

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board

Date: Wednesday, 13 November 2019

Time: 14:00

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

Contact: Gabriella Gonda, Committee Officer
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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
Jo Gibson
Jonathan Hinds
Chris Jones
John Kerr
Helen Little
Diana McCrone
Anne MacDougall
Kim McNab
Peter O'Neill
Selina Ross
Julie Slavin
Val Tierney

Senior Management Team – Health & Social Care Partnership

Date of issue: 1 November 2019

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

WEDNESDAY, 13 NOVEMBER 2019

AGENDA

1 APOLOGIES

2 DECLARATIONS OF INTEREST

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

3 MINUTES OF PREVIOUS MEETING 7 - 11

Submit, for approval as a correct record the Minutes of Meeting of the Health & Social Care Partnership Board held on 2 October 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 REPORT AS AT PERIOD 6 (30 SEPTEMBER 2019) 13 –48

Submit report by the Chief Financial Officer providing an update on the financial performance as at period 6 to 30 September 2019, and a projected outturn position to 31 March 2020.

6 AUDITED ANNUAL ACCOUNTS 2018/2019 49 –51

Submit report by the Chief Financial Officer informing that the 2018/19 Audited Annual Accounts for the year ended 31 March 2019, after presentation of an unqualified audit opinion, were duly approved by the 25 September 2019 audit Committee.

7 BRITAIN LEAVING EUROPEAN UNION UPDATE 53 - 64

Submit report by the Interim Head of Strategy, Planning and Health Improvement providing an update on Britain leaving the European Union -

Brexit.

- 8 CHILDREN AND FAMILIES FIELDWORK SERVICES – UPDATE 65 -79**
- Submit report by the Head of Children's Health, Care and Criminal Justice/Chief Social Work Officer presenting an update on activity related to Children and Families social work services, including demand trends and associated pressures, additional improvement activity and progress to address issues within a fieldwork services collective staff grievance.
- 9 UPDATE ON DEMAND AND PERFORMANCE ON UNSCHEDULED CARE IN WEST DUNBARTONSHIRE, INCLUDING PREPARING FOR WINTER 81 - 92**
- Submit report by the Head of Health and Community Care updating on the developments in West Dunbartonshire's HSCP system in response to, and in anticipation of, pressures within the system in relation to unscheduled care. It also lays out the steps being taken to prepare for what may be additional demand over the winter period.
- 10 PUBLIC PERFORMANCE REPORT APRIL TO JUNE 2019 93 - 115**
- Submit report by the Interim Head of Strategy, Planning and Health Improvement presenting the Health & Social Care Partnership's Public Performance Report for the first quarter of 2019/20 (April to June 2019) and the Health & Social Care Partnership's Best Value Audit.
- 11 INSPECTION OF JUSTICE SOCIAL WORK SERVICES: UPDATE ON ACTIONS 117 - 129**
- Submit report by the Head of Children's Health, Care and Criminal Justice/Chief Social Work Officer presenting an update on activity related to the local action plan arising from the Care Inspectorate report 'Inspection of Justice Social Work Services in West Dunbartonshire Council', published on 6 August 2019.
- 12 THEMATIC REVIEW OF SELF-DIRECTED SUPPORT IN SCOTLAND; WEST DUNBARTONSHIRE LOCAL PARTNERSHIP REPORT 131 - 146**
- Submit report by the SDS Lead Officer providing an update on progress relating to the Improvement Plan which was agreed following Care Inspectorate Thematic Review of Self- Directed support in West Dunbartonshire.

- 13 COMMISSIONING AND MARKET FACILITATION PLAN 2019 – 2022 147 - 150**
- Submit report by the Interim Head of Strategy, Planning and Health Improvement providing an update on the HSCP Partnership Board Commissioning and Market Facilitation Plan.
- 14 DELIVERING THE NEW GENERAL MEDICAL SERVICES (GMS) CONTRACT: UPDATE ON THE PRIMARY CARE IMPROVEMENT PLANS 151 - 169**
- Submit report by the Head of Health & Community Care providing an update on the implementation of the Primary Care Improvement Plans across West Dunbartonshire Health & Social Care Partnership and the submission of updated plans in line with Scottish Government guidance.
- 15 UPDATE ON POLICY DEVELOPMENT AND REVIEWS 2019-2020 171 - 174**
- Submit report by the Interim Head of Strategy, Planning and Health Improvement presenting an update on HSCP policies which are due for development and review in the current year.
- 16 REVIEW OF AUDIT COMMITTEE TERMS OF REFERENCE 175 - 190**
- Submit report by the Chief Financial Officer presenting for review amendments to the current Terms of Reference for the West Dunbartonshire Health & Social Care Partnership Board's Audit Committee.
- 17 CLIMATE CHANGE REPORT 2018/19 191 - 215**
- Submit report by the Interim Head of Strategy, Planning and Health Improvement presenting the Climate Change Report prepared on its behalf in accordance with the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.
- 18 MINUTES OF MEETING FOR NOTING 217 – 218**
- Submit for information, the undernoted Minutes of Meeting:-
- Minutes of Meeting of the Local Engagement Network Events held on 3 October 2019;

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, 2 October 2019 at 10.02 a.m.

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

Non-Voting Members: Beth Culshaw, Chief Officer; Barbara Barnes, Co-Chair of the WD HSCP Public Engagement Network for the Alexandria & Dumbarton area; Helen Little, MSK Physiotherapy Service Manager; Diana McCrone, NHS Staff Side Co-Chair of Joint Staff Forum; Anne MacDougall, Co-Chair of WD HSCP Public Engagement Network for the Clydebank area; Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum; Selina Ross, Chief Officer – WD CVS and Val Tierney, Chief Nurse.

Attending: Serena Barnatt, Head of People and Change; 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; Julie Lusk, Head of Mental Health, Learning Disability & Addictions; Julie Slavin, Chief Financial Officer; John Kerr, Housing Development and Homelessness Manager; Nigel Ettles, Principal Solicitor and Gabriella Gonda, Committee Officer.

Also Attending: Marie Rooney, SDS Lead Officer.

Apologies: Apologies for absence were intimated on behalf of Councillor Marie McNair; Audrey Thompson, NHS Greater Glasgow and Clyde Health Board and Kim McNab, Service Manager, Carers of West Dunbartonshire.

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.

MINUTES OF PREVIOUS MEETINGS

The Minutes of Meeting of the Health & Social Care Partnership Board held on 7 August 2019 were submitted and approved as a correct record.

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 carried out to tackle summer challenges and going forward preparing for winter challenges in providing key services;
- The challenges the Partnership is facing, how it is tackling these with an evidence based approach and continuous improvement;
- The range of good work underway and how the Partnership has recently acknowledged compassionate and dedicated employees at the Staff Awards Ceremony;
- Update on the new Health Centre in Queens Quay, Clydebank;
- How best the Partnership can support the development of a Dementia and Autism Strategy and that a report will be presented at the November meeting of the HSCP Board on this; and
- Update on how management is dealing with possible industrial action by employees in the Children and Families service, recruitment of additional staff, monitoring activity and future meetings planned with staff and the concern expressed by WDC staff side Co-Chair of Joint Staff Forum over lack of progress and that a report will be presented at the November meeting of the HSCP Board on this.

VARIATION IN ORDER OF BUSINESS

After hearing the Chair, Allan MacLeod, the Committee agreed to vary the order of business as hereinafter minuted.

INSPECTION OF JUSTICE SOCIAL WORK SERVICES: UPDATE ON ACTIONS

A report was submitted by the Head of Children's Health, Care and Criminal Justice/Chief Social Work Officer updating on actions taken forward following the publication of the inspection of criminal justice social work services by the Care Inspectorate and local action plan.

After discussion and having heard the Head of Children's Health, Care and Criminal Justice/Chief Social Work Officer in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note the contents of the report and the positive progress made in relation to the improvement action plan;

- (2) to note the actions being taken forward to deliver on the inspection action plan and wider service improvements; and
- (3) that a more detailed report will be presented at the November meeting of the HSCP Board.

Note: Jonathan Hinds, Head of Children's Health, Care & Criminal Justice Services/ Chief Social Work Officer left the meeting at this point.

DRUG-RELATED DEATHS WEST DUNBARTONSHIRE

A report was submitted by the Head of Mental Health, Addictions and Learning Disability:-

- (a) providing an update on the drug related deaths within the West Dunbartonshire Council area; and
- (b) outlining the current and planned service response.

A presentation was then given by the Head of Mental Health, Addictions and Learning Disability on the above.

Following questions from Members, the Chair, Mr MacLeod thanked the Head of Mental Health, Addictions and Learning Disability for her informative presentation.

The Board then agreed to note the changing trends in drug related deaths in West Dunbartonshire and across Scotland.

THEMATIC REVIEW OF SELF-DIRECTED SUPPORT IN SCOTLAND; WEST DUNBARTONSHIRE LOCAL PARTNERSHIP REPORT

A report was submitted by the SDS Lead Officer updating on progress relating to the Improvement Plan which was agreed following the Care Inspectorate Thematic Review of self-directed support in West Dunbartonshire.

After discussion and having heard the SDS Lead Officer in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note the content of the report;
- (2) to note the Improvement Plan which has been presented to the Care Inspectorate;
- (3) to regular reporting on the local response to the recommendations within the report; and
- (4) that a more detailed report will be presented at the November meeting of the HSCP Board.

SCOTPHO ANNUAL SUICIDE STATISTICS LOCAL AUTHORITY LEVEL – WEST DUNBARTONSHIRE

A report was submitted by the Head of Mental Health, Addictions and Learning Disability providing details of ScotPHO Annual Suicide Statistics at both a national and local authority level.

After discussion and having heard the Head of Mental Health, Addictions and Learning Disability in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note the contents of the report; and
- (2) that a West Dunbartonshire suicide Prevention Group will be established which will lead on delivering the local suicide prevention action plan and link into local community planning structures.

GP OUT OF HOURS SERVICES AND DEVELOPMENT OF URGENT CARE RESOURCE HUB

A report was submitted by the Head of Health and Community Care outlining the outcomes of work that has been underway across NHS Greater Glasgow and Clyde to improve the availability of primary care services outside of office hours.

After discussion and having heard the Head of Health and Community Care in further explanation and in answer to Members' questions, the Board agreed to note the contents of the report and support the direction of travel.

FINANCIAL PERFORMANCE REPORT AS AT PERIOD 5 (31 AUGUST 2019)

A report was submitted by the Chief Financial Officer providing an update on the financial performance as at period 5 to 31 August 2019, and a projected outturn position to 31 March 2020.

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

- (1) 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 of the HSCP Board;
- (2) to note that the revenue position currently shows a projected year to date and annual adverse (over spend) position of £0.550m (-0.9%) and £1.030m (-0.6%) respectively;
- (3) to note the draft recovery plan as required by the integration scheme to address the projected overspend;

- (4) to note the potential impact on the reserves position if new demand is not managed within existing resources;
- (5) to note the update on monitoring of savings agreed for 2019/20;
- (6) to note the analysis of the reserve balances;
- (7) to note the update on the capital position and the projected timelines for completion; and
- (8) to note that in terms of children's community placements including fostering placements the decision will always be made around the best interests of the client/child not on financial interest.

BREXIT UPDATE

The Chief Financial Officer provided a verbal update on Brexit and the Board noted the preparation made by officers to participate with the Council and Health Board in contingency planning arrangements to manage the consequences of Brexit and that officers will keep the Board updated on this issue.

MINUTES OF MEETINGS FOR NOTING

The undernoted Minutes of Meetings were submitted and noted:-

- (a) Minutes of Meeting of the WD HSCP Board Audit Committee held on 19 June 2019;
- (b) Minutes of Meeting of the Clinical and Care Governance Forum held on 17 July 2019;
- (c) Minutes of Meeting of WD HSCP Health and Safety Committee held on 30 July 2019; and
- (d) Minutes of Meeting of the Joint Staff Forum held on 10 July 2019.

The meeting closed at 12:52 p.m.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

13 November 2019

Subject: Financial Performance Report as at Period 6 (30 September 2019)

1. Purpose

- 1.1** To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 6 to 30 September 2019, and a projected outturn position to 31 March 2020.

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 of the HSCP Board;
- note that the revenue position currently shows a projected year to date and annual adverse (over spend) position of £0.263m (-0.3%) and £0.527m (-0.3%) respectively;
- consider the current recovery plan as required by the integration scheme to address the projected overspend;
- note the potential impact on the reserves position if new demand is not managed within existing resources;
- note the update on monitoring of savings agreed for 2019/20;
- note the analysis of the reserve balances;
- note the update on the capital position and the projected timelines for completion; and
- note the progress on the 2019/20 budget setting process, initial planning assumptions and the expected timeline in relation to our partner bodies budget offers.

3. Background

Revenue

- 3.1** At the meeting of the HSCP Board on 28 March 2019, Members agreed the revenue estimates for 2019/20. A total net budget of £158.946m was approved.
- 3.2** Since the March HSCP Board report there have been a number of adjustments and a total net budget of £160.880m is now being monitored as detailed within Appendix 1.

4. Main Issues

Revenue

- 4.1** The summary table below currently identifies a projected year to date and annual overspend of £0.263m and £0.527m (0.4% and 0.3% of the total budget) respectively. This consolidated summary position is presented in greater detail within Appendix 2, with the individual Health Care and Social Care reports detailed in Appendix 3. Members should note that the projected overspend of £0.527m anticipated at this time takes into account the £0.286m of expenditure to be funded from earmarked reserves as reported to the 2 October HSCP Board meeting. Since then a further £0.013m relating to Neighbourhood Project expenditure within Children and Families will also be funded from earmarked reserves further reducing the projected overspend to £0.514m

Table 1 - Summary Financial Information as at 30 September 2019

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Variance	Forecast Full Year	Forecast Variance	Variance
	£000's	£000's	£000's	£000's	%	£000's	£000's	%
Health Care	97,377	47,877	47,877	0	0%	97,377	0	0%
Social Care	95,478	42,892	43,290	(398)	-1%	96,086	(608)	-1%
Expenditure	192,855	90,769	91,167	(398)	-0.44%	193,463	(608)	-0.32%
Health Care	(4,311)	(2,067)	(2,067)	0	0%	(4,311)	0	0%
Social Care	(27,664)	(12,860)	(12,994)	135	-1%	(27,745)	81	0%
Income	(31,975)	(14,927)	(15,062)	135	-0.90%	(32,056)	81	-0.25%
Health Care	93,066	45,810	45,810	0	0%	93,066	0	0%
Social Care	67,814	30,032	30,295	(263)	-1%	68,341	(527)	-1%
Net Expenditure	160,880	75,842	76,105	(263)	-0.35%	161,407	(527)	-0.33%

- 4.2** This estimated projection assumes that current demand pressures could continue until the end of the financial year and 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 (e.g. impact of winter) that can easily be factored into a year-end projection. The Focussed Intervention Team together with additional supports in Primary Care and Mental Health services are designed to have a positive impact on reducing hospital admissions and discharges by enhancing community based supports, but the level of demand could exceed available funding.
- 4.3** Analysis on the projected annual variances in excess of £0.050m are contained within Appendix 4, with additional information on action being taken to minimise or mitigate overspends where possible. Significant variances are further detailed below.

- 4.4** The overall projected Social Care net revenue position has improved by £0.217m from the adjusted £0.744m financial projections reported to the 2 October HSCP Board Meeting. The main changes relate to Physical Disabilities (reduction in anticipated direct payments) and Mental Health (increases in staffing vacancies and reduced cost of client care packages).
- 4.5** As detailed within Appendix 4 Care at Home services are currently reporting an overspend of £0.857m due to increasing demand on the service arising from caring for persons at home rather than hospital or within care facilities. The service continues to review scheduling, monitor absence and minimise premium rate overtime.
- 4.6** Also detailed within Appendix 4 Residential Schools are reporting an overspend of £0.961m of which £0.205m relates to the rising costs related to young persons supported by CATCH Scotland Ltd. As requested at the 2 October HSCP Board meeting further information in relation to this type of support is detailed within a separate agenda item to the 13 November HSCP Board meeting.
- 4.7** The overall Health Care net position as detailed within Appendix 3 is anticipated to report a breakeven position, with the caveats:
- 3% turnover target can be met in full;
 - achievement of approved 2019/20 savings; and
 - short supply prescribing volatility and applied discount and tariff rates can be contained within the available budget and delivery of the various prescribing efficiency programmes.

The Glasgow group CFOs are working with the Finance Manager for Prescribing to develop a standard reporting format for inclusion in HSCP Board reports which highlight the key areas of short supply, volumes, average price per item and impact of discounts and tariffs. In the four months to July (NB actual prescribing data runs two months in arrears) the overall volume of prescribed drugs is running 2.2% above expected rates, however the impact of this has been partially offset as the average cost per item is marginally lower than expected. The continuing uncertainty over the UK's exit from the European Union remains the greatest financial risk.

Monitoring of Efficiencies and Management Adjustments

- 4.8** Agreed savings and management adjustments actioned within 2019/20 are monitored with current indications showing that of the total target being monitored (£2.227m) £0.351m is at risk of not being achieved as detailed in Appendix 5. The projected outturn contained within the financial reports detailed in Appendices 2 and 3 fully recognise these risks.

Update on Reserves

- 4.9** Appendix 6 provides an update on the overall HSCP reserve position and details anticipated additions and drawdowns based on the projected annual

financial position as at 30 September. Since last reported there is an anticipated net movement in reserves of £0.217m mainly due to a reduction in the level of unearmarked reserves required to be applied to unfunded overspends.

Recovery Plan

- 4.10** The Integration Scheme, a key document within the financial governance framework, states that a recovery plan must be put in place (with the agreement of partners) to mitigate any projected overspend. The summary table below details this recovery plan with further analysis provided in Appendix 7.

Table 2 – Recovery Plan as at 30 September 2019

Reconciliation of Recovery Plan and Application of Reserves	£000's
Projected year end overspend per Table 1	(527)
Further application of earmarked reserves per 4.1	13
Recovery plan per Appendix 7	451
Revised application of unearmarked reserves per Appendix 6	63
	0

- 4.11** All efforts will be made to minimise the impact on general reserves given that the available balance brought forward from 2018/19 of £2.457m, is below the ambitious 2% target of net expenditure of £2.600m contained within the Reserves Policy.

Scottish Government Funding 2019/20 and beyond

- 4.12** The Scottish Government has an ambitious programme of reform in both primary care and mental health services. Details of specific funding awarded are detailed in Appendix 8. This funding is awarded with the requirement to provide the Scottish Government with returns on the progress on each funding stream with regard to stated outcomes, expenditure and workforce. The most recent implementation tracker for the Primary Care Improvement Programme is contained within a separate agenda item and the Mental Health Action 15 progress is explained in more detail below.

Mental Health Action 15 Update

- 4.13** The total NHSGGC wide funding allocation for delivery of the Scottish Government's Action 15 commitment to increase the mental health workers by 800 across Scotland is anticipated to be £7.951m and 80.5 WTE between 2018/19 and 2021/22 with the WD HSCP share being £1.525m and 14.6 WTE. An update on the progress of the Action 15 investment and workforce commitments are detailed within Appendix 9 showing an anticipated total spend and workforce increase of £1.525m and 13.74 WTE by March 2022.

The key highlights are:

- 2018/19 – 1.27 WTE achieved as a contribution to NHSGGC wide directly employed staff across a number of specialisms with 1 WTE having a specific focus on children and young persons. It is anticipated that these posts will impact on referrals to GP practices and acute services by improving accessibility to specialist MH services.
- 2019/20 – 8.6 WTE anticipated to be achieved within specialist services all of which will see a reduced demand on acute settings and GP practices
- 2020/21 – 2.87 WTE which will see a continued expansion of programs in all areas
- 2021/22 – 1 WTE which will see the continued expansion of local Wellbeing Nurse posts across West Dunbartonshire locality.

- 4.14** The expansion of community based services will also support the delivery of the Greater Glasgow and Clyde Five Year Mental Health Strategy which includes a redesign of in-patient beds.

Housing Aids and Adaptations and Care of Gardens

- 4.15** The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services which should be delegated to the HSCP Board and should be considered as an addition to the HSCP's 2019/20 budget allocation of £67.814m from West Dunbartonshire Council.
- 4.16** These budgets are managed by the Council's – Regeneration, Environment and Growth Directorate on behalf of the HSCP Board.
- 4.17** The summary position for the period to 30 September is included in the table below and is expected to outturn on budget which will be reported as part of WDC's outturn position.

Table 3 - Financial Performance as at 30 September 2019

Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council	Annual Budget £000's	Year to Date Actual £000's	Forecast Full Year £000's
Care of Gardens	440	220	440
Aids & Adaptations	250	81	250
Net Expenditure	690	301	690

Capital

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

- 4.19** The members of the HSCP Clydebank Health Quarter Capital Project Boards held on 2 and 30 October were 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.
- 4.20** The change notice under the "Design, Build, Finance and Maintain Agreement" (DBFM) for the Clydebank variation was triggered on 3 June 2019. An Addendum to the Full Business Case was approved through delegated powers by NHSGGC's Financial Planning and Performance Committee on 1 October and by the Scottish Government's Capital Investment Group on 8 October 2019 (see Appendix 10). Financial close is anticipated to be by the end December 2019 with a site start date of late January 2020 and completion by May 2021.
- 4.21** The previously reported gap of approximately £0.250m on the total £19.0m approved budget is unchanged at this stage of the process. 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.
- 4.22** The summary of the social care capital expenditure position for Care Homes and Aids & Adaptations is detailed in Appendix 11 and any significant variances affecting the overall position reported are monitored routinely as part of the Council's capital planning process.

2020/21 to 2022/23 Budget Setting

- 4.23** The SMT are working in partnership with the finance team to inform initial 2020/21 to 2022/23 budget projections which include reflecting the Strategic Plan priorities, current pressures which will impact on future years, known transition and demographic pressures, estimations of cost and funding linked to Scottish Government policy, including further increase to living wage levels, the Carers Act, continued extension of free personal care to under 65's, Primary Care Improvement, Mental Health Action 15 and full year impact of 2019/20 approved savings options.

Social Care

- 4.24** With regards to potential funding for social care, the opening position is based on the indicative budget estimates set by WDC on 27 March 2019 for 2020/21 and 2021/22 council services, including the requisition payment to the HSCP Board. These indicative estimates included a savings target for the HSCP Board in line with the predicted reduction in the overall funding allocation to the Council.
- 4.25** The Strategic Lead – Resources is working on the draft Long Term Financial Plan which revises assumptions on the funding settlements, pay award and savings options. This will be presented to elected members on 27 November 2019 at full council meeting. These revised assumptions impact on the level of saving directed to the HSCP Board, but until the details of the Scottish

Government funding settlement is known the original savings target is factored into HSCP budget setting assumptions. With the recently announced date for a December General Election it is unclear as to whether the Scottish Government will be in a position to issue indicative funding allocations as planned in December. Any funding announcement will also be likely to be a one year settlement only.

- 4.26** In mid September Heads of Service were issued with details of the anticipated level of savings required for 2020/21 together with a savings options template to populate with proposals reflecting up to a 7.5% reduction (approximately £5.6m) in existing budget levels. The 7.5% target is a planning assumption which has considered all of the factors detailed in section 4.23 above including the possibility that funding to support policy changes may not be fully funded, i.e. increases to the Scottish Living Wage.
- 4.27** This planning assumption is extremely challenging and will be refined as budget negotiations continue, but it is prudent to develop a range of proposals at this level and will provide HSCP Board members with choice for both 2020/21 and future years as indicative funding levels continue to assume efficiency targets.
- 4.28** More detail on budget planning assumptions and the collated savings options will be presented to both a HSCP voting members budget session and a Joint Staff Forum by the end of November or early December for discussion with a view to presenting a range of proposals at the 11 December Audit Committee.
- 4.29** As stated in 4.25 above it is unlikely that the Scottish Government will issue actual details of the 2020/21 financial settlement mid-December. This will have an impact on the budget setting paper to be considered by WDC at its meeting on 18 December and potentially the final 2019/20 budget setting meeting planned to take place on 4 March 2020.

Health Care

- 4.30** With regards to potential future funding settlements to the HSCP Board from NHSGGC, this too will be impacted by the potential delay of the December budget announcement by the Scottish Government. Initial budget planning scenarios considered by the health board will be presented initially to the Financial Planning and Performance Committee.
- 4.31** Early planning assumptions include a 2% budget uplift for 2020/21. However at this stage it is unclear as to whether the Scottish Government will provide additional funding to cover the third year of the 9% over 3 years pay deal as they did in 2019/20 from the UK Government's "consequential" funding. Given that approximately 75% of the health budget is staffing costs (excluding family health services and resource transfer), then if not fully funded this could result in a budget gap of approximately £0.279m. This coupled with prescribing volatility, general inflationary pressures and the unknown impact of Brexit on future prices, remain the greatest financial risks to the HSCP Board.

- 4.32** Based on these initial assumptions and in line with the position for Social Care described in sections 4.24 to 4.29 above, the Heads of Service were issued with details of the anticipated level of savings required for 2020/21 together with a savings options template to populate with proposals reflecting up to a 5% reduction (approx. £1.6m) of the controllable budget i.e. excluding FHS and resource transfer.
- 4.33** Again this is an extremely challenging task, complicated further by Scottish Government expectations that funding of mental health and addiction services require to be maintained.
- 4.34** In contrast to local authority budget setting requirements, health boards do not have to approve their new year budget before the 31 March. Historically this is done in June, however one of the main action points from the February MSG Report on the Progress of Integration was that health boards should align their budget setting timetables to provide IJBs' with indicative budget offers prior to the end of March 2020 in order to satisfy the legal requirements of the HSCP Board being considered a section 106 body,

5. People Implications

- 5.1** None.

6. Financial Implications

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

7. Professional Implications

- 7.1** The Chief Officer and Chief Financial Officer are required by the Integration Scheme to agree a financial recovery plan (section 4.10 – 4.11 above).

8. Locality Implications

- 8.1** None.

9. Risk Analysis

- 9.1** The main financial risks to the ongoing financial position relate to further increases in demand, failure to deliver the full financial benefit of approved savings programmes, prescribing volatility and the unquantified impact of the United Kingdom's exit from the European Union.

10. Impact Assessments

- 10.1** None.

11. Consultation

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

12. Strategic Assessment

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

Julie Slavin – Chief Financial Officer

Date: 31 October 2019

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Appendices:

- Appendix 1 – Budget Reconciliation
- Appendix 2 – Revenue Budgetary Control 2019/20
(Overall Summary)
- Appendix 3 – Revenue Budgetary Control 2019/20
(Health Care and Social Care Summary)
- Appendix 4 – Analysis of Revenue Variances over £0.050m
- Appendix 5 – Monitoring of Savings
- Appendix 6 – Reserves Update
- Appendix 7 – Recovery Plan
- Appendix 8 – Scottish Government Funding
(2019/20 and Beyond)
- Appendix 9 – Mental Health Action 15 Update
- Appendix 10 – Scottish Government CIG Approval of
Clydebank Health Centre
- Appendix 11 – Capital Programme Updates

2019/20 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved at Board Meeting on 28 March 2019	91,133	67,813	158,946
Period 3 Adjustments			
Family Health Services	416		416
Hep C Funding to Addictions	26		26
Additional 2.54% uplift on Continuing Care	14		14
Full Year Impact of Recurring Adjustments	25		25
Period 4 Adjustments			
Allocation of See Hear Budget from Council		5	5
Camchp33 Wd Sg Superan Uplift	1,128		1,128
Camchp35 Mh Strategy Action 15	94		94
Period 5 Adjustments			
Camchp43 St Margaret's Hospice Superan Uplift	32		32
Gvp19057 Tarrif Reduction - FHS Prescribing	(403)		(403)
Camchp50 Adp Funding	21		21
Uplift Ncl To Hscp - Gds - FHS Other	505		505
Period 6 Adjustments			
Transfer of postages budget to corporate		(4)	(4)
FHS GMS - X Chg Hscps 17c 19-20	(8)		(8)
SESP - Chd Eat Up - West D (PHI)	50		50
SESP - Diabetes - Wd (Adult Community)	20		20
SESP - Ldl Team From Ld To Hscps	12		12
Revised Budget 2019/20	93,066	67,814	160,880

Consolidated Expenditure by Service Area	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	
Older People Residential, Health and Community Care	30,332	14,860	14,443	418	29,630	702	1.4%
Care at Home	11,851	5,382	5,811	(429)	12,708	(857)	-3.6%
Physical Disability	2,539	984	943	41	2,456	83	1.6%
Childrens Residential Care and Community Services (incl. Specialist)	22,016	10,642	11,626	(985)	23,840	(1,824)	-4.5%
Strategy, Planning and Health Improvement	1,801	867	818	48	1,651	149	2.7%
Mental Health Services - Adult and Elderly, Community and Inpatients	8,799	3,975	3,915	60	8,710	89	0.7%
Addictions	2,792	1,378	1,359	19	2,760	32	0.7%
Learning Disabilities - Residential and Community Services	12,075	4,117	4,104	13	12,051	24	0.1%
Family Health Services (FHS)	25,698	13,301	13,301	0	25,698	0	0.0%
GP Prescribing	19,005	9,405	9,405	0	19,005	0	0.0%
Hosted Services	7,292	3,378	3,338	39	7,265	27	0.5%
Criminal Justice	0	45	45	0	0	0	0.0%
Resource Transfer	15,210	7,605	7,605	0	15,210	0	0.0%
HSCP Corporate and Other Services	1,471	(98)	(609)	512	422	1,049	34.8%
Net Expenditure	160,880	75,842	76,105	(263)	161,407	(527)	-0.2%

Consolidated Expenditure by Subjective Analysis	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	
Employee	70,358	34,589	34,134	455	69,028	1,330	0.6%
Property	996	403	329	74	826	170	7.5%
Transport and Plant	1,315	502	522	(20)	1,355	(40)	-1.5%
Supplies, Services and Admin	6,108	1,907	1,628	279	5,422	687	4.6%
Payments to Other Bodies	67,286	29,936	30,192	(256)	67,815	(529)	-0.4%
Family Health Services	25,698	13,301	13,301	0	25,698	0	0.0%
GP Prescribing	19,005	9,405	9,405	0	19,005	0	0.0%
Other	2,087	725	1,655	(930)	4,312	(2,225)	-44.5%
Gross Expenditure	192,855	90,769	91,167	(398)	193,462	(608)	-0.2%
Income	(31,975)	(14,927)	(15,062)	135	(32,056)	81	-0.4%
Net Expenditure	160,880	75,842	76,105	(263)	161,407	(527)	-0.2%

Health Care Net Expenditure	Annual Budget £000's	Year to Date Budget £000's	Year to Date Actual £000's	Year to Date Variance £000's	Forecast Full Year £000's	Forecast Variance £000's	% Variance
Planning & Health Improvements	756	353	341	13	679	78	10.29%
Childrens Services - Community	2,985	1,494	1,632	(139)	3,113	(129)	-4.31%
Childrens Services - Specialist	1,364	649	653	(4)	1,376	(12)	-0.87%
Adult Community Services	9,958	4,677	4,611	67	9,958	0	0.00%
Community Learning Disabilities	607	304	285	19	571	36	5.91%
Addictions	1,816	949	945	3	1,816	0	0.00%
Mental Health - Adult Inpatients	0	0	0	0	0	0	0.00%
Mental Health - Adult Community	3,603	1,748	1,643	105	3,603	0	0.00%
Mental Health - Elderly Inpatients	2,654	1,327	1,417	(90)	2,654	0	0.00%
Family Health Services (FHS)	25,698	13,301	13,301	0	25,698	0	0.00%
GP Prescribing	19,005	9,405	9,405	0	19,005	0	0.00%
Other Services	2,117	621	634	(13)	2,117	0	0.00%
Resource Transfer	15,210	7,605	7,605	0	15,210	0	0.00%
Hosted Services	7,292	3,378	3,338	39	7,265	27	0.36%
Net Expenditure	93,066	45,810	45,810	0	93,066	0	0.00%

Social Care Net Expenditure	Annual Budget £000's	Year to Date Budget £000's	Year to Date Actual £000's	Year to Date Variance £000's	Forecast Full Year £000's	Forecast Variance £000's	% Variance
Strategy Planning and Health Improvement	1,044	514	478	36	973	71	3.42%
Residential Accommodation for Young People	3,649	1,932	1,974	(43)	3,734	(85)	-1.17%
Children's Community Placements	4,999	2,473	2,810	(338)	5,674	(675)	-6.75%
Children's Residential Schools	1,493	783	1,264	(480)	2,454	(961)	-32.16%
Childcare Operations	3,971	1,939	1,971	(32)	4,034	(64)	-0.80%
Other Services - Young People	3,555	1,372	1,322	50	3,454	101	1.42%
Residential Accommodation for Older People	6,478	2,971	2,786	186	6,107	371	2.86%
External Residential Accommodation for Elderly	9,036	5,185	4,999	186	8,664	372	2.06%
Sheltered Housing	1,309	818	799	19	1,270	39	1.47%
Day Centres Older People	1,094	425	470	(45)	1,184	(90)	-4.11%
Meals on Wheels	23	(8)	(11)	3	17	6	13.91%
Community Alarms	(87)	(315)	(310)	(5)	(76)	(11)	6.08%
Community Health Operations	2,520	1,107	1,100	7	2,506	14	0.28%
Residential - Learning Disability	9,454	2,936	2,949	(13)	9,481	(27)	-0.14%
Physical Disability	2,539	984	943	41	2,456	83	1.63%
Day Centres - Learning Disability	2,013	877	870	7	1,999	14	0.36%
Criminal Justice	0	45	45	0	0	0	0.00%
Mental Health	2,542	900	855	45	2,453	89	1.75%
Care at Home	11,851	5,382	5,811	(429)	12,708	(857)	-3.62%
Addictions Services	976	429	413	16	944	32	1.64%
Frailty	750	129	39	90	570	180	12.00%
Carers	677	677	677	0	677	0	0.00%
Integrated Change Fund	20	158	158	0	20	0	0.00%
HSCP - Corporate	(2,093)	(1,683)	(2,117)	434	(2,962)	869	0.00%
Net Expenditure	67,814	30,032	30,295	(263)	68,341	(527)	-0.39%

Budget Details	Variance Analysis				
	Annual Budget	Forecast Full Year	Forecast Variance	% Variance	RAG Status
	£000	£000	£000		

Health Care Variances

Planning & Health Improvements	756	679	78	10%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	Forecast underspend, based on known commitments against discretionary funding, and assumes continuation of Head of Service secondment. (Note - Head of Service post now approved for recruitment. Any part year costs, dependant on date of appointment, will impact on current forecast underspend).				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2019/20 period 6 covering 1 April 2019 to 30 September 2019
Analysis for Variances Over £0.050m

Appendix 4

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status

Childrens Services - Community Service Description	3,231	3,360	(129)	-4%	↓
Main Issues / Reason for Variance	This service provides community services for children Unachievable previous year savings (Historic School Nursing Review not implemented) has been addressed as part of 19/20 financial planning/recovery plan. Forecast overspend relates mainly to recharge of share of previously centrally funded additional Health Visitors, (re SG HV CWT Model).				
Mitigating Action	Action already taken to reverse/offset prior year unachievable savings. Remaining forecast overspend due to recharge of additional Health Visitors recruited centrally. It is assumed, this will be a non recurring pressure.				
Anticipated Outcome	Forecast underspends within PHI, LD and MSK will offset this pressure.				

Social Care Variances

Strategy Planning and Health Improvement Service Description	1,044	973	71	7%	↑
Main Issues / Reason for Variance	This service covers planning and health improvement workstreams This is a number of vacant posts unfilled				
Mitigating Action	No mitigating action is required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				

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Analysis for Variances Over £0.050m

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Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Residential Accommodation for Young People	3,649	3,734	(85)	-2%	↓
Service Description	This service provides residential care for young persons				
Main Issues / Reason for Variance	The main reason for the projected overspend is due to sessional staff being used to cover sickness				
Mitigating Action	Officers will continue to monitor staff sickness levels with a view to minimising the level spend on sessional staff				
Anticipated Outcome	An overspend is anticipated at this time				
Children's Community Placements	4,999	5,674	(675)	-14%	↓
Service Description	This service covers fostering, adoption and kinship placements				
Main Issues / Reason for Variance	This budget is under pressure mainly due the increase in the number of kinship and external foster placements since the start of the financial year with forecast overspend being £0.250m for kinship and £0.490m for external foster placements.				
Mitigating Action	The ability to mitigate is limited due to the statutory nature of this service area				
Anticipated Outcome	An overspend is anticipated at this time				

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Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Children's Residential Schools	1,493	2,454	(961)	-64%	↓
Service Description	This service area provides residential education for children and includes the costs of secure placements				
Main Issues / Reason for Variance	This budget faces pressure due to the high cost packages - since the start of the financial year there has been 8 new placements and 1 secure placement.				
Mitigating Action	The ability to mitigate is limited due to the statutory nature of this service area				
Anticipated Outcome	An overspend is anticipated at this time				
Childcare Operations	3,971	4,149	(179)	-4%	↓
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The projected overspend is mainly due to an increase in agency cover resulting from a delay in recruitment of social worker posts, spend on overtime costs, unachievement of financial turnover targets due to filling of vacant posts and a projected overspend in relation to taxi's for clients and section 12 payments.				
Mitigating Action	It is anticipated at this time that £0.115m relating to the cost of agency cover will be funded from transformation reserves.				
Anticipated Outcome	An overspend is anticipated at this time after taking application of reserves into account.				

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Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Other Services - Young People	3,555	3,454	101	3%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	This budget is anticipated to underspend due to a delay in recruitment of homemakers.				
Mitigating Action	No mitigating action is required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				
Residential Accommodation for Older People	6,478	6,295	183	3%	↑
Service Description	This service provides residential accommodation for older people				
Main Issues / Reason for Variance	The main reason for the projected underspend is the restructure savings £156k in anticipation of the new Clydebank home, combined with the delay in opening 14 additional beds at Crosslet House due to recruitment delays.				
Mitigating Action	No mitigating action is required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				

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Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
External Residential Accommodation for Elderly	9,036	8,664	372	4%	↑
Service Description	External residential and nursing beds for over 65s				
Main Issues / Reason for Variance	There are less clients in residential beds than budgeted. This is partly due to less availability particularly of nursing beds and supporting people at home for longer.				
Mitigating Action	No mitigating action is required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				
Day Centres Older People	1,094	1,184	(90)	-8%	↓
Service Description	Queen Mary, Frank Downie, Crosslet House Daycare, Lunch clubs and daycare				
Main Issues / Reason for Variance	The overspend is mainly due to £60k unachieved income due to late introduction of £10 charge and rules about maximum weeks to charge. Additionally £28k of SDS/Direct payments hasn't been budgeted for.				
Mitigating Action	Savings had been being made where possible in supplies and staffing .				
Anticipated Outcome	Overspend at year end anticipated.				

West Dunbartonshire Health & Social Care Partnership
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Analysis for Variances Over £0.050m

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Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Residential - Learning Disability	9,454	9,576	(122)	-1%	↓
Service Description	This service provides residential care for persons with learning disabilities				
Main Issues / Reason for Variance	The main reason for the overspend is in relation to a potential higher cost care package for one client and additional Scottish Living Wage costs.				
Mitigating Action	It is anticipated at this time that £0.095m relating to additional SLW costs will be funded from living wage reserves.				
Anticipated Outcome	An overspend is anticipated at this time after taking application of reserves into account.				
Physical Disability	2,539	2,456	83	3%	↑
Service Description	This service provides physical disability services				
Main Issues / Reason for Variance	Reduction in packages , one client reduced from 7 sleepovers to none. Transfer of				
Mitigating Action	No mitigating action is required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				
Mental Health	2,542	2,453	89	4%	↑
Service Description	This service provides mental health services				
Main Issues / Reason for Variance	There is a number of vacant posts unfilled as the impact of Action 15 recruitment across Scotland and NHSGCC is rolled out.				
Mitigating Action	No mitigating action is required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Care at Home	11,851	12,708	(857)	-7%	↓
Service Description	This service provides care at home which includes personal care and minor domestic tasks				
Main Issues / Reason for Variance	The main reasons for the projected overspend is due to high levels of projected agency cover of £0.550m and £0.116m in relation to the cost of external care packages. The service is also showing an under recovery of income of is £0.094m due to increases in the number of clients eligible for free personal care.				
Mitigating Action	A service review is ongoing with the aim of increasing service efficiencies and compliance of time recording systems.				
Anticipated Outcome	An overspend is anticipated at this time				
Frailty	750	570	180	24%	↑
Service Description	This service is the new Focussed Intervention Team				
Main Issues / Reason for Variance	While a number of posts have been filled there has been a delay in recruitment resulting in a projected underspend of £0.180m				
Mitigating Action	No mitigating action is required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				

West Dunbartonshire Health & Social Care Partnership
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Analysis for Variances Over £0.050m

Appendix 4

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
HSCP - Corporate	(2,093)	(2,729)	636	-30%	↑
Service Description	This budget contains Corporate spend and income pending allocation to services				
Main Issues / Reason for Variance	The main reason for the projected underspend is due to funding streams for carers, free personal care and investment in integration allocated to partially offset various overspends highlighted above.				
Mitigating Action	No mitigating action is required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				

Efficiency Detail	2019/20 Budgeted Amount	Budgeted Amount Achieved to Date	Comment	At Risk	At Risk	Not At Risk	Additional 2020/21 Budgeted Amount	Additional 2021/22 Budgeted Amount
	£000	£000						
Health Care								
Service Redesign and Realignment	164	164			0	164		
Re-design Community Childrens Services Support	133	0			133	0		
Re-design Specialist Childrens Services Staffing Complement	15	15	No		0	15		
2018/19 Budgetary Control Recovery Plan continuing into 2019/20	275	239			0	275		
Total Health Care	587	418			133	454	0	0
Social Care								
Review of client support packages	280	231			0	280	170	25
Redesign of HSCP Management	50	50	No		0	50	0	0
Cease night shift cover in three WDC sheltered housing complexes	65	27	No		0	65	0	0
Review Social Worker complement within Adult Care Team (Physical Disability)	12	0	No		0	12	0	0
Review of administrative support within Children and Families Team	41	17	No		0	41	0	0
Reduce provision of external residential beds	250	167	No		0	250	350	0
Housing Support - Spend to Save Project. Move to Core and Cluster Model of Support. Phase 1 - refurbishment of WDC flats	10	10	Yes		10	0	0	0
Housing Support - Spend to Save Project. Move to Core and Cluster Model of Support. Phase 2 - New Build Bungalow	40	0	This saving will be delayed due to process of the new build project. Comprised of a main building with 6 bedrooms and smaller satellite buildings with 4 bedrooms St Andrews is now anticipated to open Spring 2020. The client mix to be housed in this development is currently under review which is likely to impact on the level of savings able to be generated from this support model. A detailed business case will require to be developed to determine both the level of savings that can be achieved and the timing of when those savings can be realised.	Yes	40	0	140	0
Service Redesign and Realignment	213	75	Redesign of evening meal service at risk due to ongoing work re service being provided internally and this saving will not be achieved in 19/20.		91	122	153	39
2018/19 Budgetary Control Recovery Plan continuing into 2019/20	301	270	Care home mileage and training saving is at risk as while the budget was removed as part of the 2019/20 budget setting process the work required within CM2000 has not been implemented and there is a resulting overspend in travel costs.		10	291	70	0
Total Social Care	1,262	846			151	1,111	883	64
2019/20 Uplift in income from SFC Agreed by Council on 27 March 2019								

	Efficiency Detail	2019/20 Budgeted Amount	Budgeted Amount Achieved to Date	Comment	At Risk	At Risk	Not At Risk	Additional 2020/21 Budgeted Amount	Additional 2021/22 Budgeted Amount
		£000	£000						
	Implement an alarm charge for internal Sheltered Housing based on £5 per week	40	0	Still in negotiation with Housing Services regarding how to implement this charge. Unlikely to be achieved in 19/20.	Yes	40	0	23	0
	Increase Community Alarm charge to £5 per week	228	228		No	0	228	0	0
	Roll up current individual charges for transport & meals into one £10/day charge for Day Opportunities	54	33	Charge not implement until the second quarter of the financial year	Yes	21	33	0	0
	Charging £10 for Day opportunity	16	0	External day centres charge not being applied in 19/20	Yes	16	0	0	0
	Roll up current individual charges for transport & meals into one £10/day charge for Day Opportunities	40	40		No	0	40	20	20
	Total 2019/20 Uplift in Income	378	301			77	301	43	20
	Total 2019/20 Efficiencies and Management Adjustments	2,227	1,565			361	1,866	926	84

Analysis of Reserves	Opening Balance as at 1 April 2019	Application of Reserves Previously Reported	Forecast Closing Balance as at 31 March 2020 Previously Reported	Further Forecast Movement	Forecast Closing Balance as at 31 March 2020	Notes
	£000	£000	£000	£000	£000	
Unearmarked Reserves						
Unearmarked Reserves	(2,457)	293	(2,164)	(230)	(2,394)	Draw down of reserves as part of recovery plan
Total Unearmarked Reserves	(2,457)	293	(2,164)	(230)	(2,394)	
Earmarked Reserves						
GIFREC Council	(6)	6	0		0	Will be fully spent in 2019/20
Criminal Justice - Transitional Funds	(71)	0	(71)		(71)	Ring fenced Scottish Government grant that will be used for transition officers post funding
Carers Funding	(183)	0	(183)		(183)	Needs to be fully assess as further £0.340m available in 2019/20 budget
Social Care Fund - Living Wage	(773)	95	(678)		(678)	£0.450m transferred to general reserve 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)	276	(695)	13	(682)	Draw down related to SACRO costs and increase agency cover for social workers within Children & Families. Approved expenditure on fixed term posts supporting HR and Transformation will also be funded from this reserve.
Integrated Care Fund	(420)	0	(420)		(420)	Now mainlined funding and although there are sill 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.
Delayed Discharge	(103)	0	(103)		(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 with WD HSCP (see ICF comment above)
GIFREC NHS	(99)	40	(59)		(59)	Scottish Government earmarked non recurring funding with conditions of spend - Information sharing/technology portal development in relation to GIRFEC for HSCP's. Further planned spend via NHSGGC in 19/20 will require drawdown from this reserve.
DWP Conditions Management	(174)	7	(167)		(167)	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 employees. Drawdown required year on year dependant on placement of displaced staff.
TEC (Technology Enabled Care) Project	(146)	80	(66)		(66)	Scottish Government non recurring grant funding for technology enabled care project. Fixed term post and purchase of equipment and text bundles will see reserves fully drawn down by 20/21.
Primary Care Transformation Fund (including Cluster Lead Funding)	(260)	0	(260)		(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 Initiative	(125)	60	(65)		(65)	Reserve created from in year staff underspends within hosted MSK physiotherapy service to ensure delays/pressures in waiting times can be addressed. Temporary Project Manager, additional hours and use of locum's will be funded from this reserve in 19/20.
Retinal Screening Waiting List Grading Initiative	(60)	30	(30)		(30)	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.

Analysis of Reserves	Opening Balance as at 1 April 2019	Application of Reserves Previously Reported	Forecast Closing Balance as at 31 March 2020 Previously Reported	Further Forecast Movement	Forecast Closing Balance as at 31 March 2020	Notes
	£000	£000	£000	£000	£000	
GP Premises improvement Funding	(68)	68	0		0	The amounts allocated back to IJB's was estimated based on GP data, so the amount required across NHSGCC is still being considered as allocation will be linked to need. Local funding may be required to enhance this fund.
MSK Ortho Project	0	0	0		0	
MSK Govan SHIP Project Funding	0	0	0		0	
Prescribing Reserve	(369)	0	(369)		(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)	123	0		0	Required to fund 19/20 Action 15 expenditure, per SG confirmation of use of Reserves Funding before further allocations are released.
Primary Care Improvement Fund	(482)	482	0		0	Required to fund 19/20 PCIP expenditure, per SG confirmation of use of Reserves Funding before further allocations are released.
Alcohol and Drug Partnership	(290)	290	0		0	Required to fund 19/20 ADP Local Improvement expenditure, per SG confirmation of use of Reserves Funding before further allocations are released.
Total Earmarked Reserves	(4,723)	1,557	(3,166)	13	(3,153)	
Total Reserves	(7,180)	1,850	(5,330)	(217)	(5,547)	

Ref	Service Area	Recovery Action Proposed	Estimated Benefit £ 000's	Responsible Officer	Further Explanation of Rationale of Proposal
1	Care at Home	Following on from internal audit review of charging all clients to be reviewed for chargeable practical care tasks	25	Lynne McKnight	Focus on ensuring new referrals have financial information to allow application of charge as appropriate, at the earliest opportunity.
2	Care at Home	Early review of provision maximising internal contracted hours.	23	Lynne McKnight	Constant review of external service provision to determine availability within in-house provision within current contracted hours.
3	Care at Home	Maximising efficiency of in-house provision by reviewing shift patterns as vacancies occur reducing the requirement for agency cover	11	Lynne McKnight	Dependent on staff turnover to define appropriate replacement shift pattern
4	Care at Home	Continued scrutiny of implementation of attendance management policy to reduce current absence levels	20	Lynne McKnight	Regular audit of application of attendance management policy
5	Care at Home	Revision of scheduling for client visits based on identified needs	6	Lynne McKnight	Restriction in client choice, meeting needs, but not taking account of preferences
6	Care at Home	Review process for new services to be implemented after 2 weeks	20	Lynne McKnight	Note – dependent on capacity of assessors / reviewers
7	Care at Home	Increase resource transfer allocation in relation unallocated continuing care funding within Health	153	Jo Gibson	As referred to in 28 March budget setting report
8	Children and Families	Media campaign to recruit local foster carers to reduce spend on external placements	30	Jean Cameron, Kathy Currie	External foster care places can cost in excess of 60% more than a local foster carer
9	HSCP Corporate and Other Services	Capitalisation of staff costs in relation to various ICT projects	163	Wendy Jack	Subject to approval capitalisation of staff costs in relation to systems development linked to CareFirst and systems oversight of move to Clinical Portal and the development of dashboards to ensure robust performance information.
TOTAL			451		

Scottish Government Funding	Included within Earmarked Reserves	2019/20 Allocation	Funding Confirmed
	£000	£000	Yes/No
Primary Care Improvement Fund	482	1,037	Yes
Mental Health Action15	123	311	Yes
Alcohol and Drug Partnership	290	311	Yes
Free Personal and Nursing Care for Under 65's	0	485	Yes
Implementation of the Carer's Act	0	186	Yes
Investment in Integration *	0	1,907	Yes
School Counselling Services	0	226	Yes
Total	895	4,463	

* Including delivery of the Living Wage and uprating Free Personal Care

Integrated Authority :	West Dunbartonshire
Date of completion :	18/10/2019

Table 1 : Financial Investment (SG) and Share of '800'

Investment and Workforce	2018/19	2019/20	2020/21	2021/22	Total
Projected Share of National Investment	£199,776	£308,745	£435,875	£581,167.00	£1,525,563
Minimum Workforce (pro-rata share of 800)				14.56	

Action : Please provide the number (WTE) employed covering the period **2 July to 1 October 2019**. Please identify the setting, and specify the broad professional group.
Other Settings - please provide details on the specific settings (ie School, Hospital etc). Please confirm setting of any 3rd Sector employment
Impact - please provide examples of the impact the additional workforce is having.

Table 2 : Please report Whole Time Equivalent (WTE)

Financial Year (to 1st April 2020)	A&Es	Custody Suites	GP Practices	Prisons	Other Settings	Total (to date)	Impact (comments)
	(by broad professional group)	(by broad professional group)	(by broad professional group)	(by broad professional group)	(by broad professional group)		
2019-20		0.25			1.00	1.25	Continued recruitment of MH staff to support GG&C Board Wide Police Custody Services and local recruitment via Third Sector, of Peer Support Worker - based within Third Sector premises, with in-reach to local Community Mental Health teams, providing ongoing support and signposting and preventing repeat presentation to GP's with relapsing Mental Health issues
Of which how many have a specific focus on Children and Young Peoples Mental Health					0.00	0.00	

WTE in post as of 1st October 2019 -

Action 15 Mental Health - Workforce commitments - Please Read

Please provide any updates to the planned workforce numbers associated with each of the four key settings over the next four years. We appreciate this may be challenging, but in considering development of Action 15 plans it would be helpful if you could demonstrate your workforce needs. Workforce figures provided should be WTE.

The Action 15 commitment will see IAs delivering against the agreed national target of a WTE increase of 800 mental health workers by 2022. Please note therefore that our general expectation is that each IA should, by the end of the funding period, at minimum have met their NRAC share of that 800 and/or have agreed an alternative approach with other IAs which ensures that the target is met. Delivery of this target is a Ministerial priority, and a requirement of funding.

Other Settings - please provide details on the specific settings (ie School, Hospital etc)

Comments - please add in any specific information about plans the plans that would aid understanding of impact and benefit

Integrated Authority :	West Dunbartonshire
Date of completion :	18/10/2019

The following table is the workforce planned as of 1 October 2019.

Table 3 : Profiling Whole Time Equivalent (WTE) until 2022

ACTION : Have you changed your planned workforce from the previous return? If so please update table 3 if there are changes from the previous return. Please ensure you comment below if changes have been made setting out reasonings. If you do not complete this table we will assume there are no changes from your previous return

Financial Year	A&Es (by broad professional group)	Custody Suites (by broad professional group)	GP Practices (by broad professional group)	Prisons (by broad professional group)	Other Settings (by broad professional group)	(Financial Year) Total	Comment
2018-19					1.27	1.27	Contribution to GGC Wide directly employed staff including clinicians, nurses, social workers, training co-ordinators working in hospitals (discharge planning teams), specialist MH services (Borderline Personality Disorder) & training frontline staff to support mh programmes; these posts will impact on referrals to GP practices and acute services by improving accessibility to specialist MH services.
<i>Of which how many have a specific focus on Children and Young Peoples Mental Health</i>					1.00	1.00	This post will develop and support the local Adverse Childhood Experiences (ACEs) agenda and Hub in conjunction with WDHSCP Health Improvement Team, Children's Health Team and Mental Health Services. This is a local priority area for West Dunbartonshire and this post will meet workload demands and support ongoing local developments across a variety of settings.
2019-20	0.57	0.33	4.10	0.33	3.27	8.60	19.20 will see an expansion of WTE GGC Wide within specialist services including Adult Acute Liaison and OOH CPNs all of which will reduce demand on acute settings & GP practices; the Peer supported Recovery program will also commence and there will be an increase to Psychological interventions in Prisons. Note - GGC Wide 19.20 changes from Qtr 3 Return (Prisons WTE increased from 0.25 to 0.33 WTE, Other - reduced by 0.17 WTE). Local recruitment to Wellbeing Nurse posts and development of Counselling and Peer Support services with Third Sector Partner's will further improve access to MH Services and relieve pressure on GP Practices. (No change to local WTE's in this return v's Quarter 3).
<i>Of which how many have a specific focus on Children and Young Peoples Mental Health</i>						0.00	
2020-21	0.49		1.62	0.43	0.33	2.87	Continued expansion of programs in all areas; ongoing development and increase of WTE. Note - changes from Q3 Return - Other settings +0.17WTE Other Settings - offsets -0.17WTE reduction in 19.20 forecast figure (due to recruitment delays on GGC wide staffing no's). No change to local WTE's in this return v's Qtr 3.
<i>Of which how many have a specific focus on Children and Young Peoples Mental Health</i>						0.00	
2021-22			1.00			1.00	Continued expansion of local Wellbeing Nurse posts across West Dunbartonshire locality.
<i>Of which how many have a specific focus on Children and Young Peoples Mental Health</i>						0.00	
Total	1.06	0.33	6.72	0.76	4.87	13.74	

Integrated Authority :	West Dunbartonshire
Date of completion :	18/10/2019

Have changes been made? If so please provide detail here:

Small increase in share of WDHSCP GGC wide Prison MH staff contribution (+0.18 WTE). Delays in GGC wide recruitment process has reduced 19.20 forecast within Other settings - no overall reduction, as 2020.21 forecast WTE has increased. We have a number of forums such as the MH Programme Board, MH Implementation Group, MH Finance group and dedicated workstream groups in which we are monitoring the progress of the MH 5yr Strategy including the performance of our current Action 15 programs, reviewing outcomes and planning for expansion as necessary where we identify gaps. These groups meet regularly (generally 4-6 week cycle) and their work is expected to result in further increases to our planned workforce WTE during 19.20 and 20.21. (West Dunbartonshire contribution to GGC Board-wide plans).

Each Financial Year should specifically identify the additional workforce planned during the year. For example, if 2 FTE Psychologists are to be employed in 2018-19 in a Prison setting,

but no additional people are to be employed in future years in the Prison setting, the 2019-20, 2020-21 and 2021-22 (Prisons) would be zero. The Total row for Prisons would then be '2'

Total should provide the cumulative total of workforce, overall and by setting.

Please provide detail on the impact expected as a result of the additional WTE (e.g reduction in pressures around GP practices)

The development of GGC Wide computerised CBT services will support GP practices in relation to accessing psychological therapies for patients. Work is underway to review the pathways from Primary Care to Specialist MH services to ensure that GPs have greater access to services for patients requiring psychiatric interventions. A range of training programmes are currently being developed for frontline staff both from HSCPs and 3rd sector partners to support MH First Aid, Suicide Prevention and Social Isolation. This training programme will support the planned reduction to attendance at GP practices. The Bipolar Hub is an innovative partnership with a 3rd Sector organisation, Bipolar Scotland, to ensure the provision of evidence based holistic care and treatment for individuals with Bipolar disorder across Greater Glasgow & Clyde. This model has been successfully implemented for other conditions, most notably for Dementia and Addictions. and will have a direct referral route from Primary Care Services. We will contribute to a number of specific programmes to support Accident and Emergency services particularly the development of out of hours CPN services, the further development of Crisis Teams and the introduction of liaison Psychiatry Services for the Acute sector. In addition we have specifically funded a range of posts to support Police Custody Services and services to enhance our Prison Health Care services. Locally, the Wellbeing Nurse posts to be based in GP Practices, will provide clear signposting and early intervention in cases of distress, reducing pressure on GP's and preventing escalation to A&E. Similarly, the Peripatetic Physical Health Care post, through early intervention, will reduce pressure on GP's and A&E. The introduction of Third Sector based Peer Support Workers locally will benefit mainly GP's, and to an extent, A&E, as repeat presentation due to relapsing Mental Health concerns should reduce.

Have you placed FTE under 'Other Settings'? If so please provide detail on those roles, where they would be based and details on the recruitment e.g. Third Sector etc.

Peer Support Workers will be recruited via the Third Sector and based within their premises, with in-reach to local Community Mental Health teams, providing ongoing support and signposting and preventing repeat presentation to GP's with relapsing Mental Health issues. The ACES relationship development post is a directly recruited (NHS) post, based within the HSCP's Health Improvement Team, with links to Children's Health and Community Mental Health Team. See Children and Young People note below for more details. Also see Glasgow HSCP Comments and Explanations for Other Settings, as West Dunbartonshire HSCP contribute and benefit from many of these posts based within Other Settings for Board Wide recruitment.

Please add in relevant comments and explanations regarding the investment and employment to date

Investment is mainly directed at recruitment of new posts both locally and as part of GGC wide projects, as well as developing support services with Third Sector partners. A number of project groups have been established and a financial framework has been developed as part of the governance arrangements across GGC wide projects. Recruitment is progressing and it is expected that local and GGC wide posts will be filled in line with planned workforce FTE's for 2019/20, providing a network of additional support to Primary Care and Acute Sector.

Please add in comments regarding workforce planning. If you have not fully projected your minimum allocation by 2022, how are you taking this forward?

Continued local and GGC wide planning, development and review during 2019/20 will inform local decision making process to ensure minimum workforce allocations are met by 2022.

Have you recruited mental health workers with a focus on Children and Young People? If so, please provide detail

This post will develop and support the local Adverse Childhood Experiences (ACEs) agenda and Hub in conjunction with WDHSCP Health Improvement Team, Children's Health Team and Mental Health Services. This is a local priority area for West Dunbartonshire and this post will meet workload demands and support ongoing local developments across a variety of settings, with long term goal of positively impacting number of GP and A&E presentations due to early intervention work.

Director-General Health & Social Care and
Chief Executive NHSScotland
Malcolm Wright



Scottish Government
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Jane Grant
Chief Executive
NHS Greater Glasgow and Clyde
J B Russell House
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow, G12 0XH

28 October 2019

Dear Jane

NHS Greater Glasgow and Clyde – Clydebank Health and Social Care Centre – Full Business Case Addendum

The above Full Business Cases Addendum were considered by the Health Directorates' Capital Investment Group (CIG) at its meeting on 8 October 2019 and CIG has recommended approval. I am pleased to tell you that I accept that recommendation and now invite you to proceed to financial close for the Clydebank Health and Social Care Centre.

You will be aware that the Scottish Government is progressing policy to improve the safety of the healthcare environment in relation to built environment risks in its broadest sense, including Healthcare Associated Infections (HAI). It will be important that once the new body is established that your project team works closely with it to ensure that your new health and social care centre reflects best practice and is a safe and high quality new build.

A public version of the document should be sent to the CIG mailbox (NHSCIG@gov.scot) within one month of receiving this approval letter. It is a compulsory requirement within the Scottish Capital Investment Manual, **for schemes in excess of £10 million**, that NHS Boards set up a section of their website dedicated specifically to such projects. The approved Business Cases / contracts should be placed there, together with as much relevant documentation and information as appropriate. Further information can be found at <http://www.pcpd.scot.nhs.uk/Capital/scimpilot.htm>

I would ask that if any publicity is planned regarding the approval of the business case that NHS Greater Glasgow and Clyde liaise with SG Communications colleagues regarding handling.

Yours sincerely

Malcolm Wright
Director General for Health & Social Care and Chief Executive of NHSScotland

Month End Date 30 September 2019

Period 6

Budget Details	Project Life Financials					
	Budget	Spend to Date		Forecast Spend	Variance	
	£000	£000	%	£000	£000	%

Special Needs - Aids & Adaptations for HSCP clients						
Project Life Financials	757	357	47%	757	0	0%
Current Year Financials	757	357	47%	757	0	0%
Project Description	Reactive budget to provide adaptations and equipment for HSCP clients.					
Project Lifecycle	Planned End Date	31-Mar-20	Forecast End Date	31-Mar-20		
Main Issues / Reason for Variance						
Reallocation of expenditure currently coded through HSCP Revenue Aids & Adaptations budget.						
Mitigating Action						
None required.						
Anticipated Outcome						
Provision of adaptations and equipment to HSCP clients as anticipated.						

Month End Date 30 September 2019

Period 6

Budget Details	Project Life Financials					
	Budget	Spend to Date		Forecast Spend	Variance	
	£000	£000	%	£000	£000	%

Replace Elderly Care Homes and Day Care Centres						
Project Life Financials	27,463	19,222	70%	27,463	0	0%
Current Year Financials	8,824	2,925	33%	8,824	0	0%
Project Description	Design and construction of replacement elderly care homes and day care centres in					
Project Lifecycle	Planned End Date	27-Mar-20	Forecast End Date	24-Apr-20		
Main Issues / Reason for Variance						
<p>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.</p>						
Mitigating Action						
<p>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.</p>						
Anticipated Outcome						
<p>New Care home provision in Clydebank currently delayed as indicated above</p>						

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

13 November 2019

Subject: Audited Annual Accounts 2018/19

1. Purpose

- 1.1** To inform the Health and Social Care Partnership Board that the 2018/19 Audited Annual Accounts for the year ended 31 March 2019, after presentation of an unqualified audit opinion, were duly approved by the 25 September 2019 Audit Committee.

2. Recommendations

- 2.1** The Board is recommended to:

- Note the previous recommendation of the HSCP Board of 7 August 2019 to remit the approval of the Annual Report and Accounts to the 25 September 2019 Audit Committee for the financial year 2018/19; and
- Note the reported outcome of an unqualified audit opinion for the Annual Accounts for the year ending 31 March 2019.

3. Background

- 3.1** The Annual Report and Accounts for the West Dunbartonshire HSCP Board were prepared in accordance with appropriate legislation and guidance. An overview of the process, legislative requirements and key stages was set out in the previous report to the HSCP Board of 7 August 2019.
- 3.2** The Annual Accounts of the IJB must be published by 31 October and any further reports by the External Auditor by 31 December immediately following the year to which they relate. Accordingly a signed copy of the 2018/19 Annual Accounts and Audit Report has been made available on the West Dunbartonshire HSCP website.

4. Main Issues

- 4.1** The Annual Report prepared by the Board's external auditors, Audit Scotland, confirms that the 2018/19 Annual Report and Accounts are unqualified, meet legislative requirements, have no significant issues and confirm sound governance.
- 4.2** This is laid out in the Audit Certificate (ISA 260) which was signed by the Fiona Mitchell-Knight, Audit Director, Audit Scotland on 26 September 2019, following approval of annual accounts at the 25 September Audit Committee

and can be found here: <http://www.wdhscp.org.uk/media/2256/hscp-audit-committee-supplementary-agenda-and-reports-250919.pdf>

- 4.3** Also included in the September meeting papers (link above) is the 2018/19 Annual Audit Report prepared by Audit Scotland. This presents an unqualified audit opinion for the annual accounts for the year ending 31 March 2019 together with the key findings and messages from the audit.
- 4.4** During the course of the audit there were some presentational adjustments identified, mainly around the flow of the Management Commentary to ensure consistency with the financial statements. These adjustments made no impact on the reported financial performance and levels of usable funds as previously reported to the HSCP Board and are detailed within the regular Financial Performance Reports.
- 4.5** The Chief Financial Officer would like to extend thanks to colleagues from Audit Scotland for their advice and assistance during the audit of the accounts. Also to accountancy and finance staff within the partnership and both partner organisations, acknowledging the high quality, detailed work involved in the year end closure.
- 5. People Implications**
 - 5.1** None associated with this report.
- 6. Financial Implications**
 - 6.1** The HSCP Board achieved a surplus of £1.038m in 2018/19, which will be retained in accordance with the Integration Scheme and Reserves Policy.
- 7. Professional Implications**
 - 7.1** Integrated Joint Boards are specified in legislation as 'section 106' bodies under the terms of the Local Government Scotland Act 1973, and consequently are expected to prepare their financial statements in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.
- 8. Locality Implications**
 - 8.1** None associated with this report.
- 9. Risk Analysis**
 - 9.1** The Annual Accounts identify the usable funds held in reserve to help mitigate the risk of unanticipated pressures from year to year.

10. Impact Assessments

10.1 None required.

11. Consultation

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

12. Strategic Assessment

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

Author: Julie Slavin – Chief Financial Officer,

Date: 13 October 2018

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: None

Background Papers: Audit Committee June 2019 – Draft Unaudited Annual Accounts

Audit Committee September 2019 – Item 5 – 2018/19
Final audited Annual Accounts and
Item 4- 2018/19 Annual Audit Report – Audit Scotland

Audit Scotland – Good Practice Note on Improving the
Quality of Local Authority Annual Accounts

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Health & Social Care Board 13 November 2019**

Subject: Britain leaving European Union update**1. Purpose**

- 1.1** The purpose of this report is to provide members with an update on Britain leaving the European Union – Brexit.

2. Recommendations

- 2.1** Members are asked to note the contents of this report and attached action plan.
- 2.2** Members are asked to support officers to ensure that preparatory actions will be taken and officers will continue to participate with the council and health board in contingency planning arrangements to manage the consequences of Brexit.

3. Background

- 3.1** There has been significant speculation that there is an increased likelihood that the UK may not exit the European Union on 31st October 2019 as such there continues to be transition arrangements and/or uncertainty about future arrangements.
- 3.2** As a Health and Social Care Partnership, this uncertainty has meant that this report has been prepared based on current best understanding of the potential risks and implications to health and social care services in West Dunbartonshire. Within this context, this report focuses on immediate or short-term impacts (and therefore excludes at this stage any less immediate impacts arising from any wider macro-economic impacts such as reduced NDR income, increased demand for services arising from any economic downturn).
- 3.3** Both West Dunbartonshire Council and NHS Greater Glasgow and Clyde have working groups focusing on the issues and challenges linked to Brexit; officers from the HSCP have been actively participating within the planning undertaken within these groups. In addition, community planning partners have been providing briefings and updates through existing networks for example Police Scotland and Fire & Rescue Scotland.

4. Main Issues

- 4.1** The attached action plan identifies areas identified to date, by health and social care services, and the mitigating actions being undertaken. The themes of issues / risks identified are based upon the Scottish Government planning assumptions. The document will remain live, and regularly updated throughout the response to any “No Deal” EU Exit, or delay of Article 50. This action plan has been published by Scottish Government and shared locally with partners for input and updating.
- 4.2** The key areas included are:
- Transport - key medicines/equipment may be delayed
 - Reduction, delay or stoppage in supply of medicines and medical supplies specially, radiopharmaceuticals, blood products, medical devices and clinical consumables
 - Reduction, delay or stoppage in supplies of other consumables including food for residential services
 - Certain types of fresh food supply may decrease / prices of certain foods may increase
 - Care Home Closures – care being handed back to HSCP
 - Loss of staff – both highly skilled and lower skilled / entry level
 - Significant impact on support for older/disabled people
 - Increase in unscheduled care and delayed discharge
 - Social care providers willing but unable to meet requirements
 - Children and Families Social Work Section 12 payment - may increase due to increase food costs and inflation putting pressure on HSCP to fund those falling below the headline
- 4.3** The action plan lays out the specific issues for HSCPs and the mitigating actions which are being undertaken and where there will be ongoing pressures within the whole system.

5. People Implications

- 5.1** As previously reported, the HSCP has been able to plan to mitigate against significant people implications. There continues to be ongoing work with partners in the third and independent sector to ensure planning is in place.

6. Financial Implications

- 6.1** It is currently unknown what the implications will be for HSCP, officers continue to actively participate in professional networks and existing structures to plan and mitigate against risk as far as possible. Continuing financial modelling and planning is underway and is updated on a regular basis.

7. Professional Implications

7.1 It is currently unknown what the implications will be for HSCP, officers continue to actively participate in professional networks and existing structures to plan and mitigate against risk as far as possible.

8. Locality Implications

8.1 It is currently unknown what the implications will be for HSCP, officers continue to actively participate in professional networks and existing structures to plan and mitigate against risk as far as possible.

9. Risk Analysis

9.1 The risks associated have been outlined within the Action Plan. The most effective mitigation strategy will be to work with West Dunbartonshire Council and NHS Greater Glasgow and Clyde in the application of Government guidance to minimise disruption.

10. Impact Assessments

10.1 The HSCP has been and remains in close dialogue with its resilience partners in both the Council and the NHS Board in relation to the implementation of government guidance.

11. Consultation

11.1 There is no consultation required for this report.

12. Strategic Assessment

12.1 The HSCP Strategic Plan lays out the commitment to provide safe and high quality support and services to and with the people of West Dunbartonshire. This will continue to be the focus of the HSCP as the UK leaves the European Union.

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

Date: 25th October 2019

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

Appendices: Appendix1 [Get ready for Brexit - GOV.UK](https://www.gov.uk/get-ready-for-brexit)

Background Papers:

Wards Affected: All

West Dunbartonshire HSCP
EU- Exit Assurance Action Plan – October 2019

Appendix 1

Background: The themes of Issues/Risks identified are based on the Scottish Planning assumptions. This document will remain live, and regularly updated throughout the response to any “No Deal” EU Exit, or delay of Article 50.

Travel, Freight & Borders			
Broad Risk	WD HSCP Impact	Action/Mitigation	Comments Updated – Jen Watt October 2019
Transport	<ul style="list-style-type: none"> - Key medicines/equipment may be delayed 	New transport routes and being determined by UK and Scottish Governments	Radioisotopes with short shelf lives will be transported via air freight routes to help preserve
Disruption to Service			
Broad Risk	WD HSCP Impact	Action/Mitigation	Comments Update - Jen Watt/ Lynda Dinnie October 2019
Reduction, delay or stoppage in supply of medicines and medical supplies specially, radiopharmaceuticals, blood products, medical devices and clinical consumables	<ul style="list-style-type: none"> - While this issue is being coordinated nationally by the NHS, there is potential impact on Care Homes, Care at Home and Healthcare. - A shortage of some medicines has been reported but not necessarily attributable to EU-Exit. This is BAU but has seen a recent increase. 	<p>Continue the positive dialogue with GPs and Pharmaceutical colleagues that have been in place.</p> <p>Liaison with Sally Johnston, Civil Contingencies Officer, NHS GGC - Department of Health and Social Care (DHSC) /UK Government urged the NHS not to take steps to stockpile medicines beyond business as usual levels and to maintain normal prescription lengths. Pharmaceutical companies have been asked to stockpile an additional 6-week supply of medicines with a supply touch point in the EU and reroute supply routes away from the ‘short straits’ ensuring continuity of medical supplies to NHS and social care providers</p> <p>WD HSCP to consider alternative</p>	<p>NHS have nationally provided updates as follows: Pharmacy team have reviewed & updated local processes for managing medicines shortages including assessing whether additional staffing resource is required.</p> <p>The formation of a senior pharmacy incident response team has been agreed to address urgent and emerging issues with medicines supply if these increases significantly following a no deal exit.</p> <p>UK Govt needs to ensure that regulatory and licencing arrangements are in place to ensure continued access to medicines, medical supplies and medical radioisotopes. SG has established a Scottish Medicine Shortage Response Group which will review evidence and intelligence, recommend action, and instigate escalation to the UK Medicines Shortage Group, of which SG is a member.</p>

Reduction of Clinical Consumables	<ul style="list-style-type: none"> - Insufficient Incontinence Care Products, Hand Hygiene Products, Aprons, Bibs gloves, moving handling products etc 	<p>supplies to maintain BAU.</p> <p>Pharmacy teams are constantly reviewing and updating local processes for managing medicine shortages</p> <p>WD HSCP to identify a commissioning lead who report shortages to NSS Triage</p> <p>Incontinence Care products are hosted across GGC so any additional cost would be picked up by the host.</p> <p>Hand Hygiene Products – Care Homes and Home Care Teams estimate that 6K per month is spent on aprons, bibs and gloves, pressure care products and protective clothing. However, this is only for HSCP internal services.</p> <p>Moving and Handling products – this type of equipment is purchased through Equipu contracts – Glasgow are the lead host authority therefore</p>	<p>With regards to “clinical consumables” the bulk of these are done monthly to maintain BAU. Guidance now states that a minimum of a 6-week should be purchased. A survey has since been received from Scotland Excel on “clinical supplies”. This has since been returned.</p>
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		would be responsible for any additional costs.	
Certain types of fresh food supply may decrease / prices of certain foods may increase	<ul style="list-style-type: none"> - Potential additional costs for services that purchase / supply food - Impacts on food provision at care homes and children homes. Possible food increase of 20%. 		<p>Surveys have been sent to Care Homes to ask them to review contingencies. Only 20% responded; those who did reply advised there was no immediate risk to workforce as mainly local British Nationals.</p> <p>Facilities Services maintain a very limited stock of tinned and dried food that is maintained year round, in case of single premise emergencies – while this is not EU Exit specific, it could be utilised in the event of a localised issue being experienced.</p> <p>At this stage, and in line with Scottish Government and COSLA advice, there is no intention to stock pile beyond this contingency as storage capacity and freezer space prohibits this.</p> <p>In addition catering managers and cooks have their own procurement cards which they presently use to purchase provisions via Scot Exel Suppliers however the cards can also be used elsewhere if necessary.</p>

			Potential additional expenditure has been highlighted to CoSLA on our submission of their Brexit Cost template
Care Home Closures	<ul style="list-style-type: none"> - Commissioned care being handed back to HSCPs 	<p>Central Procurement has contacted all external providers of care services – Care homes, Home Care and Supporting Living to complete a template which covered across staffing and supply chain.</p> <p>Surveys sent to Care home to review their EU-Exit preparedness</p>	The response was poor with around 20% returning surveys. However, those who did reply didn't highlight any immediate risks to workforce as those employed are mainly British Nationals. Although, concern about the availability of fresh food and medicines was highlighted.
Workforce			
Broad Risk	WDC HSCP Impact	Action/Mitigation	Comments - Serena Barnett – Updated September
Loss of staff – both highly skilled and lower skilled / entry level	<ul style="list-style-type: none"> - Impact on Care for People. Agency Staff - Potential risk if contracts are subcontracted companies employing EU nations - Increased pressure on unpaid carers - Potential Failures of external providers delivering Care at Home due to staff shortages - The impact of EU withdrawal may result in a loss of skilled labour in key sectors. Whilst construction is one obvious area of risk where skilled labour is already tight, 	<p>Signposting of key information / support in relation to EU Workers within the Council</p> <p>https://www.gov.scot/brexit/</p>	<p>90% of Care at Home is delivered by Council Workforce with no immediate concerns around EU Nationals. In addition, WDC does not have reliable figures for the numbers of EU nationals living and working in West Dunbartonshire. WD HSCP has deemed this risk as LOW</p> <p>The Council itself invests in apprenticeships training and works closely with local Colleges to increase the number of apprenticeships in specific areas of predicted demand. However, these actions will not be of sufficient scale and will not address short term shocks to labour supply. Shocks can also be expected in Health and Social Care and Hospitality</p> <p>The loss of EU workers will inevitably drive up demand for labour, and the current labour pool in the City Region cannot easily and quickly replace these people. As a consequence one can anticipate pressures on the supply</p>

	<p>West Dunbartonshire also has a significant Healthcare workforce in the Golden Jubilee Hospital which is due to expand as an NHS centre of excellence.</p>		<p>and costs of skilled and indeed unskilled labour. This may be low currently but could rise in years to come.</p> <p>Based on extrapolation from the work of the Fraser of Allander there could be between 2000 to 4000 EU nationals living in West Dunbartonshire, HOWEVER, it is considered that this figure is unlikely to be representative of WD area. It is more likely that the majority of them are employed/reside elsewhere in the City Region.</p>
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Concurrent Risks			
Broad Risk	WD HSCP Impact	Action/Mitigation	Comments Updated Jen Watt 24 th October
Seasonal Flu	If there is an impact on the procurement to the flu vaccination this could have impact on the well being of our most vulnerable in society	Continued engagement with Scottish Government Health Resilience Unit, NHS Boards and Health and Social Care Partnerships.	<p><u>Seasonal Vaccination Programme</u></p> <p>Vaccines for the Seasonal Programme as procured by NHS Scotland National Procurement</p> <p>All Vaccines procured for the 2019/20 season have now been delivered into Scotland</p>
Severe Weather	Potential for unprecedented weather conditions which leads to reduction of staff, putting pressures on services to deliver	Business Continuity Plans in place.	<p><u>Childhood Vaccination Programme</u></p> <p>Vaccines for the Childhood Programme are procured by Public Health England (PHE) on behalf of the UK countries.</p> <p>PHE have confirmed they do not anticipate any delays to the vaccine for the children's flu programme as a result of EU Exit.</p> <p>Any deliveries after 31 October will be routed direct to the UK from the US.</p> <p>The time of year that the UK is to leave the EU means that there is a greater likelihood of a range of concurrent events happening that may exacerbate or be exacerbated by no deal. These could include hazards such as seasonal flu or severe weather.</p>

Other Impacts			
Broad Risk	WD HSCP Impact	Action/Mitigation	Comments – Updated Julie Slavin and Julie Lusk 24th October 2019
Significant impact on support for older/disabled people/those with mental health issues	<ul style="list-style-type: none"> - At present there will be many older people that do not require any services from the HSCP – however if there are medicine or food shortages this may impact their wellbeing and subsequently require support from HSCP. The same could also be said from those with addictions and mental health issues. 		<p>Should there be a delay to mental health and addictions medication in particular, it is likely there will be an increased demand on services given potential for imminent relapse, chaotic behaviours and crisis for service users.</p> <p>For those who are not known/open to services at this stage. There is opportunity to access HSCP services are an emergency.</p>
Increase in unscheduled care and delayed discharge	- TBC		
Social care providers willing but unable to meet requirements	-TBC		

Children and families Social Work Section 12 payment	<p>May increase due to increase food costs and inflation putting pressure on HSCP to fund those falling below the breadline.</p> <p>There will be an impact to all services in particular Mental Health, Addictions and Learning Disability.</p>		
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Business Continuity			
Broad risk	WD Impact(s)	Action	Comments – Jen Watt Updated 24 th October 2019
Assess impact of no deal EU- Exit on Business Continuity Plans	<p>Potential disruption to services</p> <ul style="list-style-type: none"> - Food - Medicines - Staff 	<p>WDC have recently undertaken a full review of all Business Continuity Arrangements</p> <p>Reporting into the Multi Agency Coordination Centre (MACC)</p> <p>Reporting to CoSLA and Scottish Government</p> <p>CCS dialling into twice weekly teleconferences</p>	<p>Business Continuity planning remains an operational focus. Any changes pre/post EU-Exit will be reflected into the respective Business Continuity Plans.</p> <p>The Multi-Agency Coordination Centre (MACC) has officially ‘stood up’. Daily reporting will formally be activated on the 28th October; thereafter, reporting will be required from Monday – Friday, daily. To meet this requirement officers are requested to submit details of any emerging risks to WD Tactical EU Exit Lead Victoria Rogers who will rationalise and provide a summary to CCS for onward submission to the MACC.</p> <p>CoSLA and Scottish Government continues to request information from WD with regards to funding concerns and preparedness. This information helps adequately inform CoSLA and Scottish Government of Council preparations ahead of a potential no deal EU-Exit.</p> <p>In addition to the above, CCS are dialling in twice weekly to an EU- Exit Contingency Planning teleconference hosted by Local Authority EU-Exit Lead Martin Ogilvie. The teleconferences bring together all 32 LA with a view to discuss any CoSLA and Scottish Government requests and any emerging information. This acts as a forum for all LAs to raise any EU- Exit concerns.</p>

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

13 November 2019

Subject: Children and Families Fieldwork Services - Update

1. Purpose

1.1 To present the HSCP Board with:

- An update on activity related to Children and Families social work services, including demand trends and associated pressures, additional improvement activity and progress to address issues within a fieldwork services collective staff grievance.

2. Recommendations

2.1 The HSCP Board is asked to:

- Note the continued and proposed activity to address financial and demand pressures, performance activity and issues of concern;
- Approve continued spend with CATCH Scotland Ltd and activation of the option to extend this contract until 30 November 2020 pending a new procurement exercise being undertaken.

3. Background

3.1 Following a verbal update by the Chief Officer to members of the HSCP Board at the meeting of 2 October which referred to a number of matters related to children and families social work services including improvement and monitoring activity, performance analysis and wider arrangements to support progress on issues of concern to fieldwork staff, this report seeks to provide further detail in this regard.

4. Main Issues

Demand analysis

4.1 Over recent years, Children and Families social work services have experienced continued and increasing demand for assessments and interventions around child protection and child welfare concerns, however a review of management information earlier in 2019 identified a change to this pattern, whereby there was no significant change to overall caseloads in the fieldwork service.

4.2 Child protection activity during 2018-19, however, had reduced by 19.6%, with 340 referrals received, down from 423 in 2017-18. This may be indicative

of a range of factors including more appropriate referrals by partner agencies, the impact of aligning the local Initial Referral Discussion approach with that of other areas in NHS Greater Glasgow and Clyde area to improve joint decision making and a test of change around improved assessment of child wellbeing by adult services practitioners who support individuals with care of children.

- 4.3** Further analysis is being taken forward here, however additional funding through the Looked after Children Pupil Equity Fund (LAC PEF) has ensured the continuation of Family Group Decision Making, where 25 families are supported to sustain young people within their family settings and prevent them coming into care settings. An evaluation of this approach will inform further development of this and other earlier intervention approaches in the future.
- 4.4** The number of children who are looked after has, nevertheless, continued to increase, particularly kinship care arrangements. This continues to significantly impact on the HSCP budget and reflects the importance of ensuring practice and resources are aligned to need, whilst indicating areas for review and development to reduce costs and improve outcomes for children and young people. Figure 1, below, provides further information on continued demand for placement types during 2018-19:

Figure 1: Placements for looked after children & young people 2018-19 and 2017-18

	Average cost	2018-19	2017-18	Change (n)	Change (%)
Kinship	£6,500	247	203	+44	+22%
Foster care (internal)	£18,000	62	56	+6	+11%
Foster care (external)	£44,879	60	41+	19	+46%
Residential schools	£110,000	18	17	+1	+6%

- 4.5** Kinship care can enable children to remain with family members, however the local rate of placements is significantly greater than other benchmarking authorities; as such, work is being taken forward as part of our participation in the Scottish Government's Permanence and Care Excellence Programme (PACE).
- 4.6** This work stream seeks to reduce drift and delay in securing better outcomes for children by reviewing practice, examining the length of time children have been in kinship care and looked after at home, use of kinship orders and wider improvements in permanence planning. Four aims have been developed around peer review of children's plans and timescales for permanence recommendations, legal advice meetings and legal orders being requested at court.

4.7 A multi-agency sub-group examines performance information and identifies improvements to meet appropriate milestones for children which identified some tests of change focussed on improving practice.

4.8 Work to tackle demand and financial pressure around Kinship will also be informed by participation in the national kinship care group which is being developed through Social Work Scotland.

Performance Reporting

4.9 Although managers are aware of changes in demand within their teams, an improved service-wide approach has been developed to support review of service delivery and to better inform managers in allocating staffing and other resources appropriately. As such, a monthly management information and performance report has been developed – the most recent version is attached at Appendix A. This provides information on referrals, outcomes, allocations, placements for looked after children. The report is continually reviewed to ensure relevant and meaningful information is available to inform operational and strategic planning. The report is also provided to the Chief Social Work Officer, Chief Officer and Council Chief Executive, supporting more robust governance arrangements.

Budget pressures

4.10 Community and residential placements for children and young people continue to be the main budget pressure for social work/social care. Expenditure here exceeded the 2018-19 budget by £1.2m despite additional investment of £1.1million - kinship and fostering placements continued to rise by approximately 25%. The Head of Service and operational managers are reviewing the reasons, processes and outcomes of these placements, whilst monthly finance meetings continue to scrutinise each placement and timescales for children and young people moving home or to alternative placements.

4.11 Demand for placements is not wholly predictable and can be significantly impacted by secure placements which cost in excess of £0.2million per child per annum. Managers are reviewing these packages on a weekly basis for alternative, appropriate community based support.

4.12 In addition, to reduce expenditure on externally commissioned foster placements and enable more children to remain in their local area, a campaign is being developed to encourage more people in West Dunbartonshire to become foster carers.

4.13 A particular pressure is intensive community based supports by one provider, CATCH Scotland Ltd, sometimes with provision of a private sector or local authority tenancy. This service has generated significant expense although it seeks to work with the most complex young people, often supporting their return to the local area from external placements. Young people accessing the service usually have complex behavioural problems or have previously been in secure or hospital placements.

- 4.14** Control measures are in place, whereby local managers review each placement at least six-weekly, so young people can be supported towards independent living with proportionate community-based supports. Progress within the agreed six month timeframe is, however, often curtailed by the limited range of alternative providers, the risk of harm from the young person to themselves or others and family breakdown further limiting progressive options in the short to medium term.
- 4.15** The current contract with CATCH is in place to 1 December 2019, with the option to extend for a further year and is based on supporting 4 young people on a six-monthly rotating basis at an annual cost of £0.220m, however the service is currently supporting 9 young people for longer than six months which has resulted in the projected annual cost of £0.650m being in excess of the contract award.
- 4.16** Information previously provided to the HSCP Board meeting on 2 October 2019 referred to the difficulty ending the current arrangement in terms of the adverse impact this would have on vulnerable young people with complex needs but the need to undertake a new procurement exercise.
- 4.17** Further information on placements and service provision to care experienced young people was provided to members following the last HSCP Board which provides more specific detail about the service currently provided by CATCH Scotland Ltd.
- 4.18** Building local capacity to ensure earlier intervention to support families through mediation, identifying and providing appropriate supports at an earlier stage is key to the future vision of local children's services. As such, the team are reviewing alternative options and models of provision including:
- (i) **Core and cluster model:** as an alternative to external placements for older young people which supports them to return to the local area from external placements and fulfils statutory duties around continuing care. This has recently been introduced by a neighbouring local authority and local managers will visit to better understand the model and potential suitability in West Dunbartonshire.
 - (ii) **Family Group Decision Making** is becoming more established in different local authority areas, where intensive support to build family capacity and reduce the risk of children and young people being accommodated has been successful. West Dunbartonshire currently provides this intervention model from LAC PEF funding, however local evaluation of effectiveness will be required to inform any proposal for sustained provision. Already, however, the service has seen some progress in preventing accommodation for some young people. (This model is not, however, suitable for young people already being supported by CATCH as family breakdown precludes them taking part and is focussed more so on opportunities for earlier intervention.)

- (iii) **Supported carers:** the service is developing a campaign to encourage local people to become supported carers with appropriate training and support which could encourage improved placement choices for challenging young people. The challenging nature of supported placements, however, is expected to generate a very limited response.
- (iv) **In-house intensive services:** HSCP and housing colleagues have developed strong, positive partnership working relationships. This provides a strong platform to review current service provision, capacity and wider partnership arrangements which are necessary to identify more cost-efficient, intensive interventions to support care experienced young people.

4.19 Further discussion with third sector providers and Scotland Excel will be central to this, alongside consideration of alternative models of provision in place in other areas, particularly where other areas have successfully reduced expenditure on complex external placements and reinvested in local provision and earlier intervention approaches.

4.20 Improved financial performance in children's services is linked to managing risk and unpredictable demand and, as such, presents several challenges, however this is a priority issue and managers will meet with finance colleagues for a full-day budget planning session in early November. They will develop a recovery plan informed by examination of expenditure on placements and support providers, commissioning arrangements to maximise value and professional practice issues that could support reduced expenditure over time including earlier intervention models, evidence-based programmes and shifting the balance of care to intensive community support. Timescales to reduce expenditure and agree savings targets will also reflect service redesign objectives to improve outcomes for children and young people.

Collective Grievance

4.21 Board members will be aware that a collective grievance by staff in Children and Families Fieldwork services on 6 February 2019 has led to a series of meetings with Unison representatives to seek resolution to issues of concern, focussed around recruitment/vacancies; Accrual of Time off in Lieu (TOIL) and unused Annual Leave; health & safety issues; office accommodation and space for family contact; review of staffing establishment and support & supervision. Despite some areas of progress, particularly around annual leave, TOIL and access to mobile technology (laptops), a ballot on strike and industrial action was supported by Unison members in May 2019.

4.22 At a further meeting on 29 May 2019, following further progress, it was agreed that industrial action would not take place as proposed in June and that a range of actions would be taken forward over 12 weeks to the end of August 2019, focussed on clarifying the staffing establishment, whilst an accommodation working group would develop interim accommodation arrangements for the Dumbarton/Vale under-12s team and improved contact space in the Dumbarton/Vale area. A further working group would look at improved models to duty/intake processes.

- 4.23** In June 2019, Unison representatives sought to clarify the role of Team Leads in the working groups and it was agreed that they would facilitate these work streams and report back to a Programme Board which would be established to monitor working group progress and address any barriers. It was also agreed that HR colleagues would progress activity in consultation with Unison representatives to update the current staffing establishment to further clarify vacancies and continued recruitment
- 4.24** In mid July 2019, Unison representatives expressed concern about a perceived lack of progress and further meetings in August 2019 reflected Unison escalating their concerns and further reference to potential strike action. At this point, accommodation, payment of TOIL and recruitment were key areas of concern. Further work has since taken place around the staffing establishment, accommodation and duty/intake models of practice.
- 4.25** A Programme Board has been established to oversee the work of the duty and accommodation working groups and has met to-date on 5 September and 9 October 2019; the next meeting is scheduled for 11 November 2019.
- 4.26** A Service Joint Consultative Committee will also be established with Terms of Reference to be agreed, supported by the facility time agreement following conclusion of the current activity in November 2019.
- 4.27** Within the general themes of the grievance, the actions taken and commitments made to-date are summarised in Figure 2, below.

Figure 2: Management Response

Issue	Management response: updated position
Review of staffing establishment	<ul style="list-style-type: none"> Staffing establishment updated in consultation with Unison staff representative and Finance: 6.5 whole time equivalent (WTE) social worker vacancies identified for recruitment action.
Recruitment/Vacancies	<ul style="list-style-type: none"> Commitment to recruit 12.5 FTE social workers: includes 6.5 WTE vacancies and six additional posts over-establishment. 6 posts currently recruited to and 5 individuals now in post, 3 of whom were authorised to start before confirmation of their professional Award to further reduce delays in starting dates. Third round of interviews taking place late October. Rolling advert will remain online. 'Biteable' multimedia video to support recruitment uploaded to social media. Three agency workers currently in place; daily efforts to secure more – this will continue until vacancies are filled. Support to Paraprofessionals to undertake social work qualification – review as part of supervision.
Re-investment of £250,000 to create additional pots	<ul style="list-style-type: none"> Managers' proposals presented to October Programme Board: propose six additional support worker posts, to be deployed flexibly across services to meet need and areas of high demand and free up social workers for statutory duties. Final amendments being made to reflect Programme Board discussion – take to Programme Board 11 November 2019.

Issue	Management response: updated position (cont'd)
Accrual of Time off in Lieu (TOIL) and unused Annual Leave	<ul style="list-style-type: none"> • All claims over 14 hours continue to be approved for payment • Overtime authorised as an alternative to TOIL over the grievance period; monitoring system being developed by Team Leads • Team and management meetings include discussion around TOIL claims to track demand; managers support staff to identify opportunities to take time back. • Carry-forward of unused annual leave authorised to end June 2019.
Health and safety issues	<ul style="list-style-type: none"> • Standing item on team meeting agendas; daily discussions between managers and workers • Health & Safety colleagues setting up focus groups for services and providing risk assessment training
Accommodation including space for family contact	<p>Accommodation Working Group</p> <ul style="list-style-type: none"> • Includes representatives from Council Assets team, children and families, criminal justice and Trade Unions. • Additional project management support from Health Improvement Team provided to inform consideration of interim proposals. <p>Bridge Street, Dumbarton</p> <ul style="list-style-type: none"> • Agreed as an interim base for Dumbarton/Vale under-12s Duty Team: completed August 2019. • Assets team progressing physical arrangements and minor modifications for C&F staff to move to Bridge Street. • Wider team and admin staff due to move end October 2019. • Additional rooms provided with IT and furniture installed. • Non-HSCP staff relocated to accommodate HSCP staff. <p>Aurora House, Clydebank</p> <ul style="list-style-type: none"> • Space freed up by staff moving to Bridge Street provides additional working space for other teams to have improved office access in the Clydebank area. <p>Elm Road, Dumbarton</p> <ul style="list-style-type: none"> • Existing space under-utilised by the Alternative to Care Team now reconfigured to provide an interim option for improved contact arrangements in the local area. <p>Longer-term options</p> <ul style="list-style-type: none"> • Whole Council Estate reviewed by Programme Board sub-group for office accommodation and contact space. Option appraisal considered 16 options on the basis of service delivery, affordability, sustainability and to reflect the HSCP strategic aims. • Main preferred options currently being costed and appraised by Finance and Assets colleagues. • Preferred and viable options will be reported to the Council's Strategic Assets Management Group (SAMG) or NHS Greater Glasgow & Clyde for consideration and approval.

Issue	Management response: updated position (cont'd)
Duty Working Group	<ul style="list-style-type: none"> Professional working group established (managers and staff) to improve first point of contact for professionals and individuals with enquiries around social work services to children and families, including child protection and wellbeing concerns. Benchmarking undertaken; practice compared with other areas; developing a local test of change to pilot alternative model. New model will now need to reflect the separation of the duty service for the Dumbarton/Vale under-12s team following their relocation, to ensure consistent oversight, practice and decision-making processes. Wider review of support systems for practitioners to be completed to support agile working and Health & Safety, professional practice and accessibility to services.
Support and supervision	<ul style="list-style-type: none"> New staff accessing peer support in addition to supervision and induction programme. Managers reported difficulties providing supervision every 4-6 weeks during short staffing: agreed that supervision will reflect policy when fully staffed.

Professional Liaison and Support

- 4.28** Professional liaison with the Chief Social Work Advisor to the Scottish Government and the Care Inspectorate has taken place during the current issues of concern. This will be maintained as the above activity is taken forward in partnership with teams and union representative.
- 4.29** Furthermore, some external professional support from the Care Inspectorate and an experienced social work manager has informed initial discussion around wider service design and this will focus on performance improvement and demand analysis during the next six months.

5. People Implications

- 5.1** Progress to recruit to vacant and additional posts continues to be reviewed on an ongoing basis.
- 5.2** Managers will finalise proposals for new posts funded from reinvested funds and present these to the next Programme Board in November 2019.

6. Financial Implications

- 6.1** Funds to support further development of operational services will be included within established, regular financial monitoring arrangements.
- 6.2** Financial recovery plans that support current demand and enable service redesign will be developed in November 2019 to support a shift in the balance of care for children and young people that supports a reduction in expenditure over time, particularly for community and residential placements.

7. Professional Implications

7.1 None.

8. Risk Analysis

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

9. Impact Assessments

9.1 There are no issues identified. .

10. Consultation

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

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

11. Strategic Assessment

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

Jonathan Hinds

Head of Children's Health, Care and Criminal Justice

Chief Social Work Officer

14 October 2019

Person to Contact: Jonathan Hinds – Head of Children's Health, Care and Criminal Justice/Chief Social Work Officer; 16 Church Street, Dumbarton, G82 1QL; Telephone: 01389 737320; e-mail: jonathan.hinds@ggc.scot.nhs.uk

Appendices: Appendix 1: Performance Report: September 2019

Background Papers: None

Wards Affected: All

Children's Services Summary Report

As at: 30/09/2019 00:00:00

0-17 population=17,500 (Mid-2018 Estimates)

Allocated Cases

Team	Number of Cases
Children With Special Needs	227
Clydebank Children And Families Team	304
Special Need In Pregnancy Team	21
Vale Children And Families Team	439
Youth Services	274
Sum:	1265

Unallocated Cases

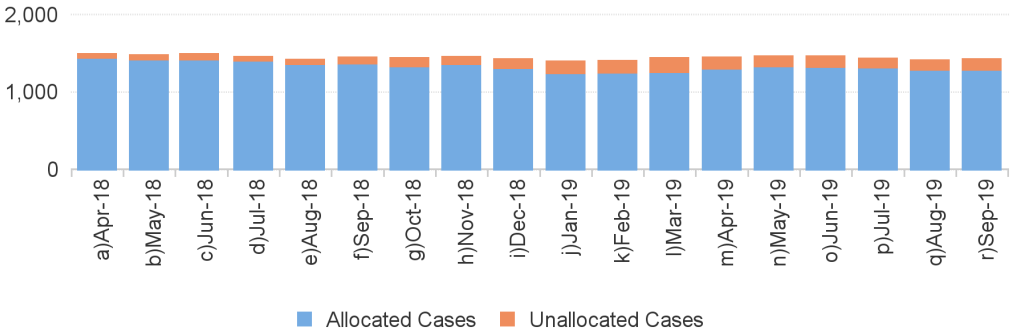
Team	Number of Cases
Children With Disabilites O T	18
Children With Special Needs	55
Clydebank Children And Families Team	21
Special Need In Pregnancy Team	27
Vale Children And Families Team	8
Whole System Approach Team	21
Youth Services	6
Sum:	156

Comprehensive Assessments Completed in Month

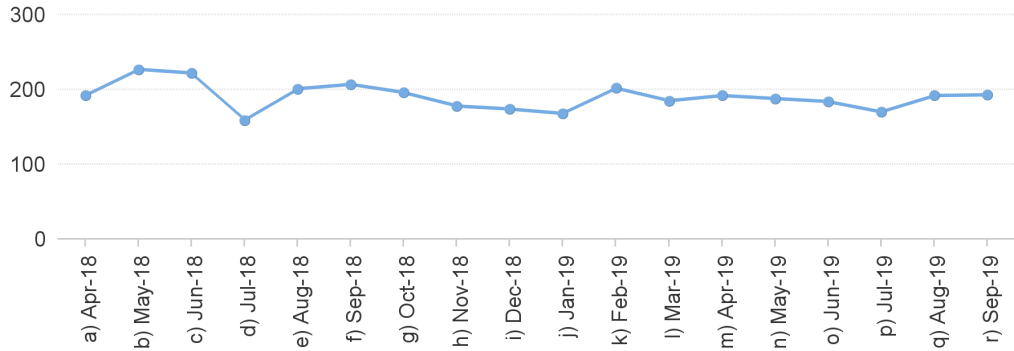
Team Name	Number of Assessments	Average Duration of Assessment
CHILDREN WITH SPECIAL NEEDS	7	7
CLYDEBANK CHILDREN AND FAMILIES TEAM	23	52
SPECIAL NEED IN PREGNANCY TEAM	2	11
VALE CHILDREN AND FAMILIES TEAM	25	19
YOUTH SERVICES	14	5
Total:	71	

One West Dunbartonshire child in every 15

Open Cases from April 2018



Duty Referrals from April 2018



Duty Referrals in Month

Allocations from Duty Referrals

Team	Number of Allocations
Alternative To Care	1
Children With Special Needs	8
Clydebank Children And Families Team	7
Special Need In Pregnancy Team	3
Vale Children And Families Team	12
Whole System Approach Team	1
Youth Services	10
Sum:	42

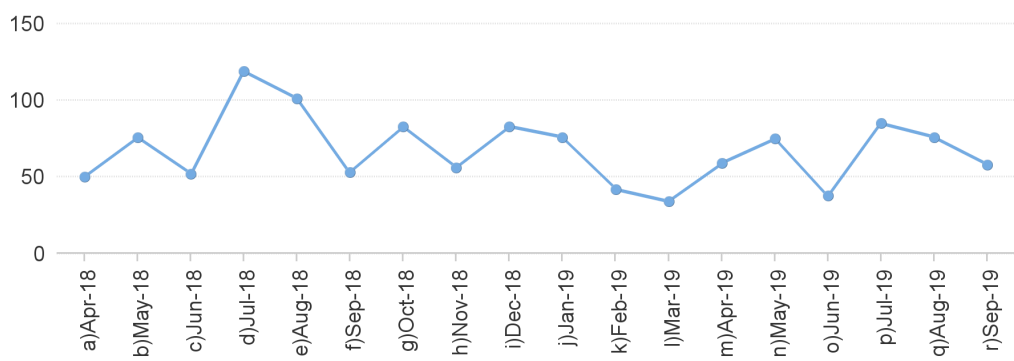
Closed Cases in Month

Event Team Name	Number of Events
Children With Disabilites O T	1
Children With Special Needs	8
Clydebank Children And Families Team	19
Special Need In Pregnancy Team	4
Vale Children And Families Team	12
Whole System Approach Team	8
Youth Services	6
Sum:	58

Children's Services Summary Report

	No of Duty Referrals	Referral Outcome
Clydebank	10	Allocate
	1	Awaiting allocation decision
	1	Child Protection Investigation
	65	Closure
	2	Current
	10	Re-allocation
Clydebank	89	
Dumbarton/A	7	Allocate
	4	Child Protection Investigation
	1	Child Protection - No Further Action
	1	Client died before completion
	80	Closure
	11	Current
	11	Re-allocation
Dumbarton/A	115	
Postcode ou	2	Closure
Postcode ou	2	
Total:	206	

Closed Cases from April 2018

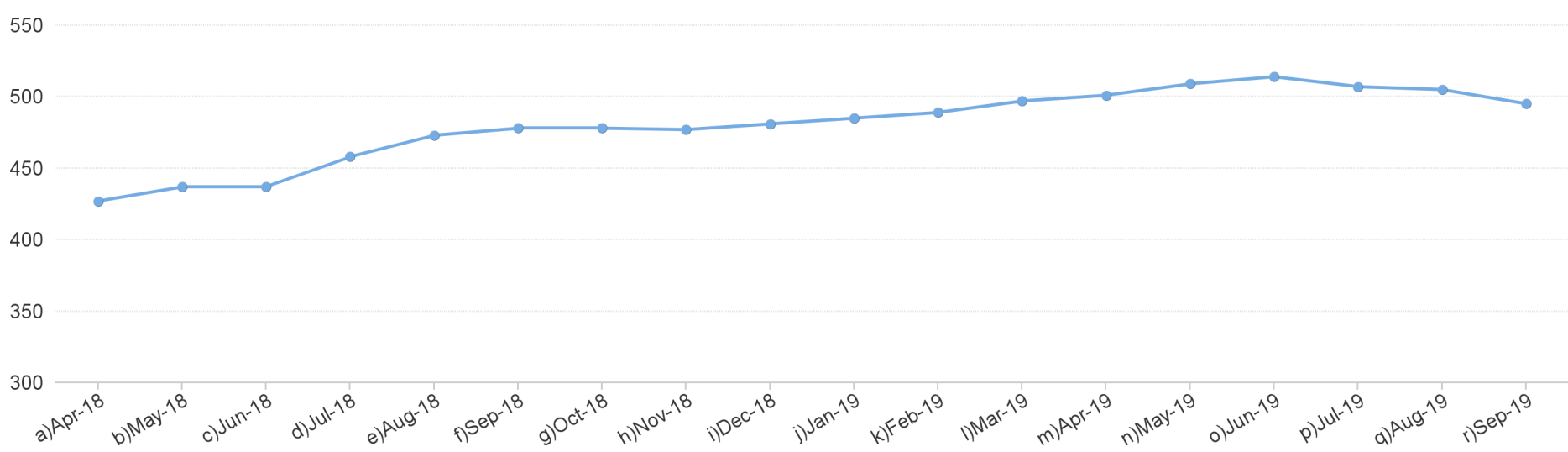


Current Looked After Children

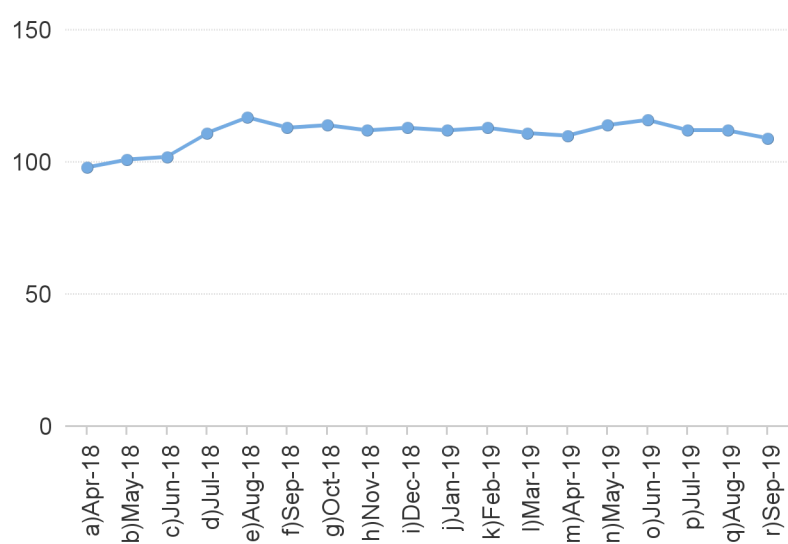
	Current	Last month	Monthly Change	This month last year	Annual Change	Rate per 1,000	Average Age	Average length of time in current placement (Wks)
At home with parent(s)	109	113	-4	113	-4	5.85	10	76.56
Hospital	1	1	0	1	0	0.05	4	181.57
Kinship Care - Friends/Relatives	204	210	-6	184	20	10.96	9	169.81
LA Children's Home	17	17	0	19	-2	0.91	14	91.36
Other Residential Placement	1	1	0		1	0.05	12	27
Placed for Adoption	10	9	1	8	2	0.54	4	38.33
Relatives/friends	11	10	1	10	1	0.59	9	142.53
Residential School	15	15	0	13	2	0.81	13	59.26
Secure Accommodation	2	2	0	4	-2	0.11	14	12.71
Supported Accommodation	7	7	0	4	3	0.38	18	55.08
Voluntary Children's Home	3	3	0	4	-1	0.16	15	116.76
With approved foster carers provided by LA	59	60	-1	62	-3	3.17	8	159.89
With approved foster carers purchased by LA	56	57	-1	53	3	3.01	8	109.75
Total	495	505	-10	475	20	26.58		

Current LAC = 495

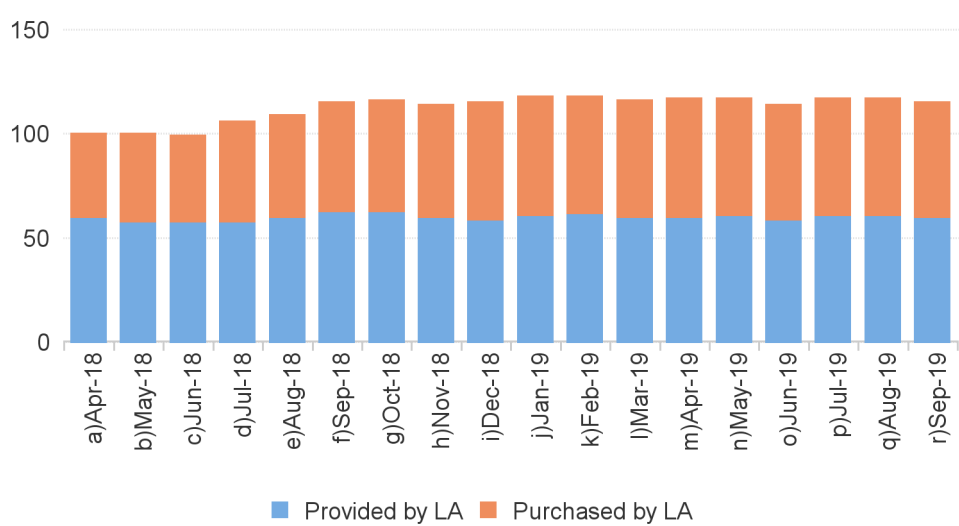
Looked After Children from April 2018



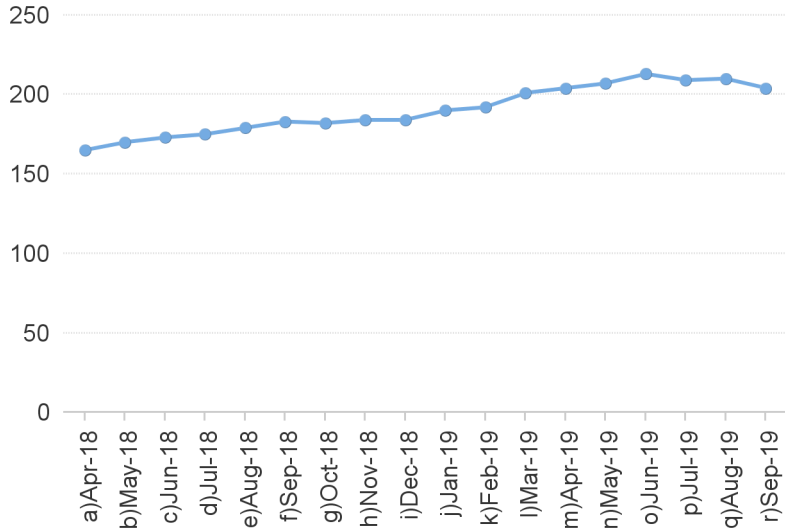
At Home with Parents from April 2018



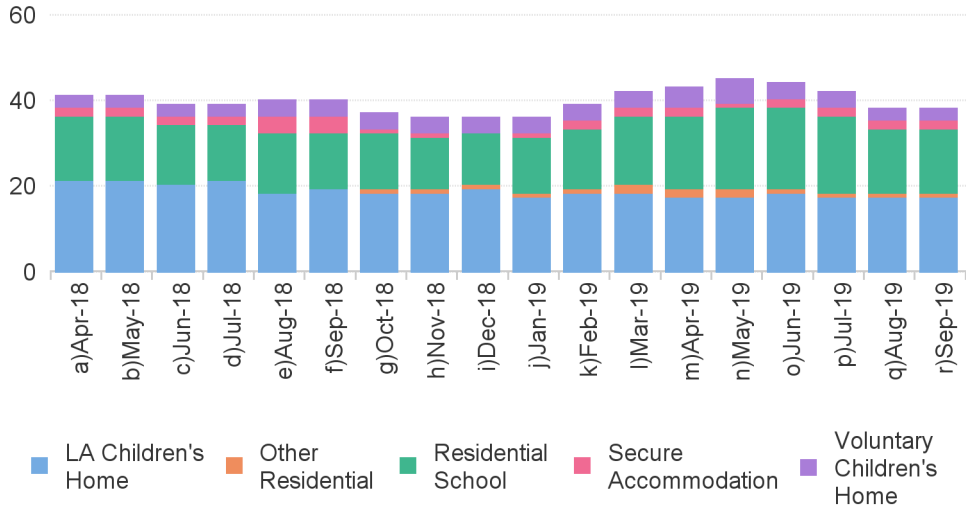
Foster Care from April 2018



Kinship Care from April 2018



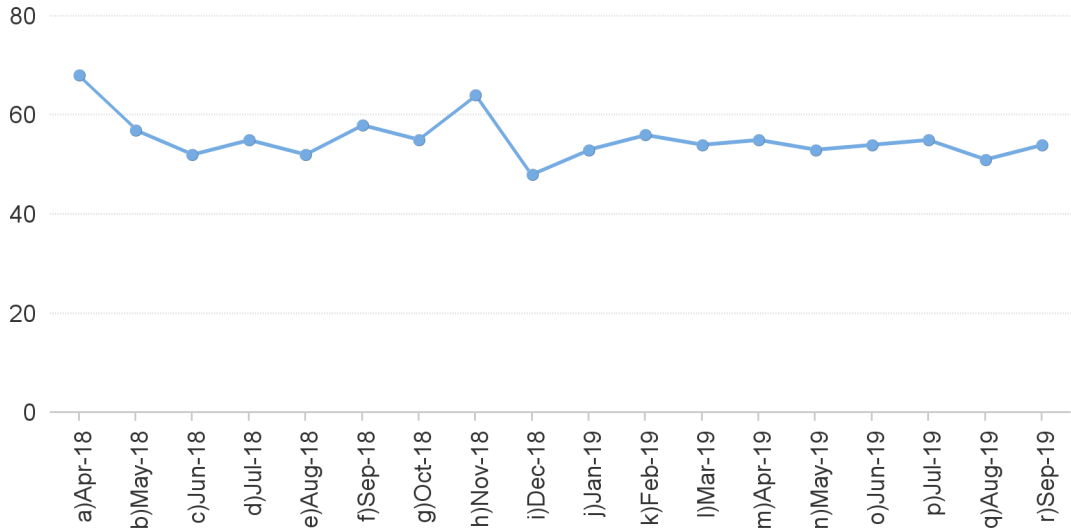
Residential Care from April 2018



Number of Section 11 Kinship placements	59
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Child Protection	Number of Children	Monthly Change	Annual Change	Rate per 1,000
Children on Register	54	3	-4	2.9
Also Looked After	5			
Previously on Register	14			
On Register for 6 months or more	23			
Less than 1 year old - includes Pre-Birth	9			

Number of Children on the CP Register at Month End



WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

13 November 2019

Subject: Update on demand and performance on Unscheduled Care in West Dunbartonshire, including preparing for winter

1. Purpose

- 1.1** The purpose of this report is to update IJB members on the developments in West Dunbartonshire's Health and Social Care system in response to, and in anticipation of, pressures within the system in relation to unscheduled care. It also lays out the steps being taken to prepare for what may be additional demand over the winter period.

This paper is accompanied by two appendices, the first being NHSGGC Winter Plan, and the second being our local work plan in West Dunbartonshire.

2. Recommendations

- 2.1** HSCP Board members are asked to note current pressures and performance and the update on developments within West Dunbartonshire.

3. Background

- 3.1** It is widely recognised that supporting people at home or as near to home as possible achieves the best outcomes for individuals and is the preferred option of most people. This principle is supported by the National Standards for Health and Wellbeing.

However, a range of factors has meant that over recent months, across the majority of Scotland, many areas have seen a significant increase in unscheduled care demand, particularly in terms of attendances at A&E.

In early 2017, the Ministerial Strategic Group for Health and Community Care (MSG) agreed six main indicators to be used as a high level assessment of the progress of Health and Social Care Integration. These are underpinned by a suite of policy drivers to support the aim of helping ensure people are admitted to acute care only when necessary and even then, are supported home as soon as it is safe to do so.

The table below describes WDHSCP's performance on these 6 measures since the baseline year of 2015/16.

Target	Baseline 2015/16	Actual 2016/17	Actual 2017/18	Actual 2018/19	Target % Change	2019/20 Target	Year to Date	Year to Date Actual	Year to Date Target
Emergency Admissions 18+	9,275	9,418	9,164	9,619	-7%	8,626	Apr-May 19	1,602	1,438
Unplanned Bed Days – Acute 18+	64,696	72,746	73,273	72,936	-2%	63,402	Apr-May 19	12,070	10,567
Unplanned Bed Days - Geriatric Long Stay 65+	1,549	817	148	N/A	-100%	0	N/A	N/A	N/A
Unplanned Bed Days - Mental Health 18+	25,428	25,832	21,414	19,475	-12.5%	22,241	N/A	N/A	N/A
A&E Attendances 18+	22,348	23,678	23,315	25,268	0%	22,348	Apr-Aug 19	11,060	9,312
Delayed Discharge Bed Days 18+	4,832	4,882	3,439	3,512	-28.8%	3,440	Apr-Aug 19	2,619	1,433
% Last 6 Months of Life Spent in the Community	86.7%	87.9%	88.9%	89.2%	2.3%	89%	N/A	N/A	89%
% of 65+ Population Living at Home (Supported and Unsupported)	95.5%	95.7%	95.8%	95.9%	1%	96.5%	N/A	N/A	96.5%

3.2 Alongside the programmes detailed in NHSGGC's winter plan, to which we contribute, West Dunbartonshire has supplemented this with a range of local developments to further shift the balance of care, and support people with effective alternatives to attending hospital.

These include:

- a) Full roll out of the Focussed Intervention Team (FIT) across West Dunbartonshire. FIT was established in August 2019 and provides rapid, multi-disciplinary and intensive care at home, where conditions escalate and where hospital attendance may become likely.

The team consists of Nurses, OTs, Physios, Pharmacy Technicians, Rehabilitation & Social Work Assistants. The team members work 9am – 8pm Monday to Friday and 9am – 5pm weekends and public holidays.

Until the team is fully staffed, the team is operating extended hours Monday to Friday. The remaining vacancies (2x Band 5 Nurses, 1x Band 6/ Grade 8 OT, 1x Band 6 Physio) are all in advanced stages of recruitment.

FIT began to receive referrals on a staged basis from 19th August 2019, and were open to referrals from all 16 GP practices in West Dunbartonshire by the 16th September. This was in addition to being open to receiving referrals from all of the integrated teams in the HSCP as well as District Nursing and Care at Home colleagues.

The team has 3 main functions:

- Rapid response/ prevention of admission;
- Managing COPD
- Care Home Liaison

There have been 143 rapid response/ prevention of admission referrals since the team's launch, with 81 of these resulting in an admission avoidance.

On 30th September 2019, FIT went live to receiving referrals from MAU at the Vale of Leven Hospital. Once this practice has been tested, evaluated and embedded, we will seek to replicate for other acute sites across GGC.

- a. Agreement has been reached with the Scottish Ambulance Service that referrals will be redirected to FIT as an alternative pathway to conveying residents of West Dunbartonshire to acute (when presenting with a fall or breathing difficulties.) Monthly audits suggest this will amount to approximately 30 referrals per month. A joint HSCP /SAS programme of training and awareness raising with Paramedic crews is underway and these new pathways will go live on 4th November 2019.
- b. Work with the Vale of Leven Hospital to ensure best use of day hospital and clinic capacity for people who are suffering from frailty and who would benefit from hospital services.
- c. Detailed regular analysis of those frequently attending A&E, and proactive contact with these individuals to develop more appropriate supports
- d. A proactive approach to ensuring high vaccination rates for influenza for both staff and vulnerable patient groups.
- e. Very proactive in-reach work with acute sites, using an electronic dashboard to monitor all emergency hospital admissions by residents of West Dunbartonshire, ensuring early contact with the patient, and the ward, to start planning for an effective and timely discharge. Workshops with East Dunbartonshire and e-Health colleagues have taken place.
- f. Better communication and networks across all parts of our local unscheduled care system. The HSCP hosted an unscheduled care event for local stakeholders on 21st October 2019, looking to develop pathways, build relationships, find solutions and promote a fully integrated approach.

These and the full WDHSCP Unscheduled Care workplan are described more fully in Appendix 2, and includes the range of related measures which are tracked regularly to ensure the range of interventions in place are achieving the maximum potential.

3.3 Regular Monitoring

The changing demand on acute and community services, and our response to it, is a key area of focus for WDHSCP as we move into Winter. The WDHSCP Unscheduled Care Group has increased its meeting frequency to bi-weekly, where the attached workplan and related performance measures are tracked closely, allowing capacity and action to be tailored quickly as needed,

4. People Implications

- 4.1** There are direct improvements for individuals through the achievement of MSG targets & embedding of local developments. By supporting people to be cared for closer to home, with a range of professionals, we aim to improve the experience of care, and the outcomes for individuals.

5. Financial and Procurement Implications

- 5.1** There are no additional financial implications for the HSCP aside from those already agreed through the indicative budget set in March 2019.

6. Risk Analysis

- 6.1** None

7. Equalities Impact Assessment (EIA)

- 7.1** The implementation to these targets will improve care for people with frailty or complex co-morbidities, improving their opportunities to retain their independence and to have more choice in their care plan.

8. Consultation

- 8.1** The implications of these targets have been the subject of consultation with the public and with stakeholders as part of the development of our new Strategic Plan.

9. Strategic Assessment

- 9.1** These recommendations are in line with our vision and priorities as set out in our Strategic Plan; in particular, in improving access, early intervention, building resilience and using assets to their full potential.

Person to Contact:

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Appendices:

Appendix Two WDHSCP Unscheduled Care Workplan
Appendix One NHS GGC's Winter Plan 2019/20

Unscheduled Care – Workplan 2019/20

Priority Area	Priorities Key Themes	Draft Measures	Specific Actions	Lead	Update	Due date
Avoiding attendance	Frequent Attenders	<ul style="list-style-type: none"> No of people with 9 or more attendances in quarter No of attendances in quarter by frequent attenders (9 or more) Number of emergency admissions (All ages) Number of A&E Attendances Number of A&E Attendances by Care Home residents Number of emergency admissions of Care Home residents Number of people in anticipatory care programmes Number of Rockwood scores 	<ul style="list-style-type: none"> Frequent Attenders – 3rd iterations, 	LS	Report Reviewed and feedback provided. Moving to monthly process of review	Complete
			<ul style="list-style-type: none"> Re run current report to identify impact to compare to last 2 reports 			
			<ul style="list-style-type: none"> Mental Health patients identified through distress activity to map to frequent attenders list. 	LS	Data from 2017 and 2018 have been reviewed and information captured.	Complete
			<ul style="list-style-type: none"> Scope what we already have in place for Frequent attenders 	AC		
			<ul style="list-style-type: none"> Review monthly Frequent Attenders report ensuring involvement from adult, mental health, addictions and community nursing teams. 	LS / KMcC/ KC		
	Frailty	<p>Collaborative measures</p> <ul style="list-style-type: none"> reduce the rate of hospital bed days per 1,000 population for people aged 65 and over by 10%, reduce the rate of unscheduled GP home visits per 1,000 population for people aged 65 and over by 10%, and increase the percentage baseline of Key Information Summaries (KIS) for people living with frailty by 20%. <p>Outcome measure</p> <ul style="list-style-type: none"> Increased number of frail patients identified as 	<ul style="list-style-type: none"> HSCP to deliver the ambitions of the Frailty Collaborative ensuring alignment to Board activity <p>During the collaborative, GP practices and community teams will:</p> <ul style="list-style-type: none"> use the eFrailty Index through SPIRE to identify people aged 65 and over living with frailty engage in anticipatory care planning conversations with these individuals and record the information in the Key Information Summary (KIS) work within a multi-disciplinary team to consider the holistic needs of the person, and use quality improvement methods 	FT	Project Charter developed. 4 Practices signed up with longer term ambition to rollout improvements across HSCP.	Nov 2021

Priority Area	Priorities Key Themes	Draft Measures	Specific Actions	Lead	Update	Due date
		<p>moderate to severe with planned ACP and KIS</p> <p>Process measures</p> <ul style="list-style-type: none"> ○ number of frail individuals identified using the eFI and discussed at MDT ○ number of frailty patients with KIS broken down by severity of frailty ○ number of unscheduled home visits ○ number of frail patients that escalate from moderate to severe ○ staff opinion on the MDTs through a questionnaire ○ MDT throughput measure ○ Increase in Palliative care referrals ○ % polypharmacy review, ○ % receiving community support (define what constitutes community support), ○ % with accurate/quality ACP (again, define what accurate means). ○ % reduction in falls <p>Balancing measure</p> <ul style="list-style-type: none"> ○ Experience of practice and community staff time and effort to validate and review lists ○ Experience of those who have received an MDT assessment. 	<p>to structure the work, including using data to learn how changes are being implemented and the impact they make</p>			
			<ul style="list-style-type: none"> • Approach to Anticipatory Care Planning to be reviewed to identify opportunities for Improvement. 	FT/HK		

Priority Area	Priorities Key Themes	Draft Measures	Specific Actions	Lead	Update	Due date
			<ul style="list-style-type: none"> GP Home Visit Audit 	AC/FT/JG	Home Visit Audit shared with unscheduled care group. Followup with cluster required to explore ongoing use	Nov 2019
	Mental Health	<ul style="list-style-type: none"> Percentage of people waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral 	<ul style="list-style-type: none"> Admissions to Mental Health inpatient services should go through Crisis Team – 	KC	Weekly meeting at GRH to discuss all admissions attended by a rep from West Dunbartonshire Crisis Team	Ongoing
		<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Pathways for Mental Health response in and out of the hours at the Vale Hospital to be confirmed 	KC	Review of current activity to understand pathways and how services are utilised / accessed.	Ongoing
		<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Mental Health Services extending to include crisis response 	KC	Work is ongoing, GG&C are currently recruiting to additional posts using Action 15 money.	Ongoing
		<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Multi Agency Distress (weekly meeting) – frequent attenders at police to identify how they can be supported (if patient consents) 	KC/KMcC/KMcI	Weekly meeting underway to review appropriate patients and agree support	Ongoing
		<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Police Concerns 	KC/KMcC	All mental health police concerns sent to inbox for Goldenhill /Riverview and dealt with by duty manager.	Ongoing

Priority Area	Priorities Key Themes	Draft Measures	Specific Actions	Lead	Update	Due date
		•	• Work with Stepping Stones to develop bid for evening recovery café.	JM/MR	Discussions underway to scope support. Further meeting being held with rep from Addictions and Crisis to discuss potential pathways.	Ongoing
		•	• Coding around Mental Health Presentation is being looked at within A&E.	Board	Work underway to improve data / information in relation to attendance and admissions for Mental Health & Addictions Patients	Dec 2019
Diverting at the front door	FIT	• Number of referrals to FIT	• Implement Focussed Intervention Team (FIT) Across West Dunbartonshire, including primary, secondary care	KMcL/K Mca	Open to referrals from all 16 GP practices and HSCP integrated Care Teams, Community Nursing and Care at Home in by the 16 th September 2019.	Ongoing
		• Number of referrals to FIT from MAU	• Extend referrals to FIT in Medical Assessment Unit	KMcL/K Mca	MAU referral pathway commenced 1 st October 2019 at VOLH. Work underway to understand best pathway and rollout to wider actue MAU service in QEUH and RAH	Mar 2021
		• Number of patients in residential care home • Number of patients admitted to FIT beds within Crosslet	• Opening of additional beds and FIT beds at Crosslet Care Home	BS/KMc L	Work ongoing to recruit team to allow number of Residential beds to be increased and FIT beds to open and	Dec 2019

Priority Area	Priorities Key Themes	Draft Measures	Specific Actions	Lead	Update	Due date
		<ul style="list-style-type: none"> Number of referrals to FIT from SAS 	<ul style="list-style-type: none"> SAS to refer to FIT as an alternative pathway to conveying (appropriate) residents of WD to acute for some breathing difficulties and falls. 	KMcL/SAS	HSCP /SAS working towards a go live date w/b 4 th November 2019 Engagement sessions arranged with local SAS Hubs	Nov 2019
	Mental Health	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Mental Health & Additions to work with SAS to review pathways, for example patients that have had a non fatal overdose 	KMcC/SAS	Engagement session to be arranged.	Nov 2019
Getting people home sooner (post admission)	Hospital Discharge	<ul style="list-style-type: none"> Number of delayed discharges – All reasons Number of delayed discharges – Code 9s Number of bed days lost to delayed discharge Number of unscheduled acute bed days Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population Readmission to hospital within 28 days High volume condition bed days 	<ul style="list-style-type: none"> Continue with weekly meeting at VOL with AHP staff to discuss recent and future discharges. Continue with inreach for GGH as required. Review of in reach role of early Assessors within QEUH, GGH, GRH, RAH, VOL. Daily review of Patient dashboard for 10+ days for all WDC Patient's, allowing staff to be more proactive in approach. 	KMacL/CG	CHDT AHP staff are inreaching into wards for specific identified Patient's and troubleshooting as required.	
	Care Homes	<ul style="list-style-type: none"> Number of admissions to Care Home Admissions Number of Emergency Admissions to Care Home to support Hospital Discharge 	<ul style="list-style-type: none"> Increase / make better use of Care Homes to support Hospital Discharge 	KMcL / BS	Discussion with local Care Homes to support admission from Hospital	
	Neck of Femur Fractures	<ul style="list-style-type: none"> Number of Level 1 Falls Screenings Number of Level 2 Falls Assessments A&E Attendances as a result of a fall 	<ul style="list-style-type: none"> Continue to monitor numbers and length of stay of neck of femur fractures within WDC. Ongoing identification of people who have sustained a fall within the last 12 months to identify and 	HK/CG	CHDT staff will in reach to ward as required to enable discharge.	

Priority Area	Priorities Key Themes	Draft Measures	Specific Actions	Lead	Update	Due date
		<ul style="list-style-type: none"> Emergency admissions as a result of a fall Readmission to hospital within 28 days rate Number of people receiving home care pharmacy team support 	address specific risks.		Level 1 screen identified with all assessments within care first, ongoing identification of those at risk by statutory and voluntary services. Level 2 falls risk embedded on care first and completed as appropriate with individualised care plans to reduce risk. Use of leisure services to support people at risk and continue activity following therapeutic input.	
4. Enablers	Communication		<ul style="list-style-type: none"> Ensure clear communication about all services that are available within community are clearly communicated and understood within Primary and secondary care. 	JG	Ongoing review of how information on services is routinely shared and updated across services, professionals and patients	2019/20
			<ul style="list-style-type: none"> Services to ensure AHPs are aware of local services and pathways to access. 	CG	Engagement with Acute AHPs underway through Hospital Discharge	Ongoing
			<ul style="list-style-type: none"> Lunchtime / Breakfast sessions to share information and network across teams 	AMT Reps	Schedule to be developed.	January 2020

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

13 November 2019

Subject: Public Performance Report April to June 2019

1. Purpose

- 1.1** To present the Partnership Board with the Health & Social Care Partnership's Public Performance Report for the first quarter of 2019/20 (April to June 2019) and the Health & Social Care Partnership's Best Value Audit.

2. Recommendations

- 2.1** The Partnership Board is recommended to approve the Partnership Public Performance Report for April to June 2019 for publication.

3. Background

- 3.1** The Health & Social Care Partnership's Strategic Plan 2019-2022 was approved by the Partnership Board at its March 2019 meeting.
- 3.2** As the Partnership Board will recall, the strategic performance framework for the Strategic Plan reflects two key principles articulated within the National Framework for Clinical and Care Governance, namely that:
- Values of openness and accountability are promoted and demonstrated through actions.
 - All actions are focused on the provision of high quality, safe, effective and person-centred services.
- 3.3** Building on the annual Public Performance Report 2018/19 (received by the Partnership Board at its August 2019 meeting), the first quarterly Public Performance Report for 2019/20 is appended here for consideration (Appendix 1).
- 3.4** It is the duty of the Integrated Joint Board to secure Best Value as prescribed in Part 1 of the Local Government in Scotland Act 2003. The Scottish Government have developed a Best Value framework to support public bodies in considering their responsibilities to secure Best Value. The Health & Social Care Partnership has assessed itself against this framework and this is set out in Appendix 2.
- ### **4. Main issues**
- 4.1** The Public Performance Report for April to June 2019 focuses on those key strategic performance indicators for the Partnership where performance data is available. It has been augmented with data on key aspects of workforce and financial performance (the latter of which have been previously reported to the Partnership Board by the Chief Financial Officer for that period).

- 4.2** Once considered by the Partnership Board, this first quarterly Public Performance Report will be published on the Health & Social Care Partnership's website and cascaded to stakeholders.

5. People Implications

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

6. Financial and Procurement Implications

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

7. Risk Analysis

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

8. Equality Impact Assessment (EIA)

- 8.1** None required.

9. Consultation

- 9.1** None required.

10. Strategic Assessment

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

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

Date: 13th November 2019

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Telephone: 01389 776864

Attached:	Appendix 1: West Dunbartonshire Health & Social Care Partnership Public Performance Report April to June 2019
	Appendix 2: West Dunbartonshire Health & Social Care Partnership Audit of Best Value 2018/19
Background Papers:	HSCP Board Report (March 2019): Strategic Plan 2019-2022
	HSCP Board Report (August 2019): Public Performance Report 2018/19
	HSCP Board Report (November 2015): Workforce & Organisational Development Strategy & Support Plan
	Scottish Government (2015) National Framework for Clinical and Care Governance:
	http://www.gov.scot/Resource/0049/00491266.pdf
	Audit Scotland (2010) Best Value Toolkit: Public Performance Reporting:
	http://www.audit-scotland.gov.uk/docs/best_value/2010/bv_100809_public_performance_reporting_toolkit.pdf
Wards Affected:	All

April - June
2019

Our vision: Improving lives with the people of West Dunbartonshire

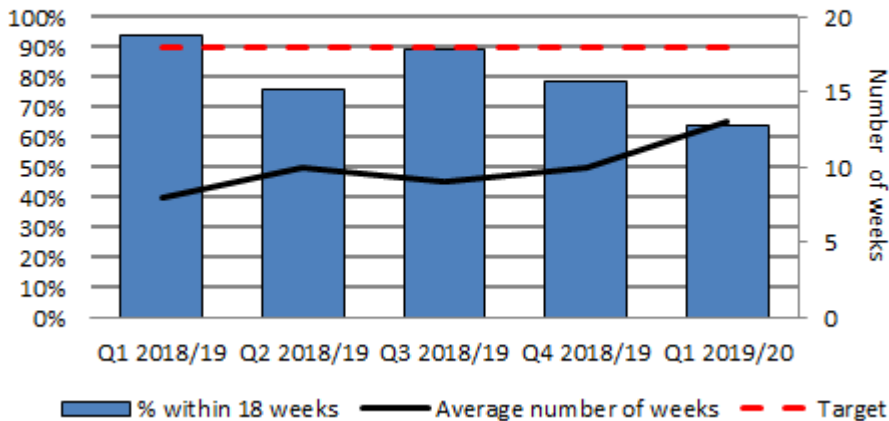
Welcome to West Dunbartonshire Health and Social Care Partnership's first Public Performance Report for 2019/20.



Pictured: HSCP Staff Awards

Supporting Children and Families

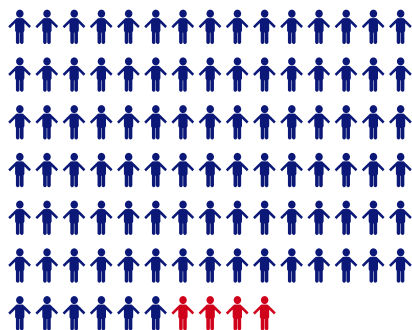
Child and Adolescent Mental Health Service (CAMHS) Referral to Treatment



- 112 referrals
- 64% started treatment within 18 weeks
- Average wait 13 weeks

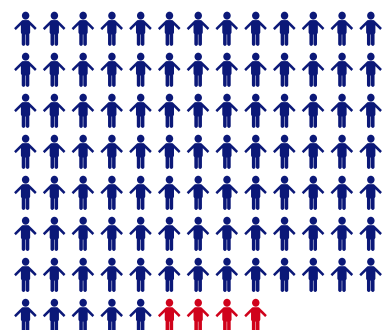
The proportion of children and young people receiving treatment within 18 weeks has seen a drop from 78.5% in March 2019 to 64% in June 2019 and the average waiting time has increased from 10 to 13 weeks, well within the 18 week target timescale. However, the longest wait has risen from 32 weeks at March to 43 weeks in June. The prioritisation of the increasing number of urgent referrals has resulted in some children and young people with less urgent needs experiencing longer waits.

95.9% of children had an MMR at 24 months.

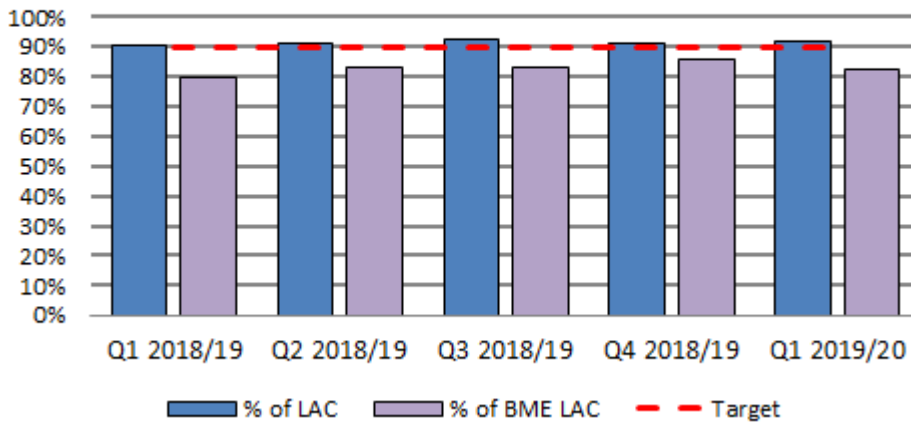


Target 95%

96.2% of children had an MMR at 5 years.

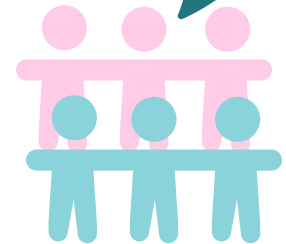


Percentage of looked after children looked after in the community

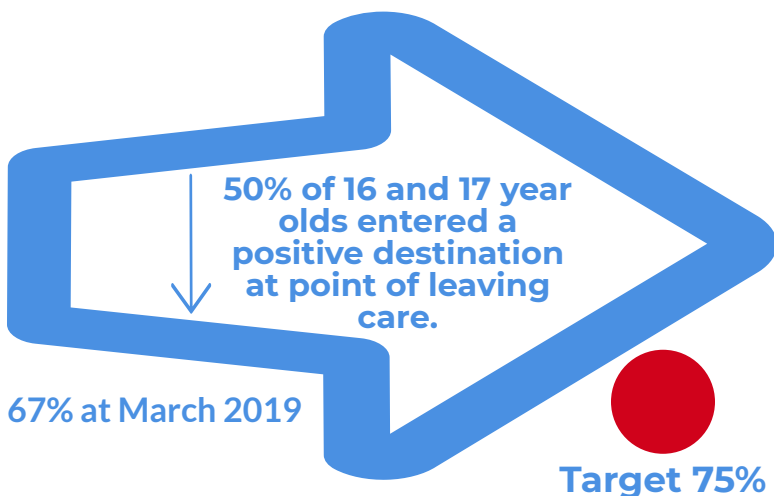


513 looked after children

Increase of 21 on March 2019 figure: 492



470 of the 513 looked after children (91.6%) are being looked after in the community. 14 of the 17 looked after children (82.4%) who were from Black Minority Ethnic (BME) communities were looked after in the community. As part of our local Equalities Indicators we continue to monitor that the number of Black Minority Ethnic (BME) children who are looked after are being looked after within the community in a similar proportion. As the number of BME looked after children within West Dunbartonshire is very low, small changes may mean percentages fluctuate more significantly. Our data continues to show similar trends for BME children as the total looked after children population.



83 referrals Jan - Mar 2019

Supporting Older People

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

Due to data completeness issues at Health Board level, the HSCP was unable to report financial year performance in our annual Public Performance Report 2018/19. We are pleased to be able to now present this data below along with the latest available data.

Number of emergency admissions - all ages

10,313	↑	10,646	↑	10,107
2017/18		2018/19		2018/19 MSG Target

Number of emergency admissions - 65+

4,643	↑	4,734	↑	3,734
2017/18		2018/19		2018/19 Target

Number of unplanned acute bed days - all ages

75,352	↓	74,600	↑	65,308
2017/18		2018/19		2018/19 MSG Target

Number of unplanned acute bed days - 65+

51,784	↓	50,441	↑	40,260
2017/18		2018/19		2018/19 Target

Number of acute bed days lost to delayed discharge - 18+

3,439	↑	3,512	↓	4,639
2017/18		2018/19		2018/19 MSG Target

Number of acute bed days lost to delayed discharge - 65+

2,291	↑	2,502	↓	3,211
2017/18		2018/19		2018/19 Target

Number of acute bed days lost to delayed discharge adults with incapacity - 18+

1,127	↓	766	↓	2,492
2017/18		2018/19		2018/19 MSG Target

Number of acute bed days lost to delayed discharge adults with incapacity - 65+

461	↓	387	↓	1,552
2017/18		2018/19		2018/19 Target

Number of attendances at Accident and Emergency

30,463	↑	32,818	↑	28,333
2017/18		2018/19		2018/19 MSG Target

Number of emergency admissions - 18+

816
April
2018

↓

751
April
2019

↑

719
April 2019
MSG Target

Number of emergency admissions - 65+

413
April
2018

↓

366
April
2019

↑

326
April 2019
Target

Number of unplanned acute bed days - 18+

6,457
April
2018

↓

5,737
April
2019

↑

5,284
April 2019
MSG Target

Number of unplanned acute bed days - 65+

4,226
April
2018

↓

3,898
April
2019

↑

3,692
April 2019
Target

Number of attendances at Accident and Emergency - 18+

6,461
Qtr 1
2018/19

↑

6,486
Qtr 1
2019/20

↑

5,587
Qtr1
2019/20
MSG Target

Number of acute bed days lost to delayed discharge - 18+

879
Qtr1
2018/19

↑

1,696
Qtr1
2019/20

↑

860
Qtr1
2019/20
MSG Target

Number of acute bed days lost to delayed discharge - 65+

674
Qtr1
2018/19

↑

1,401
Qtr1
2019/20

↑

595
Qtr1
2019/20
Target

Number of acute bed days lost to delayed discharge adults with incapacity - 18+

200
Qtr1
2018/19

↑

201
Qtr1
2019/20

↓

584
Qtr1
2019/20
Target

Number of acute bed days lost to delayed discharge adults with incapacity - 65+

134
April
2018

↓

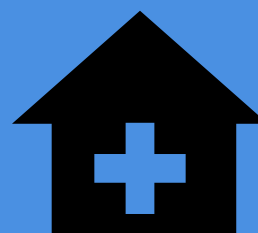
60
April
2019

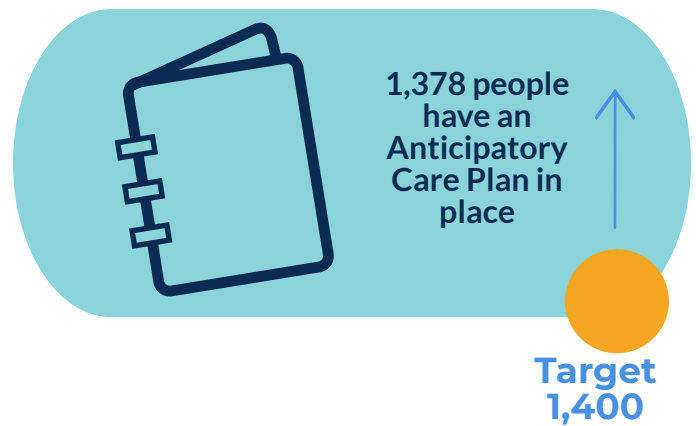
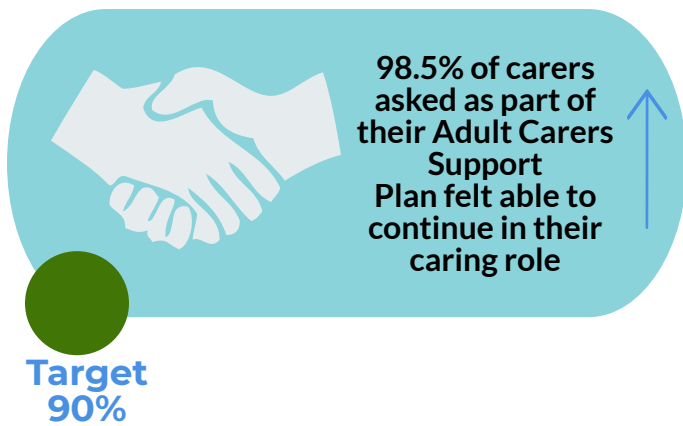
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288
Qtr1
2019/20
Target

23 Delayed Discharges of 3
days or more at June 2019
census point (non-complex)

10 at March 2019 census
point

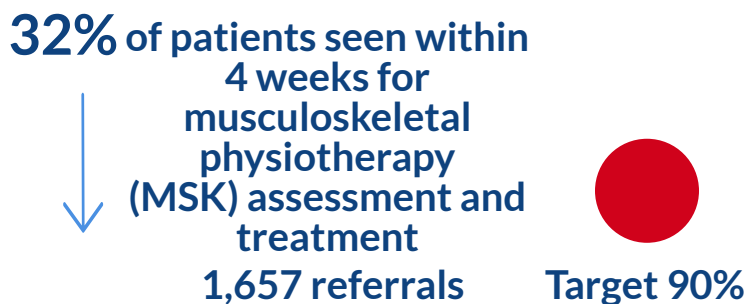
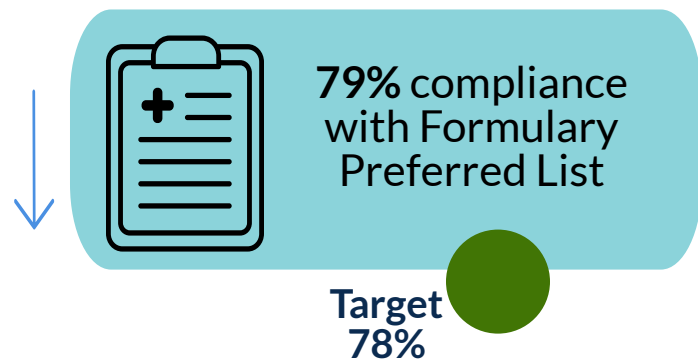
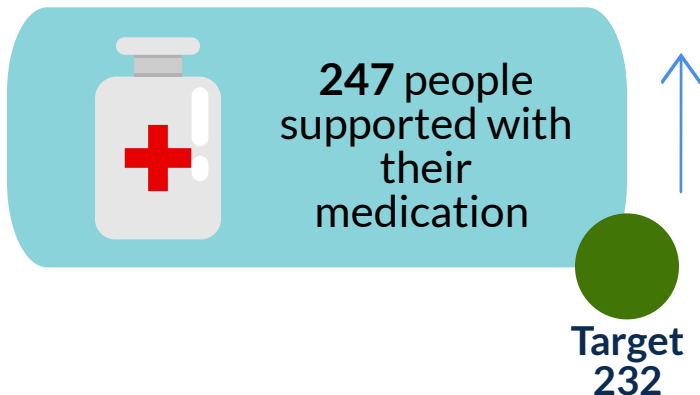
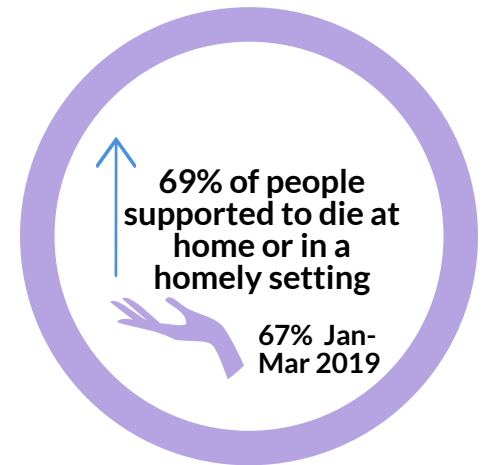
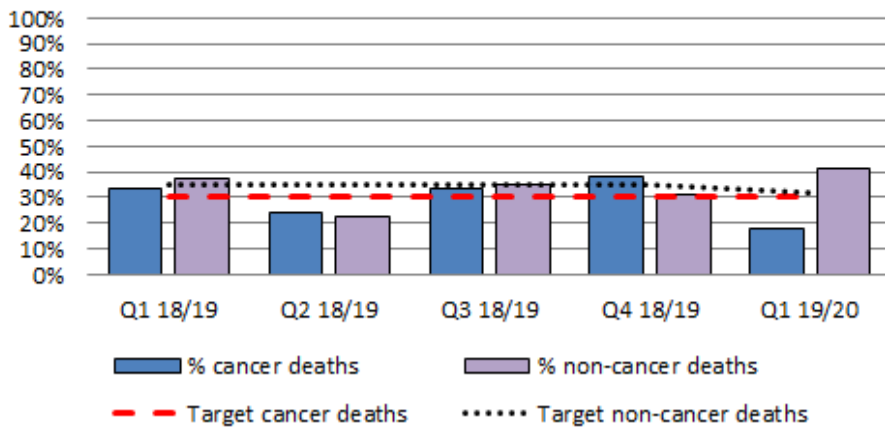




74% of people aged 65 and over with 2 or more emergency admissions in the last year have had an assessment of their needs

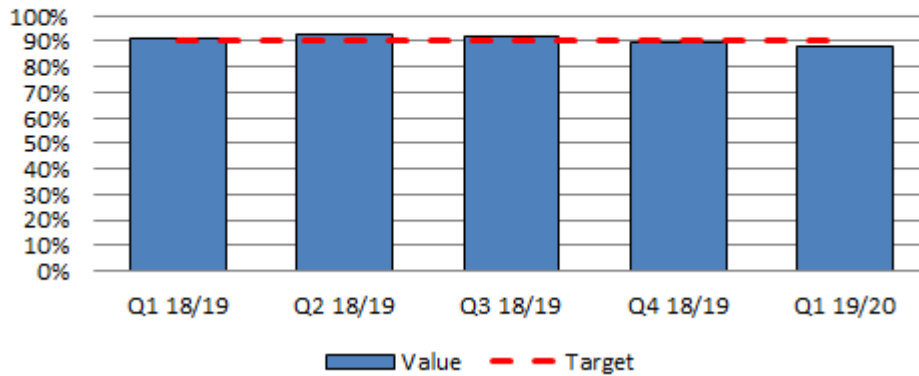
Target 75%

Percentage of people on the Palliative Care Register dying in hospital



Supporting Safe, Strong and Involved Communities

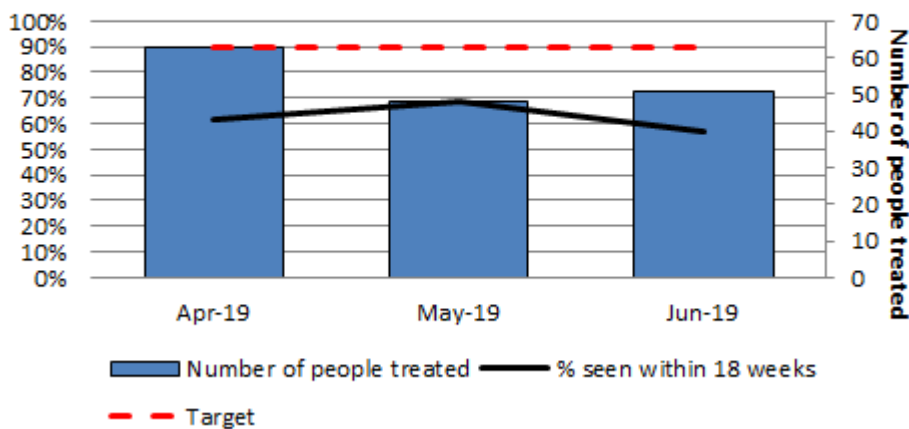
% people waiting no longer than 3 weeks from referral to appropriate drug or alcohol treatment that supports their recovery



227 referrals received

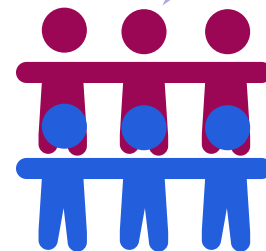
199 people
(87.7%) started
treatment within 3
weeks

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

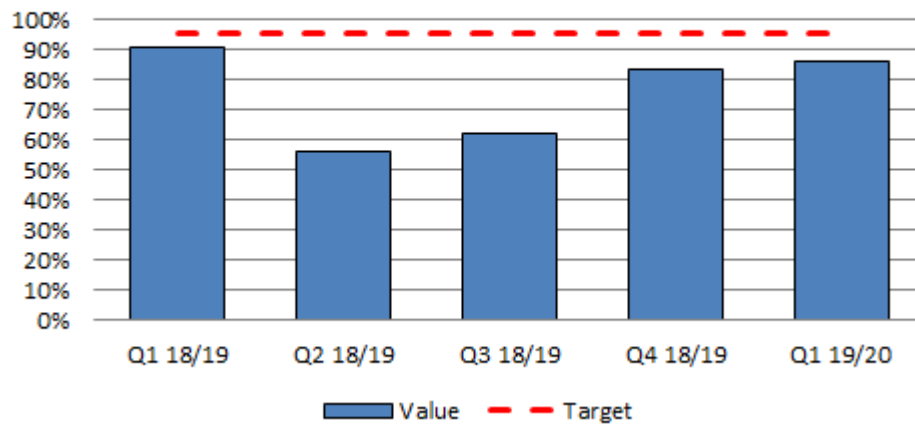


162 patients began
treatment April - June
2019

101 patients seen within
18 weeks



% of Child Protection Case Conferences within 21 days



- 54 children on the Child Protection Register
- 54 Child Protection referrals
- 18 of 21 case conferences within 21 days (86%)

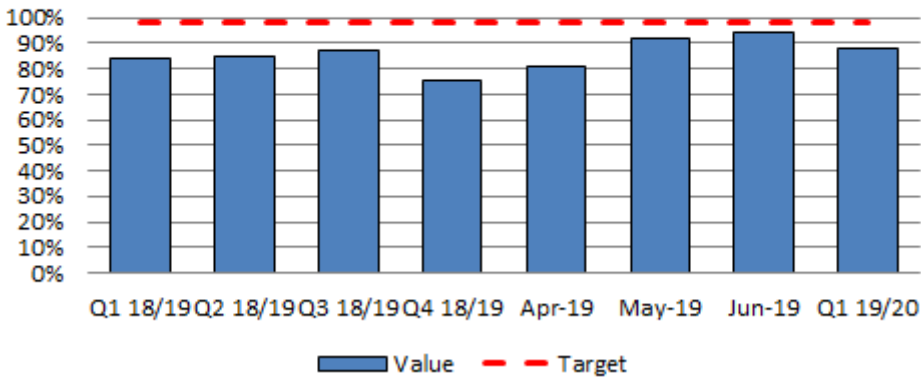


All children on the Child Protection Register have a current risk assessment and care plan

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

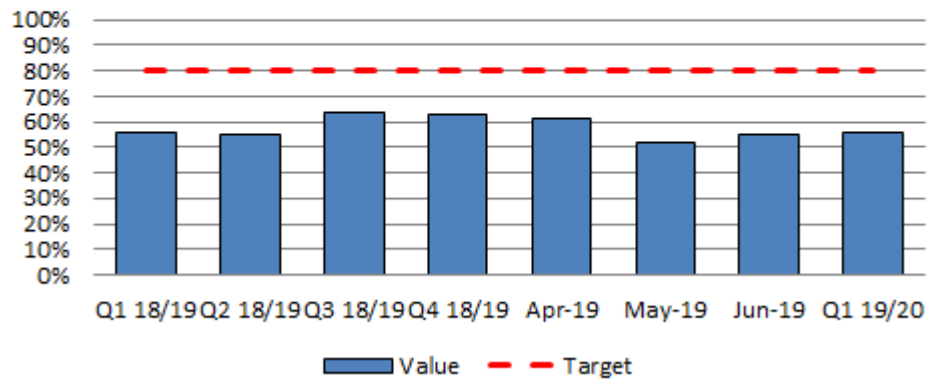
44 referrals to the Scottish Children's Reporter on offence grounds

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



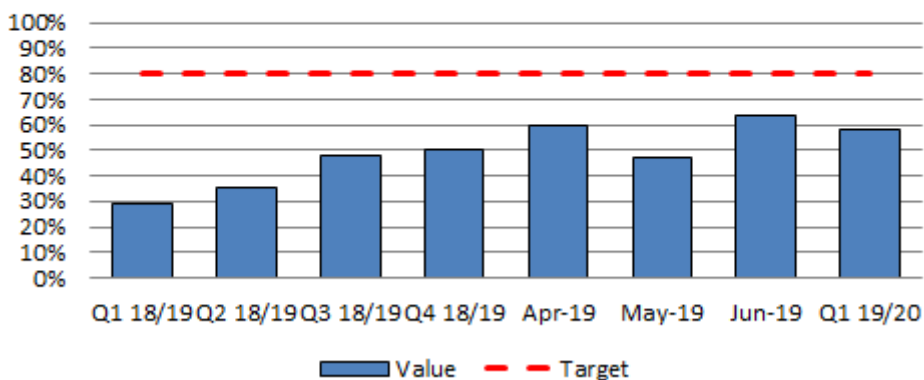
159 of 180 (88%) reports submitted on time

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



56 of 100 (56%) inductions attended on time

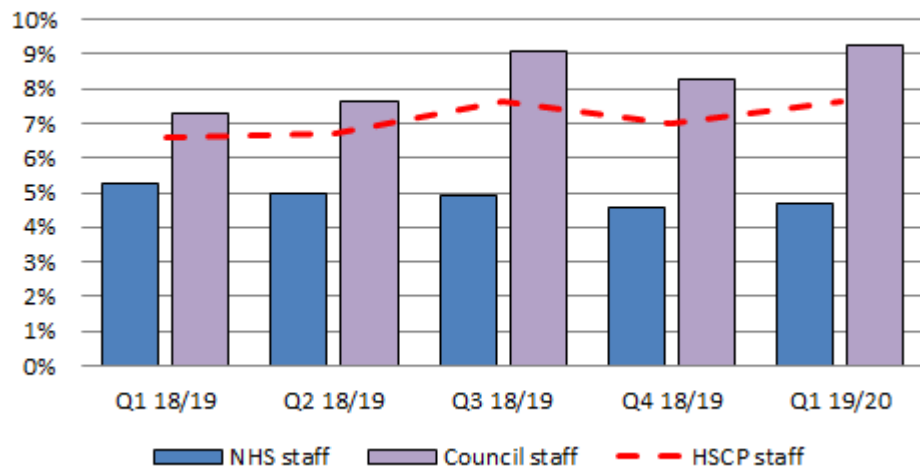
% of Unpaid work and other activity requirements commenced within 7 working days of sentence



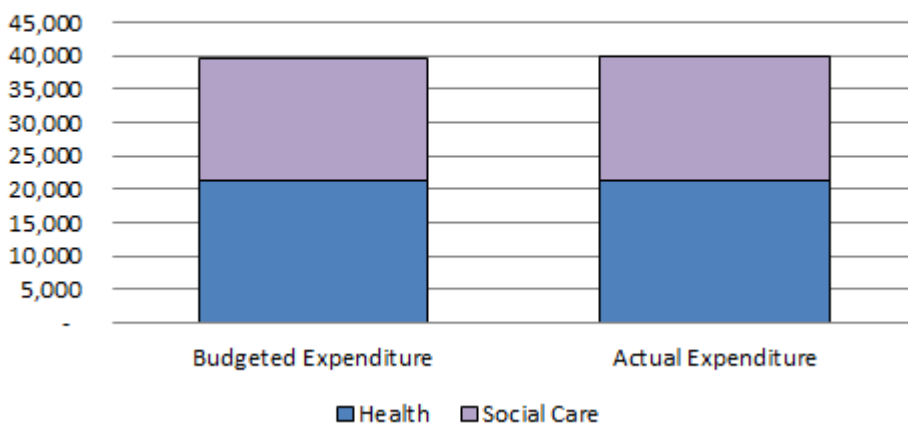
50 of 86 (58%) unpaid work requirements commenced on time

Our Organisation

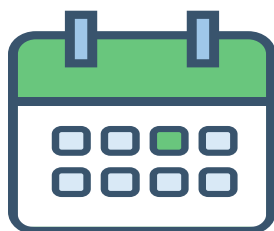
Full Time Equivalent Staff Absence



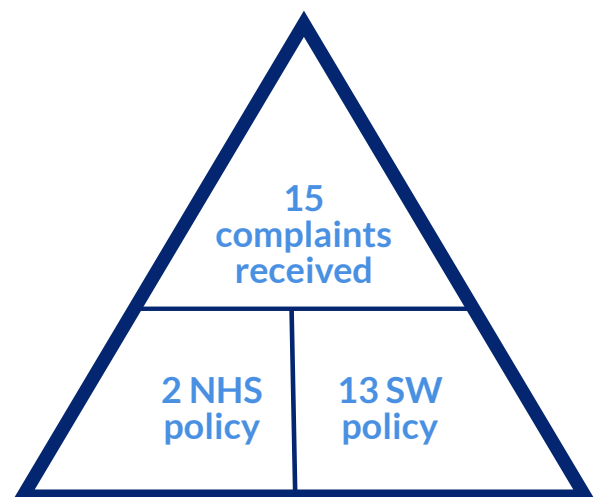
Health and Social Care Net Expenditure £000s - Year to Date



**£235,000
overspend at June
2019**



**27% of complaints
responded to within 20
working days**



Learning Disability Bowel Screening Project

West Dunbartonshire HSCP's Learning Disability Bowel Screening Project has been shortlisted for a COSLA Bronze Excellence Award in the Tackling Inequalities and Improving Health category.

The project was established to tackle a major health inequality facing one of Scotland's most vulnerable high risk groups with the aim of improving the bowel screening uptake rates for those individuals identified with a learning disability.

National and Health Board level data highlights that screening rates among people with a learning disability are well below the nationally identified target rate of 60%. Due to the fact that the National Bowel Screening Service provides information directly to the individual and their GP, the HSCP did not know the full extent of local inequalities within our learning disability population. Work was undertaken with the National Bowel Screening Service to provide live updated data to the Learning Disability Team on the current cancer screening status of those individuals known to its service: individuals eligible to access the National Bowel Screening Service but who had not completed a bowel screening kit or had made the choice to decline this service.

The project also wanted to trial a number of reasonable adjustment interventions that have been shown to be effective but are realistic, scalable and sustainable.

Over the life of the project staff were able to track the cancer screening status of 100% of those individuals involved within the project. This allowed staff within both the Learning Disabilities Team and staff from the Third Sector support agencies to instigate a 'call to action' and provide a reasonable adjustment intervention (personalised letter, face to face health check and direct support to complete screening test kit) that resulted in screening test kit completion or a recording of informed decline to access this service.

For those individuals who were part of our baseline group and received our basic evidence-based intervention, 30% did go on to complete a screening test kit or made an informed decline to access this service. Of the individuals who were offered a reasonable adjustment, 70% went on to complete a screening test kit or make an informed decline to access this service.

Our ability to get up-to-date data from the National Bowel Screening has allowed us to track and identify when reasonable adjustment interventions have been successful. The continual use of data also provided partners with feedback that allowed continuous monitoring and changes in levels of support when required. It also acted as a positive motivator that reinforced partner involvement; they could see the difference working in partnership had on the increasing screening uptake rates of individuals.

Bowel Cancer UK and Cancer Research UK provided bespoke training that emphasised the importance of data collection and the role of the individual staff member in supporting an informed screening choice linked to a reasonable adjustment intervention. Our evidence review showed clearly that staff all along the screening pathway, need to understand their role in reducing inequalities barriers and have the confidence and skills to make reasonable adjustments in their local processes and procedures to support an informed screening consent. Both charities have gone on to share this updated training with other agencies and organisations.

The Learning Disabilities Team is reviewing and updating its data recording systems, to support the development of a range of 'flags' that will support staff to identify and support services users to complete a screening. This learning will be shared with our HSCP colleagues in our Mental Health and Addictions Teams.

One of the project's major innovations focuses on changes to our service contract with Third Sector agencies, with specific screening standards being built into future commissioned services. These standards will require commissioned services to collect and 'flag' screening status data and then make reasonable adjustments, where appropriate to support screening activity with the individuals they support.

This project has succeeded in demonstrating that by following a whole systems approach, you can support vulnerable, high risk individuals to overcome many of the current barriers they face in engaging with a national bowel screening service.

For more information on our services and their performance please visit
<http://www.wdhsc.org.uk/it-us/public-reporting/>

West Dunbartonshire HSCP
Auditing Best Value – Integration Joint Board

		HSCP Response
1.	Who do you consider to be accountable for securing Best Value in the IJB	<p>The main governance bodies responsible for securing Best Value are the HSCP Board and the HSCP Audit Committee. These bodies are supported in this by:</p> <ul style="list-style-type: none"> • HSCP Chief Officer • HSCP Chief Finance Officer • West Dunbartonshire Senior Management Team • Parent Organisations around support services and assets <p>In addition to the above all commissioning of services external agencies should be evaluated with Best Value principles as part of the corporate procurement processes for both WDC & NHSGGC.</p>
2.	How do you receive assurance that the services supporting the delivery of strategic plans are securing plan are securing Best Value	<p>There are current arrangements for this within the various forums</p> <p>HSCP Board Meetings - Public performance reporting is a regular agenda item within Board Meetings (quarterly in year reports and an annual post year report). Actual performance is compared to targets and (where appropriate) previous year results and is scrutinised regarding the targets met or any issues that arise from this Considered alongside financial performance reports – links made between KPIs and budget projections.</p> <p>HSCP Board Audit Committee – considers Care Inspectorate reports on services provided by external providers.</p> <p>Internal Audit Reports – specifically the 2018/19 report on Social Work Commissioning & Tendering. While making a number of medium risk recommendations it acknowledged the significant work</p>

		HSCP Response
		<p>already underway with WDC Procurement Team on the delivery of the “Pipeline” agreed by SMT.</p> <p>HSCP input into several WDC Contract Strategies – Protective Clothing, Milk, Janitorial Supplies etc.</p> <p>Clinical & Care Governance Group</p> <p>Strategic Planning Group – regular budget updates including budget pressures/savings and new investment. How does this align with strategic priorities?</p> <p>Consideration and approval of the Commissioning Plan.</p> <p>Senior Management Team (HSCP) – Finance & Procurement update is a standing item on SMT agenda.</p> <p>Corporate Management Teams of the Health Board and Council – procurement strategies discussed.</p> <p>The HSCP Board also places reliance on the controls and procedures of our partner organisations in terms of Best Value delivery.</p> <p>The HSCP cements together both NHS and local authority responsibilities for community-based health and social care services within a single, integrated structure. We are expanding this partnership to establish a Market Facilitation Consortium 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</p>
3.	Do you consider there to be a sufficient buy-in to the IJB's longer term vision from partner officers and members	The HSCP Board has approved a three year Strategic Plan (2019 to 2022) which clearly set out the direction of travel.

		HSCP Response
		<p>In relation to financial planning there are challenges planning for the medium to longer term due the differences in the budget setting process of the partner organisations and the lack of clarity and commitment from the Scottish Government to offer more than a 1 year financial settlement. However discussions are taking place regarding setting budgets over a longer period in response to the recent MSG recommendations and the Scottish Government's 5 year MTFS for Health & Social Care.</p>
4.	How is value for money demonstrated in the decisions made by the IJB	<p>All HSCP Board papers carry a section that clearly outlines the financial implications of each proposal as well as other implications in terms of people, professional, locality, risk analysis, impact assessment, consultation and strategic assessments.</p> <p>The HSCP Board engages debate and discussions around the application of new funding and savings proposals, many of which are supported by additional HSCP Board Members development sessions on budget position and savings options.</p> <p>The 2018/19 budget setting exercise was supported by the public consultation exercise and voting members considered the public response to savings options when making their final decisions.</p>
5.	Do you consider here to be a culture of continuous improvement?	<p>Yes.</p> <p>Annual Performance Reports and Annual Accounts provide evidence of this.</p> <p>Well documented within the Strategic Plan 2019-22 and the HSCP's role (often lead role) in WDC Local Improvement Plans at strategic and service level.</p> <p>Clinical & Care Governance arrangements in ensuring Health and Social Care Standards are adhered to.</p>

		HSCP Response
		<p>All HSCP managers (including integrated managers) undertook WDC Procurement Training for under & over £50k, supplemented by presentations at Extended Management Team and SMT.</p> <p>The HSCP Audit Committee considers Care Inspectorate Grading Reports and over the last 18 months it is now standard practice that any reports on reduction in grades should be supplemented with improvement action plans.</p> <p>Contributions by the Chief Officer and HoS to NHSGGC Moving Forward Together and Regional Planning work as well as many Glasgow wide groups.</p> <p>HSCP SMT represented at WDC Change Board and PMRG (Performance Management Review Group).</p> <p>CO & CFO members of the WDC Elected Members Budget Working Group.</p> <p>Commitment from managers across HSCP services in contributing to production of savings options. Including service redesign ideas, service reviews and maximising internal efficiencies.</p> <p>Earmarked Reserve resource to support service redesign and transformation – including appointment of HR Support and planned appointment of 3 Transformational Change Posts (2 years fixed term).</p>
6.	Have there been any service reviews undertaken since establishment – have improvements in services and/or reductions in pressures as a result of joint working?	<p>There have been a number of service reviews from small scale to larger scale since the establishment of the HSCP Board. There are also plans to continue reshaping and transforming services in response to demographic/social/financial challenges etc.</p> <p>The approved savings programmes over the last few years can provide some evidence of this e.g. Sheltered Housing overnight</p>

		HSCP Response
		<p>cover, Integrated Teams, use of Tec funding.</p> <p>Also the application of Social Care Funds to establish the new Focussed Intervention Team (FIT) is a major development in the transformation of services and expanding community based support.</p> <p>The Action plans around the recent Care Inspectorate Reports on Self Directed Support and Criminal Justice Services will support further redesign work.</p> <p>Joint Glasgow wide work on closure of Continuing Care Beds released in excess £0.500m to the HSCP for application in 2019/20 budget setting.</p> <p>The NHSGGC Five Mental Health Strategy has been approved by the HSCP Board and will release savings by closure of in-patient beds for re-investment of community supports.</p> <p>GGC Prescribing Efficiency Group – CFO, CO and HSCP Head of Prescribing all members – released £11m of efficiencies across GGC. This is supported by our own local GP Prescribing Group.</p> <p>Implementation of Primary Care Transformation and Mental Health Action 15 Plans are all built on the premise of joint, effective working to deliver efficient, fit for purpose community based services. Some of the early intervention support and the “step-in, step-out approach” are intended to stop mental health clients experiencing crisis which consumes already stretched resources.</p>
7.	Have identified improvement actions been prioritised in terms of those likely to have the greatest impact.	<p>The impact of any proposed change is assessed at an early stage across a variety of groups through HSCP/WDC & GGC governance frameworks. Chief Officers Group/ CFO Group/ GGC & WDC CMT and Transformation Boards and HSCP SMT are just some of the management groups who review and sign off any plans. This</p>

		HSCP Response
		decision is based on what benefits are anticipated, alignment with our strategic priorities and quality care governance and professional standards, and to consider the business case.
8.	What steps are taken to ensure that quality of care and service provided is not compromised as a result of cost saving measures.	<p>All savings proposals are subject to a full assessment which includes:</p> <ul style="list-style-type: none"> • Alignment to Strategic Plan • Alignment to quality care governance and professional standards including risk assessment by Professional Lead • Equalities impact assessed • Risk assessment by responsible Heads of Service and mitigating actions introduced • Stakeholder engagement as appropriate <p>Where possible, the HSCP look to take evidence based approaches or tests of change to ensure anticipated benefits are realised and there is no compromise to care.</p>
9.	Is performance information reported to the board of sufficient detail to enable value of money to be assessed	<p>Quarterly and annual performance reports are submitted to the IJB Board for scrutiny covering a wide range of indicators.</p> <p>The quarterly Public Performance Report focuses on those key strategic performance indicators for the Partnership where performance data is available for the specific time period reported and in addition is augmented with data on key aspects of workforce and financial performance.</p> <p>The preparation and presentation of the Annual Performance Report is informed by the national Guidance for Health and Social Care Integration Partnership Performance Reports and is also 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).</p>
10.	How does the IJB ensure that management of resources (finances, workforce etc. is effective and sustainable	Workforce and Organisational Development plans are linked to strategic plan.

		HSCP Response
		<p>The Audit Committee receives Absence Monitoring updates and the actions being taken across the HSCP and partner bodies. This is also supported by Internal Audit Reports presented to the Board by the Chief Internal Auditor.</p> <p>Regular budget and performance monitoring reports to the HSCP Board give detailed review of the management of resources and any required mitigating actions. These reports are firstly scrutinised at SMT and Clinical and Care Governance Groups.</p> <p>All HSCP Board reports contain a section outlining the financial implications of each paper.</p> <p>The HSCP Board is represented by 3rd sector partners, unions, GP locality reps, Carers and local community reps. They are involved in Board development sessions and Strategic Planning Group where they have the opportunity to challenge in a different forum that allows for more detailed discussions and lower level management input.</p> <p>Also supported by the annual review of the local code of good governance.</p>

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

13 November 2019

Subject: Inspection of Justice Social Work Services: Update on Actions

1. Purpose

1.1 To present to the HSCP Board with:

- An update on activity related to the local action plan arising from the Care Inspectorate report 'Inspection of Justice Social Work Services in West Dunbartonshire Council', published on 6 August 2019.

2. Recommendations

2.1 The HSCP Board is asked to:

- Note improvement activity already being taken forward and ongoing work to address areas for improvement which addresses key findings of the inspection report.

3. Background

3.1 Following publication of the Care Inspectorate report, a local improvement action plan was developed and presented to the HSCP Board on 7 August 2019. Since then, a number of actions have been progressed which seek to address the findings of the inspection process and to improve wider criminal justice social work service provision.

3.2 The scale of this activity has meant that the understanding, co-operation and support of practitioners and operational managers was particularly important.

3.3 Further discussion has taken place with colleagues from the Care Inspectorate and Community Justice Scotland, who have provided professional comment and advice on the action plan and suggested more realistic and achievable timescales for implementation for some key changes.

4. Main Issues

4.1 The Care Inspectorate undertook an inspection of justice social work services in West Dunbartonshire from January to April 2019 which focussed on delivery of community payback orders from October 2016 to October 2018. Inspection activity included preparation of a self evaluation with supporting evidence, file reading of a sample of Community Payback Orders (CPOs) and a series of interviews, focus groups and observations by the inspection team.

- 4.2** The key themes for improvement within the inspection model related to:
- Outcomes for individuals
 - Cultural change
 - Service improvement
 - Leadership and governance.
- 4.3** The report identified the following key messages as priority areas for improvement:
- (a) The service needs to develop ways of being able to demonstrate the different support is making in improving outcomes for individuals and its contribution to community safety;
 - (b) Achieve a culture within the service which supports the prioritisation of, and adherence with, National Outcomes and Standards and FRAME guidance for all elements of a Community Payback Order;
 - (c) Achieve sustained improvements in the delivery of unpaid work service;
 - (d) Leaders to have greater oversight of performance across all justice social work services, supported by the development of systems and frameworks which identify priorities and inform decisions regarding service delivery and design.
- 4.4** Actions within the local improvement plan have been developed using the quality indicator model which the Care Inspectorate used to consider how the service was performing.
- 4.5** The current action plan is included at Appendix 1. This is a live document and is continually updated to reflect completed and revised actions, as well as professional discussion and advice in conjunction with local managers and colleagues from the Care Inspectorate and Community Justice Scotland.
- 4.6** During the two months since the inspection report was published, a number of actions have taken place or are being progressed – these are included within Appendix 1 under the column ‘Update on activity: October 2019’, however a summary of key actions is also included below.
- New service manager post
- 4.7** The new post of criminal justice service manager has now been recruited to, providing improved, dedicated leadership and management for the service, as well as ensuring equivalence with other service areas within the HSCP. Laura Smith took up post on 14 October 2019 and will be key to implementing the improvement plan.
- Professional external support
- 4.8** A follow-up meeting between the Head of Service, lead inspector and link inspector for West Dunbartonshire took place on 4 October 2019, during which the improvement plan was reviewed and an update on activity was provided.

Inspectors recommended some more realistic timescales for actions to support achievable and sustained outcomes (highlighted within Appendix 1).

- 4.9** Senior managers and the community justice co-ordinator met with the Chief Executive, Head of Analysis & Improvement and the Learning, Development & Innovation Lead from Community Justice Scotland in early October to further develop what support could be made available to West Dunbartonshire.
- 4.10** Community Justice Scotland colleagues have developed a draft plan using the inspection report as a starting point but which reflects how issues and activities around improvement are interlinked as part of the complex system of community justice in West Dunbartonshire. The plan considers activities within the short term (first four months), medium term (three to six months) and longer term (six to twelve months), centred around:
- Risk assessment tools
 - Accredited interventions
 - Unpaid work
 - Case management planning.
- 4.11** Partners will meet again in late November to advance this work further, taking into consideration the viability of the plan in terms of staff engagement, resource pressures and change management. Continued professional engagement will also explore other activities that need to be explored and developed concurrent to the plan.

Performance Improvement

- 4.12** Existing local governance arrangements report on three national key performance indicators (KPIs): the submission of criminal justice social work reports to court by midday the day before sentencing; induction for individuals subject to CPOs within five days of sentence; and commencement of unpaid work within seven days of sentence.
- 4.13** As referred to previously, the service has struggled to sustain improved performance, particularly following a 70% increase in CPOs in 2016-17. More recently, however, local performance has improved and a significant contributory factor here has been establishing better reporting and induction processes for individuals sentenced to CPOs.
- 4.14** In conjunction with colleagues at Dumbarton Sheriff Court, criminal justice staff are now notified of outcomes from court within 24 hours; furthermore, partnership working has supported initial induction appointments to be offered within court premises twice per week, targeting the days of busiest court activity. Improvements against the KPIs are included in Appendix 2 and these will be kept under ongoing review.
- 4.15** Work is now being taken forward to develop a monthly criminal justice performance report for senior and operational managers to track KPI performance, demand for reports, new orders, completions and achievement of timescales.

- 4.16** Annual aggregate and unit returns are provided using the Scottish Criminal Justice (SCJ) client database to the Scottish Government for inclusion in the national bulletin for criminal justice social work. As part of West Dunbartonshire's performance improvement programme, an annual review of statistical information is undertaken, looking at the outturns achieved during the previous year and comparing them to previous years. Within current programme of improvement, these reports will be used to better identify areas of change and recommendations for any action to be taken.
- 4.17** Data for 2018-19 is currently being finalised, however this will complement the professional development work outlined above by highlighting demand trends and likely resource pressures to support a work to prepare for the extension of the presumption against short sentences (PASS), where individuals who are eligible for a custodial sentence of up to 12 months may be considered instead for a community based alternative.
- 4.18** Progress within the two months since the inspection report was published has therefore been taken forward in various ways, from practical changes to improve performance against key indicators, to development of support from professional partners, focussed around staff development and service improvement. Equally, access to various staff training opportunities has already included court report skills, risk practice training and accredited high risk offender interventions, whilst some individuals will take part in the second pilot of training for unpaid work staff from January 2020.
- 4.19** Evidence of improved achievement of National Outcomes and Standards is central to the full range of improvement activity, however the above actions, within a collaborative approach, is an important step forward for the local service to work with national professional partners to support longer-term positive outcomes for people involved with the criminal justice system.

5. People Implications

- 5.1** Staff engagement and participation is central to the improvement of services to individuals involved in offending and local communities to deliver better outcomes.
- 5.2** Managers will continue to work with local and national partners to access training and development for staff to improve both effective interventions and service performance.

6. Financial Implications

- 6.1** Access to some accredited training or other resources to deliver on the improvement plan may incur some costs, however these will be highlighted within regular management and budget meetings.

7. Professional Implications

7.1 None.

8. Risk Analysis

8.1 Provision of statutory social work services requires appropriately qualified and skilled staff – the improvement actions referred to above are intended to inform future service design and planning to continue to meet statutory duties.

9. Impact Assessments

9.1 There are no issues identified.

10. Consultation

10.1 Work to agree activity related to the improvement plan included consultation with staff, operational managers and external professional colleagues.

10.2 This will continue during the evolution and delivery of the improvement plan to ensure meaningful, informed engagement across the service and professional sector.

11. Strategic Assessment

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

Jonathan Hinds

Head of Children's Health, Care and Criminal Justice

Chief Social Work Officer

14 October 2019

Person to Contact: Jonathan Hinds – Head of Children's Health, Care and Criminal Justice/Chief Social Work Officer; 16 Church Street, Dumbarton, G82 1QL; Telephone: 01389 737320; e-mail: jonathan.hinds@ggc.scot.nhs.uk

Appendices: Appendix 1: Improvement Action Plan (October 2019)
Appendix 2: Key Performance Indicators

Background Papers: None

Wards Affected: All

Key messages from Care Inspectorate Report

Key message (KM1):

Individuals subject to Community Payback Orders are treated with respect and value the support they receive from staff. The service now needs to develop ways of being able to demonstrate the difference this support is making in improving outcomes for individuals and its contribution to community safety.

Key message (KM2):

A culture has developed in justice social work services whereby National Outcomes and Standards are not routinely adhered to. Practice is not consistent with the national framework for assessment and management of risk. In a high proportion of instances, case management plans are not completed, which impacts on the quality of targeted intervention individuals receive. Plans are not reviewed in accordance with national guidance.

Key message (KM3):

There has been poor performance in the delivery of unpaid work over a sustained period. However, recent improvement actions are encouraging and delivering success in a few important aspects.

Key message (KM4):

A new management team is in place and recognising the need for urgent improvement and modernisation of practice. Leaders need better systems to support them in gaining oversight of performance across all justice social work services. Given the scale of the improvements required, this is essential to identify priorities and ensure decisions regarding service planning and delivery are well informed.

Quality Indicators	Actions for improvement	Responsible	Timescales/ Review	Evidence of Improvement	Update on activity: October 2019
What Key Outcomes have we achieved? 1.1 Improve life chances and outcomes for people subject to Community Payback Orders	Enhanced processes developed and introduced to ensure orders commence within timescales eg: appointments on day of sentencing, included in court reports; monthly performance report (KM1, 2, 3, 4)	Service Manager Unpaid Work Manager Senior Social Workers Information Lead	December 2019	Practice upholds national guidance	<ul style="list-style-type: none"> - Induction appointments now take place at court on date of sentence. - First appointment arranged for 24 hours after sentence. - Sheriff Court portal now generates Orders within 24 hours of sentence. - Performance report being developed and tested.
	Evidence of impact to reduce offending behaviour will be monitored and recorded on individual case management plans (KM1, 2, 4)	Senior Social Workers Service Manager Information Lead	December 2019	Effective, evidence-based interventions	

Quality Indicators	Actions for improvement	Responsible	Timescales/ Review	Evidence of Improvement	Update on activity: October 2019
	Access to improved range of accredited programmes to reduce re-offending (KM1, 2)	Head of Service Service Manager	March 2020	Improved case management plans	Justice Outcome Star training completed for some staff. Site visit to nearby area will inform implementation plan.
	A Training Needs Analysis is being completed and training will be delivered to support practitioners around risk assessment and risk management plans (KM2, 3, 4)	CJ co-ordinator Community Justice Scotland (Head of Learning, Development & Innovation)	October 2019	Risk assessments are fully completed and directly inform case management plans	Underway by Community Justice Scotland and local co-ordinator.
How well do we meet the needs of our stakeholders? 2.1 Impact on people who have committed offences	The unpaid work service will be further developed to maximise opportunities to benefit the community and build on skills of individuals, working with Council departments, local charities and other community partners (KM 1, 2, 3)	Unpaid Work Manager Council Department Leads Third sector organisations	December 2019	Tailored unpaid work placements to support people to complete their Orders	Unpaid work manager has engaged with Council assets team to identify suitable workshop premises.
	Increase opportunities for individuals to undertake 'other activity' requirements to reduce re-offending by linking with key partners eg: addictions, employability, literacy (KM1, 2, 3)	Unpaid Work Manager Senior Social Workers	December 2019	Expanded opportunities to address underlying issues	<ul style="list-style-type: none"> - Pathway to addiction services developed which removes self-referral requirement. - Pathways for mental health and learning disability services in development.
	Increase volunteering, employability and training opportunities particularly for individuals who have completed their Orders in partnership with Community Volunteering Services (KM1, 2, 3)	Unpaid Work Manager CVS	December 2019	Range of opportunities for individuals following completion of their orders	

Summary Improvement Action Plan: Inspection of Criminal Justice Social Work Services (6 August 2019)

Quality Indicators	Actions for improvement	Responsible	Timescales/ Review	Evidence of Improvement	Update on activity: October 2019
	Improved access to evidence-based interventions that are shown to reduce re-offending (KM1, 2)	Head of Service CJ co-ordinator CJ Scotland (Head of LDI)	March 2020	Evidence of individuals being supported to reduce re-offending	<ul style="list-style-type: none"> - Scoping vulnerable men's group to mirror existing intervention programme for vulnerable women - Following training needs analysis, Community Justice Scotland to explore resource provision for local delivery of accredited programmes - Two staff undertaking accredited training for high risk offender programme
How good is our delivery of services? 5.2 Assessing and responding to risk and need	Achieve compliance with National Outcomes and Standards by developing monthly reports, include in case reviews and staff supervision (KM2, 4)	Service Manager Senior Social Workers Information Lead	March 2020	Evidence of performance quality and quality standards	<ul style="list-style-type: none"> - Unpaid work induction sessions in place on Monday and Thursday each week, linked to busiest court days. - Improved recording of failures to attend and reason to ensure appropriate follow-up.
	Appropriate, accredited risk assessments to be fully applied and reviewed by managers to measure impact of interventions (KM1, 2, 4)	Community Justice Scotland (Head of LDI) Senior Social Workers	March 2020	Robust risk assessments, quality case management plans and interventions	
	Sample audit of high risk offender cases (KM1, 2, 4)	c/o Head of Service	July 2019	Summary of findings informs training needs analysis & staff supervision	<ul style="list-style-type: none"> - COMPLETE: 5 case files audited and findings reported; has informed training needs analysis and individual supervision. - Further action: review of all high risk offender cases by service manager.
	Joint awareness session for MAPPA for social work and Police (KM1, 2)	MAPPA co-ordinator	January 2020	Improved relationships & understanding around high risk offender management	Training to community police officers completed (September 2019).

Summary Improvement Action Plan: Inspection of Criminal Justice Social Work Services (6 August 2019)

Quality Indicators	Actions for improvement	Responsible	Timescales/ Review progress	Evidence of improvement	Update on activity: October 2019
How good is our delivery of services? 5.3 Planning and Providing effective interventions	Regular review of supervision plans, improved frequency of home visits and increased focus on addressing risk and need, supported by enhanced case recordings and reports (KM1, 2, 3)	Senior Social Workers Information Lead	March 2020	Robust case management with regular review of effectiveness	
	Seek feedback from service users, their families and local communities to shape and enhance local services (KM 1, 2, 3)	Social Workers Senior Social Workers Information Lead	March 2020	Enhanced and community awareness and service provision	
	Introduce a programme of development and supervision for practitioners and managers (KM 2, 4)	Head of Service OD Manager (WDC) Community Justice Scotland (Head of LDI)	December 2019	Skilled workforce with continuous development opportunities	<ul style="list-style-type: none"> - West Dunbartonshire confirmed as the 2nd pilot area for training programme for three unpaid work staff commencing January 2020. - Service Manager joining Social Work Scotland Justice Standing Committee.
	Introduce monthly reports to monitor compliance with key performance indicators and national standards (KM 1, 2, 4)	Information Lead Head of Service	November 2019	Effective oversight of demand analysis and performance standards	Performance report in development – will include 3 national key performance indicators, unpaid work activity and caseload data.
How good is our leadership?	Weekly management meetings to monitor progress to achieve action plan (KM2, 4)	Service Manager Senior Social Workers	July 2019 onwards	Management oversight, accountability and monitoring	Improvement plan is a standing item on weekly management meetings.
9.4 Leadership of improvement and change	Appoint to new post of criminal justice service manager (KM2, 4)	Head of Service	Interviewing 8 August	Enhanced leadership for improvement activity	COMPLETE: Service Manager in post 14 October 2019.

Summary Improvement Action Plan: Inspection of Criminal Justice Social Work Services (6 August 2019)

Quality Indicators	Actions for improvement	Responsible	Timescales/ Review	Evidence of Improvement	Update on activity: October 2019
	Report on inspection/improvement plan and regular update reports to HSCP Board, Clinical & Care Governance Committee and Safer DIG (KM2, 4)	Head of Service Chief Officer	Board: 7 August (complete) CCG: TBC Safer DIG: TBC	Governance and oversight of inspection findings; regular updates to monitor improved practice	Monthly update report by service manager on improvement activity. Propose regular report to HSCP Board, Audit Committee or Clinical and Care Governance group.
	Develop the service with a clear, aspirational vision, purpose and direction (KM4)	Head of Service Community Justice Scotland (Head of LDI)	October 2019	Motivated committed workforce with clear, meaningful, shared objectives	<ul style="list-style-type: none"> - Piloting monthly professional supervision groups (social workers, paraprofessionals, admin support) which will also inform service vision. - Manager on national unpaid work practice network - Confirm representative for Adult Justice Throughcare Practice Network from November 2019

Criminal Justice Key Performance Indicators

Performance Indicator	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20		
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Note
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	89%	82%	89%	95%	84%	85%	87%	75%	88%	98%	159 out of 180 reports were submitted on time.
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	87%	84%	87%	57%	56%	55%	64%	63%	56%	80%	56 of 100 attended within timescale.
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	0%	11%	2%	57%	29%	35%	48%	50%	58%	80%	50 of 86 attended within timescale.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

13 November 2019

**Subject: Thematic review of self-directed support in Scotland;
West Dunbartonshire local partnership report**

1. Purpose

- 1.1** To update the Partnership Board on progress relating to the Improvement Plan which was agreed following Care Inspectorate Thematic Review of self-directed support in West Dunbartonshire?

2. Recommendations

- 2.1** The Partnership Board is recommended:
- to note the content of the Report;
 - to note the Improvement Plan which has been presented to the Care Inspectorate;
 - To request regular reporting on the local response to the recommendations within the Report.

3. Background

West Dunbartonshire was one of six local authority areas chosen as a pilot area for a review of the implementation of the principle of Self-Directed Support (SDS) and personalisation which were enshrined in legislation and came into effect in Scotland in 2014.

Since then, success in implementing the legislation has varied across Scotland.

Competing priorities, the financial climate and custom & practice have impacted on the roll out of SDS in West Dunbartonshire as evidenced in the recent Care Inspectorate report, published in June 2019.

4. Main Issues

In West Dunbartonshire HSCP, commissioning, procurement and resource allocation have historically been modelled on deficits in the capability of the individual, and tied up in block contracts which can limit choice and control.

Effective implementation of SDS must be underpinned by systems and processes which allow for choice and control for the individual: enabling them to work towards an agreed outcome, which maximises their independence and sustains their recovery.

The Care Inspectorate recognised areas of good practice within learning disability and acquired brain injury services however felt that this had not been rolled out to wider adult and older people's services.

The Care Inspectorate reported that HSCP staff were struggling to work to the principles of choice and control within the current systems and processes. In addition, workers were unable to capture where individuals had been signposted to community supports.

Inspectors felt that good practice around early intervention and sign-posting was not being captured by current documentation systems which are aimed at care management and existing care options and not focussed on asset building and personalised support.

5. People Implications

The SDS Programme Board, chaired by Jonathan Hinds, Chief Social Work Officer is overseeing the Working Group, made up of HSCP staff, 3rd sector partners, Carer representatives and service users.

This Working Group is then divided into four Short Life Working Groups, (SLWG) addressing each of the main improvement areas, as follows:

5.1 Staff training and support SLWG:

Improvement objectives	Actions for delivery	Responsible	Timescales/Review progress	Evidence of improvement
Key outcome To nurture a confident, competent workforce who can work in a person-centred way, within the principles of SDS legislation.	The Staff Training and Support SLWG will make recommendations to the Working group on how the HSCP can deliver:	Staff training and support short-life working group.	December 2019	Staff appraisal and PDP will reflect improved knowledge of SDS.
	A training- for-trainers programme, building a network of practitioners who are confident in relation to: SDS legislation and the principles of the ACT. Asset-based assessments. Outcome focussed support planning. Engaging with community resources.	SDS lead, Staff Training SLWG and SDS workers.	December 2019	HSCP training log will reflect full engagement with training.
	The HSCP will support the Trainers to deliver in-house training to colleagues, as well as sharing good practice across the HSCP to embed SDS principles in everyday practice.	SDS lead and HSCP Comms and I.T. staff.	December 2019	HSCP will training data will evidence full compliance with e-learning module among new staff.
	An electronic training module will be developed to support new staff during their induction. (KM:4,7)			

5.2 Data, Documentation and performance SLWG:

Improvement objectives	Actions for delivery	Responsible	Timescales/Review progress	Evidence of improvement
<p>Key outcome</p> <p>By developing a data-rich service, improved delivery will be evidenced and reportable.</p>	<p>Data/Documentation and Performance SLWG will compile and pilot a person-centred assessment which focuses on the assets of supported people and identifies their outcomes.</p>	<p>SDS lead and SLWG.</p>	<p>November 2019.</p>	<p>HSCP documentation will facilitate appropriate reporting capability to measure improvement around the extent to which supported people are exercising choice and control.</p>
<p>HSCP assessment, support planning and review processes will be standardised as far as practicable and will align to resource allocation and procurement processes.</p>	<p>SLWG will develop a set of practitioner guidance, detailing all HSCP assessment, support-planning and review processes, in line with good practice.</p>	<p>SDS lead and SLWG</p>		<p>Staff will report increased confidence in person-centred working.</p>
	<p>SLWG will liaise with colleagues reviewing the IRF and procurement processes. (KM: 4,5,6)</p>	<p>SDS lead and SLWG</p>		<p>The HSCP SDS network will regularly review all documentation in line with good practice examples and Scottish Government guidance.</p>

5.3 Communication SLWG:

Improvement objectives	Actions for delivery	Responsible	Timescales/Review progress	Evidence of improvement
Key outcome The development of an effective communication and engagement programme of resources and activities.	Communication SLWG (which includes service users, advocacy and carers) will work with HSCP staff to refresh and improve the HSCP website in relation to: What is SDS? How to access information and advice. How to access support. The range of services and resources in West Dunbartonshire. The implications for Carers. Use existing Local Engagement Networks to engage West Dunbartonshire residents. Agree and arrange creative engagement events with Health Improvement colleagues and community groups such as Golden Memories and the Good Life Group. A service user forum will be formed. (KM:2,3,5,6)	SDS lead and SLWG will make recommendations to Programme Board. Community Engagement Officer and SLWG. Chief Officer, PB and SLWG. SDS lead, Community Engagement Officer and SDS Ideas.	December 2019 December 2019 December 2019 December 2019	SDS and personalisation will be routinely discussed in service review and development work with partners and providers.

5.4 Financial framework SLWG:

Improvement objectives	Actions for delivery	Responsible	Timescales/Review progress	Evidence of improvement
Key outcome HSCP commissioning and procurement processes will facilitate choice and control.	Finance SLWG will work with Council Procurement colleagues to develop a financial framework which supports person-centred resource allocation. SDS lead will facilitate sharing of good practice with colleagues in other HSCPs who have already begun this change process. HSCP will review : Charging and contributions Free personal care Respite SDS for Carers (KM:2,3,5)		April 2020 November 2019 December 2019	HSCP budgetary alignment will reflect greater choice and control for supported people. Service user feedback will evidence more personalisation and use of a range of providers. HSCP SMT will have suite of policies and guidance in place.

Programme Board: Leadership, systems and culture:

Improvement objectives	Actions for delivery	Responsible	Timescales/Review progress	Evidence of improvement
Key outcome HSCP leaders will create conditions which enable supported people to experience more choice and control. HSCP systems and processes will facilitate greater choice and control for supported people.	HSCP leaders will participate in and support staff to train in all aspects of SDS informed practice. HSCP leaders will work with staff and partners to develop a culture of increased choice and control and personalised care and support by supporting engagement events and protecting staff time for training and sharing good practice. HSCP staff and partners will collaborate in reviewing HSCP systems and processes in line with SDS principles and legislative requirements. (KM:2,5,7)	Chief Officer and HSCP Senior Management Team Chief Officer and HSCP Senior Management Team	Review progress at each SMT meeting and report to each IJB meeting Review April 2020	HSCP staff and partners will report a shared language culture and understanding around personalisation and SDS.

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6. Risk Analysis

6.1 The HSCP Partnership Board has a duty to implement recommendations from the Care Inspectorate therefore there is an organisational risk for the HSCP if actions are not undertaken. Since the last Board meeting, the HSCP was invited to attend an event in Clydebank hosted by SDS Scotland and SDS Ideas, looking at the recent inspection and engaging with local residents on the HSCPs response. This was well attended and feedback has been very positive.

6.2 The re-worked Improvement plan, which details the implementation work as illustrated in Section 5, has been signed off by the Care Inspectorate nationally and handed over to our Link Inspector, Stephen Rankin.

7. Equalities Impact Assessment (EIA)

7.1 Colleagues from the HSCP Health Improvement team will to carry out an Equalities Impact Assessment on the recommendations of all 4 SLWGs.

8. Environmental Sustainability

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

9. Consultation

9.1 Engagement with partners in the development of the Improvement Plan reflects ongoing participation and engagement to update activities and programmes of work. A programme of staff engagement is planned by the SDS lead and SDS officers to support the training programme and embed the culture of SDS principles. Service users and partner agencies are represented in both the Programme board and the working group. The working group and all four SLWGs are now progressing their delegated work-streams, in accordance with the Improvement Plan and agreed terms of reference. This work is in line with timescales agreed in the Improvement Plan.

SDS Scotland are working with the HSCP and SDS ideas to establish a baseline of knowledge in the community around SDS using their survey. This is being distributed by members of the SLWGs within services and by staff when they are working with local residents. We would aim to repeat this survey at a later date to measure change and hopefully improvement in the level of understanding in West Dunbartonshire about all aspects of SDS.

10. Strategic Assessment

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

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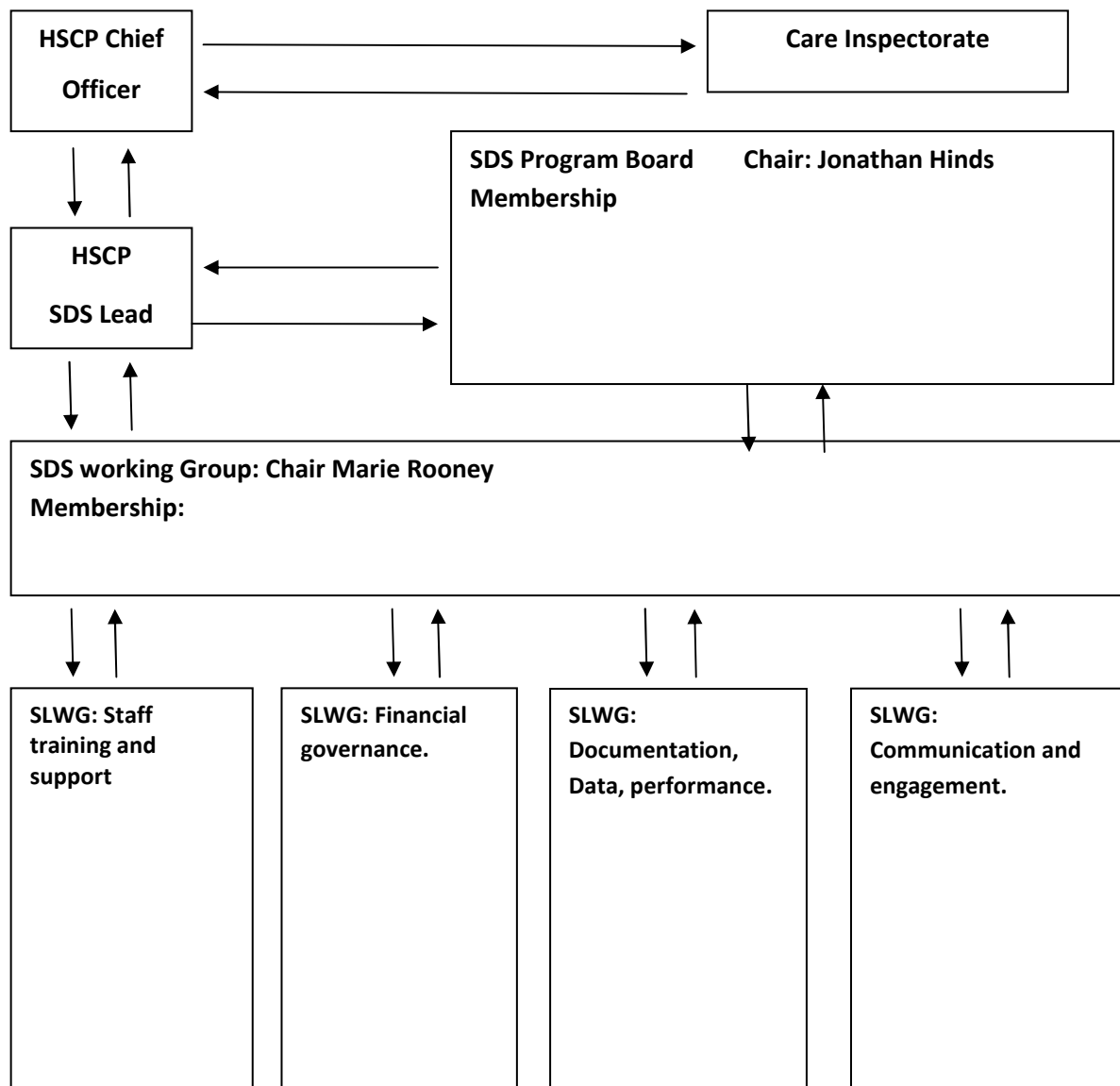
Appendices: Thematic review of self-directed support in Scotland;
West Dunbartonshire local partnership report

HSCP Improvement Plan for Care Inspectorate Self Directed Support

Background Papers:

Wards Affected: All council Wards.

Appendix 1: Communication and reporting structure.



Summary Improvement Action Plan: Thematic Inspection on Self-directed Support

<p>Key message (KM2) 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.</p>				
<p>Key message (KM3) 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.</p>				
<p>Key message (KM4): The partnership should take action to measure the impact of learning and development and practice processes on staff competence, confidence and motivation.</p>				
<p>Key message (KM5): 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.</p>				
<p>Key message (KM6) 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.</p>				
<p>Key message (KM7): 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.</p>				
Improvement objectives	Actions for delivery	Responsible	Timescales/Review	Evidence of improvement
<p>Key outcome.</p> <p>Supported people are empowered to experience positive personal outcomes, through the effective implementation of SDS.</p>	<p>Delivery of the agreed Improvement Plan will be governed by a communication and reporting structure including the Chief Officer and Chief Social Worker. See Appendix 1</p>	<p>Programme board (PB): Chair, Jonathan Hinds and members of the PB.</p>	<p>April 2020</p>	<p>Service users will report improved choice and control: this will be evident in performance data and Service-user feedback.</p>
	<p>HSCP Programme Board (PB) will oversee delivery of the Improvement plan by supporting Operational Managers to release staff to participate in collaborative working with relevant HSCP colleagues, partner agency staff and community representatives. (KM: 2,3,4,5,6,7)</p>	<p>Chief Officer, PB and SDS Lead.</p>	<p>April 2020</p>	<p>Staff and partners will be working collaboratively to deliver the Improvement plan.</p>

Improvement objectives	Actions for delivery	Responsible	Timescales/Review progress	Evidence of improvement
<p>Key outcome</p> <p>To nurture a confident, competent workforce who can work in a person-centred way, within the principles of SDS legislation.</p>	<p>The Staff Training and Support SLWG will make recommendations to the Working group on how the HSCP can deliver:</p>	<p>Staff training and support short-life working group.</p>	<p>December 2019</p>	<p>Staff appraisal and PDP will reflect improved knowledge of SDS.</p>
	<p>A training- for-trainers programme, building a network of practitioners who are confident in relation to: SDS legislation and the principles of the ACT. Asset-based assessments. Outcome focussed support planning. Engaging with community resources.</p>	<p>SDS lead, Staff Training SLWG and SDS workers.</p>	<p>December 2019</p>	<p>HSCP training log will reflect full engagement with training.</p>
	<p>The HSCP will support the Trainers to deliver in-house training to colleagues, as well as sharing good practice across the HSCP to embed SDS principles in everyday practice.</p> <p>An electronic training module will be developed to support new staff during their induction. (KM:4,7)</p>	<p>SDS lead and HSCP Comms and I.T. staff.</p>	<p>December 2019</p>	<p>HSCP will training data will evidence full compliance with e-learning module among new staff.</p>

Improvement objectives	Actions for delivery	Responsible	Timescales/Review progress	Evidence of improvement
<p>Key outcome</p> <p>By developing a data-rich service, improved delivery will be evidenced and reportable.</p>	<p>Data/Documentation and Performance SLWG will compile and pilot a person-centred assessment which focuses on the assets of supported people and identifies their outcomes.</p>	<p>SDS lead and SLWG.</p>	<p>November 2019.</p>	<p>HSCP documentation will facilitate appropriate reporting capability to measure improvement around the extent to which supported people are exercising choice and control.</p>
<p>HSCP assessment, support planning and review processes will be standardised as far as practicable and will align to resource allocation and procurement processes.</p>	<p>SLWG will develop a set of practitioner guidance, detailing all HSCP assessment, support-planning and review processes, in line with good practice.</p>	<p>SDS lead and SLWG</p>		<p>Staff will report increased confidence in person-centred working.</p>
	<p>SLWG will liaise with colleagues reviewing the IRF and procurement processes. (KM: 4,5,6)</p>	<p>SDS lead and SLWG</p>		<p>The HSCP SDS network will regularly review all documentation in line with good practice examples and Scottish Government guidance.</p>

Improvement objectives	Actions for delivery	Responsible	Timescales/Review progress	Evidence of improvement
<p>Key outcome</p> <p>HSCP leaders will create conditions which enable supported people to experience more choice and control.</p> <p>HSCP systems and processes will facilitate greater choice and control for supported people.</p>	<p>HSCP leaders will participate in and support staff to train in all aspects of SDS informed practice.</p> <p>HSCP leaders will work with staff and partners to develop a culture of increased choice and control and personalised care and support by supporting engagement events and protecting staff time for training and sharing good practice.</p> <p>HSCP staff and partners will collaborate in reviewing HSCP systems and processes in line with SDS principles and legislative requirements. (KM:2,5,7)</p>	<p>Chief Officer and HSCP Senior Management Team</p> <p>Chief Officer and HSCP Senior Management Team</p>	<p>Review progress at each SMT meeting and report to each IJB meeting</p> <p>Review April 2020</p>	<p>HSCP staff and partners will report a shared language culture and understanding around personalisation and SDS.</p>

Improvement objectives	Actions for delivery	Responsible	Timescales/Review progress	Evidence of improvement
<p>Key outcome</p> <p>The development of an effective communication and engagement programme of resources and activities.</p>	<p>Communication SLWG (which includes service users, advocacy and carers) will work with HSCP staff to refresh and improve the HSCP website in relation to:</p> <ul style="list-style-type: none"> What is SDS? How to access information and advice. How to access support. The range of services and resources in West Dunbartonshire. The implications for Carers. <p>Use existing Local Engagement Networks to engage West Dunbartonshire residents.</p> <p>Agree and arrange creative engagement events with Health Improvement colleagues and community groups such as Golden Memories and the Good Life Group.</p> <p>A service user forum will be formed. (KM:2,3,5,6)</p>	<p>SDS lead and SLWG will make recommendations to Programme Board.</p> <p>Community Engagement Officer and SLWG.</p> <p>Chief Officer, PB and SLWG.</p> <p>SDS lead, Community Engagement Officer and SDS Ideas.</p>	<p>December 2019</p> <p>December 2019</p> <p>December 2019</p> <p>December 2019</p>	<p>SDS and personalisation will be routinely discussed in service review and development work with partners and providers.</p>

Improvement objectives	Actions for delivery	Responsible	Timescales/Review progress	Evidence of improvement
<p>Key outcome</p> <p>HSCP commissioning and procurement processes will facilitate choice and control.</p>	<p>Finance SLWG will work with Council Procurement colleagues to develop a financial framework which supports person-centred resource allocation.</p> <p>SDS lead will facilitate sharing of good practice with colleagues in other HSCPs who have already begun this change process.</p> <p>HSCP will review : Charging and contributions Free personal care Respite SDS for Carers (KM:2,3,5)</p>		<p>April 2020</p> <p>November 2019</p> <p>December 2019</p>	<p>HSCP budgetary alignment will reflect greater choice and control for supported people.</p> <p>Service user feedback will evidence more personalisation and use of a range of providers.</p> <p>HSCP SMT will have suite of policies and guidance in place.</p>

WESTDUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**13 November 2019**

Subject: Commissioning and Market Facilitation Plan 2019 - 2022**1. Purpose**

- 1.1** The purpose of this report is to provide an update on HSCP Partnership Board Commissioning and Market Facilitation Plan.

2. Recommendations

- 2.1** The Partnership Board is asked to note the progress made against the HSCP Commissioning and Market Facilitation Plan 2019 – 2022 and recommend an update report be presented to the Board in February 2020.

3. Background

- 3.1** In July 2019, at the HSCP Partnership Board meeting, the Health and Social Care Partnership Commissioning and Market Facilitation Plan 2019 – 2022 was agreed with members.
- 3.3** This Commissioning and Market Facilitation Plan has been produced to complement the Strategic Plan, agreed at March 2020 Special meeting of the Health and Social Care Partnership Board meeting. The Commissioning and Market Facilitation Plan sets 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** With the development of the Commissioning and Market Facilitation Plan the HSCP is describing the 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.
- 3.5** 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 Commissioning and Market Facilitation Plan.

4. Main Issues

- 4.1** The Commissioning and Market Facilitation Plan commits to the on-going, participative and community planning approach endorsed by the Health and Social Care Partnership Board which will support engagement processes with

providers so they are being planned and can support the programme of transformation across the sector as required by changing demographics and within the Strategic Needs Assessment.

- 4.2** The HSCP is undertaking 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.
- 4.3** As such, at the last Strategic Planning Group, 13th August 2019, Stephen Rankin, Care Inspectorate Link Inspector, presented to the group on the requirements of the Joint Bodies Act in terms of Strategic Commissioning. Stephen focused on the need to ensure that those with lived experience are at the heart of any commissioning process alongside robust planning of services and financial planning.
- 4.4** The focus for the rest of the session was facilitated table top discussions on the themes of:
- Early intervention
 - Access
 - Resilience
 - Assets
 - Inequalities

This was the opportunity to create an operational context for all partners to review the activity agreed within the Strategic Plan and operationalise it against the development of the market; the commissioning of innovative services and; the delivery of robust procurement processes across all care groups and providers.

- 4.5** 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. The Strategic Planning Group was the first of the discussions with all providers to begin to prioritise how the HSCP can deliver good outcomes for individuals living in West Dunbartonshire; care groups using services and for the organisations providing services.
- 4.6** Alongside the partnership work, the HSCP Senior Management Team have agreed structured activities linked to the Council's Procurement Pipeline which has focused on the prioritisation of contracting arrangements. A clear plan of activity has been developed with timescales and responsible officers which is reported through the Council's Audit Committee. In addition, new Prior Information Notices (PIN) have been being issued across a range of various service areas through Council Procurement colleagues as part of the commissioning process to address the needs of our population as identified within the Strategic Needs Assessment.

- 4.7** A programme of engagement is established with Scottish Care and CVS and officers within the HSCP through already established and developing providers forums across all areas of service. This will support mature and constructive partnership working which is critical in ensuring that both internal and external providers create an innovative and flexible approach to service delivery.
- 4.8** This planned approach is 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. Already there has been representation to local providers voluntary management boards by HSCP SMT to explore the opportunities within a newly developing commissioning and procurement environment and this offer of support is open to all local providers. HSCP and Council officers continue to meet with providers to update on new arrangements and opportunities for new ways of working.
- 4.9** As part of the Scottish Government guidance, it has been highlighted 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. This continues to be provided as part of the wider financial reporting by the Chief Finance Officer.

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 and this will be reviewed as part of the procurement pipeline and management of finances.

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 2019/20 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 has been completed for the 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.

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Appendices:

Background Papers:

Wards Affected: All council Wards.

WESTDUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

13 November 2019

**Subject: Delivering the new General Medical Services (GMS) Contract:
Update on Primary Care Improvement Plans**

1. Purpose

- 1.1** This report provides an update to the Integration Joint Board on the implementation of the Primary Care Improvement Plans across West Dunbartonshire Health & Social Care Partnership and the submission of updated plans in line with Scottish Government guidance.

Key issues to be considered include:

- Progress made on implementation across all priorities on the Memorandum of Understanding.
- Scale and complexity of development and implementation required to achieve the Memorandum of Understanding requirements.
- Financial trajectories and overall affordability.
- Workforce trajectories and requirement for effective workforce planning
- Premises requirements and Facilities
- IT

- 1.2** The report also contains the West Dunbartonshire Primary Care Improvement Plan (PCIP) Implementation tracker which covers the period April to September 2019. The implementation tracker was shared with the Scottish Government on 25 October 2019 to provide assurance that implementation is progressing as set out in our PCIP. Our Tracker for 2018/19 was submitted to the Scottish Government in April 2019.

2. Recommendations

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

- Note progress on implementation of the Primary Care Improvement Plans and the new GMS contract within West Dunbartonshire HSCP as per Appendix 1.
- Note short update in the paper on local progress and the implementation tracker for the period April to September 2019.

3. Background

- 3.1** The new Scottish General Medical Services (GMS) contract aims to improve access for patients, address health inequalities and improve population health

including mental health, provide financial stability for GPs and reduce GP workload through the expansion of the multi-disciplinary team. The intended benefits for patients of the proposals in the new contract are to help people access the right person, at the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes.

- 3.2** West Dunbartonshire Primary Care Improvement Plan (PCIP) sets out the way the HSCP will use the available resources to deliver and to support these improvements to patient care, enabling access to the right professional at the right time and freeing up GP time to focus on more complex cases.

4. Local Update (Year 2 - 2019/20)

- 4.1** The HSCP is now well into Year 2 of the new GMS Contract. The Implementation Tracker (Appendix 2) provides an overview of progress to date in delivering our local PCIP against the MoU commitments for the period April to September 2019. The continuing developments outlined within the tracker, builds upon our initial positive progress in 2018/19 towards establishing new multi-disciplinary teams and related services.

- 4.2** Our progress on the key contractual continues as set out below.

Key developments since April 2019 include:

- Additional recruitment of pharmacists and pharmacy technicians is ongoing. The HSCP and 4 GP practices are working with iHUB to work through the Pharmacotherapy level 1 collaborative. The Pharmacotherapy roles provide resource to practices to support delivery of IDLs, acute prescriptions and pharmacist led clinics.
- Community Care & Treatment Room Service: The HSCP implemented its third Treatment Room in the Vale Centre for Health & Care, and now has full coverage across West Dunbartonshire.
- 16 GP practices are benefiting from a limited new phlebotomy service. The HSCP is evaluating the current practice based model to inform our commitment to provide a full phlebotomy service and chronic disease monitoring for patients by March 2021. The service and resource will increase incrementally during 2020/21.
- Advanced Nurse Practitioners (ANP): Scoping in relation to Advance Nurse Practitioners in West Dunbartonshire has commenced in year 2 in line with the HSCP's commitment to progress this area in year, taking the opportunity to learn from partner HSCPs' experience in this area. These staff members will work with West Dunbartonshire GP practices to reduce the need for unscheduled GP visits.

- Vaccination Transformation Programme:
 - Plans are in place to continue to deliver the 2019/20 Flu vaccination programme for patients that are housebound and over the age of 18. Similar to last year's programme, carers will also be opportunistically offered the flu vaccination if at home.
 - Work is being progressed to pilot ways of working for the delivery of routine childhood flu vaccinations to eligible 2-5 year olds. Four of our GP practices will benefit from this work.
 - Maternity Service Rollout has been slightly delayed however it is anticipated that this service will be rolled out during winter 2019.
- Advanced Physiotherapy Practitioners (APP): The HSCP has 1.6 WTE APPs, 0.6 WTE has been aligned to 2 GP Practices (Population 12611) with 1 WTE on maternity leave. The 0.6 WTE resource will increase to 1WTE during Quarter 3 (2019/20). Embedding APPs in the practice multidisciplinary teams provides patients with a safe and effective alternative to a GP consultation. Patients who have seen an APP have reported high levels of satisfaction in seeing a specialist clinician who is able to fully assess, diagnose and manage their MSK condition. Since March to July 2019 there were 982 appointments available with 68% allocated. Work is ongoing to support an increase in uptake.
- 3 WTE Community Link Workers commenced in 5 Practices (Population 32,709) in September 2019. 1 WTE resigned after a short period with a further round of recruitment now underway. Community Link Workers work to support people to live well through strengthening connections between community resources and primary care. Individuals are assisted to identify issues and personal outcomes, then are supported to overcome any barriers to addressing these by linking with local and national support services and activities. This model will be extended in 2020 with the procurement processes underway.
- Mental Health Strategy - Action 15 Health & Wellbeing Nurses: The HSCP and Practices have been working collaboratively to develop the role of Wellbeing nurse. The Wellbeing Nurse will be based within the GP Practice and see patients referred by the receptionist or the GP. The Wellbeing Nurses commenced within 2 Clydebank Practices in October 2019. A phased roll out plan has been developed and we anticipate that all practices across West Dunbartonshire will have Practice Based Wellbeing Nurses by the end of 2020.
- A number of other enabling supports are in place including; education and training for advance practice and signposting. Information continues to be distributed locally to increase awareness and understanding of services and resources that can be accessed rather than presenting to the GP as first port of call. A programme of work is also underway to free up space within GP practices locally to enable more clinical and administrative space to be provided, as well as supporting digital infrastructure through the removal of paper records.

- 4.3** Although our local implementation progress has remained steady, further work is required to fully evaluate if additional funding and/or additional actions or time is needed to enable full delivery of the programme by April 2021. Our experience during year 1 and into the beginning of year 2 has raised significant concern regarding workforce availability across key strands of the MOU (Pharmacotherapy, Advance Practice Physiotherapy, Advance Nurse practitioners).

Our Local Medical Committee has confirmed if full delivery is not possible on this timeline, the HSCP will need to review the PCIP and this may include the re-prioritisation of some work streams over others or changes to the models of delivery. We will continue to work proactively and constructively with our GP Sub Committee and LMC on all aspects of GP contract delivery.

- 4.4** Over the next six months the undernoted programme of work will be taken forward locally to continue to expand teams of HSCP and NHS Board employed health professions in and around general practice.
- Ongoing recruitment for pharmacists and pharmacy technicians and collaborative delivery of the Pharmacotherapy Service level 1 iHUB
 - Increase Advance Practice Physiotherapist from 0.6 WTE to 1 WTE
 - Ongoing work to support the expansion of the Vaccination Transformation Programme.
 - Scoping of Advance Nurse Practitioners with Primary Care Improvement Plan Steering Group for year 3 rollout
 - Evaluation of the first phase in rollout of the Phlebotomy Service and scoping of services available to every practice e.g. chronic disease monitoring and wider treatment room services (e.g. wound dressing, ear syringing).
 - Increase the Wellbeing Nurses resource within GP practices.

- 4.5** A supporting programme of work will be undertaken to support multidisciplinary teams and to help enable the service redesign needed to deliver the wider support and change to primary care services in order to underpin the GMS contract.

- 4.6** Patient and public engagement will also remain a priority to ensure that we are fully engaging with patients and carers about any changes they may see over the next few years in their GP practices.

5. People Implications

- 5.1** The new Contract supports the development of new roles and multi-disciplinary teams working in and alongside GP practices. The Contract also facilitates the transition of the GP role into an Expert Medical Generalist. This requires robust workforce planning, support to the development of new teams and roles, and consistent approaches across Greater Glasgow and Clyde.

Within West Dunbartonshire our Work force plan is being updated and will reflect the requirements of the Primary Care Improvement Plan workforce both within the NHS and across the 3rd Sector.

6. Financial and Procurement Implications

- 6.1** Primary Care Improvement Plans have earmarked funding through the Primary Care Investment Fund. Potential challenges in delivering all required commitments within available funding are detailed in the paper.
- 6.2** Property remains in the ownership of the parent bodies. As a function of the PCIP, a HSCP wide accommodation and premises survey was undertaken to facilitate sharing of space and co-location of working within primary care. West Dunbartonshire has set up a Premises Group which works collaboratively with our stakeholders to identify the precise requirements to deliver the PCIP and look at solutions within our current estates to accommodate new ways of working within Health Centres and practices.
- 6.3** Managing information and making information available will require ICT input. Co-location of staff members within general practice requires updates to IT systems to ensure members of the multidisciplinary teams can effectively work together.
- 6.4** Procurement activity will remain within the operational arrangements of the parent bodies.

7. Risk Analysis

- 7.1** Risks are considered within the HSCP's plan. A risk register has been developed to capture the risks associated with delivery. Overall risks are highlighted in the paper.
- 7.2** There are no legal issues with this report.

8. Equalities Impact Assessment (EIA)

- 8.1** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required during implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

9. Environmental Sustainability

- 9.1** Not Applicable

10. Consultation

- 10.1** The wellbeing of communities is core to the aims and success of Community Planning. Primary Care Improvement Plans, delivered as integral part of Integration Authorities Strategic Commissioning Plans will contribute to support this wellbeing agenda. Engagement with community groups and service users will help to outline any issues with new ways of working in primary care.

11. Strategic Assessment

- 11.1** At its meeting on 25 October 2017, the Council agreed that its five main strategic priorities for 2017 - 2022 are as follows:
- A strong local economy and improved employment opportunities.
 - Supported individuals, families and carers living independently and with dignity.
 - Meaningful community engagement with active empowered and informed citizens who feel safe and engaged.
 - Open, accountable and accessible local government.
 - Efficient and effective frontline services that improve the everyday lives of residents.
- 11.2** The Primary Care Improvement Plan will contribute to a strong local economy and improved employment opportunities through the development of new roles.
- 11.3** The redesign of local services should improve the efficiency and effectiveness of frontline services within General Practice and the additional services being developed in response to the GMS Contract 2018 will improve the everyday lives of residents.

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Date:	13 November 2019

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Appendices:	Delivering the new General Medical Services Contract Update on Primary Care Improvement Plans – West Dunbartonshire HSCP
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Background Papers: N/A

Wards Affected: All Council Wards

Delivering the new General Medical Services Contract Update on Primary Care Improvement Plans – West Dunbartonshire HSCP

Introduction

1. The new Scottish General Medical Services contract was agreed in January 2018. It aims to improve access for patients, address health inequalities and improve population health including mental health, provide financial stability for GPs and reduce GP workload through the expansion of the multi-disciplinary team. The intended benefits for patients of the proposals in the new contract are to help people access the right person, at the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes.
2. A range of provisions were set out in the new contract documentation and accompanying Memorandum of Understanding (MoU). The MoU is an agreement between Integration Authorities, the Scottish General Practitioners Committee of the British Medical Association, NHS Boards and Scottish Government on principles of service redesign, ring fenced resources to enable change to happen, new national and local oversight arrangements and agreed priorities. This included a commitment for each Health and Social Care Partnership (HSCP) to develop a Primary Care Improvement Plan (PCIP) setting out how new Multi Disciplinary Teams would be created, working with practices to deliver primary care services.
3. The contract and MoU set out a planned transition over three years commencing in 2018/19 which requires a substantial programme of change across 16 GP practices and 3 practice clusters across West Dunbartonshire HSCP.
4. The Integration Joint Board received reports in 2018 and 2019 setting out the requirements of the new contract and the initial agreement of Primary Care Improvement Plans. This paper provides a further update on progress with implementation of the new contract and the Primary Care Improvement Plans.

Background

5. Primary Care Improvement Plans were developed in 2018 within a common GG&C wide framework which set out a structure for the Plan, agreed principles and common approaches. The Year 1 PCIP was agreed by the Primary Care Improvement Plan Steering Group, GP Subcommittee and approved by IJBs in July 2018. The Year 2 Plan was approved by the IJB in March 2019. The Local Medical Committee provided a response which formed part of the PCIP which was submitted to Scottish Government without LMC/GP Subcommittee approval. The LMC/GP Subcommittee raised similar responses with all six GGC plans developed for year 2.
6. The PCIPs had to deliver specific commitments to establish new Multi Disciplinary Teams, with a related contractual commitment to transfer responsibility for some specific areas of service delivery away from GP practices by March 2021. The MoU was clear that the extent and pace of change to deliver the changes to ways of working over the three years (2018-21) would be determined largely by workforce availability, training and funding.
7. The contractual commitments to be delivered by March 2021 are:
 - Transfer of responsibility for vaccination and immunisation delivery (Vaccination Transformation Plan or VTP).
 - Provision of a comprehensive range of Pharmacotherapy Services through provision of practice support pharmacists.

- Community Care & Treatment Room Services' available to every practice. Community phlebotomy, chronic disease monitoring and wider treatment room services (e.g. wound dressing, ear syringing)

8. Additional requirements to be developed:

- Urgent Care (ANP) Initially focused on new advanced practice roles to undertake home visits and other urgent care, the Primary Care Improvement Plan Steering Group agreed to deliver this in year 3.
- Community Link Workers. Building on the existing community link worker pilots.
- Other professional roles such as MSK physiotherapy and mental health workers.

9. Funding for the new Multi Disciplinary Teams was provided through the Primary Care Improvement Fund. This was £45.7m across Scotland in year one (2018/19), with an expected rise over the next four years to £50M in 2019-20, £105M in 2020/21 and to £155M in 2021/22. This was allocated to NHS Boards based on NRAC share and allocated in full to HSCPs. This equated to £837,000 for West Dunbartonshire HSCP in 2018/19 and increased to £1,001,312 in 2019/20. Amounts beyond 2019/20 are indicative only as £2.1m in year 3 and £2.9m in year 4. It was noted by Chief Officers (nationally and locally) that from the outset when the first funding letter was issued in May 2018, that funding was shown over a 4 year period to March 2022 but contractual commitments are due to be delivered by March 2021.

10. In March 2019 Scottish Government guidance was issued which required:

- An update of PCIPs for year 2 to be developed and agreed with GP Subcommittees.
- Completion of an implementation tracker showing progress against plan (to be completed every 6 months with the first of these completed by end April 2019 for the period July 2018 to March 2019)
- Completion of workforce and finance trajectories in support of the plans.

Year 1 Implementation

11. The PCIP implementation trackers set out the detailed position for each HSCP and these are summarised at Appendix 1. Progress has been made in the first year of the PCIP towards establishing new Multi Disciplinary Teams and related services. In most areas of the MoU, progress has been made to recruit and deploy additional staff or to develop and agree clear models for implementation. Progress on the key contractual commitments is set out below. All Practices within West Dunbartonshire have access to Pharmacotherapy and Phlebotomy Service, with some practices having additional services where resource has been recruited. Further detail is captured below.

12. **Pharmacotherapy Services.** The new Pharmacotherapy services have built on an already well embedded pharmacy service in primary care over the last twenty years. All GP practices are receiving a range of prescribing support and advanced clinical pharmacy services. The new contract requires delivery of a new three tiered pharmacotherapy service, which is being implemented in a phased approach across all GP practices. In year one, the number of pharmacists recruited to practices had increased. However this was under the ambitions of the Primary Care Improvement Plan for Year 1. It should be noted that the retention of Pharmacy staff within West Dunbartonshire (and across other HSCPs) has been a challenge due to the employment opportunities in other areas.

13. The HSCP is working with the Board on a rolling recruitment programme to 2022 of up to 16 new posts every 6 months. West Dunbartonshire receives its allocation of this staff group. Work is already underway within West Dunbartonshire to develop the skill mix including pharmacy technicians and pharmacy assistants, and to review processes within practices and

at the interface with hospitals and community pharmacists to ensure that processes are as streamlined as possible.

The Pharmacy team has supported the increase in the number of patients on serial prescriptions which has been growing steadily, in the long term this will reduce the workload for repeat prescribing.

The HSCP, lead by the Lead for Clinical Pharmacy and Prescribing has commenced with the Pharmacotherapy Level 1 Collaborative with four practices and the NHS Health Care Improvement Scotland iHUB. The collaborative will support the development of transformation within primary care and support improvement and standardisation of pharmacotherapy within GP practice.

14. **Vaccination Transformation Programme (VTP).** The VTP has a number of strands for different types of immunisations and vaccinations, covering both children and adults. The table below summarises current and expected progress within the 3 year contractual timeframe.
15. For routine childhood immunisations, West Dunbartonshire had established the service in 3 Health Centres from January 2019. This enables complete removal of all routine childhood immunisation delivery from GP practices. The trajectory for the development and implementation of alternative models for the other workstreams is summarised in the table.
16. 2 – 5 Year old Flu test of change services have been set up within test sites within each HSCP. Within West Dunbartonshire a test of Change has been set up in the Alexandria cluster with all appropriate children invited to the HSCP service. Evaluation and feedback from this test of change will inform the wider development of the service.
17. Vaccinations in Pregnancy continue to be delivered by General Practice. Public Health are working with maternity services to transfer the immunisation of pregnant women from General Practice to maternity-led provision when clinically safe. Planning is at an advanced stage and the intention is to commence vaccinations this flu season.

VTP Overview

Programme	Year 1	Year 2	Year 3	2021/22
Routine Childhood				
2-5 yr old flu				
Childhood mop-up				
Vaccinations in pregnancy				
Adult vaccinations*				
Travel vaccinations**				

Key	
Planning	
Test of change/ Planning	
Full implementation	

*Shingles – significant contraindications with live vaccine currently used, programme cannot be transferred safely until staff have real time access to clinical records. However, a new non-live vaccine has been licensed and switch in UK is expected over next two years.

**Travel – national Level 1 triage in development, Level 2 treatment and advice service to be scoped in Year 2/3

18. **Community Treatment and Care Services.** The existing treatment room model in West Dunbartonshire has provided a basis for expansion and establishing consistent approaches across our 3 sites. All practices have limited access to the a phlebotomy service provided by the HSCP within each Practice. This model of delivery will be evaluated by the HSCP which will inform the wider role out during year 3 in line with the Primary Care Improvement Plan commitment. A core intervention list for Community Treatment and Care Services has been agreed, and this is being rolled out and further developed in each area, with a third of all practices currently accessing these services.
19. There has also been significant progress on other priority areas in the Memorandum of Understanding, although these are not linked to contractual commitments in the same way:
20. **Advanced Practice Physiotherapy (APP).** Building on the model established in Inverclyde, Advance Practice Physiotherapists in GP practices are the first port of call for patients with Musculoskeletal (MSK) problems and can be seen for assessment and advice or onward referral. The aim is to release GP time, provide early access to an MSK specialist, increase patient choice and empowerment, improve the patient journey and reduce referral rate to other services. Fill rate for appointments is high with the service working best where patients go straight to see the APP rather than seeing the GP first. Patients seeing the APP are less likely to be prescribed medication or referred for imaging and are more likely to receive self care advice. This model is being kept under review and adapted as lessons are being learned.
21. In West Dunbartonshire 2 GP practices have support from APP. We have increased our APP to 1.6 WTE, this will further increase to 2 WTE this year. During this time 1 of our APP has taken maternity leave. Opportunities within the Emergency Department for MSK staff are also creating some competition in terms of recruiting these staff. It is anticipated that this resource will increase to 3 WTE in 2020/21.
22. **Community Link Workers.** 3 GP practices currently have access to 2 Community Link Workers, 1 CLW resigned with recruitment planned October / November to increase this to 3 WTE. The Procurement process is underway to double this resource in 2020/21. Community Links Workers (CLW) support people to live well through strengthening connections between community resources and primary care. In addition, Community Links Workers support the GP practice team to become better equipped to match these local and national support services to need. CLW roles are delivered through third sector partners West Dunbartonshire Community Volunteering Service.
23. **Welfare Rights/ Employability Advisor.** The Improvement Service (IS) has received a grant from the Scottish Government to help improve access to advice services which will help mitigate the impact of welfare reform and contribute to reducing health inequalities and poverty. This will be achieved by supporting the embedding within GP practices and primary care health services of welfare rights and money advisors who are funded directly, or indirectly, by local authorities. West Dunbartonshire Council, Working 4 U Team are working with General Practice in West Dunbartonshire to embed advisors within GP Practices. This approach is being developed collaboratively with GP Practice. The HSCP will have resource for 2 days per week which will be share across the 3 clusters.
24. **Urgent Care.** A range of initiatives have been developed to support the 'urgent care' workload within practices in other HSCPs in NHs GG&C. Within West Dunbartonshire the Primary Care Improvement plan Steering Group agreed to progress this area within year 3.
25. During 2019 the PCIP steering Group has started to discuss the Advanced Nurse Practitioners (ANPs) role in West Dunbartonshire and consider the models tested in other areas alongside the urgent care demand within West Dunbartonshire. This will support the Steering group in agreeing which model or models and number of ANPs would best support patient need within

West Dunbartonshire and GP workload. These will be considered alongside other developments such as the new Focussed Intervention Team.

26. **Mental Health.** Action 15 of the Scottish Government Mental Health Strategy 2017-27 commits to increasing the workforce to give access to dedicated mental health professionals to all GP practices. The Community Mental Health Team and GP Practice have worked collaboratively to develop a model of Wellbeing Nurses who are based within General Practice. In October 2019 2 Well Being nurses commenced within 2 practices. The HSCP has ambitious plans to increase this resource to allow all practices to have dedicated Community Psychiatrist Nurses working within General Practice by the end of 2020.
27. In addition to these specific priorities, practices have been supported with signposting training to ensure patients are signposted to the most appropriate health or social care professional. This includes the new teams, and existing services in the community such as community Optometry and Pharmacy as well as existing direct access services (e.g. Podiatry). Support on workflow management has also been provided to support new ways of working within practices.
28. Patient and public engagement has taken place through public engagement forum arrangements, linking to the wider approach being taken through Moving Forward Together. Further engagement will be planned as access to services increases. This remains a key area for development, to ensure that we are fully engaging with patients and carers about the changes they will see over the next few years in their GP practices.
29. This is the first year of a significant change programme within primary care and GP practices and will take at least 3 years and probably longer to fully implement. Although substantial progress has been made, a number of challenges have been identified which will have to be addressed to ensure delivery over the next two/three years.
30. These include:
 - The time required to engage with GPs and others to develop and implement new models while continuing to deliver services under pressure;
 - Time and capacity required to recruit new staff and support into new roles;
 - Accommodation challenges to host new MDT members in or near to practices;
 - Availability of key groups of staff and risks of destabilisation as staff move from existing roles;
 - Balancing locally identified needs and priorities with the requirements set out in the contract and the MoU;
 - Developing approaches which work for all practices, in particular small practices;
 - Local deployment of resource to ensure fairness, transparency and equity;
 - Capacity for change management within HSCPs and within GP practices, to implement new ways of working and maximise the impact of the MDT and new roles.
31. Alongside the implementation of the Memorandum of Understanding, practice sustainability remains a key consideration with some practices facing challenges with recruitment and locum cover. The focus of West Dunbartonshire HSCP is to try to identify and support practices before crisis stage; as the new teams are developed, this has created an opportunity to prioritise additional resource to support those practices in particular need on a short term basis.

Year 2 plans

32. The PCIP has been updated for year 2 along with completion of workforce and finance trajectories. They also include specific additional narrative and information as required by Scottish Government for these updated plans on Continuity of Care, Local Workforce Planning, Patient Engagement, Physical and Digital infrastructure, Funding and Evaluation.

33. The year two plan and trajectory highlights a series of issues both with short term implementation and the longer term trajectory to deliver the MoU. Many of these were highlighted on submission of the initial plans in 2018 and have continued to be a feature of discussion between the national group of Chief Officers and Scottish Government, the national Primary Care Leads Group and at the GMS Oversight group which brings together SGPC, SG, NHS Board CEOs and HSCP Chief Officer representatives.
34. **Workforce.** Based on current models and trajectories, there is an expected additional workforce requirement of 93 WTE from a baseline of 1 April 2018 to deliver the contract and MoU commitments in full within West Dunbartonshire. This is across the full range of staff groups as set out in the MoU. Workforce remains a significant challenge with a lack of availability in key roles at the scale required. This is a particular pressure for Advance Nurse Practitioner roles and Pharmacists, as well as MSK Physiotherapists. Some of the levers to address this require national action, particularly on training places, and this has been raised through the National Oversight Group and other forums.
35. It is also important to be mindful of the impact on the rest of the system of seeking to recruit at this scale across a range of professional groups, in order to avoid destabilising other parts of the system. This is particularly relevant for Pharmacists, Physiotherapists and Advanced Nurse Practitioners (ANP) where there is high demand across acute, community, primary care and independent contractor services. Individual GP practices are also increasing the demand for ANP posts: as practices directly employ and can set their own terms and conditions, these posts can be very attractive with a risk that staff developed and trained within NHS roles are moving on quickly.
36. Within the GG&C areas HSCPs are committed to the following principles:
- Approaches across GGC should share consistent principles and pathways, role descriptors and grading, scale (numbers of staff per practice/ patient population)
 - Recruitment should be co-ordinated across GGC where appropriate taking account of existing professional lead and hosting arrangements.
37. Workforce planning for the Primary Care Improvement Plans is being considered in conjunction with the Board's wider Moving Forward Together strategy including modelling of requirements and existing workforce, consideration of changes in other services and reviewing skill mix models.
38. Developing new teams at this scale, working with 16 GP practices, also requires significant change management support within the HSCP and individual practices. This will be a focus for year two and three to ensure that practices are supported to maximise the potential of the MDT and establish effective working relationships and processes to enable the development of the GP 'expert medical generalist role'.
39. **Funding and affordability.** Confirmed funding to support the MoU implementation rises over a period of 4 years to March 2022. However, the MoU and its commitments as agreed in January 2018 cover a 3 year period to March 2021. Additional pressures/costs have also arisen since the original allocation, most significantly the increase in employers' pension contributions which will affect the cost of the additional workforce required. The full costs of the Community Treatment and Care Services and the Vaccination Transformation Programme remain as estimates at this stage as the delivery models for implementing these at scale are finalised. Long term affordability of the MoU commitments therefore remain a concern and as plans develop we continue to model the implications of delivery at a GG&C scale. PCIP updates and financial trajectories currently highlight an expected gap between required funding based on current models, and expected available funding.

40. The early identification of these potential challenges to delivery within the three year time frame for the contract commitments means that there is time to develop alternative models and approaches, and consider the prioritisation of investment. This is being taken forward across the workstreams, particularly for Pharmacotherapy and Physiotherapy including looking at different skill mix and models of new staff working across multiple practices. The Primary Care Investment Fund continues to be planned alongside separate allocations for GP out of hours primary care (£5m nationally) and for Mental Health commitment 15 (£11m nationally) and connections are being made to ensure that these are aligned to best effect. The national components of these issues will continue to be discussed at the GMS National Oversight Group on which HSCP Chief Officers and NHS Board CEOs are represented.
41. **Accommodation** for the new MDTs within existing contractor or HSCP premises is currently a rate limiting factor for the PCIPs with immediate pressures on space to accommodate new teams and refurbish or extend GP and NHS Board premises, and a lack of identified funding to support this. There is a comprehensive programme of back-scanning of medical records underway across GG&C to free up space within practices to enable more clinical and administrative space to be provided, as well as supporting digital infrastructure through the removal of paper records. Within West Dunbartonshire 7 practices records will be back scanned during 2019/20 with 2 Practices highlighted for 2020/21, resulting in all 16 practice being digital.
42. These issues have created some challenges for the agreement process of the PCIPs updates with the GP Subcommittee. The GP Subcommittee has agreed that plans can now be submitted to Scottish Government, however, this comes with the following caveats.

PCIP 2 is intended to provide an update on the PCIP agreed by the IJB and the GP subcommittee in 2018. In most areas of the MoU significant progress has been made to develop the models with the aim to meet the GP Contract agreement by 2021. It is evident that while we work towards meeting the ambitious plan for delivery by April 2021 (this being the GP Contract/MOU timeline), the national funding framework to enable delivery runs until March 2022. There are significant challenges to be addressed if we are to deliver the full plan by April 2021. While some of the challenges can be addressed at an HSCP/NHS Board level, a number may require national level discussion to agree on a way forward.

Further work is required to finalise if additional funding and/or additional actions or time is needed to enable full delivery of the programme in our HSCP. If full delivery is not possible on this timeline, the HSCP will review the PCIP and this may include the re-prioritisation of some work streams over others or changes to the models of delivery in some or all. The LMC/GP Subcommittee is unlikely to agree a plan which will not deliver the GP Contract as agreed in 2018. It is agreed that the HSCP is committed to delivering on all elements of the Plan and GP Contract/MOU by April 21 but clearly that this is contingent on funding and workforce issues being addressed both locally and nationally.

43. Patient and public engagement is a key part of each of the PCIP plans for year 2 and beyond. This includes communication of changes at practice and HSCP level, ongoing engagement about the rationale and expected benefits of the new MDTs, signposting to the most appropriate services, support to 'choose the right service / know who to turn to' and working with established engagement structures on the impact and outcomes of any changes. The plans highlight that this needs to be part of an integrated approach to engagement and culture change linking to Moving Forward Together messaging and national information and support campaigns.

Benefits to patients

44. The key patient benefits of the new GMS contract and MoU are intended to be:
- Freeing up GP time to focus on those who most need it, usually people whose care needs are complex
 - Improved access to a wider range of professionals available in practice and the community
 - Direct access to the person or team with the most appropriate skills
 - More on line access (for appointments, prescriptions and advice)

Strategic Connections

45. **Moving Forward Together:** PCIPs and MFT have been developed in parallel and are mutually reinforcing. MFT envisages the development of an enhanced community network of services and staff which go beyond the changes identified in the new contract and MoU. The PCIPs are an opportunity to build an infrastructure and base for further 'MFT' developments. In particular, there may be a case to accelerate or extend the scope of community treatment and care services, with additional resource, to link to emerging cases for change from the local care and planned care groups.
46. **EHealth.** There is a range of e-health enablers to ensure that the new MDTs can work effectively and that practices redesign their processes to make the most of the potential benefits. A key current barrier is the lack of an information sharing agreement between practices and NHS Boards; this is being progressed by Scottish Government but is not yet in place (should have been in place by summer 2018) and has been flagged as 'red' by all HSCPs across Scotland in the implementation trackers.
47. **Premises.** The short term challenges in identifying suitable accommodation for the new MDT have highlighted a need for a more strategic approach (locally and across Scotland). There are a number of additional drivers which reinforce this:
- The requirement for NHS Boards to include GP owned premises and premises leased by GPs from private landlords in their Property and Asset Management Strategies.
 - A national survey of GP premises will report shortly and will highlight pressures and opportunities within the GP owned/leased estate
 - Changes to the approach to independent contractor premises gives the NHS Board the option to take on practice leases and potentially to take on ownership of existing contractor premises in time through the loans scheme. There is a need for a clear strategic view to inform decisions in these areas
 - The premises requirements for MFT to support the vision of an enhanced community network
 - The forthcoming Scottish Government Capital Investment Strategy focused on 'local care'
48. Initial discussions have taken place about the process required to develop a comprehensive premises strategy to maximise the opportunities to attract funding and to make the most of existing assets. This work will continue through 2019/20.

Evaluation

49. The Primary Care National Monitoring and Evaluation Strategy was published in March 2019. This sets out a core set of high level indicators, as well as evaluation of specific elements of change in conjunction with the Scottish School of Primary Care and Healthcare Improvement Scotland. This will consider how the changes brought in by the new contract contribute to the national Primary Care Outcomes.

50. A local evaluation framework has also been agreed within NHS GGC. This is seeking to answer a number of key questions on the implementation and impact of the new contract and establishment of the multi disciplinary team. Baseline measures are currently being established and the next phase of evaluation will focus on outcomes at patient, practice and wider system level. This will be informed by improved data available nationally on activity and quality indicators. The key questions for the evaluation are:

- Have we shifted non-complex work to the wider MDT and concentrated complexity on GP resource?
- Are the new ways of working improving professional satisfaction and sustainability in primary care?
- Are patients confident and satisfied in their use of the new primary care system? - Are patient outcomes and safety sustained and improved under the new system?
- Have we improved equity across primary care?
- What are the impacts of the new GP contract on the wider health system (not just healthcare)?

51. As this has been the first year of a (minimally) 3 year change programme with services being established using a phased approach, it is too early to see the outcome on these system wide indicators. However, the implementation of the plans, including prioritisation across the work streams, is based on existing evidence of likely impact (informed by the work in Inverclyde) and the use of improvement methodology to gather local data on the impact of change at a small scale as part of a cycle of continual improvement and to inform the further development of the new models.

Next steps

52. Implementation of PCIPs will continue in 2019/20 along with further progress on finalising models and trajectories. The tracker was completed at the end of October 2019 for period April to September 2019.

Primary Care Improvement Plans: Implementation Tracker

Health Board Area: West Dunbartonshire HSCP

Number of practices: 16

Implementation period - Year 2 (2019/20) From: April 2019 To : September 2019

	fully in place / on target	partially in place / some concerns	not in place / not on target
Overview (HSCP)			
MOU – Triumvirate enabled - GP Sub Engaged with Board / HSCPs			
PCIP Agreed with GP Subcommittee			
Transparency of PCIF commitments, spend and associated funding			
Enablers / contract commitments			
BOARD			
Premises			
GP Owned Premises: Sustainability loans supported			
comment / supporting information	1 applications received; funding agreed, awaiting final national agreement		
GP Leased Premises: Register and process in place			
Comment / supporting information	1 expressions of interest, process for agreement currently in development		
Stability agreement adhered to			
GP Subcommittee input funded			
Data Sharing Agreement in Place			
comment / supporting information	National data sharing agreement awaited		
HSCP			
Programme and project management support in place			
Support to practices for MDT development and leadership			
GPs established as leaders of extended MDT			
Workforce Plan reflects PCIPs			
Accommodation identified for new MDT			
GP Clusters supported in Quality Improvement role			
EHealth and system support for new MDT working			
MOU PRIORITIES			
Pharmacotherapy			
PCIP pharmacotherapy plans meet contract commitment			
Pharmacotherapy implementation on track vs PCIP commitment			
Practices with PSP service in place	16		
Community Treatment and Care Services			
PCIP CTS plans meet contract commitment			
Development of CTS on schedule vs PCIP			
Practices with access to phlebotomy service	16		

Appendix 1

Practices with access to CTS service	12 (Full Treatment room service opened on 1 st October 2019)		
Vaccine transformation Program			
PCIP VTP plans meet contract commitment			
VTP on schedule vs PCIP			
Pre-school: model agreed			
practices covered by service	16		
School age: model agreed			
practices covered by service	16		
out of schedule: model agreed			
Adult imms: model agreed			
Adult Flu: model agreed			
Pregnancy: model agreed			
Travel: model agreed			
Urgent Care Services			
Development of Urgent Care Services on schedule vs PCIP			
Additional Services (complete where relevant)			
APS – Physiotherapy / MSK			
Development of APP roles on track vs PCIP			
Practices accessing APP	2		
Mental health workers			
On track vs PCIP			
APS – Community Links Workers			
On track vs PCIP			
Practices accessing Link workers	5 (1 WTE vacancy to be filled Quarter 3)		
Other locally agreed services (insert details)			
Service			
On track vs PCIP			
comment / narrative	welfare rights, OT, workflow management		
Overall assessment of progress against PCIP			

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**13th November 2019**

Subject: Update on Policy Development and Reviews 2019 – 2020**1. Purpose**

- 1.1** To present the Partnership Board with an update on HSCP policies which are due for development and review in the current year.

2. Recommendations

- 2.1** The Partnership Board is recommended:
- to note the content of the Report;
 - to note the plan in place to develop and review HSCP policies
 - seek regular reporting on the local response to the recommendations within the Report.

3. Background

- 3.1** The HSCP has a range of policy and legislative responsibilities across a wide range of service areas. In addition, all public bodies are required to give people a say in decisions about local services and more involvement in designing and delivering them. As such, all policy development requires officers and stakeholders to come together to jointly develop and refresh policy documents.
- 3.2** The purpose of the policies is to set out the direction of travel for the Partnership and local stakeholders. This will improve understanding of the implementation of our legislative and policy commitments and support the delivery and improvement agenda in the delivery of a range of priorities.
- 3.3** This development and review process for 2019 – 2020 is focused on the current policies of:
- Dementia Strategy
 - Autism Strategy
 - Participation and Engagement Strategy
 - Respite Policy
 - Charging and Contribution Policy
- 3.4** Senior leaders are using these reviews as an opportunity to continue the cultural shift in how they approach the care and support offered across all services; seeking to further develop a common understanding and direction around working with the people of West Dunbartonshire and working to create a collaborative environment with all partners including external providers.

4. Main Issues

4.1 HSCP Dementia Strategy

A multi-disciplinary group of clinicians, practitioners and people with lived experience of dementia have come together to develop a person centred strategy focused on the six pillars of the national dementia strategy. The strategy lays out the commitment of the HSCP to create person centred and a multi-agency response to those affected by dementia. There is already investment in services for people with dementia both within the HSCP and third sector services. The strategy will reflect the population need and the type and level of service which will be commissioned and procured going forward based on needs within the communities of West Dunbartonshire. This Strategy will come back to February 2020 HSCP Board to agreement following a process of consultation.

4.2 HSCP Autism Strategy

The HSCP is in the process of developing a group which will lead and drive the development of a local autism strategy. This group will include representation from across both HSCP adult and children's services as well as those with lived experience of the issues affecting those with autism, including third sector and local peer support groups. Additionally this strategy requires a robust financial plan which reflects the current pressures within the system in terms of clinical assessment and some of the spend already committed within HSCP services both in specialist adult and children's services. This strategy will require a process of consultation and as such will be presented to the HSCP in November 2020.

4.3 HSCP Participation and Engagement Strategy

The HSCP has a well developed Participation and Engagement Strategy which is currently being refreshed by officers to ensure it reflects current arrangements with all stakeholders including those with lived experience, carers and third sector as well as more formal stakeholders including the Scottish Health Council, Care Inspectorate and Scottish Government policy colleagues. This Strategy will come back to February 2020 HSCP Board to agreement following a process of consultation.

4.4 HSCP Respite Policy

As part of the development of the agreed HSCP Carers' Strategy and the joint work with carers to create the Short Breaks Statement and Eligibility Criteria for the HSCP, the SMT identified the need to develop an additional respite policy which reflects the Carers Act and the new requirements therein. A group consisting of practitioners with responsibility for carers' issues and carers representatives have come together to develop the Respite Policy. As above this will require to take account of the spend from the Scottish Government monies for carers as well as a review of the assessment processes and eligibility criteria for those seeking respite provision. In addition, the group are keen to explore innovative opportunities for respite out-with the current models. This Policy will require a process of consultation and as such will be presented to the HSCP in May 2020.

4.5 HSCP Charging and Contribution Policy

As part of the wider implications of financial pressures across the Council and NHS Board, it was agreed that the HSCP would review the current Charging Policy to ensure equality and fairness across all care groups and service areas. An internal HSCP officers group made up of representatives from finance and operational managers have been developing an updated Policy which will be presented to the February 2020 HSCP Board meeting for agreement.

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, although each of the above documents will require distinct financial frameworks and procurement implications linked to individual service areas.

7. Risk Analysis

- 7.1** The HSCP has a responsibility to ensure to identify where there may be an organisational risk associated with each of these policies and strategies.

8. Equalities Impact Assessment (EIA)

- 8.1** No specific implications associated within this report, although policy and strategy will undergo an individual EIA.

9. Environmental Sustainability

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

10. Consultation

- 10.1** There will be on-going engagement with partners and stakeholders as part of the development of each document and this reflects ongoing participation and engagement to update all 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.

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Appendices:

Background Papers: A full list of HSCP policies can be found at <http://www.wdhscp.org.uk/useful-information/>

Wards Affected: All council Wards.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

13 November 2019

Subject: Review of Audit Committee Terms of Reference

1. Purpose

- 1.1** To present for review amendments to the current Terms of Reference for the West Dunbartonshire Health & Social Care Partnership Board's Audit Committee.

2. Recommendation

- 2.1** The HSCP Board is recommended to:

- Approve the change of name of the Audit Committee to the "Audit and Performance Committee";
- Approve extending the non-voting membership of the Audit and Performance Committee to include two representatives from the Strategic Planning Group;
- Approve the amendments to the current Terms of Reference which reflect the comments made at the board member's session on 25 September 2019; and
- Note that a future report will be brought back to the HSCP Board with amendments to the meeting dates of both the HSCP Board and the Audit and Performance Committee to allow for the annual accounts statutory approval sign-off.

3. Background

- 3.1** The Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Guidance for Integration Financial Assurance confirms that it is for the Partnership Board to formally agree its audit arrangements and the membership of its Audit Committee, anticipating that they will be drawn from within the respective Integration Joint Board. The Health Board and the Council also have a legitimate interest in being assured that the Partnership Board has agreed and implemented appropriate governance arrangements, including those for internal audit.
- 3.2** At its meeting on the 19th August 2015, the Partnership Board approved the establishment of an Audit Committee to focus on financial governance and internal audit arrangements on its behalf. The Terms of Reference were presented to the Partnership Board for confirmation at its November 2015 meeting, with the recommendation that they would be reviewed bi-annually by the Chief Financial Officer for consideration by members of the Audit Committee.
- 3.3** The existing Terms of Reference were reviewed by the Chief Financial Officer in December 2017 and a report prepared which was considered by the HSCP

Board Chair and Vice Chair; however it was agreed that the review should be added to the programme of HSCP Board Member information sessions for further discussion and this took place on 25 September 2019.

4. Main Issues

4.1 The Chief Financial Officer must consider when reviewing the Terms of Reference (ToR) for the Audit Committee that they reflect that span of responsibilities of the Partnership Board as established through legislation and set out in the Integration Scheme, i.e.:

- The Strategic Plan;
- Financial plan underpinning the Strategic Plan;
- The operational delivery of those integrated services delegated to the Partnership Board (except for NHS acute hospital services); and
- Relevant issues raised from the internal auditors of the Health Board, Council and the Partnership Board.

4.2 The review by the Chief Financial Officer took cognisance of:

- The work of the Audit Committee to date;
- Recommendations from the Annual Audit Reports prepared by the Partnership Board's external auditors, Audit Scotland;
- The Chartered Institute of Public Finance and Accountancy (CIPFA) – "Audit Committee – Practical Guidance for Local Authorities and Police 2018" and
- The discussion points raised through the HSCP Board Member's session held on 25 September 2019.

4.3 The presentational slides from the September Member's session are attached at Appendix 1. They cover the purpose and core functions of an Audit Committee as laid out in the CIPFA Guidance, a summary of the current position and suggested actions to strengthen the current Terms of Reference.

4.4 The Chief Financial Officer's review highlighted that the responsibilities set out in the current ToR compared favourably to the CIPFA Guidance however there required some additions around the HSCP Board's responsibilities for strategic risk management, the arrangements for ensuring value for money, governance and the adequacy of management's response to performance.

4.5 These were discussed in more detail and it was agreed that additions would be made to the ToR to better reflect the Audit Committee's responsibilities. With these changes, the name of the committee was also debated with the suggestions being:

- Audit and Performance Committee; or
- Audit and Risk Committee.

- 4.6** When considering their roles and responsibilities as members of the audit committee to the HSCP Board the session concluded that the review of the individual risks contained within the Risk Register should be a regular agenda item as should the quarterly Performance Report with the HSCP Board reviewing strategic risks annually and performance twice yearly, including the approval of the Annual Performance Report. On agreement of this the conclusion was to rename the current committee as the “Audit and Performance Committee”.
- 4.7** Also discussed was the Annual Accounts exercise and it was agreed that the revised ToR take cognisance of current reporting arrangements of the committee and reflect the additional responsibilities of the Partnership Board around governance arrangements, which now require the “local code” to be reviewed annually to inform the governance statement.
- 4.8** Going forward it was recommended that for the 2019/20 Annual Accounts exercise the “Audit and Performance Committee” will continue to approve the draft annual accounts including the governance statement with the final approval of the audited annual accounts and report with the HSCP Board. Approval of this recommendation would require the planned meeting dates of both the HSCP Board and the Audit and Performance Committee being revised to ensure they fit with the statutory timeline of the annual accounts process.
- 4.9** Lastly the session heard from the Chief Internal Auditor on the current work on the “Self Assessment of Good Practice - Audit Committee” as recommended by the CIPFA Guidance. The outcome of the review will be presented to the HSCP Board in due course, including potential recommendations around the current membership of the audit committee.
- 4.10** The CIPFA Guidance makes recommendations on the membership of audit committees and ensuring that there is an appropriate mix of knowledge and skills among the membership and consideration of an independent member.
- 4.11** West Dunbartonshire Council’s Audit Committee underwent a review last year and agreed to appoint a “Lay Member” with a very specific skill set of having “substantial practical experience in the financial and/or general management of large business or public service organisations”. However it could be argued that the HSCP Board and its audit committee cannot be compared to a local authority as its voting members are equally balanced between the non-executive memberships drawn from the health board and elected members from the council.
- 4.12** This was discussed at the session and concluded that it would demonstrate good practice to extend the membership of the new “Audit and Performance Committee” but to draw this additional member from the Strategic Planning Group.

4.13 The revised Audit and Performance Committee Terms of Reference are attached at Appendix 2. Under Section 2: “Membership”, 2.2 is a new addition recommended to provide clarity around process and procedure. Paragraph 2.4 reflects the recommendation to appoint two additional non-voting members from the Strategic Planning Group and point 2.5 has been expanded to fully represent the overarching purpose of the Audit and Performance Committee.

4.14 Under Section 4: “Responsibilities”, the additions reflected in paragraph 4.4 above and the conclusions of the member’s session is summarised below:

“The Audit and Performance Committee will advise the Partnership Board, the Chief Officer and its Chief Financial Officer on”:

- The annual compliance of the Partnership Board against the Local Code of Good Governance, to inform the governance statement;
- The effectiveness of the internal control environment, the arrangements for ensuring value for money and managing exposure to the risks of fraud and corruption;
- The effectiveness of risk management arrangements, ensuring existence of and compliance with an appropriate risk management strategy; and
- The adequacy of management response to reports concerned with the delivery of performance and quality of key elements of the Strategic Plan, including review of the Quarterly Performance Report.

5. People Implications

5.1 None.

6. Financial Implications

6.1 The Chief Financial Officer is responsible for providing assurance on the system of internal financial control to the Audit and Performance Committee on behalf of the Health Board and Council. That system of internal financial control will be based on a framework of regular management information, Financial Regulations and Standing Financial Instructions, administrative procedures (including segregation of duties), management and supervision, and a system of delegation and accountability. In doing this, the Chief Financial Officer will be reliant on both the Health Board’s and Council’s systems of internal control to support compliance with both organisations’ policies and promotes achievement of each organisation’s aims and objectives, as well as those of the Partnership Board as expressed in its Strategic Plan.

7. Professional Implications

7.1 The Health Board Director of Finance and the Council Section 95 Officer will ensure that the Audit and Performance Committee is provided with necessary technical and corporate support in relation to its remit.

8. Locality Implications

8.1 There are no locality implications associated with this report.

9. Risk Analysis

9.1 It is the responsibility of the Partnership Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. The implementation of such arrangements by the Partnership Board will be subject to scrutiny.

10. Impact Assessments

10.1 None required

11. Consultation

11.1 The proposed amendments will be shared with the Health Board Director of Finance and the Council Section 95 Officer.

12. Strategic Assessment

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

12.2 This report links to the strategic financial governance arrangements of both the Health Board and the Council.

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Appendices: Appendix 1: Presentation – Review of Audit Committee –
Member's Session 25 September 2019

Appendix 2: Audit Committee – Revised Terms of
Reference

Background Papers: The Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Guidance for Integration Financial Assurance
<http://www.gov.scot/Resource/0046/00465080.pdf>

On Board: A Guide for Board Members of Public Bodies in Scotland
<http://www.gov.scot/Resource/Doc/44473/0078499.doc>

Wards Affected: All

West Dunbartonshire Health & Social Care Partnership Board
Audit and Performance Committee
Terms of Reference

1. PURPOSE

- 1.1 West Dunbartonshire Health & Social Care Partnership Board is responsible for the strategic planning and reporting of a range of health and social care services delegated it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (described in full within its approved Integration Scheme). The Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as West Dunbartonshire Health & Social Care Partnership. The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership.
- 1.2 The West Dunbartonshire Health & Social Care Partnership Board's:
- Mission is to improve the health and wellbeing of West Dunbartonshire.
 - Purpose is to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
 - Core values are protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.
- 1.3 The Partnership Board is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a major function of management and, therefore, a responsibility placed upon the appointed members and officers of the Partnership Board.
- 1.4 The Health & Social Care Partnership Board positively promotes the principles of sound corporate governance within all areas of its affairs. Its Audit and Performance Committee is an essential component of the governance of the Health & Social Care Partnership Board detailed within its Financial Regulations.
- 1.5 The West Dunbartonshire Health & Social Care Partnership Board has established this Audit and Performance Committee as a Committee of the Partnership Board to support it in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge. These Terms of Reference for the Audit and Performance Committee reflect the span of responsibilities of the Partnership Board and requirements of its approved Financial Regulations, i.e.:
- The Strategic Plan.
 - Financial plan underpinning the Strategic Plan.
 - The operational delivery of those integrated services delegated to the Partnership Board (except for NHS acute hospital services).
 - Relevant issues raised by the internal auditors of the Health Board, Council and the Partnership Board.

Document Title:	WDHSCP Board Audit and Performance Committee Terms of Reference	Owner:	Chief Financial Officer
Version No.	v1	Superseded Version:	N/A
Date Effective:	13/12/17	Review Date:	13/11/2019

2. MEMBERSHIP

- 2.1 The Audit and Performance Committee will be composed of the six voting members of the Partnership Board.
- 2.2 The provisions in relation to duration of membership, substitution and removal of membership together with those in relation to Code of Conduct and Declarations of Interest will be those which apply to the Partnership Board.
- 2.3 The Audit and Performance Committee will be chaired by the Vice-Chair of the Partnership Board.
- 2.4 A member of the Strategic Planning Group (a sub-committee of the Partnership Board) will be co-opted as a non-voting member of the Audit and Performance Committee.
- 2.5 As the Audit and Performance Committee will be responsible for overseeing and providing independent assurance on the adequacy of the risk management framework, the internal control environment and the financial governance arrangements of the Partnership Board, other non-voting members of the Partnership Board shall also have the right to attend. A schedule of meetings will be published for all Partnership Board members, and those non-voting members who confirm their intention to attend the meeting will be issued with papers for that meeting.
- 2.6 The Chief Financial Officer will nominate an Internal Audit Service, led by a named Chief Internal Auditor, to work on behalf of the Audit and Performance Committee.
- 2.7 The external auditors for the Partnership Board will be appointed by the Accounts Commission.
- 2.8 The appointed Chief Internal Auditor will normally attend meetings of the Audit and Performance Committee.
- 2.9 A representative of the external auditors will normally attend meetings of the Audit and Performance Committee.
- 2.10 The Chief Officer and Chief Financial Officer of the Health & Social Care Partnership Board will normally attend meetings of the Audit and Performance Committee.
- 2.11 The Audit and Performance Committee will be provided with a secretariat function by West Dunbartonshire Council.
- 2.12 Other officers of the Health & Social Care Partnership, West Dunbartonshire Council and NHS Greater Glasgow & Clyde may also be invited to attend meetings.

3. REPORTING

- 3.1 The Audit and Performance Committee will formally provide a copy of its minutes to the Partnership Board for inclusion on the agenda's of its subsequent meetings. These minutes will be made publicly available.
- 3.2 The Audit and Performance Committee will provide the Partnership Board with an Annual Statement, timed to support finalisation of the accounts and the governance statement, summarising its conclusions from the work it has done during the year.

4. RESPONSIBILITIES

- 4.1 The Audit and Performance Committee will advise the Partnership Board, the Chief Officer and its Chief Financial Officer on:
- The strategic processes for risk, control and governance and the governance statement;
 - The annual compliance of the Partnership Board against the Local Code of Good Governance, to inform the governance statement;
 - The financial governance and accounts of the Partnership Board, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors;
 - The planned activity and results of both internal and external audit as they relate to the activities of the Partnership Board;
 - The adequacy of management response to issues identified by audit activity, including external audit's management letter/report;
 - The effectiveness of the internal control environment, the arrangements for ensuring value for money and managing exposure to the risks of fraud and corruption;
 - The effectiveness of risk management arrangements, ensuring existence of and compliance with an appropriate risk management strategy;
 - The adequacy of management response to reports concerned with the delivery of performance and quality of key elements of the Strategic Plan, including review of the Quarterly Performance Report;
 - Assurances relating to the corporate governance requirements for the Partnership Board; and
 - Appointment of the internal audit service or for purchase of non-audit services from contractors who provide audit services.
- 4.2 The Audit and Performance Committee will also periodically review its own effectiveness and report the results of that review to the Partnership Board

5. RIGHTS

- 5.1 The Chief Financial Officer will be responsible for providing assurance on the system of internal financial control to the Audit and Performance Committee on behalf of the Health Board and Council. In doing this, the Chief Financial Officer will be reliant on both the Health Board's and Council's systems of internal control to support compliance with both organisations' policies and promote achievement of each organisation's aims and objectives, as well as those of the Partnership Board as expressed in its Strategic Plan.
- 5.2 The Audit and Performance Committee receive, scrutinise and comment upon the formal submission of reports, findings and recommendations by the appointed Internal Audit service, external auditor (as appointed by the Accounts Commission), Audit Scotland and Inspectorate bodies. The Chief Financial Officer will ensure that follow-up reports on actions required will be provided to the Audit and Performance Committee as agreed.
- 5.3 The Chief Financial Officer will prepare an Annual Governance Statement for the Audit and Performance Committee prior to its being presented to the Partnership Board.

- 5.4 The Chief Internal Auditor for the Partnership Board will report to the Chief Financial Officer and the Audit and Performance Committee on an annual risk-based audit plan in respect of the activities of the Partnership Board; delivery of the plan and recommendations; and will provide an annual internal audit report, including the audit opinion.
- 5.5 The Audit and Performance Committee may procure specialist ad-hoc advice at the expense of the Partnership Board, subject to budgets agreed by the Chief Financial Officer and confirmed by the Partnership Board.
- 5.6 The appointed Chief Internal Auditor and the representative of External Audit (as appointed by the Accounts Commission) will have free and confidential access to the Chair of the Audit and Performance Committee.

6. MEETINGS

- 6.1 The procedures for meetings are that:
- 6.1.1 The Audit and Performance Committee will meet quarterly, with a provision for additional meetings if required as the discretion of the Chair of the Audit and Performance Committee; and with meetings scheduled at regular intervals between the quarterly meetings of the Partnership Board.
- 6.1.2 The meetings will be conducted in accordance with the Standing Orders of the Partnership Board, including:
- At least one half (i.e. three) of the six members of the Audit and Performance Committee will be present for the meeting to be deemed quorate.
 - Members of the Audit and Performance Committee 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 Audit and Performance Committee, before taking part in any discussion on that item. Where an interest is disclosed, the other members present at the meeting in question shall decide whether the member declaring the interest is to be prohibited from taking part in discussion of, or voting on, the item of business.
- 6.1.3 Audit and Performance Committee meetings will normally be attended by the Chief Officer, the Chief Financial Officer, appointed Chief Internal Auditor and a representative of the External Auditor.
- 6.1.4 The Audit and Performance Committee may ask any other officers from the Health & Social Care Partnership, West Dunbartonshire Council and NHS Greater Glasgow & Clyde to attend to assist it with its discussions on any particular matter.
- 6.1.5 Subject to the extent of the accommodation available and except in relation to items certified as exempt and items likely to involve the disclosure of confidential information, meetings of the Audit and Performance Committee shall be open to the public (as per the Standing Orders of the Partnership Board). The Chief Officer shall be responsible for giving public notice of the date, time and place of each meeting of the Audit and Performance Committee by posting within the main offices of the Health & Social Care Partnership not less than five days before the date of each meeting.

- 6.1.6 The Audit and Performance Committee may by resolution at any meeting exclude the press and public there from during consideration of an item of business where it is likely in view of the nature of the business to be transacted or of the nature of proceedings that if members of the press and public were present there would be a disclosure to them of exempt information as defined in Schedule 7A to the Local Government (Scotland) Act 1973 or it is likely that confidential information would be disclosed in breach of an obligation of confidence. The Audit and Performance Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.
- 6.1.7 Every meeting of the Audit and Performance Committee shall be open to the public but these provisions shall be without prejudice to the Audit and Performance Committee's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a meeting. The Audit and Performance Committee may exclude or eject from a meeting a member or members of the press or public whose presence or conduct is impeding the work or proceedings of the Audit and Performance Committee.
- 6.1.8 The Partnership Board or the Chief Financial Officer may ask the Audit and Performance Committee to convene further meetings to discuss particular issues on which they want the Audit and Performance Committee's advice.

Review of Audit Committee

Terms of Reference

Chartered Institute of Public Finance and Accountancy – Audit Committee Guidance

Purpose

- ❖ to provide to those charged with governance independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance processes. By overseeing both internal and external audit it makes an important contribution to ensuring that effective assurance arrangements are in place.

Core Functions

- ❖ Good Governance & the Annual Governance Statement
- ❖ Internal Audit
- ❖ Risk Management
- ❖ Value for Money & Best Value
- ❖ External Audit
- ❖ Financial Reporting – Annual Accounts
- ❖ Partnership Governance & Collaboration Agreements
- ❖ Countering Fraud and Corruption
- ❖ Governance & Ethical Values

Current Position

Terms of Reference – December 2015

- ❖ **Audit Committee is a sub-committee of the HSCP Board**
- ❖ **All 6 voting members of HSCP Board are members of Audit Committee – 3 required for quorate**
- ❖ **Will meet at least quarterly**
- ❖ **List of Responsibilities cover most of the Core Functions listed above**
- ❖ **References the “Rights” of the Audit Committee incl. -**
 - ❖ **Chief Internal Auditor for the HSCP Board presents an annual risk-based audit plan**
 - ❖ **Chief Financial Officer will present an Annual Governance Statement for approval**

Future Actions/Developments

- ❖ **Review the Terms of Reference (as defined in current ToR):**
 - ❖ What currently works well?
 - ❖ What requires further work?
- ❖ **Performance Reporting**
 - ❖ Is Audit Committee the correct forum
 - ❖ Care Inspectorate Reports - current governance arrangements
 - ❖ Annual Accounts – full approval or remit to HSCP Board
 - ❖ Oversight of Improvement Plans linked to Strategic Inspection
- ❖ **Evaluating the Effectiveness of Audit Committee**
 - ❖ CIPFA Self Assessment of Good Practice
- ❖ **Proposed Shared Service Arrangements**
 - ❖ Shared Chief Internal Auditor Service between WDC & Inverclyde

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**13 November 2019**

Subject: Climate Change Report 2018/19**1. Purpose**

1.1 To present the Partnership Board with the Climate Change Report prepared on its behalf in accordance with the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.

2. Recommendation

2.1 The Partnership Board is asked to approve the Climate Change Report prior to formal submission to the Scottish Government in advance of the 30th November 2019 deadline.

3. Background

3.1 The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015, came into force in November 2015, requiring all public bodies classed as 'major players' to submit a climate change report to the Scottish Government using a standardised online template by 30 November each year.

3.2 Integration Joint Boards (IJBs) appear on schedule 1 within the Order as 'An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c)'.

3.3. In order to comply with the duty to prepare a Climate Change Report, the Head of Strategy, Planning & Health Improvement has prepared a Climate Change Report 2018/19 for consideration and approval by the IJB prior to formally submitting it to the Scottish Government by the deadline of 30th Nov 2019. (see report appended).

4. Main Issues

4.1 Following dialogue with Scottish Government, Health Facilities Scotland and the Sustainable Scotland Network (SSN) involving the six HSCPs in the Greater Glasgow and Clyde area it has become clear that due to the nature of IJBs – and specifically the fact that they are not directly responsible for staff or capital estates, and locally do not directly procure services – very few areas of the standardised template are directly relevant to IJBs. HSCP contributions to the requirements of the Order will properly be captured within the distinct reports that the NHS Health Board and the Council are separately obliged to submit. It has also been accepted that a degree of proportionality should be applied to the completion of the reports. The content of the appended report then consequently reflects this.

5. People Implications

5.1 None.

6. Financial Implications

6.1 None.

7. Professional Implications

7.1 None.

8. Locality Implications

8.1 None.

9. Risk Analysis

9.1 The submission of a Climate Change Report is a statutory obligation for the Partnership Board as per the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.

10. Impact Assessments

10.1 None.

11. Consultation

11.1 None.

12. Strategic Assessment

12.1 The submission of a Climate Change Report supports the commitment of the Partnership Board to good governance and transparent public reporting.

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

Date: 13 November 2019

Person to Contact: Wendy Jack – Interim Head of Strategy, Planning & Health Improvement, 2nd Floor Aurora House, 3 Aurora Avenue, Clydebank G81 1BF.
Telephone: 01389 776864
e-mail: wendy.jack@west-dunbarton.gov.uk

Appendices: Climate Change Report – West Dunbartonshire Health and Social Care Partnership Board (IJB)

Background Papers: Public Sector Climate Change Reporting – Scottish Government
<http://www.gov.scot/Topics/Environment/climatechange/publicsectoraction/publicsectorreporting>

Climate Change Reporting webpages
<http://www.keepsotlandbeautiful.org/sustainabilityclimate-change/sustainable-scotland-network/climatechange-reporting/>

Audit Committee (June 2017): Climate Change Reporting and Integration Joint Boards

Wards Affected: All

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Required

- PART 1: PROFILE OF REPORTING BODY
- PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY
- PART 3: EMISSIONS, TARGETS AND PROJECTS

- PART 4: ADAPTATION
- PART 5: PROCUREMENT
- PART 6: VALIDATION AND DECLARATION

Recommended Reporting: Reporting on Wider Influence

- RECOMMENDED – WIDER INFLUENCE
- OTHER NOTABLE REPORTABLE ACTIVITY

PART 1: PROFILE OF REPORTING BODY

1(a) Name of reporting body
West Dunbartonshire

1(b) Type of body
Integrated Joint Boards

1(c) Highest number of full-time equivalent staff in the body during the report year
0

1(d) Metrics used by the body			
Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.			
Metric	Unit	Value	Comments
Other (Please specify in the comments)	other (specify in comments)	0	West Dunbartonshire Integrated Joint Board does not report on any performance in relation to climate change or sustainability.

1(e) Overall budget of the body	
Specify approximate £/annum for the report year.	
Budget	Budget Comments
174166000	This is the total budget allocation for the financial year April 2018 to March 2019 from our funding partners. West Dunbartonshire's Integrated Joint Board budget consists of financial allocations and budgets delegated from West Dunbartonshire Council and NHS Greater Glasgow and Clyde, which the HSCP Board then delegates back to the Council and the Health Board with directions for them to deliver health and social care services.

1(f) Report year	
Specify the report year.	
Report Year	Report Year Comments
Financial (April to March)	

1(g) Context
Provide a summary of the body's nature and functions that are relevant to climate change reporting.
<p>The Public Bodies (Joint Working) Act (Scotland) 2014 sets out the arrangements for the integration of health and social care across the country. The Scottish Government-approved Integration Scheme for West Dunbartonshire details the body corporate arrangement by which NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council agreed to formally delegate health and social care services for adults and children to a third body, which is described in the Act as an Integration Joint Board. The Integration Joint Board for West Dunbartonshire is known as the West Dunbartonshire Health & Social Care Partnership Board. The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership (WD HSCP), which is the joint delivery vehicle for those integrated services delegated to it (except for any NHS acute hospital services, as these are managed directly by the Health Board). These arrangements for integrated service delivery are conducted within an operational service delivery framework established by the Health Board and Council for their respective functions, ensuring both those organisations can continue to discharge their retained governance responsibilities. At the 28th March 2019 West Dunbartonshire Health & Social Care Partnership Board meeting, members approved the third HSCP Strategic Plan. The Strategic Plan (2019-2022) sets out the commissioning priorities for the next three years with a clear commitment to the delivery of effective clinical and care governance and Best Value. It has been shaped by the Annual Performance Report for 2018/19; the strategic needs assessment, which illustrates the growing complexity of need and demand within the diverse local communities; the active engagement with stakeholders at locality, community planning and national levels; and our understanding of the broader policy and legislative context. West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. 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%. National evidence indicates that the population of West Dunbartonshire is aging due to a combination of factors. that the number of births in the area is dropping, the number of people migrating to other council areas is within the 15-44 age group is increasing and the number of deaths registered annually is falling.</p>

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

2(a) How is climate change governed in the body?
<p>Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements.</p> <p>The accountability and responsibility for climate change governance in relation to the delivery of Council and Health Services lies with West Dunbartonshire Health & Social Care Partnership Board's partner statutory bodies i.e. West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. These partners have governance and decision making structures in place to support sustainability planning and a range of climate change adaptations and improvements. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements.With respect to NHS Greater Glasgow and Clyde: the Health Board has in place a Sustainability, Planning and Implementation Group, chaired by the director of Property Management who is also the Boards Sustainability Champion.With respect to West Dunbartonshire Council: issues relating to climate change are predominantly reported to the Infrastructure Regeneration and Economic Development Committee or the Housing and Communities Committee.</p>

2(b) How is climate change action managed and embedded by the body?
<p>Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body (JPEG, PNG, PDF, DOC)</p> <p>The accountability and responsibility for the management of decision making for climate change action in relation to Health Board Services (including community health and social care) lies with West Dunbartonshire IJB's partner statutory bodies ie West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements.With respect to NHS Greater Glasgow & Clyde: NHS Greater Glasgow and Clyde Sustainability Manager is responsible for sustainability and environmental issues. He provides professional support (including technical and managerial advice) to the Health Board to identify, plan, develop and implement strategies an policies in relation to climate change. He monitors the Health Boards Performance and NHS objectives for sustainable development and environmental management including performance reporting.With respect to West Dunbartonshire Council: the Council's senior leadership team includes the Chief Executive, two Strategic Directors, a Chief Officer (HSCP), and twelve Strategic Leads who collaborate to oversee all of the Council's activities.</p>

2(c) Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?		
Provide a brief summary of objectives if they exist.		
Objective	Doc Name	Doc Link
West Dunbartonshire Health & Social Care Partnership Board does not have specific climate change mitigation and adaption objectives. However reference is made to the objectives contained in the plans of West Dunbartonshire Council and NHS Greater Glasgow and Clyde.	See reports submitted by West Dunbartonshire Council and NHS Greater Glasgow and Clyde	

2(d) Does the body have a climate change plan or strategy?
<p>If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.</p> <p>The accountability and responsibility for the management of decision making for climate change action in relation to Health Board Services (including community health and social care) lies with West Dunbartonshire IJB's partner statutory bodies ie West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements. Please see associated documents within these partners reports.</p>

Public Sector Climate Change Duties 2019 Summary Report: West Dunbartonshire

2(e) Does the body have any plans or strategies covering the following areas that include climate change?				
Provide the name of any such document and the timeframe covered.				
Topic area	Name of document	Link	Time period covered	Comments
Adaptation	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Business travel	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Staff Travel	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Energy efficiency	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Fleet transport	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Information and communication technology	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Renewable energy	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Sustainable/renewable heat	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Waste management	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Water and sewerage	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Land Use	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Other (state topic area covered in comments)	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.

2(f) What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?
Provide a brief summary of the body's areas and activities of focus for the year ahead.
<p>The accountability and responsibility for climate change governance in relation to the delivery of Council and Health Services lies with West Dunbartonshire Health & Social Care Partnership Board's partner statutory bodies i.e. West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. These partners have governance and decision making structures in place to support sustainability planning and a range of climate change adaptations and improvements. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements.</p>

2(g) Has the body used the Climate Change Assessment Tool(a) or equivalent tool to self-assess its capability / performance?
<p>If yes, please provide details of the key findings and resultant action taken.</p> <p>The accountability and responsibility for climate change governance in relation to the delivery of Council and Health Services lies with West Dunbartonshire Health & Social Care Partnership Board's partner statutory bodies i.e. West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. These partners have governance and decision making structures in place to support sustainability planning and a range of climate change adaptations and improvements. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements.</p>

2(h) Supporting information and best practice
<p>Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.</p> <p>The accountability and responsibility for climate change governance in relation to the delivery of Council and Health Services lies with West Dunbartonshire Health & Social Care Partnership Board's partner statutory bodies i.e. West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. These partners have governance and decision making structures in place to support sustainability planning and a range of climate change adaptations and improvements. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements.</p>

PART 3: EMISSIONS, TARGETS AND PROJECTS

3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year							
Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint /management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the year which is used as a baseline to the end of the report year, provide an explanation in the comments column. (a) No information is required on the effect of the body on emissions which are not from its estate and operations.							
Reference Year	Year	Scope1	Scope2	Scope3	Total	Units	Comments
Baseline carbon footprint	2017/18					0 tCO2e	N/A
Year 1 carbon footprint	2018/19					0 tCO2e	

3b Breakdown of emission sources									
Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3 (a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor(a) leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.									
Total	Comments – reason for difference between Q3a & 3b.	Emission source	Scope	Consumption data	Units	Emission factor	Units	Emissions (tCO2e)	Comments
0.0									

3c Generation, consumption and export of renewable energy					
Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.					
Technology	Renewable Electricity		Renewable Heat		Comments
	Total consumed by the organisation (kWh)	Total exported (kWh)	Total consumed by the organisation (kWh)	Total exported (kWh)	
Other					

Public Sector Climate Change Duties 2019 Summary Report: West Dunbartonshire

3d Targets										
List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included.										
Name of Target	Type of Target	Target	Units	Boundary/scope of Target	Progress against target	Year used as baseline	Baseline figure	Units of baseline	Target completion year	Comments

3e Estimated total annual carbon savings from all projects implemented by the body in the report year			
Total	Emissions Source	Total estimated annual carbon savings (tCO2e)	Comments
0.00	Electricity		
	Natural gas		
	Other heating fuels		
	Waste		
	Water and sewerage		
	Business Travel		
	Fleet transport		
	Other (specify in comments)		

3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year											
Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.											
Project name	Funding source	First full year of CO2e savings	Are these savings figures estimated or actual?	Capital cost (£)	Operational cost (£/annum)	Project lifetime (years)	Primary fuel/emission source saved	Estimated carbon savings per year (tCO2e/annum)	Estimated costs savings (£/annum)	Behaviour Change	Comments

Public Sector Climate Change Duties 2019 Summary Report: West Dunbartonshire

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year				
If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.				
Total	Emissions source	Total estimated annual emissions (tCO2e)	Increase or decrease in emissions	Comments
0.00	Estate changes			
	Service provision			
	Staff numbers			
	Other (specify in comments)			

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead			
Total	Source	Saving	Comments
0.00	Electricity		
	Natural gas		
	Other heating fuels		
	Waste		
	Water and sewerage		
	Business Travel		
	Fleet transport		
	Other (specify in comments)		

3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead					
If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and direction.					
Total	Emissions source	Total estimated annual emissions (tCO2e)	Increase or decrease in emissions	Comments	
0.00	Estate changes				
	Service provision				
	Staff numbers				
	Other (specify in comments)				

3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint	
If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").	
Total	Comments

3k Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and projects.

4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?					
<p>If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1,B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter "N/A" in the 'Delivery progress made' column for that objective.</p> <p>(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.</p>					
Objective	Objective reference	Theme	Policy / Proposal reference	Delivery progress made	Comments
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment		N/A	Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment		N/A	Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment		N/A	Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks		N/A	Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks		N/A	Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?					
<p>If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1,B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter "N/A" in the 'Delivery progress made' column for that objective.</p> <p>(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.</p>					
Objective	Objective reference	Theme	Policy / Proposal reference	Delivery progress made	Comments
Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks		N/A	Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.
Understand the effects of climate change and their impacts on people, homes and communities.	S1	Society		N/A	Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.
Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society		N/A	Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.
Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society		N/A	Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

4(e) What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

4(f) What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

4(g) What are the body's top 5 priorities for the year ahead in relation to climate change adaptation?

Provide a summary of the areas and activities of focus for the year ahead.

Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

4(h) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaptation.

Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

PART 5: PROCUREMENT

5(a) How have procurement policies contributed to compliance with climate change duties?
<p>Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.</p> <p>The West Dunbartonshire Health and Social Care Partnership Board (IJB) has not and does not as its usual practice procure services directly. Any procurement required by the Health and Social Care Partnership is undertaken through the arrangements and in accordance of the relevant policies of either West Dunbartonshire Council and NHS Greater Glasgow and Clyde (as appropriate). Both these bodies will submit a Public Bodies Climate Change Report that will address this. Please refer to these reports for this information.</p>

5(b) How has procurement activity contributed to compliance with climate change duties?
<p>Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.</p> <p>The West Dunbartonshire Health and Social Care Partnership Board (IJB) has not and does not as its usual practice procure services directly. Any procurement required by the Health and Social Care Partnership is undertaken through the arrangements and in accordance of the relevant policies of either West Dunbartonshire Council and NHS Greater Glasgow and Clyde (as appropriate). Both these bodies will submit a Public Bodies Climate Change Report that will address this. Please refer to these reports for this information.</p>

5(c) Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.
<p>The West Dunbartonshire Health and Social Care Partnership Board (IJB) has not and does not as its usual practice procure services directly. Any procurement required by the Health and Social Care Partnership is undertaken through the arrangements and in accordance of the relevant policies of either West Dunbartonshire Council and NHS Greater Glasgow and Clyde (as appropriate). Both these bodies will submit a Public Bodies Climate Change Report that will address this. Please refer to these reports for this information.</p>

PART 6: VALIDATION AND DECLARATION

6(a) Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

The accountability for climate change governance in relation to the delivery of the delegated services remains with West Dunbartonshire Council and NHS Greater Glasgow and Clyde. Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information. However, this report and associated cover paper will be presented to the WD HSCP Partnership Board in November 2019 for approval prior to submission to Sustainable Scotland Network

6(b) Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

The accountability for climate change governance in relation to the delivery of the delegated services remains with West Dunbartonshire Council and NHS Greater Glasgow and Clyde. Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information. However, this report has been consulted on with colleagues across other HSCP's prior to submission.

6(c) External validation process

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

The accountability for climate change governance in relation to the delivery of the delegated services remains with West Dunbartonshire Council and NHS Greater Glasgow and Clyde. Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

6(d) No validation process

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

6e - Declaration		
I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.		
Name	Role in the body	Date
Wendy Jack	Interim Head of Strategy, Planning and Health Improvement	2019-09-26

RECOMMENDED – WIDER INFLUENCE

Q1 Historic Emissions (Local Authorities only)

Please indicate emission amounts and unit of measurement (e.g. tCO2e) and years. Please provide information on the following components using data from the links provided below. Please use (1) as the default unless targets and actions relate to (2).

(1) UK local and regional CO2 emissions: **subset dataset** (emissions within the scope of influence of local authorities):

(2) UK local and regional CO2 emissions: **full dataset**:

Select the default target dataset

Table 1a - Subset													
Sector	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Units	Comments
													N/A

Table 1b - Full													
Sector	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Units	Comments

Q2a – Targets									
Please detail your wider influence targets									
Sector	Description	Type of Target (units)	Baseline value	Start year	Target saving	Target / End Year	Saving in latest year measured	Latest Year Measured	Comments
									N/A

Q2b) Does the Organisation have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.

The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with West Dunbartonshire Council and NHS Greater Glasgow and Clyde. Please refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

Q3) Policies and Actions to Reduce Emissions														
Sector	Start year for policy / action imple - mentation	Year that the policy / action will be fully imple - mented	Annual CO2 saving once fully imple - mented (tCO2)	Latest Year measured	Saving in latest year measured (tCO2)	Status	Metric / indicators for monitoring progress	Delivery Role	During project / policy design and implementation, has ISM or an equivalent behaviour change tool been used?	Please give further details of this behaviour change activity	Value of Investment (£)	Ongoing Costs (£/ year)	Primary Funding Source for Implementation of Policy / Action	Comments
														N/A

Please provide any detail on data sources or limitations relating to the information provided in Table 3

Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

Q4) Partnership Working, Communication and Capacity Building. Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.									
Key Action Type	Description	Action	Organisation's project role	Lead Organisation (if not reporting organisation)	Private Partners	Public Partners	3rd Sector Partners	Outputs	Comments

OTHER NOTABLE REPORTABLE ACTIVITY

Q5) Please detail key actions relating to Food and Drink, Biodiversity, Water, Procurement and Resource Use in the table below.				
Key Action Type	Key Action Description	Organisation's Project Role	Impacts	Comments
				N/A

Q6) Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template

Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.



West Dunbartonshire HSCP Local Engagement Networks

The Role of the Chief Nurse in West Dunbartonshire (Val Tierney)

Clydebank Town Hall

Thursday 3rd October 2019

At Clydebank Town Hall the Chair of Clydebank Local Engagement Network (LEN) welcomed everyone to the session and introduced the Chief Nurse for East & West Dunbartonshire Val Tierney.

Val gave the audience a short briefing on her career from a student nurse to her present role as Chief Nurse for East & West Dunbartonshire.

The role of the Chief Nurse is not a 'hands on' nursing role, This provides professional leadership, focus on Quality Improvement and Quality Assurance. Also to pick up signs when nursing services are beginning to become under pressure and developing strategies to overcome the pressures points.

The way the NHS services are delivered and accessed is not sustainable, so plans like NHSGGC 'Moving Forward Together Programme' and West Dunbartonshire HSCP 'Primary Care Improvement Plan' is about developing services that will be fit for the future. As services develop so must nursing roles to support new ways of working, ensuring that education and learning and governance is in place to support role development.

An example is in West Dunbartonshire we have the new Focussed Intervention Team (FIT) which will provide support in the community to prevent unnecessary admissions to hospitals.

Also looking at the role that Advanced Nurse Practitioners (ANPs) might play who will help to support General Practitioners (GPs) and new programme for preparation community nurses in the future as we shift the balance of care to the community.

Questions

- I work in the 3rd sector working with people who have a learning disability, have the Community Link Workers started yet?
Yes three started just over a month ago. .
- Refugees new to the area can experience difficulties in accessing health care information and support, particularly around basic health education and medications compliance. What support can the Chief Nurse offer?
- We have 65 refugee children in West Dunbartonshire, we have heard of families phoning back to their country of origin to seek health advice.
- Also refugees arrive in this country with medical conditions, they have difficulty understanding how to take their medication.
- *Signposting of issues to relevant HSCP staff including Health Visitors and District Nurses and pharmacist. .*
- How will Moving Forward Together (MFT) agenda affect services?
MFT is a way of working that looks to make sure that patients can access the right support at the right time. The aim is to move the focus away from hospitals to more community care. This will mean a change in some aspects of local nursing services – some services will change and some will be delivered in different ways such as the new FIT team model.
- Possible areas of development to raise awareness of the Chief Nurse role:
- Can the Chief Nurse role be better promoted possibly via the HSCP website.
- Could the Chief Nurse contribute to a regular feature to the HSCP newsletter.

The chair of the LEN thanked Val for coming along and informing us on the role of the Chief Nurse in West Dunbartonshire.