed by the Partnership with engagement processes with providers being planned to support a programme of transformation across the sector as required by changing demographics and within the Strategic Needs Assessment.

4.3 The Scottish Government guidance highlights that there is a need within commissioning plans to specify the total resources available across health and social care to deliver the outcomes and objectives articulated within said strategic plans. Work is underway to identify within the implementation of the Commissioning and Market Facilitation Plan to scope current and future spend across the sector and to reflect the uncertainties and financial pressures regarding the future financial allocations that will be made to the Partnership Board over each of the financial years.

5. People Implications

5.1 No specific implications associated with this report.

6. Financial and Procurement Implications

6.1 The Commissioning and Market Facilitation 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 Commissioning and Market Facilitation Plan as part of the development of the 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 A programme of engagement with providers is built into the Plan and will be undertaken in support of the development of the Commissioning and Market Facilitation Plan 2019 – 2022.

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:	14th July 2019
Person to Contact:	Wendy Jack wendy.jack@west-dunbarton.gov.uk 01389 776864
Designation	Interim Head of Strategy, Planning & Health Improvement, Aurora House, Clydebank
Appendices:	Health and Social Care Partnership Commissioning and Market Facilitation Plan 2019 - 2022.
Background Papers:	
Wards Affected:	All council Wards.

West Dunbartonshire
Health & Social Care Partnership

Health and Social Care Partnership Commissioning and Market Facilitation Plan

2019 – 2022

Vision:
Improving Lives with the People of West Dunbartonshire

Document Title	HSCP Commissioning Plan	Owner	Wendy Jack
Version number 1	1	Superseded by	
Date effective	July 2019	Review Date	July 2020

1. Introduction

West Dunbartonshire Health and Social Care Partnership (HSCP) brings together both NHS and local authority responsibilities for community-based health and social care services within a single, integrated structure.

The HSCP Strategic Plan 2019 – 2022 describes the direction of travel and the approved consistency of approach from the HSCP Partnership Board; laying out the partnership's requirements for detailed commissioning work to support the delivery of our long term goals.

Meeting these priorities will deliver, for West Dunbartonshire, better outcomes for those with long term conditions and those with multi-morbidities by improving preventative and anticipatory care and making best use of our community resources. This approach will seek to create an environment of choice and control for all individuals assessed as needing support.

This Plan represents a commitment from the HSCP to build on the already established collaborative working with existing providers of health and social care, and provides an opportunity to welcome new providers into the market.

This Commissioning and Market Facilitation Plan describes how we will seek to use our resources to continue to work to integrate services in pursuit of the national and local outcomes as agreed by the Health and Social Care Partnership Board alongside providers both existing and new. The impact of the approach will be measured against our local integrated performance framework based on the national health and well-being indicators.

It is well documented that, in many service areas, local demand is increasing and capacity is, on the whole, not increasing and as such there is a need for all services to act together to ensure synergy and efficiencies.

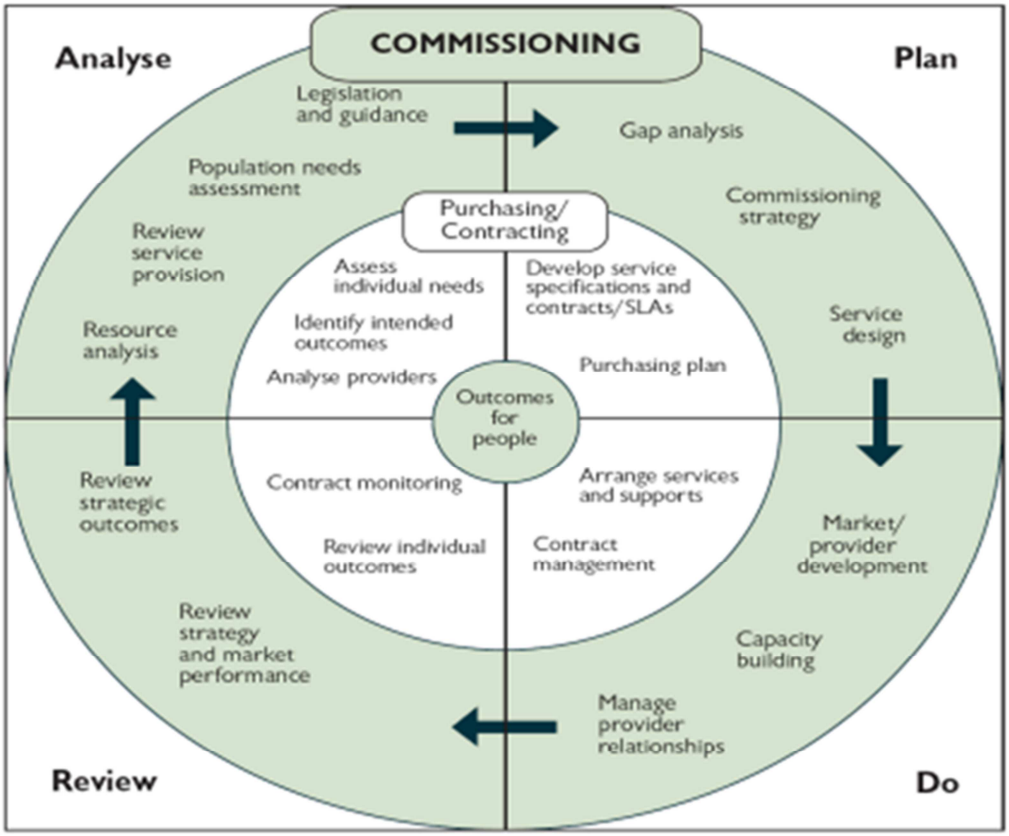
This Plan will enable providers to have a better understanding of our intentions as a purchaser of services and how we might respond to the personalisation of health and social care. As well as assisting voluntary and community organisations to learn about the local requirements and contracting activities and help them to build their knowledge of local needs in order to develop new activities and services.

Most importantly, this plan will help service users of health and social care and their families and carers to have a better understanding about the possibilities for change leading to greater choice and control; empowering people to become more pro-active in shaping their support needs.

2. Model of commissioning

This model of commissioning is grounded in the fundamental principles of ensuring a comprehensive partnership approach across all sectors providing health and social care services; a commitment to provide enhanced delivery of service to individuals and communities and a need to create diversity within the market place based on population needs.

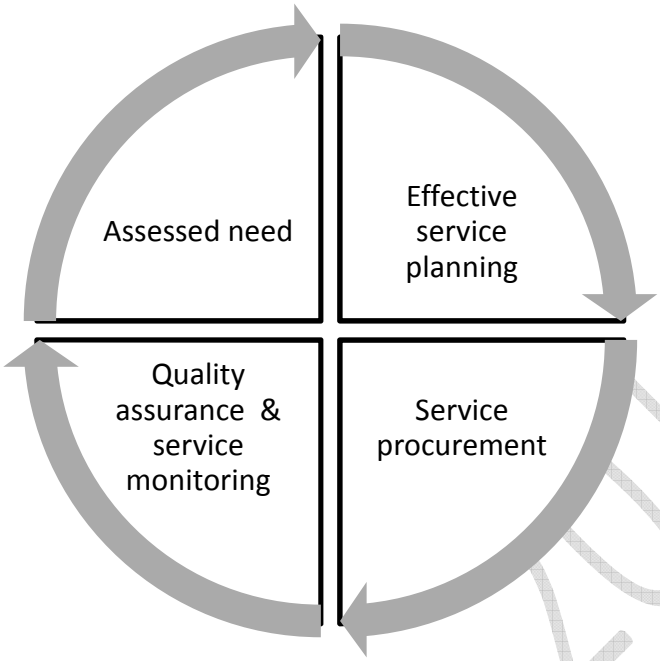
The HSCP, third and independent sector partnership will be required to understand current and future spend against the requirements of population and individual needs within a commissioning model of market analysis and procurement of services.



By using this Audit Scotland model, and way of working, all providers and partners are focused on open and transparent commissioning; providing third and independent sector partners access to the same information and data used within the HSCP; providing opportunities for service delivery where there is an agreed and identifiable need for services based on demographic and neighbourhood analysis.

By sharing with providers the same information and data used for service planning and commissioning within statutory services and by providing creative opportunities for service delivery; there is an agreed and identifiable description of services which are based on demographic and neighbourhood needs.

By using the commissioning cycle means that the focus for effective local planning and commissioning requires detailed work linked to:



This approach is grounded in the fundamental principles of ensuring a comprehensive partnership approach across all sectors providing health and social care services; a commitment to provide enhanced delivery of service to individuals and communities and a need to create diversity within the market place based on population needs.

The HSCP aspires to all partners from across sectors to be working in an innovative and collaborative way which is responsive, flexible and accountable to local people within their own localities and creates a mixed economy of providers.

3. Market Facilitation

Market facilitation creates the environment for the planning and practice of making sure that there are a range of providers and types of support available for supported people to choose from and commissioning is the process to ensure the this planning is in place.

"Market facilitation means commissioners working closely with providers (both internal and external), supported people, carers and their internal colleagues (procurement, legal and financial) to encourage the flourishing of a sustainable, effective range of providers and support in an area" (CCPS).

The structure of health and social care change has undergone significant change over the last few decades and there is a need to refresh approaches to commissioning and procurement. There is also a need to review and change models of local health and care services which are also being driven by changing needs across our population.

Change is necessary as demand is rising significantly whilst, in real terms, available resources are falling. This makes it challenging to give all children the best start in life; to meet the needs of a population which is ageing; and which requires increasing levels of care to keep local people safe, well and content at home in their local communities.

This Plan lays out the commitment from the HSCP for health and social care services to be firmly integrated around the needs of individuals, their carers and other family members; that the providers of those services are held to account jointly and effectively for improved delivery.

Services must be underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve rather than the needs of the organisations through which they are delivered. Those open and transparent arrangements must be able to demonstrate strong and consistent clinical and professional leadership evidenced across the sector.

To meet these challenges there is a need to expand from an HSCP response to the creation and establishment of a model of market analysis across all of our health and social care services from across the statutory, independent and third sector to make the best use of the significant resources invested across our communities.

Therefore the purpose of a market based commissioning approach is to:

- Create, develop, maintain and grow high quality service delivery in and around West Dunbartonshire in order to service the needs of local people and communities; especially those who are most disadvantaged
- To create and deliver flexible and holistic service packages which are joined up and responsive to need and demand
- To augment provision through the ability of service providers to maximise resource efficiency and support the development of sustainable community capacity.

This approach will provide a robust framework for all partners; with clarity of roles, responsibilities, expectations and opportunities for each sector partner described within the context of commissioning and market development.

This will result in a model of market facilitation where there is a shared and agreed purpose across all partners and providers and a collaborative approach to the purpose of delivery.

4. Changes and Challenges

As described previously, this Plan aims to inform, influence and adapt service delivery in West Dunbartonshire to offer a diverse range of sustainable, effective and quality care. This ensures people can access the right services for themselves and their families at the right time and in the right place.

The expectation is that this Plan will give service providers an insight and an opportunity to understand the predicted changes in the health and care needs of the population of West Dunbartonshire and the future shape of services that need to be developed and delivered to meet those changing needs.

As a result, this Commissioning and Market Facilitation Plan sets out a process to identify and describe all the resources that are being used to help address these challenges, and will set out how service provision will shift over time to support anticipatory and preventative care across our communities.

4.1 Health Inequalities

Based on the estimated and data provided within the HSCP Strategic Needs Assessment, in future years there will be further changes in the needs of West Dunbartonshire's population; the types of demands that are expressed; the expectations concerning how best to meet them and the reduced finances available to resource them.

West Dunbartonshire HSCP Strategic Needs Assessment describes significant numbers of people with long term conditions and complex needs. This will result in increasing demands for care at home and community based support services; however there is a significant funding gap between the increasing needs against the current and future financial envelope available.

However there is a requirement to be able to meet client needs within current budgets; whilst ensuring that all partners and providers are making the best use of a range of funding streams and not relying solely on the statutory sector to fund activities.

The HSCP is seeking to create a local market which protects, consolidates, improves and, where feasible, expand services to individuals with significant health and care needs within a partnership model of delivery.

4.2 Ageing population

The overall population of West Dunbartonshire is projected to decline steadily over the next 25 years, falling to 83,061 by 2037. However the older people's population proportionately is set to rise. If the Partnership does not change how we deliver our

services the projected demographic impact makes the current delivery model unsustainable.

The population of West Dunbartonshire accounts for 1.7% of the total population of Scotland. The population mid-year estimate for 2017 was 89,610, a decrease of 0.3% from the 2016 estimate of 89,860 and the trend over the last 10 years has seen a decrease from 91 370 a change of -1.9%.

Within West Dunbartonshire, the demographics are showing that the pressures within the system represent forecasted figures at 2022 levels. For example the proportion of older people identified as requiring care and support is currently years ahead of estimated levels of need. Given this context the Partnership will need to work more collaboratively to deliver effective and efficient services whilst exploring new models of care. There is a need to, moving forward, work collaboratively to deliver effective and efficient services whilst looking for opportunities for delivering different models of care.

In conjunction with an ageing population an increase in multiple and long term conditions can be anticipated, which has an impact on emergency hospital admissions as well as potential delays in discharge.

4.3 Reducing barriers

There is a need to identify where there are barriers to market entry and the HSCP needs to work with providers and other stakeholders to see how these might be overcome. There is a need to ensure that procurement arrangements do not hinder the development of innovative and person centred commissioning of services.

The HSCP and providers need to support residents to make informed choices, to take control and contribute to their health and wellbeing before the need for formal support arises.

There must be a long term shift from assessment and subsequent service provision and a greater focus towards local solutions, prevention and capacity building to help people and communities build resilience and stimulate the reform of existing services.

The new Clydebank Health and Care Centre, will be built on the Health Quarter of the Queens Quay regeneration project, it will support the provision of high quality services and will significantly improve the health and lives of residents within the area. The new three-storey building will replace GP Practices, currently situated within Clydebank Health Centre, which serve 50,000 residents. Along with GP practices, residents will also access podiatry and physiotherapy along with consulting and treatment rooms. The new centre will improve primary care services by giving residents access to the most up-to-date, high quality healthcare facilities. The Health and Care Centre is expected to open in 2021, it will also be the new central base for community health and care teams.

The new Clydebank Care Home and Day Care Centre, will complete the Health Quarter, being built adjacent to the new Clydebank Health and Care Centre. The new care home will provide accommodation for 84 residents, living across eight flats. Each resident will have their own en-suite room and each flat will have their own living, dining areas and a kitchen to allow residents to maintain their independence. In addition to the 84 residents there will be a provision for 50 day care places. The new Care Home and Day Care Centre will have many modern facilities including a multi-purposes space that can function as a cinema and there will also be social hub, containing an onsite café and hairdressing salon.

The new home will improve the care outcomes of the older people within the community, promoting their independence and fostering new and existing hobbies. The large external garden spaces, will allow residences to continue to enjoy outdoor activities within the safety of the care home environment.

4.4 Reducing budgets

At a time of severe constraint on public finances, the HSCP cannot meet the rising demand for support by simply spending more. Doing more of the same is not an option, and together with providers, there is a need to develop financially sustainable responses to demand and need within communities.

4.5 Co-Production

Supporting people to achieve the outcomes they want for themselves will need a focus on further development of the skills of our health and social care and support workforce and the ways in which people are motivated and supported to contribute as volunteers.

There is an increasing dependency of the wider society on carers and as an HSCP and wider partnership there needs to be creativity in the support offered to carers.

4.6 Joint workforce planning

Effective workforce planning ensures that services and organisations have the necessary information, capability, capacity and skills to plan for current and future workforce requirements. This means planning a sustainable workforce of the right size, with the right skills and competences, which is responsive to health and social care demand and ensures effective and efficient service delivery across a broad range of services and locations.

Care, in future, will be delivered in a collaborative and multi-agency way which will require changing knowledge and skills across all statutory and third sector providers.

It is recognised that service quality levels are often critically dependent of the quality and engagement of the workforce through fair working practices, including the Living Wage for those engaged in delivering public contracts. As an HSCP it is relevant and

proportionate to ensure fair working practices, which should be evaluated along with other relevant criteria, whilst ensuring the appropriate balance between quality and cost.

It is important that the HSCP is able to monitor these challenges and changes with the context of local progress against local and national outcomes; through focussing on the priority areas identified and to continue to reduce health inequalities through positive and preventative approaches delivered by all partners.

5. Delivering market development

As the commissioning partnership continues to evolve, there will be direct links which will inform financial planning and how resources are allocated to ensure the achievement of best value. This will include the decommissioning of less effective under-utilised or outdated service models, and the commissioning and delivery of person centred, more outcome based services.

The HSCP aims to progress on the clear and continuing basis that the use of available resources is done as efficiently as possible, and obtain best value, by focusing on the following key areas:

1. Effective management of finance system wide
2. Delivery of robust and effective commissioning and procurement across all service areas
3. Effective monitoring and management of unscheduled care and unplanned care system wide and locally
4. Ensure service users and carers understand what support is available and are able to make informed choices about the quality, flexibility, safety and cost of services.

With the HSCP there is a set of financial arrangements and joint resourcing between the Council and the NHSGGC Health Board as specified within the statutory integration scheme that both organisations have approved.

The integration of health and social care has long been recognised as a tangible example of community planning in practice; the joint resourcing priority for the HSCP will continue to deliver due diligence and to reassure the management and delivery of the new budgeting arrangements within an improved commissioning model.

The figures below reflect all of our spend including that within the contracted third and independent sector however does not include additional income that may be sourced to support wider community based initiatives that still impact on service delivery within and across all of our communities.

5.1 Effective management of finance system wide

For the HSCP, approximately 42% (£40m) of its available budget resource is directed to payments to external and third sector providers. The following table refers to the reported procurement information as presented at HSCP Audit Committee in May 19.

	APPENDIX 1
Procurement name	**Estimate 19/20**
	£'000
Strategy , Planning and Health Improvement	
Carers Support and Advice	350
Mental Health, Learning Disability & Addictions	
Addiction Support Services - Alcohol Prevention	266
Residential Care for People with Learning Disabilities (including residential respite)	1,270
Fostering for Adults with a Learning Disability	134
Short Breaks for People with a Learning Disabilities	457
Independent Advocacy for Adults	132
Residential Care for People with Mental Health (including residential respite)	1,008
Recovery Group Work Programmes (Substance Misuse)	309
Accommodation Based Services for People with Learning Disabilities in the Community (Housing Support/Supported Living/Sleepover) and Day Support (Community Based Activities)	10,002
Adult Addictions Residential (Housing / Accommodation) Support Services	96
Residential Care for People with Addictions	236
Accommodation Based Services for People with Mental Health and (Housing Support/Supported Living/Sleepover) and Day Support (Community Based Activities)	1,293
Mental health client support	380
Children's Health, Care & Criminal Justice	
Children and Young People - Residential Care and Education, Day and Respite Care -HSCP	2,364
Children's Short Breaks	241
Community Service (Justice Services)	56
Support services for young people	202
Contining care for young people	691
Payment to external Fostering agencies	2,175
Adoption legal fee and interagency costs	488
Community Health ,Phyiscal Disabilites & Care Services	
Residential Care for Older People (National Care Home Contract)	13,496

Adoption legal fee and interagency costs	488
Community Health ,Phyiscal Disabilites & Care Services	
Residential Care for Older People (National Care Home Contract)	13,496
Older people day services	129
Sheltered housing support	258
Residential Care for People with Physical Disabilities (including residential respite)	1,119
Accommodation Based Services for People with Physical Disabilities (Housing Support/Supported Living/Sleepover) and Day Support (Community Based Activities)	1,082
Accommodation Based Services for Older People Care at Home	1,887
Total	**40,121**

The HSCP is committed to deliver best value and to make best use of all resources, using this approach to respond as a Partnership to changing demand as people have increased control over their own budget

In addition, there is a commitment to maximise the utilisation of the totality of the estate, and use fit for purpose buildings.

5.2 Delivery of robust and effective commissioning and procurement across all service areas

Key areas of focus for the life of this Plan:

- To support the redesign of Learning Disability Services and to meet the changing needs of people in the Community; we are progressing locality based work focus on the recommendations of the “Coming Home” report by Dr Anne McDonald.

  Following the “Coming Home Report” we are seeking to develop a process of design and implementation of new housing projects which will enable the HSCP to provide options for modern, supported housing and accommodation; supporting the repatriation of people currently living out-with the area to return home to West Dunbartonshire.

Moving forward further consideration of the needs of people living in long term hospital care will be considered and the design a fully functional bungalow is underway to support people with more complex needs return home with support.

- The Scottish Government report on "Rights, Respect and Recovery", the first drugs strategy in a decade, focuses on treating addiction as a public health concern rather than a criminal justice issue. Individuals with alcohol and drug issues are often faced with poverty, trauma and inequality as a result of their addiction and therefore the strategy highlights the need for support and not stigma. Noting the complexity of multi complex issues in relation to addictions and mental health, a creative model of commissioning is being developed to provide choice and control through a tapestry of community supports provided by a range of providers.

  These supports are based on the promotion of human rights principles for those affected by addiction issues with a continued commitment to deliver recovery orientated systems of care and development of our recovery models of care.

  The continued development of an Assertive Outreach programme in conjunction with third sector partners will support those who also present with or are in need of support with significant alcohol issues within a mixed economy market.

- Commissioning of carers' services to provide support for carers with a range of support role including older people; those who are affected by mental illness; those who have a family member with an addiction issue. Thinking creatively to meet the varied needs of carers affected by a range of long term conditions and disease whilst supporting them to continue in their caring role.

5.3 Effective monitoring and management of unscheduled care and unplanned care system wide and locally

Key areas of focus for the life of this Plan:

- Specialist older people support services will provide assessment and interventions to individuals within their own homes and homely settings, continuing to focus on working with individuals and their carers to identify their needs and reach jointly agreed goals to maximise independence.

- The HSCP, in progressing the House of Care approach at local level, will work in partnership with NHSGGC and West Dunbartonshire CVS (the Third Sector

Interface) to ensure a co-ordinated approach initially building on the existing third sector based Link-Up and ACCESS social prescribing systems and maximising the effectiveness of the emerging GP practice based Community Link Worker service.

- By creating a community model to support people with lower level mental health needs; individuals will be supported to access self management and on line supports at the earliest opportunity. This will be facilitated by support workers working within local GP practices to provide non-clinical support to those living within our communities and based on a model of peer support.

- All providers are offered support to identify individuals at risk of falls and fragility fractures. By focusing on increased awareness and evidence based practice to reduce the number of falls that result in injury; the HSCP is identifying people who are frail who could benefit from early preventative interventions from volunteers to enable them to live well for longer in their communities.

By maintaining a focus on prevention, early intervention and harm reduction as well as conventional forms of care and treatment, a mixed economy of support will begin to emerge.

5.4 Ensure service users and carers understand what support is available and are able to make informed choices about the quality, flexibility, safety and cost of services.

All of the models share a common approach of collaborative service delivery; moving forward this needs to be the approach by all partners when engaging with service users and carers as well as driving meaningful negotiation within a commissioning and procurement model. This is delivered within a context of an awareness and recognition of skills, expertise and commitment to quality across the sectors.

By working more effectively together to create person – centred activities within communities and provide opportunities to access community resources. The partners are able to share approaches and good practice linked to risk assessment /risk management; manage better the current risk aversion which is prevalent within organisations by working in partnership with other agencies including the Care Inspectorate.

By using outcome focused support models, assessment of an individual's need is supported by good communication between providers across all sectors; thus increasing capacity for communication to be able to provide and react to the need for more flexible service delivery.

6. Working with Partners

All new and existing service providers will be invited to participate within the partnership, through a series of ongoing events and meetings hosted by the Lead Commissioning Officer and supported by the Third Sector Interface and Scottish Care. The current and ongoing quality assurance, fiscal responsibility and beneficiary roles of the HSCP, Scottish Care and Third Sector Interface will be folded into this process as part of the development of the market.

Whilst CVS Third Sector Interface and Scottish Care have a role to support market readiness within their sectors, ultimately the governance and accountability across all the sectors is housed within the statutory structure of the HSCP and the identified Lead Commissioning Officer, as per the requirements of the Joint Bodies Act. Therefore the HSCP has a service delivery role as well as commissioning role which differs from any of the other partners within this partnership approach.

Partners have a shared responsibility to ensure that all partners continue to deliver high quality and robust services across our localities and across all sectors within a strategic planning context.

By working in partnership, there is a shared commitment to high quality services whilst ensuring we are involving people in the planning and delivery of care and support; and partners, jointly, can deliver robust market analysis within an integrated commissioning and procurement approach across our partnership.

The HSCP will be encouraging all partners within the third and independent sectors across West Dunbartonshire to become participants within this approach; however there are specific rules of engagement across all sectors which form the basis of the market development and to ensure its success.

All partners shall:

- Have an interest in, support for, and promotion of the partnership approach and not merely supporting agendas or interests of particular organisations;
- Contribute ideas for the further development of the partnership;
- Provide high quality, innovative services in collaboration with others and towards the delivery of the national Health and Social Care Outcomes.
- Have clear health and social care objectives whether delivering universal or specialist services; it is anticipated that in practice most partners will be regulated services, previously commissioned services and charities;

- Be involved in delivering health and social care services, or aspiring to be involved in delivering services within West Dunbartonshire; existing providers will be asked to demonstrate their track record of providing high quality and robust services in the area.

The responsibility of the HSCP Commissioning Officers will be to facilitate:

- Access to commissioning opportunities across all sectors;
- Networking opportunities and shared learning with peers across all sectors;
- Collective approaches to service planning, inspection preparation, performance management and demonstrating outcomes;
- Support to facilitate the development of skills and capacity of organisations to operate in a complex commissioning and tendering environment.

The operational advantages to this approach means there is a;

- Focus on activity and shared objectives across all partners
- Capacity building across the sector through shared training and development opportunities
- Shared practice and development across quality assurance and continuous improvement through shared opportunities.

As such each of the partners will be responsible for the following:

- An accountability for quality assurance;
- Financial management and fiscal responsibility of public monies;
- Evidence of market intelligence;
- Evidence of beneficiary impact across all sectors including commissioning third and independent sector services.

Peer support is available for small organisations from larger organisations across the sector; to support to management of funding, help with contracting and procurement processes to ensure future targets/outcomes/quality assurance framework and more effective future planning.

For third sector partners this opportunity for more mature relationships allows organisations to share good practice collaboratively without competition, and support individuals to be better supported to meet their personal outcomes.

By using a facilitative model across the partnership, with opportunities for shared learning, partners can shape and change how organisations and how services can adapt in the future to meet the needs of individuals.

There are opportunities for:

- some older people to be independent, active in their communities and not socially isolated; however equally there are individuals who require additional support which could be offered by non-specialists and finally those who require significant levels of service to meet their complex needs.
- for cross sectoral shared learning e.g. My Home Life programme, a joint planned approach across sectors inspection preparation and training in adult support and protection.

The benefit of the approach related to providers having time out to reflect on practice and service delivery and being able to invest time in delivering within a proactive model of approach.

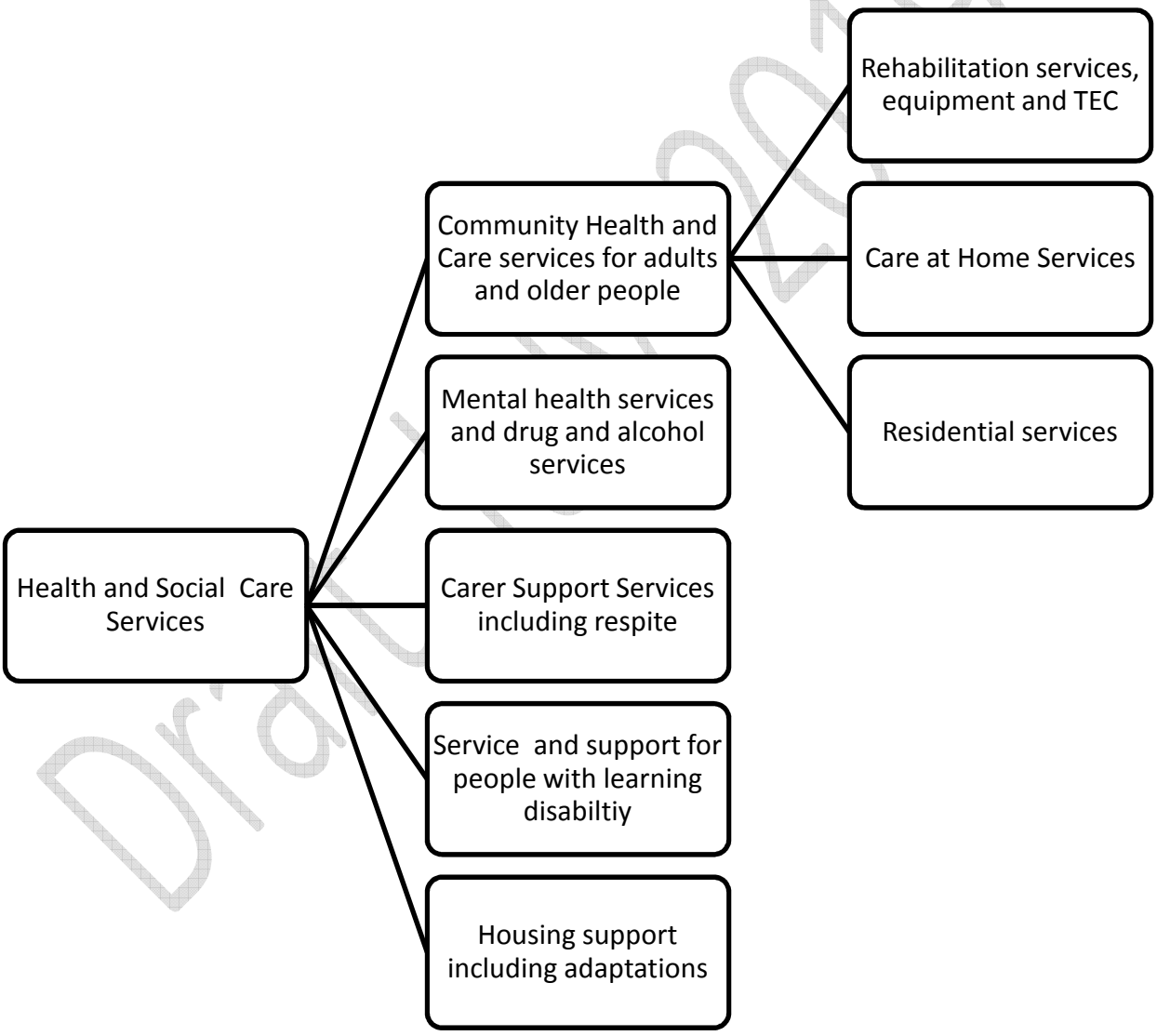
Some examples of benefits identified included;

- Improving early intervention opportunities;
- Helping cement a solutions focus to activities and building stronger functional relationships across sectors;
- Allowing boundaries to be reduced and more flexible approaches developed;
- Better sharing of resources;
- Encouraging providers to see themselves as ‘agents of change’ and not merely service providers.

7. Scope of services

Locally within West Dunbartonshire there is an existing range of excellent social care, primary and secondary healthcare and public health improvement services that provide the fundamental infrastructure required.

For the purposes of this Commissioning and Market Facilitation Plan the following services are included in the scope of the market facing areas and represent recognisable areas of service delivery.



For each of the areas in scope there will be contract summary reports providing the following information.

Contract Description	An outline of the contract, composition of the service user groups and details the composition of providers
Contract Periods	Explanation of current contract models and where relevant contract periods and contract end dates.
Contract Development	This looks at areas of change, discusses known challenges and / or new approaches to how the service may be commissioned.
Contract Management	Provides an overview of how provider performance is managed, how quality of services is monitored and the frequency of contract review meetings.

Over the next year each of the areas in scope will create contract summary information detailing the information laid out above and this will be reported to the HSCP Audit Committee to meet governance and best value arrangements.

This supports the commitment of the HSCP to providing transparency of spend and demonstrates the reality of creating a developing market within West Dunbartonshire.

8. How Providers can prepare

The HSCP is committed to delivering seamless services through integrated community support services. Providers who reshape their service delivery models will be better placed to respond to future commissioning opportunities.

The HSCP would be seeking for providers to:

- Consider how their services can support prevention, early intervention and recovery focus and how they can support people to be as independent as possible

- Consider how their services work within local communities and how they support the building of capacity within those communities

- Empower individuals to change behaviours and promote self care / self – management approaches

- Recognise that increasingly the purchasing partner will no longer be the statutory services but will be the service user, guided by self directed support and / or outcomes focussed assessment and commissioning

- Develop ways to record, evidence, analyse and report on outcomes; ensuring evaluations show the impact of their activities

- Develop effective signposting, information and advice support as people take more choice and control over their how their needs are met

- Create smarter partnership working opportunities through sharing expertise, resources and back office support to increase impact and efficiency.

9. Conclusion

This Commissioning and Market Facilitation Plan aims to provide the platform upon which commissioners and providers can work together to strengthen relationships and forge improved outcomes for service users.

This Plan will act as a vehicle to support collective actions for more effective methods of service delivery.

The Plan helps the HSCP to utilise budgets more efficiently to not only deliver savings but also create capacity for investment to meet the increasing demand for care services.

By publishing this Commissioning and Market Facilitation Plan, the HSCP signals its intention to engage, listen and provide support to the market.

The market in return is asked to provide us with feedback, to bring to our attention opportunities for improvement, to ensure any matters of concern are raised with a focus on solutions and, most importantly, share our commitment to enable people in West Dunbartonshire to live full and positive lives within supportive communities.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health & Social Care Partnership Board: 7th August 2019

Subject: Annual Public Performance Report 2018/19

1. Purpose

1.1 To present the Partnership Board with the fourth Annual Public Performance Report for the Health & Social Care Partnership, including a complaints management overview for that full year.

2. Recommendations

2.1 The Partnership Board is recommended to approve the Annual Public Performance Report for publication.

3. Background

3.1 As required by legislation, the appended Annual Public Performance Report has been produced to enable scrutiny of the delivery of the third year of the HSCP's Strategic Plan 2016 – 19. As has been the custom in previous years, it is accompanied by a complaints management overview for the corresponding period.

4. Main issues

4.1 The preparation and presentation of the Annual Performance Report has been informed by the national Guidance for Health and Social Care Integration Partnership Performance Reports. It has also been informed by local experience of integrated performance reporting, alongside feedback from other sources - including formal feedback from the Accounts Commission Best Value Assurance Report of June 2018 where the HSCP was praised for making progress in the delivery of new models of care; in particular as a result of more integrated working between district nursing and care at home the HSCP is responding more effectively to risks and unnecessary hospital admissions.

4.2 Once considered by the Partnership Board, this Annual Public Performance Report will be published on the Health & Social Care Partnership's website; submitted to the Health Board, the Council, the local Community Planning Partnership Management Group and Scottish Government.

5. People Implications

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

6. Financial Implications

6.1 The Annual Public Performance Report includes a summary of the Health & Social Care Partnership's year end financial position, as agreed by the Chief Financial Officer and previously reported by them to the Partnership Board.

7. Professional Implications

7.1 The content of the Annual Public Performance Report will overlap with the substance of both the next Chief Social Work Officer's Annual Report and the Clinical and Care Governance Annual Report (which will be presented to a future meeting of the Partnership Board and the Clinical and Care Governance Meeting as well as to full Council).

8. Locality Implications

8.1 The Annual Public Performance Report confirms the continuing development of the arrangements for both the two locality areas and the three GP Clusters as well as the ongoing development of the Primary Care Improvement Plan which will be presented to this committee.

9. Risk Analysis

9.1 Section 42 of the Public Bodies (Joint Working) Act obliges integration authorities to prepare and publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 Appropriate complaints management – including lessons learnt – is an important element of service user feedback.

12. Strategic Assessment

12.1 The Annual Public Performance Report has been produced to enable 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: 11th July 2019

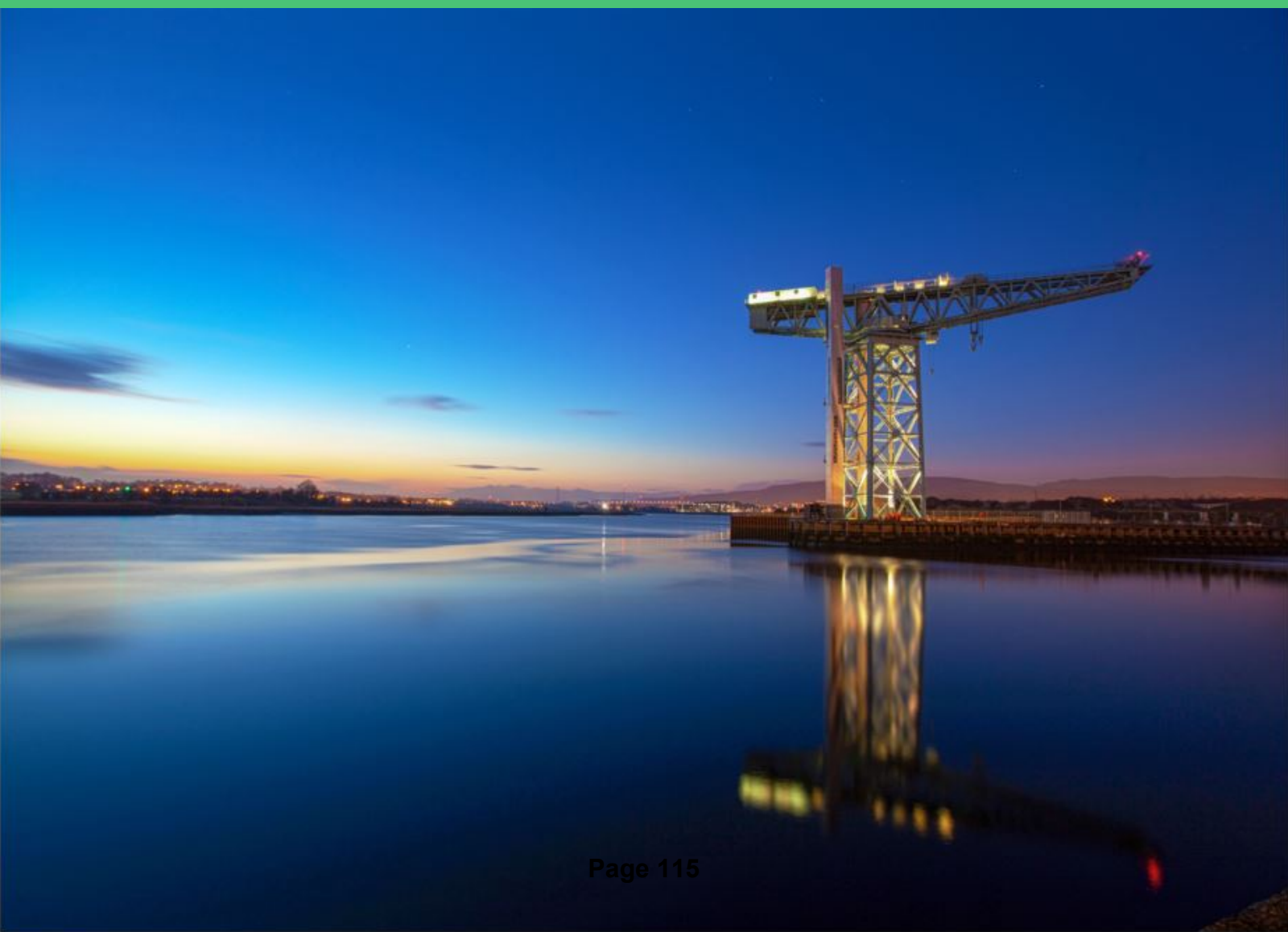
Person to Contact: Wendy Jack – Interim Head of Strategy, Planning & Health Improvement, Aurora House, Clydebank
E-mail:wendy.jack@west-dunbarton.gov.uk
Telephone: 01389 776864

Attached:	West Dunbartonshire Health & Social Care Partnership Annual Public Performance Report 2018/19 West Dunbartonshire Health & Social Care Partnership Complaints Summary 2018/19
Background Papers:	HSCP Board Report (August 2018): Strategic Plan 2016-19; Annual Review 2018 –2019 HSCP Strategic Plan 2016 – 2019; Annual Review 2018 – 2019 Guidance for Health and Social Care Integration Partnership Performance Reports: http://www.gov.scot/Publications/2016/03/4544
Wards Affected:	All

West Dunbartonshire
Health & Social Care Partnership

Public Performance Report 2018/19

www.wdhscp.org.uk



Contents

The year in figures
2018/19

81% OF PEOPLE RATED THEIR CARE OR SUPPORT AS GOOD OR EXCELLENT*

361 LESS BED DAYS SPENT IN HOSPITAL BY PEOPLE WITH COMPLEX DELAYS IN DISCHARGE

98% OF PEOPLE AGED 65 AND OVER WITH COMPLEX NEEDS LIVING AT HOME OR IN A HOMELY SETTING

85% OF PEOPLE HAD A POSITIVE EXPERIENCE OF THE CARE PROVIDED BY THEIR GP PRACTICE*

89%

OF CARE SERVICES GRADED GOOD OR BETTER IN CARE INSPECTORATE INSPECTIONS: 5th BEST PERFORMING IN SCOTLAND

79%

OF PEOPLE AGREED THEIR HEALTH AND CARE SERVICES SEEM TO BE WELL CO-ORDINATED*

450 PEOPLE RECEIVED A REABLEMENT SERVICE RE-LEARNING DAILY SKILLS TO LIVE AS INDEPENDENTLY AS POSSIBLE

4,757

EMERGENCY ADMISSIONS TO HOSPITAL FOR PEOPLE AGED 65 AND OVER

1,736

LESS UNPLANNED HOSPITAL BED DAYS FOR PEOPLE AGED 65 AND OVER

1,306

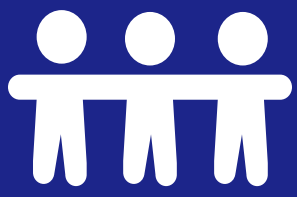
PEOPLE HAVE AN ANTICIPATORY CARE PLAN IN PLACE

91.5% OF LOOKED AFTER CHILDREN WERE LOOKED AFTER IN THE COMMUNITY

75% OF CHILD PROTECTION CASE CONFERENCES WERE CARRIED OUT WITHIN 21 DAYS

1,790 MMR VACCINATIONS

89% OF PEOPLE AGREED THEY FELT SAFE*



80% OF PEOPLE FELT THEY HAD A SAY IN HOW THEIR HELP, CARE OR SUPPORT WAS PROVIDED*

930 PEOPLE SUPPORTED TO MANAGE THEIR MEDICATION

857 CARER CONVERSATIONS

91% OF PEOPLE FELT ABLE TO LOOK AFTER THEIR HEALTH VERY WELL OR QUITE WELL*

91.6% OF PEOPLE RECEIVED APPROPRIATE DRUG OR ALCOHOL TREATMENT TO SUPPORT THEIR RECOVERY WITHIN 3 WEEKS OF REFERRAL

69% OF PEOPLE STARTED PSYCHOLOGICAL THERAPIES WITHIN 18 WEEKS OF REFERRAL

81% AGREED THAT THEY ARE SUPPORTED TO LIVE AS INDEPENDENTLY AS POSSIBLE*

79% OF PEOPLE AGREED THEIR SERVICES AND SUPPORT HAD AN IMPACT ON IMPROVING OR MAINTAINING THEIR QUALITY OF LIFE*

10,989 HOURS OF HOME CARE PROVIDED EACH WEEK TO SUPPORT PEOPLE AT HOME

*Latest Scottish Health and Care Experience Survey 2017/18 (Every 2 years)

Introduction

Our vision: Improving lives with the people of West Dunbartonshire

Welcome to our fourth annual Public Performance Report, which covers the period April 2018 to March 2019.

I trust you will find the report to be both informative and interesting. It is a chance to reflect upon the services the partnership has delivered, the outcomes we have achieved and explore where we need to focus as we go forward.

As we consider how best to use the resources available to the partnership, we are committed to working with the people of West Dunbartonshire. In particular to engage with local communities and listen to their thoughts on both what services are needed, and how they can be delivered to gain the greatest impact for service users and patients. We will examine areas of increasing demand and review how to intervene earlier to achieve greater long term benefits.

Reading the report, you will see there are many services delivering care of which we should be justifiably proud, and I wish to acknowledge the efforts of all our staff, who work on a daily basis to achieve this, and thank them for this.

Beth Culshaw
Chief Officer

1 Supporting Children and Young People

Our children have the best possible start in life and are ready to succeed

Active
Safe Healthy Achieving
Responsible
Respected Included
Nurtured

UNICEF Achieving Sustainability (Gold) Award for excellent and sustained practice in the support of infant feeding and parent-infant relationships

"My son got the help and support he needed. We now have a better understanding on how to support him at home and school and have confidence that if he needs additional support, he will get it."

"The care my child received was exceptional. From the initial appointment, I could tell that she would get the help she needed and she certainly did."

Anonymous Service Feedback 2018/19

West Dunbartonshire Health and Social Care Partnership (HSCP) is committed to improving outcomes and supporting the wellbeing of our children and young people, aiming to give every child the best possible start in life.

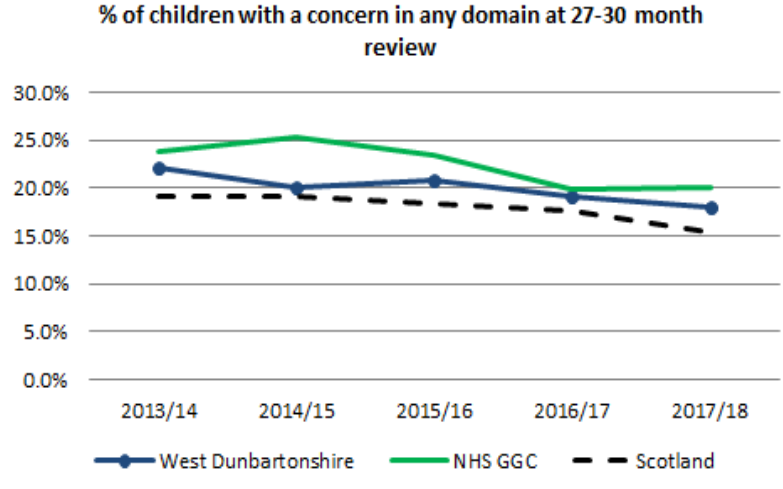
We have embedded the principles of the Scottish Government's Getting It Right for Every Child (GIRFEC) into all aspects of children's services across community and specialist health, social work and care services: working to ensure that all children are safe, healthy, achieving, nurtured, active, respected, responsible and included.

In implementing GIRFEC, we have continued to focus on preventing crisis and reducing risk for children and families through using timely assessment and the right supports. This reflects our shared community planning objective to focus on early intervention and prevention in the lives of children, young people and their parents and carers.

NHS Scotland's Child Health Programme promotes proactive care and support to help children attain their health and development potential. A key milestone of the programme is that 85% of our children have reached all expected developmental milestones by their 27-30 month child health review, meaning that developmental delay is identified at an early stage.

Within West Dunbartonshire 920 children were eligible for their 27-30 month child health review during 2017/18 and of these, 93.7% of reviews were carried out. This compares favourably with the proportion of eligible reviews carried out across Scotland, 90.2% and the 92.7% by NHS Greater Glasgow and Clyde (NHS GGC)

For those children reviewed, the proportion within West Dunbartonshire with a concern identified in any developmental domain has dropped from 22.2% in 2013/14 and 19.2% in 2016/17, to 18% in 2017/18. This indicates steady progress towards supporting children to reach their developmental goals and potentially improving their health and wellbeing in the long term.



94.9% of children aged 2 years had their MMR vaccination

97.5% of children aged 5 years had their MMR vaccination

Measles, Mumps and Rubella (MMR) vaccination rates continue to be high within West Dunbartonshire with a total of 1,790 children vaccinated.

The proportion of children vaccinated is slightly higher than the proportion across NHS Greater Glasgow and Clyde: 94.2% of 2 year olds and 96.4% of 5 year olds

Scottish Government's Health and Social Care Delivery Plan reinforces the equal importance of mental and physical health. It is estimated that in Scotland 10% of children and young people have a clinically diagnosable mental health problem: this rises to 45% for looked after children.

Poor mental health can disproportionately affect children from lower income households and areas of deprivation and can also have significant impact on life chances, personally, socially and economically. Moreover the life expectancy of people with serious mental health problems is 15 to 20 years lower than the general population.

The HSCP continues to develop a strong multi-agency approach to supporting vulnerable children and young people with mental health and emotional wellbeing issues. Robust and early planning systems have also been implemented to support transitions from children's services to specialist adult services.

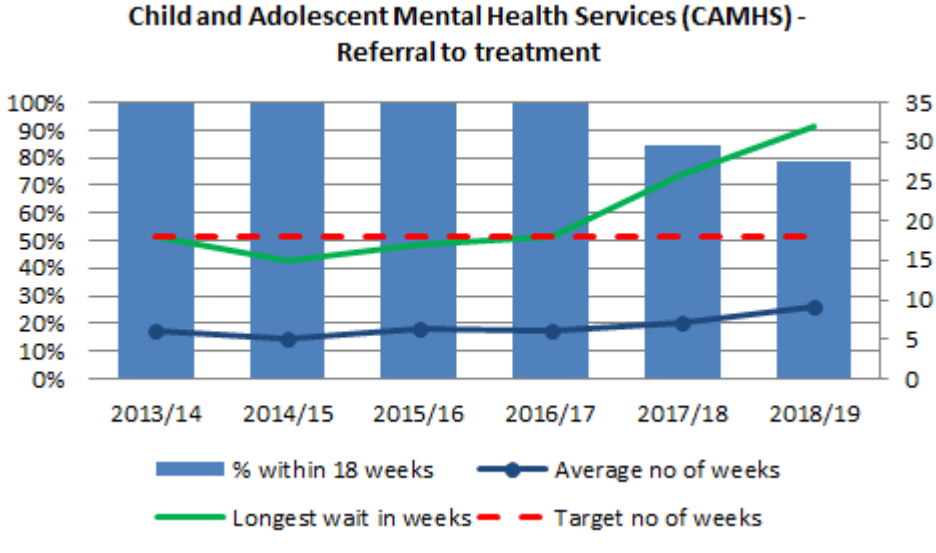
Child and Adolescent Mental Health Services (CAMHS) embrace the range of services that contribute to the mental healthcare of children and young people and their families and carers. Over the last two years performance against the 18 week referral to treatment target has declined across NHS Greater Glasgow and Clyde including within West Dunbartonshire.

A 29% increase in CAMHS referrals received and accepted between 2017/18 and 2018/19 for West Dunbartonshire children and young people, and a drive to improve accessibility of appointments by reducing the number of referrals rejected, while having proved challenging, has ensured better levels of access to the service for children and young people. The same period saw a 3% reduction in CAMHS referrals across NHS Greater Glasgow and Clyde.

Work is underway across the Greater Glasgow and Clyde area to analyse the reasons for the increase in referrals within West Dunbartonshire which mirrors increases in 2 of the other 4 HSCPs that provide a CAMHS service within Greater Glasgow and Clyde and may reflect increased national focus on children's mental health and emotional wellbeing.

The introduction of SMS text reminders and increasing awareness of missed appointments rates have resulted in a Did Not Attend (DNA) rate of 10% over the last 6 months, below the national average of 11%.

At March 2019, 78.5% of children and young people received treatment within 18 weeks missing the target of 90%. The longest waiting time at March 2019 was 32 weeks,however, the average wait across 2018/19 was 9 weeks, well within the timescale.

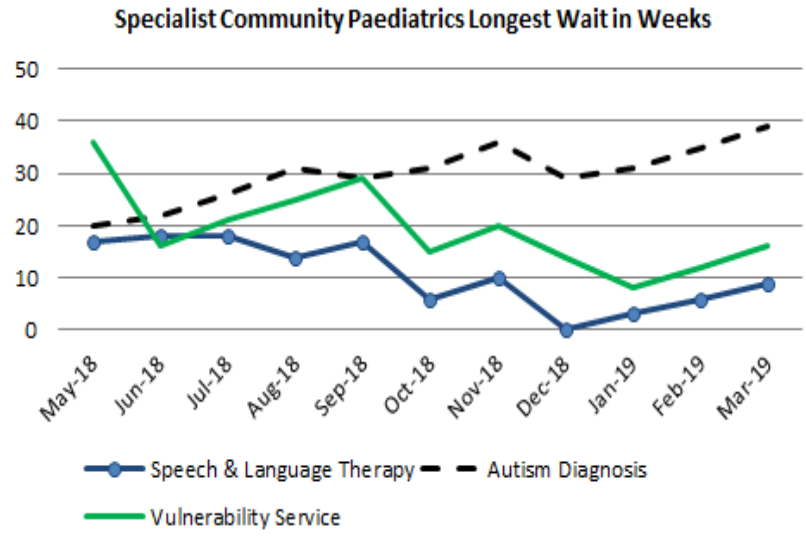


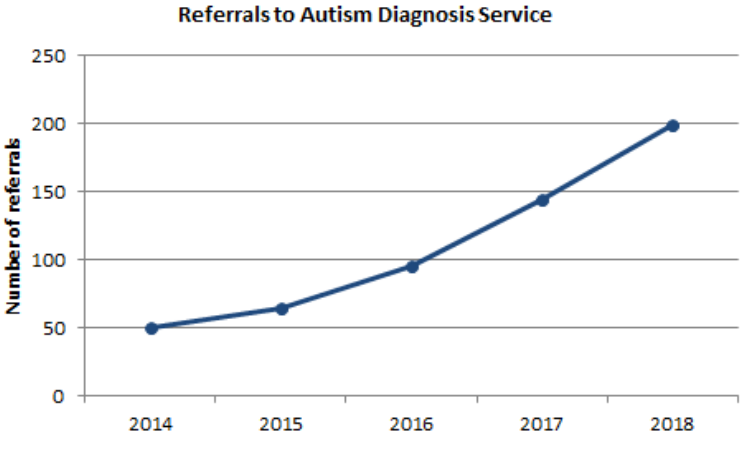
£0.445m spent on Child and Adolescent Mental Health Services

The Specialist Community Paediatric team in West Dunbartonshire consists of the Disability Service, Vulnerability Service, Autism Diagnosis, Speech and Language Therapy, Occupational Therapy and Physiotherapy.

The longest waiting times for Speech and Language Therapy and the Vulnerability Service have improved throughout 2018/19.

Although waiting times for Autism Diagnosis are increasing, West Dunbartonshire is the best performing area across NHS GGC for this pathway. There has also been a significant increase in referrals to the Autism Diagnosis service, 38% between 2017 and 2018 alone, which will be impacting on waiting times.





Children's Speech and Language Therapy Pathways were redesigned in West Dunbartonshire during 2018 and referrals are now agreed with parents on the basis of:

- Impact on SHANARRI well-being indicators (not impairment/disability)
- Timing and capacity for change
- Environmental support for change
- Underpinning evidence for effective intervention

The service will continue to seek feedback at discharge to evaluate these changes.

Autism Spectrum Disorder Assessment Pathway Feedback

- 62% Excellent
- 24% Very Good
- 10% Good
- 4% No response

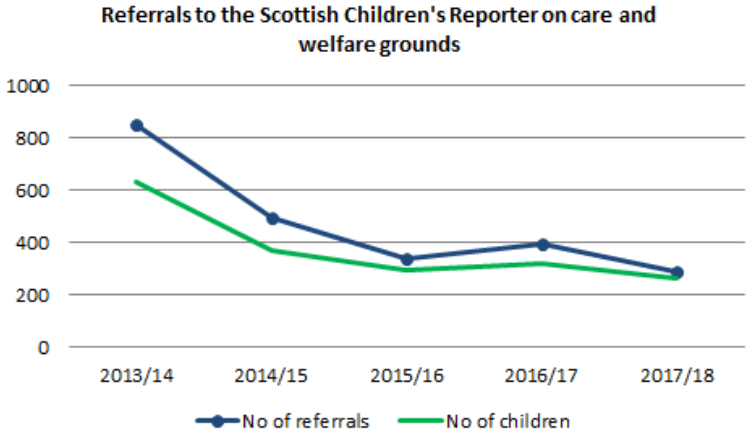
1,547 Referrals to Specialist Community Paediatrics

unicef UNITED KINGDOM | THE BABY FRIENDLY INITIATIVE

As well as receiving a Gold UNICEF Award in October 2018, West Dunbartonshire HSCP Health Visiting Service instigated a breast feeding quality improvement network supported by the Scottish Government Quality Improvement section and linking in with NHS Lanarkshire and NHS Borders. As part of this work, a test of change project is underway in West Dunbartonshire aiming to reduce the numbers of new mothers living in the most deprived areas who discontinue breast feeding in the early months.

We have improved the life chances for children, young people and families at risk

The HSCP and our community planning partners have a strong commitment to early intervention and we have invested in approaches and services to prevent problems escalating for children and their families. We continue to provide a range of interventions to support vulnerable young people who may be experiencing difficulties, including our school counselling service and our range of mainstream parenting opportunities for all parents within our communities.



The number of referrals to the Scottish Children's Reporter on care and welfare grounds has fallen by 41% from 492 in 2014/15 to 288 in 2017/18. The number of children referred overall has dropped by 29% during the same period. Nationally there has been a 20% decrease in the number of referrals and the number of children referred in this timeframe.

The proportion of the 0-17 population within West Dunbartonshire referred to the Reporter during 2017/18 was 16.3 per 1,000 children and young people. The Scotland rate was 16.1 per 1,000 which suggests our early interventions are bringing us more in line with the national picture.

Publication of 2018/19 figures is due towards the end of July, too late for inclusion in this report, but can be found at www.scra.gov.uk

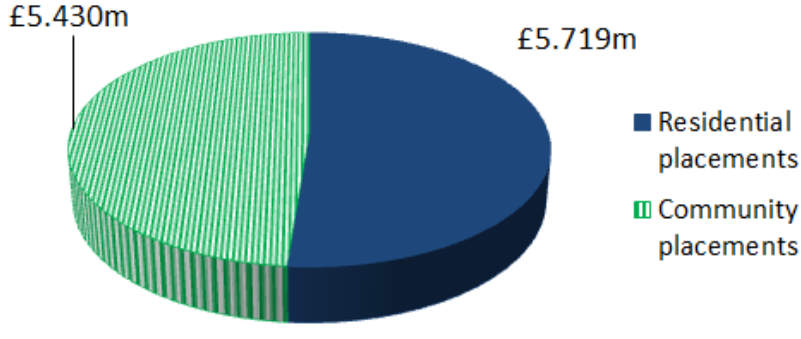
The HSCP is committed to ensuring that children affected by parental substance misuse (CAPSM) receive the best opportunities from both adult and children's services, built on a shared understanding of the risks for families where parents are misusing alcohol and/or drugs.

Our Parental Capacity Assessment enables our community addiction services to better identify parenting needs and potential risks whilst building on existing strengths. This recognises the impact of parental substance misuse in West Dunbartonshire along with our strong commitment to have the same life chances for all children, young people and families at risk.

Children and young people who become looked after are among the most disadvantaged children in society and in general experience poorer outcomes than their peers. Reasons for becoming looked after vary for each child but in every case children will have been through difficult or traumatic life experiences which can result in poor emotional and physical health, distress, a lack of stability and often a lack of social and educational development.

The HSCP supports children and families through effective early intervention, prevention and providing families with the support they need, when they need it. We strive to increase the proportion of looked after children and young people who are looked after in the community, to help them maintain relationships and community links which may result in better outcomes.

Looked After Children Net Expenditure



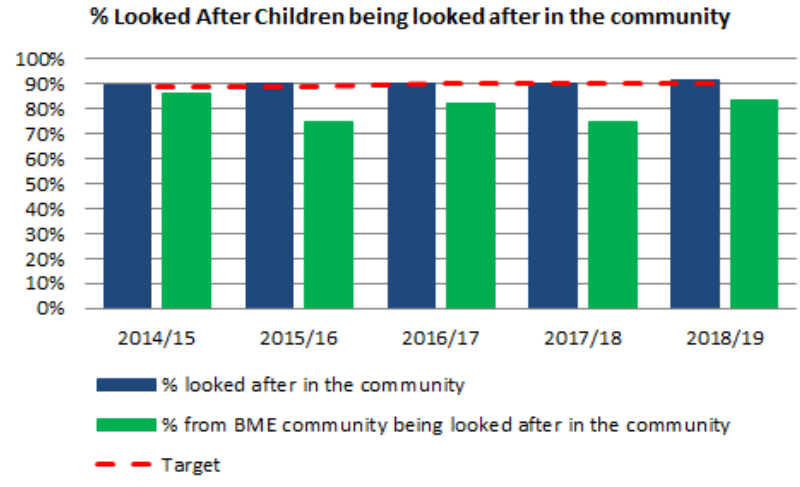
The number of looked after children has increased by 36% since 2015/16 and 11% since 2017/18 in West Dunbartonshire. The proportion of looked after children being looked after in the community has exceeded our target of 90% since September 2017.

In line with our equalities monitoring, we also monitor the proportion of children from a Black Minority Ethnic (BME) community who are looked after in the community. Although there is a slight variance against the overall figure, 83% at the end of March 2019 against 91.5% for all looked after children, the numbers of BME children are very low therefore small changes in numbers will see percentages fluctuate more significantly.

Changes in care placement can be distressing for children and young people and research suggests that multiple placement moves can be linked to a greater likelihood of these looked after children having some form of psychiatric diagnosis compared with other looked after children.

The proportion of children in West Dunbartonshire who had more than one care placement in the previous year was the 12th lowest in Scotland in 2017/18 at 21.1%: across Scotland 20.6% of children had more than one placement.

In 2016 the Scottish Government announced an independent root and branch review of the children's care system. The Independent Care Review is now underway and across Scotland has listened to the voices of 854 children, young people and adults with care experience, including those from West Dunbartonshire, and 789 people who work with and for vulnerable children and families, with the aim of identifying and delivering lasting change in the care system.



Burnside Children's House

Care Inspectorate Gradings
Quality of Care and Support: 5 Very Good
Quality of Staffing: 5 Very Good

Burnside House - What People Told Us

"The staff have done everything they can to help me see my family".

"I really trust this service".

"The staff know how to support us. When to be firm and when to be sensitive but we also can't have a day without laughing".

"I had a full time job before I started college, which the service helped me get. It's a good place to live".

They confirmed our observations that Burnside was a very good place to live. Throughout our inspection, the young people were always having fun with the staff and managers. They told us that the staff were creative and found lots of ways to make the time spent in the house enjoyable.

It was commonplace for the staff and young people to sit around the table for their evening meal and the manager made a concerted effort to join this. At these times, the house appeared to us like a large family and the relationships between young people, staff and managers were incredibly positive.

We spoke with one family member whose preconceived ideas around residential care had been transformed by their experiences of visiting Burnside. They were of the view that it was a loving and caring environment and that the support of staff had ensured an ongoing relationship with their child.

In the process of gathering evidence for this inspection, everyone we spoke with was very positive about their experiences of working with Burnside.

Care Inspectorate Report November 2018

Our young people are successful learners, confident individuals, effective contributors and responsible citizens

67% of young people aged 16 or 17 years of age who left care entered further/higher education, training or employment

Young people leaving care are less likely to go on to education, employment or training compared to young people in the general population.

The HSCP's Throughcare and Aftercare service work with young people through the process of leaving care and support them with access to accommodation, financial help and entering further/higher education, employment or training.

Their Supported Lodgings service provides an environment which helps young people to learn the skills needed to maintain their own tenancy. The team work with many care experienced young people and support them to live independently within the community.

Over the past few years the Throughcare Team has worked closely with West Dunbartonshire Council Housing colleagues developing a protocol which makes care experienced young people a recognised priority.

The Leaving Care Housing Protocol scheme means young people leaving care are provided with additional support and secure tenancies when they become old enough to live independently.

The initiative, one of the first of its kind in Scotland, received a Silver COSLA Excellence Award in the category of Service Innovation and Improvement.

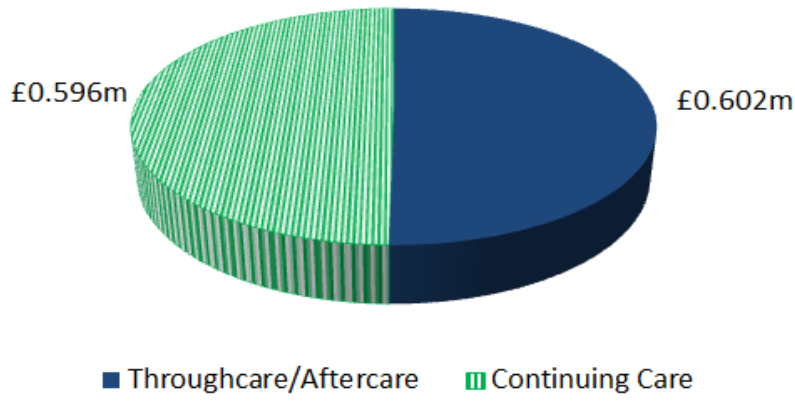
Throughcare and Aftercare

Care Inspectorate Gradings

Quality of Care and Support
6
Excellent

Quality of Staffing
6
Excellent

Throughcare, Aftercare and Continuing Care Net Expenditure



Throughcare Supported Lodgings

We found that the staff and managers within the supported lodgings service sought to advocate and break down barriers for the young people. An example of this was the wonderful local partnership with the Department for Work and Pensions (DWP). This meant that young people rarely went for long periods without valuable income.

Young people and carers benefitted from exceptional support, supervision and care planning. In every case we tracked, the young person had a clear outcome focused pathway plan. This was supported by regular case supervision for staff and regular pathway reviews. It was clear to us that the manager and staff had excellent systems for service delivery and they were clear about the intended outcomes young people wished to achieve.

On a consistent basis, we heard from the carers that the supported lodgings staff team went above and beyond to help them. There was a regular training programme in place which identified key learning. There was a particular strength in relation to mental health training and a close relationship with the local nurse therapist.

We found the carers to be fully involved in young people's support plans and we saw lots of evidence of outcomes improving for young people. The carer coordinator did a fantastic job supporting and guiding the carers and she was held up as a terrific source of support by everyone we spoke with.

During this inspection, we were immensely impressed by the collective desire to improve the lives of young people living within supported lodgings in West Dunbartonshire.

Care Inspectorate Report March 2019

West Dunbartonshire's Champions Board:
To enable care-experienced children and young people to help improve services and ensure their voices are heard

Champions Board funding begins November 2017

120 members of the public attend Champions Board Open Day at Clydebank Leisure Centre

The Champions Board plays an active part in the '1,000 Voices' campaign: part of Scotland's Independent Care Review

Partnership working with Police Scotland: 134 police officers attended a presentation on the role and aims of the Champions Board

76 Scottish Children's Reporter panel members attended a presentation on the role and aims of the Champions Board

Weekly contact with up to 20 Care Experienced Young People in our 3 residential houses

19 Care Experienced Young People signposted to other support services, such as Social Work, Working4U money advice, Alternatives and Housing

29 Care Experienced Young People attending active groups: girls group, boys group, Foster Care group and Throughcare group

3 Care Experienced Young People supported by Champions Board Lead Young People at their 'Team around the Child' meetings

Over 200 Care Experienced Young People received free leisure passes to use across West Dunbartonshire

Champions Board successful in bid for £8,000 of Pupil Equity Fund money which is shared between 15 primary schools and 5 secondary schools. £2,000 also available to the Champions Board to support primary school Care Experienced Young People with for instance gym clothes and trainers

Memorial garden planned to remember Care Experienced Young People who have sadly passed away

Life Changes Trust awards £224,167 for 3 years

63 Care Experienced Young People engaged with/made aware of the Champions Board

65 Corporate Parents engaged with/made aware of the Champions Board

10 Care Experienced Young People financially supported to attain passports, birth certificates and driving licences

4 Care Experienced Young People supported with moving house

A Care Experienced Young Person supported through a 12 week Fire Mentoring Programme in partnership with the Scottish Fire and Rescue Service

Health and Wellbeing fund of £5,000 available to support Care Experienced Young People with taking part in local clubs, classes and hobbies

Over 20 Care Experienced Young People have attended national networking events across the country

Champions Board Grants approved = £19,405.00 benefitting 15 Care Experienced Young People

Benefits include:

- new cars
- laptops
- driving lessons
- starting own business
- College fees
- University accommodation fees gaming computer
- volunteer work abroad
- visiting family abroad

BEE SMaR-T (Social Media and Relationships – THINK!) campaign launched by the Champions Board, supported by Police Scotland. This will be rolled out to all Secondary schools across West Dunbartonshire during 2019/2020

Supporting Older People

2

National Health and Well-being Outcomes

Support people to live in good health for longer
Independence at home or in a homely setting
Positive experiences of care
Treated with dignity and respect
Maintain or improve quality of life
Reducing health inequalities
Support the health and well-being of carers
Keep people safe from harm
Continuous improvement
Effective and efficient use of resources

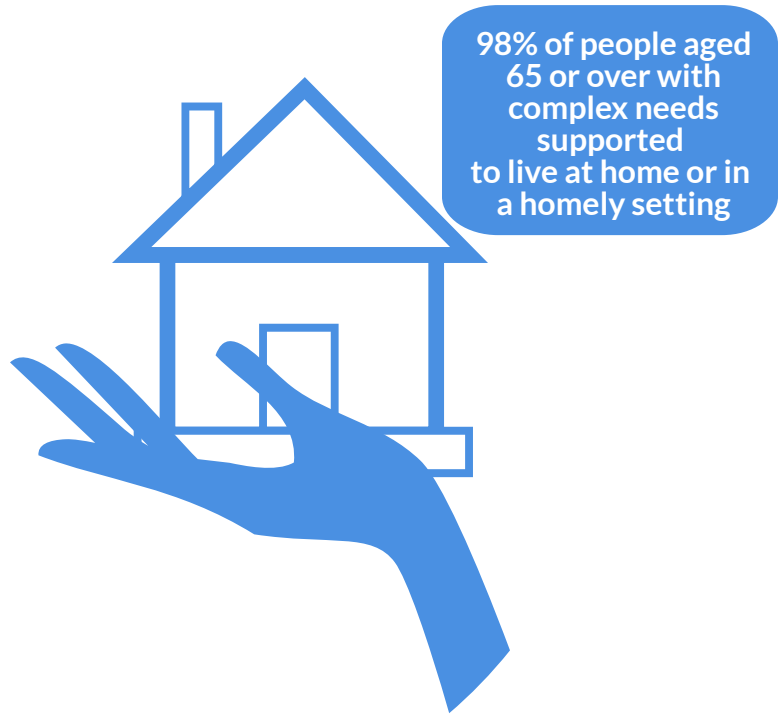
In line with the National Health and Wellbeing Outcomes, improved co-ordination of health and social care services should help to ensure that 'people, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.'

The HSCP leads on the Community Planning strategic priority of Supporting Older People across Community Planning Partners. This is done primarily through the Independent Delivery and Improvement Group which reflects our commitment to avoiding unnecessary hospital admissions and supporting people to live as independently as possible and safely within a homely setting for as long as they can.

To achieve this we work closely with communities, families and individuals to avoid unnecessary admissions to, and delay in discharge from, hospital. This is supported by strong partnerships with statutory, third and independent sector providers of health and social care provision in the community.

Improving emergency or unscheduled care within hospitals across Scotland is a key ministerial priority for the Scottish Government. Through the National Unscheduled Care – 6 Essential Actions Improvement Programme the Government aims to improve the timeliness and quality of patient care, from arrival to discharge from hospital and back into the community.

In light of the integration of health and social care services, the Ministerial Steering Group (MSG) for Health and Community Care is closely monitoring the progress of HSCPs across Scotland in delivering reductions in: delays in hospital discharge; unnecessary hospital admissions; and attendances at accident and emergency (A&E). They are also monitoring the shift in the balance of care from hospital to community settings and the proportion of people supported within the community in the last six months of their life.

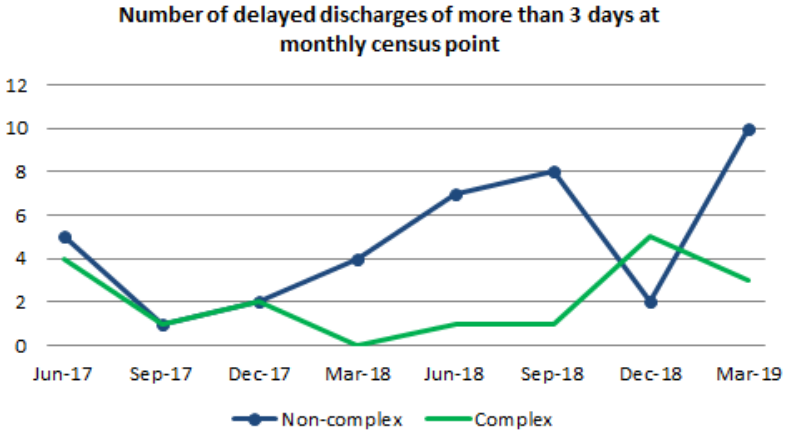


Detailed monthly trend data relating to these objectives can be found at Appendix 4.

Within the HSCP we are monitoring our unscheduled care performance against locally set MSG targets and against NHS Greater Glasgow and Clyde's target of 10% reduction in unscheduled bed days, unnecessary hospital admissions and A&E attendances across the Health Board area.

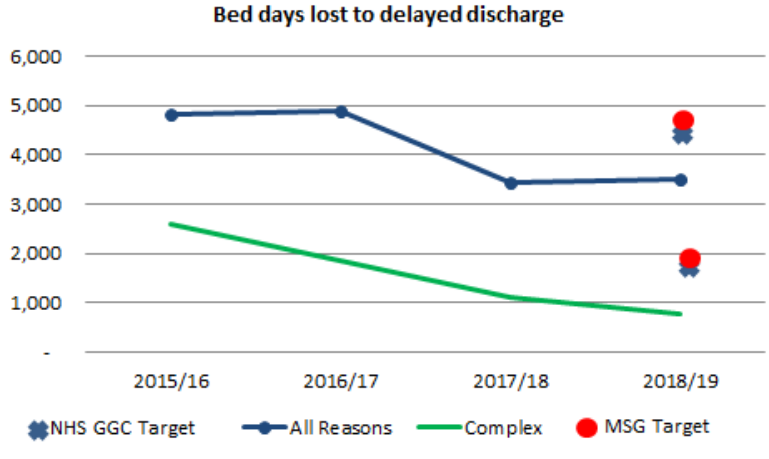
Avoid unnecessary delays in hospital discharge

The Scottish Government's aspirational target is that no person should wait more than 3 days for discharge from hospital once they have been assessed as medically fit for discharge home or to a care home.



While performance at the monthly census point has been poorer than in the previous year, the number of bed days used by delayed patients whose care requirements are complex or are complicated by issues of capacity has been significantly lower in 2018/19. This evidences the fact in these complex cases we are supporting people to return home or to a care home significantly quicker than in 2017/18.

When looking at the trend over time, the number of bed days used in relation to delayed discharges is significantly improved and has exceeded both the MSG targets and those set by NHS Greater Glasgow and Clyde.



West Dunbartonshire residents make up an estimated 7.5% of the overall population in NHS Greater Glasgow and Clyde. The proportion of all NHS Greater Glasgow and Clyde delayed discharge bed days used by West Dunbartonshire residents has reduced from 7.5% in 2016/17, which is in line with our population, to 5.2% in 2018/19. More significantly, the proportion of bed days used by people with complex needs has reduced from 8% in 2016/17 to 3.9% in 2018/19.

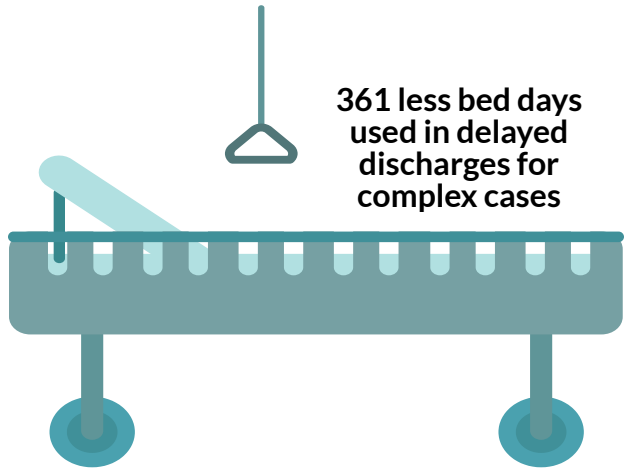
The design of our integrated health and social care teams has helped to keep lengthy delays to a minimum.

Early Assessors are present on hospital wards to pick up and encourage early referrals and to begin assessments in advance of an individual being fit for discharge. Community–based teams and Care at Home services also notify of recent admissions and a dedicated Mental Health Officer provides support in relation to adults with incapacity and where Guardianship is relevant.

758 new Power of Attorneys registered for people who live in West Dunbartonshire

£1,452m spent on Hospital Discharge

In 2018/19 we were ranked 6th best in Scotland for the number of days people aged 75 and over spent in hospital when they had been assessed as being medically fit to be discharged: as a rate per 1,000 population this was 331 days. We were also substantially lower than the overall figure across Scotland which was 805 days per 1,000 population. Numbers are often converted to rates per 1,000 population to allow for comparisons across partnerships and nationally, as this effectively compensates for variation in population sizes.

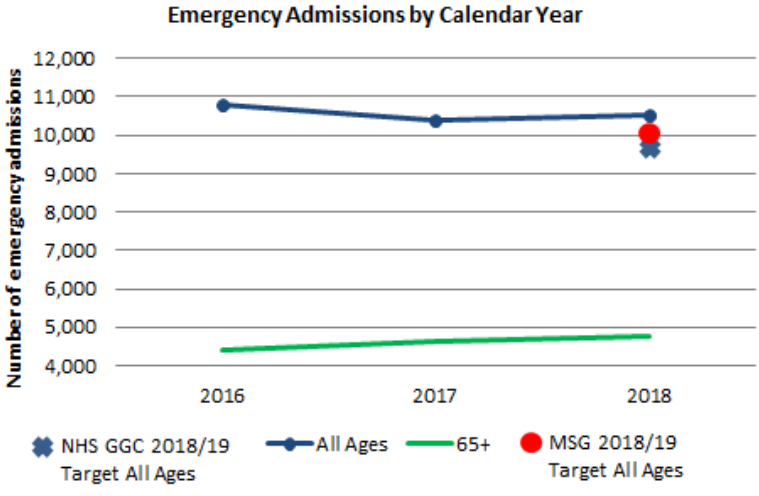


361 less bed days used in delayed discharges for complex cases

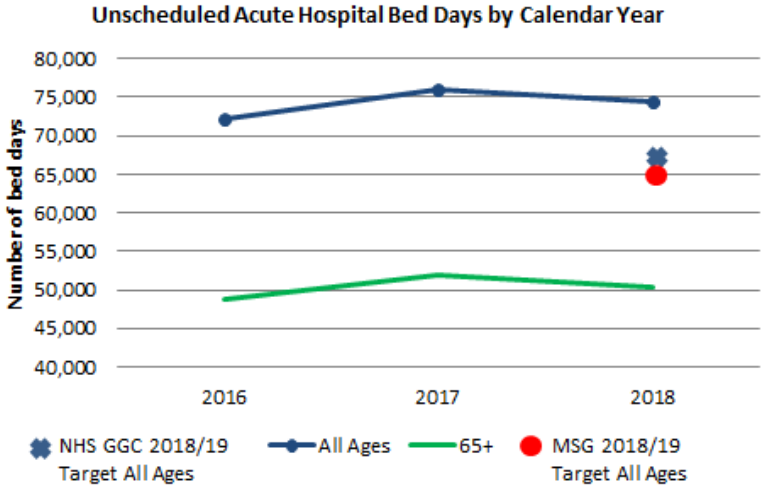
Reduce emergency admissions to hospital

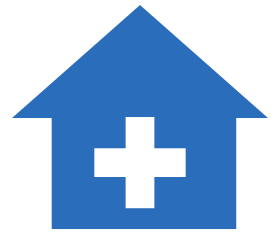
Meeting our local and national targets for emergency admissions has proved challenging during 2018/19. While the total number of emergency admissions dropped in 2017, there was a 1% increase to 10,502 admissions in 2018.

From 2016 there has been an increase of almost 8% in emergency admissions for those aged 65 and over, with a total of 4,757 admissions in 2018.



There were 1,542 less unscheduled acute bed days arising from emergency admissions in 2018 than in the previous year: a decrease of 2%. For those aged 65 and over this rises to a 3% decrease with 1,736 less bed days. This reduction in bed usage at a time of increasing admissions suggests that on average West Dunbartonshire residents are being discharged home from hospital more quickly than in the previous year, particularly those aged 65 and over.

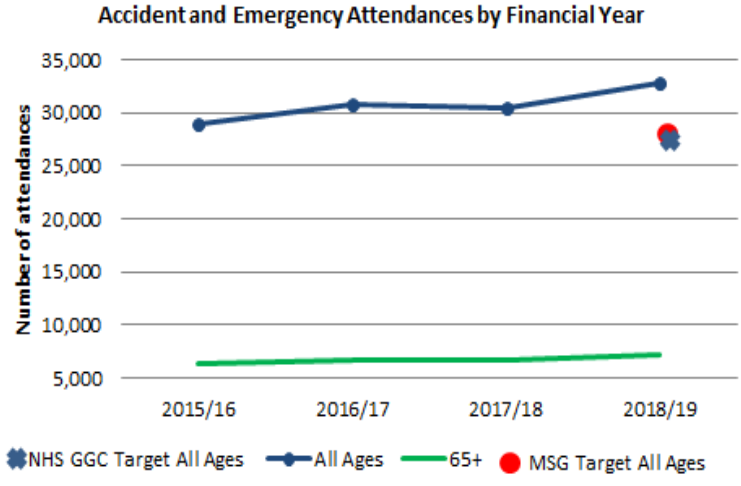




8% increase in A&E attendances

Another challenging area for the HSCP has been the increasing number of attendances at Accident and Emergency (A&E) departments.

While many attendances at A&E are necessary, there are instances where a person can be helped more appropriately by local pharmacy services, their GP or nurse-led treatment rooms within GP practices.



A&E attendances have increased at all three of the main hospital sites accessed by people from West Dunbartonshire during 2018/19: Vale of Leven Hospital, Queen Elizabeth University Hospital and Royal Alexandra Hospital.

Over the course of the year work has been undertaken to understand patterns in A&E attendance: to identify any key themes and to understand the impact of other community services, or gaps in community services, on attendance.

Reasons for people making frequent attendances at A&E, for example 9 or more attendances in a 12 month period, have also been examined. This has highlighted that often anxiety, addiction or poor mental health are factors.

This has become part of the focus of the Vulnerable Adults Multi-Agency Forum. Mental Health, Addictions, Learning Disability, Adult Care and Adult Support and Protection services work with Police Scotland to develop alternative responses to distress within the community. This distress often manifests itself in frequent use of services such as the police and A&E departments.

April - December 2018 compared with April - December 2017

The top 6 diagnoses resulting in hospital admission for people across NHS Greater Glasgow and Clyde during 2017/18 were Chronic Obstructive Pulmonary Disease (COPD), Heart Failure, Lower Respiratory Infection, Fractured Femur, Stroke and Urinary Tract Infections.

The analysis udertaken locally of West Dunbartonshire data identified that 40% of the surviving people admitted with one or more of these diagnoses had current input from HSCP services while 22% had previous involvement with services.

Monitoring of episodes of hospital admissions for people with these 6 conditions and the resulting bed days has continued throughout 2018/19. April to December 2018 has seen significant reductions for 5 of the 6 conditions when compared with the same period in 2017.

West Dunbartonshire also has the shortest average length of stay for 4 of the 6 conditions in comparison with the 5 other HSCPs within NHS Greater Glasgow and Clyde, which supports the view that we are supporting people to return home or to a homely setting more quickly.

By looking at the health and social care services already involved with this group of people the HSCP has been able to identify the need for improved patient pathways, training opportunities and service development.

Chronic Obstructive Pulmonary Disease

Episodes 12% ↓ | Bed Days 13% ↓ | Shortest average length of stay in NHS GGC

Heart Failure

Episodes 11% ↓ | Bed Days 21% ↓ | Shortest average length of stay in NHS GGC

Urinary Tract Infection

Episodes 16% ↓ | Bed Days 29% ↓ | Shortest average length of stay in NHS GGC

Stroke

Episodes 8% ↓ | Bed Days 7% ↓ | 3rd shortest average length of stay in NHS GGC

Lower Respiratory Infection

Episodes 10% ↓ | Bed Days 21% ↓ | Shortest average length of stay in NHS GGC

Fractured Femur

Episodes 19% ↑ | Bed Days 21% ↑ | 2nd shortest average length of stay in NHS GGC

Focussed Intervention Team: Frailty and Complex Needs

During 2018/19 approval was gained for the development of a new service team within Community Health and Care Services.

The Focussed Intervention Team will deliver a reactive, rapid response service to people in their own homes or in a care home setting. The service will support people who have frailty and/or complex needs whose wellbeing is deteriorating and where attendance or admission to hospital is becoming a possibility. This early intervention will reduce the risk of admission and improve outcomes for people within the community.

The team will also manage a suite of intermediate care beds, providing alternatives to admission and faster discharge. This will take the form of intensive multi-professional support, for a period of up to 4 weeks, before care is passed onto the most appropriate community team or the GP.

The development also includes further funding of the third sector to provide a range of opportunities for individuals to move on to, from strength and balance work in their own homes, to physical activity in community settings, with the potential to become volunteers themselves.

The development of the Focussed Intervention Team builds on the service developments across Community Health and Care and it is anticipated that the work carried out by this team will free up the Adult Care Team and Community Older People's Team to work in a more proactive way with clients, ensuring Anticipatory Care Plans are in place and allowing for more effective case management.

Alongside Anticipatory Care Plans, the Rockwood Clinical Frailty Scale is being used across Community Health and Care Services. This 9 point scale gives an indicator of an individual's level of frailty ranging from fit to end of life. This has become an integral part of the assessment process and is shared across the HSCP on CareFirst, CNIS the community nursing information system and on EMIS within GP practices. Work is ongoing to develop effective sharing of Anticipatory Care Plans, electronic Key Information Summaries (eKIS) and Single Shared Assessments between the HSCP and Acute Services.

The District Nursing Service has worked with HSCP Residential Care Home staff to develop and deliver education sessions within one of the care homes.

The aim was to support the delivery of standardised care which is evidence based and therefore ensures a high standard of person-centred care to residents.

These sessions are also attended by Care at Home organisers. This allows organisers to offer prompt and appropriate advice to HSCP carers who will alert the organiser of any concerns about a client's presentation during visits.

Topics covered in the sessions include:

- **Sepsis**
- **Catheter care**
- **Stoma and bowel care**
- **Pressure area management**
- **Management of skin tears**

Feedback from staff attending the training:

"very informative session, it will benefit the mobile attendants and sheltered housing supervisors."

"I have an increased awareness of sepsis and would have more confidence to support Care at Home staff with concerns about clients."

2,567 Falls Screenings carried out

2,442 Falls Assessments completed

503 people completed Strength and Balance programmes

In 2018 there were 748 emergency admissions of West Dunbartonshire residents who had sustained an injury as a result of a fall. When this is converted to a rate per 1,000 population, West Dunbartonshire (8.4) has a higher proportion of emergency admissions due to falls than the rate across NHS Greater Glasgow and Clyde (7.9) and the Scotland rate (6.9).

Our established Falls Collaborative delivers locally agreed actions prompted by the Scottish Government's national framework The Prevention and Management of Falls in the Community.

A two tiered falls assessment process has been adopted: a falls screening tool has been added to all assessment documentation and implemented across our integrated health and social care teams; and a more in-depth falls assessment has been developed and has also been incorporated into our Occupational Therapy and Physiotherapy specialist assessments. A key action resulting from a falls assessment is strength and balance training to help regain and/or improve mobility to prevent future falls.

Our community falls pathway is well established and a falls pathway for the Scottish Ambulance Service has been developed which allows them to make direct referrals to the HSCP on a 24/7 basis for those people they attend in relation to a fall who do not require conveyance to hospital.

1,306 people have an Anticipatory Care Plan

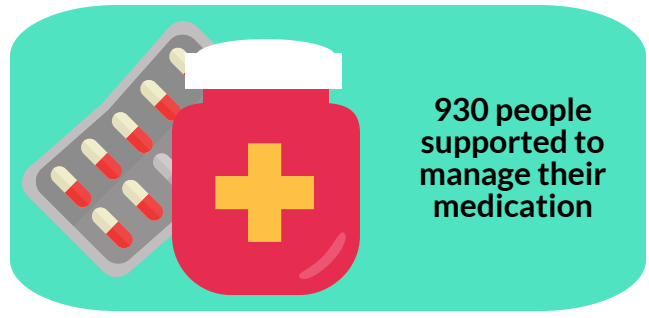
2,748 Rockwood Clinical Frailty Scores assessed

Community Nursing, Care at Home and our Community Older People's team work together to support people within their own homes and to prevent the need for unnecessary hospital admissions: identifying people at risk and putting in additional supports when required. These include additional homecare, respite, nurse-led beds in local care homes and step up/step down placements.

Along with our focus on prevention, effective discharge from hospital is also important in reducing the risk of readmission. In 2018 we had the 9th lowest readmission rate in Scotland with 91 people per 1,000 population readmitted within 28 days: the Scotland figure was 102.

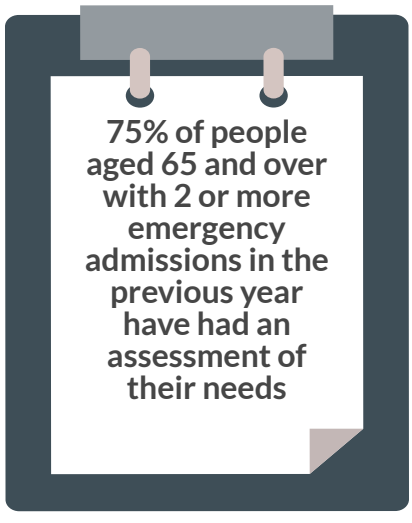
Care at Home services are in place as close to discharge from hospital as possible and the Care at Home Pharmacy service supports people to manage often complex medication, increasing confidence and providing reassurance.

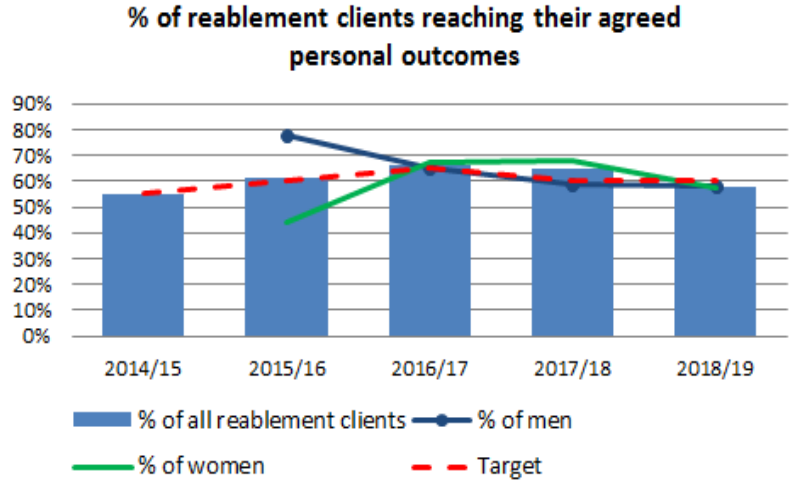
Where a person has been referred for a restart of existing Care at Home services as part of a hospital discharge more than twice in a 6 month period, they are immediately given a full assessment to identify and meet their probable change in needs.



Reablement services focus on helping people to relearn daily skills they may have lost due to a deterioration, crisis or hospital admission: allowing them to regain confidence, independence, potentially avoid a hospital admission or readmission, and to live safely at home for as long as possible.

Care at Home and focussed Occupational Therapist services support people to achieve their agreed personal outcomes such as preparing their own meals, resuming their personal care, or being able to access community resources they previously enjoyed.





In 2018/19 almost 58% of the 450 people receiving a reablement service achieved their personal outcomes. As part of our equalities monitoring we look at the different experiences of men and women receiving a reablement service. 57.9% of men achieved their outcomes and 57.4% of women during 2018/19. Looking back to 2015/16 there is no discernible trend in experiences across gender and we will continue to monitor this with a view to improving the reablement process for all.

Support independent living

Across Scotland, West Dunbartonshire has had the highest proportion of people aged 75 and over being supported at home since 2015/16, standing at 14.7% in 2017/18.

89.4% of people spent the last 6 months of their life within the community in West Dunbartonshire compared to 88.4% nationally.

The HSCP strives to help people remain independent and safe within their own home or a homely setting for as long as they are able to: maintaining their connections with their communities and their quality of life.

Strong links have been developed between the HSCP's sheltered housing complexes and local communities to create opportunities for social activities. Representatives from each complex meet regularly, sharing ideas and experiences to broaden the variety of options available to tenants.

There has also been engagement with the Leisure Trust and West College Scotland to develop a selection of exercise classes and arts and crafts sessions within the complexes with the added value of encouraging people from surrounding areas to become involved.

Inter-generational activities regularly take place within complexes and pupils from local primary schools visit sheltered housing residents to carry out paired reading, helping develop the children's reading skills.

My Home Life (MHL) is an international initiative that promotes quality of life and delivers positive change in care homes for older people.

It brings together organisations that reflect the interests of care home providers, commissioners, regulators, care home residents and relatives and those interested in education, research and practice development.

The HSCP have commissioned a total of 6 My Home Life programmes to date, with over 70 Care Home and Care at Home staff benefitting from up to a year long programme of learning and development.

MHL's guiding principles are:

Developing better practice together

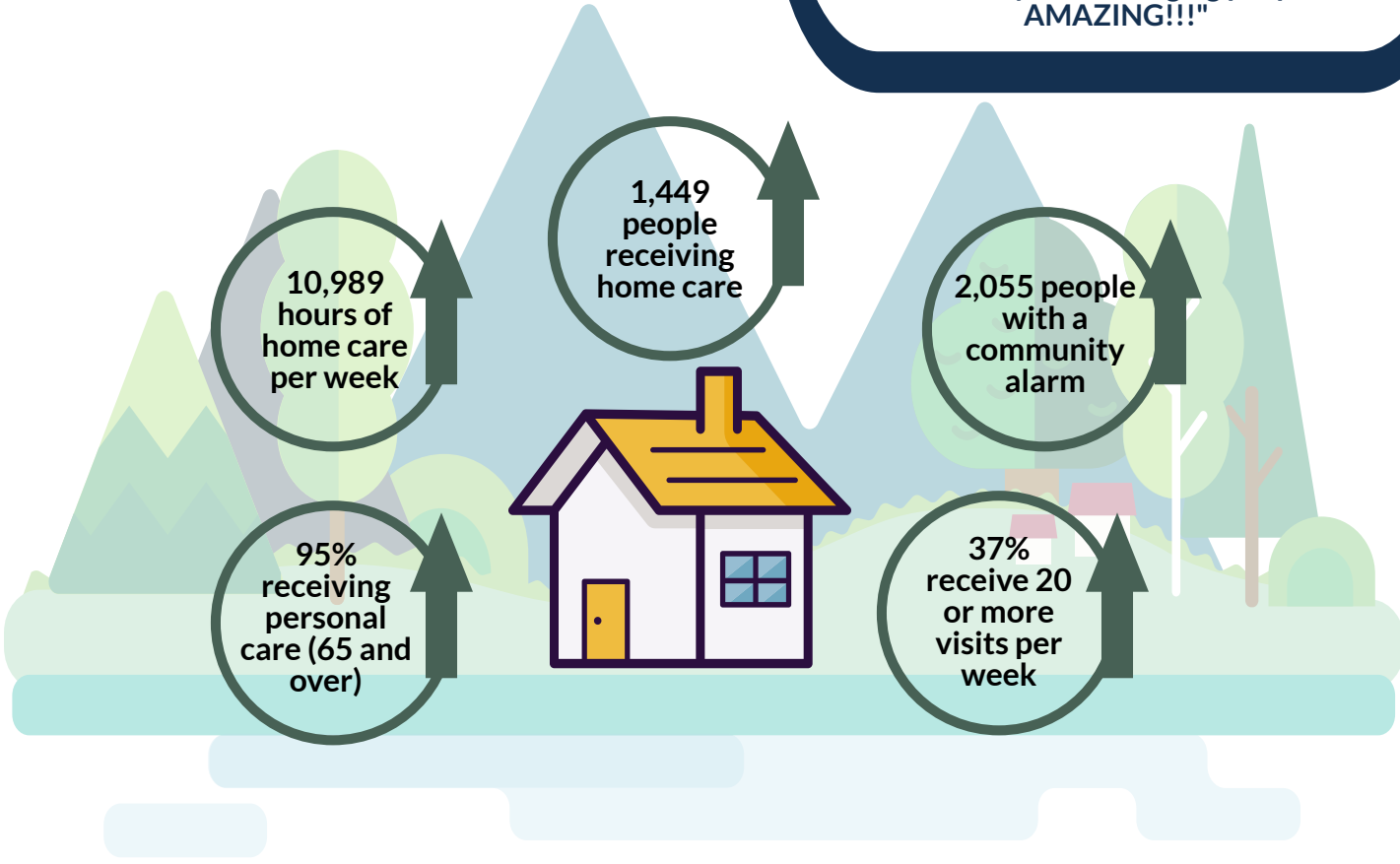
Focussing on relationships

Being appreciative

Having caring conversations

"The confidence I have gained in starting MHL amazes me having gone from being reluctant to join in to being able to engage and participate with less stress is a skill I will carry forward with me."

"Keep doing what you're doing are you actually aware of how you're changing people's lives AMAZING!!!"



"I feel mum is safe and secure in Crosslet House, mum has a smile on her face so I know she's happy here."

"It's a welcoming building, staff encourage us to take part, we were invited in for a family meal and enjoyed Sunday lunch."

"Superb staff, caring and very professional. Staff go above and beyond and care is excellent."

Family Feedback to Care Inspectorate May 2018

Activity Assistants working within Crosslet House have developed a wide programme of activities to help improve the health and wellbeing of residents, encouraging social interaction among residents and their community and addressing cognitive, physical, spiritual and emotional wellbeing. These activities include gardening, arts and crafts, reminiscing and music therapy and, while based in Crosslet House, are attended by residents from all 4 of the HSCP's care homes.

Inter-generational work with Braehead Primary School established a 'pen pal' scheme: the writing and receiving of letters enjoyed by both the children and residents. The school children also became involved in joint vitality groups where residents and children exercised together on a weekly basis. These sessions have been well attended and residents were keen to participate along with the children, even becoming a little competitive.

The children from Braehead Primary were also involved in making a short documentary about dementia friendly walking along with the residents and have helped to encourage walking activities among residents. Sharing stories across the generations has benefitted all: covering topics such as the Second World War, school days and the children's lives outside of school.

Links with Brucehill Nursery concentrate on fine motor skill activities for both the residents and children resulting in the creation of a beautiful artwork that displayed both the residents' and children's hands. This was framed and put on display and serves as a link between both groups.

"the children coming in makes me feel young again"

"I love getting the letters from the school children"

The Activity Assistants were named Team of the Year in West Dunbartonshire Council's Staff Awards recognising their innovation, excellent teamwork and the positive outcomes for Crosslet House residents.

Crosslet House

Care Inspectorate Gradings

Quality of Care and Support:
5 Very Good

Quality of Environment:
5 Very Good

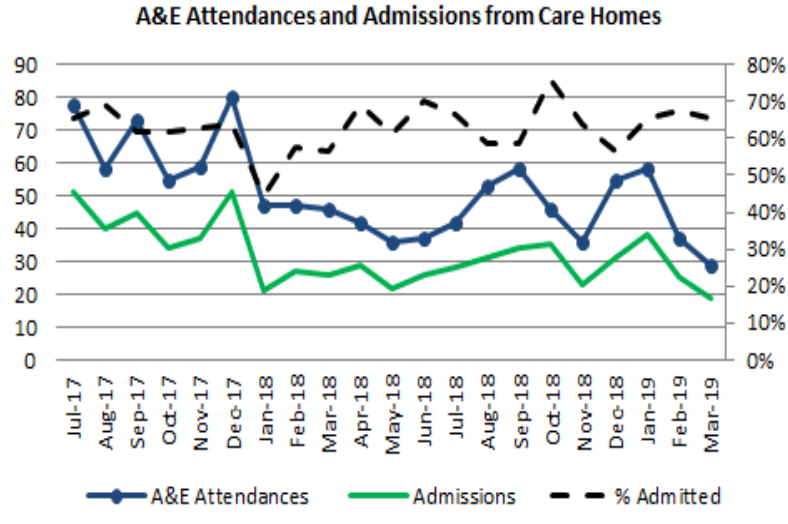
Quality of Staffing:
5 Very Good

Quality of Management and Leadership:
5 Very Good

As part of the HSCP's work on unscheduled care, the Red Bag initiative has been rolled out across all HSCP and independent sector residential and nursing homes within West Dunbartonshire during 2018/19.

A&E attendances and emergency admissions to hospital from care homes have been identified as an area for improvement by NHS Greater Glasgow and Clyde. The Red Bag initiative allows for a person's standardised paperwork, clothing, personal items and medication to be taken to hospital along with the individual and also helps hospital staff quickly identify people who are care home residents and who will have additional supports upon discharge.

While numbers of attendances and admissions from West Dunbartonshire care homes are relatively low, it is hoped that this initiative, along with Anticipatory Care Plans and improved pathways, will reduce unnecessary admissions, improve communication and result in shorter hospital stays.



After a robust programme of engagement and consultation with residents, relatives and staff, Boquhanran House was closed on 15th February 2019. This was in response to the ongoing challenges associated with the fabric and maintenance of the building and the health and wellbeing of the people residing within the home.

All 17 residents were moved successfully and settled within their own chosen place of residence, Crosslet House, Frank Downie House or Mount Pleasant.

The improved standard of accommodation in their new chosen residence has improved quality of life while the provision of care across the two Clydebank homes has allowed for a better staff skill mix, providing better quality care to residents.

Moving forward we hope that this development will enable residents to build new relationships, while retaining their existing friends and we have commenced the process of residents visiting each other's service; attending joint entertainment and shared activity sessions.

The positive impacts from this service change should go some way to prepare staff, residents and their families for the move to the new Clydebank home and alleviate any concerns or fears people may have about that move.

Former Scotland and Celtic legend Danny McGrain visited Crosslet House to meet service users and residents and to raise awareness of people living with dementia.

The visit was jointly organised by Crosslet Day Care Service and Sporting Memories Foundation Scotland (SMFS).

SMFS use the power of memories to help improve the wellbeing of older people - tackling dementia, social isolation and depression.

The former professional footballer spent the visit reminiscing about past games and stimulating fun conversation and lively debates with residents and service users.

Sod-Cutting for new Clydebank Care Home

The HSCP recognises the invaluable contribution made by unpaid carers in supporting vulnerable people to live independently within our community. In the 2011 UK Census 9,637 people in West Dunbartonshire identified as carers and 18.2% of these carers were aged 65 and over, many of whom will have their own health problems.

The Carers (Scotland) Act came into force on 1st April 2018 and is designed to promote, defend and extend the rights of all carers, both adult and young carers. It aims to better support all carers with their own health and wellbeing and help make caring roles more sustainable.

A 2015 report by the Scottish Government, Scotland's Carers, highlighted that while caring can be a positive and rewarding experience and can have a positive impact on wellbeing, caring can be associated with poor psychological wellbeing and physical health. Significantly, those in the most demanding care situations, providing higher levels of care over an extended period, tend to experience the most negative impact on their health and wellbeing.

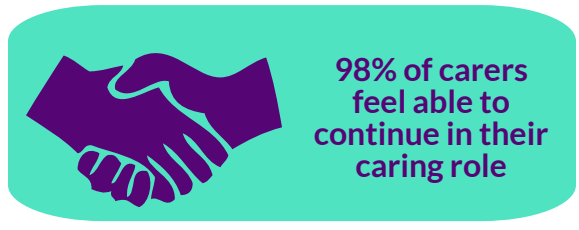
The HSCP works in partnership with Carers of West Dunbartonshire and Y Sort-It in relation to young carers, to offer a range of supports from signposting to financial advice, community groups and other support organisations, to providing carer assessments and respite or short break services.

A two tier process has been developed by the HSCP to assess the needs of adult carers.Tier 1 involves a practitioner undertaking a 'carer conversation' with a person who has identified themselves as a carer. The aim of the carer conversation is to ensure the carer understands their rights; can identify if they have specific carer needs; and to inform them that they may be able to access support following a full assessment.

The carer is asked a range of questions about the amount of care they are providing, how long they have been caring for, the types of care they are providing and the impact of caring on their own circumstances. They are also asked how well they feel they are coping in their caring role.

For some carers this level of conversation is enough but if this is not the case then the carer would move to the next level of assessment, a Tier 2 Adult Carer Support Plan. This involves a full carer assessment and the preparation of a carer support plan designed to meet the personal outcomes of each carer based on their specific and individual needs.

Young carers are identified by the HSCP through our Children's Comprehensive Assessment and referred to our local young person's service Y Sort-it who complete a Young Carer's Statement on our behalf.



The HSCP hosts the Musculoskeletal (MSK) Physiotherapy Service and Diabetic Retinopathy Screening Service for the Greater Glasgow and Clyde area. Both services support people to live independently at home or in a homely setting.

NHS Greater Glasgow and Clyde Diabetic Retinopathy Screening Service provides a comprehensive screening service to approximately 60,000 patients with diabetes in Greater Glasgow and Clyde. Diabetic retinopathy is a complication of diabetes and, if undetected, can ultimately lead to sight loss and blindness.

All diabetics are invited to a screening appointment once a year. Screening is usually performed by taking photographs of the retina. If abnormalities are detected in the photographs, the patient will be referred to ophthalmology for further assessment and treatment, if necessary.

Screening takes place at many locations in Greater Glasgow and Clyde, including the Vale Centre for Health and Care, Dumbarton Health Centre and Clydebank Health Centre.

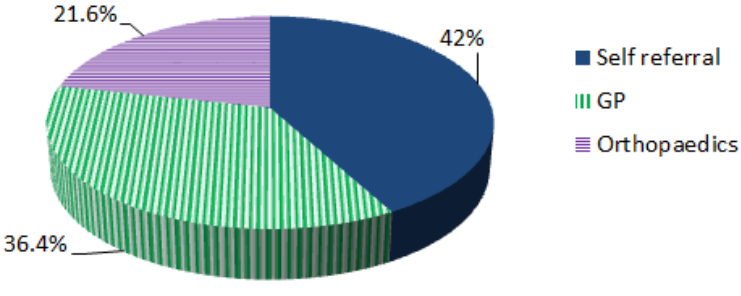
48,870 Diabetic Retinal Screenings across NHS GGC

1,910 diabetic patients referred to Opthalmology across NHS GGC

MSK Physiotherapists are highly skilled in assessing, diagnosing and treating people with physical problems caused by accidents, ageing, disease or disability. The service treats adults over the age of 14 and all qualified staff are registered with the Health and Care Professions Council (HCPC) with registration checked on a monthly basis.

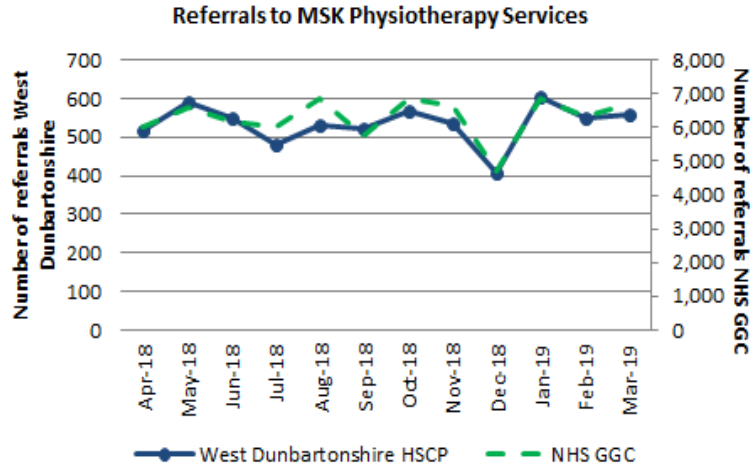
Patients can access MSK Physiotherapy via self referral, GP referral or can be referred by the Orthopaedic service.

NHS GGC Source of Referral



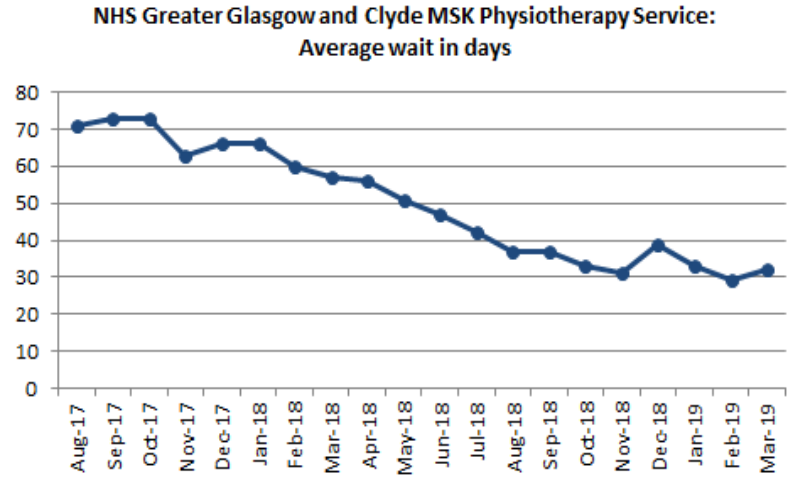
Across NHS Greater Glasgow and Clyde (NHS GGC) the number of referrals received from all sources increased from 70,097 in 2017/18 to 75,510 in 2018/19. Almost 1,000 of these referrals were part of the joint MSK/Orthopaedic project for which additional staff were funded and recruited. Once these additional referrals are excluded this equates to a 6.3% rise across the health board area.

In West Dunbartonshire the increase in referrals was almost half that of NHS GGC: an increase of 3.2% from 6,222 to 6,418. However, similar pressure points and peaks and troughs in demand can be seen throughout the year.



Considerable work was done during 2018/19 to reduce waiting times for MSK Physiotherapy. Various improvement workstreams and some extra capacity from the MSK/Orthopaedic project allowed the service to reduce the number of patients waiting over 4 weeks from 9,770 patients in April 2018 to 5,575 in March 2019: a drop of 43%.

The waiting time for a routine appointment was reduced from a maximum of 20 weeks to 13 weeks, excluding periods of unavailability.



The average wait in days for an appointment within the service has been steadily reduced from its peak in October 2017 of 73 days to 56 days in April 2018 and 32 days in March 2019.

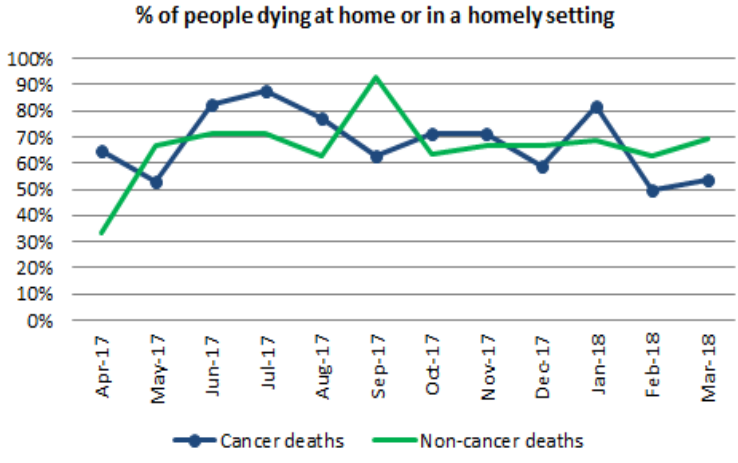
As work has focussed on seeing the patients who have waited the longest, the total number of patients seen has increased but the proportion of patients seen within 4 weeks has reduced. An average of 39% of patients were seen within 4 weeks.

Support more people at end of life

The HSCP's integrated palliative care services care for the increasing number of people with complex long term conditions and palliative care needs: giving people the choice of being supported in the place most appropriate to them when it comes to the end of their life.

All palliative and end of life care patients have an Anticipatory Care Plan and an electronic palliative care summary which is shared with hospital acute services and the Scottish Ambulance Service.

Palliative care services also provide support to care homes to manage patients with complex needs during palliative and end of life care. Additional support is provided from specialist nursing e.g. Diabetic Specialist Nurses, COPD Nurses and Pharmacy teams as requested.



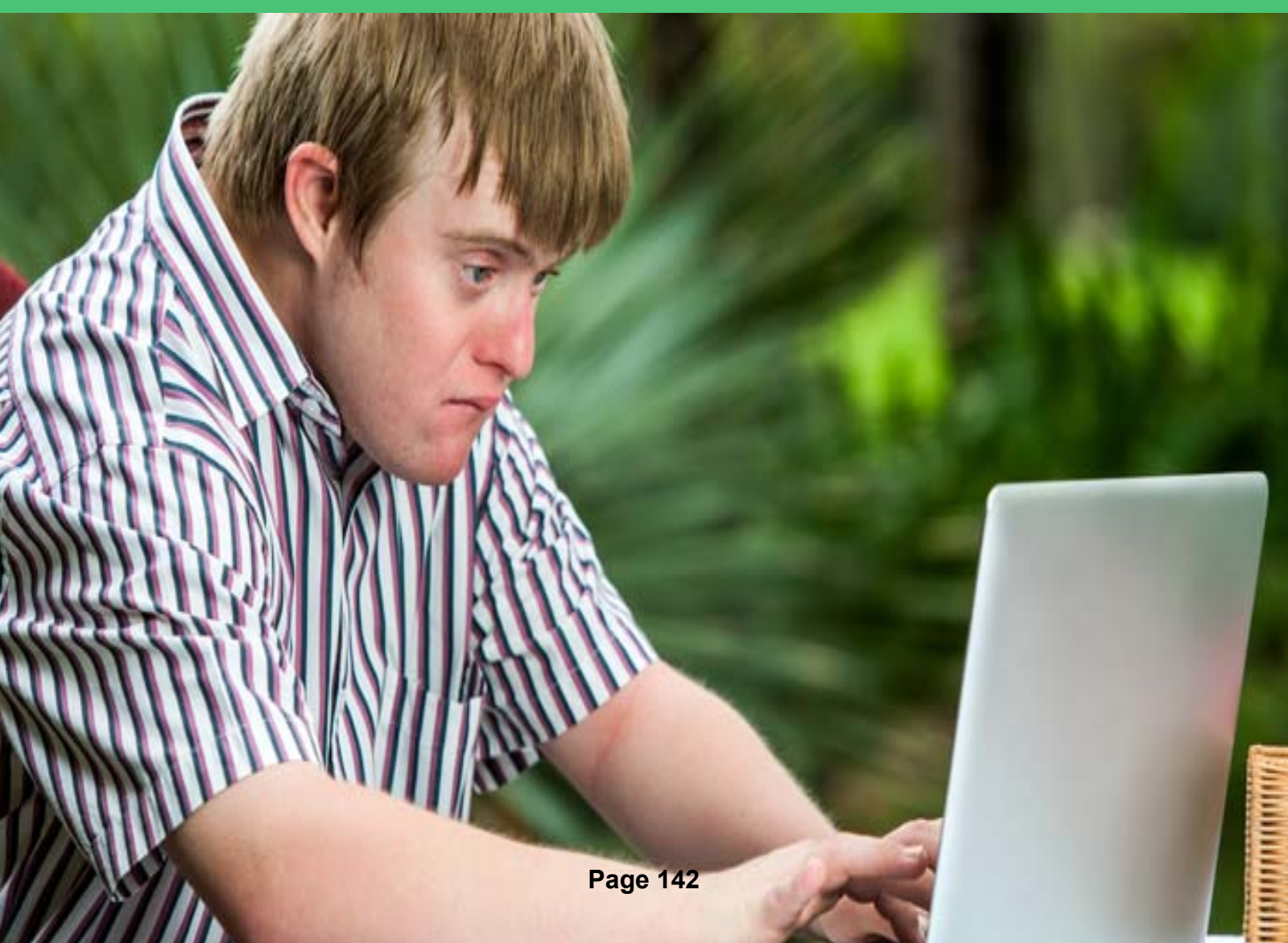
67% of people supported to die at home or in a homely setting

While every effort is taken to identify and respect a person's choice in relation to their preferred support and place of death, an individual's needs and the management of their condition within a homely setting may change. Our services are responsive to these changing needs and will support the person in the most sensitive and appropriate way.

£1.774m spent on District Nursing Services

Supporting Safe, Strong and Involved Communities

3



The creation of opportunities for people with learning disabilities to be supported to live independently in the community wherever possible

Active Citizen
Healthy Life
Keys to Life
Choice & Control
Independence

The HSCP's commitment to continuously improving the quality of life for people with learning disabilities reflects the national Keys to Life Strategy and its four strategic outcomes: Independence; Choice and Control; Healthy Life; and Active Citizen.

Our integrated approach to service delivery across community health and care, as well as third sector providers, supports the delivery of effective and targeted specialist services, and is prioritised around key aims of people with a learning disability. Our outcomes focussed approach promotes person centred assessment and planning.

In 2018 there were approximately 460 people with a learning disability living in West Dunbartonshire. 55% were supported at home by a family carer and 40% were living in mainstream accommodation with support.

People with a learning disability and their carers are actively involved in planning their care and support through Personal Life Plans.

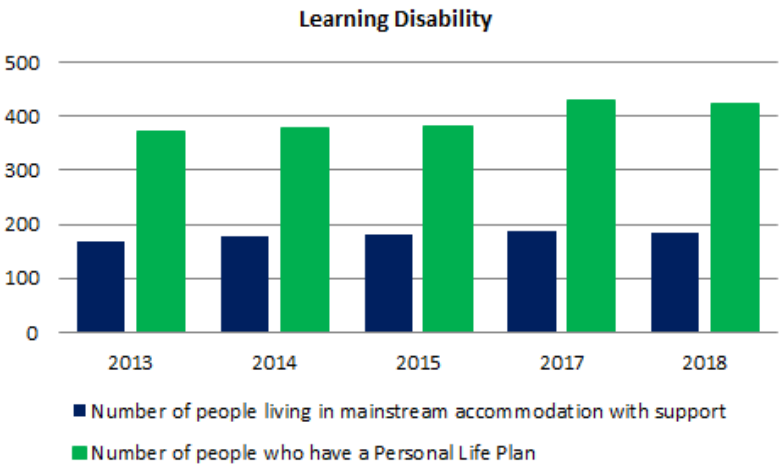
• Conversation café approach to gaining feedback and future ideas for the development of the service.

A conversation café is a one-and-a-half hour hosted conversation, held in a public setting like a café, where anyone is welcome to join in. It uses a simple format which encourages all to participate; helps people feel at ease; and gives everyone who wants it, a chance to speak or just to listen if they prefer.

The questions asked within the café relate to the four strategic outcomes from the national strategy 'The Keys to Life' and what the service can do to ensure it is meeting these outcomes.

Any ideas put forward are used to implement a local service plan and the model of the conversation café will be used to evaluate progress. Independent advocacy is also involved within the model.

This model of consultation has been successful in encouraging communication, confidence, and inspiring ideas for service improvement.



92.4% of people with a learning disability have a Personal Life Plan

'The staff listen to me and support me with anything I need.'

'I'm doing well. I've stopped smoking. I'm feeling much better and enjoying life again.'

'I'm very happy with the service.'

'Communication is very good.'

'I go out a lot to clubs, events and local shops.'

'I wouldn't change anything about here.'

Learning Disability Housing Support Service

Care Inspectorate Gradings

Quality of Care and Support: 6 Excellent

Quality of Management and Leadership: 6 Excellent

Care Inspectorate Report November 2018

Thera-pets

'Animal Magic: The benefits of being around and caring for animals across care settings' has evidenced how animals can enhance the quality of life for people with learning disabilities. They can help individuals to connect in different ways and can bring comfort to people who can be anxious or have other difficulties. Research has shown that there are tangible benefits and people feel better physically and emotionally when they spend time with animals.

Inspired by the Care Inspectorate's 'Animal Magic' project, Dumbarton Day Centre has a weekly visit from a 'Thera- pet': a golden retriever named Kiri.

People look forward to seeing Kiri during her weekly visits and benefits observed include increased confidence, improved communication and sensory stimulation.

'Therapony' involves visits from ponies, which have been shown to produce the same benefits for our service users.

£ 16.655m spent on Learning Disability Services

The Learning Disability Service runs a weekly physiotherapy clinic within Dumbarton Centre. This enables anyone who requires physiotherapy input to book appointments quickly and to receive treatment within a familiar setting.

While promoting independence and choice, this resource has also improved the effectiveness and efficiency of the physiotherapy service by reducing waiting times.

By enabling the team, carers and partners to work together holistically the service delivers better outcomes: improving health and wellbeing for those with a learning disability in West Dunbartonshire.

During 2018/19 there have been continual improvements in advanced planning around the identification of much needed services for young people transitioning from Children's to Adult services.

Through the transitions process, which involves key partners from Learning Disability, Adult Care, Mental Health, Education and Children's Services, the Learning Disability Service has been able to identify 12 service users with a learning disability who will be transitioning into our services this summer and develop the required support packages for them. This process has involved the sharing of essential information between partners about each individual's additional support needs.

To deliver effective care and treatment for people with a mental illness, their carers and families

Scotland's Mental Health Strategy: 2017-2027 Action 15 emphasises the need to prevent and treat mental health problems with the same commitment, passion and drive as physical health problems.

In line with this, the HSCP works to improve:

- prevention and early intervention
- access to treatment
- the physical wellbeing of people with mental health problems
- rights, information use and planning around mental health services

Health inequalities for people with a mental health problem are stark. It is estimated that only a third of people in Scotland who would benefit from treatment for a mental illness actually receive it and life expectancy for people with serious mental health problems is 15 to 20 years lower than the general population.

The Strategy commits the Scottish Government to increase the workforce to give access to dedicated mental health professionals to all Accident and Emergency Departments, all GP practices, every police station custody suite, and to our prisons.

Over the next five years additional investment will increase nationally to £35 million for the equivalent of 800 new mental health workers in those key settings.

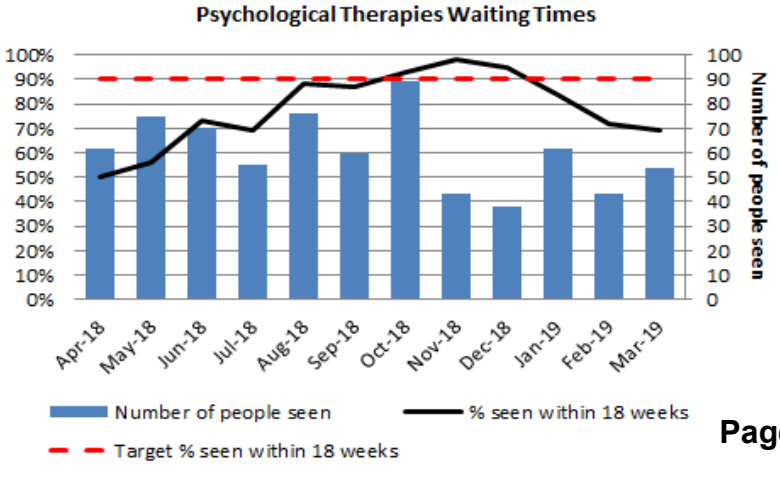
West Dunbartonshire HSCP has been allocated a proportionate amount of funding that will create the following new posts: Community Psychiatric Nurses directly placed with GP practices, a peer support worker and a Registered Mental Health nurse to specialise in the physical health care needs of people with complex mental health problems.

In addition West Dunbartonshire HSCP will receive the benefits of a board wide approach that will support additional mental health workers within our prison service, acute hospital liaison services, police custody suites and peer support workers within our mental health hospital settings.

During 2018/19 the HSCP have been working with partners in NHS Inform to provide public access to web-based self-help/ self-management information on common mental health and wellbeing issues such as anxiety and depression.

This arose from identifying a real gap in mental health online resources locally and developing a cost effective, partnership approach. NHS Inform are updating the resource material currently found on Mood Juice: a website designed to help individuals think about emotional problems and work towards solving them.

These will then be moved into the NHS Inform website along with local information on resources and services available to people experiencing mental health and wellbeing issues within West Dunbartonshire.



Performance in relation to waiting times for Psychological Therapies has varied throughout 2018/19. During the year 727 people received Psychological Therapies and there were 1,411 referrals to the Primary Care Mental Health team between June 2018 and March 2019.

Alongside regular data review, as a result of their iMatter team survey, the Primary Care Mental Health team have been reviewing each stage of the patient's journey to identify improvements and efficiencies. Changes have been made which are having a positive impact on the patient experience and which have somewhat reduced the impact of the high volume of referrals on waiting times performance.

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are stressful events occurring in childhood including:

- **domestic violence**
- **parental abandonment through separation or divorce**
- **a parent with a mental health condition**
- **being the victim of abuse (physical, sexual and/or emotional)**
- **being the victim of neglect (physical and emotional)**
- **a member of the household being in prison**
- **growing up in a household in which there are adults experiencing alcohol and drug use problems**

ACEs have been found to have lifelong impacts on health and behaviour and while found across the population, those from areas of higher deprivation are more at risk of experiencing ACEs.

Vulnerable Adults Multi-Agency Forum (VAMAF)

This group was formed following a request from West Dunbartonshire HSCP and Community Planning Partners and as part of NHS Greater Glasgow and Clyde's multi- agency Distress Collaborative.

Each area within Greater Glasgow and Clyde was asked to develop alternative responses to distress within their communities to address the increasing pressure on capacity within health and other services, including Police Scotland.

Based on the successful Community Safety Hub in Renfrewshire, we established a group including Mental Health, Addictions, Learning Disabilities, Police, Adult Care and Public Protection staff.

This group meets weekly and examines relevant presentations to services and repeat attenders at Emergency Departments. Following discussion, a lead agency is then agreed and tasked with following up the assertive outreach to that person. A track is kept of their engagement and progress and cases are reviewed four weeks after the initial presentation to assess the need for further input.

If a case is of particular concern, the lead agency will organise a multi-agency case discussion and agree a care plan, risk management and review schedule.

The group will carry out retrospective reviews of complex cases, looking at the impact of Adverse Childhood Experiences (ACEs) and opportunities for learning for the future. This learning is shared with teams within each agency. Initial analysis shows very few repeat presentations by those responded to, possibly because people are engaging with services.

An ACEs survey with adults in Wales found that compared to people with no ACEs, those with 4 or more ACEs are more likely to

- **have been in prison**
- **develop heart disease**
- **frequently visit their GP**
- **develop type 2 diabetes**
- **have committed violence in the last 12 months**
- **have health-harming behaviours (high-risk drinking, smoking, drug use)**

As well as the prevention of ACEs, there is much that can be done to offer hope and build resilience in children, young people and adults who have experienced adversity in early life.

In May 2018, West Dunbartonshire Community Planning hosted an ACEs Conference in Clydebank Town Hall for all public sector and third sector staff in West Dunbartonshire. There were 244 participants.

West Dunbartonshire ACEs Hub formed in response to interest expressed at the ACEs Conference. The Hub is a forum for networking and facilitating continued staff development on ACEs. By the end of March 2019 there were approximately 150 people on the Hub membership list.

450 public sector and third sector staff attended a viewing of the documentary film, 'Reslilience', a key mechanism for raising awareness of ACEs. The majority of staff reported increased knowledge of ACEs and 97% reported that the film had made them think about their practice. Follow up focus groups will attempt to establish whether staff who have seen the film have changed their practice as a result.

Development and delivery of an ACEs Programme for West Dunbartonshire has been agreed by the HSCP. It is being led by Health Improvement and a new post to the Programme was secured. It has three strands: Workforce Development; Nurtured Strategy; and Community Awareness.

Next Steps:

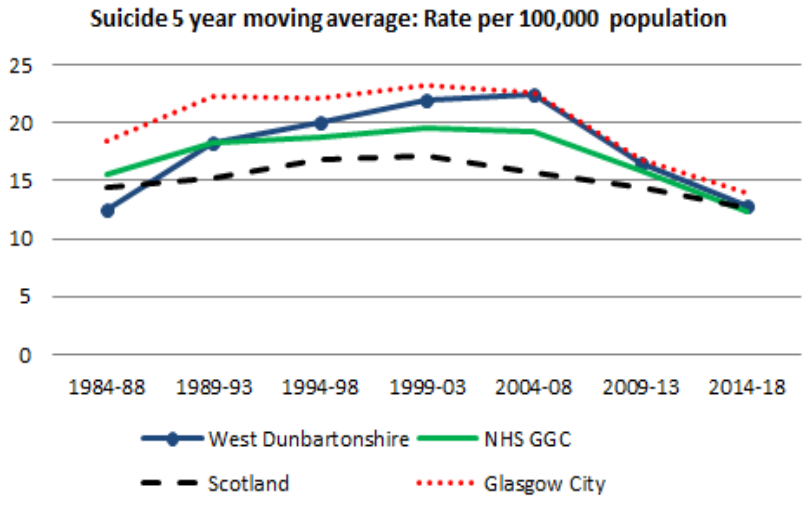
The ACEs Hub continues to meet every 3 months.

The 'Resilience' film continues to be shown every 2 months with follow up focus groups being held periodically.

A training scoping exercise to guide staff development plans is underway.

There were 12 suicides of West Dunbartonshire residents in 2018 compared with 6 in 2017.

To identify trends the Scottish Government publish suicide figures as 5 year rolling averages and to aid comparison with other areas as a rate per 100,000 population.



The West Dunbartonshire suicide rate rose consistently from 1984 peaking in 2004-2008 at 22.5 and has since reduced down to 12.9 in 2014-2018. Although following a similar trend to the national and NHSGGC figures, West Dunbartonshire's increase between 1984 and 2008 was more significant.

With similar levels of deprivation, West Dunbartonshire's proportion of suicides in relation to our population reached Glasgow City HSCP's levels in 2004-2008. Going forward Glasgow City HSCP's figures have shown a similar decrease to West Dunbartonshire's.

Work is ongoing to establish a West Dunbartonshire Suicide Prevention Group across key community planning partners, which will lead on delivering the local suicide prevention action plan and link into local community planning structures.

The HSCP have introduced a Mental Health and Acquired Brain Injury Area Resource Group that manages governance of all social care clients spending within Mental Health and Acquired Brain Injury Services, including promoting the culture change from service provision to Self-Directed Support provision.

The Acquired Brain Injury Team supported the Brain Injury Experience Network (BIEN) Survivor Group to develop and distribute leaflets about their peer support group. They also supported BIEN to take part in the West of Scotland Head Injury Information Day during Head Injury Awareness Week.

The Acquired Brain Injury Team has worked with researchers from Glasgow University on several projects throughout 2018/19. These include researching the effectiveness and development of assistive technology in prompting rehabilitation; supporting carers of people with brain injuries; and identifying numbers of local people going through the Criminal Justice system who have suffered brain injuries.

West Dunbartonshire Crisis Early Discharge Plan

Adapting the very successful West Dunbartonshire Hospital Discharge model, the Crisis Service are offering a proactive early intervention aimed at minimising delayed discharge from General Adult acute admissions wards.

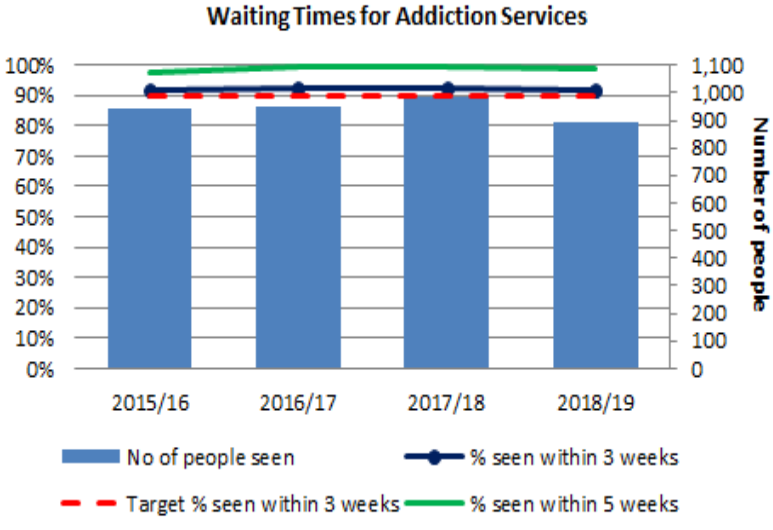
Working closely with bed managers and ward staff, the Crisis staff will assess the type of support the person will need to have in place to support their recovery at home once their acute phase of illness is stabilised.

Evidence over the previous year suggests significant delays around housing issues and other practical obstacles such as benefits and utility access. The Crisis staff have compiled a checklist which is completed as soon after admission as is possible. The Crisis staff will then action this list and work with ward staff and community based key workers to facilitate a smooth transition back home.

Through efficient and effective partnership working with key stakeholders, to reduce the harmful effects of alcohol and drugs and promote recovery in local communities

HSCP Addiction Services support people to regain and sustain a stable lifestyle. They support individuals to access education, training and employment services enabling them to participate in meaningful activities as members of their community; support them to improve family and other relationships and access counselling services; and provide parental support for families and children.

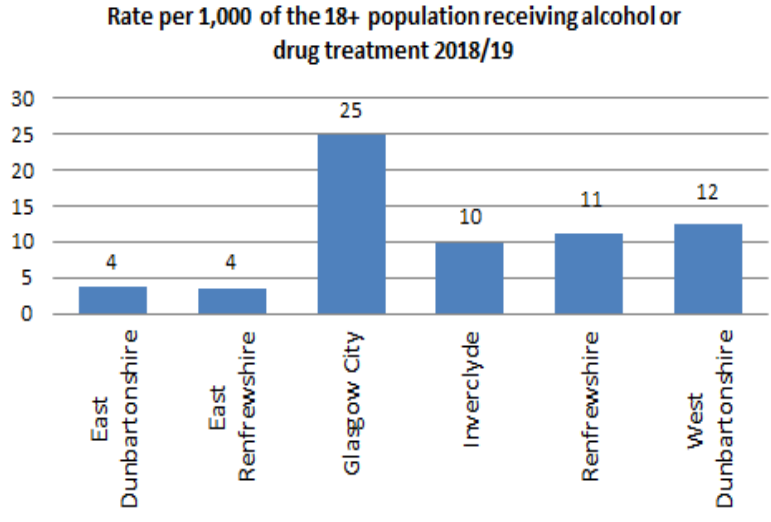
The national Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services underpin the development of HSCP Addiction Services, supported by The Road to Recovery Drugs Strategy and Getting Our Priorities Right guidance.



During 2018/19, 91.6% of people received alcohol or drug treatment within 3 weeks of referral meeting the national target of 90%. This was slightly lower than the NHS Greater Glasgow and Clyde figure of 94.8% although we were the third best performing HSCP across the 6 partnerships within the Health Board area.

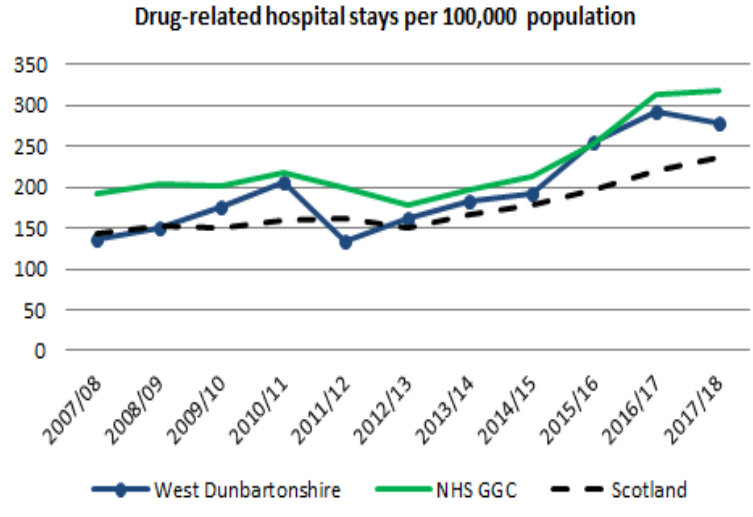
91.6% received alcohol or drug treatment within the target time

When looked at as a rate per 1,000 of the 18 years and over population, 12 in every 1,000 people in West Dunbartonshire received alcohol or drug treatment in 2018/19, second only to Glasgow City HSCP.



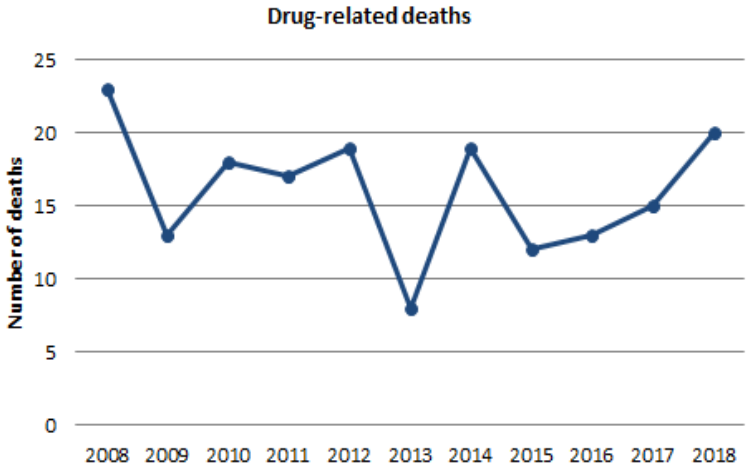
In 2017/18 there were 231 drug-related hospital stays by residents of West Dunbartonshire. The rate per 100,000 population of drug-related hospital stays has seen a steady increase over the last 6 years after a reduction in 2011/12. Figures for 2018/19 are not yet available but there was a slight reduction in 2017/18.

West Dunbartonshire's rate has been significantly higher than the rate across Scotland, which although also increasing is doing so less severely.



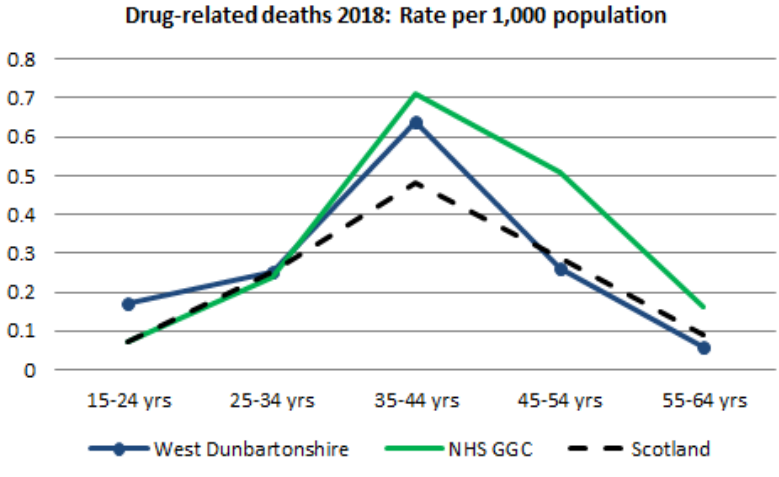
Nationally the increase in drug-related hospital stays was most pronounced among those aged 45-54 years. Increased use of illicit valium and psychoactive substances within West Dunbartonshire has been a factor in the increase in drug-related hospital admissions.

Latest figures published nationally show that there were 20 drug-related deaths of West Dunbartonshire residents in 2018, a 33% increase on 2017: higher than the increase of 27% across Scotland.



The number of drug deaths across Scotland has doubled since 2008. When looked at as a rate per 1,000 population, Scotland's rate is now more than 3 times those of England and Wales.

The highest rate across health boards was NHS Greater Glasgow and Clyde at 0.23. West Dunbartonshire's rate was slightly lower at 0.18 but higher than the Scotland rate of 0.16 per 1,000 population.



£ 2.569m spent on Addictions Services

The highest rates of death within West Dunbartonshire and nationally were of those aged 35 and over where long term drug use is more likely. Combinations of drugs and the use of illicit valium, where strength and toxicity is hard to determine, also appears to have been a factor. Along with the health impact of long term drug use, metabolic changes as part of the aging process can reduce drug tolerance and make older adults more susceptible to adverse reactions and overdose.

Addictions Services work with service users, their families and carers to prevent overdose by providing training in the use of Naloxone and providing Naloxone kits where appropriate. Naloxone is a drug that can reverse the effects of opioids, and prevent death if used within a short period following an opioid overdose.

19 Naloxone training sessions have been delivered across a range of third sector organisations including Alternatives, Blue Triangle, Women's Aid and Preparation for Life since 2015.

During 2019 a change in the model of service delivery for patients receiving opiate replacement treatments is hoping to achieve a range of benefits.

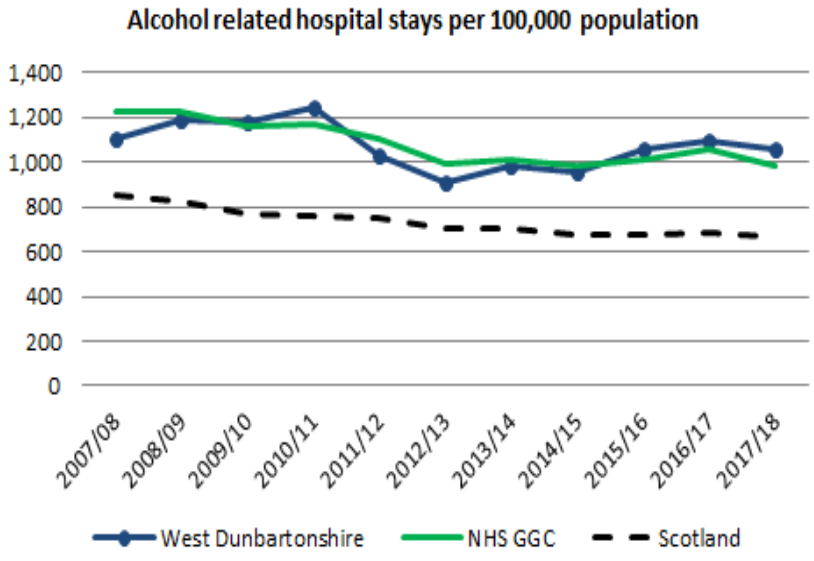
Across both Addictions Teams there has been a move away from patients routinely attending appointments with their care manager at Addiction Services, to staff visiting patients in their own homes.

Patients will only be required to attend the services for initial assessment and review with a Medical Officer if there is a clinical need, or if it is assessed as not being safe to visit the patient at home.

It is hoped that this will: improve accessibility for patients by reducing the financial burden; reduce the number of missed appointments; improve therapeutic relationships; and allow for a more holistic understanding of an individual's needs.

Initial feedback from patients and staff has been positive.

West Dunbartonshire had the 2nd highest proportion of alcohol related hospital stays across Scotland in 2017/18: 1,054.6 per 100,000 population.



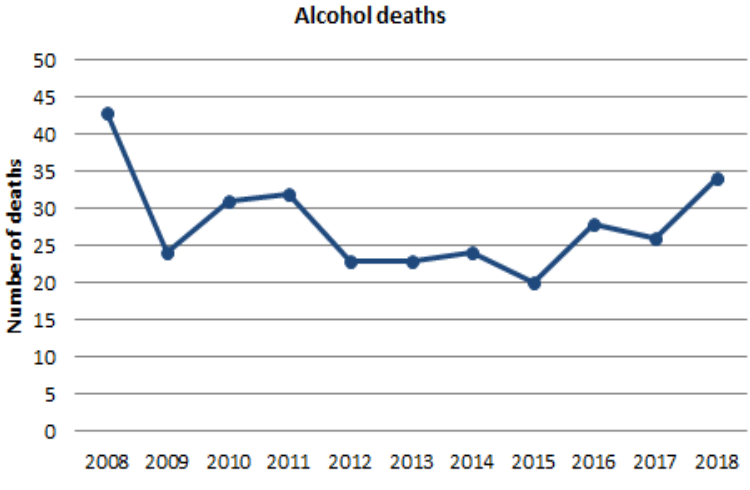
An Alcohol Brief Intervention (ABI) is a short, evidence-based, structured conversation about alcohol consumption that seeks in a non-confrontational way to motivate and support the individual to think about and plan a change in their drinking behaviour, in order to reduce their consumption and their risk of harm.

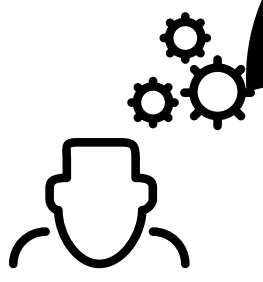
Higher numbers of ABIs being carried out in wider community settings, such as West Dunbartonshire Leisure Trust's Exercise Referral Scheme, Live Active, reflect the broadening of ABI delivery and may potentially cover harder to reach groups, especially in communities where deprivation is greatest.

West Dunbartonshire's rate of hospital stays has been higher than that of NHS Greater Glasgow and Clyde and the Scotland rate since 2015/16.

The number of alcohol specific deaths has also been increasing since 2015. There were 34 alcohol deaths in 2018, an increase of 8 on the previous year.

Alcohol specific deaths in 2018 were higher than drug-related deaths in West Dunbartonshire which is the reverse of the national picture.





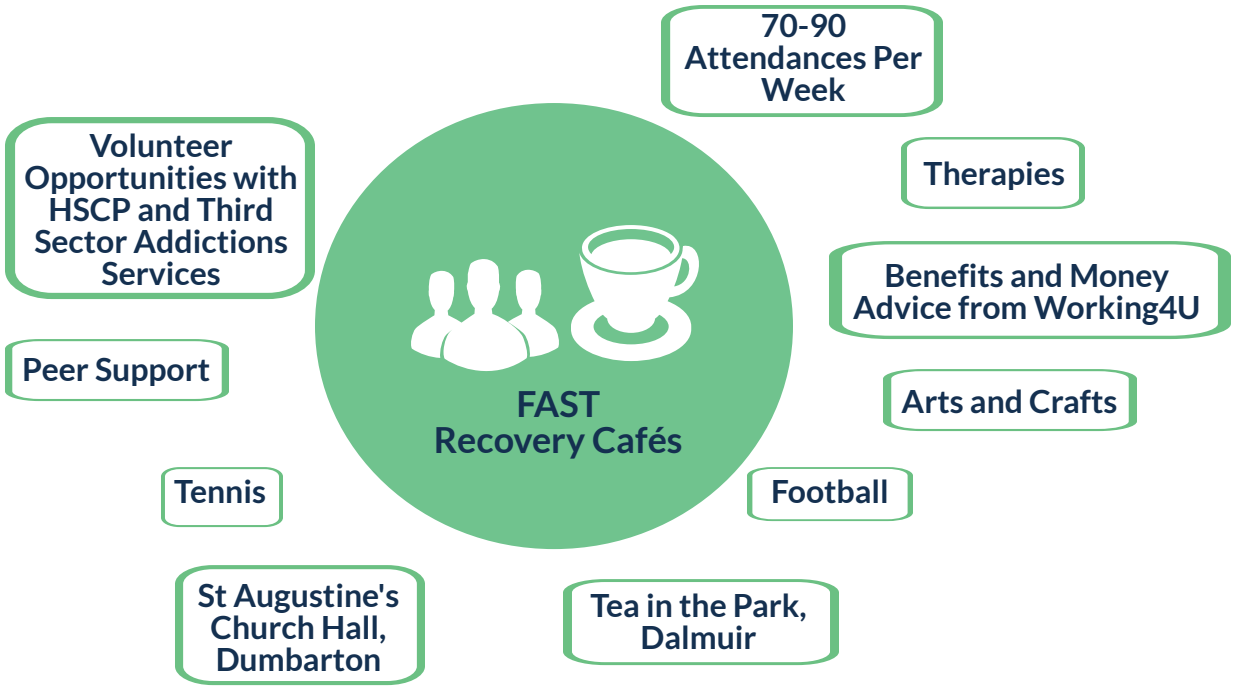
107 ABIs in GP setting
431 ABIs in wider community settings

1,197 Fast Alcohol Use screenings

Fast Alcohol Use Screening Test:

4 questions to assess for hazardous drinking

Future of Addiction Services (FAST) Recovery Cafés



A Future of Addictions Services (FAST) Recovery Café is now running in both localities within West Dunbartonshire: at St Augustine's Church Hall in Dumbarton on a Tuesday afternoon and at Tea in the Park in Dalmuir on a Wednesday afternoon. Between the two cafés there are 70 to 90 attendances per week.

Activities include therapies, arts and crafts, football and tennis, peer support and volunteer opportunities with other addiction services, for example, Community Addictions Teams, Alternatives and Dumbarton Area Council on Alcohol (DACA).

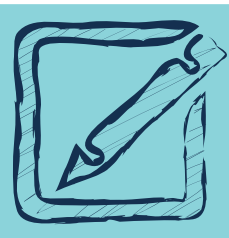
An advisor from the Council's Working4U service attends both cafés each week. This originated as a pilot set up to assist people feeling the impact of Universal Credit and other benefit changes.

Strong links have been developed with Work Connect and with community groups in both the church and in the wider community.

Four extra events are held at Easter, Summer, Halloween and Christmas. These are very well attended and the Christmas party has been so successful that the venue has had to be changed to accommodate the increased number attending. At Christmas 2018, 80 adults and 40 children attended.

Volunteers who staff the cafés have attended training programmes on Food Hygiene, Peer Support, First Aid and Confidentiality provided by local Third Sector providers or arranged by the HSCP. The HSCP have also supported people through the Disclosure Scotland process.

The FAST Recovery Cafés help to enable people to move on from services and also link in well with other services such as Y Sort-It to provide additional support to young people with addiction issues or affected by parental addiction.



During 2018/19 a nurse within the Addictions Team has completed a Non Medical Prescribing course and is now delivering a successful nurse prescribing clinic for patients within the alcohol service.

This has addressed a gap in service provision due to limited medic resources, as well as enhancing the patient experience, increasing access and reducing waiting times.

Special Needs in Pregnancy Service (SNIPS)

A new model of care for SNIPS has been piloted during 2018/19.

All females who fit the criteria for SNIPS are supported through their pregnancy by an addiction worker, a medical officer and a social worker from the Children and Families team. The addiction worker works very closely with the social worker and they meet once a fortnight to discuss progress.

The addiction worker has been trained in 'Triple P' parenting programmes and these patients are seen intensively throughout their pregnancy and post pregnancy. This intensive support allows for a more holistic approach to care.

Over the past 12 months, 6 females have been under the remit of this new model of SNIPS. All 6 have progressed well and their 6 children have now been removed from the Child Protection Register and closed to Children and Families.

Overall feedback from Children and Families social work team and patients has been very positive with all 6 having had a successful outcome.

It has been crucial to the SNIPS process to have a representative from the Community Addictions Team involved in the multi-agency group, bringing vital specialist knowledge to the screening and planning for women who are vulnerable in their pregnancy.

The addiction worker is not only an integral part of the SNIPS Team, but also takes on Care Management responsibility for those women receiving a service from the Community Addictions Team who are then referred to SNIPS. This positive change has led to successful outcomes for women and their babies, who have received a robust, wraparound service from both teams.

Going forward the social worker and addictions worker are working closely to develop the service and are looking at the benefits of some group work with women and their babies to promote positive peer support.

SNIPS Patient 1

"I initially became involved with both services when I moved back to the area and found out I was pregnant. I was abusing both drugs and alcohol and was resistant to receiving any help from anyone. I knew the addiction worker from a number of years previously and she came to my house and encouraged me to engage.

I started to work very intensely with her and although my child was accommodated initially from birth I was working hard on my recovery to enable my son to be returned to my care. My worker encouraged me to see that there was a life outside addiction and never took no for an answer which was what I needed.

I was fully supported by both addictions and social work and within 3 months my son was returned to my care and within 10 months I was discharged from social work services.

Within this time my treatment plan was very focussed on me which allowed me to provide a better future for my son. I received both psychiatry and psychology input which allowed me to deal with the issues that were driving my addiction.

I continue to engage with my addiction worker and what makes all the difference for me is the support is not all about my addiction but treating me as a human being who is part of this society and now able to live a life drug and alcohol free."

SNIPS Patient 2

"I became involved with both addiction services and social work after being released from prison and quickly falling pregnant. My life was chaos and I never thought I would be able to care for myself never mind a child.

I decided to engage fully and quickly became stable and free of all illicit substances. I was supported through my recovery from drugs but was also supported with living normally without using bad coping skills.

I was able to bring my son home from hospital and be a good mother. I have now got the right help and support and with both my social worker and addiction worker working together I have been able to address my previous trauma through psychiatry and psychology and manage my own tenancy.

If I did not have this support and encouragement this would be a different story I am telling today."

Work Connect Specialist Supported Employment Service

The Pavillion Café is the latest addition to the highly successful Work Connect partnership portfolio with WDC Greenspace. The £4million investment in the park includes £2.8million from Heritage Lottery Funding.

Heritage Lottery Funding allowed the demolition of the old site, and the construction and landscaping of the new Pavillion Café.

The café opened in Levengrove Park in February 2019 and is managed by Work Connect Specialist Supported Employment Services.

As well as allowing visitors to enjoy delicious homemade food and hot drinks, the café will be used as a training kitchen for adults recovering from Mental Health issues and Addictions and people with Learning Disabilities and Autism. This opportunity offers trainees the chance to develop employability skills and to gain work experience to support a return to work.

The official launch was a great success with positive feedback from staff, clients and partners. One client utilised their new skills by assisting in the preparation and presentation of an afternoon tea for guests.

All Pavillion trainees have completed a recognised customer service course in partnership with Working 4U and West College Scotland in Clydebank. They have also received West Dunbartonshire Council induction and Fire Safety Training.

Three members of the Work Connect team have completed a Professional Development Award in Supported Employment over an 18 month period.

Feedback from the participants was positive and their participation has helped develop new ways of working with clients and provided a more in-depth knowledge and understanding of supported employment.

A transitions project has also been piloted with Kilpatrick School and Dumbarton Centre. This included three young people gaining work placements which will continue through the summer holidays and the development of new assessment and employability paperwork in a total communication format.

Public Protection

4

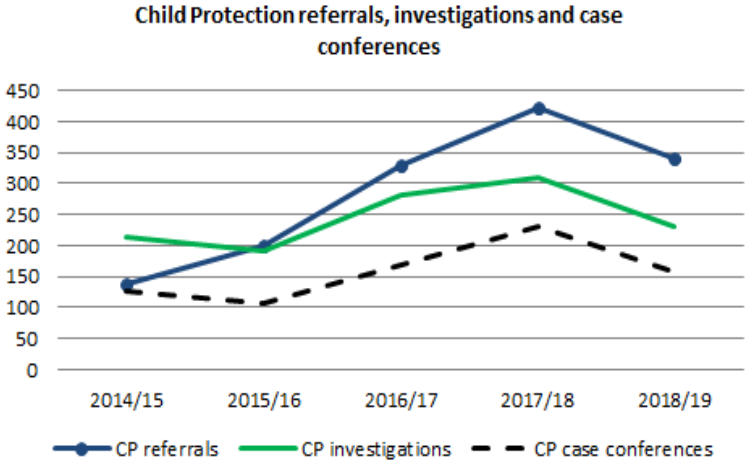
Public Protection

Public Protection provides a range of measures which can be used together to 'protect our people'. This includes protection from harm for children and young people, vulnerable adults and the effective and robust management of High Risk Offenders through our Multi-Agency Public Protection Arrangements (MAPPA). As such Public Protection is integral to the delivery of all adult and children's services within the HSCP.

The HSCP has a significant role within the Public Protection Chief Officers Group (PPCOG), with both the Chief Officer and Chief Social Work Officer providing the necessary leadership, scrutiny and accountability. This includes the management of high risk offenders; and in assuring that each of the services in place for child and adult protection are performing well and keeping the citizens of West Dunbartonshire safe.

All children on the Child Protection Register have a completed and current risk assessment

Child Protection



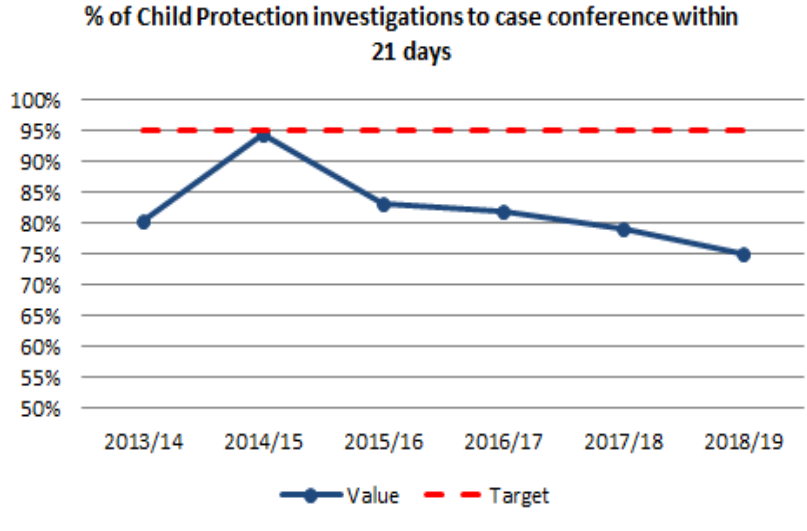
On the 31st of March 2019 there were 52 children on the Child Protection Register in West Dunbartonshire.

Child Protection activity had been steadily increasing from 2015/16 to 2017/18, but has decreased in 2018/19. Compared with 2017/18 there have been 20% less referrals, 25% less investigations and 32% fewer case conferences.

When the outcome of a Child Protection investigation is that a case conference is required, this conference should take place within 21 days of the investigation.

Performance against this target has declined from 2015/16 in line with the increase in Child Protection activity. However we have not seen a corresponding improvement as activity reduced in 2018/19.

The local HSCP-led and multi-agency Child Protection Committee continues to monitor activity and registrations and the variance over the course of the year. A monthly performance report to track practice improvements to achieve this target is also in development and regular meetings with the Area Locality Reporter to the Scottish Children's Reporter Administration have been established to progress the 'Better Hearings' work stream to improve practice.



Adult Support and Protection

Within our communities there are adults who are at more risk of harm than others because of illness, disability or some other factor. The Adult Protection Committee continues to meet on a quarterly basis and attendees include a representative from the HSCP, Police Scotland, Council Trading Standards, the Care Inspectorate, the Office of Public Guardian, the Mental Welfare Commission, Scottish Care, advocacy services and Scottish Fire and Rescue Service.

During 2018/19 the HSCP have revised and streamlined processes to improve Adult Support and Protection timescales and outcomes. As a result, 87% of ASP inquiries and 100% of ASP investigations were carried out within the target timescale.

We have increased our understanding of the impact of specific types of harm for At Risk and Vulnerable Adults living in West Dunbartonshire, specifically financial harm and self-neglect/ hoarding.

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

321 Adult at Risk concerns

44 Adult Support and Protection investigations

The HSCP has delivered Adult Support and Protection training to over 400 people in 2018/19.

We have increased our focus on supporting services in the community to be skilled and confident in identifying and responding to risk of harm, including work with Community Pharmacies, Department of Work and Pensions and Education colleagues.

Multi Agency Public Protection

Multi Agency Public Protection Arrangements (MAPPA) bring together Police Scotland, local authorities, the Scottish Prison Service and territorial NHS health boards, as the Responsible Authorities, to jointly establish arrangements to assess and manage the risk posed by sex offenders and mentally disordered restricted patients.

In addition to registered sex offenders and restricted patients, since April 2016 MAPPA arrangements have also applied to offenders who through the nature of their conviction are assessed as presenting a high or very high risk of serious harm to the public, referred to as category 3. It is important to note that the threshold for inclusion in MAPPA is set at a high level and is based upon the application and interpretation of formal risk assessment.

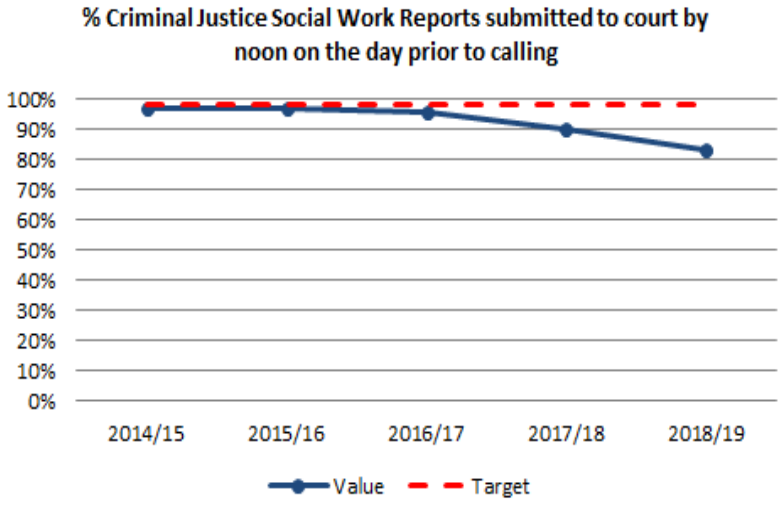
Criminal Justice

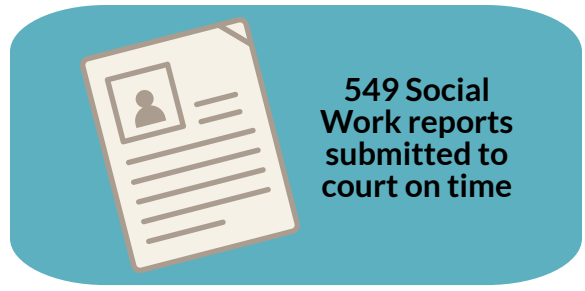
The Community Justice (Scotland) Act 2016 identified Community Planning Partnerships as the vehicle to bring partner organisations together to plan and deliver community justice outcomes. It transferred the responsibility for the local strategic planning and delivery of community justice from Community Justice Authorities to Community Planning Partnerships; with full responsibility being conferred from 1st April 2017 following the disestablishment of Community Justice Authorities on 31st March 2017.

The new arrangements rely on Community Planning Partnerships being the vehicle to bring partner organisations together to plan and deliver community justice outcomes.

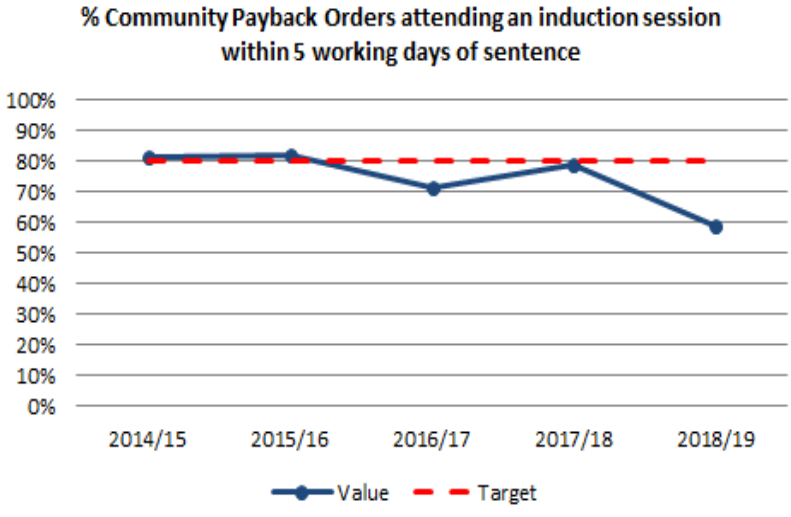
Community Justice relates to the whole journey that a person can travel through, including the risk factors that can underpin a person's offending behaviour; to the factors supporting desistance and the milestones people often experience on this journey. The HSCP is crucial in supporting people and their families and carers through statutory criminal justice services, and importantly through HSCP and third sector partnership provision: reflecting the often poor physical and mental health of people involved in offending behaviour.

Performance within Criminal Justice Services has proved challenging during 2018/19.



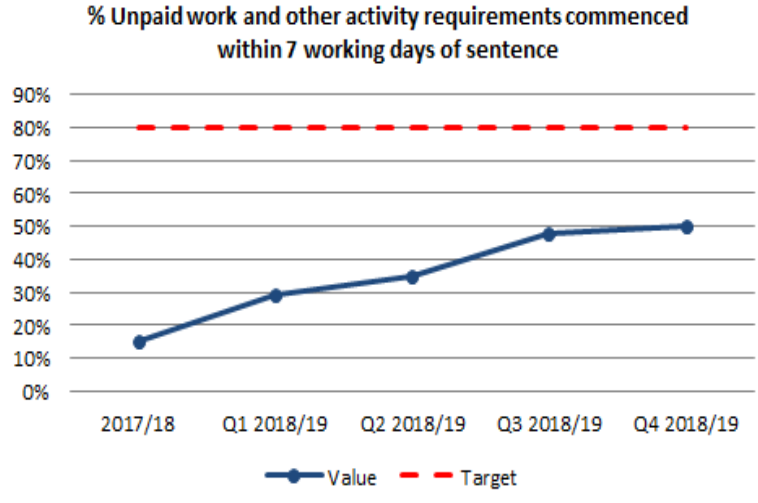


Each service user with a Community Payback Order is offered a date of induction within 2 working days of the order being implemented.



Within West Dunbartonshire induction sessions did not take place within the 5 day timescale for 159 people.

Performance in relation to Unpaid Work Orders commencing within timescale has shown improvement during 2018/19 but we are still falling significantly short of the 80% target. Over the year 40% of orders commenced within 7 working days of sentence.



During 2018/19 the HSCP implemented a new duty system to improve the rate of initial appointments with service users following the date of sentencing and to improve communication and attendance within timescales.

Attendance at induction and commencement of unpaid work orders are based on service user compliance which the HSCP endeavour to influence and is ultimately out of our direct control.

Where an induction is affected by staff absence a follow up appointment is usually offered within a day or two of the cancelled appointment.

Self-Directed Support

5

Self-Directed Support

Option 1: You choose to receive a direct payment to purchase support yourself. You will have access to advice and support from the HSCP

Option 2: The HSCP give you the option to choose your own support while it holds the money and arranges the chosen support on your behalf

Option 3: You choose to have the HSCP select the appropriate support and arrange it for you

Option 4: A mix of options 1,2 and 3 for specific aspects of your support

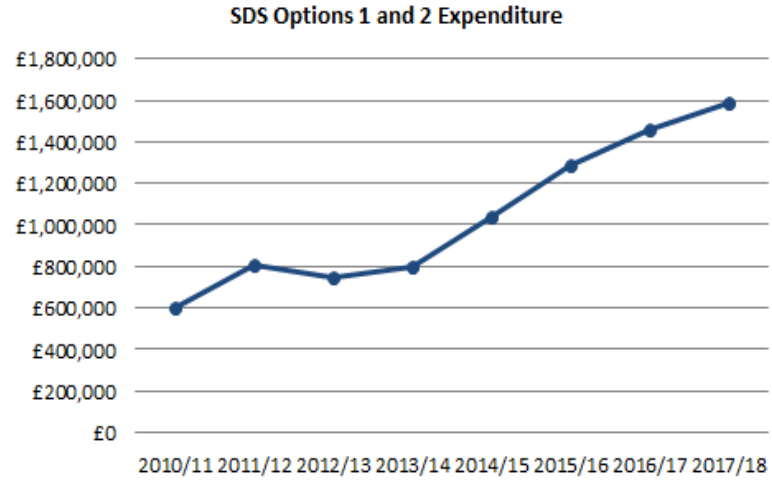
The Social Care (Self-directed Support) (Scotland) Act 2013 was established to ensure that social care is controlled by the person to the extent that they wish; is personalised to their own outcomes; and respects the person's right to participate in society.

West Dunbartonshire HSCP is committed to supporting those who wish to take advantage of the opportunities that Self-Directed Support (SDS) provides. We recognise that self-directed support is not a separate entity or service but rather a way of working across all our services.

To support service users and families to understand the options available, SDS is embedded in the HSCP's assessment process across adult and children's services. The HSCP's Integrated Resource Framework continues to support indicative personal budgeting assessment, with the aim of this framework being to support fairness and equality across all individuals assessed as eligible for local authority funded support.

While the numbers of service users who have opted to take a Direct Payment (Option 1) continue to be small, the expenditure on Options 1 and 2 has increased and has also increased as a proportion of overall adult social care spend over the same time period.

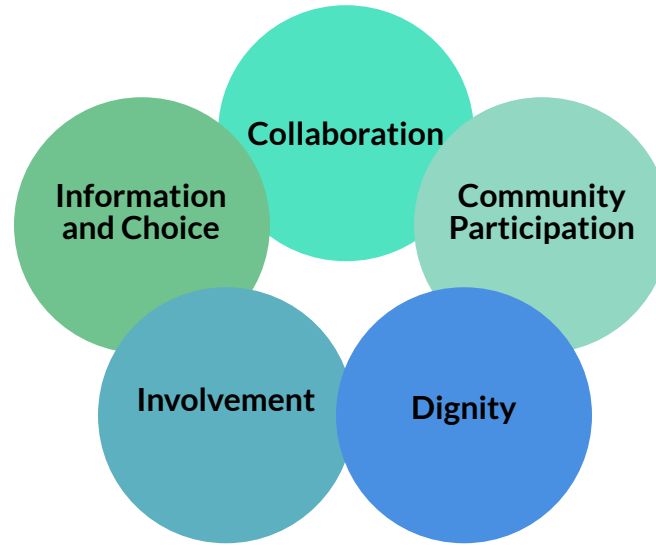
It should be noted that the uptake of Option 1 Direct Payments continues to be almost exclusively by adults and older people, with only small amounts being utilised for support services for children.



As part of our programme of change within our SDS approach, we are seeking to reinforce a whole systems approach to commissioning and monitoring. This will be done alongside delivering the strategic priorities for SDS in West Dunbartonshire across our own services and independent services in partnership with service users and carers.

These programmes of work will support consistent service practice and clarity across strategic accountability and governance and will review, shape and reform the policy arrangements for SDS to drive coherent delivery at all levels of the HSCP.

81% of people receiving any care or support rate it as excellent or good



Best Value and Financial Performance

6

The HSCP Board is required to make arrangements for the proper administration of its financial affairs and to ensure that the proper officer of the board has responsibility for the administration of those affairs (s95 of the Local Government (Scotland) Act 1973). In this partnership, that officer is the Chief Financial Officer (CFO). The CFO and the finance team provide advice, guidance and manage the totality of the financial resource across the partnership, promoting financial sustainability as well as working closely with a wide range of stakeholders including the Council, Health Board, neighbouring Health and Social Care Partnerships and the Scottish Government.

The financial reporting responsibilities of the CFO include preparing financial statements and performance reports. Financial performance is an integral element of the HSCP Board's overall performance management framework, with regular reporting and scrutiny of financial performance at meetings of both the HSCP Board and its Audit Committee.

BUDGET SETTING 2018/19

SCOTTISH GOVERNMENT FUNDING STREAMS

POLICY FUNDING	2018/19 £m	2019/20 £m	2020/21 £m	2021/22 £m
Primary Care Improvement Fund		indicative	indicative	indicative
West Dunbartonshire HSCP	0.837	1.037	2.100	2.900
Mental Health Strategy - Action 15				
West Dunbartonshire HSCP	0.201	0.311	0.439	0.585
GP Out of Hours				
West Dunbartonshire HSCP	0.091	0.091	0.091	0.091
Social Care Funding				
Scottish Living Wage	0.716			
Carers Act	0.340			
UK Consequentials	0.124			
Total	**1.180**			

This additional funding came with defined outcome requirements and the need to provide regular updates to the Scottish Government and local stakeholder groups on progress of expenditure, including the employment of additional mental health workers, community link workers and the creation of multi-disciplinary teams to support local GP practices. With this new funding being directed at specific developments, the HSCP Board were still presented with an estimated funding shortfall for the 2018/19 financial year.

The HSCP Board, like most public sector organisations has found the current financial climate of public sector austerity challenging. In 2018/19 the funding allocations made to the HSCP Board by NHSGGC and WDC did not require adhering to any specific funding directions from the Scottish Government. However the Scottish Government did continue to provide additional funding to support its commitment to improving primary care, mental health and addiction services as well as its continuation of the payment of the Scottish Living Wage for all adult care workers and the enactment of the 2016 Carers Act.

In line with its commitment to engage and encourage participation with all stakeholders, the HSCP Board agreed at its February 2018 meeting to publically consult on the range of health and social care savings options. The final budget gap for health (£0.552m) and social care (£0.211m) was £0.763m and taking cognisance of the results of the public consultation, the Board approved savings options to cover this shortfall and to allow for additional financial sustainability in future years.

All financial performance reports and details of approved savings options are available on the HSCP website: www.wdhscp.org.uk

BUDGET PERFORMANCE 2018/19

The 2018/19 budget available for delivering directly managed services was £155,379m and is detailed in the table below. Although some services including children's community and residential placements and supporting older people in their home or a homely setting were under significant financial pressure this was offset in-year with the successful implementation of a financial recovery plan agreed by the November HSCP Board. Overall the partnership reported within their 2018/19 Unaudited Annual Accounts an overall surplus of £1.038m, again detailed in the table below.

West Dunbartonshire Integrated Joint Board Health & Social Care Partnership	2018/19 Annual Budget £000	2018/19 Net Expenditure £000	2018/19 Underspend/ (Overspend) £000
Consolidated Health & Social Care			
Older People, Health and Community Care	44,368	45,008	(640)
Physical Disability	3,106	3,006	100
Children and Families	20,249	22,511	(2,262)
Mental Health Services	9,571	8,949	622
Addictions	2,809	2,569	240
Learning Disabilities	16,802	16,655	147
Strategy, Planning and Health Improvement	1,672	1,351	321
Family Health Services (FHS)	25,738	25,738	0
GP Prescribing	19,306	19,383	(77)
Hosted Services - MSK Physio	6,493	6,254	239
Hosted Services - Retinal Screening	791	755	36
Criminal Justice - Grant funding of £2.1m	0	0	0
HSCP Corporate and Other Services	4,204	1,892	2,312
IJB Operational Costs	270	270	0
Cost of Services Directly Managed by West Dunbartonshire HSCP	**155,379**	**154,341**	**1,038**
Set aside for delegated services provided in large hospitals	18,210	18,210	0
Assisted garden maintenance and Aids and Adaptions	577	577	0
Services hosted by other IJBs within Greater Glasgow & Clyde	11,289	11,289	0
Services hosted by West Dunbartonshire IJB for other IJBs	(6,128)	(6,128)	0
Total Cost of Services to West Dunbartonshire HSCP	**179,327**	**178,289**	**1,038**

This surplus in funding is retained by the HSCP Board in reserve and is carried forward for use by the HSCP Board in later years. The reserves are classified as either:

- Earmarked Reserves – separately identified for a specific project or ring fenced funding stream e.g. Primary Care Improvement Fund, Mental Health Action 15 (as detailed in table above) and Service Redesign and Transformation. Further explanation is provided overleaf under "Key Messages" and
- Unearmarked or general reserves – this is held as a contingency fund to assist with any unforeseen events or to smooth out the financial position of current year finances if approved savings programmes do not deliver as anticipated. The HSCP Board have an approved Reserves Policy (available on the website) which strives to hold 2% of total budget or approximately £2.6m in general reserve. Again further detail provided overleaf.

Some of the key messages for the financial year 2018/19 are:

- The 8 August meeting of HSCP Board were presented with a projected overspend of £0.977m (0.65%) based on the 1st quarter's performance (see 2018/19 Budget Performance overleaf). Without the development of a recovery plan this overspend would have to be covered from unearmarked reserves which only had a balance of £1.7m;

- A recovery plan was approved by the Board which included all vacancies must be approved by the senior management team on a weekly basis, overtime to be minimised (without disruption to front line service delivery), no non-essential spend and securing any savings from other areas of the budget due to service redesigns;

- The overall recovery plan was successful as excluding unspent, ring fenced funding from the Scottish Government the unadjusted underspend was £0.450m across health and social care services;

The main areas of under and overspends as detailed in the table overleaf are;

- Within Children and Families community (fostering and kinship) and residential placements (children's houses) for children and young people exceeded the budget by £1.2m, despite an additional £1.1m invested in these services in 2018/19. Kinship and fostering placements have continued to rise by approximately 25% per annum since 2017;

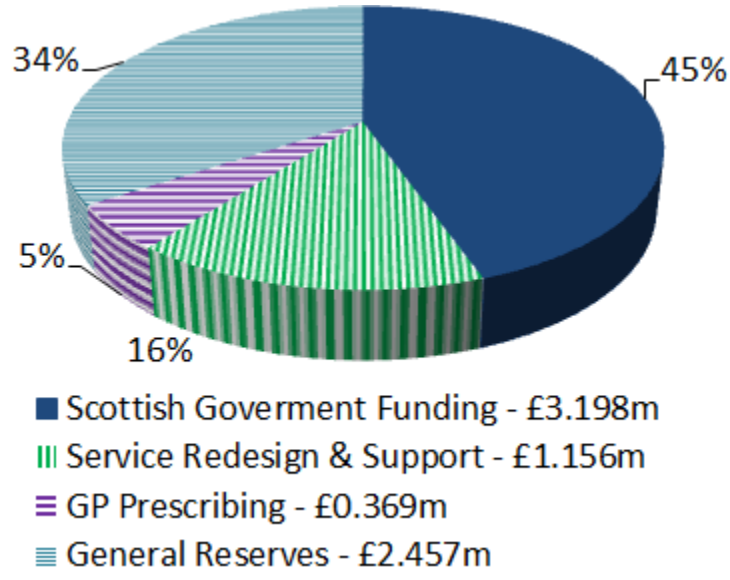
- Also within Children and Families, children placed in residential schools due to emotional, behavioural or physical disabilities exceeded the budget by £0.9m. This is an extremely volatile budget and secure placements can cost in excess of £0.2m per child;

- Older people supported through care at home services or in residential or nursing care exceeded the budget by £0.5m and £0.2m respectively and can be attributed to demographic demand and continued improved performance on anticipatory care planning and reduction to bed days lost through delayed discharge;

- All other adult services including Learning and Physical Disability and Mental Health and Addiction Services collectively underspent, mainly due to a reduction in a small number of high cost packages;

- Other services including Social Care funding from Scottish Government contributed approx. £1.8m of an underspend to the final position. This was due to a number of short term one-off benefits from applying this funding to new service developments. This will not be available in 2019/20;

2018/19 Unaudited Reserve Balances



- Within health care the expectation was to achieve a close to breakeven position. The £19m GP Prescribing budget was exceeded by £0.077m based on the most up to date information;

- The earmarked reserves closing balance was £4.723m. There were a number of significant additions amounting to £0.895m from the new Scottish Government funding in Primary Care, Mental Health and Alcohol and Drug Partnership services as Integrated Joint Boards across Scotland found securing appropriately qualified staff challenging;

- HSCP Board approved a Prescribing reserve of £0.369m given the volatility of medicines global prices and the uncertainty of supply as a consequence of the UK leaving the EU;

- The amount of £0.670m from earmarked reserves was transferred to general reserves to bring the total to £2.457m and closer to the 2% target (approximately £2.6m) as set out in the Reserves Policy.

Financial Outlook and Best Value

Financial risk has been identified as one of the HSCP Board's main strategic risks. The requirement to both remain within budget in any given financial year and identify savings and efficiencies in the medium to long term places significant risk on the HSCP Board's ability to set a balanced budget and continue to deliver high quality services. Although underpinned by legislation this risk may impact on the ability of the HSCP Board to ensure that the Best Value principles of economy, efficiency and effectiveness continue to be a top priority of the Board and the Senior Management Team. Some of the main risk factors that will impact on the HSCP's financial outlook, and actions to mitigate them, are:

- Continued demographic growth in the older population coupled with poor health requires true transformation of services to be supported with robust commissioning and financial plans and an empowered workforce;

- Delivering on Scottish Government priorities of improvements in primary care and support with mental health and addictions has had an impact on workforce stability within the partnership. Appropriate training and succession planning in partnership with our neighbouring IJBs is being covered in multi-disciplinary strategy groups; and

- The UK's proposed exit from the EU has identified a number of potential consequences from a short supply of medicine, coupled with increased costs to those drugs available. In addition, potential workforce issues in both health and social care settings across our own internal workforce and our external partners. Establishing registers of staff at risk and working with staff, government and independent providers will allow contingency plans to be put in place to minimise disruption.

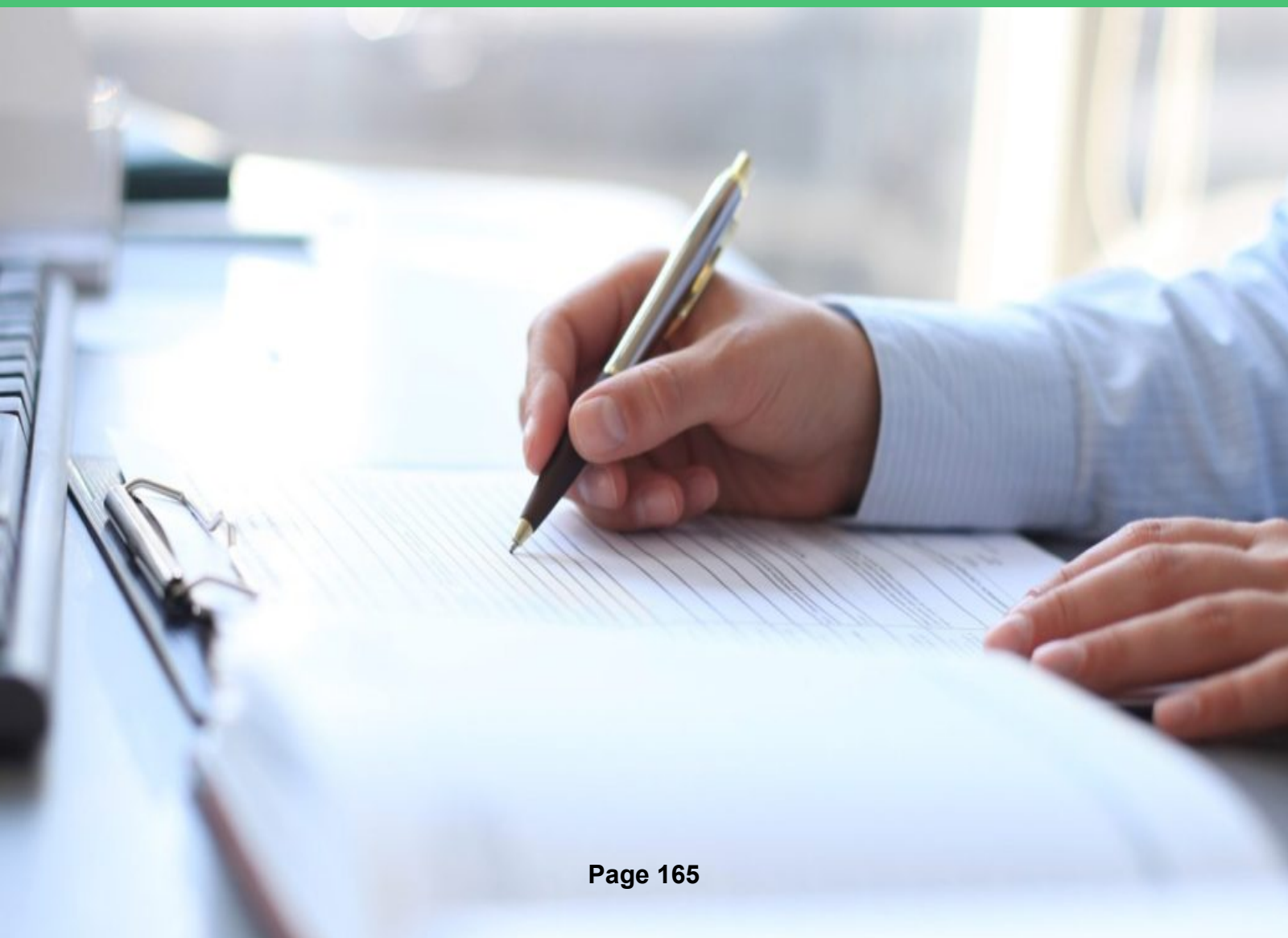
Best Value will also be demonstrated by the forthcoming agreement and implementation of the HSCP's Commissioning Plan. Through the analyse of needs of the population and the services currently provided by a combination of in-house services, private sector organisations and the voluntary sector, the plan will provide the market with what services should look like in the future and the estimated financial resource available. This plan will also be supported by robust procurement frameworks, a cornerstone in demonstrating best value.

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.

The audit highlighted that while HSCP service teams are dedicated to meeting service users' needs and ensuring that appropriate care is provided in a timely fashion, there are opportunities to strengthen internal controls and demonstrate best value is being delivered. Ensuring service specifications reflect the best outcomes for all service users and that contract arrangements adapt to the needs of the user will demonstrate transparency and fair cost to the partnership.

Good Governance

7



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 secure best value, the Strategic Plan 2016-19 commits to continuous quality improvement in performance across all areas of activity.

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 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.

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 West Dunbartonshire Council reviewing the delivery and performance of Children's Services, including residential placements.

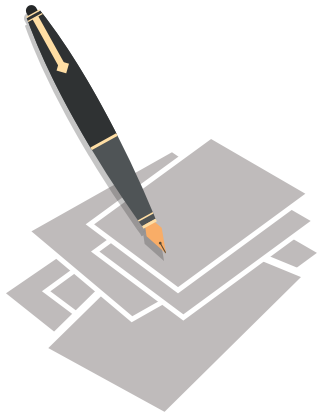
Also supporting the review of the HSCP Board's governance framework are the processes of West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.

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 NHSGGC 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 NHSGGC 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 NHSGGC, 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.

Appendices

Appendix 1: Core Integration Indicators

An issue with incomplete data at Health Board level has resulted in the Scottish Government instructing HSCPs not to publish January 2019 to March 2019 data in relation to emergency admissions and unscheduled bed days.

For the purposes of comparison on previous years and to show progress against our Ministerial Steering Group (MSG) and NHS Greater Glasgow and Clyde (NHS GGC) targets we are therefore required to use calendar year data for some of the indicators below.

Financial Year Data	West Dunbartonshire					Scotland	Comparison West Dunbartonshire and Scotland latest data
Core Integration Indicator	2015/16	2016/17	2017/18	2018/19	Direction of travel	2017/18	
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	92.50%	80.50%	92.00%	89.00%	↓	82.20%	√
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	530	479	334	331	↓	805	√
Percentage of adults able to look after their health very well or quite well*	93%	N/A	91%	N/A	↓	91%	√
Percentage of adults supported at home who agree that they are supported to live as independently as possible*	88%	N/A	81%	N/A	↓	81%	√
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided*	82%	N/A	80%	N/A	↓	76%	√
Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated*	83%	N/A	79%	N/A	↓	74%	√
Percentage of adults receiving any care or support who rate it as excellent or good*	86%	N/A	81%	N/A	↓	80%	√
Percentage of people with positive experience of the care provided by their GP practice*	87%	N/A	85%	N/A	↓	83%	√

Financial Year Data	West Dunbartonshire					Scotland	Comparison West Dunbartonshire and Scotland latest data
Core Integration Indicator	2015/16	2016/17	2017/18	2018/19	Direction of travel	2017/18	
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life*	85%	N/A	79%	N/A	↓	80%	X
Percentage of carers who feel supported to continue in their caring role*	40%	N/A	40%	N/A	↔	37%	√
Percentage of adults supported at home who agree that they felt safe*	86%	N/A	89%	N/A	↑	83%	√

Calendar Year Data	West Dunbartonshire					Scotland	Comparison West Dunbartonshire and Scotland latest data
Core Integration Indicator	2015	2016	2017	2018	Direction of travel	2018	
Premature mortality rate per 100,000 persons	569.5	512.1	513.6	N/A	↑	425.2**	X
Emergency admission rate per 100,000 population	13,509	13,769	13,558	13,788	↑	12,201	X
Emergency bed day rate per 100,000 population	132,787	135,680	135,960	129,319	↓	118,647	X
Readmission to hospital within 28 days per 1,000 population	79	85	87	91	↑	102	√
Proportion of last 6 months of life spent at home or in a community setting	85.80%	87.70%	88.30%	89.40%	↑	88.40%	√
Falls rate per 1,000 population aged 65+	21.4	23.9	24.5	26.6	↑	23.1	X
Percentage of adults with intensive care needs receiving care at home	67.00%	67.70%	70%	N/A	↑	60.6%**	√
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	21.30%	22.50%	22.90%	22.40%	↓	24.40%	√

↑Increasing ↓Decreasing ↔Unchanged √Performing better or as well as Scotland figure XPerforming poorer than Scotland figure * Latest Scottish Health and Care Experience Survey 2017/18 (Every 2 years) **2017 Scotland figure

Appendix 2: Care Inspectorate Inspections of HSCP Registered Services

This Appendix details the grades achieved for West Dunbartonshire HSCP services which were inspected and had reports published between 1st April 2018 and 31st March 2019. All 4 Quality Themes are not routinely inspected at each inspection. Those Quality Themes which have not been included in the inspection have been recorded as N/A below.

Gradings:

1 – Unsatisfactory; 2 – Weak; 3 – Adequate; 4 – Good; 5 – Very Good; 6 – Excellent

Service	Previous Inspection	Grade	Latest Inspection	Grade	Quality Theme
Children's Health, Care and Criminal Justice					
Adoption Service	26-Apr-16	5 N/A N/A 4	26-Apr-18 ⟷	4 N/A 5 N/A	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: 1. Improvements should be made to the timescales for children moving into their adoptive family. 2. Timescales should be set for children's social workers to consider potential adopters for children and a member of the adoption team should be involved throughout this process in recognition of their expertise in this area. 3. The adoption and permanence procedures should be updated to promote best practice in the adoption of children.				
Blairvadach Children's House	21-Jun-17	4 3 N/A N/A	24-Jul-18 ↑	5 3 N/A N/A	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: The young people living within Blairvadach should experience the best possible environment. Therefore we have recommended that they reduce the number of young people living in the house from seven to six and to re-register the service with the Care Inspectorate. West Dunbartonshire Council have ensured us that they will fulfil this recommendation at the first opportunity.				
Burnside Children's House	20-Mar-18	5 N/A N/A 5	26-Nov-18 ⟷	5 N/A 5 N/A	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: None				

Service	Previous Inspection	Grade	Latest Inspection	Grade	Quality Theme
Children's Health, Care and Criminal Justice					
Craigellachie Children's House	23-Feb-17	4 N/A 4 N/A	18-Sep-18 ⟷	4 N/A N/A 4	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: 1. Service delivery should be consistently applied by the staff team for all young people. The decisions about behaviour management or care and support should reflect the age and progress of the young people. Any changes to these decisions should be clearly communicated to them. 2. The young people should be supported by a staff team that is motivated, well led and is working together. In order to achieve this, the staff require individual support and bespoke opportunities to develop their Furthermore, the views of the staff team are essential in service delivery and improvement. We would encourage the management team to gather the views of the staff team and seek opportunities to bring them together develop a shared focus for the service. 3. Each of the young people should have an outcome focused care plan which is built upon their views and needs. This plan should measure progress and be updated on a regular basis through a clear				
Fostering Service	26-Apr-16	5 N/A N/A 4	26-Apr-18 ⟷	4 N/A 5 N/A	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: 1. The service should review their processes to ensure that when carers are outwith their registration they are returned to panel within timescales. This is to ensure the continued suitability of the foster carers and enable a recommendation to be made regarding any variation to the terms of approval. 2. The service should make arrangements to implement risk assessments and safer caring plans for children and young people				
Throughcare – Adult Placement Services	03-Feb-17	6 N/A 6 N/A	28-Mar-19 ⟷	6 N/A N/A 6	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: None				

Service	Previous Inspection	Grade	Latest Inspection	Grade	Quality Theme
Community Health and Care Services					
Care at Home Services	15-Mar-18	5 N/A 5 N/A	05-Oct-18 	4 N/A 4 N/A	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: 1. The service should review its approach to supporting people with medication. This should include; clear definitions of what support might be provided by staff and ensuring staff are made aware of the appropriate guidance and their role in supporting people with medication. 2. The service must ensure that people are provided with care plans that provide full information on their assessed needs and the supports that will 3. The service should ensure that it reviews the care provided to people no less than every six months. People supported should be actively involved in reviewing their care and support. Copies of reviews should be to people in their own homes. 4. The service must ensure that staff are provided with supervision on a regular basis, in keeping with the service's supervision policy. This should be scheduled in advance with discussions and decisions being clearly recorded.				
Crosslet House	No previous inspection		17-May-18	5 5 5 5	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: The provider should provide care staff with meaningful activity training to ensure that activities, both social and physical, are consistently promoted throughout the care home each day of the week.				
Crosslet Day Care	No previous inspection		31-May-18	5 5 5 5	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: None				

Service	Previous Inspection	Grade	Latest Inspection	Grade	Quality Theme
Community Health and Care Services					
Frank Downie House	11-Oct-17	5 4 4 N/A	17-Sep-18 ↑	5 N/A N/A N/A 5	How well do we support people's wellbeing How good is our leadership How good is our staff team How good is our setting How well is care and support planned
	Requirements: None Recommendations: The service provider should ensure that staff are given regular opportunities to meet with their supervisors and that appropriate records of these meetings are maintained.				
Sheltered Housing	15-Mar-18	5 N/A 5 N/A	21-Dec-18 ↔	5 N/A 5 N/A	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: Dementia training at skilled level should be completed by all staff.				
Mental Health, Learning Disability and Addiction					
Learning Disability Service – Housing Support	24-Nov-17	5 N/A 4 5	15-Nov-18 ↑	6 N/A N/A 6	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: None				
Learning Disability Service – Community Connections	09-Mar-18	5 N/A 5 N/A	07-Feb-19 ↔	5 N/A N/A 5	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: None				

Appendix 3: West Dunbartonshire HSCP Key Performance Indicator Summary 2018/19

Performance Indicator	2017/18	2018/19		
	Value	Value	Target	Status
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	84.20%	78.50%	90%	⚠
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	7	9	18	✓
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	94.90%	94.90%	95%	⚠
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.70%	97.50%	95%	✓
Balance of Care for looked after children: % of children being looked after in the Community	90.34%	91.50%	90%	✓
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	78%	67%	75%	⚠
Number of delayed discharges over 3 days (72 hours) non-complex cases	4	10	0	●
Number of attendances at Accident and Emergency (Emergency Departments and Minor Injuries Units)	30,463	32,819	28,333*	●
Number of clients 65+ receiving a reablement intervention	632	450	575	●
Percentage of adults with assessed Care at Home needs and a reablement package who have reached their agreed personal outcomes	64.70%	57.60%	60%	⚠
Number of patients in anticipatory care programmes	1,921	1,306	1,400	⚠
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	23,139	21,247	21,036	✓
Total number of homecare hours provided as a rate per 1,000 population aged 65+	488	566.5	518	✓
Percentage of people aged 65 and over who receive 20 or more interventions per week	34.20%	36.90%	30%	✓
Percentage of homecare clients aged 65+ receiving personal care	92.10%	94.90%	90%	✓
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	98%	98.40%	98%	✓
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	26.90%	25%	30%	✓
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	24.40%	32.90%	30%	⚠

Performance Indicator	2017/18	2018/19		
	Value	Value	Target	Status
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	42.50%	31.40%	35%	✓
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	43%	39%	90%	●
Number of clients receiving Home Care Pharmacy Team support	941	930	900	✓
Prescribing cost per weighted patient	£173.07	£167.87	£173.72	✓
Compliance with Formulary Preferred List	80.20%	79.10%	78%	✓
Percentage of carers who feel supported to continue in their caring role	97.40%	98%	90%	✓
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	96%	69%	90%	●
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	92.40%	91.60%	90%	✓
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	✓
Percentage of child protection investigations to case conference within 21 days	79.20%	75%	95%	●
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%	✓
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	90%	83%	98%	●
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	79%	59%	80%	●
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	15%	40%	80%	●

✓ Target achieved or exceeded

▲ Target narrowly missed

● Target missed by 15% or more

*Ministerial Steering Group (MSG) Target

Unscheduled care performance is being measured against locally set Ministerial Steering Group (MSG) targets and against NHS Greater Glasgow and Clyde's (NHS GGC) target of 10% reduction in unscheduled bed days, unnecessary hospital admissions and A&E attendances across Greater Glasgow and Clyde.

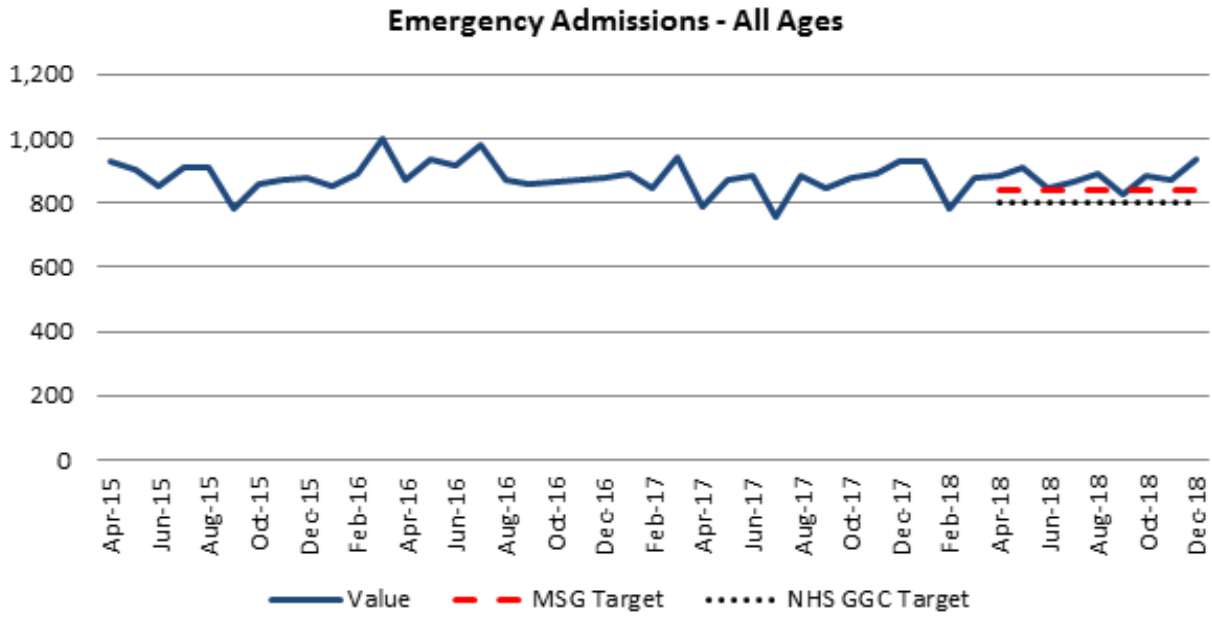
Performance Indicator	2017/18	2018/19				
	Value	Value	MSG Target	MSG Status	NHS GGC Target	NHS GGC Status
Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	2,291	2,502	3,211	✓	2,742	✓
Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	461	387	1,552	✓	764	✓

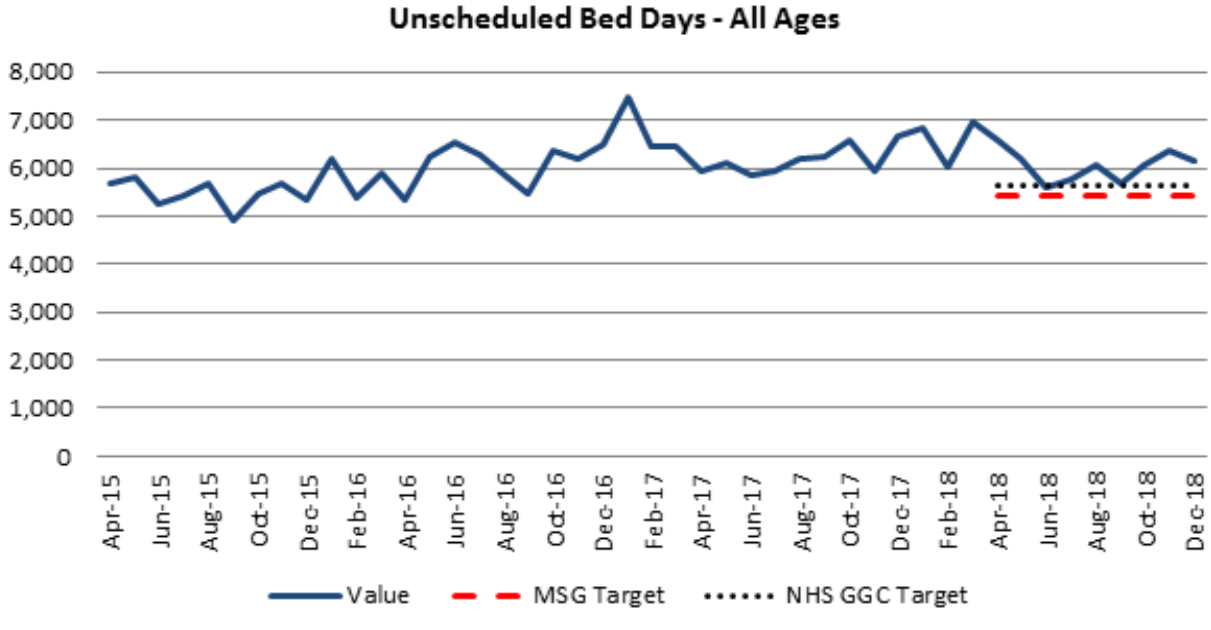
An issue with incomplete data at Health Board level has resulted in the Scottish Government instructing HSCPs not to publish January 2019 to March 2019 data in relation to emergency admissions and unscheduled bed days.

For the purposes of comparison on previous years and to show progress against our MSG and NHS GGC targets we are therefore required to use calendar year data for emergency admissions and unscheduled bed days.

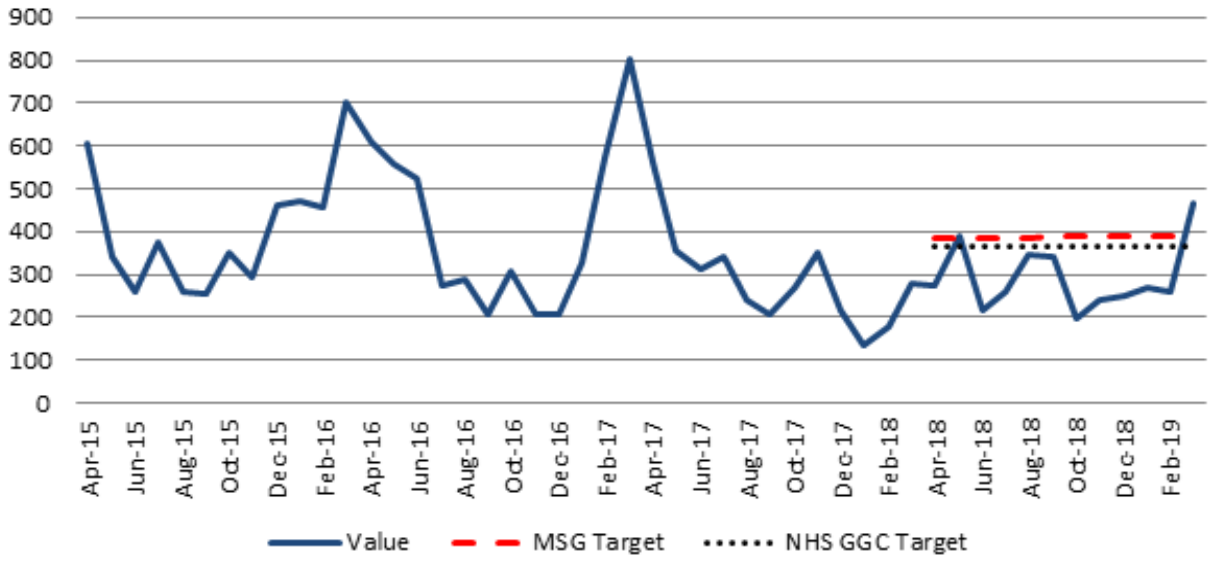
Performance Indicator	2017	2018				
	Value	Value	MSG Target 2018/19	MSG Status	NHS GGC Target 2018/19	NHS GGC Status
Number of emergency admissions aged 65+	4,621	4,757	3,734	●	3,537	●
Emergency admissions aged 65+ as a rate per 1,000 population	273	274	238	▲	237	▲
Number of emergency admissions (All ages)	10,404	10,502	10,107	▲	9,646	▲
Unplanned acute bed days (aged 65+)	52,017	50,281	40,260	●	36,974	●
Unplanned acute bed days (aged 65+) as a rate per 1,000 population	3,186	3,061	2,558	●	2,349	●

Appendix 4: Measuring Performance Under Integration (Provisional Figures) – Ministerial Steering Group

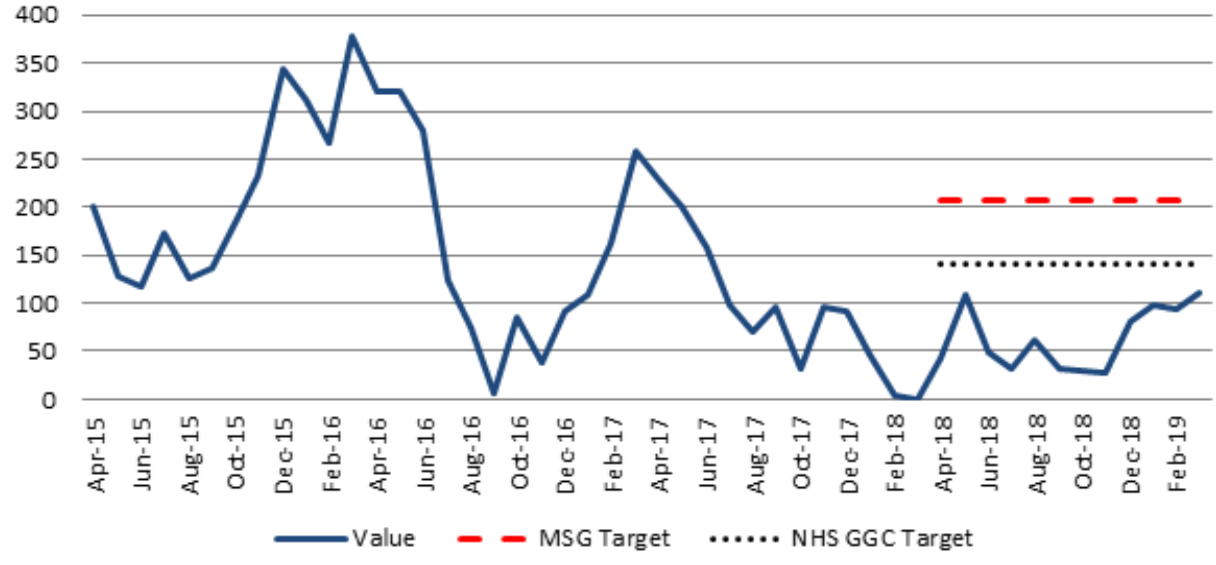


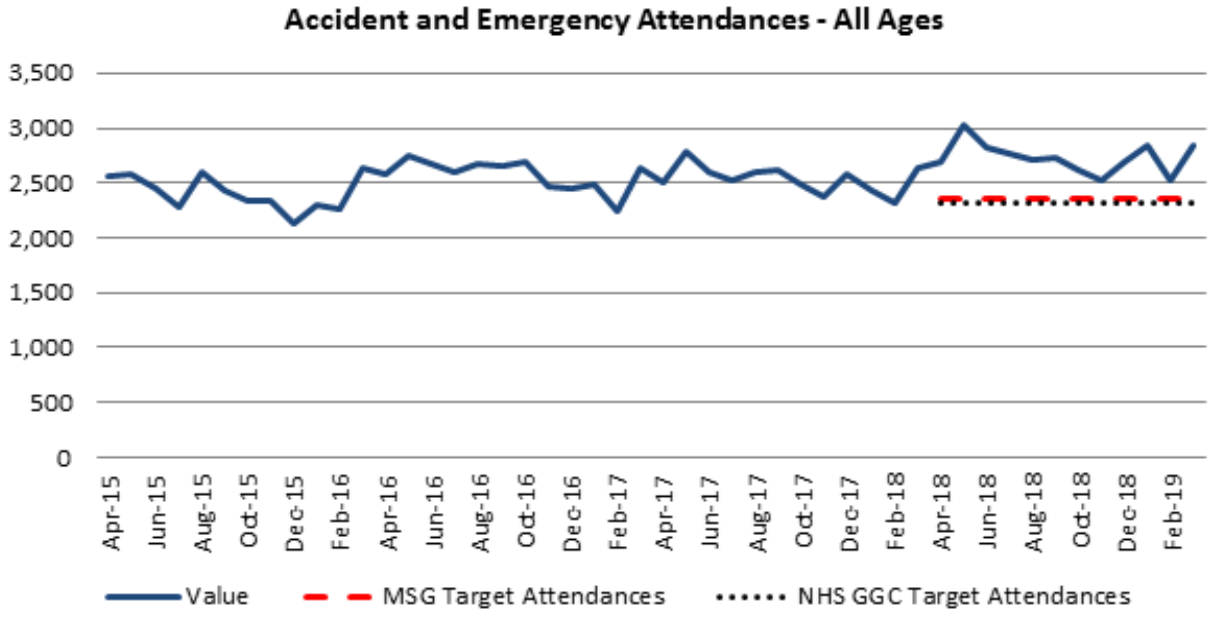


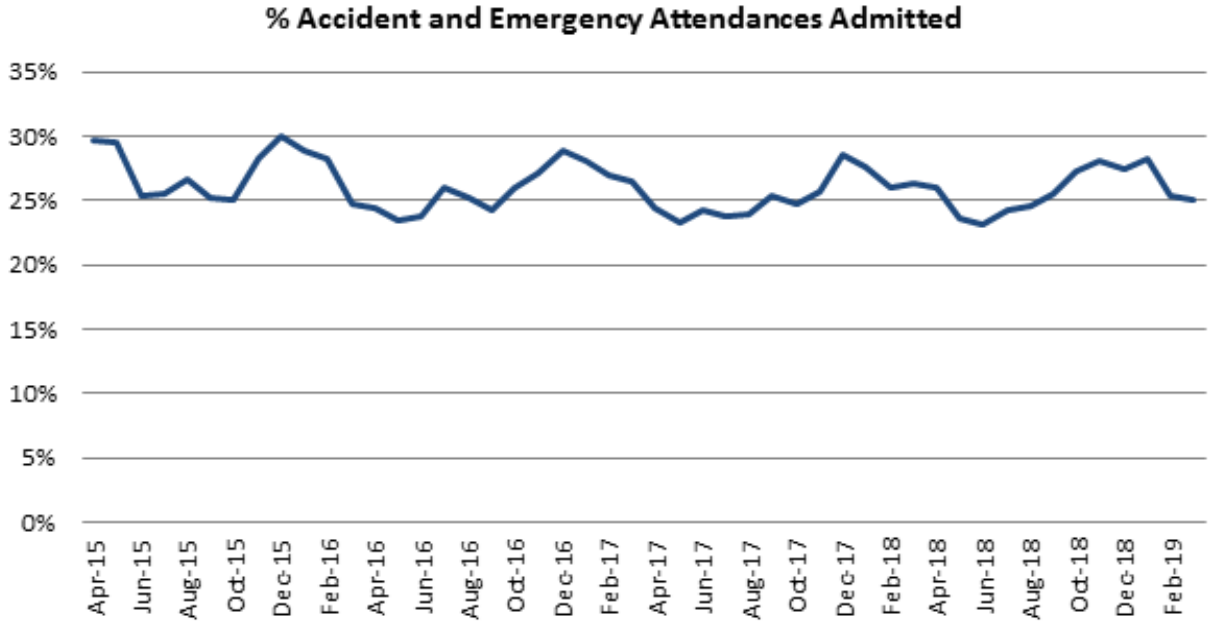
Bed Days Lost to Delayed Discharge - All Reasons 18+



Bed Days Lost to Delayed Discharge - Complex 18+




Accident and Emergency Attendances - All Ages
3,500
3,000
2,500
2,000
1,500
1,000
500
0
Apr-15
Jun-15
Aug-15
Oct-15
Dec-15
Feb-16
Apr-16
Jun-16
Aug-16
Oct-16
Dec-16
Feb-17
Apr-17
Jun-17
Aug-17
Oct-17
Dec-17
Feb-18
Apr-18
Jun-18
Aug-18
Oct-18
Dec-18
Feb-19
Value
MSG Target Attendances
NHS GGC Target Attendances


% Accident and Emergency Attendances Admitted
35%
30%
25%
20%
15%
10%
5%
0%
Apr-15
Jun-15
Aug-15
Oct-15
Dec-15
Feb-16
Apr-16
Jun-16
Aug-16
Oct-16
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Dec-18
Feb-19

Appendix 5: HSCP Local Government Benchmarking Framework Indicators

Performance Indicator	2013/14	2014/15	2015/16	2016/17	2017/18	
	Value	Value	Value	Value	Value	Note
Balance of Care for looked after children: % of children being looked after in the Community	90.51%	89.12%	89.81%	89.98%	90.34%	We are ranked 13th in Scotland and the Scotland figure is 89.69%, below our 90% target.
The gross cost of "children looked after" in residential based services per child per week £	£2,946.15	£2,374.54	£2,292.62	£2,022.36	£2,273.00	We are ranked 3rd lowest gross cost in Scotland in 2017/18 and are well below the Scotland figure of £3,485 per week.
The gross cost of "children looked after" in a community setting per child per week £	£155.63	£159.38	£185.70	£164.66	£200.00	We are ranked 3rd lowest gross cost in Scotland in 2017/18 and are well below the Scotland figure of £328 per week.
Self directed support spend for people aged over 18 as a % of total social work spend on adults	1.41%	1.80%	2.19%	2.37%	2.57%	We are ranked 28th in Scotland and the Scotland figure is 6.72%.
Home care costs for people aged 65 or over per hour £	£18.47	£20.91	£22.03	£24.24	£25.90	We are ranked 21st in Scotland. The Scotland figure is £23.76.
Net Residential Costs Per Capita per Week for Older Adults (65+)	£415.97	£460.43	£466.13	£479.97	£482.00	We are ranked 27th in Scotland and the Scotland figure is £372.
Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review - Early Years Collaborative Stretch Aim	75.98%	77.50%	71.66%	56.71%	0.35%	From April 2017 onwards, very few children reviewed in NHS Greater Glasgow & Clyde have had meaningful information recorded for every developmental domain due to a mismatch between paperwork and systems. 2017/18 figures are not comparable to previous years.

Appendix 2: Care Inspectorate Inspections of HSCP Registered Services

This Appendix details the grades achieved for WDHSCP services which were inspected and had reports published between 1st April 2018 and 31st March 2019.

Gradings:

1 – Unsatisfactory; 2 – Weak; 3 – Adequate; 4 – Good; 5 – Very Good; 6 – Excellent

Service	Previous Inspection	Grade	Latest Inspection	Grade	Quality Theme
Children's Health, Care and Criminal Justice					
Adoption Service	26 April 16	5 NA NA 4	26 April 18 ⟷	4 NA 5 NA	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: 1. Improvements should be made to the timescales for children moving into their adoptive family. 2. Timescales should be set for children's social workers to consider potential adopters for children and a member of the adoption team should be involved throughout this process in recognition of their expertise in this area. 3. The adoption and permanence procedures should be updated to promote best practice in the adoption of children.				
Blairvadach Children's House	21 June 17	4 3 NA NA	24 July 18 ↑	5 3 NA NA	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: The young people living within Blairvadach should experience the best possible environment. Therefore we have recommended that they reduce the number of young people living in the house from seven to six and to re-register the service with the Care Inspectorate. West Dunbartonshire Council have ensured us that they will fulfil this recommendation at the first opportunity.				
Burnside Children's House	20 March 18	5 NA NA 5	26 November 18 ⟷	5 NA 5 NA	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: None				

Service	Previous Inspection	Grade	Latest Inspection	Grade	Quality Theme
Children's Health, Care and Criminal Justice					
Craigellachie Children's House	23 February 17	4 NA 4 NA	18 September 18 ⟷	4 NA NA 4	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: 1. Service delivery should be consistently applied by the staff team for all young people. The decisions about behaviour management or care and support should reflect the age and progress of the young people. Any changes to these decisions should be clearly communicated to them. 2. The young people should be supported by a staff team that is motivated, well led and is working together. In order to achieve this, the staff require individual support and bespoke opportunities to develop their skills. Furthermore, the views of the staff team are essential in service delivery and improvement. We would encourage the management team to gather the views of the staff team and seek opportunities to bring them together to develop a shared focus for the service. 3. Each of the young people should have an outcome focused care plan which is built upon their views and needs. This plan should measure progress and be updated on a regular basis through a clear review process.				
Fostering Service	26 April 2016	5 NA NA 4	26 April 2018 ⟷	4 NA 5 NA	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: 1. The service should review their processes to ensure that when carers are outwith their registration they are returned to panel within timescales. This is to ensure the continued suitability of the foster carers and enable a recommendation to be made regarding any variation to the terms of approval. 2. The service should make arrangements to implement risk assessments and safer caring plans for children and young people as soon as possible.				
Throughcare – Adult Placement Services	3 February 17	6 NA 6 NA	28 March 2019 ⟷	6 NA NA 6	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: None				

Service	Previous Inspection	Grade	Latest Inspection	Grade	Quality Theme
Community Health and Care Services					
Care at Home Services	15 March 18	5 NA 5 NA	5 October 2018 ↓	4 NA 4 NA	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: 1. The service should review its approach to supporting people with medication. This should include; clear definitions of what support might be provided by staff and ensuring staff are made aware of the appropriate guidance and their role in supporting people with medication. 2. The service must ensure that people are provided with care plans that provide full information on their assessed needs and the supports that will be provided. 3. The service should ensure that it reviews the care provided to people no less than every six months. People supported should be actively involved in reviewing their care and support. Copies of reviews should be available to people in their own homes. 4. The service must ensure that staff are provided with supervision on a regular basis, in keeping with the service's supervision policy. This should be scheduled in advance with discussions and decisions being clearly recorded.				
Crosslet House	No previous inspection		17 May 2018	5 5 5 5	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: The provider should provide care staff with meaningful activity training to ensure that activities, both social and physical, are consistently promoted throughout the care home each day of the week.				
Crosslet Day Care	No previous inspection		31 May 2018	5 5 5 5	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: None				

Service	Previous Inspection	Grade	Latest Inspection	Grade	Quality Theme
Community Health and Care Services					
Frank Downie House	11 October 17	5 4 4 NA	17 September 18 ↑	5 NA NA NA 5	How well do we support people's wellbeing How good is our leadership How good is our staff team How good is our setting How well is care and support planned
	Requirements: None Recommendations: The service provider should ensure that staff are given regular opportunities to meet with their supervisors and that appropriate records of these meetings are maintained.				
Sheltered Housing	15 March 18	5 NA 5 NA	21 December 18 ↔	5 NA 5 NA	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: Dementia training at skilled level should be completed by all staff.				
Mental Health, Learning Disability and Addiction					
Learning Disability Service – Housing Support Service	24 November 17	5 NA 4 5	15 November 18 ↑	6 NA NA 6	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: None				
Learning Disability Service – Community Connections	9 March 18	5 NA 5 NA	7 February 19 ↔	5 NA NA 5	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: None				

Appendix 3: West Dunbartonshire HSCP Key Performance Indicator Summary 2018/19

PERFORMANCE INDICATOR	2017/18	2018/19		
	Value	Value	Target	Status
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	84.2%	78.5%	90%	⚠
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	7	9	18	✓
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	94.9%	94.9%	95%	⚠
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.7%	97.5%	95%	✓
Balance of Care for looked after children: % of children being looked after in the Community	90.34%	91.5%	90%	✓
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	78%	60%	75%	✗
Number of delayed discharges over 3 days (72 hours) non-complex cases	4	10	0	✗
Number of attendances at Accident and Emergency (Emergency Departments and Minor Injuries Units)	30,463	32,819	28,333	✗
Number of clients 65+ receiving a reablement intervention	632	450	575	✗
Percentage of adults with assessed Care at Home needs and a reablement package who have reached their agreed personal outcomes	64.7%	57.6%	60%	⚠
Number of patients in anticipatory care programmes	1,921	1,306	1,400	⚠
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	23,139	21,247	21,036	✓
Total number of homecare hours provided as a rate per 1,000 population aged 65+	488	566.5	518	✓
Percentage of people aged 65 and over who receive 20 or more interventions per week	34.2%	36.9%	30%	✓
Percentage of homecare clients aged 65+ receiving personal care	92.1%	94.9%	90%	✓
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	98%	98.4%	98%	✓
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	26.9%	25%	30%	✓
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	24.4%	32.9%	30%	⚠

PERFORMANCE INDICATOR	2017/18	2018/19		
	Value	Value	Target	Status
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	42.5%	31.4%	35%	✅
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	43%	39%	90%	🛑
Number of clients receiving Home Care Pharmacy Team support	941	930	900	✅
Prescribing cost per weighted patient	£173.07	£167.87	Average across NHSGGC	To follow
Compliance with Formulary Preferred List	80.2%	79.1%	78%	✅
Percentage of carers who feel supported to continue in their caring role	97.4%	98%	90%	✅
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	92.4%	91.6%	90%	✅
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	90%	83%	98%	🛑
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	79%	59%	80%	🛑
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	15%	40%	80%	🛑
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	✅
Percentage of child protection investigations to case conference within 21 days	79.2%	75%	95%	🛑
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%	✅
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	96%	69%	90%	🛑

✅ Target achieved or exceeded

⚠ Target narrowly missed

🛑 Target missed by 15% or more

Unscheduled care performance is being measured against locally set Ministerial Steering Group (MSG) targets and against NHS Greater Glasgow and Clyde's (NHS GGC) target of 10% reduction in unscheduled bed days, unnecessary hospital admissions and A&E attendances across the NHS GGC.

PERFORMANCE INDICATOR	2017/18	2018/19				
	Value	Value	MSG Target	MSG Status	NHS GGC Target	NHS GGC Status
Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	2,291	2,502	3,211		2,742	
Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	461	387	1,552		764	

An issue with incomplete data at Health Board level has resulted in the Scottish Government instructing HSCPs not to publish January 2019 to March 2019 data in relation to emergency admissions and unscheduled bed days.

For the purposes of comparison on previous years and to show progress against our MSG and NHS GGC targets we are therefore required to use calendar year data for emergency admissions and unscheduled bed days.

PERFORMANCE INDICATOR	2017	2018				
	Value	Value	MSG Target 2018/19	MSG Status	NHS GGC Target 2018/19	NHS GGC Status
Number of emergency admissions aged 65+	4,621	4,757	3,734		3,537	
Emergency admissions aged 65+ as a rate per 1,000 population	273	274	238		237	
Number of emergency admissions (All ages)	10,404	10,502	10,107		9,646	
Unplanned acute bed days (aged 65+)	52,017	50,281	40,260		36,974	
Unplanned acute bed days (aged 65+) as a rate per 1,000 population	3,186	3,061	2,558		2,349	

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

West Dunbartonshire HSCP Complaints Summary
1 April 2018 – 31 March 2019

There were a total of 49 stage 2 complaints received within the Partnership during the reporting year and 35 frontline complaints, 1 of these complaints was transferred to stage 2.

Responded under NHSGGC Complaints Policy		**Responded under Social Work Complaints Policy**	
Fully Upheld	1	Fully Upheld	4
Partially Upheld	3	Partially Upheld	9
Not Upheld	9	Not Upheld	18
Unsubstantiated		Unsubstantiated	6
NHSGGC Complaints Policy		**Social Work Complaints Policy**	
Mental Health, Learning Disability & Addictions	3	Community Health and Care Services	14
Children's Health, Care & Criminal Justice	5	Children's Health, Care & Criminal Justice	16
Community Health and Care Services	1	Mental Health, Learning Disability & Addictions	6
MSK Physio*	4	Joint complaint between the Health and Social Care Partnership and Housing	1
Total	**13**		**37**

*NHSGGC-Wide Hosted service

Summary of main themes evident from lessons learnt:

- Importance of reviewing processes to ensure efficient and fit for purpose.
- Importance of staff communicating timeously, clearly and respectfully with service users and family members.
- Importance of staff adhering to the General Data Protection Regulations, ensuring proper use of systems with accurate record keeping.
- Staff need to follow Data Protection Legislation in relation to sharing personal data with third parties.

	Value	**Target**	**Note**
Percentage of complaints received and responded to within 20 working days (NHS)	62%	70%	13 complaints received, with 8 responded to on time.
Percentage of complaints received which were responded to within 28 days (WDC)	32%	70%	37 complaints received, with 12 responded to on time. It has been confirmed that the majority of the delays were related to the complexity of the complaints, so were legitimate in each circumstance.

Service Area	Complaint Subject	Outcome
Social Work Policy		
Community Health and Care Services	Employee Attitude	Not Upheld
	Employee Attitude	Not Upheld
	Administrative Delays	Not Upheld
	Employee Attitude	Unsubstantiated
	Data Breach	Upheld
	Failure to Provide Service	Unsubstantiated
	Failure to Provide Service	Upheld
	Employee Attitude/Communication	Partially Upheld
	Bias or Unfair Discrimination	Not Upheld
	Failure to achieve standards/quality of service	Partially Upheld
	Communication	Partially Upheld
	Employee Attitude	Unsubstantiated
	Failure to Achieve Standards/Quality of Service	Not Upheld
	Delay in providing service	Partially Upheld
	Communication	Not Upheld
Children's Health, Care & Criminal Justice	Concern regarding Foster Placement	Not Upheld
	Failure to Achieve Standards/Quality of Service	Not Upheld
	Employee Attitudes, Failure to Provide Service, Failure to achieve standards/quality of service, Failure to fulfil statutory responsibilities, Communication	Unsubstantiated
	Administrative Delays/Failure to Fulfil Statutory Responsibilities/Employee Attitude	Not Upheld
	Failure to Provide Service/Employee Attitude	Not Upheld
	Bias or Unfair Discrimination	Not Upheld
	Bias or Unfair Discrimination	Not Upheld
	Employee Attitude/Failure to Provide Service/Failure to Achieve Standards/Quality of Service	Unsubstantiated
	Failure to achieve standards/quality of service/Communication	Partially Upheld

	& GDPR Issues	
	Communication & GDPR Issues	Upheld
	Failure to achieve standards/quality of service	Upheld
	Failure to Provide a Service	Not Upheld
	Failure to Provide a Service	Partially Upheld
	Employee Attitude	Not Upheld
	Communication	Not Upheld
Mental Health, Learning Disability & Addictions	Failure to provide services	Not Upheld
	Employee Attitude	Partially Upheld
	Collision with other resident	Unsubstantiated
	Failure to achieve standards/quality of service	Not Upheld
	Employee Attitude	Partially Upheld
	Failure to Provide Service	Partially Upheld
Joint Complaint	Failure to Provide Service	Not Upheld
Service Area	**Complaint Subject**	**Outcome**
NHS GGC Policy		
MSK Physio	Treatment	Not Upheld
	Treatment/ Communication	Partially Upheld
	Conduct	Not Upheld
	Conduct	Not Upheld
Mental Health, Learning Disability & Addictions	Staff Attitude	Not upheld
	Staff Issue	Partially Upheld
	Conduct	Not Upheld
Children's Health, Care & Criminal Justice	Booking Arrangements	Partially Upheld
	Communication	
	Treatment	Not Upheld
	Staff Conduct	Not Upheld
	Treatment	Not Upheld
Community Health and Care	Conduct/Behaviour	Upheld

Services		

WESTDUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Health and Social Care Partnership Board: 7th August 2019

Subject: West Dunbartonshire HSCP Annual Clinical and Care Governance Report 2018- 2019

1. Purpose

1.1 To provide the HSCP Board with and overview of the Annual Clinical and Care Governance Report.

2. Recommendations

2.1 The board is asked to note the content of the report and the impact of achievements around quality assurance and quality improvement.

3. Background

3.1 The role of the Clinical & Care Governance Group is to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, professional registration and validation, learning, continuous improvement and inspection activity.

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured, supporting staff in continuously improving the quality and safety of care and ensuring that wherever possible good performance is highlighted and poor performance is identified and addressed. Effective clinical and care governance arrangements are in place to support the delivery of safe, effective and person-centred health and social care services delegated to the local HSCP Board. Clinical and care governance requires co-ordination across a range of services, (including procured services) so as to place people and communities at the centre of all activity relating to clinical and care services. This report describes the governance framework and is structured around the three main domains set out in the National Quality Strategy: Safe, Effective, and Person-Centred Care. Examples of work undertaken to improve the quality of care in the HSCP are included

.

4. Main Issues

4.1 The report illustrates the impact on service users across the three quality ambitions of safe, effective and person centred care. The examples are illustrative and not exhaustive.

- Safe: Describes efforts to avoid injury or harm to people from the care or services they receive. Datix is the software used by NHS Greater Glasgow and Clyde for clinical and non-clinical incident reporting and forms part of our

Risk Management Strategy. We encourage the open reporting of even minor incidents as this enables the identification, understanding and addressing of the factors causing incidents. This can lead to an improvement in the quality of patient care and minimisation of future risk. Additionally, this allows trends to be identified and this investigated. The occurrence of an incident (or near miss) allows early recognition of weaknesses to be identified in the system, through which corrective action, for example, reviewing a work area or a particular practice, will minimise the chance of similar incidents in the future. This work is augmented by public, adult and child protection services systems and processes.

- Clinical Effectiveness: Describes efforts to ensure the most appropriate treatments/ services /interventions / support is provided at the right time to those who will benefit and that harmful or wasteful variation is eradicated.

- Person Centred: This section outlines the work undertaken to establish mutually beneficial partnerships between service users, families and carers and those delivering care services to ensure that service user and carers' voices are heard and that they are involved in shared decision making and ultimately empowered to manage and maintain their health.

6. People Implications

6.1 None

7. Financial and Procurement Implications

7.1 None.

8. Risk Analysis

8.1 **None**.

9. Equalities Impact Assessment (EIA)

9.1 Not Applicable

10. Environmental Sustainability

10.1 Not applicable

12. Strategic Assessment

12.1 Not Applicable

Name Val Tierney

Designation Chief Nurse

Date: 05.07.29

Person to Contact: Val Tierney, Chief Nurse West Dunbarton HSCP, Church Street Dumbarton.

Tel**:** 07785762201

E Mail: Val.Tierney@ggc.scot.nhs.uk

Appendices: Annual Clinical & Care Governance Report 2018-2019

Background Papers: **Nil**

Wards Affected: **All**

West Dunbartonshire

Health and Social Care Partnership

Draft

Annual Clinical & Care Governance Report 2018 - 2019

Document Title:	WDHSCP Draft Annual Clinical & Care Governance Report 2019	Owner:	Chief Officer
Version No.	1.0	Superseded Version:	N/A
Date Effective:	May 2019	Review Date:	

1. Introduction

1.1 West Dunbartonshire Health and Social Care Partnership (HSCP) was established on 1st July 2015 as the Integration Authority for West Dunbartonshire. The HSCP currently has an estimated total population of 89130 (National Records Scotland 2018).

1.2 Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured, supporting staff in continuously improving the quality and safety of care and ensuring that wherever possible poor performance is identified and addressed.

1.3 Effective clinical and care governance arrangements are in place to support the delivery of safe, effective and person-centred health and social care services within those services delegated to the local HSCP Board. Clinical and care governance requires co-ordination across a range of services, (including procured services) so as to place people and communities at the centre of all activity relating to the governance of clinical and care services.

1.4 Each year the annual report reflects on the clinical & care governance of the HSCP and the progress it has made in improving the quality of care it provides. This report is structured around the three main domains set out in the National Quality Strategy:

1. Person Centred Care
2. Patient Safety
3. Clinical Effectiveness

1.5 This report demonstrates our work to improve the quality of care in our HSCP through a small selection of the activities and interventions and describes the main governance framework. It is important to note that there is substantially more activity at personal, team, and service level arising from our collective commitment to provide a quality of care we can be proud of. This report can only reflect a small selection so is illustrative rather than comprehensive. This report is complemented by the Chief Social Work Officers Report published later in the year.

2. Person-centred care

2.1 West Dunbartonshire HSCP Health Visiting Service were accredited as a Gold Baby Friendly Service for excellence in the support of infant feeding and parent infant relationships in October 2018.

2.2 The Health Visiting Team have instigated a breast feeding quality improvement (QI) network supported by the Scottish Government Quality Improvement section and linking with NHS Lanarkshire and NHS Borders. A QI test of change project is underway in West Dunbartonshire aiming to reduce attrition rates in breast feeding mothers in SIMD1.

2.3 In Specialist Children's Service (SCS) feedback from Children, Young People and Parent/Carers using Child and Adolescent Mental Health Services (CAHMS) is collected via the Experience of Service questionnaire (ESQ).

2.4 Feedback from service users and parents on the Autism Spectrum Disorder Assessment Pathway has been very positive. 62% report the pathway was excellent, 24% very good and 10% good (4% did not respond).

2.5 Children's Speech and Language Therapy Pathways were redesigned in West Dunbartonshire during 2018. Referrals are agreed with parents on the basis of:

- Impact on wellbeing indicators (not impairment/ disability)
- Timing and Capacity for Change
- Environmental Support for Change
- Underpinning evidence basis for effective intervention

The service will continue to seek feedback at discharge to evaluate these changes.

2.6 Weekly meetings between the Community Children's Nurses and the Education Leadership Team at Kilpatrick have been established to improve Partnership working.

2.7 Inpatient Dementia Assessment and Dementia Intermediate Care Wards (Fruin and Katrine) are measuring their service against the Royal College of Psychiatrist's Accreditation Inpatient Mental Health Standards (AIMS) prior to Royal College peer inspection assessment visit. This has led to quality improvements including environmental changes.

2.8 The Senior Charge Nurse for Fruin and Katrine Wards is completing the Dementia Specialist Improvement Lead Course (DSIL). As a result they have introduced a "Therapet" service into the ward and they have also commenced an "open visiting" protocol which encourages visitors to visit at any time of day or night and promotes their active involvement in direct care.

2.9 Older Adult Mental Health Service have worked with HSCP partners to simplify the pathway for patient respite care allowing patient's quicker access to respite reducing patient and carer stress.

2.10 We have introduced a Mental Health & Acquired Brain Injuries (ABI) Area Resource Group that manages governance of all social care clients spending within Mental Health and ABI services including promoting the culture change from service provision to Self-Directed Support provision. The ABI Service Co-ordinator worked as an associate assessor for the Self-directed Supports Thematic Review in Scotland for the Care Inspectorate and brought back knowledge from this to support the review and development of the Mental Health Area Resource Group in line with SDS legislation.

2.11 The Mental Health, Addiction and Learning Disability Work Connect Service has supported three Employment Support Workers to complete a Professional Development Award in Supported Employment (SCQF Level 7). This has enhanced their knowledge and allows the service to provide individualised support to clients to secure sustainable, paid jobs in the open labour market for people with disability, long term conditions and multiple barriers to employment.

2.12 The Acquired Brain Injury (ABI) team supported the Brain Injury Experience Network (BIEN) survivor group to develop leaflets about their peer support group and are in the process of disseminating these. They also supported BIEN to take part in the West of Scotland Head Injury Information Day during Head Injury awareness week. BIEN provides peer support for local people affected by brain injury and development of their profile locally has led to increased numbers attending their group and the associated rehabilitation and wellbeing activities run are supported by the ABI team.

2.13 The ABI team has worked with researchers from Glasgow University on several projects throughout the year. These include projects researching the effectiveness and development of assistive technology in prompting rehabilitation; supporting carers of people with brain injuries; and identifying numbers of local people going through the criminal justice system who have suffered brain injuries. The INITITATE rehabilitation research has been published, with two further rehabilitation papers being written which will include West Dunbartonshire HSCP as direct contributors to the research.

2.14 The ABI Social Worker has undertaken Practice Teacher training and has begun providing placements within the team to student social workers. This has provided local service users with extra one to one social care support, supervised by the qualified social worker.

2.15 The MSK Physiotherapy Service scored 48.4 out of 50 in the Consultation and Relational Empathy (CARE) Measure. This validated patient reported experience measure (PREM) seeks feedback from our patients on their experience of the therapeutic interventions. The results demonstrate the empathy and interpersonal effectiveness of our clinicians.

2.16 **"**My Home Life" has trained Residential Care Home managers to take on a new approach of working and communicating with staff, clients and relatives. It promotes the principles of person centred support and has delivered positive change in our care homes.

2.17 Strong links have been developed between sheltered housing complexes and local communities in order to maximise opportunities to provide a wide range of opportunities for intergenerational pursuits, socialisation and activities. Representatives from each complex meet on a regular basis, and ideas and experiences are shared in this forum to broaden the variety of options offered to tenants according to their individual preferences.

3 Patient Safety

3.1 The Care Inspectorate inspected and reported on West Dunbartonshire HSCP registered services during 2018/19. Considerable improvements in grades were made at Mount Pleasant House. The Learning Disability Service (Housing Support Service) and Throughcare (Adult Placement Service) received Grade 6 scores (excellent).

3.2 Ongoing support is being provided to GP Practices with the repeat prescribing Local Enhanced Service (LES) to ensure safe prescribing systems are in place within the Practices.

3.3 Robust monitoring of some high risk medicines (DOACs) are being undertaken by the pharmacy team.

3.4 Polypharmacy reviews are ongoing for care home patients.

3.5 In Community Children's Services Nurse-led sleep clinics and being carried out with nurses also reviewing prescribing of Melatonin.

3.6 Our mental health inpatient wards have commenced use of the Electronic Patient Records on EMIS. This means that all patient consultations can be simultaneously viewed across community and inpatient services.

3.7 West Dunbartonshire HSCP Health &Safety Committee routinely review all Datix and Figtree incidents reported by staff to ensure any learning is shared across all services.

3.8 The MSK Physiotherapy Service reviews all MRI and x-ray requests and reflects on the outcomes to ensure appropriateness of referral and ensure patients are not exposed to unnecessary radiation.

3.9 **T**he number of diabetic patients within GG&C increased from 67,437 on 1st April 2018 to 70,163 on 1st April 2019, an increase of 2,726, or 4%. 10% of patients have Type 1 diabetes and 88% have Type 2 diabetes. The Diabetic Retinal Screening Service still achieved an uptake higher than the average for Scotland, 77.4% compared with 76.3%.

3.10 The Mental Health & Addictions Interface Group has developed guidance for staff in response to the needs of the intoxicated / suicidal patient.

3.11 Within the Addictions service, staff are reviewing Emergency Department frequent attendee reports. Patients known to the service are identified and their care discussed on a regular basis at Multi-Disciplinary Team (MDT) meetings and Complex Case forum

3.12 In February 2019, the HSCP commenced a Large Scale Investigation under the auspice of the Adult Support & Protection (Scotland) Act 2007. Robust methodology was applied, including the involvement of advocacy to promote and ensure that residents of the care home were afforded the opportunity to participate in the review of their care, and have their voice heard in the Large Scale Investigation. Council Officers, nurses, and other appropriate clinical professionals from West Dunbartonshire and Argyle & Bute conducted reviews of the care and support delivered to all residents of the care home. This entailed consulting the individual; liaising, where appropriate with their legal proxy/ nearest relative; conducting a review meeting and reviewing care plans held and developed by care home staff in relation to each resident. This process incorporated learning from involvement with a previous failing care home, in terms of cross boundary working, the importance of the involvement of a range of professionals, and the need to work closely with residents, families and the staff, recognising the anxiety generated during such a period. The work has been time consuming for a range of staff and further thought needs to be given to ensure the HSCP is appropriately staffed to ensure as commissioners and deliverers of service, we can be assured of the quality of service

3.13.1 Datix is the software used by NHS Greater Glasgow and Clyde for clinical and non-clinical incident reporting and forms part of our Risk Management Strategy. We encourage the open reporting of even minor incidents as this enables the identification, understanding and addressing of the factors causing incidents. This can lead to an improvement in the quality of patient care and minimisation of future risk. Additionally, this allows trends to be identified and this investigated. The occurrence of an incident (or near miss) allows early recognition of weaknesses to be identified in the system, through which corrective action, for example, reviewing a work area or a particular practice, will minimise the chance of similar incidents in the future.

Table 1: Incidents Reported WDHSCP 2018 – 19

	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total
Abscondment/Missing	0	0	0	0	0	0	0	0	0	0	1	1	2
Challenging Behaviour	1	1	1	3	0	3	3	3	1	0	0	3	19
Communication	0	2	1	0	0	0	1	0	2	1	0	1	8
Laboratory/Specimen	1	0	3	0	0	0	2	0	0	0	0	0	6
Medical Devices/Equipment	0	0	1	0	0	1	0	2	0	1	0	0	5
Medication - Administration	1	1	1	0	1	0	2	2	1	0	1	3	13
Medication - Dispensing/Supply	0	0	2	0	0	0	0	0	1	0	1	0	4
Medication - Monitoring	0	0	0	0	0	0	1	1	0	0	0	0	2
Medication - Patient Induced	0	0	0	0	0	0	0	0	1	0	0	0	1
Medication - Prescribing	0	1	0	0	0	0	0	1	0	0	0	0	2
Patient Observations	0	0	0	0	1	0	0	1	0	0	0	0	2
Pressure Ulcer Care	1	4	0	1	4	2	2	1	0	0	4	1	20
Self Harm	0	0	0	0	0	1	0	2	0	0	0	1	4
Suicide	0	0	0	0	1	0	1	0	1	0	1	1	5
Treatment Problem	1	0	0	1	0	0	1	2	0	1	0	0	6
Other Incidents	4	1	5	2	5	3	5	3	5	4	4	5	46
Total	9	10	14	7	12	10	18	18	12	7	12	16	145

4. Clinical Effectiveness

4.1 Pharmacy technician support of medicine stock management within care homes.

4.2 Monitoring of GP and other non-medical prescriber prescribing data to ensure safe and effective prescribing.

4.3 Cluster work reviewing appropriate antibiotic prescribing is ongoing.

4.4 The introduction of SMS text reminders in the CAMHS service, as well as raising awareness of missed appointments rates has resulted in the did not attend (DNA) rate in West Dunbartonshire averaging 10% over the last 6 months, below the national average of 11%.

4.5 The Community Children's Nursing (CCN) team are continuing to streamline the Down's Syndrome Pathway.

4.6 Band 5 nurses are now working across all Specialist Children's Services Nursing pathways.

4.7 The MSK Physiotherapy Service now has their outcome measures included into their IT system to measure impact of the physiotherapy intervention. Pain, function, work status, age, body part, number of treatments, health improvement activity and discharge outcome are all recorded and collated into a service dashboard.

4.8 Within the Diabetic Retinal Screening Service staff are able to highlight cases requiring urgent grading so there are no delays in reporting and onward referral of urgent cases. In total, 1,910 diabetic patients (4.2%) were referred to ophthalmology.

4.9 Adult Community Mental Health Teams (CMHT) have introduced a Multi-Disciplinary group supervision session for staff who provide psychological therapies such as Behavioural Activation, phase 1 trauma work. This offers staff a chance to share skills and experiences and develop psychological formulations as a group.

4.10 Community Mental Health Teams have developed changes to their referral, allocation and patient communication processes. Initial results demonstrate that we have reduced our first appointment non-attendance by 17%.

4.11 Our Mental Health Crisis Team have been trained in and have implemented Interpersonal Psychotherapy for Acute Crisis model of therapy (IPT-AC). This care model is aimed at decreasing the risk of self-harm and suicide in our patient group following assessment. This is part of a wider commitment to introducing the Interpersonal Psychotherapy (IPT) intervention "Prospect" model across all Community Mental Health Teams.

4.12 Following a review of local Acquired Brain Injury (ABI) service provision, the post of qualified ABI Rehabilitation Worker was created to increase the capacity of the team to provide social and cognitive rehabilitation within the community setting to people affected by brain injuries. This member of staff provides bespoke rehabilitation programmes to individuals and has been successful in extending the health and wellbeing activities of the BIEN survivor group. They have also completed training in delivering low level Psychology interventions and assessments, and are now providing these: Behaviour Activation, SPIRIT, and Addenbrooke's assessments.

4.13 The appointment of a Cognitive Behavioural Therapist into the Addictions Service has improved access to psychological therapies and has reduced waiting times. Additional Health Care Support Workers provide an opportunity to develop outreach programmes to engage and retain vulnerable people with alcohol and drug use in care and treatment and target our most complex population within West Dunbartonshire.

4.14 The "red bag" initiative has been rolled out throughout all the residential and nursing homes within the HSCP including the independent sector. This initiative improves communication between care homes and hospitals as the resident's standardised paperwork and their medication, as well as day-of-discharge clothes and other personal items are included. It has resulted in shorter hospital stays and hospital staff having access to all necessary information from the minute of admission.

4.15 There has been engagement with leisure services and the local college to develop a selection of exercise classes and arts & crafts sessions within sheltered housing complexes, with the added value of encouraging people from surrounding areas to become involved. Inter-generational activities regularly take place within complexes, and pupils from local primary schools regularly visit sheltered housing clients to carry out paired reading, helping develop the children's reading skills.

4.16 Between April 2018 and March 2019 the District Nursing Service consistently achieved 99 -100% in the monthly record keeping audit of the Community Nursing System. The service is also monitored monthly to ensure compliance with the Multidisciplinary Universal Screening Tool (MUST), Pressure Ulcer Prevention and Catheter Acquired Urinary Tract Infections with regular compliance of over 90%.

5 Clinical Governance Arrangements

5.1 The role of the Clinical & Care Governance Group is to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, professional registration and validation, learning, continuous improvement and inspection activity.

Specifically the group is responsible for the following:

- Providing assurance to the Health & Social Care Partnership Board, the Council and NHS, via the Chief Officer, that the Professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place;
- Reviewing significant and adverse events and ensure learning is applied;
- Supporting staff in continuously improving the quality and safety of care;
- Ensuring that service user / patient views on their health and care experiences are actively sought and listened to by services;
- Creating a culture of quality improvement and ensuring that this is embedded in the organisation.

5.2 The group is currently chaired by the Chief Officer in the absence of a Clinical Director and the membership includes Chief Social Work Officer, Chief Nurse, Lead Allied Health Professional, Pharmacy Lead, representation of staff from all services and NHSGG&C Clinical Effectiveness representative.

5.3 The group meets on a bi-monthly basis and the agenda is structured to cover the areas of:

- Professional Leadership / Standards including registration and practice assurance;
- Improvement Activity including self-evaluation and clinical governance actions;
- Service Care Group Activity;
- Patient / Service User views including complaints, surveys and feedback;
- Quality and safety of care including public protection, inspections and contract monitoring;
- Review of significant and adverse events.

5.4 The agenda closely aligns to NHSGG&C clinical governance toolkit but reflects the inclusion of social care within an integrated partnership.

5.5 The group provides a regular exception reports to the Primary Care and Community Clinical Governance Forum (PCCCGF) to ensure that local governance issues and learning are shared more widely across all primary care as appropriate. The PCCCGF then provides its own report to the Board wide Clinical Governance meeting.

6 Exemplar Case Studies

Case Study 1: Activity Assistants

New posts of Activity Assistant were introduced to Crosslet Residential Nursing Home. The aim was for them to develop a wide programme of activities that would improve the health and wellbeing of the residents within this home, incorporating socialisation amongst residents and improving cognitive, physical, spiritual and emotional wellbeing. These activities include gardening, arts & crafts, reminiscing and music therapy.

Intergenerational work with Braehead Primary School established a “pen pal” scheme. The children enjoyed writing to the residents and the residents loved getting the letters and writing back. This progressed to the children getting involved in joint vitality groups where residents and the school children exercised together on a weekly basis. These sessions were well attended and residents were keen to participate along with the children. Their wellbeing has improved as they tried to show off in front of the children and even got a little competitive. The children got involved in making a short documentary about dementia friendly walking with the residents and encourage walking activities for them. Sharing stories with each other on topics including World War 2, school days and their lives outside of school has benefitted everybody.

Links with Brucehill Nursery concentrated on fine motor skill activities for both the residents and children. The arts & crafts activities resulted in the creation of a beautiful artwork that displayed both the residents and children’s hands. This was framed and put on display depicting the link to both centres. Residents have reported that they love the young children coming into visit and helping them with arts & crafts and gardening.

The Activity Assistants have encourage residents to attend Alzheimer’s Scotland Choir and they will be filmed by the BBC singing for the Scottish Ballet 50th anniversary, Make a Wish, on the 5th June.

Feedback from residents:

“the children coming in makes me feel young again”

“I love getting the letters from the school children”

The Activity Assistants were recognised by West Dunbartonshire Council staff awards for their excellent team work and the outcomes achieved by residents. Work is ongoing to look for new opportunities to continue this excellent work.

Case Study 2: District Nurses & Residential Care Home Staff

The District Nursing Service has worked collaboratively with West Dunbartonshire HSCP Residential Care Home staff to develop and deliver education sessions within one of the Care Homes. The aim was to support the delivery of standardised care which is evidence based and therefore ensures a high standard of person centred care to residents. These sessions are also attended by Care at Home organisers to allow them to offer prompt and appropriate advice to Care at Home staff when they alert them to potential issues when visiting clients.

Topics covered in the sessions include:

- Sepsis
- Catheter care
- Stoma and bowel care
- Pressure area management.
- Management of skin tears

The number of calls from the care home and from Care at Home staff to the District Nurse Service have been measured prior to the training starting and are due to be measured again next month now that the training has taken place.

Feedback from staff attending the training:

"very informative session, it will benefit the mobile attendants and sheltered housing supervisors"

" I have an increased awareness of sepsis and would have more confidence to support Care at Home staff with concerns about clients"

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Health and Social Care Partnership Board: 7th August 2018

Subject: Thematic review of self-directed support in Scotland; West Dunbartonshire local partnership report

1. Purpose

1.1 To present the Partnership Board with the Report from the Care Inspectorate Thematic Review of self-directed support in Scotland; and the West Dunbartonshire local partnership report.

2. Recommendations

2.1 The Partnership Board is recommended:

- to note the content of the Report;
- to note the Improvement Plan which has been shared with the Care Inspectorate;
- seek regular reporting on the local response to the recommendations within the Report.

3. Background

3.1 Self-directed support: A National Strategy for Scotland was published in October 2010. This was a 10-year strategy which set the agenda for self-directed support in Scotland. The subsequent Social Care (Self-directed Support) (Scotland) Act 2013 was implemented on 1 April 2014. The strategy and legislation were designed to encourage significant changes to how services are provided.

3.2 Public bodies are required to give people more say in decisions about local services and more involvement in designing and delivering them. The fundamental principles of self-directed support are built into the legislation: participation; dignity; involvement; informed choice; and collaboration. Social care should be provided in a way that gives people choice and control over their own lives and which respects and promotes human rights.

3.3 The Care Inspectorate led a thematic review across Scotland jointly with Healthcare Improvement Scotland. The inspection teams included associate assessors with lead roles in self-directed support in partnerships and other organisations across Scotland. West Dunbartonshire's Associate Inspector participated in the review process in two of the Partnership areas out-with West Dunbartonshire.

3.4 The review looked at the implementation of self-directed support in six partnerships across Scotland: East Lothian; East Ayrshire; Shetland; Moray;

South Lanarkshire and West Dunbartonshire. The specific findings from and recommendations for the individual partnerships visited were reported separately to each of the local partnership reports, as well as combined national report reflecting all areas.

3.5 The purpose of the review was to improve our understanding of the implementation of self-directed support to support improvement in the delivery of this important agenda in Scotland. The Care Inspectorate were seeking to find out if the principles and values of self-directed support were being met and delivering positive personal outcomes.

3.6 The review process followed a similar approach to strategic inspection; using on-line surveys for staff, providers and those receiving services; self-evaluation from the Partnership; case file audit of 60 cases of those receiving services; focus groups with carers and providers; focus groups with HSCP staff and meetings with the senior leadership of the HSCP and West Dunbartonshire Council.

3.7 The review process was focused on the specified themes and subsequently the report presented the Care Inspectorate findings, evaluations and recommendations based on these themes:

- Key performance outcomes
- Getting support at the right time
- Impact on staff
- Delivery of key processes
- Policy development and plans to support improvement in services
- Management and support of staff
- Leadership and direction that promotes partnership.

3.8 Prior to the review process, West Dunbartonshire has undertaken a review of the approach to the delivery of Self Directed Support. A social worker was seconded into the Planning and Improvement Team to refresh the Care Manager Guidance; develop a Continuous Development tool for care managers and review the assessment tools to ensure a focus on choice and control for those assessed as needing support. Inspectors were made aware of these changes as part of the review process and were keen to ensure that the changes in approach would be supported by the Partnership.

4. Main Issues

4.1 Whilst inspectors recorded that staff worked hard and were committed to the delivery of person-centred and person-focused services; and that staff had a sound understanding of how to support people to achieve positive outcomes, a truly asset-based approach was only consistently evident in learning disability services and acquired brain injury services. And as such inspectors wished to see the approach well embedded across all service areas.

4.2 Inspectors recognised the third sector processes for public information was well developed including the award winning CVS Link-Up and Carers of West

Dunbartonshire's focus on carer specific SDS information; however there is a need for the HSCP to develop and extend access to information in more formats and within more community settings. The HSCP has committed as part of the improvement support for self-directed support to undertake a review of public information available.

4.3 Inspectors reported that staff spoke confidently and demonstrated a basic broad knowledge about the principles and values of self-directed support and how they could apply these within their work; however it was felt that not all staff were confident in using asset-based approaches in practice. As previously noted, staff from learning disability services and those working in the acquired brain injury service demonstrated a sense of confidence and competence in relation to self-directed support principles and had the frameworks in place within their services to be able to carry out the principles in practice.

4.4 As part of the process of file reading, inspectors found a predominance of practice and recording which was not in keeping with a self-directed support approach. However it was recognised that the HSCP had recognised this and was moving in a direction that advocated the use of asset-based and outcomes focussed approaches. It was laying the foundations for changes in assessment and recording that would support this.

4.5 Inspectors recognised that there was an increasing awareness of the issues and the gaps in the partnership's current provision and a recognition that their commissioning direction needed to change. Steps have been taken to increase the range of providers available and for provision to be more in line with self-directed support.

4.6 Inspectors recognised that there had been a strong focus on self-directed support awareness raising and training in the early years of self-directed support. The HSCP had delivered training to staff across social work, health and the third sector in 2014. This included creating champions or peer mentors, however there was a recognition from the HSCP that there is a requirement to refresh this using the updated guidance and assessment tools.

4.7 As part of the engagement with the senior leadership team, inspectors noted that the new members of the senior management team were committed to ensuring that self-directed support would be a significant and central activity for the whole health and social care partnership. Inspectors reported that senior leaders have an opportunity to start a cultural shift in how they approached the delivery of all of their services; seeking to develop a common understanding and direction around self-directed support across all partners including external providers.

4.8 The HSCP SMT has established an SDS Programme Board to oversee the delivery of the local Improvement Plan and to provide a focus and monitoring processes for the delivery of SDS. The group is chaired by the Chief Social

Work Officer with representation from service managers across all operational services; managers from finance and planning and third sector partners.

4.9 In addition, the SMT have identified dedicated Senior Manager resource to support the SDS Programme Board and the delivery of the Plan. Regular reports will be provided to SMT on progress and to the Care Inspectorate to reassure on the progress against their recommendations.

5. People Implications

5.1 No specific implications associated with this report.

6. Financial and Procurement Implications

6.1 No specific implications associated with this report.

7. Risk Analysis

7.1 The HSCP Partnership Board has a duty to implement recommendations from Care Inspectorate therefore there is an organisational risk for the HSCP if actions are not undertaken.

8. Equalities Impact Assessment (EIA)

8.1 No specific implications associated within this report.

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 with partners in the development of the Improvement Plan and this reflects ongoing participation and engagement to update activities and programmes of work.

11. Strategic Assessment

11.1 The Strategic 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: 17th July 2019

Person to Contact:	Wendy Jack wendy.jack@west-dunbarton.gov.uk 01389 776864
Designation	Interim Head of Strategy, Planning & Health Improvement, Aurora House, Clydebank
Appendices:	Thematic review of self-directed support in Scotland; West Dunbartonshire local partnership report HSCP Improvement Plan for Care Inspectorate Self Directed Support
Background Papers:	
Wards Affected:	All council Wards.

Tasks	Resources	Issues/comments	Timescale	Complete

2. SUPPORTED PEOPLE EXPERIENCE POSITIVE PERSONAL OUTCOMES THROUGH THE IMPLEMENTATION OF SELF-DIRECTED SUPPORT

CARE INSPECTORATE RECOMMENDATIONS The partnership should seek to ensure that supported people across all service groups and all unpaid carers consistently experience positive personal outcomes and take action to ensure that it is able to record, measure and report on these The partnership should take steps to analyse and understand its local and national performance information and use this to inform and drive improvement in Self-directed Support.				
Pilot refreshed asset based SDS Assessment Tool (records good conversations and measures personal outcomes)	Chief Social Work Officer Assessors from across adult, older people, learning disability and mental health services Carers of West Dunbartonshire	SDS assessment tool is asset based, identifies individual budgets, measures personal outcomes, embedded in all services	Pilot to be completed by August 2019 New SDS Care Manager Guidance has been agreed by Senior Management Team. New SDS assessment tool has been developed with Operational Managers and Integrated Operations Managers based on SDS and ACP to support a person centred assessment based on outcomes and wider social supports. This has been agreed by SMT for piloting and roll out. Work is underway with Carers of WD linked to procurement of services including support for carers seeking SDS options.	To be piloted July – August 19 To be rolled out by November 2019 across all adult services.
As part of the pilot – collate and report to SMT on numbers of people with personal outcomes	Chief Social Work Officer Assessors from across	Performance team from CareFirst recordings can collate and report figures to	Pilot to be completed by August 2019 Recording using the new assessment tool will provide information on personal outcomes as	Monthly reporting will begin during August using

Tasks	Resources	Issues/comments	Timescale	Complete
	adult, older people, learning disability and mental health services	monthly SMT during the pilot period	well as improved data linked to choice and control within the SDS options.	data from the pilot and use of new assessment tool.
Work with Advocacy Services, Shop-Mobility and Carers of West Dunbartonshire to establish a service user SDS experience focus group	Public Involvement officer	Establish focus group. Work-plan to include how to include them in SDS development, increasing innovative options, and identification and reporting on improving outcomes.	Group to be established by August 2019. Work is already underway with partners who have been able to access independent funds to support good and accurate local information on SDS. HSCP and partner agency SDS workers have established bi-monthly meetings to share information and ensure collaborative working. Partners have established a local group of service users as a reference group for SDS across all partners. There is an established programme of awareness and training for local people delivered by third sector partners.	Work stream established and ongoing with partners.
Complete an audit of personal outcomes as part of the case file audit process	Chief Social Work Officer Public Protection Co-ordinator	As part of the ongoing case file audit process across all adult services include an audit of outcomes	Quarterly reporting to SMT from May 2019. A review of case file audit tool underway using the learning from the SDS Review process; this is informing audit in response to SDS as well as public protection within an SDS context.	Work underway by the Public Protection Co-ordinator as part of the local audit

Tasks	Resources	Issues/comments	Timescale	Complete
		Involve all services in audit Adapt case file audit template to measure SDS processes and outcomes.		processes.
As part of the pilot – collate and report to SMT on numbers of people accessing all four options of SDS	Assessors from across adult, older people, learning disability and mental health services Performance Team	All assessments include discussions linked to four options of SDS and recorded on CareFirst. Quarterly reporting from Performance Team to SMT on %age of adults using direct payments or personalised budgets to identify change and progress.	Quarterly reporting to SMT from May 2019. Recording using the new assessment tool will provide information on personal outcomes as well as improved data linked to choice and control within the SDS options.	Monthly reporting will begin during August using data from the pilot and use of new assessment tool.

Tasks	Resources	Issues/comments	Timescale	Complete

3. SUPPORTED PEOPLE ARE EMPOWERED AND HAVE CHOICE AND CONTROL OVER THEIR SOCIAL CARE AND SUPPORT

CARE INSPECTORATE RECOMMENDATIONS The partnership should develop appropriate pathways for individuals to access advocacy and/or independent brokerage if and when they need it to support decision-making around Self-directed Support options, choice and control. Where people are signposted to early intervention and preventative services the partnership should take steps to measure the effectiveness of these supports in reducing the need for more formal services and supports.				
Work with all advocacy services, Shop-Mobility and Carers of West Dunbartonshire to establish a service user SDS experience focus group	Public Involvement officer	Establish focus group Work-plan to include how to include them in SDS development, increasing innovative options, and identification and reporting on improving outcomes	Group to be established by August 2019. Work is already underway with partners who have been able to access independent funds to support good and accurate local information on SDS. HSCP and partner agency SDS workers have established bi-monthly meetings to share information and ensure collaborative working. Partners have established a local group of service users as a reference group for SDS across all partners. There is an established programme of awareness and training for local people delivered by third sector partners.	Work stream established and ongoing with partners.
Review commissioned services linked to advocacy to ensure fit for purpose	WDC Procurement team	Reviewing the current commissioned services will ensure	Review to be completed by September 2019 HSCP commissioners are working with WDC	Work stream is underway with Council's

Tasks	Resources	Issues/comments	Timescale	Complete
	Mental Health Integrated Operations Manager.	advocacy is available across all service areas Work with all advocacy services to widen their eligibility criteria.	Procurement colleagues to review contracting arrangements within the Procurement Pipeline to ensure Best Value and effective access to advocacy services across all service areas within the HSCP.	procurement.
Details of signposting to be recordable within the SDS assessment.	Integrated Operations Managers across all adult services Information Team	Integrated Operations Managers agree how this will be recorded and ensure within the SDS assessment. Develop reportable signposting questions within initial contact forms; details as to who, when and where individuals are signposted and how this is recorded within CareFirst. Details of signposting are reportable to ensure measurement of effectiveness of signposting.	To be recordable by September 2019. As part of the new SDS assessment tool there is a specific pathway for assessors to record where a client is signposted; this also includes specific recording within care at home services where clients are referred directly to LinkUp (local co-productive adult and older people advice and signposting service).	Work stream established and ongoing with partners.

Tasks	Resources	Issues/comments	Timescale	Complete
Review SDS information on HSCP website and create consistent community information	Planning and Improvement Manager Carers of West Dunbartonshire Shop-mobility CVS	Develop easily shared and accessible information with partners.	Review to be completed by September 2019. As part of the development of HSCP web-migration of the website; all information is being reviewed. This information is being duplicated within the NHS Inform Scotland National Directory to ensure consistency of information and messages across West Dunbartonshire and beyond. As part of the work with local partners there is a review of all SDS public information; reflects the training and awareness programme with local people.	Work stream established and ongoing with partners.
Ensure all assessors and care managers have knowledge of LinkUp and wider community supports	All staff across adult, older people, learning disability and mental health services Public Protection Co-ordinator CVS Third Sector interface	Survey use of alternative community supports as part of casefile audit process	To be reportable by September 2019. As part of the new SDS assessment tool there is a specific pathway for assessors to record where a client is signposted; this also includes specific recording within care at home services where clients are referred directly to LinkUp (local co-productive adult and older people advice and signposting service). As part of the work with local partners there is a review of all SDS public information; reflects the training and awareness programme with local people.	Work stream established and ongoing with partners.

Tasks	Resources	Issues/comments	Timescale	Complete
Work with Third Sector to ensure communities have wide range of information available to them about community supports and on developing peer advocacy and independent brokerage	Planning and Improvement Manager Carers of West Dunbartonshire Shop-mobility CVS	Work with Third Sector to inform workers about community supports and survey workers about their use of community supports. Development of co-productive peer advocacy Development of independent brokerage.	Review to be completed by September 2019. As part of the new SDS assessment tool there is a specific pathway for assessors to record where a client is signposted; this also includes specific recording within care at home services where clients are referred directly to LinkUp (local co-productive adult and older people advice and signposting service). As part of the work with local partners there is a review of all SDS public information; reflects the training and awareness programme with local people.	Work stream established and ongoing with partners.
Work with Advocacy Services, Shop-Mobility and Carers of West Dunbartonshire to establish a service user SDS experience focus group	Public Involvement officer Carers of West Dunbartonshire Shop-mobility CVS	Establish focus group Work with service users and those with lived experience to measure quality and frequency of signposting and the ongoing access to early intervention and informal supports Establish “secret shopper” approach to SDS signposting	Group to be established by August 2019. Work is already underway with partners who have been able to access independent funds to support good and accurate local information on SDS. HSCP and partner agency SDS workers have established bi-monthly meetings to share information and ensure collaborative working. Partners have established a local group of service users as a reference group for SDS across all partners. There is an established programme of awareness and training for	Work stream established and ongoing with partners.

Tasks	Resources	Issues/comments	Timescale	Complete
			local people delivered by third sector partners.	

4. STAFF FEEL CONFIDENT, COMPETENT AND MOTIVATED TO PRACTICE IN AN OUTCOME FOCUSSED AND PERSON LED WAY

Care Inspectorate Recommendations The partnership should take action to measure the impact of learning and development and practice processes on staff competence, confidence and motivation.				
Social work assessors to use Social Work Forum to develop their SDS CPD	Public Protection Co-ordinator	Monitored through supervision/Be the Best conversations and practice groups All practice groups include SDS CPD	To be reportable by September 2019	
Additional SDS programme of training around asset based approaches	Self Directed Services support workers SDS Policy Officer	Training offered to each service area via Integrated Operation Managers.	Training to be delivered May – July 2019 A working group of CSWO and senior managers from across the HSCP has been established to oversee the delivery of this Plan, oversight of the pilot and oversight of the delivery of training across all service areas. A workshop has been agreed for 8th July to begin the training programme with Integrated	Work stream established and ongoing.

Tasks	Resources	Issues/comments	Timescale	Complete
			Operational Managers.	
Review Area Resource Groups across all areas of practice to ensure processes to include financial assessments, planning and commissioning	Chief Social Work Officer Integrated Operations Managers Procurement Team	Review ARG processes within Adults/Older people; learning disability; mental health and addictions.	Completed by January 2020.	
Embed SDS within individual supervision/Be the Best conversations/TURAS	All Managers from Integrated Operations Managers to senior social workers	Develop assessors skills through supervision and identified training needs	To be reportable by August 2019. A workshop has been agreed for 8th July to begin the training programme with Integrated Operational Managers.	Work stream established and ongoing.

Tasks	Resources	Issues/comments	Timescale	Complete

5. KEY PROCESSES AND SYSTEMS CREATE CONDITIONS THAT ENABLE SUPPORTED PEOPLE TO HAVE CHOICE AND CONTROL

CARE INSPECTORATE RECOMMENDATIONS The partnership should embed a Self-directed Support ethos and approach across all key processes and systems. It should progress the planned changes to tools and processes and to the business system to ensure these support asset-based and outcomes focussed practice. The partnership should ensure that they can demonstrate that good decisions are made in relation to positive risk taking. This should be monitored and evaluated to inform ongoing risk management and risk enablement. The partnership should ensure that supported people are better informed about and more involved in key processes regarding their support.				
Embed new SDS assessment process following pilot	All Managers from Integrated Operational Managers to senior social workers / AHPs/ clinicians	New assessment tool rolled out to all adult teams	Completed by November 2019	Work stream established and ongoing.
Regular reports on new SDS assessment in place on Carefirst for reporting	Information Team	Monitor and evaluate assets based assessments Record good conversations Evaluate ASP risk assessment tool for SDS	Completed by November 2019 New SDS Care Manager Guidance has been agreed by Senior Management Team. New SDS assessment tool has been developed with Operational Managers and Integrated Operations Managers based on SDS and ACP to support a person centred assessment based on outcomes and wider social supports. This has been agreed by SMT for piloting and roll out. Work is underway with Carers of WD linked to	Work stream established and ongoing.

Tasks	Resources	Issues/comments	Timescale	Complete
			procurement of services including support for carers seeking SDS options. A newly draft Contributions Policy is being developed which references the Carers' Act and updates the HSCP approach to SDS and charging.	
Review Area Resource Group processes	Integrated Operations Managers from all services	Review and streamline processes in line with commissioning and procurement as well as co-production and sign posting.	Completed by January 2020	
Develop new case file audit template which incorporates SDS	Public Protection Co-ordinator	Review case file audit template and monitor and evaluate risk assessment and management plans	New template in place August 2019. A review of case file audit tool underway using the learning from the SDS Review process; this is informing audit in response to SDS as well as public protection within an SDS context.	Work stream established and ongoing.
As above focus group and local engagement groups to develop and evaluate impact of new approach to SDS	Planning and Improvement Team	Review how people engage in planning their own support Inform people about SDS processes	Evaluation of new approach completed by April 2020 HSCP and partner agency SDS workers have established bi-monthly meetings to share information and ensure collaborative working.	Work stream established and ongoing.

Tasks	Resources	Issues/comments	Timescale	Complete
			Partners have established a local group of service users as a reference group for SDS across all partners. There is an established programme of awareness and training for local people delivered by third sector partners.	
As above develop CPD training on SDS approaches	Chief Social Work Officer Integrated Operations Managers across all adult services	Include positive risk taking Include asset based approaches Include SMART and personal outcomes training.	Evaluation of new approach completed by April 2020.	
Use supervision to develop workers skills in attending ARGs	Chief Social Work Officer Integrated Operations Managers across all adult services	Embed SDS within supervision process.	In place by September 2019.	
Work with Carers Centre to review carers support plans	Carers of West Dunbartonshire	Report on numbers, outcomes and reviewing of plans.	In place by March 2019. Carers assessment are already reporting as part of the Carers' Census. Work is underway with Carers of WD linked to procurement of services including support for	

Tasks	Resources	Issues/comments	Timescale	Complete
			carers seeking SDS options.	

Tasks	Resources	Issues/comments	Timescale	Complete

6. THE PARTNERSHIP COMMISSIONS SERVICES THAT ENSURE SUPPORTED PEOPLE HAVE A RANGE OF CHOICE AND CONTROL OVER THEIR SOCIAL CARE AND SUPPORT.

CARE INSPECTORATE RECOMMENDATIONS The partnership should engage with supported people, carers and frontline staff to inform the development of new models of care focussed on delivering positive outcomes. The partnership should take steps to increase local choice of provider and flexibility in the delivery of services to ensure people have genuine choice and control over how their support is delivered.				
HSCP Board report on progress to refresh SDS approach	Chief Social Work Officer	Progress on activities outlined above	Presented HSCP Board November 2019	
HSCP Commissioning Plan developed in partnership with partners	Planning and Improvement Team	Commissioning Plan aligned to Strategic Plan	Plan to be presented HSCP Board August 2019. A draft Plan is with SMT for discussion and agreement.	Work stream established and ongoing.
Commissioning Consortium reviewed to better consider SDS with Third and independent sectors	Planning and Improvement Team	Commissioning Consortium commitment to quarterly meetings with partners Increase range of service providers alongside Council Procurement Team	Presented HSCP Board November 2019 HSCP and partner agency SDS workers have established bi-monthly meetings to share information and ensure collaborative working. Partners have established a local group of service users as a reference group for SDS across all partners. There is an established programme of awareness and training for	Work stream established and ongoing.

Tasks	Resources	Issues/comments	Timescale	Complete
			local people delivered by third sector partners.	
As above accurately record SDS options through the new SDS tools	Information Team	SDS assessment tool embedded into CareFirst for ease of recording and reporting.	In place by November 2019	Work stream established and ongoing.

Tasks	Resources	Issues/comments	Timescale	Complete

7. THE PARTNERSHIP EMPOWERS AND SUPPORTS STAFF TO DEVELOP AND EXERCISE APPROPRIATE SKILLS AND KNOWLEDGE.

Care Inspectorate Recommendations The partnership should take a strategic approach to the development and delivery of Self-directed Support training for staff at all levels across the partnership. The partnership should consider the training and development needs of all partners.				
As above embed SDS CPD training for workers	Chief Social Work Officer Self Directed Services Support Workers	Formal training provided for assessors Embed SDS within supervision processes Re-establish SDS Support Workers across all services.	Completed by March 2020. New SDS Care Manager Guidance has been agreed by Senior Management Team. New SDS assessment tool has been developed with Operational Managers and Integrated Operations Managers based on SDS and ACP to support a person centred assessment based on outcomes and wider social supports. This has been agreed by SMT for piloting and roll out.	
Develop SDS training through Third Sector interface	Third Sector Interface Shop-Mobility Carers of West Dunbartonshire	Formal training provided for assessors	Completed by March 2020. HSCP and partner agency SDS workers have established bi-monthly meetings to share information and ensure collaborative working. Partners have established a local group of service users as a reference group for SDS across all partners. There is an established	

Tasks	Resources	Issues/comments	Timescale	Complete
			programme of awareness and training for local people delivered by third sector partners.	

Tasks	Resources	Issues/comments	Timescale	Complete

8. SENIOR LEADERS CREATE CONDITIONS THAT ENABLE SUPPORTED PEOPLE TO EXPERIENCE CHOICE AND CONTROL OVER THEIR SOCIAL CARE AND SUPPORT.

Care Inspectorate Recommendations The partnership should accelerate its progress in embedding Self-directed Support and set clear timelines for full implementation of Self-directed Support across all care groups. The partnership should develop a robust strategic plan for Self-directed Support aligned to its other partnership plans. The strategy should be underpinned by detailed action plans setting out how the partnership intends to fully implement Self-directed Support for all care groups across the partnership.				
Agree action plan for delivery	Chief Social Worker SMT	Action Plan in place for reporting to HSCP Board.	Complete for Audit Committee June 2019	
Accelerate process in embedding SDS	Chief Social Work Officer SMT			
Commissioning Plan in place to reflect SDS and Strategic Plan	SMT Planning and Improvement Team	Strategic Plans- suite of overarching plans – Commissioning Plan, Review of Charging Policy and implementation of Carers Strategy Implement		

Tasks	Resources	Issues/comments	Timescale	Complete
		Commissioning Plan.		

care inspectorate

Thematic review of self-directed support in Scotland

West Dunbartonshire local partnership report

June 2019

HAPPY TO TRANSLATE

Contents

1. About this report

Background

Self-directed support: A National Strategy for Scotland was published in October 2010. This was a 10-year strategy which set the agenda for self-directed support in Scotland. The subsequent Social Care (Self-directed Support) (Scotland) Act 2013 was implemented on 1 April 2014. The strategy and legislation were designed to encourage significant changes to how services are provided. They require public bodies to give people more say in decisions about local services and more involvement in designing and delivering them.

Fundamental principles of self-directed support are built into the legislation: participation; dignity; involvement; informed choice; and collaboration. Further principles of innovation, responsibility and risk enablement were added. Social care should be provided in a way that gives people choice and control over their own lives and which respects and promotes human rights.

The thematic review

This report forms part of a thematic review led by the Care Inspectorate, which was undertaken jointly with Healthcare Improvement Scotland. The inspection teams included associate assessors with lead roles in self-directed support in partnerships and other organisations across Scotland.

The review looked at the implementation of self-directed support in six partnerships across Scotland: East Lothian; East Ayrshire; West Dunbartonshire; Shetland; Moray and South Lanarkshire. The specific findings from and recommendations for the individual partnerships visited are reported separately in these local partnership reports.

As part of the thematic review we have also published an overview report. This sets out the key messages and recommendations from the review. We hope that all partnerships across Scotland and organisations interested in self-directed support will be able to learn from these findings.

The focus of our thematic review

The main purpose of the review was to improve our understanding of the implementation of self-directed support to support improvement in the delivery of this important agenda in Scotland. We sought to find out if the principles and values of self-directed support were being met and delivering positive personal outcomes.

Under this overarching inspection question, we explored the extent to which the partnerships had ensured that:

- people were supported to identify and achieve personal outcomes
- people experienced choice and control
- people felt positive about their engagement with professionals and services
- staff were enabled and empowered to implement self-directed support
- the principles and values of self-directed support were embedded in practice
- there was information, choice and flexibility for people when accessing services.

This local partnership report sets out our findings, evaluations and recommendations against the following themes:

- Key performance outcomes
- Getting support at the right time
- Impact on staff
- Delivery of key processes
- Policy development and plans to support improvement in services
- Management and support of staff
- Leadership and direction that promotes partnership.

Approach to the partnership inspection

To find out how well self-directed support is being implemented in West Dunbartonshire, we gathered the views of staff across social work, health and provider organisations. We carried out an online survey between 27 June and 13 July 2018, aimed at gathering the views of staff in relation to self-directed support. In addition, we worked with partnerships and invited them to coordinate a supported person questionnaire to ensure we got their perspective on how self-directed support had shaped their experiences of receiving services. The survey was completed by 128 staff and the supported person questionnaires were completed by 18 people.

We read the files of 60 supported people who received a social work assessment and subsequent care and support services and 20 files of people who had been signposted to other services at the point of enquiry. During the inspection we met with a further ten supported people and nine unpaid carers to listen to their views about their experiences of services. We also spoke to various staff from a range of agencies who worked directly with supported people and unpaid carers and are very grateful to everyone who talked to us as part of the thematic review of self-directed support.

Staff survey and case file reading analysis

Where we have used figures, we have standardised the terms of quantity so that ‘few’ means up to 15%; ‘less than half’ means 15% up to 50%; ‘the majority’’ means 50% up to 75%; ‘most’ means 75% up to 90%; and ‘almost all’ means 90% or more.

Evaluations

Evaluations are awarded on the basis of a balance of strengths and areas for improvement identified under each quality indicator. The evaluation is not a simple count of strengths and areas for improvement. While each theme within an indicator is important, some may be of more importance to achieving good outcomes for supported people and unpaid carers that they are given more weight than others. Similarly, weaknesses may be found that impact only on a small number of individuals but be so significant, or present such risks, that we give them greater weight. All evaluations are based on a thorough consideration of the evidence.

Definitions

"Self-directed support options" refer to the four self-directed support options under the legislation:

- **Option 1:** The individual or carer chooses and arranges the support and manages the budget as a direct payment.
- **Option 2:** The individual chooses the support and the authority or other organisation arranges the chosen support and manages the budget.
- **Option 3:** The authority chooses and arranges the support.
- **Option 4:** A mixture of options 1, 2 and 3.

'Supported people' or 'people' describes people who use services or supports as well as people acting as unpaid carers for someone else.

'Good conversations' are the conversations that take place between supported people and staff. These conversations allow an understanding to develop of what is important to, and for, supported people on their terms. This allows the identification of desired personal outcomes for the supported person.

'Personal outcomes' are defined as what matters to supported people in terms of the impact or end result of activities. These can be used both to determine and evaluate activity.

'Staff' includes paid staff working across health, social work and social care services; this includes staff from all sectors statutory and third and independent sectors involved directly or indirectly in the provision of advice, care and support.

'Providers' refers to organisations that employ and manage staff in the provision of advice, care and support. These organisations can be from the statutory, third or independent sector.

'The partnership' refers to the integration authority which has statutory responsibilities for developing strategic plans and ensuring that the delivery of the functions delegated to the local authority complies with the integration delivery principles.

‘Independent support’ including independent advocacy is impartial, can take many forms and may be provided by different organisations. It does not involve providing direct care or related tasks; rather, it helps people make informed decisions about self-directed support**.**

2. Key performance outcomes

Supported people experience positive personal outcomes through the implementation of self-directed support

Summary

The available performance data relating to self-directed support for West Dunbartonshire was less positive than the national picture and supported the inspection findings that self-directed support was underdeveloped in this partnership area. There were examples of positive self-directed support approaches achieving good outcomes for people with a learning disability or with acquired brain injury. While these approaches were not as evident across other larger service areas, such as in services for older people, there were still beneficial outcomes for supported people in these services. However, practice in these areas was not yet underpinned by the principles of self-directed support. Current assessment tools did not prompt staff to have or record good conversations and were not focussed on personal outcomes. Carers we met had mixed experiences of their outcomes being met. While the partnership did not have systems in place for measuring and collecting aggregated data on personal outcomes, they were in the early stages of developing an approach to do this.

Evaluation – Adequate

In West Dunbartonshire, we saw that staff worked hard and were committed to the delivery of person-centred and person-focused services. Whilst overall staff had a sound understanding of how to support people to achieve positive outcomes, a truly asset-based approach was only consistently evident in learning disability services and acquired brain injury services. Most of the evidence of supported people experiencing positive personal outcomes through accessing self-directed support options was in these services. In these service areas, self-directed support was relatively well embedded and supported people had more choice and control. We saw some good examples of creative and personalised approaches to meeting personal outcomes.

The majority of people were being supported in line with their needs, wishes and agreed personal plans. The supported person's strengths and assets were considered in just over half of the records we read. This was having a positive impact. However, the outcomes being achieved were through a deficit-led approach to assessment rather than as a result of asset-based, personal outcomes approaches. There was still work to do to ensure that all assessments were outcomes-focused and that practice and processes were underpinned by the principles of self-directed support. There was evidence of poor personal outcomes in 32% of the files we read. Therefore, there was still work to be done by the partnership to identify where poor outcomes were occurring and why.

Unpaid carers we met had mixed experiences of their outcomes being met. The majority of them spoke about having good conversations with staff from the carers

centre and the health and social care partnership (HSCP). However, some described the partnership's responses as primarily reactive rather than proactive or preventative and not outcomes-focused.

The partnership had recently implemented a two-tier carers' assessment tool which had been developed following consultation with carers and carers' organisations. The majority of carers who needed support following assessment had had their needs met primarily by universal services without accessing services through self-directed support. In half of the records we read there was evidence that the assessment had led to improved outcomes. As the implementation of the Carers (Scotland) Act 2016 embeds, it will be important that the partnership is able to demonstrate how carers' outcomes are being improved.

The partnership told us they used a number of tools to measure progress against individual personal outcomes and to monitor the impact and outcomes of support plans. These tools were used in addiction services, children's services and services for people with a learning disability. However, we saw little evidence of the use of outcomes tools or frameworks in practice in the case files we read. Only 2% of the files from these services had evidence of an outcomes tool/framework being used.

The performance data in respect of West Dunbartonshire was less positive than the national picture. The partnership was behind in their progress with self-directed support in relation to other authorities across a range of measures. Nationally the self-directed support implementation rate in 2016/17 was 39%, an increase from 26% in 2015/16. In West Dunbartonshire the rate had remained static from the 2015/16 figure of 3% and continues to remain considerably lower than the national average. The partnership was ranked 28 of all 32 local authorities on the percentage of adults that used direct payments or personalised managed budgets to meet their support needs. It was ranked 32 of all 32 local authorities on the percentage of social care clients who made an informed choice regarding their self-directed support[1]. The partnership was developing a new self-directed support tool which would be able to consistently record how supported people made informed choices about their support and this would enable the partnership to target improvements in performance in a more informed way.

The partnership had not used data to shape and inform the practice and direction of self-directed support and to help improve people's outcomes. We saw that they had been able to use data, including outcome related data, to good effect when looking at, for example, data to support anticipatory care planning and additional preventative support. This approach had not however been extended to self-directed support.

[1] Source: Local Government Benchmarking Framework: Areas of council performance – Adult Social Care Services 2014/15 to 2015/16

At the time of inspection, intelligence on personal outcomes for people could only be checked manually. Information about individual outcomes could be gathered from reviews, supervision and the contracts team, however, this information was not routinely collated and used for improvement.

The partnership was in the early stages of developing an approach to collecting outcome related data. They were developing a new outcomes-focused assessment tool for their recording system Carefirst. This would allow them to interrogate their information system and produce reports on how effectively outcomes are being met.

Recommendation for improvement
The partnership should seek to ensure that supported people across all service groups and all unpaid carers consistently experience positive personal outcomes and take action to ensure that it is able to record, measure and report on these.

Recommendation for improvement
The partnership should take steps to analyse and understand its local and national performance information and use this to inform and drive improvement in self-directed support.

3. Getting support at the right time

Supported people are empowered and have choice and control over their social care and support

Summary

Supported people benefited from the engagement and good conversations they had with staff. The carers centre, Alzheimer Scotland and in particular the direct payment staff had made a positive contribution to informing and advising supported people about self-directed support. There was a comprehensive, well used, award winning telephone advice line for older people in West Dunbartonshire called link up. This service was a good example of co-production and community capacity building. However, information on resources specific to localities was not as widely available within communities as it could have been. We saw evidence of people having choice and control in learning disability services and also for children in transition. The partnership had a single point of access through which they effectively signposted people to community resources. Access to independent advocacy was limited but where it was received this was well regarded and provided for as long as required. There were no systems in place to capture or measure the impact of preventative or early intervention services.

Evaluation – Adequate

The range and quality of information about self-directed support available to the public in West Dunbartonshire was variable. The council website provided easily accessible information about self-directed support. The council also had a Facebook page on self-directed support. There was nothing specifically about self-directed support on the West Dunbartonshire health and social care partnership website. We were told that work was underway to improve the quality of the information on this website.

The carers of West Dunbartonshire organisation had a website offering a range of services such as information, advice, support, training and practical assistance to carers and supported people eligible for self-directed support. The support given was free, confidential and independent. The good life group provided training and advice to supported people and unpaid carers on self-directed support. Alzheimer Scotland also provided good, quality information and advice on supports and self-directed support.

There was a comprehensive, well used, award winning telephone advice line for older people in West Dunbartonshire called link up. This service was run by the partnership along with West Dunbartonshire community and volunteering service. It was widely promoted throughout West Dunbartonshire. This service provided a range of information for older people and signposted people to a range of services and supports in the community. It had been recognised with a care accolade award from the Scottish Social Services Council in 2014, the 2014 self-management project

of the year for the Health and Care Alliance Scotland Awards and in 2015; it received the gold award in the local matters category at the COSLA excellence awards. Link up was a good example of co-production and community capacity building.

There was a need to develop and extend access to information in more formats and within more community settings. As part of their improvement support for self-directed support the partnership had established the self-directed support review group. This group was to look at the provision of public information as part of their review activity. There were no details or any timescales available for this activity at the time of inspection.

There was no evidence that the sources, impact, understanding and value of information given to supported people had been evaluated. Evaluation would give the partnership an awareness of the timeliness and the quality of information being given and any gaps that had to be addressed.

Reflecting the trend we saw throughout the inspection, there were better examples of informed decision making about the four options within specific care groups. Some supported people and unpaid carers spoke positively about the information they were given about the four options and how this influenced their choice of option. There were positive examples of individuals being able to change their chosen option. We saw good practice examples where two physical disability service users were supported to use self-directed support creatively to complete university courses. This included adapting the self-directed support as their needs changed. However, practice was not consistent and many people did not have the same levels of choice and control. Younger supported people in transition and people with learning disabilities had more opportunities for innovative support and had more choice and control than other groups.

The results of a consultation exercise in 2018 with users of local third sector organisations showed a concern about slow progress in the embedding of self-directed support in the West Dunbartonshire area. In June 2018 following this consultation, Clyde shopmobility and West Dunbartonshire community and volunteering service successfully applied to the Inspiring Scotland Support in the Right Direction 2021 fund and secured 36 months funding. The IDEAS project (increasing discussion and encouraging access to self-directed support) was created through this funding to address some of the gaps in progress of self-directed support.

This project had identified a suite of measures to help embed self-directed support and its principles across the partnership. Among these measures were an improvement in information pathways, an increase in the number and availability of published resources about self-directed support and a raising of community awareness of these locally. The IDEAS project was also looking at the creation of a team of peer advocates to support people investigating and potentially accessing self-directed support. Independent brokerage would also be developed through this project. This work was at a very early stage but would go some way to ensuring that self-directed support information was more widespread and comprehensive.

Independent advocacy was only provided in a small proportion of cases. The partnership acknowledged that there were limitations to the extent that people could access independent advocacy. It was predominantly available for statutory interventions for people with mental health problems, a learning disability or acquired brain injury. This impacted upon people, other than those who required statutory support, getting access to advocacy to support good conversations, choice and control at the point of considering self-directed support options. Where advocacy support was provided however, this appeared to be well regarded and effective. The partnership said the use of advocacy services was under review as part of a wider review of commissioning and procurement.

The partnership had a single point of access for adults and older people. Through this they made an initial assessment of the care and support required. People were then signposted to alternative support such as the carers centre or into the formal assessment process from the first point of contact. During file reading we looked at 20 cases that did not progress to a formal assessment and where supported people were signposted to alternative support services. We saw that people were signposted appropriately in the majority of these records.

Self-directed support was not routinely discussed at the first point of contact. From our analysis of records and from speaking with supported people, this was only discussed if a full assessment was then being carried out. The partnership did not capture information about referrals or services provided for those who were signposted to alternative support and did not have any system for evaluating the effectiveness of prevention and early intervention services. It was difficult for the partnership to evidence how these referrals might reduce the need for services funded through personal budgets.

Consideration of investment in the development of community and early intervention services was at an early stage. The partnership recognised that they needed to be more open to the third and independent sector being involved in service development and new models of care.

Staff we spoke with demonstrated some awareness of local informal services. There was no formal directory on informal supports available so individual worker knowledge or local knowledge was relied on. We were told that locality-based directories were being developed to bring together information about early intervention and prevention services.

Recommendation for improvement
The partnership should develop appropriate pathways for individuals to access advocacy and/or independent brokerage if and when they need it to support decision-making around self-directed support options, choice and control.

Recommendation for improvement
Where people are signposted to early intervention and preventative services the partnership should take steps to measure the effectiveness of these supports in reducing the need for more formal services and supports.

4. Impact on staff

Staff feel confident, competent and motivated to practice in an outcome-focussed and person-led way

Summary

While staff spoke confidently and demonstrated a basic broad knowledge about the principles and values of self-directed support and how they could apply these within their work, not all staff were confident in using asset-based approaches in practice. Staff from learning disability services and those working in the acquired brain injury service demonstrated a sense of confidence and competence in relation to self-directed support principles and had the frameworks in place within their services to be able to carry out the principles in practice. Most other staff we spoke with outside of these service groups, said that they were unable to build on their knowledge and become confident in practice because they did not have the supporting framework in place to allow them to do so. There was a lack of communication between service areas to share asset-based approaches in practice. Systems and forums for staff to support and inform an asset-based approach were not used effectively. There were missed opportunities to discuss self-directed support and support improved practice with staff.

Evaluation – Weak

During the course of the inspection, we met with staff at all levels of the partnership, including 11 frontline staff and a similar number of frontline managers. We also received 130 responses to our staff survey. Of these respondents, 48% were employed by the local authority in social work or social care and 43% by the NHS.

Staff felt they had a broad understanding of self-directed support and outcomes-focused practice. They spoke with confidence about the principles of self-directed support, how the four options might work for people and the role of good conversations in facilitating this. In our staff survey, most of the respondents agreed or strongly agreed that staff had positive conversations with people about what mattered to them and the support they needed. However, while they had a sound understanding of self-directed support, less than half of the staff in the survey agreed that they felt confident in delivering self-directed support in practice. A lack of creative options for supported people was given as the primary reason for this. The impact of time constraints was also frequently highlighted. Only slightly more than half of respondents in our staff survey felt they had adequate time and capacity to work in a person-centred way.

Staff acknowledged that self-directed support ethos and practice was more effectively embedded in learning disability and mental health services than older people's services. They felt the creation of a self-directed support team within the learning disability service at the time of the legislation had helped establish and embed the ethos more successfully there than in other areas. Staff felt that there was inconsistency in how self-directed support was applied across the partnership

and that there was little communication and sharing between teams in relation to self-directed support and how to apply the principles in practice.

Most respondents to our staff survey agreed that they were encouraged and enabled to exercise professional autonomy. However, staff we met felt they would benefit from greater autonomy in decision making processes in relation to self-directed support. The decision-making processes following assessments were widely viewed as challenging. Some staff had not developed the confidence and competence to present to the resource groups. Some staff felt the process for securing approval of service requests was not in keeping with the principles and values of self-directed support and that the focus was more on finance than realising positive outcomes for supported people.

Staff in the partnership who received supervision generally felt supported through their supervision arrangements. In learning disability services however, staff emphasised the role of supervision in encouraging and reinforcing the use of asset-based approaches with supported people. We did not hear about supervision being used like this in other areas of service.

Recommendation for improvement

The partnership should take action to measure the impact of learning and development and practice processes on staff competence, confidence and motivation.

5. Delivery of key processes

Key processes and systems create conditions that enable supported people to have choice and control

Summary

File reading showed a predominance of practice and recording which was not in keeping with a self-directed support approach. The partnership recognised this and was moving in a direction that advocated the use of asset-based and outcomes-focussed approaches. It was laying the foundations for changes in assessment and recording that would support this. New assessment documentation was at the point of being piloted and the business system was being developed to support self-directed support practice. Positive risk taking and protection were appropriately considered during assessment processes in the majority of records looked at. While there were no significant delays in people getting an assessment, there were sometimes delays in people accessing services due to the resource allocation process. There was some evidence that the partnership engaged people in planning and feeding back on services. There was no evidence that they actively monitored, evaluated or sought feedback on the co-production of assessments. The impact of employing asset-based approaches was not routinely captured making it difficult to accurately assess the benefit of using such approaches.

Evaluation: Weak

The assessment formats and templates that were being used across services in the partnership were not effective in supporting a personalised outcomes approach. The single shared assessment format was deficit-led and not reflective of good conversations that may have taken place. Just over half of the personal plans we looked at were not comprehensive and were not SMART (Specific, Measurable, Achievable, Realistic and Time-bound). There were no contingency arrangements in just over half of the records we read.

The partnership had recognised these gaps and had drafted a new assessment format to support an outcomes-focused approach. This format was in line with self-directed support values and principles. Assessment and other supporting tools such as care planning and review documentation also being developed at the time of inspection supported an asset-based approach. This documentation was to become operational at the end of 2018 and rolled out across all service areas.

The partnership did not monitor and evaluate how well or how meaningfully people engaged in planning their own support. The Carefirst recording system was highlighted by frontline staff as being unable to capture how people's strengths and assets could be used as alternatives to formal services and supports. The impact of employing asset-based approaches, where these were used in practice, was therefore not routinely captured making it difficult to accurately quantify the benefit of using such approaches.

In most of the files we read, appropriate consideration was given to looking at supported people taking positive risks as part of the assessment. Most of the staff in our staff survey felt that positive risk taking took place**.** Work was underway to adapt the risk assessment tool used in adult support and protection and modify it into a general risk assessment tool for both adult protection and non-protection risks. The tool had a clear focus on risk enablement and positive risk taking which the partnership felt was transferable to a self-directed support approach.

The decision-making and resource allocation processes following assessments were widely viewed as challenging. Some staff felt the resource allocation process was more to do with finance than realising positive outcomes for supported people. Other staff were not confident or had not developed the necessary skills to be as confident as they could be when presenting assessments to the various resource groups that had responsibility for allocating resources. This meant that assessments and service requests considered by the resource group were occasionally declined by the group or put on hold pending further information. This led to delays in assessed needs being met. Our review of case records showed no evidence of unreasonable delay in supported people getting an assessment. However, we heard from some supported people about delays at times in getting services following assessment.

When we spoke to supported people and to frontline staff it was evident that supported people had a limited understanding of what happened during the resource group process. Supported people were not involved in meetings to agree service requests and relied on feedback from their allocated care manager. We did not see where supported people had influenced their care packages. This lack of involvement of supported people did not support a transparent approach to systems and processes and impacted on people's experience of control.

While the carers centre was seen as positive, carers told us their experience was that it was so busy the centre could only manage new referrals and was unable to review existing carer support plans. There was a risk that without review, carers needs would not continue to be met.

Recommendation for improvement
The partnership should embed a self-directed support ethos and approach across all key processes and systems. It should progress the planned changes to tools and processes and to the business system to ensure these support asset-based and outcomes-focused practice.

Recommendation for improvement
The partnership should ensure that they can demonstrate that good decisions are made in relation to positive risk taking. This should be monitored and evaluated to inform ongoing risk management and risk enablement.

Recommendation for improvement
The partnership should ensure that supported people are better informed about and more involved in key processes regarding their support.

6. Policy development and plans to support improvement in services

The partnership commissions services that ensure supported people have a range of choice and control over their social care and support.

Summary

Outcome-focussed commissioning had not been a focus for the partnership. Approaches to support flexibility, choice and control for people using services were at an early stage of development. Commissioning in the partnership was weighted towards traditional services with little evidence of innovation. With most services still provided directly by the council and significant levels of services under block contracts[2] there was little flexibility, choice and control for supported people. We saw some use of spot purchasing resulting in more personalised support for people in learning disability services but not elsewhere. There was an increasing awareness of the issues and the gaps in the partnership's current provision and a recognition that their commissioning direction needed to change. Steps had been taken to increase the range of providers available and for provision to be more in line with self-directed support. Work had started on changing the shape of the market in care at home and respite services. The partnership was in the process of appointing a commissioning manager to bring more focus to their change in direction.

Evaluation: Weak

The services provided in West Dunbartonshire were traditional and not consistent with the principles and values of self-directed support. The chief officer was leading a review and refresh of their approach but this was at an early stage.

The partnership's service delivery was predominantly through block contracts. Partnership staff at all levels recognised that the existing model of block contracts hindered choice and control. There had been some use of spot purchase[3] and this was supportive of innovation and tailored support for some people. A few examples of this were given in relation to supported people with learning disabilities.

In the partnership, there was still a reliance on council-provided service delivery. Eighty per cent of services were provided directly in this way. Corporate and political decisions in the council had directed the shape of service delivery to a great extent. There had been a commitment to retain as many services as possible within the council as this was seen as a way of supporting local employment. This had restricted innovation and the development of alternative care models. The level of in-house provision for care at home clearly limited choice. In practice, the majority of people had to accept council services. The senior management team felt strongly that a culture change was needed in the provision of services and that this could be done without impacting on the council's commitment to support local employment.

[2] Block contracts are payments made to a provider to deliver a specific, usually broadly defined service

[3] Spot contracts are when a service is purchased by a partnership as and when they are needed for a supported person. They are purchased on an individual basis for a single person.

The partnership had begun to work on shaping the market. There had been a minor shift of some care at home provision to external providers and the partnership was looking at new models of care using reablement. It was also seeking to increase respite provision and the range of respite opportunities. The partnership was keen to encourage small and medium-sized providers and had highlighted this in their market facilitation plan. They recognised that this would give more choice to individuals, increase choice and grow the market. However, there was no clear strategic plan in place for the partnership to continue enabling and growing the market.

The partnership had established a market facilitation consortium which included partners from across the statutory, independent and third sectors. The consortium aimed to make the best use of the resources across local communities. The consortium principles were described as *'*a comprehensive partnership approach across all sectors providing health and social care services; a commitment to provide enhanced delivery of service to individuals and communities and a need to create diversity within the marketplace based on population needs[4]*'.* This initiative was a positive one and borne out of a commitment to partnership working at locality levels. It was, however, not clear how this was to be translated into locality developments. The approach was developed in 2015 and there was little evidence that this approach had resulted in any real diversity within the marketplace. There was no evidence that it had been updated and linked into their strategic needs assessment, strategic plan, commissioning plans or locality planning forums.

While expenditure on self-directed support Options 1 and 2 in the partnership had increased[5], the partnership had a higher percentage of people opting for Option 3 compared with other partnerships. The partnership felt that high satisfaction with the partnership's social care services meant that people were less motivated to take up self-directed support direct payments or individual service funds options. The high number of people choosing Option 3 did not necessarily mean that this was not the right option for them. Within the partnership however, supported people did not necessarily have real choices open to them across all four options. The partnership did not routinely engage supported people or staff in getting feedback after options had been chosen so it was impossible to evidence that people were happy with their option choices.

Commissioning needed to be more creative and responsive. While there was still a requirement for traditional services for some supported people, it was clear that new models of care needed to be explored. Some staff recognised that due to the majority of services being in-house, people were steered towards taking services under Option 3. Staff felt they had ideas to offer about options that would support more innovative service, save money and improve outcomes.

[4] West Dunbartonshire Market Facilitation Consortium Paper September 2015
[5] From 1.39% of the overall adult social care spend in 2013/14 to 2.16% 2017/18

Service managers were very clear about the need to move to an outcome-focussed approach to commissioning. Procurement was predominantly corporately based. While the service managers worked closely with procurement services, there was a task ahead to educate their corporate partners as to what they wanted to achieve as they embedded the self-directed support approach, and how corporate partners could support them in doing this.

The commissioning of services was led by service managers. While all the managers had a good knowledge and understanding of self-directed support this was not reflected in their commissioning practices and the services commissioned. The partnership recognised the issues and risks around the current approach to contracts and commissioning. They were developing a commissioning manager post for the partnership. The partnership stated that this would clarify the responsibilities and roles of strategic commissioning and contract management within the health and social care partnership alongside the council's procurement team. The commissioning manager's role was to consider how primary and secondary health services could support the implementation of self-directed support. The partnership wanted this approach to lead to the embedding of self-directed support across all social care and health planning and ensure that the corporate approaches taken reflected the self-directed support ethos. They hoped this approach would support a streamlined and consistent contract monitoring approach across the partnership.

The Carers (Scotland) Act 2016 places additional demands on the partnership's budgets at a time of continuing financial austerity. The potential implications of the Act, including the financial impact of waiving of charges for carers, had not as yet been fully quantified. Finance staff had some concern about the financial impact of meeting carers' needs via self-directed support. The senior management team members were more confident. At the time of inspection, carers' needs were mostly being met through universal services. There was little use of self-directed support and budgets therefore it was having little financial impact. There was no evidence that the partnership was monitoring services to carers to ensure that needs were being appropriately met or forecasting need for newly commissioned services and ensuring any financial impact from that would be met. A detailed financial plan was to be developed over the next year to ensure a robust financial framework for the delivery of the priorities of the Act. The position of having no eligibility criteria for carers would be reviewed at that point.

The development of the partnership's approach to planning and commissioning services to support flexibility, choice and control was at a very early stage. There was no overarching commissioning plan which explicitly showed the self-directed support improvement actions.

Recommendation for improvement
The partnership should engage with supported people, carers and frontline staff to inform the development of new models of care focussed on delivering positive outcomes.

Recommendation for improvement
The partnership should take steps to increase local choice of provider and flexibility in the delivery of services to ensure people have genuine choice and control over how their support is delivered.

7. Management and support of staff

The partnership empowers and supports staff to develop and exercise appropriate skills and knowledge

Summary

Training, supervision and management support was not being used effectively to promote self-directed support. There had been an investment in training at the time of self-directed support implementation in 2014. This had not been maintained. There was no existing training for current or new staff including those moving into management roles, nor was any training extended to external providers. The partnership had begun to refresh their self-directed support guidance and had begun to develop continuous professional development material. The specifics and timescales for implementing these were unclear.

Evaluation: Weak

There had been a strong focus on self-directed support awareness raising and training in the early years of self-directed support. The partnership had delivered training to staff across social work, health and the third sector in 2014. This included creating champions or peer mentors. The direct payment team was also established at that time to support implementation within the learning disability team. This team was recognised by staff and managers as being knowledgeable and confident in working with supported people and staff around self-directed support.

The self-directed support team and guidance co-produced with the Royal National Institute of Blind People (RNIB) "*My life My choice; A Guide to Planning My Support*" were identified as helpful sources of information about self-directed support and for awareness raising amongst both staff and the wider community.

There was no ongoing training for new or existing staff at frontline and first line management level. There was a need for awareness raising and training about self-directed support to be refreshed and undertaken on an ongoing basis.

The senior management team acknowledged that they need to be confident that all stakeholders, including external providers, are working with a self-directed support ethos but they had no plans to offer any training to the third sector.

The partnership had recently released a practitioner from frontline work to develop new guidance and continuous professional development (CPD) material on self-directed support but there was no clearly articulated work plan to deliver the material.

Supervision for social work staff took place routinely on a six-weekly basis, with case file audits on a quarterly basis. Staff had the opportunity to attend practitioner forums although many staff told us that operational pressures often stopped them from attending. These were potential opportunities for staff to reflect on self-directed support within these forums but there was no evidence to suggest that this was happening.

In older adults' case records we saw that most interventions were positive and person-centred. However, much of this was done from a deficit-led approach to assessment and was process driven. This did not fit with the principles of self-directed support. Training, supervision and management support could have been used more successfully across all service groups to support staff to shift their practice to a more self-directed support, strengths-based approach.

The partnership indicated an intention to develop established practitioner forums and identify champions to get frontline staff more meaningfully engaged in the agenda. They were looking at ways that they could evaluate the effectiveness of these new initiatives.

Recommendation for improvement
The partnership should take a strategic approach to the development and delivery of self-directed support training for staff at all levels across the partnership.

Recommendation for improvement
The partnership should consider the training and development needs of all partners.

8. Leadership and direction that promotes partnership

Senior leaders create conditions that enable supported people to experience choice and control over their social care and support.

Summary

Some staff expressed doubt about the degree to which leaders in the organisation were committed to self-directed support. The senior management team had seen a number of senior staff retire or move onto other promoted posts. This led to a change of leadership. At the time of inspection, there were still temporary positions within this team. This had led to difficulties in driving the changes required to deliver self-directed support and maintaining a consistent approach to its implementation. The partnership's focus on health and social care integration over recent years had diverted their attention away from self-directed support. New members of the senior management team were committed to ensuring that self-directed support would be a significant and central activity for the whole health and social care partnership over the next year. They felt that once all senior managers were in post, they would have the opportunity to start a cultural shift in how they approached the delivery of all of their services. They recognised the need to develop a common understanding and direction around self-directed support across all partners including external providers. They had taken some steps to put the required foundations in place to reinvigorate this agenda. They needed to develop more robust plans to take this forward.

Evaluation: Weak

In the partnership's annual public performance report 2017, there was a large section on self-directed support which reinforced their commitment to meeting the requirements of the self-directed support legislation. The partnership had not yet met the commitments set out in this report.

The newly appointed senior management team articulated a commitment to reinvigorate full implementation of self-directed support. They had taken important initial steps, including the establishment of the self-directed support review group. All service managers were part of this group which demonstrated their commitment and their ownership of the agenda. This group was in the process of producing practitioner guidance during our inspection. The senior management team had overseen early progress on developments in training, tools and processes. Within a relatively short period of time they had also overseen a number of specific actions demonstrating their commitment to change.

Senior managers recognised the limitations in care at home and care home provision in supporting the delivery of self-directed support by the third and independent sector and were keen to develop their partnership with providers. They were developing plans to progress this. They recognised the importance of improving their approach to commissioning and planned a review of procurement and commissioning procedures. They were developing a commissioning manager post to address this.

It was evident that statutory partners across health and social care were starting to look at how they could work together to create a cultural change which would support innovative practice in line with the values and principles of self-directed support. Their stated intention was to use self-directed support as the approach that they would take in delivering all services. To ensure this cultural shift, the senior management team recognised that all leaders across the statutory partnership and all other stakeholders had to be more meaningfully engaged. Health leaders in particular had to be more visible and active in this agenda. A paper on self-directed support had gone to the integration joint board in November 2017. This board needed to be more actively involved in leading and supporting the changes that self-directed support required.

The senior management team recognised that the third and independent sector had to be more fully involved. While this was stated in the market facilitation plan, there were no plans as yet to show how this would be achieved.

While leaders had taken initial steps to progress self-directed support, we saw no overarching plan which brought together all the various improvement actions into one place. We saw no evidence of the use of evaluation and performance information to inform how they moved forward in developing and embedding self-directed support. While the senior management team could articulate their vision about where they needed and wanted to be, there was a lack of robust planning to support this. There were no clear timescales, pathways or plans in place to achieve their vision.

Finance staff had a very good understanding of self-directed support. There were constructive relationships between the senior management team and finance managers. They offered a supportive role to operational services. While driven by best value and the recognition that embedding self-directed support had to be done within the confines of decreasing resources, finance staff were committed to the ethos of self-directed support. They were advocates of transparency and equality of spend across care groups in relation to self-directed support and understood the principles of choice and control. This was important in preparing for the partnership to expand access to self-directed support across all care groups.

To embed self-directed support the partnership recognised that it has to more closely align to other factors such as its charging policy, its eligibility criteria and the implementation of the Carers Act. It had not yet assessed the impact of full implementation of self-directed support on its finances. This was a key risk yet they had not formally logged any identified any risks around this in the partnership risk register.

Staff completing our survey and those we met expressed significant levels of doubt about the degree to which leaders in the organisation were committed to self-directed support and how they facilitated and supported creativity and innovation. Senior managers and leaders were keen to stress their confidence that this perception would change in time, as a result of the changes that had more recently taken place at senior management level. It was too early however to say how effectively this would be progressed.

Recommendation for improvement
The partnership should accelerate its progress in embedding self-directed support and set clear timelines for full implementation of self-directed support across all care groups.

Recommendation for improvement
The partnership should develop a robust strategic plan for self-directed support aligned to its other partnership plans. The strategy should be underpinned by detailed action plans setting out how the partnership intends to fully implement self-directed support for all care groups across the partnership.

Headquarters
Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

Subscribe free for our latest news and updates by email: http://bit.ly/CI-subscribe

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Care Inspectorate Enquiries: 0345 600 9527

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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 Ceremony Room, Clydebank Town Hall, Dumbarton Road, Clydebank on Wednesday 19 June 2019 at 2.05 p.m.

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

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; Claire Andrews, 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); Serena Barnatt, Head of People and Change; Jennifer Ogilvie, Finance Business Partner and Craig Stewart, Committee Officer.

Also Attending: Mr Richard Smith, Senior Audit Manager, and Ms Zahrah Mahmood, Senior Auditor, Audit Scotland.

Apology: An apology for absence was intimated on behalf of Councillor John Mooney.

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 West Dunbartonshire Health & Social Care Partnership Board Audit Committee held on 13 March 2019 were submitted and approved as a correct record.

CHILDREN AND FAMILIES FIELDWORK SERVICES - UPDATE

A report was submitted 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.

After discussion and having heard the Head of Children's Health, Care and Criminal Justice and the Chief Officer in further explanation of the report and in answer to Members' questions, the Committee agreed:-

(1) 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;

(2) to note the terms of the discussion that had taken place in respect of this matter, and approve the proposals being drawn up by officers in relation to the investment of £250,000 across Children and Families and the potential use of general reserves; and

(3) that regular updates would be provided to future meetings of the Committee in relation to this matter.

INTERNAL AUDIT ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2019

A report was submitted by the Chief Internal Auditor providing the Internal Audit Annual Report for the year ended 31 March 2019 which contains an independent opinion on the adequacy and effectiveness of West Dunbartonshire's Health and Social Care Partnership Board's internal control environment that can be used to inform its Governance Statement.

The Committee agreed to note the contents of the report.

LOCAL CODE OF GOOD GOVERNANCE REVIEW AND ANNUAL GOVERNANCE STATEMENT

A report was submitted 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.

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

(1) to note the outcomes of the annual self-evaluation, the issues identified and improvement actions; and

(2) to approve the Annual Governance Statement.

UNAUDITED ANNUAL REPORT AND ACCOUNTS 2018/19

A report was submitted by the Chief Financial Officer seeking approval of the 2018/19 unaudited annual report and accounts covering the period 1 April 2018 to 31 March 2019, subject to audit approval.

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

(1) to approve the 2018/19 unaudited annual report and accounts; subject to audit review; and

(2) to note that the Audit Committee would be recommended to formally approve the audited accounts at its meeting on 25 September 2019, prior to submission to the Accounts Commission, in line with the approved Terms of Reference.

AUDIT PLAN PROGRESS REPORT

A report was submitted by the Chief Internal Auditor:-

(1) providing an update on the planned programme of audit work for the year 2018/19 in terms of 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) providing an update on the progress on the agreed actions from the review of the Partnership Board's Code of Good Governance; and

(3) 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.

The Committee agreed to note the progress made in relation to the Audit Plan for 2018/19 and in progressing other action plans.

SELF EVALUATION OF INTEGRATION ARRANGEMENTS 2019

A report was submitted 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.

The Committee agreed:-

(1) to note the content of the Self Evaluation Review of Integration completed with partners; and

(2) to note that the improvements identified would be developed into an action plan following a local workshop with HSCP Board members and the SMT, supported by colleagues from Scottish Government.

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 nine independent sector support services operating within the West Dunbartonshire area.

After discussion and having heard the Interim Head of Strategy, Planning and Health Improvement and the 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 contents of the report.

CASTLE VIEW CARE HOME – ADULT SUPPORT & PROTECTION LARGE SCALE INVESTIGATION

A report was submitted by the Head of Community Health & Care Services 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.

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

(1) to note the contents of the report;

(2) to note the terms of the discussion that had taken place in respect of this matter; and

(3) that this item becomes a standing item of business on the agenda until such time as the Partnership was satisfied that matters had been satisfactorily addressed in the Improvement Plan.

The meeting closed at 3.55 p.m.

West Dunbartonshire HSCP Local Engagement Networks

Resilience in Older People

WDCVS Offices Clydebank

Thursday 6th June 2019

At West Dunbartonshire Community Volunteer Service office the Chair of Dumbarton/Alexandria Local Engagement Network (LEN) welcomed everyone to the session.
The session started with a presentation about the Community Older Peoples Team (COPT) and Building Resilience in Older People from Hazel Kelly Interim Integrated Operations Manager and Caroline Thomson with the COPT.

What is Resilience?
The ability to stand up to adversity and to "bounce back" or return to a state of equilibrium following adverse episodes.

Resources

Internal Resources
Psychological
Financial
Health

External Resources
Network of friends and family
Services

The Community Older Peoples Team
We are an integrated, multi – disciplinary, health and social care team.
We aim to provide high quality care to promote the health and well – being of our service users.

- Administrative Support Staff
- Community Dietician
- Community Nurse
- Occupational Therapy Staff
- Physiotherapy Staff
- Rehabilitation Support Staff
- Sensory Impairment Team Staff
- Service Team Leads
- Social Work Staff
- Speech and Language Therapy Staff

Who is our service for?
Individuals aged 65 years and over who require support at home or in an appropriate community setting.

What do we do?
An assessment will be carried out by a member of the team.
There is a strong focus on working with individuals and their carers to identify individual needs and reach jointly agreed goals to maximise independence.

Our ask of you...

- What can the Community Older Peoples Team help you to do yourselves?
- How can we do this?

Main points from discussion with users of service and carers:

- GP Practices are linked into the COPT
- Change of culture is needed in older people
- Services need to work with older people, instead of older people expecting things to be done for them.
- Yes we work very closely with Hospital Discharge Team.
- We need to bring back the community spirit, were people look after each other
- We seen how communities pulled together during the “Beast from the East” snowfall.
- We’ve had great help from the local Alzheimer’s Scotland and the Carers Centre.
- COPT makes referrals and work closely with WDCVS Link Up and Footcare Services.
- I’ve just found out about Care & Repair
- Footcare is a great service
- It’s nice to get a small bit of help when needed
- We need to remember carers are getting older
- We have quite a few carers who are over 65 years of age
- The COPT have good links with Carers of West Dunbartonshire

Conclusion
The service users and carers appreciated how the COPT worked in partnership with other agencies in the Public, Independent and 3rd Sector to provide a wide range of services to older people to help with their rehabilitation and build their resilience and independence.

West Dunbartonshire HSCP Health & Safety Committee

Draft Minute

Burgh Meeting Room, Church Street, Dumbarton G82 1QL

Tuesday 30 April 2019 10:00 a.m. – 12:00 p.m.

Item	Subject	Lead/ Action
1.	**Welcome & Apologies** Beth Culshaw (Chair), Chief Officer Stephen Gallagher, WDC H&S Officer Mags Simpson, Senior Nurse Berny Smith, Interim Integrated Operations Manager COPT Fraser Downie, Integrated Operations Manager – Mental Health Hazel Kelly, Interim Integrated Operations Manager (COPT) Val Jennings, Unison H&S Rep Gillian Gall, People & Change Manager Jacqui McGinn, Health Improvement Manager Nazarin Wardrop, Unite H&S Rep Janice Miller, MSK Service Manager Janice Mundie, Team Leader **Apologies** Serena Barnatt Kirsteen MacLennan	**BC**
2.	**Minutes From Previous Meeting** Janice Miller, MSK Service Manager was omitted from the minutes, name to be added to minutes. Agreed as an accurate reflection of the meeting.	**GG**
3.	**Matters Arising** SG advised that 20 WDC safety management standards in WDC had been updated between January and March 2019. These policies have been brought up to date and have been renamed Safety Management Standards instead of Health & Safety Policies The HSCP protocols will now be reviewed, hopefully done by next meeting. WDC joint health and safety committee have changed frequency of meetings back to quarterly.	**SG**
	Sharps BC updated the forum that a lot of activity in relation sharps has been targeted with a focus to keep that activity going. This is high priority area which all managers need to action	**ALL**
	Mental Health & Addictions FD has prepared action plan currently being reviewed by Julie Lusk, Head of Service.	

	Resuscitation Officer JM advised that this had been taken to the HSCP Clinical and Care Governance group as there is a deficient in partnerships due to the difficulty in getting resuscitation training. This will come to the group once an update has been received No update since last meeting.	**BC**
	Recording of Incidents VJ requested more detail on Violent Incident Reports for example information from care first and the violent and aggression incidents. VJ outlined request for details such as type of injury sustained expressing the current report is no use. SG explained generally only specific details are reported when a RIDDOR report is completed. A previous report came from Frank McCallum which provided details of what incident was and injury sustained. BC confirmed that a review of what Frank produced will take place. Manager will review locally if there is a trend of injures and take action to minimise the risk, nature incident, nature of injury and where it happened, action taken. SG managed by going through Frank. About incident what type of incident and what action taken to alleviate that.	**SG**
	Minutes of WDC H&S Committee SG carried out two audits within HSCP (Crosslet House and Blairvaddoch). SG reported that a number of issues were highlighted and a full report will be made available. SG advised that there are 8 new eLearn H&S modules on Council's eLearn platform. The Manual handling module will be compulsory for all employees within WDC. JMcG management manual training that has guidance for senior managers. Awareness of what is out there and people being aware how to access. Learnpro has modules.	
4.	**HSE Implementation Plan (NHS)**	
	BC monitoring trends which will be picked up locally to ensure systems are in place. Progress needs to be made across all service areas in accordance with plan..	**ALL**
5.	**Standing Items – Health & Safety Reports (Datix and FigTree)**	
	BC request by exception highlight from services areas. MS highlighted noticing a sight increasing in is violence and aggression. These incidents are well supported by debriefing and training, lone working risk assessments and reported. The service is closely monitoring reliance with a view to improve use of that service. JM highlighted struggle with accessing resuscitation training and completion of new fire safety training. HK outlined one incident associated to faulty equipment from Equipu which was replaced. HK described some ongoing issues with Equipu and not all equipment coming out in the state that it should come out for example parts missing. HK following up on each incident. FD confirmed no ongoing investigations within Additions. Two serious clinical incidents awaited post mortem results for two deaths within Mental Health that are likely to go to investigation. One serious clinical incident from a previous death, no actions or recommendations to report very positive about care delivered by nurse in questions.	

	SG confirmed 9 incidents had taken place two of which were reportable (RIDDOR). A member of staff slipped in a public place, a member of staff fell from an office chair when going to plug lap top in. SG highlighted an issue within Aurora House where it appeared a lot of HSCP staff were going to be issued with laptops. The issue is that there are no power points on desks, causing staff to go down under desks on a daily basis. SG recommended that power points should be desks to be more accessible for staff. SG reported that an unpaid work supervisor damaged ligaments in ankle when removing fence posts, this was reported to HSE and a full investigation is being carried out. SG reported no other incidents of concern. SG stated that incidents concerning WDC HSCP employees should be reported through FigTree not Datix FD acknowledged that the service had only recently become aware and previously the service has used Datix as a local reporting mechanism for social worker staff and he gave the example of if there is a sudden death say a suicide there is a clinical governance system that goes through Mental Health but it might be a social worker might is case mangers. FD queried if the guiding factor is about a patients then it would go through Datix if it is about an employee it would go through FIG Tree. SG confirmed this.	
	H&S Update Staff WDC	
	SG - Fire safety audits up to date within WDC premises. SG to ask Jim Devaney to provide a quarterly report to committee.	**SG/JD**
	SG - FigTree online risk assessment form is now live. The H&S department will be looking at setting up risk assessment teams in all the different services. Online risk assessment form available via intranet. SG will provide training for risk assessment teams.	
	Statutory and Mandatory Training	
	BC explained that compliance could be a lot better than it is averaging just now at 68% across services; this is moving in the right direction. Message is this is important and staff needs to keep up to date on what current practice is and all staff need to complete core mandatory modules.	**ALL**
	Alcohol & Substance Test – carry over to next meeting	
	Violence and Reduction Draft policy circulated statements in board policy around zero tolerance that wouldn't work within mental health i.e. Inpatient dementia wards; violence is often as result of illness. Proceed to policy contact and charges, services couldn't comply with that. Comments to be put back to Kenneth Flemming and Fraser Downer to raise Board wide violence and reduction group.	**ALL** **FD**
	AOCB	
	SG reported significant improvement with managers reviewing and authorising incident report forms. There is one incident from middle of March within homecare, this is a RIDDOR. SG stressed that managers must review and authorise reports as soon as possible	
	MS – Service undertook a stress survey, focus group has been established to analysis results and to develop an action plan – feedback to next meeting.	**MS**
	Berny – working with Health Improvement to setup groups for staff around what causes risks and any health & wellbeing groups. The example BS provided was that staff are coming in with	

	COPD and they are smoking, BS is keen to signpost staff to support. BS to link in with GG on activities within the HSCP.	**GG/BS**
	SG advised that she will have another go at establishing a working group to look at developing the Scottish Manual Handling Standard for HSCP.	**SG**
	Janice Miller's last H&S meeting before retirement. BC thanked JM for input. Janice's replacement to be invited to the group.	
	Future Meeting Dates: ***Time:*** ***Venue:*** 30 July 2019 10am – 12pm Ballantines Mtg Rm,16 Church St., Dumbarton 22 October 2019 10am – 12pm Ballantines Mtg Rm,16 Church St., Dumbarton	

West Dunbartonshire Health & Social Care Partnership

Meeting: **Clinical and Care Governance**

Date: **15 May 2019**

Time: **1.30pm**

Venue: **Denny Meeting Room, Ground Floor, Church Street**

DRAFT MINUTE

Present: Beth Culshaw, Chief Officer (Chair)
Jonathan Hinds, CSWO
Kirsteen Maclennan, Integrated Ops Manager (HCC)
Marie Rooney, Integrated Ops Manager (MH)
Philip O'Hare
Val Tierney, Chief Nurse

Apologies: Julie Lusk, Head of Mental Health
Jo Gibson, Head of Health & Community Care

Item	Description	Action
1.	Welcome and Introductions The Chair welcomed members to the meeting and in particular, welcomed Val Tierney, Chief Nurse, to her first Clinical and Care and Care Governance meeting in West Dunbartonshire. She also noted that this was Janice Miller's last attendance at this meeting and thanked her for her contribution and wished her well for the future.	
2.	Minute of Previous Meeting The Minute was accepted as an accurate record of the meeting.	
3.	Matters Arising i) Annual Assurance Statements – complete ii) Quality Strategy – Val Tierney will lead a discussion at the next C&CG meeting; to make the most of this time, please ensure that, in advance, all attending have read the strategy. Val Tierney to have a conversation with Heather Irving, Public Protection Coordinator ahead of that. iii) Complaints. At the HSCP Board, the delay in responding to complaints was discussed. It is important that all staff prioritise responses,	VT LF (next agenda)

noting that the council standard for enquiries is ten days.

Items of Urgent Business

4. No items were noted.

Governance Leads Update (Set programme for year to come)

5. Mental Health (Exception Report)

Marie Rooney presented the report. There was a focus on the impromptu visit of the Mental Welfare Commission. The report lists the eight recommendations arising from that, and an Action Plan is now in place for each of these.

Fraser Downie will prepare a response to the Mental Welfare Commission for Beth Culshaw's sign off.

It was agreed that Marie Rooney and Fraser Downie will have a follow up meeting with Val Tierney to familiarize Val with their services. MR

Scottish Fatalities Investigation

The Mental Health Development Group will discuss the report at their meeting tomorrow.

Marie Rooney agreed to provide a map of the various Mental Health groups for next week's SMT. MR

6. Learning Disability (Exception Report)

Marie Rooney introduced the report and the content was noted.

7. Specialist Children's Services Report

The paper will be presented at the next Clinical and Care Governance meeting. JH (next agenda)

8. Children & Families Exception Report

Jonathan Hinds presented the report and advised on work ongoing with Templeton within Specialist Children's Services..

The content of the paper was noted.

Safe Care/Risk Management

9. Rapid Alert Flow Chart

Val Tierney presented the paper which was designed to support staff in deciding what policy to

use for any potential significant clinical incident.

Beth Culshaw asked for a covering letter to be prepared for all staff outlining the requirements and giving guidance. Consideration will be given to preparing a training pack for staff and Marie Rooney will include detail of the ongoing professional audits which take place throughout services. VT MR

Val Tierney advised that District Nurses use a dashboard system

10. CNORIS – Quarterly report

The content of the report was noted and after discussion it was agreed to include on future CCG agendas for interest.

Reducing Harm From Medicines

11. No items

Scottish Patient Safety Programme

12. Patient Safety Bulletin

The aim of the Patient Safety Bulletin is to:

- Raise awareness across the organisation of adverse events
- Enable lessons learned to be shared
- Raise awareness of clinical risk/patient safety issues or alerts

Clinical Effectiveness/Quality Improvement

13. Risk Report

Philip O'Hare presented the report which informs the meeting of the nature and range of patient clinical incidents that have been reported through the DATIX system across all services during January to March. A more up to date report is now available and Philip O'Hare will circulate. PO'H

There was a particular discussion around four incidents in Fruin Ward involving the same patient and which have yet to be reviewed on DATIX.

There was discussion around incidents with no screening tool and Kirsteen Maclennan will follow up the Health & Community Care case and Marie Rooney will review the three mental health services cases. KM MR

14. Involvement of Public Partner Volunteers in Clinical Governance Forums – guidance document

Beth Culshaw presented the paper to consider whether the public should be represented on this group.

Public volunteer on the Adult and Child Protection Committees – ask Wendy Jack to consider whether we should have a public representative. BC

Partnership Clinical Governance – Val Tierney will attend. VT

15. Large Scale Investigation Update

Castleview

The concerns highlighted through the Large Scale Investigation will be kept under review.

The need to ensure an adequate provision of resource to allow robust quality monitoring was discussed.

A reflection session has been held with care home managers. This led to production of an action plan which continues to be developed. The improvement plan for Castleview is taking longer than expected to have an impact. There are a couple of issues and a suggestion of a lack of understanding of the gravity of the situation.

There is an internal weekly meeting combined with a series of planned and unplanned visits to the home.

Person Centred Care

16. Chief Medical Officer 2017-2018 Annual Report – Personalising Realistic Medicine.

The report can be accessed via the Scottish Government website: https://www.gov.scot/publications/personalising-realistic-medicine-chief-medical-officer-scotland-annual-report-2017-2018

Align to the Quality Strategy – review all these issues at the next Clinical and Care Governance meeting. NEXT AGENDA

17. SIGN 136: Management of chronic pain – new advice on opioid prescribing

https://www.sign.ac.uk/comment-on-a-draft-guideline.html

18. **[NG122]:** Lung cancer: diagnosis and management https://www.nice.org.uk/guidance/ng122

(NICE Clinical Guidelines have no formal status in Scotland. It is the responsibility of each Service to consider the relevance and application of this guidance within their area, and to decide whether distribution should be undertaken, an initial impact assessment carried out and implementation considered if necessary.)

Vulnerable Children and Adults

19. GA Suicide Briefing Note & PF Letter

Marie Rooney advised on learning from the report and ongoing work.

Infection Control

20. Learning Summary Sepsis

Presented for information and learning.

Vacancies

21.	Care at Home Band 3	Agreed
22.	Children's Services	Agreed
23.	Goldenhill Administrator	Agreed
24.	Children's Services Social Worker	Agreed
25.	COPT	Agreed (3)
26.	Pharmacy (PCIP)	Agreed (5)
27.	Mental Health Vacancy	Agreed (2)
28.	MSK Vacancies	Agreed (7)
29.	CAMHS Admin Vacancy	Agreed
30.	SCS Assistant Business Support Band 5	Agreed

Any Other Business

31. Clinical Governance Publications Update

Presented for noting.

32. Health & Community Care Exception Report

Kirsteen Maclennan presented the report and there was a discussion around AWI Supervision of Guardians. A meeting between senior social workers and staff is being arranged.

Absence management is still a significant issue within care homes and the use of agency staff

continues to be high in Crosslet although there is a reduction within the Clydebank homes.

There was a discussion around the lack of CPR training and Val Tierney will discuss with Mags. VT

33. MSK Exception Report

Janice Miller presented the exception report covering MSK Physiotherapy services. One substantial issue is around patient referrals being sent to the wrong part of the system.

34. Date of Next Meeting: 17 July 2019

Governance Leads Reports:

17 July 2019 – Mental Health, Addictions & LD
18th September – Children's Health, Care & CJ
20th November – Health & Community Care

These have all been added to the forward planner

West Dunbartonshire Health & Social Care Partnership

Meeting: **Joint Staff Forum**

Date: **7 May 2019**

Time: **11.00am – 12.30pm (Staffside pre meeting at 10.30am)**

Venue: **Ballantines Meeting Room, 16 Church Street, Dumbarton G82 1QL**

DRAFT MINUTE

Present:
Beth Culshaw, Chief Officer (Chair)
David Smith, Unison
Val Jennings, Unison
Wendy Jack, Interim Head of Strategy Planning & HI
Jo Gibson, Head of Community Health & Care
Julie Slavin, Chief Financial Officer
Elaine Smith, Unison
Shirley Furie, GMB
Nazerin Wardrop, Unite
Janice Miller, HSCP, MSK Physio Lead
Fraser Downie, HSCP, Mental Health
Michelle McAloon, HR, WDC
Gillian Gall, HR, NHS
Andrew McCready, Unite NHS
Peter O'Neill, Unison

Apologies:
Andy McCallion
Ann Cameron Burns
Jonathan Hinds, CSWO

In Attendance: Lorna Fitzpatrick (Minute)

Item	Description	Action

1. Welcome & Introductions

The Chair welcomed members to the meeting and introductions were made.

2. Minute of Meeting held on 30 January 2019

The Minute will be amended to reflect that Nazerin Wardrop represents Unite rather than Unison and that Jo Gibson was present at the meeting.

After discussion, it was agreed that the previous Minute will be circulated incorporating staffside comments. (Attached)

Peter O'Neill raised concerns over accuracy of JSF and IJB minutes. It was agreed that in future, the JSF Minute will more fully reflect the discussion which takes place rather than just agreed actions

It was noted that the nature of the HSCP Board Minute, in line with other Council Committees, meant that the full discussions were not captured. Therefore it was important that the Joint Staff Forum Minute was attached for information. There had been no JSF minutes included in the last two IJB board meetings.

Beth Culshaw agreed to table the amended Minute from JSF at the HSCP Board tomorrow and will make reference to the additional comments in her opening remarks tomorrow — BC

Val Jennings advised that if the Trade Unions put forward a position, it is important that this is recorded.

Peter O'Neill advised that the Minute from the IJB did not fully reflect discussion and made no reference to the joint trade union position. There was discussion about an additional pocket of money and while the decision re charges was made at Council, opposition to it was discussed at the HSCP Board and this was not reflected in the Minute.

There is nothing about the HSCP Admin Review. This is about the Band 3 and, again, this is not included in the Minute.

David Smith referred to the entry at Item 7b) on the last JSF Minute re the HR Report, section on attendance management – it wasn't just himself but other reps from Unison gave examples of how they all felt the attendance management process was punitive. The review on the Council side is now underway and Beth asked who the trade union rep was on the new group. There was discussion around how the information had been fed back to the group in Serena's absence and Michelle agreed to take back the various points to the meeting. — MMcA

3. Matters Arising

a) There were no matters arising not covered elsewhere on the agenda.

4. Items and Minutes from Other Meetings for noting:

a) APF Agenda

The agenda was discussed and Beth confirmed that the full set of papers are also available from Lorna should anyone want sight of them. We will share the Minute of this meeting with the APF and three main issues from this meeting will be fed back to allow important issues to be escalated. Andrew McCready described the process.

The staff Wellbeing Action Plan will also be shared with the JSF and Michelle McAloon will review the plan to see if anything can be used across the council MMcA

There was discussion around the escalation process of the email acceptable use policy and this will now be stringently applied

Jobtrain. This is a new recruitment system due to be rolled out at the end of June.

Brexit Update. This is ongoing with the date being extended. There is a change in policy re nuclear medicine which was being flown in but this has now reverted to road. This will remain a standard agenda item for the JSF.

b) JCF Minute

Val Jennings attended and she asked that it be noted that she has been asking for work related stress figures for people that didn't take time off work. It is not clear how this will be captured but staff can complete a stress at work risk assessment although this is not compulsory.

c) HSCP Health & Safety Committee Agenda

At the meeting which took place last week there was a discussion around Figtree which was not felt to give enough detail in its reporting. The information is not valuable and Stevie Gallagher advised that he was unable to get the required information from the system. Frank McCollum has agreed to provide this for children's services. Beth Culshaw advised that she will review what Frank produces and consider using it across the partnership.

It was noted that real progress has been made on statutory and mandatory training. Key issue in terms of fire training was that the frequency has been changed to annual and it is important that all staff are aware. Because of the change in frequency, this will impact on the reporting initially.

5. Finance- verbal update

Julie Slavin referred to the content of the last minute:

- Council budget was set as agreed and this was fed into the additional HSCP Board on 28th March. All the figures have now been confirmed and the HSCP received the full "pass through" of Scottish Government funding to support integration and its policies. Additional money covers free personal care, carers act, uplift of living wage, investment in integration and an element of school counselling. It is yet to be confirmed whether this sits with the partnership or with education.

- In terms of council settlement from Scottish Government, initially it wasn't as favourable as first hoped but additional money for local authorities came through in the final settlement. There was a discussion at the members budget working group whether the HSCP should have a share of this as they had been previously allocated a share of the shortfall. This was agreed with the council passing on an additional £338k.

- At the time of the last meeting, there had been no formal offer from the NHS which has now been, after negotiation, received and challenged. It advised of 1.8% uplift and this has now been confirmed as 2.54% which helped with the gap. This offer was confirmed by the NHS Board on 16th April and a formal letter of confirmation is awaited.

- At the additional IJB meeting on 28 March, there were a number of recommendations in the presented paper. Ultimately, the board accepted all the recommendations in the report and accepted the indicative offer from the NHS and the firm offer from Council.

- The indicative offer included an estimation of Continuing Care resource – additional money to come from the closure of certain facilities in Glagow.

- Gap for both social care and health. Continuing care money closed the NHS gap and a gap of £700,000 was left on the council side. There was a debate about closing the gap from Integration money and that was accepted by the Board.

- Originally some of the integration money was to be used for three fixed term change posts and a fixed term HR post but this will be taken from reserves earmarked for transformation and services redesign.

- In response to concerns over the complexity of the budget papers, Julie Slavin said the HSCP are working with two separate organisations and she tries to present her papers it in an integrated way as there is impact across the piece. There are two separate corporate processes and it is difficult sometimes to put the big picture across in a straightforward manner. The appendices within the 28 March Budget Report attempts to do this.

Val Jennings asked if there had been discussions around community alarms and if the impact of the increase costs had been considered. Julie explained that the council reviewed charges across council and recommended full cost recovery. It was noted that if you are going to bring in more income that helps the bottom line. Council was clear that £200,000 was needed in HSCP base budget to help close the gap.

David Smith noted that while the council was responsible for increasing the charge, this was based on a recommendation from the Health and Social Care Partnership. Only the Council can make the decision to raise the charges but the partnership put it forward as part of a range of options.

Julie Slavin confirmed that the council contributed to a PWC report on local authority charging and concluded that historically WDC charges were amongst the lowest in Scotland. Based on this, the council recommendations were full cost recover where possible, or a 4% increase.

Peter O'Neill said it would be helpful for a written financial paper to be produced for all future meetings of the JSF. He stated that he felt recommendations were just being approved at the IJB and no note of objections were recorded.

Beth Culshaw advised that there was no question of any decisions just being approved. The partnership board is made up of 22 members including 6 voting members who are free to vote as they please.

Peter O'Neill noted that staffside felt their voice was not heard at the IJB and they felt that it was not worth attending as none of their input is recorded.

Beth Culshaw advised that the fashion in which our IJB Minute is recorded follows the fashion in which all Council Minutes are recorded. She reiterated that in terms of the amendments made to the last minute these would be accepted and that Beth will table the revised version for people to see.

In terms of how the IJB minute is recorded they do not record

the detail of the debate but a fuller JSF Minute will be submitted for information at all future meetings of the HSCP Board.

Beth Culshaw also acknowledged that we should have circulated the revised minute and apologised for that and will acknowledge that at the IJB tomorrow.

Beth advised that there are two seats available for partnership reps and welcomed staffside representation. In addition, tomorrow's informal session will reflect on integration and all views will be welcomed.

Val Jennings advised that, in her opinion, the IJB pushes things through and that staffside comments and objections are not noted. They should have a say on all of these issues and don't feel that they do. They want their position recorded and noted. It is not consultation just to put a paper through.

In response, Jo Gibson advised that there have been two joint sessions specifically about the savings options and that demonstrates a willingness to engage and talk things through.

Val Jennings noted an additional concern for her was about the lack of consultation meaning staffside have no chance to feed back on any of the proposals. They would have opposed the charging increases and Val Jennings has emailed Beth Culshaw with concerns about the four consultants.

Beth Culshaw responded to confirm that we are employing three additional transformational posts and one in relation to absence management on a fixed term basis – not four consultants. Absence Management has been debated previously at the JSF and it has been recorded that there was a lack of consistency in managers' approaches. The HR post is to support in this area.

Beth Culshaw advised that there was previous support for these roles. The three transformational posts are being provided for a fixed term to support development of services.

Val Jennings advised that her position remains that the money being used for these four posts could be better used to employ additional social workers.

These are indicative grade 9/10 posts with the job descriptions currently going through evaluation.

Andrew McCready advised that it would be helpful if IJB finance papers were shared with JSF and described that this is what happens in East Dunbartonshire.

Beth Culshaw advised that the three political members of the IJB come from different political parties and that the officers don't have a vote. She advised that we do need to take a step back and review how we communicate and engage.

Peter O'Neill advised that trade unions do not feel their views are being recorded and that it is a continual struggle with the content of each Minute and the Minute not being circulated in good time. This has been fed back to the regional organiser who has also expressed concern about the way IJBs are set up.

It was noted that staffside colleagues do not have a vote on the Council either.

In terms of finance, Julie Slavin agreed to circulate her report to staffside colleagues prior to the Joint Staff Forum.

Peter O'Neill wants to ensure that staffside views are taken on board. Each year there is an accumulation of jobs going; services being cut and the salami slicing each year keeps going through leaving staff with a lack of resources to do their job.

Val Jennings noted that at meetings, there seems to be a lot of health issues being discussed and consideration should be given to separating health and council issues as she is only interested in issues relating to the Council

Andrew McCready advised that within all partnerships it was essential to review both council and NHS issues and decisions. The TU position here is to find out the information that will affect your staff. We are tasked to deliver services in an integrated fashion and exploring the best way to do that. . There are elements that will be of more interest to different colleagues.

Val Jennings stated that she feels that their views are not being taken into consideration or recording and that things like needlestick injuries don't affect council staff.

Jo Gibson responded that it could impact on a wide range of staff as if there are nursing changes then this will impact, for example, in home care staff. Everything is completely interlinked.

West Dunbartonshire councillors recognise that NHS budgets will impact on council employees.

Val Jennings noted that there was a lot to be fed back to members and that sometimes there was too much emphasis on Glasgow City.

Andrew McCready noted that the six Glasgow HSCPs are hosting services and we need to know what decisions Glasgow is making as their decisions will affect people in West Dunbartonshire and other partnerships. So the idea is that members have the bigger picture in connection with accessing all services.

David Smith said it appears to be more than one issue. There are issues around the detail of the recording and if the information can come as quickly as possible it would be appreciated.

He appreciated the offer of a finance paper as when you are talking about huge amounts of money it can get a little confusing and the paper will help provide some clarity. It is a lot of hard work trying to keep up to date and he appreciated the offer of a financial paper for future meetings.

Management Adjustments

Staffside colleagues requested that rather than management adjustments just going through, these should be shared with staffside to allow them to offer commentary and express views.

Beth Culshaw noted that it was particularly complex this year due to changes being made and the NHS settlement being later. However, the management options were always clearly highlighted at each of the JSF budget sessions. David Smith asked that the presentation is shared with staffside ahead of the meeting. This gives them enough time to look through it and come to some conclusions about how best to feed into the discussion.

Going forward this year, Beth asked for staffside colleagues to continue to feed in to the processes. She also noted that some things were changed based on the contribution from staffside colleagues.

6. Service Updates:

a) **Children Services and Criminal Justice**

i. Vaccination Programme and School Immunisation Delivery Update – paper attached

Andrew McCready reported that this has gone through the APF and the job descriptions have gone up to STAC. There is some debate about the starting date for the new posts with reference to incremental dates.

The new programme means that vaccinations will now sit with health visitors and move away from GPs.

This will remain a standing item on this agenda.

b) **Health & Community Care Update**

i. Homecare

There have been a number of changes. A number of concerns have been raised about a variety of pressures and there have been three meetings with Home Care Workers. There is now a list of concerns which vary in complexity. Managers are meeting with staff regularly and Jo Gibson is happy to attend. Agreed to fill a Grade 9 vacancy today to get an injection of capacity to allow us to focus on the issues.

This links to CM 2000 and people's compliance in recording that. Every member of staff has had a letter outlining why the use is important for both staff and clients. There are some areas with really high levels of compliance.

When we have the absence post filled, they will have substantial input into this area.

Shirley Furie advised that she has had only one meeting in eighteen months. She has been asking to meet with Richard Heard. Jo advised that the group that is now meeting includes frontline staff and she asked that any issues are raised with her.

David Smith asked about the care at home structure as there was a decision taken to include the two people below Richard as well as the additional Grade 9.

Jo Gibson advised that there is pressure around evenings and weekends and getting people to work those shifts and this might lead to a future review of structure.

David Smith noted that the Care at Home issues are not going to be easy to fix as the issues that staff are experiencing now are putting them just about at

breaking point. This will need a lot of work. Jo Gibson agreed that this was raised at the last convenors meeting and it was only brought to Jo's attention in January. The issues will be addressed and some will be easy and some wont.

c) **Mental Health, Learning Disability and Addictions**

i. Action 15 Update

Fraser Downie provided an update. There are three local actions. Wellbeing nurses will be situation within GP practices with 30 minute appointments available. We are currently at the test of change period and envisage that this will be in place by August this year. This is a Band 6 post. Over the next three years, there will be an additional five posts giving one nurse per three GP practices. There is a process of working with GPs and psychiatrists around the pathways and hopefully within the next six months we will have a physical health nurse employed. That nurse will work across primary and secondary care within mental health. Local Care Support worker Band 4 to work across community mental health teams to support people on discharge.

ii. Meallmore Update

Agenda item for next meeting

d) **Strategy, Planning & Health Improvement**

No issues to report

7. Standing Items:

a) HSCP Board Meeting

The Board meets tomorrow and standard reports are available on the website.

b) HR Report

NHS

March 2019 showed an absence rate of 4.58% with long term absence reporting 2.93% and short term reporting 1.65%.

For the month of March 2019 there is no change to the two top reasons for absence – Anxiety/Stress/Depression

followed by Musculoskeletal problems. These reasons appear consistently as top reasons for absence.

Latterly the trend shows a consistent stabilisation between 4.5% and 5.0% in overall absence levels for the HSCP. A particular service hotspot with Health and Community Care, has been reduced and is now reporting positive reductions in absence.

Council

In March 2019 the HSCP reported a increase of 5.7% (compared with March 2018) from 1.65 days lost per FTE employee in March 2018 to 1.74 days lost per FTE employee in March 2019 (8.29%). When compared to the previous month there has also been an increase in absence from 1.61 days lost per FTE (8.07%) in February to 1.74 days lost per FTE(8.29%) in March.

In March the top three reasons for absence were Minor Illness, Acute Medical Conditions and Stress – Personal and with 610.9, 436.5 and 429.6 days lost respectively- these reasons are the same as the top 3 reasons in February, however the order of the reasons in second and third place have changed with Acute Medical conditions moving into second place and Stress – Personal moving into third.

For the first time in at least 3 years Strategy, Planning & Health Improvement report the highest number of days lost with 2.28 days lost per FTE employee (10.83%). This can be attributed to the low number of employees in this service and a couple of long term absences. Community Health and Care report the second highest levels of absence with 1.99 days lost per FTE employee (9.46%), followed by Mental Health, Addictions and Learning Disability with 1.4 days lost per FTE employee (6.67%). Child Healthcare and Criminal Justice reported 1.15 days lost per FTE employee (5.46%) and Finance and Resources continue to report no absence.

It should be noted that absence has increased in all section/teams, when compared to February 2019, with the exception of only 2 teams – Children & Families and Care at Home Services.

Long term absence (over 4 weeks) continues to be a concern but has decreased slightly from 64.45% of absence being attributed to long term sickness in in February 2019 to 61.85% in March 2019. The number of days lost through short term (4-5 days) absence has also decreased but the number of days lost through intermittent absence (1-3 days) and medium term (6 days – 4 weeks) and have both

increased in March when compared to February. Focus needs to be on all durations of absence.

Andrew McCready reported on discussion with the Cabinet Secretary at the NHS Annual Review where there was a discussion about the 4% target which has been in place for about 14 years, and the CS has agreed to review that.

8. Development Day (to be held before 10th July)

Discussion: Beth Culshaw, Serena Barnatt, Gillian Gall, Peter O'Neill, Andy McCallion

9. Conclusions and AOCB

Beth Culshaw thanked Janice Miller for her contribution and wished her a long and happy retirement.

Three hot topics to be shared with the Area partnership Forum:

Accurate Minutes timeously sent and also linking with the IJB.

Absence patterns are not always what would be expected and continue to be a focus. David Smith advised that it is goodwill that is keeping people at work as they are extremely loyal.

Nazerin Wardrop stated that work is good for you and contributes to a good mental state. And if that message gets branded about it would be positive. We see positive impact on people who have been off long term sick. When we meet people who have been off for a while they talk about the huge levels of anxiety that arise thinking about coming back to work. Ask staff to come in and say hello; have a cup of tea. If you are off, there should be no taboo. That positive statement was welcomed by all.

10. Date of Next Meeting

10 July 1.00pm

16 October 10.00am

With staffside pre-meetings half an hour before main meeting