

## **WEST DUNBARTONSHIRE COUNCIL**

At the Meeting of West Dunbartonshire Council held in the Council Chamber, Clydebank Town Hall, Dumbarton Road, Clydebank on Wednesday, 28 August 2019 at 6.05 pm

**Present:** Provost William Hendrie, Bailie Denis Agnew and Councillors Jim Bollan, Jim Brown, Karen Conaghan, Ian Dickson, Diane Docherty, Daniel Lennie, Caroline McAllister, Douglas McAllister, David McBride, Jonathan McColl, Iain McLaren, Marie McNair, John Mooney, Lawrence O'Neill, Sally Page, Martin Rooney and Brian Walker.

**Attending:** Joyce White, Chief Executive; Angela Wilson, Strategic Director – Transformation & Public Service Reform; Richard Cairns, Strategic Director – Regeneration, Environment & Growth, Beth Culshaw, Chief Officer, Health & Social Care Partnership, Peter Hissett, Strategic Lead – Regulatory (Legal Officer); Stephen West, Strategic Lead – Resources; Laura Mason, Chief Education Officer; Malcolm Bennie, Strategic Lead – Communications, Culture & Communities; Jim McAloon, Strategic Lead – Regeneration; Gillian McNeilly, Finance Manager; Colin McDougall, Audit Manager; Amanda Coulthard, Performance & Strategy Manager and Christine McCaffary, Senior Democratic Services Officer.

**Apologies:** Apologies for absence were intimated on behalf of Councillors Gail Casey, Jim Finn and John Millar.

**Provost William Hendrie in the Chair**

### **STATEMENT BY CHAIR – AUDIO STREAMING**

The Provost advised that the meeting was being audio streamed and broadcast live to the internet and would be available for playback.

### **DECLARATIONS OF INTEREST**

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

**URGENT ITEMS OF BUSINESS**  
**(1) QUESTION FROM COUNCILLOR MOONEY**  
**(2) PUBLIC CONSULTATION ON BUDGET CUTS**

Provost Hendrie advised that he had received a request from Councillor Mooney for an urgent question to Councillor McColl and a request from Councillor Rooney on an urgent motion in connection with the public consultation on budget cuts.

The Provost agreed that Councillor Mooney's question would be taken after the Notice of Motions on the agenda and that Councillor Rooney's urgent motion would be taken immediately after the deputation from the Trades Unions.

**MINUTES OF PREVIOUS MEETING**

The Minutes of Meeting of West Dunbartonshire Council held on 26 June 2019 were submitted and approved as a correct record.

**MINUTES OF AUDIT COMMITTEE**

The Minutes of Meeting of the Audit Committee held on 20 March 2019 were submitted and approved as a correct record.

**OPEN FORUM**

The Council noted that no open forum questions had been submitted by members of the public.

**REQUEST FOR DEPUTATION**  
**UNISON AND UNITE - CUTS AND PUBLIC CONSULTATION**

In accordance with Standing Order 18 the Council agreed to receive a deputation from Unison and Unite in connection with the above.

The Provost invited the delegation forward to speak to the meeting. Val Jennings, Unison Convener and Margaret Wood, Unite Convener, West Dunbartonshire Branches were then heard express their concerns with the public consultation, management adjustments and threat to terms and conditions.

Following questions from Members both speakers returned to their seats.

**URGENT ITEM OF BUSINESS**  
**COUNCILLOR ROONEY – PUBLIC CONSULTATION**

Councillor Rooney, seconded by Councillor McBride moved:-

Consultation is the cornerstone of any democracy and should be viewed as a positive and empowering experience. However, under this SNP Administration, consultation has lost all meaning. How callous is this SNP administration, propped up by Baillie Agnew, to ask our young people, elderly, infirm, disabled and vulnerable to CHOOSE the cut they want? Is this some sort of Trumpian democracy?

Whatever loaded form it comes in, Labour certainly do not recognise or endorse it. We are horrified that the SNP are imposing £9 million worth of cuts to services – despite their leader, First Minister Nicola Sturgeon, confirming there is no need for any cuts in services in West Dunbartonshire.

If SNP Group Leader, Jonathan McColl, is dismissing the view of his Party Leader, then what chance do our citizens have of making him listen?

It is blindingly obvious, as the Speaker of Parliament would say, that this SNP Administration is completely out of touch with our citizens' views. Nobody is happy with cuts affecting our schoolchildren, community groups, grass cutting services, and community alarm price hikes for our vulnerable.

That is why Labour is taking the unprecedented move of discouraging residents in West Dunbartonshire from participating in the Council Budget Consultation.

Our citizens do not deserve to be the turkeys voting for Christmas and the SNP need to stop blaming our hard-working citizens for wanting budget cuts – that simply is not the case.

Labour will not be encouraging any citizens to complete this survey until such time that a ZERO CUTS BUDGET option is on the consultation paper.

We ask fellow citizens and Councillors to endorse the Labour Party's position and support our 'Boycott the Budget Consultation' Campaign.

If you use Twitter, we would appreciate residents using the #BoycottTheBudgetConsultation hashtag line to spread the word.

Democracy is being eroded under the SNP; support this Motion to see it restored for the good of our citizens.

As an amendment, Councillor McColl seconded by Councillor Dickson moved:-

Council thanks the joint Trade Unions for their deputation and agrees that the simple fact is that we need more central funding if we are to deliver the services our citizens need.

Even with no central funding cuts, service enhancements or added requirements from the Scottish or UK Governments, the Council needs

approximately an extra £5m in funding just to stand still; this is due to inflation, wage rises and increasing needs of our residents.

The Council's cumulative projected gap over the next two years is almost £17m and is likely to increase into the following year. While West Dunbartonshire Council is committed to doing everything we can to protect jobs and services, the reality is that if austerity continues, across the UK Councils, including ours, will be struggling to provide statutory services; indeed some already are.

BREXIT is also an unquantifiable, extreme risk to the UK economy and we have no idea how it will affect Council finances.

Council reaffirms our support for the Trade Unions' anti-austerity campaign, and in light of feedback from the Trade Unions last year, this year's budget consultation is very different:

- There are no questions asking people to choose savings options.
- People are not being asked to give us feedback on a balanced budget.
- People are instead being asked to tell us what services areas they value most, and if there are areas they would like to see enhanced.
- People can choose to tell the Council that they wish us to prioritise investment in all services areas if they wish.
- Savings/Enhancement options will be published towards the end of the year, but we will not hold a specific consultation on them as per the request from Trade Unions.

Councillors will use the feedback from the budget consultation to make political decisions about how we should balance the budget.

Council welcomes input and advice from anyone with knowledge of our services and we fully encourage members of the public, and staff to take part in the consultation.

Council notes that as always, the Administration welcomes ideas and input from Trade Union and Councillor colleagues cross party in setting our budget.

Between now and February, we encourage our colleagues to bring forward realistic suggestions for ways in which we can make savings or increase the money we have available to spend to enable us to protect staff and services.

At the request of Councillor O'Neill the Council proceeded by way of a roll call vote.

On a vote being taken 10 members voted for the amendment, namely Provost Hendrie, Baillie Agnew and Councillors Brown, Conaghan, Dickson, Docherty, Caroline McAllister, McColl, McLaren and McNair and 9 members voted for the motion, namely Councillors Bollan, Lennie, Douglas McAllister, McBride, Mooney, O'Neill, Page, Rooney and Walker. The amendment was declared carried.

## **GLASGOW CITY REGION CITY DEAL UPDATE**

A report was submitted by the Strategic Lead – Regeneration advising of progress with the implementation of the Glasgow City Region, City Deal.

Following discussion, Councillor McColl moved that the Council agrees:-

- (1) to note the progress of the Glasgow City Region (GCR) City Deal; and
- (2) to note progress with the Council's project for the Exxon site.

The Council agreed the motion.

Councillor Bollan, having failed to find a seconder for a proposed amendment, requested that his dissent be recorded in respect of this item.

## **ANNUAL REPORT ON AUDIT COMMITTEE**

A report was submitted by the Strategic Lead – Resources providing an Annual Report on the Audit Committee for 2018/19.

After discussion and having heard the Audit Manager in answer to Members' questions Council noted the report.

## **GENERAL SERVICES BUDGETARY CONTROL REPORT - PERIOD 4**

A report was submitted by the Strategic Lead – Resources on the above.

After discussion and having heard officers in answer to Members' questions, the Council agreed:-

- (1) to note that the revenue account currently shows a projected annual favourable variance of £0.039m (0.02% of the total budget);
- (2) to note that the capital account shows that planned expenditure and resource for 2019/20 is lower than budgeted by £1.635m (2.35% of the budget), made up of £2.076m (2.98% of the budget) relating to project slippage, partially offset by £0.441m relating to an in year overspend; and
- (3) to delegate to the meeting of the Audit Committee in September 2019 the formal approval of the audited Financial Statements on behalf of the Council and note that the audited Statements will be reported to Council in October 2019.

## **ADJOURNMENT**

Following a request from Councillor McColl the Council agreed to a short adjournment.

The meeting reconvened at 8.28 p.m. with all those noted in the sederunt present.

### **HOUSING REVENUE ACCOUNT (HRA) BUDGETARY CONTROL REPORT - PERIOD 4**

A report was submitted by the Strategic Lead – Housing & Employability providing an update on the financial performance to 31 July 2019 (Period 4) of the HRA revenue and capital budgets.

The Council agreed:-

- (1) to note the contents of the report which shows the revenue budget forecast to underspend against budget by £0.029m (0.1%) at the year-end; and
- (2) to note the net projected annual position in relation to relevant capital projects which is showing no projected variance.

### **TREASURY MANAGEMENT ANNUAL REPORT 2018/19**

A report was submitted by Strategic Lead – Resources providing an update on treasury management during 2018/19.

The Council agreed:-

- (1) to note the treasury management stewardship information within the report;
- (2) to note the 2018/19 actual prudential indicators as advised within the report (Tables 2, 3, 4 and 5);
- (3) to note the future repayment profile of loans fund advances as at 31 March 2019 (Table 8 of the report); and
- (4) that a copy of the report be remitted to the Audit Committee to ensure further scrutiny takes place.

### **UPDATE OF THE FINANCIAL REGULATIONS**

A report was submitted by the Strategic Lead – Resources seeking approval of the revised Financial Regulations.

Councillor Dickson moved:-

- (1) that the Council approves the revised Financial Regulations, as attached to the report, for implementation on 15 September 2019; and
- (2) that the Council delegate authority to the Strategic Lead – Resources, together with the Strategic Lead – Regulatory, to make necessary amendments to the appropriate terms of the Financial Regulations relative to EU procurement law should the United Kingdom leave the European Union.

The Council agreed the motion.

Councillor Bollan, having failed to find a seconder for a proposed amendment, requested that his dissent be recorded in respect of this item.

## **WEST DUNBARTONSHIRE ANNUAL PERFORMANCE REPORT 2018/19**

A report was submitted by the Strategic Lead – Communications, Culture & Communities presenting the West Dunbartonshire Council Annual Report 2018/19.

After discussion and having heard the Performance & Strategy Manager in further explanation of the report, the Council agreed to note the contents of the Annual Report 2018/19.

## **AUDIO STREAMING OF COUNCIL MEETINGS**

A report was submitted by the Strategic Lead – Regulatory seeking approval to continue the audio streaming of Council and certain committee meetings.

Following discussion, the Council agreed:-

- (1) that the audio-streaming of Council meetings continue for all ordinary and special meetings of full Council and the undernoted service committees:
  - Corporate Services Committee;
  - Educational Services Committee;
  - Infrastructure and Regeneration Committee;
  - Housing and Communities Committee; and
- (2) that officers seek the best pricing option with the existing contractor to deliver the audio-streaming requirements of this Council.

## **JOINT COLLABORATION: WEST DUNBARTONSHIRE AND INVERCLYDE COUNCILS**

A report was submitted by the Strategic Director – Transformation & Public Service Reform advising of proposals for further joint collaboration with Inverclyde Council.

Councillor McColl, seconded by Councillor Dickson moved that the Council agrees:-

- (1) to approve the implementation of the Internal Audit shared management model between Inverclyde and West Dunbartonshire Councils;
- (2) to note the timeline for the development and implementation of the Fleet, Waste and Grounds collaborative model; and
- (3) to note that a report providing an update on the above will be remitted to the Shared Services Joint Committee in October 2019.

As an amendment Councillor Rooney, seconded by Councillor Bollan moved:-

The Council notes the report but takes no further action. The Council does not agree with the Internal Audit shared management model. We do not agree with the Strategic Lead - Roads and Transportation assuming responsibility for fleet, waste and grounds services from October, and Labour supports Option 4, which is the status quo.

On a vote being taken 7 Members voted for the amendment and 12 for the motion, which was declared carried.

### **QUESTION FROM COUNCILLOR JIM BOLLAN TO COUNCILLOR JONATHAN McCOLL**

Councillor Bollan put the following question to Councillor McColl:-

On 27<sup>th</sup> March, 2019, Council agreed to review its current charging policy for non-residential social care.

Will this review undertake an Equality Impact Assessment, according to the Equality Act 2010, of such a policy?

If so, what aspects and outcomes of the policy will that assessment cover; and will those aspects and outcomes include the total level, as well as the range of levels of debt to the individual, such a policy accrues?

Councillor McColl replied as follows:-

On the 27<sup>th</sup> of March 2019 the Council agreed to review its current charging policy for non-residential social care.



Initial Equality Impact Assessments (EIAs) were carried out by relevant Heads of Services which covered the increase to Community Alarms and Charging for Day Opportunities in 2018/19. The completed EIAs will be published on the HSCP website in due course.

The EIAs considered the impact on all protected characteristics under the Equality Act considered including socio economic status.

Initial findings highlighted that while a consistent charging policy across all care groups would be welcomed, some groups of people with protected characteristics particularly age, sex and disability may initially find charges off-putting. The EIA also highlighted that there was the potential for individuals to exercise more choice and access more personalised day opportunities in line with self-directed support principles. A clearer charging policy for both learning disability day opportunities and additional care at home services will mean that eligible older people with learning disabilities will be able to navigate the support systems in a clearer way.

A number of actions agreed for 2019/20 include;

- Six monthly monitoring of users affected by age, sex and disability to ascertain the profile of users who may no longer be accessing the services
- Regular consultation with user groups affected as per routine service practices
- Ensuring that individuals' incomes are maximised and other opportunities are accessed through continued support from WDC Working 4 U.
- Considering and monitoring the impact on carers and adult carers support plans by sex, disability and age
- Development of appropriate policies in place for supporting individuals who are assessed as being at risk, but who may refuse to pay the charges
- Ensuring that the information on the HSCP and Council website regarding charges is fully updated and ensuring that the information is available in different formats.

Councillor Mooney, having had the agreement of the Council, proceeded to ask his urgent question to Councillor McColl at this point in the meeting.

#### **URGENT QUESTION FROM COUNCILLOR JOHN MOONEY TO COUNCILLOR JONATHAN McCOLL**

Councillor Mooney put the following question to Councillor McColl:-

Will the Leader of the Council bear in mind when he attends the COSLA Leaders' meeting on Friday that the proposed new funding formula for

school nursing and counselling will significantly reduce the funding available to West Dunbartonshire? Will he also convey his dismay that the allocation of this funding has taken so long and that SIND data on the levels of deprivation in West Dunbartonshire have not been taken into account?

Councillor McColl replied as follows:-

Yes and yes. Can I also thank Councillor Mooney for raising the questions. I have a briefing for attending the COSLA meeting and will share that with Councillor Mooney and am happy for him to share that with colleagues and I will update Councillor Mooney after the COSLA meeting to let him know how the meeting went and what other colleagues were saying.

### **NOTICES OF MOTION**

#### **(a) Motion by Councillor Jim Bollan - Biodiversity**

Councillor Bollan, seconded by Councillor Douglas McAllister moved:-

Council agrees to draw up a Biodiversity plan for West Dunbartonshire and actively involve the local communities in the planning, development and use of these Biodiversity areas across West Dunbartonshire. These areas require to be in suitable locations, with appropriate soil, plus have wildflowers added to encourage the bees, birds, butterflies and other insects to use the areas to help protect the ecosystems.

The areas of open land in various parts of West Dunbartonshire at present where the grass and weeds have been left uncut due to budget reductions are, unsightly, strewn with litter, dogs dirt, and are not areas where bees will pollinate."

As an amendment Councillor McLaren, seconded by Bailie Agnew moved:-

Council notes the progress made since 2010 in improving the area's biodiversity and instructs officers to refresh the current biodiversity plan, and bring it to a future IRED committee for consideration.

The report should include a summary of progress made to date, and what future activities can be done to improve the biodiversity of West Dunbartonshire. It should also include an action plan to control invasive species in the area, particularly Himalayan Balsam which is rampant in many parts.

Council notes that many departments are key to the success of our biodiversity programme, for example Greenspace, Roads and HAC, and asks

that these departments work together to include in the report how success can be achieved.

Council notes that biodiversity areas are not just created by simply leaving them alone; they require careful management – especially in April and September – and asks that the report being brought to IRED includes what additional resources would be required to manage these areas better, along with an options appraisal to reinstate the Biodiversity Officer post.

Council further notes that Greenspace work closely with communities and individuals with regard to biodiversity issues, and that areas given over to biodiversity can take several years for nature to return to them.

Council further instructs officers to begin the process of designating Brucehill Cliffs / Havoc Meadows as a Local Nature Reserve, which has become a site of outstanding biodiversity and beauty, and enjoyed recreationally by many.

On a vote being taken, 10 Members voted for the amendment and 9 for the motion which was declared carried.

### **SUSPENSION OF STANDING ORDERS**

At this point Councillor Dickson stated that as no Member had moved to suspend Standing Order 7(c) earlier in the meeting that the meeting would require to be reconvened and the remaining business continued to a meeting to be held within the next fourteen days.

Councillor McBride asked if it was possible to suspend Standing Orders and conclude the remaining business this evening.

Following discussion the Legal Officer advised that it would be possible for the Council to suspend Standing Order 7(c) provided two thirds of Members present so decided.

Councillor McBride, seconded by Councillor Douglas McAllister moved that Council agrees to suspend Standing Order 7(c). The Council agreed the motion and the business remaining on the agenda was considered.

### **ADJOURNMENT**

Following a request from Councillor Caroline McAllister, the Council agreed to adjourn the meeting for a short period.

The meeting reconvened at 10.33 p.m. with all those Members noted in the sederunt present.

**(b) Motion by Councillor David McBride – Civic Space Church Street**

Councillor McBride, seconded by Councillor O'Neill moved:-

Council notes the capacity of the public viewing gallery in the Church Civic Space is limited. While this provides sufficient seating for most meetings, depending on the agenda item this will not accommodate the capacity required if there is a contentious issue being considered, or for the annual budget setting meeting. We note the many interested members of the public were locked out of the June meeting when the Flamingoland development was being considered. Council believes public interest in local democracy should be encouraged and if possible, we should attempt to satisfy demand for people to attend meetings if they wish.

Therefore, we call on the Chief Executive to arrange space planning to maximise public attendance in the Church St Civic Space when demand is required. If a large attendance of the public is anticipated for a Council Meeting the seating could be arranged in a similar manner to committee meetings, possibly at one side of the Civic Space and not dissimilar to the arrangement in the Council Chamber in Clydebank Town Hall. This could allow additional seating and increase capacity to attend Council Meetings. In addition, a temporary barrier could be procured to ensure there is a suitable defined space for Elected Members, Officers and members of the public.

Council also requests that the Chief Executive reports back to next Council with options and costs of proposals which could also include live visual streaming to the large screen in the Council Staff area. In addition, we would also wish to consider holding meetings if required in the Lesser Town Hall when the Clydebank Council Chamber proves unable to accommodate the public. Therefore, we also request any costs involved to ensure this supports the live streaming of meetings.

As an amendment Councillor Conaghan, seconded by Bailie Agnew moved:-

Council notes that the capacity of the viewing galleries in both Church Street and Clydebank Town Hall are limited, in common with every public viewing gallery in Councils and Parliaments across the UK.

A selection of Councils have advised officers that they have the following public viewing space:

West Dunbartonshire (Church Street, Dumbarton)	-	30
Inverclyde	-	28
East Renfrewshire	-	27
Renfrewshire	-	27
West Dunbartonshire (Clydebank Town Hall)	-	26
Argyll & Bute	-	25
West Lothian	-	23
Glasgow	-	20

Council notes from the above list that the capacity in Church Street is greater than that of other Councils, including the largest Council in Scotland, Glasgow City Council. Similarly, the Capacity in Clydebank Town Hall is comparable with others. As such Council agrees our public viewing capacity entirely appropriate.

West Dunbartonshire Council believes public interest in democracy should be encouraged, which is why we now livestream our meetings, and have hundreds of listeners for each full Council.

If Council was to adjourn to the lesser hall in Clydebank, those people would be disenfranchised, unable to hear proceedings either live or afterwards.

Such a policy would also mean refusing any bookings on all Council days, given the agenda isn't known until a few weeks before the meetings, and weddings are rarely booked at such short notice.

While the idea of streaming into the Church Street Atrium seems like a good solution in Dumbarton, it would be impractical given staff are still working when many Council meetings are taking place, and need use of this non-public space for themselves.

Given the above, Council agrees to take no action on this issue.

On a vote being taken 10 Members voted for the amendment and 9 for the motion. The amendment was declared carried.

**(c) Motion by Councillor Martin Rooney – Self Directed Care**

Councillor Rooney, seconded by Councillor Mooney moved:-

This Council notes the recent review of Self Directed Care by the Care Inspectorate highlighted limited progress by West Dunbartonshire Health & Social Care Partnership.

The Partnership has fallen further behind the Scottish average in terms of Self Directed Care.

In 2015/16 the Scottish average implementation rate was 26% but by 2016/17 the national average had increased to 39%. However, West Dunbartonshire Health & Social Care Partnership implementation rate was just 3%.

The West Dunbartonshire Health & Social Care Partnership was ranked 32 out of 32 local authorities in Scotland on the percentage of social care clients who had made an informed choice regarding Self Directed Care.

The West Dunbartonshire Health & Social Care Partnership was ranked 28 out of 32 Scottish local authorities on the percentage of adults that used direct payments or personalised managed budgets to meet their support needs.

The West Dunbartonshire Health & Social Care Partnership annual public performance report in 2017 reinforced its commitment to meeting the requirements of self directed support legislation but the partnership has failed to meet these commitments.

The Care Inspectorate identified that there was evidence of poor personal outcomes in 32% of the case studies they read.

The inspectors also noted that the West Dunbartonshire Health and Social Care Partnership had not used evidence to inform changes and improvement and had not fully assessed the potential implications of Self Directed Care legislation and the implications of the Carers (Scotland) Act 2016 on its finances.

Given the above, the Council calls for a copy of the recently published West Dunbartonshire Health and Social Care Partnership report on Self Directed Care to be presented to the next Council meeting for public scrutiny by all elected members.

A copy of the Care Inspectorate's Thematic Review of Self-Directed Support in Scotland is appended as the Appendix to these minutes.

As an amendment Councillor McNair, seconded by Bailie Agnew moved:-

This Council notes that the matter was fully considered at the Health & Social Care Partnership's Integrated Joint Board, and an action plan was unanimously agreed to sufficiently address the issues raised.

On a vote being taken, 10 Members voted for the amendment and 9 for the motion. The amendment was declared carried.

**(d) Motion by Councillor David McBride – Road Closures**

Councillor McBride, seconded by Councillor Lennie moved:-

Council notes there has been significant road works locally in the last few months. Of course we recognise the maintenance is absolutely necessary and often an emergency by utilities. However, in recent months the local community has endured significant delays and inconvenience. Therefore, Council requests the Chief Executive provides a report of road works in the last six months and review if any lessons can be learned for future projects that could be introduced before and during major roadworks.

The report should review preparation of the road closures, consultation with local residents & businesses to attempt to minimise disruption and mitigate this where possible. In future, it should be mandatory that road closures discussions are held with bus companies to ensure some form of service is retained. For example, Silverton residents service was severely disturbed following the Glasgow Road gas replacement pipes. Clearly, this will have had a huge impact in many residents' day to day lives. In addition, diversion signage installed by contractors have proved confusing and inadequate. WDC roads staff should always be on site prior to the immediate work starting. Officers should have the authority to postpone work if the signage or parking restrictions required have not been introduced by the contractors as agreed.

In addition, the level of road works may be unsustainable in terms of sufficient staffing for our officers. This should therefore also be taken into consideration when planning and while authority for road closures is agreed.

The report with findings and recommendations should be submitted to next suitable Council Meeting.

As an amendment Councillor McLaren seconded by Councillor McNair moved:-

Council notes that there has been disruption to the authority's roads network this summer, caused by a number of unpredictable external factors classified as emergency works. Between June and August this year there were 304 urgent and emergency works notified, all of which were notified to the council within 24 hours, 99 of which were notified either before work started or within two hours of it starting.

Council further notes that the correct and appropriate liaison with bus companies is via the transport authority, SPT, who then liaise with bus companies.

Council further notes the excellent progress made in improving our authority's roads, including £1.54m of improvement works in 2017/18, £5.13m in 2018/19 and a fully committed infrastructure budget for 2019/20 of over £5.47m.

Council gives thanks to the Roads Department for their continuing improvement works and diligence in managing and monitoring emergency works according to legislation, and to the public for their patience during roadworks. Council asks that a report be brought to the IRED committee detailing the roads improvements to date, what the department does to mitigate the impact of closures, and any recommendations that may mitigate the impact of future roadworks.

On a vote being taken, 10 Members voted for the amendment and 9 for the motion. The amendment was declared carried.

**(e) Motion by Councillor Caroline McAllister – Community Alliance**

Having heard the Legal Officer, a vote was taken to suspend Standing Order 20 to allow consideration of Item 18(e) – Motion by Councillor Caroline McAllister – Community Alliance.

11 Members voted to suspend Standing Order 20, however due to a two-thirds majority of those present not being obtained, the Standing Order was not suspended and the item was not considered.

**(f) Motion by Councillor Douglas McAllister – Clydesdale Harriers – Above Inflation Letting Charges**

Councillor Douglas McAllister, seconded by Councillor O'Neill moved:-

This Council is disappointed to learn that a community sports group that actively encourages participation by young people into sports activities has been subjected to an 18% increase in its letting charges at St Peter The Apostle in Clydebank.

The club targets the young people from the five mainstream secondary schools and it keeps its rates low to remove barriers for less well-off young people so that they can fully participate in their activities.

In the Year of Young People, it is indeed unfortunate that the club had seen its letting costs increase from £7,000 to £8,000.

Council calls on the Chief Executive to explore options and to bring a report to the next Council meeting with a resolution to the situation.

This could include setting up a support grant from reserves to help the organisation to obtain financial support to keep its club fees affordable. Alternatively it could be a supported grant from the Year of Young People legacy fund.

Council also notes that the club had been informed that they would have their access to facilities at St. Peter The Apostle Secondary School cut back essentially locking/

Locking the community out of using the sports facilities including the community use of the running track etc.

The Council report should also explore the rationale for this change and consider the implications of reversing this so that the club can continue to provide the service to local young people.

As an amendment, Councillor Conaghan seconded by Bailie Agnew moved:-



Council notes that the letting charges were increased by 14% as part of the Council's strategy to maximise income while ensuring our facilities remain competitive and available to local groups.

Council further notes that information from the department confirms the Clydesdale Harriers have bookings for 172 lets in 2019/20 compared to 176 lets in 2018/19, a reduction of just four. Officers have also confirmed that access to the school hall has only been restricted during exam periods to minimise disruption for pupils and staff; Council does not consider this an unreasonable decision.

Council invites the member who raised this motion to assist his constituents in making an application to the Council's "Year of Young People Fund".

On a vote being taken, 10 Members voted for the amendment and 9 for the motion. The amendment was declared carried.

**(g) Motion by Councillor Ian Dickson – Use of Solar PV**

Councillor Dickson moved:-

Having recently recognised the climate emergency Council asks officers to investigate and provide a report on increasing the council's energy self-sufficiency through the use of solar PV. The use of solar panels can generate locally some or all of the energy our new build and existing buildings consume, reducing our consumption of fossil fuel derived energy. This report should be available for councillors to consider in time for the budget setting meeting in March 2020.

The Council agreed the motion.

The meeting closed at 12.13 a.m.





# Thematic review of self-directed support in Scotland

## West Dunbartonshire local partnership report

June 2019



HAPPY TO TRANSLATE



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## **1. About this report**

### **Background**

Self-directed support: A National Strategy for Scotland was published in October 2010. This was a 10-year strategy which set the agenda for self-directed support in Scotland. The subsequent Social Care (Self-directed Support) (Scotland) Act 2013 was implemented on 1 April 2014. The strategy and legislation were designed to encourage significant changes to how services are provided. They require public bodies to give people more say in decisions about local services and more involvement in designing and delivering them.

Fundamental principles of self-directed support are built into the legislation: participation; dignity; involvement; informed choice; and collaboration. Further principles of innovation, responsibility and risk enablement were added. Social care should be provided in a way that gives people choice and control over their own lives and which respects and promotes human rights.

### **The thematic review**

This report forms part of a thematic review led by the Care Inspectorate, which was undertaken jointly with Healthcare Improvement Scotland. The inspection teams included associate assessors with lead roles in self-directed support in partnerships and other organisations across Scotland.

The review looked at the implementation of self-directed support in six partnerships across Scotland: East Lothian; East Ayrshire; West Dunbartonshire; Shetland; Moray and South Lanarkshire. The specific findings from and recommendations for the individual partnerships visited are reported separately in these local partnership reports.

As part of the thematic review we have also published an overview report. This sets out the key messages and recommendations from the review. We hope that all partnerships across Scotland and organisations interested in self-directed support will be able to learn from these findings.

### **The focus of our thematic review**

The main purpose of the review was to improve our understanding of the implementation of self-directed support to support improvement in the delivery of this important agenda in Scotland. We sought to find out if the principles and values of self-directed support were being met and delivering positive personal outcomes.

Under this overarching inspection question, we explored the extent to which the partnerships had ensured that:

- people were supported to identify and achieve personal outcomes
- people experienced choice and control
- people felt positive about their engagement with professionals and services
- staff were enabled and empowered to implement self-directed support
- the principles and values of self-directed support were embedded in practice
- there was information, choice and flexibility for people when accessing services.

This local partnership report sets out our findings, evaluations and recommendations against the following themes:

- Key performance outcomes
- Getting support at the right time
- Impact on staff
- Delivery of key processes
- Policy development and plans to support improvement in services
- Management and support of staff
- Leadership and direction that promotes partnership.

### **Approach to the partnership inspection**

To find out how well self-directed support is being implemented in West Dunbartonshire, we gathered the views of staff across social work, health and provider organisations. We carried out an online survey between 27 June and 13 July 2018, aimed at gathering the views of staff in relation to self-directed support. In addition, we worked with partnerships and invited them to coordinate a supported person questionnaire to ensure we got their perspective on how self-directed support had shaped their experiences of receiving services. The survey was completed by 128 staff and the supported person questionnaires were completed by 18 people.

We read the files of 60 supported people who received a social work assessment and subsequent care and support services and 20 files of people who had been signposted to other services at the point of enquiry. During the inspection we met with a further ten supported people and nine unpaid carers to listen to their views about their experiences of services. We also spoke to various staff from a range of agencies who worked directly with supported people and unpaid carers and are very grateful to everyone who talked to us as part of the thematic review of self-directed support.

### **Staff survey and case file reading analysis**

Where we have used figures, we have standardised the terms of quantity so that 'few' means up to 15%; 'less than half' means 15% up to 50%; 'the majority' means 50% up to 75%; 'most' means 75% up to 90%; and 'almost all' means 90% or more.

## Evaluations

Evaluations are awarded on the basis of a balance of strengths and areas for improvement identified under each quality indicator. The evaluation is not a simple count of strengths and areas for improvement. While each theme within an indicator is important, some may be of more importance to achieving good outcomes for supported people and unpaid carers that they are given more weight than others. Similarly, weaknesses may be found that impact only on a small number of individuals but be so significant, or present such risks, that we give them greater weight. All evaluations are based on a thorough consideration of the evidence.

## Definitions

**“Self-directed support options”** refer to the four self-directed support options under the legislation:

- **Option 1:** The individual or carer chooses and arranges the support and manages the budget as a direct payment.
- **Option 2:** The individual chooses the support and the authority or other organisation arranges the chosen support and manages the budget.
- **Option 3:** The authority chooses and arranges the support.
- **Option 4:** A mixture of options 1, 2 and 3.

**‘Supported people’ or ‘people’** describes people who use services or supports as well as people acting as unpaid carers for someone else.

**‘Good conversations’** are the conversations that take place between supported people and staff. These conversations allow an understanding to develop of what is important to, and for, supported people on their terms. This allows the identification of desired personal outcomes for the supported person.

**‘Personal outcomes’** are defined as what matters to supported people in terms of the impact or end result of activities. These can be used both to determine and evaluate activity.

**‘Staff’** includes paid staff working across health, social work and social care services; this includes staff from all sectors statutory and third and independent sectors involved directly or indirectly in the provision of advice, care and support.

**‘Providers’** refers to organisations that employ and manage staff in the provision of advice, care and support. These organisations can be from the statutory, third or independent sector.

**‘The partnership’** refers to the integration authority which has statutory responsibilities for developing strategic plans and ensuring that the delivery of the functions delegated to the local authority complies with the integration delivery principles.



**‘Independent support’** including independent advocacy is impartial, can take many forms and may be provided by different organisations. It does not involve providing direct care or related tasks; rather, it helps people make informed decisions about self-directed support.

## 2. Key performance outcomes

### **Supported people experience positive personal outcomes through the implementation of self-directed support**

#### **Summary**

The available performance data relating to self-directed support for West Dunbartonshire was less positive than the national picture and supported the inspection findings that self-directed support was underdeveloped in this partnership area. There were examples of positive self-directed support approaches achieving good outcomes for people with a learning disability or with acquired brain injury. While these approaches were not as evident across other larger service areas, such as in services for older people, there were still beneficial outcomes for supported people in these services. However, practice in these areas was not yet underpinned by the principles of self-directed support. Current assessment tools did not prompt staff to have or record good conversations and were not focussed on personal outcomes. Carers we met had mixed experiences of their outcomes being met. While the partnership did not have systems in place for measuring and collecting aggregated data on personal outcomes, they were in the early stages of developing an approach to do this.

#### **Evaluation – Adequate**

In West Dunbartonshire, we saw that staff worked hard and were committed to the delivery of person-centred and person-focused services. Whilst overall staff had a sound understanding of how to support people to achieve positive outcomes, a truly asset-based approach was only consistently evident in learning disability services and acquired brain injury services. Most of the evidence of supported people experiencing positive personal outcomes through accessing self-directed support options was in these services. In these service areas, self-directed support was relatively well embedded and supported people had more choice and control. We saw some good examples of creative and personalised approaches to meeting personal outcomes.

The majority of people were being supported in line with their needs, wishes and agreed personal plans. The supported person's strengths and assets were considered in just over half of the records we read. This was having a positive impact. However, the outcomes being achieved were through a deficit-led approach to assessment rather than as a result of asset-based, personal outcomes approaches. There was still work to do to ensure that all assessments were outcomes-focused and that practice and processes were underpinned by the principles of self-directed support. There was evidence of poor personal outcomes in 32% of the files we read. Therefore, there was still work to be done by the partnership to identify where poor outcomes were occurring and why.

Unpaid carers we met had mixed experiences of their outcomes being met. The majority of them spoke about having good conversations with staff from the carers

centre and the health and social care partnership (HSCP). However, some described the partnership's responses as primarily reactive rather than proactive or preventative and not outcomes-focused.

The partnership had recently implemented a two-tier carers' assessment tool which had been developed following consultation with carers and carers' organisations. The majority of carers who needed support following assessment had had their needs met primarily by universal services without accessing services through self-directed support. In half of the records we read there was evidence that the assessment had led to improved outcomes. As the implementation of the Carers (Scotland) Act 2016 embeds, it will be important that the partnership is able to demonstrate how carers' outcomes are being improved.

The partnership told us they used a number of tools to measure progress against individual personal outcomes and to monitor the impact and outcomes of support plans. These tools were used in addiction services, children's services and services for people with a learning disability. However, we saw little evidence of the use of outcomes tools or frameworks in practice in the case files we read. Only 2% of the files from these services had evidence of an outcomes tool/framework being used.

The performance data in respect of West Dunbartonshire was less positive than the national picture. The partnership was behind in their progress with self-directed support in relation to other authorities across a range of measures. Nationally the self-directed support implementation rate in 2016/17 was 39%, an increase from 26% in 2015/16. In West Dunbartonshire the rate had remained static from the 2015/16 figure of 3% and continues to remain considerably lower than the national average. The partnership was ranked 28 of all 32 local authorities on the percentage of adults that used direct payments or personalised managed budgets to meet their support needs. It was ranked 32 of all 32 local authorities on the percentage of social care clients who made an informed choice regarding their self-directed support<sup>1</sup>. The partnership was developing a new self-directed support tool which would be able to consistently record how supported people made informed choices about their support and this would enable the partnership to target improvements in performance in a more informed way.

The partnership had not used data to shape and inform the practice and direction of self-directed support and to help improve people's outcomes. We saw that they had been able to use data, including outcome related data, to good effect when looking at, for example, data to support anticipatory care planning and additional preventative support. This approach had not however been extended to self-directed support.

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<sup>1</sup> Source: Local Government Benchmarking Framework: Areas of council performance – Adult Social Care Services 2014/15 to 2015/16

At the time of inspection, intelligence on personal outcomes for people could only be checked manually. Information about individual outcomes could be gathered from reviews, supervision and the contracts team, however, this information was not routinely collated and used for improvement.

The partnership was in the early stages of developing an approach to collecting outcome related data. They were developing a new outcomes-focused assessment tool for their recording system Carefirst. This would allow them to interrogate their information system and produce reports on how effectively outcomes are being met.

#### **Recommendation for improvement**

The partnership should seek to ensure that supported people across all service groups and all unpaid carers consistently experience positive personal outcomes and take action to ensure that it is able to record, measure and report on these.

#### **Recommendation for improvement**

The partnership should take steps to analyse and understand its local and national performance information and use this to inform and drive improvement in self-directed support.

### **3. Getting support at the right time**

**Supported people are empowered and have choice and control over their social care and support**

#### **Summary**

Supported people benefited from the engagement and good conversations they had with staff. The carers centre, Alzheimer Scotland and in particular the direct payment staff had made a positive contribution to informing and advising supported people about self-directed support. There was a comprehensive, well used, award winning telephone advice line for older people in West Dunbartonshire called link up. This service was a good example of co-production and community capacity building. However, information on resources specific to localities was not as widely available within communities as it could have been. We saw evidence of people having choice and control in learning disability services and also for children in transition. The partnership had a single point of access through which they effectively signposted people to community resources. Access to independent advocacy was limited but where it was received this was well regarded and provided for as long as required. There were no systems in place to capture or measure the impact of preventative or early intervention services.

#### **Evaluation – Adequate**

The range and quality of information about self-directed support available to the public in West Dunbartonshire was variable. The council website provided easily accessible information about self-directed support. The council also had a Facebook page on self-directed support. There was nothing specifically about self-directed support on the West Dunbartonshire health and social care partnership website. We were told that work was underway to improve the quality of the information on this website.

The carers of West Dunbartonshire organisation had a website offering a range of services such as information, advice, support, training and practical assistance to carers and supported people eligible for self-directed support. The support given was free, confidential and independent. The good life group provided training and advice to supported people and unpaid carers on self-directed support. Alzheimer Scotland also provided good, quality information and advice on supports and self-directed support.

There was a comprehensive, well used, award winning telephone advice line for older people in West Dunbartonshire called link up. This service was run by the partnership along with West Dunbartonshire community and volunteering service. It was widely promoted throughout West Dunbartonshire. This service provided a range of information for older people and signposted people to a range of services and supports in the community. It had been recognised with a care accolade award from the Scottish Social Services Council in 2014, the 2014 self-management project

of the year for the Health and Care Alliance Scotland Awards and in 2015; it received the gold award in the local matters category at the COSLA excellence awards. Link up was a good example of co-production and community capacity building.

There was a need to develop and extend access to information in more formats and within more community settings. As part of their improvement support for self-directed support the partnership had established the self-directed support review group. This group was to look at the provision of public information as part of their review activity. There were no details or any timescales available for this activity at the time of inspection.

There was no evidence that the sources, impact, understanding and value of information given to supported people had been evaluated. Evaluation would give the partnership an awareness of the timeliness and the quality of information being given and any gaps that had to be addressed.

Reflecting the trend we saw throughout the inspection, there were better examples of informed decision making about the four options within specific care groups. Some supported people and unpaid carers spoke positively about the information they were given about the four options and how this influenced their choice of option. There were positive examples of individuals being able to change their chosen option. We saw good practice examples where two physical disability service users were supported to use self-directed support creatively to complete university courses. This included adapting the self-directed support as their needs changed. However, practice was not consistent and many people did not have the same levels of choice and control. Younger supported people in transition and people with learning disabilities had more opportunities for innovative support and had more choice and control than other groups.

The results of a consultation exercise in 2018 with users of local third sector organisations showed a concern about slow progress in the embedding of self-directed support in the West Dunbartonshire area. In June 2018 following this consultation, Clyde shopmobility and West Dunbartonshire community and volunteering service successfully applied to the Inspiring Scotland Support in the Right Direction 2021 fund and secured 36 months funding. The IDEAS project (increasing discussion and encouraging access to self-directed support) was created through this funding to address some of the gaps in progress of self-directed support.

This project had identified a suite of measures to help embed self-directed support and its principles across the partnership. Among these measures were an improvement in information pathways, an increase in the number and availability of published resources about self-directed support and a raising of community awareness of these locally. The IDEAS project was also looking at the creation of a team of peer advocates to support people investigating and potentially accessing self-directed support. Independent brokerage would also be developed through this project. This work was at a very early stage but would go some way to ensuring that self-directed support information was more widespread and comprehensive.

Independent advocacy was only provided in a small proportion of cases. The partnership acknowledged that there were limitations to the extent that people could access independent advocacy. It was predominantly available for statutory interventions for people with mental health problems, a learning disability or acquired brain injury. This impacted upon people, other than those who required statutory support, getting access to advocacy to support good conversations, choice and control at the point of considering self-directed support options. Where advocacy support was provided however, this appeared to be well regarded and effective. The partnership said the use of advocacy services was under review as part of a wider review of commissioning and procurement.

The partnership had a single point of access for adults and older people. Through this they made an initial assessment of the care and support required. People were then signposted to alternative support such as the carers centre or into the formal assessment process from the first point of contact. During file reading we looked at 20 cases that did not progress to a formal assessment and where supported people were signposted to alternative support services. We saw that people were signposted appropriately in the majority of these records.

Self-directed support was not routinely discussed at the first point of contact. From our analysis of records and from speaking with supported people, this was only discussed if a full assessment was then being carried out. The partnership did not capture information about referrals or services provided for those who were signposted to alternative support and did not have any system for evaluating the effectiveness of prevention and early intervention services. It was difficult for the partnership to evidence how these referrals might reduce the need for services funded through personal budgets.

Consideration of investment in the development of community and early intervention services was at an early stage. The partnership recognised that they needed to be more open to the third and independent sector being involved in service development and new models of care.

Staff we spoke with demonstrated some awareness of local informal services. There was no formal directory on informal supports available so individual worker knowledge or local knowledge was relied on. We were told that locality-based directories were being developed to bring together information about early intervention and prevention services.

### **Recommendation for improvement**

The partnership should develop appropriate pathways for individuals to access advocacy and/or independent brokerage if and when they need it to support decision-making around self-directed support options, choice and control.

### **Recommendation for improvement**

Where people are signposted to early intervention and preventative services the partnership should take steps to measure the effectiveness of these supports in reducing the need for more formal services and supports.

## 4. Impact on staff

**Staff feel confident, competent and motivated to practice in an outcome-focussed and person-led way**

### Summary

While staff spoke confidently and demonstrated a basic broad knowledge about the principles and values of self-directed support and how they could apply these within their work, not all staff were confident in using asset-based approaches in practice. Staff from learning disability services and those working in the acquired brain injury service demonstrated a sense of confidence and competence in relation to self-directed support principles and had the frameworks in place within their services to be able to carry out the principles in practice. Most other staff we spoke with outside of these service groups, said that they were unable to build on their knowledge and become confident in practice because they did not have the supporting framework in place to allow them to do so. There was a lack of communication between service areas to share asset-based approaches in practice. Systems and forums for staff to support and inform an asset-based approach were not used effectively. There were missed opportunities to discuss self-directed support and support improved practice with staff.

### Evaluation – Weak

During the course of the inspection, we met with staff at all levels of the partnership, including 11 frontline staff and a similar number of frontline managers. We also received 130 responses to our staff survey. Of these respondents, 48% were employed by the local authority in social work or social care and 43% by the NHS.

Staff felt they had a broad understanding of self-directed support and outcomes-focused practice. They spoke with confidence about the principles of self-directed support, how the four options might work for people and the role of good conversations in facilitating this. In our staff survey, most of the respondents agreed or strongly agreed that staff had positive conversations with people about what mattered to them and the support they needed. However, while they had a sound understanding of self-directed support, less than half of the staff in the survey agreed that they felt confident in delivering self-directed support in practice. A lack of creative options for supported people was given as the primary reason for this. The impact of time constraints was also frequently highlighted. Only slightly more than half of respondents in our staff survey felt they had adequate time and capacity to work in a person-centred way.

Staff acknowledged that self-directed support ethos and practice was more effectively embedded in learning disability and mental health services than older people's services. They felt the creation of a self-directed support team within the learning disability service at the time of the legislation had helped establish and embed the ethos more successfully there than in other areas. Staff felt that there was inconsistency in how self-directed support was applied across the partnership



and that there was little communication and sharing between teams in relation to self-directed support and how to apply the principles in practice.

Most respondents to our staff survey agreed that they were encouraged and enabled to exercise professional autonomy. However, staff we met felt they would benefit from greater autonomy in decision making processes in relation to self-directed support. The decision-making processes following assessments were widely viewed as challenging. Some staff had not developed the confidence and competence to present to the resource groups. Some staff felt the process for securing approval of service requests was not in keeping with the principles and values of self-directed support and that the focus was more on finance than realising positive outcomes for supported people.

Staff in the partnership who received supervision generally felt supported through their supervision arrangements. In learning disability services however, staff emphasised the role of supervision in encouraging and reinforcing the use of asset-based approaches with supported people. We did not hear about supervision being used like this in other areas of service.

#### **Recommendation for improvement**

The partnership should take action to measure the impact of learning and development and practice processes on staff competence, confidence and motivation.

## 5. Delivery of key processes

### Key processes and systems create conditions that enable supported people to have choice and control

#### Summary

File reading showed a predominance of practice and recording which was not in keeping with a self-directed support approach. The partnership recognised this and was moving in a direction that advocated the use of asset-based and outcomes-focussed approaches. It was laying the foundations for changes in assessment and recording that would support this. New assessment documentation was at the point of being piloted and the business system was being developed to support self-directed support practice. Positive risk taking and protection were appropriately considered during assessment processes in the majority of records looked at. While there were no significant delays in people getting an assessment, there were sometimes delays in people accessing services due to the resource allocation process. There was some evidence that the partnership engaged people in planning and feeding back on services. There was no evidence that they actively monitored, evaluated or sought feedback on the co-production of assessments. The impact of employing asset-based approaches was not routinely captured making it difficult to accurately assess the benefit of using such approaches.

#### Evaluation: Weak

The assessment formats and templates that were being used across services in the partnership were not effective in supporting a personalised outcomes approach. The single shared assessment format was deficit-led and not reflective of good conversations that may have taken place. Just over half of the personal plans we looked at were not comprehensive and were not SMART (Specific, Measurable, Achievable, Realistic and Time-bound). There were no contingency arrangements in just over half of the records we read.

The partnership had recognised these gaps and had drafted a new assessment format to support an outcomes-focused approach. This format was in line with self-directed support values and principles. Assessment and other supporting tools such as care planning and review documentation also being developed at the time of inspection supported an asset-based approach. This documentation was to become operational at the end of 2018 and rolled out across all service areas.

The partnership did not monitor and evaluate how well or how meaningfully people engaged in planning their own support. The Carefirst recording system was highlighted by frontline staff as being unable to capture how people's strengths and assets could be used as alternatives to formal services and supports. The impact of employing asset-based approaches, where these were used in practice, was therefore not routinely captured making it difficult to accurately quantify the benefit of using such approaches.

In most of the files we read, appropriate consideration was given to looking at supported people taking positive risks as part of the assessment. Most of the staff in our staff survey felt that positive risk taking took place. Work was underway to adapt the risk assessment tool used in adult support and protection and modify it into a general risk assessment tool for both adult protection and non-protection risks. The tool had a clear focus on risk enablement and positive risk taking which the partnership felt was transferable to a self-directed support approach.

The decision-making and resource allocation processes following assessments were widely viewed as challenging. Some staff felt the resource allocation process was more to do with finance than realising positive outcomes for supported people. Other staff were not confident or had not developed the necessary skills to be as confident as they could be when presenting assessments to the various resource groups that had responsibility for allocating resources. This meant that assessments and service requests considered by the resource group were occasionally declined by the group or put on hold pending further information. This led to delays in assessed needs being met. Our review of case records showed no evidence of unreasonable delay in supported people getting an assessment. However, we heard from some supported people about delays at times in getting services following assessment.

When we spoke to supported people and to frontline staff it was evident that supported people had a limited understanding of what happened during the resource group process. Supported people were not involved in meetings to agree service requests and relied on feedback from their allocated care manager. We did not see where supported people had influenced their care packages. This lack of involvement of supported people did not support a transparent approach to systems and processes and impacted on people's experience of control.

While the carers centre was seen as positive, carers told us their experience was that it was so busy the centre could only manage new referrals and was unable to review existing carer support plans. There was a risk that without review, carers needs would not continue to be met.

### **Recommendation for improvement**

The partnership should embed a self-directed support ethos and approach across all key processes and systems. It should progress the planned changes to tools and processes and to the business system to ensure these support asset-based and outcomes-focused practice.

### **Recommendation for improvement**

The partnership should ensure that they can demonstrate that good decisions are made in relation to positive risk taking. This should be monitored and evaluated to inform ongoing risk management and risk enablement.

### **Recommendation for improvement**

The partnership should ensure that supported people are better informed about and more involved in key processes regarding their support.

## 6. Policy development and plans to support improvement in services

**The partnership commissions services that ensure supported people have a range of choice and control over their social care and support.**

### Summary

Outcome-focussed commissioning had not been a focus for the partnership. Approaches to support flexibility, choice and control for people using services were at an early stage of development. Commissioning in the partnership was weighted towards traditional services with little evidence of innovation. With most services still provided directly by the council and significant levels of services under block contracts<sup>2</sup> there was little flexibility, choice and control for supported people. We saw some use of spot purchasing resulting in more personalised support for people in learning disability services but not elsewhere. There was an increasing awareness of the issues and the gaps in the partnership's current provision and a recognition that their commissioning direction needed to change. Steps had been taken to increase the range of providers available and for provision to be more in line with self-directed support. Work had started on changing the shape of the market in care at home and respite services. The partnership was in the process of appointing a commissioning manager to bring more focus to their change in direction.

### Evaluation: Weak

The services provided in West Dunbartonshire were traditional and not consistent with the principles and values of self-directed support. The chief officer was leading a review and refresh of their approach but this was at an early stage.

The partnership's service delivery was predominantly through block contracts. Partnership staff at all levels recognised that the existing model of block contracts hindered choice and control. There had been some use of spot purchase<sup>3</sup> and this was supportive of innovation and tailored support for some people. A few examples of this were given in relation to supported people with learning disabilities.

In the partnership, there was still a reliance on council-provided service delivery. Eighty per cent of services were provided directly in this way. Corporate and political decisions in the council had directed the shape of service delivery to a great extent. There had been a commitment to retain as many services as possible within the council as this was seen as a way of supporting local employment. This had restricted innovation and the development of alternative care models. The level of in-house provision for care at home clearly limited choice. In practice, the majority of people had to accept council services. The senior management team felt strongly that a culture change was needed in the provision of services and that this could be done without impacting on the council's commitment to support local employment.

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<sup>2</sup> Block contracts are payments made to a provider to deliver a specific, usually broadly defined service

<sup>3</sup> Spot contracts are when a service is purchased by a partnership as and when they are needed for a supported person. They are purchased on an individual basis for a single person.

The partnership had begun to work on shaping the market. There had been a minor shift of some care at home provision to external providers and the partnership was looking at new models of care using reablement. It was also seeking to increase respite provision and the range of respite opportunities. The partnership was keen to encourage small and medium-sized providers and had highlighted this in their market facilitation plan. They recognised that this would give more choice to individuals, increase choice and grow the market. However, there was no clear strategic plan in place for the partnership to continue enabling and growing the market.

The partnership had established a market facilitation consortium which included partners from across the statutory, independent and third sectors. The consortium aimed to make the best use of the resources across local communities. The consortium principles were described as 'a comprehensive partnership approach across all sectors providing health and social care services; a commitment to provide enhanced delivery of service to individuals and communities and a need to create diversity within the marketplace based on population needs<sup>4</sup>'. This initiative was a positive one and borne out of a commitment to partnership working at locality levels. It was, however, not clear how this was to be translated into locality developments. The approach was developed in 2015 and there was little evidence that this approach had resulted in any real diversity within the marketplace. There was no evidence that it had been updated and linked into their strategic needs assessment, strategic plan, commissioning plans or locality planning forums.

While expenditure on self-directed support Options 1 and 2 in the partnership had increased<sup>5</sup>, the partnership had a higher percentage of people opting for Option 3 compared with other partnerships. The partnership felt that high satisfaction with the partnership's social care services meant that people were less motivated to take up self-directed support direct payments or individual service funds options. The high number of people choosing Option 3 did not necessarily mean that this was not the right option for them. Within the partnership however, supported people did not necessarily have real choices open to them across all four options. The partnership did not routinely engage supported people or staff in getting feedback after options had been chosen so it was impossible to evidence that people were happy with their option choices.

Commissioning needed to be more creative and responsive. While there was still a requirement for traditional services for some supported people, it was clear that new models of care needed to be explored. Some staff recognised that due to the majority of services being in-house, people were steered towards taking services under Option 3. Staff felt they had ideas to offer about options that would support more innovative service, save money and improve outcomes.

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<sup>4</sup> West Dunbartonshire Market Facilitation Consortium Paper September 2015

<sup>5</sup> From 1.39% of the overall adult social care spend in 2013/14 to 2.16% 2017/18

Service managers were very clear about the need to move to an outcome-focussed approach to commissioning. Procurement was predominantly corporately based. While the service managers worked closely with procurement services, there was a task ahead to educate their corporate partners as to what they wanted to achieve as they embedded the self-directed support approach, and how corporate partners could support them in doing this.

The commissioning of services was led by service managers. While all the managers had a good knowledge and understanding of self-directed support this was not reflected in their commissioning practices and the services commissioned. The partnership recognised the issues and risks around the current approach to contracts and commissioning. They were developing a commissioning manager post for the partnership. The partnership stated that this would clarify the responsibilities and roles of strategic commissioning and contract management within the health and social care partnership alongside the council's procurement team. The commissioning manager's role was to consider how primary and secondary health services could support the implementation of self-directed support. The partnership wanted this approach to lead to the embedding of self-directed support across all social care and health planning and ensure that the corporate approaches taken reflected the self-directed support ethos. They hoped this approach would support a streamlined and consistent contract monitoring approach across the partnership.

The Carers (Scotland) Act 2016 places additional demands on the partnership's budgets at a time of continuing financial austerity. The potential implications of the Act, including the financial impact of waiving of charges for carers, had not as yet been fully quantified. Finance staff had some concern about the financial impact of meeting carers' needs via self-directed support. The senior management team members were more confident. At the time of inspection, carers' needs were mostly being met through universal services. There was little use of self-directed support and budgets therefore it was having little financial impact. There was no evidence that the partnership was monitoring services to carers to ensure that needs were being appropriately met or forecasting need for newly commissioned services and ensuring any financial impact from that would be met. A detailed financial plan was to be developed over the next year to ensure a robust financial framework for the delivery of the priorities of the Act. The position of having no eligibility criteria for carers would be reviewed at that point.

The development of the partnership's approach to planning and commissioning services to support flexibility, choice and control was at a very early stage. There was no overarching commissioning plan which explicitly showed the self-directed support improvement actions.

**Recommendation for improvement**

The partnership should engage with supported people, carers and frontline staff to inform the development of new models of care focussed on delivering positive outcomes.

**Recommendation for improvement**

The partnership should take steps to increase local choice of provider and flexibility in the delivery of services to ensure people have genuine choice and control over how their support is delivered.

## 7. Management and support of staff

**The partnership empowers and supports staff to develop and exercise appropriate skills and knowledge**

### Summary

Training, supervision and management support was not being used effectively to promote self-directed support. There had been an investment in training at the time of self-directed support implementation in 2014. This had not been maintained. There was no existing training for current or new staff including those moving into management roles, nor was any training extended to external providers. The partnership had begun to refresh their self-directed support guidance and had begun to develop continuous professional development material. The specifics and timescales for implementing these were unclear.

### Evaluation: Weak

There had been a strong focus on self-directed support awareness raising and training in the early years of self-directed support. The partnership had delivered training to staff across social work, health and the third sector in 2014. This included creating champions or peer mentors. The direct payment team was also established at that time to support implementation within the learning disability team. This team was recognised by staff and managers as being knowledgeable and confident in working with supported people and staff around self-directed support.

The self-directed support team and guidance co-produced with the Royal National Institute of Blind People (RNIB) "*My life My choice; A Guide to Planning My Support*" were identified as helpful sources of information about self-directed support and for awareness raising amongst both staff and the wider community.

There was no ongoing training for new or existing staff at frontline and first line management level. There was a need for awareness raising and training about self-directed support to be refreshed and undertaken on an ongoing basis.

The senior management team acknowledged that they need to be confident that all stakeholders, including external providers, are working with a self-directed support ethos but they had no plans to offer any training to the third sector.

The partnership had recently released a practitioner from frontline work to develop new guidance and continuous professional development (CPD) material on self-directed support but there was no clearly articulated work plan to deliver the material.



Supervision for social work staff took place routinely on a six-weekly basis, with case file audits on a quarterly basis. Staff had the opportunity to attend practitioner forums although many staff told us that operational pressures often stopped them from attending. These were potential opportunities for staff to reflect on self-directed support within these forums but there was no evidence to suggest that this was happening.

In older adults' case records we saw that most interventions were positive and person-centred. However, much of this was done from a deficit-led approach to assessment and was process driven. This did not fit with the principles of self-directed support. Training, supervision and management support could have been used more successfully across all service groups to support staff to shift their practice to a more self-directed support, strengths-based approach.

The partnership indicated an intention to develop established practitioner forums and identify champions to get frontline staff more meaningfully engaged in the agenda. They were looking at ways that they could evaluate the effectiveness of these new initiatives.

#### **Recommendation for improvement**

The partnership should take a strategic approach to the development and delivery of self-directed support training for staff at all levels across the partnership.

#### **Recommendation for improvement**

The partnership should consider the training and development needs of all partners.

## 8. Leadership and direction that promotes partnership

**Senior leaders create conditions that enable supported people to experience choice and control over their social care and support.**

### Summary

Some staff expressed doubt about the degree to which leaders in the organisation were committed to self-directed support. The senior management team had seen a number of senior staff retire or move onto other promoted posts. This led to a change of leadership. At the time of inspection, there were still temporary positions within this team. This had led to difficulties in driving the changes required to deliver self-directed support and maintaining a consistent approach to its implementation. The partnership's focus on health and social care integration over recent years had diverted their attention away from self-directed support. New members of the senior management team were committed to ensuring that self-directed support would be a significant and central activity for the whole health and social care partnership over the next year. They felt that once all senior managers were in post, they would have the opportunity to start a cultural shift in how they approached the delivery of all of their services. They recognised the need to develop a common understanding and direction around self-directed support across all partners including external providers. They had taken some steps to put the required foundations in place to reinvigorate this agenda. They needed to develop more robust plans to take this forward.

### Evaluation: Weak

In the partnership's annual public performance report 2017, there was a large section on self-directed support which reinforced their commitment to meeting the requirements of the self-directed support legislation. The partnership had not yet met the commitments set out in this report.

The newly appointed senior management team articulated a commitment to reinvigorate full implementation of self-directed support. They had taken important initial steps, including the establishment of the self-directed support review group. All service managers were part of this group which demonstrated their commitment and their ownership of the agenda. This group was in the process of producing practitioner guidance during our inspection. The senior management team had overseen early progress on developments in training, tools and processes. Within a relatively short period of time they had also overseen a number of specific actions demonstrating their commitment to change.

Senior managers recognised the limitations in care at home and care home provision in supporting the delivery of self-directed support by the third and independent sector and were keen to develop their partnership with providers. They were developing plans to progress this. They recognised the importance of improving their approach to commissioning and planned a review of procurement and commissioning procedures. They were developing a commissioning manager post to address this.

It was evident that statutory partners across health and social care were starting to look at how they could work together to create a cultural change which would support innovative practice in line with the values and principles of self-directed support. Their stated intention was to use self-directed support as the approach that they would take in delivering all services. To ensure this cultural shift, the senior management team recognised that all leaders across the statutory partnership and all other stakeholders had to be more meaningfully engaged. Health leaders in particular had to be more visible and active in this agenda. A paper on self-directed support had gone to the integration joint board in November 2017. This board needed to be more actively involved in leading and supporting the changes that self-directed support required.

The senior management team recognised that the third and independent sector had to be more fully involved. While this was stated in the market facilitation plan, there were no plans as yet to show how this would be achieved.

While leaders had taken initial steps to progress self-directed support, we saw no overarching plan which brought together all the various improvement actions into one place. We saw no evidence of the use of evaluation and performance information to inform how they moved forward in developing and embedding self-directed support. While the senior management team could articulate their vision about where they needed and wanted to be, there was a lack of robust planning to support this. There were no clear timescales, pathways or plans in place to achieve their vision.

Finance staff had a very good understanding of self-directed support. There were constructive relationships between the senior management team and finance managers. They offered a supportive role to operational services. While driven by best value and the recognition that embedding self-directed support had to be done within the confines of decreasing resources, finance staff were committed to the ethos of self-directed support. They were advocates of transparency and equality of spend across care groups in relation to self-directed support and understood the principles of choice and control. This was important in preparing for the partnership to expand access to self-directed support across all care groups.

To embed self-directed support the partnership recognised that it has to more closely align to other factors such as its charging policy, its eligibility criteria and the implementation of the Carers Act. It had not yet assessed the impact of full implementation of self-directed support on its finances. This was a key risk yet they had not formally logged any identified any risks around this in the partnership risk register.

Staff completing our survey and those we met expressed significant levels of doubt about the degree to which leaders in the organisation were committed to self-directed support and how they facilitated and supported creativity and innovation. Senior managers and leaders were keen to stress their confidence that this perception would change in time, as a result of the changes that had more recently taken place at senior management level. It was too early however to say how effectively this would be progressed.

**Recommendation for improvement**

The partnership should accelerate its progress in embedding self-directed support and set clear timelines for full implementation of self-directed support across all care groups.

**Recommendation for improvement**

The partnership should develop a robust strategic plan for self-directed support aligned to its other partnership plans. The strategy should be underpinned by detailed action plans setting out how the partnership intends to fully implement self-directed support for all care groups across the partnership.

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