

WEST DUNBARTONSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP/ SHADOW INTEGRATION JOINT BOARD

At a Meeting of the West Dunbartonshire Community Health and Care Partnership/ Shadow Integration Joint Board held in Committee Room 3, Council Offices, Garshake Road, Dumbarton, on Wednesday, 19 November 2014 at 2.00 p.m.

Present: Councillors Gail Casey, Jonathan McColl, Marie McNair and John Mooney, (West Dunbartonshire Council); and Keith Redpath, Director, West Dunbartonshire Community Health & Care Partnership/Interim Chief Officer; Dr Kevin Fellows, Clinical Director, Community Health and Care Partnership; Dr. Catherine Benton MBE and Peter Daniels OBE, NHS Greater Glasgow and Clyde Board; and Ross McCulloch, Co-Chair; Local Partnership Forum.

Attending: Jackie Irvine, Head of Children's Health, Care & Criminal Justice Services; Christine McNeill, Head of Community Health & Care Services; John Russell, Head of Mental Health, Learning Disability & Addictions; Soumen Sengupta, Head of Strategy, Planning and Health Improvement; Janice Rainey, Finance Business Partner, Jonathan Bryden, Head of Finance, Clyde Community Health Partnerships; CHCP; Sharon Elliott, Quality Assurance Manager, CHCP; Nigel Ettles, Principal Solicitor and Nuala Borthwick, Committee Officer, West Dunbartonshire Council.

Apologies: Apologies for absence were intimated on behalf of Councillors Martin Rooney and Hazel Sorrell; and Anne McDougall, Chair, Public Partnership Forum.

Councillor Gail Casey in the Chair

CHAIR'S REMARKS

The Chair, Councillor Casey, informed the Partnership of the staff achievements celebrated at the NHS Greater Glasgow and Clyde 'Celebrating Success Awards Ceremony' held on 17 November 2014 and congratulated the West Dunbartonshire CHCP nominees as undernoted:-

- Integrated Community Palliative Care Programme: Val Mclver, Lynne McKnight & Pamela Macintyre
- Speech and Language Therapy Communication Link Person Initiative: Sheila Downie, Ros McCaughey and Vicki McIntosh

- Leading Greater Glasgow and Clyde wide redesign of Musculoskeletal Physiotherapy Service
- CHCP Health Improvement Team – Jacqui McGinn, Ailsa King and Helen Douse
- Releasing Time to Care in West Dunbartonshire – Val McIver, Fiona Rodgers and Margaret MacLachlan

It was noted that the Integrated Palliative Care Team had won the Chairman's award for their Integrated Community Palliative Care Programme for improving palliative care for older people in the community. Thereafter, the Committee congratulated all nominees and winners on their well deserved achievements.

DECLARATIONS OF INTEREST

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of West Dunbartonshire Community Health & Care Partnership/Shadow Integration Joint Board held on 20 August 2014 were submitted and approved as a correct record.

WEST DUNBARTONSHIRE INTEGRATED CARE FUND PLAN 2015/16

A report was submitted by the Interim Chief Officer outlining the Integrated Care Fund Plan for 2015/16.

Following discussion and having heard the Interim Chief Officer in further explanation of the report, the Shadow Integrated Joint Board agreed to approve the Integrated Care Fund Plan for 2015/16.

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

A report was submitted by the Partnership Director providing a routine up-date on the most recent Care Inspectorate assessment for one independent sector support service for Children and Young People within West Dunbartonshire.

Following discussion, the Partnership agreed to note the contents of the report.

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

A report was submitted by the Partnership Director providing a routine up-date on the most recent Care Inspectorate assessments of independent sector older peoples' Care Homes within West Dunbartonshire.

The Partnership agreed to note the contents of the report.

CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S RESIDENTIAL AND DAY CARE SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL

A report was submitted by the Partnership Director providing information regarding the most recent inspection reports for three of the Council's own Older People's Residential Care Home and Day Care Services.

Following discussion and having heard the Partnership Director and the Head of Community Health and Care Services in further explanation of the report and in answer to Members' questions, the Partnership agreed:-

- (1) that a copy of the improvement action plan to address the 6 requirements detailed in the Care Inspectorate's Report for Boquhanran House would be issued to Members of the Committee; and
- (2) to otherwise note the contents of the report.

FINANCIAL REPORT 2013/14 AS AT PERIOD 6 (30 SEPTEMBER 2014)

A report was submitted by the Partnership Director providing an update on the financial performance of the Partnership to 30 September 2014 (Period 6).

Following discussion and having heard the Partnership Director and the Head of Children's Health, Care & Criminal Justice in further explanation of the report and in answer to Members' questions, the Partnership agreed to note the contents of the report which show:-

- (a) a potential full year adverse revenue variance of £1.297m (2% of budget); and the actions in hand to reduce the variance; and
- (b) the current position regarding capital projects.

FINANCE AND CAPITAL WORKS REPORT FOR PERIOD ENDED 30 SEPTEMBER 2014 (NHS ONLY)

A report was submitted by the Partnership Director providing an update of the current year financial position and of the financial planning by the NHS Board and by the CHCP.

Following discussion and having heard the Partnership Director and the Head of Finance - Clyde CHPs in further explanation of the report and in answer to Members' questions, the Partnership agreed:-

- (1) to note the update provided on funding sought from the Scottish Government for a new Clydebank Health Centre at Queens Quay and that a decision would be taken in January 2015 by NHS Greater Glasgow and Clyde Health Board's Audit and Performance Committee on whether the funding would be offered for Clydebank or a similar project in Greenock; and
- (2) to otherwise note the content of the Finance and Capital Works report for the period ended 30 September 2014 (NHS Only).

WEST DUNBARTONSHIRE CHCP MID-YEAR PERFORMANCE REPORT 2014/15

A report was submitted by the Partnership Director providing a summary of performance in relation to the Key Performance Indicators and key actions within the CHCP Strategic Plan 2013/14 for the period 1 April 2014 to 30 September 2014 (including those that directly pertain to the local Community Planning Partnership Single Outcome Agreement).

Having heard the Partnership Director, the Committee agreed:-

- (1) to recognise the continuing commitment and efforts of CHCP staff to taking forward the ambitious and challenging agendas that the report represents; and
- (2) otherwise to note the contents of the report.

PROPOSED DISCONTINUATION OF THE HEAR SERVICE

A report was submitted by the Partnership Director providing data and information on the Help, Empathy, Assistance and Reassurance Service (HEAR), with a view to discontinuing the service.

Following discussion, the Partnership agreed to approve the discontinuation of the HEAR Service.

COMMUNITY PLANNING WEST DUNBARTONSHIRE: INTEGRATED CHILDREN'S SERVICES PLAN 2014-17

A report was submitted by the Partnership Director presenting the West Dunbartonshire Community Planning Integrated Children's Services Plan (ICSP) 2014-17.

Following discussion and having heard the Partnership Director, the Head of Strategy, Planning and Health Improvement and the Head of Children's Health, Care and Criminal Justice in further explanation of the report, the Partnership agreed:-

- (1) to endorse the local Integrated Children's Services Plan (ICSP);
- (2) to re-affirm its commitment to the priorities within the ICSP across West Dunbartonshire Community Planning partners; and
- (3) to review the figures contained in tables relating to age structure of the population in both 2012 and 2037 as detailed in the report.

MINUTES OF MEETING OF THE WEST DUNBARTONSHIRE COMMUNITY HEALTH & CARE PARTNERSHIP PROFESSIONAL ADVISORY GROUP

The draft Minutes of Meeting of the West Dunbartonshire CHCP Professional Advisory Group held on 8 October 2014 were submitted and noted.

MINUTES OF MEETING OF THE WEST DUNBARTONSHIRE COMMUNITY HEALTH & CARE PARTNERSHIP PUBLIC PARTNERSHIP FORUM

The draft Minutes of Meeting of the West Dunbartonshire CHCP Public Partnership Forum held on 29 October 2014 were submitted and noted.

MINUTES OF MEETING OF THE WEST DUNBARTONSHIRE COMMUNITY HEALTH & CARE PARTNERSHIP JOINT STAFF FORUM

The draft Minutes of Meeting of the West Dunbartonshire CHCP Joint Staff Forum held on 3 November 2014 were submitted and noted.

The meeting closed at 3.00 p.m.

WEST DUNBARTONSHIRE COUNCIL

Report by the Interim Chief Officer of the Shadow Health & Social Care Partnership

Shadow Integration Joint Board: 18th February 2015

**Subject: Establishing a Health and Social Care Partnership for West
Dunbartonshire**

1 Purpose

- 1.1** To confirm the next stages of implementing the Public Bodies (Joint Working) (Scotland) Act 2014 for West Dunbartonshire.

2 Recommendation

- 2.1** The Shadow IJB is asked to note that:
- (1) The integration scheme for West Dunbartonshire has been approved by both the NHS Health Board and the Council.
 - (2) The attached integration scheme has been submitted to Scottish Government for scrutiny and approval.
 - (3) This session will be the final formal meeting of the CHCP Committee and Shadow IJB, ahead of the first meeting of the new Health & Social Care Partnership Board in April/May 2015 (once the final integration scheme is approved by Scottish Government).
- 2.2** The Shadow IJB is recommended to:
- (1) Approve the formal commencement of the preparation of a Strategic Plan for consideration and approval at the first meeting of the new Health & Social Care Partnership Board.

3 Background

- 3.1** As the Shadow IJB will recall, the Public Bodies (Joint Working) (Scotland) Act 2014 establishes the legal framework for integrating health and social care in Scotland. The Act requires territorial NHS health boards and local authorities to integrate strategic planning and service provision arrangements for adult health and social care services. The Act also provides the local discretion to allow for the inclusion of further functions – such as criminal justice and children’s health and social care (as are already included within the CHCP in West Dunbartonshire) - should the public bodies involved agree to do so.
- 3.2** The Act requires that the Council and the NHS Board jointly prepare, jointly consult upon and then approve an *integration scheme* for their local integration authority and submit that scheme for final approval to Scottish Ministers by 31st March 2015.
- 3.3** As members will recall from their May 2014 meeting, the Shadow IJB directed the Interim Chief Officer to develop an integration scheme for West Dunbartonshire on behalf of both the Council and the NHS Health Board in

accordance with requirements of the legislation; and for subsequent recommendation for approval by the NHS Health Board and the Council.

4 Main Issues

- 4.1** The attached integration scheme (Appendix A) follows the structure of the model integration scheme provided by the Scottish Government; and its contents reflect consideration of the guidance that Scottish Government has shared in relation to how it will analyse, scrutinise and undertake assurance checks of all schemes with respect to the Act and its regulations.
- 4.2** The model of integration committed to within the integration scheme is that of the Body Corporate, establishing a *new West Dunbartonshire Health & Social Care Partnership Board* as the Integration Joint Board for our local area. Annex 1 of the Integration Scheme details the Health Board services to be delegated to the new Health & Social Care Partnership Board. Annex 2 of the Integration Scheme details the Council functions to be delegated to the new Health & Social Care Partnership Board. These annexes include all of the minimum requirements of the Act; and all of the services currently undertaken by the existing CHCP as previously indicated by both the Council and the NHS Health Board.
- 4.3** The first meeting of the new Health & Social Care Partnership Board will take place in April/May 2015 (dependent on the receipt of final approval of the integration scheme by Scottish Ministers). As such, this session will be the final formal meeting of the CHCP Committee and Shadow IJB.
- 4.4** The Act requires that in order for these services and functions to be delegated in practice to the new Health & Social Care Partnership Board, a local Strategic Plan must first be prepared and approved by the Health & Social Care Partnership Board. The development of the strategic plan must be clear about the outcomes, as reflected in the integration scheme, to be delivered; and include the formal establishment of locality arrangements for the area.
- 4.5** As the Shadow IJB is aware, West Dunbartonshire is one of the few areas of Scotland that has already had in place:
- An integrated strategic planning process, which has produced an integrated Strategic Plan.
 - Locality arrangements, one for the Clydebank area and one for the Dumbarton and Alexandria areas.
 - Constructive and routine collaboration with stakeholders as part of the local Community Planning Partnership to develop services that meet the needs of local people and support local Single Outcome Agreement priorities.
- 4.6** For the new Health & Social Care Partnership Board to be delegated its full authority at the earliest opportunity then the first Strategic Plan for the new West Dunbartonshire Health & Social Care Partnership needs to be presented for approval at the new Partnership Board's first meeting.
- 4.7** As part of enabling the Shadow IJB's objective of ensuring a seamless transition that builds upon existing and effective integrated arrangements, this Strategic Plan would be predominantly and logically based on the previously approved actions and targets for 2015/16 set out within the local Integrated Care Fund Plan; and local Integrated Children's Services Plan; and its structure would build upon the format of previous CHCP integrated Strategic Plans. That Strategic Plan would also describe refreshed locality

arrangements that build upon the arrangements that are already in place within Clydebank; and Dumbarton and Alexandria.

- 4.8** In order to enable this, the Shadow IJB is asked to approve the formal commencement of the preparation of such a Strategic Plan for consideration and approval at the first meeting of the new Health & Social Care Partnership Board as per the legislation.

5 People Implications

- 5.1** As per the legislation, the integration scheme details relevant issues for the workforce and in respect of staff governance. Staff will continue to be employed by either the NHS Health Board or the Council as they are at present, retaining their respective terms and conditions. Trade unions were consulted upon the content, with no concerns expressed

6 Financial Implications

- 6.1** As per the legislation, the integration scheme details relevant issues of financial management and governance as agreed by the Health Board's previous Interim Director of Finance and the Council's Section 95 Officer. The substance of the Finance Section was developed by the national Integration Technical Finance Working Group and agreed by the Council Section 95 Officer and the NHS Health Board's previous Interim Director of Finance.

7 Risk Analysis

- 7.1** The attached integration scheme and proposals for preparing the necessary Strategic Plan are an evolution of the successful CHCP arrangements that the Council and the NHS Health Board have developed for West Dunbartonshire. Their approval will enable full implementation of the Act in a manner that supports continued local developments and avoid uncertainty for staff or potential disruption for service users and carers.

8 Equalities Impact Assessment

- 8.1** An Equality Impact Assessment has been completed for the attached integration scheme, with no negative impacts identified.
- 8.2** An Equality Impact Assessment will be completed as part of the preparation of the Strategic Plan.

9 Consultation

- 9.1** As the Shadow IJB will recall and as described within the appendix, the integration scheme has been informed by a considerable amount of ongoing dialogue and positive interaction with stakeholders, including a formal consultation undertaken at the end of 2015.
- 9.2** The Act requires that the stakeholder constituencies invited to contribute to the development of the Strategic Plan include:
- Health professionals.
 - Users of health care residing within the area of the local authority.

- Carers of users of health care residing within the area of the local authority.
- Commercial providers of health care that operate within the local authority area.
- Non-commercial providers of health care that operate within the local authority area.
- Social care professionals.
- Users of social care residing within the area of the local authority.
- Carers of users of social care residing within the area of the local authority.
- Commercial providers of social care that operate within the local authority area.
- Non-commercial providers of social care that operate within the local authority area.
- Non-commercial providers of social housing that operate within the local authority area.
- Third sector bodies carrying out activities related to health care or social care that operate within the local authority area.

9.3 As with the development of the integration scheme, the preparation of the Strategic Plan will reflect the on-going, participative and community planning approach that the CHCP ensured informed the development of its previous Strategic Plans. This will include the considerable engagement that already shaped both the approved local Integrated Care Fund Plan; and the approved local Integrated Children's Services Plan.

10 Strategic Assessment

10.1 The issues considered here relate to the following strategic priorities to:

- Improve care for and promote independence with older people.
- Improve the well-being of communities and protect the welfare of vulnerable people.
- Improve life chances for children and young people.

Keith Redpath
Interim Chief Officer

Date: 21st January 2015

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Appendices: Integration Scheme (Body Corporate) Between West
Dunbartonshire Council and Greater Glasgow Health
Board.

Background Papers:	<p>NHS Greater Glasgow & Clyde Health Board: Establishing a Health and Social Care Partnership for West Dunbartonshire (January 2015)</p> <p>West Dunbartonshire Council: Establishing a Health and Social Care Partnership for West Dunbartonshire (February 2015)</p> <p>Shadow Integration Joint Board Report: West Dunbartonshire Shadow HSCP - Transition Actions for Delivery through 2014/15 (May 2014)</p> <p>CHCP Committee: West Dunbartonshire CHCP Strategic Plan - 2014/15 (May 2014)</p> <p>Shadow IJB: West Dunbartonshire Integrated Care Fund Plan 2015/16 (November 2014)</p> <p>CHCP Committee: Community Planning West Dunbartonshire - Integrated Children's Services Plan 2014 – 17 (November 2014)</p>
Wards Affected:	All

West Dunbartonshire Health and Social Care Partnership Board

INTEGRATION SCHEME

(BODY CORPORATE)

BETWEEN

WEST DUNBARTONSHIRE COUNCIL

AND

GREATER GLASGOW HEALTH BOARD

This integration scheme is to be used in conjunction with the
Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

These regulations can be found at www.legislation.gov.uk

1. Introduction

- 1.1 This integration scheme describes how the *Public Bodies (Joint Working) (Scotland) Act 2014* is to be implemented for West Dunbartonshire.
- 1.2 In October 2010, West Dunbartonshire Council and NHS Greater Glasgow & Clyde Health Board (legally known as the Greater Glasgow Health Board) established West Dunbartonshire Community Health & Care Partnership as a joint vehicle for the management and delivery of community health and social care services, under the local auspices of a combined Community Health & Care Partnership Committee whose composition reflects a partnership approach between the Council and the Health Board; and the leadership of a single Director and Senior Management Team. These integrated arrangements have been inclusive of all adult, children and criminal justice services; and their effectiveness positively recognised by the Care Inspectorate and Audit Scotland.
- 1.3 In December 2013, the Council and the Health Board formally agreed to transition their Community Health and Care Partnership to a Shadow Health and Social Care Partnership; and for its Community Health & Care Partnership Committee to assume the role of Shadow Integration Joint Board; and the Partnership Director to assume the role of Interim Chief Officer from 1st April 2014, in preparation for the full enactment of the *Public Bodies (Joint Working) (Scotland) Act 2014* in April 2015. This decision has enabled both the Council and the Health Board to jointly develop, constructively consult with stakeholders and then agree the arrangements for joint working as required by the Act, building on the effective integrated arrangements that have already been successfully developed locally; and reflecting on the considerable learning and insights that accrued in doing so.
- 1.4 This integration scheme details the ‘body corporate’ arrangement by which the Health Board and the Council have agreed to formally delegate health and social care services for adults and children to a third body, which is described in the Act as an Integration Joint Board. The Integration Joint Board for West Dunbartonshire shall be referred to as the *West Dunbartonshire Health & Social Care Partnership Board*.

1.5 The West Dunbartonshire Health & Social Care Partnership Board’s:

- 1.5.1 Mission is to improve the health and wellbeing of West Dunbartonshire residents.
- 1.5.2 Purpose is to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
- 1.5.3 Core values are protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.

- 1.6 The Health & Social Care Partnership Board will set out within its Strategic Plans how it will use its allocated resources to deliver the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely that:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
 - People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
 - People who use health and social care services have positive experiences of those services, and have their dignity respected.
 - Health and social care services are centred on helping to maintain or improve the quality of life of service users.
 - Health and social care services contribute to reducing health inequalities.
 - People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing.
 - People who use health and social care services are safe from harm.
 - People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
 - Resources are used effectively in the provision of health and social care services, without waste.
- 1.7 The Council and Health Board have agreed that children and families health and social care services and criminal justice social work services will be included within the functions and services to be delegated to the Health & Social Care Partnership Board. Consequently the specific National Outcomes for Children and Criminal Justice will also be addressed within its Strategic Plans, i.e.:
- Our children have the best start in life and are ready to succeed.
 - Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
 - We have improved the life chances for children, young people and families at risk.
 - Community safety and public protection.
 - The reduction of re-offending.
 - Social inclusion to support desistance from offending.
- 1.8 West Dunbartonshire Health & Social Care Partnership Board will be responsible for the strategic planning of the integrated services as set out in Annexes 1 and 2 of this Scheme. The Council and the Health Board will discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as *West Dunbartonshire Health & Social Care Partnership*.
- 1.9 The Act requires that the Health Board and Council submit this integration scheme for approval by Scottish Ministers. Once this scheme is approved, the West Dunbartonshire Health & Social Care Partnership Board will be established by Order of the Scottish Ministers as an entity which has distinct legal personality.

2. The Parties

WEST DUNBARTONSHIRE COUNCIL, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Garshake Road, Dumbarton, G823PU (“the Council”);

and

GREATER GLASGOW HEALTH BOARD, established under section 2(1) of the National Health Service (Scotland) Act 1978 and having its principal offices at J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH (“the Health Board”) (together referred to as “the Parties”).

3. Definitions And Interpretation

- 3.1 “The Act” means the Public Bodies (Joint Working) (Scotland) Act 2014.
- 3.2 “The Chief Officer” means the Chief Officer of the Integration Joint Board for West Dunbartonshire.
- 3.3 “The Chief Financial Officer” means the Chief Financial Officer of the Integration Joint Board for West Dunbartonshire.
- 3.4 “The Council” means West Dunbartonshire Council.
- 3.5 “The Health Board” means Greater Glasgow Health Board.
- 3.6 “The Health & Social Care Partnership Board” means the Integration Joint Board for West Dunbartonshire to be established by Order under section 9 of the Act.
- 3.7 “The Integration Scheme Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.
- 3.8 “Integration Joint Board Order” means the Public Bodies (Joint Working) (Scotland) Order 2014.
- 3.9 “Outcomes” means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act.
- 3.10 “The Partnership” means the West Dunbartonshire Health & Social Care Partnership.
- 3.11 “Scheme” means this Integration Scheme.
- 3.12 “Strategic Plan” means the strategic plan for the integrated services specified within this Scheme as prescribed under section 29 of the Act.

4. Integration Model

- 4.1 In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in sections 1(4)(a) of the Act will be put in place for West Dunbartonshire Health & Social Care Partnership Board, namely the delegation of functions by the Parties to a *body corporate* that is to be established by Order under section 9 of the Act.
- 4.2 The Parties have agreed that the Integration Joint Board for West Dunbartonshire shall be referred to as the *West Dunbartonshire Health & Social Care Partnership Board*.
- 4.3 This Scheme comes into effect on the date the Parliamentary Order to establish the Health & Social Care Partnership Board comes into force.

5. Local Governance Arrangements

- 5.1 The Parties understand that the Health & Social Care Partnership Board has the formal status for strategic planning for West Dunbartonshire within both the Council and the Health Board, contributing to and operating within the wider context of their respective corporate strategies. The Health & Social Care Partnership Board and the Parties will have to communicate with each other and interact in order to contribute to the overall delivery of the Outcomes for West Dunbartonshire.
- 5.2 The Parties understand that the Health & Social Care Partnership Board has a legal personality distinct from the Council and Health Board; and the consequent autonomy to manage itself. There is no role for either Party to independently sanction or veto decisions of the Health & Social Care Partnership Board.
- 5.3 In exercising its functions, the Health & Social Care Partnership Board must take into account the Parties' requirement to meet their respective statutory obligations. Apart from those functions delegated by virtue of this Scheme, the Parties retain their distinct statutory responsibilities; and therefore also retain their formal decision-making roles for those functions not delegated.
- 5.4 The remit and constitution of the Health & Social Care Partnership Board is established through the legislation, with the Parties having agreed that:
- 5.4.1 The Council will formally identify three councillors to become voting members of the Health & Social Care Partnership Board, to serve for a period of three years. The Council retains the discretion to replace its nominated members on the Health & Social Care Partnership Board.
- 5.4.2 The Health Board will formally identify three non-executive directors to become voting members of the Health & Social Care Partnership Board, to serve for a period of three years. The Health Board retains the discretion to replace its nominated members on the Health & Social Care Partnership Board.
- 5.4.3 The chair and vice chair of the Health & Social Care Partnership Board will be selected from amongst the identified six voting members. The Parties will alternate nominating the chair and vice-chair, with one nominating a chair and the other nominating the vice-chair. The term of office of the Chair and Vice-Chair will be three years.

- 5.4.4 The first chair of the Health & Social Care Partnership Board will be nominated by the Council; and the first vice-chair will be nominated by the Health Board.
- 5.4.5 The non-voting members of the Health & Social Care Partnership Board will comply with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. Once both Parties have confirmed their first set of nominated voting members to the Health & Social Care Partnership Board, the Interim Chief Officer of the transitional Shadow Integration Joint Board will recommend to those voting members a joint process on behalf of both Parties for inviting the participation of the required non-voting members for their approval, such that appropriately representative non-voting members can be legitimately identified for the first formal meeting of the Health and Social Care Partnership Board.
- 5.4.6 The Health & Social Care Partnership Board will make, and may subsequently amend, standing orders for the regulation of its procedure and business. Standing Orders will be agreed at the first meeting of the Health & Social Care Partnership Board; and all meetings of the Health & Social Care Partnership Board shall be conducted in accordance with them.
- 5.4.7 All voting and non-voting members of the Health & Social Care Partnership Board will be obliged to behave in accordance with *Ethical Standards in Public Life Framework*. This will include declaring relevant financial and non-financial interests, both within an annual register and at meetings in response to agenda items.

6. Delegation of Functions

- 6.1 The Parties agree to delegate a comprehensive range of health and social care services for adults and children to the Health & Social Care Partnership Board, including discretionary children and families health and social care services; and criminal justice social work services.
- 6.2 The services that are to be delegated by Health Board to the Health & Social Care Partnership Board are set out in Annex 1.
- 6.3 The functions that are to be delegated by West Dunbartonshire Council to the Health & Social Care Partnership Board are set out in Annex 2.
- 6.4 Annex 3 describes the Partnership hosting service arrangements that will be in place at the inception of the Health & Social Care Partnership Board.

7. Local Operational Delivery Arrangements

- 7.1 The Parties understand that the Health & Social Care Partnership Board will be responsible for the strategic planning of its integrated services as set out in Annexes 1 and 2 of this Scheme.
- 7.2 The Parties have agreed that the Health & Social Care Partnership Board will:
- 7.3.1 Appoint a Chief Officer, who by virtue of that appointment will also be the Chief Officer of the Partnership.

- 7.3.2 Appoint a Chief Financial Officer, who will be the Accountable Officer for financial management and administration of the Health & Social Care Partnership Board.
- 7.3.3 Provide assurance that systems, procedures and resources are in place to monitor, manage and deliver the functions and services delegated to it. This assurance will be based on regular performance reporting, including the annual performance report which will be provided to the Parties; and through the strategic planning process.
- 7.3.4 Work constructively and routinely with stakeholders as part of Community Planning West Dunbartonshire to develop services that meet the needs of local people and support local Single Outcome Agreement priorities.
- 7.4 The Parties agree that the Strategic Plan will provide direction for the Health & Social Care Partnership Board's performance framework, identifying local priorities and associated local outcomes and taking into account national guidance on the core indicators for integration.
- 7.5 The Council and the Health Board understand that they have two responsibilities with regard to performance, which need to be addressed in this integration scheme:
- 7.5.1 To set out a process by a list of targets, measures and arrangements that relate to the delegated functions will be developed, and the extent to which responsibility will lie with the Health & Social Care Partnership Board.
- 7.5.2 To set out a process for those targets, measures and arrangements that Health & Social Care Partnership Board must take account of in their strategic plan as the provision of integrated services will impact upon the delivery of the targets.
- 7.6 The Parties will work together to develop proposals on these targets, measures and arrangements to meet these requirements to put to the first meeting of the Health & Social Care Partnership Board for agreement based on the local Single Outcome Agreement; Council's Strategic Plan; the Health Board's strategic direction; and national NHS Local Delivery Plan and related requirements.
- 7.7 The Parties agree that the specific local targets, measures and arrangements associated with the Outcomes that are the responsibility of the Health & Social Care Partnership Board will be determined through the preparation of and confirmed within the first and then subsequent Strategic Plans.
- 7.8 The Parties will prepare a list of targets and measures that relate to non-delegated functions that are to be taken into account by the Health & Social Care Partnership Board when it is preparing its Strategic Plan.
- 7.9 Where the responsibility for a performance target is shared, the accountability and responsibilities of the relevant Party and the Health & Social Care Partnership Board will be documented.
- 7.10 The Parties agree to provide the Health & Social Care Partnership Board with all of the professional, technical and corporate support necessary to undertake its responsibilities as per the Scheme.
- 7.11 In accordance with Section 26 of the Act, the Health & Social Care Partnership Board will direct the Council and the Health Board to carry out each function delegated to the Health & Social Care

Partnership Board. This will include adult health and social care services; children and families health and social care services; and criminal justice social work services. Payment will be made by the Health & Social Care Partnership Board to the Parties to enable the delivery of these functions in accordance with the Strategic Plan. The Parties agree to discharge the operational delivery of those functions through the partnership between the Council and the Health Board known as West Dunbartonshire Health & Social Care Partnership, except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway (as they serve more than one Integration Authority). The Partnership comprises the necessary resources and staff allocated by the Parties for the purposes of delivering those operational services.

- 7.12 The Chief Officer will have delegated operational responsibility for delivery of integrated services, with oversight from the Health & Social Care Partnership Board. In this way the Health & Social Care Partnership Board is able to have responsibility for both strategic planning and operational delivery. These arrangements will operate within a framework established by Health Board and Council for their respective functions, ensuring both parties can continue to discharge their governance responsibilities.

8. Clinical and Care Governance

- 8.1 The Parties agree that service users are the first priority in all of what the Health & Social Care Partnership Board does by ensuring that, within available resources, they receive effective care and support from caring, compassionate and committed staff, working within a common culture, and protected from avoidable harm and any deprivation of their basic rights.
- 8.2 The Parties understand that clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured, supporting staff in continuously improving the quality and safety of care and ensuring that wherever possible poor performance is identified and addressed. Effective clinical and care governance arrangements need to be in place to support the delivery of safe, effective and person-centred health and social care services within integrated services. Clinical and care governance for integrated health and social care services will require co-ordination across a range of services, (including procured services) so as to place people and communities at the centre of all activity relating to the governance of clinical and care services.
- 8.3 The Parties understand that the Act does not change the current or future regulatory framework within which health and social care professionals practice or the established professional accountabilities that are currently in place within the NHS and local government; and that all health and social care professionals remain accountable for their individual clinical and care decisions.
- 8.4 The Parties agree that they will work together and with the Health & Social Care Partnership Board to establish clinical and care governance arrangements that:

- 8.4.1 Create an organisational culture that promotes human rights and social justice; value partnership working through example; affirm the contribution of staff through the application of best practice including learning and development; are transparent and open to innovation, continuous learning and improvement.
- 8.4.2 Ensure that integrated clinical and care governance policies are developed and regularly monitor their effective implementation.
- 8.4.3 Ensure the rights, experience, expertise, interests and concerns of service users, carers and communities inform and are central to the planning, governance and decision-making that informs quality of care.
- 8.4.4 Ensure that transparency and candour are demonstrated in policy, procedure and practice.
- 8.4.5 Deliver assurance that effective arrangements are in place to enable relevant health and social care professionals to be accountable for standards of care, including services contractually provided through the third and independent sector.
- 8.4.6 Ensure that there is effective engagement with all communities and partners to ensure that local needs and expectations for health and care services and improved health and wellbeing outcomes are being met.
- 8.4.7 Ensure that clear, robust, accurate and timely information on the quality of service performance is effectively scrutinised and that this informs improvement priorities.
- 8.4.8 Provide assurance on effective systems that demonstrate clear learning and improvements in care processes and outcomes.
- 8.4.9 Provide assurance that staff are supported when they raise concerns in relation to practice that endangers the safety of service users and other wrong doing in line with local policies for public interest disclosure and regulatory requirements.
- 8.4.10 Establish clear lines of communication and professional accountability from point of care to Executive Directors and Chief Professional Officers accountable for clinical and care governance, including validation of the quality of training and the training environment for all health and social care professionals in order to be compliant with all professionals regulatory requirements.
- 8.4.11 Embed a positive, sharing and open organisational culture that creates an environment where partnership working, openness and communication is valued, staff supported and innovation promoted.
- 8.4.12 Provide a clear link between organisational and operational priorities; objectives and personal learning and development plans, ensuring that staff have access to the necessary support and education.
- 8.4.13 Implement quality monitoring and governance arrangements that include compliance with professional codes, legislation, standards, guidance and that these are regularly open to scrutiny.
- 8.4.14 Implement systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.

- 8.4.15 Implement effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
- 8.4.16 Develop systems to support the structured, systematic monitoring, assessment and management of risk.
- 8.4.17 Implement a co-ordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.
- 8.4.18 Lead improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- 8.5 Develop mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services. Promote planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.
- 8.6 The Health Board agrees that its scheme of delegation to the Health & Social Care Partnership Board and the Chief Officer will confirm:
 - 8.6.1 The arrangements through which health care professionals relate to the Health Board's professional leads.
 - 8.6.2 The arrangements through which the regulatory and training roles of the Health Board's professional leads are discharged.
 - 8.6.3 The relationship to the Health Board's clinical governance and related arrangements, including critical incident reporting.
- 8.7 The Council confirms that its Chief Social Work Officer will provide appropriate professional advice in relation to statutory social work duties and make certain decisions in terms of the Social Work (Scotland) Act 1968.
- 8.8 The Parties agree that the Health & Social Care Partnership Board and Chief Officer will confirm professional leads as advisors to the Health & Social Care Partnership Board.
- 8.9 The Parties agree that they will work together and with the Health & Social Care Partnership Board to deliver an organisation in which those individual staff delivering care will:
 - 8.9.1 Practice in accordance with their professional standards, codes of conduct and organisational values.
 - 8.9.2 Be responsible for upholding professional and ethical standards in their practice and for continuous development and learning that should be applied to the benefit of the public.
 - 8.9.3 Ensure the best possible care and treatment experience for service users and families.
 - 8.9.4 Provide accurate information on quality of care and highlight areas of concern and risk as required.
 - 8.9.5 Work in partnership with management, service users and carers and other key stakeholders in the designing, monitoring and improvement of the quality of care and services.
 - 8.9.6 Speak up when they see practice that endangers the safety of patients or service users in line with local policies for public interest disclosure and regulatory requirements.

- 8.9.7 Engage with colleagues, patients, service users, communities and partners to ensure that local needs and expectations for safe and high quality health and care services, improved wellbeing and wider outcomes are being met.

9. Chief Officer

- 9.1 The Chief Officer will be accountable directly to the Health & Social Care Partnership Board for the preparation, implementation and reporting on the Strategic Plan.
- 9.2 The Chief Officer's formal contract of employment will be with one of the Parties, and be then seconded to the Health & Social Care Partnership Board by that Party. The Chief Officer will hold an honorary contract with the other Party. The Chief Officer will be jointly line managed by the Council's Chief Executive and the Health Board's Chief Executive. Where there is to be prolonged period where the Chief Officer is absent or otherwise unable to carry out their responsibilities, the Council's Chief Executive and Health Board's Chief Executive will jointly propose an appropriate interim arrangement for approval by the Health & Social Care Partnership Board's Chair and Vice-Chair.
- 9.3 The totality of the Chief Officer's objectives will be set annually and performance appraised by the Council's Chief Executive, the Health Board's Chief Executive in consultation with Health & Social Care Partnership Board's Chair and Vice-Chair.
- 9.4 The Chief Officer will be a full member of both the Council's and Health Board's corporate management teams, as well as a non-voting member of the Health & Social Care Partnership Board.
- 9.5 The Parties agree that the Council's Chief Social Work Officer and the Health Board's Medical Director, Director of Nursing, and Associate Director for Allied Health Professions will routinely liaise with the Chief Officer with respect to the arrangements and support for clinical and care governance.
- 9.6 The Health Board will establish arrangements to liaise with the Chief Officer in respect of the Health & Social Care Partnership Board's role in contributing to the strategic planning of Acute Division services most commonly associated with the emergency care pathway and the delivery of agreed targets where there is a mutual responsibility.
- 9.7 The Council will establish arrangements to liaise with the Chief Officer in respect of the Health & Social Care Partnership Board's role in contributing to the strategic planning for local housing as a whole and the delivery of housing support services delegated to the Health & Social Care Partnership Board.
- 9.8 The Parties agree to enable the Chief Officer to routinely liaise with their counterparts of the other integration authorities within the Health Board area in accordance with sub-section 30(3) of the Act.

10. Workforce

- 10.1 The preparation of the first workforce and organisational development plan will be a specific commitment within the first Strategic Plan, and subsequently presented to the Health & Social Care Partnership Board for approval within the first year of its operation.

10.2 The Parties understand that staff governance is a system of corporate accountability for the fair and effective management of all staff, i.e. that staff should be:

10.2.1 Well informed.

10.2.2 Appropriately trained.

10.2.3 Involved in decisions which affect them.

10.2.4 Treated fairly and consistently.

10.2.5 Provided with an improved and safe working environment.

10.3 The Parties agree that the Chief Officer will convene a local Staff Partnership Forum as the collaborative vehicle by which the Health & Social Care Partnership Board's integrated workforce and organisational development plan will be prepared and implemented in support of the Strategic Plan. The Parties will ensure that there are formal linkages between the Staff Partnership Forum and their respective corporate trade union partnership forums; and that staff governance matters will be reported to the Parties through their appropriate governance and management structures.

11. Finance

11.1 The Health & Social Care Partnership Board will be allocated funding by the Parties for the range of delegated services and functions set out within this Scheme and the targets agreed within Strategic Plans.

11.2 The Parties agree that both they and the Health & Social Care Partnership Board will adopt the National Guidance on Financial Resources and its associated procedures; and demonstrate the principles of openness, integrity and accountability expressed within the Following the Public Pound Code for all resources delegated to, allocated by and payments made from the Health & Social Care Partnership Board.

11.3 The Parties will provide the Health & Social Care Partnership Board with assurance that its delegated resources are appropriately robust to allow it to carry out its delegated services and functions, both prior to the approval of its Strategic Plans and at the start of each financial year. Delegated baseline budgets for 2015/16 will be subject to due diligence and based on a review of recent past performance, existing and future financial forecasts for the Health Board and the Council for the functions which are to be delegated.

11.4 The Health & Social Care Partnership Board will appoint a Chief Financial Officer, who will be the Accountable Officer for financial management and administration of the Health & Social Care Partnership Board. The Chief Financial Officer will be line managed by the Chief Officer, and professionally supervised and formally supported by the Council's Section 95 Officer and the Health Board's Director of Finance.

11.5 The Chief Finance Officer will develop a draft proposal for the Integrated Budget based on the Strategic Plan and present it to the Council and the Health Board for consideration as part of their respective annual budget setting process. This will allow the Council and Health Board to determine

the final approved budget for the Health & Social Care Partnership Board. The draft proposal will incorporate assumptions on:

- 11.5.1 Activity changes.
- 11.5.2 Cost inflation.
- 11.5.3 Efficiencies.
- 11.5.4 Performance against outcomes.
- 11.5.5 Legal requirements.
- 11.5.6 Transfer to or from the amounts set aside by the Health Board.
- 11.5.7 Adjustments to address equity of resource allocation
- 11.6 The process for determining amounts to be made available (within the 'set aside' budget) by the Health Board to the Health & Social Care Partnership Board in respect of all of the functions delegated by the Health Board which are carried out in a hospital in the area of the Health Board and provided for the areas of two or more Local Authorities will be determined by the hospital capacity that is expected to be used by the population of the Health & Social Care Partnership Board and will be based on:
 - 11.6.1 Actual Occupied Bed Days and admissions in recent years.
 - 11.6.2 Planned changes in activity and case mix due to the effect of interventions in the Strategic Plan.
 - 11.6.3 Projected activity and case mix changes due to changes in population need (i.e. demography & morbidity).
- 11.7 The projected hospital capacity targets will be calculated as a cost value using a costing methodology to be agreed between the Council and the Health Board.
- 11.8 If the Strategic Plan sets out a change in hospital capacity, the resource consequences will be determined through a detailed business case which is incorporated within the Health & Social Care Partnership Board's budget. This may include:
 - 11.8.1 The planned changes in activity and case mix due to interventions in the Strategic Plan and the projected activity and case mix changes due to changes in population need.
 - 11.8.2 Analysis of the impact on the affected hospital budgets, taking into account cost behaviour (i.e. fixed, semi fixed and variable costs) and timing differences (i.e. the lag between reduction in capacity and the release of resources).
- 11.9 The Chief Officer will deliver the outcomes within the total delegated resources and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer and the appropriate finance officers of the Council and Health Board must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the Health & Social Care Partnership Board. In the event that the recovery plan does not succeed, the Council and the Health Board will consider either utilising reserves where available or may consider as a last resort making additional funds available, on a basis to be agreed taking into account the nature and circumstances of the overspend, with repayment in future years on the basis

of the revised recovery plan agreed by the Council and the Health Board, and approved by the Health & Social Care Partnership Board. If the revised plan cannot be agreed by the Council and Health Board, or is not approved by the Health & Social Care Partnership Board, mediation will require to take place in line with the dispute resolution arrangements set out in this Scheme.

- 11.10 Where an underspend in an element of the operational budget, with the exception of ring fenced budgets, arises from specific management action, this will be retained by the Health & Social Care Partnership Board to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan (subject to the terms of a Reserves Strategy to be agreed by the Health & Social Care Partnership Board). Any windfall or unplanned underspend will be dealt with in accordance with local arrangements to be agreed by the Parties.
- 11.11 Neither the Council nor the Health Board may reduce the payment in-year to the Health & Social Care Partnership Board to meet exceptional unplanned costs within either the Council or the Health Board without the express consent of the Health & Social Care Partnership Board and the other Party.
- 11.12 Recording of all financial information in respect of the Health & Social Care Partnership Board will be in the financial ledger of the Party which is delivering financial services on behalf of the Health & Social Care Partnership Board.
- 11.13 Any transaction specific to the Health & Social Care Partnership Board (e.g. expenses) will be processed via the Council ledger, with specific funding being allocated by the Health & Social Care Partnership Board to the Council for this.
- 11.14 The transactions relating to operational delivery will continue to be reflected in the financial ledgers of the Council and the Health Board, with the information from both sources being consolidated for the purposes of reporting financial performance to the Health & Social Care Partnership Board.
- 11.15 The Chief Officer and Chief Finance Officer will be responsible for the preparation of the annual accounts and financial statement in line with proper accounting practice, and financial elements of the Strategic Plan. The Chief Finance Officer will provide reports to the Chief Officer on the financial resources used for operational delivery and strategic planning.
- 11.16 Periodic financial monitoring reports will be issued to the Chief Officer and their budget holders in line with timescales agreed by the Council and Health Board.
- 11.17 In advance of each financial year a timetable of reporting will be submitted to the Health & Social Care Partnership Board for approval.
- 11.18 The schedule of payments by the Parties to be made in settlement of the payment due to the Health & Social Care Partnership Board will be resource transfer; virement between the Parties; and the net difference between payments made to the Health & Social Care Partnership Board. Resources delegated by the Health & Social Care Partnership Board will be transferred between

the Parties initially in line with existing arrangements, with a final adjustment on closure of the Annual Accounts. Future arrangements may be changed by local agreement.

- 11.19 In the event that the Health & Social Care Partnership Board becomes formally established part-way through the 2015-16 financial year, the payment to the Health & Social Care Partnership Board for delegated functions will be that portion of the budget covering the period from the establishment of the Health & Social Care Partnership Board to 31st March 2016.
- 11.20 The Parties agree that Strategic Plans will take account of all resources available to the Partnership, including capital assets owned by the Health Board on behalf of Scottish Ministers, and the Council.
- 11.21 Capital and assets and the associated running costs will continue to sit with the Parties. The Parties agree that the Chief Officer and the Chief Financial Officer will be formally and appropriately engaged within Health Board and Council corporate processes regarding minor works and minor equipment, making the best use of existing resources and developing capital programmes.
- 11.22 The Parties agree that where the Health & Social Care Partnership Board identifies the need for new capital investment within the Strategic Plan, a business case will be developed by the Chief Officer for both Parties to transparently consider through their corporate processes. The Parties agree that process by which a business case has been considered, the decision reached and the basis for that decision will be formally reported back to the Health & Social Care Partnership Board.
- 11.23 The Parties agree that the Chief Financial Officer will routinely liaise with their counterparts in other Integrated Joint Boards within the Greater Glasgow & Clyde area to agree and implement appropriate financial risk sharing arrangements where deemed prudent and in the mutual interests of all Integration Joint Boards involved.
- 11.24 The Health & Social Care Partnership Board will establish a standing Audit Committee to focus on financial and internal audit on behalf of the Health & Social Care Partnership Board, including (where necessary) to make recommendations to either or both Parties. The Audit Committee will be composed of the voting members of the Health & Social Care Partnership Board; and chaired by the Vice-Chair of the Health & Social Care Partnership Board. The Chief Officer and Chief Financial Officer will be required to attend meetings of the Audit Committee. The Health Board's Director of Finance and the Council's Section 95 Officer will ensure that the Audit Committee is provided with necessary technical and corporate support in relation to its remit.
- 11.25 The Chief Financial Officer will be responsible for providing assurance on the system of internal financial control to the Audit Committee on behalf of the Parties. That system of internal financial control will be based on a framework of regular management information, Financial Regulations and Standing Financial Instructions, administrative procedures

(including segregation of duties), management and supervision, and a system of delegation and accountability. The Parties accept that the Chief Financial Officer will be reliant on both of the Parties' systems of internal control to support compliance with both organisations' policies and promote achievement of each organisation's aims and objectives, as well as those of the Health & Social Care Partnership Board as expressed in its Strategic Plan. The Chief Financial Officer will appoint an Internal Audit Service to work on behalf of the Audit Committee. The Chief Financial Officer will prepare an Annual Governance Statement for the Audit Committee and the Health & Social Care Partnership Board.

12. Participation and Engagement

- 12.1 Given the predecessor community health and social care partnership that the Parties had established as a key element of and pro-active participant within local Community Planning Partnership arrangements, this Scheme has benefitted from a considerable amount of ongoing and positive engagement with a range of stakeholders over the period since the legislation was first announced; and benefited from the participation of local stakeholders who have experienced the realities of effective integration in practice.
- 12.2 The stakeholders who were jointly consulted by the Parties in the development of this Scheme included:
- 12.2.1 West Dunbartonshire Community Health & Care Partnership Committee.
 - 12.2.2 West Dunbartonshire Community Health & Care Partnership Professional Advisory Group.
 - 12.2.3 West Dunbartonshire Community Health & Care Partnership Locality Groups, including local NHS external contractors.
 - 12.2.4 West Dunbartonshire Community Health & Care Partnership Local Staff Partnership Forum, and all of the Council trade union and Health Board staff side organisations involved.
 - 12.2.5 West Dunbartonshire Community Health & Care Partnership Public Partnership Forum, and the network of community groups involved.
 - 12.2.6 West Dunbartonshire Older People Change Fund Plan Implementation Group.
 - 12.2.7 West Dunbartonshire Children & Young People Development & Improvement Group.
 - 12.2.8 Carers of West Dunbartonshire.
 - 12.2.9 West Dunbartonshire Alcohol & Drug Partnership Forum.
 - 12.2.10 West Dunbartonshire Chief Officers' Public Protection Forum.
 - 12.2.11 Community Planning West Dunbartonshire.
 - 12.2.12 West Dunbartonshire Community Alliance, and the network of community and residents groups that they represent.
 - 12.2.13 West Dunbartonshire Youth Alliance and the network of groups that they represent.
 - 12.2.14 West Dunbartonshire Community Volunteer Service, and the network of third sector organisations that they interface on behalf of.

- 12.2.15 West Dunbartonshire Housing Forum, and the range of housing sector providers involved.
- 12.2.16 Scottish Care, and their network of independent sector health providers and social care providers.
- 12.2.17 Care Inspectorate.
- 12.2.18 Healthcare Improvement Scotland.
- 12.2.19 Audit Scotland.
- 12.2.20 Scottish Health Council.
- 12.3 The extensive consultation undertaken adopted a multi-modal approach, incorporating electronic material promoted and accessible via the Council and the Health Board intranet and internet websites; circulation of both paper and electronic copies of material to mailing lists; discussions at staff team meetings; participation at external forums and invited groups; and specially organised meetings. Comments from across all these consultation vehicles was captured, collated and then considered within the final preparation of this Scheme. The response to the consultation from across stakeholder groups was substantively positive and encouraging.
- 12.4 The Parties jointly undertook an Equalities Impact Assessment as part of the process of finalising this Scheme: no negative impacts were identified, and positive opportunities were adopted.
- 12.5 The predecessor community health and care partnership arrangements previously established by the Parties for the delivery of health and social care services for adults and children across West Dunbartonshire included integrated participation and engagement arrangements that are supported by and contribute to local Community Planning Partnership arrangements; and constructive and routine collaboration with stakeholders as part of the local Community Planning Partnership to develop services that meet the needs of local people and support local Single Outcome Agreement priorities. The Parties are committed to continuing that constructive participation and engagement.
- 12.6 The participation and engagement of service users and local communities in the work of the Health & Social Care Partnership Board will reflect the principles for the strategic planning and delivery of integrated services set out within the Act (as detailed within section 1.6 of this Scheme).
- 12.7 The Health & Social Care Partnership Board will develop a Participation and Engagement Strategy that is supported by and contributes to local Community Planning Partnership arrangements. This will be presented for approval by the Health & Social Care Partnership Board within the first year of its operation as a commitment within the first Strategic Plan.
- 12.8 The Parties agree that the Participation and Engagement Strategy will be developed and implemented through the Partnership and with the necessary technical and corporate support from both organisations in a manner that reflects the following principles of co-production: equality; diversity; accessibility; and reciprocity.

- 12.9 The Parties agree that the Participation and Engagement Strategy will be developed and implemented through the Partnership and with the necessary technical and corporate support from both organisations in accordance with the National Standards for Community Engagement, i.e.:
- 12.9.1 Involvement - will identify and involve the people and organisations who have an interest in the focus of the engagement.
 - 12.9.2 Support - will identify and overcome any barriers to involvement.
 - 12.9.3 Planning - will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken.
 - 12.9.4 Methods - will agree and use methods of engagement that are fit for purpose.
 - 12.9.5 Working together - will agree and use clear procedures that enable the participants to work with one another effectively and efficiently.
 - 12.9.6 Sharing information - will ensure that necessary information is communicated between the participants.
 - 12.9.7 Working with others - will work effectively with others with an interest in the engagement.
 - 12.9.8 Improvement - will develop actively the skills, knowledge and confidence of all the participants.
 - 12.9.9 Feedback - will feed back the results of the engagement to the wider community and agencies affected.
 - 12.9.10 Monitoring and evaluation - will monitor and evaluate whether the engagement achieves its purposes and meets the national standards for community engagement.
- 12.10 The Parties agree that the Participation and Engagement Strategy will promote the requirements of the Equalities Act (Scotland) 2010, taking appropriate account of the eight protected characteristics of people who use services, i.e.: disability; sex (gender); gender reassignment; pregnancy and maternity; race; religion or belief; sexual orientation; and age.

13. Information-Sharing and data handling

- 13.1 The Health Board and the six local authorities within the Greater Glasgow & Clyde area have established a Joint Information & Health Systems Group for the purposes of considering and developing appropriate systems and processes for data handling by and information sharing between services and staff so as to contribute to improved outcomes for service users. This has included the development of a local Data Sharing Protocol that has been approved by all of the organisations involved, which includes the Parties
- 13.2 The Chief Officer will ensure appropriate arrangements are in place in respect of information governance and the requirements of the Information Commissioner's Office on behalf of and with the necessary technical and corporate support from both Parties. Staff within the Partnership will be obliged to operate in accordance with the local Data Sharing Protocol and the data confidentiality policies of their employing organisations.

14. Complaints

- 14.1 With respect to the functions delegated to the Health & Social Care Partnership Board, both of the Parties will retain separate complaints policies reflecting distinct statutory requirements: the Patient Rights (Scotland) Act 2011 making provisions for complaints about NHS services; and the Social Work (Scotland) Act 1968 making provisions for the complaints about social work services.
- 14.2 The Parties agree that staff within the Partnership will apply the relevant Party's complaints policy depending on the nature of the complaint made. Where a complaint made could be dealt with by both Parties' policies, the appropriate member of staff within the Partnership will determine whether both need to be applied separately or a single joint response is appropriate. Where a joint response to such a complaint is not possible or appropriate, the material issues should be separated and progressed through the respective Party's procedures.
- 14.3 The person making a complaint will always be informed which Party's policies are being applied.
- 14.4 The Parties will ensure that complaints performance will be reported on in accordance with national and corporate reporting arrangements.

15. Claims Handling, Liability & Indemnity

- 15.1 The Parties understand that the Health & Social Care Partnership Board, while having legal personality in its own right, has neither replaced nor assumed the rights or responsibilities of either the Health Board or the Council as the employers of the staff who are managed within the Partnership; or for the operation of buildings or services under the operational remit of those staff.
- 15.2 The Parties will continue to indemnify, insure and accept responsibility for the staff that they each employ; their particular capital assets that the Partnership delivers services from or with; and the respective services themselves that each Party has delegated to the Health & Social Care Partnership Board.
- 15.3 Liabilities arising from decisions taken by the Health & Social Care Partnership Board will be equally shared between the Parties.

16. Risk Management

- 16.1 The Chief Officer and the Chief Finance Officer will prepare an annual strategic risk register that will identify, assess and prioritise risks related to the preparation and delivery of the Strategic Plan; and identify and describe processes for mitigating those risks. This process will also take due cognisance of the overall corporate risk registers of both Parties. The first strategic risk register will be presented to the Health & Social Care Partnership Board for approval at the same time as the first Strategic Plan is presented for approval.
- 16.2 Strategic risk registers will be presented to the Audit Committee for scrutiny and the Health & Social Care Partnership Board for approval on an annual basis. The Parties agree that the Health Board's Director of Finance and the Council's Section 95 Officer will ensure that the Health &

Social Care Partnership Board and its Audit Committee are provided with the necessary technical and corporate support to develop, maintain and scrutinise strategic risk registers. The Chief Officer is responsible for drawing to the attention of the Health & Social Care Partnership Board and the Audit Committee any substantive developments in-year that lead to a substantial change to the strategic risk register outwith the routine review process. The approved strategic risk register will be shared with both of the Parties on an annual basis to contribute to their distinct risk management strategies.

17. Dispute resolution mechanism

- 17.1 The Parties aim to continue to adopt a collaborative approach to the integration of health and social care.
- 17.2 The Parties working with the Health & Social Care Partnership Board will use their best endeavours to quickly resolve any areas of disagreement. Where any disputes do arise that require escalation to the Chief Executives of the respective organisations, those officers will attempt to resolve matters in an amicable fashion and in the spirit of mutual cooperation.
- 17.3 In the unlikely event that the Parties do not reach agreement, then:
 - 17.3.1 The Chief Executives of the Health Board and the Council, and the Chief Officer, will meet to resolve the issue.
 - 17.3.2 If unresolved, the Health Board, the Council and the Health & Social Care Partnership Board will each prepare a written note of their position on the issue and exchange it with the others.
 - 17.3.3 The Chief Officer, Leader of the Council, Chair of the Health Board and the Chief Executives of the Health Board and the Council will then meet to resolve the issue.
 - 17.3.4 In the event that the issue remains unresolved, representatives of the Health Board, the Council and the Health & Social Care Partnership Board will proceed to mediation with a view to resolving the issue. The process for appointing the mediator will be agreed between the Chair of the Health Board and Leader of the Council.
- 17.4 Where the issue remains unresolved after following the processes outlined in section 17.3 above, the Chief Executives of the Health Board and the Council will jointly and formally notify Scottish Ministers in writing of the issues and be bound by their determination.

ANNEX 1

Part 1:

Functions delegated by the Health Board to the Health & Social Care Partnership Board

The National Health Service (Scotland) Act 1978

All functions of health boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978, other than Section 2CB(1) and (2) (provision of a service outside Scotland); Section 17L(1) (power to enter into a general medical services contract); Section 47(1) (duty to make available such facilities as appear reasonably necessary for education and research).

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7 (making of arrangements for the assessments of the needs of a person who is discharged from hospital).

Community Care and Health (Scotland) Act 2002

All functions of health boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of health boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003 other than Section 22 (requirement to maintain a list of medical practitioners).

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23 (co-operating with education authority).

Civil Contingencies Act 2004

All functions of health boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.

National Health Service Reform (Scotland) Act 2004

All functions of health boards conferred by, or by virtue of, the National Health Service Reform (Scotland) Act 2003.

Public Health etc. (Scotland) Act 2008

All functions of health boards conferred by, or by virtue of, the Public Health etc. (Scotland) Act 2008 other than section 3 (designation of competent persons).

Certification of Death (Scotland) Act 2011

All functions of health boards conferred by, or by virtue of, the Certification of Death (Scotland) Act 2011.

Patient Rights (Scotland) Act 2011

All functions of health boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011.

Public Services Reform (Scotland) Act 2010

All functions of health boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010.

Part 2:

Services delegated by the Health Board to the Health & Social Care Partnership Board

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:
 - General medicine.
 - Geriatric medicine.
 - Rehabilitation medicine.
 - Respiratory medicine.
 - Psychiatry of learning disability.
- Palliative care services provided in a hospital.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
- Health Visting services.
- School Nursing.
- Speech and Language Therapy.
- Specialist Health Improvement.
- Community Children's Services.
- Child and Adolescent Mental Health Services
- District Nursing services.
- The public dental service.
- Primary care services provided under a general medical services contract.
- General dental services.
- Ophthalmic services.
- Pharmaceutical services.
- Services providing primary medical services to patients during the out-of-hours period.
- Services provided outwith a hospital in relation to geriatric medicine.
- Palliative care services provided outwith a hospital.
- Community learning disability services.
- Rehabilitative Services provided in the community.
- Mental health services provided outwith a hospital.
- Continence services provided outwith a hospital.
- Kidney dialysis services provided outwith a hospital.
- Services provided by health professionals that aim to promote public health.

ANNEX 2

Part 1:

Functions which must be delegated by the Council to the Health & Social Care Partnership Board

<i>Column A Enactment conferring function</i>	<i>Column B Limitation</i>
National Assistance Act 1948	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958	
Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA (Assessment of ability to provide care.)	
Section 12AB (Duty of local authority to provide information to carer.)	
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
(Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000	
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39	Only in relation to residents of

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
(Matters which may be managed.)	establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001	
Section 92 (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002	
Section 4 (The functions conferred by Regulation 2 of the Community Care (Additional Payments)(Scotland) Regulations 2002	
Section 5 (Local authority arrangements for residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
(Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 18 (Protection of moved persons property.)	
Section 22 (Right to apply for a banning order.)	
Section 40 (Urgent cases.)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013	
Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.
Section 5 (Choice of options: adults.)	
Section 6 (Choice of options under section 5: assistances.)	
Section 7	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
(Choice of options: adult carers.)	
Section 9 (Provision of information about self-directed support.)	
Section 11 (Local authority functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	

Part 2:
Additional functions delegated by the Council to the Health & Social Care Partnership Board

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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Children and Young People (Scotland) Act 2014

All Social Work functions of the Local Authority conferred by, or by virtue of the Children and Young People (Scotland) Act 2014.

Children (Scotland) Act 1995

All Social Work functions of the Local Authority conferred by, or by virtue of the Children (Scotland) Act 1995.

Adoption and Children (Scotland) Act 2007

All Social Work functions of the Local Authority conferred by, or by virtue of the Adoption and Children (Scotland) Act 2007.

Adoption Agencies (Scotland) Regulations 2009

All Social Work functions of the Local Authority conferred by, or by virtue of the Adoption Agencies (Scotland) Regulations 2009.

Looked After Children (Scotland) Regulations 2009

All Social Work functions of the Local Authority conferred by, or by virtue of the Looked After Children (Scotland) Regulations 2009.

Carers Recognition of Service Act 1995

All Social Work functions of the Local Authority conferred by, or by virtue of the Carers Recognition of Service Act 1995.

Column A
Enactment conferring function

Column B
Limitation

Column A
Enactment conferring function

Column B
Limitation

Disabled Persons Parking Badges (Scotland) Act 2014

All Social Work functions of the Local Authority conferred by, or by virtue of the Disabled Persons Parking Badges (Scotland) Act 2014.

Prisoners and Criminal Proceedings (Scotland) Act 1993

All Social Work functions of the Local Authority conferred by, or by virtue of the Prisoners and Criminal Proceedings (Scotland) Act 1993.

Criminal Justice (Scotland) Act 1995

All Social Work functions of the Local Authority conferred by, or by virtue of the Criminal Justice (Scotland) Act 1995.

Criminal Procedure (Scotland) Act 1995

All Social Work functions of the Local Authority conferred by, or by virtue of the Criminal Procedure (Scotland) Act 1995.

Criminal Justice (Scotland) Act 2003

All Social Work functions of the Local Authority conferred by, or by virtue of the Criminal Justice (Scotland) Act 2003.

Anti-Social Behaviour etc (Scotland) Act 2004

All Social Work functions of the Local Authority conferred by, or by virtue of the Anti-Social Behaviour etc (Scotland) Act 2004.

Management of Offenders (Scotland) Act 2005

All Social Work functions of the Local Authority conferred by, or by virtue of the Management of Offenders (Scotland) Act 2005 in particular to the Criminal Justice Authority, Management, Sexual Violent and Serious Offenders excepting where amended in subsequent legislation.

Custodial Sentences and Weapons (Scotland) Act 2007

All Social Work functions of the Local Authority conferred by, or by virtue of the Custodial Sentences and Weapons (Scotland) Act 2007.

Criminal Justice and Licensing (Scotland) Act 2010

All Social Work functions of the Local Authority conferred by, or by virtue of the Criminal Justice and Licensing (Scotland) Act 2010.

Regulation of Care (Scotland) Act 2001

All Social Work functions of the Local Authority conferred by, or by virtue of the Regulation of Care (Scotland) Act 2001.

Children's Hearing (Scotland) Act 2011

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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All Social Work functions of the Local Authority conferred by, or by virtue of the Children's Hearing (Scotland) Act 2011.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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Education (Additional Support for Learning) (Scotland) Act 2004

All Social Work functions of the Local Authority conferred by, or by virtue of the Education (Additional Support for Learning) (Scotland) Act 2004.

Civil Contingencies Act 2004

All Social Work functions of the Local Authority conferred by, or by virtue of the Civil Contingencies Act 2004.

National Health Service Reform (Scotland) Act 2004

All Social Work functions of the Local Authority conferred by, or by virtue of the National Health Service Reform (Scotland) Act 2004.

Public Health Etc (Scotland) Act 2008

All Social Work functions of the Local Authority conferred by, or by virtue of the Public Health Etc (Scotland) Act 2008.

Certification of Death (Scotland) Act 2011

All Social Work functions of the Local Authority conferred by, or by virtue of the Certification of Death (Scotland) Act 2011.

Patient Rights (Scotland) Act 2011

All Social Work functions of the Local Authority conferred by, or by virtue of the Patient Rights (Scotland) Act 2011.

Public Services Reform (Scotland) Act 2010

All Social Work functions of the Local Authority conferred by, or by virtue of the Public Services Reform (Scotland) Act 2010.

Local Government (Scotland) Act 1973

All Social Work functions of the Local Authority conferred by, or by virtue of the Local Government (Scotland) Act 1973.

Local Government etc (Scotland) Act 1994

All Social Work functions of the Local Authority conferred by, or by virtue of the Local Government etc (Scotland) Act 1994.

Local Government (Scotland) Act 2003

All Social Work functions of the Local Authority conferred by, or by virtue of the Local Government (Scotland) Act.

Regulation of Care (Scotland) Act 2001

All Social Work functions of the Local Authority conferred by,

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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or by virtue of the Regulation of Care (Scotland) Act 2001.

Protection of Children (Scotland) Act 2003

All Social Work functions of the Local Authority conferred by, or by virtue of the Protection of Children (Scotland) Act 2003.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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Chronically Sick and Disabled Persons Act 1970

All Social Work functions of the Local Authority conferred by, or by virtue of the Chronically Sick and Disabled Persons Act 1970.

Criminal Procedures (Scotland) Act 1995

All Social Work functions of the Local Authority conferred by, or by virtue of the Criminal Procedures (Scotland) Act 1995.

Health & Social Services Adjudications Act 1983

All Social Work functions of the Local Authority conferred by, or by virtue of the Health & Social Services Adjudications Act 1983.

National Health Service (Scotland) Act 1978

All Social Work functions of the Local Authority conferred by, or by virtue of the National Health Service (Scotland) Act 1978.

Part 2:

Services delegated by the Council to the Health & Social Care Partnership Board

- Social work services for adults and older people.
- Services and support for adults with physical disabilities and learning disabilities.
- Mental health services.
- Drug and alcohol services.
- Adult protection and domestic abuse.
- Carers support services.
- Community care assessment teams.
- Support services.
- Care home services.
- Adult placement services.
- Health improvement services.
- Housing support, including aids and adaptations.
- Day services.
- Local area co-ordination.
- Self-Directed Support.
- Occupational therapy services.
- Re-ablement services, equipment and telecare.
- Residential and non-residential care charging.
- Respite provision for adults and young people.
- Social work services for children and young people:
 - Child Care Assessment and Care Management.
 - Looked After and Accommodated Children.
 - Child Protection.
 - Adoption and Fostering.
 - Child Care.
 - Special Needs/Additional Support.
 - Early intervention.
 - Throughcare Services.
- Social work criminal justice services, including Youth Justice Services.

ANNEX 3

Hosted Services

The Parties have agreed that at its inception that the Partnership will host the following services:

- NHS Greater Glasgow & Clyde Community Eye Care Service.
- NHS Greater Glasgow & Clyde Musculoskeletal Physiotherapy Service.
- Management of Argyll, Bute and Dunbartonshire's Criminal Justice Social Work Partnership.

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health & Care Partnership Committee: 18th February 2015

Subject: The Vale Centre for Health & Care – Gateway 5 Outcome

1. Purpose

- 1.1 The purpose of this report is to formally bring to the CHCP Committee's attention the successful outcome of the recent Gateway 5 Independent Assurance Review of the delivery of the Vale Centre for Health & Care.

2. Recommendations

- 2.1 The CHCP Committee is asked to note the content of this report.

3. Background

- 3.1 The Committee will recall that the Vale Centre for Health & Care was delivered on schedule and on budget. The Centre became operational in August 2013, with a subsequent formal ceremonial opening in October 2013.
- 3.2 The Committee will recall that the 'Vision' for the Vale Centre was that it would be welcoming, reassuring and revitalising for its patients, their carers, its staff, and visitors from the wider community. A guiding principle for the scheme was that of "form following function" – that function being primarily the delivery of efficient and responsive primary care and community care services to; and the co-production of effective and meaningful health and care outcomes with the communities of the Vale of Leven area of West Dunbartonshire.
- 3.3 As the Committee will recall, when this project began the Office of Government Commerce (OGC) Gateway Process was mandated for all programmes and projects within NHS Scotland over £5 million that have been identified as high risk/mission critical. While OGC has since been absorbed into the Efficiency and Reform Group (ERG) within the Cabinet Office, the Scottish Government has continued to utilise the Gateway Review Process to assess and provide assurance on the delivery of major public sector investments such as this.
- 3.4 As Committee will recall, a Gate 4 (readiness for service) Review was completed prior to the Centre being completed in June 2013, with the Review Team's overall delivery confidence at the end of that process being green, i.e. on target to succeed.
- 3.5 An OGC Gateway Review 5 (operations review and benefits realisation) is undertaken 6-12 months after a project has been completed and services are operational. Its purpose is to check the degree to which the benefits set out in the original Full Business Case are being achieved; and the degree to which the operational service or facility is running smoothly.
- 3.6 An intensive OGC Gateway 5 Review of the Vale Centre for Health & Care was undertaken by an external Review Team in November 2015.

4. Main Issues

- 4.1 Following a thorough and challenging assessment process, the Review Team's overall delivery confidence assessment was rated as green, i.e. successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly. The Review confirmed that no further Gateway Reviews are required or recommended.
- 4.2 A summary of the findings and feedback of the assessment are as follows:
 - 4.2.1 Patients, carers, staff and the community are delighted with the new facility and there has been overwhelming positive feedback.
 - 4.2.2 The operational facility is running smoothly. The usage of the facility has been expanded since opening with early evening clinics and services as well as training and meetings, with a vision for the future as a facility for community use and wider system engagement to enhance health and wellbeing.
 - 4.2.3 The investment objectives and benefits of the new facility set out in the Full Business Case are being achieved, i.e. optimal access to the Centre; the welcoming impression of the Centre; successful internal environment; positive environmental sustainability; positive community and staff engagement; equalities sensitive design; enhanced community benefits; positive contribution to civic pride; and delivering a key element of the NHSGGC Vision for the Vale.
 - 4.2.4 The well-considered architecture and design layout with all public space on the ground floor with staff offices and meeting rooms on the first floor works well and provides another step change in integrating health and care delivery of services. Users have commented on the wonderful environment and the uplifting energy this gives them and consideration could be given to a more formal assessment of the well-being benefits provided by the building.
 - 4.2.5 The successful delivery of the project undoubtedly benefitted from the history of integrated health and care being delivered by the CHCP prior to its initiation. Likewise commitment and continuity from initiation to completion from the Senior Responsible Owner (Keith Redpath) and senior team members has been a key factor.
 - 4.2.6 Given the success of the "non-standard" design of the Vale Centre the Review Team were of the view that there may be wider interest in sharing learning from this project with the broader design and capital planning community, including benchmarking against the standard designs routinely promoted.
- 4.3 The Review Team also offered three good practice recommendations for further potential improvements. As a matter of good practice, an action plan has been prepared in response to these (Appendix 1) and confirmed with Paul Gray (NHS Scotland Chief Executive in his capacity as Scottish Government Accountable Officer for the project) and Robert Calderwood (NHSGGC Chief Executive in his capacity as Health Board Organisational Accountable Officer for the project).

5. People Implications

- 5.1** The Gateway 5 Review has provided external confirmation that the Vale Centre is much appreciated by staff, patients and carers; and that all recognise the transformation when comparing it to their previous premises, including the ease of public transport and availability of sufficient parking (which the Review Team felt reflected particularly well on the engagement with other parts of the Council in the project).

6. Financial Implications

- 6.1** The Gateway 5 Review has provided external confirmation that the project was delivered within the overall capital cost and on schedule; and that revenue affordability for the Vale Centre is within agreed budgets.

7. Risk Analysis

- 7.1** The outcome, findings and feedback of this independent assurance review both provides further evidence of the successful delivery of the ambitious objectives set by the CHCP in delivering the Vale Centre for Health & Care; and wider reassurance of the capability within the CHCP to effectively drive and lead the delivery of high quality and nationally recognised capital projects.

8. Equalities Impact Assessment (EIA)

- 8.1** No equality impact screening required for this report.

9. Consultation

- 9.1** The Gateway 5 Review identified that the commitment by the CHCP to the full engagement of the community in all aspects of the project was one of the key components of the successful delivery of the project.

10 Strategic Assessment

- 10.1** The delivery of the Vale Centre for Health & Care contributes to all of the Council's strategic priorities, i.e.:

- Improve economic growth and employability.
- Improve life chances for children and young people.
- Improve care for and promote independence with older people.
- Improve local housing and an environmentally sustainable infrastructure.
- Improve the well-being of communities and protect the welfare of vulnerable people.

Keith Redpath
Director of Community Health & Care Partnership
Date: 21st^h January 2015

Person to Contact:	<p>Mr Soumen Sengupta Head of Strategy, Planning and Health Improvement West Dunbartonshire Community Health & Care Partnership, West Dunbartonshire Council HQ, Garshake Road, Dumbarton. E-mail: soumen.sengupta@ggc.scot.nhs.uk Telephone: 01389 737321</p>
Appendices:	<p>The Vale Centre For Health & Care: Gateway 5 - Operations Review and Benefits Realisation Action Plan (December 2014)</p>
Background Papers:	<p>CHCP Committee Report: The new Vale Centre for Health & Care (August 2013)</p> <p>CHCP Committee Report: Full Business Case for the Modernisation & Re-design Of Primary, Community Health & Social Care Services & Facilities for Alexandria (November 2011)</p>
Wards Affected:	<p>Ward 17 - Renton / Alexandria South Ward 18 - Alexandria North / Tullichewan Ward 19 - Balloch</p>

The Vale Centre For Health & Care
Gateway 5 - Operations Review and Benefits Realisation
Action Plan (December 2014)

Delivery Confidence Assessment (November 2014):

Green - Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly)

	Recommendation	Status	Actions
R1	Complete and approve the post project evaluation, benefits realisation and lessons learned process	Potential Improvements, i.e. the project is on target to succeed but may benefit from uptake of the following recommendations.	1. Post project evaluation, benefits realisation and lessons learned process will be completed as planned with the addition of R3 below. The final report will be prepared by the NHSGGC Head of Capital Planning for consideration and approval by the SRO and CHCP Senior Management Team (who have now absorbed the role of Project Board).
R2	Communicate the results of the project evaluation to stakeholders	Potential Improvements, i.e. the project is on target to succeed but may benefit from uptake of the following recommendations.	2. Upon completion of R1, the results will be communicated to stakeholders as per the Project's Communication Plan. 3. As suggested within the assessment report, the NHSGGC Head of Capital Planning formally ensuring consideration of the results and positive lessons learnt (as encouraged by the Review Team) within other NHSGGC primary care estates developments being undertaken. 4. As suggested in the assessment report, the NHSGGC Head of Capital Planning will share the results and positive lessons learnt (as encouraged by the Review Team) within the wider capital planning and contractor community.
R3	Consider undertaking a formal building wellbeing assessment	Potential Improvements, i.e. the project is on target to succeed but may benefit from uptake of the following recommendations.	5. The NHSGGC Head of Capital Planning will organise and complete a recognised formal wellbeing assessment that captures the best practice identified by the Gateway Review Team, incorporating the findings into the overall post project evaluation process as per R1 above.

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health and Care Partnership

Community Health and Care Partnership Committee: 18th February 2015

Subject: Care Inspectorate Reports for Support Services operated by Independent Sector Providers in West Dunbartonshire

1. Purpose

- 1.1 To provide Members with a routine up-date on the most recent Care Inspectorate assessment for one independent sector support service within West Dunbartonshire.

2. Recommendations

- 2.1 The Committee is asked to note the content of this report.

3. Background

- 3.1 Care Inspectorate inspections focus on any combination of four thematic areas. These themes are: quality of care and support, environment, staffing and management & leadership.
- 3.2 The independent sector support service reported on here is:
- Quarriers Homelife Project - service is provided throughout West Dunbartonshire Council area.
- 3.3 Copies of the inspection report can be accessed on the Care Inspectorate web-site: www.scswis.com.

4. Main Issues

Quarriers Homelife Project

- 4.1 Quarriers Homelife Project provides housing support and care at home services to adults who have learning disabilities who live in their own homes or shared tenancies. The service was inspected on 10th July 2014 and the report published on 5th November 2014. The following grades were awarded:
- For the theme of *Care and Support* – Grade 5/Very Good.
 - For *Staffing* – Grade 5/Very Good.
 - For *Management and Leadership* - Grade 4/Good.
- 4.2 There were no requirements detailed in the inspection report.

4.3 The table below summarises the gradings between the last two inspections:

Service	Previous Grades – at 2/7/13						Current Grades a 10/7/14					
	1	2	3	4	5	6	1	2	3	4	5	6
Quarriers Homelife Project					✓						✓	
• Care & Support												
• Environment				✓							✓	
• Staffing			✓							✓		
Management & Leadership												

5. People Implications

5.1 There are no people implications.

6 Financial Implications

6.1 There are no financial 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 gradings awarded to any independent sector service would be of concern to the CHCP and the Council, particularly in relation to the continued referral of vulnerable people by the CHCP to such services.

8. Equalities Impact Assessment (EIA)

8.1 No issues were identified in a screening for potential equality impacts.

9. Consultation

9.1 Not relevant or required for this report.

10. Strategic Assessment

10.1 West Dunbartonshire Community Health & Care Partnership's Strategic Plan 2014-15 reflects the West Dunbartonshire Council Strategic Plan 2012-17 identifies "improve the wellbeing of communities and protect the welfare of vulnerable people" among the authority's five strategic priorities.

Keith Redpath
Director of the Community Health & Care Partnership

Date: 21st January 2015

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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 COUNCIL

Report by the Director of Community Health and Care Partnership

Community Health and Care Partnership Committee: 18 February 2015

Subject: Care Inspectorate Reports for Older People's Care Homes operated by Independent Sector in West Dunbartonshire

1. Purpose

- 1.1** To provide Members with a routine up-date on the most recent Care Inspectorate assessments of independent sector older peoples' Care Homes within West Dunbartonshire.

2. Recommendations

- 2.1** The Committee is asked to note the content of this report.

3. Background

- 3.1** Care Inspectorate inspections focus on any combination of the four thematic areas: quality of care and support; environment; staffing; and management & leadership.
- 3.2** Any care home which has been awarded Grade 2 (i.e. weak) or less and/ or have requirements placed upon them will usually be inspected again within the following twelve weeks. These follow-up visits present the opportunity to demonstrate progress on the improvement action plan agreed and to have an improved grade awarded if merited.
- 3.3** Committee will recall from previous reports that the CHCP's Quality Assurance Section continue to monitor the independent sector care homes in line with the terms of the National Care Home Contract; and arrange monitoring visits to ensure continued progress is being maintained in relation to agreed improvement plans. In addition, CHCP staff work with independent sector providers to maintain their awareness of new developments and provide opportunities to share good practice/learning via correspondence and regular care home provider meetings.
- 3.4** The independent sector Care Homes reported within this report are:
- Castle View Nursing Home
 - Clyde Court Care Home
 - Edinbarnet
 - Hill View Care Home

Copies of the inspection reports can be accessed on the Care Inspectorate web-site: www.scswis.com.

4. Main Issues

Castle View Nursing Home

- 4.1 Castle View Nursing Home is owned and managed by HC-One Limited.
- 4.2 The care home was inspected on 10th October 2014 and the report published on 6th November 2014. The following grades were awarded:
- For the theme of *Care and Support* – Grade 4/Good.
 - For the theme of *Environment* – Grade 3/Adequate.
 - For the theme of *Staffing* – Grade 4/Good.
 - For the theme of *Management and Leadership* – Grade 4/Good.
- 4.3 There were no requirements detailed in the inspection report.

Clyde Court Care Home

- 4.4 Clyde Court Care Home is owned and managed by Four Seasons (No 9) Limited.
- 4.5 The care home was inspected on 21st October 2014 and the report published on 11th November 2014. The following grades were awarded:
- For the theme of *Care and Support* – Grade 2/Weak.
 - For the theme of *Environment* – Grade 2/Weak.
 - For the theme of *Staffing* – Grade 2/Weak.
 - For the theme of *Management and Leadership* – Grade 2/Weak.
- 4.6 The inspection report detailed fourteen requirements to be addressed:
- The provider must ensure that at least once in every six month period personal plans are reviewed to establish that the care and support needs of residents are fully met. The format used to record the six monthly care review meetings must fully reflect the discussions that take place. Any issues arising need to be fully actioned and inform the planning of care and support. *This requirement was to be completed by 1 February 2015; and at the time of submitting this report the CHCP had been reassured that it would be completed within the timescale given.*
 - The provider must ensure that the service is provided in a manner which affords residents choice in the way the service is provided to them. This is with specific reference to ensuring residents choice regarding the time they get up in the morning. The care home had to take action to meet this requirement on receipt of the report. *The CHCP has been reassured that this requirement was completed within the timescale given.*
 - The provider must put in place and implement systems which will ensure that the nutrition and hydration needs of those residents identified as being at risk of malnutrition or dehydration are being regularly assessed and adequately met. *This requirement was to be completed by 1 February 2015; and at the time of submitting this report the CHCP had been reassured that it would be completed within the timescale given.*
 - The provider must ensure that the provision of food and drinks is managed to fully and consistently support residents nutritional and hydration needs and offer full choice at breakfast. *This requirement was to be completed by 1 February 2015; and at the time of submitting this*

report the CHCP had been reassured that it would be completed within the timescale given.

- The provider must make proper provision for the healthcare needs of residents. *This requirement was to be completed by 1 February 2015; and at the time of submitting this report the CHCP had been reassured that it would be completed within the timescale given.*
- The provider must ensure a record of medicines is held on the premises for use by the resident. The medication recording system should be safe, up to date and accurate. *This requirement was to be completed by 1 February 2015; and at the time of submitting this report the CHCP had been reassured that it would be completed within the timescale given.*
- The provider must ensure that protocols are developed to guide staff with the use of medication that is prescribed on a "when required" basis for stress and distress reactions in line with best practice guidance from the Mental Welfare Commission. *This requirement was to be completed by 1 February 2015; and at the time of submitting this report the CHCP had been reassured that it would be completed within the timescale given.*
- The provider must put in place measures to ensure that high levels of cleanliness are maintained in the home to protect the people who use the service. *This requirement was to be completed by 1 February 2015; and at the time of submitting this report the CHCP had been reassured that it would be completed within the timescale given.*
- The provider must put in place measures to ensure high levels of infection control are maintained in the home to protect the people who use the service. *This requirement was to be completed by 1 February 2015; and at the time of submitting this report the CHCP had been reassured that it would be completed within the timescale given.*
- The provider must put in place measures to ensure staff fully implement processes to minimise the risk of falls to protect residents. *This requirement was to be completed by 1 February 2015; and at the time of submitting this report the CHCP had been reassured that it would be completed within the timescale given.*
- The provider must ensure that the use of equipment that may restrain is fully assessed and clearly documented in line with current best practice guidance. *This requirement was to be completed by 1 February 2015; and at the time of submitting this report the CHCP had been reassured that it would be completed within the timescale given.*
- The provider must ensure there are suitably qualified and competent persons working in the service. This requirement was to be completed within 4 weeks of receipt of the report and the provider was to send the Care Inspectorate details within an action plan specifying the plan of training for all staff including timescales for the completion of staff training. *The CHCP has confirmed that this requirement was completed within the timescale given and a plan submitted to the Care Inspectorate.*
- The provider must make proper provision for the welfare and safety of residents by ensuring they fully execute their duties in relation to protecting adults in line with Adult Support and Protection (Scotland) Act 2007. To do this the service provider must ensure that all staff undertake appropriate training to make sure that they have good awareness of adult protection issues, and a sufficient level of knowledge and understanding

of their responsibilities to be able to respond appropriately to concerns. This requirement was to be completed within 4 weeks of receipt of the report and the provider was to send the Care Inspectorate details within an action plan of how they would meet the Requirement including timescales for the completion of staff training regarding Adult Support and Protection. *The CHCP has confirmed that this requirement was completed within the timescale given and a plan submitted to the Care Inspectorate.*

- The provider must make proper provision for the health, welfare and safety of residents taking into account the principles of the National Care Standards. *This requirement was to be completed by 1 February 2015; and at the time of submitting this report the CHCP had been reassured that it would be completed within the timescale given.*

4.7 A comprehensive action plan was devised by Clyde Court Care Home and shared with the CHCP Quality Assurance team to address the requirements in the inspection report. In addition to that plan, the CHCP Quality Assurance team having been visiting the Care Home regularly to view the remedial work undertaken by the Care Home and confirm the corrective actions are carried out appropriately within agreed timescales. Training, support and guidance has also been provided by health professionals from the CHCP so as to be reassured regarding the on-going care being provided to residents.

Edinbarnet

4.8 Edinbarnet is owned and managed by Edinbarnet Estates Limited.

4.9 The care home was inspected on 14th November 2014 and the report published on 24th December 2014. The following grades were awarded:

- For the theme of *Care and Support* – Grade 4/Good.
- For the theme of *Environment* – Grade 4/Good.
- For the theme of *Staffing* – Grade 4/Good.
- For the theme of *Management and Leadership* – Grade 4/Good.

4.10 The inspection report detailed the following two requirements to be addressed:

- By 20 December 2014 the provider must submit and implement an acceptable action plan to the Care Inspectorate which clearly demonstrates plans to:
 - Ensure that the care service install thermostatic controls in all shower hot water outlets to ensure that residents are protected
 - Ensure medication is securely stored and returned to the pharmacy in locked boxes
 - Ensure that sluice rooms and domestic service rooms are locked.

The CHCP has confirmed that this requirement was completed within the timescale given and a plan submitted to the Care Inspectorate.

- The provider must ensure that lounge areas are supervised at all times to ensure resident safety; that staff interact meaningfully with residents to provide mental and social stimulation; and review their night time staffing schedule to ensure that there are sufficient staff on at night to supervise residents, some of whom may be prone to wandering.

The home was to commence immediately on receipt of the inspection report and an action plan submitted to the Care Inspectorate to confirm the required actions had taken place within 8 weeks of receipt of this report. *The CHCP*

has been reassured that progress on completion is on-going and that it is anticipated that it will be completed within the timescale given, with a plan having been submitted to the Care Inspectorate.

Hill View Care Home

- 4.11** Hill View Care Home is owned and managed by BUPA Healthcare Limited.
- 4.12** The care home was inspected on 17th September 2014 and the report published on 27th October 2014. The following grades were awarded:
- For the theme of *Care and Support* – Grade 4/Good.
 - For the theme of *Environment* – Grade 4/Good.
 - For the theme of *Staffing* – Grade 4/Good.
 - For the theme of *Management and Leadership* – Grade 4/Good.
- 4.13** There were no requirements detailed in the inspection report.
- 4.14** The table below summarizes the grades between for the last two inspections for the Care Homes above:

Care Home	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
11 February 2014							10 October 2014					
Castle View Nursing Home • Care & Support • Environment • Staffing Management & Leadership			✓		✓				✓			
					✓				✓			
					✓				✓			
					✓				✓			
16 May 2014							13 October 2014					
Clyde Court Care Home • Care & Support • Environment • Staffing Management & Leadership			✓					✓				
			✓					✓				
			✓					✓				
			✓					✓				
14 November 2013							14 November 2014					
Edinbarnet • Care & Support • Environment • Staffing Management & Leadership					✓				✓			
					✓				✓			
					✓				✓			
					✓				✓			
19 June 2013							17 September 2014					
Hill View Care Home • Care & Support • Environment • Staffing • Management & Leadership				✓					✓			
				✓					✓			
				✓					✓			
				✓					✓			

5. People Implications

- 5.1** Due to the low grades awarded and number of requirements detailed in the inspection report for Clyde Court Care Home staff from the Quality Assurance team, including the CHCP Quality Assurance Manager, and other health professionals from the CHCP have engaged with the management team and

staff of the Care Home in order to seek reassurance regarding the care of individuals within the Home; to be assured that agreed actions are being progressed to timescale; and to offer support where possible and appropriate.

6 Financial Implications

- 6.1** The National Care Home Contract provides an additional quality payment, by the Council, to Care Homes if the Care Inspectorate Inspection report awards grade of 5 or 6 in the Quality of Care and Support thematic area. There is a second additional quality payment if the high grade in Quality of Care and Support thematic area is coupled with a grading of a 5 or 6 in any of the other three thematic areas.
- 6.2** The National Care Home Contract also accounts for providers receiving low grades of 1 or 2 in the Care Inspectorate Inspection report. If either of these grades are awarded it may trigger the withdrawal of the quality funding component, resulting in a reduction of £20 per resident per week from the weekly fee payable.
- 6.3** The grades awarded to both Castle View Nursing Home and Edinbarnet may result in the removal of the additional quality payment, as detailed in 6.1, both homes are currently receiving. In line with the National Care Home Contract, the services have been given the opportunity to correct the grades awarded. If in their next inspection the grades remain at the same level or lower, the additional quality payment will be removed.
- 6.4** Clyde Court Care Home's inspection report awarded the service a low grading of 2/Weak in all four of the quality themes. This may have future financial implications for the Provider as, in line with the National Care Home Contract, the service has been given the opportunity to correct this via a robust action/improvement plan. However, if the low grades are awarded again in their next inspection then the reduction of £20.00 per week per resident will be applied.

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 CHCP and the Council, particularly in relation to the continued placement of older people in such establishments.
- 7.2** Although the Council does not have a statutory responsibility to contribute to, assist with or monitor the implementation of Care Inspectorate action plans within independent sector service providers, CHCP staff will continue to work with the management team of Clyde Court until their next inspection (which is anticipated as being in mid-end February 2015) so as to be reassured regarding the on-going care being provided to residents. The outcome of this next inspection will determine if any subsequent action is then taken by the CHCP.

8. Equalities Impact Assessment (EIA)

8.1 No issues were identified in a screening for potential equality impacts.

9. Consultation

9.1 Not relevant or required for this report.

10. Strategic Assessment

10.1 West Dunbartonshire Community Health & Care Partnership's Strategic Plan 2014-15 reflects the West Dunbartonshire Council Strategic Plan 2012-17 which identifies "improve care for and promote independence with older people" as one of the its five strategic priorities.

Keith Redpath

Director of the Community Health & Care Partnership

Date: 21st January 2015

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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 COUNCIL

Report by the Director of the Community Health and Care Partnership

CHCP Committee: 18th February 2015

Subject: Care Inspectorate Reports for Older People's Residential and Day Care Services Operated by West Dunbartonshire Council.

1. Purpose

- 1.1** To provide Members with information regarding the most recent inspection reports for three of the Council's own Older People's Residential Care Home and Day Care Services.

2. Recommendations

- 2.1** The Committee is asked to note the content of this report and the work undertaken to ensure grades awarded reflect the quality levels expected by the Council.

3. Background

- 3.1** Care Inspectorate inspections focus on any combination of four thematic areas. These themes are: quality of care and support, environment, staffing and management and leadership.

- 3.2** The service(s) covered in this Committee report are:

- Mount Pleasant
- Frank Downie Day Centre
- Frank Downie House

- 3.3** Copies of inspection reports for all services can be accessed on the Care Inspectorate website: www.scswis.com.

4. Main Issues

4.1 Mount Pleasant

Mount Pleasant was inspected on 9th October 2014. The Inspector commented that a good level of guidance for staff gave them the information to carry out tasks consistently in the way residents preferred, staff were supported by regular supervision and team meetings.

- 4.2** The Inspection focussed on four thematic areas with the following grades

Awarded:

- For Care and Support - Grade 3/Adequate
- For Environment – Grade 4 /Good
- For Staffing – Grade 4 /Good
- For Leadership and Management –Grade 3/Adequate

4.3 While there were no requirements arising from this inspection, there were particular circumstances which resulted in a failure to provide the inspector with access to the information required. Appropriate action is being taken to avoid a repeat of this situation and we would expect the grades to improve again upon re-inspection.

4.4 The table below sets out the movement in grades for this home over the last two inspections.

Service	Previous Grades 7 th March 2014		
Mount Pleasant	Quality Statements	Grades Awarded	Overall Grade
Care & Support	1	4	4
	3	4	
Environment	1	4	4
	2	4	
Staffing	1	4	4
	3	4	
Management & Leadership	1	4	4
	4	4	

Service	Current Grades 9 th October 2014		
Mount Pleasant	Quality Statements	Grades Awarded	Overall Grade
Care & Support	1	4	3
	3	3	
Environment	1	4	4
	2	4	
Staffing	1	4	4
	3	4	
Leadership & Management	1	4	3
	4	3	

4.5 Frank Downie Day Centre

Frank Downie Day Centre was inspected on the 5th November 2014. The inspector commented that the new manager is beginning to introduce more robust quality assurance measures to help the service maintain its person centred approach to service delivery.

4.6 The inspection focussed on four thematic areas, with the following grades awarded.

- For Care and Support – Grade4,Good
- For Environment – Grade5 / Very Good

- For Staffing – Grade4 / Good
- For Management and Leadership – Grade4/ Good

4.7 There were no requirements arising from this inspection:

4.8 The table below sets out the movement in grades for this home over the last two inspections.

Service			Previous Grades 25 th September 2013		
Frank Centre	Downie	Day	Quality Statement	Grade	Overall Grade
Care & Support			1 3	3 4	3
Environment			1 2	3 3	3
Staffing			1 3	3 3	3
Management & Leadership			1 4	3 3	3

Service			Current Grades 5 th November 2014		
Frank Centre	Downie	Day	Quality Statement	Grade	Overall Grade
Care & Support			1 3	5 4	4
Environment			1 2	5 5	5
Staffing			1 3	4 4	4
Management & Leadership			1 4	5 4	4

4.9 Frank Downie House

Frank Downie House was inspected on the 27th June 2014 and 16th December 2015. The report states that inspectors received many positive comments in relation to the care and support provided to residents from a well-motivated staff group. The service regularly consults with residents, relatives and other agencies and uses this feedback to shape the on-going development of the service. There has been significant improvement made to the range of activities and outings offered to residents and staff are now recording how residents responded to these.

4.10 The inspection focussed on four thematic areas, with the following grades awarded.

- For Care and Support – Grade4 / Good
- For Environment – Grade 4 / Good
- For Staffing – Grade 5 / Very Good
- For Management and Leadership – Grade 4 / Good

- 4.11** There has been a requirement to ensure that records associated with the environment are collated, made readily accessible for inspection and that the service adopts a system to monitor and identify areas that need attention.
- 4.12** The table below sets out the movement in grades for this home over the last two inspections.

Service	Previous Grades 27 th June 2014		
Frank Downie House	Quality Statement	Grade	Overall Grade
Care & Support	1 3	4 4	4
Environment	1 2	4 3	3
Staffing	1 3	4 5	4
Management & Leadership	1 4	4 4	4

Service	Current Grades 16 th December 2014		
Frank Downie House	Quality Statement	Grade	Overall Grade
Care & Support	1 3	5 4	4
Environment	1 2	5 4	4
Staffing	1 3	5 5	5
Management & Leadership	1 4	5 4	4

- 4.13** The table below summarises the movement in grades for the services over their last two inspections.

Service	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
Mount Pleasant	7th March 2013						9th October 2014					
<ul style="list-style-type: none"> Care & Support Environment Staff Management & Leadership 				✓					✓			
				✓						✓		
				✓							✓	
				✓								
Frank Downie Day Centre	25th September 2013						5th November 2014					
<ul style="list-style-type: none"> Care & Support Environment Staff Management & Leadership 			✓							✓		
			✓								✓	
			✓								✓	
			✓									✓
Frank Downie House	27th June 2014						16th December 2014					
<ul style="list-style-type: none"> Care & Support Environment Staff Management & Leadership 				✓						✓		
			✓							✓		
				✓							✓	
				✓						✓		✓

5. People Implications

5.1 There were no people implications.

6. Financial Implications

6.1 There were no financial implications.

7. Risk Analysis

7.1 For any services inspected, failure to meet requirements within the time-scales set out in their inspection report could result in a reduction in grading or enforcement action. This may have an impact on our ability to continue to deliver the service.

8. Equalities Impact Assessment (EIA)

8.1 Not required for this report.

9. Consultation

9.1 Not required for this report

10. Strategic Assessment.

The Council's Strategic Plan 2012-17 identifies "improve care for and promote independence with older people" as one of the authority's five strategic priorities.

- Improve care for and promote independence for older people.
- Improve the wellbeing of communities and protect the wellbeing of vulnerable people.

Keith Redpath

Director of the Community Health & Care Partnership

Date: 18th February 2015

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Appendices: None

Background Papers: The information provided in Care Inspectorate inspection Reports website on http://www.scswis.com/index.php?option=com_content&task=view&id=7909&Itemid=727

Wards Affected: All

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health and Care Partnership Committee: 18 February 2015

Subject: Care Inspectorate Reports for Children & Young People's Services operated by West Dunbartonshire Council (Throughcare & Youth Homelessness)

1. Purpose

- 1.1** To provide members with information regarding the most recent inspection reports for the Council's Throughcare & Youth Homelessness Team's registered services.

2. Recommendations

- 2.1** The CHCP Committee is asked to note the content of this report and acknowledge the work undertaken to ensure grades awarded continue to reflect the quality levels expected by the Council.

3. Background

- 3.1** Inspections focus on any combination of three thematic areas. These themes are quality of care and support, staffing and management and leadership.
- 3.2** The CHCP services covered in this committee report are:
- Adult placement service (supported lodgings);
 - Housing support service.

- 3.3** Copies of inspections reports for all services can be accessed on the Care Inspectorate website at www.scwis.com.

4. Main issues

4.1 Throughcare & Youth Homelessness Team

The adult placement service (supported lodgings) was inspected on 27 February 2014 and the following grades were awarded:

Quality of care and support - grade 5/very good;
 Quality of staff - grade 5/very good;
 Quality of management and leadership - grade 5/very good.

- 4.2.** There were no requirements for improvement and the continuing good work of the team is highlighted in the inspection report. The following comments have been noted:-

“The Throughcare Team continues to provide young people with a comprehensive service that is effective in assessing and meeting their needs. Staff work in a co-ordinated way with people, carers and other professionals, ensuring that people who use the service live in a supportive environment that encourages self-confidence and independence.

- 4.3** The housing support service was inspected on 27 February 2014 and the following grades were awarded:

Quality of care and support - grade 5/very good;
 Quality of staffing - grade 5/very good;
 Quality of management and leadership - grade 5/very good.

- 4.4** There were no requirements for improvement highlighted in the inspection report and the following comments have been noted:-

“During our inspection we found a continuation of the excellent work carried out by the service”. From evidence “we concluded that there were a range of methods employed to encourage those who used the service to participate in assessing and improving the quality of service.”

“We were satisfied that the West Dunbartonshire Throughcare Team has a robust approach to partnership working with other agencies. This was evident through the stakeholders’ forum we attended.”

- 4.5** The table below sets out the gradings for these services over their last two inspections.

Service	Previous Grades						Current Grades					
	17 January 2013						27 February 2014					
	1	2	3	4	5	6	1	2	3	4	5	6
Housing Support Service												
• Care & support					✓						✓	
• Staff					✓						✓	
• Management & leadership					✓						✓	

Service	Previous Grades						Current Grades					
	17 January 2013						27 February 2014					
	1	2	3	4	5	6	1	2	3	4	5	6
Adult Placement Service												
• Care & support						✓					✓	
• Staff						✓					✓	
• Management & leadership						✓					✓	

5. People Implications

5.1 There are no people implications.

6. Financial Implications

6.1 There are no financial implications.

7. Risk Analysis

7.1 For any service inspected, failure to meet requirements within the time-scales set out in their inspection report could result in a reduction in grading or enforcement action. This may have an impact on our ability to continue to deliver the service.

8. Equalities Impact Assessment (EIA)

8.1 No issues were identified in a screening for potential equality impact of this report.

9. Consultation

9.1 None required.

10. Strategic Assessment

10.1 The Council's Strategic Plan 2021-17 identifies "improve life chances for children and young people" as one of the authority's five strategic priorities.

Keith Redpath

Director

Community Health & Care Partnership

Date: 21 January 2015

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Appendices:

None

Background Papers:

The information provided in Care Inspectorate Inspection
Reports Web-site address: -
http://www.scswis.com/index.php?option=com_content&task=view&id=7909&Itemid=727

Wards Affected:

All

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health and Care Partnership Committee: 18th February 2015

Subject: Care Inspectorate Reports for Children & Young People's Services operated by West Dunbartonshire Council (Burnside, Ramsey House & Blairvaddach)

1 Purpose

- 1.1** To provide Members with information regarding the most recent inspection reports for the Council's own Residential Services for Children and Young People.

2 Recommendations

- 2.1** The Committee is asked to note the content of this report and the work undertaken to ensure grades awarded reflect the quality levels expected by the Council.

3 Background

- 3.1** Care Inspectorate inspections focus on any combination of four thematic areas. These themes are; quality of care and support, environment, staffing and management and leadership.

- 3.2** The CHCP services covered in this Committee report are:

- Blairvadach Children's Unit
- Ramsay House Children's Unit
- Burnside Children's Unit

- 3.3** Copies of inspection reports for all services can be accessed on the Care Inspectorate web-site; www.scswis.com

4 Main Issues

Blairvadach Children's Unit

- 4.1** Blairvadach Children's Unit was inspected on 6th October 2014 and the report published in November 2014 the following grades were awarded:

For the theme of

- *Quality of Care and Support* – Grade 5/Very Good
- *Quality of Environment* – Grade 5/Very Good
- *Quality of Staffing* – Grade 5/Very Good.
- *Quality of Management and Leadership* – Grade 4/Good.

- 4.2** For this report 1 requirement remains in place due to an error in reporting to the Inspectorate. This related to not reporting to the Care Inspectorate that a child had an out of hours hospital visit.
- 4.3** There were 4 recommendations, two of these relate to medical procedures with a need to; ensure an effective system for the storage, administration and disposal of medicines and the need to implement effective medication audits. These issues have now been addressed. The third regarded the need to review our procedure for supervising 'bank' staff and this too has been completed. The final recommendation outlined the need to have a clear written policy for any financial sanctions applied to young people from their pocket money and that this development should have direct input from young people. This is being progressed at the next young people's forum.
- 4.4** The inspector noted in her report, that in her discussions with young people, they were overall satisfied with the service and care they received in Blairvadach, and they were comfortable talking to staff and sharing sensitive issues. They also gave examples to the inspector, of their ability to participate in decisions about their care.
- 4.5** All grades remain consistent with previous inspections, and reflects the high standards of care offered to our young people.

Ramsay House

- 4.6** Ramsay House was inspected on 17th November 2014 and the report published in December 2014 the following grades were awarded:

For the theme of

- *Quality of Care and Support* – Grade 4/Good
- *Quality of Environment* – Grade 4/Good
- *Quality of Staffing* – Grade 4/Good.
- *Quality of Management and Leadership* – Grade 4/Good.

- 4.7** For this report there were no requirements and seven recommendations. Two of the recommendations were about staffing which will be addressed in our present review of working patterns across all 4 units. Three others will be addressed with the participation of our young people in the young people's forum. The final recommendations relate to the need to have clear transition care plans for young people and a visitor's book, both of which have been rectified.

- 4.8** The Inspector commented that, overall young people were positive about the support they received from staff.
- 4.9** All grades remain consistent, and demonstrate the good quality of care offered to young people although managers and staff are aware that continual progress is required in order to enhance their present grades.

Burnside Children's Unit

- 4.10** Burnside Children's Unit was inspected on 2nd December 2014 and the report was published in January 2015. The following grades were awarded:

For the theme of

- *Quality of Care and Support* – Grade 5/Very Good
- *Quality of Environment* – Grade 5/Very Good
- *Quality of Staffing* – Grade 5/Very Good.
- *Quality of Management and Leadership* – Grade 5/Very Good.

- 4.11** For this report there were no requirements and no recommendations.
- 4.12** The inspector noted in her report, the positive comments heard from family members, and other partners "I couldn't ask for any other people to look after my son" and "Burnside staff are excellent with my grandson and myself".
- 4.13** All grades remain consistent with previous inspections, and reflects the high standards of care offered to our young people.
- 4.14** The tables below sets out the movement in grades for all three services over the last two inspections:

Home	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	Feb 2014						Nov 2014					
Blairvadach Residential Home					X						X	
• Care & support					X						X	
• Environment					X						X	
• Staff					X						X	
• Management & Leadership				X						X		
Home	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	Feb 2014						Jan 2015					
Burnside Residential Home					X						X	
• Care & support					X						X	
• Environment					X						X	
• Staff					X						X	
• Management & Leadership					X						X	

Home	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	Oct 2014						Nov 2014					
Ramsay Residential Home				X						X		
• Care & support				X						X		
• Environment				X						X		
• Staff				X						X		
• Management & Leadership				X						X		

5 People Implications

5.1 There are no people implications.

6 Financial Implications

6.1 There are no financial implications.

7 Risk Analysis

7.1 For any service inspected, failure to meet requirements within the time-scales set out in their inspection report could result in a reduction in grading or enforcement action. This may have an impact on our ability to continue to deliver the service.

8 Equalities Impact Assessment (EIA)

8.1 Not required for this report.

9 Consultation

9.1 Not required for this report.

10 Strategic Assessment

10.1 The Council's Strategic Plan 2012-17 identifies "improve life chances for children and young people" as one of the authority's five strategic priorities.

Keith Redpath

Director

Community Health & Care Partnership

Date: 21 January 2015

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Telephone: 01389 772170

Appendices: None

Background Papers: The information provided in Care Inspectorate Inspection Reports Web-site address: -
http://www.scswis.com/index.php?option=com_content&task=view&id=7909&Itemid=727

Wards Affected: All

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health and Care Partnership

CHCP Committee: 18th February 2015

Subject: Care Inspectorate Report for Learning Disability Housing Support Services operated by West Dunbartonshire Council

1. Purpose

- 1.1** To provide members with information regarding the most recent inspection report for learning disability housing support services.

2. Recommendations

- 2.1** The Committee is asked to note the content of this report and the work undertaken to ensure grades awarded reflect the quality levels expected by the council.

3. Background

- 3.1** Care Inspectorate inspections focus on any combination of four thematic areas. These themes are: quality of care and support, environment, staffing and management and leadership.
- 3.2** The services covered in this Committee report are:
- Housing Support and Care at Home
- 3.3** Any service which has previously been awarded Grade 2 (i.e. weak) or less, and/ or have requirements placed upon them, can expect to be inspected again following a relatively shorter period of time than for those services who received higher grades for their previous inspection. These follow-up visits present the opportunity to demonstrate progress on the improvement action plan agreed and to have an improved grade awarded if merited.
- 3.4** Copies of the inspection reports for all services can be accessed on the Care Inspectorate website: www.scswis.com.
- #### **4. Main Issues**
- 4.1** The services inspected consisted of two distinct areas of service delivery; Housing Support and Care at Home (Neighbourhood Networks). These are two distinct services with separate managers which are currently registered together.
- 4.2** The most recent inspection shows an increase in the grades achieved across the board.

- 4.3** Following the last inspection report Learning Disability Services took swift action to address the issues which resulted in the previous disappointing grades.
- 4.4** The previous manager has left the service and has been replaced by an experienced learning disability manager. Furthermore, all previous requirements have been met and all staff have been engaged in a clear focus of service improvement.
- 4.5** There are no requirements in the most recent inspection report.
- 4.6** The following grid highlights the current and previous grades

Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership
21 Oct 2014	4 – Good	Not applicable	4 – Good	4 - Good
21 Feb 2014	2 - Weak	Not applicable	3 - Adequate	2 - Weak

- 4.7** The improvement in grades highlights the work undertaken by Learning Disability Services to address the previous issues. Learning Disability Services are working closely with the Care Inspectorate to develop the service and further enhance our ability to improve future grades.

5. People Implications

- 5.1** There were no people implications.

6. Financial Implications

- 6.1** There were no financial implications.

7. Risk Analysis

- 7.1** For any services inspected, failure to meet requirements within the time-scales set out in their inspection report could result in a reduction in grading or enforcement action. This may have an impact on our ability to continue to deliver the service.

8. Equalities Impact Assessment (EIA)

- 8.1** Not required for this report.

9. Consultation

9.1 Not required for this report.

10. Strategic Assessment

10.1 The Council's Strategic Plan 2012-17 identifies "improve care for and promote independence with older people" as one of the authority's five strategic priorities.

- Improve care for and promote independence for older people.
 - Improve the wellbeing of communities and protect the wellbeing of vulnerable people.
-

Keith Redpath
Director of the Community Health & Care Partnership

Date: 29th January 2015

Person to Contact: Mr David Elliott
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West Dunbartonshire Community Health Care
Partnership
Learning Disability Services
Beardmore Business Centre
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Dalmuir
G81 4HA

Email: David.Elliott@west-dunbarton.gov.uk

Telephone: 0142 562 2333

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 COUNCIL

Report by the Director of WD Community Health & Care Partnership

West Dunbartonshire CHCP Committee - Shadow Integration Joint Board: 18 February 2015

Subject: Financial Report 2014/15 as at Period 9 (31 December 2014)

1. Purpose

- 1.1 The purpose of the report is to provide the Committee with an update on the financial performance of the WD Community Health & Care Partnership to 31 December 2014 (Period 9).

2. Recommendations

- 2.1 The Committee is asked to note the contents of this report which shows:
- (a) A potential full year adverse revenue variance of £1.698m (2.8% of budget); and the actions in hand to reduce the variance
 - (b) The current position regarding capital projects.

3. Background

Revenue

- 3.1 At the meeting of West Dunbartonshire Council on 6 February 2014, Members agreed the revenue estimates for 2014/2015, including a total net CHCP budget of £60.229m. Since then the following budget adjustments have taken place revising the budget to £59.962m.

Budget Agreed by Council 6 February 2014	£60.229m
Allocation of Council wide travel & subsistence saving	(£0.061m)
Allocation of Corporate training saving	(£0.021m)
Allocation of Council wide overtime saving	(£0.205m)
Transfer from Corporate Services for HR Business Partner	0.020m
Revised Budget	£59.962m

Capital

- 3.2 At the meeting of Council on 6 February 2014, Members also agreed the updated 10 year General Services Capital Plan for 2013/2014 to 2022/23. The next three years from 2014/15 to 2016/17 have been approved in detail with the remaining 6 years being indicative at this stage.

4. Main Issues

RevenueBudget

- 4.1 The current departmental budgetary position is summarised in Appendix 1, with a graphical representation in Appendix 2 and a more detailed analysis by service in Appendix 3.
- 4.2 The overall projected full year variance is £1.698m adverse.
£0.223M of this variance is attributable to the unbudgeted cost of holiday pay enhancements to relevant staff.

The 4 main service areas where the adverse variances are occurring are:-

Childcare-CommunityPlacements £0.418M

There is a higher than budgeted numbers of children in fostering combined with the need to use higher costing external fostering agencies due to lack of availability in our own fostering parents. Adoption arrangement costs are also higher due to fees requiring to be paid to other local authorities in respect of requiring adopting parents from other areas. The ongoing fostering recruitment campaign will increase available WDC foster parents but will not fully alleviate the pressure on this service

ResidentialAccommodation–Olderpeople £0.438m

£0.046M of this variance relates to unbudgeted holiday pay enhancements. The remaining variance is due to employee costs being higher than budgeted due mainly to high sickness cover but also additional staffing required above normal ratios from time to time to meet the additional requirements of high needs clients . This is partially offset by lower than expected expenditure on external placements and higher than budgeted income.

PhysicalDisability £0.404m

There has been an overspend due to additional high needs clients requiring service. Managers are monitoring care packages to try and identify any resources which could become available to offset the cost of additional clients together with continuing to ensure that we are receiving value for money from service providers

Homecare £0.737m

£0.127M of this variance relates to unbudgeted holiday pay enhancements. The remaining £0.610m variance is due to a combination of increased demand and higher than budgeted cost of cover for vacancies and sickness. Managers are reviewing best options to achieve maximum staff utilisation and a bank of supply staff are currently being trained. This will increase the capacity and flexibility of in house hours and reduce the need for overtime / agency staff.

More information and all individual variances of over £50,000 are detailed in Appendix 4.

- 4.3 Agreed savings and management adjustments for 2014/15 are monitored with current indications showing that of the total target £1.411M being monitored for CHCP, £0.887M is currently on target to be achieved (See Appendix 5). It should be noted the adverse variance noted above takes account of the impact of any savings not being achieved.

Capital

- 4.4 The current progress on the capital plan is shown in Appendices 6 to 8.

The revised phasing of expenditure for the two new care homes and day centres as reported to the May CHCP committee and agreed at August Council will be incorporated into the next Capital plan refresh.

- 4.5 Appendix 7 provides graphical analysis of the overall capital programme.
- 4.6 Appendix 8 details financial analysis of projects at amber status, with additional information on action being taken to minimise or mitigate slippage and/or overspends where possible.

5. People Implications

- 5.1 There are no direct people implications.

6. Financial Implications

- 6.1 Other than the financial position noted above, there are no financial implications of the budgetary control report.

7. Risk Analysis

- 7.1 The main financial risks to the ongoing financial position relate to unforeseen cost being identified between now and the end of the financial year. This can affect all service areas.

8. Equalities Impact Assessment (EIA)

- 8.1 The report is for noting and therefore, no Equalities Impact Assessment was completed for this report.

9. Consultation

- 9.1 The views of both Finance and Legal services have been requested on this report and both have advised there are neither any issues nor concerns with the proposal. As the report is for noting no further consultation is envisaged.

10. Strategic Assessment

- 10.1 Proper budgetary control and sound financial practice are cornerstones of good governance and support Council and officers to pursue the 5 strategic

priorities of the Council's Strategic Plan. This report forms part of the financial governance of the Council.

Keith Redpath
Director of WD Community Health & Care Partnership

Date: 6 February 2015

Person to Contact: Janice Rainey - Business Unit Finance Partner (CHCP),
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737704, e-mail janice.rainey@west-dunbarton.gov.uk

Appendices: Appendix 1 - Summary Budgetary Position (Revenue)
Appendix 2 – Revenue Graphs
Appendix 3 - Detailed Budgetary Position (Revenue)
Appendix 4 - Revenue Variance Analysis over £50,000
Appendix 5 – Monitoring of Savings 2014/15
Appendix 6 – Capital Programme summary
Appendix 7 – Capital Graphs
Appendix 8 – Capital Projects at Red Alert Status

Background Papers: Ledger output – Period 9

General Services Revenue Estimates 2014/15

General Services Capital Plan 2014/15 to 2016/17 -
Council 6 February 2014

Corporate Services Capital Plan - Analysis of Projects at
Green Status

Wards Affected: All

WEST DUNBARTONSHIRE COUNCIL
REVENUE BUDGETARY CONTROL 2014/2015
CHCP SUMMARY

APPENDIX 1

MONTH END DATE

31 December 2014

PERIOD

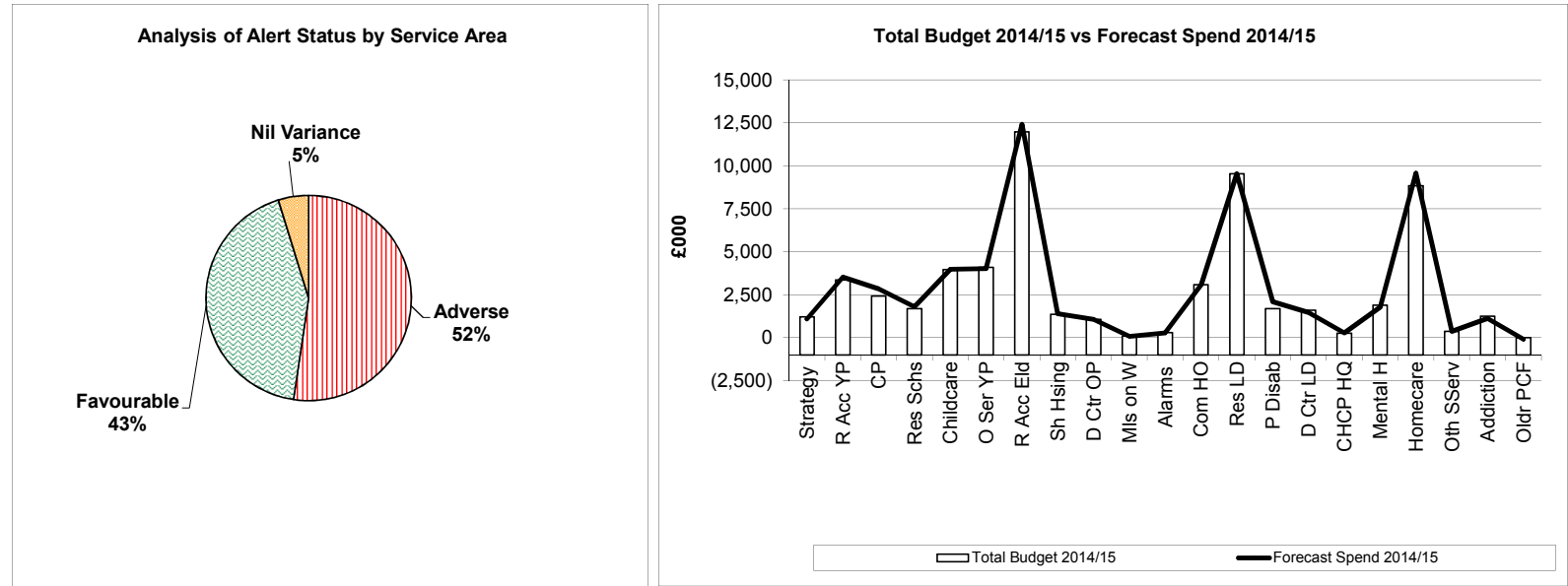
9

Actual Outturn 2013/14	Departmental / Subjective Summary	Total Budget 2014/15	Spend to Date 2014/15	% Spend to Date of Total Budget	Forecast Spend 2014/15	Forecast Variance 2014/15	RAG Status
£000	Departmental Summary	£000	£000	%	£000	£000	%
1,181	Strategy, Planning & Health Improvement	1,214	767	63%	1,080	(134)	-11%
3,412	Residential Accommodation for Young People	3,359	2,668	79%	3,523	164	5%
2,733	Community Placements	2,424	2,233	92%	2,842	418	17%
1,893	Residential Schools	1,692	1,260	74%	1,806	114	7%
3,881	Childcare Operations	3,970	2,892	73%	3,985	15	0%
3,786	Other Services - Young People	4,087	2,568	63%	4,009	(78)	-2%
11,738	Residential Accommodation for Elderly	11,974	10,097	84%	12,412	438	4%
1,455	Sheltered Housing	1,353	1,254	93%	1,396	43	3%
1,056	Day Centres Older People	1,058	703	66%	1,072	14	1%
77	Meals on Wheels	87	62	71%	82	(5)	-6%
290	Community Alarms	287	166	58%	272	(15)	-5%
2,938	Community Health Operations	3,074	2,395	78%	3,061	(13)	0%
9,199	Residential Learning Disability	9,526	6,139	64%	9,540	14	0%
2,131	Physical Disability	1,687	1,652	98%	2,091	404	24%
1,417	Day Centres Learning Disability	1,588	1,002	63%	1,476	(112)	-7%
277	CHCP HQ	250	141	56%	282	32	13%
1,721	Mental Health	1,885	905	48%	1,770	(115)	-6%
9,468	Homecare	8,841	6,989	79%	9,578	737	8%
365	Other Specific Services	366	8	2%	366	0	0%
1,125	Addiction Services	1,240	802	65%	1,117	(123)	-10%
0	Older Peoples Change Fund	0	338	0%	(100)	(100)	0%
60,143	Total Net Expenditure	59,962	45,041	75%	61,660	1,698	3%

MONTH END DATE	31 December 2014
PERIOD	9

Council Graphs

Community Health and Care Partnership Graphs



WEST DUNBARTONSHIRE COUNCIL
REVENUE BUDGETARY CONTROL 2014/2015
CHCP DETAIL

APPENDIX 3

MONTH END DATE 31 December 2014
PERIOD 9

Actual Outturn 2013/14	Service Summary	Total Budget 2014/15	Spend to Date 2014/15	% Spend to Date	Forecast Spend 2014/15	Forecast Variance 2014/15	RAG Status
£000	All Services	£000	£000	%	£000	£000	%
36,242	Employee	35,764	26,830	75%	36,670	906	3%
1,151	Property	965	710	74%	964	(1)	0%
1,677	Transport and Plant	1,259	775	62%	1,348	89	7%
1,214	Supplies, Services and Admin	1,156	846	73%	1,191	35	3%
33,462	Payments to Other Bodies	33,818	23,682	70%	34,388	570	2%
1,015	Other	1,036	1,085	105%	1,323	287	28%
74,761	Gross Expenditure	73,998	53,928	73%	75,884	1,886	3%
(14,618)	Income	(14,036)	(8,887)	63%	(14,224)	(188)	1%
60,143	Net Expenditure	59,962	45,041	75%	61,660	1,698	3%
£000	Strategy, Planning & Health Improvement	£000	£000	%	£000	£000	%
1,202	Employee	1,299	780	60%	1,156	(143)	-11%
71	Property	0	0	0%	0	0	0%
4	Transport and Plant	6	3	50%	5	(1)	-17%
15	Supplies, Services and Admin	15	10	67%	17	2	13%
78	Payments to Other Bodies	74	32	43%	75	1	1%
0	Other	0	0	0%	0	0	0%
1,370	Gross Expenditure	1,394	825	59%	1,253	(141)	-10%
(189)	Income	(180)	(58)	32%	(173)	7	-4%
1,181	Net Expenditure	1,214	767	63%	1,080	(134)	-11%
£000	Residential Accommodation for Young People	£000	£000	%	£000	£000	%
2,370	Employee	2,245	1,812	81%	2,424	179	8%
59	Property	57	44	77%	55	(2)	-4%
17	Transport and Plant	12	11	92%	12	0	0%
154	Supplies, Services and Admin	152	119	78%	155	3	2%
849	Payments to Other Bodies	931	712	76%	922	(9)	-1%
0	Other	0	0	0%	0	0	0%
3,449	Gross Expenditure	3,397	2,698	79%	3,568	171	5%
(37)	Income	(38)	(30)	79%	(45)	(7)	-18%
3,412	Net Expenditure	3,359	2,668	79%	3,523	164	5%
£000	Community Placements	£000	£000	%	£000	£000	%
0	Employee	0	0	0%	0	0	0%
0	Property	0	0	0%	0	0	0%
43	Transport and Plant	34	31	91%	35	1	3%
2	Supplies, Services and Admin	4	4	100%	5	1	25%
2,688	Payments to Other Bodies	2,386	2,212	93%	2,816	430	18%
0	Other	0	0	0%	0	0	0%
2,733	Gross Expenditure	2,424	2,247	93%	2,856	432	18%
0	Income	0	(14)	0%	(14)	(14)	0%
2,733	Net Expenditure	2,424	2,233	92%	2,842	418	17%
£000	Residential Schools	£000	£000	%	£000	£000	%
0	Employee	0	0	0%	0	0	0%
0	Property	0	0	0%	0	0	0%
117	Transport and Plant	100	35	35%	100	0	0%
0	Supplies, Services and Admin	0	0	0%	0	0	0%
1,776	Payments to Other Bodies	1,592	1,225	77%	1,706	114	7%
0	Other	0	0	0%	0	0	0%
1,893	Gross Expenditure	1,692	1,260	74%	1,806	114	7%
0	Income	0	0	0%	0	0	0%
1,893	Net Expenditure	1,692	1,260	74%	1,806	114	7%
£000	Childcare Operations	£000	£000	%	£000	£000	%
3,529	Employee	3,518	2,612	74%	3,520	2	0%
36	Property	34	27	79%	34	0	0%
88	Transport and Plant	74	58	78%	88	14	19%
47	Supplies, Services and Admin	57	38	67%	55	(2)	-4%
203	Payments to Other Bodies	263	137	52%	263	0	0%
31	Other	30	25	83%	30	0	0%
3,934	Gross Expenditure	3,976	2,897	73%	3,990	14	0%
(53)	Income	(6)	(5)	83%	(5)	1	-17%
3,881	Net Expenditure	3,970	2,892	73%	3,985	15	0%

WEST DUNBARTONSHIRE COUNCIL
REVENUE BUDGETARY CONTROL 2014/2015
CHCP DETAIL

APPENDIX 3

MONTH END DATE 31 December 2014
PERIOD 9

Actual Outturn 2013/14	Service Summary	Total Budget 2014/15	Spend to Date 2014/15	% Spend to Date	Forecast Spend 2014/15	Forecast Variance 2014/15	RAG Status	
£000	Other Services - Young People	£000	£000	%	£000	£000	%	
1,929	Employee	1,934	1,404	73%	1,960	26	1%	↓
46	Property	25	7	28%	19	(6)	-24%	↑
156	Transport and Plant	140	88	63%	144	4	3%	↓
61	Supplies, Services and Admin	56	25	45%	57	1	2%	↓
1,458	Payments to Other Bodies	1,806	867	48%	1,662	(144)	-8%	↑
182	Other	188	177	94%	210	22	12%	↓
3,832	Gross Expenditure	4,149	2,568	62%	4,052	(97)	-2%	↑
(46)	Income	(62)	0	0%	(43)	19	-31%	↓
3,786	Net Expenditure	4,087	2,568	63%	4,009	(78)	-2%	↑
£000	Residential Accommodation for Elderly	£000	£000	%	£000	£000	%	
7,349	Employee	6,728	5,469	81%	7,323	595	9%	↓
360	Property	327	228	70%	337	10	3%	↓
17	Transport and Plant	8	11	138%	13	5	63%	→
427	Supplies, Services and Admin	368	299	81%	383	15	4%	↓
7,584	Payments to Other Bodies	7,940	6,907	87%	7,860	(80)	-1%	↑
0	Other	0	26	0%	38	38	0%	↓
15,737	Gross Expenditure	15,371	12,940	84%	15,954	583	4%	↓
(3,999)	Income	(3,397)	(2,843)	84%	(3,542)	(145)	4%	↑
11,738	Net Expenditure	11,974	10,097	84%	12,412	438	4%	↓
£000	Sheltered Housing	£000	£000	%	£000	£000	%	
1,422	Employee	1,392	1,001	72%	1,390	(2)	0%	↑
12	Property	12	11	92%	12	0	0%	→
9	Transport and Plant	6	10	167%	14	8	133%	↓
11	Supplies, Services and Admin	14	9	64%	12	(2)	-14%	↑
445	Payments to Other Bodies	377	223	59%	416	39	10%	↓
	Other	0	0	0%	0	0	0%	→
1,899	Gross Expenditure	1,801	1,254	70%	1,844	43	2%	↓
(444)	Income	(448)	0	0%	(448)	0	0%	→
1,455	Net Expenditure	1,353	1,254	93%	1,396	43	3%	↓
£000	Day Centres Older People	£000	£000	%	£000	£000	%	
614	Employee	622	486	78%	650	28	5%	↓
22	Property	22	11	50%	22	0	0%	→
328	Transport and Plant	324	130	40%	310	(14)	-4%	↑
58	Supplies, Services and Admin	56	38	68%	56	0	0%	→
137	Payments to Other Bodies	135	105	78%	135	0	0%	→
	Other	0	0	0%	0	0	0%	→
1,159	Gross Expenditure	1,159	770	66%	1,173	14	1%	↓
(103)	Income	(101)	(67)	66%	(101)	0	0%	→
1,056	Net Expenditure	1,058	703	66%	1,072	14	1%	↓
£000	Meals on Wheels	£000	£000	%	£000	£000	%	
	Employee	0	0	0%	0	0	0%	→
	Property	0	0	0%	0	0	0%	→
6	Transport and Plant	12	3	25%	7	(5)	-42%	→
58	Supplies, Services and Admin	62	45	73%	62	0	0%	→
14	Payments to Other Bodies	14	14	100%	14	0	0%	→
0	Other	0	0	0%	0	0	0%	→
78	Gross Expenditure	88	62	70%	83	(5)	-6%	↑
(1)	Income	(1)	0	0%	(1)	0	0%	→
77	Net Expenditure	87	62	71%	82	(5)	-6%	↑
£000	Community Alarms	£000	£000	%	£000	£000	%	
182	Employee	175	113	65%	160	(15)	-9%	↑
0	Property	0	0	0%	0	0	0%	→
14	Transport and Plant	15	6	40%	15	0	0%	→
0	Supplies, Services and Admin	1	0	0%	1	0	0%	→
94	Payments to Other Bodies	96	47	49%	96	0	0%	→
	Other	0	0	0%	0	0	0%	→
290	Gross Expenditure	287	166	58%	272	(15)	-5%	↑
	Income	0	0	0%	0	0	0%	→
290	Net Expenditure	287	166	58%	272	(15)	-5%	↑

WEST DUNBARTONSHIRE COUNCIL
REVENUE BUDGETARY CONTROL 2014/2015
CHCP DETAIL

APPENDIX 3

MONTH END DATE 31 December 2014
PERIOD 9

Actual Outturn 2013/14	Service Summary	Total Budget 2014/15	Spend to Date 2014/15	% Spend to Date	Forecast Spend 2014/15	Forecast Variance 2014/15	RAG Status
£000	Community Health Operations	£000	£000	%	£000	£000	%
2,678	Employee	2,784	2,033	73%	2,742	(42)	-2%
299	Property	290	265	91%	305	15	5%
32	Transport and Plant	23	21	91%	27	4	17%
73	Supplies, Services and Admin	66	62	94%	82	16	24%
65	Payments to Other Bodies	82	28	34%	71	(11)	-13%
1	Other	1	1	100%	1	0	0%
3,148	Gross Expenditure	3,246	2,410	74%	3,228	(18)	-1%
(210)	Income	(172)	(15)	9%	(167)	5	-3%
2,938	Net Expenditure	3,074	2,395	78%	3,061	(13)	0%
£000	Residential Learning Disability	£000	£000	%	£000	£000	%
1,972	Employee	1,926	1,460	76%	1,989	63	3%
134	Property	98	71	72%	108	10	10%
94	Transport and Plant	69	59	86%	79	10	14%
36	Supplies, Services and Admin	34	23	68%	31	(3)	-9%
10,258	Payments to Other Bodies	10,787	6,622	61%	10,586	(201)	-2%
245	Other	230	309	134%	364	134	58%
12,739	Gross Expenditure	13,144	8,544	65%	13,157	13	0%
(3,540)	Income	(3,618)	(2,405)	66%	(3,617)	1	0%
9,199	Net Expenditure	9,526	6,139	64%	9,540	14	0%
£000	Physical Disability	£000	£000	%	£000	£000	%
0	Employee	0	0	0%	0	0	0%
0	Property	0	0	0%	0	0	0%
270	Transport and Plant	5	44	880%	30	25	500%
108	Supplies, Services and Admin	120	78	65%	118	(2)	-2%
1,674	Payments to Other Bodies	1,465	1,382	94%	1,748	283	19%
359	Other	381	380	100%	480	99	26%
2,411	Gross Expenditure	1,971	1,884	96%	2,376	405	21%
(280)	Income	(284)	(232)	82%	(285)	(1)	0%
2,131	Net Expenditure	1,687	1,652	98%	2,091	404	24%
£000	Day Centres Learning Disability	£000	£000	%	£000	£000	%
1,100	Employee	1,251	839	67%	1,153	(98)	-8%
42	Property	47	21	45%	34	(13)	-28%
283	Transport and Plant	285	126	44%	283	(2)	-1%
60	Supplies, Services and Admin	55	32	58%	51	(4)	-7%
2	Payments to Other Bodies	3	3	100%	3	0	0%
	Other	0	0	0%	0	0	0%
1,487	Gross Expenditure	1,641	1,021	62%	1,524	(117)	-7%
(70)	Income	(53)	(19)	36%	(48)	5	-9%
1,417	Net Expenditure	1,588	1,002	63%	1,476	(112)	-7%
£000	CHCP HQ	£000	£000	%	£000	£000	%
144	Employee	163	128	79%	174	11	7%
7	Property	7	0	0%	0	(7)	-100%
1	Transport and Plant	1	0	0%	1	0	0%
48	Supplies, Services and Admin	22	17	77%	31	9	41%
181	Payments to Other Bodies	161	0	0%	175	14	9%
	Other	0	0	0%	0	0	0%
381	Gross Expenditure	354	145	41%	381	27	-5%
(104)	Income	(104)	(4)	4%	(99)	5	13%
277	Net Expenditure	250	141	56%	282	32	0%
£000	Mental Health	£000	£000	%	£000	£000	%
889	Employee	863	672	78%	890	27	3%
1	Property	0	0	0%	0	0	0%
16	Transport and Plant	13	12	92%	15	2	15%
3	Supplies, Services and Admin	3	3	100%	3	0	0%
1,992	Payments to Other Bodies	2,230	1,044	47%	2,063	(167)	-7%
0	Other	0	0	0%	0	0	0%
2,901	Gross Expenditure	3,109	1,731	56%	2,971	(138)	-4%
(1,180)	Income	(1,224)	(826)	67%	(1,201)	23	0%
1,721	Net Expenditure	1,885	905	48%	1,770	(115)	-6%

WEST DUNBARTONSHIRE COUNCIL
REVENUE BUDGETARY CONTROL 2014/2015
CHCP DETAIL

APPENDIX 3

MONTH END DATE 31 December 2014
PERIOD 9

Actual Outturn 2013/14	Service Summary	Total Budget 2014/15	Spend to Date 2014/15	% Spend to Date	Forecast Spend 2014/15	Forecast Variance 2014/15	RAG Status
£000	Homecare	£000	£000	%	£000	£000	%
9,803	Employee	9,702	7,300	75%	9,997	295	3%
5	Property	0	0	0%	0	0	0%
160	Transport and Plant	125	110	88%	147	22	18%
43	Supplies, Services and Admin	61	35	57%	62	1	2%
2,077	Payments to Other Bodies	1,657	1,189	72%	2,007	350	21%
192	Other	206	167	81%	200	(6)	-3%
12,280	Gross Expenditure	11,751	8,801	75%	12,413	662	6%
(2,812)	Income	(2,910)	(1,812)	62%	(2,835)	75	-3%
9,468	Net Expenditure	8,841	6,989	79%	9,578	737	8%
£000	Other Specific Services	£000	£000	%	£000	£000	%
	Employee	0	0	0%	0	0	0%
	Property	0	0	0%	0	0	0%
	Transport and Plant	0	0	0%	0	0	0%
(1)	Supplies, Services and Admin	0	0	0%	0	0	0%
366	Payments to Other Bodies	366	8	2%	366	0	0%
0	Other	0	0	0%	0	0	0%
365	Gross Expenditure	366	8	2%	366	0	0%
0	Income	0	0	0%	0	0	0%
365	Net Expenditure	366	8	2%	366	0	0%
£000	Addiction Services	£000	£000	%	£000	£000	%
476	Employee	530	356	67%	485	(45)	-8%
57	Property	46	25	54%	38	(8)	-17%
7	Transport and Plant	7	3	43%	7	0	0%
11	Supplies, Services and Admin	10	9	90%	10	0	0%
1,219	Payments to Other Bodies	1,263	846	67%	1,183	(80)	-6%
0	Other	0	0	0%	0	0	0%
1,770	Gross Expenditure	1,856	1,239	67%	1,723	(133)	-7%
(645)	Income	(616)	(437)	71%	(606)	10	-2%
1,125	Net Expenditure	1,240	802	65%	1,117	(123)	-10%
£000	Older Peoples Change Fund	£000	£000	%	£000	£000	%
583	Employee	632	365	58%	657	25	4%
	Property	0	0	0%	0	0	0%
15	Transport and Plant	0	14	0%	16	16	0%
	Supplies, Services and Admin	0	0	0%	0	0	0%
302	Payments to Other Bodies	190	79	42%	221	31	16%
5	Other	0	0	0%	0	0	0%
905	Gross Expenditure	822	458	56%	894	72	9%
(905)	Income	(822)	(120)	15%	(994)	(172)	21%
0	Net Expenditure	0	338	0%	(100)	(100)	0%

WEST DUNBARTONSHIRE COUNCIL
REVENUE BUDGETARY CONTROL 2014/2015
ANALYSIS FOR VARIANCES OVER £50,000

APPENDIX 4

MONTH END DATE

31 December 2014

PERIOD

9

Budget Details	Project Life Financials			
	Budget	Forecast Spend	Forecast Variance	RAG Status
	£000	£000	£000	%

Community Health and Care Partnership

Strategy, Planning & Health Improvement (Souman Sengupta)	1,214	1,080	(134)	-11%	↑
Service Description	This service area is cost of Quality Assurance, Performance and Information, Strategy and Policy and Health Improvement teams.				
Main Issues / Reason for Variance	Underspend in staffing costs due to vacancies				
Mitigating Action	No mitigating action is required as variance is favourable				
Anticipated Outcome	An underspend will be achieved by holding back vacancies which will assist with reducing the overall overspend within CHCP.				
Residential Accommodation for Young People (Jackie Irvine)	3,359	3,523	164	5%	↓
Service Description	This service area covers the cost of residential accommodation for young persons in care.				
Main Issues / Reason for Variance	This overspend is primarily on the use of overtime and sessional staff to cover sickness and annual leave across children's units in order to meet minimum staffing levels for registered services. £10K of this overspend relates to the unbudgeted holiday pay.				
Mitigating Action	Managers have been advised to reduce cover costs wherever possible using sessional staff rather than overtime.				
Anticipated Outcome	Uncertainty around how long sickness absences will continue but based on current situation it is likely that it will not be possible to reduce this underspend.				

WEST DUNBARTONSHIRE COUNCIL
REVENUE BUDGETARY CONTROL 2014/2015
ANALYSIS FOR VARIANCES OVER £50,000

APPENDIX 4

MONTH END DATE

31 December 2014

PERIOD

9

Budget Details	Project Life Financials				
	Budget	Forecast Spend	Forecast Variance	RAG Status	
	£000	£000	£000	%	
Community Placements (Jackie Irvine)	2,424	2,842	418	17%	↓
Service Description	This service area is the cost of fostering / adoption / kinship carers				
Main Issues / Reason for Variance	Continuing high numbers of children in fostering combined with reduction in our own fostering parents availability. Increasing number of our own carers are taking the children they currently foster on a permanent basis in the face of them not finding a suitable family elsewhere which is good outcome for the children but reduces the availability of resources / placements. As a result of this shortage, placements are having to be made using more expensive external fostering agencies. Adoption arrangement costs are also higher due to fees requiring to be paid to other local authorities in respect of requiring adopting parents from other areas.				
Mitigating Action	Ongoing fostering recruitment campaign to increase available WDC foster parents.				
Anticipated Outcome	Despite recent campaign, there will still be a need to continue to use external and independent placements for the foreseeable future which are inevitably more costly.				
Residential Schools (Jackie Irvine)	1,692	1,806	114	7%	↓
Service Description	This service area covers the cost of children in day and residential schools.				
Main Issues / Reason for Variance	Number of placements higher than budgeted				
Mitigating Action	Residential school placements are demand led and outwith managers control so it is not possible to mitigate for this.				
Anticipated Outcome	The over spend is likely to continue for the remainder of the year unless there are unexpected leavers.				
Other Services - Young People (Jackie Irvine)	4,087	4,009	(78)	-2%	↑
Service Description	This service area is services for young people including throughcare.				
Main Issues / Reason for Variance	Underspend in payments to other bodies for new services commissioned starting later than anticipated. This later start was due to the need to discuss and consider with service providers the best way to deliver service and delays by providers due to them having to recruit staff before service began.				
Mitigating Action	No mitigating action required as variance is favourable.				
Anticipated Outcome	Underspend will be achieved.				

WEST DUNBARTONSHIRE COUNCIL
REVENUE BUDGETARY CONTROL 2014/2015
ANALYSIS FOR VARIANCES OVER £50,000

APPENDIX 4

MONTH END DATE

31 December 2014

PERIOD

9

Budget Details	Project Life Financials				RAG Status
	Budget	Forecast Spend	Forecast Variance		
	£000	£000	£000	%	
Residential Accommodation for Elderly (Chris McNeill)	11,974	12,412	438	4%	↓
Service Description	This service area is the provision of both WDC and external care homes for the elderly.				
Main Issues / Reason for Variance	Higher staffing costs due to additional 1-1 client needs and increased level of cover for absence/vacancies partially offset by lower than expected expenditure on external placements and higher than budgeted income. £46K of this overspend relates to the unbudgeted holiday pay.				
Mitigating Action	Ongoing work in respect of absence management to reduce need for cover. Also looking at ensuring lowest cost option for cover is utilised at all times				
Anticipated Outcome	The actions to be taken should ensure the overspend is kept as low as possible.				
Physical Disability (Chris McNeill)	1,687	2,091	404	24%	↓
Service Description	This service area is the provision of services to clients with a Physical Disability.				
Main Issues / Reason for Variance	Overspend on Direct Payments due to two new clients (£83K). Also overspend on transport costs / Payments to other bodies due to delay in expected transfer of some clients from out of authority service provision to WDC provision. There is also a significant increase in assessed client needs within this client group.				
Mitigating Action	Monitoring of all care packages will continue to try and identify any resources which could become available to offset the cost of additional clients.				
Anticipated Outcome	Until review of clients is carried out it cannot be determined if there will be sufficient scope to reduce this overspend				
Day Centres Learning Disability (John Russell)	1,588	1,476	(112)	-7%	↑
Service Description	This service area is day care for clients with a disability.				
Main Issues / Reason for Variance	Underspend in employee costs due to recruitment of new staff for enhanced services within Dumbarton Day Centre happening later than anticipated in budget.				
Mitigating Action	No mitigating action required as variance is favourable.				
Anticipated Outcome	Underspend will be achieved to reduce the overall overspend within CHCP.				
Mental Health (John Russell)	1,885	1,770	(115)	-6%	↑
Service Description	This service area is expenditure in relation to mental health clients.				
Main Issues / Reason for Variance	Underspend in Housing support due to reduction in hours required.				

WEST DUNBARTONSHIRE COUNCIL
REVENUE BUDGETARY CONTROL 2014/2015
ANALYSIS FOR VARIANCES OVER £50,000

APPENDIX 4

MONTH END DATE

31 December 2014

PERIOD

9

Budget Details	Project Life Financials				RAG Status
	Budget	Forecast Spend	Forecast Variance		
	£000	£000	£000	%	
Mitigating Action	No mitigating action required since variance is favourable.				
Anticipated Outcome	Underspend will be achieved to reduce the overall overspend within CHCP.				
Homecare (Chris McNeill)	8,841	9,578	737	8%	↓
Service Description	This service area is the provision of both internal and externally provided homecare.				
Main Issues / Reason for Variance	Increased number of homecare hours are now being delivered based on current client assessed needs. Also higher than estimated overtime and agency usage to cover for sickness and vacancies. Income is also showing an adverse situation mainly due to the increase in clients being provided with short term focussed re-enablement homecare rather than the longer term chargeable hours. £127K of this overspend relates to the unbudgeted holiday pay				
Mitigating Action	Managers are reviewing best options to achieve maximum staff utilisation and the use of a bank of supply staff is in the process of being set up. This will increase the capacity and flexibility of in house hours and reduce the need for overtime / agency staff.				
Anticipated Outcome	If absence rates improve and supply staff are utilised it is hoped that this overspend may reduce.				
Addiction Services (John Russell)	1,240	1,117	(123)	-10%	↑
Service Description	This service area is the provision of services to clients with Addiction issues.				
Main Issues / Reason for Variance	Reduced client need has resulted in an underspending in temporary rehab and housing support costs.				
Mitigating Action	No mitigating action required since variance is favourable.				
Anticipated Outcome	Underspend expected by the end of the year.				

WEST DUNBARTONSHIRE COUNCIL
REVENUE BUDGETARY CONTROL 2014/2015
ANALYSIS FOR VARIANCES OVER £50,000

APPENDIX 4

MONTH END DATE

31 December 2014

PERIOD

9

Budget Details	Project Life Financials				RAG Status
	Budget	Forecast Spend	Forecast Variance		
	£000	£000	£000	%	
Older Peoples Change Fund (Chris McNeill)	0	(100)	(100)	0%	↑
Service Description	This services funds the change in which older people receive care between Health Board and care within the community				
Main Issues / Reason for Variance	Additional income received from Health Board to assist with Integration				
Mitigating Action	No mitigating action required since variance is favourable.				
Anticipated Outcome	Overrecovery of income expected by the end of the year				

WEST DUNBARTONSHIRE COUNCIL
MONTHLY REPORT: MONITORING OF SAVINGS OPTIONS

Appendix 5

Department: CHCP

31 December 2014

Description	Annual Target 2014/15	Forecast Variance 2014/15		Comments
		£000	%	
CS4 - long service awards	(3)	0	0%	
CS5 - management development CMI level 5	(1)	0	0%	
CHCP1 - MHO service	(1)	0	0%	
CHCP2 - external clubs	(19)	0	0%	
CHCP3 - flexible day support	(40)	0	0%	
CHCP4 - management costs - 3rd sector	(26)	0	0%	
CHCP5 - addictions	(10)	0	0%	
CHCP6 - children & families field work	(55)	0	0%	
CHCP7 - alternative to care	(45)	15	-33%	Employee left later than anticipated - post now deleted
CHCP8 - ATC	(30)	0	0%	
CHCP9 - throughcare	(33)	0	0%	
CHCP10 - management restructure	(91)	0	0%	
CHCP11 - link workers fees	(15)	0	0%	
CHCP12 - training budget	(6)	0	0%	
CHCP13 - homecare agency	(80)	(50)	63%	Arranging revised procurement rates has taken longer than anticipated
CHCP14 - external agency in care homes	(200)	200	-100%	The need for cover has not reduced as anticipated - management working with HR re attendance management and procurement re agency rates to best address this issue
CHCP15 - physically disabled - 3rd sector payments	(100)	60	-60%	2 clients moved later than anticipated
CHCP16 - unplanned homecare	(200)	0	0%	
CHCP17 - community care development	(20)	0	0%	
CHCP18 - learning disability residential clients	(50)	0	0%	
CHCP19 - nightshift provision	(25)	15	-60%	Savings achieved later in year than anticipated due to risk assessment of clients involved
CHCP21 - sense Scotland	(55)	34	-61%	This saving has commenced later than anticipated due to delay in Dumbarton Day centre's refurbishment .
CHCP22 - staffing increase cost	100	(70)	-70%	The refurbishment of Dumbarton Centre was completed a few months later than anticipated resulting in savings in staff costs .New staff recruitment now in progress
HEED2 - social transport timetables	(118)	16	-14%	Variance due to the new timetables starting slightly later than anticipated

WEST DUNBARTONSHIRE COUNCIL
MONTHLY REPORT: MONITORING OF SAVINGS OPTIONS

Appendix 5

Department: CHCP

31 December 2014

Description	Annual Target 2014/15	Forecast Variance 2014/15		Comments
		£000	%	
GEN1 - overtime	(206)	206	-100%	The majority of overtime worked in CHCP is to cover for vacancies / sickness in areas such as care homes and homecare where cover must be provided at all times . Work is ongoing to reduce overtime costs by restricting premium rate overtime / maximising rotas / creating supply staff / working with HR to improve recruitment process and attendance management. However due to significantly higher than budgeted cover requirements in 1415 this saving will not be achieved in this financial year
GEN2 - training	(21)	0	0%	
GEN3 - travel	(61)	61	-100%	Since a lot of travel costs are incurred in relation to visiting / transporting clients it is not be easily possible to achieve reductions .Visits are already scheduled to minimise travel costs
	(1,411)	487	-34%	

WEST DUNBARTONSHIRE COUNCIL
GENERAL SERVICES CAPITAL PROGRAMME
OVERALL PROGRAMME SUMMARY

APPENDIX 6

MONTH END DATE 31 December 2014

PERIOD 9

Project Status Analysis	Project Life Status Analysis				Current Year Project Status Analysis			
	Number of Projects at RAG Status	% Projects at RAG Status	Spend to Date £000	% Project Spend at RAG Status	Number of Projects at RAG Status	% Projects at RAG Status	Spend to Date £000	% Project Spend at RAG Status
Red								
Projects are forecast to be overspent and/or experience material delay to completion	1	20%	470	26%	1	20%	299	28%
Amber								
Projects are either at risk of being overspent and/or delay in completion (although this is unquantifiable at present) or the project has any issues that require to be reported at this time	1	20%	449	25%	1	20%	36	3%
Green								
Projects are on target both in relation to overall budget and the forecast stages in the project life cycle and no issues are anticipated at this time	3	60%	871	49%	3	60%	728	68%
TOTAL EXPENDITURE	5	100%	1,790	100%	5	100%	1,063	100%

Project Status Analysis	Project Life Financials				Current Year Financials					
	Budget £000	Spend to Date £000	Forecast Spend £000	Forecast Variance £000	Budget £000	Spend to Date £000	Forecast Spend £000	Forecast Variance £000	Re-Phasing £000	Over/ (Under) £000
Red										
Projects are forecast to be overspent and/or significant delay to completion	21,950	470	21,950	0	6,512	299	400	(6,112)	(6,112)	0
Amber										
Projects are either at risk of being overspent and/or delay in completion (although this is unquantifiable at present) or the project has any issues that require to be reported at this time	540	449	455	(85)	119	36	42	(77)	(77)	0
Green										
Projects are on target both in relation to overall budget and the forecast stages in the project life cycle and no issues are anticipated at this time	1,549	871	1,549	0	1,406	728	1,406	0	0	0
TOTAL EXPENDITURE	24,039	1,790	23,954	(85)	8,037	1,063	1,848	(6,189)	(6,189)	0

**WEST DUNBARTONSHIRE COUNCIL
GENERAL SERVICES CAPITAL PROGRAMME
ANALYSIS OF PROJECTS AT RED ALERT STATUS**

APPENDIX 7

MONTH END DATE

31 December 2014

PERIOD

9

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

1

Replace Elderly Care Homes & Day Care Centres (Chris McNeill)						
Project Life Financials	21,950	470	2%	21,950	0	0%
Current Year Financials	6,512	299	5%	400	(6,112)	-94%
Project Description	Design and construction of replacement elderly care homes and day care centres in Dumbarton and Clydebank areas					
Project Lifecycle	Planned End Date	11-Dec-15	Forecast End Date	31-Jan-18		
Main Issues / Reason for Variance						
<u>General</u> - It should be noted that the current budget allocated to this project of £21.950m may not be sufficient, however work is being undertaken to clarify the extent of the potential budget shortfall and an update will be included within the Capital Plan Refresh which will be reported to Council in February 2015.						
<u>Dumbarton</u> - Enabling works were due to start January 2015 and although some works will commence including layby spaces on Argyll Avenue, the majority will now be carried over into 2015/16 due to programme implications associated with value engineering to bring the project back within the affordability cap. The asbestos survey that has been carried out has indicated a greater extent than first anticipated and has required the scope of the work to be redefined. We are awaiting a revised construction programme.						
<u>Clydebank</u> - It is hoped that work will commence on site in April 2016 with an expected completion date of August 2017 with a final retention payment thereafter, however these dates are subject to planning approval. At this stage, the risk analysis has indicated that an increased allocation may have to be made within the affordability cap against the risks associated with the development of the project, however work is being undertaken to clarify this before the affordability cap is presented to the Project Board, and in turn the hubCo Board.						
Mitigating Action						
<u>Dumbarton</u> - Enabling works due to commence Jan 2015 and will be completed as soon as possible to enable the main works contract to commence						
<u>Clydebank</u> - Estates and Legal services to liaise with land owner to conclude negotiations by February 2015. Progress on the HUB stage process is now being made to ensure that the design development and the site investigations are undertaken to ensure that the elements of the project within WDC control are delivered in a timeous manner.						
Anticipated Outcome						
<u>Dumbarton</u> - Development will proceed in accordance with the revised programme.						
<u>Clydebank</u> - Development will proceed in tandem with development of new health centre and in the context of the Queens Quay masterplan and infrastructure projects.						

TOTAL PROJECTS AT RED STATUS						
Project Life Financials	21,950	470	2%	21,950	0	0%
Current Year Financials	6,512	299	5%	400	(6,112)	-94%

WEST DUNBARTONSHIRE COUNCIL
GENERAL SERVICES CAPITAL PROGRAMME
ANALYSIS OF PROJECTS AT AMBER ALERT STATUS

APPENDIX 8

MONTH END DATE

31 December 2014

PERIOD

9

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

6	Care Home Development (Chris McNeill)						
	Project Life Financials	540	449	83%	455	(85)	-16%
	Current Year Financials	119	36	30%	42	(77)	-65%
	Project Description	Provision of capital works required to maintain acceptable standards with WDC care homes					
	Project Lifecycle	Planned End Date	31-Mar-15	Forecast End Date	31-Mar-15		
	Main Issues / Reason for Variance						
	Of the £119k budget £42k has been committed to date being £5k for retention to roof works at Willox Park and £37k re sluice room installation to Dalreoch Nursing Home in 14/15. No other works are underway and it is possible that this budget may show an underspend at year end.						
Mitigating Action							
Review is currently ongoing which may result in an underspend							
Anticipated Outcome							
Possible that budget will show underspend at end March 2015							

TOTAL PROJECTS AT AMBER STATUS					
Project Life Financials	540	449	83%	455	(85) -16%
Current Year Financials	119	36	30%	42	(77) -65%

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health and Care Partnership

Community Health and Care Partnership Committee/Shadow Integration Joint Board: 18 February 2015

Subject: Financial and Capital Works Report for the period ended 31 December 2014 (NHS Only)

1. Purpose

The purpose of the report is to provide an update of the current year financial position and of the financial planning by the NHS Board and by the CHCP.

2. Recommendations

The Committee is asked to note the content of the Financial and Capital Works Report for the year ended 31 December 2014.

3. Background:

The report provides an update of the financial planning by the NHS Board and by the CHCP, and of the overall revenue position of the CHCP and its Capital Programme for 2014/15 (NHS only).

4. Main Issues:

Financial Planning for 2014/15 and beyond

4.1 The Board's financial plans for 15/16 and 16/17 currently suggest a savings challenge in excess of that in recent years, brought about in part by the requirement to fund changes to the NHS Superannuation Scheme in 15/16 and to employer's National Insurance contributions in 16/17.

4.2 At a Partnerships level, the current planning assumption is for savings of around £15m for each of the next two financial years. Planning work has focused on the structured approach taken over the previous four financial years: whole-system services review and redesign, integrated with system-wide and local financial and resources planning.

4.3 It is recognised that plans for 15/16 will be a mix of both recurring and non-recurring savings, while Chief Officers will continue to work collectively and locally to develop more detailed plans for full recurring release by the end of March 2017.

Revenue Position 2014/15

4.4 West Dunbartonshire CH(C)P's (NHS-only) revenue position reported for the period ended 31 December 2014 was £14,000 underspent. It is forecast that the year-end position will be closer to breakeven as a result of the introduction

of spend to save schemes and initiatives to bring forward expenditure from 15/16.

- 4.5** An overspend within the provision of community equipment through the Equipu service is slightly lower than in previous years. Although additional funding has been provided for the specialist care package for which the CHCP took responsibility in 2010/11, this remains a pressure area. Work is ongoing to try to reduce this cost pressure. Offsetting these areas of overspend are underspending across a number of areas but mainly Planning & Health Improvement and Accommodation & Admin.
- 4.6** The overall summary position is reported in the table below, with further comments on the significant variances highlighted in section 4.6 of this report. An additional detailed breakdown of individual costs at care group level is reported in Annexe 1 of this report.

	Annual Budget £000	Year to Date Budget £000	Year to Date Actual £000	Variance £000
Pays	25,262	19,114	18,992	122
Non Pays	54,220	39,342	39,450	(108)
	79,482	58,456	58,442	14
Less Income	(5,211)	(3,905)	(3,905)	0
Net Expenditure	74,271	54,551	54,537	14

Significant Variances

- 4.7** Comments on significant issues are noted below:
- **Mental Health (Adult)** reported an underspend of £24,000, resulting from a psychologist being recharged to Glasgow City CHP.
 - **Addictions** reported an underspend of £33,000, as a result of a reduced level of spend on harm reduction nursing and the recharge from the Glasgow Addiction Service
 - **Learning Disabilities** reported an underspend of £13,000 as a result of a vacancy within Dietetics.
 - **Adult Community Services** reported an overspend of £112,000. Equipu (community equipment service) is overspent by £48,000. This area of overspend is common across other CHPs and has been affected by the additional activity associated with Change Fund initiatives. As noted above, the spend on the specialist care package is causing a pressure despite additional funding and is overspent by £101,000 year to date.
 - **Planning and Health Improvement** reported an underspend of £30,000 as a result of the secondment of a service manager to Glasgow City CHP and a vacant admin post.

- **Prescribing:** at a 'gross' level, the CHCP showed an underspend of £51,000. However, as GP Prescribing is extremely volatile, there continues to be an element of financial risk at both a CHCP and an NHS Board level and therefore a cost neutral position has been included in the December Financial Report. Across all Partnerships, there is an overall underspend of around 0.7%, resulting from:
 - the impact of drugs on short supply not being as high as anticipated;
 - delays in the introduction of new drugs and anticipated cost pressures on specific drugs
- **Hosted Services** reported an underspend of £20,000 against the residual budget for the Integrated Eye Service and across non-pay categories of Retinal Screening.

Capital Programme 2013/14

4.8 Formula Capital

The CHP's final capital programme for the year is outlined in the table below. This includes an additional allocation of £50,000 from the CHCP's endowment fund for the Outpatients Department in Dumbarton Health Centre:

Project	Allocation (£000)
Dumbarton Health Centre Refurbishment Works	112
Fruin Ward Kitchen	25
Dumbarton Health Centre CCTV upgrade	6
Dumbarton Joint Hospital – alarm/automatic doors	15
Total	158

5. People Implications

5.1 There are no people implications, arising from this report.

6. Financial Implications

6.1 Other than the financial position noted above, there are no financial implications of the budgetary control report.

7. Risk Analysis

- 7.1** The main financial risks to the ongoing financial position relate to currently unforeseen issues arising between now and the financial year-end. Any significant issues will be reported to future Committee meetings.

8. Equalities Impact Assessment (EIA)

- 8.1** Not required for this report.

9. Consultation

- 9.1** This report is for information only and relates only to the NHS element of the CHCP, with no requirement for consultation.

10. Strategic Assessment

- 10.1** This report provides an update on the CHCP's revenue and capital position (NHS only) and does not seek to affect the Council's main strategic priorities.

Keith Redpath
Director.

Person to Contact: Jonathan Bryden, Head of Finance - Clyde CHPs (0141 618 7660)

Appendix : Financial Statement 1 April 2014 to 31 December 2014

Background Paper: None

Wards Affected: All

Appendix 1
West Dunbartonshire Community Health Partnership
Financial Year 1 April 2013 to 31 March 2014

	Annual Budget £000	Year to Date Budget £000	Year to date Actual £000	Year to date Variance £000	% Variance
Expenditure					
Mental Health (Adult)	4,476	3,448	3,424	24	0.70%
Mental Health (Elderly)	3,193	2,349	2,346	3	0.13%
Addictions	1,946	1,380	1,347	33	2.39%
Learning Disabilities	595	447	434	13	2.91%
Adult Community Services	10,721	7,779	7,891	(112)	(1.44%)
Children & Families	4,450	3,486	3,486	0	0.00%
Planning & Health Improvement	1,095	778	748	30	3.86%
Family Health Services (FHS)	22,779	16,933	16,933	0	0.00%
Prescribing	17,255	12,931	12,931	0	0.00%
Other Services	3,158	2,114	2,111	3	0.14%
Resource Transfer	7,633	5,725	5,725	0	0.00%
Hosted Services	855	616	596	20	3.25%
Change Fund	1,326	470	470	0	0.00%
	79,482	58,456	58,442	14	0.02%
Income	(5,211)	(3,905)	(3,905)	0	0.00%
Net Expenditure	74,271	54,551	54,537	14	0.03%

Members should note that NHS GG&C financial convention of reporting underspends as positive variances (+) and overspends as negative variances (-) has been adopted for all financial tables within the report.

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health and Care Partnership

Community Health and Care Partnership Committee: 18th February 2015

Subject: Tender for provision of non-scheduled and scheduled taxi services

1. Purpose

- 1.1 The report seeks Committee approval to proceed with a re-tendering process for non-scheduled and scheduled taxi journeys to predominately support health and social care services, as part of co-ordinated arrangement between the Council and the Health Board.

2. Recommendations

- 2.1 Members are asked to approve the following recommendations:
 - 2.1.1 That a restricted tender exercise be undertaken in line with European legislation and Council Standing Orders to obtain non-scheduled and scheduled taxi journeys for Council and Health Board premises located in the West Dunbartonshire area, for an initial fixed 24 month period and for a potential further two 12-month periods thereafter.
 - 2.1.2 That authority be delegated to the CHCP Director to accept the most economically advantageous tender(s) received and appoint a successful tenderer or tenderers.
 - 2.1.3 That at the end of the fixed 24 month contract period, the then Chief Officer of the Health and Social Care Partnership should review the position and consider whether to extend the contract for either one or two 12 month periods.

3. Background

- 3.1 At the Council Tendering committee on 7th June 2011 approval was given for a Framework Agreement to be put in place with three companies - Clydebank & District T.O.A., Dumbarton & Alexandria T.O.A. and Wrights Taxis - to provide taxi services in support of social work services for an initial 24 month contract period with potential extensions to be agreed annually.
- 3.2 The three contractors transport service users/clients, with or without escort, from pick-up point to destination as and when booked by designated West Dunbartonshire Council Officers. Typical journeys are to and from schools, college, health centres, hospital, respite locations, Council services and offices within the West Dunbartonshire Council boundaries. There are also some planned journeys to transport service users to support services located outwith West Dunbartonshire.
- 3.3 The main service areas that make use of this framework agreement are Community Care, Children's Services and Home Care.

- 3.4 The current Framework Agreement and contracts will expire on 31st March 2015. In order to secure contracts for 2015/16 and beyond, it is now necessary to begin the re-tendering process.
- 3.5 Within the context of the local integrated services and a wider commitment to public sector organisation collaboration, it was confirmed that Greater Glasgow & Clyde Health Board have had no formal framework agreement nor contract for similar taxi services in place covering the West Dunbartonshire area and were interested in introducing such an arrangement. Consequently the potential for cross sector collaboration between the Council and Health Board for taxi service procurement has been explored and developed corporately by both organisations.

4. Main Issues

- 4.1 The current framework agreement is made up of 3 geographical Lots:
- Lot 1 – Provision of a taxi service, with or without escort, in and from the Clydebank area.
 - Lot 2 - Provision of a taxi service, with or without escort, in and from the Dumbarton area.
 - Lot 3 - Provision of a taxi service, with or without escort, in and from the Alexandria area.
- 4.2 It is proposed that the re-tendering exercise will follow the same format. The CHCP's Quality Assurance Section - supported by West Dunbartonshire Council's Legal, Democratic & Regulatory Service, Corporate Services' Procurement Team and Greater Glasgow & Clyde Health Board's Procurement Team - will control and monitor the process throughout. Tenderers will be able to bid for any, or all, of the Lots. Within each Lot, successful providers would be ranked: with the 1st ranked approached first; and if they cannot do it, then the second provider approached and so on.
- 4.3 Health Board use of the taxis will mainly be for the appropriate transfer of personnel records or samples (e.g. blood) from the Vale of Leven Hospital, Health Centres, Dumbarton Joint Hospital and other Health Board premises located in the West Dunbartonshire area.
- 4.4 As a result of the anticipated contract spend exceeding the EU Public Procurement threshold of £172,514 for the life of the contract, the Council must comply with the appropriate public procurement procedure.
- 4.5 Given the number of anticipated bidders for the tender and that the contract value will exceed the EU Procurement Threshold it is advised that we adopt the 'Restricted' procurement procedure and use the Public Contract Scotland portal to both advertise and award the tender. The 'Restricted' procurement procedure is a two stage process. Stage one involves the completion and submission of pre-qualification questionnaires (PQQ). These would then be evaluated, with those tenderers meeting the minimum PQQ criteria being issued with an Invitation to Tender (ITT) as part of stage two. These tender responses will then be evaluated and the successful bid(s) will be accepted by the Director (subject to the approval of recommendation 2.1.2 above).
- 4.6 The contract duration would be for 24 months. Towards the end of that initial contract period the then Chief Officer of the Health & Social Care Partnership will review the position with the support of the Council's Corporate Procurement Unit, and consider whether to extend the framework

agreement on an annual basis for a maximum of a further two 12month periods.

5. People Implications

- 5.1 There are no people issues associated with this report.

6 Financial Implications

- 6.1 The Council's expenditure on non-scheduled and scheduled social work services taxi usage for 2012-13 was £164,428; and for 2013/2014 was £184,499. The expenditure for 2014/15 to the end of November 2014 was £103,858.07.
- 6.2 The average annual cost of taxi services for the Health Board in this geographical area has been approximately £51,000.00.
- 6.3 The Council is required to follow guidance relating to the European Procurement Thresholds, noting that the contract value of the combined services over the term of the contract exceeds the threshold identified at 4.4 above.
- 6.4 If agreed for the collaboration to proceed, the Council will act as the lead party for this tender, as the latter has previously had the greater amount of spend and an existing agreement is in place. The re-tender will be undertaken with the guidance and assistance of West Dunbartonshire Council's Legal, Democratic & Regulatory Service, Corporate Services' Procurement Team and Greater Glasgow & Clyde Health Board's Procurement Team.
- 6.5 In accordance with agreed policies and procedures, this procurement exercise will be subject to a framework agreement/contract strategy. The strategy will include, but may not be limited to: scope; service; forward plan; the market; risks; issues and opportunities; and on-going contract management.

7. Risk Analysis

- 7.1 Failure to proceed with the re-tendering exercise will result in current contracts terminating in March 2015. This will result in a return to the previous situation where any Taxi firm/driver can provide the service. There would be no agreed fixed rates per journey, no visibility on mileage rates, escort rates, and no opportunity to offer volume discounts to the Council. It could compromise the safety of staff and the general public should a company provide a taxi driven by an individual who has not been through an Enhanced Disclosure.
- 7.2 The provision of a taxi service via a formal joint tender route between the Council and the Health Board has been confirmed as viable, with the Council's Legal, Democratic & Regulatory Services and Corporate Services' Procurement Team; and the Health Board's Head of Procurement having been engaged.

8. Equalities Impact Assessment (EIA)

- 8.1 No issues were identified in a screening for potential equality impacts.

9. Consultation

9.1 Not relevant or required for this report.

10. Strategic Assessment

10.1 The Council's Strategic Plan 2012-17 identifies "improve the wellbeing of communities and protect the welfare of vulnerable people" as one of the authority's five strategic priorities.

Keith Redpath
Interim Chief Officer

Date: 21st January 2015

Person to Contact: Soumen Sengupta
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Telephone: 01389 737321

Appendices: None

Background Papers: Tender Committee Report: Provision of Taxi Services for
non-scheduled and scheduled taxi journeys for the Social
Work and Health Department (June 2010).

Tender Committee Report: Provision of Taxi Services for
non-scheduled and scheduled taxi journeys for the
Community Health and Care Partnership (June 2011).

Wards Affected: All.

Joint Staff Forum
2nd February 2015, 10.00am Committee Room 2,
Garshake Road Council Office

Draft Minute

Present: Ross McCulloch, RGN (Co-Chair)
Keith Redpath, Director, CHCP (Co-Chair)
Chris McNeill, Head of Community Care, CHCP
Gillian Gall, HR, CHCP
Serena Barnatt, HR, CHCP
Nicola Bailey, HR, CHCP
Angela MacEachran, CSP
Elaine Smith, Unison
John Russell, Head of Mental Health, CHCP
Soumen Sengupta, Head of Strategy, CHCP
Jackie Cavan, GMB
Joanne Harkin, Unison

	Subject	Action
1.	Welcome and apologies The Chair welcomed the group to the first meeting of 2015 and apologies were noted on behalf of Jackie Irvine, Tom Morrison, Val Jennings, Billy McEwan, Kenny McColgan and Mark Millrine.	
2.	Minutes: i) JSF Minute The Minute was accepted as an accurate record. ii) APF Agenda The December APF Agenda was noted. The referral to pensions relates to information sessions on proposed changes. These will take place on acute sites but will be available to community staff. iii) JCF Minute The Minute was noted. iv) Employee Liaison Group The December 2014 Minute was noted. There was a substantial discussion around sickness absence management. Stress forms are not held centrally but held locally by managers. The information is not collated. Staffside asked for the <u>number</u> of forms which have been submitted and a note of any resolution. It was agreed that this request would be taken back to the ELG. A new health and safety system is being introduced and Serena will check this out with Stephen Gallagher.	 SB SB
3.	MSK Workforce Planning Presentation Caroline Horn attended to present the Workforce Plan 2014/15 for MSK Physiotherapy Services. Her presentation describes how in	

	<p>2012 the NHSGGC wide service was brought together to be hosted by West Dunbartonshire. It describes a patient centred service with patients at the core of the work. The presentation outlines the various drivers and the methodology used. Caroline described how the AHP Delivery Plan impacts on the Workforce Plan.</p> <p>Caroline described the benefits already received as a result of working as a single service, hosted by WD. IT efficiencies have been substantial.</p> <p>Caroline confirmed that this will roll out to all staff once workplan has been agreed.</p>	
4.	<p>Matters Arising</p> <p>i) Children & Families/School Nursing Jackie Irvine advised no further update at this stage.</p> <p>ii) Older Peoples Change Fund/ Integration Fund Update Chris reported that there was a meeting next week in relation to the performance of the Change Fund and proposals for Integrated Care Fund.</p> <p>iii) DN Review update The programme board and the implementation group are looking at one or two issues to ensure messages to workforce are in line. There are significant issues re turnover where the predicted number of retirements over the three year span of the programme has happened very quickly. There is an issue in relation to recruitment but there is a recruitment plan and a DN training Plan. That demographic is not directly related to the DN Review – it would exist anyway.</p> <p>iv) Care Home Update The process with the design team is ongoing. The Dumbarton Care Home is at the tail end of the process of agreeing final design and costings. Unlikely to be on site before early Summer. Late summer 2016 for completion. An outline design for Queens Quay has now been agreed. It is very early in the process.</p> <p>A drawing for sharing and consultation is not yet available. However, it is not too early to discuss how to go about consultation.</p> <p>One issue which has arisen re adult support and protection concerns out of hours cover. There is no management rota within the homes and although staff can contact Standby and although most unit managers make themselves available by telephone, Chris felt that this was not appropriate. There is a proposal to develop a service rota to deal with notification of incidents out of hours and cover for staff who become ill or who phone in sick. The proposal is the unit managers and deputies operate a cover rota. This is a change and so Chris asked for a staffside rep in order to take this work forward. Agreed that Chris would e-mail Ross with the request and this will be provided.</p>	

	<p>vi) Co-Chair Arrangements for JSF Deferred to next meeting.</p> <p>v) Redesign - Addictions There were some medical staff issues which have now been resolved. The redesign is to bring together services with some consistency in terms of clinical delivery with methadone clinics being the main issue. A way forward has now been agreed.</p> <p>Support and training for staff has been provided (Level 3 SVQ).</p> <p>Clydebank CAT Team lease is up in December. The thinking is that the lease will be renegotiated for the moment. LD services in Beardmore are relocating. All changes are being co-ordinated.</p> <p>vi) Crisis Team- Introducing Self-Rostering Staff have been asked to review the proposed rota with a view to considering how minimum staffing requirements (4 staff per shift) can be delivered. Self rostering should support most staff to continue to work their existing patterns of work. Most staff are quite happy with the proposals but there are some reservations. All responses should be available within two weeks and if this goes ahead, it will be reviewed in three months' time.</p> <p>The outcome will come back to the Joint Staff Forum.</p>	
5.	<p>Standing Items:</p> <p>i) Committee Update Keith provided an update on the draft agenda for the next (and last) CHCP Committee prior to moving to HSCP format.</p> <p>ii) HSCP Integration Update The Integration Scheme has been approved by the NHS Board and is to be considered by the Council on 4 February 2015. Thereafter it will go to Scottish Government for formal approval. It is still hoped that the new HSCP arrangements can be in place by 1 April 2015 but it may be a few weeks later than that.</p> <p>iii) PAG The Minute of the October PAG meeting was noted. Item 6 – the event went very well and evaluation feedback has been very positive, particularly in relation to the child protection exercise which took place.</p> <p>iv) HR report The disciplinary and grievances at work papers were noted. Attendance Management papers were noted and the NHS figures show a significant increase over the last eight months. Gillian described the support that was being provided locally to managers. Within WDC, there has also been an increase but more recent stats are starting to show a decrease.</p> <p>The Minute of the Attendance Working Group will be included on the</p>	

	<p>agenda for the next meeting of this group.</p> <p>v) Mental Health Services Update The Minute of the Mental Health Development Group was noted. A piece of work re autism has taken place since the Minute was produced.</p> <p>vi) Health and Safety Forum The December Minute was noted. Management Manual has now been rolled out and these include an up to date list of Fire Wardens. Once these are bedded in an audit will be completed. There are two policies and a protocol covering each is being developed.</p> <p>Figtree is the system the Council will use as an alternative/equivalent to Datix.</p>	
6.	<p>Finance Council – there are ongoing processes in the run up to council budget setting on Wednesday. After Wednesday, decisions will be implemented in discussion with staffside colleagues where appropriate.</p> <p>NHS – APF has been addressed re the financial plan for 15/16. This would see 15/16 being managed with the use of non recurring cash. At this stage, this means there might be a minimal savings target for West Dunbartonshire.</p>	
7.	<p>Dress Code for Care Home Workers Covered with papers attached to Item 4 iv) above</p>	
8.	<p>Management Cover for Care Homes Covered with papers attached to Item 4 iv) above.</p>	
9.	<p>AOCB Gillian updated on the staff who are TUPE transferring to Highland on 1 April.</p> <p>Ross stated that the full NHS staff survey – the first cut is available but Doug Mann has advised that individual results are not yet available – should be available mid-February. It was agreed that local results would be shared with this group as soon as they are available and that some agreement be reached about how the information is used.</p>	

Date and Time of next meeting: *Because of the transition to the new HSCP arrangements and the lack of clarity when the first meeting of the new Board will happen, it was agreed to get back in touch with JSF members to agree a new schedule of dates in due course.*