

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board

Date: Wednesday, 19 February 2020

Time: 14:00

Venue: Council Chamber, Clydebank Town Hall, Clydebank

Contact: Gabriella Gonda, Committee Officer
Tel: 01389 737183 Email: gabriella.gonda@west-dunbarton.gov.uk

Dear Member

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

The business is shown on the attached agenda.

Yours faithfully

BETH CULSHAW

Chief Officer of the
Health & Social Care Partnership

Distribution:-

Voting Members

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

Non-Voting Members

Barbara Barnes
Beth Culshaw
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: 6 February 2020

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

WEDNESDAY, 19 FEBRUARY 2020

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 - 20

Submit, for approval as a correct record the Minutes of Meeting of the Health & Social Care Partnership Board held on 13 November 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 9
(31 DECEMBER 2019) 21 –56**

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

6 BUDGET UPDATE REPORT To Follow

Submit report by the Chief Financial Officer on the above.

**7 COMMISSIONING AND MARKET FACILITATION
PLAN 2019 – 2022 57 - 60**

Submit report by the Interim Head of Strategy, Planning and Health Improvement providing an update on HSCP Partnership Board Commissioning and Market Facilitation Plan.

- 8 THEMATIC REVIEW OF SELF-DIRECTED SUPPORT IN SCOTLAND;
WEST DUNBARTONSHIRE LOCAL PARTNERSHIP REPORT 61 - 64**
Appendices to follow
- Submit report by the SDS Lead Officer updating on progress relating to the Improvement Plan which was agreed following Care Inspectorate Thematic Review of self-directed support in West Dunbartonshire.
- 9 STRATEGIC RISK REGISTER 65 - 79**
- Submit report by the Chief Financial Officer presenting the updated Strategic Risk Register.
- 10 'OUR TURN' INITIATIVE 81 - 84**
- Submit report by the Head of Children's Health, Care and Criminal Justice presenting information pertaining to a motion at West Dunbartonshire Council at its meeting on 30 October 2019.
- 11 PUBLIC PERFORMANCE REPORT JULY TO SEPTEMBER 2019 85 - 100**
- Submit report by the Interim Head of Strategy, Planning and Health Improvement presenting the Health & Social Care Partnership's Public Performance Report for the second quarter of 2019/20 (July to September 2019).
- 12 TRANSFORMATIONAL CHANGE PROGRAMME SEXUAL HEALTH SERVICES IMPLEMENTATION PLAN 101 - 107**
- Submit report by the Head of Adult Services (Sexual Health, Prison and Police Custody Health Care) reporting on the service changes and implications for West Dunbartonshire of the above Transformational Change Programme.
- 13 PARTICIPATION AND ENGAGEMENT STRATEGY 2020 – 2023 109 - 133**
- Submit report by the Interim Head of Strategy, Planning and Health Improvement presenting the draft Health & Social Care Partnership Participation and Engagement Strategy 2020 – 2023.
- 14/**

14 INSPECTION OF JUSTICE SOCIAL WORK SERVICES: UPDATE ON ACTIONS 135 - 146

Submit report by the Head of Children's Health, Care and Criminal Justice/Chief Social Work Officer presenting a further update on improvement activity arising from the Care Inspectorate report 'Inspection of Justice Social Work Services in West Dunbartonshire Council', published on 6 August 2019.

**15 REVIEW OF INTEGRATION SCHEME 147 - 150
Appendix to follow**

Submit report by the Interim Head of Strategy, Planning and Health Improvement providing an update on the work ongoing in West Dunbartonshire to review and update the Integration Schemes between West Dunbartonshire Council and the Health Board.

16 AMENDMENT TO MEETING DATES OF HSCP BOARD AND AUDIT COMMITTEE TO ALLOW FOR THE ANNUAL ACCOUNTS STATUTORY APPROVAL SIGN-OFF To Follow

Submit report by the Chief Financial Officer on the above.

17 MINUTES OF MEETINGS FOR NOTING 151 – 169

Submit for information, the undernoted Minutes of Meetings:-

- (a) Minutes of Meeting of the Joint Staff Forum held on 16 October 2019;
- (b) Minutes of Meeting of the HSCP Health & Safety Committee held on 22 October 2019;
- (c) Minutes of Meeting of the Clinical and Care Governance Forum held on 15 January 2020; and

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, 13 November 2019 at 2.07 p.m.

- Present:** Bailie Denis Agnew and Councillors Marie McNair and John Mooney, West Dunbartonshire Council; Allan MacLeod, Rona Sweeney and Audrey Thompson NHS Greater Glasgow and Clyde Health Board.
- Non-Voting Members:** Beth Culshaw, Chief Officer; Barbara Barnes, Co-Chair of the WD HSCP Public Engagement Network for the Alexandria & Dumbarton area; Jamie Dockery, Senior Housing Development Officer; Jonathan Hinds, Head of Children's Health, Care & Criminal Justice Services; 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; Kim McNab, Service Manager, Carers of West Dunbartonshire; Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum; Selina Ross, Chief Officer – WD CVS and Julie Slavin, Chief Financial Officer.
- Attending:** Serena Barnatt, Head of People and Change; Jo Gibson, Head of Health & Community Care; Wendy Jack, Interim Head of Strategy, Planning & Health Improvement; Julie Lusk, Head of Mental Health, Learning Disability & Addictions; Colin McDougall, Audit Manager; Laura Smith, Service Manager, Child Health Care & Criminal Justice; Nigel Ettles, Principal Solicitor and Gabriella Gonda, Committee Officer.
- Also Attending:** Nicola Fleming, Senior Occupational Therapist, Community Hospital Discharge Team; Kevin McAlinden, Team Lead, Focussed Intervention Team and Marie Rooney, SDS Lead Officer;
- Apologies:** Apologies for absence were intimated on behalf of John Kerr, Housing Development and Homelessness Manager and Val Tierney, Chief Nurse.

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 MEETING

The Minutes of Meeting of the Health & Social Care Partnership Board held on 2 October 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:-

- How the Partnerships across Scotland are developing and delivering health & social care services in an integrated way and the transformation of our care systems to help create a sustainable, compassionate and caring Scotland. As part of this update a video was presented to the Board from Health and Social Care Scotland on Future collaborative conversations as a Statement of Intent;
- The Partnership's staff achievements recognised by the HSCP national staff awards;
- The upcoming Domestic Abuse event at Clydebank Town Hall; and
- Update on the new Health Centre in Queens Quay, Clydebank.

The Chief Officer informed the Board that this would be the last meeting which Julie Lusk, Head of Mental Health, Learning Disability & Addictions; Wendy Jack, Interim Head of Strategy, Planning & Health Improvement and Selina Ross, Chief Officer – WD CVS would be attending as they would be leaving the service in December 2019 and January 2020. On behalf of the Board, Ms Culshaw thanked Ms Lusk, Ms Jack and Ms Ross for all their hard work over the years and wished them well in the future.

Note: Councillor John Mooney arrived during the above item.

VARIATION IN ORDER OF BUSINESS

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

REVIEW OF AUDIT COMMITTEE TERMS OF REFERENCE

A report was submitted 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.

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

- (1) to approve the change of name of the Audit Committee to the "Audit and Performance Committee";
- (2) to approve extending the non-voting membership of the Audit and Performance Committee to include two representatives from the Strategic Planning Group;
- (3) to approve the amendments to the current Terms of Reference which reflect the comments made at the board member's session on 25 September 2019 as shown in the Appendix to these minutes; and
- (4) to 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.

FINANCIAL PERFORMANCE REPORT AS AT PERIOD 6 (30 SEPTEMBER 2019)

A report was submitted 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.

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

- (1) to note the updated position in relation to budget movements on the 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 £0.263m (-0.3%) and £0.527m (-0.3%) respectively;
- (3) to note the current 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 the progress on the 2019/20 budget setting process, initial planning assumptions and the expected timeline in relation to our partner bodies budget offers.

Note: Colin McDougall, Audit Manager left the meeting after discussion on the above item.

AUDITED ANNUAL ACCOUNTS 2018/2019

A report was submitted 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.

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

- (1) 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
- (2) to note the reported outcome of an unqualified audit opinion for the Annual Accounts for the year ending 31 March 2019.

BRITAIN LEAVING EUROPEAN UNION UPDATE

A report was submitted by the Interim Head of Strategy, Planning and Health Improvement providing an update on Britain leaving the European Union - Brexit.

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

- (1) to note the contents of the report and the action plan attached to the report;
- (2) to support officers to ensure that preparatory actions would be taken and officers would continue to participate with the Council and Health Board in contingency planning arrangements to manage the consequences of Brexit; and
- (3) that officers would continue to bring regular updates to the Board on Brexit.

CHILDREN AND FAMILIES FIELDWORK SERVICES – UPDATE

A report was submitted by the Head of Children's Health, Care and Criminal Justice/Chief Social Work Officer 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.

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

- (1) to note the continued and proposed activity to address financial and demand pressures, performance activity and issues of concern;
- (2) to 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; and
- (3) that officers would continue to bring regular updates to the Board on Children and Families Fieldwork Services.

UPDATE ON DEMAND AND PERFORMANCE ON UNSCHEDULED CARE IN WEST DUNBARTONSHIRE, INCLUDING PREPARING FOR WINTER

A report was submitted 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 and also laying out the steps being taken to prepare for what may be additional demand over the winter period.

A presentation was then given by the Head of Mental Health, Addictions and Learning Disability; the Senior Occupational Therapist, Community Hospital Discharge Team and the Team Lead, Focussed Intervention Team on the above.

Following questions from Members, the Chair, Mr MacLeod thanked Ms Gibson, Ms Fleming and Mr McAlinden for their informative presentation.

The Board then agreed to note the current pressures on performance and the update on developments within West Dunbartonshire.

Note: Bailie Denis Agnew left the meeting during discussion on the above item.

ADJOURNMENT

Having heard the Chair, Mr MacLeod, it was agreed to adjourn for a short period. The Committee reconvened at 4.18 p.m. with all Members listed in the sederunt in attendance.

PUBLIC PERFORMANCE REPORT APRIL TO JUNE 2019

A report was submitted 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.

After discussion and having heard the Interim Head of Strategy, Planning & Health Improvement; the Head of Children's Health, Care & Criminal Justice Services; the Head of Health and Community Care; the MSK Physiotherapy Service Manager; the Head of Mental Health, Learning Disability & Addictions and the Chief Financial Officer in further explanation of the report and in answer to Members' questions, the Board agreed to approve the Partnership's Public Performance Report for April to June 2019 for publication.

Note: Serena Barnatt, Head of People and Change left the meeting during discussion on the above item.

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 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.

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

- (1) to note improvement activity already being taken forward and the ongoing work to address areas for improvement which addresses key findings of the inspection report;
- (2) that officers would continue to bring regular updates to the Board on the Inspection of Justice Social Work Services and the improvement action plan, and
- (3) that officers would provide a finance update with the next report on this.

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

A report was submitted 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.

After having heard the SDS Lead Officer in further explanation of the report, 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; and
- (3) to request regular reporting on the local response to the recommendations within the report.

Note: Helen Little, MSK Physiotherapy Service Manager left the meeting during discussion on the above item.

COMMISSIONING AND MARKET FACILITATION PLAN 2019 – 2022

A report was submitted by the Interim Head of Strategy, Planning and Health Improvement providing an update on HSCP Partnership Board Commissioning and Market Facilitation Plan.

After having heard the Interim Head of Strategy, Planning and Health Improvement in further explanation of the report, the Board agreed 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.

Note: Kim McNab, Service Manager, Carers of West Dunbartonshire and Laura Smith, Service Manager, Child Health Care & Criminal Justice left the meeting during discussion on the above item.

DELIVERING THE NEW GENERAL MEDICAL SERVICES (GMS) CONTRACT: UPDATE ON THE PRIMARY CARE IMPROVEMENT PLANS

A report was submitted 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.

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

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

UPDATE ON POLICY DEVELOPMENT AND REVIEWS 2019-2020

A report was submitted 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.

After having heard the Interim Head of Strategy, Planning and Health Improvement in further explanation of the report, the Board agreed:-

- (1) to note the content of the report;
- (2) to note the plan in place to develop and review HSCP policies; and
- (3) to seek regular reporting on the local response to the recommendations within the report.

CLIMATE CHANGE REPORT 2018/19

A report was submitted 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.

After having heard the Interim Head of Strategy, Planning and Health Improvement in further explanation of the report, the Board agreed to approve the Climate Change Report prior to formal submission to the Scottish Government in advance of the 30th November 2019 deadline.

MINUTES OF MEETING FOR NOTING

The Minutes of Meeting of the Local Engagement Network Events held on 3 October 2019 were submitted and noted.

The meeting closed at 5.26 p.m.

**West Dunbartonshire
Health & Social Care Partnership**

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

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

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.

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 Two members of the Strategic Planning Group (a sub-committee of the Partnership Board) will be co-opted as non-voting members 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.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**19 February 2020**

Subject: Financial Performance Report as at Period 9 (31 December 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 31 December 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;
- Approve budget virements in excess of £0.050m;
- note that the revenue position currently shows a projected year to date and annual favourable (under spend) position of £0.403m (0.25%) and £0.520m (0.32%) respectively;
- note the updated recovery plan as required by the integration scheme to address the projected overspend;
- 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;
- note the update on procurement activity; and
- note that the progress on the 2020/21 budget setting process is the subject of separate report to the February Board.

3. BackgroundRevenue

- 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 £162.186m is now being monitored as detailed within Appendix 1.

4. Main Issues

Revenue

- 4.1 Table 1 below currently identifies a projected year to date and annual under spend of £0.403m and £0.520m (0.25% and 0.32% 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 under spend of £0.520m anticipated at this time takes into account the £0.299m of expenditure identified at P6 to be funded from earmarked reserves as reported to the 13 November HSCP Board meeting and further reserve movements in period 7 and 8. Of the projected under spend £0.034m will be transferred to earmarked reserves.

Table 1 - Summary Financial Information as at 31 December 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	98,957	72,662	72,378	284	0%	98,595	363	0%
Social Care	94,223	66,069	66,289	(220)	0%	94,518	(295)	0%
Expenditure	193,180	138,732	138,668	64	0.05%	193,112	68	0.03%
Health Care	(4,311)	(3,110)	(3,110)	0	0%	(4,311)	0	0%
Social Care	(26,683)	(17,573)	(17,912)	339	-2%	(27,136)	453	-2%
Income	(30,994)	(20,683)	(21,022)	339	-1.64%	(31,447)	453	-1.46%
Health Care	94,647	69,553	69,269	284	0%	94,284	363	0%
Social Care	67,539	48,497	48,377	119	0%	67,382	158	0%
Net Expenditure	162,186	118,049	117,646	403	0.34%	161,666	520	0.32%

- 4.2 The overall projected net revenue position has improved by £1.000m from the adjusted £0.514m adverse financial projection reported to the 13 November HSCP Board Meeting. The recovery plan has also improved by £0.102m from the previously reported figure of £0.451m resulting in a total projected improvement of £1.102m with the main changes detailed in Table 2 below.

Table 2 – Movement in the Forecast Outturn since Last Reported

Reconciliation of Movements in Reported Position between Last Reported and Period 9	Drawdown / (Transfer to) Unearmarked Reserves £000's
Period 6 Adverse Variance Reported - Impact on Reserves	63
Period 9 Favourable Variance Reported - Impact on Reserves	(1,039)
Movement	(1,102)
Represented By:	
Increase in forecast spend within Children & Families mainly due to an increasing number of high cost placements within Residential Schools. Impact reflected in 2020/21 budget setting exercise.	678
Improving position within Older People care homes (mainly within external care homes). This is due to supporting people to live in their homes longer, shorter length of stay and self funding income being higher than anticipated. The impact of the current position versus demographic and inflationary price increases will be reflected in the 2020/21 budget setting exercise.	(563)
Further allocation of Continuing Care budget from Health to Care at Home. Will be reflected in the 2020/21 budget setting exercise.	(400)
Non recurring reduction in Physical Disability packages following annual service review.	(113)
Recurring application of remaining SG funding for Improvements in Integration.	(183)
Non recurring underspend within Health due to delay in recruitment and spend related to the FIT Team.	(362)
Non Recurring accumulation of other favourable variances across services.	(158)
Total	(1,102)

- 4.3** 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.
- 4.4** Reflected within the Partner summaries within Appendix 3 are a number of budget virements that require Board approval. The details of these virements are contained within Appendix 4.
- 4.5** Also reflected within the Partner summaries within Appendix 3 is a financial summary related to Criminal Justice. The details of the overall net position is shown in Table 3 below with the forecast £0.016m overspend funded by a drawdown from earmarked reserves as detailed in Appendix 7.

Table 3 – Criminal Justice Financial Performance as at 31 December 2019

Criminal Justice (Total)	Annual Budget	Year to Date Actual	Forecast Full Year	Forecast Variance
	£000's	£000's	£000's	£000's
Employee	1,760	1,270	1,787	(27)
Property	8	3	7	1
Transport and Plant	63	38	57	6
Supplies, Services and Admin	23	18	26	(3)
Payments to Other Bodies	183	27	133	50
Other	136	0	138	(2)
Gross Expenditure	2,174	1,356	2,148	26
Income	(2,174)	(1,373)	(2,132)	(42)
Net Expenditure	(0)	(17)	16	(16)

- 4.6** Analysis on the projected annual variances in excess of £0.050m are contained within Appendix 5, with additional information on action being taken to minimise or mitigate overspends where possible. Significant variances are further detailed below.
- 4.7** Community Placements are currently reporting a forecast overspend of £0.776m due to the increase in the number of placements since the start of the financial year with the main area of anticipated overspend being external foster placements.
- 4.8** Residential Schools are reporting a forecast overspend of £1.447m with £0.353m relating to increasing costs of continuing care and £1.128m relating to residential school placements. The service continues to face pressure due to the increasing number of high cost packages with 16 new placements outwith the original budget allocation.
- 4.9** Care at Home services are currently reporting a forecast overspend of £0.716m due to increasing demand on the service arising from caring for persons at home rather than hospital or within care facilities, however this over spend is partially offset by £0.553m of Continuing Care funding from Health as detailed within the recovery plan at Appendix 7. The service continues to review scheduling, monitor absence and minimise premium rate overtime.
- 4.10** External residential accommodation for elderly persons is projected to under spend by £0.636m due to a combination of varying levels of demand, shorter length of stay and a greater number of free personal care clients only. Income is projected to show a favourable income variance due to increased property sales of £0.289m.

4.11 The overall Health Care net position as detailed within Appendix 3 is anticipated to underspend by £0.362m mainly due to a non recurring delay in recruitment and spend in relation to the FIT Team. The position is reported with the following 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.

Prescribing Update

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 seven months to October (NB actual prescribing data runs two months in arrears) the overall volume of prescribed drugs is running 0.5% above expected rates with the average cost per item being 1.1% higher than expected. Since last reported a virement of £0.305m (as detailed in Appendix 4) has been actioned to reflect budget pressures and at this time prescribing is anticipated to show a nil variance against the revised budget of £19.305m. The continuing uncertainty over the UK's exit from the European Union remains the greatest financial risk.

4.12 The Budget Update and Budget Setting 2019/20 report submitted to the 28 March 2019 HSCP Board approved the utilisation of transformation earmarked reserves for four fixed term posts as detailed below:

- Three transformational change lead officers (for a fixed term period of two years) working with services to drive forward service redesign, service improvements and efficiencies using the evidence provided from benchmarking and best practice; and
- One additional human resources (HR) officer (for a fixed term period of one year) to target services with significant absence levels and ensure that employees and managers are supported to reduce current levels.

The HR officer started at the end of September 2019 with the transformational change lead officers taking up position in January and February 2020. It is anticipated that these officers will focus on the following areas:

- Children & Families Fieldwork
- Learning Disabilities
- Care at Home
- HSCP Digital Maximisation and Admin review

Monitoring of Efficiencies and Management Adjustments

4.13 Agreed savings and management adjustments actioned within 2019/20 are monitored with current indications showing that of the total target being

monitored (£2.227m) £0.261m is at risk of not being achieved as detailed in Appendix 6. The projected outturn contained within the financial reports detailed in Appendices 2 and 3 fully recognise these risks.

Update on Reserves

- 4.14** Appendix 7 provides an update on the overall HSCP reserve position and details anticipated additions and drawdowns based on the projected annual financial position as at 31 December. Since last reported there is an anticipated net increase in reserves of £1.226m mainly due to a projected increase in the level of un earmarked reserves arising from the projected underspend and movements in earmarked reserves of £1.102m.
- 4.15** At this time the anticipated transfer to un earmarked reserves will result in a forecast general reserves balance of £3.496m which is in excess of the 2% target of net expenditure of £2.682m contained within the Reserves Policy. The 2020/21 budget setting exercise may consider the application of a proportion of reserves to address potential funding gaps, notwithstanding the HSCP Board's requirement to address financial sustainability in future years.

Recovery Plan

- 4.16** 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 on progress against individual actions provided in Appendix 8.

Table 4 – Recovery Plan as at 31 December 2019

Reconciliation of Recovery Plan and Application of Reserves	£000's
Projected year end overspend per Table 1	520
P9 Transfer to earmarked reserves per 4.1	(34)
Outstanding Recovery plan per Appendix 8	553
Transfer to un earmarked reserves per Appendix 6	(1,039)
	0

Scottish Government Funding 2019/20 and beyond

- 4.17** 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 9.

Housing Aids and Adaptations and Care of Gardens

- 4.18** 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.

- 4.19** These budgets are managed by the Council's – Regeneration, Environment and Growth Directorate on behalf of the HSCP Board.
- 4.20** The summary position for the period to 31 December 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 5 - Financial Performance as at 31 December 2019

Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council	Annual Budget	Year to Date Actual	Forecast Full Year	Forecast Variance
	£000's	£000's	£000's	£000's
Care of Gardens	440	293	440	0
Aids & Adaptations	250	171	250	0
Net Expenditure	690	464	690	0

Capital

- 4.21** The progress to date of the individual capital projects funded by NHSGGC and WDC for the Health Social Care Partnership is detailed below.
- 4.22** The members of the HSCP Clydebank Health Quarter Capital Project Board held on 22 January 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.
- 4.23** Financial close was reached on 10 December 2019 with a site start date of 27 January 2020 and completion anticipated by June 2021.
- 4.24** 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.
- 4.25** The summary of the social care capital expenditure position for Care Homes and Aids & Adaptations is detailed in Appendix 10 and any significant variances affecting the overall position reported are monitored routinely as part of the Council's capital planning process.

Procurement

- 4.26** As reported to the 8 May 2019 HSCP Board contract strategies valued at £21.586m would be progressed during 2019/20. Since the May report a number of contracts have been awarded via the WDC Tendering Committee as detailed within Appendix 11.

2020/21 to 2022/23 Budget Setting

- 4.27** An update on the draft 2020/21 to 2022/23 budget setting position is contained within a separate report to the February Board.

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 4.16 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: 27 January 2020

Person to Contact: Julie Slavin – Chief Financial Officer, Church Street, WDC Offices, Dumbarton G82 1QL
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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 – Virements over £0.050m
- Appendix 5 – Analysis of Revenue Variances over £0.050m
- Appendix 6 – Monitoring of Efficiencies and Management
Adjustments 2019/20
- Appendix 7 – Reserves Update
- Appendix 8 – Recovery Plan
- Appendix 9 – Scottish Government Funding
- Appendix 10 – Capital Programme Updates
- Appendix 11 – Procurement Update

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
Period 7 Adjustments			
Gms X Chg Hscps Uplift 19-20	1,028		1,028
Period 8 Adjustments			
Procurement Savings		(58)	(58)
Recurring SLT Tfer from Fin Planning (Reversal of prev year transfer from Acute)	(13)		(13)
Non Rec Mental Health Framework Camhs (Children's Specialist Services)	174		174
Non Recurring Smoking Prev (Planning & Health Improvement)	71		71
Non Recurring Pcip Premises (PCIP within Admin Mgmt)	55		55
Non Recurring Sesp Phys Act Tfr (Planning & Health Improvement)	(25)		(25)
Non Recurring Paid as if at work funding (Adult Community)	8		8
Non Recurring Breastfeeding funding (Children's Community Services)	20		20
Non Recurring Nondisc Chg To Hscp - Ncl Gps (FHS Other)	(5)		(5)
Period 9 Adjustments			
School Counselling budget transfer to Education		(217)	(217)
Reversal of M08 entry posted in error - Non Rec Sesp Phys Act Tfr (PHI)	25		25
Non Recurring NCL To Hscp - Ncl Gps (FHS Other)	243		243
Revised Budget 2019/20	94,647	67,539	162,186

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	30,329	22,743	21,694	1,049	28,954	1,374	3.5%
Care at Home	12,206	8,490	9,027	(537)	12,922	(716)	-4.4%
Physical Disability	2,580	1,830	1,683	147	2,384	196	5.7%
Childrens Residential Care and Community Services (incl. Specialist)	22,045	15,765	17,489	(1,723)	24,345	(2,300)	-7.8%
Strategy, Planning and Health Improvement	1,872	1,448	1,194	253	1,522	349	
Mental Health Services - Adult and Elderly, Community and Inpatients	8,869	6,429	6,345	83	8,758	111	0.9%
Addictions	2,794	2,128	2,078	50	2,727	68	1.8%
Learning Disabilities - Residential and Community Services	12,673	8,029	7,975	54	12,599	74	0.4%
Family Health Services (FHS)	26,965	20,352	20,352	0	26,965	0	0.0%
GP Prescribing	19,305	14,360	14,360	(0)	19,305	0	0.0%
Hosted Services	7,292	5,158	5,083	75	7,192	100	1.0%
Criminal Justice (Including Transitions)	(0)	(30)	(17)	(12)	(2)	2	0.0%
Resource Transfer	15,763	11,408	11,408	0	15,763	0	0.0%
HSCP Corporate and Other Services	(507)	(60)	(1,024)	963	(1,769)	1,262	-190.0%
Net Expenditure	162,186	118,049	117,646	403	161,666	520	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	70,391	51,750	51,157	593	69,581	810	0.8%
Property	899	630	636	(6)	935	(36)	-0.7%
Transport and Plant	1,315	856	929	(73)	1,412	(97)	-5.5%
Supplies, Services and Admin	5,362	2,808	2,746	62	5,259	102	1.2%
Payments to Other Bodies	65,839	45,958	46,526	(567)	66,646	(807)	-0.9%
Family Health Services	26,965	20,352	20,352	0	26,965	0	0.0%
GP Prescribing	19,305	14,360	14,360	(0)	19,305	0	0.0%
Other	3,104	2,018	1,963	55	3,017	87	1.8%
Gross Expenditure	193,180	138,732	138,668	63	193,121	59	0.0%
Income	(30,994)	(20,683)	(21,022)	340	(31,455)	461	-1.1%
Net Expenditure	162,186	118,049	117,646	403	161,666	520	0.2%

Health Care Net Expenditure	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	
Planning & Health Improvements	827	530	487	42	760	67	8.06%
Childrens Services - Community	3,005	2,300	2,370	(70)	3,113	(108)	-3.60%
Childrens Services - Specialist	1,377	1,003	1,002	1	1,377	0	0.01%
Adult Community Services	9,966	7,093	6,951	142	9,802	165	1.65%
Community Learning Disabilities	607	455	441	14	588	19	
Addictions	1,816	1,406	1,389	17	1,793	24	1.29%
Mental Health - Adult Inpatients	0	0	0	0	0	0	0.00%
Mental Health - Adult Community	3,622	2,636	2,637	(0)	3,622	0	0.00%
Mental Health - Elderly Inpatients	2,654	1,991	1,990	1	2,654	0	0.00%
Family Health Services (FHS)	26,965	20,352	20,352	0	26,965	0	0.00%
GP Prescribing	19,305	14,360	14,360	(0)	19,305	0	0.00%
Other Services	1,447	862	800	62	1,351	96	6.64%
Resource Transfer	15,763	11,408	11,408	0	15,763	0	0.00%
Hosted Services	7,292	5,158	5,083	75	7,192	100	1.37%
Net Expenditure	94,647	69,553	69,269	284	94,284	362	0.38%

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	918	707	211	763	281	20.21%
Residential Accommodation for Young People	3,648	2,882	2,968	(86)	3,763	(115)	-2.37%
Children's Community Placements	4,999	3,710	4,292	(582)	5,775	(776)	-11.64%
Children's Residential Schools	1,493	812	1,897	(1,085)	2,940	(1,447)	-72.65%
Childcare Operations	3,969	2,889	3,009	(120)	4,120	(152)	-3.02%
Other Services - Young People	3,554	2,170	1,951	219	3,256	298	6.17%
Residential Accommodation for Older People	6,473	4,581	4,364	217	6,184	289	3.35%
External Residential Accommodation for Elderly	9,036	7,528	6,834	694	8,111	925	7.68%
Sheltered Housing	1,307	1,213	1,177	37	1,258	49	2.80%
Day Centres Older People	1,094	744	811	(67)	1,184	(90)	-6.16%
Meals on Wheels	23	4	3	2	20	2	8.02%
Community Alarms	(87)	(220)	(206)	(14)	(68)	(19)	16.12%
Community Health Operations	2,517	1,799	1,759	40	2,463	53	1.58%
Residential - Learning Disability	10,053	6,161	6,136	25	10,018	35	0.25%
Physical Disability	2,580	1,830	1,683	147	2,384	196	5.70%
Day Centres - Learning Disability	2,013	1,413	1,398	15	1,993	20	0.76%
Criminal Justice (Including Transitions)	(0)	(30)	(17)	(12)	(2)	2	0.00%
Mental Health	2,593	1,802	1,719	83	2,483	111	3.20%
Care at Home	12,206	8,490	9,027	(537)	12,922	(716)	-4.40%
Addictions Services	978	722	689	33	934	44	3.38%
Frailty	219	158	62	97	90	129	44.18%
Carers	677	677	677	0	677	0	0.00%
Integrated Change Fund	550	291	275	16	529	21	2.89%
HSCP - Corporate	(3,401)	(2,049)	(2,837)	788	(4,416)	1,016	0.00%
Net Expenditure	67,539	48,497	48,377	119	67,382	158	0.18%

Budget Details	Budget Financials			
	P6 Budget £000	Other Adjustments £000	Virement £000	P9 Budget £000
Health Care				
GP Prescribing	19,005		300	19,305
HSCP realignment of funding to address Prescribing budget pressures. Transferred from Other Services/Financial Planning.				
Other Services	2,117	183	(853)	1,447
Virements of £0.300m and £0.553m relate to prescribing (to address budget pressures) and transfer of continuing care funding to Resource Transfer to facilitate transfer of funds to Social Care budget.				
Resource Transfer	15,210		553	15,763
HSCP realignment of funding to transfer Continuing Care budget from Other Services/Financial Planning to RT - funds to transfer to Social Care budget and included within updated recovery plan.				
Social Care				
Care at Home	11,851	20	335	12,206
Virement of unallocated burdens £0.335m totalling from Headquarters to Care at Home to partially fund increasing spend in this area. Reasons for increasing spend detailed within Appendix 4 Variance Analysis.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2019/20 period 9 covering 1 April 2019 to 31 December 2019
 Virements to be Approved

Appendix 4

Budget Details	Budget Financials			
Budget Name	P6 Budget £000	Other Adjustments £000	Virement £000	P9 Budget £000
Headquarters	(1,416)	(973)	(335)	(2,724)
Virement of unallocated burdens £0.335m totalling to Care at Home to partially fund increasing spend in this area. The other adjustment relates to the transfer of the School Counselling funding to Education and an allocation of centrally held budget to fund Scottish Living Wage costs.				
Frailty	750	19	(550)	219
Non recurring virement of funding to Integrated Change Fund in lieu of funding transfer from Health - 2019/20 adjustment only.				
Integrated Change Fund	0	0	550	550
Non recurring virement of funding from Frailty in lieu of funding transfer from Health - 2019/20 adjustment only.				
Total Virements Requested				
Current Year Financials	160,880	1,306	(0)	162,186

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

Health Care Variances

Planning & Health Improvements	827	760	67	8%	↑
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.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				

Childrens Services - Community	3,251	3,359	(108)	-3%	↓
Service Description	This service provides community services for children				
Main Issues / Reason for Variance	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.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2019/20 period 9 covering 1 April 2019 to 31 December 2019
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Adult Community Services	10,140	9,975	165	2%	↑
Service Description	This service provides community services for adults				
Main Issues / Reason for Variance	Overspend re unfunded high cost Specialist Care Package. Full year cost of this package is currently circa £340k, however £150k pressures funding identified within HSCP 19/20 budget setting exercise. Employee turnover in excess of target plus slippage from Balquidder funding transfer to Social Care will offset in year pressure. Reserves drawdown relates to TEC expenditure. Approx £400k underspend relates to FIT/ICF/DD.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Other Services	1,777	1,681	96	5%	↑
Service Description	This service covers administration and management costs in relation to Health Care				
Main Issues / Reason for Variance	The main reason for this variance relates to offsetting the net pressures within children services - community and planning & health improvements to ensure the overall Health variance is reported at a breakeven level.				
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 9 covering 1 April 2019 to 31 December 2019
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Hosted Services	7,473	7,373	100	1%	↑
Service Description	Hosted Services				
Main Issues / Reason for Variance	Forecast position is £100k underspent due to vacancies/turnover in excess of target. Reserves drawdown against MSK Waiting List Initiative Earmarked funding will not now be required until early 20/21. Impact of staff turnover linked to PCIP and some long term sickness has impacted on recruitment to Waiting Times posts.				
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 9 covering 1 April 2019 to 31 December 2019
 Analysis for Variances Over £0.050m

Appendix 5

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

Social Care Variances

Strategy Planning and Health Improvement	1,044	763	281	27%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	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.				

Residential Accommodation for Young People	3,648	3,763	(115)	-3%	↓
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. There is also backdated payments of £22k.				
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				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2019/20 period 9 covering 1 April 2019 to 31 December 2019
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Children's Community Placements	4,999	5,775	(776)	-16%	↓
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 adoption, kinship and external foster placements since the start of the financial year with forecast overspends being £0.064m for adoption, £0.298m for kinship and £0.544m for external foster placements, however these costs are partially offset by interagency income of £0.111m.				
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				
Children's Residential Schools	1,493	2,940	(1,447)	-97%	↓
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 19 new placements (16 still in place) and 1 secure placement. Continuing care costs of £350k in excess of budgeted 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				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2019/20 period 9 covering 1 April 2019 to 31 December 2019
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Childcare Operations	3,969	4,235	(267)	-7%	↓
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 £0.171m 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.				
Other Services - Young People	3,554	3,275	279	8%	↑
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. Additional income for Asylum seekers.				
Mitigating Action	No mitigating action is required at this time, however £0.019m of spend will be funded from earmarked reserves				
Anticipated Outcome	An underspend is anticipated at this time.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2019/20 period 9 covering 1 April 2019 to 31 December 2019
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Residential Accommodation for Older People Service Description	6,473	6,184	289	4%	↑
Main Issues / Reason for Variance	This service provides residential accommodation for older people The main reason for the projected underspend relates to the delay in opening 14 additional beds at Crosslet House (recruitment issues).				
Mitigating Action	No mitigating action is required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				
External Residential Accommodation for Elderly Service Description	9,036	8,111	925	10%	↑
Main Issues / Reason for Variance	External residential accommodation for elderly persons is projected to under spend by £0.636m due to a combination of varying levels of demand, shorter length of stay and a greater number of free personal care clients only. Income is projected to show a favourable income variance due to increased property sales of £0.289m.				
Mitigating Action	No mitigating action is required at this time				
Anticipated Outcome	An underspend is anticipated at this time, and demand for external beds is expected to continue to drop as Crosslet beds open / clients placed a number of years ago reach the end of their lives.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2019/20 period 9 covering 1 April 2019 to 31 December 2019
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
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 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.				
Community Health Operations	2,517	2,463	53	2%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The forecast underspend is mainly due to vacant posts.				
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
 Financial Year 2019/20 period 9 covering 1 April 2019 to 31 December 2019
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Residential - Learning Disability	10,053	10,113	(60)	-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 underspend is anticipated at this time after taking application of reserves into account.				
Physical Disability	2,580	2,384	196	8%	↑
Service Description	This service provides physical disability services				
Main Issues / Reason for Variance	Non recurring reduction in Physical Disability packages following annual service review.				
Mitigating Action	No mitigating action is required at this time				
Anticipated Outcome	An underspend is anticipated at this time.				
Mental Health	2,593	2,483	111	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.				

West Dunbartonshire Health & Social Care Partnership
 Financial Year 2019/20 period 9 covering 1 April 2019 to 31 December 2019
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Care at Home	12,206	12,922	(716)	-6%	↓
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 staff agency cover of £0.626m, offset by a reduction in external care packages of £0.134m. There is an increase in mobile phone costs and uniforms due to an increase in staff on part time contracts to cover the demand at peak times £0.065m and an increase in transport costs of £0.033m due to high levels of repairs and internal fleet maintenance recharges . The service is also showing an under recovery of income of is £0.098m 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	219	90	129	59%	↑
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 £0.129m				
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
 Financial Year 2019/20 period 9 covering 1 April 2019 to 31 December 2019
 Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
HSCP - Corporate	(3,401)	(4,318)	918	-27%	↑
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 reported elsewhere.				
Mitigating Action	No mitigating action is required at this time, however £0.076m of spend related to				
Anticipated Outcome	An underspend is anticipated at this time.				

Efficiency Detail	2019/20 Budgeted Amount	Budgeted Amount Achieved to Date	Comment	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	133	The prior year unachievable savings target of £133k, relating to School Nursing redesign which did not materialise, has been offset/negated on a recurring basis by the realignment of HSCP budget uplift/pressures funding as part of ongoing 2019/20 budget setting process/reallocation of funding within Financial Planning.	0	133		
Re-design Specialist Childrens Services Staffing Complement	15	15		0	15		
2018/19 Budgetary Control Recovery Plan continuing into 2019/20	275	239		0	275		
Total Health Care	587	551		0	587	0	0
Social Care							
Review of client support packages	280	280		0	280	170	25
Redesign of HSCP Management	50	50		0	50	0	0
Cease night shift cover in three WDC sheltered housing complexes	65	49		0	65	0	0
Review Social Worker complement within Adult Care Team (Physical Disability)	12	0		0	12	0	0
Review of administrative support within Children and Families Team	41	31		0	41	0	0
Reduce provision of external residential beds	250	250		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		0	10	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.	40	0	140	0
Service Redesign and Realignment	213	110	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

Efficiency Detail	2019/20 Budgeted Amount	Budgeted Amount Achieved to Date	Comment	At Risk	Not At Risk	Additional 2020/21 Budgeted Amount	Additional 2021/22 Budgeted Amount
	£000	£000					
2018/19 Budgetary Control Recovery Plan continuing into 2019/20	301	301	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.	13	288	70	0
Total Social Care	1,262	1,079		144	1,118	883	64
2019/20 Uplift in income from SFC Agreed by Council on 27 March 2019							
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.	40	0	23	0
Increase Community Alarm charge to £5 per week	228	228		0	228	0	0
Roll up current individual charges for transport & meals into one £10/day charge for Day Opportunities for Older People	54	16	Proportion of saving will not be achieved due to delay in implementation of charge coupled with capping charge to a maximum of 3 days.	21	33	0	0
Charging £10 for Day opportunity for Physical Disability Clients	16	0	External day centres charge not being applied in 19/20	16	0	0	0
Roll up current individual charges for transport & meals into one £10/day charge for Day Opportunities for Learning Disability Clients	40	40	A short life service user, carers and officer working group is being convened to address concerns over the new combined day opportunities charge.	40	0	20	20
Total 2019/20 Uplift in Income	378	284		117	261	43	20
Total 2019/20 Efficiencies and Management Adjustments	2,227	1,914		261	1,966	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)	63	(2,394)	(1,102)	(3,496)	Transfer to reserves due to anticipated underspend at P9
Total Unearmarked Reserves	(2,457)	63	(2,394)	(1,102)	(3,496)	
Earmarked Reserves						
GIFREC Council	(6)	6	0		0	Will be fully spent in 2019/20
Criminal Justice	(71)	0	(71)	16	(55)	Ring fenced Scottish Government grant that will be used for transition officers post funding
Carers Funding	(183)	0	(183)		(183)	Discussions ongoing with WD Carers Centre regarding impact of new carers assessments and supports requested.
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)	289	(682)	8	(674)	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 still reporting requirements around Ministerial Steering Group 6 essential actions. This resource is considered alongside 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 GIFREC 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)	12	(54)	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	0	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)	(160)	(225)	Reserve created from in year staff underspends within hosted MSK physiotherapy service to ensure delays/pressures in waiting times can be addressed. Earmarked funding will not now be required until early 20/21 due to high levels of staff turnover and long term sickness, creating delays in implementing strategies and recruiting to waiting times posts.
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. Balance will be applied in 2020/21.

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.
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)	1,570	(3,153)	136	(3,017)	
Total Reserves	(7,180)	1,633	(5,547)	(966)	(6,513)	

Ref	Service Area	Recovery Action Proposed	Original Estimated Benefit £ 000's	Achieved (reflected in the projected outturn) £ 000's	Unachievable (removed from projected outturn in 2019/20) £000	New Estimated Benefit £000	Remaining Balance £ 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	0	(25)		0	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	0	(23)		0	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	0	(11)		0	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	0	(20)		0	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	0	(6)		0	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	0	(20)		0		Note – dependent on capacity of assessors / reviewers
7	Care at Home	Increase resource transfer allocation in relation unallocated continuing care funding within Health	153				153	Jo Gibson	As referred to in 28 March budget setting report
8	Care at Home	Increase resource transfer allocation in relation unallocated continuing care funding within Health				400	400	Jo Gibson	As referred to in 28 March budget setting report
9	Children and Families	Media campaign to recruit local foster carers to reduce spend on external placements	30	0	(30)		0	Jean Cameron, Kathy Currie	External foster care places can cost in excess of 60% more than a local foster carer
10	HSCP Corporate and Other Services	Capitalisation of staff costs in relation to various ICT projects	163	163			0	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	163	(135)	400	553		

Scottish Government Funding	Included within Earmarked Reserves £000	2019/20 Allocation £000	Funding Confirmed 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
Total	895	4,237	

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

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	502	66%	757	0	0%
Current Year Financials	757	502	66%	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.						

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	22,053	80%	27,463	0	0%
Current Year Financials	8,824	5,757	65%	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	22-May-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 have submitted an Extension of Time Programme, adding a further 5 weeks, giving a potential revised completion date of 26 June 2020. Officers are currently reviewing the extension of time request and at the moment the contract completion date is still noted as 22 May 2020, although this is likely to change. The use of the construction haul road is to cease on 22 May 2020 and the land area must be handed back to satisfy the handback conditions of the NHS licence to occupy, prior to the Health Centre contractor taking possession of this area on 26 June 2020. The critical co-ordination aspects at present are the gas, power and district heating connections. The target opening date for the new facility remains late summer 2020, allowing for circa 8 week transition period from construction completion.</p>						
Mitigating Action						
<p>Due to the complexity of working within a Masterplan development, our ability to mitigate issues is restricted to only those within our direct project control. We are maintaining regular communications with the District Heating & Queens Quay Masterplan Teams, specifically regarding energy centre heat-on date and utility connections.</p>						
Anticipated Outcome						
<p>New Care home provision in Clydebank currently delayed as indicated by the overall forecast end date above.</p>						

Procurement Name	Estimate 2019/20	Contracts Awarded to Date			Contracts Anticipated to be Awarded	Balance Remaining 2019/20
		28-Aug-19	04-Dec-19	22-Jan-19	19-Feb-20	
	£000	£000	£000	£000	£000	£000
Strategy, Planning and Health Improvement						
Carers Support and Advice	350					350
Mental Health, Learning Disabilities & Addictions						
Addiction Support Services - Alcohol Prevention	266					266
Residential Care for People with Learning Disabilities (including residential respite)	770	350			65	355
Fostering for Adults with a Learning Disability	134					134
Short Breaks for People with a Learning Disability	457					457
Independent Advocacy for Adults	132					132
Residential Care for People with Mental Health (including residential respite)	1,008	1,029				(21)
Recovery Group Work Programme (substance misuse)	309					309
Accommodation Based Services for people with Learning Disabilities in the Community (Housing Support / Supported Living / Sleepover) and Day Support (Community Based Activities)	10,002		3,303	5,570		1,129
Adult Addictions Residential (Housing / Accommodation) Support Services	96					96
Residential Care of People with Addictions	236					236
Accommodation Based Services for people with Mental Health (Housing Support / Supported Living / Sleepover) and Day Support (Community Based Activities)	1,293				790	503
Mental Health Client Support	380					380
Children's Health, Care & Criminal Justice						
Children's Short Breaks	241					241
Community Service (Justice Services)	56					56
Support services for young people	202				3	199
Continuing care for young people	691					691
Adoption legal fee and interagency costs	488					488
Community Health, Physical Disabilities & Care Services						
Older people day services	129					129
Sheltered housing support	258					258
Residential Care for People with Physical Disabilities (including residential respite)	1,119	1,074				45
Accommodation Based Services for People with Physical Disabilities (Housing Support / Supported Living / Sleepover) and Day Support (Community Based Activities)	1,082				92	990
Accommodation Based Services for Older People Care at Home	1,887					1,887
Total	21,586	2,453	3,303	5,570	950	9,310

WESTDUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Health and Social Care Partnership: February 2020**

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** As members are aware, the Commissioning and Market Facilitation Plan was produced to complement the Strategic Plan, agreed at March 2020 special meeting of the Health and Social Care Partnership Board meeting. As such, 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** The Commissioning and Market Facilitation Plan for the HSCP describes the key activities which will support the development of the market across all sectors including statutory, third and independent providers. This Plan supports the development of the local market which will further extend the opportunities for choice, flexibility and innovation across communities and services.

4. Main Issues

- 4.1** The Commissioning and Market Facilitation Plan commits to specific areas of
- Early intervention
 - Access
 - Resilience
 - Assets
 - Inequalities

- 4.2** The next stage following engagement with the Strategic Planning Group was to operationalise the agreed activity 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.
- 4.3** The HSCP Senior Management Team have made progress against the agreed activities linked to the Council's Procurement Pipeline which has focused on the prioritisation of contracting arrangements, and which is referenced within the Finance Report to this committee. In addition, the activity is reported through the Council's Audit Committee and references the Prior Information Notices (PIN) which have been issued across a range of 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.
- 3.7** As agreed at this committee April 2019, the three Service Improvement Leads have been appointed to deliver the redesign of services across existing and potential providers of health and social care services. It represents the beginning of communication across the sector to find the best ways to use available resources in the context of complex change and challenges.
- 3.8** The Service Improvement Leads have programme of planned activity focusing initially on the redesign of learning disability services, care at home and children's services to support responsive and flexible services which meet the needs of our communities. There has already 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.
- 3.9** Work is already underway, to focus on the transformation of care at home services, learning disability services and children and families services as laid out within the Commissioning and Market Facilitation Plan. The new Leads will be scoping current and future spend across the sector whilst reflecting 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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Date: 16th January 2020

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Appendices:

Background Papers:

Wards Affected: All council Wards.

WESTDUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Health and Social Care Partnership: 23/01/2020**

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;
- 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 offered limited choice and control.

Effective implementation of SDS must be underpinned by systems and processes which allow for choice and control for the individual: allowing 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

5.1 A programme of staff training for trainers and the re-establishment of the SDS champions group will aid dissemination of SDS principles and informed practice across the HSCP. This will be coordinated by the SDS Lead, reporting into the SDS programme board. The Staff Training and Support Short Life Working Group (SLWG) have now produced an i-learn module for all HSCP staff and this will be launched in February 2020. There will be further training in the use of the new suite of personalised support documentation, financial framework and HSCP resources index as these resources are signed off by the Programme Board.

6. Financial and Procurement Implications. HSCP staff are working with Procurement colleagues to agree compatible processes to support Flexibility and control for the supported person. Reviews of resource Allocation processes are underway to bring us into line with procurement requirements.

6.1 A review of SDS in the context of charging, free personal care, Carers' legislation, respite provision is underway. The Finance SLWG have developed streamlined financial assessments. Work on Charging and other aspects of the financial framework is ongoing and HSCP finance colleagues are drawing on good practice from other HSCPs to maximise progress.

7. Risk Analysis

7.1 The HSCP Partnership Board has a duty to implement recommendations from Care Inspectorate therefore there is an organisational risk for the HSCP if actions are not undertaken.

8. Equalities Impact Assessment (EIA)

8.1 Colleagues from the HSCP Health Improvement team have been asked to carry out equality impact assessments on the recommendations of the Programme Board and Working Group output.

9. Environmental Sustainability

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

10. Consultation

10.1 Both on-going engagement with partners in the development of the Improvement Plan and this reflects ongoing participation and engagement to update activities and programmes of work.
A programme of staff engagement is being undertaken 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 nearing completion of 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.

A public engagement event is planned for April, linking with the Local Engagement Networks and members of the Programme Board and Working Group. It is hoped that this event will provide a forum to review progress to date and plan for the sustained integration of the principles of Self Directed Support and personalisation into the culture, systems and process of the HSCP.

It will also give a forum to launch our Service-User Forum as well as the re-establishment of the Practitioner Forum.

Information on the HSCPs website and written information resources have been reviewed and revised drafts are being considered by the SMT.

11. Strategic Assessment

11.1 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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Designation West-Dunbartonshire HSCP
Self Directed Support Lead

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.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**19 February 2020**

Subject: Strategic Risk Register**1. Purpose**

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

2. Recommendation

- 2.1** The Health and Social Care Partnership (HSCP) Board is recommended to:

- approve the updated mid-year review of the Strategic Risk Register as attached;
- consider the proposed changes to the format of the risk register;
- select a strategic risk to be presented in greater detail to the next Audit and Performance Committee; and
- Note that a future meeting will be presented with a review on the HSCP Board's current Risk Management Strategy and Policy as required when the initial document was approved in August 2015.

3. Background

- 3.1** The HSCP Board must ensure that it has effective governance arrangements in place, which include systems for managing risks.
- 3.2** The Integration Scheme confirms that a key element of the required risk management process is the preparation, scrutiny, approval and then annual review of the annual strategic risk register for the Health and Social Care Partnership. The Chief Officer is responsible for ensuring that suitable and effective arrangements are in place to manage the risks relating to the Health and Social Care Partnership.
- 3.3** The HSCP Board's Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a local risk strategy and policy for approval by the Partnership Board. The Partnership Board approved the West Dunbartonshire Health and Social Care Partnership's Risk Management Strategy and Policy at its August 2015 meeting.
- 3.4** At its June 2019 Audit Committee meeting, members of the Committee considered and then endorsed, following discussion, the strategic risk register for presentation to the August 2019 HSCP Board.

3.5 Following the planned and formal review of strategic risks by the Senior Management Team, the HSCP Board is asked to approve mid-year update of the Strategic Risk Register.

4. Main Issues

4.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

4.2 The attached Strategic Risk Register (Appendix 1) has been prepared in accordance with the aforementioned local Risk Management Policy and Strategy. Similarly, in accordance with that Policy and Strategy, standard procedures are applied across all areas of activity within the Health & Social Care Partnership in order to achieve consistent and effective implementation of good risk management.

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

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

4.6 The strategic risks included here are all included in the previous iteration of the strategic risk register however additional mitigating actions have been reviewed and amended where appropriate.

- 4.7** The mitigating actions within the Report are recorded on Pentana, the Council's Risk Management Tool, to provide the Chief Officer with access to all actions and to allow for twice yearly reports to the Audit and Performance Committee on the actions and progress to manage risks across the Health and Social Care Partnership.
- 4.8** The current version of the strategic risk register does not make full use of Pentana functionality, designed to incorporate the underlying principles of risk management including:
- Impact;
 - Approach to Risk;
 - Management of Risk;
 - Cost Implications; and
 - Potential Effects;

Attached at Appendix 2 is an example of the how the application of this functionality could be applied to the current strategic risk of "Financial Sustainability".

- 4.9** The HSCP Board are asked to consider if the draft example will aid with overall scrutiny of strategic risk and if so the new Head of Strategy, Planning and Health Improvement will incorporate into the upcoming review of the current Risk Management Strategy and Policy.
- 4.10** The HSCP Board members are also asked to select a current strategic risk to be presented in greater detail to the next Audit and Performance Committee.

5. People Implications

- 5.1** Key people implications associated with the identified strategic risks identified are addressed within the mitigating action column of the draft Strategic Risk Register.
- 5.2** The local Risk Management Policy and Strategy affirms that risk management should be integrated into daily activities, with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas.

6. Financial Implications

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

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

7. Professional Implications

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

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

8. Locality Implications

8.1 None

9. Risk Analysis

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

10. Impact Assessments

10.1 None required.

11. Consultation

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

12. Strategic Assessment

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

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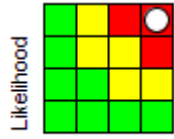
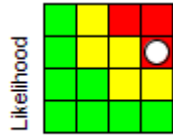
e-mail: julie.slavin@ggc.scot.nhs.uk


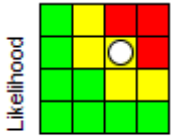


Appendices: West Dunbartonshire Health & Social Care Partnership Strategic
Risk Register

Background Papers:

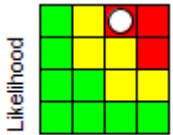
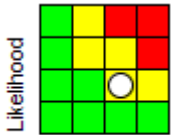
Wards Affected: All

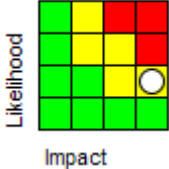
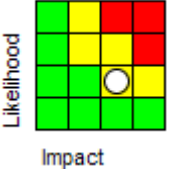
West Dunbartonshire HSCP Strategic Risk Register

Financial Sustainability/Constraints/Resource Allocation	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to deliver HSCP priorities within allocated budget.</p> <p>Failure to operate within financial parameters in context of continuing and new demand; there is a risk of not being able to (safely) deliver service, decrease in quality or reduction of service; failure to adhere to registration requirements; and creates an, impact on staff resilience.</p> <p>Failure to deliver efficiency savings targets, as approved by HSCP Board, including as a consequence of savings proposals implemented by other sections/divisions of WDC or NHSGGC.</p>	Beth Culshaw; Julie Slavin	 <p>Likelihood</p> <p>Impact</p>	44 Critical - Certain	 <p>Likelihood</p> <p>Impact</p>	43 Critical - Very Likely
Mitigating Actions					
A process of managing and reviewing budget by the Senior Management Team is in place; including application of earmarked reserves, analysis of monthly monitoring reports, securing recurring efficiencies, vacancy management, turnover targets and overtime restrictions.					
A recovery plan will be implemented to address areas of significant in-year overspend across all service areas. HSCP SMT, all budget managers/commissioners of service working with WDC and NHSGGC procurement teams on the priorities identified within the procurement pipeline, to ensure that externally purchased services are delivering Best Value.					
Continuation of work with corporate colleagues within WDC and NHSGGC on organisational savings programme and ensure that, where appropriate, the budget managers implement initiatives e.g. FIP (Financial Improvement Programme).					
To engage with forums/groups to identify proposals for eligibility criteria, financial savings and/or service redesign that may have a negative impact on HSCP services and/or budgets.					
As required by the Ministerial Steering Group, continue to work with Scottish Government, West Dunbartonshire Council, NHS Greater Glasgow and Clyde & Greater Glasgow and Clyde Board-wide Integrated Joint Boards to bring forward notification and approval of budget allocation before the start of the financial year to allow for early identification of actual funding gap to be filled by efficiency savings.					
A continued commitment to due diligence in all roles; communication and consideration within and between all areas of service; consultation and communication with the public; staff groups and representatives; Health and Social Care Partnership Board members including elected members.					
The delivery of a medium to long term budget strategy for the HSCP by end of 2019/20 and refreshed on an annual basis to reflect new budget settlements.					
Continued commitment to regular reporting to Health and Social Care Partnership Board and HSCP Audit and Performance Committee as set out in the Financial Regulations, Terms of Reference and the Integration Scheme.					
With regards to Set Aside Resources , agree a financial framework which reflects actual activity and associated budgets including a due diligence exercise, required as part of the overall process of agreeing set aside budgets, which addresses the significant financial gap identified in acute budgets based on figures provided by the health board to date.					
Develop a Commissioning Plan which will more clearly align finance and planning workstreams across all areas including unscheduled hospital bed usage.					

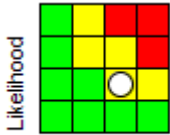
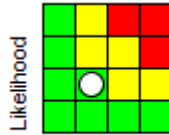
Procurement and Commissioning	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to deliver contract monitoring and management of commissioned services; creates a risk to the financial management of the HSCP and there is a risk to delivery of high quality services and the delivery of quality assurance across all areas of service delivery</p> <p>Failure to manage contracting arrangements; there is a risk that the HSCP has commissioned services which may be out-with contract or contracts are not fit for purpose.</p> <p>Failure to manage contracting arrangements; there is a risk that the HSCP is unable to demonstrate Best Value.</p> <p>Failure to adhere to Financial Regulations and Standing Financial Instructions when commissioning services from external providers.</p>	Wendy Jack	 <p>Likelihood</p> <p>Impact</p>	<p>44 Critical - Certain</p> <p>Alert</p>	 <p>Likelihood</p> <p>Impact</p>	<p>33 Significant - Very Likely</p> <p>Warning</p>
Mitigating Actions					
Regular Care Inspectorate reports on independent and third sector providers are presented to the HSCP Audit and Performance Committee and HSCP Clinical and Care Governance Forum					
Regular Complaints reports are presented to the HSCP Audit and Performance Committee, following scrutiny at SMT. HSCP Clinical and Care Governance Forum					
Continued commitment by Heads of Service and Integrated Operations Managers to work with procurement partners to progress the Procurement pipeline work, linking procurement and commissioning of internal and external services. Regular procurement reports are presented to the Council's Performance Management and Review Group and updates will be presented to the HSCP Board jointly by Chief Finance Officer after presentation at WDC Tendering Committee.					
Continued commitment by Heads of Service and Integrated Operations Managers to ensure robust contract monitoring, service review and management as part of the procurement pipeline work linked to the development and review of service led service specifications, reporting mechanisms and the agreed terms and conditions of all contracts.					
Continued commitment by Heads of Service and Integrated Operations Managers to work with procurement colleagues and with service providers to negotiate finance and contractual arrangements including requirement to pay all adult social care workers the Scottish Living Wage. This will be managed on a priority based process agreed with the Heads of Service and the Chief Officer.					
All budget managers and commissioners of services to attend procurement training and have procurement progress as standing item on HOS team meetings.					
Performance Management Information	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of the organisational responsibilities.	Wendy Jack	 <p>Likelihood</p> <p>Impact</p>	<p>33 Significant - Very Likely</p>	 <p>Likelihood</p> <p>Impact</p>	<p>32 Significant - Likely</p>



			Warning		Warning
Mitigating Actions					
Regular performance reports are presented to the HSCP Chief Officer and Heads of Services for their specific areas of responsibility; this ensures data and information can be considered in terms of legislative developments, financial reporting/governance and the need to prioritise use of resources effectively and anticipate demand.					
Regular performance reports are presented to the HSCP Board by Chief Officer and Heads of Services; providing members of the Board with a range of data and performance information collated from across health and social care systems; this supports governance and accountability; as outlined within the requirements of the Act.					
Quarterly Organisational Performance Review meetings are held with Chief Executives of WDC and NHSGGC.					
Development of robust management information available at service level for frontline staff for ongoing demand management quality control and assurance and to support transformational change.					
The Commissioning Plan will support the links between finance and planning to meet demand and service delivery within the current financial envelope.					

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

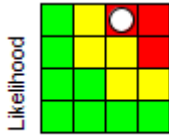
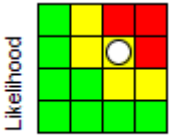
Public Protection – Legislation and Service Risk	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>1. Legislative requirements Failure to meet legislative duties in relation to child protection, adult support & protection and multi-agency public protection arrangements (MAPPA).</p> <p>Failure to ensure that Guardianship cases are appropriately monitored, supported and reviewed by social workers.</p> <p>2. Service risk and delivery requirements Public Protection Co-ordinator post (vacant from January 2020) provides limited resilience to ensure continuity of public protection functions across West Dunbartonshire HSCP and other responsible agencies</p> <p>Failure to ensure compliance with relevant risk assessments and evidence-based interventions.</p> <p>Failure to ensure that staff are appropriately trained and adhere to standards for risk assessment and risk management across child, adult and public protection work.</p> <p>Failure to monitor commissioned and other partnership services which could impact on an individual's safety or risk to themselves or others.</p> <p>Failure to monitor and ensure the wellbeing of adults in independent or WDC residential care facilities.</p> <p>Failure of staff to recognise, report and manage risk.</p>	Jonathan Hinds		42 Critical - Likely Warning		32 Significant - Likely Warning
Mitigating Action					
Review of interim and longer-term arrangements to support child protection and adult protection activity and multi-agency practice arising from vacant Public Protection Co-ordinator post.					
West Dunbartonshire's Child Protection and Adult Support and Protection Committees ensure child and adult protection procedures are followed and have a scrutiny role over compliance linked to implementation of relevant policies and procedures.					
Chief Social Work Officer attends the North Strathclyde MAPPA Strategic Oversight Group; responsible manager attends the Management Oversight Group which monitors local compliance with national standards and legislative duties.					
Chief Social Work Officer and Heads of Service ensure that child and adult protection plans as well as MAPPA risk management plans are regularly reviewed; themes and trends from local audit activity are reported to clinical and care governance structures, the Child and Adult Protection Committees and the MAPPA Strategic Oversight Group.					
West Dunbartonshire Nurtured Delivery Improvement Group (DIG) – which includes the Chief Social Work Officer – continues to review progress to achieve the recommendations from the joint strategic inspection of children and young people's services (2017).					
Chief Social Work Officer and Heads of Service ensure appropriate systems and processes are in place to ensure that findings of external scrutiny (e.g.: Care Inspectorate)					

processes are acted upon timeously and appropriately, including forthcoming inspection of adult support and protection (April 2020 – March 2021: date to be confirmed).
Chief Social Work Officer oversees compliance with the PVG scheme.
Operational teams regularly review their training and development needs, Business Continuity plans and operational risk registers.
Forthcoming reviews of children & families and criminal justice social work services reflects actions to reduce risk, improve performance, compliance and uphold professional practice standards.
Ensure staff are aware that whistleblowing policies and procedures are in place to ensure concerns can be raised and investigated.

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

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

Workforce Sustainability	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
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<p>Failure to have an appropriately resourced workforce to meet service demands, caused by the inability to recruit, retain or deploy the workforce with necessary skills, which could potentially lead to disruption of services .</p>	<p>Serena Barnatt</p>	 <p>Likelihood</p> <p>Impact</p>	<p>34 Significant - Certain</p> <p>Alert</p>	 <p>Likelihood</p> <p>Impact</p>	<p>33 Significant - Very Likely</p> <p>Warning</p>
<p>Mitigating Action</p>					
<p>Preventative Controls</p>					
<p>Continued commitment to the implementation of HSCP Workforce and Organisational Development Strategy and Support Plan.</p>					
<p>Robust Operational Management Structures in place and Business Continuity Plans to support service delivery.</p>					
<p>HR policies which reflect best practice and relevant employment legislation to support manager and staff development needs.</p>					
<p>Attendance Management Polices and Staff Health and Well Being Strategies in place. Initiatives accessible to all staff such as Healthy Working Lives, Occupational Health Services and Counselling Services.</p>					
<p>Staff Engagement and feedback through I Matter Survey and action planning.</p>					
<p>Agreed processes for revalidation of medical and nursing workforce and Professional Registration .Policies and procedures in place to ensure staff are meeting professional bodies and organisational requirements for registration.</p>					
<p>Direct Controls</p>					
<p>Sickness absence reporting available to service managers through HR21, Micro strategy, SSTS and Workforce Information Departments.</p>					
<p>Agency / Overtime reports</p>					
<p>Health and Wellbeing Post approved for one year following report submitted to HSCP Audit and Performance committee.</p>					
<p>HR reports provided to SMT and Joint Staff Forum on HR metrics</p>					
<p>Workforce reporting integrated into HSCP Performance report to IJB</p>					
<p>Statutory and Mandatory Training reports</p>					
<p>I Matter reports</p>					
<p>KSF/ PDP and Be the Best Conversations</p>					

Waiting Times	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
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Failure to meet waiting times targets e.g. MSK Physiotherapy, Psychological Therapies, Child and Adolescent Mental Health Services and Drug and Alcohol Treatment.	Beth Culshaw		34 Significant - Certain		33 Significant - Very Likely
			Alert		Warning
Mitigating Action					
Regular performance reports are presented to the HSCP Chief Officer and Heads of Services for their specific areas of responsibility; to review activity and manage specific actions linked to improvement of planning for localised arrangements.					
Promotion of self management and co-productive community services including access to online supports and advice and preventative					
Implementation of effective triage processes in place for patients across all areas.					
Regular performance data collection and monitoring is scrutinised to ensure effective and robust performance management and demand management.					
Consistent workforce and attendance management across all service areas.					

Brexit	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Risks across services from BREXIT include difficulty in resourcing some medications, medical devices (instruments and equipment in Hospital) and clinical consumables including disposable and short life goods. There will be an impact on patients and service users and on recruitment to and retention of non-UK EU nationals given that EU citizens require to apply for settled status before 30 June 2021. Prescribing costs and procurement impact.	Beth Culshaw		44 Critical - Certain		33 Significant - Very Likely
			Alert		Warning
Mitigating Action					
Establish register of staff that may be at risk, raise issue with Workforce Planning colleagues, core briefs for staff					
Continue to monitor Brexit status and implement advice and guidance from the Scottish Government to HSCP areas. Reflected in the HSCP EU Exit Action Plan presented to the November 2019 HSCP Board and considered alongside the Council and Health Board plans.					

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

19 February 2020

Subject: 'Our Turn' Initiative

1. Purpose

- 1.1 To present the HSCP Board with:
- Information pertaining to a motion at West Dunbartonshire Council at its meeting on 30 October 2019.

2. Recommendations

- 2.1 The HSCP Board is asked to:
- Note the motion which was agreed by West Dunbartonshire Council.
 - Note the potential implications for HSCP services in the context of ongoing work to support refugee children, young people and families in West Dunbartonshire.

3. Background

- 3.1 'Our Turn' is a campaign led by the child refugee charity 'Safe Passage International' which asks the UK Government to welcome 10,000 at-risk child refugees over the next 10 years as part of a new child resettlement scheme. The campaign also calls on local authorities across the UK to pledge places in their communities for child refugees.
- 3.2 The organisations campaigns for and helps unaccompanied child refugees to access legal routes to safety and works primarily at key entry points including Greece, France and the UK.

4. Main Issues

- 4.1 At the meeting of West Dunbartonshire Council on 30 October 2019, Councillor Jim Bolla proposed a motion, entitled 'Supporting "Our Turn" Initiative' which stated:

"This Council resolves to support the STUC/Dumfries TUC/Safe Passage/Kindertransport Association 'Our Turn' initiative. To this end, West Dunbartonshire Council agrees to recommend to the West Dunbartonshire Health and Social Care Partnership/Partnership Board that the Board uses its resources to help find places in volunteer households for at least 3 unaccompanied child refugees per year for each of the next 10 years,

provided that the UK Government underwrites financial support for these refugees in full in line with Scottish Legislation. This Council also resolves to use its resources for the education of those child refugees.”

- 4.2** West Dunbartonshire Council agreed the motion unanimously and is now the second Scottish local authority to make such a pledge, after Dumfries and Galloway Council. Information from Safe Passage International states that over 20 Councils around the UK have pledged over 1,400 places for child refugees.
- 4.3** West Dunbartonshire HSCP, alongside the Council provided support to Syrian families under the Vulnerable Person's Resettlement Scheme back in 2015. Currently, 120 people, including 65 children have been resettled through this scheme locally.
- 4.4** As with most other local authorities in Scotland, West Dunbartonshire Council decided not to participate in the Unaccompanied Asylum Seeking Children scheme as the funding package which accompanies the scheme is considered to inadequately reflect the costs of looking after children within the scheme.
- 4.5** A particular challenge is that the funding package does not recognise that local authorities have a statutory duty to children in Scotland who are looked after until the age of 25.
- 4.6** A number of trafficked young people have made, and continue to make, spontaneous presentations in West Dunbartonshire or have been found in the area.
- 4.7** Reflecting practice in all other local authority areas in Scotland, HSCP Children & Families teams in these circumstances work closely with colleagues from Police Scotland, out of hours social work services and universal health, education and housing services to support these young people. These children and young people are, in effect, unaccompanied asylum seeking children and young people and, as such, we continue to contribute to wider resettlement commitments.
- 4.8** The UK Government have announced their funding package for refugee resettlement after 2020, when the current scheme ends. West Dunbartonshire Council responded to the Government consultation via COSLA to advise that the new package (continuation of the existing package) provides sufficient funds to offer refugees an appropriate level of support during the resettlement process. The Council has committed to continue with resettlement via the Vulnerable Persons Resettlement Scheme and Vulnerable Children's Resettlement Scheme, however participation in the UASC scheme will only be reconsidered if/when the funding package offered reflects the costs incurred.

5. People Implications

- 5.1** Following the decision by council to support the Our Turn initiative, officers across the HSCP and Council will develop plans to implement this commitment and will work with all relevant partners to take this forward.

6. Financial Implications

- 6.1** The Motion to Council was proposed on the basis that the UK Government provides funding to meet the costs of support to children who are part of the 'Our Turn' initiative.
- 6.2** The financial landscape for local authorities around asylum seeking children, young people and families continues to be complex, however local plans can be made to participate in the Scheme on the basis that HSCP budgets will either not be adversely affected or financial recompense will be forthcoming from the UK Government. Further clarification on this will, however, be sought as part of local planning which is led by West Dunbartonshire Council.
- 6.3** Wider financial implications around education, translation services and other likely requirements including emotional wellbeing/mental health services around specific trauma would be assessed on an individual basis.

7. Professional Implications

- 7.1** None.

8. Risk Analysis

- 8.1** None.

9. Impact Assessments

- 9.1** There are no issues identified.

10. Consultation

- 10.1** Consultation and a wider collaborative approach to local plans to reflect the Council Motion will be discussed with Council resettlement officers and HSCP Children's Health and Social Work managers.

11. Strategic Assessment

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

Jonathan Hinds
Head of Children's Health, Care and Criminal Justice
Chief Social Work Officer
20 January 2020

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: None

Background Papers: None

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Health & Social Care Partnership Board:19th February 2020**

Subject: Public Performance Report July to September 2019

1. Purpose

- 1.1** To present the Partnership Board with the Health & Social Care Partnership's Public Performance Report for the second quarter of 2019/20 (July to September 2019).

2. Recommendations

- 2.1** The Partnership Board is recommended to approve the Partnership Public Performance Report for July to September 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 second quarterly Public Performance Report for 2019/20 is appended here for consideration (Appendix 1).

4. Main issues

- 4.1** The Public Performance Report for July to September 2019 focuses on those key strategic performance indicators for the Partnership where performance data is available for that specific time period. It has been augmented with data on key aspects of workforce and financial performance (the latter of which have been previously reported to the Partnership Board by the Chief Financial Officer for that period).

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

5. People Implications

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

6. Financial and Procurement Implications

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

7. Risk Analysis

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

8. Equality Impact Assessment (EIA)

8.1 None required.

9. Consultation

9.1 None required.

10. Strategic Assessment

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

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

Date: 19th February 2020

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

Attached:	Appendix 1: West Dunbartonshire Health & Social Care Partnership Public Performance Report July to September 2019
Background Papers:	<p>HSCP Board Report (March 2019): Strategic Plan 2019-2022</p> <p>HSCP Board Report (August 2019): Public Performance Report 2018/19</p> <p>HSCP Board Report (November 2015): Workforce & Organisational Development Strategy & Support Plan</p> <p>Scottish Government (2015) National Framework for Clinical and Care Governance: http://www.gov.scot/Resource/0049/00491266.pdf</p> <p>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</p>
Wards Affected:	All

July-September 2019

Our vision: Improving lives with the people of West Dunbartonshire

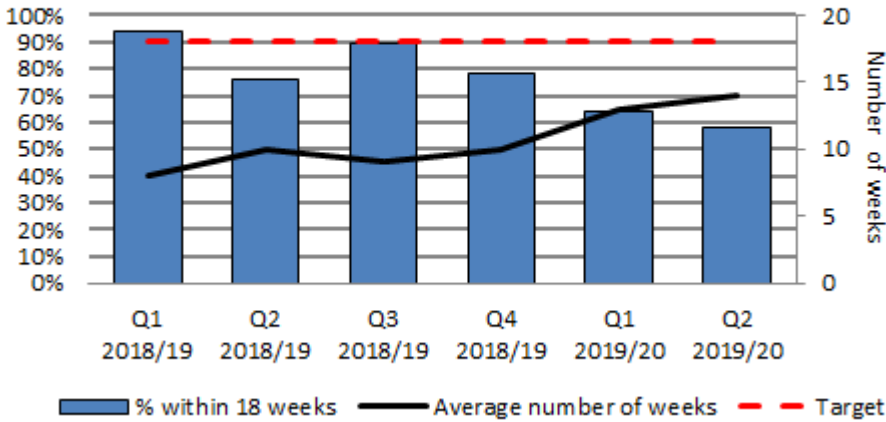
Welcome to West Dunbartonshire Health and Social Care Partnership's second Public Performance Report for 2019/20.

Our Strategic Priorities:

- Early Intervention
- Access
- Resilience
- Assets
- Inequalities

Supporting Children and Families

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

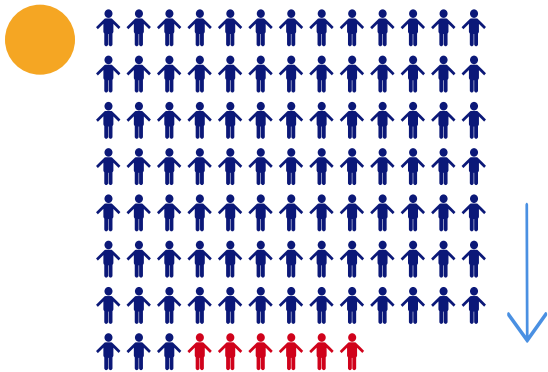


- 116 referrals
- 58% started treatment within 18 weeks
- Average wait 14 weeks

The proportion of children and young people receiving treatment within 18 weeks has seen a drop from 64% in June 2019 to 58% in September 2019 and the average waiting time has increased from 13 to 14 weeks. Although this is within the 18 week target timescale, the longest wait has risen from 43 weeks at June to 53 weeks in September. The prioritisation of the increasing number of urgent referrals has resulted in some children and young people with less urgent needs experiencing longer waits.

Child and Adolescent Mental Health Services across Greater Glasgow and Clyde, and indeed Scotland, have experienced a growth in demand. Referrals in West Dunbartonshire were 29% higher in July to September 2019 than in the same period in 2018.

94.4% of children had an MMR at 24 months



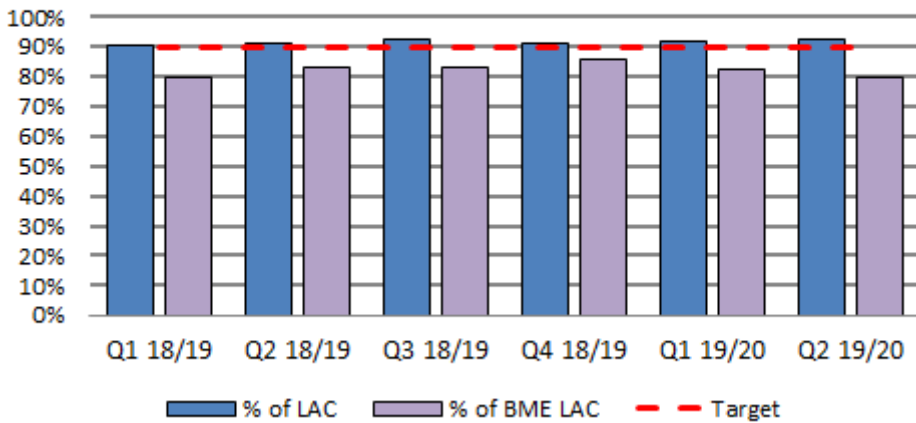
Target 95%

928 MMR immunisations
April - September 2019

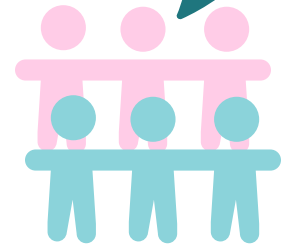
98.2% of children had an MMR at 5 years



Percentage of looked after children looked after in the community



503 looked after children
A decrease of 10 on June 2019 figure: 513



465 of the 503 looked after children (92.4%) are being looked after in the community. 12 of the 15 looked after children (80%) 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.

50% of 16 and 17 year olds entered a positive destination at point of leaving care

50% at June 2019

Target 75%

61 referrals to the Scottish Children's Reporter on Care and Welfare Grounds

66 referrals April - June 2019

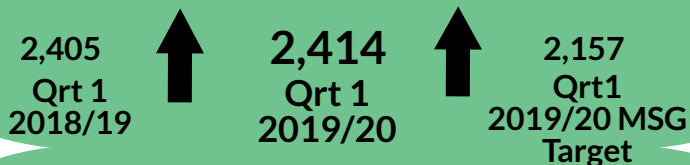
Supporting Older People

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.

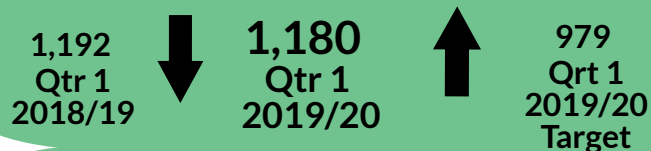
Due to data completeness issues at Health Board level, the HSCP was unable to report all of the Quarter 1 figures in the last performance report . We are pleased to be able to now present this data below along with the latest available data.

Quarter 1: April to June 2019

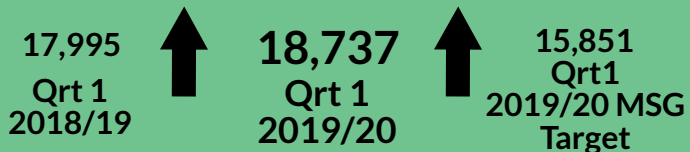
Number of emergency admissions - 18+



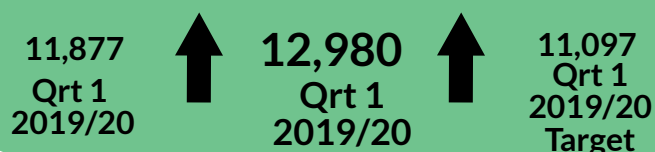
Number of emergency admissions - 65+



Number of unplanned acute bed - 18+



Number of unplanned acute bed days - 65+



July 2019

Number of emergency admissions - 18+



Number of emergency admissions - 65+



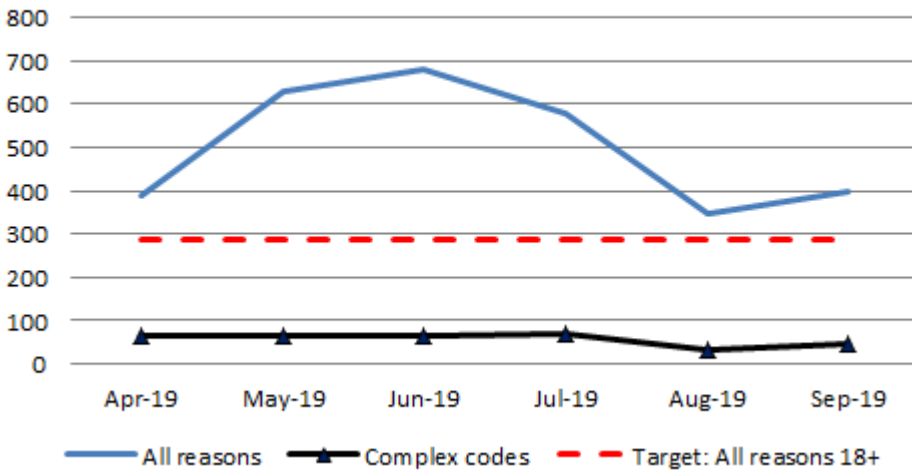
Number of unplanned acute bed days - 18+



Number of unplanned acute bed days - 65+



Bed days lost to delayed discharge 18+



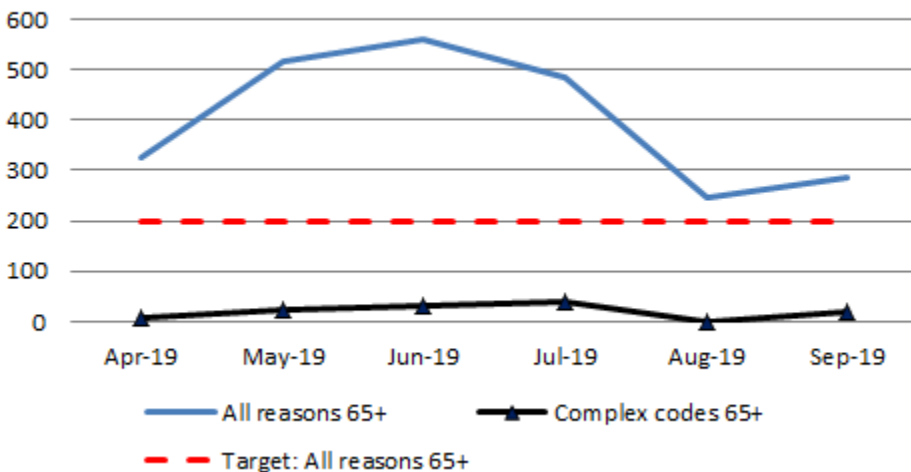
1,320 bed days lost to delayed discharge July to September 2019

376 less than April to June 2019

148 bed days lost to complex delays July to September 2019

53 less than April to June 2019

Bed days lost to delayed discharge 65+



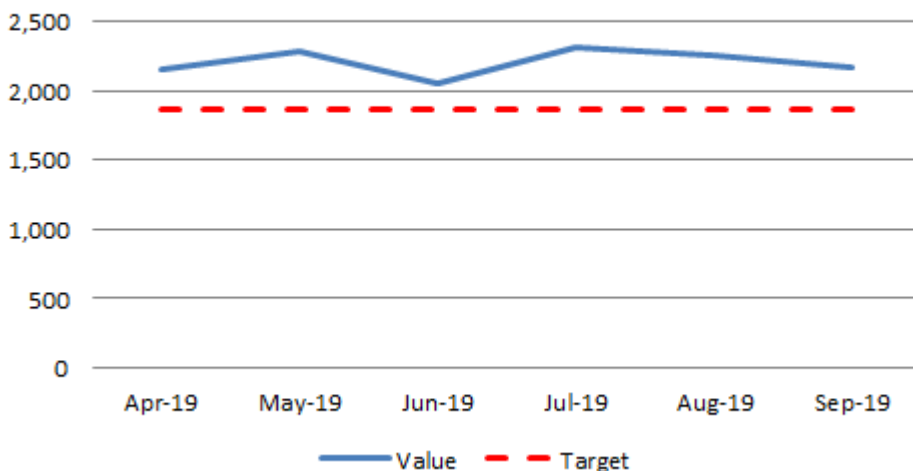
1,015 bed days lost to delayed discharge 65+ July to September 2019

386 less than April to June 2019

56 bed days lost to complex delays 65+ July to September 2019

4 less than April to June 2019

A&E Attendances



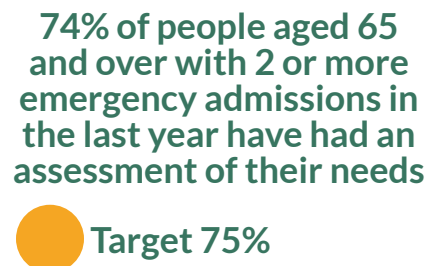
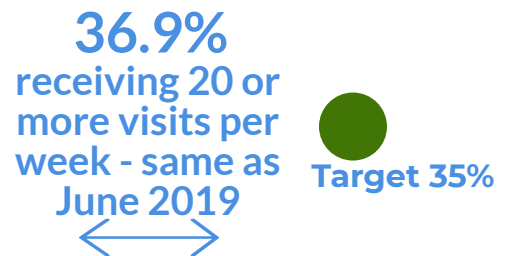
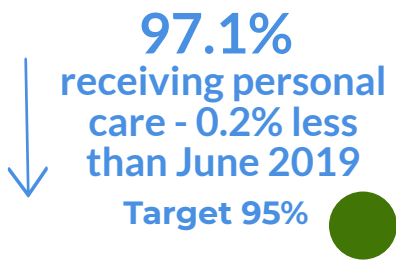
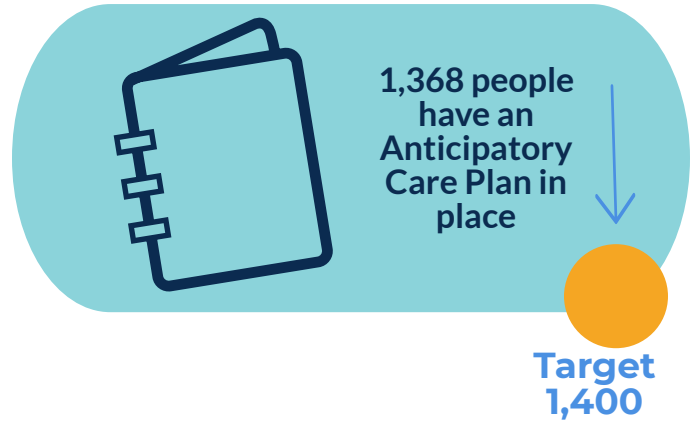
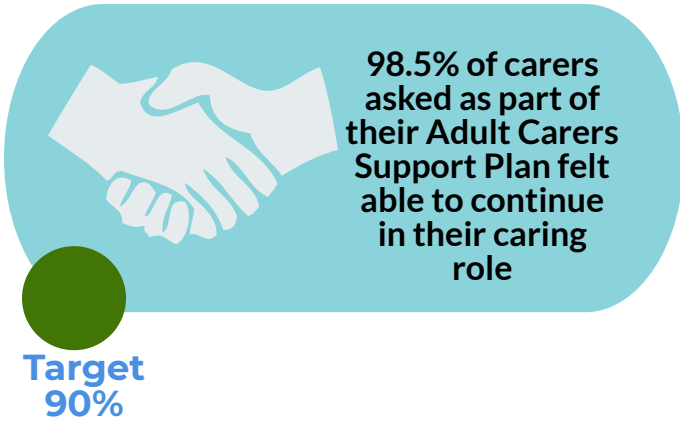
11 Delayed Discharges of 3 days or more at September 2019 census point (non-complex)

23 at June 2019 census point

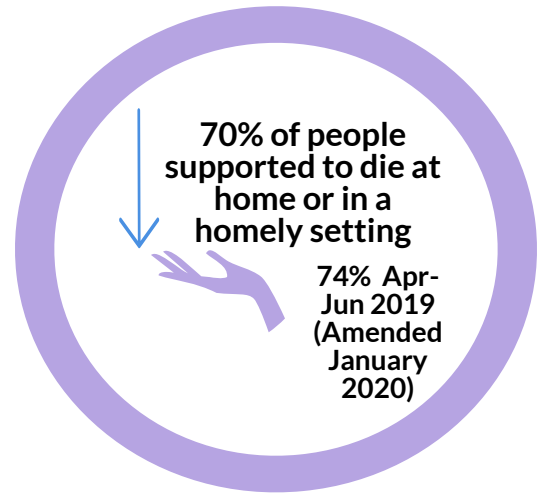
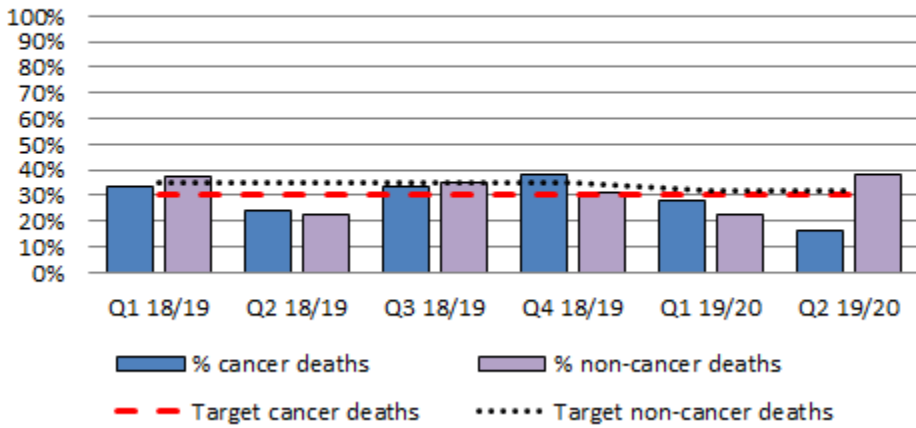
6,743 attendances July to September 2019

257 more than in April to June 2019





Percentage of people on the Palliative Care Register dying in hospital



257 people supported with their medication

Target 232



38% of patients seen within 4 weeks for musculoskeletal (MSK) assessment and treatments

1,618 referrals

Target 90%

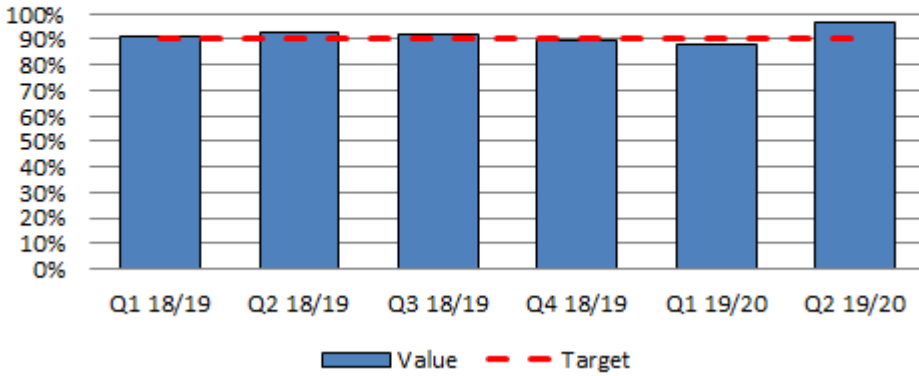
79% compliance with Formulary Preferred List

Target 78%

£163.13 prescribing cost per weighted patient

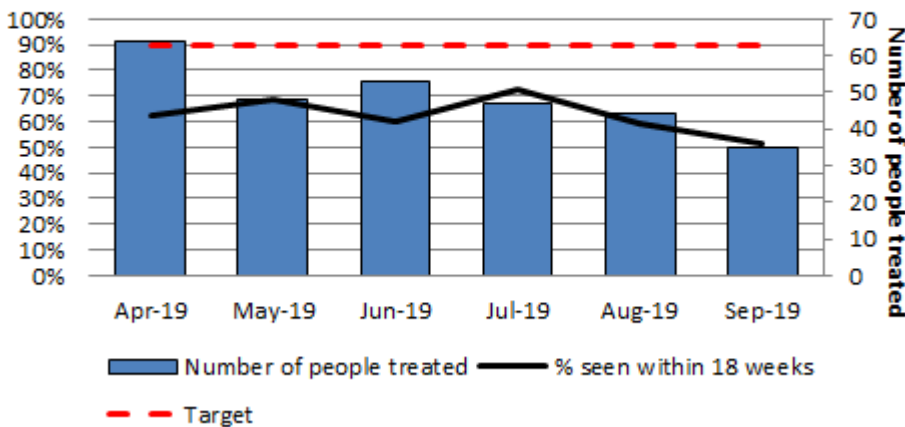
Supporting Safe, Strong and Involved Communities

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

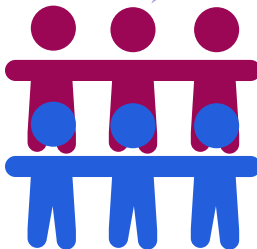


248 referrals
 240 people (96.8%) started treatment within 3 weeks

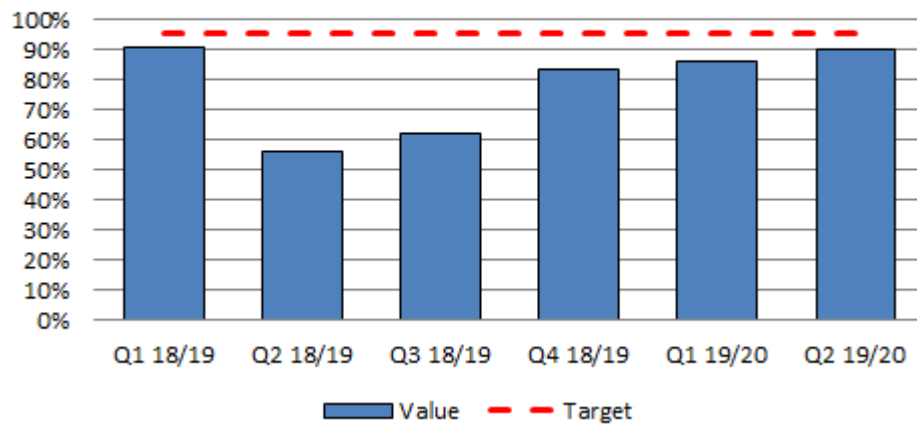
% of people who began Psychological Therapies treatment within 18 weeks of referral



105 patients began treatment July to September 2019
 78 patients seen within 18 weeks



% of Child Protection Case Conferences within 21 days



- 45 children on the Child Protection Register
- 59 Child Protection referrals
- 27 of 30 case conferences within 21 days (90%)

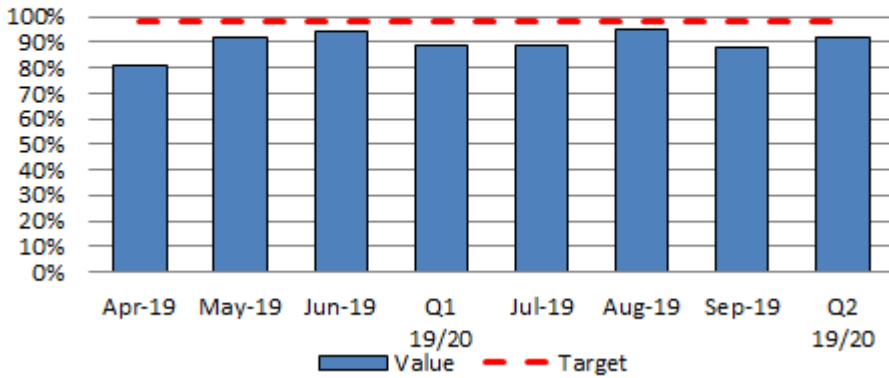


All children on the Child Protection Register have a current risk assessment and care plan

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

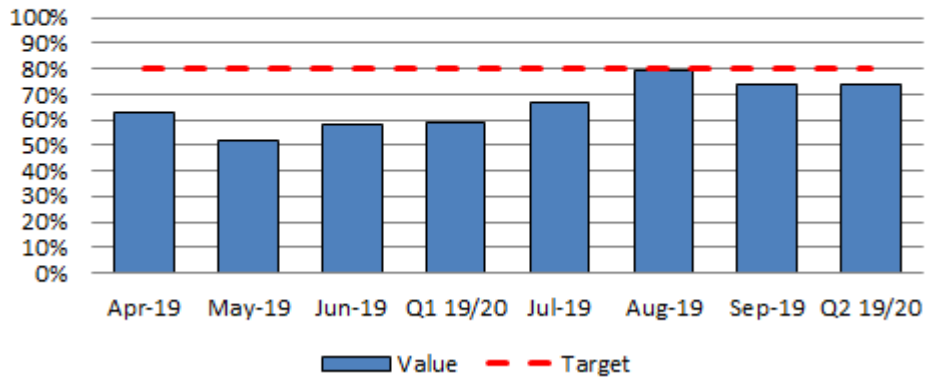


% of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling



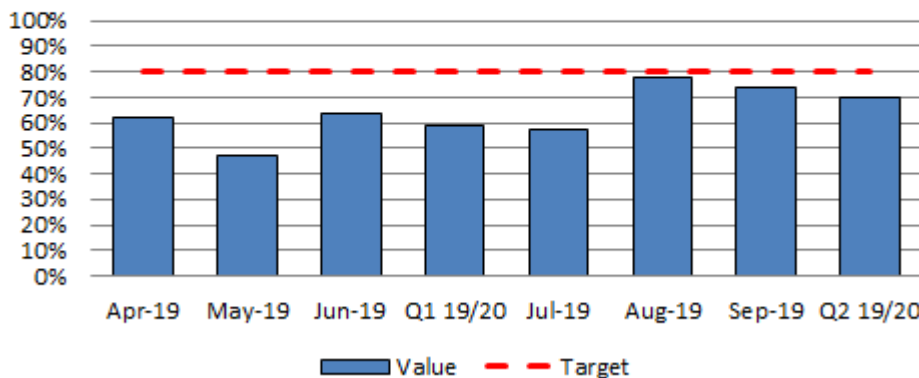
156 of 172 (91%) reports submitted on time

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



67 of 91 (74%) inductions attended on time

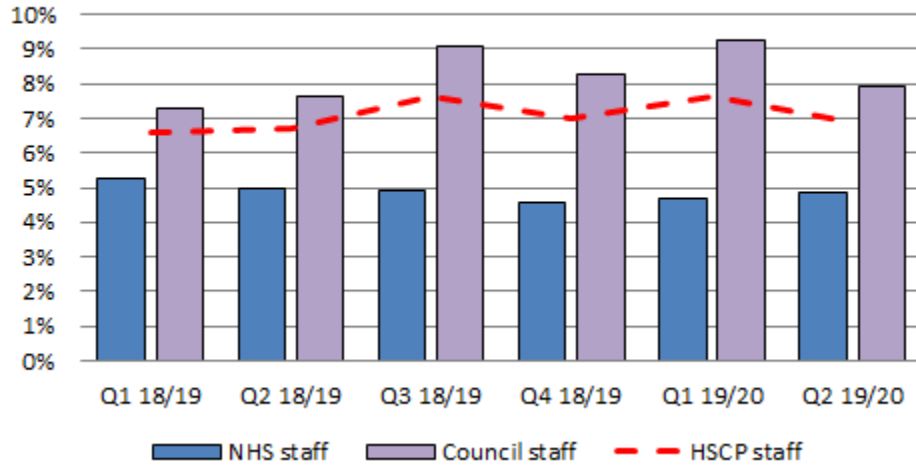
% of Unpaid work and other activity requirements commenced within 7 working days of sentence



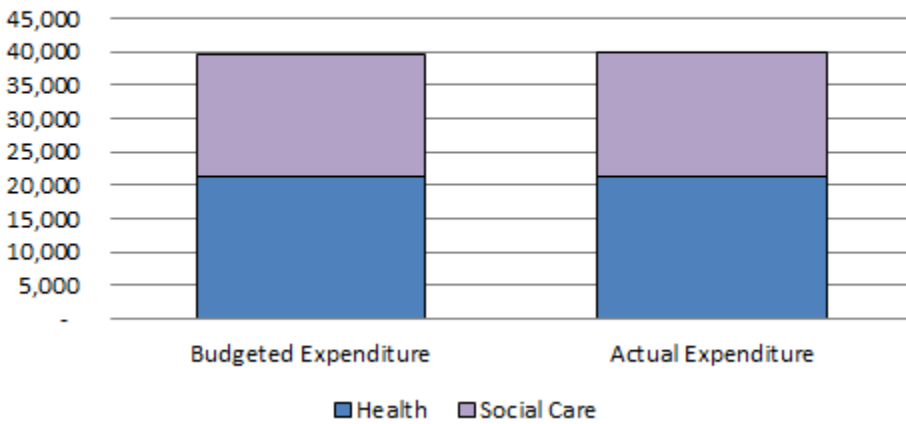
54 of 77 (70%) unpaid work requirements commenced on time

Our Organisation

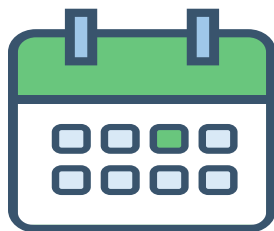
Full Time Equivalent Staff Absence



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



**£263,000
overspend at
September 2019**



**31% of complaints
responded to within 20
working days**



Care Inspectorate Reports

Blairvadach Children's House

Blairvadach, one of the HSCP's three children's houses, was recently given an outstanding report by the Care Inspectorate and was graded Excellent (6) for how well the care and support it offers is planned. Leadership, the staff team and how well the service supports people's wellbeing were all graded as Very Good (5).

During the inspection the Inspectorate was able to speak to all of the young people living at Blairvadach and noted that they were 'incredibly impressed with the level of assessment and care planning being undertaken at Blairvadach' and the ownership young people took over their own care plans. All of the young people have their own care plan which they were happy to discuss.

Inspectors cited the Champion's Board, which gives young people in care a voice and a say in key decisions that affect their lives, as a major strength in the house and of the HSCP. The Inspectorate also said that 'the connection between staff decisions and young people's wishes was heartening to observe'.

Staff's commitment to supporting young people's relationships with their family and communities, as well as ensuring that their lives were continuing to move forward were highlighted and the Inspectorate noted the positive culture of school attendance as well as the staff's ability to offer a variety of activities for young people when not in attendance.

Councillor Marie McNair, Chair of WDHSCP Audit Committee, said: "This is an excellent inspection report for the management and staff at Blairvadach. It is very clear the young people are receiving outstanding care and support. This report is testament to the hard work and commitment of our dedicated and committed staff who care passionately about our children and young people. I would like to congratulate everyone at Blairvadach for this contribution to this positive inspection."

Allan Macleod, Vice Chair of WDHSCP Audit Committee, said: "This report recognises the dedication of staff who work together to ensure the young people are heard and are receiving an outstanding quality of care. I am pleased to see the young people being nurtured, and encouraged to lead active and fulfilling lives with the support and guidance of our staff. I would like to thank everyone at Blairvadach for their part in achieving this great report."



WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**19th February 2020**

Subject: TRANSFORMATIONAL CHANGE PROGRAMME SEXUAL HEALTH SERVICES IMPLEMENTATION PLAN**1. Purpose**

- 1.1** To report to the Integration Joint Board on the service changes and implications for West Dunbartonshire of the above Transformational Change Programme.
- 1.2** As part of the Transformational Change Programme for Sexual Health services, a new service model is proposed which will provide services in a tiered way with routine, scheduled and unscheduled, urgent and complex, and highly specialist services being provided in the tiers. The current West Dunbartonshire sexual health service will be developed into a tier 1 service providing routine scheduled and emergency on 2 full days each week with enhanced staffing levels and increased service provision. This service will improve access to routine sexual and reproductive health care and will have clear pathways to specialist and consultant support as required. The new tier 1 model of service will be established over 2 sites: on 1 day each week in the current locations Clydebank Health Centre and the Vale of Leven hospital. A young people's evening service will be provided from a suitable location in Clydebank, to be agreed with our HSCP partners.
- 1.3** The proposed changes outlined in this paper will be implemented throughout 2020, and the developments in West Dunbartonshire will be put in place by June 2020.

2. Recommendations

- 2.1** It is recommended that the IJB notes the proposed timescale for implementation of the service changes as part of the new service model

3. Background

- 3.1** The plan for the next 3 years to remodel sexual health services in Greater Glasgow and Clyde (GGC) is set out in the Transformational Change Programme – Sexual Health Services (March 2018) which has been endorsed through engagement with our partners and with the public, and was approved by Glasgow City Integrated Joint Board (IJB) in March 2018.

The objectives of the Transformational Change Service Review were to:

- Improve the use of existing resources and release efficiencies through service redesign, with consideration of team structures, skill mix, localities and patient pathways
- Encourage those who could be self-managing to be supported differently
- Ensure that Sandyford services are accessible and targeting the most vulnerable groups.

3.2 Key service improvements which will be delivered as a result of the Service Review are:

- Access to service for young people aged up to 18 will be improved with new and more service locations established for them, including early evening and a Saturday afternoon service, resulting in better outcomes for young people.
- An improved model of service for adults allowing more appointments to be offered across fewer service locations, more people able to be seen each year, and to have more of their needs met in ways that better suit them and by the right staff at the right time.
- People will be able to virtually attend services and access sexually transmitted infection (STI) testing.
- Improved access to long acting and reversible methods of contraception (LARC) by providing these appointments at all Sandyford locations.
- Improved access to oral hormonal contraception at some community pharmacies throughout Glasgow
- Access to sexual health services will be improved by expanding the provision of Test Express services (fast access testing service provided by Health Care Support Workers for people without symptoms) across all Sandyford locations.
- Quicker and easier telephone booking and access, and a comprehensive online booking system introduced.

3.3 A full and detailed paper on the Transformational Change Programme – Sexual Health Services Implementation Plan was presented to Glasgow City IJB in November 2019 for approval. The full report can be viewed [here](#)

3.4 Future Service Model

The Transformational Change Programme has recommended that the future service model should comprise of 3 tiers of service provision for clients who need to see specialist sexual health services:

- **Tier 3** - one specialist service which will deliver routine scheduled, emergency and urgent/undifferentiated care, and all specialist services; located in Glasgow city centre / North West

- **Tier 2** – four larger connecting services which will offer routine scheduled, emergency and urgent/undifferentiated care; located in Renfrewshire and Glasgow North West, Glasgow South and Glasgow North East. The South and North East services will also integrate tier 1 services to establish a more comprehensive service provision including evenings.
- **Tier 1** - smaller, local services which will offer routine scheduled and emergency care; located in West Dunbartonshire, Inverclyde, East Renfrewshire, East Dunbartonshire and Glasgow city.
- **Young people's services** for those aged up to 18 (and older if care experienced) will be improved to allow easier access to services designed for and with them, and better outcomes for those young people. We will provide routine and emergency care in early evening sessions for young people across all HSCP areas, and will work in partnership to develop these. Over time some of these services may be delivered by appropriately trained staff from within the HSCPs.
- **Online services** will support people with simpler and more straightforward clinical needs to navigate access to the services they need in a timely manner. People who ordinarily use Sandyford services for routine STI tests and oral contraception will be able to access this online as a fully integrated service to ensure a seamless and fast-tracked pathway for people who need treatment and/or follow up. This online service will be established initially as a demonstration project for people living in East Renfrewshire and East Dunbartonshire as well as in Castlemilk, Drumchapel, Springburn, Pollok and Easterhouse. Testing the service in these areas for 12 months will also allow further assessment of the physical service provision in other areas.
- **Pharmacy Contraception provision.** We are working with colleagues and will initially establish and test 7 day a week delivery of oral hormonal contraception in sites across Glasgow, East Renfrewshire and East Dunbartonshire.

4. Main Issues

Changes to services in West Dunbartonshire.

- 4.1 The current service in West Dunbartonshire is provided over 2 days from the Vale of Leven hospital and 1 day in the clinic in Clydebank Health Centre. This service will be developed into a tier 1 service, providing routine scheduled and emergency on 2 full days each week, but with enhanced and increased nursing staffing levels. In line with the development of a tier 3 service in Glasgow with the centralisation of all specialist services, there will be no medical staff

providing clinics in West Dunbartonshire. The new service will have Advanced Nurse Practitioner leadership, and access to senior clinical decision making and support and specialist advice from the tier 3 service.

An evening service for Young People will be provided from a suitable and accessible location, to be agreed with HSCP partners.

The proposed changes outlined in this paper will be implemented throughout 2020, and the developments in West Dunbartonshire will be put in place by June 2020.

5. People Implications

- 5.1** There are no specific personnel implications for West Dunbartonshire HSCP arising from this report.

6. Financial and Procurement Implications

- 6.1** There are no financial implications for West Dunbartonshire HSCP.
- 6.2** There are no procurement implications for West Dunbartonshire HSCP.

7. Risk Analysis

- 7.1** There are some risks associated with the introduction of online services and the establishment of a tiered level of service provision.
- Some people will have to travel further to receive more intensive specialist care
 - Some people will be required to utilise technology to access care/advice and services
 - Feasibility, acceptability and cost-effectiveness of online testing and other services has yet to be demonstrated in Scotland
 - HSCPs and other partners need to actively engage in supporting change, providing and maintaining suitable premises, developing Technology Enabled Care (TEC) services in the community, capacity building in their own workforces

8. Equalities Impact Assessment (EIA)

- 8.1** In line with policy, an assessment of the impact of any service changes on protected characteristic groups has been carried out alongside the Implementation Plan.

9. Consultation

Engagement And Partnership Working

- 9.1** We have engaged with West Dunbartonshire HSCP about the service changes in the local area and have met to discuss the specific service model and the development of the current service into a tier 1 service with increased service provision and enhanced staffing.
- 9.2** Development of the Implementation Plan for the Transformational Change Service Review has had multi-partner and multi-agency involvement. Staff Partnership Forum has been represented on the Implementation Board and Sandyford staff have been involved and informed. We have engaged in discussions with partners in all HSCPs in GGC in order to agree the number and locations of future tier 1 and tier 2 services. These discussions are ongoing and in some cases will continue throughout the life of this Implementation Plan to determine the exact shape of the future Sexual Health service. We will continue to engage with staff through the Staff Reference Group which was established as part of the Service Review implementation phase. This acts as a forum for the exchange and development of ideas, views and concerns, to enable staff to discuss the emerging Implementation Plan, and to test out the implications of service change proposals for staff.
- 9.3** A public engagement process was undertaken between 5th August and 13th September 2019. We worked with Glasgow city HSCP and the Scottish Health Council to develop the public engagement in order to gather views on our proposals from a wide range of stakeholders including service users, members of the public, partner organisations, staff, and other interested parties. The engagement process included the following:
- A summary document outlining the proposals was available as a pdf online on the HSCP and sexual health websites and via Sandyford Twitter, and printed copies were available in all Sandyford services (1500 printed).
 - A short animation was developed, highlighting the proposals of the summary document in a more accessible format.

- Feedback was sought via a short online survey and also available in paper copies with prepaid envelopes to support returns.
- Electronic copies of the summary were emailed to 3000 Sandyford service users, 180 voluntary sector and community groups, NHS and partner organisations, and to Sandyford staff
- Face to face briefing meetings were held with local groups and forums on request.

9.4 Conclusions of the Engagement

- There was a good level of engagement with the online survey from the public, staff and other professionals
- Most respondents were positive about the proposed service changes with the public viewing the overall proposals more positively than staff
- Measures to facilitate faster and easier access to the service were well received and many reported frustrations at the current service access barriers
- There is a high level of support for some of the innovative approaches and service provision elements
- The online booking facility is more important to public whilst still rating high for staff and others
- There is some concern about people needing to travel further to access service especially from staff in a range of services. Alongside this sits concern about relocating services from some of the areas in Glasgow City, especially from areas of deprivation.
- There was a good level of engagement with young people in a separate survey
- 91% of respondents (YP) said the proposed opening times 3.30-7.30 pm were ok for them
- Overall, the majority of respondents (YP) considered the proposed location of the young people's clinic, within their locality, to be acceptable.

9.5 Further engagement and evaluation will take place throughout the life of the Implementation Plan and will focus on issues including:

- Service user confidence and satisfaction with new services
- Staff/professional confidence and satisfaction with new ways of working
- Primary Care and other Partners' confidence and satisfaction with new services
- Equity
- A shift of non-complex work away from most senior specialist clinicians

The full engagement report can be viewed at <https://www.sandyford.org/about-us/sexual-health-services-developments/>

10. Strategic Assessment

10.1 The Implementation Plan aligns with and supports West Dunbartonshire Council's Strategic Priorities:

- Meaningful community engagement with active empowered and informed citizens who feel safe and engaged.
- Efficient and effective frontline services that improve the everyday lives of residents.

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Designation: Head of Adult Services (Sexual Health, Prison & Police Custody Health Care)

Date: 20.1.19

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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Health & Social Care Partnership Board: February 2020**

Subject: Participation and Engagement Strategy 2020 – 2023**1. Purpose**

- 1.1 To present the Partnership Board with the draft Health & Social Care Partnership Participation and Engagement Strategy 2020 – 2023.

2. Recommendation

- 2.1 The Partnership Board is recommended to endorse the Participation and Engagement Strategy 2020 – 2023.

3. Background

- 3.1 Members will recall that the Integration Scheme for West Dunbartonshire commits to an integrated approach to participation and engagement across all stakeholders and is based on routine and constructive collaboration as part of routine service planning and delivery; and that is supported by and contributes to local Community Planning Partnership arrangements.
- 3.2 Members will also recall that it is a responsibility within the Integration Scheme to deliver a high-level participation and engagement strategy which sets out the key principles and ways-of-working with the Health and Social Care Partnership's diverse range of stakeholders.
- 3.3 The attached draft Participation & Engagement Strategy has consequently been prepared for consideration by the Partnership Board.

4. Main Issues

- 4.1 As committed to, within the Integration Scheme, and based on local engagement and feedback, this Participation and Engagement Strategy sets out the key principles and high level ways-of-working that the Health and Social Care Partnership will apply in relationships with its numerous stakeholders as an integral element of its mainstream planning and operational service delivery activities.
- 4.2 The key principles and high level ways of working will already be familiar to the Partnership Board as they are based on and bring together a range of commitments that have already been endorsed in previous Partnership Board reports relating to the Strategic Plans, market facilitation and commissioning, carers and the various strategic partnership agreements.

4.3 As the Partnership Board will recognise, these key principles reflect approaches to service planning and delivery that have been the subject of considerable dialogue and engagement with different stakeholders both before and since the establishment of the Health and Social Care Partnership.

4.4 The Strategy reflects a range of flexible opportunities to support pragmatic participation and engagement and with an understanding that they are not set-in-stone but rather are dynamic processes that should and will evolve based on feedback, learning and changing circumstances.

4.5 The effectiveness of this multi-dimensional Strategy will be evidence by how the Health and Social Care Partnership delivers on the commitments within its current Strategic Plan. Examples of this are evident within the Health and Social Care Partnership Annual Performance Report, which is separately being presented to this meeting of the Partnership Board.

5. People Implications

5.1 None associated with this report.

6. Financial Implications

6.1 None associated with this report.

7. Professional Implications

7.1 None associated with this report.

8. Locality Implications

8.1 The Strategy explicitly reaffirms the Health and Social Care Partnership's commitment to fostering constructive participation and engagement as part of routine service planning and delivery at a locality level.

9. Risk Analysis

9.1 In addition to the requirements set out within the Public Bodies (Joint Working) Act, this Strategy takes due cognisance of other pertinent legislation, including:

- The Community Empowerment (Scotland) Act (2015).
- The Children and Young People's (Scotland) Act (2014).
- The Equality Act 2010.

10. Impact Assessments

10.1 An Equality Impact Assessment (EIA) has been carried out on the Strategy this found no negative impacts; and a range of positive impacts.

10.2 The latter was particularly evident in relation to the commitment to a network and topic-based approach to engaging with communities so as to increase representativeness and diversity as per the Equality Act 2010; and as reinforced within the Equalities Mainstreaming Report that is being separately presented to this meeting of the Partnership Board.

11. Consultation

11.1 As the Partnership Board will recognise, the key principles and high level ways of working within the Strategy reflect approaches to service planning and delivery that have been the subject of considerable dialogue and engagement with different stakeholders since the establishment of the Health and Social Care Partnership.

12. Strategic Assessment

12.1 The preparation of this Participation and Engagement Strategy delivers on key actions within the current Strategic Plan.

12.2 The effectiveness of this Participation and Engagement Strategy will be evidenced by how the Health & Social Care Partnership delivers on the commitments within its current Strategic Plan.

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

Date: 19th Jan 2020

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Appendices: West Dunbartonshire Health & Social Care Partnership Participation and Engagement Strategy

West Dunbartonshire
Health & Social Care Partnership

**West Dunbartonshire
Health and Social Care Partnership
Participation and Engagement Strategy
2020 - 2023**



Foreword

Welcome to the second West Dunbartonshire Health and Social Care Participation and Engagement Strategy 2020 – 2023.

This Participation and Engagement Strategy builds on the first Strategy, approved by the Health and Social Care Partnership Board in 2016 for the period 2016 – 2019; this new Strategy outlines our vision on how the Health and Social Care Partnership will **Inform, Engage and Consult** with people who use our services, carers and the wider community of West Dunbartonshire.

The Health and Social Care Partnership Board recognises that our staff are our most valuable asset and is committed to **Inform, Engage and Consult** on our Strategic priorities.

The Health and Social Care Partnership is committed to **Inform, Engage and Consult** users of HSCP services, carers and the wider community of West Dunbartonshire when reviewing our Local Engagement Networks.

The 2020 – 2023 Participation and Engagement Strategy objectives are underpinned by 3 key engagement documents – The National Standards for Community Engagement, 7 Golden Rules for Participation and the National Standards for Health and Social Care.

And importantly, we are committed to working with the people of West Dunbartonshire to improve their health and well-being.

**Beth Culshaw Chief Officer
Health and Social Care
Partnership**



**Allan Macleod, Chair
Health and Social Care
Partnership Board**



Contents

Foreword	Page 1
Contents	Page 2
Introduction	Page 3
What is a Health and Social Care Partnership?	Page 3
Our Vision	Page 3
Legislation	Page 4
The principles and objectives of Participation and Engagement	Page 5
Engagement with users of HSCP services, Carers and Communities	Page 8
Engagement with Staff	Page 8
Engagement with Third and Independent Sectors	Page 8
Engagement with Community Planning Partners	Page 9
Key Strategic Commitments	Page 10

Introduction

This is the second West Dunbartonshire Health and Social Care Partnership Participation and Engagement Strategy, continuing our commitment to effectively engage with local users of health and social care services.

Our engagement history has developed in line with the changes in Primary Care across Scotland.

- In 2002 the Clydebank Local Health Care Cooperative employed the first Public Involvement Officer in NHS Greater Glasgow
- In 2006 the West Dunbartonshire Community Health Partnership developed one of the first Public Partnership Forum (PPF) in Scotland
- In 2010 West Dunbartonshire Community Health and Care Partnership developed the first integrated health and social care Public Partnership Forum in Greater Glasgow and Clyde area, and
- In late 2015 after a review carried out by West Dunbartonshire Community Volunteer Service (WDCVS), our engagement was further developed with the formation of Local Engagement Networks (LENs) aligned to the locality areas in Clydebank and Dumbarton & Vale of Leven.

This Participation and Engagement Strategy presents an opportunity to reflect on our successes as a Health and Social Care Partnership and to consider how we can evolve our approach to participation and engagement to align with our new Strategic Plan and our vision of improving lives with the people of West Dunbartonshire

What is a Health and Social Care Partnership?

West Dunbartonshire Health and Social Care Partnership (WDHSCP) established as the Integration Authority for West Dunbartonshire on 1st July 2015. Governed by an Integrated Joint Board, WDHSCP is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (which are described in full within its approved Integration Scheme).

Our Vision

Improving lives with the people of West Dunbartonshire

Our vision and our desire is to ensure that our citizens have access to the right care, at the right time and in the right place. It involves a range of activities, centred around a continuous cycle of “analyse, plan, do and review” and is iterative and dynamic to support collaborative system change across health and social care and all partners working in our communities.

Legislation

In addition to the requirements set out within the Public Bodies (Joint Working) Act 2014, this Strategy takes due cognisance of other pertinent legislation, including:

- The Carer's (Scotland) Act 2016 which aims to ensure better and more consistent support for both adult and young carers so that they can continue to care in better health and to have a life alongside of caring.
- The Community Empowerment (Scotland) Act 2015 provides a legal framework that promotes and encourages community empowerment and participation; and outlines how public bodies will work together and with the local community to plan for, resource and provide services which improve local outcomes in the local authority area.
- The Patient Rights (Scotland) Act 2011 supports the Scottish Government plans for a high quality NHS that respects the rights of patients as well as their carers and those who deliver NHS services.
- The Children and Young People's (Scotland) Act 2014 which reinforces the United Nations Convention on the Rights of the Child; and the principles of Getting It Right for Every Child.
- The Community Justice (Scotland) Act 2016 which identifies Community Planning Partnerships as being the vehicle to bring partner organisations together to plan and deliver community justice outcomes.
- The Equality Act 2010, with its general duties to eliminate discrimination, harassment and victimisation; advance equality of opportunity between people who share a protected characteristic and those who do not; and foster good relations between people who share a protected characteristic and those who do not.
- Informing, Engaging and Consulting People in Developing Health and Community Care Services CEL 4 (2010). (Currently under review)

The Principles and Objectives of Participation and Engagement

We are proud of the progress we have made to involve, engage and consult with the people of West Dunbartonshire to shape our services. Our Local Engagement Network structure has assisted in building our connectivity with individual community and third sector organisation and service user networks.

To help meet changing access and delivery needs in health and social care services we will progress our participation and engagement activities as a two-way process with a focus on creating and maintaining open dialogue. This will include:

- Meeting our communities where they are; increasing pro-active ongoing engagement
- Building upon established relationships to ensure strong networks in each of our two localities; increasing our understanding of the specific needs and experiences of each locality
- Engaging people who use our services, carers, families and the wider public in plans to continually improve their experiences of integrated care
- Sharing with and learning from other organisations around their approaches to participation and engagement.

The objectives are underpinned by 3 key engagements documents – The National Standards for Community Engagement, 7 Golden Rules for Participation and the National Standards for Health and Social Care.

National Standards for Community Engagement.

Revised by What Works Scotland the Scottish Centre for Community Development in 2018, the National Standards for Community Engagement provide measurable performance statements which can be used by everyone involved in community engagement to improve the quality and process of the engagement. They set out key principles, behaviours and practical measures that underpin effective engagement.

The Integrated Joint Board (IJB) has adopted the National Standards for Community Engagement as the foundation for all engagement activity, providing a consistency to our approach. The 7 standards being:

Inclusion – We will identify and involve the people and organisations that are affected by the focus of the engagement

Support – We will identify and overcome any barriers to participation

Planning – There is a clear purpose for the engagement, which is based on a shared understanding of community needs and ambitions

Working Together – We will work effectively together to achieve the aims of the engagement

Methods – We will use methods of engagement that are fit for purpose

Communication – We will communicate clearly and regularly with the people organisations and communities affected by the engagement

Impact – we will assess the impact of the engagement and use what we have learned to improve our future community engagement

7 Golden Rules for Participation

Created by Scotland's Commissioner for Children and Young People, the 7 Golden Rules for Participation provide a set of principles for anyone working with children and young people. The 7 rules being:

Golden Rule 1: Understand my rights

Golden Rule 2: A chance to be involved

Golden Rule 3: Remember, it's my choice

Golden Rule 4: Value me

Golden Rule 5: Support me

Golden Rule 6: Work Together

Golden Rule 7: Keep in touch

National Health and Social Care Standards (My Support, My Life)

Developed by the Care Inspectorate and Healthcare Improvement Scotland, the national standards came into force in April 2018 and are underpinned by five principles; dignity and respect, compassion, be included, responsive care and support and wellbeing

The Standards are based on five headline outcomes:

- I experience high quality care and support that is right for me
- I am fully involved in all decisions about my care and support.
- I have confidence in the people who support and care for me
- I have confidence in the organisation providing my care and support
- I experience a high quality environment if the organisation provides the premises

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Engagement with users of HSCP Services, Carers and Communities

The Health & Social Care Partnership will work with partners and local communities to apply the principles and practices endorsed by the Scottish Health Council and those set out in the National Standards for Community Engagement. As appropriate, we will bring together our processes with those of our Community Planning Partners, to both seek and take on-board stakeholder feedback to shape the on-going planning and delivery of our services.

Following the completion of a comprehensive Community Engagement Review in 2015, the Health & Social Care Partnership has worked with West Dunbartonshire Community and Volunteer Services (WDCVS) to develop Local Engagement Networks (LENs) for each locality area with a renewed emphasis on increasing the representation and diversity of those involved.

Our 2020-2023 Strategic Plan and the NHSGGC Moving Forward Together Programme both highlight the need to review and redesign how health and social care services are delivered and accessed at local level. To meet this challenge, our Local Engagement Networks will also require to evolve in tandem to keep pace with the pace of change.

The HSCP and WDCVS will jointly carry out a review of the Local Engagement Networks to facilitate this.

Engagement with Staff

Staff working directly within the scope of the Partnership, and who are employed by West Dunbartonshire Council and NHS Greater Glasgow and Clyde, are recognised by the Integration Joint Board as one of our most important resources in our drive to deliver on local and national outcomes through our Strategic Plan objectives and policy priorities. Our Workforce & Organisational Development Strategy highlights our commitment to an integrated Staff Governance and Practice Governance Framework updated annually in partnership with local trade unions through the Staff Partnership Forum.

Engagement with the Third and Independent Sector

The Health & Social Care Partnership has developed Partnership Working Agreements with key cross-sector stakeholders; Carers of West Dunbartonshire, West Dunbartonshire Community & Volunteering Service (as the local Third Sector Interface) and Scottish Care

(Independent Sector) outlining clear collective commitments to deliver structured sector engagement and participation as part of a strategic commissioning approach and embracing the concept of developing “a public service ethos” for the ultimate benefit for all citizens.

Partners have worked with external providers of care to develop a Commissioning Consortium approach within West Dunbartonshire, its aim to deliver improved outcomes for those with long term conditions and those with multi-morbidities improving preventative and anticipatory care; and making best use of local community assets.

This approach embeds third and independent sector partners at the centre of the participation process: providing access to the same information and data used within statutory services; and providing opportunities for service delivery where there is an agreed and identifiable need for services based on demographic and neighbourhood analysis. The core principle of the approach is to work with and support partners to deliver in an innovative and collaborative way which is responsive, flexible and accountable to local people within their localities.

Engagement with Community Planning Partners

Community Planning West Dunbartonshire works to improve the economic, social, cultural and environmental well-being of West Dunbartonshire for all who live, work, visit and do business here. As a key partner, the Health and Social Care Partnership plays a lead role in each of the 5 Delivery and Improvement Groups:

- Flourishing: Employability and Economic Growth
- Nurtured: Children and Families
- Safer: Community Safety and Justice
- Empowered: Strong and Involved Communities
- Independent: Supporting Older People

KEY STRATEGIC COMMITMENTS

There are, key processes which reflects the ethos and values of the HSCP Board and the delivery of services by the HSCP which will be in place through the lifetime of the Strategy. These activities will be reported through the HSCP Board as part of the ongoing accountabilities described within this Strategy and reflect the core values of the HSCP of protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.

Mapping approach against National Standards for Community Engagement

Strategic Priorities	Strategic Commitments	Inclusion	Support	Planning	Working Together	Methods	Communication	Impact
Early Intervention	Continue to develop engagement structures with residents in our Older Adults and Children Care Homes.	✓	✓	✓	✓	✓	✓	✓
Early Intervention	Continue to engage and inform users of Primary Care Services to deliver the	✓	✓	✓	✓	✓	✓	✓

	priorities of the HSCP Primary Care Improvement Plan.							
Early Intervention	Engage and inform users of Mental Health Services on the early Intervention Strategies in the Action 15 Development Plan.	✓	✓	✓	✓	✓	✓	✓
Early Intervention	We will continue to work in partnership with Carers of West Dunbartonshire to ensure carers have easy access to support, advice and information at each stage of	✓	✓	✓	✓	✓	✓	✓

	their caring journey and support for carers in their caring role will be consolidated in all our service areas.							
Early Intervention	Engage and inform users of Addiction Services to prevent episodes of distress.	✓	✓	✓	✓	✓	✓	✓
Early Intervention	Continue to engage and inform with the most vulnerable and at risk in West Dunbartonshire to prevent the cycle of presentations to HSCP Services,	✓	✓	✓	✓	✓	✓	✓

	Police Scotland and Emergency Departments.							
Access	The Primary Care Improvement Plan creates the opportunity to improve the delivery of these community based services and ensures those accessing support and their carers are at the heart of how these are designed, planned and provided.	✓	✓	✓	✓	✓	✓	✓
Access	Engage with users of Mental Health Services to implement	✓	✓	✓	✓	✓	✓	✓

	the priorities of the Mental Health Action 15 Development Plan							
Access	Continue to engage, inform and consult on the New Clydebank Health & Care Centre.	✓	✓	✓	✓	✓	✓	✓
Access	Continue to engage and inform carers so they can access services to continue their caring role.	✓	✓	✓	✓	✓	✓	✓
Access	Recovery Groups and Cafes will continue to offer peer support, social activities	✓	✓	✓	✓	✓	✓	✓

	and a way back to mainstream community activities for those affected by issues associated with addictions.							
Access	The HSCP will continue to support Local Engagement Networks that have been developed as a dynamic forum for local people to engage, share their experiences and support operational services	✓	✓	✓	✓	✓	✓	✓

Resilience	Continue to engage with users of HSCP Services to inform them that services are safe, effective and person – centred.	✓	✓	✓	✓	✓	✓	✓
Resilience	It is recognised that the combination of targeted action within primary and community care , and both informing and empowering the individual to manage well with a long term condition, will improve their sense of wellbeing and	✓	✓	✓	✓	✓	✓	✓

	avoid repeated admissions to hospital.							
Assets	Staff, are our most valuable asset and the HSCP is committed to consult, engage and inform them on our strategic priorities.	✓	✓	✓	✓	✓	✓	✓
Inequalities	By working in partnership with the Carers of West Dunbartonshire Carers can access face to face and telephone contact, peer group support, health interventions, financial	✓	✓	✓	✓	✓	✓	✓

	inclusion, short breaks and respite provision for young carers and adult carers.							
Inequalities	Carers Support Workers are based within the Health and Social Care Partnership's integrated, multi-disciplinary teams to ensure carers' needs are at the centre of person centred planning for the cared for person and the carer.	✓	✓	✓	✓	✓	✓	✓

Inequalities	Continue to provide leadership for robust public protection arrangements.	✓	✓	✓	✓	✓	✓	✓
Inequalities	Health and Social Care Partnership continues its commitment to working in partnership with colleagues in Working4U and third sector partners particularly around the Child Poverty Action Plan and benefits maximisation across our communities.	✓	✓	✓	✓	✓	✓	✓

Inequalities	Continue to provide leadership on health inequalities.	✓	✓	✓	✓	✓	✓	✓
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DRAFT

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

19 February 2020

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

1. Purpose

1.1 To present to the HSCP Board with:

- A further update on improvement activity 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 the latest update on improvement activity in the context of further work being taken forward which seeks to address areas for improvement as reflected in the key findings of the inspection report.

3. Background

3.1 As previously reported to the HSCP Board, the Care Inspectorate published their report on the inspection of West Dunbartonshire Justice social work services on 6 August 2019.

3.2 An action plan was developed and reported to the HSCP Board in November 2019. This paper provides a further update on activity.

3.3 The key themes for improvement within the inspection model related to:

- Outcomes for individuals
- Cultural change
- Service improvement
- Leadership and governance.

3.4 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. Main Issues

- 4.1** The current action plan is included at Appendix 1. Updates on activity are included within this live document which continues to be regularly updated to reflect completed and revised actions. The plan has been further informed by continued discussion with local managers and professional colleagues from the Care Inspectorate and Community Justice Scotland. It is intended that a refreshed action plan will be presented to the next Board meeting.
- 4.2** A follow up meeting took place in December 2019 with HSCP Senior managers and the Chief Executive, Head of Analysis & Improvement and the Learning, Development & Innovation Lead from Community Justice Scotland to review progress and further define support to West Dunbartonshire.
- 4.3** Work is currently ongoing to develop a clear programme of activity in partnership with Community Justice Scotland around improvement within defined timescales, focussed on:
 - Risk assessment tools
 - Accredited interventions
 - Unpaid work
 - Case management planning.
- 4.4** Managers recognise that the plan must incorporate staff engagement, reflect resource pressures and change management methodology. Work to incorporate this into the refreshed Action Plan is being taken forward by the Criminal Justice Service Manager and Community Justice Coordinator.
- 4.5** Key areas of activity since the last update report are summarised below.
- 4.6** Training and Development:
 - Audit and training needs statements to be completed by staff and managers by 1 February 2020 to integrate to workforce development plan and individual supervision;
 - Workforce Development sessions with Community Justice Scotland being finalised (delivery expected March/April 2020);
 - Alcohol Brief Interventions training scheduled for 15 February 2020.
- 4.7** Risk Assessment:
 - Six of 17 social workers completed accredited Risk of Serious Harm training; further dates being arranged for other staff;
 - LSCMI risk assessment guidance updated and being tested within a sample group of cases;

- Justice Star tool being rolled out incrementally across interventions to measure impact of interventions on desistance and community re-integration;
- MAPPA document set training completed with Social Workers.

4.8 Accredited Interventions:

- Accredited programmes research and scoping commenced; site visits to other areas; focus on domestic abuse and high risk offending.

4.9 Performance:

- Changes implemented to allocation of Community Payback Orders with supervision requirement within 48 hours of sentence:
 - October 2019: 4%
 - December 2019: 60%
- Caseload management reports completed; analysis will establish true workload and develop capacity model
- Developing model for review of Geopal electronic feedback system for unpaid work and expand to include feedback on supervision.

4.10 Performance against the three key performance indicators for the third quarter of 2019-20 (October to December) is as follows:

Key Performance Indicator	Quarter 3 2019-20	Quarter 3 2018-19	Variation
Reports submitted to Courts on time	78%	87%	-9%
Induction within five days	57%	38%	+19%
First contact within seven days	70%	68%	+2%

4.11 Whilst performance for individuals completing induction and commencing placement continues to improve, the quarterly figure for reports being submitted to courts on time fell by 9%.

4.12 Further analysis has shown that staff absence impacted on performance here, alongside an increase of 34% (n=54) in report requests during Q3 of 2019-20 compared to the previous year.

4.13 Unpaid Work:

- Unpaid work staff commenced community justice training as second pilot area (led by Community Justice Scotland): January 2020;
- New premises identified for unpaid work teams.

4.14 Improving Outcomes:

- Pathways for access to mental health and Working 4U (employability) being developed with Council partners;
- Work commenced with West Dunbartonshire CVS to develop volunteering opportunities.

4.15 Further liaison with sentencers at Dumbarton Sheriff Court will consider quality assurance around assessment, action plans and reviews. A development session will be arranged with sentencers to explore how community sentencing options can be developed, whilst a regular pattern of meetings of the Sheriff Court Consultative Committee and between the Sheriff Principal, sheriffs and Chief Social Work Officers are also taking place.

5. People Implications

5.1 Staff engagement and participation continues to be at the heart of developing a sustainable model of service delivery and the improvement action plan, incorporating Community Justice Scotland support, will reflect this.

5.2 Managers continue to link 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 Improvement activity and development of a comprehensive training and development programme includes consultation with staff, operational managers and external professional colleagues.

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
20 January 2020

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 (February 2020)

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: February 2020 (highlighted in bold)
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	<i>December 2019</i>	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. - Continued monitoring and scrutiny of progress in place. Weekly management meetings and monthly 1:1 supervision enables issues affecting performance to be addressed.

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: February 2020
	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	<ul style="list-style-type: none"> - COMPLETE: Initial planning meeting with Community Justice Scotland Learning, Development & Innovation lead December 2019. - Implementation plan in final stages of completion - Workforce development sessions will take place March - April 2020
	Access to improved range of accredited programmes to reduce re-offending (KM1, 2)	Head of Service Service Manager	March 2020	Improved case management plans	<p>Justice Outcome Star training completed for some staff. Site visit to nearby area will inform implementation plan.</p> <ul style="list-style-type: none"> - Increased use of Justice Star underway, included as part of considerations with Community Justice Scotland - Scoping of available accredited programmes underway to establish additional resource & finance required.
	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)	April 2020	Risk assessments are fully completed and directly inform case management plans	<ul style="list-style-type: none"> - In progress. Case/risk management assessment and plans prioritised, workforce development sessions planned March -April 2020

Quality Indicators	Actions for improvement	Responsible	Timescales/ Review	Evidence of Improvement	Update on activity: February 2020
<p>How well do we meet the needs of our stakeholders?</p> <p>2.1 Impact on people who have committed offences</p>	<p>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)</p>	<p>Unpaid Work Manager Council Department Leads Third sector organisations</p>	<p>December 2019</p>	<p>Tailored unpaid work placements to support people to complete their Orders</p>	<p>Unpaid work manager has engaged with Council assets team to identify suitable workshop premises.</p> <ul style="list-style-type: none"> - Potential new premises identified with the assistance of the Council Asset Team and Greenspace via CPWD Your Communities Tactical Group. Additional rental costs will be met by Greenspace.
	<p>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)</p>	<p>Unpaid Work Manager Senior Social Workers</p>	<p>December 2019</p>	<p>Expanded opportunities to address underlying issues</p>	<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. - Alcohol Brief Interventions training taking place February 2020 - Mental Health: Initial review underway. - Working4U: Review meeting 30/1/20 to scope improved access to employability and training for individuals with convictions - Health Improvement Team: Initial discussions underway on developing a public health approach to justice - Monitoring and scrutiny process in place through CJSW Management Team.
	<p>Increase volunteering, employability and training opportunities particularly for individuals who have completed their Orders in partnership with Community Volunteering Services (KM1, 2, 3)</p>	<p>Unpaid Work Manager CVS</p>	<p>December 2019</p>	<p>Range of opportunities for individuals following completion of their orders</p>	<ul style="list-style-type: none"> - Unpaid Work Manager and CVS progressing two areas of priority: <ul style="list-style-type: none"> (i) Developing a process of engagement and referral with CVS (ii) Developing peer support volunteers with CJSW Service

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: February 2020
	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 - Six of seventeen Social Workers have now undertaken accredited training for risk of serious harm (ROSH) assessment.
<p>How good is our delivery of services?</p> <p>5.2 Assessing and responding to risk and need</p>	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 & reason to ensure appropriate follow-up. - Allocations process for Super changed: 4% allocated within 2 days (Oct 19) to 60% (Dec 19) for individuals
	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	<ul style="list-style-type: none"> - LSCMI Risk Assessment Guidance updated; being tested with sample cases to inform roll out - Included within partnership work with Community Justice Scotland (1.1)
	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. - Review of all high risk offender cases by service manager. - Continuous review within management meetings.

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: February 2020
	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). - COMPLETE: MAPPA document set refresher training for CJSW staff. - MAPPA Strategic Oversight Group 29/1/20 to consider local joint police/SW training.
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	- In progress. Included within partnership work with Community Justice Scotland (1.1 & 5.2)
	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	- Review of the increased use of electronic feedback system for Unpaid Work service users (GEOPAL) February/March 2020. - Review of feedback methods from Supervision service users February 2020. - CPWD Your Communities Tactical Group to support Unpaid Work Manager to progress improvements to community feedback
	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	- West Dunbartonshire 2nd pilot area for Community Justice Scotland training for three unpaid work staff: January 2020. - Training and development audit being completed (February 2020) by managers and staff to inform individual supervision and development plans - COMPLETED: Service Manager now member of Social Work Scotland Justice Standing Committee. - Service Manager, Community Justice Co-ordinator and WD OD developing team development sessions

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: February 2020
	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 – <i>work ongoing with HSCP Information Team.</i>
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.
	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) - inform service vision. - Manager on national unpaid work practice network - Confirm representative for Adult Justice Throughcare Practice Network from November 2019

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Health & Social Care Partnership Board: February 2020**

Subject: Review of Integration Scheme**1. Purpose of Paper**

- 1.1 To provide an update to the HSCP Partnership Board on the work ongoing in West Dunbartonshire to review and update the Integration Schemes between West Dunbartonshire Council and the Health Board.

2. Recommendation

- 2.1 The Board is asked to note the activity to progress a review of the Integration Schemes for HSCPs and consider when revised Schemes should be presented to the West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.

3. Background

- 3.1 Integration Schemes (based on a model integration scheme developed by the Scottish Government) were published by all HSCPs in Greater Glasgow and Clyde as part of the implementation of the Integration Joint Boards (HSCP Partnership Board). The Schemes offer a blueprint for the delivery of integrated services and require to be reviewed and updated to reflect progress made with integration since publication and the proposals/recommendations made in the Audit Scotland and Ministerial Strategic Group reports into integration.
- 3.2 Integration Schemes are required by statute to be reviewed within a “relevant period” of five years from initial publication. The Schemes for HSCPs across the HSCPs in Greater Glasgow and Clyde Board area received parliamentary approval at different times and are therefore subject to different review schedules. In order to ensure consistency where possible across the six HSCPs and to reduce duplication of effort it has been decided to carry out simultaneous reviews to enable revised Schemes to be agreed at the same time.
- 3.3 West Dunbartonshire HSCP’s Integration Scheme was the first to go live and is amongst others reaching the end of their relevant period in June 2020. The review of Schemes therefore requires to be concluded in order to have replacement Schemes in place by 1st July.
- 3.4 In order to take forward the joint review of the Schemes a short life, pan-Partnership, working group was been established and to date has met on four occasions to discuss progression of the review. The group is made up of representatives from all six HSCPs, the Chief Officer of East Dunbartonshire HSCP (to provide a link back to the Chief Officers Group), and Graeme Forrester representing the Health Board. The group are taking forward the review and revision of the Schemes, feeding back to and taking guidance from the Chief

Officers Group with a view to developing revised Schemes for approval by the Councils and Health Board, IJB, and the Cabinet Secretary.

- 3.5 An initial review of the Schemes has taken place and the HSCP has identified where edits were required (for example because of the then emphasis on transitioning from shadow arrangements to fully implemented IJBs or because reference was made to activity to be completed within the relevant period).
- 3.6 Individuals within the group, and the group collectively, have also considered areas that are consistent across all Schemes in NHS Greater Glasgow and Clyde where a review of the information is necessary. This enabled consideration of where attempts can be made to update and standardise the content to achieve a higher level of consistency across Schemes and to reflect the position within HSCPs for each area of the Scheme that may have changed since Schemes were originally published.
- 3.7 The group have had discussions with the Scottish Government to confirm processes and timescales required to be followed in order to obtain Cabinet Secretary approval for revised Schemes within the timescales outlined above. Further discussions are being sought to establish if there are any key areas where the Scottish Government have identified weaknesses in Schemes across the country that Integration Authorities should endeavour to strengthen in subsequent iterations. The Scottish Government have committed to reviewing early drafts of revised Schemes to offer guidance and feedback that will support smoother passage of the revised Schemes through the Ministerial approval process.

4. Main issues

- 4.1 Revised Schemes for the HSCPs require to be presented to the Health Board Finance and Performance group on 11th February and full Council Committee on 28th February to be agreed for approval to proceed with consultation on the draft Schemes.
- 4.2 This will be followed by a consultation exercise, which will follow guidance within the legislation and informed by advice from the Scottish Government on minimum expectations, the updated drafts will be presented to Council Committees on 24th May and to the Health Board for final approval 28th April. Following approval the Schemes will be taken to IJBs in/around May for noting and subsequently submitted to the Cabinet Secretary for Ministerial approval by the end of May 2020.
- 4.3 Ministerial approval requires to be obtained by the end of June 2020 and advice from the Scottish Government indicates that a period of around four weeks would be sufficient to conclude that process. The Scottish Government are unable to provide any assurances around the timescale but have indicated that if the Schemes have been reviewed and submitted by the end of June 2020 the legislation requirement will have been met. There is a risk that amendments are required following submission to the Cabinet Secretary that would impact on our timescales. However through sharing early drafts with the Scottish Government to get feedback and advice it is expected that amendments will be minimal.

- 4.4 One of the considerations for the review of the Schemes is to identify the consultation requirements for any changes to the content of the Schemes and to seek feedback on the revised Schemes generally. As above, the working group have taken initial advice from the Scottish Government and will develop a draft, high level consultation plan to be discussed with them to ensure the consultation is in line with the expectations of the Cabinet Secretary.
- 4.5 The initial Scheme was developed to reflect the nature of a shadow year of the Health and Social Care Partnership Board as such the refreshed version of the Scheme has been updated to reflect the current status of the Board. In other words, the tense of the wording has been updated to present rather than a future shadow Board.
- 4.6 In addition, the wording relating to Hosted Services has been updated to ensure the current arrangements; these arrangements during the shadow year had not yet been agreed and as such could not be accurately represented in the previous version. It is worth noting however that the detail of the hosted services is an operational management issues as such the commitments within the updated Scheme ensure that Chief Officers are able to deliver on the operational responsibilities flexibility across the whole system.
- 4.7 As expected, the section linked to Finance has also been refreshed as the delegation of budgets from Health Board and Council has reached a maturity of decision making which was not in place at the point of initial development of the Scheme. The Chief Finance Officers across all the Partnerships have actively worked together to ensure consistency with both Health Board and Council arrangements.

5. People Implications

- 5.1 None associated with this report.

6. Financial Implications

- 6.1 None associated with this report.

7. Professional Implications

- 7.1 None associated with this report.

8. Locality Implications

- 8.1 None associated with this report.

9. Risk Analysis

- 9.1 None associated with this report.

10. Impact Assessments

- 10.1 None associated with this report.

11. Consultation

11.1 As the Partnership Board will recognise, the key principles and high level ways of working as laid out within the Scheme reflect approaches to financial management and governance since the establishment of the Health and Social Care Partnership Board.

12. Strategic Assessment

12.1

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

Date: 19th Jan 2020

Person to Contact:

E-mail:

Appendices: **Integration Scheme**

West Dunbartonshire Health & Social Care Partnership

Meeting: Joint Staff Forum

Date: 16 October 2019

Time: 10.00 am (Staffside pre meeting at 9.00am)

Venue: Denny Meeting Room, 16 Church Street, Dumbarton
G82 1QL

DRAFT MINUTE

Present: Beth Culshaw, Chief Officer (Chair)
Jonathan Hinds, Chief Social Work Officer
Anne Marie Cosh, HRBP
David Smith, Unison
Sandra Cowie, Unite
Diana McCrone, Unison, NHS
Peter O'Neill, Unison
Wendy Jack, Interim Head of Planning
Ian Stevenson, GMB
Val Jennings, Unison
Andy McCallion, Unison
Lynne McKnight, IOM, Care at Home Services
Jennifer Ogilvie, Finance Manager
Julie Lusk, Head of Mental Health

Apologies: Ann Cameron Burns
Jo Gibson
Julie Slavin

In Attendance: Lorna Fitzpatrick (Minute)

Item	Description	Action
1.	Welcome & Introductions	
	Beth Culshaw welcomed members to the meeting and introductions were made.	
2.	Minute of Meeting held on 10 July 2019	
	The Minute was reviewed and was accepted as an accurate record of the meeting.	

3. Matters Arising

a) Workforce Plan

Gillian Gall provided an update. National Guidance is expected to be published later this year and management reps and TU reps have been agreed. Andy McCallion was proposed for the council from Unison with a further proposal to come from GMB.

Action: Peter O'Neill to update Gillian Gall with recommendations for group membership and this will be an agenda item for the next meeting.

b) i Matter Update

64% achieved to date with a target of 80%. Gillian Gall described the various dates for completion. Particular reference was made to the increase in responses from home care workers which increased to over 60% from 2% using mobile phone technology.

c) Staff Governance Update

Dates have been circulated but not yet agreed. This will be completed within the next month and an update will be provided at the next meeting of this forum.

d) JSF Development Session

This has been reviewed and topics have been suggested: "How the JSF works effectively as a group – looking at communications, sustainability and what works well." OD has been given the responsibility of arranging the date.

4. Items and Minutes from Other Meetings for noting:

a) Area Partnership Forum

The paper was noted. Diana McCrone asked about the public holiday on VE day and whether this would change. Unison want to maintain the May Day holiday and suggest that we give people two public holidays and that idea is being developed. This will go to JCF next meeting. There is a lot of ongoing debate and the outcome is awaited.

b) JCF Minute

The Minute was noted.

c) HSCP Health & Safety Committee Minute

The Minute was noted.

5. Finance

Financial Performance

Jennifer Ogilvie presented the paper that was presented to the HSCP Board on 2nd October and describes the current financial position. The appendices have been reformatted to be more transparent and give more information.

David Smith advised that the figures appear to be quite confusing and change fairly rapidly. How did we move from a £450,000 underspend to a current £1m overspend?

Beth Culshaw advised that the £450,000 underspend was the year end position at the end of March 2019. This paper describes the figures for period 5 in the current year. This is a very fluid position. We are starting to think about what will happen next year after the Government settlement expected in December. Heads of Service are currently meeting to discuss savings proposals.

Jennifer Ogilvie advised that in terms of appendix 3, the social care appendix, there is a significant amount of pressure in various areas, particularly children and families. There are also some underspends, particularly around residential care for older people but pressure on care at home services. This is impacted by the aim to keep people out of hospital where appropriate.

Lynne McKnight provided an update on care at home services. A high number of posts are based on Monday to Friday shifts and work is ongoing to review this and to consider offering weekend only posts and other solutions to provide efficient care. Challenges are around public holiday cover with the majority of clients needing support on public holidays – this is a change from earlier years. Staff are appropriately trained and staff are freed up for that which provides a challenge with back-filling. Registration with SSSC changes also leads to staff pressures.

There is also an increase in the number of staff needed to provide care and often this will involve two staff rather than one.

Work with HR colleagues is also ongoing to try to reduce the length of the recruitment process.

The vast majority of home care services is delivered in-house which is very different from most local authorities within Scotland.

Lynne noted that we are proud of the services we deliver and the recent Care Inspectorate report was very positive. Our staff are compassionate and efficient and that too was recognised in the report.

The aim is to get the right staff in the right place at the right time to provide the correct level of care. The recruitment process is ongoing – the advert is renewed every four weeks. Changing shift patterns are under review all the time.

Recognition from the Care Inspectorate and district nursing colleagues has led to staff feeling more valued.

Risks: The main one is in terms of service redesign in connection with the evening meal service; there are also risks in terms of the charging policy but not any specifically connected to staff rationalisation.

The big challenge just now is around Brexit, with particular reference to prescribing; but many other areas will also be impacted.

6. Service Updates:

a) Children Services and Criminal Justice

Children and Families

Jonathan Hinds provided an update. Working groups have been set up: One to provide accommodation reviews and staff are now based in Bridge Street and work is underway at Elm Road to improve the space for contact.

Benchmarking work around the current duty model is underway to improve timescales and access to services.

Work has been undertaken around the Establishment within Children and Families. Over the last few months this has continued. There are currently three agency staff in C&F while recruitment continues. Five posts have been recruited to and appointed. Original agreement was for 6.5 posts to complete existing establishment with an undertaking to recruit to a further six posts.

There is a commitment to reinvest £250,000 into services and a report was reviewed at the Programme Board and is due to be updated.

Current issue in terms of office space – sub-group continues to work with assets colleagues and an options appraisal is underway with the preferred solutions expected today.

Staff moving into Bridge Street has caused some issues with Criminal Justice staff. These were all fairly practical issues which are being addressed. Discussions continue.

Up to date skill mix information will be provided at the next C&F meeting planned for 24th October.

Convenors Group for Children and Families will be up and running in November. The Programme Board are overseeing the development of this.

Criminal Justice – Val Jennings asked if there were any plans in place for repairs. This is in connection with CCTV and other issues which were causing concern for colleagues. Jonathan Hinds has a meeting at Bridge Street to review progress. Risk assessments in the reception area have also been undertaken.

Laura Smith, new Criminal Justice Manager took up post on Monday this week.

Andy McCallion asked about the big overspends in Children and Families. In other local authorities they have expanded in-house provision which is much cheaper than purchased placements. Jonathan Hinds advised that work on this – including foster carers and kinship – is ongoing and this will link into the main national events. There is a real aim to provide this service internally. The expense on external residential placements is considerable and we need to look at the numbers of referrals and the SMT are working to understand this. In terms of being able to expand our local residential provision – this is on the radar, depending on the outcome of the current review of how we provide services. There are certainly lessons to be learned about methods of intervention and accommodation.

b) Health & Community Care Update

New Health & Care Centre

Activity on the new health centre continues and all the governance issues appear to have been resolved. If we get approval next week, things should move ahead quickly.

Residential and Day Care Update

There have been full discussions around this with the main concern being around catering staff. We will go back to the situation originally recommended with three staff at each end of the authority. Lynne McKnight hopes that the process, including recruitment will be concluded by the end of December.

PCIP Update

This relates to the new GP Contract and a paper will be submitted to the next HSCP Board. Top date, every GP practice in West Dunbartonshire has received some resource from PCIP.

c) **Mental Health, Learning Disability and Addictions**

Action 15 Update

Julie Lusk advised that all identified posts have been recruited to and the recruitment plan for next year is about to start. The first Wellbeing Clinic has taken place with ten referrals into the CPN who is undertaking the wellbeing nurse role. One referral referred on to DACA; one to Welfare Rights, two referred to CMHT and the rest dealt with by the CPN in the clinic. A further update of proposals for recruitment for next year will come to the next Joint Staff Forum meeting.

This has been a really positive piece of work.

d) **Strategy Planning and Health Improvement**

Strategic Planning Group Update

Wendy Jack described the presentations made by our Link Inspector at the last meeting of the group. Five priorities within the Strategic Plan were reviewed and discussed with our partner organisations. This is about what our priorities are and where we spend our money.

We have reviewed the impact within our communities and we focussed on this at the extended management team. It is helpful for new managers to understand the totality of spend and what we are actually trying to deliver.

The group is open to the public and all are welcome.

7. Protection

A short life working group is being set up and Gillian Gall advised that nominations are currently being sought. There are only a small number of staff (18) who are still on protection.

8. Standing Items:

a) HSCP Board Meeting

Meets on 13th November with reports planned on:

- Public Performance Update
- Primary Care Improvement Plan
- Policy Initiatives

- Children and Families
- Criminal Justice
- Self Directed Support
- Climate Change
- Commissioning Plan
- Brexit
- Finance (a month 6 position will be available for this)

A meeting with staffside colleagues and managers will be set up for a date in December to review finance.

- b) HR Reports – attached
 Gillian Gall and Anne Marie Cosh presented the HR reports for information. Generally, absence for the NHS is showing a reduction across the board.

Local Authority absence is also improving but a number of hot spot areas are currently being dealt with. There are still big issues with longer term absences.

Andy McCallion thinks it is significant that long term absences are high and he advised that people are being encouraged to get back to work too early. Staff are irritated that they have hit triggers unnecessarily when absent. He feels the policy doesn't lend itself to encouraging people to get back to work. He considers it unfair that people hit a trigger when they have an injury; he also felt that managers do not support requests for discretion.

These are difficult conversations – Anne Marie Cosh advised that where the necessary criteria are met, HR will support requests for discretion with strategic leads.

Peter O'Neill noted that the policy is punitive; staff are not really encouraged to come back to work; this will not be impacted by changing the word "trigger" to "prompt" when the policy is reviewed.

David – requested management adjustments from managers – trade union colleagues will want sight of proposals in advance and Beth Culshaw confirmed that that will be the purpose of the proposed session in December.

David Smith asked how the budget information is fed into staff on the front line. Heads of Service and their teams have been asked to develop ideas over the next few months and consideration will be given as to how best to share.

There was a discussion on where Statutory and Mandatory training records are kept and Anne Marie Cosh advised that these are held locally within services and reported to the Care Inspectorate.

David Smith asked that everyone should be mindful of staff goodwill as it is our staff that are keeping services going that would otherwise break down. He stated that if staff start working to contract, massive parts of this organisation will fail. A number of staff have been emailing him because they have been advised at team meetings about how much savings will need to be made. Staff are fed up with cuts; They can't be more creative about delivering services and they will consider their positions if cuts continue to be made.

Beth Culshaw advised that while there is general concern over finance we need to wait and see what the financial settlement is in December - but it is likely that there will be reduction in budgets. We have to look and see if there is any scope for efficiencies. That work happens every year to work through risks and implications and consider how to take things forward.

Wendy Jack asked what David Smith would like to happen as far as engagement with front line staff is concerned.

David Smith said there is public knowledge out there about areas where the partnership is not performing well and that staff are beyond breaking point.

Beth Culshaw advised that there is a lot of work underway with a budget setting process in place with managers at all levels. She asked that if there are ideas where we can make savings that won't impact on staff or service users, then that information should be shared with the SMT.

There was a discussion around staff being advised of a required percentage level of savings and it was confirmed that each year, a range of options are worked up covering a number of different percentage reductions. This allows managers to be more flexible in where to eventually take savings from. Again this still has to be discussed and refined once allocations are known – so at this stage various percentages for required savings will be reviewed.

Beth Culshaw asked that if anybody had any specific concerns about the manner in which financial information was being shared, they should discuss this with a senior manager.

9. AOCB

Beth Culshaw noted that this was Julie Lusk's last meeting and thanked her for her contribution.

10. Date of Next Meeting

Schedule of meetings to be agreed (including agenda setting meetings)

West Dunbartonshire HSCP Health & Safety Committee

Draft Minutes

Ballantines Meeting Room, 16 Church Street, Dumbarton G82 1QL

Tuesday 22nd October 2019, 10:00 a.m. – 12:00 p.m.

Item	Subject	Lead/ Action
1.	<p>Welcome & Apologies Helen Little (Chair), MSK Service Manager Suzanne O'Neill, Interim Day Care Service Development Manager, Elderly Residential Care Lynne McKnight, Integrated Operations Manager Stephen Gallagher, WDC H&S Officer Bob Purdon, Health Improvement Lead Val Jennings, Unison, H&S Rep Jean Cameron, Acting LAAC Manager Shirley Furie, GMB Rep Anne Cameron Burns, NHS Unison Rep Liz Kerr, Business Manager Janice Mundie, Team Leader Elaine White, Lead H&S Practitioner Andy McCallion, Unison Rep Hazel Slattery (Minutes), PA</p> <p>Apologies Serena Barnatt, Head of People and Change Berny Smith, Interim Integrated Operations Manager – COPT Mags Simpson, Senior Nurse Jacqui McGinn, Health Improvement Manager Fraser Downie, Integrated Operations Manager – Mental Health David Sawers, Service Manager, Retinal Screening Fiona Rodgers, Senior Nurse Hazel Kelly, Senior Occupational Therapist</p>	HL
2.	<p>Minutes From Previous Meetings</p> <p>i) HSCP H&S Committee Minutes of meeting held on 30th July agreed as an accurate record.</p> <p>ii) NHS GGC Board H&S Forum Minutes of meeting held on 17th July 2019 for noting.</p> <p>iii) Joint (Corporate) H&S Committee WDC No meeting has taken place since our last meeting. Last meeting held on 7th May 2019.</p>	
3.	<p>Matters Arising Stress Survey JC provided an updated on the Stress Implementation Group in MS absence.</p>	

	<p>Paper was circulated to group. The risk assessment has been agreed, this will be shared with H&S colleagues for final review. First draft of the action plan has been completed and has been shared with teams for comment. Once final document agreed it will be implemented across all teams in the service. Staff Well Being Group is to be established. Going forward Marie Hickman and Sandra Woollard will co-chair these meetings.</p> <p>ACB asked if she could be invited to join the group to ensure appropriate union representation. A formal invitation will be extended.</p> <p>Presentation from MSK H&W Event HL provided an overview of the work carried out locally. A Well being Steering Group has been set up union representation and HR play a vital role in this group. Inspirational talks were provided and well received by teams. ACB asked what leadership training was provided and who too; HL confirmed that it was training based on NES leadership behaviours, focussed on behavioural change and provided to Band 8's and 7's. There are no plans to roll this out to Band 5's and 6's however work is still ongoing.</p> <p>Fire Audit – Clydebank Health Centre LK provided an update on the recent incidents in Clydebank Health Centre and recent fire recommendations. Technical surveys have been provided and recommendations are being taken forward. Fire Scotland have also made recommendations which are also being taken forward.</p> <p>HL noted that it was raised that the HSCP need to improve communication between HQ and teams on the ground during incidents. There are different processes between Alexandria/Dumbarton and Clydebank teams. Parking issues were also highlighted along with the difficulty faced keeping members of the public out of the building during an evacuation at the different entrances to the Clydebank Health Centre building.</p> <p>Constitution S Gallagher circulated the constitution for agreement. ACB suggested that a member of union be co-chair. This was agreed. SG will add a paragraph re quorum at meetings, and re-circulate for agreement.</p> <p>Health and Safety Protocols Protocols have been agreed. SG will arrange for these to be ratified and made available on the intranet.</p>	<p>JC</p> <p>HL</p> <p>SG</p>
<p>4.</p>	<p>HSE Implementation Plan (NHS) Latest core brief for WDC indicated good procedures in place. Health and Safety groups have now been disbanded. Any further communication will now come from Beth Culshaw, Chief Officer.</p> <p>Preventing and minimising falls will be focussed on throughout the HSCP.</p> <p>HL asked everyone to ensure mandatory learn pro modules are kept up to date these are required every 2 years.</p>	<p>ALL</p>
<p>5.</p>	<p>Standing Items – Health and Safety Reports (Datix and Figtree) i) H&S Proforma's</p>	

	<p>Proformas were provided for information from each service area. Mandatory training continues to take place within all services. Nil returns from MSK, Retinal Screening and Strategy, Planning and Health Improvement were noted.</p> <p>ii) H&S Reports (Figtree) SG circulated HSCP incident report, the new reporting systems are going well, managers are reviewing incidents regularly. Two RIDDOR incidents have been recorded; these are flagged with line managers then SG. No practical issues were highlighted.</p> <p>VJ highlighted that she was not receiving automatic email notifications – SG stated that VJ was on the distribution list and he will investigate further reason VJ not receiving these. It was agreed that one contact from each of the unions will be added to automatic system for notifications, unions will provide email addresses.</p> <p>SG confirmed that no incidents were recorded by the Criminal Justice team, violence and aggression incidents are recorded and reported through PPB.</p> <p>JC confirmed that childcare service had incidents however none were recorded on HS1 as these are now completed on the PPB system. A further discussion took place around the recording of incidents within childcare settings. SG confirmed that it was agreed at this meeting around a year ago this new way of recording incidents. ACB requested copy paper.</p> <p>iii) Quarterly H&S Joint Committee Report EW provided members with update. VJ asked if more information could be provided as the report only indicates number of incidents and does not provide detail. EW advised that this was a strategic report. SG advised that this format had previously been agreed as in-depth detail is provided in the above reports. VJ and AMcC agreed that this level of information was acceptable.</p> <p>EW advised that 38 datix incidents had been raised. One incident has still to be fully investigated.</p> <p>EW advised that no protocol is in place for allowing mobility scooters in to health centres, this will need to be taken to the Health and Safety Forum for further guidance. LK advised that Social Work guidance states that mobility scooters are left outside of premises; however it can be difficult to implement this.</p> <p>EW reminded staff to ensure that needle stick training is up to date on Learn Pro.</p> <p>iv) Datix Group No update available.</p> <p>v) Fire Training Inspections Fire training inspections are ongoing.</p>	<p>SG</p> <p>JTU, WDC</p> <p>SG</p> <p>EW</p> <p>ALL</p>
<p>6.</p>	<p>Violence and Reduction Group (NHS) EW provided update. No representative from this group is attending. Policy is in place. John Gilmour’s team can provide training. EW reminded everyone to ensure that the risk assessments reflect restraint training. FD confirmed as representative for the group.</p>	

7.	<p>Scottish Manual Handling Passport</p> <p>Meeting took place at end of August and it was felt a post dedicated to moving and handling within WDHSCP would be beneficial. It was agreed developing a business case for this would be beneficial and SG is working with Brian Keogh from GGCNHS to look at how to take this forward.</p>																			
8.	<p>Risk Assessment Review Update</p> <p>SG advised all managers to ensure that risk assessment teams were implemented in each of the service areas. Managers were encouraged to set up teams and attend training. As per risk assessment guidance risk assessment teams should ideally include a manager and TU rep / employees experienced and familiar with the work activities being risk assessed.</p>	ALL																		
12.	<p>Any Other Business</p> <p>SG advised that he is the designated Equipment Coordinator for WDC and monitors Equipment Safety Alerts sent by Health Facilities Scotland. The need for more robust arrangements to be in place has been identified and SG is currently working on developing a safety management standard. This will be circulated for review/comment before next meeting.</p> <p>VJ asked if a risk assessment could be carried out at the reception area in Bridge Street, she has concerns that this could become an overcrowding problem. HL agreed to raise with Jonathan Hinds.</p> <p>SG informed group that due a member of staff falling and fracturing a leg on the shortcut path to Crosslet House, he has approached Ruth Pryce to see if the unpaid work team would be able to establish a bespoke path.</p>	SG HL																		
13.	<p>Dates of Future Meetings</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Venue</th> </tr> </thead> <tbody> <tr> <td>22nd October 2019</td> <td>10 a.m. – 12 p.m.</td> <td>Ballantines Room, 16 Church Street</td> </tr> </tbody> </table> <p>Meeting Dates 2020</p> <table border="1"> <tbody> <tr> <td>28th January 2020</td> <td>10 a.m. – 12 p.m.</td> <td>Ballantines Room, 16 Church Street</td> </tr> <tr> <td>28th April 2020</td> <td>2 p.m. – 4 p.m.</td> <td>Ballantines Room, 16 Church Street</td> </tr> <tr> <td>11th August 2020</td> <td>10 a.m – 12 p.m.</td> <td>Denny Room, 16 Church Street</td> </tr> <tr> <td>3rd November 2020</td> <td>2 p.m. – 4 p.m.</td> <td>Ballantines Room, 16 Church Street</td> </tr> </tbody> </table>	Date	Time	Venue	22 nd October 2019	10 a.m. – 12 p.m.	Ballantines Room, 16 Church Street	28 th January 2020	10 a.m. – 12 p.m.	Ballantines Room, 16 Church Street	28 th April 2020	2 p.m. – 4 p.m.	Ballantines Room, 16 Church Street	11 th August 2020	10 a.m – 12 p.m.	Denny Room, 16 Church Street	3 rd November 2020	2 p.m. – 4 p.m.	Ballantines Room, 16 Church Street	
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West Dunbartonshire Health & Social Care Partnership

Meeting: Senior Management Team Clinical and Care Governance

Date: 15 January 2020

Time: 1.30pm

Venue: Denny Meeting Room,

Draft Minute

Present: Val Tierney, Chief Nurse (Chair)
Jonathan Hinds, CSWO
Helen Little, Lead MSK Physiotherapy
Philip O'Hare, Clinical Risk Adviser
Fiona Taylor, Senior Nurse
Lynne McKnight
Sheila Downie
Fraser Downie, Interim Head of Mental Health

Apologies: Beth Culshaw, Chief Officer
Jo Gibson, Head of Health & Community Care

Item	Description	Action
1.	Welcome and Introductions	
2.	Minute of Previous Meeting Helen Little presented on the feedback from the previous meeting which was held in a workshop format. <ul style="list-style-type: none">• A work-plan is being worked on and written feedback will be shared.• The exception report has been adjusted and will be reviewed on an ongoing basis.• With regard to exception reporting, nothing should reach the HSCP Board until it has come to this meeting. It would be helpful if this group had some oversight of the activity that is happening within different services within their quality framework. There is an abundance of good work but currently it is not possible to review where work is less good. VT to explore with SMT proposal to map quality control and assurance mechanisms across services	

3. Matters Arising

There were no matters arising not covered elsewhere on the agenda.

4. The Clinical Governance Forum Work Plan

The update was reviewed and discussed.

Exception Reports

5. Children and Families

Jonathan Hinds presented the report which covers:

- Safe Care: risk incident (children and families)
- Clinical and Care Effectiveness: (criminal justice social work)
- Person Centred Care: (complaint children and families)
- Other: children and families fieldwork services collective grievance

CAMHS team is a small team and it has proved difficult to recruit to the psychology cohort. In September 2019, three members of staff left in the same week and another member of staff went off sick. The other nine members of staff are not considered core.

Things are progressing as urgent referrals have been prioritised; all vacancies have now been recruited. Lower risk children have been pushed further and further down the list though and have now been waiting a considerable length of time.

In terms of the risk, we are fortunate that high risk children have been seen but the ongoing risk is the long waiting list as we continue to prioritise open cases and high risk cases.

The team have done very well but there is a real concentration on getting things back on an even keel and to reduce the long waiting lists. A robust risk assessment is in place and VT and SD will continue to review and report to HOS

VT SD

Screening. Vision screening in school age children uptake was low in comparison to other HSCP's during 2019. Val Tierney has asked what was behind that – was it our capacity to provide or just low uptake. As Outgoing Senior Nurse flagged difficulty in delivering this service due to staffing

constraints via risk assessment in September 2019 this is unlikely to improve for 2020 without concerted efforts. . This is an area for review with the School Health Team to ensure a positive direction of travel. VT to arrange meeting with new Senior Nurse

VT

6. Mental Health/Learning Disability/Addictions

Re outstanding SCI reports FD reported that band 6 nurses had now been trained across the service to participate in SCI reviews and this should result in greater capacity to conduct reviews within timescales outlined in SCI policy

Three Datix issues have been raised within older people services relating to the absence of an available interpreter.

7. Health and Community Care

Fiona Taylor introduced the report which describes a drug error within the district nursing service; four medication recording incidents within residential care; exposure to hazard within community administration; and an unsecured building.

The report went on to describe recent inspection report at Crosslet which is a reduction from the previous report. From grade 5 to 4, however the quality remains good and actions developed around recommendations. There were no requirements stipulated by Care Commission.

Sheltered Housing grade remains at 5.

Care at Home. The report describes issues with limited ability of time due to workload pressures to allow staff time away from front line duties to access dementia training. There is a plan to meet basic level dementia training for all frontline staff within 12 months.

All staff are now registered with SSSC- and process for ongoing review of registration has been developed.

The report provides an update on the Hospital Discharge team; Care at Home; Residential Care and FIT.

The final section on person centred care provided updates on community administration, administration, residential/day care, community administration and care at home.

The report also provided an update on the current risk register.

One particular area for discussion was the increase in referrals for free personal care for under 65s.

Large Scale Investigation – the moratorium has been lifted and things have been more positive.

8. Planning and Health Improvement

No Update available

9. MSK Physiotherapy

There have been 12 datix reports and these are detailed in the paper.

Waiting times have increased with increased demand with a work-plan on place to focus on this which will include a pilot of the Florence System to try and reduce numbers waiting.

Within PCIP the data from APPs in GP practice demonstrates 82% fill rate for appointments and increased trend in patients being booked direct from reception thereby freeing up GP appointments.

One upheld complaint re staff attitude. Staff member was reflective and learning evident.

Patient consultation carried out with patients on routine waiting list; theme is that patients are keen for information whilst they wait for services.

10. Retinal Screening

No report available.

11. Chief Nurse Update

- Update PCCG Group
No update available

- Update excellence in care
Care Assurance Standards being tested for District Nursing
Care Assurance standards for Children and Families – Health Visiting , School Nursing and Family Nurse Partnership in progress

- Food Fluid and Nutrition Standards – Audits –
MUST results LD Val Tierney has reviewed with Julie Fitzpatrick PNL LD who provided assurance

that learning and education plan in place to secure required improvement.

Safe Care/Risk Management

12. Clinical Risk Report

Philip O'Hare presented the report which provides an overview of the clinical risk activity across West Dunbartonshire in relation to:

- Significant Clinical Incident (SCI) Activity
- Clinical incidents reported across the service
- Hosted services
- New Issues identified by the clinical Risk Team for consideration

There was discussion around the fact that clinical risk have not received a rapid alert or Severity 4/5 for all incidents. A full list is included in the report and as the majority sit within mental health, Fraser Downie agreed to review.

The report also details the three open actions from closed SCIs – each of these sit within community mental health.

13. Quality Improvement

No update available

Person Centred Care

14. Compliments, complaints and feedback

No update available

15. Care Opinion

This is an electronic platform which is used widely in acute to record feedback from service users. Agreed to present the paper to the SMT before considering any further action.

L Fitzpatrick

Public Protection

16. Self Directed Support

Jonathan described the work that is already underway and described the work groups and the work underway. There is a regular programme of work that is provided to the Care Inspectorate.

17. Adult Protection

We are without a coordinator and this is a priority to fill this vacancy. We are reviewing the possibility of recruiting two leads – one for children and adult services.

18. Child Protection

19. Chief Social Work Officer Report

Next report will be written up in the summer for submission to Council towards the end of the year.

Medicines Governance/ Infection Control

20. Peer Flu Immunisation

Val Tierney reported on the exceptional performance from the West Dunbartonshire District Nursing Team in securing a high rate (79%) of flu vaccine uptake amongst HSCP staff.

General Business

21. AOCB

Add Lynne McKnight, Fiona Taylor and Sheila Downie to the mailing list for this group.

LF

Updated draft Significant Clinical Incident Policy out for consultation until 20th January – agreed to respond individually as the timeline is short. Key change is proposal to merge rapid alert and category 4/5 form into a briefing statement.

Clinical and Care Governance Report. Agreed that a template would be prepared for completion by heads of service.

Date of Next Meeting: 18 March 2020