

Agenda

West Dunbartonshire
Health & Social Care Partnership

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

Date: Wednesday, 23 September 2020

Time: 13:00

Format: Zoom video conference

Contact: Email: committee.admin@west-dunbarton.gov.uk

Dear Member

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

The business is shown on the attached agenda.

Yours faithfully

JULIE SLAVIN

Chief Financial Officer of the
Health & Social Care Partnership

Distribution:-

Voting Members

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

Senior Management Team – Health & Social Care Partnership
Ms A Priestman
Ms Z. Mahmood

Date of issue: 17 September 2020

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

WEDNESDAY, 23 SEPTEMBER 2020

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Submit for approval, Minutes of Meeting of the West Dunbartonshire Health & Social Care Partnership Board Audit and Performance Committee held on 11 December 2019.

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Submit report by the Chief Internal Auditor on the performance of Internal Audit and providing an overview of the West Dunbartonshire Health & Social Care Partnership Board's overall control environment.

5 AUDIT SCOTLAND: COVID-19 GUIDE FOR AUDIT AND RISK COMMITTEES 21 - 44

Submit report by the Chief Financial Officer informing of new guidance issued by Audit Scotland on key issues for consideration by audit and risk committees during the COVID-19 pandemic.

6 INTERNAL AUDIT ANNUAL REPORT FOR YEAR ENDED 31 MARCH 2020 45 - 52

Submit report by the Chief Internal Auditor presenting the updated Chief Internal Auditor's Annual Report for 2019/20.

7 ANNUAL AUDIT REPORT 201/10 – WEST DUNBARTONSHIRE INTEGRATED JOINT BOARD 53 - 93

Submit report by the Chief Financial Officer presenting the Annual Audit Report and Auditor's letter for the audit of the financial year 2019/20.

8/

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

At a Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held in the Council Chamber, Clydebank Town Hall, Dumbarton Road, Clydebank on Wednesday, 11 December 2019 at 2.00 p.m.

Present: Bailie Denis Agnew and Councillors Marie McNair and John Mooney, Mr Allan MacLeod and Ms Audrey Thompson.

Attending: Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Wendy Jack, Interim Head of Strategy, Planning & Health Improvement; Jo Gibson, Head of Community Health & Care Services; Jonathan Hinds, Head of Children's Health, Care & Criminal Justice (Chief Social Work Officer); Colin McDougall, Audit and Risk Manager; Kirsteen MacLennan, Integrated Operations Manager, FIT Hospital Discharge Team; Lynne McKnight, Integrated Operations Manager, Care at Home; Bernadette Smith, Integrated Operations Manager, Residential and Day Services; Fraser Downie, Nurse Team Leader; Nigel Ettles, Principal Solicitor and Gabriella Gonda, Committee Officer.

Also Attending: Mr Richard Smith, Senior Audit Manager and Ms Gemma McNally, Auditor, Audit Scotland and Stephen Rankin, Strategic Inspector, Care Inspectorate.

Apology: An apology for absence was intimated on behalf of Ms Rona Sweeney.

Councillor Marie McNair in the Chair

DECLARATIONS OF INTEREST

Councillor McNair declared an interest in Item 9 – Care Inspectorate Reports for Support Services Operated by the Independent Sector in West Dunbartonshire, being an employee of Key Housing Association and advised that she would leave the meeting during consideration of that item.

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the West Dunbartonshire Health & Social Care Partnership Board Audit Committee held on 25 September 2019 were submitted and approved as a correct record.

REVIEW OF AUDIT COMMITTEE TERMS OF REFERENCE

A report was submitted by the Chief Financial Officer presenting the New Terms of Reference of the Audit Committee as approved by the HSCP Board.

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

- (1) to note the change of name of the Audit Committee to the "Audit and Performance Committee"; and
- (2) to approve the nominations extending the non-voting membership of the Audit and Performance Committee with two representatives from the Strategic Planning Group, namely Anne MacDougall and John Paterson.

AUDIT PLAN PROGRESS REPORT

A report was submitted by the Chief Internal Auditor – Health & Social Care Partnership Board providing an update on:

- (a) the planned programme of audit work for the year 2019/20, and any remaining actions from the previous year, in terms of the internal audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde that may have an impact upon the West Dunbartonshire Health & Social Care Partnership Board;
- (b) the agreed actions from the audit of the Partnership Board's Code of Good Governance; and
- (c) progress of actions from the Annual Audit Report 2018/19 from Audit Scotland.

After discussion and having heard the Chief Internal Auditor - Health & Social Care Partnership Board in further explanation of the report and in answer to Member's questions, the Committee agreed to note the progress made in relation to the Audit Plan for 2019/20 and in progressing other action plans.

REVIEW OF AUDIT COMMITTEE

A report was submitted by the Chief Internal Auditor – Health & Social Care Partnership Board advising of the results of a self-assessment exercise carried out

recently by the Chair of the Audit Committee (now known as the Audit and Performance Committee) and the Chief Internal Auditor for the HSCP Board. After discussion and having heard the Audit Manager in further explanation of the report and in answer to Member's questions, the Committee agreed:-

- (1) to note the Self-Assessment of Good Practice – Appendix 1 to the report which shows that the Audit Committee largely complies with Cipfa good practice and thereby can assess its performance as generally meeting the Cipfa requirements;
- (2) to approve the actions identified and to request that these are now progressed;
- (3) to note that progress on the completion of the agreed actions would be reported annually to the Audit Committee; and
- (4) to note the knowledge and skills framework – Appendix 3 to the report as potential areas for development within the Elected Member development programme.

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

A report was submitted by the Interim Head of Strategy, Planning and Health Improvement providing an update on Care Inspectorate inspection reports for two independent sector residential older peoples' Care Homes located within West Dunbartonshire.

After discussion and having heard the Head of Community Health & Care Services in further explanation of the report, the Committee agreed to note the content of the report.

CARE INSPECTORATE INSPECTION REPORT FOR HILLVIEW OLDER PEOPLE'S CARE HOME

A report was submitted by the Interim Head of Strategy, Planning and Health Improvement providing an update on a Care Inspectorate inspection report for an independent sector residential older peoples' Care Home located within West Dunbartonshire that received the inspection grade of 3.

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

- (1) to note the content of the report;
- (2) that a briefing note providing an update on the progress of activity in relation

to the inspection report would be circulated to Members of the Committee;

- (3) that a further report would be presented to the Committee on Hillview Care Home.

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

Note: Having earlier declared an interest in the following item of business, the Chair, Councillor McNair left the meeting at this point, and the Vice Chair, Mr Allan MacLeod resumed the position.

Mr Allan MacLeod in the Chair

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

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

Note: Councillor McNair returned to the meeting after discussion of this item.

Councillor Marie McNair in the Chair

ADJOURNMENT

Having heard the Chair Councillor McNair, it was agreed to adjourn for a short period. The Committee reconvened at 2.48 p.m. with all Members listed in the sederunt in attendance.

A presentation was then given by the Head of Community Health & Care Services; the Integrated Operations Manager, Care at Home; the Integrated Operations Manager, Residential and Day Services and the Integrated Operations Manager, Adult Care Team, FIT Hospital Discharge Team on Performance Focus: Health and Community Care.

Following questions from Members, the Chair, Councillor McNair thanked Ms Gibson, Ms McKnight, Ms Smith and Ms MacLennan for their informative presentation.

CLYDE COURT CARE HOME UPDATE

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

Improvement presenting an update on work being undertaken to support the improvement of Care Inspectorate grades at Clyde Court Care Home.

After discussion and having heard the Head of Community Health & Care Services in further explanation of the report and in answer to Member's questions, the Committee agreed to note the work being undertaken to support Clyde Court Care Home to consolidate improvements with meeting the assessed needs of the service users.

STRATHLEVEN CARE HOME UPDATE

A report was submitted by the Interim Head of Strategy, Planning and Health Improvement presenting an update on work being undertaken to support the improvement of Care Inspectorate grades at Strathleven Care Home.

After discussion and having heard the Head of Community Health & Care Services in further explanation of the report and in answer to Members' questions, the Committee agreed to note the content of the report.

CAREWATCH (INVERCLYDE, AYRSHIRE, DUNBARTONSHIRE & ARGYLL & BUTE) UPDATE

A report was submitted by the Interim Head of Strategy, Planning and Health Improvement presenting an update on work being undertaken to support the improvement of Care Inspectorate grades at Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute).

After discussion and having heard the Interim Head of Strategy, Planning and Health Improvement in further explanation of the report, the Committee agreed to note the work being undertaken by Carewatch (Inverclyde, Ayrshire, Dunbartonshire & Argyll & Bute) to consolidate improvements with meeting the assessed needs of the service users.

The Chair informed the Committee that this would be the last meeting which Colin McDougall, Audit and Risk Manager; and Wendy Jack, Interim Head of Strategy, Planning & Health Improvement would be attending as they would be leaving the service in December 2019 and January 2020. On behalf of the Committee, Councillor McNair thanked Mr McDougall and Ms Jack for all their hard work over the years and wished them well in the future.

The meeting closed at 3:55 p.m.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**AUDIT AND PERFORMANCE COMMITTEE: 23 SEPTEMBER 2020**

Subject: Audit Plan Progress Report**1. Purpose**

- 1.1 The purpose of this report is to enable WD HSCP Board Audit Committee members to monitor the performance of Internal Audit and gain an overview of the WD HSCP Board's overall control environment.
- 1.2 The report also presents an update on the Internal Audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde (NHSGGC) since the last Audit Committee meeting in December 2019 that may have an impact upon the WD HSCP Board's control environment.

2. Recommendations

- 2.1 It is recommended that the Audit Committee note the progress made in relation to the Internal Audit Annual Plans for 2019/20 and 2020/21.

3. Background

- 3.1 In March 2019, the Audit Committee approved the Internal Audit Annual Plan which detailed the activity to be undertaken during 2019/20. The Audit Committee also approved the Annual Audit Plan for 2020/21 in April 2020.
- 3.2 This report provides a summary to the Audit Committee of recent Internal Audit activity against the annual audit plans for 2019/20 and 2020/21. A summary is also provided in relation to internal audit work undertaken at West Dunbartonshire Council and NHSGGC which may have an impact upon the WD HSCP Board's control environment.
- 3.3 This report also details progress in addressing agreed actions plans arising from previous audit work.

4. Main Issues

- 4.1 The audit plan for 2019/20 is complete. There was one internal audit report finalised in relation to the 2020/21 audit plan as follows:

IJB Directions

- 4.2** The audit was focused on the governance arrangements for IJB Directions, therefore the audit approach included undertaking a gap analysis of the current draft IJB Directions Policy and procedures documentation and compare to the Statutory Guidance.
- 4.3** The WD HSCP Board requires the WD HSCP to implement its strategic plan by delivering a range of defined services. To facilitate these arrangements the WD HSCP Board issues directions to its key delivery partners, namely WD Council and Greater Glasgow and Clyde Health Board. These directions are made under the Public Bodies (Joint Working) (Scotland) Act 2014.
- 4.4** Scottish Government's Statutory Guidance for Directions from IJB to health boards and local authorities was issued on the 27 January 2020. This Guidance sets out how to improve practice in the issuing and implementation of directions issued under the Public Bodies (Joint Working) (Scotland) Act 2014.
- 4.5** A Directions Policy together with supporting procedural documentation have now been prepared as per the Statutory Guidance requirements to strengthen the governance arrangement for the IJB Directions. It is intended that these will be submitted to the WD HSCP Board meeting on 23 September 2020 for approval.
- 4.6** The gap analysis has confirmed that the majority of the statutory guidance has been included in the draft IJB Directions Policy and supporting procedural documentation for the HSCP Board. However some gaps were identified as follows:
- No reference has been made in the draft Policy and procedures documentation in relation to the requirements of point 3.3 which require the Delivery partners to comply with all Directions and resources;
 - Multi-partnership co-ordination has not been included in the draft IJB Direction Policy or the Directions Procedures document. The IJB Directions policy needs to adequately cover multi-partnership co-ordination, including hosted services.
- 4.7** Actions have been agreed with management to address the gaps identified before the draft IJB Directions Policy and procedures documentation are submitted to the WD HSCP Board for approval. Both actions are now complete.
- 4.8** In relation to internal and external audit action plans, there are no current actions relating to the WD HSCP Board.

4.9 In relation to internal audit work undertaken at West Dunbartonshire Council and NHSGGC, the following reports are relevant to the WD HSCP Board:

West Dunbartonshire Council

4.10 Since the last Audit Committee meeting in December 2019, the following Internal Audit reports have been issued to the Council, which are relevant to the IJB:

Audit Title	Number and Priority of Findings		
	High	Medium	Low
Social Care Services reports:			
CM2000 Functionality (1)	0	3	0
Attendance Management (2)	1	1	1
Case Management (3)	1	5	3
Total	2	9	4

4.11 (1) CM2000 Functionality

The review highlighted 3 Medium rated findings as follows:

- Currently, compliance with target levels of clocking in and out are not being achieved. Audit testing identified missed clock in or out recordings on CM2000 for a number of Homecare staff. Management have implemented checks on levels of compliance by the Admin team however due to capacity issues during 2019, these checks were not being performed.
- From a review of a sample of timesheets processed in September 2019, we identified 12 instances where staff were paid for overtime but the corresponding clock bookings had not been registered in the CM2000 system. The total overtime hours claimed were 194.25 totalling £2,423.50.
- Additional functionality is available on CM2000 in relation to mileage and financial modules. Management have advised that the Mileage module is to be piloted in Dumbarton in March 2020 but no dates have yet been set for rollout to other areas. In relation to the Financial module, management have a plan to introduce this functionality in the future but this has not yet been fully costed.

Internal Audit have made a number of recommendations and an action plan is in place to address all issues by 31 January 2021.

(2) Attendance Management

The review identified 1 High and 1 Medium rated findings as follows:

- Audit testing identified a number of areas where compliance with policy requirements requires to be improved including application of trigger prompts; referrals to occupational health are not always being made , returns to work interviews are not being held regularly or timely; statements of fitness for work are not always recorded (High Risk)

- There is a national provision in place that allows that if an individual deals directly with vulnerable clients and they have suffered with sickness and/or diarrhoea (D&V) then they can exclude this illness (and 48 hours after the last episode) from being counted towards a trigger. However audit testing identified that although some of these absences had not counted towards a trigger, as expected, there were clearly still some patterns of absence e.g. instances occurred on a weekend or a Monday or in other cases we identified some individuals who had started to reach a trigger stage but all subsequent illnesses were D&V. (Medium Risk)

The audit also identified one low risk finding in relation to the completeness and accuracy of absence recording.

Internal Audit have made a number of recommendations and an action plan is in place to address all issues by 31 December 2020.

(3) Case Management

The review highlighted one High and 5 Medium rated findings as follows:

Ongoing Review of Workloads – Children and Families (High Risk)

- During the year to 30 November 2019 there were in total 2,124 open cases as compared to 2,233, 2,096 and 1,954 in the years to 30 November 2018, 2017 and 2016 respectively. However, despite the decrease in open cases since 2018, Team Leaders and Senior Social Workers have voiced concerns about the workload which they believe has increased due to an increasing complexity in cases being dealt with. The increase in the complexity of the cases is difficult to measure but is believed to be due to increasing poverty and welfare reform; reduced early intervention by the social work teams due to the need to focus on higher risk cases; and other services which provided support such as ATC (Alternative to Care) have had increased demands across the wider service;
- Team Leaders and Senior Social Workers (SSWs) have advised that there is insufficient capacity within their teams for all new case referrals to be allocated immediately to a social worker;
- Senior Social Workers have supervision meetings with their social workers every 6-8 weeks. However, due to the volume of cases allocated to each social worker only the highest priority or most complex cases are discussed at the supervision meetings therefore not all cases are subject to management review;

- The Supervision Policy requires supervision meetings to be recorded, detailing cases discussed, key decisions, allocated tasks and professional development and learning needs. No record of the supervision meetings are held beyond the SSW observations on CareFirst for the high priority cases; and
- Internal audit selected a sample of 15 cases on CareFirst for review, the following issues were identified:
 - there were no manager supervision comments on CareFirst for four cases;
 - for two open cases there were no new observations in the last 12 months; and
 - two open cases selected for review should have been closed during 2018 on CareFirst.

At the time of the review, management were actively recruiting additional social workers for the teams.

Peer Review of Case Files – Children and Families (Medium Risk)

The procedures document 'Standards and Guidance for Case recording - Child Care' outlines the requirement for an annual programme of case file audits to be undertaken to monitor and evaluate the case recording practice and standards.

However, this peer review of case file audits has not been undertaken in recent years due to competing demands on the time of the Social Workers and Senior Social Workers who have had to prioritise their day to day case work above the peer review process.

Supervision Meetings – Community Health and Care (Medium Risk)

Senior Social Workers have supervision meetings with their social workers every 6-8 weeks. Currently, SSWs do not follow a consistent approach. Specifically:

- Although all Senior Social Workers have advised they discuss each open case with the Social Workers at supervision, not all SSWs record this supervision on CareFirst due to time constraints; and
- Notes of the supervision are not sent to all social workers in the same way – some receive the only written copy of the notes, some receive a handwritten copy, some are emailed meeting notes.

Completeness of Information on CareFirst – Community Health and Care (Medium Risk)

Records in relation to social work clients are sometimes incomplete where other WDC services such as Homecare add their notes to CM2000 but don't transfer the records to CareFirst. In addition the majority of the Social Workers do not have access to EMIS which contains health records which are not always transferred to CareFirst.

There is an ongoing piece of work to look at the link between EMIS and CareFirst and whether a 'Clinical Portal' can be used to ensure all staff can access the information relevant to them.

Unallocated Cases – Community Health and Care (Medium Risk)

Senior Social Workers are not able to allocate all new referrals to Social Workers immediately and regularly review the list of unallocated cases to determine which cases should be allocated to Social Workers. This decision is based on the urgency of the case and what capacity is available to complete the work within the team of Social Workers.

The Waiting Times report rates each client waiting for a social worker to be allocated as either Urgent, High or Routine priority however these ratings are entered by the duty officer when the case is initially referred.

Care Home Placement Reviews – Community Health and Care (Medium Risk)

There are approximately 400 placements from WDC into private care homes. As the placing authority WDC have overall responsibility for monitoring these placements.

The Care Home Review Officer monitors the six monthly private provider reviews which the care homes are required to provide and based on these reviews the officer selects a sample of higher risk clients to visit. These clients generally have no family or there may be issues with the reviews received.

Due to resource constraints only approximately 150 placement reviews can be carried out each year.

The audit also identified some low risk findings in relation to updating procedures and policies, enhancements to performance management arrangements and peer review arrangements.

We have made a number of recommendations and an action plan is in place to address all issues by 31 March 2021.

- 4.12** Internal Audit at West Dunbartonshire Council undertake follow up work on a monthly basis to confirm the implementation of agreed actions. Any matters of concern will be highlighted to the Committee.

NHS Greater Glasgow and Clyde

- 4.13** There were 12 audit reports finalised since the last update to Audit Committee in December 2019:

Audit Title	Rating	Number and Priority of Issues			
		4	3	2	1
Financial Information and Reporting	Effective	-	-	-	1
Medicine Reconciliation in Hospital (1)	Substantial Improvement Required	-	4	4	1
Sickness Absence – Follow Up (2)	Substantial Improvement Required	-	1	2	-
Statutory and Mandatory Training	Minor Improvement Required	-	1	2	-
Service redesign – Acute Stroke Services (3)	Substantial improvement required	-	2	4	-
Operational planning (4)	Substantial improvement required	-	3	3	-
Payroll	Minor improvement required	-	-	2	1
Delivery of Enhanced Monitoring Requirements at QEUH	Minor improvement required	-	1	3	-
Mental health waiting times	Minor improvement required	-	-	3	2
Health and safety	Minor improvement required	-	-	1	-
Moving Forward Together Implementation	N/A – consultancy report	N/A	N/A	N/A	N/A
Management Action Follow Up Q3	N/A	N/A	N/A	N/A	N/A
Total		0	12	24	5

(1) As part of the scoping process for this review, management identified that there were known issues of compliance with the Medicines Reconciliation in Hospital Policy. As such, the review was structured to investigate the reasons for non-compliance, rather than provide assurance over the consistent application of the policy. It was identified that there is no management information in place to ensure that reconciliations are completed as expected, which means consultants are unable to monitor the performance of junior doctors in this area.

It was also identified that there is no formal review or feedback process in place to identify issues of compliance or training needs. In addition, NHS Greater Glasgow and Clyde are in the early stages of adopting Hospital Electronic Prescribing and Medicines Administration (HePMA) software. When this is rolled out, the Orion system will be integrated with HePMA enabling electronic prescribing throughout the patient's stay. Whilst this will remove the transcription burden junior doctors experience currently, it should not be considered a solution to all the issues of non-compliance with the policy. The audit review identified a number of issues that cannot be addressed through the HePMA system.

- (2) The 2018/19 review of Sickness Absence concluded that NHSGGC had a robust framework in place for managing sickness absence. The audit also found however that line managers and supervisors were not consistently using this framework or adhering to documented processes. A number of improvement actions were identified from that review designed to allow NHSGGC to support a reduction in sickness absence rates through consistent application of the framework. During this follow-up review, we found that individual and team compliance with the process is still inconsistent and this remains the main issue within our follow-up audit. The audit also noted that the delayed release of revised national guidance has hindered ongoing improvement activity on absence management but despite this progress has been made implementing previous recommendations. NHSGGC has now established a framework for improvement initiatives, designed specifically to identify and address the root causes of sickness absence. The audit confirmed that this activity is beginning to yield results in some areas of the organisation. NHSGGC should now build on these successes by adopting a more systematic approach to the planning and implementation of improvement initiatives across all areas. This would provide NHSGGC with a more refined means of improving overall sickness absence rates by driving continuous improvement in compliance with absence management processes across the organisation.
- (3) The audit noted 2 Grade 3 findings as follows:
 - NHSGGC should agree a detailed action plan to support the successful delivery of the service redesign project as a whole. The action plan should consider the resources required to deliver objectives, key stakeholder dependencies, and responsibility for project oversight; and
 - NHSGGC should ensure that project risks are monitored on a regular and ongoing basis across the life of the project.
- (4) The audit noted 3 Grade 3 findings as follows:
 - NHSGGC should implement an organisation-wide operational planning framework that covers the Annual Operational Plan, MFT annual priorities and Board Corporate Objectives. The operational planning framework should be presented to the NHSGGC Board for review and approval prior to implementation.

- NHSGGC should ensure that all plans are reviewed by the Planning Team once drafted. This review should focus on ensuring there is alignment between operational-level objectives and a clear articulation of their contribution towards achievement of wider strategic goals. The review should also seek to identify any areas where objectives are either interdependent or overlapping to ensure that related actions are properly co-ordinated.
- NHSGGC should ensure that processes for monitoring and reporting on objectives is built into the operational planning framework. We endorse the current reporting mechanism used in respect of Annual Operational Plan objectives and recommend that this approach is replicated across the Board Corporate Objectives and MFT annual priorities.

4.14 Internal Audit undertakes follow up work to confirm the implementation of high risk and a sample of medium risk recommendations. The results of this follow up work are reported to the NHSGGC Audit Committee with any matters of concern being drawn to the attention of this Committee.

5. People Implications

5.1 There are no personnel issues with this report.

6. Financial Implications

6.1 There are no financial implications with this report.

7. Risk Analysis

7.1 The annual audit plans for 2019/20 and 2020/21 were constructed taking cognisance of the risks included in the WD HSCP Board risk register. Consultation with the Chief Officer and the Chief Financial Officer was carried out to ensure that risks associated with delivering the strategic plan were considered.

8. Equalities Impact Assessment (EIA)

8.1 There are no issues.

9. Environmental Impact Assessment

9.1 There are no issues.

10. Consultation

10.1 The Chief Officer and the Chief Financial Officer have been consulted on the content of this report.

11. Strategic Assessment

- 11.1** The establishment of a robust audit plan will assist in assessing whether the WD HSCP Board and Officers have established proper governance and control arrangements which contribute to the achievement of the strategic priorities of the Strategic Plan.

Author: **Andi Priestman**
Chief Internal Auditor – West Dunbartonshire Health and Social Care Partnership Board

Date: **23 September 2020**

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Appendices: None

Background Papers: None

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Audit and Performance Committee: 23 September 2020**

Subject: Audit Scotland: Covid-19 Guide for Audit and Risk Committees

1. Purpose

- 1.1** To inform the Audit and Performance Committee of new guidance issued by Audit Scotland on key issues for consideration by audit and risk committees during the Covid-19 pandemic.

2. Recommendations

- 2.1** It is recommended that the HSCP Audit and Performance Committee:

- Consider the contents of the guidance and key issues for consideration; and
- Agree that the questions posed in the guidance are considered by the Chair and Vice Chair of the Committee, supported by the Chief Internal Auditor and bring back a further report to the committee summarising their collective responses.

3. Background

- 3.1** Audit Scotland, in August 2020, published guidance on key issues for consideration by audit and risk committees during the Covid-19 pandemic: “Guide for Audit and Risk Committees” attached at Appendix 1. This is the second publication which expands on from their July 2020 report: “Covid-19 – Emerging Fraud Risks” attached at Appendix 2.
- 3.2** Covid-19 has already had a significant impact on every aspect of society in Scotland. It has affected individuals and communities, public services and the economy.
- 3.3** The response of public-sector bodies has been strong, and the pandemic has highlighted some of their key strengths, such as agility and partnership working. But Covid-19 has also exacerbated many pre-existing risks and challenges facing public bodies in areas such as financial sustainability and service demand pressures. There is still significant uncertainty around the potential for a second wave as public bodies balance the move from response to recovery and renewal.

4. Main Issues

- 4.1** Throughout the public sector audit and risk committees have a crucial role to play in providing effective scrutiny and challenge. They help public bodies focus on important aspects of the business and maintain effective oversight of

spending, performance and governance arrangements. As public bodies manage their business during this global pandemic, the role of audit committees becomes even more important.

4.2 To assist audit and risk committees in focussing on the short-term challenges facing public bodies in the response phase of the pandemic, this Audit Scotland guidance poses a series of questions designed to assist auditors and public bodies to effectively scrutinise key areas that require additional focus including:

- Internal control and assurance;
- Financial management and reporting;
- Governance; and
- Risk Management.

4.3 The Audit and Performance Committee, as a sub-committee of the HSCP Board, responsible for overseeing and providing independent assurance on the four key areas detailed above in section 4.2, must assure themselves that they are engaged and well-informed about any changes that are occurring and affecting the service delivery of the HSCP due to Covid-19.

4.4 A number of the questions posed in the guidance can be answered and evidenced through the audited 2019/20 Annual Accounts within both the management commentary and the annual governance statement. The revised governance arrangements, including the delegation of emergency powers to the Chief Officer, are laid out and have been considered by our external auditors as part of the audit process.

4.5 Weekly Chief Officer updates and HSCP Board reports covering financial and service performance, service developments, the management of risk and recovery plans are also a source of assurance and allow board member the opportunity to question and challenge HSCP senior management.

4.6 It is recommended that the Chair and Vice Chair of the Audit and Performance Committee have the opportunity to consider the questions posed in the guidance with the support of the Chief Internal Auditor as part of the 2020/21 audit plan to support the HSCP Board's governance arrangements. Their collective findings can be presented to the committee at a future meeting for consideration.

5. People Implications

5.1 None associated with this report.

6. Financial Implications

6.1 The associated costs of the HSCP response to the Covid-19 pandemic is detailed in regular financial performance reports to the HSCP Board.

7. Professional Implications

7.1 The HSCP response to the Covid-19 pandemic has professional implications for all health and care staff with the delegated authority to manage and deliver services.

8. Locality Implications

8.1 None associated with this report.

9. Risk Analysis

9.1 Through the direction of the chief Officer a Covid-19 Risk Register was developed and used as a tool to deliver on the Local Mobilisation Plan.

10. Impact Assessments

10.1 None required.

11. Consultation

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

12. Strategic Assessment

12.1 The HSCP response to the Covid-19 pandemic was set out in the Local Mobilisation Plan produced in partnership with all relevant partners and reflected all available statutory and public health protection guidance.

Author: Julie Slavin
Chief Financial Officer

Date: 13 September 2020

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Appendices: **Appendix 1:** Audit Scotland: "Covid-19 Guide for Audit and Risk Committees" (August 2020)

Appendix 2: Audit Scotland – "Covid-19 Emerging Fraud Risks" (July 2020)

Background Papers: **September HSCP Board:** 2019/20 Audited Annual Accounts

Wards Affected: All

Covid-19

Guide for audit and risk committees

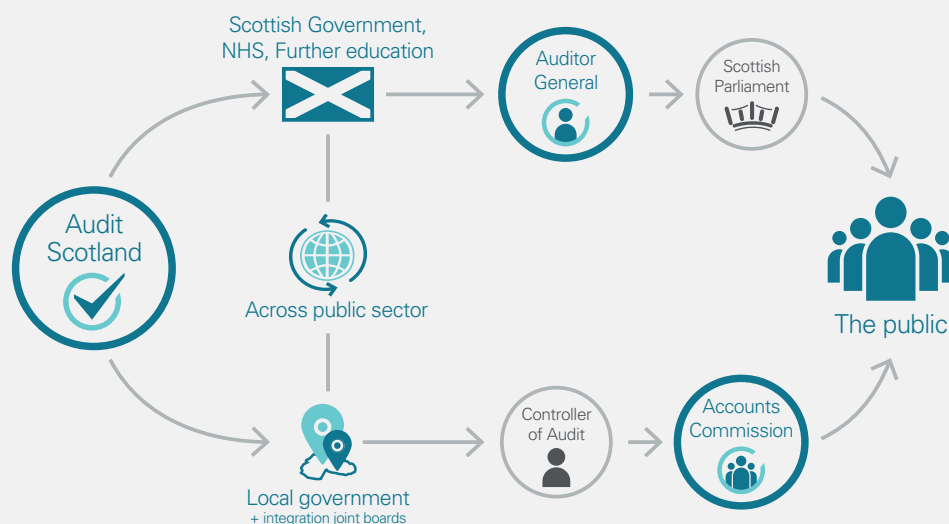


Prepared for public bodies and auditors
August 2020

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- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

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Introduction

1. Covid-19 has already had a significant impact on every aspect of society in Scotland. It has affected individuals and communities, public services and the economy.
2. The response of public-sector bodies has been strong, and the pandemic has highlighted some of their key strengths, such as agility and partnership working. But Covid-19 has also exacerbated many pre-existing risks and challenges facing public bodies in areas such as financial sustainability and service demand pressures. A difficult road lies ahead as public bodies move from response to recovery and renewal.
3. Audit and risk committees have a crucial role to play in providing effective scrutiny and challenge. They help public bodies focus on important aspects of the business and maintain effective oversight of spending, performance and governance arrangements. As public bodies manage their business during this global pandemic, the role of audit and risk committees becomes even more important.
4. This guide for audit and risk committees draws on our recent experience of auditing public bodies during the pandemic. It also refers to key sources of guidance such as the Scottish Government's [Scottish Public Finance Manual](#) and [On Board: a guide for members of statutory boards](#) and the Chartered Institute of Public Finance and Accountancy's *Audit Committees: Practical Guidance for Local Authorities and Police*.

Key issues for consideration by audit and risk committees during the Covid-19 pandemic

5. There are a wide range of short, medium and long-term risks and issues emerging from Covid-19 for public bodies to consider. This guide focuses on the short-term challenges facing public bodies in the response phase of the pandemic. During this phase, key areas that audit and risk committees will need to focus on include:
 - internal controls and assurance
 - financial management and reporting
 - governance
 - risk management.
6. This guide provides audit and risk committee members with suggested questions to help them effectively scrutinise and challenge in these key areas. Answering the questions in this guide will help audit and risk committees better understand how their organisation is responding to the pandemic and managing both the immediate and longer-term challenges that it creates.
7. Audit and risk committees must assure themselves that they are engaged and well-informed about the changes that are occurring and affecting their organisation due to Covid-19. For example, they should be informed of changes to internal reporting arrangements, and policy and legislative changes and the impact they are likely to have on the organisation. They should also be apprised of any fraud and error risks arising from the response to Covid-19.¹

Internal controls and assurance

8. Public-sector staff are working under extreme pressure as a consequence of the scale and pace of change created by the pandemic and the need to respond rapidly to unfolding events. This may mean that some internal controls are suspended or relaxed. For example, the segregation of duties between colleagues for completing tasks and subsequent checks may not be possible due to unforeseen capacity issues or the lack of availability of more senior or experienced staff. Staff transfer between departments, for example, to new areas such as those responsible for distributing funding to support people and businesses most affected by Covid-19, may also leave some areas under-staffed. Furthermore, inexperienced staff may be working remotely without a full understanding of the required procedures and controls.

9. Internal audit provides independent assurance on governance arrangements, risk management and internal control processes. As the landscape changes, internal audit will have to consider its approach to audit planning and how it continues to deliver its assurance activities while balancing the workload created by new risks emerging from Covid-19.

10. As staff work remotely, there may also be potential security risks such as an increase in cyber-crime. For example, fraudsters may try to access public-sector systems by claiming to be legitimate technical support services or through phishing emails and scams.

11. [Exhibit 1](#) proposes potential questions for audit and risk committee members to consider.

Exhibit 1

Internal controls and assurance – questions to consider

What changes to internal controls have been required due to Covid-19?

- Has internal audit assessed the design, implementation and operational effectiveness of revised internal controls?

What new controls have been established to account for the distribution of any additional funds received?

- Have officers identified any weaknesses in new controls and if so, how are these being addressed?

To what extent has your organisation assessed the impact of working remotely on the control environment and working practices?

Has internal audit reviewed their audit plan and assessed which projects might need to be cancelled, postponed or accelerated as your organisation navigates its way through the pandemic?

How is management supporting internal audit to balance its 'routine' programme of work and that required to respond to Covid-19-related audit work?

What impact has Covid-19 had on the annual reporting and accounting process?

- Has your organisation's timetable for the annual reporting process been considered for 2019/20 and 2020/21? If so, have the timetables been revised and updated accordingly?
- Has the external auditor's annual audit plan been updated to assess and address new risks?

To what extent has your organisation considered work undertaken by other organisations (via professional networks and bodies), or where appropriate, engaged with external experts to inform decision-making around significant areas of change in response to the pandemic?

How have IT services performed during the pandemic?

- To what extent have cyber security controls been considered?
-

To what extent has management assessed the impact of Covid-19 on overall staff capacity?

- What areas have been identified as being under resourced and how is this being addressed?

What is your organisation doing to support its staff during the pandemic?

- To what extent have workload and working practices been adjusted to allow for the challenges that people may face when working remotely?
- What guidance, advice or signposting has your organisation put in place to support staff wellbeing?

What opportunities and risks have arisen as staff are deployed across departments?

How is your organisation capturing the learning and opportunities that arise from new ways of working?

Financial management and reporting

12. Public bodies face considerable uncertainty during the pandemic and as they plan for the future. Having robust financial management and transparent reporting arrangements in place is critical to ensuring that an organisation can manage its finances and deliver services effectively, identify issues and challenges early and act on them promptly.

13. Financial impacts of the pandemic could include a reduction in income generated from business rates and council tax non-payments as well as a reduction in fees and charges from, for example, leisure, public transport and parking. Organisations may also face increased costs such as higher staff costs to cover the delivery of services. The economic uncertainty and market volatility caused by the pandemic also make it difficult for public bodies to value, for example, property portfolios, inventories and pension schemes.

14. A number of factors will affect how well an organisation can report on and manage its financial position at a time where it is facing significant pressure and challenge. For example, there is likely to be competing pressures on finance staff, significant changes in financial processes and procedures and the introduction of financial systems in new areas, such as those for Covid-19-related government relief, assistance and stimulus packages. [Exhibit 2](#) proposes potential questions for audit and risk committee members to consider.

Exhibit 2

Financial management and reporting – questions to consider

Is financial (and performance) information received in a timely manner, with sufficient detail, to inform the fast-paced changes that are required due to Covid-19?

How is management assessing the financial impact of Covid-19 on income and expenditure?

- What processes or procedures have been put in place to assess, for example, new demands, new expenditure streams, savings from activity foregone and lost income?

What information has been used in determining the value of assets and liabilities?

- To what extent have estimated valuations been impacted by Covid-19, for example, disruption to the revaluation of properties or market volatility impacting on investments?
- What is the likely impact of Covid-19 on pension deficits and what does this mean for your organisation?

What commitments and guarantees have been made to third parties, and how are these being monitored?

- Where relevant, how is your organisation ensuring that the impacts of the pandemic on its arm's-length external organisations (ALEOs) are being appropriately monitored?
-

What impact has Covid-19 had on savings plans?

- Is your organisation on track to deliver these savings and if not, what plans are your organisation putting in place to help with this?

What impact has Covid-19 had on transformational activity?

- If there has been or will be significant delays to activity or a failure to meet savings targets, what are the financial implications and how is management preparing for this?

Is there sufficient capacity within the finance team to deal with competing pressures, such as preparing annual accounts, at a time when working practices are having to be adapted due to Covid-19?**Governance**

15. The pace and scale of change is unprecedented, and changes in governance arrangements are likely to have taken place. This may mean that there has been less opportunity for scrutiny and due diligence as public bodies respond rapidly to the challenges arising from Covid-19. For example, urgent procurement decisions and changes to delegated authority arrangements may have impacted on the level of scrutiny.

16. Governance and accountability arrangements around collaborative working may be increasingly complex but when done effectively, allows for better planning, design and coordination of services. Many aspects of public bodies' responses to the pandemic can only be done in partnership with others.

17. Recent changes to governance arrangements due to Covid-19 may include basic alterations such as documenting authorisation processes through to oversight of the overall running of the business. [Exhibit 3](#) proposes potential questions for audit and risk committee members to consider.

Exhibit 3**Governance – questions to consider****What impact has Covid-19 had on governance arrangements?**

- How is your organisation ensuring that effective oversight and scrutiny of key decisions is maintained as it responds rapidly to the challenges it faces during the pandemic?
- Have any significant changes been made to governance arrangements due to the pandemic, for example, suspension of committees or increased use of delegated decision-making powers?
- Where decisions are being made using delegated or emergency powers, how are these being recorded, made public and subjected to scrutiny by the relevant committee(s)?
- Have changes to processes and procedures made in response to Covid-19 been reviewed and documented appropriately to comply with overall governance arrangements?

Are governance arrangements being reviewed regularly to ensure they remain fit for purpose?**Are non-executive directors providing appropriate levels of support, scrutiny and challenge to your organisation as it responds to the current environment and new risks?****What barriers, if any, have affected your organisation's ability to continue to provide services for individuals and communities during the pandemic?**

- How have these barriers been overcome?
- What was the impact on service users?

What impact has Covid-19 had on your organisation achieving its stated objectives?

- Does performance reporting highlight any changes on your organisation's ability to meet its objectives as a consequence of Covid-19?

- Has the pandemic caused new risks to achieving your organisation's objectives? If so, how are these being addressed?

What impact has Covid-19 had on collaborative working?

Risk management

18. While public bodies will have risk management processes in place, the likelihood and impact of existing risks and the emergence of new risks will need to be monitored carefully. There may also be a change in the risk appetite during the pandemic to allow for services to operate effectively and respond to issues in a timely manner. Some changes may be significant therefore officers and audit and risk committee members need to consider how sustainable these changes will be in the longer term.

19. Public bodies were already facing risks and challenges around, for example, financial sustainability, outcomes and inequalities. These risks and challenges have become greater due to Covid-19. They are also heightened further because of the uncertainty around the UK's exit from the European Union and increasing budget pressures.

20. [Exhibit 4](#) proposes potential questions for audit and risk committee members to consider.

Exhibit 4

Risk management – questions to consider

Are there new expenditure or procurement streams, or delivery methods arising from Covid-19 that introduce new risk?

- What indicators does management have to support informed decisions on risk and is this data available in real time?
- Is your organisation's risk management strategy up-to-date to include risks associated with Covid-19?
- What risks have emerged that need to be addressed and what protocols are in place to report and analyse emerging risks as the situation evolves?
- Are risks being reported to the relevant committee?

Has your organisation's risk register been updated to reflect new risks arising from Covid-19?

Is there a need for management's risk appetite framework to be reviewed to ensure it is appropriate in this rapidly evolving environment?

- If so, when will the committee be informed of the outcome and any next steps?

How does Covid-19 impact on any financial risks already facing your organisation and how does this affect short, medium and long-term financial plans?

What impact does Covid-19 have on any scenario planning that your organisation has in place for events such as EU withdrawal and increasing budget uncertainty?

Looking ahead

21. This is the second in a series of Covid-19 guides prepared for public bodies and auditors. Our first publication, [Covid-19 Emerging fraud risks](#), sets out a range of fraud risks that may arise due to the pandemic. By drawing on our position as external auditors across the public sector in Scotland, we have used our recent experience to develop these Covid-19 outputs. We will be issuing further guidance to public bodies to support them as they move beyond the response phase of the pandemic into recovery and renewal.

22. We invite feedback on how the role of external audit can further support public bodies as they respond to the challenges Covid-19 presents.

Further reading


- [*Guide for Audit and Risk Committees on Financial Reporting and Management during COVID-19*](#), National Audit Office, June 2020.
- Financial scrutiny practice guide, The Chartered Institute of Public Finance and Accountancy, June 2020.
- <https://www.ifac.org/knowledge-gateway/contributing-global-economy/discussion/implications-audit-committees-arising-covid-19>
- <https://www.iaa.org.uk/covid-19-hub/covid-19-guidance/>

Covid-19

Guide for audit and risk committees

This report is available in PDF and RTF formats,
along with a podcast summary at:

www.audit-scotland.gov.uk 

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Covid-19

Emerging fraud risks



Covid-19: Emerging fraud risks

The Covid-19 pandemic has brought significant challenges across the Scottish public sector as bodies seek to deliver services for individuals, communities and businesses in an extremely difficult time.

Since the start of the pandemic, the risk of fraud and error has increased as organisations become stretched, and controls and governance are changing. These risks are emerging for a range of reasons including:

- public-sector staff working remotely and under extreme pressure
- an increase in phishing emails and scams which try to get staff to click on links which allow fraudsters to access public-sector systems
- government stimulus packages to support individuals and businesses being provided quickly, possibly with a lower level of scrutiny and due diligence than has previously been in place for similar schemes.

This briefing sets out a range of fraud risks emerging from the Covid-19 crisis, and what public bodies might do to help reduce these risks. It aims to raise awareness of these new fraud risks with public bodies and their auditors; and support them in identifying and managing these risks, and ensure that sound governance and controls are in place.

Additional risks will continue to emerge as fraudsters identify new ways to target public money and services. Public bodies and auditors should stay alert to new scams and approaches by fraudsters, and regularly review their controls and governance arrangements to ensure they remain fit for purpose.

The information in this briefing is based on our professional judgement in auditing risk factors in the public sector. We would like to thank colleagues in Police Scotland, NHS Scotland Counter Fraud Services, local government chief internal auditors and fraud investigators for their support in preparing this briefing.

1. Emerging public sector fraud risks due to Covid-19

Covid-19 has raised significant challenges for the public sector. In such emergency situations, existing controls may be compromised, and it can be difficult to put in place robust controls for new processes. Good governance and sound controls are essential in such crisis situations. The risks include, but are not limited to:

 General governance risk
  Procurement risk
  Covid-19 funding
  Payroll/recruitment risk
  IT/cyber crime risk
  Health and wellbeing risk



Public sector staff are working under extreme pressure which may mean some internal controls are suspended or relaxed



Procurement fraud could increase as normal controls may be relaxed to allow bodies to buy goods or services which are required urgently, possibly from new suppliers



Staff may be transferred from their own departments to other areas experiencing resource pressures. This may leave some departments under-staffed at the same time that inexperienced staff may be working remotely without a full understanding of the required procedures and controls



An increase in medical and sanitary waste may see criminals attempt to gain waste management contracts. This could result in the inadequate disposal of the waste, with the potential associated harm to public health as well as generating proceeds for the criminals



There is a risk of weakened governance arrangements as internal audit teams are redeployed to operational areas



Duplicate payments are possibly not detected, or payments may be made without checking goods and services were received to a satisfactory quality



Mandate and diversion fraud¹ may increase as fraudsters try to get employees to update bank details and make payments to suppliers as soon as possible, knowing that staff are under pressure and that the normal controls may have been relaxed



Fraudsters may be 'selling' popular and/or hard to get items online. The products may not arrive or may turn out to be counterfeit, eg medicines, PPE and hand sanitiser products that are unsafe and do not provide the necessary level of protection

Note 1. Mandate fraud is when an employee is deceived into changing bank payment details (eg, of a supplier) in order to divert payments to fraudsters.

 General governance risk
  Procurement risk
  Covid-19 funding
  Payroll/recruitment risk
  IT/cyber crime risk
  Health and wellbeing risk



Government stimulus packages to support individuals and businesses are being provided quickly, possibly with a lower level of scrutiny and due diligence than has previously been in place



Councils may receive requests for business rate liabilities to be changed. This may be an attempt to ensure a business falls within a category qualifying for grants



Councils may receive Freedom of Information requests asking for details that may be used for business grant applications. Fraudsters are possibly looking to identify eligible businesses that have not applied for grants, with a view to putting in a fraudulent application



There is a risk of recruitment fraud as new staff are needed immediately due to increased demands for services and the normal checks may not be completed



Councils may receive fraudulent email enquires purporting to come from national companies asking for property details, reference numbers, etc, possibly with a view to making fraudulent applications for Covid-19 business grants



Payroll fraud may increase as normal controls around expenses, overtime, etc may be relaxed



There is a risk that applications for Covid-19 related support due to being made online, are made using fraudulent documents and details



Staff returning to work in the NHS to help respond to Covid-19 may be targeted by unscrupulous tax avoidance schemes

 General governance risk
  Procurement risk
  Covid-19 funding
  Payroll/recruitment risk
  IT/cyber crime risk
  Health and wellbeing risk



Staff working remotely may pose potential security risks, eg when using personal devices and/or using removable devices to download data. Household members may gain unauthorised access to confidential information such as payroll, social work client details, etc, via screens or in documents used by staff



More remote working may result in isolation and /or mental health issues which could lead to increased addictive behaviours (eg, gambling), which could result in vulnerability to serious organised crime gangs



There is a risk of increased cyber crime as more public-sector staff connect remotely to access systems and for meetings using online video conference services



An increase in internal fraud in public bodies is possible as employees and their families are under increased levels of financial and health pressures



Staff working remotely may receive calls from fraudsters claiming to be legitimate technical support services and attempting to gain access to systems



Working for sustained periods of time at high levels of demand may lead to errors or fraud due to lapses in concentration



There is a risk of an increase in phishing¹ emails and scams trying to get staff working under pressure to click on links which allow fraudsters access to public-sector systems



Employees/volunteers could take advantage of vulnerable service users, eg by gaining access to bank cards, cash drop-offs at client's house, befriending with sinister intentions



There is a risk of more system access breaches where personal information is accessed without a valid reason by staff working remotely, eg possibly to check friends' applications for services

Note 1. Phishing is where criminals send emails purporting to be from reputable sources in order to deceive individuals into providing information or data such as passwords, user names or bank details.

2. What public bodies can do to reduce these fraud risks

- Discuss and agree the organisation's risk appetite and associated approach to the newly emerging risks
- Carry out a risk assessment to identify the most vulnerable areas under the new working conditions. This will include a review of IT system security for remote working
- Ensure Internal Audit reviews systems of control. Some of the existing controls are unlikely to be still relevant and appropriate
- Introduce new systems of control to address new and emerging risks
- Ensure existing ways of reporting fraud or irregularity are still operating and are promoted, eg fraud hotlines and whistleblowing processes are still operating
- Continue staff training, especially for staff moved to work in areas that are new to them
- Ensure staff and customers receive regular, appropriate communications on the new ways of working and changes to services
- Review the NHS Counter Fraud Authority's guidance including: [Covid-19 counter fraud guidance](#)
- Review the UK Government Counter Fraud Function's website for latest guidance including [Covid-19 Counter fraud response team](#) and [Fraud Control in Emergency Management: Covid-19 UK Government Guidance](#)
- Consider bank account verification and active company search services, eg that are available from the Cabinet Office or NAFN¹ to the UK public sector
- Review NFI² submission requirements that will require data to be submitted related to Covid-19 payments and services
- Run 'dummy phishing' exercises to test employees' reactions, with a requirement to revisit training modules if an employee 'fails'
- Rotate employees or volunteers working with vulnerable service users and ensure appropriate employee disclosures are up to date

Notes:

1. NAFN is a shared service organisation open to all public-sector organisations. NAFN provides data, intelligence and best practice services for member organisations.
2. NFI is the National Fraud Initiative, an exercise that matches electronic data within and between public and private-sector bodies to prevent and detect fraud.

3. Wider Covid-19 fraud risks

Covid-19 could unfortunately see an increase in fraud across all areas of life.



Texts may be received advising recipients that they are eligible for a tax refund under the Self-Employment Income Support Scheme. Recipients are asked to click on a link which leads to a fake HMRC website where they are asked for personal and financial details



Cold callers posing as the NHS contact tracing service may call people to advise that they have been in contact with someone who has tested positive for Covid-19. The caller may ask the recipient for bank details to pay for a Covid-19 test



Texts may be received posing as coming from the NHS contact tracing service. The texts advise people they have been in contact with someone with symptoms of Covid-19. The texts direct the recipient to a website which attempts to obtain personal details



Texts may be received advising that a 'Covid-19 Home Testing Team' will visit your home and that you will need to wait in a separate room while they put on protective clothing. This is an attempt by fraudsters to gain entry to people's homes



Blackmailing and phishing emails may be received, telling victims that family or friends will be infected with Covid-19 if they do not pay



Texts posing as coming from the local council may be received, eg asking local residents to pay for food boxes which are being delivered to families with children eligible for free school meals



Fraudulent emails may be received telling people they can claim a tax refund to help with Covid-19 financial challenges. Recipients are asked to submit personal and financial details



People may receive telephone calls from fraudsters posing as police officers to tell them that they have breached Covid-19 restrictions and have to pay a fine



Special offers may appear online containing malicious links that users click to allegedly receive free or discounted goods



There is a risk of online child sexual exploitation increasing as children spend the majority of their time online during the lockdown, either during their spare time or while receiving education



With the possible increase in online gaming during lockdown, criminals may be developing more sophisticated ways of attacking online gaming systems



Criminals may exploit loneliness during lockdown by looking through online dating profiles in order to commit romance crime¹



Fraudsters may be posing as council, NHS or charity staff and taking money from people to buy shopping which is never delivered



During lockdown, illicit or prescription drug use may have increased which in turn pushes prices up due to a lack of availability. The pandemic may induce 'panic buying' from different suppliers and stockpiling, leading to possible increased consumption or consuming substitute or contaminated drugs



Fake and malicious apps purporting as providing Covid-19 information and trackers may start emerging



Under lockdown, illegal drug producers may have been manufacturing pills in preparation for the summer and festivals. As a result they may have significant stockpiles of drugs, which could see the market being flooded with cheap drugs as soon as lockdown eases

Note 1. Romance crime is the engineering of a supposed friendship or relationship for fraudulent, financial gain. This may involve, for example, gaining access to the victim's bank accounts.

4. If you see or suspect fraud or would like to find out more...



Please visit the Audit Scotland [counter-fraud hub](#)



Report fraud or illegal activity to [Police Scotland](#)



[Police Scotland – Keep Secure Online](#)



[Police Scotland – Reporting Cybercrime](#)



[Trading Standards](#)



[NHS Scotland Counter Fraud services](#)

Information

You can find our reports and other material on counter-fraud on our [website](#)

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Covid-19: Emerging fraud risks

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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP AUDIT & PERFORMANCE COMMITTEE

23 SEPTEMBER 2020

Subject: Internal Audit Annual Report for the year ended 31 March 2020

1. Purpose

- 1.1 To submit the updated Chief Internal Auditor's Annual Report for 2019/20 based on the internal audit work carried out for the year ended 31 March 2020, which contains an independent opinion on the adequacy and effectiveness of West Dunbartonshire's Health and Social Care Partnership Board's internal control environment that can be used to inform its Annual Governance Statement.

2. Recommendations

- 2.1 It is recommended that the Health and Social Care Partnership Board note the contents of this updated report.

3. Background

- 3.1 The Public Sector Internal Audit Standards (PSIAS) became effective on 1st April 2013 and require that:

"The chief audit executive [for WDC: Shared Service Manager – Audit & Fraud] must deliver an annual internal audit opinion and report that can be used by the organisation to inform its governance statement

The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

The annual report must incorporate:

- *The opinion;*
- *A summary of the work that supports the opinion; and*
- *A statement on conformance with the Public Sector Internal Audit Standards and the results of the quality assurance and improvement programme"*

- 3.2 For the purposes of providing an annual opinion, reliance will be placed on the work of NHS Greater Glasgow and Clyde internal auditors and West Dunbartonshire Council internal auditors and any other work carried out by other external assessors, for example Audit Scotland and Care Inspectorate.

3.3 In order to ensure proper coverage and avoid duplication of effort, the internal auditors of NHSGGC and all local authorities operating within this Health Board area meet periodically.

4. Main Issues

4.1 The Internal Audit Annual Report for 2019/20 included at Appendix 1 concludes with the Chief Internal Auditor's independent and objective opinion that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2020 that the Health & Social Care Partnership Board requires to rely upon within both the Council and the Health Board.

Covid-19

The significant incident in late March tested how well the HSCP Board's risk management, governance and internal controls framework is operating. It will be important for the HSCP Board, at the appropriate time, to carry out a post-incident review and highlight any lessons learned.

4.2 The basis of the audit opinion includes taking reliance from:

- The Assurance Statement for the year ended 31 March 2020 from the Shared Service Manager – Audit & Fraud (Chief Internal Auditor) of West Dunbartonshire Council; and
- The Assurance Statement for the year ended 31 March 2020 from the Internal Auditor for NHSGG&C (Scott Moncrieff).

5. People Implications

5.1 There are no personnel issues with this report.

6. Financial Implications

6.1 There are no financial implications with this report.

7. Professional Implications

7.1 None.

8. Locality Implications

8.1 None.

9. Risk Analysis

9.1 There is a risk that failure to deliver the Internal Audit Plan would result in an inability to provide assurances to those charged with governance over which the Health & Social Care Partnership Board is required to rely upon within both the Council's and Health Board's system of internal financial control.

10. Impact Assessments

10.1 None.

11. Consultation

11.1 This report has been agreed with the Chief Officer and the Chief Financial Officer of the West Dunbartonshire Partnership Board.

12. Strategic Assessment

12.1 The establishment of a robust audit plan will assist in assessing whether the Partnership Board and Officers have established proper governance and control arrangements which contribute to the achievement of the strategic priorities of the HSCP Strategic Plan.

Author: **Andi Priestman – Chief Internal Auditor for West Dunbartonshire Health and Social Care Partnership Board.**

Date: **23 September 2020**

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E-mail – andi.priestman@west-dunbarton.gov.uk

Appendices: 1 - Internal Audit Annual Report for the year ended 31 March 2020 from the Chief Internal Auditor

Background Papers: None

Wards Affected: All Wards

West Dunbartonshire Health & Social Care Partnership

Internal Audit Annual Report for the year ended 31 March 2020 **from the Chief Internal Auditor**

To the Members of West Dunbartonshire Health & Social Care Partnership Board (IJB), the Chief Officer and the Section 95 Officer (Chief Financial Officer)

As the appointed Chief Internal Auditor for West Dunbartonshire Health & Social Care Partnership Board (IJB), I am pleased to present my annual statement on the adequacy and effectiveness of the internal financial control system of the Partnership Board (IJB) for the year ended 31 March 2020.

Respective responsibilities of management and internal auditors in relation to internal control

It is the responsibility of senior management of the Health and Social Care Partnership Board (IJB) to establish an appropriate and sound system of internal financial control and to monitor the continuing effectiveness of that system. It is the responsibility of the Chief Internal Auditor to provide an annual overall assessment of the robustness of the internal financial control system.

The Health & Social Care Partnership Board's (IJB's) framework of governance, risk management and internal controls

The Partnership Board (IJB) has a responsibility to ensure that its business is conducted in accordance with legislation and proper standards.

The governance framework comprises the systems and processes, culture and values by which the Partnership Board (IJB) is directed and controlled and how it accounts to communities. It enables the Partnership Board (IJB) to monitor the achievement of its strategic priorities and to consider whether those objectives have led to the delivery of appropriate services and value for money.

The system of internal control is a significant element of the governance framework. Any system of control can only ever provide reasonable and not absolute assurance that control weaknesses or irregularities do not exist or that there is no risk of material errors, losses, fraud, or breaches of laws or regulations. Accordingly, the Partnership Board (IJB) is continually seeking to improve the effectiveness of its systems of internal control in order to identify and prioritise the risks that would prevent the achievement of the Health & Social Care Partnership Board's (IJB's) strategic objectives as set out within its Strategic Plan.

The work of internal audit

Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

The operational delivery of services with WDC and NHSGGC on behalf of the WD Health and Social Care Partnership Board (IJB) will be covered by their respective internal audit arrangements.

Both the Council's Internal Audit Section and the Health Board's internal audit function operate in accordance with the *Public Sector Internal Audit Standards* (PSIAS) which have been agreed to be adopted from 1st April 2013 by the relevant public sector Internal Audit Standard setters. PSIAS applies the Institute of Internal Auditors International Standards to the UK Public Sector.

The overall audit opinion reported in the West Dunbartonshire Council Internal Audit Annual Audit and Assurance Statement was as follows:-

It is my opinion, based on the above, that reasonable assurance can be placed upon the adequacy and effectiveness of West Dunbartonshire Council's systems of governance, risk management and internal control in the year to 31 March 2020.

There were no significant issues that were highlighted for inclusion in the Council's Annual Governance Statement though it was recognised that the significant incident in late March 2020 and the Council's responses as a Category 1 responder during the COVID-19 pandemic tested how well the Council's risk management, governance and internal controls framework is operating.

There were examples of innovations, new business processes and solutions, and new technology being embraced in order to deliver services to the community in its role as a Category 1 responder to carry out the following three essential functions: Caring for the Vulnerable; Liaising with Resilience Partners; and Supporting Economic Recovery. This was achieved using amended governance arrangements, new ways of decision-making, leadership and implementation including virtual meetings, conference calls, and systems remote access. It will be important for the Council, at the appropriate time, to carry out a post-incident review and highlight any lessons learned.

The overall audit opinion reported in the NHSGGC Internal Audit Annual Audit and Assurance Statement for 2019/2020 was as follows:

In our opinion NHS Greater Glasgow and Clyde's internal control framework provides reasonable assurance regarding the achievement of objectives, the management of key risks and the delivery of best value, except in relation to:

- *Service Redesign – Acute Stroke Services;*
- *Operational Planning;*
- *Medicines Reconciliation in Hospital;*
- *Sickness Absence Follow Up; and*
- *IT Security.*

Working closely with management, our reviews in the above areas highlighted significant opportunities for improving controls in order to ensure appropriate mitigation of risk, with 15 amber rated (high risk) actions arising. We also identified a number of potential causes behind delays in implementing the Moving Forward Together plan. This opinion should be considered against the context under which the Board has operated throughout the year. The process of Escalation, external reviews and then COVID-19 has resulted in a significantly challenging environment for the Board and staff.

Management has committed to implementing the necessary improvement actions in all of the above areas and progress is being reported regularly to the Audit and Risk Committee. More recently, management has committed to accelerating progress in a number of areas as part of a wider remobilisation plan post Covid-19. Our most recent follow-up review for Q4 2019/20 confirmed that management are making excellent progress in implementing the actions in line with agreed timescales, and we will continue to monitor this position on a quarterly basis during 2020/21.

We were able to provide substantial assurances in the remaining ten audit areas covered during 2019/20, all of which were assessed as either “effective” or with only “minor improvement required”. We did not identify any grade 4 (very high risk) actions.

Planned work for 2020/21

Following a risk based assessment of the activities of IJB and consultation with the Chief Officer and the Chief Financial Officer the Internal Audit Plan for 2020/21 provides for 40 days of Internal Audit resource drawn from the Internal Audit Service of West Dunbartonshire Council. This will be used to undertake the following: service this audit committee; carry out specific risk based work including a review of the adequacy and effectiveness of the risk management process and a review of adequacy and effectiveness of arrangements in place to ensure that the current policy and associated procedures are appropriately updated in line with the new statutory guidance in relation to IJB Directions; and monitor the progress of the implementation of the agreed internal audit actions plans by management.

The Internal Audit Plan for 2020/21 was approved by the Health & Social Care Partnership Board (IJB) Audit Committee on 1 April 2020.

Basis of Opinion

My evaluation of the control environment is informed by a number of sources:

- The audit work undertaken by Internal Audit within the Council and the Health Board and also for the Partnership Board (IJB) during the year to 31 March 2020;
- The Assurance Statement for the year ended 31 March 2020 from the Chief Internal Auditor of West Dunbartonshire Council;
- The Assurance Statement for the year ended 31 March 2020 from the Internal Auditors for NHSGG&C;
- The review of the Local Code of Good Governance and the identified improvement actions;
- The assurance statement signed by the Chief Officer on the operation of the internal financial controls for the services for which she was responsible during the year to 31 March 2020;
- Reports issued by the External Auditors of the Council and the Health Board and other review agencies; and
- My knowledge of the Partnership Board's governance, risk management and performance monitoring arrangements;

Opinion

It is my opinion, based on the above, that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2020 within the Council and the Health Board over which the Partnership Board requires to receive assurances and within the Health & Social Care Partnership Board itself.

Covid-19

The significant incident in late March tested how well the HSCP Board's risk management, governance and internal controls framework is operating. It will be important for the HSCP Board, at the appropriate time, to carry out a post-incident review and highlight any lessons learned.

Signature: Andi Priestman

Title: Chief Internal Auditor for West Dunbartonshire Health & Social Care Partnership Board (IJB)

Date: 9 September 2020

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Audit and Performance Committee: 23 September 2020**

Subject: Annual Audit Report 2019/20 - West Dunbartonshire Integrated Joint Board

1. Purpose

- 1.1** To present the Annual Audit Report and Auditor's letter, for the audit of the financial year 2019/20, as prepared by the Health and Social Care Partnership Board's external auditors, Audit Scotland.

2. Recommendations

- 2.1** It is recommended that the HSCP Board's Audit and Performance Committee:
- Consider the contents of the Annual Audit Report to the IJB and the Controller of Audit for the financial year ended 31 March 2020;
 - Note the achievement of an unqualified audit opinion; and
 - Consider the key messages, the recommendations and agreed management actions contained in the attached appendices relating to the audited Annual Accounts.

3. Background

- 3.1** It is a statutory requirement of the accounts closure process (ISA 260) that those charged with the governance of the HSCP Board's financial affairs receives a report from the appointed external auditors, highlighting the main matters arising in respect of their audit of the financial statements.
- 3.2** The ISA 260 and Annual Audit Report covers the nature and scope of the audit, details any qualifications, any unadjusted misstatements, any material weaknesses in the accounting and internal control systems, gives a view on the qualitative aspects around accounting practices and any other matters specifically required to be communicated to the HSCP Board.
- 3.3** The letter containing Independent Auditor's Opinion to the HSCP Board and a copy of the letter of Representation from the Chief Financial Officer (ISA 580) is attached at Appendix 1. The ISA 580 provides external auditors with assurance around the key accounting requirements and judgements made by the Chief Financial Officer when closing the 2019/20 Accounts. The Annual Audit Report is attached at Appendix 2.

4. Main Issues

4.1 It is the auditor's opinion that the financial statements give a true and fair view of the HSCP Board's financial position for the year ended 31 March 2020. The unqualified independent auditor's report is attached at Appendix 1 (A).

4.2 The 2019/20 Annual Audit Report, attached at Appendix 2 sets out the findings and main judgements arising from the audit and makes a number of recommendations covering the audit dimensions of:

- Financial sustainability;
- Financial management;
- Governance and transparency; and
- Value for money

4.3 The main judgements conclude that financial management arrangements are in place and there are sound systems of internal control that support effective scrutiny by the HSCP Board. There have been no material misstatements identified and therefore no change to the £0.883m reported surplus presented in the draft accounts.

4.4 This surplus has allowed the HSCP Board to achieve the 2% target for unearmarked reserves as set out in the Reserves Policy. For the year ended 31 March 2019 the target was £2.800m and the unearmarked reserves balance stands at £2.809 million.

4.5 The audit identified two main issues/risks and these are included within an agreed action plan (Appendix 1 of the main Annual Audit Report). These are:

- Revise financial plans to reflect the potential financial impacts of Covid-19 on the short, medium and longer- term budget plans; and
- Use of outcome data to shape future plans and further progress shifting the balance of care.

5. People Implications

5.1 None associated with this report.

6. Financial Implications

6.1 The HSCP Board achieved a surplus of £0.883m in 2019/20, which will be retained in accordance with the Integration Scheme and Reserves Policy.

7. Professional Implications

7.1 The Section 95 officer (Chief Financial Officer) has provided written representations on aspects of the annual accounts, including the judgements and estimates made.

8. Locality Implications

8.1 None associated with this report.

9. Risk Analysis

9.1 Detailed within the Annual Audit Report Action Plan.

10. Impact Assessments

10.1 None required.

11. Consultation

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

12. Strategic Assessment

12.1 This report is in relation to a statutory function.

Author: Julie Slavin
Chief Financial Officer,

Date: 23 September 2020

Person to Contact: Julie Slavin – Chief Financial Officer,
Telephone: 01389 737311
e-mail: julie.slavin@ggc.scot.nhs.uk

Appendices: **Appendix 1:** ISA 260 – Independent Auditors Report & ISA 580 Letter of Representation

Appendix 2: Annual Audit Report 2019/20

Background Papers: HSCP Board June 2020 – Draft 2019/20 Unaudited Annual Accounts

Wards Affected: All

102 West Port
Edinburgh EH3 9DN

8 Nelson Mandela Place
Glasgow
G2 1BT

The Green House
Beechwood Business Park North
Inverness
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E: info@audit-scotland.gov.uk
www.audit-scotland.gov.uk



Audit and Performance Committee – 23 September 2020

Audit of West Dunbartonshire Integration Joint Board 2019/20 annual accounts

Independent auditor's report

1. Our audit work on the 2019/20 annual accounts is now substantially complete. Subject to receipt of the outstanding information detailed at paragraph 9, and a revised set of annual accounts for final review, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 24 September 2020 (the proposed report is attached at [Appendix A](#)).

Annual audit report

2. We also present for your consideration our proposed annual audit report on the 2019/20 audit. International Standard on Auditing (UK) 260 (Communication with those charged with governance) requires external auditors to report specific matters arising from the audit of the annual accounts to those charged with governance in sufficient time to enable appropriate action. Within the proposed annual audit report the section headed "Significant findings" sets out the issues we consider should be drawn to your attention in accordance with ISA 260.
3. The annual audit report also sets out conclusions from our consideration of the four audit dimensions that frame the wider scope of public audit as set out in the Code of Audit Practice.
4. This annual audit report will be issued in its final form after the audited annual accounts have been authorised for issue and the independent auditor's report has been certified.

Unadjusted misstatements

5. We are required to report to those charged with governance, all unadjusted misstatements, other than those of a trivial nature and request that they be corrected. We can confirm that there are no unadjusted misstatements to be corrected.

Fraud, subsequent events and compliance with laws and regulations

6. In presenting this report to the Audit and Performance Committee we also seek confirmation that we have been informed of:
 - instances of any actual, suspected or alleged fraud;
 - events that have occurred since 31 March 2020 which could have a significant impact on the annual accounts;
 - any instances of material non-compliance with legislation and regulations.

Representations from Section 95 Officer

7. International Standard on Auditing (UK and Ireland) 580 (Management representations) requires auditors to obtain evidence on certain matters from management. Accordingly, as part of the completion of our audit we seek written assurances from the Chief Finance Officer on aspects of the financial statements and judgements and estimates made.
8. A template letter of representation is attached at **Appendix B**. These should be reviewed for accuracy and any proposed amendment discussed with us. Once satisfied, the letter should be signed and returned to us by the Chief Finance Officer (Section 95 Officer) with the signed annual accounts prior to the independent auditor's report being certified.

Outstanding information

9. Both NHS Greater Glasgow and Clyde and West Dunbartonshire Council process transactions on behalf of West Dunbartonshire IJB. An understanding of the controls in place and audit testing carried-out is gained from the respective external audit teams. The ISA 402 assurance letter from the NHS Greater Glasgow and Clyde external audit team is outstanding (expected 15th September 2020).

Acknowledgement

10. We would like to thank all management and staff for their cooperation and assistance during the audit.

APPENDIX A: Proposed Independent Auditor's Report

Independent auditor's report to the members of West Dunbartonshire Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of West Dunbartonshire Integration Joint Board for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of the West Dunbartonshire Integration Joint Board as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 10 April 2017. The period of total uninterrupted appointment is 3 years. I am independent of the Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Financial Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

Responsibilities of the Chief Financial Officer and West Dunbartonshire Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The West Dunbartonshire Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Fiona Mitchell-Knight FCA
Audit Director
Audit Scotland
4th Floor, South Suite
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

24 September 2020

APPENDIX B: Template letter of Representation (ISA 580)

<Signed copy of ISA 580 letter to be provided on headed paper with signed 2019/20 Annual Accounts>

Fiona Mitchell-Knight, Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Dear Fiona

West Dunbartonshire Integration Joint Board Annual Accounts 2019/20

1. This representation letter is provided in connection with your audit of the annual accounts of West Dunbartonshire Integration Joint Board for the year ended 31 March 2020 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.
2. I confirm to the best of my knowledge and belief and having made appropriate enquiries of the Audit and Performance Committee, the following representations given to you in connection with your audit of West Dunbartonshire Integration Joint Board's annual accounts for the year ended 31 March 2020.

General

3. West Dunbartonshire Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2019/20 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by West Dunbartonshire Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.
4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (2019/20 accounting code), mandatory guidance from LASAAC, and the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.
6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of the West Dunbartonshire Integration Joint Board at 31 March 2020 and the transactions for 2019/20.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2019/20 accounting code, where applicable. Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to West Dunbartonshire Integration Joint Board circumstances and have been consistently applied.
8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed West Dunbartonshire Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on West Dunbartonshire Integration Joint Board's ability to continue as a going concern.

Fraud

10. I have provided you with all information in relation to
 - my assessment of the risk that the financial statements may be materially misstated as a result of fraud
 - any allegations of fraud or suspected fraud affecting the financial statements
 - fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

11. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

12. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2019/20 accounting code. I have made available to you the identity of all the West Dunbartonshire Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

13. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014, and all required information of which I am aware has been provided to you.

Management commentary

14. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

15. I confirm that the West Dunbartonshire Integration Joint Board has undertaken a review of the system of internal control during 2019/20 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.
16. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2020, which require to be reflected.

Balance Sheet

17. All events subsequent to 31 March 2020 for which the 2019/20 accounting code requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Julie Slavin
Chief Finance Officer

West Dunbartonshire Integration Joint Board

Proposed 2019/20 Annual Audit Report

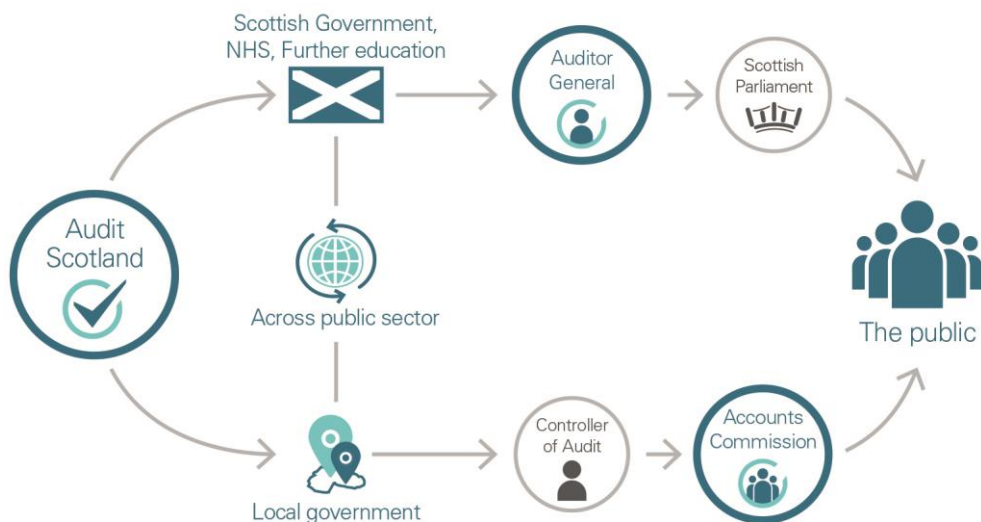


Prepared for West Dunbartonshire Integration Joint Board and the Controller of Audit
23 September 2020

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

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Key messages

2019/20 annual report and accounts

- 1 West Dunbartonshire IJB's financial statements give a true and fair view of the financial position for the year ended 31 March 2020. They were properly prepared in accordance with regulations and guidance.
- 2 The management commentary, audited part of the remuneration report and annual governance statement were consistent with the financial statements and prepared in accordance with proper accounting practices.

Financial management and sustainability

- 3 Financial management arrangements are in place to support effective scrutiny and the host bodies have sound systems of internal control in place over the key financial systems which the IJB rely upon.
- 4 The IJB reported a surplus of £0.883 million against the revised budget of £162.905 million for 2019/20 but demand pressures within Children and Families services have resulted in significant overspends against this budget in recent years.
- 5 The IJB approved an indicative 2020/21 revenue budget of £166.689 million in March 2020, prior to the full impact of the Covid-19 outbreak being known. The Scottish Government is providing additional Covid-19 funding but there remains a risk this is insufficient to cover all of the additional costs incurred by the IJB.
- 6 Covid-19 is likely to have a significant impact on the future financial plans of the IJB and the medium-term financial plan will require to be revisited once there is sufficient certainty around the longer-term financial impact on health and social care services.

Governance, transparency and best value

- 7 The IJB has appropriate governance arrangements in place to support effective decision making and accountability and conducts its business in an open and transparent manner.
- 8 The Covid-19 pandemic has impacted on the governance arrangements of the IJB since March 2020, but we have concluded that the revised arrangements put in place were appropriate in the circumstances.
- 9 The Annual Performance Report for 2019/20 has been delayed, in line with the Coronavirus Act 2020, and will be published by the 30 September 2020 extended deadline. This report should include details of how West Dunbartonshire IJB achieved Best Value in the 2019/20 financial year. We will review and report on this as part of our 2020/21 audit activity.
- 10 There is evidence that the IJB is making progress in shifting the balance of care and improving services and outcomes for residents. The organisation should take advantage of further opportunities to actively share and exchange information with other IJBs across Scotland to learn from experiences elsewhere.

Introduction

1. This report summarises our findings arising from the 2019/20 audit of West Dunbartonshire Integration Joint Board (the IJB).

2. We aim to add value to the IJB through the audit by:

- identifying and providing insight on significant risks, and making clear and relevant recommendations for improvement that are accepted by management
- reporting our findings and conclusions in public
- sharing intelligence and good practice through our national reports ([Appendix 3](#)) and good practice guides, and
- providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability.

Scope of our audit

3. The scope of our audit was set out in our [Annual Audit Plan](#). This report comprises the findings from:

- our audit of the IJB's annual accounts, and
- our consideration of the wider audit dimensions that frame the wider scope of public audit, [Exhibit 1](#), as set out in the [Code of Audit Practice 2016](#).

Exhibit 1 Audit dimensions



Source: *Code of Audit Practice 2016*

Impact of Covid-19

4. Subsequent to the publication of our 2019/20 Annual Audit Plan, in common with all public bodies, the IJB and partner bodies have had to respond to the Covid-19 pandemic. This impacted on the final month of the financial year and continues to have a significant impact into 2020/21. This has had major implications for the provision and costs of services since March 2020. Our planned audit work has been adapted for the new emerging risks that relate to the audit of the financial statements and the wider dimensions of audit.

Ethical considerations

5. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and the 2019/20 audit fee of £26,560, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

Responsibilities and reporting

6. The IJB is responsible for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices. The IJB is also responsible for compliance with legislation, and putting arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.

7. Our responsibilities as independent auditor appointed by the Accounts Commission are established by the Local Government in Scotland Act 1973, the [Code of Audit Practice 2016](#), supplementary guidance, and International Standards on Auditing in the UK.

8. As public sector auditors we give independent opinions on the annual accounts. We also review and provide conclusions on the effectiveness of the council's performance management arrangements, suitability and effectiveness of corporate governance arrangements, and financial position and arrangements for securing financial sustainability, and best value arrangements.

9. Further details of the respective responsibilities of management and the auditor can be found in the [Code of Audit Practice 2016](#).

10. This report raises matters from the audit of the annual accounts and consideration of the audit dimensions. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management from its responsibility to address the issues we raise and to maintain adequate systems of control. An agreed action plan is included at [Appendix 1](#) setting out specific recommendations, responsible officers and dates for implementation.

11. This report is addressed to both the council and the Controller of Audit and will be published on Audit Scotland's website: www.audit-scotland.gov.uk

Acknowledgement

12. We would like to thank all management and staff for their cooperation and assistance during the audit.

Part 1

Audit of 2019/20 annual accounts



Main judgements

West Dunbartonshire IJB's financial statements give a true and fair view of the financial position for the year ended 31 March 2020. They were properly prepared in accordance with regulations and guidance.

The management commentary, audited part of the remuneration report and annual governance statement were consistent with the financial statements and prepared in accordance with proper accounting practices.

Our audit opinions on the annual accounts are unmodified

13. The annual accounts for the year ended 31 March 2020 were approved by the board on 23 September 2020. We reported within the independent auditor's report that:

- the financial statements give a true and fair view and were properly prepared in accordance with the financial reporting framework
- the audited part of the remuneration report, management commentary, and annual governance statement were all consistent with the financial statements and properly prepared in accordance with proper accounting practices.

The annual accounts are the principal means for the IJB accounting for the stewardship of resources to its external stakeholders.

Despite the impact of Covid-19, the annual accounts were produced and audited in line with the original timetable

14. Despite the disruption caused by Covid-19, the Joint Board did not elect to postpone the preparation of its Annual Accounts. The unaudited Annual Accounts were submitted to us on 19 June 2020 in line with the original agreed timetable.

15. The working papers provided to support the accounts were of a good standard and the audit team received support from finance staff which helped ensure the final accounts audit process ran smoothly. The Independent Auditor's Report was issued and signed off, on 23 September, in line with the original timetable.

Our audit testing reflected the calculated materiality levels

16. Materiality can be defined as the maximum amount by which auditors believe the financial statements could be misstated and still not be expected to affect the perceptions and decisions of users of the financial statements. The assessment of what is material is a matter of professional judgement. A misstatement or omission, which would not normally be regarded as material by value, may be important for other reasons (for example, an item contrary to law). In forming our opinion on the financial statements, we assess the materiality of uncorrected misstatements, both individually and collectively.

17. The assessment of what is material is a matter of professional judgement. It involves considering both the amount and nature of the misstatement in the annual report and accounts.

18. Our initial assessment of materiality for the financial statements was undertaken during the planning phase of the audit and was based on the financial results reported in the 2018/19 audited annual accounts. These levels were reported in our [Annual Audit Plan](#).

19. On receipt of the unaudited 2019/20 annual accounts we recalculated our materiality levels based on the actual financial results for the year ended 31 March 2020. Our final materiality levels are summarised in [Exhibit 2](#). We concluded that there was no significant impact on the audit approach of the recalculated materiality levels.

Exhibit 2

Materiality values

Overall materiality: This is the calculated figure we use in assessing the overall impact of audit adjustments on the financial statements. It has been set at 1.5% of gross expenditure based on the 2019/20 annual accounts.	£3.132 million
Performance materiality: This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered. Using our professional judgement, we have calculated performance materiality at 70% of overall materiality.	£2.192 million
Reporting threshold: We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount. This has been calculated at 1.5% of planning materiality.	£0.050 million

Source: Audit Scotland

Our audit identified and addressed the risks of material misstatement

20. [Appendix 2](#) provides our assessment of risks of material misstatement in the annual accounts and any wider audit dimension risks. These risks influenced our overall audit strategy, the allocation of staff resources to the audit and indicate how the efforts of the audit team are directed. The appendix also identifies the work we undertook to address these risks and our conclusions from this work.

We reported the significant findings from the audit to those charged with governance

21. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including our view about the qualitative aspects of the body's accounting practices including accounting policies, accounting estimates and financial statements disclosures.

22. The significant findings are summarised in [Exhibit 3](#). Our audit also identified some minor presentational and disclosure issues which were discussed with management. These were all adjusted and reflected in the audited annual accounts and none were significant enough to require to be separately reported under ISA 260.

Exhibit 3

Significant findings from the audit of the financial statements

1. Hospital acute services (set aside)

The “set aside” budget is the Joint Board’s share of the budget for delegated acute services provided by hospitals on behalf of the Joint Board.

A figure for the sum set aside is agreed each year with NHS Greater Glasgow and Clyde and included in the annual accounts. In previous years the calculation of this figure was based on historical cost and activity data.

From 2019/20 the set aside value is now based on a detailed approach including actual spend and activity levels for the year where the information is available and estimated annual activity where it is not.

This new methodology was also applied to the prior year set aside figure. This resulted in the 2018/19 figure being restated from £18.210 million in the prior year annual accounts to £29.522 million.

The IJB continue to work with NHS Greater Glasgow and Clyde and the other IJB’s in the Glasgow area to improve the operation of set aside and collection of activity data.

A draft Unscheduled Care Commissioning Plan was reported to the Board in June 2020. This commissioning plan represents the first step in moving towards delegated hospital budgets and set aside arrangements within Greater Glasgow and Clyde. However, consideration should be given on whether this plan requires revision to reflect ongoing Covid-19 Recovery Plans.

We have no misstatements above our reporting threshold to report

23. It is our responsibility to request that all misstatements above the reporting threshold are corrected. We have no misstatements above our reporting threshold to report from the 2019/20 audit.

The management commentary in the 2019/20 accounts included detail of how the IJB performed against budget, but there is scope to further improve the content and layout of the management commentary

24. The management commentary that accompanies the financial statements should clearly explain how the IJB has performed against budget and how this is reconciled to the financial statements.

25. The management commentary in West Dunbartonshire IJB 2019/20 annual accounts details the final outturn position for the year against budget, with explanations given for significant overspends and underspends. The final outturn reported in the narrative is in line with the Comprehensive Income and Expenditure Statement and Movement in Reserves Statement.

26. Management had agreed to revise the content and layout of the management commentary this year to improve the overall presentation and accessibility of the information for readers of the accounts. However, the extent they were able to do this was limited by the significant demands on finance staff during the account’s preparation period due to Covid-19. Despite this, we have noted some improvements to the management commentary this year, and a good overview has been included on the impact of the Covid-19 pandemic.

27. Management has agreed to look at making further improvements to the content and layout of the management commentary in future years, including greater use of infographics and trend analysis over time. We will continue to work with officers to make further improvements in 2020/21.

Progress against our prior year recommendations is reported at Appendix 1

28. The IJB has made progress in implementing our prior year recommendations but there remain some that are still to be fully addressed. These are set out in [Appendix 1](#).

Part 2

Financial management and sustainability

Main judgements



Financial management arrangements are in place to support effective scrutiny and the host bodies have sound systems of internal control in place over the key financial systems which the IJB rely upon.

The IJB reported a surplus of £0.883 million against the revised budget of £162.905 million for 2019/20 but demand pressures within Children and Families services have resulted in significant overspends against this budget in recent years.



The IJB approved an indicative 2020/21 revenue budget of £166.689 million in March 2020, prior to the full impact of the Covid-19 outbreak being known. The Scottish Government is providing additional Covid-19 funding but there remains a risk this is insufficient to cover all of the additional costs incurred by the IJB.

Covid-19 is likely to have a significant impact on the future financial plans of the IJB and the medium-term financial plan will require to be revisited once there is sufficient certainty around the longer-term financial impact on health and social care services.

Financial management arrangements are in place to support effective scrutiny

29. The IJB does not have any assets, nor does it directly incur expenditure or employ staff other than the Chief Officer and Chief Financial Officer. All expenditure and income relating to services delegated to the IJB is incurred by NHS Greater Glasgow and Clyde or West Dunbartonshire Council and processed through the respective financial systems. Satisfactory arrangements are in place to identify expenditure and income and report the financial information to the Joint Board.

30. As auditors, we need to consider whether audited bodies have established adequate financial management arrangements. We are satisfied that the standing financial instructions and standing orders are sufficiently comprehensive, and that reports monitoring performance against budget are accurate and provided regularly to the Joint Board and Performance and Audit Sub-Committee.

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

The host bodies have sound systems of internal control in place over the key financial systems which the IJB rely upon

31. As noted above, the IJB does not have any financial systems of its own. Instead, it relies upon the financial systems of its host bodies, West Dunbartonshire Council and NHS Greater Glasgow and Clyde, to record all transactions. The key financial systems which the IJB rely upon include the general ledger, trade payables, trade receivables and payroll.

32. As part of our audit approach we sought assurances from the external auditors of the host bodies (in accordance with ISA 402) and confirmed there were no weaknesses in the systems of internal control for either body which could directly impact on the IJB.

The IJB approved a 2019/20 revenue budget of £159.646 million in March 2019

33. The IJB held a special meeting on 28 March 2019 to conditionally approve the 2019/20 budget based on the indicative funding allocation from NHS Greater Glasgow and Clyde and subject to formal approval by the health board. The health board funding was formally approved on 16 April 2019.

34. The 2019/20 IJB revenue budget was set at £159.646 million based on funding contributions of £67.813 million from West Dunbartonshire Council and £91.133 million from NHS Greater Glasgow and Clyde, and anticipated savings of £2.227 million. The budget included a funding gap of £0.700 million and the Board approved the application of a proportion of the new Scottish Government funding for investment in integration to bridge this gap.

The IJB reported a surplus of £0.883 million against the revised budget of £162.905 million for 2019/20

35. During the year, a number of revisions were made to the initial budget, mainly linked to the receipt of additional funding for Scottish Government initiatives. This resulted in the final budget for the year increasing to £162.905 million. The IJB reported a surplus of £0.883 million against the revised budget, comprising an underspend of £0.409 million for services delivered by West Dunbartonshire Council and an underspend of £0.474 million for services delivered by NHS Greater Glasgow and Clyde.

36. The final outturn showed the IJB achieved £1.873 million of the budgeted savings of £2.227 million, with £0.354 million not delivered.

Demand pressures within Children and Families services have resulted in significant overspends against this budget in recent years

37. While the IJB reported an overall surplus for 2019/20, there were a number of significant underspends and overspends reported against specific service budgets during the year, [Exhibit 4](#).

38. During 2018/19 the IJB reported a significant overspend of £2.262 million (11.2 per cent) against the Children and Family Services budget due to demand pressures on these services. As a result, this budget was increased by £1.882 million (9.3 per cent) to £22.131 million for 2019/20. Despite this, the IJB again reported a significant overspend of £2.767 million against this budget, as shown in [Exhibit 4](#), due to similar demand pressures on these services.

39. The year-on-year increases in Children and Family Services expenditure clearly presents a significant risk to the sustainability of these services in the future and presents a major challenge for the IJB to operate within its annual budget. To address this, the Head of Children and Families Services is currently reviewing the underlying reasons for the increase in demand for these services. This is also a key focus of the projects being supported by the IJB's Service improvement Leads.

Exhibit 4

Significant service underspends and overspends

	£m	£m	£m	%	Main factors
Children and Families	22,131	24,898	(2,767)	(12.5)	<ul style="list-style-type: none"> £1.767 million overspend within residential care due to increasing demand for high cost care packages, including £0.490 million related to children placed within residential schools. £0.857 million overspend within community placements due to higher than anticipated level of kinship and external foster placements.
Older People, Health and Community Care	45,855	44,207	1,648	3.6	<ul style="list-style-type: none"> Underspend mainly attributable to reduced demand for care home/ nursing beds arising from shorter stays and supporting people at home for longer.
Mental Health Services	10,156	9,317	839	8.3	<ul style="list-style-type: none"> £0.579 million underspend for adult and elderly mental health services due to additional income from NHS Highland for access to in-patient beds. £0.252 million underspend due to unfilled vacant social care posts.
Strategy, Planning and Health Improvement	1,850	1,301	549	29.7	<ul style="list-style-type: none"> £0.204 million underspend in health services due in part to delays in the recruitment of vacant posts and service redesign of smoking cessation services. £0.383 million underspend in social care services due to vacant posts and recharge of certain staff costs to capital.

Source: West Dunbartonshire Integration Joint Board 2019/20 Annual Accounts

The IJB's unearmarked reserve balance at 31 March 2020 was above the two per cent target set out in the reserves policy

40. The IJB's reserves policy recommends the level of unearmarked reserves be maintained at two per cent of net expenditure (excluding Family Health Services). This equated to £2.800 million for 2019/20 and the balance at 31 March 2020 was £2.809 million, £0.009 million above the target set by the Board. The movement in the IJB's year-end reserve balances since 2016/17 is shown in [Exhibit 5](#).

41. £5.254 million of the IJB's reserve balance at 31 March 2020 has been earmarked. It is important that amounts are only earmarked where there is a known commitment, or approval to use those amounts for a specific purpose, and this is clearly communicated to elected members and other stakeholders. We are pleased to note that all earmarked elements represent genuine commitments and have been clearly explained within the management commentary in the 2019/20 annual accounts.

Exhibit 5

Reserves 2016/17 to 2019/20

Unearmarked Reserves	2.080	1.706	2.457	2.809
Earmarked Reserves	3.488	4.436	4.723	5.254
Total Reserves	5.568	6.142	7.180	8.063

Source: West Dunbartonshire Integration Joint Board 2018/19 and 2019/20 Annual Accounts

The IJB approved an indicative 2020/21 revenue budget of £166.689 million in March 2020, prior to the full impact of the Covid-19 outbreak being known

42. On 25 March 2020 the Joint Board approved an indicative revenue budget for 2020/21 of £166.689 million based on a funding contribution of £70.650 million from West Dunbartonshire Council and an indicative funding contribution of £96.039 million from NHS Greater Glasgow and Clyde, and anticipated savings of £1.705 million. The budget was developed prior to the Covid-19 outbreak in the UK and members noted when approving the budget that it would require to be revisited throughout the year as more information on the full cost implications, and any additional funding, was known.

The Scottish Government is providing additional Covid-19 funding but there remains a risk this is insufficient to cover all of the additional costs incurred by the IJB

43. The *Financial Performance and Update Report* to the August Joint Board meeting reported that up to 23 July 2020 the IJB had incurred additional costs, and lost income, totalling £2.800 million due to Covid-19. The report also projected that the total impact of Covid-19 on the 2020/21 budget would be £8.145 million.

44. The Scottish Government has indicated that additional funding will be provided to IJBs to help meet the extra costs associated with the Covid-19 global pandemic. Up to 23 July 2020, West Dunbartonshire IJB had received SG funding of £1.294 million (£0.898 million to support immediate challenges in the social care sector and £0.396 million to support the St Margaret of Scotland Hospice).

45. A further £6.851 million of SG funding is anticipated for 2020/21 to fully cover the projected additional costs to the IJB of £8.145 million. However, confirmation of this funding has not yet been received and there remains a risk that the additional SG funding may not be sufficient to cover all the additional costs, and lost income, incurred by the IJB.

46. Management has advised that since the August 2020 Joint Board meeting, the IJB has received a further £1.749 million of additional Covid-19 funding for 2020/21. Updated expenditure projections also show that the additional costs to the IJB for the financial year are now estimated to be in the region of £6.700 million. However, officers also highlighted that spend is a moving target as the IJB receives further guidance and as services adapt and respond to Covid-19 restrictions. The Board should ensure that contingency plans are developed to assist it in responding to any shortfall in SG funding.

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

Covid-19 is likely to have a significant impact on the future financial plans of the IJB and the medium-term financial plan will require to be revisited once there is sufficient certainty around the longer-term financial impact on health and social care services

47. Medium and long-term financial planning is an important part of strong financial management. It is important that the IJB considers possible future funding scenarios and options for services in the medium to long term, taking into account the impact of changes in demand for services.

48. The Board approved a medium-term financial plan covering the period 2020/21 to 2024/25 at its March meeting. This set out anticipated income and expenditure for the next five years based on assumptions around pay inflation, service demand, demographic changes and prescribing pressures, and used scenario planning to project potential future budget gaps based on the likely, worst case and best case scenarios, [Exhibit 6](#). The plan also included indicative financial data for the period to 2029/30.

Exhibit 6
Scenario planning to project potential future budget gaps

Best	0.055	1.510	3.910	4.812
Likely	1.492	2.995	4.725	6.397
Worst	5.184	6.790	8.626	10.408

Source: West Dunbartonshire Integration Joint Board Medium Term Financial Plan 2020/21–2024/25

49. As with the 2020/21 budget, paragraph [42](#), the medium-term financial plan was developed prior to the Covid-19 outbreak in the UK. This will therefore require to be revisited once there is sufficient certainty around the longer-term financial impact of Covid-19 on health and social care services.



[Recommendation 1 \(Appendix 1 - Action Plan\)](#)

Part 3

Governance, transparency and best value

Main judgements



The IJB has appropriate governance arrangements in place to support effective decision making and accountability and conducts its business in an open and transparent manner.



The Covid-19 pandemic has impacted on the governance arrangements of the IJB since March 2020 but we have concluded that the revised arrangements put in place were appropriate in the circumstances.

The Annual Performance Report for 2019/20 has been delayed, in line with the Coronavirus Act 2020, and will be published by the 30 September 2020 extended deadline. This report should include details of how West Dunbartonshire IJB achieved Best Value in the 2019/20 financial year. We will review and report on this as part of our 2020/21 audit activity.

There is evidence that the IJB is making progress in shifting the balance of care and improving services and outcomes for residents. The organisation should take advantage of further opportunities to actively share and exchange information with other IJBs across Scotland to learn from experiences elsewhere.

The IJB has appropriate governance arrangements are in place to support effective decision making and accountability

50. Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information. The governance and transparency arrangements we consider include:

- board and committee structure and conduct
- openness of board and committees, and
- the level of challenge and scrutiny at board and committee meetings.

51. The Integration Scheme between WDC and NHSGGC sets out the governance arrangements for the IJB. The IJB is responsible for strategic planning, management and delivery of the health and social care services delegated to it.

52. The Joint Board is responsible for the strategic commissioning of health and social care services in West Dunbartonshire. It is also responsible for setting priorities and policies in the context of legislative requirements and has an obligation to report, explain and be accountable for decisions. It comprises 22 members: 6 voting members, split equally between the two partnerships, and 16 non-voting members, made up of professional members and stakeholder representatives.

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.

53. The Joint Board is supported by a Chief Officer who provides overall strategic and operational advice and is directly accountable for the delivery of services. The Chief Officer is also accountable to both the Chief Executive of West Dunbartonshire Council, and the Chief Executive of NHS Greater Glasgow and Clyde.

54. The committee structure of the IJB comprises the Board and the Audit and Performance Committee. Our observations from attendance at these meetings is that they are conducted in a professional manner and there is a high level of scrutiny and challenge by members.

55. Overall, we have concluded that the IJB has appropriate governance arrangements in place to support effective decision making and accountability.

The Covid-19 pandemic has impacted on the governance arrangements of the IJB since March 2020 but we have concluded that the revised arrangements put in place were appropriate in the circumstances

56. The impact of Covid-19 from March 2020 has been set out in the Governance Statement in the IJB's annual accounts. We note that the following steps were taken to amend governance arrangements:

- It was agreed at the 25 March 2020 HSCP Board meeting that normal governance arrangements were to be suspended and that if required to meet immediate operation demand on decisions, the Board delegated authority to the Chief Officer in consultation with the Chair and Vice Chair of the HSCP Board and the Chief Financial Officer.
- Meetings of the Joint Board and the Audit and Performance Committee continued in accordance with the previously agreed timetable however, meetings were held virtually via teleconferencing and video-calls.
- Attendance is limited to voting members, key officers and external audit, with members invited to submit questions in advance of the meeting, responses to which are circulated to all members.
- Minutes and agendas for all meetings continue to be available on the Joint Board's website.

57. The steps taken by the Joint Board enabled it to ensure governance arrangements operated as close to normal as possible. We have concluded that the revised arrangements put in place were appropriate in the circumstances.

Good Practice – Covid-19 member briefings

Since March 2020 the IJB has produced regular and comprehensive member briefings to keep them abreast of developments in relation to Covid-19 and how this is impacting on the delivery of health and social care services across West Dunbartonshire. These include responses to members questions to ensure that all members have the most up-to-date information for any queries raised.

The IJB conducts its business in an open and transparent manner

58. There is an increasing focus on how public money is used and what is achieved. In that regard, openness and transparency supports understanding and scrutiny. Transparency means that the general public has access to understandable, relevant and timely information about how the IJB is taking decisions and how it is using resources.

59. Full details of the meetings held by the IJB are available through their website and members of the public are permitted to attend and observe these meetings. Board and Audit and Performance Committee agendas, papers and minutes are also available on the IJB's website. The Board receives regular financial monitoring reports which are clear and concise, and these form part of the public Board papers.

60. The financial information disclosed in the management commentary in the 2019/20 annual accounts was consistent with both the financial statements and the financial monitoring reports presented to the IJB throughout the year.

61. We have concluded that the IJB conducts its business in an open and transparent manner.

The Audit and Risk Manager provided reasonable assurance over the adequacy and effectiveness of the systems of governance, risk management and internal control

62. Internal audit provides the Joint Board, the Chief Officer and the Chief Financial Officer with independent assurance on the organisation's overall risk management, internal control and corporate governance processes. The Internal audit function for West Dunbartonshire Integration Joint Board is provided by West Dunbartonshire Council, overseen by the Audit and Risk Manager.

63. Our assessment of the internal audit function concluded that it has sound documentation standards and reporting procedures in place and complies with the main requirements of the Public Sector Internal Audit Standards (PSIAS).

64. PSIAS requires the "chief audit executive" to provide an annual internal audit opinion and report that can be used to inform the annual governance statement. The internal audit opinion was presented to the Joint Board on 23 September 2020 and, overall, provided reasonable assurance over the adequacy and effectiveness of the systems of governance, risk management and internal control for the year to 31 March 2020.

We considered the work of internal audit during 2019/20 as part of our wider audit dimensions work

65. We reviewed the IJB's internal audit arrangements in accordance with International Standard on Auditing (UK) 610 (Using the Work of Internal Auditors) to determine the extent we could rely on the work of internal audit.

66. We did not place any formal reliance on internal audit reviews for the purpose of obtaining direct assurance for our financial statements work but considered the following internal audit report findings as part of our wider audit dimension work:

- Social Work – Case Management
- Social Care – Attendance Management
- CM 2000 Functionality Review

67. The Social Work – Case Management internal audit report included 1 high level and 8 medium level priority recommendations. These included actions relating workload management, recruitment of additional social workers to meet demand, and improvements to case allocation and review arrangements. Progress on these recommendations will be monitored through updates taken to the Audit and Performance Committee.

The host bodies have appropriate arrangements for the prevention and detection of fraud and error

68. Each partner body has a code of conduct for members and staff which sets out the standards expected in undertaking their duties. In addition, each partner body has its own arrangements for the prevention and detection of fraud, and these are subject to audit. We received assurances from the auditors of West Dunbartonshire Council and NHS Greater Glasgow and Clyde (in accordance with ISA 402) and have no issues to bring to your attention.

The outcome of the IJB's formal review of the arrangements in place to secure best value will be reported within the 2019/20 Annual Performance Report

69. Integration Joint Boards have a statutory duty to make arrangements to secure best value. To achieve this, IJBs should have effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account. Our audit covers the four audit dimensions, as set out in [Exhibit 1](#), which are key components of securing best value in the provision of services and the use of resources.

70. In prior years, we have highlighted that whilst there is evidence of elements of best value being demonstrated by West Dunbartonshire IJB in a range of areas, there is no mechanism for formally reviewing and reporting on the arrangements to secure best value. We therefore recommended that the IJB agree a mechanism for undertaking a periodic and evidenced formal review of how it is achieving best value to be reported through the Annual Performance Report.

71. Officers have confirmed that the outcome of the review of the arrangements in place to secure best value will be reported within the 2019/20 Annual Performance Report. However, the Coronavirus (Scotland) Act 2020 has extended the deadline for publication of the report until 30 September 2020. We will therefore review and report on this as part of our 2020/21 audit activity.

There is evidence that the IJB is making progress in shifting the balance of care and improving services and outcomes for residents. The organisation should take advantage of further opportunities to actively share and exchange information with other IJBs across Scotland to learn from experiences elsewhere.

72. Following the December 2019 Audit and Performance Committee officers from across the IJB provided a members briefing session on the main activities and pressures within their service. This included details of the outcomes data being gathered and how this can be used to inform future operational and budget decisions. For example, the data suggests that residents placed in sheltered accommodation are less likely to end up requiring to go into a care home.

73. The £1.648 million underspend in the Older People, Health and Community Care budget for 2019/20, [Exhibit 4](#), was mainly attributable to reduced demand for care home and nursing beds arising from shorter stays and supporting people at home for longer. This demonstrates that the IJB is making good progress in this area in shifting the balance of care and improving outcomes for residents.

74. As the IJB continues to gather more data on care pathways and outcomes it is important to harness this information to drive further progress in shifting the balance of care. There is also the opportunity to share and exchange more data with other IJBs across Scotland to learn from experiences elsewhere. When developing future plans the IJB should ensure they consider all available data to inform where they can best direct resources to deliver the improved outcomes for residents.

Best Value is concerned with using resources effectively and continually improving services.



The IJB has good arrangements in place for managing and reporting performance and the format of the quarterly performance reports has been improved during the year

75. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to produce an annual performance report covering areas such as; assessing performance in relation to national health and wellbeing outcomes, financial performance and best value, reporting on localities and the inspection of services.

76. Under normal circumstances, The Public Bodies (Joint Working) (Scotland) Act requires IJB's to publish the annual performance report within four months of the year end (i.e. 31 July 2020). However, The Coronavirus Act 2020 (Schedule 6 part 3) permits public bodies to delay this publication up to the Act's expiry date on the 30 September 2020.

77. Due to the delay in the publication of the Annual Performance Report in line with this legislation, the annual performance report will be considered as part of our 2020/21 audit.

78. The IJB board receives performance reports on a quarterly basis, providing an update on progress in respect of key performance indicators and commitments. These reports are available to the public via the IJB website.

Good Practice – Quarterly Performance Reports

The most recent quarterly performance report to the 25 June 2020 HSCP Board meeting contained a new and improved layout and more live performance data for members. We welcome the revised reporting format which we believe will increase the Board's ability to take action to address emerging issues as they arise, and enable members to better scrutinise any pressure points in service delivery, and gain assurance that suitable action is being taken to address these.

79. Performance levels in the quarterly reports are measured against a suite of key performance indicators. Areas of positive performance against target in quarter 4 of 2019/20 included:

- Percentage of children on the Child Protection Register who have a completed and current risk assessment
- Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan, and
- Percentage of 16 or 17 year olds in positive destinations (further/ higher education, training, employment) at point of leaving care.

80. Areas of poorer performance (i.e. where targets were missed by 15% or more) in quarter 4 report of 2019/20 included:

- Number of bed days lost to delayed discharge 18+ All reasons
- Child and Adolescent Mental Health Service (CANHS) 18 weeks referral to treatment, and
- Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services.

81. Overall, we have concluded that the IJB has good arrangements in place for managing and reporting performance.

Progress has made in improving sickness absence levels but this remains an area of challenging for the IJB

82. Sickness absence rates continue to be a challenging area within some areas of social care services. The Annual Governance Statement outlines improving sickness absence rates as an area for improvement in 2020/21. This was an area recommended for improvement in the Council's BVAR in 2017/18 and was also noted as an area for improvement in the 2018/19 annual accounts.

83. A new Supporting Wellbeing Policy was launched in West Dunbartonshire Council and master classes were also rolled out to assist in tackling sickness absence levels and we note that analysis of absence data shows a downward trend in 2019/20. We accept that delivering significant improvements in sickness absence levels will be a longer-term process and we will continue to monitor progress in this area during 2020/21.

National performance audit reports

84. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2019/20 we published reports which may be of interest to the IJB. These are listed in [Appendix 3](#).

Appendix 1

Action plan 2019/20



No.	Issue/risk	Recommendation	Agreed management action/timing
1	<p>Revised financial plans to reflect Covid-19</p> <p>Both the 2020/21 budget and the medium-term financial plan were developed prior to the Covid-19 pandemic.</p> <p>A further £6.851 million of Scottish Government funding is anticipated for 2020/21 to fully cover the projected additional costs to the IJB of £8.145 million. However, confirmation of this funding has not yet been received and there remains a risk that the additional funding may not be sufficient to cover all the additional costs, and lost income, incurred by the IJB.</p>	<p>The Board should ensure that that 2020/21 budget and medium-term financial plan are revisited as there is more certainty around the short, medium and longer-term financial impact of Covid-19 on health and social care services. Contingency plans should also be developed to assist it in responding to any potential shortfall in Scottish Government funding for Covid-19 costs.</p> <p>Paragraphs 42 to 49</p>	<p>The MTFP scenarios of “Likely” and “Worst” Case have been used as the basis for revising the projected budget gap for the impact of Covid-19 and Brexit.</p> <p>Early contingency plans include the earmarking of specific reserves for potential Covid-19 (and Brexit) driven demand and the potential application of general reserves. HSCP Recovery Plans recognise approved saving targets and these will continue to be tracked and reported to the IJB regularly.</p> <p>Responsible Officer: Chief Financial Officer</p> <p>Agreed date: March 2021</p>
2	<p>Use of outcome data to shape future plans</p> <p>As the IJB continues to gather more data on care pathways and outcomes, it is important to harness this information to drive further progress in shifting the balance of care.</p> <p>There is also the opportunity to share and exchange this data with other IJBs across Scotland to learn from experiences elsewhere.</p>	<p>When developing future plans the IJB should ensure they consider all available data to inform where they can best direct resources to deliver the improved outcomes for residents.</p> <p>Paragraphs 72 to 74</p>	<p>Actions to be taken to ensure IJB are well informed in its decision making. This will include how teams use data to inform operational decision making whilst also seeking to improve the quality of appropriate information to the IJB. Steps will be taken to consider national best practice in order to support good decision making in line with the delivery of the HSCP Strategic Plan.</p> <p>Responsible Officer: Head of Strategy and Transformation</p> <p>Agreed date: March 2021</p>

Follow up of prior year recommendations

<p>b/f 1 Accounts inspection advert</p> <p>The public inspection advert was published on 17 June, and the accounts were available for inspection from 21 June, therefore missing the 14-day notice period criteria.</p> <p>Risk</p> <p>The IJB is in breach of the Local authority Accounts (Scotland) Regulations 2014.</p>	<p>The IJB should ensure that it has procedures in place to ensure that the accounts inspection advert is published in line with criteria set out in the Local Authority Accounts (Scotland) Regulations 2014.</p>	<p>The 2019/20 accounts inspection advert was published in accordance with the requirements of the Local Authority Accounts (Scotland) Regulations.</p> <p>Completed</p>
<p>b/f 2 Savings Targets</p> <p>The IJB was expected to make savings of £1.216 million in 2018/19. An update on progress against these savings was presented to the August 2018 Board, showing a projected saving of £0.960 million for the year-end. However, no further individual updates were reported throughout the year or at year-end other than within the projected outturn position.</p> <p>Risk</p> <p>There is a risk that the IJB is not achieving its savings targets.</p>	<p>The IJB should continue to improve on its mechanism for monitoring and reporting on its progress against efficiency savings targets on a regular basis.</p>	<p>The IJB was expected to make savings of £2.227 million in the 2019/20 financial year. An update on progress against these savings was presented to the February 2020 Board, showing that £1.914 million of savings had been achieved. However, no further update was reported to the Board on the final savings position for the 2019/20 year.</p> <p>It was noted that £0.354 million of savings were not achieved from the original £2.227 million savings target.</p> <p>Ongoing</p>
<p>b/f 3 Financial Sustainability</p> <p>Cost pressures remain within prescribing, and in Older Peoples Services and Children and Families, namely community placements, residential accommodation for both younger and older people and care at home.</p> <p>The most recent financial monitoring report covering the period 1 April – 30 June 2019 outlines an overspend of £0.235 million, and projects an outturn overspend of £0.954 million for 2019/20.</p> <p>Furthermore, the IJB is in breach of its target level of unearmarked reserves.</p> <p>Risk</p> <p>Continual pressures on IJB finances may result in a</p>	<p>The IJB should prioritise developing medium to long term financial plans to help manage cost and demand pressures.</p>	<p>The Board approved a medium-term financial plan covering the period 2020/21 to 2024/25 at its March meeting. This set out anticipated income and expenditure for the next five years based on assumptions around pay inflation, service demand, demographic changes and prescribing pressures, and used scenario planning to project potential future budget gaps based on the likely, worst case and best case scenarios. The plan also included indicative financial data for the period to 2029/30.</p> <p>Completed</p>

balanced budget not being delivered.

b/f 4	Audit Committee terms of reference	The IJB should update the terms of reference of the Audit Committee to ensure they remain effective.	The terms of reference were updated and approved by the Audit and Performance Committee on the 11 December 2019. The next review date is noted as the 13 November 2021.
	The Audit Committee terms of reference had an initial review date of April 2017. This was pushed back until 2018 but have yet to be updated. The current terms of reference have not been updated since 2015.		Completed
	Risk		
	There is a risk that the current terms of reference not effective.		
b/f 5	Best Value	The IJB should agree a mechanism for undertaking a periodic and evidenced formal review of how it is achieving Best Value. This should be included and reported through the Annual Performance Report.	Officers have confirmed that the outcome of the review of the arrangements in place to secure best value will be reported within the 2019/20 Annual Performance Report. However, the Coronavirus (Scotland) Act 2020 has extended the deadline for publication of the report until 30 September 2020. We will therefore review and report on this as part of our 2020/21 audit activity.
	While there is evidence of elements of Best value being demonstrated by the IJB, there is no mechanism for formal review, and it is not being reported through the Annual Performance Report.		
	Risk: Non-compliance with requirements outlining the content of the Annual Performance Report. Opportunities for continuous improvement are being missed.		Ongoing

Appendix 2

Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual report and accounts and those relating our wider responsibility under the [Code of Audit Practice 2016](#).

Risks of material misstatement in the financial statements

1	<p>Risk of material misstatement caused by management override of controls</p> <p>ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls to change the position disclosed in the financial statements.</p>	<ul style="list-style-type: none"> • <i>Owing to the nature of this risk, assurances from management are not applicable in this instance.</i> 	<p>Satisfactory written assurances were received from the external auditors of the council and health board regarding accuracy, allocation and cut off of IJB transactions.</p> <p>Journal entries were tested and no management override of control was identified.</p>
2	<p>Risk of material misstatement caused by fraud in expenditure</p> <p>The Code of Audit Practice expands the consideration of fraud under ISA 240 to include the risk of fraud over expenditure.</p> <p>As the expenditure of WDIJB is processed through the financial systems of NHS Greater Glasgow & Clyde and West Dunbartonshire Council, there is a risk that expenditure that does not relate to the IJB is included in the accounts or that expenditure that does relate to the IJB is omitted from the accounts.</p>	<ul style="list-style-type: none"> • Normal budget monitoring processes would establish and report the reasons for any unexpected fluctuations in expenditure during the year. 	<p>Satisfactory written assurances were received from the external auditors of WDC and NHSGGC regarding accuracy, allocation and cut off of IJB transactions.</p>
3	<p>Hospital acute services (set aside)</p> <p>The “set aside” budget is the Integration Joint Board’s share of the budget for delegated acute services provided by hospitals on behalf of the Joint Board.</p>	<ul style="list-style-type: none"> • A working group of representatives from the six Glasgow IJB’s, the Scottish Government and NHSGGC are continuing to work on an agreed mechanism to accurately reflect the sum set aside. 	<p>Progress continues around the formalisation of “Set Aside” budgets with agreement across the Scottish Government, the health board and the six HSCP’s on robust data sets to allow for calculation and comparison of actual activity and associated costs. This has been reflected in</p>

The Board recently agreed an estimated figure for 2019/20, with a view to reflecting the true cost and activity from 1 April 2020.

There is a risk that the sum set aside in the 2019/20 IJB accounts does not accurately reflect the true cost of acute services.

the annual accounts including a restatement of the 2018/19 set aside amount.

4 Financial sustainability

The financial monitoring report (for the period to 30 September 2019) showed a projected overspend for the year of £0.527 million.

A recovery plan accompanied the financial monitoring report and set out the use of reserves to fund any overspend, after the application of mitigating actions.

The reserves balance at 31 March 2019 was £2.457 million, which is below the IJB's reserve target of 2% of net expenditure (excluding Family Health Services expenditure).

As at 19 February 2020, the financial report for the period to 31 December 2019 is now projecting an underspend for the year of £0.520 million. This is due to various reasons, including underspends within elderly care services and delays in recruiting to vacancies.

There are currently no medium to long-term financial plans in place to demonstrate how the IJB will secure the financial sustainability of its services in the future.

There is a risk that the IJB is not able to project its cost pressures effectively or identify savings and efficiencies timeously and is reliant on the use of reserves to deliver services and is not financially sustainable in the medium to long-term.

- Going concern assurance received from Chief Finance Officer of the IJB.

- Recovery plans are in place to minimise the utilisation of reserves.

- Medium-long term financial plans are within the planned scope of work for the Chief Financial Officer and Heads of Service.

The IJB had an overall surplus in the accounts of £0.833m at the year-end. However, the most recent financial monitoring report projects an outturn underspend of £1.659 if the projected costs of Covid-19 are fully met by the Scottish Government, which has not yet been confirmed.

There is uncertainty around the level of additional funding that the Scottish Government will provide to cover the costs of Covid-19. The medium-long term financial plans in place should be revised to take this into account.

Risks identified from the auditor's wider responsibility under the Code of Audit Practice

5 2020/21 budget setting

The timing of budget setting for the UK and Scottish public sector has led to increased uncertainty for IJBs in setting 2020/21 budgets.

West Dunbartonshire Council is due to set its 2020/21 budget on 4 March 2020 but there is a risk that that the budget does not reflect the final settlement, and further in-year savings need to be made that impact on the IJB budget.

WDIJB is due to set its budget on 25 March 2020 and, as in past years, indicative figures will be used for the Health Board's contributions.

If partner contributions are lower than expected, this will impact on the 2020/21 WDIJB budget and the planned delivery of services.

- Continuous discussions between the IJB, Council and Health Board to provide the most up to date position regarding budget setting.

- Officers will prepare a revised budget and provide members with further saving options if partner contributions are lower than expected.

The 2020/21 IJB budget was agreed at the 25 March 2020 HSCP Board meeting.

The revenue contribution of £70.650 million from West Dunbartonshire Council had been agreed at the Council Board meeting on the 4 March 2020 and the NHS Greater Glasgow and Clyde revenue contribution of £96.039 million was approved by the Health Board on the 21 April 2020.

6 Demonstrating the delivery of Best Value

WDIJB are required to have arrangements in place to demonstrate that it is delivering Best Value in the provision of services. There is a risk that the IJB is unable to demonstrate that it is delivering Best Value and evidence how the IJB is changing the way care services are delivered and realigning budgets to support this.

- The Head of Strategy, Planning and Health Improvement will embed the principles of Best Value into the regular quarterly performance reports to the HSCP Board to complement to Financial Performance Reports.

- The Heads of Service will have in place for 2020/21 Service Improvement Delivery Plans incorporating actions to demonstrate Best Value.

The Annual Performance report for 2019/20 should include information on how the IJB achieved Best Value in the year. This report will be reviewed as part of the 2020/21 audit.

7 Financial regulations

The financial regulations were due to be reviewed on 1 April 2019 but have not yet been reviewed and updated. There is a risk that the existing financial regulations do not reflect current practices, including recent changes made to procurement processes.










The Financial Regulations will be updated for the April 2020 Audit and Performance Committee Review.

The updated financial regulations went to the 5 August 2020 HSCP Board. These were updated to reflect the current review of the Integration Scheme, the recent review of the Terms of Reference of the Audit and Performance Committee, the updated guidance on Directions and current reporting processes within the Council and the Health Board.

Appendix 3

Summary of national performance reports 2019/20



		Apr	
Social security: Implementing the devolved powers		May	
Scotland's colleges 2019		Jun	 Enabling digital government
		Jul	
NHS workforce planning - part 2		Aug	
Finances of Scottish universities		Sept	
NHS in Scotland 2019		Oct	
		Nov	
Local government in Scotland: Financial overview 2018/19		Dec	
Scotland's City Region and Growth Deals		Jan	 Privately financed infrastructure investment: The Non-Profit Distributing (NPD) and hub models
		Feb	
		Mar	 Early learning and childcare: follow-up

West Dunbartonshire Integration Joint Board

2019/20 Annual Audit Report

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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Audit and Performance Committee: 23 September 2020**

Subject: Audited Annual Accounts 2019/20

1. Purpose

- 1.1** To present for consideration to the Audit and Performance Committee the audited Annual Accounts for the year ended 31 March 2020.

2. Recommendations

- 2.1** Members are asked to consider the audited Annual Accounts for the period 1 April 2019 to 31 March 2020 and recommend their approval to the HSCP Board for signature by the Chair, Chief Officer and Chief Financial Officer.

3. Background

- 3.1** The Local Authority Accounts (Scotland) Regulations 2014 require that the Board or Committee responsible for overseeing and providing independent assurance on the internal control environment and the financial governance arrangements of the Partnership Board must consider the audited annual accounts and approve them for signature to the HSCP Board no later than 30 September immediately following the financial year end.

- 3.2** The HSCP Board's Audit and Performance Committee has this responsibility and will advise on:

- 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

4. Main Issues

- 4.1** The 2019/20 Annual Accounts present the governance arrangements, management commentary, financial performance and the financial statements of the HSCP Board, including the level of usable funds that are being held in reserve to manage unanticipated financial pressures from year to year which could otherwise impact on the ability to deliver on the Strategic Plan priorities. The impacts on these arrangements from the Covid-19 pandemic from early March through to completion of the audit process are referenced throughout.
- 4.2** The audit of the 2019/20 Annual Accounts has now been completed by the HSCP Board's external auditor, Audit Scotland and the final set of accounts is appended to this report. Thereafter, the Annual Accounts will be presented to the HSCP Board for final approval.

- 4.3 Included in the September meeting papers is the 2019/20 Annual Audit Report prepared by Audit Scotland. This presents an unqualified audit opinion for the annual accounts for the year ending 31 March 2020.
- 4.4 During the course of the audit there were a number presentational adjustments identified, mainly around the flow of the Management Commentary to ensure consistency with the financial statements and also to provide some further information to the reader on the local impact of the Covid-19 pandemic and the HSCP response. These adjustments make no impact on the reported financial performance and level of usable funds.
- 4.5 The final audit opinion is that the 2019/20 financial statements give a “true and fair view” of the HSCP Board’s financial position for the year ended 31 March 2020 and the accounts have been properly prepared in accordance with all current legislation. This position has been confirmed to the committee through the Annual Audit Report earlier in the agenda.
- 4.6 After consideration the members are asked to recommend their approval to the HSCP Board for signature by the Chair, Chief Officer and Chief Financial Officer the final set of annual accounts attached within Appendix 1.

5. People Implications

- 5.1 None associated with this report.

6. Financial Implications

- 6.1 The HSCP Board achieved a surplus of £0.883m in 2019/20, which will be retained in accordance with the Integration Scheme and Reserves Policy.

7. Professional Implications

- 7.1 Integrated Joint Boards are specified in legislation as ‘section 106’ bodies under the terms of the Local Government Scotland Act 1973, and consequently are expected to prepare their financial statements in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom. The following audited annual accounts comply with the code.

8. Locality Implications

- 8.1 None associated with this report.

9. Risk Analysis

- 9.1 The Annual Accounts identify the usable funds held in reserve to help mitigate the risk of unanticipated pressures from year to year.

10. Impact Assessments

10.1 None required.

11. Consultation

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

12. Strategic Assessment

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

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Chief Financial Officer,

Date: 23 September 2020

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Appendices: HSCP Board's Annual Accounts for the year ended 31 March 2020

Background Papers: HSCP Board June 2020 – Draft Unaudited Annual Accounts

Wards Affected: All

West Dunbartonshire Integration Joint Board

Commonly known as West Dunbartonshire
Health and Social Care Partnership

Annual Report and Accounts 2019/20

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MANAGEMENT COMMENTARY

INTRODUCTION

This publication contains the financial statements for the West Dunbartonshire Integration Joint Board (IJB), hereafter known as the Health and Social Care Partnership Board (HSCP Board) for the year ended 31 March 2020.

The Management Commentary aims to provide an overview of the key messages in relation to the HSCP Board's financial planning and performance for the 2019/20 financial year and how this has supported the delivery of its strategic priorities as laid out in its Strategic Plan. The commentary also outlines the future challenges and risks which influence the financial plans of the HSCP Board as it delivers high quality health and social care services to the people of West Dunbartonshire.

In early February when initial year-end preparations began for the closure of the 2019/20 financial year the impact of a new virus named Coronavirus Disease or COVID-19 on the population of Scotland and the rest of the world was only beginning to reveal itself.

Within weeks the world was in the grip of a global pandemic and life changed for everyone as governments reacted and mobilised services to fight this public health crisis. For many it may have felt like the world paused or slowed down but for all involved both in the delivery and receipt of health and social care services the pace and scale of activity undertaken to keep safe, treat and support has been extraordinary.

While more than 11 months of the facts and figures referred to in this review of the 2019/20 financial year are not impacted by the HSCP's response to the COVID-19 pandemic, it must be acknowledged that at the time of writing, this "Business as Usual" position for health and care services, delivered to the citizens of West Dunbartonshire, will not reflect current service delivery models set out in both local and national mobilisation plans.

Going forward over the next year and beyond, the HSCP Board together with its partners and stakeholders will move through this crisis into recovery and renewal phases with the overarching strategic intent of *delivering better services **with** the residents of West Dunbartonshire, improving health and reducing inequalities.*

The attached annual accounts have been prepared in accordance with current regulations and guidance.

Our Partnership Vision Statement is:

Improving lives with the people of West Dunbartonshire

WEST DUNBARTONSHIRE HSCP BOARD - REMIT and VISION

The Public Bodies (Joint Working) Act (Scotland) 2014 sets out the arrangements for the integration of health and social care across the country. The West Dunbartonshire IJB, commonly known as the HSCP Board was established as a “body corporate” by Scottish Ministers’ Parliamentary Order on 1st July 2015.

The HSCP Board’s Integration Scheme details the body corporate arrangement by which NHS Greater Glasgow and Clyde Health Board (NHSGGC) and West Dunbartonshire Council (WDC) agreed to formally delegate all community health and social care services provided to children, adults and older people, criminal justice social work services and some housing functions. This way of working is referred to as “Health and Social Care Integration”. The full scheme can be viewed [here](#) (see Appendix 1, 1).

The 2014 Act requires that Integration Schemes are reviewed within five years of establishment; the current scheme was revised during 2019/20 and this was reviewed by the HSCP Board at its 19 February 2020 meeting however the final approval processes have been delayed as the HSCP Board, NHSGGC and WDC respond to COVID-19. The Scottish Government has confirmed that the Act does not require the Health Board and Local Authority to produce a successor scheme, it requires a **review**. “This review can note anything that requires further work between the partners and set out plans for the completion of that work at a later date, once the current very challenging situation passes, including the production of a successor scheme. Meantime, the current Integration Scheme will remain in force”.

The HSCP Board’s primary purpose is to set the strategic direction for the delegated functions through its Strategic Plan. It is responsible for strategic commissioning (either by direct service delivery or external providers), service delivery and performance for those integrated services delegated to it (except for NHS acute hospital services, which are managed directly by the Health Board). The HSCP Board discharges these responsibilities through its operational delivery arm, which is West Dunbartonshire HSCP. Staff who work within the management of the HSCP continue to be employed by either NHSGGC or WDC, retaining their respective terms and conditions.

COVID-19 PANDEMIC IMPACT AND RESPONSE

On the 1 March 2020 the first positive case of COVID-19 was confirmed in Scotland, with the World Health Organisation (WHO) declaring the virus a pandemic on 11 March 2020. Although the full impact of the COVID-19 outbreak had yet to be felt at that time, during the final weeks of the 2019/20 financial year the daily routine of service delivery within HSCP moved into emergency response mode, implementing Business Continuity Plans as Scotland went into “lockdown” on the 23 March 2020. A Local Mobilisation Plan (supported by a detailed financial tracker) was produced based on Scottish Government guidance and fed into the collective NHSGGC response together with our five partner HSCPs in the Glasgow Board wide area.

On the 25 March 2020 the HSCP Board convened its scheduled meeting through the use of telephone conferencing as all required to take part phoned in from their homes. The Board

agreed to implement “Temporary Decision Making Arrangements” delegating authority to make operational demand decisions, normally requiring HSCP Board approval to the Chief Officer in consultation where necessary with the Board Chair, Vice Chair and Chief Financial Officer.

On the 6 April the Coronavirus (Scotland) Act 2020 received Royal Assent. This Act of the Scottish Parliament made provisions to ease many regulations in sectors that may struggle to meet their statutory requirements, such as the NHS, Local Authorities, Social Security Scotland and the Scottish Courts and Tribunals Service.

From the early days of the pandemic the protection of older people, those with long-term health conditions and HSCP staff supporting these individuals was the primary focus of the Local Mobilisation Plan. Given the demographic profile of West Dunbartonshire (explored further below) the impacts of the Coronavirus on these groups was evident from late March through the main lockdown phase. Statistics produced by the [National Records of Scotland](#) for the period to 3 May 2020 ranked West Dunbartonshire as the area with the most COVID-19 related deaths in care homes, 41 recorded deaths equating to 0.461 rates per 1,000 head of population. Whilst West Dunbartonshire did not remain the area with the highest rate in Scotland, care home deaths increased to 59 by 28 June and have remained unchanged at this level to date. COVID-19 related deaths in non-care home settings are recorded as 65 deaths since the 5 July 2020 equating to 0.731 rates per 1,000 head of population.

In the shadow of these sobering statistics, the pace of service response and transformation within the HSCP has been exceptional. The health, safety and wellbeing of service users and the wider population of West Dunbartonshire is at the heart of everything that we do and reflected in our phase one response. To comply with physical distancing measures and shielding requirements of vulnerable groups all non-critical health and care services stopped and capacity focussed on the COVID-19 response. The public’s use of hospital emergency departments has significantly reduced and there has been an extremely positive response from staff and service users with many staff redeployed on a voluntary basis to roles dedicated to supporting the most vulnerable within our communities during this very difficult time. For example, Community Justice Officers were actively redeployed to support those on the Shielding list.

The pandemic has provided an opportunity for enhanced partnership working and significant efforts have taken place to support the mental health and wellbeing of the workforce. Collaboration between the HSCP and local government colleagues to effectively procure and distribute PPE across the HSCP has been particularly successful, with the West Dunbartonshire approach being recognised as best practice across the Greater Glasgow and Clyde area.

Perceived barriers in areas such as information governance have been quickly removed and the push for real time data has significantly enhanced the effective response to the crisis.

Large numbers of staff were quickly equipped to work from home and many teams continued to deliver vital services to our most vulnerable service users, notably vulnerable children and families, those in care homes and those requiring care at home.

The use of technology enabled staff to maintain contact with service users and was also utilised creatively to support contact between children and their families.

As we move into 2020/21 and the transition from response to recovery, it is recognised that there will be an increase in demand for, and backlog of, statutory services all of which will have wide ranging resource implications, primarily staffing and financial. The current Strategic Plan clearly sets out the scale of the challenge around effective delivery of health and social care services in West Dunbartonshire in particular tackling multi-morbidity, poverty, addiction, domestic violence and mental health. As the full impact of the health, social and economic consequences of the COVID-19 pandemic reveal themselves the HSCP Board will continue to respond positively and plan for the future new model of service delivery.

STRATEGIC PLANNING FOR OUR POPULATION

West Dunbartonshire lies north of the River Clyde encompassing around 98 square miles of urban and rural communities across the two localities of Clydebank and Dumbarton/Alexandria. The area has a rich past, shaped by its world famous shipyards along the Clyde, and has significant sights of natural beauty and heritage from Loch Lomond to the iconic Titan Crane as well as good transport links to Glasgow. However the area has challenges in addressing deprivation, ill health and inequality, within the local population across the age categories, and has the Scottish average in many key health and social care indicators e.g. income deprivation, employment and life expectancy. It has the joint third highest number of data zones in the 20% most deprived in Scotland and the gap between the most deprived areas compared to the least deprived areas is widening.

Successful and strong integration of health and social care services will address the challenges faced by the people of West Dunbartonshire by ensuring that people have access to the services and support they need, so that their care feels seamless to them, and they experience good outcomes and high standards of support. The local community response to the COVID-19 pandemic runs parallel to the strategic planning intention of the Partnership and we must continue to work with our partners and communities to consider how services can be focused on not only early intervention and prevention but on how we are able to support people to maintain their independence and to be as independent as possible. Working with our local communities to consider how we can better support and embed capacity building within localities is a key objective.

The HSCP Board approved its third Strategic Plan, covering the three year period 2019 – 2022, which can be viewed [here](#) (see Appendix 1, 2.) in March 2019. The Plan, developed by the Strategic Planning Group formed in early 2018, describes how we will use our resources to continue to integrate services in pursuit of national and local outcomes.

The Strategic Planning Group took an innovative approach to the development of the new strategic plan by working in partnership with the national [Burden of Disease Team](#) (Appendix 1, 3.), by evidencing the case for change through a Strategic Needs Assessment that took a population view using an epidemiological approach. This internationally recognised approach is used to quantify the difference between the ideal of living to old age

in good health and the situations where a healthy life is shortened by illness, injury, disability and early death.

Change in the provision of health and social care services is necessary as demand is rising significantly whilst financial and staffing resources are stretched. The demographic profile has been well documented, and while life expectancy may be below the Scottish average, West Dunbartonshire population projections indicate that the age groups of 65+ and 75+ will increase up to the year 2037 with other age bands decreasing. A continued increase in the older age population will have a significant impact on the dependency ratio. The dependency ratio measures the proportion of the population seen as economically dependent upon the working age population. A strong economy and thriving community needs a finely balanced population mix.

The Strategic Plan identified **five key Strategic Priorities** aligned to HSCP Board's vision and Strategic Outcomes as follows:

- **Early Intervention** – clear pathways to support, anticipatory care planning, social prescribing, carers support, rehabilitation and re-ablement
- **Access** – primary care, self directed support, community link support
- **Resilience** – recovery groups, wellbeing support to staff and service users
- **Assets** – staff training and support, carers, partners, community
- **Inequalities** – locality groups, carers support, tackling poverty, employment opportunities

The **Strategic Outcomes** are embedded in our commitment to:

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

PERFORMANCE HIGHLIGHTS 2019/20

The HSCP Board receives a Quarterly Public Performance Report at each meeting, which provides an update on progress in respect of key performance indicators and commitments. These can be viewed [here](#) (see Appendix 1, 4). The latest version of the quarterly performance report was presented to the HSCP Board on the 25 June and covered both quarter 3 for publication and quarter 4 in draft. The presentation of performance data has been refreshed to categorise the statutory key performance indicators under the five strategic priorities as detailed above. The report can be viewed [here](#) (see Appendix 1, 5).






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The Joint Bodies Act also requires all IJBs to produce an Annual Performance Report, no later than four months after the end of that year i.e. 31 July. The report content is governed by the 2014 Act and must cover the HSCP Board's performance against the nine national outcomes and 23 national indicators.

The Coronavirus (Scotland) Act 2020 referred to above has made provision under Schedule 6 (para.8) to allow an extension to the publication deadline until 30 September 2020. The Audit and Performance Committee scheduled to meet on 23 September will consider the Annual Performance Report. Some key areas of performance (as defined by the Scottish Government) over the past year are detailed below.

KEY






PI Status	
	Alert
	Warning
	OK
	Unknown
	Data Only

Extract from Performance Report 2019/20

Strategic Priority and associated Performance Indicators	2018/19 Value	2019/20 Value	2019/20 Target	Status
Early Intervention				
Number of acute bed days lost to delayed discharges (including AWI) aged 65 years and over	2,502	4,417	2,382	
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	
Percentage of carers who feel supported to continue in their caring role	98%	96.5%	90%	
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services – WDHSCP	39%	21%	90%	
Access				
Percentage of people aged 65 and over who receive 20 or more interventions per week	36.90%	33.10%	35%	

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Percentage of Community Payback Orders attending an induction session within 5 working days of sentence	59%	68%	80%	
Resilience				
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	78.50%	40.50%	90%	
Assets				
Prescribing cost per weighted patient	£167.87	£165.07	£174.02	
Inequalities				
Balance of Care for looked after children: % of children being looked after in the Community	90.5%	91%	90%	
Percentage of looked after children being looked after in the community who are from BME communities	86%	74%	N/A	

PERFORMANCE CHALLENGES

The table above provides only a small extract of some strong and improving performance and the 2019/20 Annual Performance Report, when published, will bring this performance to life with real examples of how HSCP services positively impact on our service users and their families.

It also highlights areas for improvement and as part of the HSCP Board's expectation of continuous improvement and demonstration of best value, each area will revisit its service delivery plans and develop action plans to address this. The quarter 4 data has been significantly impacted by the COVID-19 lockdown arrangements, especially around provision of health services that are traditionally clinic based; however there have been some longer term workforce recruitment issues in particular services as well as increases in demand.

MSK Physio Service recruitment and vacancy levels continue to be impacted by staff transferring Primary Care, Acute and Orthopaedics to take up Advanced Practitioner posts. Demand is also up 3.6% in the year to December 2019 bringing new referrals to just fewer than 57,000 patients. The service is undertaking a waiting list revalidation exercise and "NHS Near me" and telephone consultations are being evaluated.

CAMHS accepted referrals increased by 22.3% between 2018 and 2019. In addition to this increased demand, significant staffing difficulties due to recruitment, retention and long-term sickness absence have impacted on the service's ability to meet timescales. As a result, urgent new referrals and high-risk open cases were prioritised. The funding for two additional Band 5 Nurses was identified and this will continue into 2020/21. The service is also extending online Cognitive Behavioural Therapies (CBT) and "Attend Anywhere" has been rolled out.

Psychological Therapies have been impacted by a reduction in available practitioners through vacancy and absence which has had a negative impact with the number of patients waiting rising. The Primary Care Mental Health Team returned to full treatment capacity in December 2019 and assessments waiting times should show future improvement.

COVID-19 will be an on-going threat until either a vaccine is found or immunity levels increase across the general population. The threat of a second wave is still a possibility, therefore the continued need for social distancing, shielding the vulnerable and the as yet unknown impact of “Test and Protect” on the workforce could have significant impacts on a whole range of services and their targets.

The HSCP remains ambitious for the communities of West Dunbartonshire and, during this period of transition, recovery plans are an opportunity to build better services as part of the journey of continuous improvement. Over the next 18 months, HSCP will work in partnership with its staff, trade union colleagues and citizens, and will deliver better services with the people of West Dunbartonshire to improve health and reduce inequalities.

The strategic intent of the HSCPs COVID-19 Recovery and Renewal Plan “Keep Building Better – A Journey of Continuous Improvement” is: “Over the next 18 months, driven by our staff and citizens, we will deliver better services to the people of West Dunbartonshire improving health and reducing inequalities.”

The HSCP Senior Management Team have developed a set of overarching strategic principles as a framework for our approach to recovery and renewal, these are:

- Arrangements must be adaptable to increased volatility
- Staff and Service User Safety must be paramount
- Adoption of People Centred Service Design Principles
- Development of Self-Efficacy and Personal Agency
- Strong Employee Engagement
- Reduce Inequalities
- Hybridised Work – Integrate Physical With Virtual
- Real Time Data Push
- Focus on Automation
- Focus on Climate Change and Sustainability
- Ensuring there is longevity in its services
- Clear access point for all services

The HSCP Board considered the early groundwork for the “COVID-19 Recovery and Renewal Plan” during a member’s session on 17 June 2020. The stages of the plan will be aligned to the:

- Scottish Government’s “COVID-19 – Framework for Decision Making”
 - Scotland’s Route Map Through and Out of the Crisis; and
 - Re-mobilise, Recover, Re-design: The Framework for NHS Scotland” and
- West Dunbartonshire Council’s COVID-19 Recovery Plan

Positive Performance in Action

While the impacts and response to the COVID-19 pandemic will dominate the HSCP service delivery in 2020/21 and beyond, there are many examples of positive performance in 2019/20 some examples of which are detailed below:

- Our **Health Visiting team** has achieved re-accreditation of the UNICEF Gold Award in recognition of their ongoing work to promote maternal infant nutrition;
- The inspection of our **Throughcare Team's Housing support service** was rated as 'very good' or 'excellent' for support, leadership and how young people's health benefits from our support;
- The Care Inspectorate report on the inspection of **Justice Social Work Services** (August 2019), while highlighting a number of areas for improvement, recognised the commitment of staff and the positive relationships with individuals who offend. A new post of Justice Service Manager was created and now provides dedicated leadership to the team, as well as leading on delivery of the improvement action plan;
- On-going recruitment to social worker vacancies and an additional six **social worker posts** has been further augmented by six support worker posts for two years which will strengthen the service's ability to support contact between children and their families as well as providing intensive support to young people, their carers and their families;
- The new SCI Gateway referral system for **Carers** went live in November 2019. This allows GPs to make direct care referrals to our 3rd sector partners;
- The **Focussed Intervention Team** (primarily designed to avoid and prevent hospital admission by providing quick access to a multi-disciplinary team of nurses, physiotherapists, occupational therapists, pharmacy support and social care staff) has been in operation since August 2019. Of the 759 referrals to date 492 hospital admissions were avoided.
- **Mental Health Wellbeing Nurses** - registered mental health nurses located within GP practices have been incredibly well received with 246 patients attending in the first 3 month period. Patient experience rated the services as 70% excellent, 18% very good and 12% as good. Individuals are able to contact the nurse directly through the GP receptionist rather than having to see their GP in the first instance. This 30 minute consultation service supports people with emotional wellbeing and mental health needs that in the first instance do not require a medication review.
- **Primary Care** - The HSCP Primary Care Improvement Plan was approved in July 2019. Since then the HSCP has worked in collaboration with our partners to increase delivery of a number of workstreams. We have increased our **Pharmacotherapy team, Advance Practice Physiotherapists, Treatment Room Service, including Phlebotomy service**. We have supported the pilot of the Childhood Immunisation Programme which will be rolled out further in 2020. We have also extended our contract with West Dunbartonshire Community Volunteering Service across 5 GP Practices to supply **Community Link Workers** to help patients with signposting to other support.
- **Alcohol and Drugs Partnership (ADP)** – To support Ministerial Priorities including a "Education, Prevention and Early Intervention" – The Health Improvement Team has made a clear impact on influencing the Licensing Board Policy Statement and working in partnership to raise health issues at the Licensing Forum.

Positive Performance – COVID-19 Response

As covered briefly in the section “COVID-19 Pandemic Impact and Response” the HSCP had to adapt quickly. Some further detail is provided below:

- **Personal Protective Equipment (PPE) for Health and Social Care Staff** – two PPE HUBS were established in Clydebank and Dumbarton, with the support of our WDC Procurement and Asset Teams. A centralised PPE stock control model was developed to assess demand and track supply from both council and National Services Scotland procurement routes. These HUBS not only provide essential equipment to HSCP staff but also to a wide range of our social care providers, carers and personal assistants;
- **Testing and Assessment** – Under the direction of our Senior Nurse Adult Care a testing team was established to undertake enhanced outbreak investigation in all care homes where there are cases of COVID-19;
- **Community Assessment Centres** – were established in Clydebank and Renton for people concerned about potential COVID-19 symptoms. Led by our Clinical Directors, premises were adapted, new cleaning regimes implemented and local GPs and nurses assessed those referred;
- **Focussed Intervention Team** – provided a Secondary Respiratory Response Service to provide follow up support for post-COVID patients and community respiratory patients;
- **Health and Social Care Community Services** – a Local Management Response Team was established and met via tele-conference at least weekly, led by the Chief Officer with the membership from all the senior management team, community pharmacy, West Dunbartonshire CVS (Community Volunteer Service), Scottish Care representative, human resources and staff representatives; and
- **Community Response** – the community response from volunteers from the local community and from staff within the HSCP, WDC and NHSGGC has been incredible. From weekly support phone calls to those shielding, supporting carers to delivering food parcels and essential medication this community mobilisation response validates the strategic vision of working with the people of West Dunbartonshire will improve lives.

FINANCIAL PERFORMANCE 2019/20

The Statement of Accounts contains the financial statements of the HSCP Board for the year ended 31 March 2020 and has been prepared in accordance with The Code of Practice on Local Authority Accounting in the United Kingdom (the Code).

Financial performance is an integral element of the HSCP Board’s overall performance management framework, with regular reporting and scrutiny of financial performance at meetings of both the HSCP Board and its Audit and Performance Committee. The full year financial position for the HSCP Board can be summarised as follows:

SUMMARY FINANCIAL POSITION 2019/20

1 April 2019 to 31 March 2020	West Dunbartonshire Council £000	Greater Glasgow & Clyde Heath Board £000	Total £000
Funds Received from Partners	(68,244)	(123,711)	(191,955)
Funds Spent with Partners	67,835	123,237	191,072
Surplus in Year 2019/20	(409)	(474)	(883)

The Comprehensive Income and Expenditure Statement (CIES) on page 37 details the cost of providing services for the year to 31 March 2020 for all health and care services delegated or hosted by the HSCP Board.

The total cost of delivering services amounted to £191.072m against funding contributions £191.955m, both amounts including notional spend and funding agreed for Set Aside of £28.389m, (see Note 2 “Prior Year Re-Statement” page 41). This therefore leaves the HSCP Board with an overall surplus (including planned transfers to earmarked reserves) on the provision of services of £0.883m, the composition of which is detailed within Note 12 “Usable Reserve: General Fund” page 44.

The Set Aside budget and actual costs reflect those delegated functions (by the Health Board to the HSCP Board) which are carried out in a hospital setting. The HSCP Board is responsible for the strategic planning of these services, but not their operational delivery. Further information on the progress made in 2019/20 can be found under “Update on Previous Governance Issues” on page 32.

The HSCP Board’s 2019/20 Financial Year

The HSCP Board approved the 2019/20 revenue budget on 28 March 2019. This clearly set out the funding offers from our partners WDC and NHSGGC as well as specific funding streams from the Scottish Government for Primary Care Improvement, Mental Health Strategy (Action 15), Alcohol and Drug Partnership, Free Personal Care (under 65), Carers Act, Scottish Living Wage and Investment in Integration.

While there were budget gaps identified the HSCP Board accepted recommendations to balance the budget by the application of new funding streams, the release of funds from previously agreed savings programmes and additional resource transfer funds. Unlike 2018/19 there was no public consultation as there was no additional savings programmes impacting on service delivery.

The format of the financial performance reports was revised to provide members with a detailed analysis of progress of savings programmes, significant variances and reserves activity. The first quarter's financial performance report projected an overspend of £0.954m (0.60% of total budget), primarily as a consequence of the cost of children and young people community placements and residential schools, as was the case in the latter part of 2018/19. In line with the requirements of the Integration Scheme, and as part of the financial governance framework, a recovery plan was developed and reported to the Board in October 2019 based on actual financial performance to 31 August 2019. The recovery plan included:

- Review of Care at Home activity to include client charging and maximisation of service provision based on identified need;
- Continued scrutiny of implementation of attendance management policy to reduce current absence levels;
- Increased focus on recruitment of local foster carers to reduce spend on external placements;
- Capitalisation of staff costs in relation to various ICT projects; and
- Application of continuing care funding from Health to Social Care to support the costs of supporting older people in their home.

The recovery plan, mainly through the capitalisation of staff costs and the application of continuing care funding and significant tracking work by HSCP budget holders and the finance team, resulted in the overspend projection diminishing with each financial performance report before starting to report an underspend for the period ending 31 December 2019.

Final Outturn Position 2019/20

The final [Financial Performance Report](#) (see Appendix 1, 6.) issued to the HSCP Board on 31 May 2020, projected an underspend of £0.933m (1.4%) for the financial year ended 31 March 2020. This figure excluded transfers to/from earmarked reserves with the components parts of this underspend (further explained below) being £0.474m for health care and £0.459m for social care.

The financial statements contained within these annual accounts finalise the outturn position for 2019/20 as at 31 March 2020. Again as above, excluding planned transfers to/from reserves and after accounting for all known adjustments, the recorded position is an underspend of £0.883m, a very minor reduction to the underspend of £0.050m reported to the HSCP Board on 31 May 2020. This £0.050m is related to the creation of a provision as detailed in the balance sheet.

The Comprehensive Income and Expenditure Statement (CIES) on page 37 is required to show the surplus or deficit on services and the impact on both general and earmarked reserves. The final position for 2019/20 was an overall surplus of £0.883m with £0.352m transferred to general reserves and £0.531m transferred to earmarked reserves. Earmarked reserves are detailed in Note 12 of these accounts on page 44 coupled with some additional information detailed below in the "Key messages".

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While the CIES provides actual expenditure and income values for services in 2019/20 and their comparison to the previous financial year, it does not highlight the reported budget variations as the HSCP Board would consider them. Therefore the table below is presented to provide additional detail and context to the key financial messages listed below.

2019/20 Final Outturn against Budget

West Dunbartonshire Integrated Joint Board	2019/20 Annual Budget £000	2019/20 Net Expenditure £000	2019/20 Underspend/ (Overspend) £000
Consolidated Health & Social Care			
Older People, Health and Community Care	47,174	45,526	1,648
Physical Disability	3,085	2,884	201
Children and Families	22,132	24,899	(2,767)
Mental Health Services	10,270	9,431	839
Addictions	2,846	2,885	(39)
Learning Disabilities	17,460	17,158	302
Strategy, Planning and Health Improvement	1,850	1,301	549
Family Health Services (FHS)	27,427	27,427	0
GP Prescribing	19,305	19,432	(127)
Hosted Services - MSK Physio	6,492	6,370	122
Hosted Services - Retinal Screening	800	824	(24)
Criminal Justice - Grant funding of £2.1m*	0	0	0
HSCP Corporate and Other Services	3,783	3,604	179
IJB Operational Costs	281	281	0
Cost of Services Directly Managed by West Dunbartonshire HSCP	162,905	162,022	883
Set aside for delegated services provided in large hospitals	28,389	28,389	0
Assisted garden maintenance and Aids and Adaptations	661	661	0
Total Cost of Services to West Dunbartonshire HSCP	191,955	191,072	883

* Criminal Justice Funding is a specific, ring-fenced grant allocation from the Scottish Government. In 2019/20 £2.1m was received and utilised during the year.

Final Outturn Position 2019/20 – Key Messages

Detailed explanations and analysis of budget performance against actual costs is laid out in the 31 May 2020 Financial Performance Report (link above) however the main highlights are:

- Strategy, Planning and Health Improvement report an underspend of £0.549m due to a recharge of staff costs to capital and a delay in recruitment of vacant posts, timing of service redesign for Smoking Cessation and delivery of core priorities within existing team, releasing discretionary/non recurring funding to bottom line.
- Children and Families report a collective overspend of £2.767m mainly due to:

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- Overspend of £1.767m within residential care due to the increasing pressure of high cost packages including £0.490m related to children placed within residential schools due to emotional, behavioural or physical disabilities. This is an extremely volatile budget and secure placements can cost in excess of £0.2m per child; and
- Overspend of £0.857m within community placements due to the number of kinship and external foster placements since the start of the financial year.

In recognition of the pressure being reported in these areas in late 2018/19, additional investment of £1.042m (6.3%) was added to the 2019/20 budget. While the overall number of community and residential placements at 31 March 2020 increased by 5.5% compared to numbers at 31 March 2019 the increase in cost can be attributed to the timing of placement in year and the disproportionate increase in the number of high costs placements within residential care. The Head of Children and Families is committed to reviewing the reasons, processes and outcomes of these placements and is a main focus of the projects being supported by our Service improvement Leads.

- Internal and External Residential Accommodation for Older People report an underspend of £1.287m due to reducing demand for care home/nursing beds arising from shorter stays, supporting people at home for longer and the impact of the moratorium on admissions in a local nursing home .
- Adult Community Health Services report an underspend of £0.457m mainly due to part year impact of service redesign, including introduction of Focussed Intervention Team (phased rollout from October) and cessation of purchased step up/step down Care Home beds.
- Mental Health – Adult Community and Elderly Services report an underspend of £0.579m, mainly due to additional income due from NHS Highland under the terms of the Service Level Agreement for access to in-patient beds. This is based on a 3 year rolling average.
- All other adult services including learning and physical disability and mental health and addiction services collectively underspent by £0.628m, mainly due to an ongoing review of client packages and a number of vacant posts remaining unfilled as the impact of Action 15 recruitment across Scotland and NHSGCC is rolled out.
- Other Services including spend on hosted services, primary care improvements and resources for social care funding from Scottish Government contributed £0.277m to the outturn position. This was due to a number of short term benefits from delays in recruitment of service improvement leads and Scottish Government funding for investment in integration allocated to partially offset various overspends reported elsewhere. This was tracked throughout the financial year and adjusted for as part of the 2020/21 budget setting exercise.
- Within GP Prescribing the volatility of drug costs has been highlighted as the main risk factor on the overall financial performance of this £19.3m budget. The outturn position is an overspend of £0.127m including costs of £0.345m related to a 25% spike in GP prescribing activity in March as additional medications were issued in preparations for the anticipated COVID-19 lockdown.
- The movement in earmarked reserves is an overall increase of £0.531m, bringing the closing balance to £5.254m. There were a number of significant drawdowns and additions amounting to £2.185m and £2.716m respectively as detailed in note 12.
- The movement in un earmarked, general reserves is an overall increase of £0.352m, bringing the closing balance to £2.809m and satisfies the 2% target as set out in the Reserves Policy.

- The COVID-19 Financial Tracker submitted to the Scottish Government detailing expenditure incurred in 2019/20 amounted to £0.231m. This included the purchase of PPE, the cost of additional staff in care homes, care at home and children's houses and the establishment of the Community Assessment Centres in Clydebank and Renton. Full funding was allocated to cover these costs through an additional budget allocation.

Key Risks, Uncertainties and Financial Outlook

The HSCP Board Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a local risk strategy and policy for approval by the Partnership Board. The HSCP Board Financial Regulations can be viewed [here](#) (see Appendix 1, 7.). The planned review has been delayed due to the response to COVID-19; however this will be undertaken over the next couple of months.

The HSCP Board approved its Risk Management Strategy & Policy at its August 2015 meeting, which can be viewed [here](#) (see Appendix 1, 8.) The Strategic Risk Register is reviewed by the Audit and Performance Committee before consideration by the HSCP Board. The latest review was February 2020 and the full report can be viewed [here](#) (see Appendix 1, 9.).

The key risks are summarised below and the full Risk Register Report details scoring and mitigating actions:

- Financial Sustainability/Constraints/Resource Allocation (covered in more detail below);
- Procurement and Commissioning;
- Performance Management;
- Information and Communication;
- Public Protection;
- Outcomes of external scrutiny; inspection recommendations;
- Delayed Discharge and Unscheduled Care;
- Workforce Sustainability;
- Waiting Times; and
- Brexit

There will be a full review of the Strategic Risk Register to account for the impact of the COVID-19 pandemic. The HSCP Senior Management Team developed an extensive COVID-19 Risk Register of 65 key risks for consideration and to inform the Local Mobilisation Plan. These ranged from the impact of staff absence across individual service areas, increase in demand and waiting times, financial sustainability and delays in statutory deadlines. Mitigating actions included, daily assessment of HSCP staff resource requirements and the assessment of a minimum staffing level to provide critical services, sufficient PPE, emergency day centre provision for vulnerable clients, introduction of telephone services and additional financial monitoring processes put in place and detailed financial tracking of additional costs to the Scottish Government.

Reserves

The HSCP Board has the statutory right to hold Reserves under the same legal status as a local authority, i.e. “A section 106 body under the Local Government (Scotland) Act 1973, and is classified as a local government body for accounts purposes..., it is able to hold reserves which should be accounted for in the financial accounts and records of the Partnership Board”. Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies; and
- provide a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

Reserves are a key component of the HSCP Board’s funding strategy. It is essential for the medium to longer term financial stability and sustainability of the board that sufficient useable funds are held for the reasons detailed above and to earmark specific funding to deliver on Scottish Government priorities.

The HSCP Board’s Reserves Policy, which can be viewed [here](#) (Appendix 1, 10.) recommends that its aspiration should be a general reserves level of 2% of its net expenditure (excluding Family Health Services). This would equate to approximately £2.8m, and for 2019/20 the final position is £2.809m (see Note 12: Usable Reserve: General Fund) meeting the recommended target.

The overall movement in reserves is covered above in the “2019/20 Final Outturn against Budget” section. Detailed analysis of the movements in earmarked reserves is available at Note 12 Useable Reserves – General Fund.

Our earmarked reserves are mainly from the Scottish Government to support health and social care policy commitments and statutory duties including Primary Care Improvement, Mental Health Action 15, Alcohol and Drugs Partnership, Scottish Living Wage, Carers and Free Personal Care (under 65). The flow of funding for some of these policy commitments is linked to quarterly returns detailing the activity and cost of various programme strands.

We started the year with £4.723m earmarked reserves and during the year we allocated £2.185m. The main areas of spend were:

- £0.742m – to support the various workstreams of the Primary Care Improvement Plan as laid out in the Memorandum of Understanding.
- £0.283m – to support the work of the West Dunbartonshire Alcohol and Drug Partnership;
- £0.329m – to support the HSCP service re-design and transformation agenda, including additional staffing resource; and
- £0.500m – reallocation of previously earmarked reserves for Integrated Care Fund and Delayed Discharge into a new reserve to support the work around Unscheduled Care.

We also added £2.716m to earmarked reserves throughout the year for, the main areas being:

- £0.486m – to increase the current GP Prescribing reserve to reflect the COVID-19 activity, i.e. increase in community prescribing during and early intelligence on global short supply of some medicines;
- £0.515m – to support the HSCP COVID-19 Recovery and Renewal Plan, in particular anticipated increase in demand for mental health, addictions and community based services;
- £0.485m – the 2020/21 revenue budget includes £1.705m of approved savings and efficiencies targets through service improvement plans. There is an increased element of risk around some of these savings due to the impact of the COVID-19 response; and
- £0.171m – to support CAMHS (Child and Adolescent Mental Health Services) waiting times performance by increasing clinical posts for a fixed period.

Financial Outlook – Medium Term Financial Plan

The review of the 2019/20 financial statements and the strategic risks highlights the financial pressures and uncertainties facing the HSCP Board. These pressures have been factored into the 2020/21 budget where appropriate and also considered across the medium to longer terms.

The 2020/21 revenue budget was approved on 25 March as Scotland entered “lockdown” but the identified budget gaps and actions taken to close these gaps, to present a balanced budget, are pre COVID-19 service impacts, the full report can be viewed [here](#) (Appendix 1, 11.).

The HSCP Board revenue budget for 2020/21 to deliver our strategic priorities is £196.086m, including £28.694m relating to set aside (notional budget allocation). As stated above under “Reserves” this balanced position includes a number of approved savings programmes equating to £1.705m that requires to be delivered on, including a review of learning disability services, a reduction in external care home places and care at home scheduling efficiencies.

During the 2020/21 budget setting exercise the single biggest threat to the United Kingdom and the Scottish Economy was the uncertainties of Britain’s exit from the European Union. To this now is added the emerging worldwide response to halting the spread of the Covid-19 pandemic and its devastating impact on families, jobs, business, education and health and social care services including disruption to the medicines supply chain and global markets. All current predictions on economic growth, plans for taxation both in a national context and devolved tax raising powers of the Scottish Government will require significant revision.

Since mid-March the HSCP has had to respond to the COVID-19 pandemic and make significant service changes to protect the needs of our service users and wider population. As referenced throughout this report, the HSCP response was detailed in the Local Mobilisation Plan (LMP) and the associated costs through the financial tracker returns to the Scottish Government. While the LMP was approved by the Cabinet Secretary on 9 April and

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a commitment to fund all reasonable costs, there are many individual elements of the plan which are difficult to accurately cost at this stage. The last submission to the Scottish Government in late May estimates a potential cost to the HSCP of £9.6m in 2020/21.

To date the greatest elements of actual expenditure incurred have been on PPE and staff absence and overtime at a cost of £1.1 million. However the most significant cost yet to be fully understood is the cost of financial support to externally commissioned services, including residential care, especially for older people and social care support across all client groups. The Scottish Government has committed to support the social care sector throughout this pandemic to aid the longer term sustainability of the sector. The HSCP Board currently commissions approximately £47m with external providers and at this stage the level of support and how long it will have to continue are difficult to predict, however approximately £4.2m has been included in the financial tracker. To date the Scottish Government have provided funding to the HSCP in support of the LMP of £0.898 million. There is a significant financial risk that the collective cost of the public sector response cannot be fully funded by the Scottish and UK Governments and the HSCP Board has to consider this in the context of the available 2020/21 budget and across the medium term.

The risk of financial sustainability has long been identified as a key strategic risk of the HSCP Board and the pandemic adds a further layer of risk to its stability going forward. Using 2020/21 as the baseline a Medium Term Financial Plan 2020/21 – 2024/25 was drafted and approved by the HSCP Board in March 2020, and can be viewed [here](#) (Appendix 1, 12.). It should be noted that the financial analysis and projections were written before the COVID-19 pandemic hit the United Kingdom, although there was time to reference this within the economic outlook:

“The uncertainties of Britain’s exit from the European Union weigh heavily on the economic outlook and while predictions vary, until there is a clear understanding of the UK’s future trading relationship with Europe and the rest of the world, forecasts for growth remain fragile. Add to this the emerging worldwide response to halting the spread of the Covid-19 pandemic and its devastating impact on families, health and social care services including disruption to the medicines supply chain and global markets, all current predictions on economic growth, plans for taxation both in a national context and devolved tax raising powers of the Scottish Government will require significant revision.”

The plan sets out the main cost pressures and funding assumptions for the partnership and presents these under “Best”, “Likely” and “Worst” Case scenarios using 2020/21 as the baseline, see below:

Extract from Medium Term Financial Plan

Table 10 – Best, Likely and Worst Case Budget Gaps from 2021/22 to 2024/25

Indicative Budget Gap	2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
Best	(55)	(1,510)	(3,190)	(4,812)
Likely	(1,492)	(2,995)	(4,725)	(6,397)
Worst	(5,184)	(6,790)	(8,626)	(10,408)

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The medium term financial plan is centred on financial sustainability and service redesign. The scale of the financial challenge is influenced by a number of key cost drivers including:

- Pay inflation and pension costs – uncertainty around pay settlements for public sector workers and additional investment in pension schemes;
- Demographics – reflecting the increases in over 65+ and over 75 years population often coping with a range of health conditions against a challenging social and economic climate;
- Scottish Government Priorities - improvements in primary care and support for mental health and addictions;
- Contractual price increases – commitment to adhering to the National Care Home Contract and to deliver Scottish Living Wage to adult social care workers employed by our third sector and private providers; and
- Prescribing Costs – inflationary increases, short supply issues and treatment of complex health conditions.

The HSCP Board will address these challenges going forward by considering:

- Better ways of working – integrating and streamlining teams including the benefits of information technology to deliver services more efficiently will release financial savings and protect front line services;
- Community Empowerment - support the vision for resilient communities with active, empowered and informed citizens who feel safe and engaged to be a main contributor to service change across health and social care;
- Prioritise our services – local engagement and partnership working are key strengths of the HSCP. We must think and do things differently and find new solutions to providing support to those who need it; and
- Service redesign and transformation – build on the work already underway redesigning support to people to remain or return to their own homes or a homely setting for as long as possible. This will be across all care groups including older people, learning, physical and mental disabilities and children and families, in partnership with Housing services, third sector and local providers.

Also for 2020/21 the HSCP Board will closely monitor progress on the delivery of its approved savings programmes, through robust budget monitoring processes and savings trackers. As part of its commitment to a strong governance framework around regular and robust budget and performance monitoring and on-going assessment of risk, the HSCP Board and its senior officers will monitor such developments and will take appropriate action as required.

Agreeing a mechanism to transfer actual funding from the notional set aside resource must be progressed, but there is a risk that it will come with a savings target attached. The further development of the Unscheduled Care Commissioning Plan across the six partnerships with NHSGGC will address this risk.

Conclusion

In 2019/20 the West Dunbartonshire Health and Social Care Partnership Board has continued to demonstrate its commitment to strong financial governance while delivering on its strategic priorities. With its acceptance of the Medium Term Financial Plan the Strategic Plan was to be refreshed in 2020/21 and this has become even more essential in the midst of the COVID-19 response. What has been clear throughout the pandemic, is some geographical areas have suffered at different rates, and at this stage there appears to have been a greater impact in some areas where deprivation is more prevalent, such as West Dunbartonshire and some of its neighbouring partnerships. In the medium to longer term, we will ensure that our plan will be adaptable to respond to the uniqueness of the population we serve.

Allan MacLeod
HSCP Board Chair

Date: 23 September 2020

Beth Culshaw
Chief Officer

Date: 23 September 2020

Julie Slavin CPFA
Chief Financial Officer

Date: 23 September 2020

STATEMENT OF RESPONSIBILITIES

Responsibilities of the Health and Social Care Partnership Board

The Health and Social Care Partnership Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this partnership, that officer is the Chief Financial Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the HSCP Board on 23 September 2020.

Signed on behalf of the West Dunbartonshire Health & Social Care Partnership.

Allan MacLeod
HSCP Board Chair

Date: 23 September 2020

Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the HSCP Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Financial Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Financial Officer has also:

- kept proper accounting records which were up to date; and
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the West Dunbartonshire Health and Social Care Partnership Board as at 31 March 2020 and the transactions for the year then ended.

Julie Slavin CPFA
Chief Financial Officer

Date: 23 September 2020

REMUNERATION REPORT

Introduction

The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) require local authorities and IJB's in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

It discloses information relating to the remuneration and pension benefits of specified WDHSCP Board members and staff. The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

The HSCP Board does not directly employ any staff. All staff working within the HSCP are employed through either NHSGGC or WDC; and remuneration for senior staff is reported through those bodies. This report contains information on the HSCP Board Chief Officer and Chief Financial Officer's remuneration together with details of any taxable expenses relating to HSCP Board voting members claimed in the year.

Membership of the HSCP Board is non-remunerated; for 2019/20 no taxable expenses were claimed by members of the partnership board.

Health and Social Care Partnership Board

The six voting members of the HSCP Board were appointed, in equal numbers, through nomination by Greater Glasgow and Clyde Health Board and West Dunbartonshire Council. Nomination of the HSCP Board Chair and Vice Chair post holders alternates, every 3 years, between a Councillor from WDC and a NHSGGC Health Board representative.

The HSCP Board does not pay allowances or remuneration to voting board members; voting board members are remunerated by their relevant nominating organisation.

The HSCP Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair. For 2019/20 no voting member received any form of remuneration from the HSCP Board as detailed in the table over.

Voting Board Members 2019/20	Organisation
Allan MacLeod (Chair)	NHS Greater Glasgow & Clyde Health Board
Marie McNair (Vice Chair)	West Dunbartonshire Council
John Mooney	West Dunbartonshire Council
Denis Agnew	West Dunbartonshire Council
Rona Sweeney	NHS Greater Glasgow & Clyde Health Board
Audrey Thompson	NHS Greater Glasgow & Clyde Health Board

Senior Officers

The HSCP Board does not directly employ any staff. All staff working within the HSCP are employed through either NHSGGC or WDC; and remuneration for senior staff is reported through those bodies.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the HSCP Board has to be appointed and the employing partner has to formally second the officer to the HSCP Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the HSCP Board.

Ms Culshaw is employed by WDC, and holds an honorary contract with NHSGGC.

Chief Officer and Chief Financial Officer posts funding is included equally in the partner contributions.

Other Officers

No other staff are appointed by the HSCP Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included below.

Total Earnings 2018/19 £	Senior Officers	Salary, Fees & Allowance £	Compensation for Loss of Office £	Total Earnings 2019/20 £
108,300	B Culshaw Chief Officer	113,721	-	113,721
74,524	J Slavin Chief Financial Officer	78,352	-	78,352

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the HSCP Board balance sheet for the Chief Officer or any other officers.

The HSCP Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the HSCP Board. The following table shows the HSCP Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

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Senior Officers	In Year Contributions		Accrued Pension Benefits		
	For Year to 31/03/2019 £000	For Year to 31/03/2020 £000		For Year to 31/03/2019 £000	For Year to 31/03/2020 £000
B Culshaw Chief Officer	21	22	Pension Lump Sum	4 -	6 -
J Slavin Chief Financial Officer	11	12	Pension Lump Sum	4 -	5 -

The officers detailed above are all members of the NHS Superannuation Scheme (Scotland) or Local Government Scheme. The pension figures shown relate to the benefits that the person has accrued as a consequence of their total public sector service, and not just their current appointment. The contractual liability for employer pension's contributions rests with NHS Greater Glasgow & Clyde and West Dunbartonshire Council. On this basis there is no pension liability reflected on the HSCP Board balance sheet.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Remuneration Band	Number of Employees 31/03/2019	Number of Employees 31/03/2020
£70,000 - £74,999	1	
£75,000 - £79,999		1
£105,000 - £109,999	1	
£110,000 - £114,999		1

Allan Macleod
HSCP Board Chair

Date: 23 September 2020

Beth Culshaw
Chief Officer

Date: 23 September 2020

ANNUAL GOVERNANCE STATEMENT

Introduction

The Annual Governance Statement explains the HSCP Board's governance arrangements as they meet the requirements of the "Code of Practice for Local Authority Accounting in the UK" (the Code) and reports on the effectiveness of the HSCP Board's system of internal control, including the reliance placed on the governance frameworks of our partners. It is included within the HSCP's financial statements to assure stakeholders on how the HSCP directs and controls its functions and how it relates to communities in order to enhance transparency and scrutiny of the HSCP's activities.

This statement lays out the governance arrangements in place for more than eleven months for the year ended 31 March 2020, and where significant, any changes to those arrangements as a consequence of local, national and international responses to the global Coronavirus (Covid-19) Pandemic. Further detail is provided below under "Governance Issues 2019/20 - Impact of Covid-19 Response on Governance Arrangements".

Scope of Responsibility

The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. It also has a statutory duty to make arrangements to secure best value under the Local Government in Scotland Act 2003.

To meet this responsibility the HSCP Board continues to have in place robust arrangements for the governance of its affairs and the effectiveness of its functions, including the identification, prioritisation and the management of risk. It has an established Audit and Performance Committee to support the board in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge and promoting a culture of continuous improvement in performance.

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

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

The Governance Framework and Internal Control System

The governance framework is comprised of systems and processes and cultures and values by which the HSCP is directed and controlled. It is not static and is updated to reflect new legislative requirements and best practice. This has never been more apparent as the HSCP Board, its partner organisations and numerous stakeholders have had to adapt to respond to the impact of the Covid-19 pandemic in the latter part of March 2020.

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

The HSCP Board adopted governance arrangements are consistent with the Chartered Institute of Public Finance and Accounting (CIPFA) and the Society of Local Authority Chief Executives (SOLACE) framework “Delivering Good Governance in Local Government”. Based on the framework’s seven core principles a Local Code of Good Governance is in place which is reviewed annually and evidences the HSCP Board’s commitment to achieving good governance and demonstrates how it complies with the recommended CIPFA standards. A copy of the code is available [here](#) (Appendix 1, 13.) on the HSCP website.

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

- The HSCP Board is the key decision making body, comprising of a Chair, five other voting members and a number of professional and stakeholder non-voting members;
- The HSCP Board is formally constituted through the Integration Scheme which sets out the local governance arrangements, including definition of roles, workforce, finance, risk management, information sharing and complaints;
- A register of interests is in place for all Board members and senior officers;
- The HSCP Board has two governance sub-committees; Audit and Performance Committee (previously known as Audit Committee) and the Strategic Planning Group;
- Reports considered by the HSCP Board and the Audit and Performance Committee are published on the HSCP website;
- The scope, authority, governance and strategic decision making of the HSCP Board and Audit and Performance Committee is set out in key constitutional documents including the HSCP Strategic Plan 2019 – 2022, terms of reference, code of conduct, standing orders and financial regulations;
- The Terms of Reference for the updated Audit and Performance Committee Terms were agreed by the HSCP Board in November 2019 and included the addition of two new members to the Committee drawn from the Strategic Planning Group. The full report can be found [here](#) (Appendix 1, 14.);
- The Performance Management Framework commits to regular performance and financial reporting to the HSCP Board and Audit and Performance Committee, enhanced by a programme of development sessions, enabling members to interrogate performance and policy in greater detail;

- Clinical and Care Governance Group – provide oversight and scrutiny of all aspects of clinical and care risk and effectiveness as well as how patient centred care is delivered.
- The Risk Management Strategy, including the risk management policy and strategic risk register (underpinned by operational risk registers), are scrutinised at least annually by the Audit and Performance Committee with level of risk, its anticipated effect and mitigating action endorsed before being referred to the HSCP Board;
- The Reserves Policy is reviewed as part of the annual budget setting process and has identified a reasonable level of both general and earmarked reserves;
- A performance appraisal process is in place for all employees and staff who are also required to undertake statutory and mandatory training to reinforce their obligations to protect our service users, including information security; and
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings, recommendations and associated action plans by Audit Scotland, Ministerial Strategic Group, our external and internal auditors and the Care Inspectorate.

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

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

Compliance with Best Practice

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

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

The HSCP Board's Audit and Performance Committee operates in accordance with CIPFA's "Audit Committee Principles in Local Authorities in Scotland" and "Audit Committees: Practical Guidance for Local Authorities (2018)". In November 2019, to align with the review of the terms of reference, the Chief Internal Auditor and the Chair of the committee considered CIPFA's 2018 guidance and carried out a:

- Self-assessment of Good Practice; and
- An evaluation of the Effectiveness of the Committee

The report concluded that the committee "largely complies with CIPFA good practice and thereby can assess its performance as generally meeting the CIPFA requirements". The full report can be found [here](#) (Appendix 1, 15.).

Review of Adequacy and Effectiveness

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

The HSCP Board adopted "The Code of Practice for Local Authority Accounting", recommendation that the local code is reviewed each year in order that it can inform the Governance Statement. For the June 2020 review the 25 June HSCP Board agreed that there were no areas assessed to be non-compliant and more than three quarters were considered fully compliant.

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

Within the council each member of the Corporate Management Team (including HSCP Heads of Service) completes a checklist to assess compliance levels against each aspect of the council's local code. These are considered by the Chief Internal Auditor and inform each Strategic Director's Certificate of Assurance as well as the Council's Governance Statement. An extract of the Improvement Areas identified for HSCP Senior Managers in relation to their Strategic Lead roles within the Council are detailed below:

- Complaints timescales;
- Incorporate service user feedback into Service Delivery Plans; and
- Improve governance around action plan/audit recommendation deadlines;

Within the health board a similar process is in operation which required the Chief Officer to complete a "Self Assessment Checklist" covering all the key areas of the internal control framework.

Other reviews to support continuous improvements and the control environment include the work undertaken by WDC & NHSGGC internal audit teams. Any specific control issues emerging from these audits are considered through each organisation's own Audit Committee and recommendations on improvements agreed. However any audits impacting on HSCP services are also considered by the HSCP Audit and Performance Committee for information and impact on delivering on strategic priorities.

In 2019/20 three social care audits were undertaken by WDC internal audit team, details provided below. Each audit identified control risks and provided a suite of recommendations to be agreed by management and populate action plans to be delivered within appropriate timescales. Progress of actions is reviewed regularly by the HSCP Senior Management Team, WDC Performance Management Review Group and the Audit and Performance Committee.

- CM2000 Functionality Review – CM2000 is used by Care at Home services for the electronic scheduling and optimisation of visits. The audit found that the systems examined were generally working effectively. It also identified three medium rated control risks to be addressed through an action plan including; roll-out of additional functionality of system to record and authorise mileage claims, increase compliance of staff clocking in and out on all visits and using this data to evidence overtime claims. These actions will be delivered in the coming financial year.
- Social Care Attendance Management Review – the review covered general absence recording, application of absence management triggers and referrals to Occupational Health. The audit identified three control risks (1 low, 1 medium and 1 high) and made a number of recommendations that will be addressed through a series of management actions including; refresher training for all line managers, increased compliance checks and evidence of return to work interviews and appropriate referrals as stipulated in the Supporting Employee Wellbeing Policy.
- Social Care Case Management Review – the review was centred on case file review, workload, policies and procedures, use of management information and triggers to close cases within Children and Families and Community Health and Care Services. The audit identified nine control risks (3 low, 5 medium and 1 high) to be addressed through a series of recommendations and corresponding management actions including: ongoing review of workloads and supervision policy, peer review of case files, improved Carefirst recording on allocation of cases and closure and more regular review of care home placements.

There were no health care based audits carried out by NHSGGC that directly impacted on HSCP service priorities.

Update on Previous Governance Issues

The 2018/19 Annual Governance Statement set-out a number of Improvement Actions based on the annual review of the Local Code and Areas for Improvement by each Head of Service. These are updated below with further expansion of two key areas.

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Improvement Action 2018/19	Lead Officer	Due Date	Update
Develop a robust Commissioning Plan driven by new Strategic Plan 2019 – 2022.	Head of Strategy and Transformation	August 2019	Date revised to late 2020 after update report to Feb HSCP Board. Progress made to date with the Strategic Planning Group, procurement pipeline priorities and agreed service improvement programmes.
Increase the % of spend with 3rd party social care providers being compliant with Financial Regulations (incorporating procurement regulations) and have robust service specifications and contract monitoring arrangements in place.	Chief Financial Officer & Head of Strategy and Transformation	April 2020	Ongoing. Significant progress made – further expanded below.
Improve case recording and assessment for Children & Families who receive statutory social work services.	Head of Children’s Health, Care and Criminal Justice	On-going	<p>Work to improve case recording is continuing – include changes to capture activity for the Scottish Govt. National Covid-19 dataset.</p> <p>Review of Care First case recording system by Information Team to be scheduled following lockdown.</p> <p>Improvement activity around assessments and supported by monthly meetings with the Area Locality Reporter.</p> <p>Case sampling for children on the child protection register will report to the Child</p>

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			Protection Committee after June 2020.
Improve sickness Absence Rates	All Heads of Service	On-going	On-going. Analysis of absence data shows a downward trend from the start of this performance year. New Supporting Employee Wellbeing Policy for WDC launched last year, with master classes rolled out.
Ministerial Strategic Group Review on the Progress of Integration Action Plan – from May 2019 Self Evaluation	Chief Officer	On-going	On-going. The Scottish Government accepted the HSCP Action Plan. Ownership and delivery of actions across the HSCP Board, WDC, NHSGGC and the Scottish Government.
Strengthen the budget setting arrangements with WDC & NHSGGC and work on producing a robust medium term financial plan.	Chief Financial Officer	November 2019	Chief Financial Officers of WDC, NHSGGC and HSCP work together and align budget processes where possible. Medium Term Financial Plan presented and approved by the 25 March 2020 HSCP Board. Covid-19 pandemic and recovery plans will impact on scenario planning.

Progress continues around the formalisation of “Set Aside” budgets with agreement across the Scottish Government, the health board and the six HSCP’s on robust data sets to allow for calculation and comparison of actual activity and associated costs. This has been reflected in these annual accounts including a restatement of the 2018/19 set aside amount within the Comprehensive Income and Expenditure Statement (page 37). Prior to the Covid-19 outbreak the Glasgow HSCPs had developed a draft Commissioning Plan on Unscheduled Care which was due to be presented to all IJBs March – June. This will need revision to reflect Covid-19 Recovery Plans.

Compliance with financial regulations in the area of procurement of social care services is a key priority area for the HSCP Board in evidencing best value in a climate of financial challenge and was referenced in both the Council's and HSCP Board's 2018/19 Annual Governance Statements.

Significant progress has been made throughout 2019/20 with a number of procurements being approved by the WDC Tendering Committee or under Delegated Authority. In the financial year 2019/20, HSCP procurement expenditure was £47.4 million. The procurement spend that is compliant with the Financial Regulations was £37.6 million (79.2%). This takes account of "partial compliance" i.e. spend where contracts were awarded during the year and in turn increased the compliance rate. In comparison, financial year 2018/19 HSCP procurement spend was £40.2m with £5.2m (13%) spend that was compliant with the Financial Regulations. The HSCP's Senior Management Team will revisit the Procurement Pipeline Priorities and align to Recovery and Renewal Plans (further detail below).

Governance Issues 2019/20

The 2019/20 Internal Audit Annual Report for the HSCP Board identifies no significant control issues. As stated above the HSCP Board must also place reliance on the Council and Health Board's internal control framework. The Council's Internal Audit Annual Report has concluded that that reasonable assurance can be placed upon the adequacy and effectiveness of West Dunbartonshire Council's systems of governance, risk management and internal control in the year to 31 March 2020.

There were no significant issues that were highlighted for inclusion in the Council's Annual Governance Statement though it was recognised that the significant incident in late March 2020 and the Council's responses as a Category 1 responder during the COVID-19 pandemic tested how well the Council's risk management, governance and internal controls framework is operating.

The Health Board's Internal Audit Annual Report concluded that the internal control framework provides reasonable assurance regarding the achievement of objectives, the management of key risks and the delivery of best value, except in relation to:

- Service Redesign – Acute Stroke Services;
- Operational Planning;
- Medicines Reconciliation in Hospital;
- Sickness Absence Follow Up; and
- I.T. Security.

Management has committed to implementing the necessary improvement actions in all of the above areas and progress is being reported regularly to the Audit and Risk Committee.

Impact of Covid-19 Response on Governance Arrangements

From mid-March 2020 as the effects of the Covid-19 pandemic began to impact on daily life in Scotland, the response of those charged with the delivery of public services especially health and social care services had to be rapid. To adapt services to meet the challenge of

the pandemic there had to be appropriate and transparent amendments to current governance frameworks.

An urgent [item](#) - Temporary Decision Making Arrangements (Appendix 1, 16.) was considered by the 25 March 2020 HSCP Board which recommended:

- Approve the suspension of normal governance arrangements during the Covid-19 pandemic and accept the alternative Board meeting arrangement outlined at section 4 of this report; and
- Approve delegation of authority to the Chief Officer, in consultation with the Chair and Vice Chair of the HSCP Board and the Chief Financial Officer, be enacted “if required”, to meet immediate operational demand on decisions normally requiring Board approval;

This is managed through weekly telephone conferences and a decisions log/approval tracker which captures the timeline and any action sheets or final reports are published on the HSCP website. There are also weekly Chief Officer Briefings issued to all board members which update on key service impacts of Covid-19 and the interpretation of national guidance on local services.

All members of the HSCP Senior Management Team and key stakeholders are participants in a variety of HSCP specific Covid-19/Business Continuity response groups as well as WDC, NHSGGC and Scottish Government Strategic Resilience and Tactical Groups. In mid-March the Clinical and Care Governance Group stepped down and a Local Management Response Team (LMRT) was established to respond to the Covid-19 pandemic. Membership included the HSCP SMT, our newly appointed Clinical Directors, staff side union and third sector representatives. The initial meeting took place on 17 March and at least weekly thereafter. This remains in place, however the Clinical and Care Governance Group has re-established its 6 weekly meeting cycle effective from 1 June 2020.

A comprehensive Covid-19 Impact Risk Register was developed covering all aspects of service delivery ranging from risk to service delivery from staff absence, system failure, insufficient PPE, Complaints, Freedom of Information Requests, Carer illness and increased demand for emergency support for various vulnerable individuals and families.

By the 3 April the Scottish Government required each HSCP to submit a Local Mobilisation Plan (LMP) and associated Financial Cost Tracker, which set out the high level service response across all delegated health and social care services. These were approved in principle by the Cabinet Secretary for Health and Sport on 9 April with ongoing follow-up to understand the impact on service delivery and associated costs.

The LMP set out how existing services could be impacted and their response as well as considering new service areas that required to be established to support health and care services in this public health emergency. This included the opening of two Covid-19 Hubs on 2 April to distribute the necessary Personal Protective Equipment (PPE) and two Community Assessment Centres (Clydebank and Renton) to support the clinical assessment and testing of people referred with potential Covid-19 symptoms.

Business as Usual Governance Issues

As referred to under “Review of Adequacy and Effectiveness” above the Local Code was reviewed at the 25 June HSCP Board. The overall assessment was that there were improvements in overall compliance with the principles of the code, due to the completion or significant progress of a number of the Improvement Actions identified in last year’s review, including:

- The Development of a Medium Term Financial Plan - presented and approved by the 25 March 2020 HSCP Board. Impact of Covid-19 pandemic and recovery plans will impact on scenario planning; and
- Evaluating the effectiveness of the Audit Committee.

The Local Code review also included the HSCP Board’s Improvement Actions for 2020/21. This included those 2019/20 actions not fully complete plus one new action detailed below:

Improvement Action	Lead Officer	Due Date
Review and revise the format of HSCP Board Reports to reflect the new guidance on Statutory Directions issued by the Scottish Government in January 2020.	Chief Financial Officer and Head of Strategy and Transformation	September 2020

Recovery and Renewal

While some service areas are still in response mode the HSCP senior management in partnership with key stakeholders are shifting focus to the “Recovery and Renewal” phases.

The Clinical and Care Governance Group has re-established its 6 weekly meeting cycles and at its 1 June meeting it began its review of the governance arrangements for services developed and responses to key policy directives introduced as a consequence of Covid 19 to provide assurance around compliance with these requirements. This included:

- HSCP Covid Community Assessment Centres;
- Provision of enhanced care assurance visits to local authority and independent care homes;
- Testing in Care Homes – incorporating all current guidance; and
- Legislative powers introduced as result of Coronavirus Act and with respect to any impact on service quality.

Reflective Learning will be a key element of recovery as well as building on the enhanced partnership working and collaboration required to creatively adapt services to meet service user needs in line with strategic priorities.

The “new normal” will have an impact on service demand and the financial consequences of this will have to be clearly laid out within the current performance reporting framework.

Conclusion and Opinion on Assurance

Overall the Chief Internal Auditor's evaluation of the control environment concluded that; based on the audit work undertaken, the assurances provided by the Chief Officers of the HSCP Board, West Dunbartonshire Council and Greater Glasgow and Clyde Health Board, the review of the local code and knowledge of the HSCP Board's governance, risk management and performance monitoring arrangements:

"It is my opinion, based on the above, that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2020 within the Council and the Health Board over which the Partnership Board requires to receive assurances and within the Health & Social Care Partnership Board itself.

Covid-19

The significant incident in late March tested how well the HSCP Board's risk management, governance and internal controls framework is operating. It will be important for the HSCP Board, at the appropriate time, to carry out a post-incident review and highlight any lessons learned."

Assurance and Certification

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

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

Allan Macleod
HSCP Board Chair

Date: 23 September 2020

Beth Culshaw
Chief Officer

Date: 23 September 2020

West Dunbartonshire Health & Social Care Partnership

West Dunbartonshire Integration Joint Board – Annual Accounts for the Year Ended 31st March 2020

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

2018/19 Gross Expenditure Restatement £000	2018/19 Gross Income Restatement £000	2018/19 Net Expenditure Restatement £000	West Dunbartonshire Integrated Joint Board Health and Social Care Partnership	2019/20 Gross Expenditure £000	2019/20 Gross Income £000	2019/20 Net Expenditure £000
Consolidated Health & Social Care						
53,165	(8,157)	45,008	Older People Services	53,584	(8,058)	45,526
3,270	(263)	3,007	Physical Disability	3,099	(215)	2,884
23,618	(1,107)	22,511	Children and Families	26,122	(1,223)	24,899
11,554	(2,605)	8,949	Mental Health Services	12,195	(2,764)	9,431
2,730	(162)	2,568	Addictions	3,520	(635)	2,885
17,266	(611)	16,655	Learning Disabilities services	17,784	(626)	17,158
26,824	(1,086)	25,738	Family Health Services	28,484	(1,057)	27,427
19,383	0	19,383	GP Prescribing	19,432	0	19,432
6,447	(193)	6,254	Hosted Services - MSK Physio	6,572	(202)	6,370
763	(8)	755	Hosted Services - Retinal Screening	824	0	824
2,120	(2,120)	0	Criminal Justice	2,170	(2,170)	0
4,069	(826)	3,243	Other Services	5,675	(770)	4,905
270	0	270	IJB Operational Costs	281	0	281
171,479	(17,138)	154,341	Cost of Services Directly Managed by WD HSCP	179,742	(17,720)	162,022
29,522	0	29,522	*Set aside for delegated services provided in large hospitals	28,389	0	28,389
577	0	577	Assisted garden maintenance and Aids and Adaptations	661	0	661
201,578	(17,138)	184,440	Total Cost of Services to WD HSCP	208,792	(17,720)	191,072
	(185,478)	(185,478)	Taxation & Non-Specific Grant Income (contribution from partners) Note 7	0	(191,955)	(191,955)
201,578	(202,616)	(1,038)	(Surplus) or Deficit on Provisions of Services	208,792	(209,675)	(883)

*NHSGGC are now in a position to report the set aside figures based on actual expenditure which has resulted in the restatement of 18/19 figures which were previously based on a notional budget figure. The notional budgets for set aside were based on NRAC activity and information from the cost book and were very high level. Actual figures are now based on a much more detailed approach including actual spend and activity for each year. This has had no impact on the reported surplus in 2018/19.

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the HSCP Board's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movement in Reserves During 2019/20	Unearmarked Reserves Balance £000	Earmarked Reserves Balance £000	Total General Fund Reserves £000
Opening Balance as at 31 March 2019	(2,457)	(4,723)	(7,180)
Total Comprehensive Income and Expenditure (Increase)/Decrease 2019/20	(352)	(531)	(883)
Closing Balance as at 31 March 2020	(2,809)	(5,254)	(8,063)

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

BALANCE SHEET

The Balance Sheet shows the value of the HSCP Board's assets and liabilities as at the balance sheet date. The net assets of the HSCP Board (assets less liabilities) are matched by the reserves held by the HSCP Board.

2018/19 £000		Notes	2019/20 £000
7,180	Short Term Debtors	9	8,113
7,180	Current Assets		8,113
0	Short Term Creditors	10	0
0	Provisions	11	(50)
0	Current Liabilities	-	(50)
7,180	Net Assets	-	8,063
(7,180)	Usable Reserves	12	(8,063)
(7,180)	Total Reserves	-	(8,063)

The unaudited accounts were issued on 25 June 2020 and the audited accounts were authorised for issue on 23 September 2020.

Julie Slavin CPFA
Chief Financial Officer

Date: 23 September 2020

NOTES TO THE FINANCIAL STATEMENTS

1. Significant Accounting Policies

1.1 General Principles

The Financial Statements summarises the HSCP Board's transactions for the 2019/20 financial year and its position at the year-end of 31 March 2020.

The HSCP Board was established under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a joint venture between West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.

The HSCP Board is a specified Section 106 body under the Local Government (Scotland) Act 1973 and as such is required to prepare their financial statements in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the HSCP Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the HSCP Board.
- Income is recognised when the HSCP Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down

1.3 Funding

The HSCP Board is primarily funded through contributions from the statutory funding partners, WDC and NHSGGC. Expenditure is incurred as the HSCP Board commission's specified health and social care services from the funding partners for the benefit of service recipients in West Dunbartonshire and service recipients in Greater Glasgow and Clyde, for services which are delivered under Hosted arrangements.

1.4 Cash and Cash Equivalents

The HSCP Board does not operate a bank account or hold cash and therefore has not produced a cashflow statement for these annual accounts. Transactions are settled on behalf of the HSCP Board by the funding partners. Consequently the HSCP Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner, as at 31 March 2020, is represented as a debtor or creditor on the HSCP Board's Balance Sheet.

1.5 Employee Benefits

The HSCP Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The HSCP Board therefore does not present a Pensions Liability on its Balance Sheet.

The HSCP Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

1.6 Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March 2020 due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March 2020, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March 2020, whose existence will only be confirmed by later events. A contingent asset is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

1.7 Reserves

The HSCP Board's reserves are classified as either Usable or Unusable Reserves.

The HSCP Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2020 shows the extent of resources which the HSCP Board can use in later years to support service provision or for specific projects.

1.8 Indemnity Insurance

The HSCP Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding HSCP Board member and officer responsibilities. Greater Glasgow and Clyde Health Board and West Dunbartonshire Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the HSCP Board does not have any 'shared risk' exposure from participation in CNORIS. The HSCP Board's participation in the CNORIS scheme is therefore analogous to normal insurance arrangements. Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the HSCP Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

1.9 VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

West Dunbartonshire Health & Social Care Partnership

West Dunbartonshire Integration Joint Board – Annual Accounts for the Year Ended 31st March 2020

2. Prior Year Re-Statement

Within the Comprehensive Income and Expenditure Statement the set aside figure for 2018/19 has been restated. The set aside resource for delegated services provided in large hospitals is determined by analysis of hospital activity and cost information. This figure was previously based on a notional budget figure based on NRAC activity and information from the cost book and was very high level. For 2019/20 the set aside value is now based on a detailed approach including actual spend and activity levels.

3. Accounting Standards Issued Not Yet Effective

The Code requires the disclosure of information relating to the expected impact of an accounting change that will be required by a new standard that has been issued but not yet adopted.

The HSCP Board considers that there are no such standards which would have significant impact on its Annual Accounts.

4. Critical Judgements and Estimation Uncertainty

In preparing the 2019/20 financial statements within NHSGGC, each IJB has operational responsibility for services, which it hosts on behalf of the other IJB's. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which West Dunbartonshire HSCP Board accounts have been prepared. See Note 8 below for details.

5. Events After the Reporting Period

The Annual Accounts were authorised for issue by the Chief Financial Officer on 23 September 2020. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2020, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

6. Expenditure and Income Analysis by Nature

2018/19 Restatement £000	West Dunbartonshire Integrated Joint Board Health & Social Care Partnership Consolidated Health & Social Care Services	2019/20 £000
67,444	Employee Costs	70,609
894	Property Costs	1,062
1,507	Transport	1,472
6,560	Supplies and Services	4,985
47,019	Payment to Other Bodies	51,615
23,294	Prescribing	24,014
22,728	Family Health Services	23,773
1	Capital Charges	0
2,007	Other – Direct Payments	2,185
25	Audit Fee	27
577	Assisted Garden Maintenance and Aids and Adaptations	661
29,522	*Set Aside for Delegated Services Provided in Large Hospitals	28,389
(17,138)	Income	(17,720)
(185,478)	Taxation and non specific grant income	(191,955)
(1,038)	Surplus on the Provision of Services	(883)

West Dunbartonshire Health & Social Care Partnership

West Dunbartonshire Integration Joint Board – Annual Accounts for the Year Ended 31st March 2020

There are no statutory or presentational adjustments which reflect the WDHSCP Board's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these annual accounts.

7. Taxation and Non-Specific Grant Income

The funding contribution from the NHS Greater Glasgow and Clyde Health Board shown below includes £28,389m in respect of 2019/20 'set aside' resources relating to acute hospital and other resources. These are provided by the Health Board which retains responsibility for managing the costs of providing the services. The HSCP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

2018/19 Restatement £000	Taxation and Non-Specific Grant Income	2019/20 £000
(91,061)	NHS Greater Glasgow and Clyde Health Board	(95,322)
(64,318)	West Dunbartonshire Council	(67,583)
(29,522)	*NHS GGCHB Set Aside	(28,389)
(577)	Assisted garden maintenance & Aids and Adaptations	(661)
(185,478)	Total	(191,955)

8. Hosted Services

Consideration has been made on the basis of the preparation of the 2019/20 accounts in respect of MSK Physiotherapy, Retinal Screening and Old Age Psychiatry Services hosted by West Dunbartonshire HSCP Board for other IJBs within the NHSGGC area. The HSCP Board is considered to be acting as a "principal", with the full costs of such services being reflected in the 2018/19 financial statements. The cost of the hosted services provided to other IJBs for 2018/19 is detailed in the table below:

2018/19 £000 Net Expenditure of Other IJB Activity	Host Integrated Joint Board	Service Description	2019/20 £000 Net Expenditure of Other IJB Activity
5,366	West Dunbartonshire	MSK Physiotherapy	5,845
689	West Dunbartonshire	Retinal Screening	746
73	West Dunbartonshire	Old Age Psychiatry	64
6,128		Cost to GGC IJBs for Services Hosted by WD	6,655

Similarly, other IJBs' within the NHSGGC area act as the lead manager (or host) for a number of delegated services on behalf of the WD HSCP Board. The table below details those services and the cost of providing them to residents of West Dunbartonshire, based on activity levels, referrals and bed days occupied.

West Dunbartonshire Health & Social Care Partnership

West Dunbartonshire Integration Joint Board – Annual Accounts for the Year Ended 31st March 2020

2018/19 £000 Net Expenditure by WD HSCP	Host Integrated Joint Board	Service Description	2019/20 £000 Net Expenditure by WD HSCP
617	East Dunbartonshire	Oral Health	625
570	East Renfrewshire	Learning Disability	846
0	East Renfrewshire	Augmentative and Alternative Communication	4
286	Glasgow	Continence	283
563	Glasgow	Sexual Health	560
1,431	Glasgow	Mental Health Services	1,257
1,048	Glasgow	Addictions	1,046
763	Glasgow	Prison Healthcare	806
189	Glasgow	Health Care Police Custody	188
5,003	Glasgow	General Psychiatry	4,552
0	Inverclyde	General Psychiatry	13
521	Renfrewshire	Podiatry	535
298	Renfrewshire	Primary Care Support	306
11,289		Cost to WD for Services Hosted by Other IJBs	11,021

9. Debtors

2018/19 £000	Short Term Debtors	2019/20 £000
0	NHS Greater Glasgow and Clyde Health Board	0
7,180	West Dunbartonshire Council	8,113
7,180	Total	8,113

10. Creditors

2018/19 £000	Short Term Creditors	2019/20 £000
0	NHS Greater Glasgow and Clyde Health Board	0
0	West Dunbartonshire Council	0
0	Total	0

11. Provisions

A provision has been established in relation to the insurance excess value payable as a result of an claim arising from Employer's Liability Insurance Claim

2018/19 £000	Provisions	2019/20 £000
0	Insurance Claim	(50)
0	Total	(50)

West Dunbartonshire Health & Social Care Partnership

West Dunbartonshire Integration Joint Board – Annual Accounts for the Year Ended 31st March 2020

12. Useable Reserve: General Fund

The HSCP Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the HSCP Board's risk management framework.

Balance as at 31 March 2019 £000	Total Reserves	Transfers Out 2019/20 £000	Transfers In 2019/20 £000	Balance as at 31 March 2020 £000
(6)	GIRFEC Council	6	0	0
(71)	Criminal Justice - Transitional Funds	0	(24)	(95)
(183)	Carers Funding	0	0	(183)
(773)	Social Care Fund - Living Wage	95	0	(678)
(971)	Service Redesign & Transformation	329	0	(642)
(420)	Integrated Care Fund	420	0	0
(103)	Delayed Discharge	103	0	0
0	Unscheduled Care Services	0	(500)	(500)
(99)	GIRFEC NHS	27	0	(72)
(174)	DWP Conditions Management	5	0	(169)
(146)	TEC (Technology Enabled Care) Project	24	0	(122)
(260)	Primary Care Transformation	260	0	0
(125)	Physio Waiting Times Initiative	0	(122)	(247)
(60)	Retinal Screening Waiting List Grading	36	0	(24)
(68)	GP Premises Improvement Funding	68	0	0
(369)	Prescribing Reserve	0	(486)	(855)
(123)	Mental Health - Action 15	47	0	(76)
(482)	Primary Care Improvement Plan	482	0	0
(290)	Alcohol & Drug Partnership	283	0	(7)
0	CAMHS	0	(171)	(171)
0	Primary Care Board wide MDT	0	(27)	(27)
0	Child Health Weight (Henry Programme)	0	(15)	(15)
0	Infant Feeding PFG Funding	0	(30)	(30)
0	Clydebank Health & Care Centre	0	(250)	(250)
0	COVID-19 Recovery/Increased Demand	0	(515)	(515)
0	Un achievement of Savings	0	(485)	(485)
0	PCIP Premises	0	(91)	(91)
(4,723)	Total Earmarked Reserves	2,185	(2,716)	(5,254)
(2,457)	Total Un-earmarked Reserves	0	(352)	(2,809)
(7,180)	Total General Fund Reserves	2,185	(3,068)	(8,063)
	Overall Movement			(883)

13. Related Party Transactions

The HSCP Board has related party relationships with the Greater Glasgow and Clyde Health Board and West Dunbartonshire Council. In particular the nature of the partnership means that the HSCP Board may influence, and be influenced by, its partners. The following transactions and balances included in the HSCP Board's accounts are presented to provide additional information on the relationships.

Both NHSGGC and WDC provide a range of support services to the HSCP Board which includes legal advice, human resources support, some financial services and technical support. Neither organisation levied any additional charges for these services for the year ended 31 March 2020.

Transactions with Greater Glasgow and Clyde Health Board

2018/19 Restatement £000		2019/20 £000
(120,583)	Funding Contributions Received from the NHS Board	(123,711)
119,754	Expenditure on Services Provided by the NHS Board	123,237
(829)	Net Transactions with NHS Board	(474)

Transactions with West Dunbartonshire Council

2018/19 £000		2019/20 £000
(64,895)	Funding Contributions Received from the Council	(68,244)
64,416	Expenditure on Services Provided by the Council	67,554
270	Key Management Personnel: Non Voting Members	281
(209)	Net Transactions with West Dunbartonshire Council	(409)

14. External Audit Costs

In 2019/20 the HSCP Board incurred external audit fees in respect of external audit services undertaken in accordance with the Code of Audit Practice:

2018/19 £000		2019/20 £000
25	Fees Payable	27

INDEPENDENT AUDITOR’S REPORT

Independent auditor’s report to the members of West Dunbartonshire Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of West Dunbartonshire Integration Joint Board for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of the West Dunbartonshire Integration Joint Board as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor’s responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 10 April 2017. The period of total uninterrupted appointment is 3 years. I am independent of the Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council’s Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Financial Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

Responsibilities of the Chief Financial Officer and West Dunbartonshire Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The West Dunbartonshire Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Fiona Mitchell-Knight FCA
Audit Director
Audit Scotland
4th Floor, South Suite
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

24 September 2020

APPENDIX 1: LIST OF WEBSITE LINKS

1. <http://www.wdhscp.org.uk/media/1215/wdhscp-integration-scheme-may-2015.pdf>
2. <http://wdhscp.org.uk/media/2158/hscp-strategic-plan-2019-2022.pdf>
3. <https://www.scotpho.org.uk/comparative-health/burden-of-disease/overview>
4. <http://www.wdhscp.org.uk/about-us/public-reporting/performance-reports/>
5. <http://www.wdhscp.org.uk/media/2323/document-pack-hscp-board-25-06-20.pdf>
6. <http://www.wdhscp.org.uk/media/2310/2019-20-financial-performance-update.pdf>
7. <http://www.wdhscp.org.uk/media/2018/wd-hscp-board-financial-regulations-feb-2018.pdf>
8. <http://www.wdhscp.org.uk/media/1874/wdhscp-risk-policy-and-strategy-august-2015.pdf>
9. <http://www.wdhscp.org.uk/media/2286/document-pack-erratum-notice-bookmarked-hscp-board-19022020.pdf>
10. <http://www.wdhscp.org.uk/media/2305/reserves-policy-april-2020.pdf>
11. <http://www.wdhscp.org.uk/media/2298/supplementary-document-pack-hscp-250320-3.pdf>
12. <http://www.wdhscp.org.uk/media/2299/appendix-8-wdhscp-draft-medium-term-plan-202021-to-202425.pdf>
13. <http://www.wdhscp.org.uk/media/2320/wdhscp-local-code-of-good-governance-2020.pdf>
14. <http://www.wdhscp.org.uk/media/2276/audit-committee-tor-revised-october-2019.pdf>
15. <http://wdhscp.org.uk/media/2281/audit-committee-papers-11-december-2019.pdf>
16. <http://wdhscp.org.uk/media/2300/urgent-item-temporary-decision-making-arrangements.pdf>

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE AUDIT &
PERFORMANCE COMMITTEE**

23 September 2020

Subject: West Dunbartonshire HSCP Annual Performance Report 2019/20

1. Purpose

- 1.1 The purpose of the Annual Performance Report is to provide an overview of the HSCPs performance in planning and carrying out integrated functions. The Annual Performance Report is produced for the benefit of Partnerships and their communities.

2. Recommendations

- 2.1 It is recommended that the HSCP Board:

Approve the West Dunbartonshire HSCP Annual Performance Report 2019/20

3. Background

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") established the legislative framework for the integration of health and social care services in Scotland under either an Integration Joint Board (IJB) or Lead Agency model.
- 3.2 Section 42 of the 2014 Act requires that Performance Reports are prepared by the "Integration Authority". This term broadly means the person or body which is responsible for the planning and direction of integrated health and social care services. Section 42 of the 2014 Act covers both the Integration Joint Board and Lead Agency model.
- 3.3 To ensure that performance is open and accountable, the 2014 Act obliges Partnerships to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.
- 3.4 The required content of the performance reports is set out in The Public Bodies (Joint Working)(Content of Performance Reports)(Scotland) Regulations 2014. These requirements are adhered to within the 2019/20 Annual Performance Report:
- 3.5 The content and structure of the 2019/20 annual report has been informed by the Scottish Government's 'Guidance for Health and Social Care Integration Partnership Performance Reports' and guidance from West Dunbartonshire HSCP's external auditor in relation to Best Value.

4. People Implications

- 4.1 There are no people implications arising as a result of the recommendation within this report.

5. Financial and Procurement Implications

- 5.1 There are no financial or procurement implications arising as a result of the recommendation within this report.

6. Risk Analysis

- 6.1 This report supports the mitigation of the following risks as highlighted in the HSCP Strategic Risk Register:
- Failure to deliver HSCP priorities within allocated budget.
 - Failure to operate within financial parameters in context of continuing and new demand; there is a risk of not being able to (safely) deliver service, decrease in quality or reduction of service; failure to adhere to registration requirements; and creates an, impact on staff resilience.
 - Failure to deliver efficiency savings targets, as approved by HSCP Board, including as a consequence of savings proposals implemented by other sections/divisions of WDC or NHSGGC.
 - 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

7. Equalities Impact Assessment (EIA)

- 7.1 An Equalities Impact Assessment is not required as the recommendation within this report has no impact on those with protected characteristics.

8. Strategic Assessment

- 8.1 The Annual Performance Report has been structured around West Dunbartonshire HSCP's five Strategic priorities as these priorities set the strategic direction which underpin all aspects of the HSCP's work. Each section includes information in relation to the relevant programme of work, performance data and case studies in order to provide an update on progress towards meeting these priorities during 2019/20.

BETH CULSHAW

Chief Officer

23 September 2020

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Appendices:

Appendix I: West Dunbartonshire Health and Social Care Partnership
COVID-19 Annual Performance Report 2019/20

Wards Affected:

All Wards

Annual Performance Report 2019/2020

www.wdhscp.org.uk



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Foreword



Welcome to West Dunbartonshire Health and Social Care Partnership's (HSCP) 2019/20 Annual Performance Report. The report summarises the progress made by the HSCP over the past year.

This has been an important year for the Health and Social Care Partnership Board (Integration Joint Board) with the launch of our new Strategic Plan 2019 – 2022. This strategy highlights our ambition to work closely with our communities to improve lives with the people of West Dunbartonshire. The Board continues to be ambitious for our communities and this report highlights the positive outcomes the integration of health and social care services can have on individuals, families and the wider community.

Innovative new approaches to our key strategic priorities of Early Intervention; Access; Resilience; Assets and Inequalities have ensured a continued emphasis on joining up services, improving care and support for people who use services, their carers and their families.

Although services have improved across the HSCP some services remain under pressure and looking forward we continue to plan for anticipated challenges linked to our aging population and the long term physical, mental and economic impacts of the Coronavirus (COVID-19) pandemic on the people, our staff and our resources. West Dunbartonshire is an area of high deprivation and the prospect of unemployment, economic decline and budgetary pressures will have a significant impact.

Whilst not directly within the scope of this annual report we must acknowledge the challenges COVID-19 brought to the HSCP in March 2020. Almost overnight the pandemic transformed the work and workplaces of the HSCP. Our dedicated staff played a leading role in the pandemic maintaining high quality services and keeping people safe. The agility of our teams and the positive relationships with our partner care providers and third sector colleagues helped to ensure a robust response. Whilst there were many challenges there are also many service improvements which we will seek to develop and maintain as we move into the recovery period.

On behalf of myself and the Senior Management Team I would like to express my sincere thanks to all of our staff for their hard work, dedication and kindness during the most difficult of times: a time when we have all been afraid for ourselves and our loved ones but have reached out to provide vital support to those within our community.

Beth Culshaw
Chief Officer

Summary

Purpose of Report

This annual performance report outlines West Dunbartonshire Health and Social Care Partnership's performance in relation to national and local priorities during the period 1st April 2019 to 31st March 2020. It will describe progress against the key strategic priorities outlined in our Strategic Plan 2019-2022 and will seek to demonstrate our commitment to Best Value in the commissioning and delivery of services.

Key Achievements 2019/20

During 2019/20, West Dunbartonshire Health and Social Care Partnership (HSCP) has made significant progress against the key strategic priorities outlined in our Strategic Plan 2019-2022: early intervention; access; resilience; assets; and inequalities.

Priority 1: Early Intervention

- Launch of a new Focussed Intervention Team, with the aim of providing a rapid response service to people within the community and focussing on the prevention of unnecessary admissions to hospital where possible.
- Development of Hospital In-reach to identify patients with stays of 10 days or more and progress their assessment and timely discharge. Improving relationships while increasing visibility and awareness of community supports in hospital wards.
- Vulnerable Adults Multi-Agency Forum continues to facilitate inter-agency care planning and risk management for vulnerable adults who struggle to engage with services.
- Supporting our children's health through early interventions such as smoking cessation during pregnancy; promotion of breastfeeding and childhood immunisations; implementation of the Universal Health Visiting Pathway; and support to young mothers and their families.

Priority 2: Access

- The outreach model of service delivery is now firmly embedded within Addiction Services and has brought many benefits to both service users and staff. The recruitment of assertive outreach support workers has improved our response to 'hard to reach' vulnerable people.
- Progress on the new care home and day care facilities for older people in Clydebank.
- Year 2 of the Primary Care Improvement Plan and the completion of our Community Link Worker service pilot.
- Establishment of a Transitions Protocol to support the transition from Children's Services to the appropriate adult service for young people with additional support needs facilitated by a Transitions Worker.

Priority 3: Resilience

- Recruitment of two Wellbeing Nurses and a Peer Mental Health Support Worker through Action 15 funding.
- A whole system approach has been taken to support workforce development on Adverse Childhood Experiences and the importance of building resilience.
- Partnership working with Carers of West Dunbartonshire and Y Sort It to improve assessment and support for carers.

Priority 4: Assets

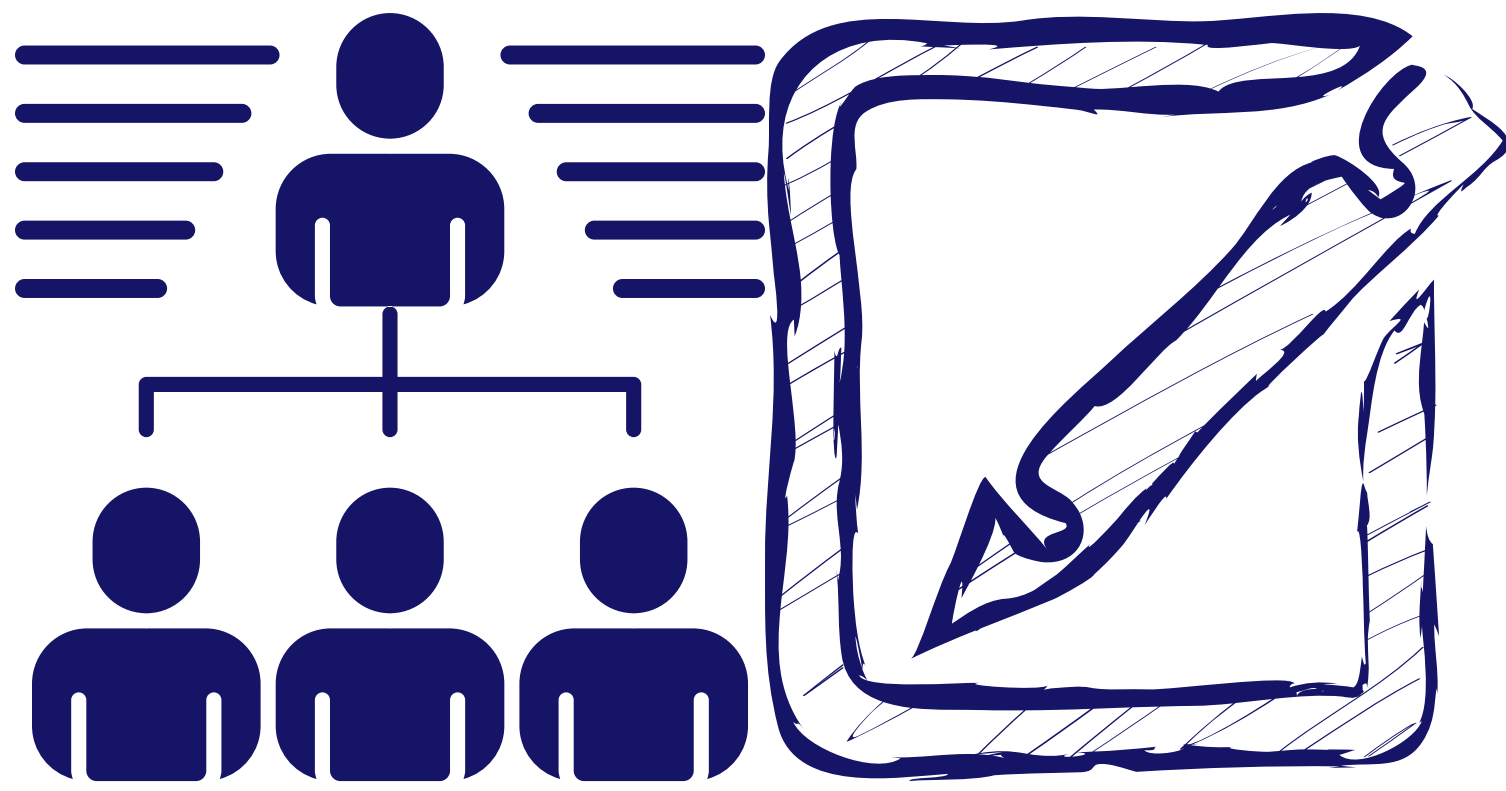
- Recruitment of an HR Adviser for Health and Wellbeing and the development and implementation of an Employee Wellbeing Action Plan for HSCP staff.
- Continued partnership working with the housing sector to develop specialist models of housing for people with learning disabilities and the introduction of a full rent abatement for young care leavers who are in full time education.
- Building intergenerational links within our care homes and the wider community.
- Further development of West Dunbartonshire's Champions Board with care experienced young people.

Priority 5: Inequalities

- Working with children and families to improve outcomes for Looked After children and continued work with CELSIS, the Centre for Excellence for Children's Care and Protection, to improve timescales for children requiring permanence.
- Development of an Improvement Action Plan for Criminal Justice Services. The completion of a Training Needs Analysis and the implementation of 'Custody to Community'.
- Collaborative working with Primary Care, Acute and Third Sector colleagues through our Locality Groups.
- The Big Chat hosted by Work Connect within improved facilities at Levensgrove Park: an event designed by and for people who have experienced poor mental health and those who support their recovery.

Early Intervention
Access
Resilience
Assets
Inequalities

Overview of the HSCP



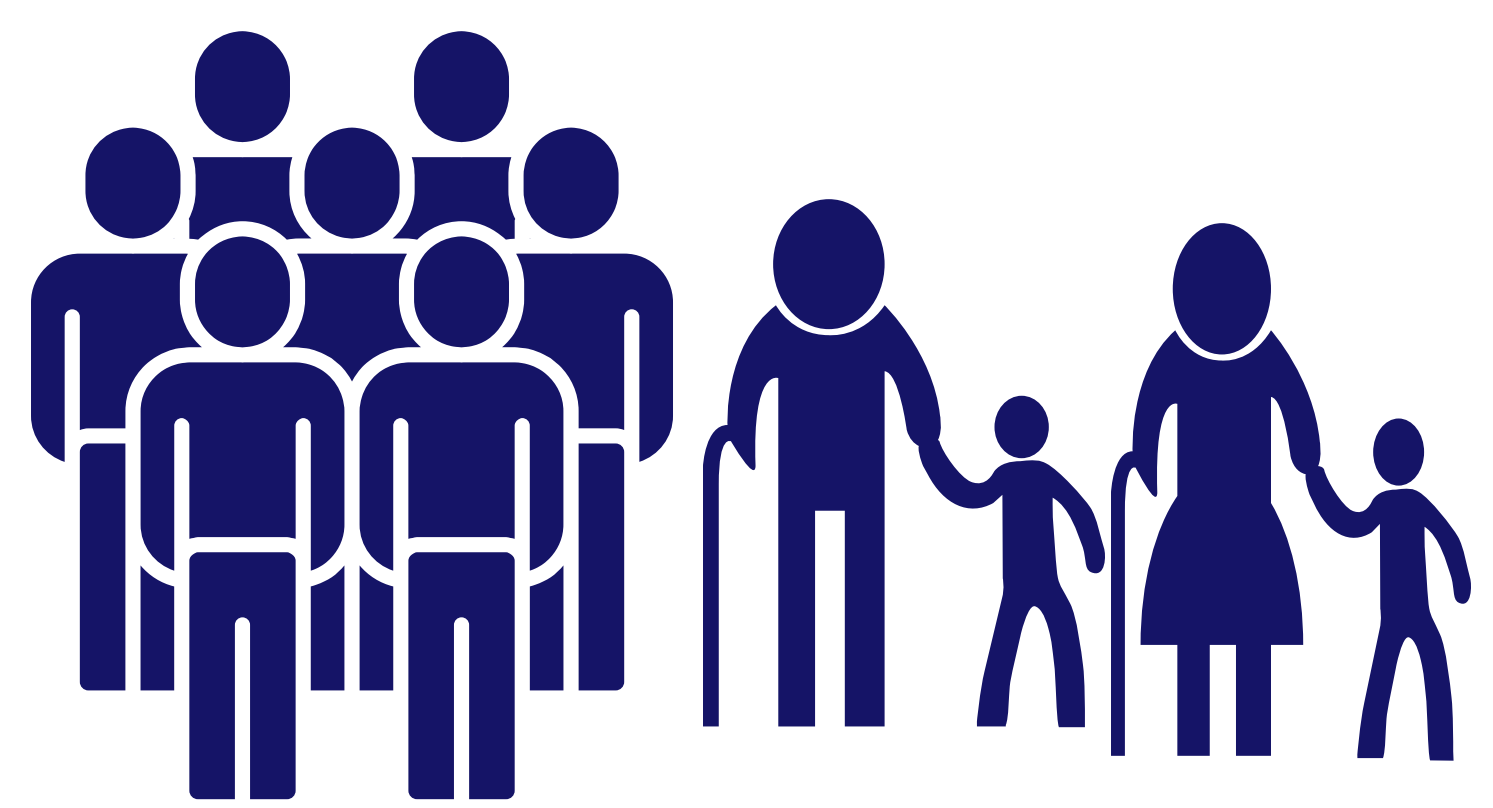
West Dunbartonshire Health and Social Care Partnership formally established 1st July 2015



2019/20 budget of £163 million



Employing 1,760 health and social care staff across Adult, Children's and Criminal Justice services

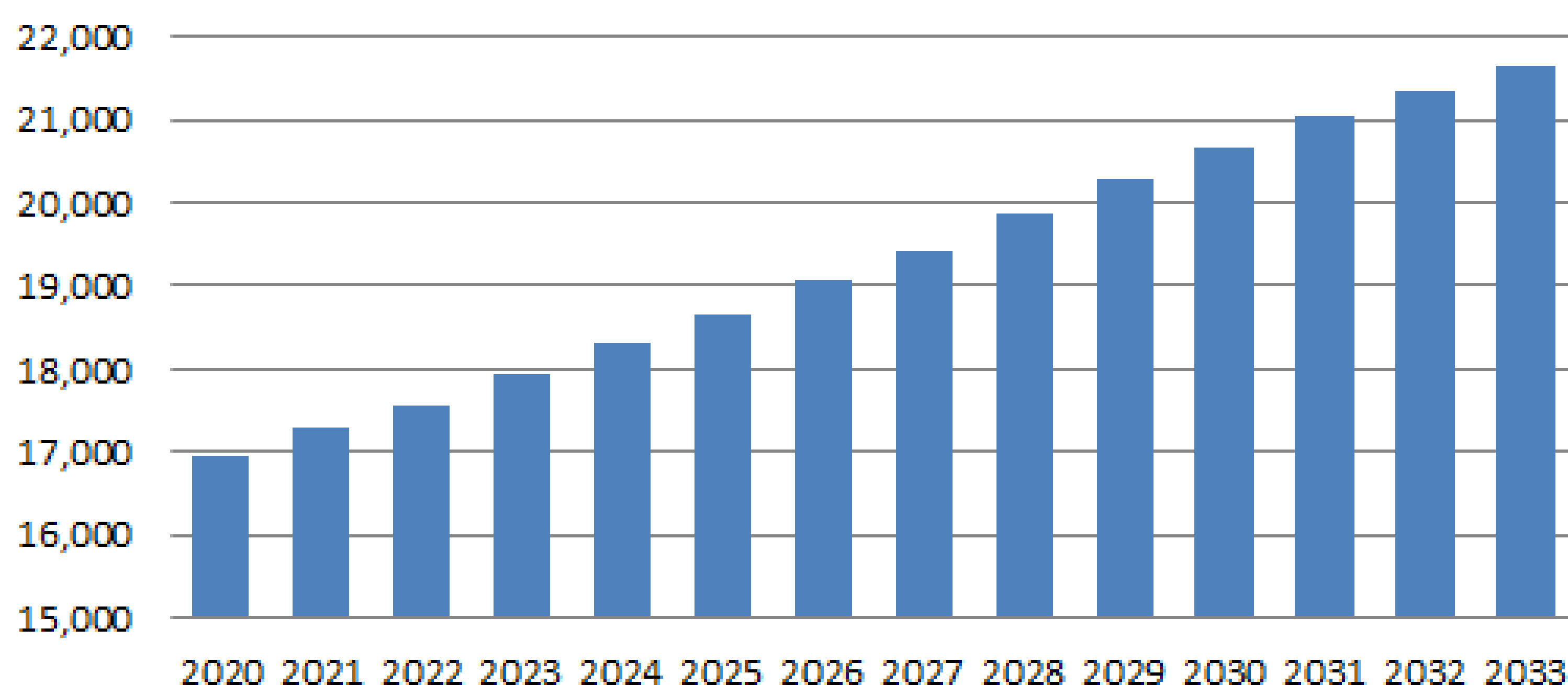


Delivering a wide range of health and social care services to support the people of West Dunbartonshire: population 88,930

Challenges and Areas for Improvement

West Dunbartonshire's overall population is in decline however the proportion of older people within the authority is steadily increasing. From 2018-based population estimates it is predicted that the pensionable age and over population will increase by 15.2% by 2033 and the over 75 population will increase by 34%. People are living longer with more complex health needs and therefore may require more input from health and social care services.

West Dunbartonshire Projected Population 65+
(Source: National Records of Scotland)



However, the most significant challenge going forward by far, for all HSCPs, will be the long term physical, mental and economic impacts of the Coronavirus (COVID-19) pandemic on the people within our communities, our staff and our resources. West Dunbartonshire is an area of high deprivation and the prospect of unemployment, economic decline and potential public funding decreases will have a huge impact upon the area.

Specific challenges faced during 2019/20 were:

- Lengthy legal processes for Guardianship applications resulted in extended delayed discharges for some adults with incapacity. Closure of the Scottish Courts in March 2020 due to the national lockdown in response to the Coronavirus (COVID-19) pandemic has exacerbated this problem and significant backlogs are also expected once Courts reopen.
- Recruitment, retention and sickness absence within Child and Adolescent Mental Health Services (CAMHS) resulting in extended longer waits for those children not prioritised as urgent. The local CAMHS service is part of an Operational Working Group which is developing a large range of strategic projects designed to improve efficiency of the patient flow and effectiveness of service delivery.
- High levels of demand on Children and Families services. The creation of six additional support worker posts in 2019/20 is providing additional capacity for family support and early intervention work within the community.
- Inspection of Criminal Justice Services by the Care Inspectorate. An Improvement Action Plan has been developed in response to the inspection report and is being progressed.
- Failure to meet Musculoskeletal Physiotherapy Waiting Times target for less urgent referrals. A Waiting Times project was commenced in January 2020 to explore innovative approaches to the waiting list.
- Vacancies and sickness absence within the Primary Care Mental Health Team meaning reduced compliance with the national waiting time target. The team returned to full treatment capacity in December 2019 however the lag effect of working through assessments means improvement will not be reflected in waiting times compliance until 2020/21.
- Delivering on reductions in unscheduled care. An Unscheduled Care Group meets monthly to explore and develop initiatives to reduce unnecessary hospital admissions, improve discharge timescales and tackle frequent attendance at emergency departments.

Introduction

The Scottish Government's Public Bodies (Joint Working) Act (Scotland) 2014 sets out the arrangements for the integration of health and social care across Scotland. In line with the Act, West Dunbartonshire Health and Social Care Partnership (WDHSCP) was established on 1st July 2015. The Integration Joint Board for West Dunbartonshire is known as the West Dunbartonshire Health and Social Care Partnership Board and is responsible for the operational oversight of WDHSCP.

All Health and Social Care Partnerships are required to produce an annual report outlining their performance in the previous financial year by the end of July each year and these reports should be produced in line with the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014.

Due to the global Coronavirus (COVID-19) pandemic, paragraph 8 of Schedule 6 of the Coronavirus (Scotland) Act granted public bodies powers to postpone the publication of reports. At the West Dunbartonshire Health and Social Care Partnership Board meeting of 25th June a proposal to postpone publication till 30th September 2020 was approved by the Board, recognising the deployment and redeployment of staff providing vital services to our communities during this unprecedented time.

Overview of the HSCP

West Dunbartonshire HSCP was formally established on 1st July 2015 in line with the Scottish Government's Public Bodies (Joint Working) Act (Scotland) 2014 which sets out the arrangements for the integration of health and social care across the country.

The HSCP's vision is:

Improving lives with the people of West Dunbartonshire

This vision will be implemented through the delivery of our key strategic priorities:

- Early Intervention
- Access
- Resilience
- Assets
- Inequalities

The HSCP is committed to:

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

West Dunbartonshire Health and Social Care Partnership

With a continued emphasis on joining up services and focussing on anticipatory and preventative care, our approach to integration aims to improve care and support for people who use services, their carers and their families.

The Health and Social Care Partnership has delegated responsibility to deliver services for:

- Adult and Older People's services across all disciplines within integrated community teams
- Children and Young People's services across all disciplines and in partnership with Education Services
- Criminal Justice Social Work
- Community Mental Health, Learning Disability and Addictions services within integrated community teams and inpatient services

West Dunbartonshire HSCP hosts the Musculoskeletal (MSK) Physiotherapy Service for the NHS Greater Glasgow and Clyde area. Work is ongoing within the service to ensure the delivery of high quality outcomes for patients whilst striving to meet national waiting time targets.

The HSCP also hosts a programme of diabetic retinal screening on behalf of NHS Greater Glasgow and Clyde and leads the Community Planning Partnership Alcohol and Drugs Partnership.

Children & Families Social Work	Children's Specialist Health Services	Community Addiction Services	Community Older People's Services
Looked After Children	Children with Disabilities	Adult Care Services	Residential and Day Care Services
Health Visiting Service	Learning Disability Services	Community Hospital Discharge	Care at Home Services
Family Nurse Partnership	Community Mental Health Services	District Nursing	Criminal Justice Social Work
Community Pharmacy Service	Musculoskeletal (MSK) Physiotherapy	Diabetic Retinal Screening	

West Dunbartonshire has an estimated population of 88,930 people and the HSCP has a workforce of approximately 1,760 at March 2020. A large proportion of HSCP staff live within West Dunbartonshire providing services to people within their own communities. Services are delivered across the two localities within West Dunbartonshire: Dumbarton/Alexandria and Clydebank.

During 2019/20 the HSCP had responsibility for a budget of just under £163 million.

Aims of the Annual Performance Report

The aim of this annual performance report is to provide an open and transparent account of the work carried out across all service areas within the HSCP during 2019/20: improvements and challenges and the direction of travel in our efforts to improve outcomes for residents of West Dunbartonshire. The report will also seek to demonstrate the HSCP's commitment to Best Value in the commissioning and delivery of services.

This report will cover our performance between 1st April 2019 and 31st March 2020 and will describe progress against the key strategic priorities outlined in our Strategic Plan 2019-2022.

Due to the unique circumstances we currently find ourselves in, it is difficult to evaluate performance without recognising the huge impact of the Coronavirus (COVID-19) pandemic on all of our services from late February/early March 2020. This has been noted where appropriate and where there are developments going forward.

Policy Context

West Dunbartonshire HSCP's Strategic Plan 2019-2022 was developed in line with our five key strategic priorities: early intervention, access, resilience, assets and inequalities.

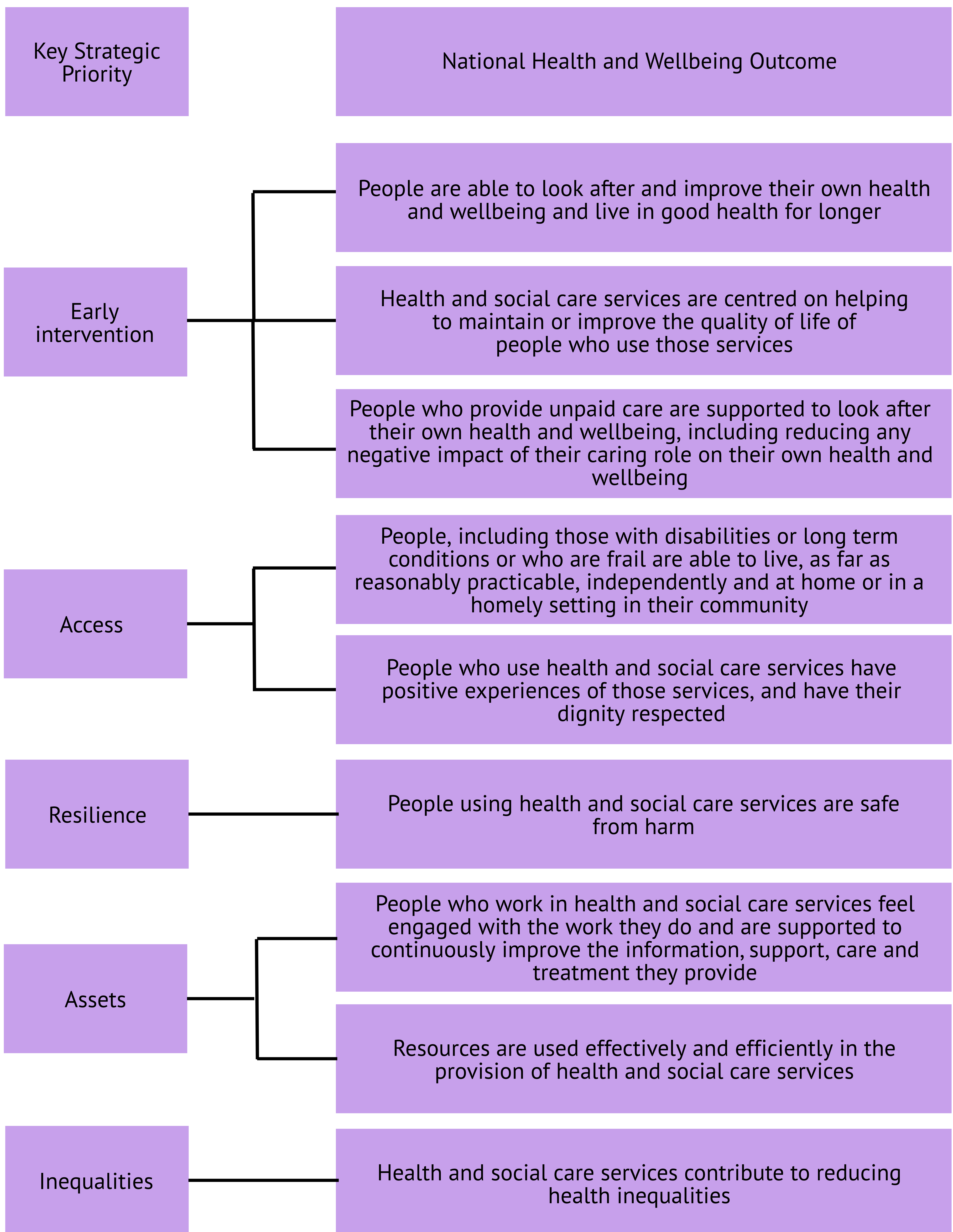
These key strategic priorities reflect the Scottish Government's National Health and Wellbeing Outcomes Framework which states that:

'Health and social care services should focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community. Key to this is that people's experience of health and social care services and their impact is positive; that they are able to shape the care and support that they receive, and that people using services, whether health or social care, can expect a quality service regardless of where they live.'

The Health and Wellbeing Outcomes are embodied in the ethos of the Social Care (Self-directed Support) (Scotland) Act 2013 which aims to ensure that social care is controlled by the person to the extent that they wish; is personalised to their own outcomes; and respects the person's right to participate in society.

Self-directed Support (SDS) is embedded in the HSCP's assessment process across all adult and children's services. The HSCP's Integrated Resource Framework continues to support indicative personal budgeting assessment, with the aim of this framework being to support fairness and equality across all individuals assessed as eligible for local authority funded support.

The diagram overleaf depicts the links between our strategic priorities and the National Health and Wellbeing Outcomes which focus on an individual's experience of health and social care and how that care has impacted on their lives.



Public Protection

Public Protection provides a range of measures which can be used together to 'protect our people'. This includes protection from harm for children and young people, vulnerable adults and the effective and robust management of High Risk Offenders through our Multi-Agency Public Protection Arrangements (MAPPA). As such Public Protection is integral to the delivery of all adult and children's services within the HSCP.

The HSCP has a significant role within the Public Protection Chief Officers Group (PPCOG), with both the Chief Officer and Chief Social Work Officer providing the necessary leadership, scrutiny and accountability. This includes the management of high risk offenders and in assuring that each of the services in place for child and adult protection are performing well and keeping the citizens of West Dunbartonshire safe.

Since April 2020, in response to the impact of the Coronavirus (COVID-19) pandemic and subsequent lockdown, the Scottish Government have been closely monitoring activity in relation to Public Protection with weekly returns covering vulnerable adults and children and their contact with statutory services being submitted. A key focus has been vulnerable children with multi-agency involvement, experience of care and those registered on the Child Protection Register who were not being seen on a daily basis in our schools. Work has been ongoing across the HSCP and Education Services to keep in touch with these children and young people during this difficult period. A specific area of concern is a potential increase in domestic abuse.

During 2019/20 work with Police Scotland, the Child Protection Unit and Education colleagues further improved the provision and recording of initial referral discussions within Child Protection and work with vulnerable young people. Performance and trend information in respect of referrals of concern, child protection activity and registration demographics have indicated a decrease in Child Protection registrations, however a parallel increase in children becoming looked after has been noted. Moving forward into 2020/21 there has been an increase in registrations which can be linked to the impact of lockdown and this continues to be monitored.

West Dunbartonshire's Adult Protection Committee (APC) continues to meet on a quarterly basis, with an independent chair. Members include Police Scotland, Trading Standards, Care Inspectorate, Adult HSCP Social Work and Health Services, Community Health, Advocacy Services, Scottish Care, Scottish Ambulance Service and the Scottish Fire and Rescue Service. A key component of the quality assurance work undertaken by the APC continues to be the completion of regular case file audits for the purpose of learning and improvement. Learning from these audits prompts improved processes and is embedded into our training programme.

Performance monitoring and analysis, led by the Public Protection co-ordinator, has also informed staff and practice development across agencies, in addition to providing advice to staff and managers about specific complex cases. The self-evaluation and training working group developed the annual Public Protection training calendar and further training was provided in 2019/20 that reflected identified learning needs of the workforce, including identification of, and addressing financial harm, defensible decision making and joint basic awareness training for child and adult protection. Working groups were established to develop local policies and procedures in relation to: Large Scale Investigations; hoarding; and financial harm.

Strong multi agency partnership working under MAPPA protocols are in place within Justice Services, with good communication between all partner agencies involved in the supervision of High Risk Offenders. As part of ongoing staff development, there has been successful multi-agency training throughout the year and a shared understanding developed in the risk management of service users with our partners. Staff engagement and participation in learning is central to the improvement of services to individuals involved in offending. Managers will continue to work with local and national partners to access training and development for staff to improve both effective interventions and service performance.

Staff have been trained in accredited interventions to work effectively with those subject to MAPPA. The continued training of staff and development of interventions will lead to a better informed and risk responsive Justice Service whilst continuing to meet our statutory duties as a responsible authority. Justice Services have registered their interest with the Risk Management Authority to be included in a pilot study for the implementation of a new risk assessment tool focused on assessment of offenders involved in accessing online abusive images.

During 2019/20 West Dunbartonshire has achieved 100% compliance for all Level 2 and 3 MAPPA cases being reviewed no less than 12 weekly.

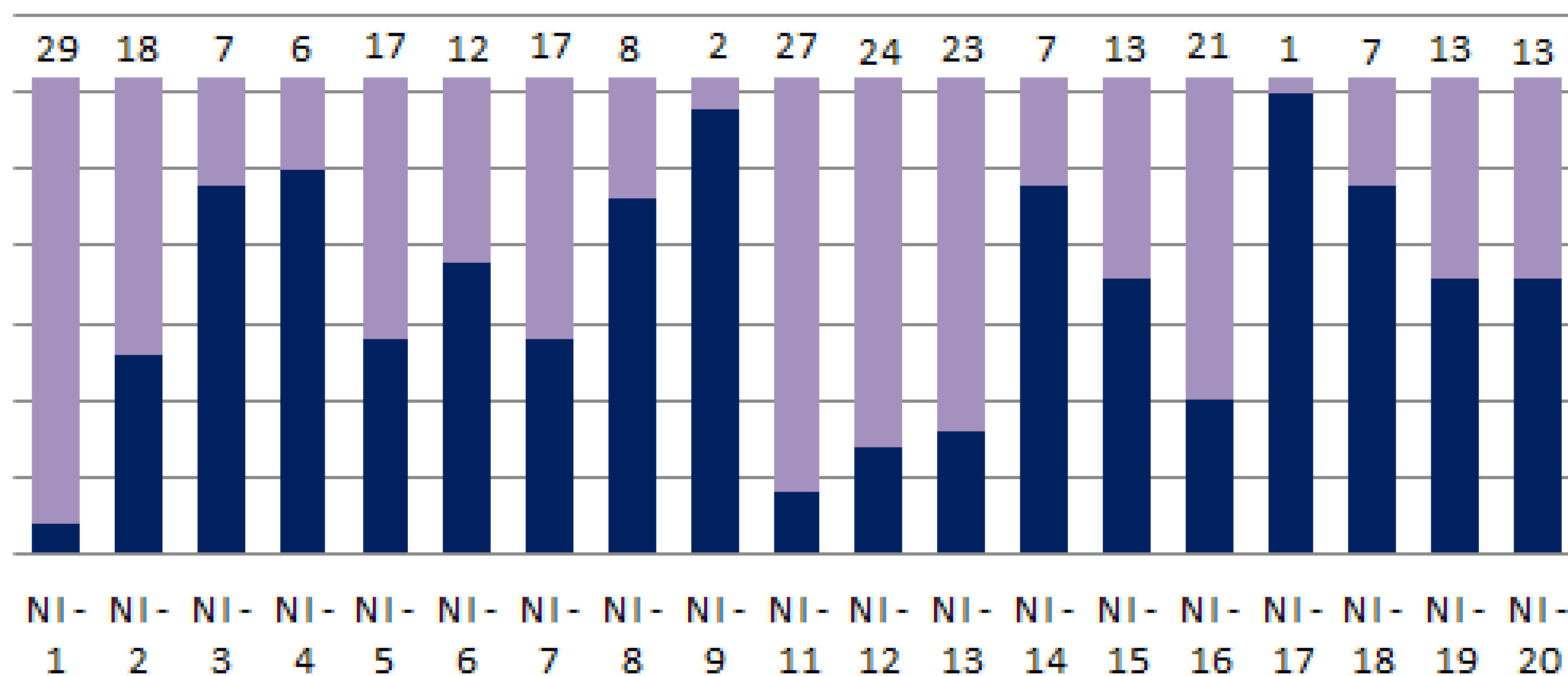
National Performance Measurement

Core Integration Indicators

The Scottish Government has developed a suite of 23 Core Integration Indicators to help HSCPs monitor their performance against the National Health and Wellbeing Outcomes and allow for comparison nationally and by partnership. Of these indicators, 4 are not currently being reported nationally.

The chart below shows West Dunbartonshire's position in comparison with the other 30 HSCPs in Scotland and Appendix 1 provides comparison with West Dunbartonshire and the national figure.

**West Dunbartonshire Ranking
Core Integration Indicators**



Core Integration indicators 1-9 are gathered from the Health and Care Experience Survey which is carried out every 2 years. The latest data is from 2017/18. The 2019/20 survey was opened in January 2020 and publication planned for April 2020 however this seems to have been delayed in light of the Coronavirus (COVID-19) pandemic.

West Dunbartonshire HSCP is the best performing HSCP in Scotland in relation to the proportion of care services graded 'Good' (4) or better in Care Inspectorate Inspections during 2019/20. A full breakdown of all Care Inspectorate gradings for inspections carried out between April 2019 and March 2020 can be found at Appendix 5 along with any recommendations or requirements.

In 2019 West Dunbartonshire had the 7th lowest rate in Scotland for readmission to hospital within 28 days and was the second best performing HSCP for readmissions within Greater Glasgow and Clyde.

Ministerial Steering Group

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.

Ambitious targets were set by the HSCP for 2019/20. While these targets were missed, a 4% reduction since 2018/19 in the number of unplanned acute hospital bed days used by people aged 65 and over was significant at a time when the 65 and over population had increased by almost 2%.

Compared with 2018/19, in 2019/20 there was: a 0.3% increase in emergency admissions to hospital for people aged 18 and over; a 0.5% increase in the number of unplanned acute hospital bed days used by people aged 18 and over; an overall increase of 66% for hospital bed days lost due to delays in discharges. Similar spikes in emergency admissions and delayed discharges were seen in May to July 2019.

Attendance at A&E was 1% lower in 2019/20 with 24,984 attendances compared with 25,268 in 2018/19. This decrease however can be explained by the changes in people's behaviour due to the Coronavirus (COVID-19) pandemic. There were almost a third less attendances at A&E in March 2020 than the average monthly attendances of just over 21,000 during the rest of the year.

Charts detailing monthly trends for the MSG indicators over the previous 3 years can be found at Appendix 2.

Local Government Benchmarking Framework

The Local Government Benchmarking Framework (LGBF) is a benchmarking tool designed to allow councils and the public to measure performance on a range of high level, comparable indicators that cover all areas of local government activity. The LGBF was developed by the Improvement Service and the Society of Local Authority Chief Executives (SOLACE Scotland). LGBF indicators cover efficiency, output and outcomes for those who use council services. The framework is designed to focus questions on variation of costs and performance as a catalyst for improving services and more effectively targeting resources.

The HSCP's performance during 2018/19 against those LGBF indicators that fall under its remit can be found at Appendix 3. In the last year new indicators have been added to the existing LGBF suite which have been pulled directly from the Core Integration Indicators and to avoid duplication these will not be included in this section or in Appendix 3.

Of the remaining 10 indicators, the HSCP performed better than the Scottish national figure in 7 of the indicators during 2018/19. West Dunbartonshire had the lowest weekly cost for children looked after in a residential setting and the 4th lowest cost for children looked after in the community. We also had the 3rd lowest percentage of Child Protection re-registrations within 18 months with 1.41% of children being re-registered within that timeframe compared with 7.22% nationally. The proportion of people aged 65 and over receiving personal care at home was the 7th highest in Scotland and the proportion of looked after children with more than one placement in the last year was the 9th lowest in Scotland.

The HSCP's worst performing indicator was expenditure on Direct Payments or Personalised Budgets, as a proportion of overall Social Work spend with the 2nd lowest figure in Scotland. Direct Payments and Personalised Budgets are Options 1 and 2 of Self-directed Support. This indicator however does not take account of expenditure on services for people who select Option 3 under Self-directed Support which means they have made a choice to request that the local authority arrange and pay for services on their behalf.

The weekly cost for residential care for older people was the 26th highest in Scotland in 2018/19, however this reflects our investment locally in our care homes and support through the transition period. A system mismatch within NHS Greater Glasgow and Clyde has meant that a final indicator in relation to children reaching their developmental goals at 27-30 months old is not comparable for any of the 6 partnerships within the Health Board area.

Performance against Strategic Priorities

This section of our report will describe our performance against our 5 strategic priorities during 2019/20 with specific regard to the areas outlined below. Performance against our Strategic Plan indicators can be found at Appendix 4.

Priority 1: Early Intervention

- Focussed Intervention, Frailty and Falls
- Hospital In-reach
- Vulnerable Adults Multi-Agency Forum
- Children's Health

Priority 2: Access

- Addictions Outreach
- New Care Home for Older People, Clydebank
- Primary Care Improvement Plan
- Transitions

Priority 3: Resilience

- Child and Adolescent Mental Health Services
- Mental Health Action 15 Project
- Adverse Childhood Experiences
- Carers

Priority 4: Assets

- HSCP Staff Health and Wellbeing
- Housing Developments
- Building Intergenerational Links Within Our Communities
- West Dunbartonshire Champions Board

Priority 5: Inequalities

- Looked After Children
- Criminal Justice Social Work Services
- Locality Groups
- Work Connect

Priority 1: Early Intervention

Focussed Intervention, Frailty and Falls

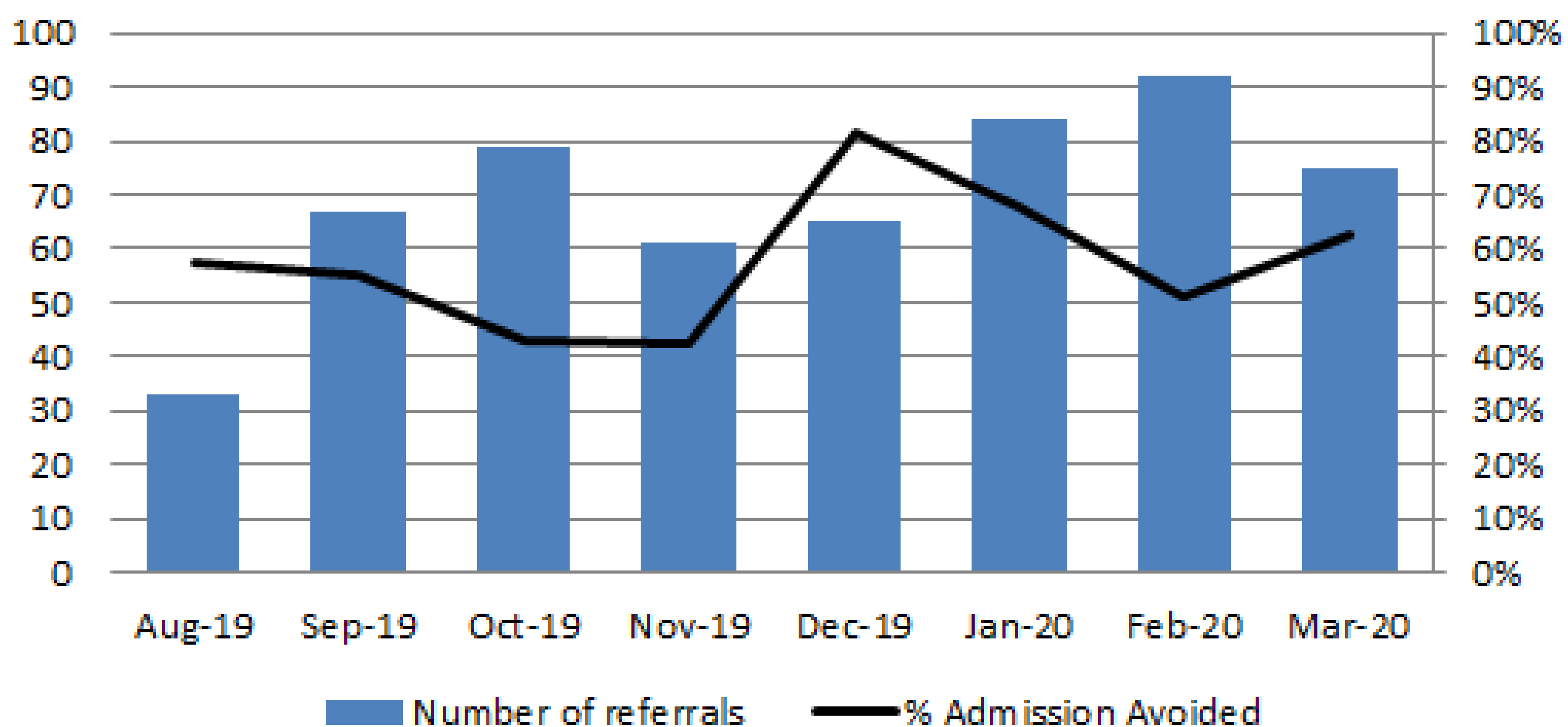
In August 2019 the HSCP launched a new Community Health and Care team, the Focussed Intervention Team, with the aim of providing a rapid response service to people within the community and focussing on the prevention of unnecessary admissions to hospital where possible. For those with an immediate need, the team will visit and assess the person within their own home or homely setting within 2 hours of referral. Where a person's needs mean they require rapid but not urgent intervention this assessment will be carried out within 24 hours of referral.

The service accepts referrals from all GP practices across West Dunbartonshire as well as other HSCP community teams. Referrals are also taken from emergency departments and assessment units at the Queen Elizabeth and Vale of Leven Hospitals where the person can be better supported by a focussed intervention at home rather than an admission to hospital. Work is underway to develop similar links with the Royal Alexandra Hospital in Paisley.

A significant proportion of referrals come direct from care homes within West Dunbartonshire, facilitated by the HSCP's Care Home Liaison Nurse and District Nursing service. As part of a programme of collaborative work with the Scottish Ambulance Service the team are also encouraging appropriate referrals from ambulance crews to enable people to remain at home with rapid supports and the aim of improving longer term outcomes. The team also encompasses a Chronic Obstructive Pulmonary Disease (COPD) nursing service, where self-referral is common, supporting people to co-manage their condition.

Between August 2019 and March 2020 there were a total of 556 referrals to the Focussed Intervention Team. These were all referrals that would previously have required further GP Practice input, input from other HSCP teams, or possibly admission to hospital. Of the 556 referrals, 320 were assessed by the team as having avoided an admission to hospital at that point, allowing them to receive support at home or in a homely setting.

Focussed Interventions



Alongside the Focussed Intervention Team, the HSCP's Community Older People and Adult Care Teams provide assessment for longer term support and rehabilitation for the increasing number of older adults who are living longer with multiple complex health issues and high levels of frailty.

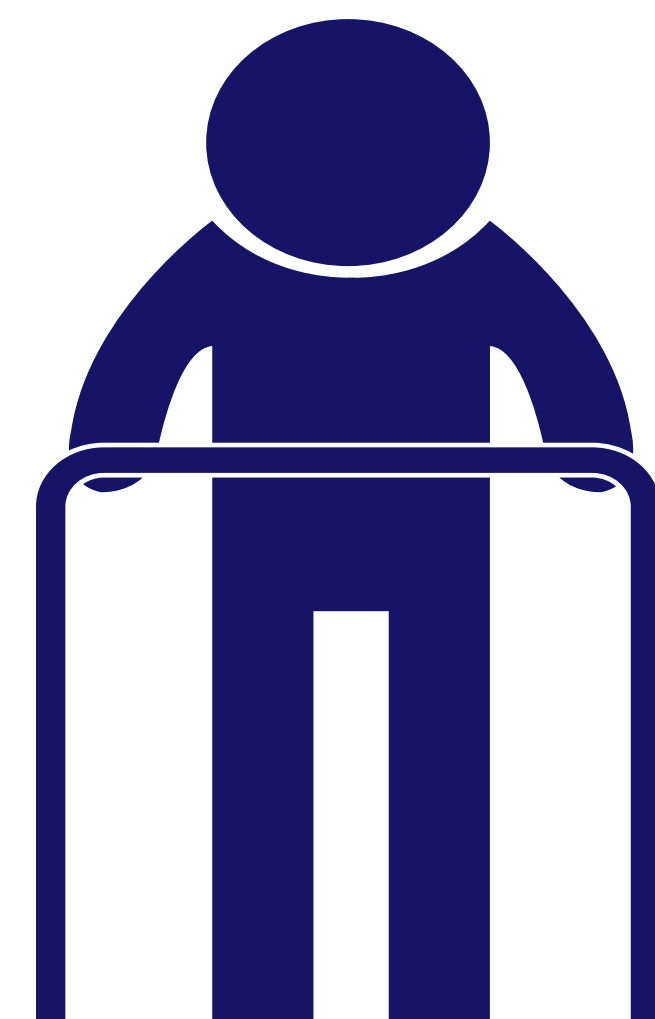
During 2019/20, a group of both Health and Social Care and General Practice colleagues were involved in Health Improvement Scotland's iHUB Frailty Collaborative: living and dying well with frailty. The focus of this work is to improve identification and support of people aged 65 and over to live and die well with frailty in their community. Anticipatory care planning is at the core of this piece of work to ensure that information is shared and available to all services and professionals when they need it. A patient's electronic Key Information Summary (eKIS) is also shared through the Clinical Portal system allowing a range of professionals access to vital information about the individual's care needs and wishes.

As part of West Dunbartonshire's preparation for the impact of Coronavirus (COVID-19) the number of eKIS recorded for patients increased from 3,076 in January 2020 to 5,930 in March 2020: an increase of almost 93%. This was a concerted effort by GPs and District Nursing to ensure that the key information for those most at risk of serious health complications from the virus was up-to-date and available for professionals to access.

In addition to Anticipatory Care Plans and eKIS, the Rockwood Frailty Index is used across all core assessments and reviews. This index is used to identify frailty and changes in frailty. There were 2,066 Rockwood Frailty scores assessed and recorded during 2019/20.

The HSCP continues to refine our community falls pathway which includes direct referrals from the Scottish Ambulance Service for people who do not require ambulance conveyance when crews attend as a result of a fall.

There were 2,466 falls screenings carried out by the HSCP during 2019/20 and 1,165 more in-depth falls assessments to promote safety and improvements in mobility through initiatives such as Strength, Balance and Resilience training which was delivered to 545 people during the year.



- 5,930 eKIS recorded at March 2020
- 2,066 Rockwood Frailty scores assessed
- 2,466 Falls Screenings
- 1,165 Falls Assessments
- 545 people received Strength, Balance and Resilience Training

Case Study: Focussed Intervention Team

Patient A, 78 years of age, was referred by their GP for an urgent Focussed Intervention Team (FIT) assessment. The GP advised that until recently the patient had been able to mobilise with a three wheeled walker safely indoors. However, their mobility had now deteriorated resulting in falls on a daily basis putting them at high risk of injury and potential hospital admission. The GP also noted that the patient has Parkinson's Disease and prone to urinary tract infections. It was identified from CareFirst that the patient was currently receiving homecare of four visits per day with one carer attending.

A Physiotherapist and Occupational Therapist from the FIT team arranged to visit Patient A within their own home on the day of the GP's referral. A functional and mobility assessment was carried out with the patient who also informed the team members of an increase in upper limb pain.

The patient was assessed with an alternative walking aid and a wheeled commode shower chair. This assessment highlighted that the patient had greater stability using a zimmer frame and this was delivered shortly after the visit.

Homecare were telephoned from the patient's home and a request for an increase from one to two carers was made to assist with mobility and transfers. A wheeled commode shower chair was also prescribed for carers to use when mobilising safely proved difficult. Advice was given to homecare on bed transfers to improve technique and ensure Patient A's care plan was updated.

A request was made for the FIT team Staff Nurse to then visit and assess Patient A for a suspected urinary tract infection. While attending the patient's home the Staff Nurse contacted the GP to discuss and request antibiotics which were started that day. A request was also made to the GP for increased pain medication in relation to the patient's upper limb pain.

Clinical portal was checked and the patient was due to be visited by a Parkinson's Nurse who was contacted by the FIT team to update on the day's activities.

Within 24 hours Patient A had been reviewed by Physiotherapy, Occupational Therapy and a Staff Nurse and their medication reviewed by the FIT team's Pharmacy Technician. The team worked with Patient A to identify their needs and plan short term rehabilitation goals to minimise falls, keep them safe and return the patient to their baseline mobility. Patient A avoided being admitted to hospital through an intense and effective intervention across disciplines allowing them to remain as safely as possible within their own home.



Adult Community Health Services reported an underspend of £0.457m during 2019/20.

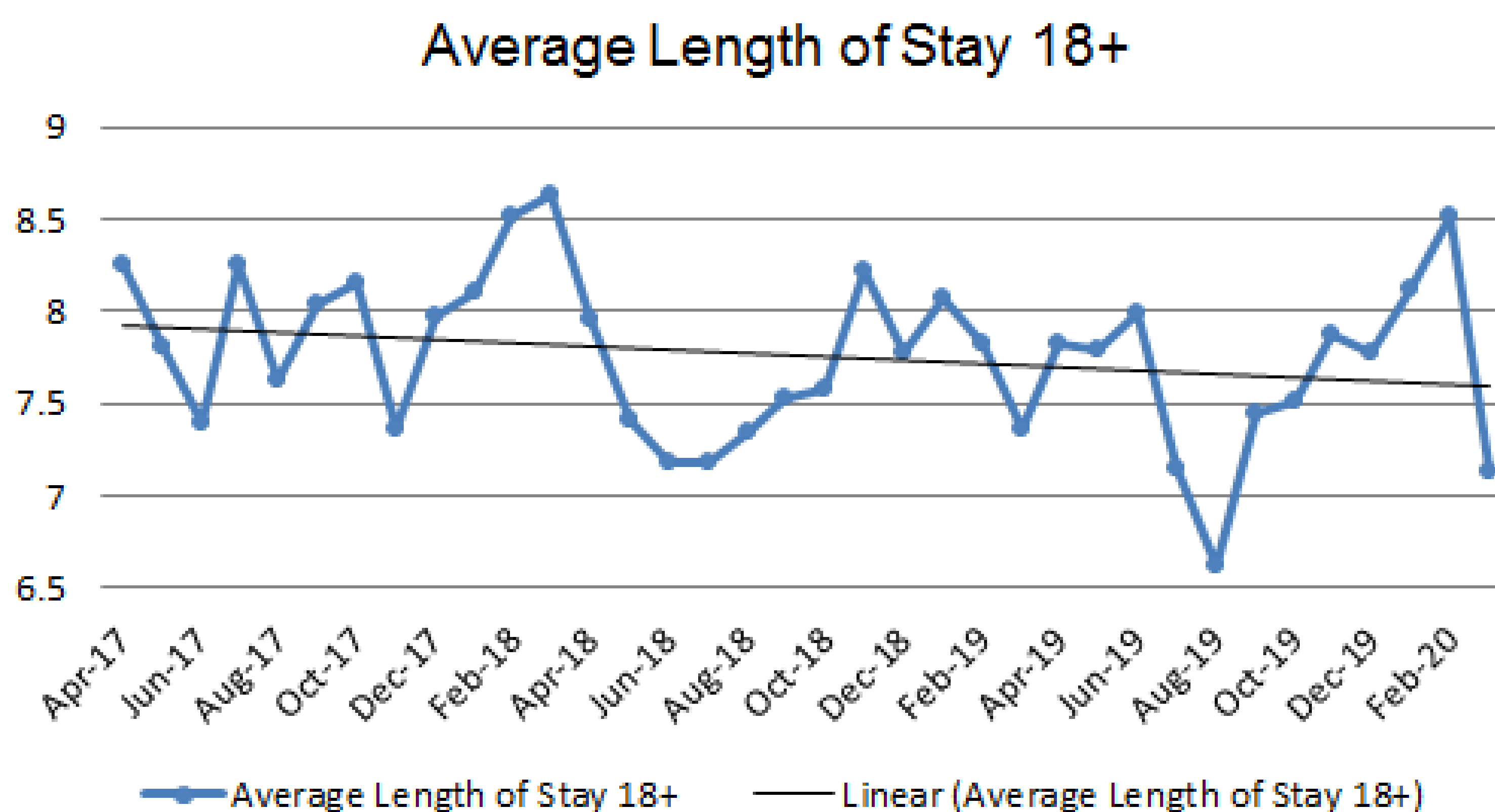
This was mainly due to the part year impact of service redesign, including introduction of the Focussed Intervention Team.

Hospital In-reach

Admission to hospital is often necessary and effective and timely discharge from hospital to the most appropriate setting is vital to improve outcomes and to avoid readmission.

During 2019/20 the HSCP's Hospital Discharge Team have built on the good work being carried out by Early Assessors within hospital wards by developing a hospital in-reach role. The team have gained access to acute hospital dashboards which allow them to identify patients who have been in hospital for 10 days or more. These patients are proactively engaged with to gain an understanding of their needs and wishes and are tracked by staff through any ward or hospital transfers with a view to supporting discharge as soon as they are medically fit. This has resulted in high visibility of in-reach staff within hospital wards, has strengthened working relationships with acute nursing staff and has raised awareness of the community services available to support people on discharge.

This work continues the decreasing trend in average length of acute hospital stay per patient.



The Hospital Discharge team have also gained access to the HSCP's homecare scheduling system which allows them to tailor packages of care based on the person's needs prior to admission: meaning a more appropriate and personalised care package for each individual rather than a standard discharge package.

A barrier to timely hospital discharge continues to be where there are concerns about an individual's capacity to make decisions regarding their future needs. The lengthy process around Adults with Incapacity legislation and Guardianship often results in extensive delays. Closure of the Scottish Courts in late March 2020 due to the Coronavirus (COVID-19) lockdown has delayed the processing of Guardianship applications further and a significant backlog once the courts reopen is anticipated.

Vulnerable Adults Multi-Agency Forum

The Vulnerable Adults Multi-Agency Forum (VAMAF) was established as part of the Greater Glasgow and Clyde Multi-Agency Distress Collaborative and the work of West Dunbartonshire Community Planning Partnership's Safer Delivery and Improvement Group. The purpose of the group is to facilitate inter-agency care planning and risk management for vulnerable adults who struggle to engage with services.

The group has representatives from Mental Health, Addictions, Learning Disability, Adult Care, Police Scotland and the HSCP Adult Protection Lead. The plan prior to the Coronavirus (COVID-19) pandemic was to expand the membership to include Housing and Scottish Ambulance Service, however this is currently on hold.

The group has been meeting weekly for the last two years and examines relevant presentations to services and repeat attenders at Emergency Departments with some cases being discussed more than once. We also cross reference our cases against Accident and Emergency frequent attenders data.

Following discussion of an individual case, a lead agency is agreed and tasked with progressing assertive outreach to that person. A track is kept of their engagement and progress and their case is reviewed four weeks after initial presentation to assess the need for further input if required. If a case is of particular concern, the lead agency will organise a multi-agency case discussion and agree a care plan and risk management and review schedule.

As well as helping vulnerable people to engage with services, this work supports wider HSCP work on reducing unscheduled care in line with the Ministerial Steering Group targets. Local analysis of A&E data identified a high proportion of those who were frequently attending were people who had been in contact with Mental Health or Addictions services within the previous two years.

Children's Health

West Dunbartonshire HSCP has maintained its UNICEF Achieving Sustainability (Gold) Baby Friendly Award which celebrates excellent and sustained practice in the support of infant feeding and parent-infant relationships.

Breastfeeding is known to bring a wide range of health benefits to both mother and child, preventing a range of infectious and non-communicable diseases, as well as supporting mental health and positive parent-child relationships. Rates in Scotland have improved in recent years, with an increase from 44% in 2001/02 to 51% of babies in 2017/18 reportedly receiving 'any breastfeeding' at first health visitor visit at 10-14 days. West Dunbartonshire HSCP is committed to promoting breastfeeding however the number of breastfeeding mothers remains relatively low. By 6 weeks after birth 20%-50% of mothers have stopped breastfeeding within West Dunbartonshire and this will be the focus for additional resources in 2020/21.

Published figures for 2018/19 suggest that over 17% of women continue to smoke during pregnancy in West Dunbartonshire. In response to this, commitments were made by the HSCP alongside NHS Greater Glasgow and Clyde to roll out financial incentives for smoking cessation in pregnancy to improve health outcomes for both mother and child. These financial incentives are in the form of gift cards at specific quit milestones.

In West Dunbartonshire in 2019/20 there were a total of 40 clients making a quit attempt through the Quit Your Way Pregnancy Service. The financial incentive provided totalled £160 per individual. Of the 40 who initially quit, 12 continued to be smoke-free at 3 months and 75% of these individuals were living within the most deprived areas of West Dunbartonshire.

West Dunbartonshire Health and Social Care Partnership

Across Greater Glasgow and Clyde in 2018/19 over 95% of Quit Your Way pregnancy service clients who set a quit date were receiving a financial incentive and both the 4 and 12 week quit rates for incentive clients were significantly better compared to those who were not: 34% for incentive clients at 12 weeks compared with 22% for non-incentive clients.

During 2019/20, the total number of clients being referred and taking up the service across Greater Glasgow and Clyde dropped slightly, however the overall proportion of people continuing to engage with the service remained higher than before the incentives programme was introduced. In recognition of this the total value of financial incentive was increased to £220 from February 2020 in an attempt to further improve engagement.

On the 17th of March, as a result of the Coronavirus (COVID-19) pandemic, the Quit Your Way Pregnancy Service delivery model, like many other services, required to be changed. Based on national recommendations, Carbon Monoxide testing ceased across all Quit Your Way Services and all non-pharmacy services became telephone based. With over 70% of clients setting a quit date being from the most deprived postcode areas, the HSCP and NHS Greater Glasgow and Clyde have continued with the incentives programme.

As part of the NHS Child Health Programme, West Dunbartonshire HSCP has implemented the Universal Health Visiting Pathway. Early Years have a significant impact on an individual's future experience of health and wellbeing. Health professionals, particularly Health Visitors, have a vital role to play in supporting children and families in the first few years of a child's life.

The Universal Health Visiting Pathway provides a home visiting programme which is offered by Health Visitors to all families as a minimum standard. One of the crucial contacts is at 27-30 months of age. At this stage there are a number of topics for discussion including parenting, immunisation, financial inclusion, oral health and, if the opportunity presents, a routine enquiry relating to domestic violence within the family home. Between July 2019 and March 2020, 588 children in West Dunbartonshire received their 27-30 month review.

Children in Scotland are protected through immunisation against many serious infectious diseases. Immunisation policy and vaccination programmes are set by the Scottish Government and aim both to protect the individual and to prevent the spread of these diseases within the wider population. As a public health measure, immunisations are very effective in reducing infection and provide children and teenagers with the best possible protection against disease. Discussions relating to the immunisation of children take place at every contact in the Health Visiting programme.

Immunisations at 24 months			Immunisations at 5 years		
	West Dunbartonshire	Scotland		West Dunbartonshire	Scotland
6 in 1	97.3%	96.9%	6 in 1	98.9%	97.8%
MMR1	92.3%	94.0%	MMR1	97.6%	96.7%
Hib/Men C	93.7%	94.3%	Hib/Men C	97.8%	95.9%
Men B	93.3%	94.4%	4 in 1	92.3%	91.9%
PCVB	94.1%	93.6%	MMR2	92.0%	91.5%

Measles, Mumps and Rubella (MMR) immunisations at 24 months of age fell below the national target of 95% during 2019/20 with 92.3% of the 895 children eligible in West Dunbartonshire receiving the immunisation. However this increased to 97.6% for MMR immunisations for 5 year olds. Looking at immunisations for both these age groups, West Dunbartonshire is slightly below the Scotland figure for 3 of the 5 immunisation programmes delivered to children at 24 months, however this is redressed at 5 years where West Dunbartonshire exceeds the Scotland figure for all 5 immunisation programmes.

Case Study: Family Nurse Partnership

All first time mothers of 19 and under are eligible to enrol in the Family Nurse Partnership (FNP) programme within NHS Greater Glasgow and Clyde if they are below 28 weeks gestation. Enrolment on the programme is voluntary which incorporates one of the main principles 'the client is an expert in their own life'. This programme encourages positive behaviour changes.

FNP is an intensive home visiting programme which commences in pregnancy until the child is 2 years old. Thereafter the family is transitioned to Health Visiting services. The Family Nurse will commence visiting first-time mothers in pregnancy in addition to midwifery services. Following the birth of the child the Family Nurse will deliver the Universal Health Visiting Pathway alongside the FNP programme. The FNP programme uses materials and activities designed to: support health behaviour changes; improve understanding of positive relationships; improve consistent care-giving; and support access to community, education and employment opportunities.

Siobhan, 16 years of age, was referred to FNP by midwifery services at 12 weeks gestation. As FNP is a voluntary programme offered to all first-time mothers aged 19 and under, the Family Nurse will discuss the opportunities of the programme and encourage young women to consider enrolling. This opportunity allows the individual to be an expert in their own lives. Siobhan was happy to enrol with FNP when contacted.

When Siobhan delivered her son, Tyler at 38 weeks gestation, it became quickly apparent that she was not identified as a protective factor for her child. Siobhan's parents however were identified as a protective factor. FNP worked alongside Social Work services on a voluntary basis to ensure a plan of action around care of the child was in place. Additionally, the Family Nurse supported Siobhan with attendance at Child and Adolescent Mental Health Services, Stepping Stones and Functional Family Therapy appointments. FNP liaised closely with Education to support a part time nursery placement and Education and the Family Nurse developed an action plan to ensure both services were in regular contact.

FNP supported engagement with Working 4U, Y Sort It and further education and supported Siobhan to apply for a college placement commencing 2020. Most importantly, the Family Nurse supported mediation between Siobhan and her parents to ensure the family remained united and that Tyler maintained regular contact with his mother. While there have been frequent family disputes, over time these have reduced.

All services worked together closely and regularly liaised to ensure accurate and consistent information was provided to the family. Action planning of multi-agency involvement ensured the family were clear on roles and the supports available. Close working relationships ensued when times of crisis occurred, such as breakdowns in family relationships, and these situations were resolved with limited impact on family dynamics.

The outcome for all involved has proved to be very positive. Siobhan's parents are currently pursuing a Voluntary Residency Order to allow their grandchild to live with them, with which Siobhan is in agreement. While family relationships continue to be fractious, all adults are aware of coping strategies to contain arguments and importantly to ensure Tyler is not exposed to verbal disagreements. Importantly, FNP programme materials allowed reflection on familial behaviours and allowed the mother to see these through the eyes of her child. Siobhan has developed a loving relationship with Tyler and is working towards becoming his full time carer.

Priority 2: Access

Addictions Outreach

West Dunbartonshire HSCP Addiction Services provide a range of health and social care services to individuals across the authority who may be experiencing difficulties related to drug and/or alcohol misuse.

Between April 2019 and March 2020 the service received a total of 938 referrals for people experiencing problems with drugs or alcohol requiring assessment for treatments and support and 95.4% of these people began treatment within the national target of 3 weeks.



95.4% started treatment within 3 weeks

The outreach model of service delivery is now firmly embedded within Addiction Services and has brought many benefits to both service users and staff. Implementation of this model has removed the financial and geographical barriers that existed, as many service users had to travel significant distances to attend appointments. It allows staff to carry out a holistic assessment and provide ongoing support to the patient within their own environment.

With the appointment of two assertive outreach support workers the Addiction Service has been able to develop an improved response to 'hard to reach' vulnerable adults who are experiencing chaotic and complex drug and alcohol use, often with co-existing mental health issues. This enhances our ability to respond to those adults at risk who regularly come to our notice because of emergency hospital admissions or the Police and try to engage them into appropriate services.

The Addictions Service continues to extend joint working with colleagues across HSCP including Housing and Criminal Justice Social Work. Through collaboration with Criminal Justice Social Work a referral pathway has been developed for Criminal Justice clients, specifically those being managed under Multi-Agency Public Protection Arrangements (MAPPA) and Life Licence cases. If appropriate and agreed at the Integrated Risk Management Meeting an addictions worker can visit prison to gain baseline drug testing result and assessment prior to release. Support is being offered from Addictions to meet requirements as requested in the Risk Management Plan.

The service adopts a family inclusive approach, for example, taking a lead in working with Adult and Children's Services in producing a "Parental Capacity, Strengths & Support Assessment" form and rolling out consultation and training in June 2019.

This form encourages Adult Services to think about how parents promote the well-being of their children based on the well established SHANARRI well-being indicators used across Health, Education and Social Work. The assessment is focused on the adult service user's strengths and achievements as well as pressures and areas for improvement and support in relation to developing a child's well-being. The form is in its final stages and due to be launched later in 2020.

SHANARRI

- Safe
- Healthy
- Achieving
- Nurtured
- Active
- Respected
- Responsible
- Included

The West Dunbartonshire Blood Borne Virus Team have recently implemented the new Hepatitis C Nurse Led pathway. The team were instrumental in the development of this pathway which sees patients being completely nurse led. This development allows patients to be managed by the nursing team throughout the assessment and treatment process without having to be seen by the consultant and this approach has now been fully implemented across NHS Greater Glasgow and Clyde.

Every aspect of the assessment and treatment process is fully facilitated within the community, offering 6 clinics a week. The team of nurses complete all investigations which include a Full Health Assessment, full assessment bloods, Liver Ultrasound and Fibroscan which is an innovative approach to determining liver stiffness.

The Blood Borne Virus Team continue to take the lead for the management of BBV testing across the locality, supporting testing in a range of services which include Core Addiction Services, GP Shared Care and our third sector partners.

The publication of drug-related deaths and drug-related hospital stays, along with many other statistics, have been delayed due to the Coronavirus (COVID-19) pandemic. Latest figures show that there were 231 drug-related hospital stays and 20 drug-related deaths of people from West Dunbartonshire in 2017/18. Deaths and admissions were highest among those aged 35 and over with long term drug use and combinations of drugs and illicit valium being identified as probable factors.

During 2019/20 the HSCP's Addiction Service developed plans for a Low Threshold Service utilising additional Scottish Government funding.

The concept of the Low Threshold service is to offer people who inject drugs easier access to treatment. Attracting and maintaining people who inject drugs in to treatment is a paramount objective in the harm reduction approach within the new Scottish Government Strategy. Offering people quicker and easier access to treatment is essential in tackling the harm caused by drug misuse and reducing drug related deaths.

The aims of the service are to:

- engage people who inject drugs in treatment
- decrease chaotic lifestyles and engage in positive lifestyle changes
- reduce drug related deaths

The objectives of the service are to:

- provide quick access to assessment and medical treatment
- to assess and provide Harm Reduction Interventions
- to adjust and stabilise quickly on an Opiate Replacement Therapy programme
- engage in an ongoing treatment plan

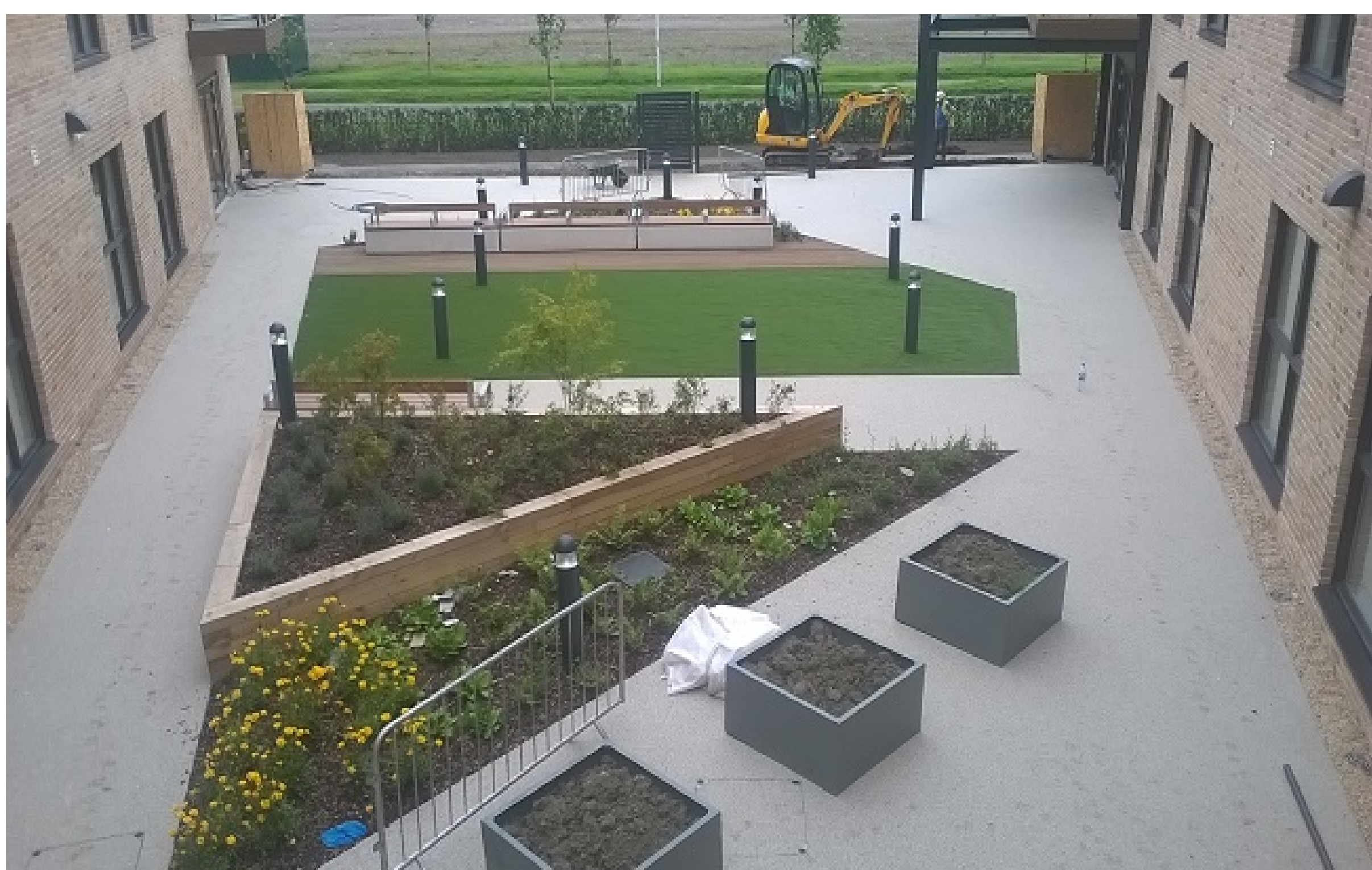
The Addictions Service is beginning the recruitment process to backfill and release an experienced Addictions Nurse to fulfil this role for a two year period. The Low Threshold Service will be complemented by two Health Care Support Workers who will work alongside the Addictions Nurse offering daily intensive support.

New Care Home for Older People, Clydebank

The new care home for older people in Clydebank is part of the HSCP's vision to replace the Council's older people's care homes and day care with buildings that meet the Care Inspectorate's standards of care and environment and to provide service users, their relatives and our staff with a modern living and working environment which enables better person centred care within more eco-friendly facilities.

For our residents we want to provide a well staffed and equipped 'Home for Life' and for our day care users we want to provide access to a range of health and care services including therapeutic and rehabilitative facilities as well as social and recreational activities.

Unfortunately work at the Clydebank site was paused in March 2020 due to the Coronavirus (COVID-19) pandemic. At that point the contractor was finishing the internal plaster, the joinery and laying vinyl in en suites and bedrooms. Designers were finalising the design of external screens, bedroom wardrobes and the courtyard sculpture.



Since returning to the site in May, work has been very productive and the care home is progressing towards completion. Fabric, finishes and soft furnishings have been ordered and the team are beginning to have a real sense of how the home is going to look and feel when opened. The contractor has provided a programme for completion, with a handover date in early November. The original plan was for a 6 week transition period to move residents into their new home, however this has been revised to further into 2021 to allow residents and staff to have a settled Christmas period.

Primary Care Improvement Plan

The General Medical Services Contract in Scotland was agreed by General Practitioners in January 2018. The implementation of the contract was supported by the Memorandum of Understanding and requires HSCPs to develop an annual Primary Care Improvement Plan which aims to expand the Primary Care Team by April 2021. This change will enable the development of a multi-disciplinary team to reduce GP workload and support the retention of GPs in General Practice.

The aim of HSCP Primary Care Improvement Plans is to enable the development of the expert medical generalist role through a reduction in current GP and practice workload. By the end of the 3 to 4 year plans, practices in West Dunbartonshire should be supported by expanded teams of NHS Greater Glasgow and Clyde Board employed health professionals providing care and support to patients. This will help to improve practice sustainability, and reduce risk, thus enabling GPs to focus on those patients with no obvious diagnosis, complex care and whole system quality improvement and leadership.

Underpinning the redesign of local services are the key principles to; provide safe, effective and person centred care, ensuring we make best use of available resources to deliver improvements in care and outcomes for all patients, service users and carers. Our services should be equitable, sustainable, affordable and provide value for money.

West Dunbartonshire HSCP works collaboratively with GPs to provide, enhance and develop services to improve the health of our local population.

The delivery of the workstreams within the Primary Care Improvement Plan has been progressed during 2019/20 although workforce recruitment and retention issues across all the workstreams have proved difficult. Thus building the workforce across practices has been challenging. This has been a similar experience across a number of HSCPs and health professions.

The HSCP has a number of Pharmacy, Advance Practice Physiotherapist, Health Care Support Workers and Community Link Workers based within practices across the HSCP and we intend to build on this resource during 2020/21. In addition, the Community Care and Treatment Room Service has been rolled out in Alexandria and there has been an increase in provision of services. We are working with practices to develop a model of service for the full provision of services.

The HSCP has worked collaboratively with West Dunbartonshire Community Volunteering Service (CVS) and General Practice on a one year pilot to provide Community Link Worker support directly into GP Practices. The pilot commenced in May 2019 and involved three Community Link Workers based within five of West Dunbartonshire's GP practices and has been well received.

The Community Link Worker service covers a population within General Practice of 35,200 patients resident within West Dunbartonshire. During the pilot the service engaged 366 patients of which 148 went beyond the initial appointment. Non-attendance rates were 25% and the main challenge in this initial phase was low levels of awareness of the Community Link Worker role within some practices and with patients.

The HSCP were in the process of re-tendering for a three year service, increasing the resource to six Community Link Workers, at the onset of the Coronavirus (COVID-19) pandemic. As a result the existing pilot with CVS has been extended until April 2021.

Since late March the Primary Care Improvement Plan staff have been re-deployed to other services or have continued to work remotely with practices. The Community Care and Treatment Room staff have continued to support General Practice through support to the Community Assessment Centres developed in response to the pandemic.

Transitions

During 2019/20 a new Transitions Protocol was established to support the transition from Children's Services to the appropriate adult service for young people with additional support needs. Young people with additional support needs have an adult service identified in advance of leaving school and this is facilitated by a Transitions Worker. Robust partnership working and planning with other key stakeholders ensues, to ensure person-centred outcomes and the right services are delivered for each individual.

Case Study: Supporting the Transition to Adult Services

'P' is 19 years of age and attended Kilpatrick School due to their additional support needs. They had spent a few years moving between various family member's homes, and was eventually cared for by grandparents due to their parents being assessed as being unable to care for them. The parents were being supported by Addictions Services.

In line with the newly established Transitions Protocol, the Social Worker from Children's Services started transition planning for this young person two years before they were due to leave school and worked with partners in adult services to identify their support needs moving forward. This involved collating information from a range of services and partners and using this to inform the discussions about the most appropriate future adult service to support the young person through adulthood.

The Care Manager in Children's Services arranged an appointment at the Transitions Advisory Group (TAG) to discuss and review this young person's needs and identify the best adult service to meet their future support requirements. The TAG members consist of senior members of staff from Children's Social Work, Education, and the three adult teams: Learning Disability, Mental Health and Adult Care Services. All are committed to supporting the transition of our young people as they embark on one of the biggest changes in their lives so far.

Unfortunately sometimes young people's needs do not always fit neatly into any one service's criteria, therefore the TAG members strive to put the person's needs at the centre of decision making and think creatively and 'out of the box' in terms of what support can be provided by each service.

'P' did not have a cognitive assessment, which would evidence a learning disability, however there was other information which could be used to identify a likely mild learning disability. Following careful discussion and review of the information available with the other TAG members, it was felt that the Learning Disability Service was the best fit for any future support package, but due to the nature of 'P's' clinical needs, Mental Health Services were identified as most appropriate to respond to their particular health needs at the point of transition.

The Social Worker from Children's Services then worked alongside the Transitions Worker from Learning Disability Services, Education and West College Scotland to progress the transition plan for 'P' leaving school in the summer.

'P' has since been enjoying and benefiting from the new opportunities in their life and no longer requires the support of Mental Health Services locally. Their home environment has also improved significantly with a permanent solution being found which also allows them to retain some contact with their parents.

Priority 3: Resilience

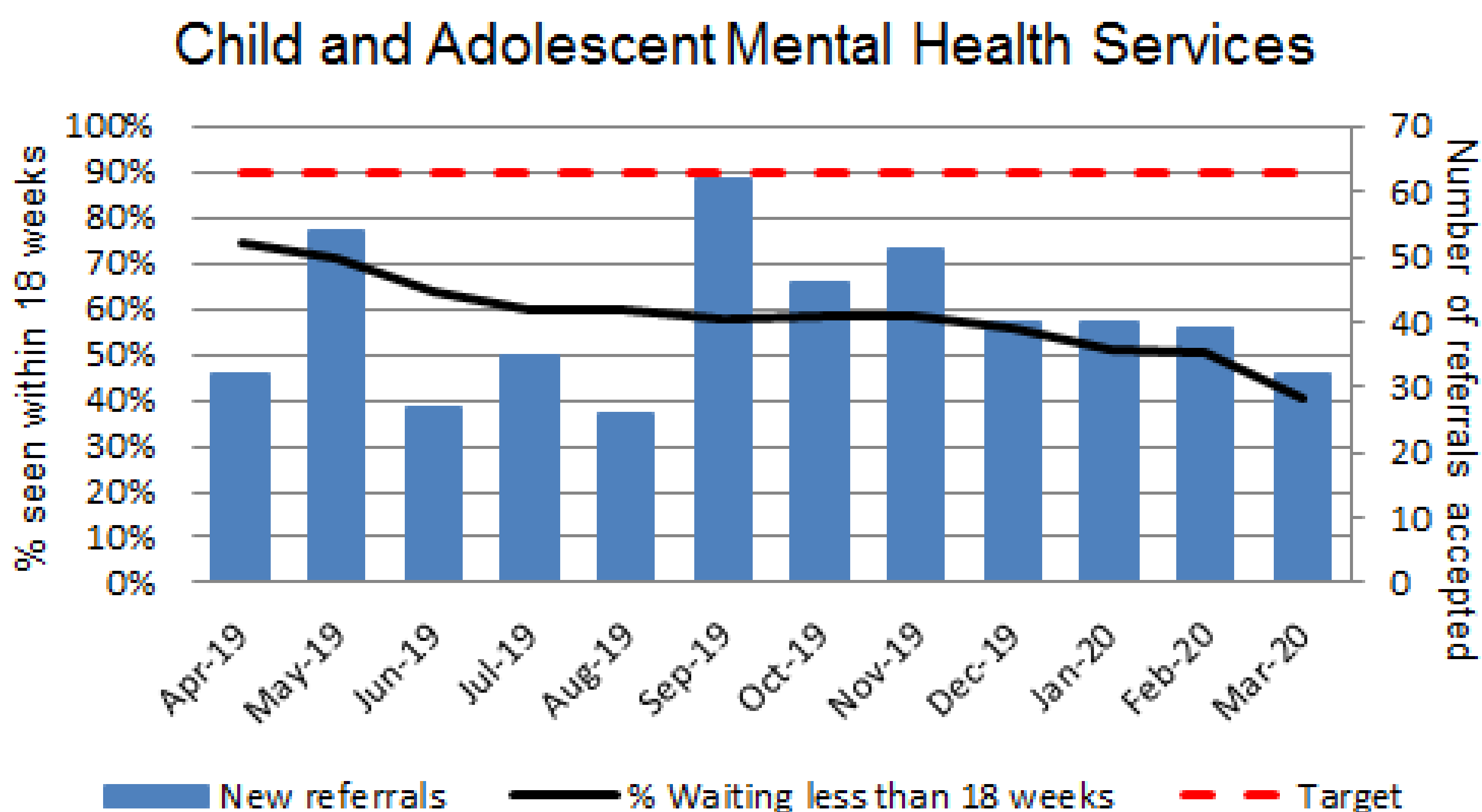
Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services (CAMHS) in West Dunbartonshire consist of Psychiatrists, Clinical Psychologists, Social Workers and Clinical Nurse Specialists. The services provided include; assessment and treatment of severe mental health problems in childhood and adolescence by a multi-disciplinary team; consultation and liaison with health professionals and other agencies working with young people and their families; teaching and training; audit, service review and research activities; and reports to the Children's Panel and other medico-legal services where appropriate.

Over the last few years there has been a steady increase in demand for CAMHS services across Scotland. Within West Dunbartonshire there was an increase of 8.7% in referrals between 2018 and 2019 and a 22.3% increase in accepted referrals. As well as increasing demand, CAMHS within West Dunbartonshire has been experiencing staffing difficulties in terms of recruitment, retention and long term sickness absence.

CAMHS aims to see 90% of all young people for treatment within 18 weeks of referral. At the end of March 2020, 40.5% of children and young people within West Dunbartonshire had waited less than 18 weeks for treatment which was lower than the latest national published figure of 56% across Scotland.

In August 2019, new Scottish Government funding allowed the recruitment of a full time Band 5 Nurse and a 3 Sessions Child and Adolescent Therapist. In addition the HSCP funded a temporary Band 5 Nurse. This has enabled the team to prioritise urgent new referrals and high risk open cases however, due to other core staff absences the waiting times for routine cases has become longer over an extended period of time.



CAMHS leadership have launched an Operational Working Group where West Dunbartonshire CAMHS are represented. A large range of strategic projects are underway designed to improve efficiency of the patient flow and effectiveness of service delivery. The following improvement actions are in progress to address the demands on the service:

- Regular updates with CAMHS management and teams to ensure the most effective use of clinical capacity for the waiting list and open caseload throughout the Coronavirus (COVID-19) pandemic.
- Waiting lists are being analysed to identify cohorts of patients and match these to clinical skill, for example, children awaiting treatment for anxiety.
- Brief intervention and online Cognitive Behavioural Therapies are being developed.
- Attend Anywhere has been implemented across Greater Glasgow and Clyde CAMHS teams and drop in clinics are being considered: virtual group clinics are also being sought to increase numbers of children seen.
- Planning within HSCP with integrated planning partners to utilise Scottish Government funding for community mental health and wellbeing supports.
- Analysing the demand for CAMHS and availability to meet this.
- Development of integrated care pathway for Neuro Development referrals.
- Increase the time available for clinicians to provide help and treatment at first contact.

Mental Health Action 15

West Dunbartonshire HSCP Mental Health Services continue to progress Action 15 of the Scottish Government's Mental Health Strategy 2017-2027. Action 15 delivers increased Scottish Government financial investment to support increase in the workforce. This gives access to dedicated mental health professionals in Accident and Emergency Departments, all GP practices, every Police Station Custody Suite, and to our prisons across Scotland. The year 2019/20 is the third year of a five year investment programme.

West Dunbartonshire HSCP have contributed 5.26 Whole Time Equivalent posts in year 2019/20 across a number of Greater Glasgow and Clyde-wide and local services such as an increase in Unscheduled Care Nurses within Emergency Departments and Police Station Custody suites.

Our local West Dunbartonshire specific posts include:

- Wellbeing Nurses - This includes the recruitment in 2019/20 of an additional two Mental Health Nursing Staff to work within GP Practices. Further recruitment of these Wellbeing Nurses in 2020/21 will ensure all GP Practices will deliver mental health brief interventions directly to Primary Care patients without the need for a GP assessment. These nurses will link patients into other pathways across the Mental Health network of services including third sector partners. Commencement of the service began in October 2019. A first report in January 2020 demonstrated there were 246 face to face contacts during this period with service rated at an average of 72% excellent, 18% very good and 10% as good.
- Peer Support - Action 15 investment has supported recruitment of a Peer Mental Health Worker within Stepping Stones, our third sector partner. This lived experience post commenced in January 2020 and will support the transition of people who have needed a statutory mental health service moving to a recovery and community asset model of delivery.
- Further investment in 2020/21 will also see the employment of an additional nurse who will support the physical health care needs of people with complex mental health problems to ensure compliance with local and national guidelines. This nurse will work across Primary Care and Mental Health Services.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are stressful events occurring in childhood including:

- domestic violence
- parental abandonment through separation or divorce
- a parent with a mental health condition
- being the victim of abuse (physical, sexual and/or emotional)
- being the victim of neglect (physical and emotional)
- a member of the household being in prison
- growing up in a household in which there are adults experiencing alcohol and drug use problems

ACEs have been found to have lifelong impacts on health and behaviour and while found across the population, those from areas of higher deprivation are more at risk of experiencing ACEs. An ACEs survey with adults in Wales found that compared to people with no ACEs, those with 4 or more ACEs are more likely to

- have been in prison
- develop heart disease
- frequently visit their GP
- develop type 2 diabetes
- have committed violence in the last 12 months
- have health-harming behaviours (high-risk drinking, smoking, drug use)

Tackling adverse childhood experiences continues to be a key priority in West Dunbartonshire. As well as the prevention of ACEs, there is much that can be done to offer hope and build resilience in children, young people and adults who have experienced adversity in early life.

A whole system approach has been taken to support workforce development on ACEs. The documentary film, 'Resilience' is a key mechanism for raising awareness of ACEs. Resilience film viewings have been delivered across West Dunbartonshire with 158 attendees in 2019/20, bringing the cumulative total to 1,000 attendees from across the whole system: Children's Health, Care and Criminal Justice, Mental Health, Addictions and Learning Disabilities, WDC Education, Learning and Attainment, Action for Children, Who Cares Scotland, Skills Development Scotland and the Family Nurse Partnership.

In addition, a Learning and Engagement event, 'Nurturing Individuals and Building Resilient Communities' was held in February 2020: a collaboration between Clydebank High School's Learning Festival and the HSCP. This involved 300 participants from all sectors, including the HSCP, West Dunbartonshire Council, Children's Panel, Kinship Care, Police and Fire Services, Children's Neighbourhood Scotland, Y Sort It, Richmond Fellowship and Turning Point.

High profile speakers were Suzanne Zeedyk of Dundee University and founder of 'Connected Baby', an organisation which aims to bring the science of human connection and relationships to life, and James Docherty of the Scottish Violence Reduction Unit. The event saw the relaunch of West Dunbartonshire's ACEs Hub into a strength-based 'Resilience' Hub with 412 members.

Carers

The HSCP recognises the invaluable contribution made by unpaid carers in supporting vulnerable people to live independently within our community. In the 2011 UK Census 9,637 people in West Dunbartonshire identified as carers and 18.2% of these carers were aged 65 and over, many of whom will have their own health problems.

The Carers (Scotland) Act came into force on 1st April 2018 and is designed to promote, defend and extend the rights of all carers, both adult and young carers. It aims to better support all carers with their own health and wellbeing and help make caring roles more sustainable.

A 2015 report by the Scottish Government, Scotland's Carers, highlighted that while caring can be a positive and rewarding experience and can have a positive impact on wellbeing, caring can be associated with poor psychological wellbeing and physical health. Significantly, those in the most demanding care situations, providing higher levels of care over an extended period, tend to experience the most negative impact on their health and wellbeing.

The HSCP works in partnership with Carers of West Dunbartonshire and Y Sort It in relation to young carers, to offer a range of supports from signposting to financial advice, community groups and other support organisations, to providing carer assessments and respite or short break services.

A two tier process was developed by the HSCP to assess the needs of adult carers: a Tier 1 'carer conversation' with a person who has identified themselves as a carer, explaining their rights under the Act and offering a full assessment in the form of a Tier 2 Adult Carer Support Plan which fully assesses the individual's needs and identifies resources to support them with their caring role.

During 2019/20 the HSCP has reviewed and refined the Tier 1 'carer conversation' along with partners within the local Carers' Development Group and have developed an impact of caring conversation to achieve consistency across partners. This two tier process aims to gain a better understanding of the impact of caring upon the individual's life. This impact may be in terms of health, emotional wellbeing, finances, life balance, living environment, their plans for the future and how valued they feel.

To monitor implementation of the Carers Act, the Scottish Government developed a Carers Census to be completed by all bodies involved in the support of carers. From the information in Tier 1 and Tier 2 assessments, the 2018/19 submissions by the HSCP identified a total of 779 carers: 32% of these carers were male and 68% were female. In the table below all percentages are based on only those who answered the question.

Age of Carer		Duration of caring		Hours per week	
Under 25	3%	Less than 1 year	11%	Up to 4 hours	4%
25 to 44	10%	1 to 5 years	41%	5 to 19 hours	23%
45 to 64	43%	5 to 10 years	21%	20 to 34 hours	13%
65 to 74	22%	10 to 20 years	14%	35 to 49 hours	9%
Over 75	23%	Over 20 years	13%	Over 50 hours	50%

A large proportion of these carers are aged over 65 (45%) and may have their own health problems: less than 3% are young carers. The majority have been providing care to their relative or friend for up to 5 years and almost 60% are providing over 35 hours of caring per week making employment, training, education and even hobbies difficult to fit in. The HSCP works in partnership with Carers of West Dunbartonshire and Y Sort It to give carers the vital support they need to allow them to continue caring for their loved one.

Case Study: Carers of West Dunbartonshire

David, aged 64, retired 5 years ago, earlier than he had planned, to look after his wife who was diagnosed with dementia. Alzheimer's Scotland who provided support to his wife signposted David to Carers of West Dunbartonshire to help support him with his full-time carer role.

Carers of West Dunbartonshire spoke with David to assess his needs and developed with him an Adult Carer Support Plan to attempt to meet those needs. Through developing the plan David identified that his caring role was having a negative effect on: his emotional wellbeing; his physical health in the form of additional stress; his finances; and his life balance.

To address these needs David agreed with Carers of West Dunbartonshire on support in the form of:

- Emotional support by regular contact with a Carer Support Worker.
- Peer support and carer education by accessing monthly carer support groups.
- Replacement Care (Out of the Blue) to help David have a life alongside caring. This allowed him to sustain his hobbies and attend support group outings.
- Assistance with maximising his income.
- A Time for Me short break grant as David planned a weekend away with his wife.
- Social activities which also offered some respite and helped to reduce David's feeling of isolation.

With the onset of the Coronavirus (COVID-19) pandemic in late 2019/20, David accessed more replacement care as he found being in isolation with no support very stressful. This afforded him some time away from his caring responsibilities and helped recharge his batteries.

Unfortunately David's wife's condition deteriorated and she sadly passed away just before the publication of this report however David wanted to share his experience stating that:

"The support and kindness both my wife and I received from the Carers Centre has been exceptional."



96.5% of carers feel able to continue caring when asked as part of their Adult Carer Support Plan

255 Adult Carer Support Plans developed

Priority 4: Assets

HSCP Staff Health and Wellbeing

Our staff are our most valuable asset and the HSCP is committed to providing ongoing support and training to all staff to ensure they are working effectively and are well prepared to deliver services in a complex system.

Both employing organisations, West Dunbartonshire Council and NHS Greater Glasgow and Clyde, have continuous development as well as supervision and management programmes for staff at all levels. Frontline practitioners continue to have the opportunity to access a range of training and learning resources as well as access to professional forums for all disciplines for reflective practice, case review and learning, peer support and professional discussions.

Along with continuous development, the health and wellbeing of our staff is paramount and the HSCP works closely with both employing organisations and our Trade Unions to develop effective and innovative programmes of work to support our staff. This has possibly never been as important as it is moving from the onset of the pandemic late 2019/20 into the 'new normal' of 2020/21.

Through regular staff briefings and West Dunbartonshire Council and NHS Greater Glasgow and Clyde's staff intranet sites, employees are able to access supports, electronic learning modules and signposting information on a wide range of health and wellbeing areas including mental wellbeing, physical activity, nutrition, smoking cessation, financial wellbeing, employee and bereavement counselling.

Further developments in 2019/20 include:

- Recruitment of an HR Adviser Health and Wellbeing at the end of September 2019.
- An HSCP Employee Wellbeing Action Plan established.
- Launch of WDC new Employee Wellbeing Policy and the rollout of the new NHSGGC Attendance Management Policy as part of the Once for Scotland Policies.
- Supports and actions agreed for specific teams to assist in management of attendance and promotion of employee wellbeing.
- Increased HSCP representation on West Dunbartonshire Council's Employee Wellbeing Group which supports the Employee Wellbeing Strategy: each quarter the group focus their efforts on a particular theme such as mental wellbeing or physical wellbeing with promoted events such as 'Time to Talk Day'.



Individual service areas across the HSCP have also developed their own initiatives including:

- A trained member of staff within Learning Disability Services delivering 2 small yoga groups per week in Dumbarton Centre.
- Wellbeing resources provided in staff areas and wellbeing is a standing agenda item in all team meetings and staff one-to-one meetings within Learning Disability Services.
- The Primary Care Mental Health Team have developed a Health and Wellbeing statement as a team, signposting the team to self-help and further preventative measures to help build general health and wellbeing.
- The implementation of 6 hour shifts for older workforce members in Mental Health to support attendance.
- Musculoskeletal Physiotherapy (MSK) Wellbeing Steering Group committed to minimising stress wherever possible and supporting team self care at work to 'thrive, rather than just survive': physical activity, meditation, yoga and peer support were identified through staff surveys as key to reducing work-related stress.

Since March 2020 we have developed a number of resources and communication tools to support our employees working on the frontline and working remotely from home. Among these are Weekly Chief Officer briefs, webinars such as 'Keeping a Positive Mind-set' and 'Resilience and Returning to Work', key COVID messages on our intranet and internet sites, and COVID Occupational Health Support Service which can be accessed by either managers or employees who need advice on health concerns, fitness for work, emotional support or physiotherapy advice.

Housing Developments



As part of our commitment to the principles of the Housing Contribution Statement, the HSCP alongside the housing sector is developing specialist models of housing for people with learning disabilities who are ordinarily resident within West Dunbartonshire, to support them in their aspiration towards independent living. These developments are nearing completion and are within Dunbritton Harbour Development and St Andrews Housing Development.

The housing unit within the St Andrews Development will provide much needed housing to people with very high levels of support needs, for example, autism and significant challenging behaviour, who are currently living outwith West Dunbartonshire as inpatients or within very difficult home environments locally.

The HSCP's Throughcare Service which supports young people leaving care has continued to develop its close working relationship with housing colleagues and further develop the Care Leaver's Housing Protocol. During 2019/20 young care leavers have been accessing quality housing as a priority. A full rent abatement for those in full time education has also been introduced and Throughcare continue to promote council tax exemption for care leavers.

Building Intergenerational Links within our Communities

Within the care home environment the HSCP has encouraged and seen the benefits of intergenerational working within our services. Participation in intergenerational activities and relationships as well as improving motor, communication and creative skills, may decrease social isolation and increase older adults' sense of belonging, self-esteem, and wellbeing, while also improving the social and emotional skills of children and young people.

Young children from local Early Learning Centres have joined care home residents to enjoy singing and take part in art activities. The residents are always happy to chat with the children and engage on a different level than they do with their peers. Children are naturally inquisitive and ask questions which challenge the residents' thought processes. Studies have shown that this intergenerational interaction also aids with speech development, confidence and social skills in young children.

Local Primary Schools have invited care home residents to attend their plays and choir recitals. Attendance at these events helps residents feel part of their local community as well as gaining emotional and psychological benefits from the interaction.



Work experience placements are also offered to 5th and 6th year Secondary School pupils who are considering a career in health or social care sectors. Pupils have also undertaken the Duke of Edinburgh award. This can help residents feel valued and a sense of purpose in supporting a future generation of health and social care workers. Pupils in turn gain practical experience, communication skills and a valuable insight into the health and social care sector.

Our services provide work placements and training for health and social care apprenticeships encouraging a new generation of care staff to enter the sector. The HSCP's care homes also provide practical placements for College and University students.

The future vision for the HSCP's care homes is to further develop and maintain strong community links, with closing the gap between generations at the forefront of our intergenerational plan. A community growing garden, bistro and arts and crafts spaces have been built in to the design of the HSCP's new care home in Clydebank.

Sadly, the Coronavirus (COVID-19) pandemic has had a significant impact on care home residents and staff, both locally and nationally. Lockdown meant West Dunbartonshire residents turning to technology such as Skype, FaceTime and WhatsApp to keep in touch with family and friends and some of the care homes set up their own Facebook accounts. Attend Anywhere has been introduced to allow residents to access their GPs and other health appointments. Outdoor visiting for residents' loved ones has recently begun within garden areas in line with government guidelines.

The outlook going forward is uncertain, but the HSCP will continue to strive to find innovative ways of building on intergenerational links and helping people, young and old, within our communities to enjoy the many benefits.

West Dunbartonshire Champions Board

The Champions Board further developed during the 2019/20 by continuing to engage with care experienced young people, including those within our residential houses; foster care; kinship care; looked after at home; those working with our Throughcare and Aftercare colleagues; and those who are care experienced and now living within their own tenancies.

Activities and events have included Go Karting, meals out, pantomime/theatre outings, Christmas market outings, film nights, nail and makeup tutorials, visit to the safari park, escape rooms outing and paintballing. These activities and events allow for positive relationship building opportunities with our young people, and some activities also allowed for a number of their Corporate Parents to attend.

The Working4U team provided around 15 care experienced young people with the opportunity to have free driving lessons, and our colleagues at West Dunbartonshire Leisure Trust continue to work alongside the Champions Board, allowing just under 300 care experienced young people to be provided with, effectively free, leisure passes for swimming and gym use within the 3 leisure centres across the region.

West Dunbartonshire Council has a statutory duty of care, as Corporate Parents, for our care experienced young people. The involvement and support from the Champions Board allows for the delivery of these duties to be encouraged and promoted. The development of the Champions Board going forward, will allow for Corporate Parents to be supported in engaging with care experienced young people and to be supported in understanding some of their issues and needs.

Case Study: Champions Board Engagement

In West Dunbartonshire, our participation opportunities are by way of several small groups, as well as the opportunity to have one to one engagement. The offer of one to one engagement sessions are really beneficial for those young people who perhaps struggle in group settings, or generally feel that they benefit from meeting up with one of our lead young people for a chat over a coffee.

The small groups that we have include, our Foster Care Group, Young Parents Group, Throughcare Group, Residential Houses Group and our Core Group, which is our main group, focussing on changes they would like to see happen.

The small groups meet on a regular basis and attendance is generally good, although sometimes we see the same faces turning up to our events and activities. We do not believe that we have any gaps in relation to gender, age or placement types. We have a really good mix in all of these areas and have recently started to work much closer with our third sector partners Y Sort It who also work closely with care experienced young people and young carers.

Probably one of our most successful groups is our Foster Care Group, which is made up of a group of around 12/13 young people who are all currently in Foster Care. In June 2019 we had a very successful 4 night trip to Blackpool with 5 of these young people. We stayed in a caravan and travelled daily in to Blackpool, attending almost all of the local attractions. The young people were a pleasure to be with and were a credit to themselves. It was felt that the reason the holiday was such a success was due to the relationships that had been built between Champions Board staff and the young people over recent months.

Supports put in place to encourage and sustain engagement over the last year include the use of our Social Media platforms to remind young people of upcoming activities and events. Our 'closed' Facebook group currently has just under 90 members, who are all care experienced young people. Our lead young people often use this as the main way of communicating with our young people.

Priority 5: Inequalities

Looked After Children

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

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

The number of looked after children saw a sharp increase between 2016 and 2019, from 363 to 505 children. This appears to have levelled off and numbers have remained fairly consistent throughout 2019/20 with 502 children being looked after at March 2020. The proportion of looked after children being looked after in the community has exceeded our target of 90% since September 2017.

In line with our equalities monitoring, we also monitor the proportion of children from Black and Minority Ethnic (BAME) communities who are looked after in the community. Although there is a slight variance against the overall figure, 74% at the end of March 2020 against 91% for all looked after children, the numbers of BAME children are very low therefore small changes in numbers will see percentages fluctuate more significantly. Looked at overall, 3.8% of looked after children are from BAME communities and 3.1% of all children looked after in the community are BAME. This 0.7% difference while slight will continue to be monitored.

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

The proportion of children in West Dunbartonshire who had more than one care placement in the previous year was the 9th lowest in Scotland in 2018/19 at 17.8%: across Scotland 19.7% of children had more than one placement.

Increased local demand including increasing levels of poverty and associated issues for families such as mental health, addiction and domestic abuse led to an increase in children and young people named on the child protection register for a period, however latterly this trend has moved to more children becoming looked after, particularly in kinship care. Work with CELSIS, the Centre for Excellence for Children's Care and Protection, in the form of our Permanence and Care Excellence (PACE) project during 2019/20 was extremely helpful in assisting with the prioritisation of activity to improve work with looked after children, and specifically, improve timescales for children requiring permanence.

Given the demographic and economic profile of West Dunbartonshire, demand on Children and Families services is likely to remain high, it is acknowledged that the lack of local community-based supports mitigating the escalation of issues for some families has been a factor leading to family crisis and the need for greater intervention by statutory services. Six additional support worker posts attached to Intensive Services were funded during 2019/20, providing additional capacity for family support and early intervention work within the community. The development of this aspect of the service will continue in 2020/21 and is one strand of a three to five year plan to redesign local services, by redirecting and refocussing existing skills and resources, targeting social work resources more effectively to those most in need.

Young people leaving care are less likely to go on to education, employment or training compared to young people in the general population. 71% of West Dunbartonshire's young people who left care during 2019/20 went on to employment, training, further or higher education.



The HSCP's Throughcare and Aftercare service work with young people through the process of leaving care and support them with access to accommodation, financial help and entering further, higher education, employment or training. The service is a statutory service not only with and preparing young people for leaving the care of the authority but continuing to offer support, advice and guidance to those care leavers throughout aftercare to the age of 26 if required. During 2019/20, Throughcare supported just over 100 young people.

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

The ethos of the service is that young people should remain in positive placements as long as possible. The introduction of the 2014 Children's Act Scotland focusses on this premise and the introduction of Continuing Care, as well as further acceptance of groups such as Kinship Care as having Looked After status. This has led to changes in our practice and an expansion of who we can provide with support.

The development of Continuing Care Guidance is an ongoing piece of work in West Dunbartonshire with Throughcare bridging across other services we have such as residential care, fostering and adoption and the Over 12s team.

The team prides itself on the long-term relationships it can establish and also talks about 'stick ability': even if a young person should reject support, an open door policy is operated and the young person can receive support at any time they choose in the future.

Criminal Justice Social Work

During 2019/20 Criminal Justice Social Work Services have recorded a substantial increase in workload compared to 2018/19: an overall increase of more than 11%. The greatest increases in demand were for supervision of those released on statutory licences (92%) and diversion from prosecution (114%). This reflects the national policy of early intervention within the Justice System and reducing the risk of re-offending at the earliest opportunity. Future planning for West Dunbartonshire Justice Services incorporates the scoping of demand for additional services to reduce the necessity of service users being remanded into custody and being involved in the Justice System to a greater degree.

Diversion from prosecution is a process by which the Crown Office and Procurator Fiscal Service are able to refer a case to Justice Social Work as a means of addressing the underlying causes of alleged offending when this is deemed the most appropriate course of action. Diversion from prosecution should respond to the needs of the individual with person centred, tailored interventions that match the circumstances and needs of service users. It also affords service users the opportunity not to enter the Criminal Justice System and become further marginalised.

Unpaid Work was a requirement of 83% of all Community Payback Orders imposed by the Courts during 2019/20. Work has continued to identify new unpaid work projects while sustaining existing projects where appropriate. Our unpaid work teams continue to meet the challenge of managing a sustained high level of demand from the Courts with limited resources, while taking regard of the complex risks and vulnerabilities of individuals within the wider service user group. The local service seeks to prioritise projects that offer the most benefit to the local community.

Following publication of the Care Inspectorate report on the inspection of Justice Social Work Services in West Dunbartonshire on 6th August 2019, an Improvement Action Plan was drawn up. A number of action points from the plan are already well developed including completion of a Training Needs Analysis. Training will be delivered to support practitioners around risk assessment and risk management plans with access to an improved range of accredited programmes to reduce re-offending and enable service users to successfully reintegrate into the local community. It is the HSCP's aim to see an increase in volunteering, employability and training opportunities particularly for individuals who have completed their Orders.

The findings from the Care Inspectorate's inspection have enabled the team to reflect on practice and areas for further service improvement and team development. Managers and staff have reviewed how performance and management information can be developed, alongside improved participation in national policy developments including the creation of additional services, Structured Deferred Sentences and Bail Supervision being made available to the Courts and sentencers.

Acknowledging the increasing demands on our service, we have collaborated with partners and identified bigger and improved premises, within which we can deliver a wider range of supports and learning to our service users. Feedback from our service users has identified the ongoing need for supports at the end of statutory supervision. Service improvement has created referral pathways to ensure service users are signposted to appropriate resources on completion of their involvement with Justice Services.

Drug Treatment and Testing (DTTO) continues to be provided by an integrated team across the inter-authority areas of Argyll and Bute, East Dunbartonshire and West Dunbartonshire. Interventions seek to promote recovery, stability and a reduction in offending. The team work closely with colleagues across Justice, Court and Adult services to ensure a whole systems approach.

The rurality of the areas covered by the DTTO Team has enabled us to work closely with partner agencies in the voluntary sector to assist us in the provision of DTTO services in outlying areas. A recent service plan has been developed with third sector colleagues to ensure the most appropriate supports are provided to our service users locally. In addition to this and specific to the DTTO Review Courts, we have regular meetings with the reviewing sentencers for DTTO at our primary courts and are keen to maintain this openness and that this improvement scrutiny is retained going forward.

Justice Social Work Services are shaped by a range of Criminal Justice legislation and the Community Justice (Scotland) Act 2016, which outlines the partnership approach across the sector. An effective partnership approach is key to maintaining the confidence of our communities' key stakeholders and wider partners.

Successful to the implementation of the Justice Improvement Plan are the positive working relationships with a range of key partners involved in the development of services that focus on both reducing offending behaviour and supporting individuals to develop stronger community connections and an enhanced focus on living without offending.

A demonstration project from 'Custody to Community' has been implemented within West Dunbartonshire Justice Services and supports the service user's journey to successfully reintegrate into their local community. The support of Community Justice Scotland and our local coordinator has been influential in the work undertaken to establish collaborative Hubs, with colleagues involved in the support of service users within the justice system.

Our Community Justice Outcome Improvement Plan for 2017-18 has been carried forward to 2018-20 and will be supported by working in partnership with Community Justice Scotland to deliver on improvements around community justice.

Locality Groups

West Dunbartonshire has two localities: Alexandria/Dumbarton and Clydebank.

The HSCP's locality group arrangements provide a platform for engaging a wide range of stakeholders and the opportunity to respond to locality-level feedback. Meetings are kept to a minimum and are structured to make the best use of everyone's time and commitment.

The purpose of locality planning is:

- to jointly assess need, as well as prioritise and plan how all resources, irrespective of their origin, can best be deployed in pursuit of the delivery of national and local outcomes.
- to be the local focus for service delivery and support for organisations from across sectors to the population or communities within the area.

Our Locality Groups are pivotal in working with the HSCP to deliver services for our patients. There is collaborative working with Primary Care, Health and Social Care and our Acute and Third Sector colleagues. The groups have focussed on a number of areas throughout 2019/20 including; frailty, addictions, mental health and children and adolescent mental health services.

The Alexandria/Dumbarton locality group has been working with Community Respiratory Services and Secondary Care during 2019/20, auditing the uptake of smoking cessation services, pulmonary rehabilitation services and the prescribing of steroids and antibiotics.

Details of Significant Events and lessons learned are also shared with the locality groups. A Significant Event (also known as an untoward or critical incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented.



Work Connect

Work Connect provides training, support and employment opportunities for people with learning disabilities, addiction or mental ill health as well as providing innovative community facilities and services.

During 2019/20 improved facilities at Levensgrove Park have increased capacity for Work Connect, with a maximum of 45 clients able to be supported each week. The new facilities opened to clients in May 2019, and to date have supported 40 clients and 6 volunteers. The new Pavillion Cafe, which opened in February 2019, has provided training in catering and hospitality skills for 12 additional Work Connect clients as well as generating an income and employing 7 staff.

As the project progressed a range of activities were developed for clients to take part in, such as refurbishment of memorial benches, seasonal activities i.e. summer plant sales and creation of Christmas wreaths. Work Connect also deliver accredited SQA qualifications in Horticulture and coordinate media activity to promote the park to the community. This range of activities helps enhance interpersonal skills, build confidence and promote personal growth.

The facilities at Levensgrove Park have proved to be a valuable community asset. WDC Wellbeing and Mindfulness classes were delivered from the premises with an average of 10 employees per session during 2019/20 and a range of third sector organisations are also using the improved horticultural and meeting facilities.

The Big Chat in October 2019 in partnership with The Scottish Recovery Network was hosted by Work Connect within the Levensgrove facilities. The event was designed by and for people who have experienced poor mental health and those who support their recovery, and was a chance to share experiences in the form of a Conversation Café. The event was a huge success with over 100 participants.

Tea in the Park in Dalmuir is also managed by Work Connect and is utilised by Learning Disability and Addictions Services providing a range of activities such as a Recovery Café, a cooking skills group, a craft group and also provides the opportunity for social interaction. Work Connect provides a basic cooking course for rehabilitating inpatients from Gartnavel, as well as delivering facilities training from this building.

Joint working continues between Work Connect, Specialist Supported Employment Service and Working4U to deliver the Working Matters Progress/City Deal Programme to support people who have experienced and expressed mental health problems as a barrier into employment.

Work Connect managed and prioritised a caseload of 45 people who are or have experienced mental health problems. The service in West Dunbartonshire was developed on a partnership basis where Work Connect provided case managed support and a specialist supported employment service engaged with members of the community to provide:

- Specialised person-centred needs analysis
- Low level psychological interventions with a health professional
- Provision of healthy activities to promote healthy living
- Reinstating executive cognitive functioning
- Delivery of behavioural activation activity
- Support from other services within Work Connect, designed to provide specialist support to participants in their journey to better health

Best Value and Financial Performance



The HSCP Board is required to make arrangements for the proper administration of its financial affairs and to ensure that the proper officer of the board has responsibility for the administration of those affairs (s95 of the Local Government (Scotland) Act 1973). In this partnership, that officer is the Chief Financial Officer (CFO). The CFO and the finance team provide advice, guidance and manage the totality of the financial resource across the partnership, promoting financial sustainability as well as working closely with a wide range of stakeholders including the Council, Health Board, neighbouring Health and Social Care Partnerships and the Scottish Government.

The financial reporting responsibilities of the CFO include preparing financial statements and performance reports. Financial performance is an integral element of the HSCP Board's overall performance management framework, with regular reporting and scrutiny of financial performance at meetings of both the HSCP Board and its Audit and Performance Committee.

The HSCP Board, like most public sector organisations has found the current financial climate of public sector austerity challenging. In early February when initial year end preparations began for the closure of the 2019/20 financial year the impact of a new virus named Coronavirus Disease or COVID-19 on the population of Scotland and the rest of the world was only beginning to reveal itself.

Within weeks the world was in the grip of a global pandemic and life changed for everyone as governments reacted and mobilised services to fight this public health crisis. For many it may have felt like the world paused or slowed down but for all involved both in the delivery and receipt of health and social care services the pace and scale of activity undertaken to keep safe, treat and support has been extraordinary.

While more than 11 months of the facts and figures referred to in this annual performance report are not impacted by the HSCP's response to the Coronavirus (COVID-19) pandemic, it must be acknowledged that at the time of writing, this 'Business as Usual' position for health and care services, delivered to the citizens of West Dunbartonshire, will not reflect current service delivery models set out in both local and national mobilisation plans.

Going forward over the next year and beyond, the HSCP Board together with its partners and stakeholders will move through this crisis into recovery and renewal phases with the overarching strategic intent of delivering better services with the residents of West Dunbartonshire, improving health and reducing inequalities.

The HSCP Board approved the 2019/20 revenue budget on 28th March 2019. This clearly set out the funding offers from our partners West Dunbartonshire Council (WDC) and NHS Greater Glasgow and Clyde (NHSGGC) as well as specific funding streams from the Scottish Government for Primary Care Improvement, Mental Health Strategy (Action 15), Alcohol and Drug Partnership, Free Personal Care (under 65), Carers Act, Scottish Living Wage and Investment in Integration.

Budget Setting 2019/20 Scottish Government Funding Streams

Policy Funding	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000
				Indicative
Primary Care Improvement Fund	837	1,037	2,100	2,900
Mental Health Strategy Action15	201	311	439	585
GP Out of Hours	91	91	91	91
Alcohol and Drug Partnership		311	311	311
Social Care Funding *	1,180	2,578	1,200	0
	2,309	4,328	4,141	3,887

* Including delivery of Free Personal Care (Under 65s), the Carers Act and the Scottish Living Wage

While there were budget gaps identified the HSCP Board accepted recommendations to balance the budget by the application of new funding streams, the release of funds from previously agreed savings programmes and additional resource transfer funds. Unlike 2018/19 there was no public consultation as there was no additional savings programmes impacting on service delivery. All financial performance reports are available on the HSCP website: <http://www.wdhscp.org.uk/>

Budget Performance 2019/20



The 2019/20 budget available for delivering directly managed services was £162.905m and is detailed in the table overleaf along with comparative data from the inception of the West Dunbartonshire HSCP Board on 1st July 2015.

Although some services including children's community and residential placements were under significant financial pressure, this was offset in-year with the successful implementation of a financial recovery plan agreed by the October HSCP Board. Overall the partnership reported within their 2019/20 Unaudited Annual Accounts an overall surplus of £0.883m, again detailed in the table overleaf.

West Dunbartonshire Health and Social Care Partnership

2015/16 * Net Expenditure £000	2016/17 Net Expenditure £000	2017/18 Net Expenditure £000	2018/19 Net Expenditure £000	West Dunbartonshire Integrated Joint Board Consolidated Health & Social Care	2019/20 Annual Budget £000	2019/20 Net Expenditure £000	2019/20 Underspend/ (Overspend) £000
28,244	39,046	44,110	45,008	Older People, Health and Community Care	47,174	45,526	1,648
1,808	2,509	2,782	3,007	Physical Disability	3,085	2,884	201
13,481	19,113	20,901	22,511	Children and Families	22,132	24,899	(2,767)
7,360	9,580	9,034	8,949	Mental Health Services	10,270	9,431	839
2,353	2,859	2,921	2,568	Addictions	2,846	2,885	(39)
10,941	15,163	15,740	16,655	Learning Disabilities	17,460	17,158	302
1,485	1,878	1,597	1,351	Strategy, Planning and Health Improvement	1,850	1,301	549
15,591	23,418	23,962	25,738	Family Health Services (FHS)	27,427	27,427	0
14,010	19,294	19,887	19,383	GP Prescribing	19,305	19,432	(127)
4,556	6,064	5,777	6,254	Hosted Services - MSK Physio	6,492	6,370	122
572	745	741	755	Hosted Services - Retinal Screening	800	824	(24)
0	16	0	0	Criminal Justice - Grant funding of £2.1m	0	0	0
1,568	772	993	1,892	HSCP Corporate and Other Services	3,783	3,604	179
244	0	283	270	IJB Operational Costs	281	281	0
102,213	140,457	148,728	154,341	Cost of Services Directly Managed by West Dunbartonshire HSCP	162,905	162,022	883
13,040	17,066	17,066	29,522	Set aside for delegated services provided in large hospitals	28,389	28,389	0
0	702	927	577	Assisted garden maintenance and Aids and Adaptions	661	661	0
0	11,775	11,997	11,289	Services hosted by other IJBs within Greater Glasgow and Clyde	11,021	11,021	0
0	(6,263)	(6,337)	(6,128)	Services hosted by West Dunbartonshire IJB for other IJBs	(6,655)	(6,655)	0
115,253	163,737	172,381	189,601	Total Cost of Services to West Dunbartonshire HSCP	196,321	195,438	883

* West Dunbartonshire HSCP Board was established on 1st July 2015 and integrated delivery of health and social care services commenced on this date. Consequently the figures for 2015/16 are for the 9 months to 31 March 2016.

West Dunbartonshire Health and Social Care Partnership

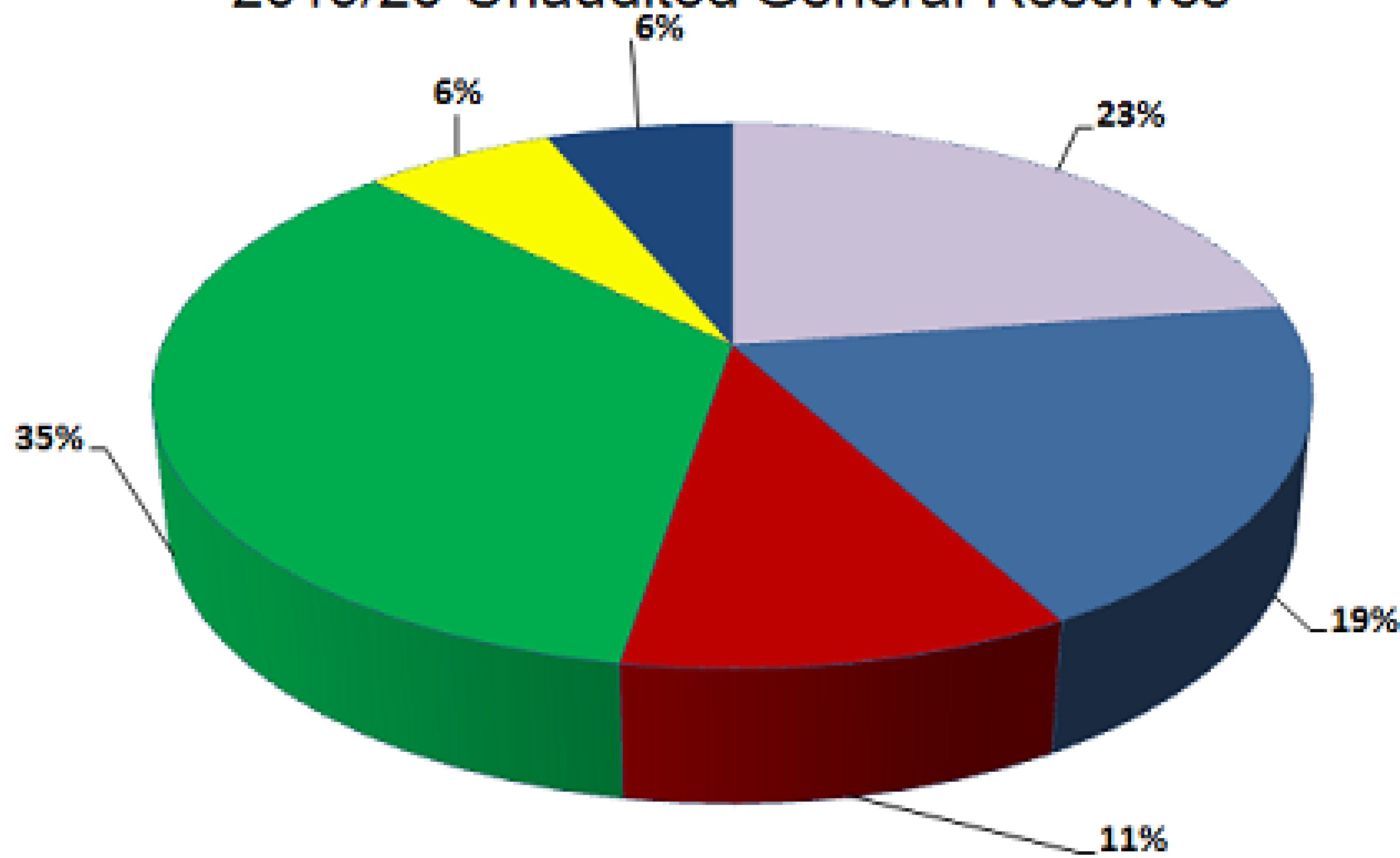
This surplus in funding is retained by the HSCP Board in reserve and is carried forward for use by the HSCP Board in later years. The reserves are classified as either:

- Earmarked Reserves – separately identified for a specific project or ring fenced funding stream e.g. Primary Care Improvement Fund, Mental Health Action 15 and Alcohol and Drug Partnership (as detailed in table above), Covid Recovery and Service Redesign and Transformation. Further explanation is provided under 'Key Messages'.
- Unearmarked or general reserves – this is held as a contingency fund to assist with any unforeseen events or to smooth out the financial position of current year finances if approved savings programmes do not deliver as anticipated. The HSCP Board have an approved Reserves Policy (available on the website) which strives to hold 2% of total budget or approximately £2.8m in general reserve.

Some of the key messages for the financial year 2019/20 are:

- The 7th August meeting of HSCP Board were presented with a projected overspend of £0.954m (0.60%) based on the first quarter's performance (see 2019/20 Budget Performance). Without the development of a recovery plan this overspend would have to be covered from unearmarked reserves which only had a balance of £2.457m.
- A recovery plan was approved by the Board which included a review of care at home activity, continued scrutiny of implementation of attendance management policy, increased focus on recruitment of local foster carers, capitalisation of staff costs in relation to various ICT projects and the application of continuing care funding from Health to Social Care to support the costs of supporting older people in their homes.

2019/20 Unaudited General Reserves



<ul style="list-style-type: none"> ■ Scottish Government Funding - £1.824m ■ GP Prescribing - £0.855m ■ Covid Recovery - £0.515m 	<ul style="list-style-type: none"> ■ Service Redesign & Support - £1.560m ■ General Reserve - £2.809m ■ Unscheduled Care - £0.500m
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The main areas of under and overspends reported in 2019/20 are:

- Strategy, Planning and Health Improvement report an underspend of £0.549m due to a recharge of staff costs to capital and a delay in recruitment of vacant posts, timing of service redesign for Smoking Cessation and delivery of core priorities within existing team, releasing discretionary/non recurring funding to bottom line.
- Children and Families report a collective overspend of £2.767m mainly due to:
 - Overspend of £1.767m within residential care due to the increasing pressure of high cost packages including £0.490m related to children placed within residential schools due to emotional, behavioural or physical disabilities. This is an extremely volatile budget and secure placements can cost in excess of £0.2m per child.
 - Overspend of £0.857m within community placements due to the number of kinship and external foster placements since the start of the financial year.

In recognition of the pressure being reported in these areas in late 2018/19, additional investment of £1.042m (6.3%) was added to the 2019/20 budget. While the overall number of community and residential placements at 31st March 2020 increased by 5.5% compared to numbers at 31st March 2019, the increase in cost can be attributed to the timing of placement in year and the disproportionate increase in the number of high cost placements within residential care. The Head of Children and Families is committed to reviewing the reasons, processes and outcomes of these placements and they are also a main focus of the projects being supported by our Service improvement Leads.

- Internal and External Residential Accommodation for Older People report an underspend of £1.287m due to reducing demand for care home/nursing beds arising from shorter stays, supporting people at home for longer and the impact of the moratorium on admissions in a local nursing home.
- Adult Community Health Services report an underspend of £0.457m mainly due to part year impact of service redesign, including introduction of Focussed Intervention Team (phased rollout from October) and cessation of purchased step up/step down Care Home beds.
- Mental Health – Adult Community and Elderly Services report an underspend of £0.579m, mainly due to additional income due from NHS Highland under the terms of the Service Level Agreement for access to in-patient beds. This is based on a 3 year rolling average.
- All other adult services including Learning and Physical Disability and Mental Health and Addiction services collectively underspent by £0.628m, mainly due to an ongoing review of client packages and a number of vacant posts remaining unfilled as the impact of Action 15 recruitment across Scotland and NHSGCC is rolled out.
- Other services including spend on hosted services, primary care improvements and resources for social care funding from Scottish Government contributed £0.277m to the outturn position. This was due to a number of short term benefits from delays in recruitment of Service Improvement Leads and Scottish Government funding for investment in integration allocated to partially offset various overspends reported elsewhere. This was tracked throughout the financial year and adjusted for as part of the 2020/21 budget setting exercise.
- Within GP Prescribing the volatility of drug costs has been highlighted as the main risk factor on the overall financial performance of this £19.3m budget. The outturn position is an overspend of £0.127m including costs of £0.345m related to a 25% spike in GP prescribing activity in March as additional medications were issued in preparations for the anticipated COVID-19 lockdown.
- The movement in earmarked reserves is an overall increase of £0.531m, bringing the closing balance to £5.254m. There were a number of significant drawdowns and additions amounting to £2.185m and £2.716m respectively.
- The movement in unearmarked general reserves is an overall increase of £0.352m, bringing the closing balance to £2.809m and satisfies the 2% target as set out in the Reserves Policy.

Financial Outlook and Best Value

Financial risk has been identified as one of the HSCP Board's main strategic risks. The requirement to both remain within budget in any given financial year and identify savings and efficiencies in the medium to long term places significant risk on the HSCP Board's ability to set a balanced budget and continue to deliver high quality services. Although underpinned by legislation this risk may impact on the ability of the HSCP Board to ensure that the Best Value principles of economy, efficiency and effectiveness continue to be a top priority of the Board and the Senior Management Team.

The HSCP Board approved its Risk Management Strategy and Policy at its August 2015 meeting. The Strategic Risk Register is reviewed by the Audit and Performance Committee before consideration by the HSCP Board with the latest review being February 2020.

The key risks are summarised below and the full Risk Register Report details scoring and mitigating actions:

- Financial Sustainability/Constraints/Resource Allocation
- Procurement and Commissioning
- Performance Management
- Information and Communication
- Public Protection
- Outcomes of external scrutiny; inspection recommendations
- Delayed Discharge and Unscheduled Care
- Workforce Sustainability
- Waiting Times
- Brexit

There will be a full review of the Strategic Risk Register to account for the impact of the Coronavirus (COVID-19) pandemic. The HSCP Senior Management Team developed an extensive COVID-19 Risk Register of 65 key risks for consideration and to inform the Local Mobilisation Plan. These ranged from the impact of staff absence across individual service areas, increase in demand and waiting times, financial sustainability and delays in statutory deadlines. Mitigating actions included, daily assessment of HSCP staff resource requirements and the assessment of a minimum staffing level to provide critical services, sufficient Personal Protective Equipment (PPE), emergency day centre provision for vulnerable clients, introduction of telephone services and additional financial monitoring processes put in place and detailed financial tracking of additional costs to the Scottish Government.

Best Value will also be demonstrated by the publication of the HSCP's Commissioning Plan due late 2020 which in turn is driven by the Strategic Plan 2019-2022. Through the analysis of the needs of the population and the services currently provided by a combination of in-house services, private sector organisations and the voluntary sector, the plan will provide the market with what services should look like in the future and the estimated financial resource available. This plan will also be supported by robust procurement frameworks, a cornerstone in demonstrating Best Value.

Throughout 2019/20 there has already been significant analysis undertaken by the HSCP, WDC procurement colleagues and internal audit, mapping actual expenditure against service delivery. This has been progressed in tandem with the roll-out of procurement training across the HSCP as well as distinct, targeted sessions with the senior management team and the extended management team.

The audit highlighted that while HSCP service teams are dedicated to meeting service users' needs and ensuring that appropriate care is provided in a timely fashion, there are opportunities to strengthen internal controls and demonstrate Best Value is being delivered. Ensuring service specifications reflect the best outcomes for all service users and that contract arrangements adapt to the needs of the user will demonstrate transparency and fair cost to the partnership.

Good Governance

The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. It also has a statutory duty to make arrangements to secure Best Value under the Local Government in Scotland Act 2003. To secure Best Value, the Strategic Plan 2019-22 commits to continuous quality improvement in performance across all areas of activity.

To meet this responsibility the HSCP Board continues to have in place robust arrangements for the governance of its affairs and the effectiveness of its functions, including the identification, prioritisation and the management of risk. It has an established Audit and Performance Committee to support the board in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge and promoting a culture of continuous improvement in performance.

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

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

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

The HSCP Board adopted 'The Code of Practice for Local Authority Accounting' recommendation that the local code is reviewed each year in order that it can inform the Governance Statement. For the June 2020 review the 25th June HSCP Board agreed that there were no areas assessed to be non-compliant and more than three quarters were considered fully compliant.

Other reviews to support continuous improvements and the control environment include the work undertaken by WDC and NHSGGC internal audit teams. Any specific control issues emerging from these audits are considered through each organisation's own Audit Committee and recommendations on improvements agreed. However any audits impacting on HSCP services are also considered by the HSCP Audit and Performance Committee for information and impact on delivering on strategic priorities.

In 2019/20 three social care audits were undertaken by WDC internal audit team:

- CM2000 Functionality Review – CM2000 is used by Care at Home services for the electronic scheduling and optimisation of visits. The audit found that the systems examined were generally working effectively. It also identified five actions to strengthen controls and support best value including increasing staff clocking in and out compliance and using this data to authorise overtime claims. These actions will be delivered in the coming financial year.
- Social Care Attendance Management Review – The review identified seven specific actions and highlighted that opportunities exist to strengthen the application of attendance management policies which could improve attendance levels and therefore enhance the services provided, the most important of which being the improved application of trigger responses and the recording of the subsequent actions.
- Social Care Case Management Review – The review identified eighteen specific actions across Children's Services and Community Health and Care Services. It highlighted that opportunities exist to strengthen internal controls and enhance the service provided, including the impact of complex cases on caseload allocation to individual Social Workers, a review of Supervision procedures and an update of Standards and Guidance for Care Recording procedures documents.

There were no health care based audits carried out by NHSGGC that directly impacted on HSCP service priorities.

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

Within the council each member of the Corporate Management Team, including HSCP Heads of Service, completes a checklist to assess compliance levels against each aspect of the council's local code. These are considered by the Chief Internal Auditor and inform each Strategic Director's Certificate of Assurance as well as the Council's Governance Statement.

Update on Previous Governance Issues

The 2018/19 Annual Governance Statement set out a number of Improvement Actions based on the annual review of the Local Code and Areas for Improvement by each Head of Service. Some of the key improvements noted in 2019/20 are detailed below:

- As required by the Integration Scheme the production and implementation of a successful financial recovery plan to reduce the 2019/20 projected overspend.
- Improved quality and content of regular financial update reports submitted to HSCP Board Members.
- Significant progress has been made to strengthen the budget setting arrangements with WDC and NHSGGC and to align budget process where possible.
- The development of a Medium Term Financial Plan - presented and approved by the 25th March 2020 HSCP Board. Impact of Covid-19 pandemic and recovery plans will impact on scenario planning.
- Evaluating the effectiveness of the Audit Committee.
- Significant progress has been made with regard to increasing the percentage of spend with third party social care providers being compliant with Financial Regulations (incorporating procurement regulations) and having robust service specifications and contract monitoring arrangements in place.
- Progress continues around the formalisation of 'Set Aside' budgets with agreement across the Scottish Government, the Health Board and the six HSCPs on robust data sets to allow for calculation and comparison of actual activity and associated costs.
- Work is ongoing to improve case recording and assessment for Children and Families who receive statutory social work services, albeit the Coronavirus (COVID-19) pandemic has impacted the timelines associated with this work.

Impact of COVID-19 Response on Governance Arrangements

From mid-March 2020 as the effects of the Covid-19 pandemic began to impact on daily life in Scotland, the response of those charged with the delivery of public services especially health and social care services had to be rapid. To adapt services to meet the challenge of the pandemic there had to be appropriate and transparent amendments to current governance frameworks.

An urgent item, Temporary Decision Making Arrangements, was considered by the 25th March 2020 HSCP Board which recommended:

- Approve the suspension of normal governance arrangements during the Coronavirus (COVID-19) pandemic and accept the alternative Board meeting arrangement outlined at section 4 of this report.
- Approve delegation of authority to the Chief Officer, in consultation with the Chair and Vice Chair of the HSCP Board and the Chief Financial Officer, be enacted 'if required', to meet immediate operational demand on decisions normally requiring Board approval.

This has been managed through weekly telephone conferences and a decisions log/approval tracker which captures the timeline and any action sheets or final reports are published on the HSCP website. There have also been weekly Chief Officer Briefings issued to all board members which update on key service impacts of COVID-19 and the interpretation of national guidance on local services.

All members of the HSCP Senior Management Team and key stakeholders are participants in a variety of HSCP specific COVID-19/Business Continuity response groups as well as WDC, NHSGGC and Scottish Government Strategic Resilience and Tactical Groups. In mid-March the Clinical and Care Governance Group stepped down and a Local Management Response Team (LMRT) was established to respond to the COVID-19 pandemic. Membership included the HSCP SMT, our newly appointed Clinical Directors, staff side union and third sector representatives. The initial meeting took place on 17th March and at least weekly thereafter. This remains in place, however the Clinical and Care Governance Group has re-established its 6 weekly meeting cycle effective from 1st June 2020.

A comprehensive COVID-19 Impact Risk Register was developed covering all aspects of service delivery ranging from risk to service delivery from staff absence, system failure, insufficient PPE, complaints, Freedom of Information requests, carer illness and increased demand for emergency support for various vulnerable individuals and families.

By the 3rd of April the Scottish Government required each HSCP to submit a Local Mobilisation Plan (LMP) and associated Financial Cost Tracker, which set out the high level service response across all delegated health and social care services. These were approved in principle by the Cabinet Secretary for Health and Sport on 9th April with ongoing follow-up to understand the impact on service delivery and associated costs.

The LMP set out how existing services could be impacted and their response as well as considering new service areas that required to be established to support health and care services in this public health emergency. This included the opening of two COVID-19 Hubs on 2nd April to distribute the necessary Personal Protective Equipment and two Community Assessment Centres (Clydebank and Renton) to support the clinical assessment and testing of people referred with potential COVID-19 symptoms.

Recovery and Renewal

While some service areas are still in response mode the HSCP senior management in partnership with key stakeholders are shifting focus to the 'Recovery and Renewal' phases.

The Clinical and Care Governance Group has re-established its 6 weekly meeting cycles and at its 1st June meeting began its review of the governance arrangements for services developed and responses to key policy directives introduced as a consequence of COVID-19 to provide assurance around compliance with these requirements. This included:

- HSCP COVID Community Assessment Centres.
- Provision of enhanced care assurance visits to local authority and independent care homes.
- Testing in care homes, incorporating all current guidance.
- Legislative powers introduced as result of Coronavirus Act and with respect to any impact on service quality.

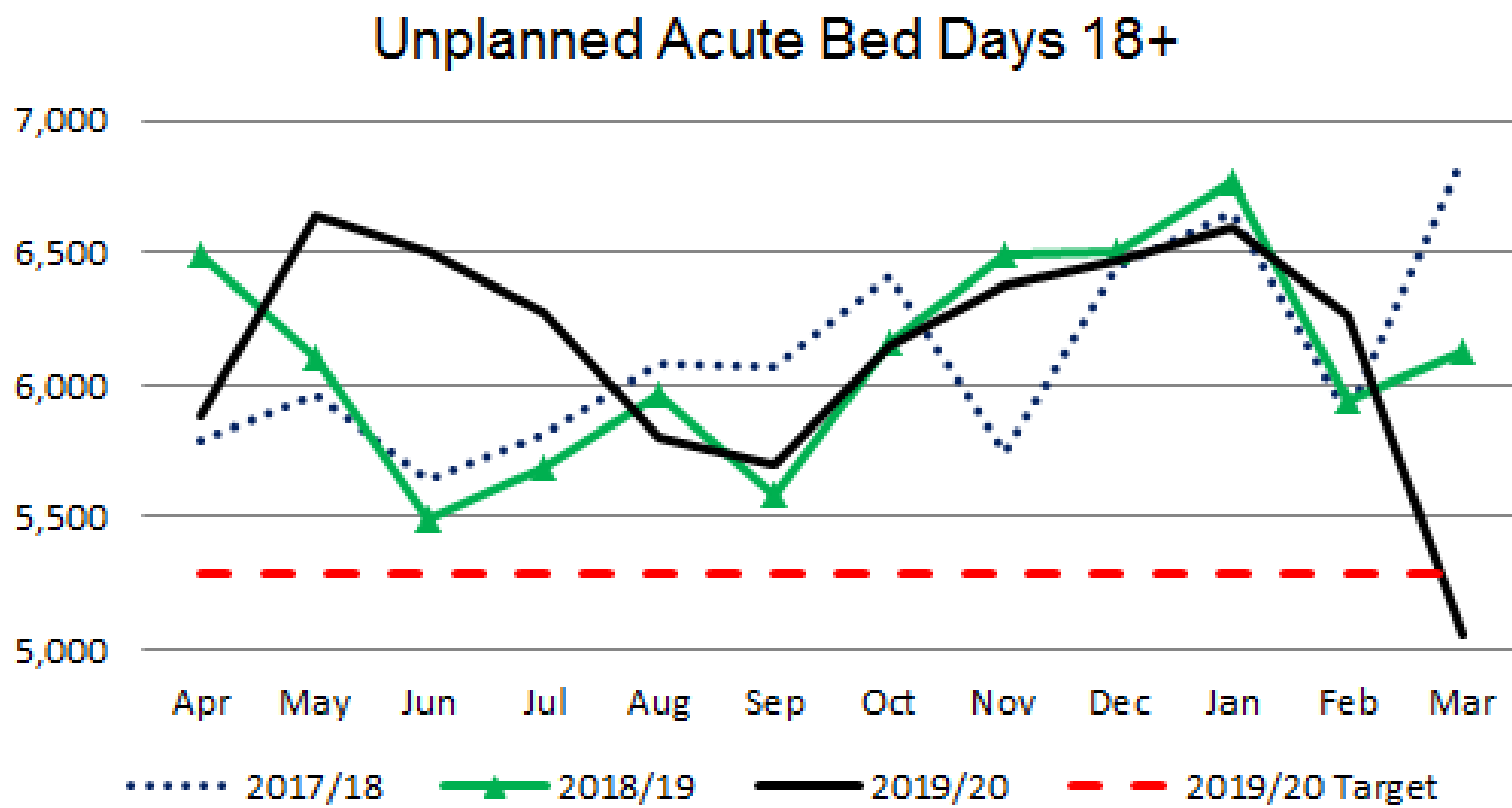
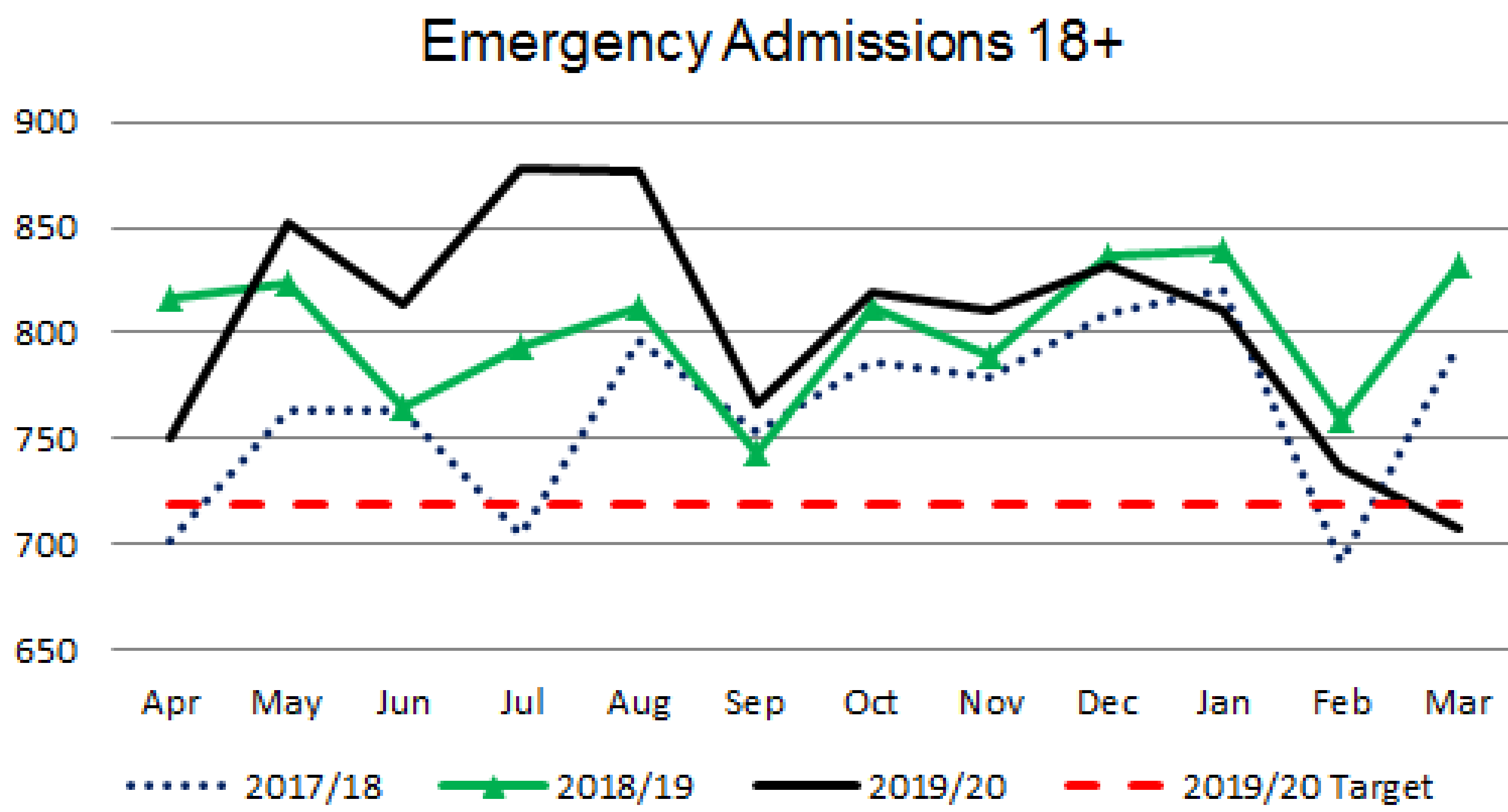
Reflective Learning will be a key element of recovery as well as building on the enhanced partnership working and collaboration required to creatively adapt services to meet service user needs in line with strategic priorities. The 'new normal' will have an impact on service demand and the financial consequences of this will have to be clearly laid out within the current performance reporting and governance framework.

Appendix 1: Core Integration Indicators

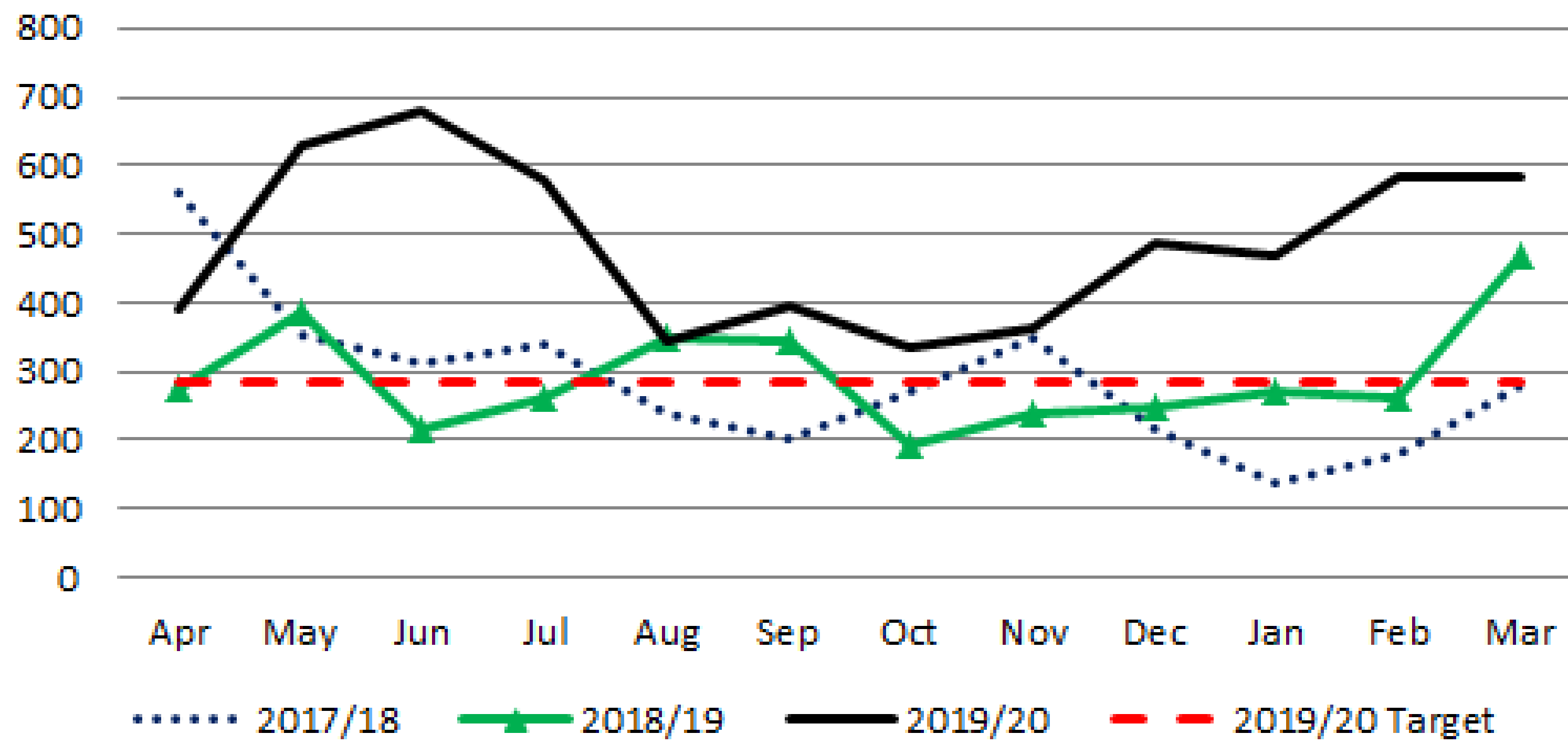
Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
NI-1	Percentage of adults able to look after their health very well or quite well	2017/18	91.2%	93.0%	29	
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible*	2017/18	81.08%	81.0%	18	
NI-3	% of adults supported at home who agree that they had a say in how their help, care or support was provided*	2017/18	79.66%	76.0%	7	
NI-4	Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated	2017/18	79.3%	74.0%	6	
NI-5	Percentage of adults receiving any care or support who rate it as excellent or good	2017/18	80.6%	80.0%	17	
NI-6	Percentage of people with positive experience of the care provided by their GP practice	2017/18	84.8%	83.0%	12	
NI-7	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life*	2017/18	79.34%	80.0%	17	
NI-8	% of carers who feel supported to continue in their caring role*	2017/18	40.42%	37.0%	8	
NI-9	Percentage of adults supported at home who agree that they felt safe	2017/18	88.5%	83.0%	2	
NI-11	Premature mortality rate per 100,000 persons	2019	508	426	27	
NI-12	Rate of emergency admissions per 100,000 population for adults	2019	14,357	12,602	24	
NI-13	Rate of emergency bed days per 100,000 population for adults	2019	128,649	117,478	23	
NI-14	Rate of readmission to hospital within 28 days per 1,000 discharges*	2019	92	104	7	
NI-15	Proportion of last 6 months of life spent at home or in a community setting	2019	89.1%	88.6%	13	
NI-16	Falls rate per 1,000 population aged 65+	2019	23.0	22.7	21	
NI-17	% Proportion of care services graded "good" or better in Care Inspectorate inspections*	2019/20	92.8%	81.8%	1	
NI-18	Percentage of adults (18+) with intensive care needs receiving care at home	2018	68.3%	62.1%	7	
NI-19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population*	2019/20	549	793	13	
NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2019	21.8%	23.2%	13	

* Also a Local Government Benchmarking Framework Indicator.
 Note NI-10, NI-21, NI-22 and NI-23 are not currently being reported nationally.

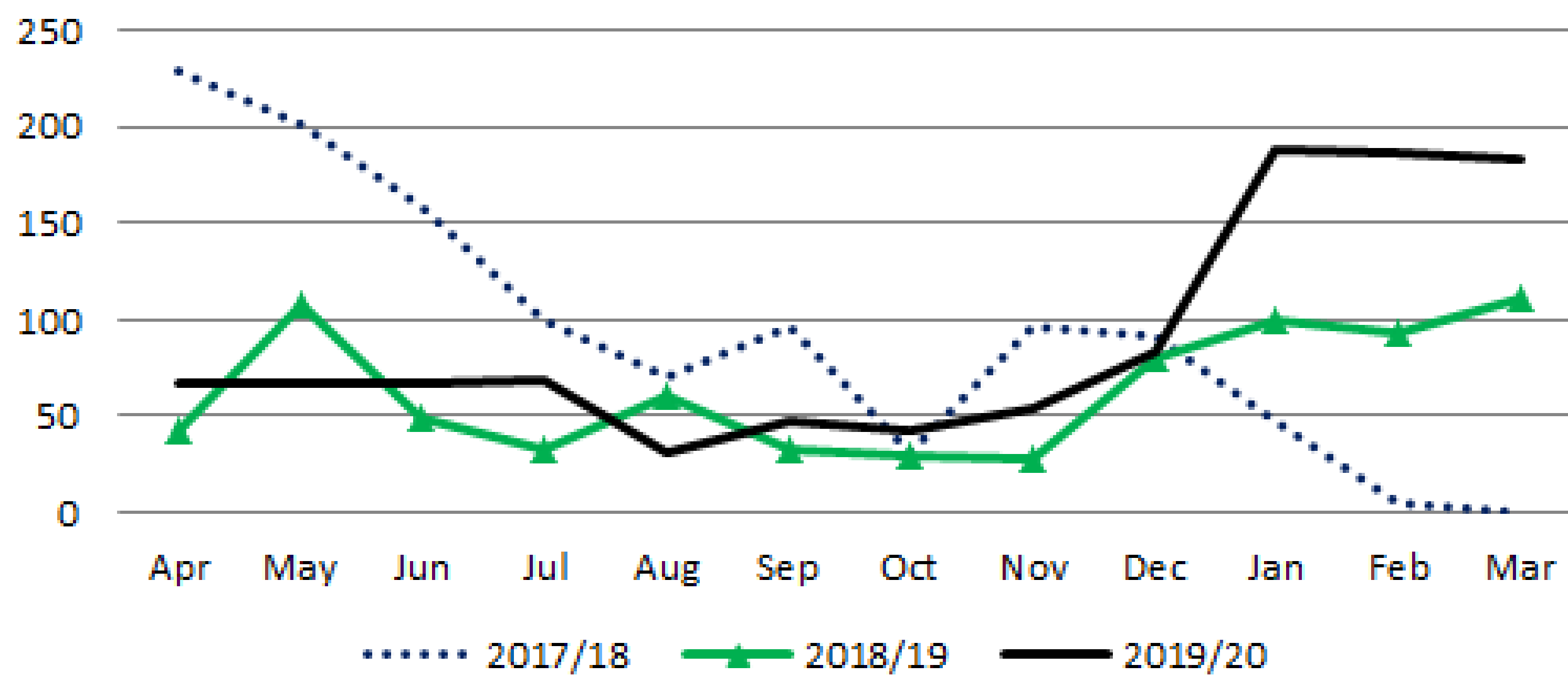
Appendix 2: Ministerial Steering Group Performance



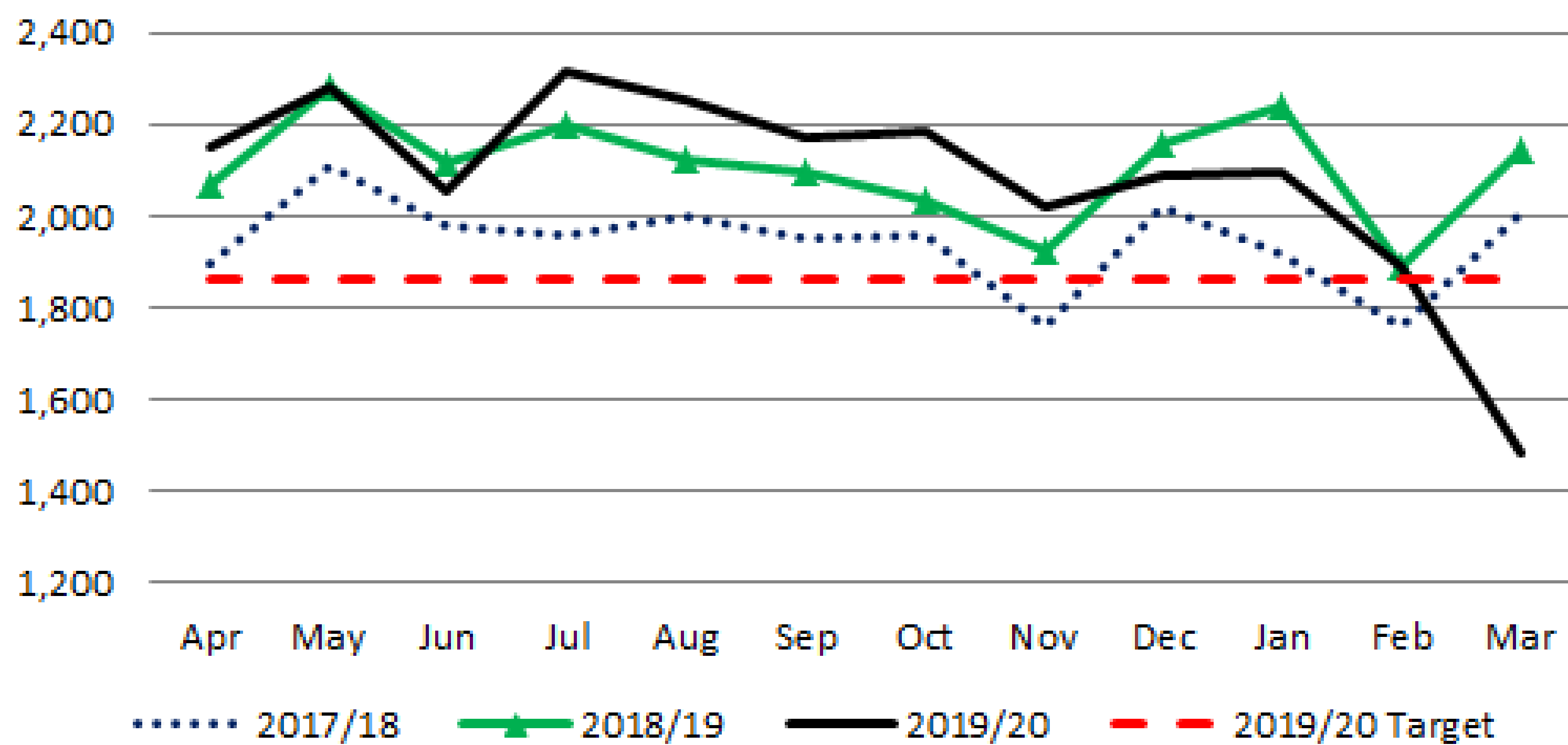
Delayed Discharge Bed Days 18+ All Reasons



Delayed Discharge Bed Days 18+ Adults with Incapacity (complex codes)






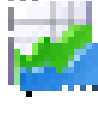
A&E Attendances 18+








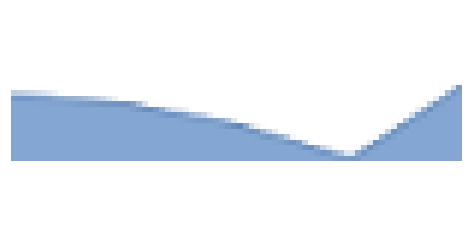

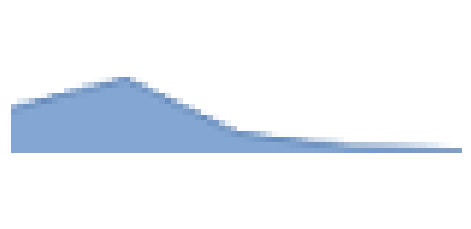

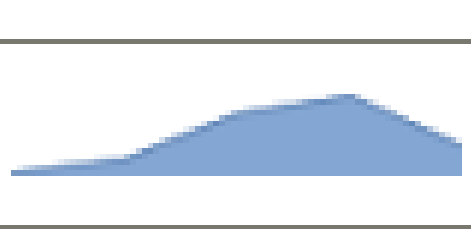

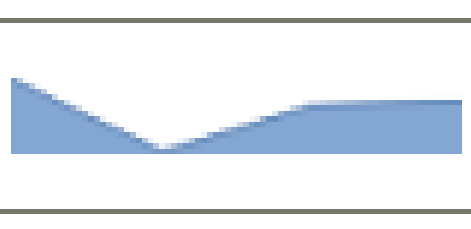
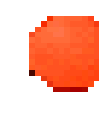
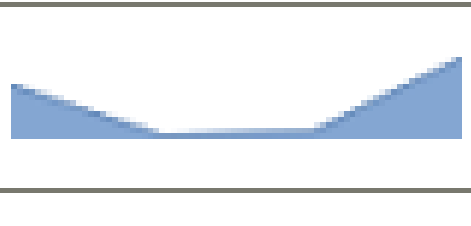

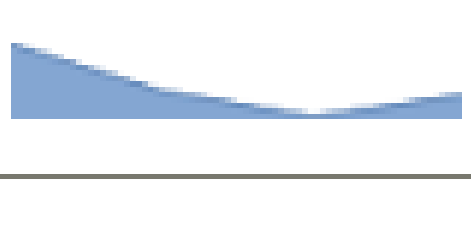

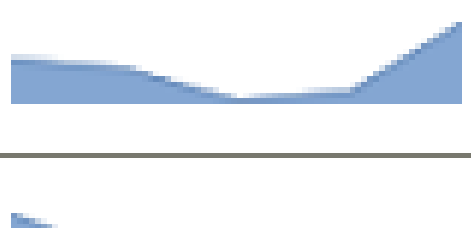

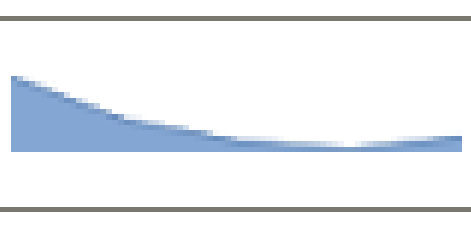











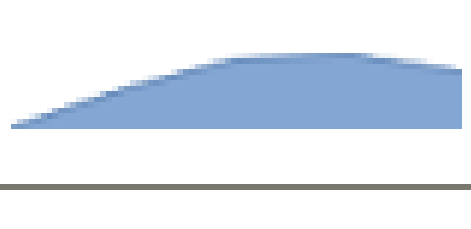

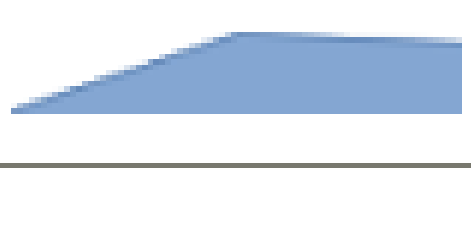

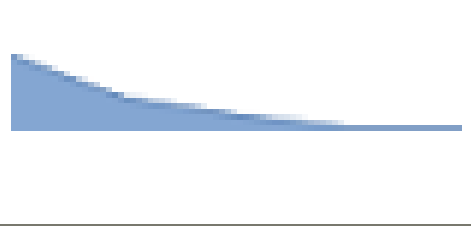

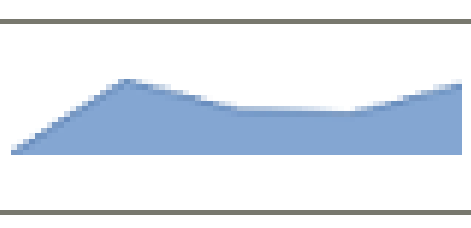






Appendix 3: Local Government Benchmarking Framework

Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
The gross cost of "children looked after" in residential based services per child per week £	2018/19	£2,246.79	£3,929.85	1	
The gross cost of "children looked after" in a community setting per child per week £	2018/19	£223.87	£348.88	4	
Balance of Care for looked after children: % of children being looked after in the Community	2018/19	90.5%	89.9%	12	
Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review - Early Years Collaborative Stretch Aim	2017/18	0.35%*	57.11%	32	
% Child Protection Re-Registrations within 18 months	2018/19	1.41%	7.22%	3	
% Looked After Children with more than one placement within the last year	2018/19	17.82%	19.65%	9	
Home care costs for people aged 65 or over per hour £	2018/19	£22.79	£24.59	13	
Self directed support spend for people aged over 18 as a % of total social work spend on adults	2018/19	2.45%	7.32%	31	
% of people aged 65 and over with long-term care needs who receiving personal care at home	2018/19	67.89%	61.02%	7	
Net Residential Costs Per Capita per Week for Older Adults (65+)	2018/19	£505.00	£387.00	26	

Appendix 4: Strategic Plan Key Performance Indicators

-  Target achieved
-  Target narrowly missed
-  Target missed by 15% or more
-  Data only – no target set

Early Intervention					
Performance Indicator	2018/19	2019/20		Status	5 Year Trend
	Value	Value	Target		
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	94.9%	92.3%	95%		
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.5%	97.6%	95%		
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%		
Percentage of child protection investigations to case conference within 21 days	75%	84.5%	95%		
Number of referrals to the Scottish Children's Reporter on care and welfare grounds	260	259	N/A		
Number of referrals to the Scottish Children's Reporter on offence grounds	334	171	N/A		
Number of delayed discharges over 3 days (72 hours) non-complex cases	10	11	0		
Number of bed days lost to delayed discharge 18+ All reasons	3,512	5,839	3,440		
Number of bed days lost to delayed discharge 18+ Complex Codes	766	1,088	N/A		
Number of acute bed days lost to delayed discharges 65+ All reasons	2,502	4,417	2,382		
Number of acute bed days lost to delayed discharges 65+ Complex Codes	387	597	N/A		
Number of emergency admissions 18+	9,620	9,652	8,626		
Number of emergency admissions 65+	4,734	4,769	3,916		
Emergency admissions 65+ as a rate per 1,000 population	288.2	285	234		
Number of unplanned acute bed days 18+	73,327	73,727	63,402		
Number of unplanned acute bed days 65+	50,465	50,320	44,306		
Unplanned acute bed days 65+ as a rate per 1,000 population	3,154	3,008	2,648		
Number of Attendances at Accident and Emergency 18+	25,268	24,984	22,348		
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	25%	25%*	25%		
Number of clients receiving Home Care Pharmacy Team support	930	1,022	930		
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	39%	21%	90%		
Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	98%	96.5%	90%		

* Calendar Year 2019

Performance Indicator	2018/19	2019/20			5 Year Trend
	Value	Value	Target	Status	
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	91.6%	95.4%	90%		
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%		
Number of people receiving Telecare/Community Alarm service - All ages	2,246	2,110	N/A		

Access

Performance Indicator	2018/19	2019/20			5 Year Trend
	Value	Value	Target	Status	
Number of people receiving homecare - All ages	1,449	1,247	N/A		
Number of weekly hours of homecare - All ages	10,989	9,141	N/A		
Total number of homecare hours provided as a rate per 1,000 population aged 65+	566.5	461.3	570		
Percentage of people aged 65 and over who receive 20 or more interventions per week	36.9%	33.1%	35%		
Percentage of homecare clients aged 65+ receiving personal care	94.9%	96.5%	95%		
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	21,247	20,000	21,247		
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	32.9%	25.3%	30%		
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	31.4%	32.7%	32%		
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	83%	81%	98%		
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	59%	68%	80%		
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	40%	59%	80%		

Resilience

Performance Indicator	2018/19	2019/20			5 Year Trend
	Value	Value	Target	Status	
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	78.5%	40.5%	90%		
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	9	21	18		
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	77.4%	56.2%	90%		

Assets					
Performance Indicator	2018/19	2019/20			5 Year Trend
	Value	Value	Target	Status	
Prescribing cost per weighted patient	£167.87	£165.07	£174.02		
Compliance with Formulary Preferred List	79.1%	78.64%	78%		

Inequalities					
Performance Indicator	2018/19	2019/20			5 Year Trend
	Value	Value	Target	Status	
Balance of Care for looked after children: % of children being looked after in the Community	90.5%*	91%	90%		
Percentage of looked after children being looked after in the community who are from BME communities	86%	74%	N/A		
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	67%	71.4%	75%		

Appendix 5: Care Inspectorate Gradings 2019/20

This appendix details the grades achieved for West Dunbartonshire HSCP services which were inspected and had reports published between 1st April 2019 and 31st March 2020. All Quality Themes are not routinely inspected at each inspection. Those Quality Themes which have not been included in the inspection have been recorded as N/A below.

Gradings: 1–Unsatisfactory; 2–Weak; 3–Adequate; 4–Good; 5–Very Good; 6–Excellent

Service	Previous Inspection	Grade	Quality Theme	Latest Inspection	Grade	Quality Theme
Children's Health, Care and Criminal Justice						
Blairvadach Children's House	24-Jul-18	5	Care and Support	28-Aug-19 ↑	5	How well do we support people's wellbeing?
		3	Environment		5	How good is our leadership?
		N/A	Staffing		5	How good is our staff team?
		N/A	Management and Leadership		4	How good is our setting?
					6	How well is care and support planned?
Areas for improvement: 0						
Burnside Children's House	26-Nov-18	5	Care and Support	28-Feb-20 ↓	5	How well do we support people's wellbeing?
		N/A	Environment		N/A	How good is our leadership?
		5	Staffing		N/A	How good is our staff team?
		N/A	Management and Leadership		N/A	How good is our setting?
					4	How well is care and support planned?
Areas for improvement: 0						
Craigellachie Children's House	18-Sep-18	4	Care and Support	15-Nov-19 ↔	4	How well do we support people's wellbeing?
		N/A	Environment		N/A	How good is our leadership?
		N/A	Staffing		N/A	How good is our staff team?
		4	Management and Leadership		N/A	How good is our setting?
					4	How well is care and support planned?
Areas for Improvement: 1 1. Young people's medication should be administered correctly and consistently by staff who are well trained and confident with the processes.						
Inclusive Support Service	No previous inspection			20-Dec-19	4	Care and Support
					N/A	Environment
					4	Staffing
					3	Management and Leadership
Requirements: 0 Recommendations: 0						

Service	Previous Inspection	Grade	Quality Theme	Latest Inspection	Grade	Quality Theme
Throughcare Housing Support	27-Mar-18	6	Care and Support	17-Jan-20 ↓	5	How well do we support people's wellbeing?
		N/A	Environment		5	How good is our leadership?
		6	Staffing		N/A	How good is our staff team?
		N/A	Management and Leadership		N/A	How good is our setting?
		N/A			N/A	How well is care and support planned?
Areas for improvement: 0						
Service	Previous Inspection	Grade	Quality Theme	Latest Inspection	Grade	Quality Theme
Community Health and Care Services						
Care at Home Services	05-Oct-18	4	Care and Support	26-Sep-19 ↔	4	Care and Support
		N/A	Environment		N/A	Environment
		4	Staffing		4	Staffing
		N/A	Management and Leadership		4	Management and Leadership
Requirements: 0 Recommendations: 2 1. The service must ensure that people are provided with care plans that provide full information on their assessed needs and the supports that will be provided. 2. The service should ensure that it reviews the care provided to people no less than every six months. People supported should be actively involved in reviewing their care and support. Copies of reviews should be available to people in their own homes. Where risk assessments are in place, these should be reviewed at least every six months or when changes to people's care and support take place.						
Crosslet House	17-May-18	5	Care and Support	10-Oct-19 ↓	4	How well do we support people's wellbeing?
		5	Environment		N/A	How good is our leadership?
		5	Staffing		N/A	How good is our staff team?
		5	Management and Leadership		N/A	How good is our setting?
					4	How well is care and support planned?
Areas for improvement: 0						
Frank Downie House	17-Sep-18	5	How well do we support people's wellbeing?	29-Jul-19 ↓	5	How well do we support people's wellbeing?
		N/A	How good is our leadership?		5	How good is our leadership?
		N/A	How good is our staff team?		5	How good is our staff team?
		N/A	How good is our setting?		4	How good is our setting?
		5	How well is care and support		5	How well is care and support planned?
Areas for improvement: 0						

Service	Previous Inspection	Grade	Quality Theme	Latest Inspection	Grade	Quality Theme
Mount Pleasant	11-Jul-18	3	Care and Support	08-Apr-19 ↑	4	How well do we support people's wellbeing?
		N/A	Environment		4	How good is our leadership?
		N/A	Staffing		5	How good is our staff team?
		3	Management and Leadership		4	How good is our setting?
					4	How well is care and support planned?
Requirements: 0 Recommendations: 2 1. The provider should ensure that improvements are made to the admission process for respite stays. This is to ensure that proper provision for the health of visitors is made. Improvement should include: * Ensure that the preadmission/admission process includes a full assessment and how needs will be met; * Ensure that communications with the visitor and/or their representatives in advance of the visit consider how best to support the individual during their stay.						
Sheltered Housing	21-Dec-18	5	Care and Support	11-Dec-19 ↔	5	Care and Support
		N/A	Environment		N/A	Environment
		5	Staffing		N/A	Staffing
		N/A	Management and Leadership		5	Management and Leadership
Requirements: 0 Recommendations: 1 1. Dementia training at skilled level should be completed by all staff.						
Service	Previous Inspection	Grade	Quality Theme	Latest Inspection	Grade	Quality Theme
Mental Health, Learning Disability and Addictions						
Learning Disability Housing Support Service	15-Nov-18	6	Care and Support	22-Nov-19 ↓	5	Care and Support
		N/A	Environment		N/A	Environment
		N/A	Staffing		5	Staffing
		6	Management and Leadership		N/A	Management and Leadership
Requirements: 0 Recommendations: 0						
Learning Disability Community Connections	07-Feb-19	5	Care and Support	10-Jan-20 ↑	5	Care and Support
		N/A	Environment		N/A	Environment
		N/A	Staffing		N/A	Staffing
		4	Management and Leadership		5	Management and Leadership
Requirements: 0 Recommendations: 0						

Appendix 6: Auditing Best Value - Integration Joint Board

		HSCP Response
1	Who do you consider to be accountable for securing Best Value in the IJB?	<p>The main governance bodies responsible for securing Best Value are the HSCP Board and the HSCP Audit Committee. These bodies are supported in this by:</p> <ul style="list-style-type: none"> • HSCP Chief Officer • HSCP Chief Finance Officer • West Dunbartonshire Senior Management Team (SMT) • Parent Organisations around support services and assets <p>In addition to the above all commissioning of services from external agencies should be evaluated with Best Value principles as part of the corporate procurement processes for both WDC & NHSGGC.</p>
2	How do you receive assurance that the services supporting the delivery of strategic plans are securing Best Value?	<p>There are current arrangements for this within the various forums:</p> <p>HSCP Board Meetings - Public performance reporting is a regular agenda item within Board Meetings (quarterly in year reports and an annual post year report). Actual performance is compared to targets and (where appropriate) previous year results and is scrutinised regarding the targets met or any issues that arise from this. Considered alongside financial performance reports – links made between Key Performance Indicators (KPIs) and budget projections.</p> <p>HSCP Board Audit Committee – considers Care Inspectorate reports on services provided by external providers.</p> <p>Internal Audit Reports – specifically the 2018/19 report on Social Work Commissioning and Tendering. While making a number of medium risk recommendations it acknowledged the significant work already underway with WDC Procurement Team on the delivery of the 'Pipeline' agreed by SMT.</p> <p>HSCP input into several WDC Contract Strategies – Protective Clothing, Milk, Janitorial Supplies etc.</p> <p>Clinical and Care Governance Group</p> <p>Strategic Planning Group – regular budget updates including budget pressures/savings and new investment. How does this align with strategic priorities?</p> <p>Consideration and approval of the Commissioning Plan.</p> <p>Senior Management Team (HSCP) – Finance and Procurement update is a standing item on SMT agenda.</p> <p>Corporate Management Teams of the Health Board and Council – procurement strategies discussed.</p> <p>The HSCP Board also places reliance on the controls and procedures of our partner organisations in terms of Best Value delivery.</p> <p>The HSCP cements together both NHS and local authority responsibilities for community-based health and social care services within a single, integrated structure. We are expanding this partnership to establish a Market Facilitation Consortium model of market analysis across all of our health and social care services from across the statutory, independent and third sector to make the best use of the significant resources invested across our communities</p>

		HSCP Response
3	Do you consider there to be a sufficient buy-in to the IJB's longer term vision from partner officers and members?	<p>The HSCP Board has approved a three year Strategic Plan (2019 to 2022) which clearly set out the direction of travel.</p> <p>In relation to financial planning there are challenges planning for the medium to longer term due the differences in the budget setting process of the partner organisations and the lack of clarity and commitment from the Scottish Government to offer more than a one year financial settlement. However discussions are taking place regarding setting budgets over a longer period in response to the recent Ministerial Steering Group recommendations and the Scottish Government's 5 year Medium Term Financial Strategy for Health and Social Care.</p>
4	How is value for money demonstrated in the decisions made by the IJB?	<p>All HSCP Board papers carry a section that clearly outlines the financial implications of each proposal as well as other implications in terms of people, professional, locality, risk analysis, impact assessment, consultation and strategic assessments.</p> <p>The HSCP Board engages debate and discussions around the application of new funding and savings proposals, many of which are supported by additional HSCP Board Members development sessions on budget position and savings options.</p> <p>The budget setting exercise was supported by the public consultation exercise and voting members considered the public response to savings options when making their final decisions.</p>
5	Do you consider there to be a culture of continuous improvement?	<p>Yes.</p> <p>Annual Performance Reports and Annual Accounts provide evidence of this.</p> <p>Well documented within the Strategic Plan 2019-22 and the HSCP's role (often lead role) in WDC Local Improvement Plans at strategic and service level.</p> <p>Clinical & Care Governance arrangements in ensuring Health and Social Care Standards are adhered to.</p> <p>All HSCP managers (including integrated managers) undertook WDC Procurement Training for under & over £50k, supplemented by presentations at Extended Management Team and SMT.</p> <p>The HSCP Audit Committee considers Care Inspectorate Grading Reports and over the last 18 months it is now standard practice that any reports on reduction in grades should be supplemented with improvement action plans.</p> <p>Contributions by the Chief Officer and Heads of Service to NHSGGC Moving Forward Together and Regional Planning work as well as many Glasgow wide groups.</p> <p>HSCP SMT represented at WDC Change Board and Performance Management Review Group.</p> <p>Chief Officer & Chief Finance Officer are members of the WDC Elected Members Budget Working Group.</p> <p>Commitment from managers across HSCP services in contributing to production of savings options including service redesign ideas, service reviews and maximising internal efficiencies.</p> <p>Earmarked Reserve resource to support service redesign and transformation – including appointment of HR Support and the appointment of 3 Transformational Change Posts (2 years fixed term).</p>

		HSCP Response
6	Have there been any service reviews undertaken since establishment – have improvements in services and/or reductions in pressures as a result of joint working?	<p>There have been a number of service reviews from small scale to larger scale since the establishment of the HSCP Board. There are also plans to continue reshaping and transforming services in response to demographic/social/financial challenges etc.</p> <p>The approved savings programmes over the last few years can provide some evidence of this e.g. Sheltered Housing overnight cover, Integrated Teams, use of Technology Enable Care (TEC) funding.</p> <p>The establishment of the new Focussed Intervention Team (FIT) is a major development in the transformation of services and expanding community based support.</p> <p>The Action plans around the Care Inspectorate Reports on Self Directed Support and Criminal Justice Services will support further redesign work.</p> <p>The NHSGGC Five Mental Health Strategy has been approved by the HSCP Board and will release savings by closure of in-patient beds for re-investment of community supports.</p> <p>GGC Prescribing Efficiency Group – Chief Finance Officer, Chief Officer and HSCP Head of Prescribing all members – released £11m of efficiencies across GGC. This is supported by our own local GP Prescribing Group.</p> <p>Implementation of Primary Care Transformation and Mental Health Action 15 Plans are all built on the premise of joint, effective working to deliver efficient, fit for purpose community based services. Some of the early intervention support and the 'step-in, step-out approach' are intended to stop mental health clients experiencing crisis which consumes already stretched resources.</p>
7	Have identified improvement actions been prioritised in terms of those likely to have the greatest impact?	<p>The impact of any proposed change is assessed at an early stage across a variety of groups through HSCP/WDC & GGC governance frameworks. Chief Officers Group/Chief Finance Officer Group/GGC & WDC Corporate Management Team and Transformation Boards and HSCP SMT are just some of the management groups who review and sign off any plans. This decision is based on what benefits are anticipated, alignment with our strategic priorities and quality care governance and professional standards, and to consider the business case.</p>
8	What steps are taken to ensure that quality of care and service provided is not compromised as a result of cost saving measures?	<p>All savings proposals are subject to a full assessment which includes:</p> <ul style="list-style-type: none"> • Alignment to Strategic Plan • Alignment to quality care governance and professional standards including risk assessment by Professional Lead • Equalities impact assessed • Risk assessment by responsible Heads of Service and mitigating actions introduced • Stakeholder engagement as appropriate <p>Where possible, the HSCP look to take evidence based approaches or tests of change to ensure anticipated benefits are realised and there is no compromise to care.</p>
9	Is performance information reported to the board of sufficient detail to enable value for money to be assessed?	<p>Quarterly and annual performance reports are submitted to the IJB Board for scrutiny covering a wide range of indicators.</p> <p>The quarterly Public Performance Report focuses on those key strategic performance indicators for the Partnership where performance data is available for the specific time period reported and in addition is augmented with data on key aspects of workforce and financial performance.</p> <p>The preparation and presentation of the Annual Performance Report is informed by the national Guidance for Health and Social Care Integration Partnership Performance Reports and is also informed by local experience of integrated performance reporting, alongside feedback from other sources (including formal feedback from the Accounts Commission Best Value Assurance Report of June 2018).</p>

		HSCP Response
10	How does the IJB ensure that management of resources (finances, workforce etc. is effective and sustainable?	<p>Workforce and Organisational Development plans are linked to strategic plan.</p> <p>The Audit Committee receives Absence Monitoring updates and the actions being taken across the HSCP and partner bodies. This is also supported by Internal Audit Reports presented to the Board by the Chief Internal Auditor.</p> <p>Regular budget and performance monitoring reports to the HSCP Board give detailed review of the management of resources and any required mitigating actions. These reports are firstly scrutinised at SMT and Clinical and Care Governance Groups.</p> <p>All HSCP Board reports contain a section outlining the financial implications of each paper.</p> <p>The HSCP Board includes third sector partners, trade unions, GP locality representatives, carers and local community representatives. They are involved in Board development sessions and the Strategic Planning Group where they have the opportunity to challenge in a different forum that allows for more detailed discussions and lower level management input.</p> <p>Also supported by the annual review of the local code of good governance.</p>

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERHSHIP
BOARD (IJB)**

Report by: Beth Culshaw, Chief Officer

**West Dunbartonshire Health and Social Care Audit & Performance Committee
23 September 2020**

**Subject: West Dunbartonshire Health and Social Care Partnership (HSCP)
Quarterly Performance Report 2020/21 Quarter One**

1. Purpose

- 1.1 The purpose of this report is to ensure the West Dunbartonshire HSCP Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in the West Dunbartonshire HSCPs Strategic Plan.
- 1.2 This report presents the HSCP performance information reported against the strategic priorities for the period April to June 2020 (Appendix I) for the Board's consideration.
- 1.3 It includes an Exception Report highlighting those indicators which are currently at red status (not meeting local targets and out with tolerances).
- 1.4 The performance information is presented in order to allow the Board to fulfil its scrutiny function.

2. Recommendations

2.1 It is recommended that the HSCP Board:

- i. **Comment on the content of the HSCP Quarterly Performance Report 2020/21 Quarter One and performance against the Strategic Plan 2019 - 2022 by exception.**
- ii. **Note that due to timing issues and service priorities during the current COVID-19 pandemic this report presents partial Quarter One data.**

3. Background

- 3.1 The Performance Framework monitors the HSCP's progress against a suite of performance measures, as outlined in the West Dunbartonshire HSCP's Strategic Plan.

3.2 Developmental work continues to refine the performance information reported and ensure alignment with local and national developments.

4. Main Issues

4.1 The West Dunbartonshire HSCP performance indicators include a suite of challenging targets. To date, targets have been set using local trends and taking into consideration demographic projections. In due course further work will be undertaken to ensure the targets set against each indicator remain appropriate moving forward.

4.2 It should be noted that due to timing issues and service priorities during the current COVID-19 pandemic this report presents partial Quarter One data.

4.4 The HSCP have 43 performance indicators, with 11 indicators in Red Status which is out with target tolerances. These exceptions are detailed in Appendix I together with information about improvement actions currently being taken to address these performance issues.

4.5 Ongoing measurement against this suite of indicators provides an indication of how the HSCP is making progress towards the key objectives of integration, in particular how health and social care services support people to live well and independently in their communities for as long as possible.

4.6 Importantly they help to demonstrate how the HSCP is ensuring best value in respect of ensuring good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.

4.7 It is recognised that the factors influencing changes in performance can be various and complex. Performance monitoring arrangements continue to be refined and developed to ensure appropriate scrutiny and ownership of the factors and issues affecting performance.

5. People Implications

5.1 There are no people implications arising as a result of the recommendations within this report.

6. Financial and Procurement Implications

6.1 There are no financial or procurement implications arising as a result of the recommendations within this report.

7. Risk Analysis

7.1 This reports supports the mitigation of the following risks as highlighted in the HSCP Strategic Risk Register:

- Failure to deliver HSCP priorities within allocated budget.
- Failure to operate within financial parameters in context of continuing and new demand; there is a risk of not being able to (safely) deliver service, decrease in quality or reduction of service; failure to adhere to registration requirements; and creates an, impact on staff resilience.
- Failure to 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.

8. Equalities Impact Assessment (EIA)

- 8.1 An Equalities Impact Assessment is not required as the recommendations within this report have no impact on those with protected characteristics.

9. Strategic Assessment

- 9.1 The Performance Report has been structured around West Dunbartonshire HSCP's five Strategic priorities as these priorities set the strategic direction which underpin all aspects of the HSCP's work.

BETH CULSHAW

Chief Officer

23 September 2020

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Appendices:












Appendix I: West Dunbartonshire Health and Social Care Partnership
 Quarterly Performance Report 2020/21 Quarter One

Wards Affected: All Wards





















West Dunbartonshire Health and Social Care Partnership Performance Report 2020/21: Quarter 1 April-June 2020

Due to timing issues and service priorities during the current COVID-19 pandemic, both within the HSCP and externally, some data is not yet available.

All targets are also currently under review for 2020/21 and will be confirmed in the Quarter 2 July – September 2020 report.

PI Status		Long Term Trends		Short Term Trends	
	Alert		Improving		Improving
	Warning		No Change		No Change
	OK		Getting Worse		Getting Worse
	Unknown				
	Data Only				

Early Intervention

Ref	Performance Indicator	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	Published late Sept 20	95%	Not yet available	Not yet available	92.2%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	Published late Sept 20	95%	Not yet available	Not yet available	97.6%	
3	Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%			100%	
4	Percentage of child protection investigations to case conference within 21 days	63.3%	95%			64.7%	
5	Number of referrals to the Scottish Children's Reporter on care and welfare grounds	106	N/A			78	
6	Number of referrals to the Scottish Children's Reporter on offence grounds	34	N/A			39	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	7	0			11	
8	Number of bed days lost to delayed discharge 18+ All reasons	1,621	860			1,638	

Ref	Performance Indicator	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	893	N/A			559	
10	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	1,210	596			1,208	
11	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	727	N/A			405	
12	Number of emergency admissions 18+	Not yet available	2,156	Not yet available	Not yet available	2,255	
13	Number of emergency admissions aged 65+	Not yet available	979	Not yet available	Not yet available	1,119	
14	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	58.5	Not yet available	Not yet available	66.9	
15	Number of unscheduled bed days 18+	Not yet available	15,851	Not yet available	Not yet available	17,914	
16	Unplanned acute bed days (aged 65+)	Not yet available	11,076	Not yet available	Not yet available	12,195	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	662	Not yet available	Not yet available	728.9	
18	Number of Attendances at Accident and Emergency 18+	Not yet available	5,587	Not yet available	Not yet available	5,461	
19	Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	25.9%	25%			29%	
20	Number of clients receiving Home Care Pharmacy Team support	293	233			273	
21	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	5%	90%			21%	
22	Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	93%	90%			95%	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Published late Sept 20	90%	Not yet available	Not yet available	99.6%	
24	Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%			100%	
25	Number of people receiving Telecare/Community Alarm service - All ages	2,026	N/A			2,110	

Access

Ref	Performance Indicator	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
26	Number of people receiving homecare - All ages	1,303	N/A			1,247	

Ref	Performance Indicator	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
27	Number of weekly hours of homecare - All ages	9,826	N/A		↑	9,141	
28	Total number of homecare hours provided as a rate per 1,000 population aged 65+	494.6	570		↑	461.3	
29	Percentage of people aged 65 and over who receive 20 or more interventions per week	35.1%	35%		↑	33.1%	
30	Percentage of homecare clients aged 65+ receiving personal care	97.3%	95%		↑	96.5%	
31	Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	19,532	20,945		↓	20,000	
32	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	Not yet available	30%	Not yet available	Not yet available	20.5%	
33	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	Not yet available	32%	Not yet available	Not yet available	31.9%	
34	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	72%	98%		↑	69%	
35	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	0%	80%		↓	80%	
36	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	0%	80%		↓	56%	

Resilience

Ref	Performance Indicator	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
37	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	27.3%	90%		↓	40.5%	
38	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	27	18		↓	21	
39	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	59.6%	90%		↑	43.6%	

Assets

Ref	Performance Indicator	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
40	Prescribing cost per weighted patient	Not yet available	Average across NHSGGC at March 2021	Not yet available	Not yet available	£165.07	

Ref	Performance Indicator	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Compliance with Formulary Preferred List	Not yet available	78%	Not yet available	Not yet available	78.58%	

Inequalities

Ref	Performance Indicator	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
42	Balance of Care for looked after children: % of children being looked after in the Community	90.6%	90%			91%	
43	Percentage of looked after children being looked after in the community who are from BME communities	75%	N/A			73.68%	
44	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	No children left care in this quarter	75%			100%	

All of the indicators and services above will have been affected by the current Coronavirus (COVID-19) pandemic in some form or another: whether through staff sickness absence; staff and service users shielding; targeting of services at those with critical and urgent needs; and services being paused or reduced due to staff being redeployed to other service areas to help deliver vital support during this initial peak of the pandemic.

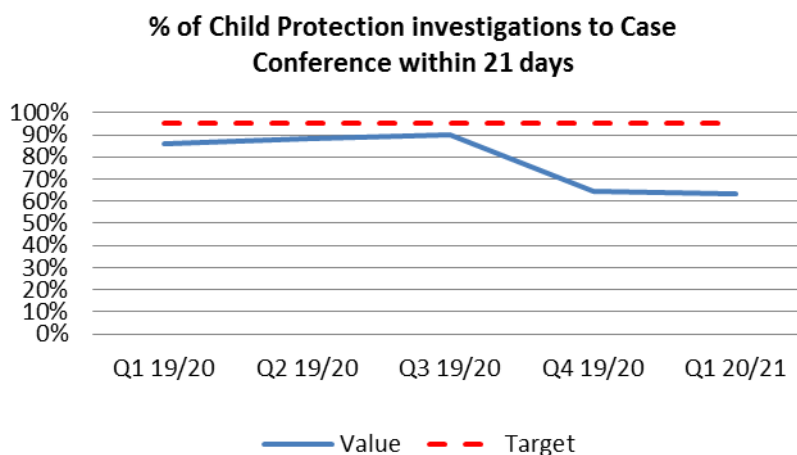
While this report will go on to provide detailed performance for those indicators with a status of red, and hence performing 15% or more outwith target, it is worthwhile to highlight the considerable work carried out in relation to the pandemic during this timeframe.

Pieces of Personal Protective Equipment (PPE) supplied to independent sector social care providers, independent care homes and unpaid carers and personal assistants April - June 2020	334,852
Number of people on the Shielding List called by HSCP staff to check on their welfare, advise of support available and offer a referral to the Crisis Support Team for additional support April - June 2020	3,147
Number of vulnerable children with multi-agency plans contacted by social work, health, education services or third sector in last week of June 2020	1,013
% of children on the Child Protection Register seen face to face in the last two weeks of June 2020	91%
Number of young care leavers contacted by Throughcare staff in the last two weeks	62

West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 1 April - June 2020

Performance Area: Child Protection Case Conferences

Quarter	Value	Target
Q1 2019/20	85.7%	95%
Q2 2019/20	88.6%	95%
Q3 2019/20	90.0%	95%
Q4 2019/20	64.7%	95%
Q1 2020/21	63.3%	95%



Key Points:

Performance in this area can fluctuate around the conclusion of police investigations to allow an Initial Case Conference (ICC) to take place with all of the required information.

In addition there is a system aspect where duplication of an approved CP1 for siblings associated with the child being considered at ICC may be duplicated and signed off after the ICC thus looking like a delay against some children where there is none. Similarly, pre birth decisions to move to an ICC post birth may (due to the date of actual birth of the child) be well outwith timescales for this reason.

Improvement Actions:

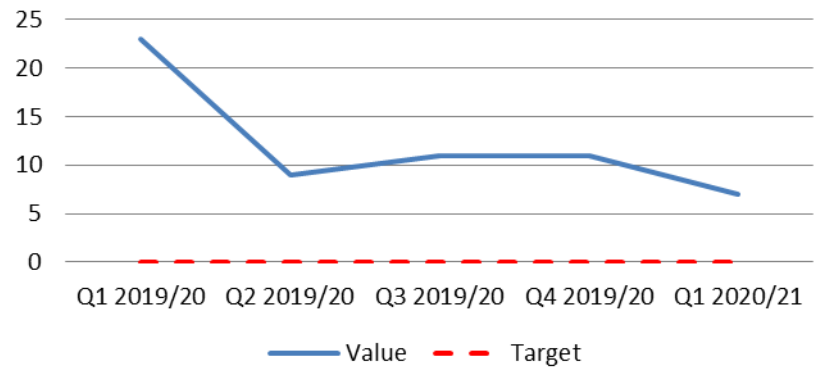
Exceptions are now being tracked to allow specific reporting against individual cases, tracking themes and areas for improvement.

Cases are now routinely placed in service managers' diaries at the point of investigation meaning that if no ICC is required it can be removed with timescales being met in most cases, however exceptions will always apply.

Performance Area: Delayed Discharge

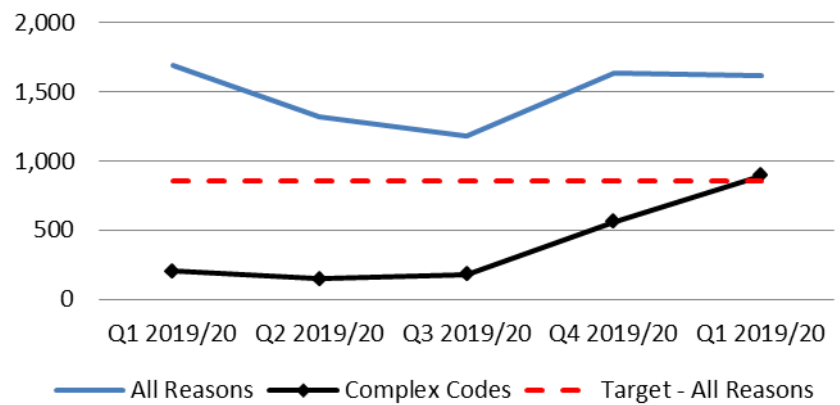
Quarter	Value	Target
Q1 2019/20	23	0
Q2 2019/20	9	0
Q3 2019/20	11	0
Q4 2019/20	11	0
Q1 2020/21	7	0

Number of delayed discharges over 3 days (72 hours) non-complex cases



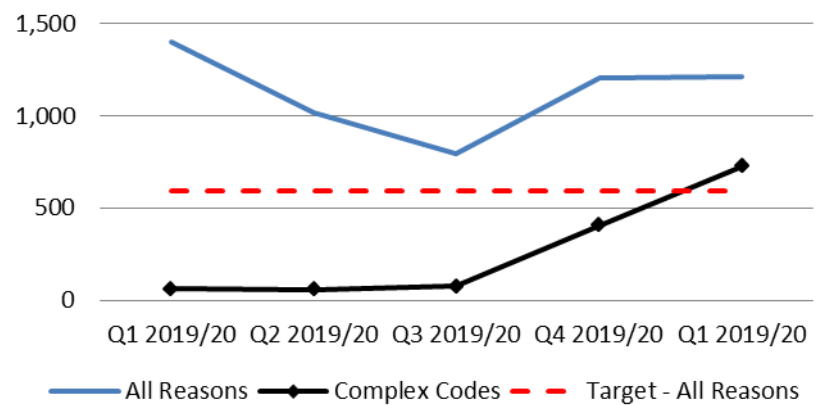
Quarter	All Reasons	Complex Codes
Q1 19/20	1696	201
Q2 19/20	1320	148
Q3 19/20	1185	180
Q4 19/20	1638	559
Q1 19/20	1621	893

Bed Days Lost to Delayed Discharge 18+



Quarter	All Reasons	Complex Codes
Q1 19/20	1401	60
Q2 19/20	1015	56
Q3 19/20	793	76
Q4 19/20	1208	405
Q1 20/21	1210	727

Bed Days Lost to Delayed Discharge 65+



Key Points:

Closure of the Scottish Court on March 2020 due to the Coronavirus (COVID-19) pandemic has resulted in lengthy delays with complex cases where Guardianship applications are underway. This is unlikely to be resolved in the near future with significant backlogs expected once the courts reopen.

Improvement Actions:

Hospital In-reach to begin early assessment and monitor progress towards fitness for discharge.

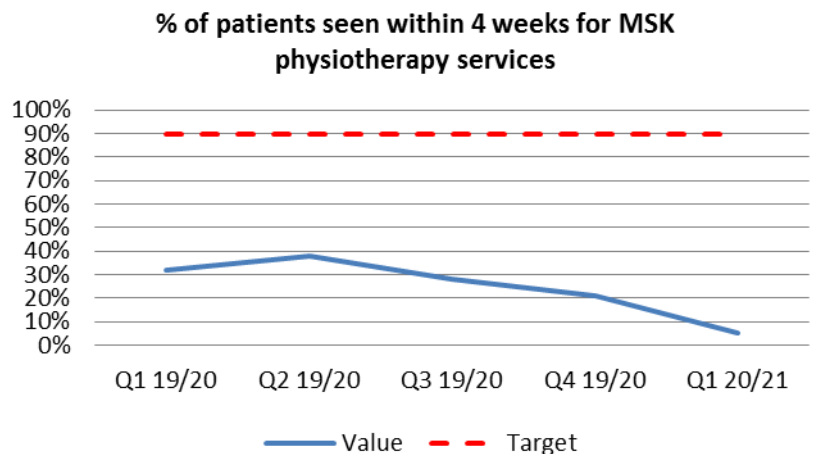
On-going review of the use of Section 13za of the Social Work (Scotland) Act throughout the guardianship process, as this can lead to much quicker progress.

Development of a hoarding policy alongside housing and mental health is underway with the aim of providing early assessor input to ensure the condition of an individual’s home is of a habitable standard to return to.

Development of a Housing/Homelessness policy with housing colleagues to ensure those who cannot return to previous accommodation are picked up sooner, reducing the time spent in hospital awaiting more appropriate housing.

Performance Area: Musculoskeletal Physiotherapy (MSK) Waiting Times

Quarter	Value	Target
Q1 19/20	32%	90%
Q2 19/20	38%	90%
Q3 19/20	28%	90%
Q4 19/20	21%	90%
Q1 20/21	5%	90%



Key Points:

The current pandemic response has resulted in the deployment of MSK staff to support colleagues in Acute sites and all routine appointments were cancelled Mid-March resulting in a large number returning to the waiting list.

Improvement Actions:

A Waiting times project was commenced in January 2020 to explore innovative approaches to the waiting list using Quality Improvement methodology. Unfortunately the 3 month timeframe for the project limited the approaches explored and the current emergency footing limited the project developing further.

Remobilisation plans are in development for the service but capacity is greatly reduced due to current service restrictions.

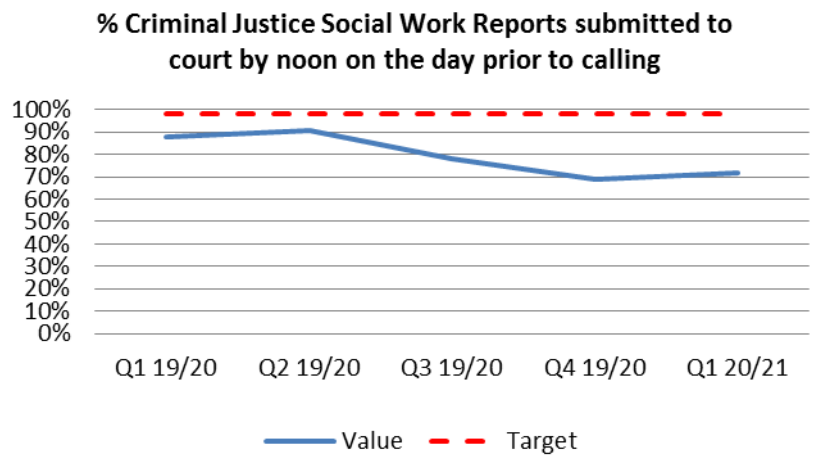
Enhanced Supported self management resources are being developed to facilitate improved patient agency.

Waiting list revalidation process is in development and NHS Near Me and telephone consultations are being evaluated to support waiting times management.

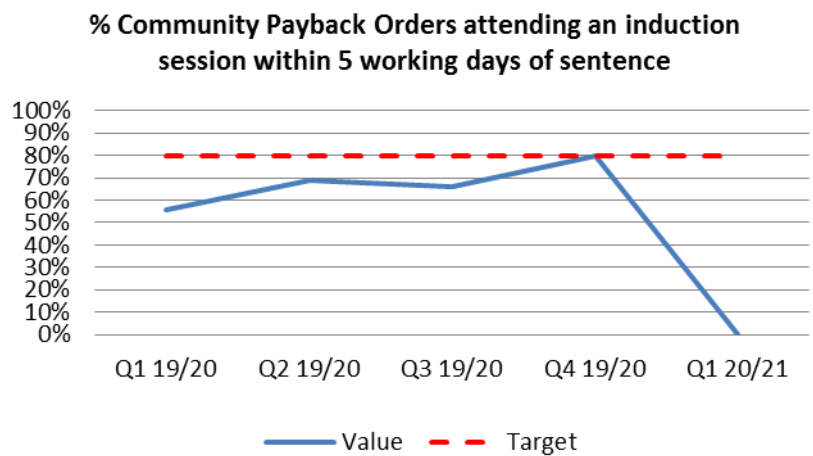
The recruitment process is progressing for vacancies.

Performance Area: Criminal Justice Social Work

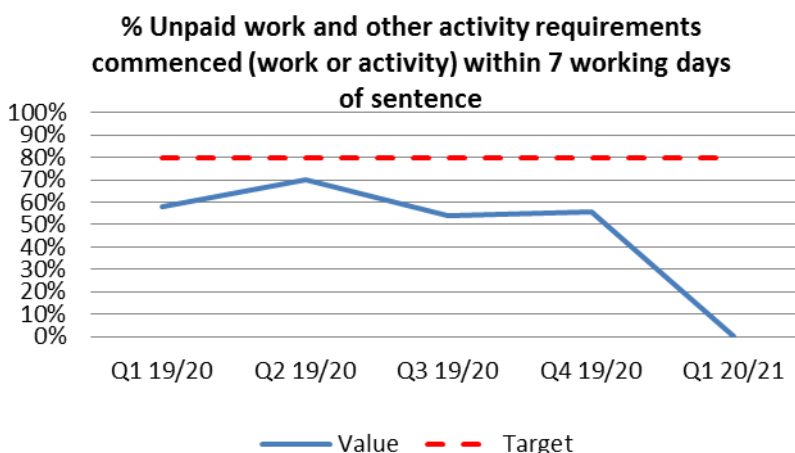
Quarter	Value	Target
Q1 19/20	88%	98%
Q2 19/20	91%	98%
Q3 19/20	78%	98%
Q4 19/20	69%	98%
Q1 20/21	72%	98%



Quarter	Value	Target
Q1 19/20	56%	80%
Q2 19/20	69%	80%
Q3 19/20	66%	80%
Q4 19/20	80%	80%
Q1 20/21	0%	80%



Quarter	Value	Target
Q1 19/20	58%	80%
Q2 19/20	70%	80%
Q3 19/20	54%	80%
Q4 19/20	56%	80%
Q1 20/21	0%	80%



Key Points:

There were only 2 Community Payback Orders during April to June 2020. Both of these contained unpaid work requirements. Induction and commencement were unable to happen in both of these cases due to the pandemic.

Improvement Actions:

Designated Social Worker for Criminal Justice Social Work Reports has returned to full time work, increasing capacity for report writing.

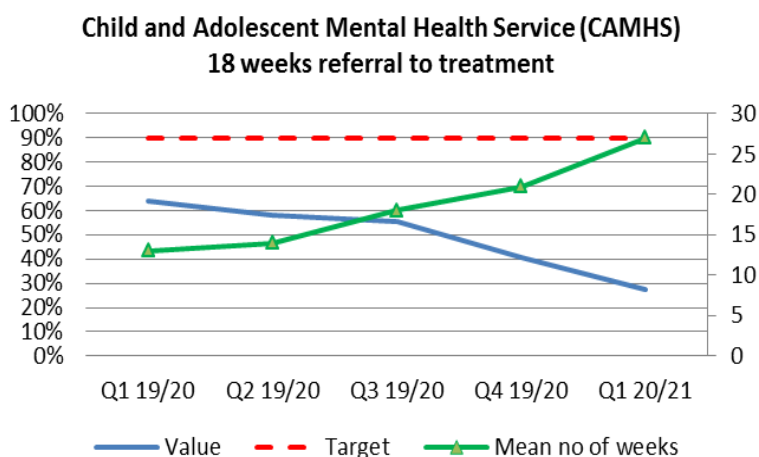
A scoping exercise is being undertaken to determine the re-alignment of caseloads to further increase capacity for completion of reports.

Management action has been taken to ensure staffing complement does not drop below 50% during peak times for leave.

A change in recording practice of duplicate Unpaid Work Orders has been made.

Performance Area: Child and Adolescent Mental Health Services (CAMHS)

Quarter	Value	Target	Mean no of weeks
Q1 19/20	64.0%	90%	13
Q2 19/20	58.0%	90%	14
Q3 19/20	55.7%	90%	18
Q4 19/20	40.5%	90%	21
Q1 20/21	27.3%	90%	27



Key Points:

Accepted referrals for CAMHS increased by 22.3% between 2018 and 2019. In addition to this increased demand, significant staffing difficulties due to recruitment, retention and long term sickness absence have impacted on the service's ability to meet timescales. In September 2019, due to staffing levels, there were 130 open cases without a case manager. As a result, urgent new referrals and high risk open cases were prioritised.

In August 2019, new funding from the Scottish Government allowed us to recruit a full time band 5 nurse and 3 sessions Child and Adolescent Therapists. The HSCP also funded a temporary Band 5 nurse. This staffing has allowed the service to minimise the risks by prioritising urgent and high risk cases however, due to other core staff absences, it has resulted in waiting times for routine cases becoming longer over an extended period of time.

Improvement Actions:

CAMHS leadership have launched an Operational Working Group where West Dunbartonshire CAMHS are represented. A large range of strategic projects are underway designed to improve efficiency of the patient flow and effectiveness of service delivery. The following improvement actions are in progress to address the demands on the service:

Regular updates with CAMHS management and teams to ensure the most effective use of clinical capacity for the waiting list and open caseload throughout the COVID-19 Pandemic.

Waiting lists are being analysed to identify cohorts of patients and match these to clinical skill i.e. children awaiting treatment for anxiety.

Brief intervention and online Cognitive Behavioural Therapies are being developed. Attend Anywhere has been implemented across Greater Glasgow and Clyde CAMHS teams and drop in clinics are being considered. Solutions for virtual group clinics are also being sought to increase numbers of children seen.

Planning within HSCP with integrated planning partners to utilise Scottish Government funding for community mental health and wellbeing supports.

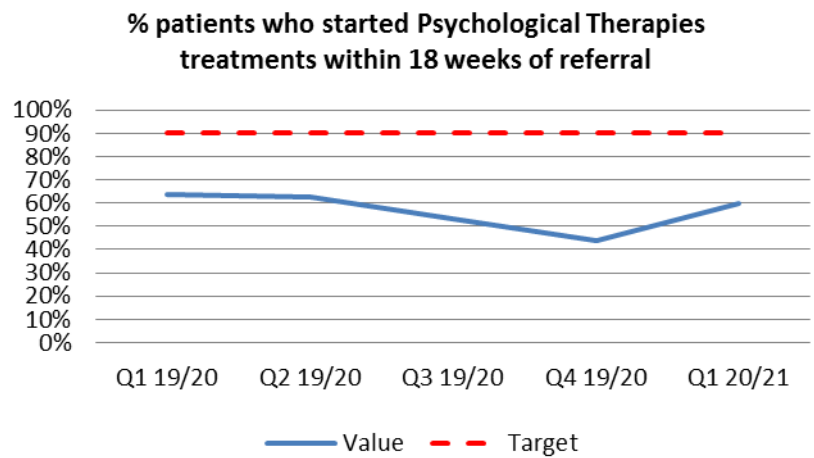
Analysing the demand for CAMHS and availability to meet this.

Development of integrated care pathway for Neuro Development referrals.

Increase the time available for clinicians to provide help and treatment at first contact.

Psychological Therapies

Quarter	Value	Target
Q1 19/20	63.6%	90%
Q2 19/20	62.8%	90%
Q3 19/20	53.3%	90%
Q4 19/20	43.6%	90%
Q1 20/21	59.6%	90%



Key Points:

Reduction in available practitioners through vacancy and absence has had a negative impact with the number of patients waiting rising. Primary Care Mental Health Team returned to full treatment capacity in December 2019, the lag effect of working through assessments should show positive upward future trend.

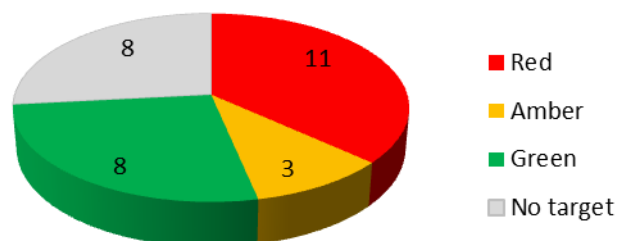
Improvement Actions:

Increase the number of psychologists across West Dunbartonshire, Helensburgh and Lomond by reconfiguring vacant Mental Health Practitioner (MHP) posts. This will support increased numbers of patients being seen within Adult Community Mental Health Teams that will help offset any change in staffing numbers due to absence loss. This requires Argyll and Bute HSCP agreement due to MHP being part funded by them. In progress.

Rollout of Wellbeing Mental Health Nurse service across all GP practices. Currently in 3 practices. End of rollout April 2021.

Summary of Indicators

Quarter 1: April to June 2020 (Partial data)



WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**Audit and Performance Committee: 23 September 2020**

Subject: Care Inspectorate Inspection report for Older People's Care Home operated by Independent Sector in West Dunbartonshire

1. Purpose

- 1.1 To provide the Audit Committee with an up-date on Care Inspectorate inspection reports for three independent sector residential older peoples' Care Homes located within West Dunbartonshire.

2. Recommendations

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

3. Background

- 3.1 The Scottish Government's new Health and Social Care Standards for assessing registered care services took effect in April 2018.
- 3.2 The Care Inspectorate introduced a new inspecting approach to reflect the new standards. They now look at 5 'key questions rather than the previous 4 themes. This approach continues to use the six point scale of 1 – Unsatisfactory to 6 – Excellent.
- 3.3 WD HSCP Quality Assurance Team monitor the independent sector Care Homes operating in West Dunbartonshire in line with the National Care Home Contract. They are supported in this work by other staff who are delivering care in the care homes and who can share insights and any concerns. They also work with homes to maintain awareness of developments and provide opportunities to share good practice/learning.
- 3.4 A Care Inspectorate inspection report included in this committee report is older as it was planned to be reported to the Audit and Performance Committee of April 2020 which was postponed.
- 3.5 If there are requirements in a report then the next inspection can be a follow up inspection. Follow up inspections only look at progress made in addressing issues highlighted in the previous report. In this committee report the Care Inspectorate issued report for Castle View Nursing Home was from a follow up inspection.
- 3.6 The independent sector Care Homes reported within this update are
- Clyde Court Care Home,
 - Castle View Nursing Home

- Hillview Care Home.

4. Main Issues

Clyde Court Care Home

- 4.1 Clyde Court Care Home is owned and managed by Guthrie Court Lt., part of Four Seasons Healthcare Group, who are a large national operator. The home is registered with the Care Inspectorate for a maximum of 70 residents. As of 25 August 2020 there were 42 West Dunbartonshire residents supported within the Care Home.
- 4.2 The home was inspected on 27 November 2019 and the report issued on 06 January 2020. The table below summarises the grades awarded to Clyde Court Care Home over their last 3 inspections:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
27.11.19	3	N/A	N/A	N/A	3
Inspection date	Care & Support	Environment	Staffing	Leadership & Management	
26.02.19	3	N/A	4	N/A	
26.06.18	3	N/A	4	N/A	

- 4.3 The grades awarded are consistent with those in their previous inspections. No requirements were detailed in their report but Inspectors mentioned seven areas for improvement that require focus. This was to consolidate the improvements identified in the previous inspection of February 2019.
- 4.4 The seven areas for improvement were:
- Improve skills and knowledge of staff regarding person centred approaches and dementia care;
 - Improve the range and availability of meaningful activities and consider individual choices;
 - To use Kings Fund tool 'Is your home dementia friendly' to identify improvements in the setting;
 - Review and further improve the management of mealtimes;
 - Ensure records regarding management of wound care are accurate and demonstrate compliance with good practice;
 - Ensure that medication is managed safely, effectively and in line with good practice; and
 - Continue to develop personal plans in consultation with the resident and their representative/s.
- 4.5 Regular contact with representatives of Four Seasons Healthcare Group, Care Home Manager and staff from WD HSCP took place after the inspection

to monitor progress in implementing the Action Plan agreed with the Care Inspectorate. The Head of Health and Community Care has also met with the Care Home Manager on a number of occasions to ensure progress is being made.

- 4.6 Clyde Court Care Home management team continued to recruit Nursing staff to fill vacancies. A full staff compliment has enabled them to increase the range of activities on offer to residents that are more focussed on individual preferences. Significantly more staff to access Dementia Care and other relevant training opportunities. The Manager reviewed the key worker and Named Nurse system which resulted in better consistency and improved implementation of 'choices' by residents being recorded.
- 4.7 The Management team undertook an environmental assessment of the home. This has led to improving the décor of the home making it more dementia friendly, including improved signage and decoration throughout the home. The home also developed a 'Catering Committee' who now have regular discussions with residents and ensure their views and wishes are incorporated into the menu and the experience of mealtimes. They reviewed their processes around mealtimes, one outcome of which, as an example is that residents have greater menu choice at breakfast time.

Castle View Nursing Home

- 4.8 Castle View Nursing Home is owned and managed by HC-One Ltd., a large national operator. The home is registered with the Care Inspectorate for a maximum of 60 residents. As of 25 August 2020 there were 29 West Dunbartonshire residents supported within the Care Home.
- 4.9 The home was inspected on 03 March 2020 and the report issued on 26 June 2020. The delay in publication was as a result of the reprioritisation of work by the Care Inspectorate during the early weeks of lockdown. The table below summarises the grades awarded to Castle View Nursing Home over their last 3 inspections:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
03.03.20	3	3	4	4	3
21.06.19	3	3	4	4	3
18.04.19	3	3	3	N/A	3

- 4.10 The grades awarded are consistent with those in their previous inspections. No new requirements were detailed in their report but Inspectors commented on the five requirements detailed in the June 2019 report.
- 4.11 The five requirements were:

- ensure service users receive care and treatment that is safe and effective. Service users' needs were to be appropriately assessed, met and effectively communicated between all relevant staff.
- ensure service users receive care and treatment that is safe and effective through appropriate medication management practices.
- ensure service users have confidence the service is well led and managed.
- ensure service users were protected from harm, neglect and abuse. This was to include, ongoing Adult Support and Protection training for all staff, implementing a system for the robust oversight of any accidents/incidents and timeous referral to external bodies such as the Care Inspectorate and the Health and Social Care Partnership.
- ensure all personal plans clearly set out how a service user's health, welfare and safety needs are met and managed. Service users' wishes and choices must be recorded to demonstrate ways that personal outcomes are agreed and met.

4.12 The inspectors confirmed that sufficient progress had been made in all areas and affirmed that the five requirements had been successfully addressed.

Since publication of this report, and reporting to this Committee, the Care Inspectorate have carried out a further inspection of Castle View Care Home. This took place on 26 and 27 August. At the time of writing, the formal report had not been finalised, but the Care Inspectorate provided the following information to the HSCP:

The inspection went really well, of all areas covered, all were awarded a grade of Good, 4. Care plans were up to date and regularly reviewed. Staff were very knowledgeable about each resident. There was a very focussed and effective daily meeting, and skin care was appropriate, with evidence of regular and appropriate contact with GPs and other health professionals.

In terms of infection control procedures, these were found to be robust, with social distancing, correct use of PPE, and high standards of cleanliness observed.

Hillview Care Home

- 4.13 Hillview Care Home is owned and managed by Advinia Care Homes Limited who took over many of the homes previously operated by Bupa in 2017. Hillview Care Home is registered with the Care Inspectorate for a maximum of 150 residents. As of 25 August 2020 there were 85 West Dunbartonshire residents supported within the care home.
- 4.14 The home was inspected on 25 June 2020 and the report issued on 24 July 2020. This was a focused inspection looking at how well service users were being supported during the Covid-19 pandemic. They evaluated the service based on the key questions that are vital to the support and wellbeing of

people experiencing care during the pandemic. The table below summarises the grades awarded to Clyde Court Care Home over their last 3 inspections:

Inspection date	How good is our care and support during the COVID-19 pandemic				
25.06.20	4				
Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
15.01.20	2	2	2	4	3
13.08.19	2	2	2	4	3

- 4.15 The grades awarded are a significant improvement to those awarded in their previous inspections. It reflects that the improvements acknowledged in the January 2020 inspection report had been consolidated in practice. No new requirements were detailed in their report.
- 4.16 The December 2019 Committee requested an update regarding Hillview Care Home be presented at the April 2020 Committee. Due to the Covid-19 pandemic this meeting was cancelled. Details of work undertaken are detailed below.
- 4.17 Considerable work was undertaken to support the improvement of Care Inspectorate grades at Hillview Care Home from the August 2019 inspection where grades of 2 were awarded. That inspection report detailed 2 requirements to be addressed by December 2019:
- i. Ensure residents are cared for in a manner that respects their privacy and dignity at all times, the provider must put in place an effective system of care.
 - ii. Ensure the residents have well planned and safe care at all times, the provider must establish and implement systems that ensure that there is consistent and clear leadership in each unit of the service and of the overall service.
- 4.18 Inspectors had concerns with one specific unit around the lack of a person centred approach to care. The inspection went better in other units of the home where the Lead Inspector confirmed they witnessed good practice and care but were concerned about the unit first visited.
- 4.19 The Manager of the home resigned following the verbal feedback given by the Lead Inspector in August 2019. Advinia's Regional Improvement Manager was installed as Interim Manager.
- 4.20 Hill View Nursing Home submitted an Action Plan addressing the issues raised by the Care Inspectorate and shared it with WD Health and Social Care

Partnership. Regular contact with the care home, Care Inspector, Advinia's Regional Managers, Head of WD Health and Social Care Partnership Community Health and Care and other staff from WD Health and Social Care Partnership took place to monitor progress made in addressing the issues and concerns about a lack of clear leadership and management oversight across the whole home.

- 4.21 Progress on implementing the required, planned changes was reviewed and confirmed by staff from WD Health and Social Care Partnership who monitored and supported the Management Team in the Care Home in working towards improving their grades for the next inspection.
- 4.22 There have been a number of staff changes since August 2019 and all nursing posts within the home were filled. A new Manager was appointed and took up post in April 2020. However, this individual has recently resigned to take up another job and the previous Interim Manager has returned on a temporary basis while they undertake the recruitment of a new Manager.
- 4.23 As referenced at points 4.14 and 4.15, a 'follow-up inspection' by the Care Inspectorate took place in January 2020. Inspectors reported that the inspection went very well, noting significant improvements since the August 2019 inspection and confirming the two requirements detailed in the August inspection were met. Also of the eight Areas for Improvement five had been met while progress had been made in addressing the other three. The report also acknowledged service users looked well cared for and staff seemed happy.
- 4.24 As it was a 'follow-up inspection' grades awarded in the January 2020 report did not change. Inspectors acknowledged the improvements and good practice in place since the August 2019. This progress and consolidated practice has again been acknowledged in the June 2020 inspection report, as reported above at point 4.14, where they were awarded the grade of 4 – Good for 'How good is our care and support during the COVID-19 pandemic'.

5. People Implications

- 5.1 There are no personnel issues associated with this report.

6. Financial and Procurement Implications

- 6.1 There are no financial or procurement implications.

7. Risk Analysis

- 7.1 Grades awarded to a service after a Care Inspectorate inspection are an important performance indicator for registered services. For any service assessed by the Care Inspectorate, failure to meet requirements within the time-scales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any independent sector Care

Home would be of concern to the Audit and Performance Committee, particularly in relation to the continued placement of older people in such establishments.

8. Equalities Impact Assessments (EIA)

8.1 There are no Equalities Impact Assessments associated with this report.

9. Consultation

9.1 None required.

10. Strategic Assessment

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

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

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

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Appendices: None

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

Wards Affected: All

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Audit and Performance Committee: 23 September 2020

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

1. Purpose

- 1.1 To provide the Audit and Performance Committee with information on the Care Inspectorate inspection reports for eleven independent sector support services operating within the West Dunbartonshire area.

2. Recommendations

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

3. Background

- 3.1 The Scottish Government published new Health and Social Care Standards for assessing registered care services which took effect in April 2018. The Care Inspectorate introduced a new way of inspecting care and support based on the new standards. The approach looks at 5 'key questions': 'how well do we support people's wellbeing', 'how good is our leadership', 'how good is our staff team', 'how good is our setting' and 'how well is our care and support planned' rather than the quality themes: care & support, environment, staffing and management & leadership to five.
- 3.2 Reports continue to use the six point scale of 1 – Unsatisfactory to 6 – Excellent. If an area for improvement is highlighted the maximum grade awarded will usually be 4 – Good.
- 3.3 The new approach began with care homes for older people in July 2018 and is now beginning to be used with other services. Some of the services in this report have been inspected using the new approach.
- 3.4 A number of the Care Inspectorate inspection reports included in this committee report are old, they were to be reported to the Audit and Performance Committee of April 2020 which was postponed.
- 3.5 The independent sector support services reported here are:
- Alternatives WD CDS – the service is provided across West Dunbartonshire.
 - West Dunbartonshire Services 1 – the service is provided across West Dunbartonshire.
 - Share Scotland – Glasgow – the service is provided across West Dunbartonshire.
 - RNIB VILD Supported Tenancies & Alternative Day Opportunities – the service is provided across West Dunbartonshire.
 - Scottish Autism – West of Scotland Outreach – the service is provided in the Clydebank area.

- Living Ambitions Ltd. Glasgow North and West – the service is provided across West Dunbartonshire.
- Carman Care – the service is provided in the vale of Leven area.
- West End Project – Dumbarton – the service is provided in the Dumbarton area.
- Cornerstone Baxter View – the service is provided in the Dumbarton area.
- Caledonia Social Care (West) – the service is provided across West Dunbartonshire.
- Capability Scotland - Community Living Services South West – the service is provided across West Dunbartonshire.

3.6 Some providers operate multiple services across Scotland and register groups of their services with the Care Inspectorate on a 'Branch' basis rather than as individual services. In this report Share Scotland – Glasgow, Scottish Autism – West of Scotland Outreach, Living Ambitions Ltd., Glasgow North & West, Caledonia Social Care(West) and Capability Scotland - Community Living Services South West operate in this manner.

4. Main Issues

Alternatives WD CDS

4.1 Alternatives WD CDS is a support service. They provide a community recovery programme for adults across West Dunbartonshire wanting to address substance misuse. The service was inspected on 19 July 2019 and the report published on 06 January 2020. The delay in publication was due to the service being one of the first Support Services to be inspected using the new approach. The Care Inspectorate and services involved met to review how successful the process had been for Support Services before issuing reports. The table below details the in grades for Alternatives WD CDS over the last 3 inspections:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
19.07.19	6 – Excellent	Not assessed	Not assessed	Not assessed	5 – Very Good
Inspection date	Care & Support	Environment	Staffing	Leadership & Management	
13.02.16	5 – Very Good	5 – Very Good	5 – Very Good	5 – Very Good	
01.12.15	4 – Good	Not assessed	5 – Very Good	4 – Good	

4.2 The inspection grades awarded to Alternatives WD CDS show that the service continues to be awarded the good grades received in their previous inspection. There were no requirements detailed in this inspection report for remedial action by the service.

West Dunbartonshire Services 1

- 4.3 West Dunbartonshire Services 1 is delivered by Cornerstone. The service provides a housing support, care at home, day opportunities and short breaks service to individuals with learning disabilities, physical disabilities and other support needs in a range of settings. They were inspected on 08 October 2019 and the report published on 20 December 2019. The table below details the grades awarded to West Dunbartonshire Services 1 over the last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
08.10.19	5 – Very Good	Not assessed	Not assessed	5 – Very Good
05.07.18	5 – Very Good	Not assessed	5 – Very Good	Not assessed
10.07.17	5 – Very Good	Not assessed	Not assessed	5 – Very Good

- 4.4 The inspection grades awarded show that the service continues to maintain the very good grades they received in their previous inspections. There were no requirements detailed in this inspection report for remedial action by the service.

Share Scotland – Glasgow

- 4.5 Share Scotland – Glasgow is a housing support service. They provide housing support to adults with complex learning and physical needs in the community, within their own accommodation either alone or within larger units with other service users. The service was inspected on 11 October 2019 and the report published on 19 November 2019. The table below details the grades awarded to Share Scotland – Glasgow over the last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
11.10.19	5 – Very Good	Not assessed	5 – Very Good	4 – Good
22.11.18	6 – Excellent	Not assessed	Not assessed	5 – Very Good
30.11.17	6 – Excellent	Not assessed	6 – Excellent	Not assessed

- 4.6 The grades awarded to Share Scotland – Glasgow in this inspection show a slight drop in grades but that they continue to maintain the very high grades they normally receive in their previous inspections. There were no requirements detailed in this inspection report for remedial action by the service.

RNIB VILD Supported Tenancies & Alternative Day Opportunities

- 4.7 RNIB VILD Supported Tenancies & Alternative Day Opportunities provide a combined Housing Support and Care at Home service. The service is offered to adults with learning disabilities and/or visual impairment who live independently at home. The service was inspected on 23 October 2019 and the report published on 14 November 2019. The table below details the grades awarded to RNIB VILD Supported Tenancies & Alternative Day Opportunities in the last 3 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
23.10.19	4 – Good	Not assessed	Not assessed	4 – Good
16.01.19	4 – Good	Not assessed	Not assessed	4 – Good
22.01.18	5 – Very Good	Not assessed	Not assessed	5 – Very Good

- 4.8 The grades awarded still show a slight dip from grades awarded in the inspection of January 2018. The inspector noted that the issue of staff training and more time to fully understand the importance of the new health and social care standards had been acted on but wanted to see the improvement consolidated in practice. There were no requirements detailed in this inspection report for remedial action by the service.

Scottish Autism – West of Scotland Outreach

- 4.9 Scottish Autism – West of Scotland Outreach provides a combined Housing Support and Care at Home service. The service is offered to adults and children who have autism. The service was inspected on 31 October 2019 and the report published on 03 December 2019. The table below details the grades awarded to Scottish Autism – West of Scotland Outreach over the last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
31.10.19	4 – Good	Not assessed	4 – Good	Not assessed
12.10.18	5 – Very Good	Not assessed	Not assessed	5 – Very Good
28.11.16	5 – Very Good	Not assessed	4 – Good	Not assessed

- 4.10 The inspection grades awarded to Scottish Autism – West of Scotland Outreach in this inspection show a slight drop in grades. Inspectors stated that this was due to some reviews not taking place on a regular basis. A new Manager is in post and is addressing this issue. There were no requirements detailed in the inspection report for corrective action by the service.

Living Ambitions Ltd. Glasgow North and West

- 4.11 Living Ambitions Ltd. Glasgow North and West is a combined Housing Support and Care at Home service. The service is offered to people with learning disabilities and physical disabilities living independently in their own homes. The service was inspected on 01 November 2019 and the report published on 09 December 2019. The table below details the grades awarded to Living Ambitions Ltd. Glasgow North and West over the last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
01.11.19	5 – Very Good	Not assessed	4 – Good	4 – Good
23.10.18	3 – Adequate	Not assessed	3 – Adequate	3 – Adequate
09.10.17	4 – Good	Not assessed	4 – Good	4 – Good

- 4.12 This inspection shows an improvement in grades awarded to Living Ambitions Ltd. Glasgow North and West and takes them back up to those of their inspection in 2017. There were no requirements detailed in this inspection report for remedial action by the service.

Carman Care

- 4.13 Carman Care is a combined Housing Support and Care at Home service within a sheltered housing complex for older people and people with medical conditions and more complex needs living in the complex. The service also supports older people living in the wider community offering services such as shopping,

prompting of medication and personal care. The service was inspected on 06 November 2019 and the report published on 20 December 2019. The table below details the grades awarded to Carman Care over the last 3 inspections:

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
06.11.19	5 – Very Good	Not assessed	5 – Very Good	Not assessed
28.03.18	5 – Very Good	Not assessed	Not assessed	5 – Very Good
22.03.17	5 – Very Good	5 – Very Good	Not assessed	Not assessed

- 4.14 The inspection grades awarded show that the service continues to maintain the very good grades they received in their previous inspections. There were no requirements detailed in this inspection report for remedial action by the service.

West End project - Dumbarton

- 4.15 West End project - Dumbarton is a Support Service. It is Managed by the Mungo Foundation and offers day opportunities and outreach support to adults who are experiencing social isolation and have physical disabilities. The service was inspected, using the new inspection approach, on 14 January 20 and the report published on 20 January 2020. The table below details the grades awarded to West End project - Dumbarton over the last 3 inspections :

Inspection date	How well do we support people’s wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
14.01.20	5 – Very Good	Not assessed	Not assessed	Not assessed	5 – Very Good
Inspection date	Care & Support	Environment	Staffing	Leadership & Management	
29.01.16	6 – Excellent	6 – Excellent	6 – Excellent	6 – Excellent	
22.02.13	6 – Excellent	6 – Excellent	6 – Excellent	6 – Excellent	

- 4.16 The grades awarded to West End project - Dumbarton show that the service continues to maintain the very high grades they received since 2013. There were no requirements detailed in this inspection report for remedial action by the service.

Cornerstone Baxter View

- 4.17 Cornerstone Baxter View is a combined housing support and care at home service supporting adults 18 years of age and over with learning disabilities, autism or acquired brain injury living in their own homes. People using the service have access to 24 hour support with wakened night staff and on call arrangements are in place. The service was inspected on 18 February 2020 and the report published on 05 March 2020. The table below details the grades awarded to Cornerstone Baxter View over the last 3 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
18.02.20	6 – Excellent	Not assessed	6 – Excellent	Not assessed
15.02.19	6 – Excellent	Not assessed	Not assessed	6 – Excellent
27.02.18	6 – Excellent	Not assessed	Not assessed	5 – Very Good

- 4.18 The grades awarded to Cornerstone Baxter View show that the service continues to maintain the very high grades they received since 2013. There were no requirements detailed in this inspection report for remedial action by the service.

Caledonia Social Care(West)

- 4.19 Caledonia Social Care(West) is a Support Service, providing a care at home service to adults living in their own home. A lot of the support provided is focused on befriending and social stimulation. The service aims to offer flexible and personalised home support services that enables people to live independently in their own homes and remain connected to their local community. The service was inspected on 10 January 2020 and the report published on 23 March 2020. Caledonia Social Care (West) is a relatively new service operating since April 2017. This is only their second inspection and the table below details the grades awarded to Caledonia Social Care(West) in the 2 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
10.01.20	5 – Very Good	Not assessed	Not assessed	5 – Very Good
24.01.19	5 – Very Good	Not assessed	Not assessed	4 – Good

- 4.20 The grades awarded to Caledonia Social Care(West)show that the service has improved slightly on the high grades they received in their first inspection. There were no requirements detailed in this inspection report for remedial action by the service.

Capability Scotland - Community Living Services South West

- 4.21 Capability Scotland - Community Living Services South West is a Housing Support Service. They offer support to disabled people living in the community, their families and carers to provide a range of services that aim to maximise their independence. Some people receive support to complement their day support services or to access places and activities in the community. Others live on their own or in supported living arrangements provided by other care services. The service was inspected on 24 January 20 and the report published on 25 June 2020. The table below details the grades awarded to Capability Scotland - Community Living Services South West over the last 3 inspections :

Inspection date	Care and Support	Environment	Staffing	Management and Leadership
24.01.20	5 – Very Good	Not assessed	5 – Very Good	Not assessed
30.07.18	5 – Very Good	Not assessed	Not assessed	5 – Very Good
21.04.17	5 – Very Good	Not assessed	5 – Very Good	Not assessed

- 4.22 The grades awarded to Capability Scotland - Community Living Services South West show that the service continues to maintain the high grades they received in previous inspections. There were no requirements detailed in this inspection report for remedial action by the service.

5. People Implications

5.1 There are no people implications associated with this report.

6. Financial and Procurement Implications

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

7. Risk Analysis

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

8. Equalities Impact Assessments (EIA)

8.1 None required

9. Consultation

9.1 None required.

10. Strategic Assessment

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

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

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

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Appendices: None

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

Wards Affected: All