15 May 2013

MEETING: **WEST DUNBARTONSHIRE COMMUNITY HEALTH & CARE PARTNERSHIP/SHADOW INTEGRATION JOINT BOARD**

WEDNESDAY, 21 MAY 2014
COMMITTEE ROOM 2
COUNCIL OFFICES
GARSHAKE ROAD
DUMBARTON

ITEMS TO FOLLOW AND ERRATUM NOTICE

Dear Member

With reference to the agenda for the above Meeting of the West Dunbartonshire Community Health & Care Partnership/Shadow Integration Joint Board which was issued on 8 May 2014, I attach for your attention copies of the undernoted reports and minutes which were not available for issue at that time.

I would also advise that further information is now available for certain of the statutory indicators contained in Item 9 – 'West Dunbartonshire CHCP Strategic Plan – 2014/15'. Please note that erratum pages are attached which replace pages 70, 71 and 78 of the original report in respect of Item 9.

Please accept my apologies for any confusion this may cause.

Yours faithfully

KEITH REDPATH

Director
West Dunbartonshire Community Health & Care Partnership/
Interim Chief Officer of the Shadow Joint Integration Board

Distribution:-

Councillor G. Casey (Chair)
Councillor J. Mooney
Councillor J. McColl
Councillor M. McNair
Councillor M. Rooney
Councillor H. Sorrell
Dr Catherine Benton (Vice Chair)
Mr Peter Daniels OBE
Dr Kevin Fellows
Mr Ross McCulloch
Ms Anne MacDougall
Mr Keith Redpath

All other Councillors for information

Chief Executive
Executive Director of Educational Services
Executive Director of Corporate Services
Executive Director of Housing, Environmental & Economic Development
Head of Administration, NHS Board

For information on the above agenda please contact Nuala Borthwick, Committee Officer, Legal, Democratic and Regulatory Services, Council Offices, Garshake Road, Dumbarton, G82 3PU. Tel: (01389) 737594 Email: nuala.borthwick@west-dunbarton.gov.uk

Note referred to:-

ERRATUM

9. WEST DUNBARTONSHIRE CHCP STRATEGIC PLAN – 2014/15

Replacement pages of Section 4 of Strategic Plan enclosed.

ITEMS TO FOLLOW

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

Submit, for information, draft Minutes of Meeting of the West Dunbartonshire CHCP Joint Staff Forum held on Monday, 28 April 2014.

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

Submit for information, draft Minutes of Meeting of the West Dunbartonshire CHCP Professional Advisory Group held on 9 April 2014.

17. THE MODERNISATION OF COUNCIL OLDER PEOPLE'S CARE HOME AND DAY CARE PROVISION FOR WEST DUNBARTONSHIRE

Submit report by the Partnership Director outlining proposals on the plans to modernise the Council's care homes and day care provision.

18. SELF-DIRECTED SUPPORT POLICY

Submit report by the Partnership Director:-

(a) providing information on the implementation of the Social Care (Self-directed Support) (Scotland) Act 2013; and

(b) seeking approval of the draft Self Directed Support Policy.

West Dunbartonshire Community Health & Care Partnership

Strategic Plan 2014/15

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Acknowledgements:
The Director and the Senior Management Team would like to thank all those staff and colleagues who have worked so hard to deliver high quality services to the communities of West Dunbartonshire throughout the last year, and are committed to continuing to do so together over the coming year.

Please send any feedback on this Strategic Plan to: soumen.sengupta@ggc.scot.nhs.uk

1. INTRODUCTION

West Dunbartonshire Community Health and Care Partnership (CHCP) brings together both NHS Greater Glasgow and Clyde's (NHSGGC) and West Dunbartonshire Council's (WDC) separate responsibilities for community-based health and social care services within a single, integrated structure (while retaining clear individual agency accountability for statutory functions, resources and employment issues). The prescience of this commitment has been underlined by the announcement by the Scottish Government of its intention to bring forward legislation to further integrate health and social care services.

The CHCP's mission is to ensure high quality services that deliver safe, effective and efficient care to and with the communities of West Dunbartonshire; and to work in partnership to address inequalities and contribute to the regeneration of the West Dunbartonshire area. The core values that the CHCP is committed to across its sphere of responsibilities are:

- Quality.
- Fairness.
- Sustainability.
- Openness.

In addition to local children and adults services provided for and with the residents of West Dunbartonshire, the CHCP has formal responsibilities for a number of wider geographic functions:

- NHSGGC Community Eye Care Service.
- NHSGGC Musculoskeletal Physiotherapy Service.
- Management of Argyll, Bute and Dunbartonshire's Criminal Justice Social Work Partnership.

The CHCP also has a number of formal Service Level Agreements in place with the neighbouring Argyll and Bute Community Health Partnership in relation to services that have mutually agreed as being sensibly provided across the boundaries of our respective geographic boundaries (all of which are subject to regular review).

This fourth integrated Strategic Plan sets out the key actions prioritised for delivery over the course of 2014/15. Its focus reflects the requirements and expectations of the CHCP's "corporate parents": the West Dunbartonshire Council Strategic Plan 2012-17; and the NHSGGC Corporate Plan 2013-16. As in previous years, its structure is a blend of the distinct formats preferred by each organisations, including consideration of key issues from the Chief Social Work Annual Report 2012/13; and an overview of local Clinical Governance priorities. In a similar vein, it has also incorporated consideration of key strategic risks; and integrated workforce planning priorities.

In accordance with good practice and building on the success of the previous year, the Strategic Plan incorporates the CHCP Key Performance Indicators (KPIs) for 2014/15 which also include those indicators within the local Community Planning Partnership (CPP) Single Outcomes Agreement (SOA) 2014-2017 that the CHCP has lead responsibility for. The suite of indicators included relate to a combination of routine

service activity and developmental/transformational initiatives; and delivery that is predominantly under the direct management of the CHCP as well as outcomes that are heavily influenced by the practice and contributions of other stakeholders (e.g. other council departments; other NHSGGC divisions; or NHS external contractors). It is also important to note that as in previous years, there is not a necessarily direct correlation between specific "actions for delivery" set out within the CHCP Strategic Plan and each of the indicators included, as the actions here deliberately represent high-level change commitments.

In keeping with the spirit of the participative approach that the CHCP is committed to, this Strategic Plan has been informed by an understanding of perspectives of key stakeholders (including the CHCP's Joint Staff Partnership Forum; the Professional Advisory Group; and the Public Partnership Forum) from on-going engagement through the year, reflecting the CHCP's cyclical commissioning process for the development of services. The specific local actions set out within reflect on-going self-evaluation processes within CHCP service areas; engagement within local Community Planning Partnership fora; and dialogue with both service user groups and the wider communities in West Dunbartonshire. It is underpinned by an appreciation of local health and social care needs (drawn from, for example, the ScotPHO health and wellbeing profiles; and local Citizen's Panel survey findings); and other relevant sources of evidence.

The Scottish Government's Public Bodies (Joint Working) (Scotland) Act sets out the arrangements for the integration of health and social care across the country. The leadership and work that staff across the CHCP have already invested ensure that the enactment of this new legislation should not pose any significant challenges for us, nor indeed require any major structural reorganisations for local services. This confidence is reflected in the fact that the NHSGGC Board (at its 17th December 2013 meeting) and the West Dunbartonshire Council (at its 18th December 2013 meeting) both agreed to transition the current Community Health and Care Partnership (CHCP) to a **shadow Health and Social Care Partnership** (HSCP) for West Dunbartonshire on 1st April 2014.

These decisions represent a commitment on the part of all involved to transitioning the current CHCP to the new HSCP in an orderly fashion that emphasises continuity – and minimises potential disruption or uncertainty - for staff and service users; and that prioritises continuous quality improvement of services for the benefit of the local communities of West Dunbartonshire.

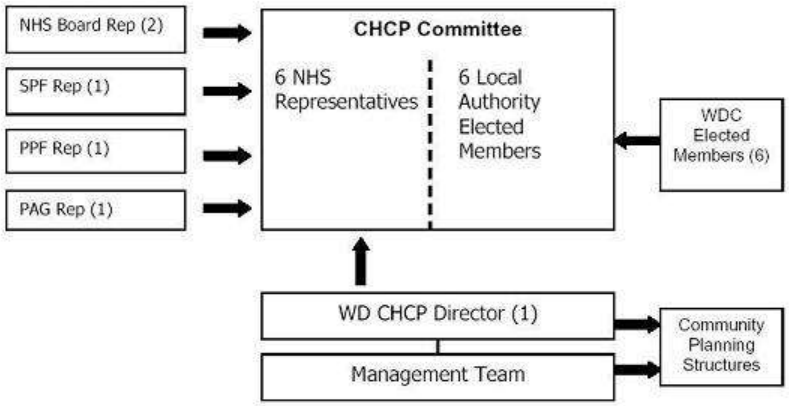
2. GOVERNANCE ARRANGEMENTS

CHCP Governance Structure

The current governance arrangements of the CHCP reflect the fact that it is a full partnership between NHSGGC and WDC. There are five elements:

- The CHCP Committee.
- The Joint Staff Forum (JSF)
- The Public Partnership Forum (PPF)
- The Professional Advisory Group (PAG)
- The CHCP Senior Management Team (SMT)

The relationships of these five elements are as illustrated below:



The composition of the CHCP Committee reflects a partnership approach, with an Elected Member as chair and an NHS Board representative as vice chair. It should be noted that the governance of the Argyll, Bute and Dunbartonshires' Criminal Justice Partnership is not the responsibility of the CHCP Committee but rather rests with the Argyll, Bute and Dunbartonshires' Criminal Justice Partnership Committee (whose membership includes an Elected Member from WDC).

Shadow HSCP Arrangements

Through 2014/15, WDC and NHSGGC will agree the parameters for the new HSCP within an *integration* scheme that is required by the new legislation, the detail of which will include:

- The model of integration governance to be used, i.e. the form of integration authority.
- The functions and resources to be delegated.
- Strategic commissioning – inc. strategic planning, performance management and public reporting.
- Clinical and care governance.
- Workforce and staff governance.
- Professional leadership.
- Financial governance and resource management.
- Risk management.

- Relationship with NHS Acute services.
- GP and other NHS External Contractor engagement.
- Third Sector engagement.
- Community engagement.
- Locality (sub-local authority level) planning.
- Participation in local CPP and contribution to SOA.

The full Council and NHSGGC Board have both recognised that the form of integration authority expressed within the Act which most closely matches the existing arrangements for West Dunbartonshire CHCP are those referred to as the "body corporate". Consequently the HSCP will clearly be a **key constituent organ of both WDC and NHSGGC** – it will not be an independent organisation. However, it will have a different status – hence why it will be led by a Chief Officer – and so in order for it to perform effectively, the support from respective corporate centre support functions will need to evolve/adapt..

In order to enable as seamless and well-prepared transition as possible from the existing CHCP to the new HSCP, both the full Council and the NHS Board have agreed that from **1st April 2014 to 31st March 2015**:

- The CHCP will be recognised as the **shadow HSCP** for West Dunbartonshire.
- The CHCP Committee will have the additional role of operating as the **shadow Integration Joint Board** (IJB) with the current membership and standing orders.
- The shadow IJB will develop its performance scrutiny and governance roles to reflect the emerging obligations of HSCPs as defined in primary legislation and statutory guidance.
- The CHCP Director will take on the additional role as the Chief Officer (CO) designate of the shadow HSCP. Their objectives will be framed by the Chair and Vice Chair of the shadow IJB with the Health Board and Council Chief Executives; and will be a member of the Council and Health Board corporate management teams. At the point the Bill enables the establishment of the new HSCP - and subject to confirmation by the IJB - the CO designate will become the substantive CO for the new HSCP.
- The CO designate will bring forward and ensure appropriate engagement on an integration scheme for the new HSCP.
- The CO designate will lead the development of the strategic plan for the HSCP's first formal year of operation (2015/16), including joint planning for acute services.
- Financial arrangements will remain as at present but the Older People's Change Fund resources will become a core part of the shadow HSCP allocation from the NHSGGC Board.

The approval of the shadow arrangements does not equate to the approval for the activation of a formal HSCP for West Dunbartonshire by either full Council or the NHS Board – this will be further developed through 2014/15 prior to formal consideration by the Council, the NHSGGC Board and then Scottish Government. The shadow HSCP arrangements now agreed are similar to the shadow CHCP arrangements that were put in place by West Dunbartonshire Council and the NHSGGC Board in April 2010, prior to their formally agreeing and then establishing the current CHCP in October 2010.

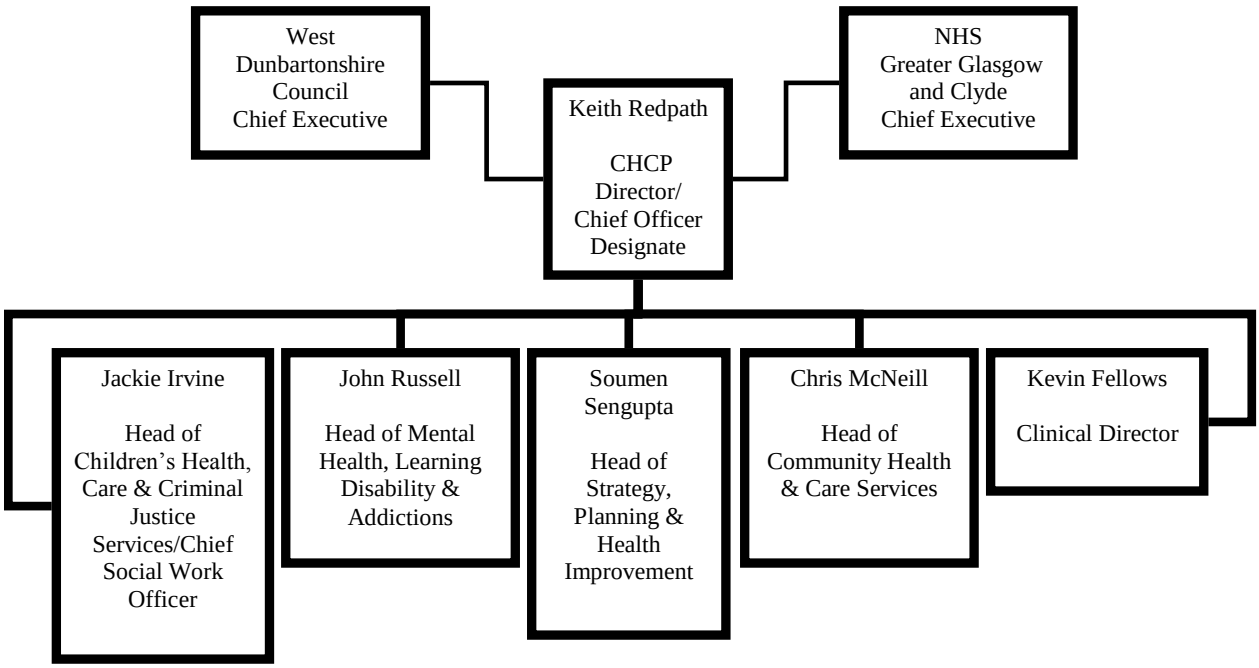
While the new HSCP will be principally constituted on the basis of the Public Bodies (Joint Working) (Scotland) Act, the local integration scheme will also take account of other recent or impending legislation to ensure that the new arrangements are as state-of-the-art as possible – these include:

- The Social Care (Self-directed support) (Scotland) Act 2013.
- The Children and Young People (Scotland) Bill (when enacted).
- The Community Empowerment and Renewal Bill (currently being consulted upon).

The integration scheme will be refined by an Equalities Impact Assessment (EIA) as per the Equalities (Scotland) Act 2010.

The integration scheme will then be presented for approval by the shadow IJB, the full Council and the NHSGGC Board prior to submitted to Scottish Ministers for approval.

Senior Management Team Structure



Clinical Governance Overview

Clinical governance is how health services are held accountable for the safety, quality and effectiveness of clinical care delivered to patients. It is a statutory requirement of NHS Boards, achieved by coordinating three interlinking strands of work:

- Robust national and local systems and structures that help identify, implement and report on quality improvement.
- Quality improvement work involving health care staff, patients and the public.
- Establishing a supportive, inclusive learning culture for improvement.

The CHCP Director has overall accountability for clinical governance within the CHCP. This is primarily discharged through CHCP's Clinical Director (who is a practicing GP) and the CHCP's Heads of Service. The Clinical Governance Group is a sub-group of the SMT, composed of the Clinical Director (as Chair) and Heads of Service plus the CHCP Lead Pharmacist and the MSK Physiotherapy Service Manager. The Group is supported by the Clinical Risk Co-ordinator and Clinical Effectiveness Co-ordinator from the NHSGGC Clinical Governance Support Unit.

Notable work undertaken has included:

- Speech & Language Therapy (SLT) Service case note audit evidenced that clinical standards are being maintained; and that there has been improved accountability through appropriate recording of how decisions related to patient care were made.
- A Community Mental Health Team (CMHT) audit of the follow-up provided to patients discharged from acute psychiatric hospital found an improvement (from 50% to 73%) of patients being followed up within 7 days.
- The introduction of an 'Ice Spy Logger' early alert mechanism for the vaccine fridge in Clydebank Health Centre substantially reduced the amount of medication wasted through refrigeration faults.
- An Optometry Medication supply audit provided evidence of the effectiveness of enabling community optometrists to supply a range of medications (both free to the patient at the point of diagnosis and delivered safely to NHS standards)
- The work of Community Nurses in West Dunbartonshire was recognised in a national report for the improvements they have made through the 'Releasing Time to Care' programme. The West Dunbartonshire community nursing team, by making changes to working practices, have revolutionised the way patients are treated and improved the training and expertise of staff. By using their standard care procedures, the team developed a range of documentation that ensured the patients' needs could be identified at a glance.

Against the backdrop of the embedding integrated managerial arrangements across health and social care services, the CHCP's approach to clinical governance demonstrates the enthusiasm of all staff striving to deliver better quality clinical care. The cohesive manner in which all services come together to do this for patients is both reassuring and refreshing in these challenging times.

Chief Social Work Officer's Overview

Social Work and Social Care Services are delivered usually, but not exclusively, to the most vulnerable in our communities and therefore have a particular contribution to make to safeguarding individuals from harm and protecting the public. These are complex issues requiring a balance to be struck between needs, risks and rights. The assessment and management of risk posed to individual children, vulnerable adults and the wider community require both clear systems to be in place to govern those responsibilities and require close collaboration with partner agencies.

The Local Government (Scotland) Act 1994 sets out the requirement that every local authority should have a professionally qualified Chief Social Work Officer (CSWO). The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of Social Work and Social Care Services.

Within West Dunbartonshire CHCP, the responsibilities of the CSWO are formally discharged by the Head of Children's Health, Care & Criminal Justice Services. The annual Chief Social Work Officer's Report was submitted to West Dunbartonshire Council at its December 2013 meeting. That Annual Report highlighted a number of areas of notable work, including:

- The Child Protection Committee agreeing a three year Improvement Action Plan.
- The Adult Support & Protection Committee agreeing a three year Action Plan.
- The changes to practice and procedures led by the Criminal Justice Service in response to the most recent Multi-Agency Public Protection Arrangements (MAPPA) guidance in relation to the management of high risk offenders were completed and rolled out on schedule.
- A number of Mental Health Officers (MHOs) undertaking the accredited training on the HCR-20 Risk Assessment and Management Tool.
- The Blue Triangle Multi-Agency Review and the approval of its recommendations.
- Work to reinforce the Corporate Parenting role of the Council, with the very successful launch of the annual Care Leavers week having included a drama production from young people from Kibble Residential School; and the local launch of the Who Cares Anti-Stigma campaign and signing of the Anti-Stigma Pledge.

The CSWO Annual Report also provided assurance that within the integrated CHCP, the governance of social work has been considered and appropriate mechanisms put in place to ensure that these functions are being dealt with properly and appropriately.

Scottish Government Guidance emphasises the need for the CSWO to have access to the Council Chief Executive as required and within West Dunbartonshire this has never been a difficulty. Likewise, there is appropriate access to elected members. Within the CHCP, the role of the CSWO is clearly understood, with proper account taken of any need for specific involvement from the CSWO. The CSWO meets regularly with managers across the service to review and progress relevant areas of activity in a manner that clearly respects the CHCP's general management structure.

3. PLANNING CONTEXT

West Dunbartonshire Council

West Dunbartonshire Council's mission is *to lead and deliver high quality services which are responsive to the needs of local citizens, and realise the aspirations of our communities*. The Council's corporate values are to demonstrate: Ambition; Confidence; Honesty; Innovation; Efficiency; Vibrancy; and Excellence.

The Council's Strategic Plan 2012-17 identifies the following strategic priorities:

- 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 environmentally sustainable infrastructure.
- Improve the wellbeing of communities and protect the welfare of vulnerable people.

The Council's Strategic Plan also stresses a commitment to assure success through:

- Strong financial governance and sustainable budget management.
- Fit-for-purpose estate and facilities.
- Innovative use of Information Technology.
- Committed and dynamic workforce.
- Constructive partnership working and joined-up service delivery.
- Positive dialogue with local citizens and communities.

The Council has devised a public value scorecard to structure the performance management of its Strategic Plan, with the following three dimensions:

- Social Mission
- Organisational Capabilities
- Legitimacy and Support.

NHS Greater Glasgow & Clyde

NHS Greater Glasgow and Clyde's purpose is to *deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities*.

The NHSGGC Corporate Plan for 2013-16 sets out five strategic priorities:

- Early intervention and preventing ill-health.
- Shifting the balance of care.
- Reshaping care for older people.
- Improving quality, efficiency and effectiveness.
- Tackling inequalities.

NHSGGC's corporate approach to engaging and involving staff; and on how teams are managed and led across the whole organisation is articulated within its Facing the Future Together Programme sets out its with respect to following dimensions: Our Patients; Our People; Our Leaders; Our Resources; and Our Culture (The Way We Work Together).

West Dunbartonshire Community Planning Partnership

The aim of the West Dunbartonshire Community Planning Partnership (CPP) is to work in partnership to improve the economic, social, cultural and environmental well being of West Dunbartonshire for all who live, work, visit and do business here. The Single Outcome Agreements (SOA) are the means by which Community Planning Partnerships agree their strategic priorities for their local area, express those priorities as outcomes to be delivered by the partners, either individually or jointly, and show how those outcomes should contribute to the Scottish Government's relevant National Outcomes.

The CHCP is committed to the four defining characteristics of the local Community Planning Partnership that have been fostered in recent years, and that partners are looking to further develop, i.e.:

- Ensuring that community planning takes a streamlined approach to delivering outcomes for communities – requiring action by all partners. This does not mean creating additional structures or increasing bureaucracy but instead should focus on building on and complimenting the core work of individual partners;
- A recognition that our priorities and outcomes do not exist in isolation nor can be delivered in silos from one another – they are fundamentally inter-connected;
- An emphasis on early intervention and prevention across all of our priorities, realigning resource and action to support this wherever possible;
- A commitment to pro-active and rigorous self-evaluation and scrutiny of activities across community planning partners as a driver for continuous improvement.

The 2014-17 WD CPP SOA focuses on the following interconnected priorities:

- Employability & Economic Growth
- Supporting Safe, Strong and Involved Communities
- Supporting Older People
- Supporting Children and Families

The CHCP has been actively developed as a clear manifestation of community planning in practice. This allows the CHCP to drive key community planning programmes of work that reflect an emphasis on early intervention and prevention (notably in relation to the Older People's Change Fund; and Getting It Right for Every Child plus Early Years Collaborative); and lead a progressive determinants-based approach to addressing health inequalities with and across community planning partners.

The new SOA also reflects the recognition amongst local stakeoholders of the links between the expectations on the new HSCP (as part of both the Council and NHSGGC) and the aspirations of the National Agreement on Joint Working on Community Planning and Resourcing, which further underlines the importance of these updated arrangements being appreciated as a manifestation of strategic community planning in practice (especially given that it will include all community children's health and social care services, as has successfully been the case within the existing CHCP).

4. DELIVERING OUR OUTCOMES

	EARLY INTERVENTION AND PREVENTING ILL-HEALTH		2013-14 Target	2014-15 Target
SOCIAL MISSION	**Key Actions for Delivery**	**Indicators**		
	Complete relevant actions within CPP Integrated Children's Services Plan. Further develop of CPP parenting programme. Undertaken agreed review and developmental work in support of CPP Early Year's Collaborative (EYC) programme. Embed 30 month assessment for all children, ensuring developmental needs being met as per CPP EYC programme. Embed Universal and Vulnerable pathways for all children 0-19 years. Complete local implementation of GIRFEC National Practice Model. Embed SLT framework in accordance with local structures. Redesign specialist community paediatrics. Embed local CAMHS redesign. Continue roll-out of EMIS Web across children's health services.	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	85%	90%
		Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	85%	90%
		Percentage of designated staff groups trained in suicide prevention	50%	50%
		5-year moving average suicide rate (per 100,000 population)	15	14
		Primary Care Mental Health Teams average waiting times from referral to first assessment appointment (Days)	14	14
		Percentage uptake of bowel screening	60%	60%
		Percentage of those invited attending for breast screening	71.4%	71.4%
		Percentage uptake of cervical screening by 21-60 year olds (excluding women with no cervix)	80%	80%
		Number of children completing tailored healthy weight programme	-	65
		Percentage of babies breast-feeding at 6-8 weeks	16%	16%
		Percentage smoking in pregnancy	20%	20%
		Percentage of five-year olds (P1) with no sign of dental disease	60%	60%
		Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	95%	95%
		Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97%	97%

SOCIAL MISSION	EARLY INTERVENTION AND PREVENTING ILL-HEALTH		2013-14 Target	2014-15 Target
	Key Actions for Delivery	**Indicators**		
	Lead implementation of Child Protection Committee Improvement Action Plan with and across community planning partners. Refresh CPP Teenage Pregnancy Action Plan. Further improve access to PCMHT and reduce incidence of clients failing to attend appointments. Lead the development and implementation of the CPP ADP Delivery Plan and Annual Report. Lead CPP suicide prevention programme in line with national suicide prevention strategy 2013-16. Implement CHCP Cancer Information Action Plan. Support Alcohol Brief Interventions within different settings. Ensure delivery of nutrition and physical activity programmes for children and adults. Ensure full compliance with outcome and requirements from the Scottish Governments Redesign of the Community Justice system for the delivery of adult criminal justice services.	Percentage of child protection referrals to case conference within 21 days	95%	95%
		Percentage of children on the Child Protection Register who have a completed and up-to-date risk assessment	100%	100%
		Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	63%	66%
		Number of children with or affected by disability participating in activities	172	172
		Rate per 1,000 of children/young people aged 8-18 who are referred to the Reporter on offence-related grounds	7	6.5
		Rate per 1,000 of children/young people aged 0-18 who are referred to the Reporter on non-offence grounds	39.2	38.5
		Number of children with mental health issues (looked after away from home) provided with support	23	23
		Stillbirth rate (as indicative of women experiencing positive pregnancies which result in the birth of more healthy babies)	5.9	5
		Infant mortality rate (as indicative of women experiencing positive pregnancies which result in the birth of more healthy babies)	4.1	3
		Percentage of all children that have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review	70%	75%
		Percentage of Adult Support and Protection clients who have current risk assessments and care plan.	100%	100%
		Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	91.5%	91.5%
		Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling	98%	98%

	SHIFTING THE BALANCE OF CARE		2013-14 Target	2014-15 Target
	Key Actions for Delivery	**Indicators**		
SOCIAL MISSION	Continue to develop Anticipatory Care as a model of prevention and work with GPs to develop self care models, and preventative interventions. Continue to develop care for patients with long term conditions inc. additional nursing support to patients, GP practices and care homes. Further develop Hospital Discharge team to increase early supported discharges. Further develop use of care planning and management to reduce hospital inpatient care. Embed early referral for assessment by integrated health and social care teams. Further develop CMS with local pharmacies through local community pharmacists group. Increase range of urgent access options to advice and appointments for GPs. Work with GP practices to monitor their provision of third available appointment, planned appointments and 24 hour access.	Number of adult mental health patients waiting more than 28 days to be discharged from hospital into a more appropriate setting, once treatment is complete	0	0
		Number of adult mental health patients waiting more than 14 days to be discharged from hospital into a more appropriate setting, once treatment is complete	0	0
		Long Term Conditions - bed days per 100,000 population	10,000	10,000
		Long Term Conditions - bed days per 100,000 population Asthma	310	304
		Long Term Conditions - bed days per 100,000 population CHD	5,300	5,199
		Long Term Conditions - bed days per 100,000 population COPD	4,000	3,924
		Long Term Conditions - bed days per 100,000 population Diabetes	740	726
		Percentage of community pharmacies participating in medication service	80%	80%
		Percentage of all Looked After Children supported within the local community	88%	89%
		Gross cost of Children Looked After in residential based services per child per week	£1,805.00	£1,842.00
		Gross cost of Children Looked After in a community setting per child per week	£255.00	£260.10
		Percentage of identified carers of all ages who express that they feel supported to continue in their caring role	85%	86%
		Percentage of Care Plans reviewed within agreed timescale	70%	72%

SOCIAL MISSION	SHIFTING THE BALANCE OF CARE		2013-14 Target	2014-15 Target
	Key Actions for Delivery	**Indicators**		
	Expand Diabetic Retinal Screening service to cope with volume of patients and ensure quality. Deliver annual cycle for Retinal Screening appointments. Deliver quality assured NHSGGC-wide eye care service through audit and review. Contribute to reduction in Ophthalmology Out Patient by continuing OCT clinics. Expand the number of fixed sites for the delivery of local eye care clinics. MSK Physiotherapy Service: • Ensure equitable waiting times across sites. • Complete roll-out of self-referral across all sites. • Improve supported self management by working with staff and by developing standardised resources and other methods to support self management. • Develop and implement physiotherapy pathways to ensure patients get the right treatment at the right time by the right person (including involving key stakeholders). • Outcome measures will be fully implemented and used to address physical activity, stress, anxiety & depression, employability, smoking, obesity and alcohol use. • Implement a single IT system across service.	Average waiting times in weeks for musculoskeletal physiotherapy services - WDCHCP	9	9
		Average waiting times in weeks for musculoskeletal physiotherapy services - NHSGGC	9	9

	RESHAPING CARE FOR OLDER PEOPLE		2013-14 Target	2014-15 Target
SOCIAL MISSION	**Key Actions for Delivery**	**Indicator**		
	Implement Year Four CPP Older People's Change Fund Commissioning Plan, including (1): • Lead local CPP Older People's Change Fund Plan Implementation Group. • Plan rapid response and alternative choices on behalf of at risk clients • Develop ACP Nursing team, linked to Out of Hours services. • Develop additional respite and rehabilitation options. • Further develop the LinkUp service to streamline referrals from and between the 3rd and Independent Sectors. • Maintain a dedicated helpline number manned by volunteers. • Increase appropriate use of Telecare and Step Up, Step Down provision. • Continue to develop appropriate medication-related education and training for CHCP Home Care staff. • Introduce Day Care Reablement and reablement in short term care home placements.	Emergency inpatient bed days rate for people aged 75 and over (per 1,000 population)	6,400	5,434
		Number of people who wait more than 28 days to be discharged from hospital into a more appropriate care setting.	0	0
		Number of acute bed days lost to delayed discharges	3819	1909
		Number of Acute bed days lost to delayed discharges for Adults with Incapacity	466	233
		Unplanned acute bed days 65+	55,000	48,643
		Unplanned acute bed days 65+ as a rate per 1,000 population	3,735	3,292
		Number of emergency admissions 65+	4,250	4,169
		Emergency admissions 65+ as a rate per 1,000 population	300	295
		Unplanned acute bed days (aged 75+)	38,600	36,477
		Average length of stay for emergency admissions	3	3
		Number of patients on dementia register	672	672
		Number of patients in anticipatory care programmes	824	865
		Percentage of identified patients dying in hospital for cancer deaths	35%	35%
		Percentage of identified patients dying in hospital for non-cancer deaths	40%	40%
		Number of bed days lost to delayed discharge elderly mental illness	530	530
		Average length of stay elderly mental illness delayed discharge	96	90
		Average length of stay adult mental health delayed discharge	35	34
		Total number of homecare hours provided as a rate per 1,000 population aged 65+	678	695
		Percentage of homecare clients aged 65+ receiving personal care	81%	82%
		Percentage of adults with assessed Care at Home needs and a reablement package who have reached their agreed personal outcomes	50%	55%
		Older Person's (Over 65) Home Care Costs per Hour	£18.05	£18.42

SOCIAL MISSION	RESHAPING CARE FOR OLDER PEOPLE		2013-14 Target	2014-15 Target
	Key Actions for Delivery	**Indicator**		
	Implementation of Year Four of CPP Older People's Change Fund Commissioning Plan, including (2): • Reduce the proportion of people within West Dunbartonshire dying in hospital. • Use Supportive and Palliative Action Register (SPAR) to aid the identification of cancer and non-cancer patients entering a palliative phase. • Deliver targeted physical activity programmes to vulnerable adults in communities outwith Leisure Settings. • Deliver a Post Diagnostic Support Service for newly diagnosed patients and their carers, with Alzheimer Scotland. Develop respite provision to include respite at home. Deliver expanded reablement support as part of Care at Home Services. Work with WDC Housing Section to develop housing with care options to meet target of increasing the number of older people with complex needs living at home or in a homely setting.	Percentage of people aged 65 and over who receive 20 or more interventions per week	44.5%	45%
		Percentage of people 65+ with intensive needs receiving care at home (Existing definition)	49%	51%
		Percentage of people 65+ admitted twice or more as an emergency who have not had an assessment	33%	32%
		Number of people aged 75+ in receipt of Telecare – Crude rate per 100,000 population	21,773	22,410
		The percentage of people receiving free personal or nursing care within 6 weeks of confirmation of 'Critical' or 'Substantial' need	100%	100%
		Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	95%	96%
		Number of people in care home placements at month end (65+)	483	468
		Number of new admissions to Care Homes (65+)	188	183
		Occupancy rate in local authority care homes (65+ only)	95%	95%
		Number of carers of people aged 65+ known to CHCP	1600	1680
		No people will wait more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2015	0	0

	IMPROVING QUALITY, EFFICIENCY AND EFFECTIVENESS		2013-14 Target	2014-15 Target
	Key Actions for Delivery	**Performance Measure**		
LEGITIMACY AND SUPPORT	Continue to embed Releasing Time To Care and Leading Better Care. Improve children's to adults' services transition Work with GPs on Productive General Practice model. Support Scottish Patient Safety Programme in community and primary care services. Maintain routine meetings with DOME and develop local services as a partnership. Complete scheduled development and review of service specifications for procured services. Complete feasibility study and business case for new Clydebank Health & Care Centre. Complete Post-Project Evaluation of Vale Centre for Health & Care. Deliver plans for the design and location of two Older People's Residential Care Homes with Day Care facilities. Consolidate improvement in Care Inspectorate Gradings for Older People's Care Homes (older people). Consolidate improvement in Care Inspectorate Gradings for Day Care.	Percentage of patients achieved 48 hour access to appropriate GP practice team	95%	95%
		Percentage of patients advanced booking to an appropriate member of GP Practice Teams	90%	90%
		Prescribing cost per weighted patient	£152.50	£152.50
		Percentage of adults satisfied with social care or social work services	68%	69%
		Primary care phased prescribing budget allocation ('£000)	£16,789	£16,789

	Consolidate improvement in Care Inspectorate Gradings for Home Care. Consolidate improvement in Care Inspectorate Gradings for Children's Residential Care Homes. Consolidate improvement in Care Inspectorate Gradings Fostering Service. Consolidate improvement in Care Inspectorate Gradings for Adoption Service. Continue to implement findings of Blue Triangle review, including: • To develop supported accomodation within both Clydebank and Dumbarton with crisis support from All4Youth over 24 hours if required. • To develop an outreach support programme over 7 days to our most vulnerable young people. • To build on the existing Young People in Mind service and provide additional support for Residential Homes and support for young people in transition to through care. • To develop a family mediation service which supports the critical factor of family breakdown. Promote the principles of Facing the Future Together and WDC corporate transformation programmes in an integrated manner, with a focus on strengthening integrated arrangements in preparation for the new HSCP in 2015.	

SOCIAL MISSION	TACKLING INEQUALITIES		2013-14 Target	2014-15 Target
	Key Actions from Delivery	**Indicator**		
	Implement requirements of Self-Directed Support Act. Implement local Smoking Cessation Service Action Plan. Lead community planning approach to health inequalities. Address impact of welfare reform addressed where possible, ensuring access to money advice services. Continue to deliver Work Connect employability programme. Implement relevant actions generated by NHSGGC *Further Developing A Systematic Approach to Tackling Inequality* process; and that flow from *Scotland's National Action Plan for Human Rights*. Work with WDC Housing Section and third sector providers to develop appropriate supported living accommodation for those with long-term mental health needs. Work with third sector to relocate local clients with a learning disability diagnosis who are currently living in specialist care facilities out of area back within West Dunbartonshire. Support local GP Domestic Abuse Pilot. Support implementation of WDC Gaelic Language Action Plan.	Self Directed Support (SDS) spend on adults 18+ as a percentage of total social work spend on adults 18+	1.65%	1.7%
		Total number of respite weeks provided to all client groups	7647	7647
		Percentage uptake of bowel screening SIMD1	60%	60%
		Percentage of those invited attending for breast screening SIMD1	71.4%	71.4%
		Percentage uptake of cervical screening by 21-60 year olds (excluding women with no cervix) SIMD1	80%	80%
		Percentage of babies breast-feeding at 6-8 weeks from the 15% most deprived areas	16%	16%
		Percentage smoking in pregnancy - Most deprived quintile	20%	20%
		Number of successful quits, at 12 weeks post quit, in the 40% most deprived areas (SIMD 1 and 2)	-	211
		Number of unplanned admissions for people 65+ by SIMD Quintile 1	588	577
		Proportionate access to psychological therapies – Percentage waiting no longer than 18 weeks SIMD 1	85%	90%
		Proportionate access to psychological therapies – Percentage waiting no longer than 18 weeks SIMD 5	85%	90%
		Proportionate access to psychological therapies – Percentage waiting no longer than 18 weeks Male	85%	90%
		Proportionate access to psychological therapies – Percentage waiting no longer than 18 weeks Female	85%	90%
		Number of quality assured Equality Impact Assessments	8	8

	EFFECTIVE ORGANISATION		2013-14 Target	2014-15 Target
ORGANISATIONAL CAPABILITIES	**Key Actions for Delivery**	**Indicator**		
	Agree and then deliver HSCP Transition Action Plan: • Develop proposed HSCP Integration Scheme. • Development of Integration Joint Board. • Develop singular model of support for HR management, staff/practice governance and workforce development. • Develop singular model of support for management accounting and financial governance. • Develop arrangements and proposals for refreshed approach to community engagement that addresses the integration planning principles, plus the expectations of Community Empowerment & Renewal Bill connected to and supported by wider CPP arrangements. • Develop consortia model with independent sector that addresses integration planning principles, and supports local strategic commissioning process. • Develop consortia model with third sector that addresses the integration planning principles, builds community capacity, strengthens co-production and supports local strategic commissioning process. • Develop arrangements and proposals for locality planning, including supporting GP leadership.. • Develop model approach for and prepare an Equality Scheme for HSCP. • Develop first West Dunbartonshire HSCP Strategic Plan. Update integrated staff and practice governance framework., including CHCP actions in response to relevant findings of Staff Surveys. Maintain Healthy Working Lives Gold Award. Maintain NHS FPI Participation Standards.	Sickness/ absence rate amongst WD CHCP NHS employees (NHSGGC)	4%	4%
		Average number of working days lost per WD CHCP Council Employees through sickness absence	10	9
		Percentage of WD CHCP NHS staff who have an annual e-KSF review / PDP in place	80%	80%
		Percentage of WD CHCP Council staff who have an annual PDP in place	80%	90%
		Percentage of complaints received and responded to within 20 working days (NHS policy)	70%	70%
		Percentage of complaints received which were responded to within 28 days (WDC policy)	70%	70%
		NMC Registration compliance	100%	100%
		Percentage staff with mandatory induction training completed within the deadline	100%	100%

5. WORKFORCE DEVELOPMENT

As at March 2014 the CHCP workforce comprised of 2,280 Headcount staff inputting 1787.39 whole time equivalents (WTE). The table below shows the workforce broken down by employing authority and service area. Note that these figures do not include any vacant posts in the process of recruitment.

West Dunbartonshire CHCP			
WTE Staff in Post by Service & Employing Authority			
Service Description	**NHS Employees**	**Council Employees**	**Total**
Community Health & Care	**118.01**	**747.05**	**865.06**
Child Health Care & Criminal Justice	**107.47**	**246.01**	**353.47**
Mental Health, Addictions & LD	**215.72**	**141.47**	**357.18**
Strategy, Planning & Health Improvement	**16.71**	**43.87**	**60.58**
Senior Management Team	**4.50**	**1.00**	**5.50**
Hosted Services	**145.60**		**145.60**
Grand Total	**608.00**	**1179.39**	**1787.39**

Notable characteristics of the CHCP workforce include:

- It is predominantly (85%) female.
- 45% are aged over 50 years old, with the largest age band falling between 50 and 54 years of age.
- 10% are aged over 60 years old, with some staff working beyond the "historic" retiral age of 65 years; and a small number working into their 70's.
- The CHCP employs only a small number of staff under 20 years old.
- The service areas with the highest proportion of staff (albeit under 20%) approaching anticipated retiral age are Mental Health, Addictions & Learning Disability Services; and Community Health & Care Services.

Looking forward within the context of the impending new HSCP for West Dunbartonshire, key workforce development priorities are:

- Ensuring staff accreditation, disclosure and registration.
- Supporting staff personal and continuous professional development planning (PDP and CPD).
- Ensuring training needs addressed – including child protection; adult support & protection; person-centred care; are planning; and dementia care.
- Investing in leadership development and succession planning.
- Supporting flexible working opportunities and arrangements.
- Enabling the use of agile technologies by staff.
- Supporting staff health and wellbeing.
- Supporting appropriate and effective attendance management.
- Emphasising career pathways to encourage retention.
- Ensuring active development of Mental Health Officer (MHO) status.
- Fostering external capacity within the volunteer and third sector workforce to support co-production.

6. STRATEGIC RISK MANAGEMENT

The CHCP recognises that the management of strategic risk at CHCP-level will impact on both WDC's and NHSGGC's respective abilities to achieve their strategic aims and objectives. To assist the SMT to manage and monitor such risks, it maintains an integrated CHCP Strategic Risk Register that both feeds the Corporate Risk Registers of its parent organisations; and is itself supported by operational service risk registers.

Risk Scoring Matrix (Pre-Mitigation):	Likelihood = L	Severity = S	Likelihood (L) X Severity (S) = Risk Scoring Level
WDC Risk Scoring		NHSGGC Risk Scoring	Risk Level
<6 = Low		1 – 3 = Low	Green
6 – 9 = Medium		4 – 9 = Medium	Amber
> 12 = High		10 – 19 = High; 20 – 25 = Very High	Red

RISK	**Risk Exposure**						**Risk Level**	**Mitigation / Risk Controls**	**Mitigation Lead**
	WDC			**NHSGGC**					
	L	S	LxS	L	S	LxS			
Failure to moderate and contingency plan for 1: 200 (SEPA) flood risk for site of Dumbarton Health Centre.	-	-	-	4	5	20	Red	Alternative accommodation identified to relocate staff and services in event of flood. Flood protection measures identified and documented to be employed as required. CHCP contributing to NHSGGC and WDC civil and business continuity arrangements.	Head of Community Health & Care Services
Failure to deliver a sustainable solution to asbestos-related health & safety risks within fabric of Clydebank Health Centre.	-	-	-	2	5	10	Red	On-going repair and refurbishment expenditure in immediate to short-term, but increasingly constrained by limitations caused by and increasing costs associated with the asbestos in the building. Following Health & Safety Executive assessment of premises, CHCP has confirmed that optimal solution is to secure funding and approval for a replacement facility. Clydebank Health Centre replacement prioritised no. 2 on NHSGGC partnerships' property strategy; and the CHCP has undertaken preparatory work and actively participating in the NHSGGC primary care estate feasibility scoping process in anticipation of the announcement of capital funds.	Head of Community Health & Care Services; and Head of Strategy, Planning & Health Improvement
Failure to ensure that Guardianship cases are appropriately allocated to a supervising social worker for monitoring, support and review.	3	4	12	3	3	9	Red / Amber	Procedures for allocating case being reviewed and strengthened, alongside training being provided to relevant staff in accordance with former SWIA Good Practice Guidelines on Supervising and Supporting Welfare Guardians (2009). Additional investment to recruit mental health officers explicit element within the local Older People's Change Fund Plan, alongside HR activities to retain recruited staff.	Head of Mental Health, Learning Disabilities & Addictions

RISK	Risk Exposure						Risk Level	Mitigation / Risk Controls	Mitigation Lead
	WDC			NHSGGC					
	L	S	LxS	L	S	LxS			
Failure to monitor and ensure the wellbeing of people in independent or WDC residential care facilities.	3	3	9	3	3	9	Amber	Systems are in place to ensure that findings of external scrutiny (Care Inspectorate) processes are acted upon timeously. CHCP Quality Assurance team provide pro-active and constructive support to care facilities alongside leadership role of relevant CHCP operational managers. Regular reports on residential care facilities standards are provided to CHCP Committee.	Head of Community Health & Care Services; and Head of Strategy, Planning & Health Improvement
Failure to meet legislative compliance in relation to child protection.	2	4	8	1	5	5	Amber	Child Protection procedures are in place and oversee by the Child Protection Committee. Work plan developed addressing identified areas for improvement as informed by recent child protection inspection. All child protection cases are audited regularly by the Child Protection Co-ordinator.	Chief Social Work Officer
Failure to meet legislative compliance in relation to adult support and protection.	2	4	8	1	5	5	Amber	Vulnerable adult procedures are in place and overseen by the ASP Committee and MAPPA arrangements. External inspection undertaken and recommendations acted upon. Local adult support arrangements will be subject to a bi-annual review process, with improvement actions set depending on findings	Chief Social Work Officer
Failure to deliver efficiency savings targets and operate within allocated budgets.	2	3	6	2	2	4	Amber	Finance management systems in place for both NHSGGC and WDC budgets, including regular reporting to SMT and CHCP Committee. Specific attention being paid to pressures within allocated prescribing budget.	CHCP Director
Failure to identify &/or then mitigate any significant adverse effects to patients / clients - including protecting equality groups - that may arise as an unintended consequence of delivering financial targets.	2	3	6	1	4	4	Amber	EQIAs undertaken routinely in relation to substantial changes/development, and explicitly reported on in relation to relevant reporting to CHCP Committee. Financial savings proposals routinely subjected to EQIA process prior to initiatives being confirmed by SMT.	CHCP Director
Failure to mitigate risks to Diabetic Screening Service of dependence on IT systems during on-going up-dating process.	-	-	-	2	2	4	Amber	Manual systems documented for use in the event of an IT failure, their application augmented by experienced staff.	Head of Community Health & Care Services
Failure to ensure that services are delivered by appropriately qualified and / or professionally registered staff.	2	2	4	1	1	2	Green	Systems are in place to discharge this in line with NHSGGC policy and WDC requirements, and compliance with standards set by external scrutiny and registration bodies. Refresher training arranged for relevant professional staff - including care planning, chornologies, supervision and risk assessment tools.	CHCP Director; and Chief Social Work Officer

7. FINANCE

The CHCP's Scheme of Establishment is explicit that NHSGGC and WDC will remain legally responsible for services belonging to each of them and will set the budget for such services annually. Within the context of the CHCP, the NHSGGC and WDC have agreed to align budgets; and the CHCP has delegated authority to distribute the combined budgets allocated by each parent body. Importantly, the CHCP has to separately account to the both WDC and NHSGGC Chief Executives for financial probity and performance with regards their respective and distinct budgets.

WDC (Social Work) Budget

- Revenue Estimates

OUTTURN 2012/2013 £000	SERVICE DESCRIPTION	REVISED EST. 2013/2014 £000	PROBABLE 2013/2014 £000	ESTIMATE 2014/2015 £000
1,387	STRATEGY AND PLANNING	1,347	1,177	1,235
3,408	RESIDENTIAL ACCOMODATION - YOUNG PEOPLE	3,261	3,368	3,227
2,257	CHILDREN'S COMMUNITY PLACEMENTS	2,194	2,550	2,423
2,374	RESIDENTIAL SCHOOLS	2,027	2,164	2,037
3,138	CHILDCARE OPS	3,314	3,323	3,609
3,519	OTHER SERVICES - YOUNG PEOPLE	3,738	3,723	4,127
11,467	RESIDENTIAL ACCOMODATION FOR ELDERLY	11,207	11,760	12,006
1,333	SHELTERED HOUSING	1,340	1,347	1,374
1,088	DAY CENTRES – ELDERLY	1,073	1,058	1,023
121	MEALS ON WHEELS	89	89	88
297	COMMUNITY ALARMS	277	289	286
2,972	COMMUNITY CARE OPS	2,954	2,875	3,190
8,563	RESIDENTIAL CARE - LEARNING DISABILITY	9,471	9,441	9,582
1,141	PHYSICAL DISABILITY	1,062	1,234	1,117
1,546	DAY CENTRES - LEARNING DISABILITY	1,536	1,564	1,615
912	OTHER SERVICES – DISABILITY	930	879	569
207	CHCP HQ	193	234	230
1,826	MENTAL HEALTH	1,820	1,807	1,889
9,094	HOMECARE	9,000	9,101	8,995
365	OTHER SPECIFIC SERVICES	367	366	366
1,127	ADDICTION SERVICES	1,344	1,262	1,240
0	CPP - CHILDREN'S SERVICES	412	412	0
293	OLDER PEOPLE'S CHANGE FUND	0	0	0
		58,956	**60,023**	**60,228**

- Capital

DESCRIPTION	*ESTIMATE 2014/2015 £000*
REPROVISION OF LEARNING DISABILITY SERVICES	516
SLIPPAGE	**516**
SPECIAL NEEDS ADAPTATIONS	655
RECURRING: OPERATIONAL REQUIREMENTS	**655**
REPLACE ELDERLY CARE HOMES AND DAY CARE CENTRES	8,910
ONE OFF PROJECTS IN TOP 50 WDC PROJECTS	**8,910**
TOTAL	**10,081**

NHSGGC Budget

- Revenue Estimates

The revenue budget for the year 2014/15 has yet to be finalised. The table presents the budget based on the existing budget rolled forward to exclude non-recurring expenditure, including assumptions of changes based on best estimates available.

The draft opening 2014/15 budget by service area is as follows in the table below.

Care Group	Annual Budget
Addictions - Community	1,833.4
Adult Community Services	9,827.4
Change Fund	11.2
Child Services - Community	1,684.3
Child Services - Specialist	1,228.5
Fhs - Gms	11,780.5
Fhs - Other	10,034.7
Fhs - Prescribing	16,442.6
Hosted Services	837.9
Learn Dis - Community	267.6
Men Health - Adult Community	3,414.3
Men Health - Adult Inpatient	0.0
Men Health - Elderly Services	2,983.4
Other Services	2,432.1
Planning & Health Improvement	872.9
Resource Transfer - Local Auth	7,518.6
Expenditure	**71,169.4**

With respect to the Older People's Change Fund, in 2013/14 the allocation to the CHCP for 2014/15 (the final year of the four year national funding) will fall to £1,209,000 (from £1,381,000 in 2013/14). As the Older People's Change Fund monies have been allocated to the NHSGGC Health Board on a non-recurring basis, this funding does not appear in the draft 2014/15 budget figure above.

- Capital

The main feature of the CHCP's NHS capital programme is pursuing the development of a new and substantive Clydebank Health & Care Centre as part of a wider regeneration strategy for the Clydebank area.

West Dunbartonshire Community Health & Care Partnership

Joint Staff Forum
28 April 2014, 10.00am Committee Room 2,
Garshake Road Council Office

Draft Minute

Present:

Keith Redpath, Director, West Dunbartonshire CHCP
Ross McCulloch (Chair), RCN, NHS
Serena Barnatt, Head or HR, NHS
Jackie Irvine, Head of Children's Services
Gillian Gall, Senior HR Adviser, NHS
John Russell, Head of Mental Health, Addictions and Learning Disability
Anne Cameron Burns, Unison, NHS
Diana McCrone, NHS, Unison
Maureen McDiarmid, RCN, NHS
Marie Irvine, GMB
Janice Miller, Head of MSK
Elaine Smith, Unison, CHCP
Val Jennings, Unison, WDC
Kenny McColgan, Unison, Health
Nazerin Wardrop, Unite, Local Authority
Peter O'Neill, Local Government Unison
Tom Morrison, Local Government Unison

	Subject	**Action**
1.	Welcome and apologies The Chair welcomed the group and apologies were noted on behalf of Kevin Fellows and Christine McNeill.	
2.	Minutes: i) JSF Minute After discussion, it was agreed to hold the wording at Item 4 on Page 8 until Keith Redpath and Tom Morrison conclude a discussion outside this meeting. Matters Arising: Point 7. David Smith contacted Tom Morrison to report that work had to be stopped in Bridge Street which interrupted the work of people in social work. There has been a lot of disruption and Jackie Irvine reported that she had met with staff to try to achieve a compromise. Jackie will pick up the issue of work being stopped on Friday. ii) APF Agenda Noted. iii) JCF Minute The Minute was noted. iv) Employee Liaison Group At the last meeting of the JSF, an undertaking was given to provide	KR, TM

	information on the matter of overtime for part time staff. A response had been promised within a week of the last JSF meeting but this has not yet been provided. Keith agreed to raise the issue with Paul McGowan. At 12.1. Ross McCulloch asked for information about the SWITCH policy.	KR
3.	Matters Arising: i) Children & Families/School Nursing Jackie Irvine updated the group on children and families review which is almost complete. The school nursing review has been delayed. 19 posts will go to advert shortly for school nurses across Greater Glasgow and Clyde. ii) Older Peoples Change Fund Update The Minute was noted. This is the last year of the four year Change Plan. The debate now sits at National Level around the introduction of an integration Fund. We expect to get our share of £100m next year and the debate continues to what that can be used for. Our preference would be to continue to fund projects that have already been successful locally. iii) DN Review update Ross confirmed that the review continues and some comments have been received in relation to financial framework and workforce plan. Commissioning and distribution of the mobile working platforms has yet to be agreed. iv) Care Home Update (Verbal) A report is going to CHCP Committee which will request some additional funding. The site for Dumbarton is Crosslet House and a design is now available which will also go to committee. We are committing to a site at Clydebank waterfront behind the Town Hall. The expectation is that site will cover both the care home and a future Clydebank Health Centre replacement. New standards are about to be issued and our design fully complies with these. Both homes should be completed in the first half of 2016. Staffing model and staff requirements will start to ramp up over second half of this calendar year. (v) Co-Chair Arrangements for JSF David Smith was appointed to the local authority co chair position for this forum. Ross McCulloch's understanding is that this position may have been reviewed and asked that the agenda item be held in abeyance until the next meeting. (vi) Update of Staff Governance & Practice Monitoring Frameworks The first meeting is scheduled for beginning of May and it is hoped to produce a paper for the next meeting of this group. Ann Cameron Burns asked that requests for staff side support on meetings go through the Chair or Co Chair of this group. (vii) Internal Redesign Addictions It is early stages in the review (rather than redesign). There have been a number of pressures and drivers arising from the CSR. There are a	

	number of ways we do things which can be improved to provide best practice. Julie McKenzie is forming a steering group and this will include staff side representation.	
4.	Standing Items: i) Committee Update Keith provided an update on the items that were on the draft agenda for the Committee which is on 21 May. ii) Integration Update - Proposal for HR BP This paper was generated over a year ago in response to a particular set of circumstances. It was held pending until the NHS finalised its review of NHS HR Structures. That Review was concluded in early March. The proposal was sent out to everyone on 24th March. Comments were invited and nothing has been received from members of this forum. Comments have been received from Unison NHS to which Keith has responded. A similar Finance position is expected to be established in due course. The proposal is subject to the organisational change requirements of both the council and the NHS Board. The council and the Board are the substantive employers. The integrated board is a body corporate but will not be an employer. There was a long discussion around the paper and staff side representatives asked to be allowed to have a discussion in private. After that discussion between staff side members of the group it was stated that: "Over the last five minutes we have come to a joint trade union position that in principle we do not object to the integrated HR business partner proposal. However, comfort is sought round about the process by which the post is filled. Subject to obtaining agreement on the process, we will support the proposal." iii) PAG Anticipatory Care Plan – the transition has been started and unit managers have been briefed. Liverpool Care Pathways – The poor publicity has led to changes. There has been a new appointment and a meeting to discuss the current situation is taking place this week. Optometry in Care Homes – any eye problems go straight to GPs who are saying that they should go to optometry direct but not all optometrists are able to prescribe. Nazerin advised that clear guidelines should be issued. Any concerns should be reported to the PAG. iv) HR report Gillian introduced the HR attendance Management Update. KSF PDP updates for both NHS and local authority are included in the report for the first time. Given the existence of KSF and eKSF and the level of detail that we can generate in terms of KSF measures, targets should be being achieved.	

	v) Mental Health Services Update John advised that the first issue is about the working time directive. Across ggc we are trying to support the working time directive – we were almost at a point where we agreed to monitor the hours staff worked. Managers and staff were aware of their responsibilities. There is an additional piece of work taking place in acute services and it has been agreed to wait until this catches up in order to have the same policies. Esteem covers young people with a first diagnosis of psychosis which provides family support. The rates are very low with only four referrals a year in Clydebank. We were putting in a band 6 to supplement the Esteem team. These are people who are already receiving support from the Primary Care Mental Health Team. A decision needs to be taken over whether to stop doing something in order to provide the Band 6 to the Esteem service. vi) Health and Safety Forum Serena introduced the H&S Minute Stress sub group. Healthy Working Lives – Invite Jacqui McGinn along to this forum to update.	
5.	Duty Social Work Tom reported on his concerns with Duty where the situation can be frantic, particularly when one duty worker is on a visit. Senior diaries are often note cleared for Duty and Seniors are often not available to provide advice. His request was that more than two duty officers should be on duty at all times. Keith confirmed that he shared concerns and that a review has been underway for far too long. A paper has been prepared and does to SMT on Wednesday and hopefully to this group thereafter.	
6.	Updated draft CHCP Workforce Plan Serena introduced the plan and described the contents and the relevance of the timescales covered and invited comments. Tom Morrison spoke about the section covering the use of the voluntary sector. He spoke about major changes in the welfare system where long term unemployed will need to sign on every day and they could be working 30 hours a week for their benefits. He expressed concern about putting work to the voluntary sector and taking it out of the remit of the local authority. Keith responded that while we did use the third sector, the Council has consistently been of the view that it should retain direct management of services where possible and their was no policy of outsourcing of services in place.	
7.	Update Hosted Services It was agreed that we should review how we could more meaningfully engage with the two service groups which are both hosted by the CHCP.	

Date and Time of next meeting: 4 August 2014, 10.00am, Committee Room 2, Garshake Road

West Dunbartonshire Community Health & Care Partnership
Professional Advisory Group
09 April 2014 at 2.00pm
Managers Meeting Room, 3rd Floor, Garshake

DRAFT MINUTE

Present:

Kevin Fellows	Clinical Director, CHCP (PAG Chair)
William Wilkie	Lead Optometrist
Stephen Dunn	GP, Dumbarton
Margaret Walker	Strategy and Planning Manager
Yvonne Milne	Project Team Leader, Goldenhill Resource Centre
Nazerin Wardrop	Staffside Representative
Neil MacKay	GP, Alexandria
Alison Wilding	GP, Clydebank
Mark Dickinson	Lead Community Pharmacist
Janice Miller	MSK Physiotherapy Service Manager
Val McIver	Senior Nurse, Adult Services
Chris McNeill	Head of Community Health and Care
Anna Crawford	Primary Care Development Lead

In attendance

George Murphy	Public Involvement Officer

1. **Welcome and Apologies**
   K Fellows welcomed everyone and introduced Anna Crawford, Primary Care Development Lead. Apologies were submitted on behalf of Jackie Irvine, Soumen Sengupta, John Russell, Fiona White and Selina Ross (WDCVS).

2. **Minutes of previous meeting**
   Minutes of meeting held on 05 February 2014 were accepted as an accurate record, proposed by W Wilkie and seconded by S Dunn.

3. **Matters Arising:**
   Optometry
   A training event for reception staff has been organised with 19 practices signing up. Optometry Medication Supply is awaiting final approval.

Anticipatory Care Plans
Out of Hours nurses are unable to access ACPs on e-kis – check with Louise McTaggart. A Crawford to investigate use of ACPs in GP practices. **AC**

Locality Groups
No further guidance received from Scottish Government.

Protected Learning Event
Post event survey monkey has been circulated. Suggestions for future PLE events and lunchtime sessions were discussed. C McNeill and N Wardrop will discuss topics being put forward by Trade Unions. **CMcN/NW**

4. Social Prescribing
G Murphy (on behalf of Selina Ross WDCVS) informed the group of the Third Sector Social Prescribing Service within West Dunbartonshire. The service will build on community based services already in place and will help clients access a range of services addressing the physical, social and economic needs of the client.

Referrals will be made by GPs and other health and social care professionals. Practices in Clydebank and Dumbarton have expressed an interest in using this service. S Ross will contact Dr N Mackay in Alexandria. There is Scottish Government funding for 3 part time client support officers, one covering each of the three main towns. It is expected to finalise the interested GP practices by Easter and launch the service in June 2014. **SR**

C McNeill noted it would be helpful for referrers to see list of consortium partners – G Murphy will provide this. **GM**

5. Patient Participation Virtual Network
M Walker tabled an invitation from Royal College of General Practitioners (RCGP) to GP practices to become members of the P3 Patient Participation Virtual Network. This group promotes partnership between patients and GPs, highlighting patient concerns and needs. If any practice is interested in joining, G Murphy can facilitate. He can also help with setting up patient groups.

6. Reports (for information)
Older People Strategy Group

- Replacement West Dunbartonshire Council residential care homes planned for early 2016. There are also 3 new independent sector nursing

homes, increasing number of nursing beds in area. G Murphy to meet with Max Agnew to draw up public consultation plan. V McIver to meet with GPs to discuss how best to support patients in residential homes. **GM** **VMcI**

Mental Health Development Group

- Marie Rooney, Integrated Operations Manager, commenced in post on 1st April 2014.
- A Wilding requested clarification on paragraph on suicide – Y Milne will contact Kate Conway for information. **YM**

Diabetes Steering Group –

- Diabetic Specialist Nurse appointed to cover Clydebank area.
- Bayer contracted for Blood Glucose monitoring strips.

Palliative Care Group

- End of Life Care Pathway used locally and well delivered.
- Marie Curie fast track discharge service – project funded from Change Fund.
- Nursing home in Dumbarton is piloting Namaste programme – quiet room set aside for caring for people with end stage dementia. Good response from patients.
- Maggie Riordan is retiring – successor is Evelyn Dunsmore.

Long Term Conditions

- Respite beds available in Care Homes – A Crawford compiling usage statistics. **AC**
- DN Review – consultation has been extended. Implementation plan will depend on result of consultation.
- Diabetes – C McNeill to contact Health Improvement team re developing proposal for exercise and dietary advice. Health Improvement manager to be asked to attend Diabetes Steering Group. **CMcN**
- Locality Planning – options paper written up but awaiting guidance from Scottish Government.

Change Fund Implementation Group

- Projects reviewed – significant improvements in respite provision, reablement, emergency admission

rates and delayed discharge.

- Significant success of Link Up.
- Future funding being examined. Scottish Government looking at "preventative agenda" for age under 65.
- Guardianship – volume of applications increasing. Additional resource available to clear backlog. In order to raise public awareness, information on Office of Public Guardian to be presented to Carers of West Dunbartonshire and put on public information screens. **GM**

7. AOCB

Optometry - W Wilkie requested that optometry practitioners have access to CHI look up system in order to complete electronic referrals. The group agreed this would benefit patients and Corporate IT should be contacted to facilitate this.

Pharmacy - Community pharmacists, instead of GPs, will now identify patients suitable for Chronic Medication Service (CMS) All local pharmacies now provide gluten free food service.

Dementia Friendly Community – training for businesses, leisure centres and schools taking place in Faifley. Similar training is planned for Renton.

N Wardrop sought clarity on the use of the Liverpool Care Pathway. Evelyn Dunsmore to be asked to provide further education awareness training in care homes - C McNeill and N Wardrop to discuss. **CMcN/NW**

Date of Next Meeting

Wednesday 11 June 2014, 2.00pm, Managers Meeting Room, Garshake

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of the Community Health and Care Partnership

CHCP Committee: 21 May 2014

Subject: The Modernisation of Council Older People's Care Home and Day Care Provision for West Dunbartonshire

1. Purpose

1.1 To provide the Committee with a report on the progress of the plans to modernise the Council's care homes and day care provision.

1.2 To note that the capital cost of the project has increased to £ 21.95m.

1.3 To propose an adjustment to the bed capacity to meet new Care Inspectorate Standards and Guidance for Fire Safety standards issued by Scottish Ministers.

1.4 To propose the site for the new Clydebank Care Home.

2. Recommendations

2.1 Committee is recommended to:

2.2 Note progress on the development of replacement care homes in Dumbarton and Clydebank.

2.3 Approve the Queens Quay site as the preferred site for the new Clydebank Care Home.

2.4 Approve the reduction in capacity of each of the two new care homes from 90 places to 84 places.

2.5 Agree for its interests that the capital investment requires to be increased to £21.95m to reflect the revised cost of the two care homes and that this increase, along with a revised phasing of expenditure, is recommended to the Council for adjustment in the Capital Plan.

3. Background

3.1 In November 2012, Committee agreed to develop two new 90 bed older people's care homes to replace the Council's existing six care homes and four day care centres.

3.2 The capital investment for this project was £20m, agreed as part of the Council's 10 year capital plan.

3.3 The buildings are being procured in conjunction with hub West Scotland (hubCo) under the terms of their Territory Partnering Agreement (TPA) with West Dunbartonshire Council.

3.4 Committee previously agreed that Crosslet House is the preferred site for the Dumbarton Care Home.

3.5 Site investigations had or were to be carried out on the former St Andrews and St Eunans school sites in Clydebank. It was also reported that the CHCP would continue

"To explore the potential for a larger strategic development with other Public Sector organisations with access to land in Clydebank".

4. Main Issues

4.1 In May 2013 it was reported to committee that three options were being considered for a site in Clydebank, two of these at the former school sites of St Andrew's Secondary and St Eunan's Primary had been prioritised using risk based evaluation criteria. In addition it was also reported that the CHCP would continue to explore the potential for a larger strategic development with other public sector organisations with access to land in Clydebank.

4.2 In order to prioritise an appropriate site in Clydebank, ground condition surveys and market appraisals have been carried out on both former school sites. These have indicated that there would be a significant additional cost attached to using either the St Andrews or St Eunans sites due to the required remedial ground works or lost income from potential future capital receipts.

4.3 The CHCP also identified an opportunity for the care home to be taken forward as part of a wider strategic development on the Queens Quay site. Discussions have taken place with the site owners and a letter of comfort offering a cleared, levelled and remediated part of the site with access and utilities to the boundary has now been offered to the Council at a nominal cost. Because of this and the potential the site offers for a larger linked development it is considered that this is the most advantageous site for the Clydebank care home.

4.4 Consultations with community and voluntary groups in Clydebank have met with support for each of these sites but strong support for the care home being built at Queens Quay as part of a larger strategic development

4.5 If an early agreement can be made for this site, it would enable the Clydebank development to progress in tandem with the development in Dumbarton and maximise potential cost efficiencies.

4.6 Work has been progressing between our project team and the design team to finalise a first stage design and an agreed cost plan for the Dumbarton care home.

4.7 Consultations with the Care Inspectorate have necessitated changes to the design to improve the quality of care to residents and meet the revised guidance on the design particularly relating to control of infection and access to facilities in care homes.

4.8 Consultations with the Fire Service and the publication of new fire safety guidance for care homes required further design changes. These relate to the ability to protect residents and staff in case of fire and create safe conditions for emergency evacuation.

Balancing the appropriate number of beds on the ground and upper floor was emphasised by new fire safety guidance issued by Scottish Ministers in February 2014.

"Where there is a mix of residents with different dependencies, there may be potential to locate high and medium dependency residents in rooms which offer the least difficulty for evacuation or where the threat from fire is the least. This may be on the ground floor and / or the smallest sub compartment".

4.9 The design proposed allows access to outside space for residents and will only house residents upstairs who can be safely managed.

4.10 A value engineering review of the cost plan has yielded a £500,000 reduction in costs.

4.11 A comparative appraisal of two design and cost options was carried out looking at:

- Firstly, a 90 bed design which comprised a full 2 storey building with 45 beds upstairs and 45 on the ground floor;
- Secondly, an 84 bed design, over 1 ½ storeys. The beds configured as 54 on the ground floor and 28 upstairs.

4.12 The 84 bed design represented a reduction in the floor area and the construction cost. The 84 bedded model offers the most cost effective solution together with a better configuration of upstairs and ground floor beds and a more attractive design solution, and which promotes high quality care.

4.13 The Fire Safety Officer has indicated that this design satisfies fire safety standards for care homes. Discussions with the Care Inspectorate have elicited positive feedback from inspectors who complimented our design as an optimal example of modern care home design.

4.14 Following the design and cost reviews and the value engineering exercise, the revised build cost for the Dumbarton care home, taking into account the increase in the overall floor space, the decrease in the number of bedrooms and the particular ground conditions of the Crosslet site is now £10,445,908.

4.15 Indicative costs from hubCo for the Clydebank care home are £9,889,858. This cost is based on the following assumptions;

(a) That the site at Queens Quay is made available as a cleared, levelled and remediated site with access and utilities to the boundary;

(b) That there is no requirement for the Care Home Project to meet any of infrastructure costs associated with the redevelopment of the wider Queens Quay site. This will be the subject of a separate detailed report to the Council

4.16 An additional requirement within the Hubco model requires that there is additional funding available for contingencies and an additional sum set aside for inflation. This adds a potential further £1.95m to the total project cost. The costs for each development are shown in Table 1 and the cost of the total project is shown in Table 2.

Table 1

Item	Dumbarton	Clydebank
	£	**£**
Total Construction Costs	10,445,908	9,889,858
Project Specific Contingency Costs	508,765	481,636
Inflation Allowance	327,531	295,706
Total	**11,282,204**	**10,667,200**

Table 2

Item	**£**
Total Construction Costs	20,335,766
Total Contingency Costs	990,401
Total Inflation	623,237
Total	**21,949,404**

5. People Implications

5.1 There are no people implications in relation to this report.

6. Financial Implications

6.1 The reduction in the number of beds in each care home from 90 to 84 will require up to 12 additional places to be purchased in the independent sector. This cost is offset by a reduction in the running cost due to the reduced number of residents resulting in an additional revenue cost of £6,000 in the first year of operation with a net saving of approximately £7000 in each subsequent year.

6.2 The original capital cost for the two care homes was agreed at £20m. Indicative construction costs for the two care homes are now £21.95m if allocations for contingency and building cost inflation which form part of our contractual arrangements with hubCo are required.

6.3 The additional capital is anticipated to cost around £110,000 per annum in revenue monies. The November 2012 report advised that there was an anticipated £250,000 saving after the cost of borrowing was taken into account. Therefore the additional cost of borrowing will reduce the potential additional saving, as will the £6,000 additional costs identified at 6.1 above. The £250,000 potential net saving has not been built into any current or future financial projections.

6.4 Overall there will be no additional revenue consequences for the project. Cost efficiencies, potentially in the order of £400K and contained within the existing costs, may be possible if both projects can be carried out in a coordinated manner.

6.5 The potential development of a reprovided Clydebank Health Centre on an adjacent site as the Care Home may bring further cost efficiencies to the development though will be dependent on development timelines of both projects.

7. Risk Analysis

7.1 The main financial risks relate to:

1. Whether inflation increases construction costs resulting in costs rising towards the upper limit of the cost framework.

2. Unforeseen costs related to ground conditions or service infrastructure at either of the sites at Crosslet House and Queens Quay.

The budgetary control processes will monitor these issues which will be reported to a future Committee.

8. Equalities Impact Assessment (EIA)

8.1 There are no equalities implications arising from consideration of this report.

9. Strategic Assessment

9.1 The plan meets the Council's strategic priorities to:

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

R Keith Redpath
Director

Date:	09.04.14
Person to Contact:	Christine McNeill Head of Community Health and Care Services Chris.McNeill@ggc.scot.nhs.uk
Appendices:	None
Background Papers:	None
Wards Affected:	All

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health and Care Partnership Committee: 21st May 2014

Subject: Self-Directed Support Policy Approval

1. Purpose

1.1 To provide the committee with a report on the implementation of the Self-Directed Support Act and to seek approval for the draft SDS policy and Procedures.

2. Recommendations

2.1 The Committee is requested to approve the draft SDS Policy and Procedures.

3. Background

3.1 The Social Care (Self-directed Support) (Scotland) Act 2013 came into effect on 1st April 2014. The Act focuses on client involvement and on having clear outcomes for service users.

3.2 The main changes and additions provided by the 2013 Act are –

- Duty to have regard to the general principles of collaboration, informed choice and involvement as part of the assessment and the provision of support (with respect to adults, children/families, adult carers and young carers).
- Duty to take reasonable steps to facilitate the person's dignity and participation in the life of the community
- Power to provide support to carers (of adults) following a carer's assessment
- Duty to offer four options to the supported person (1 - Direct payment, 2 - Directing the available support, 3 - Services arranged for the person by the authority, 4 - a mix of other 3 options)
- Duty to explain the nature and effect of the 4 options and to "signpost" to other sources of information and additional support

3.3 The 2013 Act incorporates the existing arrangements for direct payments as one of the four options available for the provision of support.

3.4 Duties and powers that are not affected by the introduction of the 2013 Act are –

- Duty to safeguard and promote the welfare of children
- Duties in relation to children affected by disability
- Carers assessments
- Duty to prepare plans for community care services (adult)
- Duty to appoint chief social worker
- Power to make arrangements with voluntary and other organisations
- Duty to promote social welfare (adults)
- Carers assessments (carers of adults)

4. Main Issues

4.1 The SDS policy has been developed to support the implementation of the 2013 Act. *(Appendix I)* West Dunbartonshire CHCP is committed to the implementation of self-directed support, ensuring individuals and families have choice and control over the support they receive

4.2 The procedures which accompany the draft policy may be subject to further revision in line with the Scottish Government's guidance on self-directed support.

4.3 To assist the implementation, a new Single Sharable Assessment has been developed to allow care managers/professionals to discuss and offer all four options to service users and their carers.

4.4 To support the process, a support plan is used to record the agreed outcomes for the individual. The needs and outcomes identified in the assessment process will inform the support plan.

4.5 Resources allocated under SDS will be supported by an Individual Resource Framework. This is a transparent financial assessment tool based on WDC CHCP's financial processes.

4.6 West Dunbartonshire CHCP has created a dedicated SDS support team to support the implementation of the SDS agenda.

4.7 An independent support service has been commissioned with Carers of West Dunbartonshire to provide advice, guidance and support to those interested in SDS.

4.8 A dedicated SDS website has been developed to provide the public with easy access to a step by step guide to the many facets of SDS. This includes an explanation on what SDS is; who can get SDS and how to get the support required. The website provides both a dedicated telephone number and e-mail address for SDS enquires.

5. People Implications

5.1 The SDS team has produced a Newsletter for staff, updating them of current developments. This contains information on the SDS telephone number and e-mail address.

5.2 Staff Support - We have developed a Link Workers system across CHCP services. They are available as a point of contact within their team and can offer peer support to their colleagues. The Link workers are currently completing the Open University course 'Foundations of Self Directed Support' and attend regular workshops supported and facilitated by an Open University tutor.

5.3 Link Workers meet with the SDS Team on a monthly basis to discuss and consider the implementation of SDS in West Dunbartonshire and share best practice.

5.4 Staff Training - The SDS Team have delivered half hour training sessions twice per day. The purpose of these sessions was to give staff attending a general "overview" in terms of the requirements and impact of the new legislation.

5.5 A further rolling training programme is in place to update staff on the new Policy and Procedures for SDS. This training will be available to all CHCP staff involved in assessments and reviews and will run over ten session for up to 50 staff per session.

6. Financial Implications

6.1 The financial cost of SDS implementation has been met by funding from the Scottish Government.

6.2 An Individual Resource Framework (IRF) has been developed which will be completed by care managers as part of a process pathway for assessing each client's eligibility for services. The IRF will assist in the allocation of resources by producing an indicative budget banding, which will assist the client / care manager in the decision on the type of care chosen by the client based upon the agreed outcomes from the Single Shared Assessment (SSA).

6.3 The completed IRFs will be continually evaluated to ensure that they are completed consistently across client areas and the budget bandings will be compared against the current cost of packages for clients during their review process.

6.4 SDS packages will also be monitored under the normal budgetary control procedures and any variances or financial implications reported to the CHCP Committee.

6.5 Charging Policy – A review of the CHCP policy on charging for services will be undertaken in light of the recent government guidance on charging for SDS services.

7. Risk Analysis

7.1 The CHCP would fail to uphold its statutory obligations within the Act if it did not implement the Act and create transparent processes.

8. Equalities Impact Assessment (EIA)

8.1 An Equalities Impact Assessment has been completed.
(Appendix II)

9. Consultation

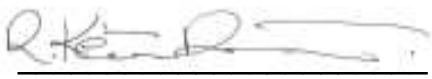
9.1 In partnership with RNIB, (through a government sponsored pilot), Lomond & Argyll Advocacy, The Carers Centre, In-Control Scotland, Positive People Development, ADSW and the Scottish Government, the SDS Team have delivered a rolling programme of formal and informal training, information and consultation events.

9.2 These events have enabled us to positively engage with over 500 Representatives across CHCP staff, Service Providers, Carers and Service Users.

10. Strategic Assessment

10.1 The implementation of the SDS Act will contribute to the realisation of the council's Strategic Plan 2012/17 in that it will:

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



R. Keith Redpath
Director – West Dunbartonshire Community Health & Care Partnership

Person to Contact: David Elliott, General Manager, Learning Disability Service.

Appendices: (I) Draft Policy, (II) EIA (III) Self Directed Support Procedures.

Background Papers: None

Wards Affected: All council wards

WEST DUNBARTONSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP

SELF DIRECTED SUPPORT POLICY

March 2014 (6)

1. INTRODUCTION

1.1 This policy has been developed to support the implementation of the Social Care (Self Directed Support)(Scotland) Act 2013 that comes into effect on 1 April 2014. West Dunbartonshire Community Health and Care Partnership (CHCP) is committed to the implementation of Self Directed Support, ensuring individuals and families have choice and control over the support they require.

1.2 Self Directed Support (SDS) is "the support individuals and families have after making an informed choice on how the individual budget is used to meet the outcomes they have agreed." (Scottish Government, 2010). Self Directed Support means more choice and control for people who receive community care.

2. SCOPE

2.1 This policy applies to all West Dunbartonshire CHCP employees and all individuals assessed as requiring support from the CHCP.

2.2 This policy supports the priorities and aims of West Dunbartonshire Council's Operational Plan.

2.3 West Dunbartonshire Council is committed to fulfilling the three key elements of the general equality duty as defined in the Equality Act 2010.

3. KEY PRINCIPLES

3.1 This purpose of this policy is:

- To provide clear guidelines on the expected practice by employees in implementing the Social Care (Self Directed Support)(Scotland) Act 2013.
- To ensure employees are aware of their responsibility to comply with this Act.

4. LEGISLATIVE CONTEXT

4.1 This policy complies with the following core legislation which continues to be the legal basis for assessment in respect of the Social Care (Self Directed Support)(Scotland) Act 2013:

- Section 12A of the Social Work Scotland Act 1968 provides the legal basis for community care assessments for adults.
- Section 12AA of the Social Work Scotland Act 1968 provides the legal basis for community care assessments for carers of adults.
- Section 23 of the 1995 Children (Scotland) Act provides the legal basis for community care assessments for children.

- Section 24 of the 1995 Children (Scotland) Act provides the legal basis for community care assessments for carers of children.

5. APPLICATION OF POLICY

5.1 To support the application of this policy, a separate Practitioner Procedural Guidance on Self Direct Support has been developed.

6. SELF DIRECTED SUPPORT – NEW DUTIES

6.1 The Social Care (Self Directed Support)(Scotland) Act 2013 places the following new legal duties on local authorities with respect to adults, children/families, adult carers and young carers eligible for support or provided with services:

- Duty to have regard to the general principles of collaboration, informed choice and involvement as part of the assessment and the provision of support

- Duty to take reasonable steps to facilitate the person's dignity and participation in the life of the community

- Power to provide support to carers (of adults) following a carer's assessment

- Duty to offer four options to the individual. The options are intended to support the flexibility and creativity intended in the core social welfare and wellbeing duties relating to both adults and children.

- The four options are:

  Option 1: a direct payment: the definition of the direct payment remains unchanged from its previous incarnation under Section 12B of the 1968 Act

  Option 2: "Directing the available support": this option should provide greater transparency and control for the individual without the requirement to take this support as a direct payment. There is a degree of discretion for the local authority in how it can develop and deliver this option. However the authority should take steps to ensure that Option 2 differs in nature from both Option 1 (the direct payment) and Option 3 (arranged services).

  Option 3: "Services arranged for the person by the authority" – this is where the authority arranges any services on the person's behalf

  Option 4: A mix of the first 3 options for different aspects of the person's support.

Duty to explain the nature and effect of the 4 options and to "signpost" to other sources of information and addition support. **7. ELIGIBILITY FOR SELF DIRECTED SUPPORT**

7.1 Practitioners are responsible for facilitating assessments which determine eligible needs and resources required in line with West Dunbartonshire CHCP's eligibility criteria and the Scottish Government eligibility framework for access to social care. This framework prioritises risk and the need for funded support into four bands: critical; substantial, medium and low. West Dunbartonshire CHCP's eligibility criteria will be subject to ongoing review as Self Directed Support is implemented across West Dunbartonshire CHCP.

7.2 Individuals, who do not meet the eligibility criteria for support, will not be entitled to access Self Directed Support funding. Assistance and/or advice will be provided to individuals on how best to meet their needs. This may include signposting to appropriate services in their local communities.

7.3 Individuals who lack capacity under the Adults with Incapacity (Scotland) Act 2000 will not be excluded from choosing any of the options under the Social Care (Self Direct Support)(Scotland) Act 2013. Appointed guardians or attorneys have the legal power to make decisions on behalf of the individual who lacks capacity.

8. EXEMPTIONS

8.1 Descriptions of persons who are ineligible to receive a direct payment (Option 1) -

1. The descriptions of persons specified for the purposes of section 15(2)(a) of the Act are:

(a) a person who is subject to a drug treatment and testing order imposed under section 234B of the Criminal Procedure (Scotland) Act 1995(**a**);

(b) a person who is released on licence under–
(i) section 22 of the Prisons (Scotland) Act 1989(**b**);
(ii) section 1 or 1AA of the Prisoners and Criminal Proceedings (Scotland) Act 1993(**c**);
(iii) section 37(1) of the Criminal Justice Act 1991(**d**),
who is subject to a condition to submit to treatment for a mental condition or a drug or alcohol dependency;

(c) a person who is required to submit to treatment for a mental condition or a drug or alcohol dependency by virtue of—
(i) a community rehabilitation order within the meaning of section 41 of the Powers of Criminal Courts (Sentencing) Act 2000(**e**);
(ii) a community punishment and rehabilitation order within the meaning of section 51of that Act;

(d) a person subject to a drug treatment and testing order imposed under section 52 of the Powers of Criminal Courts (Sentencing) Act 2000;

(e) a person whose direct payment has been terminated by a local authority in accordance with regulation 8(b) or (c).

2. A person who is ineligible to receive direct payments by virtue paragraph (1)(e) ceases to be ineligible if the local authority so determines.

8.2 Services for which direct payments (option 1) are not available:

(1) A local authority is not required to give a person the opportunity to choose Option 1(direct payment) and, so far as relating to that option, Option 4 in the circumstances specified in paragraph (2) and (3).

(2) The circumstances are that the support which the local authority has decided could satisfy the person's needs is—

(a) support for individuals who are homeless as defined in (Part II of the Housing (Scotland) Act 1987(**f**));

(b) support for individuals who are fleeing domestic abuse;

(c) support for individuals in relation to drug or alcohol dependency;

(d) the provision of residential accommodation for a period in excess of four consecutive weeks in any period of twelve months; or

(e) the provision of residential accommodation with nursing (under section 13A (residential accommodation with nursing) of the 1968 Act(**a**)) for a period in excess of four consecutive weeks in any period of twelve months.

9. ASSESSMENT

9.1 The purpose of the assessment is to determine a person's eligibility for support. The practitioner will establish whether there are eligible needs based on the level of risk to the individual's independence, heath or wellbeing that requires the provision of social care support. Where an individual does not require local authority funded support, the practitioner will be able to provide information and advice on alternative support options.

9.2 Where an individual is eligible for funded support, the assessment process will involve more detailed exploration of the person's needs and desired outcomes. At this stage, an individual may wish to seek information and advice from independent agencies. If an individual is assessed as having eligible needs, an Individual Resource Framework will be completed as part of the assessment process.

10 INDIVIDUAL RESOURCE FRAMEWORK (IRF)

10.1 For the purpose of allocating resources under self-directed support, West Dunbartonshire Council have developed an Individual Resource Framework (IRF) which is a transparent financial assessment tool based on current West Dunbartonshire CHCP financial processes.

10.2 Completion of an IRF will provide an indicative personal budget to meet the individual's eligible needs. The IRF will be applied to all four Self Directed Support options ensuring fairness and equality across all individuals eligible for local authority funded support.

11 SUPPORT PLANNING

11.1 A support plan is used to map the agreed outcomes the individual person aims to achieve including timescales and what/who is required to achieve these. The needs and outcomes identified in the assessment process will inform the support plan.

11.2 There must be robust evidence that services or activities funded through Self Directed Support are meeting the individual's needs and personal outcomes.

12 RISK ENABLEMENT

12.1 During support planning, the individual will be supported to consider how any risks arising from their needs or proposed support will be addressed. Risk enablement is on-going and will be considered and discussed at each review.

12.2 The individual should be fully involved in considering risks. Where the individual has difficulty in understanding or identifying their personal risk, the practitioner will seek to involve others who can assist in the task.

12.3 All parties should take a proportionate approach to risk and seek to enable positive, informed and proportionate risk taking.

13 SUPPORT SERVICES

13.1 West Dunbartonshire CHCP has a dedicated Self Directed Support Team to provide support and guidance in relation to Self Directed Support. In addition, a range of independent support will be available to all individuals if and when required.

14 FINANCIAL ASSESSMENT

14.1 In line with the current West Dunbartonshire CHCP charging policies, individuals assessed for support will be subject to a financial assessment as part of the assessment process. This may result in them having to make a financial contribution towards the total cost of their support.

15 MONITORING AND REVIEW

15.1 West Dunbartonshire CHCP has a duty to undertake annual reviews where support is provided or more frequently as a response to a significant change in circumstances.

Appendix 1

EQUALITY IMPACT: SCREENING AND ASSESSMENT FORM

This form is to be used in conjunction with the EqualityImpact Assessment Guidelines. Please refer to these before starting; if you require further guidance contact community.planning@west-dunbarton.gov.uk

Section 1: Policy/Function/Decision (PFD) Details A **PFD** is understood in the broad sense including the full range of functions, activities and decisions the council is responsible for.	
Name of PFD:	Social Care (Self Directed Support) (Scotland) Bill
Lead Department & other departments/ partners involved:	Learning Disability Services
Responsible Officer	David Elliott, Head of Learning Disability Services
Impact Assessment Team	**Development Group** Jacquie Cassels, SDS Officer from, West Dunbartonshire Council Joan Fraser, SDS Advocacy Worker from Lomond and Argyle Advocacy Services Furrah Arshad, SDS Officer from RNIB Joanne McGinley, Carers of West Dunbartonshire Responsible to: (David Elliott& Linda B Meehan) and Steering Group. **Steering Group** David Elliot, Head of Learning Disability Services Linda B Meehan, RNIB Jacquie Cassels, SDS Officer West Dunbartonshire Council / SDS Team Furrah Arshad, SDS Officer RNIB Joan Fraser, Lomond and Argyle Advocacy Services Margaret Reid, ILF Coordinator / SDS Team Alison Scott, Direct Payment Worker / SDS Team Victoria McKenzie, Direct Payment worker / SDS Team Terry Wall, SDS Finance officer / SDS Team Sarah Perry, SDS Care Manager / SDS Team Linda Hunter, Learning Disabilities Services Finance officer / SDS Team

	Adrian McBride, Operations Manager Learning Disabilities Services Anne Marie McDonald, Area Manager Roseberry (Children's Services) Scott Rorison, Manager, Lomond and Argyle Advocacy Services Sharon Elliot, Quality and Assurance Lynne McKnight, Integrated Operations Manager Kilbowie Peter Duffy, Integrated Operations Manager Kilbowie Angela Sprott, Mental health and Acquired brain injury Caroline Doherty, Adult protection Co-coordinator Elaine Kelly, Children with Disabilities (Team Leader) Kim Tindle, Senior Social Worker Mary Angela McKenna, Integrated Operations Manager Hardgate clinic
Is this a new or existing PFD?	Addition to existing policy
Start date:	End date:
Who are the main target groups/ who will be affected by the **PFD**?	The Social Care (Self-Directed Support) (Scotland) actcovers people in receipt of services under Section 12A of the Social Work (Scotland) Act 1968 ("the 1968 Act"), Section 22 -24 of the Children (Scotland) Act 1995 and people who receive support as unpaid carers under this Bill. This includes (but is not exclusive to) children and adults with disabilities, people with mental ill health and older people.

Is the PFD Relevant to the General duty to eliminate discrimination, promote equal opportunities or foster good relations? Please enter brief detail	YES

Yes:	If yes, complete all sections, 2-9
No:	If no, complete only sections 8-9
	If don't know, complete sections 2& 3 to help assess relevance

Section 2: Evidence

Please list the available evidence used to assess the impact of this PFD, including the sources listed below. Please also identify any gaps in evidence and what will be done to address this.

Available evidence:	
Consultation/ Involvement with community, including individuals or groups or staff as relevant	This project has used formal and informal co-production and consultation, the policy and process are locally tested and are in line with Scottish Government Guidance.The local community, staff, carers and partner organisations were significantly involved in events deliveredin partnership with but not exclusively withthe RNIB SDS pilot project and Children's pilot.
Research and relevant information	RNIB undertook a review of current Direct Payment process and delivery in West Dunbartonshire. Questionnaires were distributed and interviews took place to Care Managers andservice users with a learning disability who are in receipt of a Direct Payments. In addition there has been a wide range of events relating to SDS • There was a series of public SDS awareness/engagement sessions for professionals, providers, service users and carers during 2013 • SDS & making choices run in partnership with the carers of west Dunbartonshire and local providers • Staff surveys • SUN group • Carers Consultation • Children in Transition • Children with Disabilities • Support Planning training • Monthly providers forums
Officer knowledge	Officer knowledge of the requirements and aims of SDS has been used to ensure that West Dunbartonshire approach meets with Scottish Government guidelines complies with all laws and addresses equality issues.
Equality Monitoring information – including	The overarching principles of the Social Care (Self-Directed Support) (Scotland) actis about choice and control and giving a person as much involvement as the person wishes in relation to

service and employee monitoring	their care. The Act isinclusive to everyone without any form of discrimination and is based on assessing the support needs of an individual. Support is offered to anyone who meets the set eligibility criteria within the Act without considering any protected characteristics.
Feedback from service users, partner or other organisation as relevant	Service Users, their families and partners have been included in a range of events and training days where they have been encouraged to provide feedback on SDS. Staff, carers and partner organisations have undertaken Support Plan training sessions at the request of the families who took part on the Children's pilot program. • Children feedback session held by Jacquie Cassels 25th of Sept 2013 • Children's pilot Support plan training sessions • Carers consultation day
Other	
Are there any gaps in evidence?Please indicate how these will be addressed	
Gaps identified	The Social Care (Self-Directed Support) (Scotland) act encompasses everyone who has an assessed need for support. This means West Dunbartonshire council does not collect data on protected characteristics from its service users.
Measure to address these	The SDS act encompasses all individuals; West Dunbartonshire Council will continue to provide support and advice to any member of the community on any aspect of SDS. We will monitor and review our processes with the aim to provide continuingimprovements where necessary & provide robust data collection.
Note: Link to Section 6 below Action Plan to address any gaps in evidence	

Section 3: Involvement and Consultation

Include involvement and consultation relevant to this PFD, including what has already been done and what is required to be done, how this will be taken and results of the consultation.

Please outline details of any involvement or consultation, including dates carried out, protected characteristics. Also include involvement or consultation to be carried out as part of the developing and implementing the policy.

Details of consultations	**Dates**	**Findings**	**Characteristics**
See below	Dec 2012 until present	See below	

It is recognised that as West Dunbartonshire Council did not collecting data on the different protected characteristics some protected groups may have been more engaged than others. Involvement and Consultation has been carried out formal and informally without biases and was open to everyone who felt they might have the need for support.

This work includes:

- Direct Payment survey (total of west Dunbartonshire service users)
- Carers consultation day
- Carers forum 4th of Sept 2013
- Children's Pilot (InControl Scotland feedback session)
- SEN Transition forum by Jacquie Cassels 4th of Oct 2013
- SUN group meeting 7th of Oct 2013
- Meeting with Home Care Team by Jacquie Cassels 11th of Nov 2013
- Learning Disabilities Consultation day 21st of November 2013
- Meeting with Mental Health Team by Jacquie Cassels 28th Jan 2014
- Parents Peer Support Group
- Service Providers Forum

Characteristics
Race
Sex
Gender Reassignment
Disability
Age
Religion/ Belief
Sexual Orientation
Civil Partnership/ Marriage
Pregnancy/ Maternity
Cross cutting

Note: Link to Section 6 below Action Plan

Section 4: Analysis of positive and Negative Impacts

Protected Characteristic	Positive Impact	Negative Impact	No impact
Race	There is evidence which suggests that this act will impact positively and promote equality of opportunity for all people in receipt of Social Care Services. The SDS Act should enhance quality of life by giving people greater choice, control and independence.		.
Sex	There is evidence which suggests that this act will impact positively and promote equality of opportunity for all people in receipt of Social Care Services. The SDS Act should enhance quality of life by giving people greater choice, control and independence.		
Gender Re-assignment	There is evidence which suggests that this act will impact positively and promote equality of opportunity for all people in receipt of Social Care Services. The SDS Act should enhance quality of life by giving people greater choice, control and independence.		
Disability	There is evidence which suggests that this act will impact positively and promote equality of opportunity for all people in receipt of Social Care Services. The SDS Act should enhance quality of life by giving people greater choice, control and independence.		

Age	There is evidence which suggests that this act will impact positively and promote equality of opportunity for all people in receipt of Social Care Services across all age groups. The SDS Act should enhance quality of life by giving people greater choice, control and independence.		
Religion/ Belief	There is evidence which suggests that this act will impact positively and promote equality of opportunity for all people in receipt of Social Care Services. The SDS Act should enhance quality of life by giving people greater choice, control and independence.		
Sexual Orientation	There is evidence which suggests that this act will impact positively and promote equality of opportunity for all people in receipt of Social Care Services. The SDS Act should enhance quality of life by giving people greater choice, control and independence.		
Civil Partnership/ Marriage; this PC is not listed as relevant for Specific Duties; however under the General Duty we are required to eliminate any discrimination for this PC.	There is evidence which suggests that this act will impact positively and promote equality of opportunity for all people in receipt of Social Care Services. The SDS Act should enhance quality of life by giving people greater choice, control and independence.		
Note: Link to Section 6 below Action Plan in terms of addressing impacts			

Section 5: Addressing impacts Select which of the following apply (use can choose more than one) and give a brief explanation – to be expanded in Section 6: Action Plan	
1. No major change	
2. Continue the PFD	West Dunbartonshire council will continue with its plan for comprehensive training and guidance for those involved with Self-directed support. We will also conduct detailed reviews into our processes and seek feedback both positive and negative.
3. Adjust the PFD	
4. Stop and remove the PFD	
Give reasons:	
Note: Link to Section 6 below Action Plan	

Section 6: Action Plan describe action which will be taken following the assessment in order to;reduce or remove any negative impacts, promote any positive impacts, orgather further information or evidence or further consultation				
Action	**Responsible person**	**Intended outcome**	**Date**	**Protected Characteristic**
				Disability
				Gender
				Gender Reassignment
				Race
				Age
				Religion/ Belief
				Sexual Orientation
				Civil Partnership/ Marriage
				Pregnancy/ Maternity
				Cross cutting
Are there any negative impacts which cannot be reduced or removed? please outline the reasons for continuing the PFD				

Section 7: Monitoring and review Please detail the arrangements for review and monitoring of the policy	
How will the PFD be monitored? What equalities monitoring will be put in place?	Monitored in line with West Dunbartonshire Council CHCP polices.
When will the PFD be reviewed?	
Is there any procurement involved in this PFD? If yes please confirm that you have read the WDC Equality and Diversity guidance on procurement	

Section 8: Signatures		
The following signatures are required:		
Lead/ Responsible Officer:	Signature:	Date:
EIA Trained Officer:	Signature:	Date:

Section 9: Follow up action		
Publishing: Forward to community Planning and Policy for inclusion on intranet/internet pages	Signature:	Date:
Service planning: Link to service planning/ covalent – update your service plan/ covalent actions accordingly	Signature:	Date:
Give details, insert name and number of covalent action and or related PI:		
Committee Reporting: complete relevant paragraph on committee report and provide further information as necessary	Signature:	Date:
Completed form: completed forms retained within department and copy passed to Policy Development Officer (Equality) within the CPP team	Signature:	Date:

West Dunbartonshire COUNCIL

NHS Greater Glasgow and Clyde

West Dunbartonshire Community Health & Care Partnership

DRAFT

SELF-DIRECTED SUPPORT

PROCEDURAL GUIDANCE

May 2014

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Introduction

This document has been produced for all CHCP staff to provide clear information about the The Social Care (Self Directed Support()Scotland) Act 2013 Support ((thereafter The Act) and how this will be implemented in practice across the CHCP. This includes procedural guidance to provide a framework for all CHCP staff involved in assessment and review.

For ease of reference the four options have been produced in a stand-alone format. Therefore there will be a degree of duplication within each section. They outline are responsibilities of the professional and the individual in relation to each option.

Staff across the CHCP must ensure that the duties and powers within The Act are reflected in practice.

The Act became Law on the 1st April 2014 placing a legal duties on all local authorities with respect to adults, children/families, adult carers and young carers eligible for support or provided with services:

- Duty to have regard to the general principles of collaboration, informed choice and involvement as part of the assessment and the provision of support

- Duty to take reasonable steps to facilitate the person's dignity and participation in the life of the community

- Power to provide support to carers (of adults) following a carer's assessment

- Duty to offer four options to the individual. The options are intended to support the flexibility and creativity intended in the core social welfare and wellbeing duties relating to both adults and children.

- Duty to explain the nature and effect of the 4 options and to "signpost" to other sources of information and additional support

The four options are:

Option 1: a direct payment: the definition of the direct payment remains unchanged from its previous incarnation under Section 12B of the 1968 Act

Option 2: "Directing the available support": this option should provide greater transparency and control for the individual without the requirement to take this support as a direct payment. There is a degree of discretion for the local authority in how it can develop and deliver this option. However the authority should take steps to ensure that Option 2 differs in nature from both Option 1 (the direct payment) and Option 3 (arranged services).

Option 3: "Services arranged for the person by the authority" – this is where the authority arranges any services on the person's behalf

Option 4: A mix of, all the 3 options for different aspects of the person's support.

Further information in relation to the Act is available through the Scottish Governments Statutory Guidance which accompanies the Self Directed Support Scotland Act 2013. http://www.scotland.gov.uk/Resource/0044/00446933.pdf

Legislative Framework

The following core legislation remains the legal basis for assessment in respect of The Act:

- Section 12A of the Social Work Scotland Act 1968 provides the legal basis for community care assessments for adults.
- Section 12AA of the Social Work Scotland Act 1968 provides the legal basis for community care assessments for carers of adults.
- Section 23 of the 1995 Children (Scotland) Act provides the legal basis for community care assessments for children.
- Section 24 of the 1995 Children (Scotland) Act provides the legal basis for community care assessments for carers of children.

Eligibility

West Dunbartonshire CHCPs eligibility criteria for, community care and children's services, remain the foundation for practitioners to determine access to social care services and supports. Eligibility criteria is in line with the Scottish Government eligibility framework. People affected are:

- A parent; or someone with parental Responsibility, for a child under 16 who has been assessed as needing children's Services
- A disabled adult, aged over 16 years, who has been assessed as needing community Care services
- An older person aged 65 or over, who has been assessed as needing community Care services.
- A guardian or attorney can also access Self-directed support for someone who does not have the capacity to consent to arranging his or her own services.

Individuals, who do not meet the eligibility criteria for support, will not be entitled to access Self Directed Support funding. Assistance and/or advice will be provided to individuals on how best to meet their needs. This may include signposting to appropriate services in their local communities.

Financial Assessment and Charging

Individuals being assessed for support under Self Directed Support will be required to complete a financial assessment which may result in an individual having to make a contribution towards the total cost of support the recipient will be notified of such charges in the letter of confirmation.

Free Personal Care

Service users aged over 65 will not be charged for this part of their care.

Capacity and Consent

Giving Consent

Ability to consent should not be confused with ability to manage.
It should be assumed that every applicant is able to consent with the appropriate support. Support in decision making will be crucial to the assessment / application process. It is essential that the views and wishes of the individual dictate the decision-making regardless of who actually makes the arrangements.

The local authority should not make decisions about an individual's capacity to consent to the four options on the basis of the individual's capacity to give consent in other areas of his or her life.

Capacity

The following criteria should be considered when assessing capacity to consent to self directed support

- The applicant has an understanding of SDS
- The applicant has the ability to make their choices and preferences known;
- The applicant has the ability to overrule decisions made by others;
- The applicant is expected to be able to manage most aspects of SDS with help and training if required;
- The applicant is capable of keeping good financial records or instructing another to do this for them.
- The applicant should be able to set up good quality services, or is capable of instructing another to do this for them.

Limited Capacity

For those who have limited capacity, independent support and advice with decision making is available from a range of organisations.
Supporting the individual does not give, an organisation, powers to make decisions on their behalf.

The following criteria should be used as a guide where an applicant has limited capacity.

- The applicant has a basic understanding of what SDS is
- The applicant has a basic ability to communicate choices preferences by any means;
- The applicant has a basic ability to overrule decisions made by others (at least to be able to say "no" to present time action),

Where support in the decision making is in place, the individual's Care Manager should be satisfied that the support structure is appropriate and that adequate time has been allowed for relationships to develop between the individual and those providing support.

Where an individual lacks capacity, only guardians or attorneys appointed under the relevant legislation have the power to make decisions on another person behalf.

The guardian or attorney should be supported to make decisions in relation to the person support

Parental Consent

A parent or person with parental responsibility for a child or young person under the age of 18, may give consent to receiving Direct Payments to meet the assessed needs of the child or young person.

At the age of 18, the young person becomes the responsible person with regards to the Direct Payments arrangements. If they lack capacity to consent to SDS, no-one else can consent on their behalf without obtaining relevant powers through the Adults with Incapacity Act 2000. Parents will only be able to consent on behalf of their child aged 18 or over if they have guardianship.

The Values and Principles of Self Directed Support are

Respect, Fairness, Independence and Safety

These are supported by the four principles which are:

Participation and dignity

The practitioner will respect the indivduals right to dignity and the practitioner will aim to support individual's right to participate in the life of the community.

Involvement

The individual will be supported to be as involved as they wish in the assessment and provision of support

Informed choice

The individual will be supported to make informed choices and co-produce a support plan which will meet their outcomes

Collaboration

The professional must collaborate with the supported person in relation to the assessment and the provision of support to meet the individual outcomes.

A pathway has been developed to support the introduction of the new legislation and to support staff

THE SDS PATHWAY

Step 1 Assessment

The assessment process will involve a detailed exploration of the person's needs and outcomes. A new Single Shared assessment came into effect on the 1st April 2014 incorporating Self Directed Support and the four options.

Further information can be found in the single shared assessment practitioners guide.

There are circumstances where discussing and offering the 4 options may not be appropriate to meet the outcomes of an individual. This could be when an individual is in crises, where protection is the primary focus of intervention or when it has been assessed that an individual's needs would be best met by a residential care setting

This does not mean the self directed support should not be considered for individuals in some of the circumstances above. Professional judgement is necessary in such circumstances. It is important to document how this decision is reached.

Step 2 Individual Resource Framework Part 1

In accordance with Scottish Government Guidance that the allocation of resources should be fair, equitable and transparent, the CHCP have developed an Individual Resource Framework (IRF).The IRF is a financial assessment tool for allocating resources and must be completed and applied to all four options. The IRF is based on current CHCP financial processes.

Completion of an IRF part 1 will provide an indicative budget to meet the individual's eligible needs.

Please Note: This is an indicative budget only

Step 3 Planning Support to meet your outcomes

A support plan is used to map the outcomes agreed in the assessment process. The support plan should be a reference point for the individual, the CHCP and any other relevant parties.

The support plan must contain robust evidence of how the budget will be used and Practitioners should use their professional judgement to ensure that the support plan meets the individual's outcomes. This must be detailed in the Single Shared Assessment.

An individual's support plan may be presented in any type of format and should focus on what outcomes the individual wants to achieve. Individuals may wish to involve family, friends, advocacy and/or practitioners in this process. An Independent Support Service is also available via the Carers of West Dunbartonshire to support and assist individuals.

Step 4 Individual Resource Framework (IRF) Part 2

When the practitioner discusses and agrees the details set out in the support plan then they must complete The IRF part 2. The IRF part 2 is the paperwork that contains the actual budget required to meet the individual's outcomes. Practitioners should follow their own departmental process in order to get the actual budget authorised.

This paperwork needs to be completed for all four options to ensure that we can evidence that our process is fair equitable and transparent in accordance with Scottish Governments Guidance.

Step 5 Authorisation Process

Once the budget is authorised individuals will be notified. If funding is not authorised then the individual must be provided with an explanation in writing from the decision maker.

Step 6 Monitor and Review

The current Care Management and Assessment monitoring and Review procedures continue to apply. Please note at every review the four options must be discussed and evidence within the relevant paperwork.

West Dunbartonshire Council Self-Directed Support Process Pathway

ASSESSMENT and / or **REVIEW**

A discussion between a Care Manager and an individual about what is needed to be safe and well while identifying outcomes.

Individual Resource Framework PART 1

Complete the Individual Resource Framework (I.R.F) Part 1

This will provide an indicative budget band

Planning Support to Meet Outcomes

The individual should make support choices and actions to meet identified outcomes. Independent support is available if required**.**

Funding has not yet been authorised

Individual Resource Framework PART 2

The Care Manager will discuss and review the individual's support choices to ensure plans meet identified outcomes before completing IRF part 2 confirming the actual budget request.

AREA RESOURCE GROUP (A.R.G.)

The IRF will be presented at the next A.R.G. to authorise the release of funds.

The individual will be notified following the A.R.G.

MONITORS & REVIEW

There will be on-going monitoring and review to ensure outcomes continue to be met.

OPTION 1 - DIRECT PAYMENTS

Direct Payments are payments made by the CHCP to an individual to give them the opportunity to choose, organise and buy their own support. These payments can be offered to individuals assessed as eligible for services from the CHCP however there are restrictions in relation to certain mental health or criminal justice legislation.

Who cannot be offered a Direct Payment?

- Persons subject to a compulsory treatment order under the Mental Health (Care and Treatment) (Scotland) Act 2003 where a certificate has been granted suspending the measure authorising detention;
- Persons subject to a compulsion order under the Criminal Procedure (Scotland) Act 1995 where a certificate has been granted suspending the measure authorising detention;
- Persons subject to an emergency detention certificate granted under the Mental Health (Care and Treatment) (Scotland) Act 2003 where a certificate has been granted suspending the measure authorising detention;
- Persons subject to a short term detention certificate granted under the Mental Health (Care and Treatment) (Scotland) Act 2003 where a certificate has been granted suspending the measure authorising detention, or
- Persons subject to a compulsion order under the Criminal Procedure (Scotland) Act 1995 and a restriction order under the same Act who have been conditionally discharged.

In addition to the above, it may be decided that during an assessment Direct Payments are not appropriate in the short term e.g. hospital discharge or periods of crisis.

How to Manage a Direct Payment

Individuals can receive as much assistance as they require to manage their funds and support. However, they remain accountable for the way money is spent.

They can delegate financial management to a third party for example a family member or friend. Both the individual and the third party need to agree to this arrangement and complete a mandate delegating financial responsibility.

If this is the preferred arrangement, the individual should retain control over how the money is spent and the services secured. They may express a preference about how a service should be provided and leave the details to the third party; however they should always retain the power to overrule any decision made by the third party. The CHCP must be satisfied that the relationship between the individual and the third party has been discussed and agreed prior to the commencement of Direct Payments.

Employing Personal Assistants

The individual can choose to employ their own Personal Assistant (PA) with any staff employed being accountable to the individual and not the CHCP. Further information on employing PA's can be found at http://www.scotland.gov.uk/Publications/2014/04/6191

The Protecting Vulnerable Groups (PVG) Scheme

If an individual wishes to employ Personal Assistants, they will be given verbal and written information about the PVG Scheme. It is strongly recommended that all Personal Assistants become members of the Scheme and the Self Directed Support Team will provide membership application forms. Associated costs will be funded by West Dunbartonshire Council. An undertaking confirming that the individual has been advised of the PVG Scheme must be signed.

Training for Personal Assistants

The individual and the practitioner should discuss if training is required by Personal Assistants during the assessment and support planning process. Service users should be advised to contact the Self Directed Support Team to check available training via West Dunbartonshire Council prior to sourcing external training. Any additional funds required for training should be included in the support plan.

Employing Family Members

The CHCP will approach requests to employ family members on a case by case basis. Any such requests must be submitted in writing by the practitioner and authorised by the appropriate budget holder.

The CHCP, the individual and the family member must all agree to the family member providing support.The family member must be capable of meeting the individual's needs.

Any one of the following requirements must apply in order for family members to be employed as Personal Assistants:

- There is a limited choice of providers
- The supported person has specific communication needs which make it difficult for a provider/person to meet their assessed needs
- The family member will be available to provide support at times when other providers would not reasonably be available
- The intimate nature of the support makes it preferable to the supported person that the support is provided by a family member
- The supported person has religious or cultural beliefs that make the arrangement preferable to the supported person
- The supported person requires palliative care
- The supported person has an emergency or short term necessity
- There are any other factors which make it appropriate, in the opinion of the CHCP, that the family member provides the support

Contingency Plans

The practitioner should recommend that the individual has a plan in place to cover periods where PA's are on holiday or sick.

Each individual should have a contingency plan however if support arrangements in place break down and the contingency plan fails, the Community Health and Care Partnership (CHCP) will respond as it would with any other service user.

Purchasing Agency Services

Where an individual chooses to purchase an agency service, it is recommended that they contact the Care Inspectorate to obtain information on the quality of services provided.

Respite and Short Breaks

If an individual opts to use their Direct Payments to purchase residential respite, they must ensure that respite periods are more than four weeks apart. Respite should never exceed 28 days in any twelve month period. If this situation arises, the Direct Payments cannot be used to purchase further respite.

In addition to traditional respite, an individual can use their respite budget in a number of ways providing it meets the outcomes agreed in their support plan.

*Direct Payments cannot be used to purchase long-term residential care services.

Equipment or Temporary Adaptations

Direct Payments may be used to purchase equipment and temporary adaptations. Items and/or equipment must meet an identified outcome and purchases should be authorised and included in the support plan.

A service user who opts to purchase equipment or temporary adaptations through Direct Payments will become the legal owner of such equipment or temporary adaptations. They will also be responsible for the purchase, service, maintenance and repair arrangements.

If needs or circumstances change at any time, a review of needs and support plan should be undertaken. Unauthorised purchases could result in the CHCP seeking repayment for the item.

Home Improvement Grants to make adaptations for disabled people or adaptations usually carried out by the Landlord cannot be replaced with Direct Payments.

If there is a waiting list for funds to purchase equipment or finance a temporary adaptation, Direct Payment requests will be added to this. All applications for funds will be treated equally.

Health Services

Direct Payments monies cannot be used to purchase health services, however relevant NHS bodies have the power to delegate making payments to the local authority and funds can be pooled for this purpose.

In addition where a package of support includes jointly commissioned services with health, arrangements with NHS partners to provide a jointly funded package can be considered.

OPTION 2 – INDIVIDUAL SERVICE FUND

Individual Service Fund (ISF)

An ISF is a sum of money managed by a service provider on behalf of the individual. The funding should be used to meet the needs identified during the assessment process and personal outcomes outlined in the support plan.

If this is the preferred arrangement, the recipient will retain control over how the money is spent and the services secured.

Under Option 2, an individual cannot employ Personal Assistants. If the individual wishes to employ a Personal Assistant, you should refer to Option 1, Direct Payments.

Choosing a Provider

The individual is responsible for choosing a provider, however they should be made aware of the role of Care Inspectorate and it is recommended any provider selected should be registered with the Care Inspectorate.

Health Services

ISF monies cannot be used to purchase health services, however relevant NHS bodies have the power to delegate making payments to the local authority and funds can be pooled for this purpose.

In addition where a package of support includes jointly commissioned services with health, arrangements with NHS partners to provide a jointly funded package can be considered.

Respite and Short Breaks

If an individual opts to use their ISF to purchase residential respite, they must ensure that respite periods are more than four weeks apart. Respite should never exceed 28 days in any twelve month period. If this situation arises, the ISF cannot be used to purchase further respite.

In addition to traditional respite, an individual can use their respite budget in a number of ways providing it meets the outcomes agreed in their support plan.

Equipment or Temporary Adaptations

An ISF may be used to purchase equipment and temporary adaptations. Items and/or equipment must meet an identified outcome and purchases should be authorised and included in the support plan.

A service user who opts to purchase equipment or temporary adaptations through an ISF will become the legal owner of such equipment or temporary adaptations. They will also be responsible for the purchase, service, maintenance and repair arrangements.

If needs or circumstances change at any time, a review of needs and support plan should be undertaken. Unauthorised purchases could result in the CHCP seeking repayment for the item.

Home Improvement Grants to make adaptations for disabled people or adaptations usually carried out by the Landlord cannot be replaced with Direct Payments.

If there is a waiting list for funds to purchase equipment or finance a temporary adaptation, Direct Payment requests will be added to this. All applications for funds will be treated equally.

Payment Arrangements

The chosen provider must hold a separate bank account in trust of the individual it must not be an account that is used for the providers business and day to day running of the service. This should be a current account with monthly statements and a cheque book if possible.

Payments will be made to the account by 4-weekly, quarterly or annual bank transfer, as agreed in advance and as per the Payment Schedule.

Emergency Situations

If for any reason, support arrangements in place breakdown, the CHCP will respond as it would to any other individual in an emergency situation.

AGREEMENT

The individual and the CHCP will enter into a contractual agreement in relation to the ISF. Once the funds have been authorised, the Self Directed Support Team will issue a letter of confirmation to the applicant together with a copy of the agreement and the Responsibility Handbook. This will allow the service user time to seek legal advice if they wish.

The letter of confirmation will provide details of the ISF arrangements and financial provisions in place. A meeting will be arranged to discuss the agreement and financial monitoring procedures.

Providing the individual and provider are satisfied with the arrangements, the contractual agreement will be signed by the individual. The individual will be provided with a copy of the signed document.

The Responsibility Handbook constitutes the terms and conditions of the Agreement. It will make clear the responsibilities of both the individual and the CHCP. It will also include information and any other conditions set by the CHCP.

OPTION 3 – THE LOCAL AUTHORITY ARRANGES SUPPORT

Under option 3 the CHCP will select the appropriate support and will make arrangements on the individual's behalf. Under this option the individual does not have direct ongoing or day to day responsibility for planning and controlling how the available resource is used.

The CHCP are committed to implementing the principles of Self Directed support and therefore under option 3 the CHCP will continue to offer services that are as flexible as possible in order to meet an individual's outcomes

OPTIONS 4- A MIX OF ANY OF THE ABOVE OPTIONS

This approach will ensure maximum flexibility choice and control.

A combination of two or more of the options is available. The CHCP recognises that individuals may wish to take some control but not all of the control associated with the SDS options.

FINANCE AND MONITORING

Payment Arrangements

The individual (or their financial representative) will require a separate bank account specifically for Direct Payments; an account that will not be used for personal business. This should be a current account with monthly statements and a cheque book where possible.

Where an individual receives funds from both West Dunbartonshire Council (in respect of Direct Payments), and the Independent Living Fund, it is appropriate for one Self Directed Support bank account to be used to manage both funding streams.

Payments will be made to the account by a 4-weekly, quarterly or annual bank transfer as agreed in advance and as per the Payment Schedule. A start up payment, if required, will be paid prior to the commencement date.

The recipient can also choose to supplement the Direct Payments with their own money in order to purchase additional or more expensive services

Start Up Payment

Any individual who chooses to employ their own Personal Assistant(s) will incur administration costs and such costs will be provided as a start up payment. The list below details the expenses the payment may accommodate.

- Employer Liability Insurance;
- PVG;
- Payroll Services;
- Scottish Personal Assistants Employers Network (SPAEN) membership;
- Recruitment costs i.e. advertising;
- Employer Indemnity Cover, and

The Start Up Payment will be paid to the recipient's Direct Payments bank account once the Agreement is signed, in advance of the first payment being made.

If further funds are required to pay for advertising for Personal Assistants or to provide Personal Assistants with training, the individual should discuss this with their practitioner.

AGREEMENT

The individual and the CHCP will enter into a contractual agreement in relation to Direct Payments. Once the Direct Payments have been authorised, the Self Directed Support Team will issue a letter of confirmation to the applicant together with a copy of the agreement and the Responsibility Handbook. This will allow the service user time to seek legal advice if they wish.

The letter of confirmation will provide details of the Direct Payments arrangements and financial provisions in place. A meeting will be arranged to discuss the agreement and financial monitoring procedures. Providing the individual is satisfied with the arrangements, the contractual agreement will be signed by both the individual or person with relevant powers and a representative of the CHCP. The service user will be provided with a copy of the signed document.

MONITORING AND REVIEW – OPTION 1 AND 2

The initial Review

An initial review will be undertaken by the Self Directed Support Team after eight weeks focusing on the Direct Payment/ISF arrangements. Prior to this review, the individual should be asked to have their financial monitoring paperwork completed to date. This is an opportunity to discuss any additional information and support required.

Financial Monitoring

Individuals will be required to account for all Direct Payments/ISF monies received and spent by submitting financial returns together with any relevant documentation for example, receipts, payslips, invoices paid and relevant bank statement for the period.

Rotas or timesheets should be completed by Personal Assistants and submitted to the individual, their employer. The individual should submit this with financial monitoring paperwork.

The individual will be provided with monitoring forms, completed sample forms, stamped/addressed envelopes, a payment schedule and notes to assist them in completing the paperwork.

The CHCP Finance Team will thereafter determine the frequency of paperwork submission required.

It is important that the individual and practitioner raise any concerns relating to the Direct Payments/ISF arrangements with the CHCP Finance Team or the Self Directed Support Team as soon as they arise.

Seeking Repayment

In the event of the recipient's death, the bank account relating to Direct Payments/ISF should not be included in the estate and all remaining funds should be transferred to the CHCP.

Unspent Funds

The CHCP Finance Team will review bank balances prior to the end of the financial year and may seek to reclaim unspent funds. This will be done by decreasing or suspending future payments until the funds are reduced to a reasonable level.

The individual will be advised in writing of any reduction to future payments due to unspent funds and be given the opportunity to advise of any reason why monies should not be reclaimed.

Changes orAmendments to the Direct Payments/ISF

Payments may be amended if the following situations arise:

- The payment rate and/or charging policy is adjusted;
- The assessed needs increase and additional funds are agreed;
- The assessed needs decrease resulting in a reduction of funds required, or

- There are unspent funds in the Direct Payments/ISF bank account.

Any financial change requires a revised support plan or an authorised Financial Request Form.

Bank Charges Incurred

Any bank charges incurred are the responsibility of the individual, unless incurred as a result of an error by the CHCP. In special circumstances, the CHCP Finance Team may agree that the charges should be debited from the Direct Payments/ISF account. If this situation arises, the service user should contact either the Self Directed Support Team or the CHCP Finance Team as soon as possible to advise.

Retention of Financial Paperwork

All financial records must be retained for at least 6 years from the end of the first financial year payments are received and in subsequent years whilst receiving Direct Payments/ISF.

Audit

The CHCP's Audit Team may request information from the CHCP Finance Team and/or the individual at any time.

Health Monitoring

Where a recipient has Direct Payments to meet certain health needs as part of their support package, a monitoring arrangement with the appropriate health authority will be required.

DISCONTINUING Option 1 and 2

Issues Arising

It should not be assumed that discontinuing Direct Payments/ISF is the solution to problems arising. If there are issues, the individual should be supported to resolve these before consideration is given to withdrawing Direct Payments/ISF. Where possible, the decision to discontinue should follow discussion with the individual and any supporters.

The Discontinuing of a Direct Payment/ISF may be considered for the following reasons:

- The individual would prefer to consider alternative Self Directed Support options;
- The CHCP are not satisfied that the individual's needs and outcomes are being met;
- the individual no longer requires support;
- There is evidence of misuse of Funds;
- The individual is no longer able to manage Direct Payments/ISF with help available, and/or
- The individual is not fulfilling their contractual obligations e.g. Failure to submit financial paperwork

If Direct Payments/ISF is being withdrawn, the practitioner should discuss alternative options and arrangements prior to this action being taken.

If the Direct Payments/ISF is discontinued, the individual may have ongoing contractual responsibilities or be required to terminate contracts. The individual should seek employment advice on this matter from a specialist organisation such as SPAEN or ACAS.

Suspending Payments

The CHCP may wish to suspend Direct Payments/ISF under certain circumstances. For example, when the individual does not require support for a period of time or is temporarily unable to manage Direct Payments/ISF, perhaps due to a fluctuating condition. If suspension is being considered, reasons will be discussed with the individual and contractual responsibilities will be taken into account.

Hospitalisation

If the individual is admitted to hospital, Direct Payments/ISF will continue to be paid for 4 weeks. If the individual does not return home during this period then a review should be held to determine if payments should continue. Payments may be reduced or suspended at this point however, each individual's circumstances will be considered on a case by case basis.

It may be possible for Personal Assistants to continue to provide care in the hospital setting in the short term, depending on the nature of care and treatment being administered. If this is not possible, Personal Assistants may be able to take on different duties temporarily providing support to the individual whilst in hospital for example, visits, shopping, laundry etc

Redundancy

If an individual employs Personal Assistants and Direct Payments cease for whatever reason, the Personal Assistants may be entitled to a redundancy payment. The CHCP will provide the individual with sufficient funds to cover the statutory payment if the situation arises. In these circumstances, the individual is strongly advised to seek independent employment advice.

Discontinuing Direct Payments/ISF

In exceptional circumstances the CHCP can discontinue the Direct Payments/ISF without notice; however the individual's contractual responsibilities should be considered before taking this action.

The individual may choose to terminate the Direct Payments/ISF arrangement and the minimum notice period is four weeks. Again, the individual should consider their contractual responsibilities when giving notice to withdraw.

Unspent money will be reclaimed by the CHCP if Direct Payments/ISF are withdrawn or an individual dies, taking into account financial liabilities such as services received not yet paid for.

COMPLAINTS

If an individual experiences any issues or difficulties in relation to any of the Options, in the first instance they should try to resolve matters informally with their practitioner.

It is important that the individual is aware that any complaints they may have about services secured by them should be addressed directly with the service provider. Alternatively a complaint can be made to the Care Inspectorate about any registered service.

It is possible to request support from Advocacy or any other relevant organisation.